# HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

Patient and Public Involvement in Health and Social Care

# ANNUAL REPORT AND FINANCIAL STATEMENT

## For the year ended 31 December 2013

Healthwatch and Public Involvement Association
Registered in England. Company Limited by Guarantee. Company No: 6598770
Charity No: 1138181
Registered Office: 6 Garden Court, Holden Road, Woodside Park, LONDON, N12 7DG

**HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION**

Patient and Public Involvement in Health and Social Care

WWW.HAPIA2013.org


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## HAPIA STEERING GROUP MEMBERS 2013 AND THEIR PORTFOLIOS

| | |
|---|---|
| RUTH MARSDEN<br>YORKSHIRE AND HUMBERSIDE | INFORMATION, COMMUNICATIONS, TRUSTEE, VICE CHAIR |
| ANITA HIGHAM<br>SOUTH EAST | INTEGRATED CARE FOR OLDER ADULTS, CARE OF YOUNG PEOPLE WITH MH PROBLEMS, PARLIAMENTARY BRIEFINGS |
| BARRY FIPPARD<br>EAST MIDLANDS | REGIONAL REPRESENTATIVE |
| DAG SAUNDERS<br>WEST MIDLANDS | REGIONAL REPRESENATIVE |
| ELLI PANG<br>SOUTH WEST | GENERAL PRACTICE |
| ELSIE GAYLE<br>EAST MIDLANDS | MATERNITY, OBSTETRICS, PATIENT AND PUBLIC VOICE, PATIENT SAFETY |
| JACK FIRTH<br>NORTH WEST | REGIONAL REPRESENTATIVE |
| JOHN LARKIN | COMPANY SECRETARY,<br>TRUSTEE |
| LEN ROBERTS<br>SOUTH EAST | BRIEFING AND LOBBYING |
| MALCOLM ALEXANDER<br>LONDON | PATIENT SAFETY, MENTAL HEALTH, MEDICAL REVALIDATION, TRUSTEE, CHAIR |
| MARY LEDGARD<br>EAST OF ENGLAND | RURAL HEALTHWATCH |
| MICHAEL ENGLISH<br>LONDON | PARLIAMENTARY ADVISOR, TRUSTEE |
| MIKE SMITH<br>YORKSHIRE AND HUMBERSIDE | REGIONAL REPRESENTATIVE |

## HAPIA STEERING GROUP

Dates of Meetings of the Steering Group in 2013.

- 31 January 2013
- 12 April 2013
- 16 October 2013

The Minutes of these meetings can be found on the HAPIA website:
www.hapia2013.org

**WITH SPECIAL THANKS TO POLLY HEALY AND LYNN CLARK FOR THEIR EXCELLENT SUPPORT WITH RESEARCH PROJECTS, REPORTS, PUBLICITY AND WEBSITES**

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# REPORT AND FINANCIAL STATEMENT FOR THE YEAR ENDED 31st DECEMBER 2013

The Trustees have pleasure in presenting their Report and Financial Statement for the year ended 31 December 2013.

## Directors and Trustees

The Directors of the company are its Trustees for the purpose of Charity Law. As provided in the Articles of Association, the Directors have the power to appoint additional Directors.

The Trustees, who have served during the year and subsequently, are:

- Malcolm Alexander
- Michael English
- John Larkin
- Ruth Marsden

Healthwatch and Public Involvement Association (HAPIA) comprises members of the public, including patients and carers who are members of Local Healthwatch. The office of Healthwatch and Public Involvement Association is located in London.

## OBJECTS OF HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

Healthwatch and Public Involvement Association (HAPIA) was formed under its original name of National Association of LINks Members (NALM) as a not-for-profit company with exclusively charitable objects. The Company is committed to act for the public benefit through its pursuit of wholly charitable initiatives, comprising:

(i) The advancement of health or the saving of lives, including the prevention or relief of sickness, disease or human suffering.

(ii) The relief of those in need by reason of youth, age, ill-health, disability, hardship or other disadvantage, including by the provision of accommodation or care.

## VISION STATEMENT

Healthwatch and Public Involvement Association (HAPIA) is a registered Charity that aims to provide a national voice for Healthwatch and to help build the capacity of HAPIA members to achieve change and improvement in health and social care services at local, regional and national levels.

HAPIA aspires to facilitate the involvement of all people in the determination of health and social care policy, especially those whose voices are not currently being heard. HAPIA actively promotes diversity, inclusivity and equal opportunities in relation to the improvement of health and social care services.

## MISSION STATEMENT

1. To provide a national voice for Healthwatch and Healthwatch members.

2. To promote public involvement that leads to real change and the ability to influence key decisions about how care services are planned and run.

3. To promote the capacity and effectiveness of Healthwatch members to monitor and influence services at local, regional and national levels and to give people a genuine voice in their health and social care services.

4. To support the capacity of communities to be involved with and engage in consultations about changes to services, to influence key decisions about health and social services and hold those service providers and commissioners and the Department of Health to account.

5. To promote open and transparent communication between communities across the country and the health service.

6. To promote accountability in the NHS and social care to patients and the public.

7. To support the involvement of people whose voices are not currently being heard, and to promote inclusivity, diversity and equal opportunities.

