

MONTHLY HEALTHWATCH STATUS REPORT			
Programme	Reporting Month	Overall RAG Status	A/R
HealthWatch Programme Board	December		A/R
SRO	Author	Previous Month RAG	A/R
David Behan	Helen Jones		A/R
Summary of Months Activities			
<p>HealthWatch -</p> <p>1. POLICY - Several issues on Healthwatch were raised in the committee debate in the House of Lords on Thursday 15th December. There issues included: the independence of Local Healthwatch and Healthwatch England, specific reference to the inclusion of children, the proposed location of HWE in CQC and membership to the HWE committee. The Minister also explained that there is a desire to ensure the Bill provides sufficient flexibility for Local Healthwatch to work with and for their local communities, and that there will be a consideration of how this can best be done including looking at alternatives to the statutory body corporate model. After debate the amendments were withdrawn, however the Lords indicated that there will be further debate at Report Stage, which is anticipated to begin on 1 February.</p> <p>Work has begun on the membership of the Healthwatch England committee to meet the legislative timetable; the development of regulations has begun, initial engagement with CQC (as a key stakeholder) has informed draft instructions which were submitted to lawyers in early January. An engagement period with stakeholders is planned between January and March 2012, which will inform final instructions to lawyers at the end of March, with a view to laying regulations in late summer/ early autumn, subject to the Bill receiving Royal Assent. This will be a critical path to delivering Healthwatch England by October 2012.</p> <p>2. IMPLEMENTATION - development of Healthwatch Pathfinders has been brought into line with Social Care Local Government and Care Partnerships approach to the health and wellbeing boards. Ministers have agreed to a change of approach regarding the funding for Pathfinders (£5k each with more for pathfinders that involve more than one local authority and LINK), which was announced on the 3rd January. David Behan published a letter outlining this as well as stating the change in start date for local Healthwatch (now April 2013), plus new (additional) funding is being made available to local Healthwatch for start-up costs in 2012/13. Three delivery partners have come together to help extract and share the learning from the pathfinders by the end of 2011/12 to inform what needs to happen in 2012/13.</p> <p>Action Learning Sets for LINKs: Treasury approval has been obtained and Regional Voices, in a consortium with other strategic partners, will now take this forward.</p> <p>3. GOVERNANCE - The membership of the Healthwatch Programme Board is beginning to reflect the breadth and depth of active interests in Healthwatch: includes a new chair, John Wilderspin, Joan Saddler remains on the board; three local authority chief executives; NAVCA; NCB; CCGs; ADPH; representative from PCT cluster; awaiting responses from others such as ADCS and provider trusts.</p> <p>The Advisory Group met on the 11th January and participated in a workshop on signposting and were updated on the changes to the programme including plans to revise our stakeholder engagement activities such as setting up a reference group.</p> <p>4. COMMS AND ENGAGEMENT - We continue to use our existing channels of the "online community", LINKs Exchange and publishing regular Bulletins to keep stakeholders up-to-date on the progress of work in developing Healthwatch. More recently, John Wilderspin leads on monthly webchat on the LGA community of practice, this month focused on Healthwatch and this generated a lot of interest and provided a way in which we could answer questions. Work is continuing on ensuring that the Healthwatch communications strategy is aligned with the Local Government strategy and Care Quality Commission work on Healthwatch England. The new start date for Local Healthwatch was announced on the 3rd January, which was accompanied by the publication of a "dear colleagues" letter from David Behan, explaining the change and additional funding that has been made available.</p>			

The programme has a RAG status of AMBER/RED, however, there has been much movement on the Healthwatch deliverables including: (1) new start date for local Healthwatch in April 2013; (2) more money for pathfinders in 2011/12 and start up costs of local Healthwatch in 2012/13; (3) LINKs action learning sets launching soon; and (4) developing the Healthwatch England regulations are underway - **the recommendation is to review the RAG status to be AMBER** .

Actions to address RAG status: The Healthwatch Programme Board will continue to focus on implementation from January 2012.

