

**SUNDERLAND EARLY IMPLEMENTER  
HEALTH AND WELLBEING BOARD**

**27 JULY 2011**

**HEALTHWATCH TRANSITION PLAN**

**Report of Executive Director Health, Housing and Adult Services**

**1.0 PURPOSE OF THE REPORT**

- 1.1 To provide board members with information on the Government's Healthwatch Transition Plan.
- 1.2. To set out proposals for the Healthwatch Transition in Sunderland.

**2.0 BACKGROUND**

- 2.1 The HealthWatch Transition Plan was published on 29<sup>th</sup> March 2011. The document is the first in a series of transition documents being produced by the Department of Health (DH) primarily for LINKs, their Host organisations and local authorities.
- 2.2 The aim of HealthWatch is to strengthen patient and public voice at both local and national levels. To do this, HealthWatch England will be established and LINKs will become local HealthWatch organisations.
- 2.3 Local authorities (LAs) that were interested in becoming HealthWatch pathfinders were invited, in partnership with their LINKs, to submit their plans to the DH by May 2011. Subject to parliamentary approval both HealthWatch England and local HealthWatch will be introduced by July 2012.

**3.0 PROPOSED NEW ROLES OF LOCAL HEALTHWATCH**

- 3.1 At least one representative of local HealthWatch will be a statutory member of the health and wellbeing board, helping to ensure that the consumer voice is integral to the wider, strategic decision-making across local NHS services, adult social care and health improvement.
- 3.2 For this reason it is very important for local HealthWatch to develop strong relationships with key partners to develop a shared understanding of the needs of the local population with the purpose of agreeing the best strategy to meet those needs within the collective resources available to the local community.
- 3.3 Local HealthWatch organisations will be funded via LAs and will be accountable to LAs for operating effectively and providing value for

money. LAs will have responsibility for putting in place different arrangements if a local HealthWatch organisation is not operating effectively.

3.4 The following proposals have been put forward:

- The role of LINKs will evolve to become local HealthWatch which will have an expanded range of functions.
- Local HealthWatch will be statutory organisations
- LAs will commission local HealthWatch with freedom to decide how to do this
- The DH will make additional funding available to LAs to support local HealthWatch
- Local HealthWatch will have a seat on the LA health and wellbeing board, to ensure consumer voice is integral to decision-making.
- From April 2013, LAs will commission NHS complaints advocacy from any suitable provider, including local HealthWatch, and the service will be accessed through local HealthWatch.

3.5 LAs will be commissioners and funders of local HealthWatch organisations, and will also be subject to scrutiny from them in respect of their adult social care services. LAs and local HealthWatch will be partners on health and wellbeing boards. The DH acknowledges that this is a complex set of relationships and recommends that LAs begin to think about how they will manage these with their local HealthWatch organisation.

#### **4.0 HEALTHWATCH ENGLAND**

4.1 HealthWatch England will provide leadership, support and advice for local HealthWatch organisations, creating greater consistency across the country.

4.2 Healthwatch England will be a subcommittee of the Care Quality Commission.

4.3 HealthWatch England will be able to advise the Secretary of State for Health, the NHS Commissioning Board, LAs and Monitor as well as the Care Quality Commission (CQC) about concerns raised by local HealthWatch organisations.

4.4 HealthWatch England will be able to request that the CQC carries out an investigation if it has evidence of poorly performing services.

## **5.0 BUILDING ON WHAT IS BEST**

- 5.1 The DH sets out what an effective local HealthWatch organisation would be like and questions that LINKs will need to consider when preparing to transition to HealthWatch.
- 5.2 While local HealthWatch will take forward LINKs' responsibility for gathering people's views and making those views known to the people responsible for commissioning, providing or scrutinising local services, they will also take on the responsibility for supporting individuals directly.
- 5.3 From July 2012 local HealthWatch will have a role supporting individuals to access information which, in turn, will help them to make informed choices about the health and care and treatment options available to them.
- 5.4 From April 2013, LAs will take on responsibility for commissioning local NHS complaints advocacy services for people requiring support to make a complaint. These services will be accessed through, and in some cases may be provided by, local HealthWatch.
- 5.5 Local HealthWatch will also have direct involvement in local commissioning decision-making processes through their role on the LA health and wellbeing board: this is different from the role of LINKs in using feedback to influence decision-makers. Concerns exist within Sunderland LINK that one place on the Health and Wellbeing Board for local HealthWatch may not be enough to genuinely influence the commissioning process.
- 5.6 Through their relationship with HealthWatch England, local HealthWatch will be able to ensure that people's concerns about services are brought together and acted on nationally.

