

A Consultation on the Health White Paper: Equity and Excellence: Liberating the NHS



North West London LINK's consultation response
to

“Establishing HealthWatch”



Organiser contact details:

Contact	Graham Hawkes - Manager of Hillingdon LINK, Co-ordinator of North West London LINKs Joint Response
Address	TCM office, Adj. 18 Chequer Square, The Mall Pavilions Uxbridge, UB8 1LH
Email	graham.hawkes@hillingdonlink.org.uk
Telephone	01895 272997

Equity and Excellence: Liberating the NHS Establishing HealthWatch Response of North West London LINK Chairs Forum

Representing:

***Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon,
Kensington and Chelsea, Hounslow and Westminster LINKs***

This group facilitates joint working of LINK's on projects that cross borough boundaries and represents and promotes LINK at sector level

Introduction

The LINK's covering North West London have sent their individual responses about the proposed establishment of HealthWatch to the Department of Health. This response submitted by the NWL LINK Chairs Forum does not replace our individual ones but we hope that it is useful to the Department of Health in demonstrating a high level of agreement about many aspects of the new arrangements and how we feel that HealthWatch can be taken forward to best effect.

The change in mandate and the timeline proposed leads us to the conclusion that unless sufficient resources are available in the year 2011/12 to assist the transition the advocacy and advice role proposed will not be able to be safely delivered without gaps in provision until 2013.

We further recommend that if pilot/shadow GP consortia are to be launched in 2011 then pilot local Health Watch projects should be run in tandem to develop best practice for others to follow in 2012.

Its format follows the order of the questions laid out in your consultation document.

1. Expanding the role of LINKs as local HealthWatch

1.1 What needs to happen for local HealthWatch to fulfil its new functions around health complaints advocacy?

Sufficient resource needs to be made available to ensure that local HealthWatch's new functions can be fulfilled. This would need to cover the following:

- Human resources; for example additional staff and volunteers a mixture of trained professionals and volunteers.
- Financial resources; for example sufficient to cover the expanded role, and to cover a number of years to ensure future stability.
- Publicity; broadly, there needs to be a publicity campaign to bring HealthWatch to the attention of the public. This should also be carried out nationally by HealthWatch England

1.2 What needs to happen for local HealthWatch to support people making choices, in particular to support people who do not have the means or capacity to make choices about their care?

This requires a skilled workforce and enough staff to support and facilitate disadvantaged individuals and training for volunteers.

The boundaries of the advocacy service to be provided by local HealthWatch need to be made clear.

Specialist advocacy services exist, commissioned from the third sector by service providers and Local Authorities for different sorts of disadvantaged groups (e.g., people with learning disabilities; people with learning disabilities; those who do not speak English well and so on).—There is also a **legal liability on those who are advocates and advisers to members of the public. Bi-lingual advocacy** should be available across all specialisms. We recommend these services should continue and be signposted to by local HealthWatch. In addition local HealthWatch could identify and support any gaps in the current advocacy sector.

A core of information to support patient choice needs to be available to all local HealthWatch organisations and the public needs to know what sorts of information and support are to be available from them.

For choice to work well information needs to be available on the national picture as well as the local one. Without this patients will have no means of making a choice.

HealthWatch should develop guidelines on their functions and the boundaries between these and specialist advocacy services, PALS and health and social care providers complaints processes

HealthWatch England could provide those advocacy services, to which local HealthWatch could sign-post.

HealthWatch staff and volunteers will need training in advocacy, negotiation skills, and the legal context. Additional full time staff will be required to deliver this service, over and above the existing LINK staff compliment

An alternative way of doing this would be to commission an efficient advocacy service from present third sector providers to work in partnership with LHW.

There is considerable concern that the new arrangements could adversely effect those who are already most disadvantaged. Support for disadvantaged groups will therefore be vital.

2. Embedding patient voice

2.1 What should be done to embed local HealthWatch as the local consumer voice, and HealthWatch England as the national voice for health and social care consumers?

There should be a national publicity campaign, and local ones using local media, to inform the public and promote HealthWatch's services and powers.

The current structures, relationships, principles and values established by LINKs must be retained and built on where possible.

It should be a legal duty for all publicly funded health and social care organisations to consult HealthWatch England and local HealthWatch organisations about commissioning and providing services. HealthWatch organisations should be an equal partner in commissioning with other stakeholders.

