

LINK Feedback: Liberating the NHS: Local Democratic Legitimacy in Health.

This is a generic LINK response collated by Stockport LINK Support and is based on individual LINK member feedback from our 30 elected Core members and a summary was sent to our 400 wider members for comment. Where there has been conflicting views the majority view has been summarised unless an equal divide has been represented. This response has been discussed, amended and signed off at Stockport LINK Core Group **September 2nd 2010**.

Strengthening Public and Patient Involvement

Q1: Should local HealthWatch have a formal role in seeking patients' views on whether local providers and commissioners of NHS services are taking account of the NHS Constitution? (Page 4)

Yes.

The word "formal" here is important and indicates that some form of promotion nationally, will be put in place. A national campaign will strengthen the HealthWatch identity. HealthWatch must maintain a formal role and retain independence.

A deeper understanding of the constitution will aid HealthWatch and its membership to hold commissioners and providers to account. Using the NHS Constitution as a way to hold providers and commissioners to account is one way which the HealthWatch can carry out its functions but not the only way. LINK currently has formal statute powers which we would like to see remain. HealthWatch is an important partner in contributing to the Joint Strategic Needs Assessment and feeding local information into local commissioning.

In Stockport the LINK has made progress towards building relationships with local people on the ground through its membership and through supportive relationships with local groups and organisations. Currently capacity within local LINKs is stretched; through HealthWatch resources should be appropriately allocated to ensure stronger links are made with its partner organisations that already effectively represent the voices of users and carers, both at local and regional level that effect people of Stockport. We envisage HealthWatch will ensure these organisations and groups have their voice heard and ensure there is not duplication of effort, recognising the vital role these organisations play in seeking the views of their representatives.

The name HealthWatch does not suggest it has a remit around social care – an area which may already be under presented by current LINK organisations and is not fully understood by members of the public. We urge the name to be changed to Health Care Watch or something similar that demonstrates it includes social care.

Relationships with local commissioners and providers in Stockport are strong and we feel that HealthWatch supported by a local independent Host organisation should be the route to make patient and public views known working alongside the new GP Commissioning Consortia should one be established.

HealthWatch should be given sufficient time to obtain patient, user and public views before service changes are put in place. Major changes need substantial time for full and meaningful engagement (major needs to be defined). We recommend at least 3 months for this.

During the beginning of 2011 and into the financial year 2011-12 should be an exciting opportunity for HealthWatch to develop. Current LINK members and stakeholders must be included and involved in all decision making processes that affect HealthWatch. Also during this time scoping exercises must be undertaken including training and time commitments will need to be established.

It could also be dependent upon the satisfactory performance of each local HealthWatch as proven by results since inception.

Q2: Should local HealthWatch take on the wider role outlined in paragraph 17 with responsibility for complaints advocacy and supporting individuals to exercise choice and control? (Page 5)

It is clear in the proposal that there are additional and specific responsibilities to consider for HealthWatch (as well as the roles carried out currently).

1. Provide health and social care information, advice and signposting
2. Take on an advocacy role to support people making a NHS complaints

It would make sense for the umbrella of HealthWatch to be the one stop shop for information, advice and complaint support and advocacy to be undertaken, (as well as the issue based work and public and patient engagement elements of the current system). This additional requirement needs to have adequate funding/resources to employ the right experienced people to carry out this role (including administration) and should remain independent of government. This will be a major commitment for HealthWatch (currently LINK) and welcomes the additional resources the white paper proposes. There will be a need to communicate with exiting providers of these services in adult and children and young people's services so that existing information and advice services are not duplicated. Also to ensure expertise and skills from PALS and existing social care customer services are not lost or recreated. As above a scoping exercise needs to be undertaken to understand the demand for these types of services.

Some of these functions can be carried out by LINK members (peer support) as well as supported by trained staff for example providing information or low level advocacy, depending on the level of advocacy required. There needs to be clarification within these proposals as to who is expected to carry out the HealthWatch responsibilities. Not all participants are qualified to act as advocates and specific, certified specialist training would be required.

