

25 NOVEMBER 2011

REPORT TO THE SUNDERLAND EARLY IMPLEMENTER HEALTH AND WELLBEING BOARD

HEALTHWATCH TRANSITION PLAN UPDATE

Report of Sue Winfield, Healthwatch Transition Lead

1.0 PURPOSE OF THE REPORT

- 1.1 To provide board members with an update on national and local progress with HealthWatch transition
- 1.2 To assist board discussions on patient and public representation on the Shadow Health and Wellbeing Board from April 2012 to the commencement of Healthwatch in October 2012.

2.0 BACKGROUND

- 2.1 The HealthWatch Transition Plan was published on 29 March 2011 describing the journey of strengthening the patient and public voice via HealthWatch at both local and national level
- 2.2 The April to July 2011 Listening Exercise considered patient involvement and public accountability as one of the key themes.
- 2.3 The outcomes of the Listening Exercise in relation to HealthWatch strengthened the principles of patient and public involvement at all levels including shared decision making at every opportunity
- 2.4 The commencement date for HealthWatch is October 2012 with NHS Complaints Advocacy delivery commencing in 2013
- 2.5 The paper assumes that the sections of the Health and Social Care Bill 2011 relating to HealthWatch pass into law without significant amendments.

3.0 NATIONAL PROGRESS

3.1 HealthWatch England

The development of HealthWatch as a subcommittee of the Care Quality Committee (CQC) is progressing. The *Preparing for HealthWatch* document outlining the plan for CQC setting up HealthWatch England was published in October 2011. HealthWatch England will be a statutory committee of CQC with a Chair who will be a non-executive director of CQC. Recruitment for the post of Chair will

commence in November 2011 and the successful appointee will take up post in April 2012.

Other planned developments include putting senior staff in place and creating information and briefings for local HealthWatch by June 2012.

3.2 Action Learning Sets

Action Learning sets have commenced and are offered to LINKs wishing to develop and build capacity for the future via peer learning and sharing.

3.3 Pathfinders

All 75 applications for Pathfinder status were agreed. The North East Local HealthWatch Pathfinders are Gateshead, Hartlepool and Northumberland. Appendix 1 details the areas of exploration for the three local Pathfinders. Learning events will take place based on the Pathfinder experiences in the near future.

3.4 National Programme Board and Advisory Group

The National Programme Board for HealthWatch transition is supported by the HealthWatch Advisory Group, of which the Chair of the Sunderland LINKs is a member. Published Minutes from the National Programme Board are not available after May 2011 therefore updated activities of the Board are not available. Previous minutes detail the internal work to look at capacity for transition support and funding arrangements

The Advisory Group has produced an October 2011 Bulletin describing progress of the five task and finish groups:

- HealthWatch England Principles and Practicalities
Acting as a sounding board for HealthWatch England development in areas such as the job description for the Chair and Director and the operating model.
- Local HealthWatch: Building a convincing case
Three critical relationships have been identified for development.
 - Local HealthWatch and HealthWatch England
 - Local HealthWatch and CQC
 - Local HealthWatch and its commissioners i.e. local authoritiesLearning from HealthWatch Pathfinders will inform this work.
- Local HealthWatch: creating a good local HealthWatch
Concentrating on key finance dates, suggesting local TUPE resolution not national adjudication, learning from Pathfinders and development of Regional transition leads. The North Regional Transition Lead is Julie Turner, South Tyneside City Council.

- Communication and engagement: a strategy
Work continues with a communications agency with a key output of a communications toolkit for local HealthWatch by June 2012. It is hoped that all local HealthWatch organisations will use the collectively developed identity for HealthWatch. It will provide some highly effective tools such as a logo and templates for leaflets. A final HealthWatch 'brand' will be shared in 2012, local transition groups are requested not to develop a brand in the interim.

3.5 Funding consultation

The Department of Health (DOH) circulated a consultation document on allocation options for distribution of additional funding to local authorities for Local HealthWatch, NHS Complaints Advocacy and PCT Deprivation of Liberty Safeguards on 27 July 2011. The consultation asked for views on the allocation options for the transfer of funds for the three areas mentioned above by 24 October 2011. Two main options were presented for and a minimum allocation for each local authority, to reflect the fixed costs of setting up and running a signposting service.

The two allocation options stated for Local HealthWatch and NHS Complaints Advocacy were:

1. LHW1 / NHSCA1: Adult working age population, adjusted for area costs
2. LHW2 / HNSCA2: The social care relative needs formula

Sunderland's Local Health Watch 2012/13 funding options (full year effect):

LHW1 Without Min Allocation (£)	LHW1 With Min Allocation (£)	LHW2 Without Min Allocation (£)	LHW2 With Min Allocation (£)
120,178	120,000	161,937	161,633

The option bringing the greatest financial benefit for Sunderland's population was option LHW2 for HealthWatch funding. This is also the preferred option stated within the consultation document.