2.2 How should HealthWatch England and local HealthWatch relate to and work with other patient and community groups and structures, and what principles should underpin this relationship?

HealthWatch England should represent the general view of local HealthWatch organisations and liaise with national voluntary sector and other relevant organisations. HealthWatch organisations should have a statutory responsibility to consult other patient and community groups.

Local HealthWatch organisations should ensure that they work with and represent the views of local health and social care groups, including voluntary sector ones.

Organisational and membership arrangements should reflect patient and community groups.

2.3 How should local HealthWatch work with the local authority and GP consortia to influence commissioning decisions?

Local HealthWatch should work closely with commissioning bodies.

They should have formal, statutory representation on governing boards of GP consortia and the Local Health and Wellbeing Board, with equal status. This will support and enable HealthWatch organisations to (a) influence proceedings and (b) be accountable to the public.

2.4 What needs to happen for local HealthWatch to support the needs of vulnerable people – such as older or very frail people? What needs to happen for HealthWatch to champion the rights of people who lack capacity to make decisions about their care

See answers at 1.2 above

Build on LINK best practice- North West London being able to providing good examples

3. Governance:

3.1 How should HealthWatch England be constituted within the CQC structure?

NWL LINK's recommended that HealthWatch England should be as independent as possible: an independent "division" of the Care Quality Commission. The Care Quality Commission should support HealthWatch by providing support and information about commissioners, providers and services.

In turn HealthWatch England's Board should be made up of local HealthWatch members, and HealthWatch England should regulate local HealthWatch organisations.

3.2 What role, if any, should HealthWatch England play in holding local authorities to account for how local HealthWatch is operated?

North West London LINK's recommend that Health watch should be funded by central grants and funding should be ring fenced to avoid possible top slicing by local authorities. If funding is not ring-fenced it is open to political interference. Local Health Watch funding being allocated as part of the ring fenced public health allocation would assist this goal.

There was unanimous agreement that local HealthWatch must be independent of the Local Authority as it will play a monitoring role in relation to the services provided by the Local Authority. That would cause a conflict of interest and cause public distrust.

HealthWatch England should ensure that local HealthWatch are resourced appropriately (and if this is through the Local Authority, it should only impact on how local HealthWatch is operated in so far as the latter would be expected to account for its expenditure).

3.3 Additional question: How should HealthWatch be legally constituted?

We recommend that the new legislation must clearly define local HealthWatch and give both HealthWatch England and local HealthWatch legal duties and powers to enable them to be effective.

Present legislation requires minimum standards of LINKs and these should be enhanced. It will be important that local HealthWatch is a democratic organisation and minimum standards should be monitored by HealthWatch England.

3.4 Additional question: Should there continue to be "host" organisations in the future?

We recommend that LINKs should be able to choose to use HOST organisations, but not be required to. Where LINKs/HealthWatch are "hosted" they should be involved in the selection of the HOST and agree the commissioning requirements; regular contract reviews should take place fully involving local HealthWatch and three way binding contracts should be entered into.

4. Independence and accountability

4.1 What needs to happen for local HealthWatch to be an independent consumer champion for health and social care?

Local HealthWatch organisations need to continue to be independent legal entities with Boards elected by the public via a membership. It would then be held accountable by its members, and by HealthWatch England.

Central funding, ring-fenced and assured for the medium-long term should underpin local HealthWatch independence.

If local HealthWatch must be funded by Local Authorities funding levels should not be arbitrary according to what the Local Authority sees fit and funding should be ring-fenced. If local HealthWatch is locally funded it should be funded from the Public health budget.

Local HealthWatch must be independent of the Local Authority and assured resource to carry out its objectives.

4.2 What role should HealthWatch England and local authorities play in assessing the effectiveness of local HealthWatch?

HealthWatch England should have the power to hold local HealthWatch to account (monitor performance).

Local Authorities should have the right to comment on local HealthWatch performance.

If Local Authorities fund local HealthWatch (which is not recommended by most of the North West London LINK's) it should have the power to hold them to account in terms of financial rectitude only.

4.3 What needs to happen to ensure transparency over how HealthWatch funding is spent by local HealthWatch and by local authorities?