Signposting to support individuals is appropriate.

It is important that the individual does not get lost and HealthWatch should ensure that support remains in place and is well recognised.

There should be a role for non-professional people in the complaints process (LINK representatives).

Questions:

1. The proposal says specific responsibilities for NHS complaints advocacy – does this include NHS Foundation Trusts and social care complaints?

2. HealthWatch has a remit for health and social care – will it take on complaint advocacy in social care?

Q3: What needs to be done to enable local authorities to be the most effective commissioners of local HealthWatch? (Page 5)

When developing new or reviewing existing contracts include LINK members in discussions and final contractual requirements to avoid differences in priority reporting for both the local authority and HealthWatch members/local community. The contract should clearly stipulate the support organisation(s) responsibility which includes plans to involve and engage people from more deprived areas and deliver the extra responsibilities proposed.

If an independent support organisation is commissioned they should be performance managed and include HealthWatch members in its monitoring as the support organisation should be accountable to their local HealthWatch similar to current practice but with enhanced role now membership is well established.

Request regular reporting from the HealthWatch support organisation but no more than quarterly to minimise bureaucracy and ensure effective use of time and resources.

There also needs to be participants from existing commissioning bodies – both with good knowledge, experience and success with outcomes – to be involved, assist and ensure that the delivered services are appropriate and that all finances are fully accounted for and published, in the interests of openness and transparency.

Minimal interference by local government is essential as long as HealthWatch is carrying out its responsibilities within the budget given and reports on its performance. Poor performing HealthWatch's will either need additional support or their contract re-negotiated/terminated.

In order to address any conflict of interest, Local Authorities should commission a support organisation(s) that is able to take on all the aspects of local health & social care responsibilities referred to in the White Paper.

The support organisations must be the facilitators/enablers of HealthWatch member's priorities/work programmes/development etc... It must be a bottom up run organisation and led by its members (big society!) meaningful engagement and involvement in health and social care is key.

The membership of HealthWatch must shape the aims and objectives of HealthWatch. The local authority must not be too prescriptive in the running of HealthWatch.

Scrutiny & others should have a role in overseeing that Local Authorities are being effective commissioners.

To be seen as independent, consider funding coming via the National HealthWatch.

Good representation by the public in any commissioning will entail education of

members of public and participation groups on working with Local Authorities.

Improving integrated working

Q4: What more, if anything, could and should the Department do to free up the use of flexibilities to support integrated working? (Page 7)

The theory, as outlined, is sound but too much flexibility could cause more inequalities than already exist. Close monitoring of proposals and implementations must be in place, in the early stages, to ensure that all sections of the community are treated equally, and fairly, through unbiased discussion and decision making.

Consultation with LINK and other bodies. Selection of screened personnel is of paramount importance.

Payment by results is a flawed system. People will always look for ways which will enable them to achieve targets through looking at short term cuts, easy options etc... Adopting a multi-skilled attitude and a multi-skilled workforce will help to achieve a more effective way of working and create more joined up system instead of passing one to another. Having pooled budgets will achieve most. Pay scales for health and social care staff should be more aligned.

Use of experienced 3rd sector organisations in partnership will bring about efficiencies as they currently show.

Q5: What further freedoms and flexibilities would support and incentivise integrated working? (Page 7)

Efficient liaison workers.

Local Authorities and NHS should work together but the expertise in both services should not be lost. All sides should agree a programme for each particular area – not duplication of work which is what currently happens in some areas of work. Keeping people informed helps things move with greater fluidity. People do not like change therefore keeping them informed will bring them on board more quickly therefore receiving a better patient experience.

However, full consideration should be given at a later stage when the outcomes of the initial results have been recognised and evaluated.

Q6: Should the responsibility for local authorities to support joint working on health and wellbeing be underpinned by statutory powers? (Page 8)

Yes initially, and then see what has unfolded/developed.

Health and wellbeing should be underpinned with statutory powers so that standards are adhered to.

