



Committee and Date  
Shadow Health and Wellbeing Board  
14 September 2012  
9.30am

Item  
**6**  
Public

## HEALTHWATCH SHROPSHIRE

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### 1.0 Background

- 1.1 The Health and Social Care Act 2012 was given Royal Assent on 27<sup>th</sup> March and has enacted the replacement of Local Involvement Networks (LINK) with new organisations to be the consumer champions for both publicly funded health and social care. This goes to the heart of the government's ambition for a health and care service that is centred around patients and users. Community views should have real influence with those who commission and provide services in relation to what users, carers and citizens need and want from them.
- 1.2 Local Healthwatch (LHW) will commence on 1<sup>st</sup> April 2013 in each Local Authority area with social services responsibility. LHW in Shropshire will be known as 'Healthwatch Shropshire'.
- 1.3 The Shadow Health & Wellbeing Board Executive considered a report on Local Healthwatch in Shropshire on 15<sup>th</sup> June 2012 giving a full overview of the background, legislation and progress to date.

### 2.0. Recommendations

The Shadow Health and Well-being Board is asked:

- A. to note the preparations under way to establish Local Healthwatch in Shropshire
- B. to oversee the awareness raising activity in relation to Local Healthwatch in the period to April 2013
- C. to consider the membership of the contract review group and the frequency of Healthwatch performance monitoring feedback to the Health and Well-being Board.

### **3.0 Current position in Shropshire**

- 3.1 Shropshire Council is currently tendering for an organisation to deliver Local Healthwatch in Shropshire.
- 3.2 The contract specification for Local Healthwatch in Shropshire has been developed from the draft regulations from Department of Health as to the requirements for Local Healthwatch; work undertaken by the Healthwatch Transition Board in Shropshire to determine more local requirements; and a public engagement exercise to gain feedback from local people as to what they would expect from Local Healthwatch in Shropshire.
- 3.3 In addition Shropshire Council has a representative at the West Midlands Local Authority Healthwatch Network which has been valuable in sharing current thinking and approaches with colleagues from other local authorities and the Department of Health in respect of commissioning Healthwatch Shropshire.

### **4.0. Public Engagement Exercise**

- 4.1 The public engagement exercise was carried out between April and June 2012 and consisted of an online survey, structured meetings with representatives from the council's Peoples' Panel and meetings with other groups including people with learning disabilities and children & young people.
- 4.2 The online survey was promoted through a number of stakeholder groups detailed in the report attached at Appendix 1 and received 231 responses. A further 45 people attended meetings and groups to discuss Local Healthwatch.
- 4.3 Key themes emerging from engagement with the public include:
  - The paramount importance of people being able to have their say and feel that what they say makes a difference.
  - The need not to re-invent the wheel; using and working with existing groups and organisations (in particular those in the voluntary sector) who currently provide services such as advocacy and signposting. There should not be a duplication of work.
  - Local Healthwatch should be localised in order to effectively engage with Shropshire as a whole and represent the concerns of local people.
  - The importance of promoting Local Healthwatch to the whole of Shropshire through a variety of channels, so people know about it. It needs to be high-profile. It was suggested by some respondents that this is potentially why other initiatives have failed.
  - Views of the hard-to-reach and disengaged need to be actively sought and barriers to their involvement need to be broken down i.e. by using existing expertise in the voluntary and community sector.

- The significance of transparency in making Local Healthwatch effective and trusted by people and communities.
- The need for Healthwatch employees/volunteers to have the right mix of skills and qualities needed to be able to listen and provide advice to people in need.
- The importance of Local Healthwatch having effective 'powers' (referred to by some as 'teeth') to get things done and make a difference.

## **5.0 How stakeholder and public engagement has influenced the commissioning of Local Healthwatch in Shropshire.**

5.1 The report attached at Appendix 1 details how the key messages from this exercise have influenced the commissioning of Local Healthwatch. In summary the key messages that have been turned into commissioning requirements are:

- A high profile Local Healthwatch organisation that is highly visible and recognisable
- Local Healthwatch will be influential and 'have teeth' and its representatives will have the necessary skills to be able to influence the agenda for health and social care in Shropshire
- The public will know how to have a say and will have a range of options and opportunities for doing so, according to their needs and abilities
- Local Healthwatch will provide good feedback to local people on how their involvement has made a difference
- Local Healthwatch will make best use of existing knowledge, resources and assets to carry out its functions
- Local knowledge of the health and social care 'landscape' is important and Local Healthwatch will need to demonstrate a clear understanding of the people, services and community groups operating in Shropshire
- Independence is key – Local Healthwatch will need to demonstrate impartiality and how it will maintain independence in carrying out its functions