There should be ring-fenced funding.

Local HealthWatch organisations should publish an annual budget, produce management accounts and end of year accounts. This should be made available in the public domain.

4.4 How would local HealthWatch cover both health and social care services?

Use its statutory rights to work with service providers and commissioners in both arenas.

Through having adequate staff and other resources to undertake both roles.

In the same way successful LINK's carry out the role now

Identify LINK best practice and ensure this is embedded in new operating guidelines

The branding and promotion of Health Watch has to clearly identify its role in social care, accordingly consideration should be given to changing the name or providing a social care strap line in the branding.

4.5 What role should local HealthWatch play in seeking patients' views on whether local providers and commissioners are taking account of the NHS Constitution?

HealthWatch should have the statutory duty to consult patients, collect views of patients, and measure these against the NHS Constitution.

Health Watch should assume the role of NHS Constitution Champion that currently exists within PCT's

This should be one of HealthWatch's reporting functions and be part of the regulatory framework developed by HealthWatch England.

5. National – Local balance

5.1 What needs to happen to ensure an effective balance is achieved between HealthWatch England and local HealthWatch?

HealthWatch needs to develop a set of minimum standards and governance policies by which to regulate local HealthWatch, leaving sufficient flexibility for local HealthWatch to operate to meet objectives set by their local constituents to suit local needs.

5.2 What role should HealthWatch England play in achieving this balance?

National HealthWatch should play a lead and supporting role, with resources in-hand to capacity build local HealthWatch organisations.

Help to develop a vision around which all HealthWatch organisations can build.

Health Watch England should provide support for and facilitate information sharing among local HealthWatch organisations and HealthWatch England including to share good practice, guidance about remit and legal issues.

Some form of accredited training provision should also be facilitated by HealthWatch England for local HealthWatch staff and volunteers.

6. Relationships:

6.1 HealthWatch England will need to develop working arrangements with the NHS Commissioning Board, Monitor, Department of Health and CQC. What principles should underpin these relationships?

HealthWatch organisations must be seen as independent organisations whose views must be taken account of, and as the voice of the public. This must be written into the legislation to enable them to become established and to ensure that they are substantial stakeholders.

The Nolan principles

Agreement by both parties to demonstrate they have listened to and acted on what the public via local Health Watch and other avenues have told them

6.2 What needs to happen to build relationships between local HealthWatch and other local partners, such as local authorities or GP Commissioning Consortia?

We recommend clear lines of communication must be opened up and good-will demonstrated from the beginning, clear protocols and terms of reference underpinned by the arrangements in 6.1 will ensure cooperation.

7. Transition

7.1 What do we need to take into account for the transition of LINKs into local HealthWatch?

Central government should provide financial resources to enable the transition to happen in 2011-2012. Alternatively strict guidance must be given to local authorities that sufficient resources have to be allocated in 2011/12 with a suggested acceptable minimum. This figure to recognise the current financial reality- we have created financial models to illustrate the savings that can be made on current budgets.

Additional finance will be needed to develop shadow organisations to transfer complaints and advocacy. Additional support services to enable the transition, e.g., Staff training, information sharing, extra staff will also be necessary.

7.2 What support would LINKs need during this period?

As for 7.1

Sufficient funding in 2011/12 to maintain current work programmes, support existing volunteers and prepare for the expanded role in 2012

Legal, governance and HR advice if our recommendations are accepted.

Clarity on structures governance and budget as soon as possible to enable commitments to be made to a work plan for 2011/12

7.3 What additional skills would staff and volunteers require to deliver the expanded functions, and how can they be developed?

As mentioned above, additional staff and skills are required for the complaint and advocacy functions.

The required training programmes for volunteers and staff already exist, it merely requires resources to adopt/undertake them. If staff have to fulfil a wider more skilled brief then to retain good calibre staff a financial cost relating to salaries maybe incurred.

7.4 What are the organisational and resource implications of expanding LINKs' functions?

The need for more staff, many of the new functions are not necessarily suitable for volunteer roles as the functions are required on a regular and stable basis. Volunteers cannot usually commit long-term, regular input and they need to be well managed by paid staff.

It requires ring-fenced funding for existing functions and additional funding for new functions.

Identified best practice governance will need to be adopted by all LINKs