## HAPIA MANIFESTO

- HAPIA has produced a Manifesto based on its aim to provide Healthwatch and the wider public with a better understanding of HAPIA's work. The Manifesto is based on the following key points:

- Build HAPIA as the independent national voice for Healthwatch and users of health and social care services.

- Promote, for the benefit of the public, the long-term development and strengthening of Healthwatch, as powerful, independent and influential bodies for patient and public involvement in policy, strategy and delivery of care services.

- Support the growth and development of the NHS as the provider of health services free to all at the point of use.

- Campaign for the right of all vulnerable people to get the care and support that they need to lead fulfilled lives.

## THE ROLE OF HAPIA

HAPIA is a national voice for Local Healthwatch, Healthwatch members and all who want to influence health and social care policy. We support members to campaign for better services, greater access and improvement to all care services at local and national levels.

HAPIA facilitates public involvement in the development of health and social care policy and are committed to hearing and acting on the voices of those who are usually not heard. HAPIA actively promotes diversity, inclusivity and equal opportunities in relation to all health and social care services.

## HAPIA ACHIEVEMENTS IN 2013

## A. To Provide a National Voice for Healthwatch and Healthwatch Members

### HAPIA CONFERENCE

HAPIA held a highly successful Annual Conference in London on Thursday, 28 November 2013, entitled: "Healthwatch – Power and Influence for Local Communities."

**Guest Speakers and topics included:**

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| Malcolm Alexander | Chair, HAPIA |
| The Way Forward for Healthwatch | |

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| Dr. Katherine Rake | Chief Executive, Healthwatch England |

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| Andrea Sutcliffe | Chief Inspector of Adult Social Care, CQC |
| The Role of Healthwatch in the Monitoring and Improvement of Adult Social Care | |

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| Peter Walsh | Director, AvMA |
| Francis Recommendation – What Role for LHW | |

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| Edward Davie | NSUN – National Service Users' Network |
| Building Mental Healthwatch | |

| | |
|---|---|
| Elsie Gayle | HAPIA Advisor on Maternity and Obstetrics |
| Healthwatch – Monitoring the Safety of Maternity Services | |

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| Olivia O'Sullivan | The Lewisham Hospital Campaign |

| | |
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| Sol Mead | |
| Revalidation of Doctors – Empowering Patients | |

Both the Chair and Vice Chair addressed the conference on the future of HAPIA and Healthwatch. The Annual Report for 2012 was presented to the Conference.

The report can be seen at:
http://www.hapia2013.org/uploads/6/6/0/6/6606397/nalm-annualreport2012-final-sept5_copy.pdf

**Conference Facilitation:**
The Conference Department of Action against Medical Accidents provided extensive support for HAPIA's Annual Meeting.

## HEALTHWATCH PROGRAMME BOARD AND ADVISORY GROUP

HAPIA (then and formerly known as NALM) was an active member of the DH Programme Board, Advisory Group and Task and Finish Groups. Several members of HAPIA (NALM) and our Steering Group attended these meetings:

- Anita Higham
- Dag Saunders
- Ruth Marsden
- Malcolm Alexander
- Nick Kennedy

Ruth Marsden also chaired a DH Healthwatch Task and Finish Group. The DH eventually abolished the Task and Finish Groups and the Healthwatch Advisory Group and replaced them with Regional LINks Representatives meetings.

NALM's participation was at a very high level in all of these meetings, as it attempted to ensure that the now Healthwatch model of public involvement would radically improve the quality and safety of health and social care services.

NALM played an active part in all the DH hosted, Regional LINks' Representatives meetings, including a special meeting that focussed on the inclusion of children and young people in Healthwatch.

This meeting was attended by:

- Susan Robinson from Healthwatch England
- Sally Rowe from Ofsted
- Laura Courtney from the National Children's Bureau
- Sarah Crossland from People Communities and Local Government, DH.

Regional LINks' Representatives meetings continued until March 2013.

## B. To promote public involvement that leads to real change and the ability to influence key decisions about how care services are planned and run

### INDEMNITY FOR HEALTHWATCH MEMBERS AND LAY VISITORS – ENTER AND VIEW

HAPIA has repeatedly raised concerns about the need for LHW volunteers to be indemnified against risks associated with speaking out in public about failures in provision of health and social care, e.g. criticising the care provided by private sector care homes and hospitals, and any risks associated with visiting areas where care is provided - causing or suffering harm.

The DH told HAPIA that it believes LHW should be responsible for providing personal liability cover for people carrying out LHW activities, despite the fact that LHW volunteers are carrying out statutory activities. The NHSLA confirmed that LINKs and LHW authorised representatives were not indemnified by the NHSLA as they are not directly employed or engaged by NHS organisations. A previous model of public involvement - Community Health Councils - that carried out the same activities as LHW up to 2003 - were indemnified by the Treasury:

> "Following a review, Treasury Ministers have agreed to a wider indemnity for appointees in Non-Departmental Public Bodies. The indemnity for CHCs is now offered in the following terms:
>
> An individual CHC member who has acted honestly and in good faith will not have to meet out of his or her own personal resources any personal civil liability which is incurred in execution or purported execution of his or her CHC functions, save where the person has acted recklessly"

HAPIA will continue to press the government to bring about a change in their policy on this issue because it believe it is an essential prerequisite to enable LHW representatives to operate effectively and fearlessly as they represent the interests of the public.