The DH & Local Government Programme Board will continue to monitor progress closely and will need to agree to the proposed re vised RAG rating.

	RAG - Previous Month	RAG - Current status	Rationale and Actions
Transition Costs			
Resource	Green	Green	Funding is being made available to each of the 75 Pathfinders, which will be available in Q4 of 2011/2012. Additional funding of £3.2m has also been made available for Local Healthwatch startup costs in 2012/13
Benefits Delivery			
Milestone	A	A	The majority of milestones have been delivered on time this month or are on track.

Milestones

Key Milestones This Month

Ref	Milestone description	Baseline Date	Due date - last month	Due date - this month	Status (achieved/on track/at risk/slippage due to...)
HEALTHWATCH					
6	Instructions to go to lawyers about drafting regulations for Healthwatch England	Nov-11	Dec-11	9.01.12	small slippage due to other pressures in the legislative process but agreed new submission date of 9th January with lawyers
7	Subject to approvals, work with Strategic Partner to finalise a specification for Action Learning Sets, and to agree implementation and evaluation	Nov-11	Dec-11	Jan-12	on track
8	HW Pathfinders: secure DH agreement to use existing arrangement to align with the health and wellbeing board Learning network	Nov-11	Jan-12	Jan-12	on track
9	HWE Chair post advertised	Nov-11	Jan-12	Jan-12	on track
10	Info from LGA re LA freedom to commission	Dec-11	Jan-12	Jan-12	on track

Key Milestones Next Six Months

HEALTHWATCH					
1	Legislation - develop sufficient speaking notes and briefing notes for the Minister for Report Stage	01-Oct-11	Feb-12	Feb-12	On track
2	Secondary Legislation - Healthwatch England	01-Oct-11	Dec-12	31-Oct-12	On track
3	Secondary Legislation - Local Healthwatch	01-Oct-11	Dec-12	30-Apr-13	On track
11	Clear communication to local authorities and other	Nov-11	Feb-12	Feb-12	on track
12	information workshop	Dec-11	11.01.2012	11.01.2012	on track
13	Engagement with stakeholders regarding regulations	Nov-11	Jan - March 12	Jan - March 12	on track
14	Local authorities begin their 8 month tendering	Nov-11	Early Feb	Early Feb	Will need to be revised with the Board in light of the new start date for
16	Budgets for 2012/13 agreed	Oct-11	Mar-12	Mar-12	on track
17	HW Pathfinders: Review continuity of support to	Nov-11	Early March	Early March	on track
18	Final instructions to lawyers regarding regulations for	Nov-11	Mar-12	Mar-12	on track
19	local authorities agree budget for LHW for 2013/14 and	Jan-12	Mar-12	Mar-12	on track - Will need Board discussion and agreement
20	Successful candidate (Healthwatch England chair designate) in post	Oct-11	Apr-12	Apr-12	on track
22	Likely Royal Assent for the Bill, regulations to be laid soon after	Summer	summer	summer	on track
23	LINKs 2011/12 annual reports produced	Jan-12	Jun-12	Jun-12	on track
	HWE Committee members and Senior officer(s)	Dec-11	Jun-12	Jun-12	on track
24	Branded toolkit for LHW, created by CQC/HWE, made available	Dec-11	Jul-12	Jul-12	on track
26	LAs agree and finalise contractual arrangements for LHW	Jan-12	Feb-13	Feb-13	on track
27	Healthwatch Established, with regulations in place	Dec-11	Oct-12	Oct-12	on track
Specific Matters to be Escalated to Higher Boards					
N/A					

