

HealthWatch Programme Board – ADVISORY GROUP

A Summary Briefing Note of workshop and meeting held 22 February 2012

Welcome and Introductions (a list of who was there is at the end of this briefing)

Communications

The morning session was a workshop on communications, led by Spencer Du Bois, the agency that is helping to produce the Healthwatch communications toolkit.

Max du Bois and Jenni Bacon outlined the process they have been through:

- small workshops (which included advisory group members) to develop 'position' statements, describing Healthwatch;
- series of focus groups with diverse audiences, to test these statements.

They said that although there was a lot of agreement about what people think, there are still some ideas that need more work. For example, people like the idea of a national 'champion' but not everyone was convinced by the idea of a local 'champion'. There needs to be a clearer description of the way that local and national Healthwatch will work together.

Spencer du Bois are still doing the testing: they have talked to community groups and the public and are now talking to health and care professionals. When that ends, the next step is to agree some key messages and then to prepare the toolkit. In the autumn they will hold some bigger events, to promote the Healthwatch 'brand'.

There was then a group exercise on developing some messages for different audiences. Further notes about this will be sent separately.

A question was raised on the timing for the toolkit, because some local areas are already developing their own logos. DH re-emphasised to the group that it is important to have one brand, so there needs to be a clear message about the fact that this is being developed. The Healthwatch team will put this in the bulletin. Max agreed to talk to CQC (who have commissioned the work) about the timing of the work.

Healthwatch programme

The afternoon session was a business session, updating on current issues in the programme.

Update on Legislation

Andrew Larter outlined the next steps in the legislation: the Bill is at report stage in the Lords and amendments on Healthwatch England are scheduled for debate on Monday (27 February); it is expected that the local Healthwatch

amendments will be debated on the 8 March.

The Government intends to lay an amendment on local Healthwatch, because Ministers are concerned that the wording of the Bill as currently drafted does not deliver their policy intention.

Andrew outlined the Government's concerns and responded to points made by NALM about the statutory status of local Healthwatch. He said that setting up local Healthwatch as a creature of the state, in effect an arms-length body of the local authority, with a membership set by regulation, would be insufficiently flexible and would not give local authorities the freedom to set up Healthwatch to suit local circumstances. However, local authorities will have a duty to ensure that local Healthwatch is representative.

Points made in the discussion were:

- a key principle for LINKs members is that Healthwatch should be a user-controlled organisation;
- a clear statement to guide local authorities and other stakeholders, setting out the expectation is needed
- the Group does not think the Government's proposals guarantee a stronger, more powerful body;
- some councils are acting already; in the absence of guidance they are making their own decisions, for example to cease the contract with a host;
- a clear statement setting out what good looks like is needed.

Questions raised in the discussion were

- how can so loose a framework support a national brand?
- is there a DH draft specification for local Healthwatch?
- how can local control be ensured?

Andrew responded to say that the intention is that local authorities work with their local community and their LINK to commission a Healthwatch, which will include deciding what sort of governance it needs. There is a clear policy intention to put local authorities in a central role. He described the ways the DH collaborates with partners to check – and where necessary challenge – the way that local authorities fulfil their functions. He acknowledged some of the difficulties people have in planning while so many issues remain uncertain. He confirmed that draft specifications being shared are local authority products, not DH ones. He agreed that we would try to get a clear statement of 'what good looks like' for the next meeting of the group.

He also discussed the potential for addressing some of the group's concerns through secondary legislation (regulations) and suggested that this could form part of the discussion at the meeting on 21 March. He agreed to provide a briefing clarifying the different terms being used and the Government's intentions on how Healthwatch will be enabled to fulfil its role locally.

Andrew reminded people to send their responses to the consultation on Healthwatch England regulations by 2 March.

Planning for next meeting

Patrick asked members for what they wanted to see on the agenda for the next meeting. Topics asked for were:

For discussion:

- next steps on regulations
- how Healthwatch can use the NHS constitution to best effect
- how will local Healthwatch relate to the NHS Commissioning Board – particularly as regards primary care?
- how Healthwatch will relate to other bodies in the system, e.g. Monitor
- review of Advisory Group's work – successes, lessons learned, messages for future work.