### MEETING WITH THE CHAIR AND CHIEF EXECUTIVE OF HEALTHWATCH ENGLAND

Ruth Marsden and Malcolm Alexander had a meeting with Anna Bradley and Katherine Rake, to discuss collaboration between the two bodies. Issues raised included:

- How will HWE support the development of LHWs?

- When will good-practice guidance be available to LHWs on policies, procedures, governance to enable them to quickly become powerful and influential bodies able to influence the health and social care for the benefit of patients?

- Will there be a single web site that will bring together information for LHWs from Government, NHS, LAs, CQC and other relevant sources?

- Outcome of the Mid-Staffordshire Report and impact on the development of HW

- Lack of indemnity for LHW volunteers

- Better resourcing and visibility for LHW

Katherine Rake also spoke at the HAPIA annual conference. HAPIA maintains regular contact with colleagues in HWE on issues of shared concern.

## WORKING WITH THE MEDIA AND PARLIAMENTARIANS

The Chair and Vice Chair were interviewed for radio and television programmes locally and nationally including:
Today

- PM programme
- World At One
- Newsnight
- The Press Association

In addition, the Health Service Journal often requests background briefings prior to publishing articles. Anita Higham has been asked to be a Parliamentary Adviser to a local MP, Tony Baldry.

## WALES, SCOTLAND AND NORTHERN IRELAND

HAPIA's Chair, Malcolm Alexander, visited the Board of Community Health Councils in Wales and two Welsh CHCs to observe the work of Welsh CHCs.

It was noted that, with a further 10 years of development, following abolition of CHCs in England, the Welsh CHCs appeared to be robust bodies with significant influence in government.

A delegate from the Welsh CHCs attended the HAPIA Annual conference, as did delegates from Scotland and Northern Ireland.

## C. To promote the capacity and effectiveness of HAPIA members to monitor and influence services at local, regional and national levels, and to give people a genuine voice in their health and social care services

### COMMUNICATION WITH OUR MEMBERS

Ruth Marsden, as HAPIA's Information and Communications Lead, ensures all members are kept continuously up-to-date with the most recent and important information on key health and social care issues.

This service is highly valued by members and enables them to be well briefed in their interaction with their local health and social care providers and commissioners.

### DEVELOPING HEALTHWATCH

The Steering Group was concerned that the DH model for LHW would be expensive and chaotic. In particular, we deprecated the decision of Government that LHW would be a Local Authority contractor, which could sub-contract its activities to other organisations that were not social enterprises, to carry out Healthwatch activities.

HAPIA believes this model lacks independence - is costly and suffers from added bureaucracy relating to sub-contracting. HAPIA made repeated requests to the Chair of the Healthwatch Programme Board for a detailed assessment of this model of Healthwatch provision, but the DH failed to provide any reasonable response.

HAPIA was also concerned that there would not be - in most cases - a direct link between LHW and Independent Advocacy Services (IAS - NHS advocacy). Both services are contracted by local councils, but in most cases on separate contracts. As a consequence, virtually no information passes from NHS advocacy to LHW. The DH refused to modify their approach on this issue, despite the serious weaknesses built into the new system.

HAPIA drew attention, particularly to the fact that IAS would have critical information about serious events involving poor care and treatment of service users, but no duty or requirement to inform LHW about such issues.

## NALM/HAPIA WEBSITES

HAPIA operates several websites. The HAPIA website is updated daily and provides information about Healthwatch and other major developments in the NHS and social care provision.

The 2013 websites were as follows:

- www.HAPIA2013.org - The current HAPIA website

- www.healthwatchdevelopment.net Details of our research into the development of LHW and monitoring the transition from LINks to Healthwatch. The site presents data from Freedom of Information (Freedom of Information Act 2000) sent to 152 Local Authorities in England in 2013.

- www.rule43inquests.com - Details of research into Coroner's recommendations following a death.

- www.revalidatingdoctors.net - Contains information about revalidation and leaflets for patients

- www.achcew.org - An archive site celebrating the work of the Community Health Councils and public involvement between 1974 and 2003.

## THE TRANSITION OF NALM INTO HAPIA

The NALM (National Association of LINks Members) Steering Group responded to the 2012 Conference recommendation for a continuation of NALM as an effective core organisation that investigates, challenges and influences health and social care on behalf of patients and service users. The Conference wanted the new organisation to retain a strong focus on the effectiveness of HWE and LHW.

A consultation paper was sent to members with a closure date of 15 March 2013. A Draft Strategy followed the consultation. Fifty responses were received to the consultation - the majority expressing strong support for the future development of NALM, either as a membership body for LHW, or as a body primarily focussed on involvement and accountability in the NHS and social care.

The Steering Group considered proposals on the new organisational name, aims and objectives, priorities, membership and funding. The name 'Healthwatch and Public Involvement Association' (HAPIA) was chosen to reflect the wishes of those who responded to the consultation.

The following resolution was passed by the Steering Group on October 16th 2013:

> "It was RESOLVED THAT the new corporate name of "HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION" shall supersede and replace the former corporate name of " NATIONAL ASSOCIATION OF LINKS MEMBERS" pursuant to an AGM Resolution due to be passed on November 28th 2013 to activate the Change of Name with the sanction of the Registrar of Companies for England and Wales and that a CERTIFICATE OF INCORPORATION ON CHANGE OF NAME shall be sought from COMPANIES HOUSE, CARDIFF, WALES to put this decision into effect."