## **6.0 TRANSITION**

- 6.1 For LINKs, this transition year needs to address two key challenges:
  - All LINKs being supported to operate at the level of the best
  - A smooth transition to local HealthWatch
- 6.2 For LAs the transition year needs to address:
  - What effective and valuable local HealthWatch arrangements would look like
  - The level of investment required in local HealthWatch arrangements.

- 6.3 The Centre for Public Scrutiny, supported by the Local Government Association and the Patient's Association, is undertaking a review of LINKs' progress and good practice which will also be shared. The Centre is expecting to publish results in May.
- 6.4 LINKs and their hosts, with peer support where this would be helpful, will be able to assess what their current level of effectiveness is, as compared to the best performing LINKs, with a critical but non-judgemental approach based on the available guidance and feedback from their stakeholders.
- 6.5 Concerns exist within Sunderland LINK that this approach does not take account of local differences between LINKs. What works in one area may not necessarily be successful elsewhere.
- 6.6 The DH acknowledges that there will have to be a degree of learning together as GP consortia pathfinders; early implementer local authority health and wellbeing boards; and HealthWatch pathfinders, increasingly establish their identity and understand their individual roles and how they relate to each other.
- 6.7 Implementation of the Government's proposals for establishing HealthWatch is being overseen by a national programme board. It is the Board's role to provide strategic advice to the development and implementation.

### **Action Learning Sets**

- 6.8 The DH encourages the establishment of action learning sets to build momentum through peer learning and sharing and to facilitate continuous improvement for all LINKs. This will increase consistency where this is desirable, and build sustainability. The learning from this work will be shared via web publications and, where opportunities arise, via regional or national events.
- 6.9 Participants of action learning sets would set their own terms of reference, which would include bringing issues to the table for discussion and some clear products to enable others to learn. Such products can be, for example, a set of tools for use in HealthWatch that would enable it to gather diverse, collective views from its local community.
- 6.10 The action learning sets will decide their own aims and will need to commit to a programme of activity that helps them to improve, to report on their progress, and to share any outputs of the activity for the benefit of all LINKs.
- 6.11 The DH will commission support for the action learning network and build momentum to give LINKs an opportunity to engage with the

evolutionary process. This will begin creating a 'network of networks' towards a sustainable future for local HealthWatch.

- 6.12 The Chair of Sunderland LINK is part of the action learning network but is awaiting further guidance on how the system will work.

### **Pathfinders**

- 6.13 A joint letter from David Behan, Director General for Social Care Local Government and Care Partnerships, and Joan Saddler, National Director for Patients and the Public was issued on 7<sup>th</sup> March 2011. The letter invited LAs and LINKs to submit a funded plan by 12<sup>th</sup> May 2011 to become a HealthWatch pathfinder.
- 6.14 Initial discussions were held at a regional level around submitting a joint bid (South Tyneside, Gateshead and Sunderland) to become a local HealthWatch pathfinder.
- 6.15 A decision was taken in Sunderland not to bid for the opportunity to become a pathfinder. This decision was based on:
- Uncertainty of national availability to support the bid
  - Discussions with the Sunderland LINK host, who raised concerns about the extra work that becoming a pathfinder would place on the LINK Co-ordinator and volunteers.
- 6.16 Learning events will be held from October 2011 and February 2012 using information from the evaluation of the pathfinders and the HealthWatch development programme.

### **The DH and CQC HealthWatch Programme Board and Advisory Group**

- 6.17 Implementation of the Government's proposals for establishing HealthWatch is being overseen by a national HealthWatch Programme Board, supported by a HealthWatch Advisory Group, of which the Chair of the Sunderland LINK is a member.
- 6.18 The Advisory Group will be supplemented by one-off workshop events and a CQC online forum. Comments from the forum will be used to create reports to the Advisory Group and the Programme Board for consideration. The notes of the Advisory Board and Programme Board meetings will be accessible via the forum along with other information and updates.

### **The DH and Local Government (LG) Transition Board**

- 6.19 This is a new Board chaired by David Behan, Director General for Social Care Local Government and Care Partnerships and includes representatives from DH and local government.