In Stockport there is currently a Health & Wellbeing Partnership which is supported

by the Local Authority – this should remain but be tightened with particular responsibilities and the council and Scrutiny could ensure it is accountable.

The Local Authority should ensure that there is an independent body to monitor the efficiency of joint working at local level with the power and ability to negotiate where it has failed and to take it up with the Care Quality Commission.

Should be aware of conflicts of interest – must ensure that Local Authority does not look only on the effect on their own organisation at the expense of patient experience.

Q7: Do you agree with the proposal to create a statutory health and wellbeing board or should it be left to local authorities to decide how to take forward joint working arrangements? (Page 8)

Local authorities should work with the wellbeing boards but the wellbeing boards should have the final say.

Definitely agree. A health & Wellbeing Board could be bench marked regionally and nationally. Local arrangements would not be easy to judge. If outcomes have been achieved, and shown to be of value, their experience would be invaluable. No “jobs for the boys” though please.

Let the respective Local Authority make the decision

Meetings should be open to public involvement i.e. Health Watch members etc...

Mixed views here for LA vs HWB Boards

Functions of Health and Wellbeing Boards

Q8: Do you agree that the proposed health and wellbeing boards should have the main functions described in paragraph 30? (Page 9)

The majority of LINK members agree the proposal that if health and wellbeing boards exist they should have main functions as described, but to throw caution that there might be duplication of other roles. But, if they are formed, it is agreed that the new HealthWatch body should have a seat on the board if not more to reflect diversity. (Stockport health & wellbeing partnership board currently has 3 LINK seats)

The skills of those currently working in the PCT who may already carry out some of these functions not to be lost.

Q9: Is there a need for further support to the proposed health and wellbeing boards in carrying out aspects of these functions for example information on best practice in undertaking Joint Strategic Needs Assessments (JSNAs)? (Page 9)

Yes. This needs to be backed up with training and experience gathering

Best practice should always be followed for health and social care

Whomever has been closely involved with local JSNA should also be part of the proposed health and wellbeing group because of the knowledge gained over the last 3 years, and seeing the results so far – both of good and not so good practices.

HealthWatch could assist in some of these areas such as the JSNAs currently being developed in Stockport.

Q10: If a health and wellbeing board was created, how do you see the proposals fitting with the current duty to cooperate through children's trusts? (Page 9)

It would make sense to incorporate all services from cradle to grave.
Hope that there would be local cooperation and so services would not be duplicated.
As long as all agreements are adhered to

Operation of health and wellbeing boards

Q11: How should local health and wellbeing boards operate where there are arrangements in place to work across local authority areas, for example building on the work done in greater Manchester or in London with the link to the Mayor? (Page 10)

It important that health watch be represented at all stages especially paragraphs 39,40 & 41

Health and wellbeing boards should cooperate across the board where applicable e.g. specialist care cancer etc... as ever there will always be national, regional and local issues and these should be defined so appropriate responsibility and action is taken to work in partnership. But the local politicians should not be able to hijack the process. There is no need for it to involve the mayor. Politicians should be placed well into the background –involvement from local people come first

Membership of Health and Wellbeing Boards

Q12: Do you agree with our proposals for membership requirements set out in paragraphs 38-41? (Page 11)

Yes the board should be made up with the various bodies including HealthWatch etc... Each would only have an equal vote and the election of a Chair taken each year. Specialist providers would be invited by the board and again the Local Authority not to take control.

Membership should not be overloaded with politicians. A chair should be appointed by members who have the casting vote

It is important that at least 3 members from HealthWatch is at the board and is represented on all the sub-groups should be there be any.

Para 41 Local Authorities must invite local representatives and support them from voluntary bodies.

The wording of the proposals indicates that the number of members would be high e.g. "include the relevant GP consortia" – all of them? Too many attendees may not give everyone a chance to speak, but subgroups with selected people from the board, on specific subjects/issue, might work with periodic full meetings/forum.