Regarding the change of bank account name to HAPIA:

> "It was RESOLVED THAT the Current Bank Account bearing No. 522152/28534107 maintained with NatWest Bank, Cottingham Branch be operated under the name and style of "HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION" instead of 'NATIONAL ASSOCIATION OF LINKS MEMBERS' with effect from DECEMBER 2ND 2013 as per the CERTIFICATE OF INCORPORATION ON CHANGE OF NAME issued by COMPANIES HOUSE. CARDIFF, WALES."

## D. To support the capacity of communities to be involved with and engage in consultations about changes to services, to influence key decisions about health and social services and to hold those services to account

### PATIENT 'LED' INSPECTIONS

HAPIA (formerly known as NALM) was a member of the DH 'Patient Led Inspections Implementation Group'. We expressed concerns that PLACE visitors (renamed 'Patient Led Patient-led Assessments of the Care Environment) would not be subject to DBS (Disclosure and Barring Service) checks, would not talk to patients, always be with staff and would not be 'leading' anything.

The DH did, however, actively work with us to ensure that Local Healthwatch would be actively involved in PLACE visits. Data is provided by each NHS Trust but carrying out the inspection is not a statutory duty for Trusts. Data from PLACE inspections should appear on the website of the Health and Social Care Information Centre: http://www.hscic.gov.uk/PLACE.

### CHILDREN AND YOUNG PEOPLE

HAPIA was represented on the Board of a National Children's Bureau (NCB) Project Advisory Group on involving children and young people in strategic decision-making in health and social care.

The NCB produced: Children and Young People's Views on the 'NHS: An Information Revolution' and Local Healthwatch. This publication recommended that:

> "Government should work with local Healthwatch pathfinders to ensure that emerging local Healthwatch organisations are built around children and young people's needs and Healthwatch England should establish standards for engaging children and young people based on these ideas, existing good practice and further consultation, and provide on-going support for local Healthwatch to develop and maintain effective engagement of children and young people."
>
> http://www.ncb.org.uk/media/468345/ncb_healthwatch_report_lowres.pdf

HAPIA monitored progress with the involvement of children and young people in HW activities, the key elements of which were:

- The National Children's Bureau LINks project was funded till April 2013 to support 20 HealthWatch pathfinders to develop their practice around involving children.

- Healthwatch England did not produce standards for involving children as expected, but they did produce a toolkit with a good collection of information with the official HWE branding, which still needs to be widely promoted.

http://www.healthwatch.co.uk/sites/default/files/healthwatch_child_report_web-aw.pdf#page=10

- The standards were intended to be used objectively to judge whether each HealthWatch was meeting its duty to involve children and young people. HWE support is critical to achieving this goal – evidence for this is weak.
- The National Children's Bureau report on involvement of children in LHW provides practical advice with learning from their project:

http://www.ncb.org.uk/areas-of-activity/health-and-well-being/health-and-social-care-unit/resources-and-publications/healthwatch

- Christine Lenehan from the National Children's Bureau is on the Board of Healthwatch England and HAPIA is in contact with her on these issues.

## FUNDING OF LOCAL HEALTHWATCH – HAPIA RESEARCH

In April 2013, HAPIA put the following questions to English Local Authorities. The response from every Authority is listed on our website: www.nhsdevelopment.net

1. What is the name, and the contact details of the Contractor contracted to supply Local Healthwatch for your area?

2. How long is the contract for?

3. What is the Healthwatch budget for your local authority for 2013 - 2014, 2014 - 2015 and 2015- 2016?

4. What is the value of your Local Healthwatch contract for 2013-2014, 2014-2015 and 2015-2016?

5. How much money will your local authority retain from your annual Healthwatch budget for your area, to cover costs and other purposes for the financial year 2013-2014, 2014-2015 and 2015-2016?

6. Will VAT be deducted from the payment made to your Local Healthwatch?

## FINDINGS FROM HEALTHWATCH FUNDING RESEARCH

- There were significant differences in the value of Local Healthwatch contracts when compared with former English regions between 2008/2009 and 2013/2014.

- We identified a 77% increase in contract values in London and a 68% increase in South Central and South East - whilst at the other end of the scale there was a tiny 2% increase in contract values in Yorkshire and Humberside and just 15% in the North East.

- There were 23 LHWs where the Local Authority's budget is lower than for the comparable LINk budget for 2008/9. Eight of these were in London, and three of these had been LHW Pathfinders. There were 6 other Pathfinders across the country that had suffered budget cuts.

- It is particularly disappointing that LHW Pathfinders - that had led the way in the development of LHW - should have suffered such severe budget cuts.

- The most severe cuts were in Manchester (72%), North Yorks (47%), Hackney (40%), Newcastle upon Tyne (40%), Durham (39%) and South Tyneside (36%).

- The massive budget cuts in Manchester, North Yorkshire and Newcastle affect some of the most deprived parts of England. The 19% budget cut in Staffordshire is surprising, in view of the tragic history of Mid Staffordshire Hospital and the recommendations of the Francis Report.

- Local Authority retentions are equivalent to the difference between the Local Authority's allocated Local Healthwatch (LHW) budget and the contract price agreed with the LHW contractor.