For information:

- agreed description of "What good looks like" for local Healthwatch
- how the reference group will work
- what arrangements will there be for national feedback after April 2013?
- timeline for mechanics of transition.

Patrick said he will agree an agenda with the Healthwatch team, based on these suggestions. There are too many topics for one meeting, so the team will be asked to think about how to address the ones that cannot be included.

Frances outlined plans for the reference group. People will be invited to join, and will be asked for their areas of interest and expertise. Events will be organised to draw on specific expertise, to create the resources that Healthwatch will need, locally and nationally. She confirmed that a workshop on indemnity is being arranged, and that follow up from the workshop on information is underway.

Information update

Ian Forsyth and Sara Cain briefly updated on CQC's plans for the Healthwatch England operating model. An outline model has been discussed with CQC's board, and there are continuing discussions between CQC and DH. There will be consultation events on the model in the next few months.

Frances updated on the support for local Healthwatch pathfinders. A snap survey of local authorities and of LINKs chairs is being carried out to get their self assessment of their readiness for transition. A national event to share learning is being organised in February. Information is also being shared on the LGA online community (www.communities.idea.gov.uk : choose National Learning Network for Health and Wellbeing Boards).

Frances updated on the learning sets for LINKs. Invitations have gone to all LINKs chairs. The events are for LINKs members, not host staff. There are five themes in each set, and different LINK members can go to different themes. Take up has been good in London but lower in other regions. Advisory group members were urged to encourage people to take part. Further information is

on the Regional Voices website (www.regionalvoices.net/2012/01/free-learning-events-for-LINks-members/)

Nick updated on the LINks regional representatives away-day. They discussed regulations, variations in plans across the regions, and the importance of supporting all LINks not just those involved in local Healthwatch pathfinders. Nick also mentioned the simulation event taking place on 1 March, to explore how Healthwatch might work in a fictional area called Watchville.

Action points

1. Patrick to agree an agenda with the Healthwatch team for 21st March meeting.
2. DH to circulate information on 'what good looks like' for local Healthwatch.
3. Frances to send invitations to join reference group to all existing advisory group members.
4. Advisory group members to encourage LINK members to take part in action learning sets.
5. CQC to outline how they envisage national feedback taking place after April 2013.
6. DH to circulate updated timeline for transition.

HWAG WORKSHOP AND MEETING 22 FEBRUARY 2012

ATTENDING

Alexander, Malcolm – Chair, NALM
Ambache, Jeremy - Wandsworth LINK
Tracey Bignall – Race Equality Foundation
Bisbrown-Lee, Ann – regional rep, North West
Bond, Jilla – Shaw Trust
Brearley, Sally – Health Link
Browne, Peter – Walsall LINK, supporter to Monzur Miah
Chan, Kasey - DH
Dunstan, Lucy – supporter to Sirraaj Nadat
Fisher, Maulin – CQC
Ford, Janine – DH (morning)
Hasler, Frances - DH
Higham, Anita – regional rep, South East, Oxfordshire LINK
Kennedy, Nick – regional rep, London, City of London LINK
Kerr, Jim – regional rep, Yorks and the Humber, Leeds LINK
Key, Amy – DH (morning)
Larter, Andrew – DH (afternoon)
McNulty, Mike – regional rep, North East, Sunderland LINK
Mead, Sol – Academy of Medical Royal Colleges, lay representative
Miah, Monzur – National Centre for Independent Living
Nadat, Sirraaj – National Forum for People with Learning Difficulties
Robinson, Gerry – Consultative Healthcare Council
Tabreham, Julia – Carers Federation
Vernon, Patrick – Afiya Trust, Chair
Ward, David – Northamptonshire LINK host

APOLOGIES

Crossland, Sarah - DH
Gilling, Tim – Centre for Public Scrutiny
Hewins, Mike – regional rep, East of England, Cambs LINK
Lewis, John – DRD Eastern Region
Lodge, Jane – National PALS Network
Marsden, Ruth – Vice Chair NALM
Newbigging, Rosie – National Voices
Saunders, Dag – regional rep, West Midland,
Simpson, Mary – DH
Stubbings, Jane – regional rep East Midlands
Shields, Dave
Wilderspin, John – DH