Major Risks and Issues to Delivery - for visibility

Risks Summary

Ref	Risk description	Impact	Probability	RAG	Actions	Actions Due
HW21	<p>Risk - During the transition process, existing LINKs members and volunteers become disenchanted about the new arrangements for local HealthWatch and leave the system.</p> <p>Cause - Insufficient consultation of, and communication with LINKs members and lack of development support provided.</p> <p>Effect - LINKs and other volunteers disengage with the new system, increasing the likelihood of local HealthWatch having insufficient capacity to be effective or to improve its delivery based on lessons learned from LINKs.</p>	3	3	A	<p>(1) Establish effective communication and engagement mechanisms with LINKs members and other stakeholder groups.</p> <p>(2) Use LINKs Action Learning Sets, when established, to promote continuous learning, training and support.</p> <p>(3) Reflect on previous transitions and ensure plans avoid similar mistakes.</p> <p>(4) 2012/13: Extension of LINKs contracts and period for transition.</p>	Ongoing
HW22	<p>Risk - The process for LAs to establish LHW is over prescriptive, poorly managed or too inflexible to allow maximum impact in engaging the community alongside other LA commissioned activity.</p> <p>Cause - LAs do not invest in establishing effective relationships with existing LINKs and other community organisations and plans for commissioning LHW are formed in isolation.</p> <p>Effect - Local HealthWatch organisations are established in isolation from other community engagement activities, duplicating efforts to engage the whole community and resources therefore not be used to best effect.</p>	3	4	A	<p>(1) Work with LG colleagues, emphasising that continuous funding of LINKs is essential to the delivery of HealthWatch.</p> <p>(2) Work with finance colleagues to inform the Local Government allocations process, to enable local authorities to prepare for the implementation date for Local Healthwatch</p> <p>(3) LHWs to develop ways of working with new organisations and each other (i.e. through Pathfinder programme) ,and how independence can work alongside the scrutiny functions of Local HealthWatch</p> <p>(4) HealthWatch England will lead and support LHWs to maintain standards across the country.</p>	Ongoing
HW23	<p>Risk - HealthWatch does not become a recognisable local brand as a consumer champion which the community understands properly utilise.</p> <p>Cause - The particular role of LHW in the community is not communicated well or not supported by a broad range of local groups.</p> <p>Effect - Patient and public views are not collected or sought effectively damaging the ability of LAs, CCGs, HWBs and HWE to articulate a consumer voice into their core activities.</p>	3	4	A	<p>(1) Ensure clear communications at the local level, which will result in raising the HW profile</p> <p>(2) There is ongoing work with the communications agency Spencer Du Bois to create a logo and toolkits tailored for LHW or HWE use, for example poster templates. They have been engaging with stakeholders as part of the process, which will continue in the new year with targeted research to test out reactions to the logo</p> <p>(3) Part of the HWE leadership role will be to register the trademark of the Healthwatch brand, and will establish the process for its use.</p>	

HW24	<p>Risk - The establishment of the HWE committee within CQC is either too isolated or too prescribed by DH/CQC plans.</p> <p>Cause - Early design processes for establishing HWE do not engage broad range of partners resulting to ineffective regulations being laid.</p> <p>Effect - CQC is unable to draw on expertise of HWE and LHW, limiting it's ability to fulfill it's regulatory role. HWE is prevented from drawing together learning from LHW coherently.</p>	4	3	A/R	<p>(1) It is planned that there will be engagement with stakeholders on the regulations, which must be laid soon after Royal Assent to enable CQC to put the HWE committee in place by the implementation date of October 2012</p> <p>(2) Developing a good working relationship between HWE and CQC.</p>	
HW25	<p>Risk - Narrow engagement group, HW doesn't work effectively with providers and commissioners, HW is not fully representative.</p> <p>Cause - engagement process insufficiently inclusive, no training on interacting with providers and commissioners.</p> <p>Effect - Ineffective engagement process, HWE and LHW not compliant with duty to promote inclusivity.</p>	4	3	A/R	<p>(1) Seek to widen the engagement process to reach a wider audience.</p> <p>(2) Define how HealthWatch will work with providers and commissioners.</p> <p>(3) HWE and LHW will be subject to public sector duties including FOI and the Equality Act. Healthwatch Pathfinders need to test this out in preparing for LHW</p>	Ongoing