- Retentions by Local Authorities are often difficult to assess accurately because funds are sometimes retained for contract monitoring (for LINks this was about 10%), and sometimes for other purposes, e.g. retaining a part of the budget pending a review of effectiveness – the 'Hackney model (see below)'. This latter approach formally removes the independence of LHW, as LHW is expected to operate in a way that meets the expectation of one of the bodies that the LHW is expected to monitor.

- The number of retentions was particularly high in London (15/33) - South Central/East (11/18) and North West (11/23) … whereas the number of retentions was low in East Midlands (0/9) and East of England (2/11). The actual amounts retained varied enormously - across Durham (128,741), Kent (100,000), Southampton (87,382), Birmingham (73,000) and Oxfordshire (69,096), retaining amounts that would be enough to provide up to 5 additional members of staff for the LHW. The £14,000 retention from the tiny Isles of Scilly LHW was the most surprising (out of a budget of £66,185) and compared badly with Liverpool £14,376 (out of £510,218).

- Fifteen Local Authorities told HAPIA that they had made a retention of funds, but did not disclose the actual amounts.

- Eighty-six Local Authorities reported that they did not retain any funds from their LHW budget for their own contract monitoring activities. This data may need closer scrutiny as the use of non-ring fenced 'formula funding' can sometimes create confusion over budget headings.

- Contract duration data showed that 76 out of 151 LHW have contracts for 2 years and 49 for three years. Four LHW had contracts for more than 3 years and 17 local authorities contracted for a one-year contract. Six Local Authorities could not tell HAPIA the length of the contract. Very short contracts create insecurity and uncertainty and lead to a focus on short term targets, rather than genuine development goals that meet the needs of local people and lead to the creation of powerful LHW, that can hold health and social care commissioners and providers to account.

- Most Local Authorities (128) did not deduct VAT from the payment they made to the Local Healthwatch contractor. It is worrying that 14 Local Authorities have deducted 20% of value of the Local Healthwatch contract for VAT and that 7 Local Authorities did not know the answer to the question.

- The 40% budget cut in Hackney since 2008-9 has been explained by Hackney Council as follows:

> "The figure for Healthwatch is £250,000 over the two years 2013/14 and 2014/15. Broken down it will be a baseline of £100,000 to the Healthwatch organisation and £150,000 for support services.
>
> The text from Cabinet report stated: Only indicative figures are available from central Government for potential Local Healthwatch funding... It is proposed for 2013/14 and 14/15 to continue with the current allocation process which is £50,000 in the base budget for Healthwatch Hackney to undertake the functions set out in paragraph 3.6. There will be an additional £150,000 set aside in a specific reserve over the 2 financial years 2013/14 and 2014/15 to be allocated to Healthwatch Hackney by the commissioning Corporate Director as required throughout 2013/14 and 2014/15, in liaison with the Corporate Director of Finance & Resources. I am pretty confident the full amount will be allocated."

This would appear to be a major challenge to the independence of Hackney Healthwatch. Thus, the body being monitored is withholding the budget of the monitoring organisation until it decides to allocate the money!

## E. To promote open and transparent communication between communities across the country, and the health service

### HEALTHWATCH REGULATIONS

HAPIA provided numerous briefings to members of both Houses of Parliament and all political parties about the development of HW, and in particular the Regulations, which govern the activities of HW.

A particular concern, because of very poor drafting of the Regulations, was that LHW would be prohibited from campaigning on issues of concern to them. As a result of the stand taken by members of the House of Lords, a very well attended debate took place on the Regulations, at which the Health Minister Earl Howe confirmed that campaigning was a legitimate activity for LHW, provided they were supporting a popular cause in their local community that was consistent with the core role of LHW.

HAPIA attended a meeting with Minister of State for Care and Support, The Rt Hon Norman Lamb MP, to persuade him to amend the wording of the Regulations, but failed to convince him.

Healthwatch England summarised the outcome of the debate and discussions in the document: Interpreting the local Healthwatch regulations: information for local Healthwatch:
http://www.healthwatch.co.uk/sites/default/files/understanding_local_healthwatch_regulations_0.pdf

The Lords' Motion on the Regulations followed a critical report from a Parliamentary Committee (Secondary Legislation Scrutiny Committee), expressing concern that the Regulations may leave Local Healthwatch vulnerable to manipulation, contrary to the government's claimed intention "to strengthen the collective voice of patients".

Following the Lords debate, HAPIA wrote to all members of the House of Lords who had voted and asked them to write to Earl Howe to recommend a change of wording to the Regulations. HAPIA also wrote to The Rt Hon Nick Clegg MP, Deputy Prime Minister and Lord President of the Council seeking support on this issue.

### WORKING WITH NHS ENGLAND

HAPIA has maintained continuous and productive dialogue with NHS England on many issues and sits on two of their key committees. HAPIA's chair was also invited to sit as a lay member of the recruitment panel for the Chief Data Officer of NHS England Dr Geraint Lewis.

HAPIA has also complained to NHSE about their inappropriate and probably unlawful method of public consultation regarding commissioning documents. In the case complained about, a large number of documents were consulted on in a very short period, ensuring that very few people would get a chance to read them. NHS England gave HAPIA assurances that their approach to consultation would radically improve.