- 6.20 The Board will ensure system alignment moving forward into the new architecture – and this will help give HealthWatch a greater profile
- 6.21 It will work closely with a number of other governance mechanisms, in particular the Public Health England Programme Board and the HealthWatch Programme Board. The DH and Local Government Programme Board will provide additional advice and oversight to ensure the policy is developed and implemented in line with the broader goals of the wider reforms around local democratic legitimacy.

## **7.0 COMMUNICATIONS AND BRANDING**

- 7.1 During 2011/12 LINKs Exchange ([www.lx.nhs.uk](http://www.lx.nhs.uk)) will remain DH's primary route for sharing information, developments and opportunities for participation with LINKs (and others).
- 7.2 DH will produce regular newsletters, including information on the progress of the legislation.
- 7.3 DH is also talking to other stakeholders both to ensure consistency of messaging and to make use of their wider communications channels for example CQC's online HealthWatch pages and the Local Government Group's newsletters/ bulletins.
- 7.4 Work to design the HealthWatch 'brand' (nationally and locally) will draw on initial work to define the HealthWatch vision. This work is being led by CQC who expect that the branding information will be available in draft form by October 2011. Meanwhile, the Department is taking steps to register the trademark. CQC hope to publish the final version in December 2011.
- 7.5 From Autumn 2011 onwards, a programme of local communication is planned. The focus will be on using local media and the programme will draw on successful promotional methods already used by LINKs. CQC will prepare some simple promotional material that can be adapted locally by LINKs and, in future, local HealthWatch.
- 7.6 During 2011 CQC will also consult on plans for the HealthWatch England website. CQC expects to launch the website in April 2012. In addition, during 2011 the CQC website will contain information pages on HealthWatch England.

## **8.0 NATIONAL ASSOCIATION OF LINK MEMBERS (NALM) – PREPARING FOR HEALTHWATCH**

- 8.1 NALM has produced a report detailing information received from almost every local authority in the country around their first steps in the

development of HealthWatch. The full report is available at [http://nalm.croftonite.co.uk/nalm\\_pdf/FIRST\\_STEPS\\_REPORT.pdf](http://nalm.croftonite.co.uk/nalm_pdf/FIRST_STEPS_REPORT.pdf)

- 8.2 NALM have produced a checklist which allows LAs and LINKs to measure their progress towards HealthWatch. This will inform the Sunderland Workstream Plan.

## **9.0 LISTENING EXERCISE**

- 9.1 On 6 April 2011 the Government announced that it would take advantage of a national break in the legislative timetable to “pause, listen and reflect” on the modernisation plans.

- 9.2 An eight week NHS Listening Exercise was announced with four core themes

- Choice and competition
- Clinical advice and leadership
- Patient involvement and public accountability
- Education and training

- 9.3 In relation to Healthwatch Transition the outcomes of the Listening Exercise included:-

- New requirements that the Care Quality Commission to respond to its Healthwatch England Subcommittee
- The Secretary of State will be required to consult Healthwatch England on the mandate to the NHS Commissioning Board
- An explicit requirement that local Healthwatch membership is representative of different users, including carers.

- 9.4 The principles of patient and public involvement at individual, local, community and strategic level were strongly emphasised throughout the Listening Exercise. The involvement included shared decision making at every opportunity.

## **10.0 NEXT STEPS**

- 10.1 The DH plans to publish supporting documents to the Transition Plan through working collaboratively to co-produce useful material with LINKs, local authorities and representative organisations, to support the successful establishment of HealthWatch from July 2012.

- 10.2 Consultation will be carried out in Sunderland over the transition year in order to engage diverse individuals and groups in the design and development of Local HealthWatch.

- 10.3 A dedicated Healthwatch transition workstream has been established. The transition will be led by Sue Winfield, Chair of Sunderland Teaching Primary Care Trust supported by Jean Carter, Deputy Executive Director, Health, Housing and Adult Services.
- 10.4 The workstream will include development of a workstream team including Sunderland LINKs, Age UK as the host organisation and other key stakeholders in the city.

## **11.0 RECOMMENDATIONS**

- 11.1 Early Implementer Health and Wellbeing Board is requested to receive this report for information.
- 11.2 Early Implementer Health and Wellbeing Board is requested to agree the proposed next steps
- 11.3 Early Implementer Health and Wellbeing Board is requested to agree to receive regular updates as the transition progresses.