



OCTOBER 2010

WEST SUSSEX LINK RESPONSE TO:

KEY ISSUES AND QUESTIONS IN THE EQUITY AND EXCELLENCE; LIBERATING THE NHS – ESTABLISHING HEALTHWATCH CONSULTATION

Expanding the role of LINKs as local HealthWatch

As proposed, the expanded role offers significant benefits for local communities and for LINKs themselves.

At the same time they represent significant change. Local HealthWatch will require different expertise and skills. They will provide services as well as representing their communities, taking on new functions around complaints advocacy and information.

Q. What needs to happen for local HealthWatch (LHW) to fulfil its new functions around health complaints advocacy? In particular to support people who do not have the means or capacity to make choices about their care?

- *Within our Group we are undecided about the extra functions and below are two opposing views.*
- *The extra functions should be explicitly described in the forthcoming Health and Social Care Bill rather than in Regulations so that the exact meaning can be debated in committees and therefore more readily understood. Can see value of LHW doing this work but volunteers not equipped to sort through the intricacies of people's complaints. Need to have dedicated paid team with appropriate expertise and experience and consider how they will interact with Patient Advice and Liaison services and others. Need to know more about how ICAS worked. Volunteers could possibly serve on an overarching review panel which could act as arbiters after legwork done by paid staff.*
- *No for complaints advocacy. It would turn out to be a fatal error to introduce complaints-related work to the LHW role. Current complaints processes are disjointed, difficult to access and not meeting the needs of service users or anyone else. But this does not mean that an integrating role should be given to LHW. This would fatally skew it's activity; doom it as an effective enabler of local voices; consign it to sink under the weight of the workload; and consume considerable resources. It was the undoing of the healthcare Commission. Don't let history repeat itself. Yes for helping individuals exercise choice and control.*



Q. 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?

- *Training for advocates (could be carers) to give independent advice and help to patients*

Embedding patient voice

The needs and wishes of service users need to be at the heart of every decision that health and social care professionals make.

Q. 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?

Q. 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?

- *Needs to be some formal link between LHW and the GP's PPGs and for a way of working to be agreed. It should be noted that only about half all GPs in West Sussex have PPGs.*

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

- *Training needs to be given to local HealthWatch members to understand commissioning process and then such members should be integrated into the commissioning groups, although there are several now for West Sussex presumably in the future some or all of these may combine into possibly a North of the county and a South of the county group. The independent patient voice needs to be heard where decisions are being made not side-lined to patient panels! There should be a seat at the table for a LHW representative in every NHS Corporate Body both commissioners and providers. Such reps should have full voting rights and be nominated by the LHW. This provision should be made mandatory in the Bill and there should be the same provision for social care.*

Q. What needs to happen for local HealthWatch to support the needs of vulnerable people –such 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?

- *Local HealthWatch needs to be linked to e.g. Older People's Councils to hear views and then champion their rights and influence in the commissioning process. Nationally much has been learned from the Partnerships with Older Peoples Projects and these lessons need to be incorporated into Health and*



Wellbeing Partnerships which should include a representative from LHW. All proposals for change should be subject to an Equality Impact Assessment to reduce inequalities as much as possible and this should include the handicapped, disabled and Gypsy and Traveller groups.

Governance

HealthWatch England will be established within the CQC structure. Local HealthWatch will have a relationship with both HealthWatch England and with local authorities.

Q. What governance arrangements need to be put in place to ensure that accountabilities are clear for all parties?

- *Written concordats/agreements to be negotiated and agreed nationally and locally on roles and responsibilities. The requirement for these should be put in the Bill.*

Q. How should HealthWatch England be constituted within the CQC structure?

- *Would be better to have hierarchies from LHW to a Regional Tier and then to HW England in the CQC. Unable to comment how this should be integrated into CQC as not sure of CQC structure.*

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

- *HealthWatch England could hold LAs to account if funding route was via them to LAs and then by performance managing LAs by ensuring ring-fenced funding and setting outcome measures for LHW.*

Independence and accountability

The decision to place HealthWatch England within CQC and the relationship with, and funding of, local HealthWatch through local authorities is in line with the move towards more streamlined public services and local democracy.