## F. To support the involvement of people whose voices are not currently being heard, and to promote inclusivity, diversity and equal opportunities

### HEALTHWATCH AND DETENTION CENTRES

HAPIA has begun work with the specialist medical charity – Medical Justice – to examine the potential role of LHW in monitoring health and social care in Immigration Detention Centres (IRCs).

The detention of asylum seekers and other migrants is out of the public eye - and carried out behind high walls and barbed wire fences. There is a lack of transparency about the conditions detained people have to endure, and an absence of effective public scrutiny of the care, treatment and assessment they receive in IRCs and in the NHS - for instance, the inhuman practice of handcuffing detainees when they are receiving medical care.

Healthwatch has unique statutory rights and duties in relation to IRCs in monitoring the access, quality, provision and commissioning of health and social care.

Healthwatch can, in collaboration with other local organisations working in the area, monitor the healthcare provided to detainees. The first step for groups that work with people detained in IRCs, is to approach LHW for the area, and discuss whether it can collaborate to carry out the following activities:

- Interview detainees to find out about the quality of care they receive
- Follow up reports on the local IRC from HMIP/CQC and Independent Monitoring Boards (IMB), to ensure recommendations are implemented.
- Meet with these bodies before, during and after their visits to IRCs.
- Healthwatch can join stakeholder meetings, run quarterly or bi-annually by some IRCs
- Healthwatch can ensure that the local adult Safeguarding Board is aware of - and discharging its duties in relation to - the many vulnerable adults (and children) held in detention.

Local groups may be able to join LHW and establish a Monitoring Group specifically for the purpose of monitoring a local IRC. All of the statutory LHW statutory activities - described above - can be carried out in IRCs, but negotiation with the IMBs, CQC and local health/social care commissioners will be required to ensure access to IRCs and the carrying on of LHW activities. HAPIA has made contact with the CQC and HWE and written to the Home Secretary, Theresa May, regarding access for LHW.

## G. To promote accountability in the NHS and social care to patients and the public

### COMPLAINTS UPHELD BY NHS ORGANISATIONS

HAPIA wrote to the CQC, Monitor, the Health and Social Care Information Centre and NHS England to complain that data published by some NHS bodies concerning the percentage of complaints upheld were highly inaccurate.

HAPIA argued that Trusts that uphold 100% or 0% of complaints were obviously not being open with the public. The data was required by the 2009 Complaints Regulations, so NHS Trusts had had four years to comply with the regulations. David Nicholson, Chief Executive of NHS England, replied:

> "We are aware that some organisations' returns were less than accurate and this is being addressed. We will continue to ensure that complaints data is refined to make it as accurate as possible however, as with all data returns the responsibility for ensuring the accuracy of the data rests with the organisation submitting it and we anticipated that there could be problems with this particular set of data. However, we will be able from this year to start to compare this category of data year on year and will be picking up with individual organisations any anomalies identified. The government agreed to the inclusion of an upheld category in the KO41a and KO41b Data on written complaints."

HAPIA continues to raise this issue with the Board Members of NHS England.

### PRIMARY CARE COMPLAINTS

The contract holder for most general medical practitioners (GPs), dentists, opticians and pharmacists is NHS England. Primary care providers are accountable to NHS England, not to the local Clinical Commissioning Group – this approach was designed to prevent GPs from being accountable to themselves or to their colleagues and friends.

HAPIA complained that NHS England has designed a complaints system in primary care, that undermines and confuses patients. In particular, if a patient makes a complaint directly to their primary care practitioner, the complainant cannot then make a second stage complaint to NHS England, the body that holds the GP's contract - but has to go to the NHS Ombudsman instead. If the complainant makes a complaint directly to NHS England without first contacting the primary care practitioner, then NHS England will examine the complaint.

Although going to the Ombudsman seems like a good idea, the NHS Ombudsman will, in practice, rarely fully investigate primary care complaints – about 10% (495 out of 5289 submitted). NHS England ignored our criticism and the matter was, therefore, raised with the Parliamentary Health Select Committee by HAPIA.

## INDEPENDENT COMPLAINTS ADVOCACY FOR NHS COMPLAINTS

NALM/HAPIA raised concerns with the DH and ICAS on many occasions, that critical information from complaints investigations were not supplied to Local Involvement Networks or to Local Healthwatch.

NHS advocacy organisations assisting complainants, are aware of the content of serious complaints and recommendations that follow investigation of complaints. This information is critical to Local Healthwatch's role of monitoring NHS services and advising both service providers and commissioners of changes required to improve the effectiveness of health care. NHS advocacy is now commissioned by Local Authorities, and HAPIA will engage with both Local Authorities and NHS advocacy providers to press for a resolution to this issue.

## INQUESTS - THE HAPIA PROJECT

The aim of this Project was to gather information about Coroner's Rule 43 recommendations made in relation to deaths that occur during the process of health care, and to build local knowledge about causes of deaths in the NHS that result in inquests.

The Project aims to share Coroner's recommendations with local health economies - and record the action taken by the local NHS and related bodies, to prevent further deaths occurring from the same or related cause.

HAPIA contacted the bodies that recommendations were made to, and other bodies in the same area that might have wished to comment on the measures taken by the primary responder body (where the death occurred). The other bodies contacted were:

- LINks and HealthWatch (as representatives of local people in the NHS and social care).

- Clinical Commissioning Groups (CCGs) – as commissioners of local health services.

