

Developing a Local HealthWatch for North Tyneside

13 July 2011



North Tyneside Council

widening
horizons

Introduction

- An opportunity to take stock and look ahead to what a Local HealthWatch can offer
- Developing a shared understanding to move forward
- Building upon what we know already works and what we can do better



A brief history of patient and public involvement



- 1974 Community Health Councils established**
- 2003 CHCs abolished and Commission for Public and Patient Involvement in Health and PPI Forums established along with PALS and ICAS**
- 2008 CPPIH and PPI Forums abolished and LINKs established**
- 2010 Evolution of LINKs and abolition of ICAS proposed**
- 2012 proposed date for HealthWatch to begin**

Why all the changes?

Development of CHC – Mainstay of PPI for 25 years. Represented the public, monitored local health services and were consulted on all health related matters by the local health authority. Handled patient complaints and advocacy issues within NHS trusts, had the power of veto over proposals involving re-design of services and the power to refer matters directly to the secretary of state, plus rights of inspection to monitor services.

Reasons for change – To reduce costs. Limitations for responsibilities to primary care. Lack of independence. Lack of diversity. Variable performance.

Why all the changes?

Development of PPI Forums – Included remit for primary care. Patient and public experience fed back to relevant trust. However, no jurisdiction with social services and not a smooth transition.

Reasons for change – Difficulties recruiting members. Cost and quality of support questionable. Poor value for money. Too much bureaucracy. Greater emphasis on commissioning and primary care needed. Need to include social care. Not representative. Lack of diversity. Variable performance.

Why all the changes?

Development of LINKs – Inclusive network model plus individual members. Wider and more diverse membership. However, concerns over duplicating existing networks, giving a voice for those who already have one, too much to do, scale too vast, lack of clarity and lack of investment.

Reasons for change – Considerable variation, not representative, lack of diversity. Needs to evolve to adapt to new health and social care landscape.

LINK - your local involvement network

What is it?

A network of local people, groups and organisations that want to make health and social care better for everyone.

How does it do this?

By talking and listening to local people to find out what they like and dislike about health and social care services.

We then work with the people who plan, run and deliver these services to make sure that people's ideas and experiences are heard and make a difference.

What can it do?

- **ASK** for information about services and expect a response within a set amount of time
- **CHECK** services by carrying out visits
- **HELP** commissioners and providers find ways to identify unmet needs, deliver services and improve their ways of working
- **WORK** with NHS Trusts and the Local Authority to ensure their plans are informed by what people want
- **REFER** unresolved issues to the local Overview and Scrutiny Committee

Workshop 1

- What has worked well about the North Tyneside LINK?
- What difference has the LINK made?
- What have we learnt and what would we do differently?



The Transition to HealthWatch



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Background

The NHS

- *Liberating the NHS: legislative framework and next steps* set out a vision for NHS reforms, which put patients and the public at the heart of decision making

Adult Social Care

- *Vision for Adult Social Care* is clear that citizens should have choice and control over how their care and support are provided



Background

Public Health

- *Healthy Lives, Health People* sets out a new era for Public Health and a new role for local authorities – improving the health and wellbeing of their population, with localism at its heart

Health & Social Care Bill

- The Health and Social Care Bill 2011 will make this all a reality for patients and the public



HealthWatch

HealthWatch will have a key role to play in ensuring that the new system:

- is genuinely centred around patients
- refuses to tolerate unsafe and substandard care
- eliminates discrimination and inequalities
- is transparent, with more accountability for results
- gives citizens more say in how the NHS is run
- works much better across boundaries