Overview and Scrutiny Function

Q13: What support might commissioners and local authorities need to empower them to resolve disputes locally, when they arise? (Page 12)

Although the boards should promote joint working with an agreed plan. But in the event of disagreement the commissioners must be able to remedy any possible problems.

Various specialist should be invited onto the board to encourage informed decisions are made. These could be legal, medical, financial etc...

Firm Government rules with no opportunity for misinterpretation. Formal and specific rules on voting.

Q14: Do you agree that the scrutiny and referral function of the current health Overview and Scrutiny Committee (OSC) should be subsumed within the health and wellbeing board (if boards are created)? (Page 13)

Yes/Yes definitely/ as long as they have an independent stance, they should on the basis of acquired local knowledge and subject to good performance in the past.

No they should not be subsumed in the board they have a local role and should be able to scrutinise the health and wellbeing board. Who else will scrutinise the Wellbeing board other from top down (Health Commission)? HealthWatch?

Probably.

(very mixed responses)

Q15: How best can we ensure that arrangements for scrutiny and referral maximise local resolution of disputes and minimise escalation to the national level? (Page 13)

By making it an essential requirement to include people with the requisite skills of negotiation and that the board includes people, under whatever umbrella, who, together, have full knowledge and experience of whatever is the source of dispute. Strict guidelines for manual of settlement. Time limit on all actions.

Training.

Where arrangements cannot be resolved locally the health minister should be eventually responsible.

Q16: What arrangements should the local authority put in place to ensure that there is effective scrutiny of health and wellbeing board's functions? To what extent should this be prescribed? (Page 13)

Having a flexible board that can bring in expertise as needed.

The continuance of the local health and scrutiny committees should continue and be prescribed

The availability for public and open discussions on annual report. 'The health of the borough' outlining the input of the board for each major issue should be part of arrangements

Complete independence of LINK (Health Watch) must be paramount

A health scrutiny should oversee.

Accountability, particularly in finance, is often sadly lacking. When grants are made there should be more specific guidance as to how and where the money should be spent, opening the door to wastage and, sometimes, misuse of funds - all this is in the public domain. Prescribed methods of financial recording and decision making must be put in place and publicised.

**Conclusion and Summary of Consultation Questions
(only questions 17 & 18 need to be answered)**

Q17: What action needs to be taken to ensure that no one is disadvantaged by the proposals, and how do you think they can promote equality of opportunity and outcome for all patients, the public and, where appropriate, staff? (Page 17)

Take out any political stigma and look at what is best for the individual

The individual must never get lost in the changes and must always be represented

Equality of opportunity must be safeguarded

Equality of outcome is a highly questionable concept.

Overseen by independent bodies

By ensuring that the GP Consortia are made up of those with good, solid experience and success in both business/financial skills and those with proven clinical skills and knowledge. They should represent, in each consortium, areas of wealth and deprivation so that every individual patient's needs are highlighted; public awareness raised and given confidence in the procedure and staff can be assured of equality of opportunity.

Sadly Mental Health is always compromised, we must make sure any GP Consortia is capable of commissioning and delivering mental health services without bias.

Q18: Do you have any other comments on this document? (Page 17)

1. HealthWatch is to be launched in 2012. Current LINK funding is due to run out in March 2011, what provisions will the DH make to ensure smooth and effective running and transition from LINK to HealthWatch? Current LINK must continue to do the work they have started, after 2.5 years, their work, reputations and relationships are now well embedded – this should be maintained whilst establishing and transforming into HealthWatch.
2. Reconsider the name of HealthWatch to demonstrate it has a remit to cover social care.
3. The paper does not mention the NHS [Foundation] Trusts to involve and be accountable to HealthWatch. What responsibilities do Trusts have to work with local HealthWatch? Will these directions be clear?
4. What requirements will GP Consortia and their GP practice members have in relation to responding to HealthWatch request?
5. A national campaign to launch HealthWatch in 2012 is needed to ensure the most inclusive way to involve all sections of the community.