The figures above illustrate the transfer of funding from PCT PALS to local authorities for signposting services, and include start up costs and increased demand. They allocate a total of £23 million per year. This amount is illustrative. The actual funding in 2012/13 will be for part of the year. The transfer amount will be confirmed when the current data collection exercise is complete, and DOH has completed its 2012/13 financial planning round.

Sunderland's NHS Complaints Advocacy 2013/14 funding options:

NHSCA1 (£)	NHSCA2 (£)
74,306	94,827

The option bringing the greatest financial benefit for Sunderland's population was option NHSCA2 for NHS Complaints Advocacy funding. This is also the preferred option stated within the consultation document.

The figures above also illustrate the transfer of funding to local authorities to commission NHS complaints advocacy services, and include funding for lost economies of scale. They allocate a total of £14.2 million per year. This amount is illustrative. The actual funding in 2012/13 will be for part of the year. The transfer amount will be confirmed when the DOH has completed its 2012/13 financial planning round.

4.0 LOCAL PROGRESS

- 4.1 A dedicated HealthWatch Transition workstream has been developed with delivery via a working group with representation from key stakeholders. Representation is currently being sought for Children and Young People as the latest funding consultation document clarifies the expectation that HealthWatch will engage with younger age groups.
- 4.2 A project plan has been developed which includes development of an engagement plan to develop the service specification for Local HealthWatch in Sunderland. This will include an engagement event on 22 November 2011 and other methods of engagement via established groups within communities. Elected Member engagement is ongoing and specific consideration is being given to the parallel HealthWatch scrutiny function and that of Council led overview and scrutiny.
- 4.3 Specific dialogue has taken place to ensure alignment to other Council developments such as the Information, Advice and Guidance Review, Community Resilience and Local Responsive Services.
- 4.4 Procurement advice has been included in the workstream as once the service specification for Local HealthWatch has been developed and agreed a procurement exercise will take place. It is now clear that the HealthWatch procurement will be a process taking anything from 159-189 days once the final specification has been developed and agreed. This has implications for the Shadow Health and Wellbeing Board.
- 4.5 The Board will need to consider the Patient and Public representation on the Shadow Health and Wellbeing Board from April 2012 until HealthWatch is in place in October 2012.

5.0 NEXT STEPS

- 5.1 Engage in national and regional Pathfinder learning events
- 5.2 Complete the engagement activities to inform the service specification for Sunderland HealthWatch
- 5.3 Initiate a formal procurement process once the service specification is agreed
- 5.4 Develop financial planning for national and local PCT PALS funding transfer to include consideration of any TUPE requirements
- 5.4 Engage in regional discussions regarding provision of NHS Complaints Advocacy
- 5.5 Seek advice on the interim arrangements for Patient & Public representation on the Shadow Health and Wellbeing Board

6.0 RECOMMENDATIONS

- 6.1 Early Implementer Health and Wellbeing Board are requested to receive the report for information
- 6.2 Early Implementer Health and Wellbeing Board are requested to agree the next steps.
- 6.3 Early Implementer Health and Wellbeing Board are asked to consider Patient and Public representation on the Shadow Health and Wellbeing Board from April 2012 to October 2012.

Appendix 1

SUMMARY OF NORTH EAST PATHFINDERS

<i>Pathfinder</i>	<i>Synopsis of the pathfinder</i>	<i>Main contacts</i>
Gateshead	Building on a community development approach to engagement and relationships with the voluntary and community sector, this will empower people and their communities to have effective relationships with public bodies. This pathfinder will focus on establishing a two-way relationship of sharing information between the Local HealthWatch and GatNet i.e. clinical commissioning groups.	AndiParker@Gateshead.Gov.UK
Hartlepool	Creating a model to instil a culture of active responsibility where everyone, including local HealthWatch, is empowered to ask, challenge and intervene to help ensure that resources are used effectively to deliver better health and social care. This pathfinder will focus on building relationships with new bodies such as the GP commissioning consortia and the Local Authority Health and Wellbeing Board, where Local HealthWatch has a key role in providing the evidence about what local people need and want.	Leigh.Keeble@hartlepool.gov.uk
Northumberland	Exploring the Northumberland need for independent NHS complaints advocacy service is required for Northumberland, with particular consideration given to its unique and challenging geography and demographics. This pathfinder will focus on the innovation required by a Local HealthWatch to meet the ask of local people for the accessibility to complaints advocacy service in a rural county.	RachelT@adapt-tyndale.org.uk