## **6.0 National Developments**

6.1 Healthwatch England (HWE), a committee of the Care Quality Commission (CQC), will come into being on 1<sup>st</sup> October 2012. HWE will:

- provide national leadership, guidance and support by way of advice and assistance to local Healthwatch organisations; this will help to create greater consistency across local Healthwatch organisations, for example through the sharing of best practice.
- be able to escalate concerns about health and social care services raised by local Healthwatch organisations, users of services, and members of the public to CQC.
- be able to provide advice and information (which could include recommendations and reports) to the Secretary of State, NHS

Commissioning Board, Monitor and English local authorities. The recipients of Healthwatch England's advice will be required in law to respond to Healthwatch England in writing.

- in addition, the Secretary of State for Health will be required to consult Healthwatch England on the mandate to the NHS Commissioning Board.

6.2 Healthwatch branding is now available for local authorities to use in order to raise awareness of Healthwatch. It is intended that the Local Healthwatch organisation commissioned by the local authority will use the branding under licence.

6.3 The Department of Health is consulting on further issues in relation to the role of Local Healthwatch which will impact on the final remit and contractual obligations. This includes the following proposals:

- that the duty to respond to reports and recommendations made by Local Healthwatch will be extended to service providers (as opposed to just commissioners under the present LINK regulations) and that the range of providers required to respond should be extended to children's social care providers; and
- that the duty to allow entry to Local Healthwatch for 'enter and view' purposes should NOT extend to children's social care establishments as these are subject to other regulatory regimes already.

## **7.0. NHS Independent Complaints and Advocacy Service (ICAS)**

7.1 A further requirement of the Health & Social Care Act 2012 linked to Healthwatch is the transfer of responsibility from the Department of Health to local authorities to commission ICAS.

7.2 The ICAS service empowers and supports anyone who wishes to resolve a complaint about healthcare commissioned and/or provided by the NHS in England. ICAS staff use their skills to provide practical support and direction to clients to assist them in achieving resolution of their complaint and will also support clients with a grievance (such as poor treatment) related to any aspect of healthcare that falls under the jurisdiction of the Health Service Ombudsman. An ICAS Fact sheet is included at Appendix 2.

7.3 Currently the Department of Health holds regional contracts with ICAS providers. With effect from 1<sup>st</sup> April 2013 funding will transfer from the Department of Health to individual local authorities who must provide or commission an ICAS service, either as part of Local Healthwatch or independently but closely linked.

7.4 Feedback from the Local Healthwatch market testing and public consultation did not indicate a need to commission ICAS as part of Healthwatch and so we will commission these separately. There will be clear requirements in each contract to ensure good working links and

opportunities to share and use intelligence to influence improvements to services.

7.5 Shropshire Council and Telford & Wrekin Council commissioners have been in discussion regarding a joint procurement across the two local authorities, having regard to the shared NHS services and geography, and aim to commence this procurement during September 2012 in order to secure a contractor in time for the April 2013 start. It is hoped that financial efficiencies can be achieved for both local authorities as a result of this joint procurement exercise.

7.6 The specification for the ICAS service is well-defined from the current Department of Health contracts and we are building in further requirements for developing mechanisms to report on outcomes and improvements seen by clients and health services as a result of ICAS involvement.

### 8.0 Next Stage

8.1 The closing date for tenders to be submitted by organisations wishing to form Healthwatch Shropshire is 19<sup>th</sup> October 2012.

8.2 Tenders will be evaluated by a panel drawn from key stakeholders and shortlisted bidders will make a presentation to a wider group including additional patient / service user representation.

8.3 The preferred bidder will be announced in December 2012 in readiness for a transition period beginning in January 2013 and full implementation of Local Healthwatch in April 2013

8.4 The advertisement for organisations to express an interest in tendering for ICAS will be issued in September 2012 with the preferred bidder being selected by early January 2013 in time for implementation in April 2013.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
DH Local Healthwatch – A strong voice for people – the policy explained
<b>Cabinet Member (Portfolio Holder)</b> Councillor Ann Hartley
<b>Local Member</b> County-wide implications
<b>Appendices</b> Appendix 1 – Shaping Local Healthwatch in Shropshire – Report of Stakeholder Engagement Activity Appendix 2 - LGA Healthwatch Factsheet – Independent Complaints Advocacy Service