- Overview and Scrutiny Committees OSCs – the local authority bodies that can call local health services to account.

- Health and Wellbeing Boards (HWBBs) which from 01 April 2013, have a strategic role in developing health and social care for each local authority area.

A dedicated website was established – http://rule43inquests.com - which has contact details for the Chief Executive of the organisation to which the Coroner's Rule 43 recommendation was made, and contact details for the CCG, OSC and Healthwatch for the area.

After a Coroner makes a Rule 43 recommendation, and details are published by the Minister of Justice, HAPIA asks the body to which it has been made, what their response has been and puts their response on the HAPIA website.

HAPIA then asks the CCG, HWBB, the OSC and the Healthwatch whether they have monitored implementation of the recommendation/s and whether they are satisfied that action has been taken to prevent further deaths. Their responses too are placed on the website. Eventually it is intended to let Coroners know that we hold information concerning the implementation of their Rule 43 recommendations.

The Francis Report recommended that the Care Quality Commission be advised of any recommendations made regarding bodies which the CQC inspects. Coroners may also make recommendations to the CQC, but we have found the CQC unwilling to provide details of the outcomes of such recommendations.

## DUTY OF CANDOUR

HAPIA participated fully in the campaign to persuade the Government to adopt a statutory Duty of Candour so that patients would always be told if they had suffered moderate or severe harm, and families told if a relative's death had been caused by the action/s of healthcare staff.

HAPIA jointly signed a letter to Jeremy Hunt, the Secretary of State for Health, and attended a meeting with him that had been organised by AvMA (Action against Medical Accidents).

Eventually, following an additional special investigation into the potential impact of a statutory duty, the Secretary of State agreed and Regulations for the new Duty are being finalised during 2014.

## HAPIA PUBLICATIONS

## Press Releases / Radio / Interviews / Communications

| | |
|---|---|
| Rt. Hon Jeremy Hunt, MP, Secretary of State for Health – NHS Commissioning Board Performance | Letter<br>January 2013 |
| Clinical Commissioning Groups – The Commissioner's Duty to Involve | Press Release<br>January 2013 |
| Same Old, Same Old – NHS Commissioning Board ignores Public Protests Against Inept Consultation on Specialist Services | Press Release<br>January 2013 |
| Letter to Secondary Legislation Scrutiny Committee – SI 3094 – NHS bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 | Letter<br>January 2013 |
| Hunt Gags Local Healthwatch | Press Release<br>February 2013 |
| Eddie Mair, PM Programme | Radio<br>February 2013 |
| NALM comments on:<br>- The Local Authorities (Public Health Functions and Entry to Premises)<br>- Enter and View Regulations | Written Submission<br>February 2013 |
| Major Challenge to Healthwatch Regulations | Press Release<br>February 2013 |
| Sir David Nicholson, KCB, CBE, Chief Executive , NHS<br>- Coroner's Rule 43 – Inquests | Letter<br>February 2013 |
| Major Challenge to Healthwatch Regulations<br>- Lords Set to Savage Government's Plan to Incapacitate Local Healthwatch | Press Release<br>February 2013 |
| Coroners' Rule 43 – Inquests – Website Launch<br>- www.rule43inquests.com | Letter<br>February 2013 |
| The World This Weekend, Radio 4<br>- Health and Welfare Changes | Radio<br>March 2013 |
| Statutory Duty of Candour – Rt. Hon. Jeremy Hunt MP<br>Secretary of State for Health | Letter<br>March 2013 |
| HAPIA Launch | May 2013 |

| | |
|---|---|
| Medical Justice Research Report Launch<br>- The public meeting in Stafford - 'Looking back at April 2009' | June 2013 |
| Evening Standard - 111 Service | Letter<br>July 2013 |
| Brutal Cuts in Healthwatch Budgets | Press Release<br>August 2013 |
| Hunt fails to commit to legal 'Duty of Candour' for all patients who suffer harm – Press Release | November 2013 |

Reports

| | |
|---|---|
| Doctor's Revalidation<br>The role of Case Manager in improving the performance of Doctors | February 2013 |
| The Funding of Local Healthwatch – 2013 – 2016<br>Data from a FOI request to all Local Authorities concerning funding. | August 2013 |

Briefing Note /s

| | |
|---|---|
| Healthwatch Regulations – for meeting with Norman Lamb, Minister of State for Health | March 2013 |
| Revalidation of Doctors | December 2013 |

Leaflets

| | |
|---|---|
| Revalidation of Doctors<br>Working with Your Doctor to Improve Medical Care – A Guide for Patients | August 2013<br>First Edition |

## MEMBERS AND AFFILIATES

During the year ended 31 December 2013, membership remained steady. Each member guarantees, in accordance with the Company's Memorandum of Association, to contribute up to £10 to the assets of the Company in the event of a winding up.

Membership is open both to Local Healthwatch, and to individuals who live anywhere in the UK, who are either members of a Local Healthwatch or an organisation that supports the objectives of HAPIA. Members are entitled to attend meetings of the Charity and to vote thereat.

The annual membership fee for individuals is £10 and for Local Healthwatch the fee is £50. New members are welcome to join.

Affiliation is open to other organisations and individuals with an interest in supporting the objects of the organisation. Affiliates are fully entitled to attend meetings of the Charity, but not to vote thereat.

The annual Affiliation fee for local and regional groups/organisations is £50 and £200 for national organisations.