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

- *This should be specified in the Health Bill.*

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

- *Again we have conflicting views within the group;*
- *LAs to performance manage hosts as already and via Annual Reports*



- *LHW should be 'host' free. LINK host bodies are coming to the end of their three year contracts. This model should not be renewed because introducing intermediary bodies simply confuses governance, accountability and wastes management resources. LINKs are statutory bodies and this should be the case for LHW. They should be no less established in law than LINKs are now and with powers of enter and view at least as strong as those that currently exist. They should be established as budget holders and employers in their own right, accountable to their local authorities for their performance against national standards and compliance with a national contract. In practice this would mean that each LHW would recruit and manage its own officers and get the service they need to carry out their roles, whereas at present the Host stands in the way of their independence. LHW will need a much higher profile and access to the wider public. This may, but does not necessarily have to mean premise due to the high costs and physical access issues involved. LHW as a virtual but easily accessible and responsive body is the vision.*

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

- *If HealthWatch funding is distributed via LAs it should be ring-fenced possibly as part of the public health budget if not the LINKs experience shows that the LAs will move the funding into other budgets. In order to maintain some "hands off distance" and therefore independence, the host organisation structure should be maintained rather than using admin and support via LA officers.*
- *An alternative route for funding flow would be from the Department of Health to HealthWatch England and then on to LHW.*
- *All spending should be open and transparent and put into the public domain.*

Q. How will local HealthWatch cover both health and social care services?

- *As now with difficulty it is such a vast agenda! Ensure that equal representatives from health and from social care services are on any LHW committees and that the LHW work plan equally reflects both health and social care issues.*

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

- *As now via formal and informal feedback, they could also have constituency meetings rather in the manner that publically elected Foundation Trust governors do.*



National/Local Balance

A balance between a uniform approach which ensures consistency and a local approach which is relevant and responsive to local issues is essential.

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

Q. What role should HealthWatch England play in achieving this balance?

- *Overarching Regional Interactive LHW Group needed, currently West Sussex LINKs have little liaison with local CQC managers this needs to change as it has been too remote and hands off, there needs to be a two way dialogue.*

Relationships

HealthWatch England and local HealthWatch will need to establish effective relationships with a range of organisations and bodies.

Q. 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?

- *Relationships are built via people not organisations, LHW will need to find ways of getting partners to co-operate.*

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

- *Integration of local HealthWatch representatives into committees, e.g. Adult Select Committee, HOSC or their replacements and into GP Commissioning Consortia structure.*

Transition

Change of this scale will require a transitional period before the new arrangements will be fully functional. Subject to legislation, local HealthWatch will be expected to take on the full range of their new responsibilities from April 2012.

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

- *Essential that funding is continued for current LINKs host and for R&D work through 2011 to ensure continuing commitment and involvement of current volunteers. Recruitment and training of volunteers and host to take on new functions.*



- *For West Sussex, the Public and Patient Council set up by the PCT should be combined with the LINKs Stewardship Group. Both have their strengths and these should be built upon. Possibly officers from the PCT who have been involved in public and patient engagement might in future be part of the support for LHW.*
- *It is right to build on the LINKs rather than start from scratch again. But let's build on what works including learning lessons from good practice outside the LINKs work and avoiding the pitfalls of the current setup. The emphasis should be on promoting involvement in making things go right, rather than on opposing when things go wrong.*

Q. What support will LINKs need during this period?

Q. What additional skills will staff and volunteers require to deliver the expanded functions, and how can they be developed?

- *More staff and volunteers with social care experience and expertise and training for both staff and volunteers around complaints and advocacy if these functions are to be incorporated. However the West Sussex Stewardship Group overall would prefer that they were not.*

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

- *Increase in funding which should be ring-fenced, it is unrealistic to expect volunteers to take on more work, many are retired and some suffer from ill health.*
- *LHW could be made accountable to local communities as a Community Interest Company. It is demonstrable that LINKs achieved the wide community membership base necessary to show viability as a CIC. The formation of CIC is also a way forward out of the potential governance conflicts posed by Local Authorities funding LHWs as well as running the health and wellbeing boards of which LHW will be a member.*
- *Furthermore, if LHW were CICs for governance purposes that would at least clarify a big part of the accountability point. As there is a CIC Regulator, she would hold them to account for fulfilling their governance and engagement obligations to the community, through their membership. Their funding local authorities, through a model contract, would then be able to hold them to account for doing their job and keeping within budget. Messy though it might be, part of that job would be scrutinising / entering and viewing / possibly blowing the whistle on local authority social care services that were not up to scratch. That's going to be part of the LHW job and can't be ducked.*