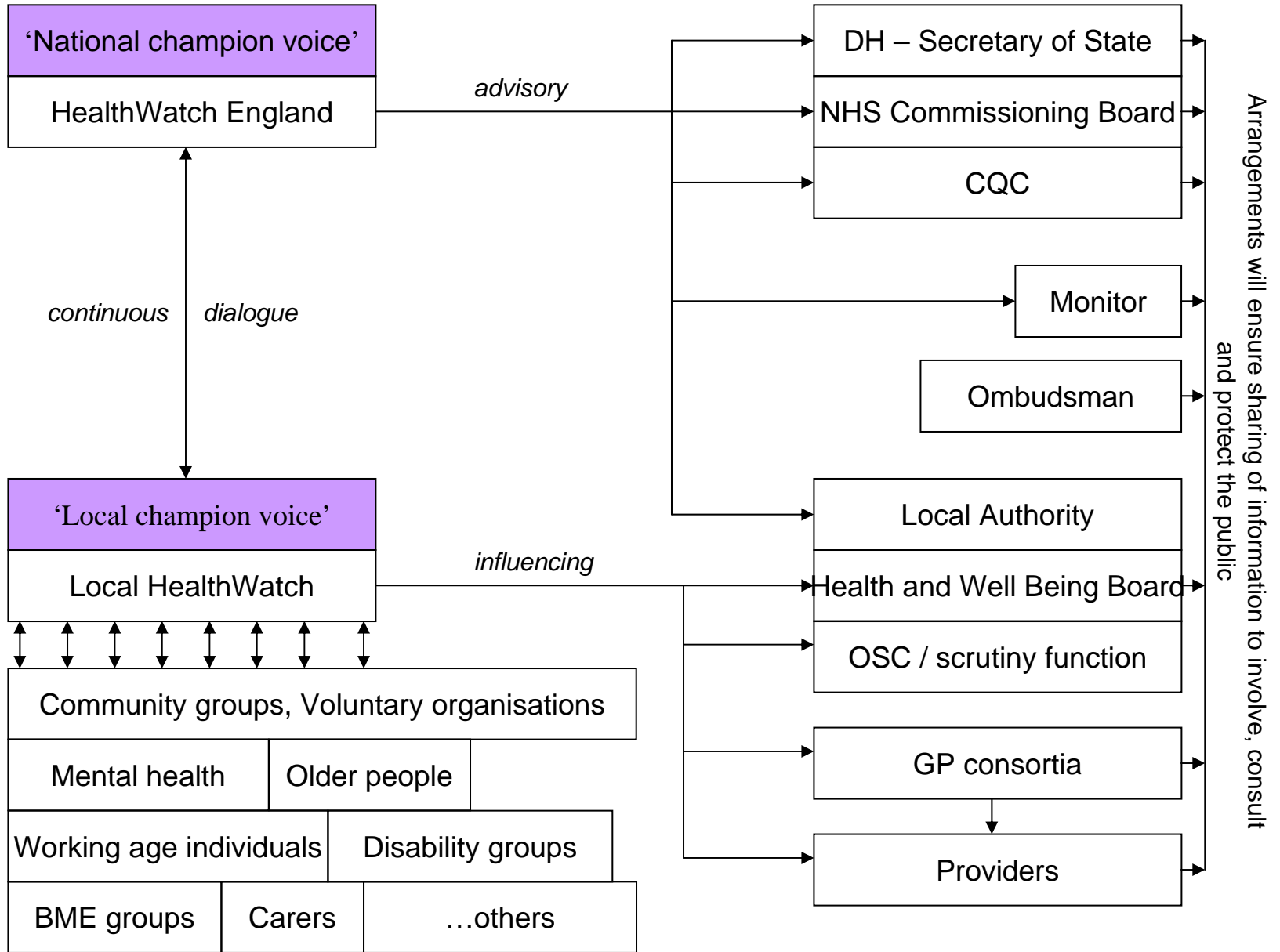


HealthWatch

- Will strengthen the voice of patients and the public at both a national and local level. To help achieve this:
 - Local Involvement Networks (LINKs) will provide the foundation for Local HealthWatch organisations to be the **local** collective voice
 - HealthWatch England will be a new independent consumer champion for the **national** collective voice



The public and patient voice - their views and experiences - influencing better health and social care outcomes



HealthWatch England

- HealthWatch England will be a new independent consumer champion for patients and the public
- It will have a unique role, where it will:
 - be constituted as a committee in CQC
 - have a Chair who will be a non-executive director of CQC
 - have its own identity within CQC, and
 - be able to utilise CQC's expertise and infrastructure



HealthWatch England

- provide leadership and support to Local HealthWatch organisations
- propose that CQC investigate poorly performing services
- advise Secretary of State, NHS Commissioning Board, English local authorities, Monitor and CQC itself



Local HealthWatch v LINKs

What will be **different?**...

- move from **influencing to decision making** through a seat on the Health and Wellbeing Board
- helping individuals, as well as understanding and presenting community views
- not only will views and experiences count locally – they will be used nationally by Secretary of State, Monitor, NHS Commissioning Board as well as CQC



Local HealthWatch

- Local HealthWatch can employ its own staff
- Local authorities will have duty to deliver Local HealthWatch
- Local HealthWatch is seen as a ‘brand’ rather than a single organisation – provides for flexibility in terms of design



Funding

- Local HealthWatch organisations will be funded by the Local Authority and will be accountable to the Local Authority for operating effectively and providing Value for Money
- Funding for new functions – within LA Formula Grant
 - PCT(PALS) £19m
 - ICAS funding £11.7m
 - LINKs funding £27m



representing the collective voice

scrutinising quality of service provision

seat on the Health and Wellbeing Board

Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

informing the commissioning decision-making process

providing local, evidence based information

empowering people - helping people understand choice

from 2013/14

LOCAL HEALTHWATCH

'local consumer voice for health and social care'

Influencing

Helping shape the planning of health and social care services

signposting

Helping people access and make choices about care

advisory

Advocacy for individuals making complaints about healthcare



Local HealthWatch - Design

- No 'blueprint' design
- Local discretion – what works at a local level
- Number of potential scenarios
- Need to ensure **continuity** of existing arrangements... Not a 'stop and start from scratch process'



Some Issues to consider

What **relationships** need building and strengthening...

- Local authorities - supporting its independent local voice, balancing contractual and managerial responsibilities with influence - organisational form
- Ensuring Local HealthWatch is inclusive and diverse representing its communities
- Clinical Commissioning Groups and providers - engaging and helping them to understand how to use patient and public voice in their commissioning decisions
- Volunteers - capability and tapping into local expertise from voluntary and community groups



Some Issues to consider

- Different skill set will be needed for HealthWatch
- What would effective and valuable local HealthWatch arrangements look like?



Timescales

- Latest information available
 - HealthWatch England
 - Local HealthWatch

Must be in place by October 2012

NHS Complaints Advocacy 2013

To tender the service we would need to have design and service spec completed by January 2012



Support

- HealthWatch Pathfinders are being established
- Action Learning Sets for LINks and for Local Authorities will be established
- Key message:
“we can’t sit around”



Workshop 2

- **What do we want our HealthWatch to look and feel like?**

- **Are there other elements we want to include:**
 - General health and social care engagement activity
 - Volunteering
 - Wider complaints and advocacy services



Next steps

- **Summary of discussion**
- **Actions**
- **Next meeting:**
 - 14 October 9.30am to 12.30pm