New Affiliates are welcome to join.

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This Report was approved by the Trustees on

_____ 2014

and is signed on their behalf by:

| | |
|---|---|
| _____ | _____ |
| Malcolm Alexander | John Larkin |
| Director/Chair | Director/Company Secretary |

## INCOME AND EXPENDITURE ACCOUNT

For the Year Ended 31 December 2013

| | Unrestricted Funds | Total |
|---|---|---|
| | £ | £ |
| **Incoming Resources** | | |
| Donations | 1000 | 1000 |
| Membership and Conference Fees | 4279 | 4279 |
| Payment for use of HAPIA resources | 25 | 25 |
| **Total Incoming Resources** | 5304 | 5304 |

| | | |
|---|---|---|
| **Total Resources Expended** | | |
| Hire of Conference Hall and Events Management | 3101 | 3101 |
| Steering Group Expenses (Including Hire of Rooms) | 998 | 998 |
| Stationery, websites and other administrative expenses | 201 | 201 |
| **Total Resources Expended** | 4300 | 4300 |

| | | |
|---|---|---|
| **Net incoming /(outgoing) resources for the year** | 1004 | 1004 |

| | | |
|---|---|---|
| **Total funds brought forward** | 1710 | 1710 |

| | | |
|---|---|---|
| **Total funds carried forward** | 2714 | 2714 |

**BALANCE SHEET**

For the Year Ended 31 December 2013

| Current Assets | £ |
|---|---|
| Funds in hand | - |
| Funds at bank | 2410 |
| Debtors | 2290 |
| **Creditors** | **£** |
| Amount falling due within one year | - |
| Total assets less current liabilities | 4700 |
| **Reserves** | **£** |
| Unrestricted funds | 2714 |

**Notes**

1. These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

2. For the year ended 31 December 2013 the Company was entitled to exemption under Section 477 of the Companies Act 2006.

3. No notice from members requiring an audit of the accounts has been deposited under Section 476 of the Companies Act 2006.

4. The Directors acknowledge their responsibility under the Companies Act 2006 for:
   (i) Ensuring the Company keeps accounting records which comply with the Act, and
   (ii) Preparing accounts which give a true and fair view of the state of affairs of the Company as at the end of its financial year, and of its income and expenditure for the financial year in accordance with the Companies Act 2006, and which otherwise comply with the requirements of the Companies Act relating to accounts, so far as applicable to the Company.

5. HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION is a Registered Charity and a Registered Company Limited by Guarantee and not having a share capital; it is governed by its Memorandum and Articles of Association.

This Financial Statement was approved by the Trustees on:

_____ 2014

and is signed on their behalf by:

_____

Malcolm Alexander
Director/Chair

John Larkin
Director/Company Secretary

# GLOSSARY

| | | | |
|---|---|---|---|
| AvMA | … | ... | Action Against Medical Accidents |
| CCG | … | … | Clinical Commissioning Group |
| CQC | … | … | Care Quality Commission |
| DH | … | … | Department of Health |
| GMC | … | … | General Medical Council |
| HAPIA | … | … | Healthwatch and Public Involvement Association |
| HMIP | … | … | Her Majesty's Inspectorate of Prisons |
| HWE | … | … | Healthwatch England |
| IAS | … | … | Independent Advocacy Service |
| ICAS | … | … | Independent Complaints Advocacy Service |
| IMB | … | … | Immigration Monitoring Board |
| IRC | … | … | Immigration Removal Centre |
| LA | … | … | Local Authority |
| LHW | … | … | Local Healthwatch |
| NHSLA | … | … | HS Litigation Authority |
| NICE | … | … | National Institute for Health and Care Excellence |
| PPI | … | … | Patient and Public Involvement |

## APPENDIX ONE - SUMMARY OF INFORMATION ABOUT HAPIA

**Company Secretary:**
John Larkin – Flat 6, Garden Court, 63 Holden Road, LONDON, N12 7DG

**HAPIA Contact Details:**

HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION - NORTH
The Hollies, George Street, COTTINGHAM, HU16 5QP
Tel: 01482 849 980 or 07807519933
ruth@myford.karoo.co.uk

**HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION - SOUTH**
30c Portland Rise, London, N4 2PP
Tel: 020 8809 6551 or 07817505193
Email: HAPIA2013@aol.com
Website: WWW.HAPIA2013.org

**Trustees of the Charity:**

| | |
|---|---|
| John Larkin | Malcolm Alexander |
| Michael English | Ruth Marsden |

**Date of Registration as a Charity: 27 September 2010**
Charity No: 1138181 – Originally known as National Association of LINks Members until company name changed in December 2013 to Healthwatch and Public Involvement Association

**Date of Registration as a Company: 20 May 2008**
Company No: 6598770 - Registered in England. Company Limited by Guarantee. Originally named National Association of LINks Members from May 2008 to November 2013 until a new Certificate of Incorporation on Change of Name issued by Companies House on 2 December 2013 in name of Healthwatch and Public Involvement Association.

**Governing Documents:**
Memorandum and Articles of Association as incorporated

**Charitable Objects:**

1. The advancement of health or the saving of lives, including the prevention of sickness, disease or human suffering.

2. The relief of those in need by reason of youth, age, ill-health, disability, hardship or other disadvantage, including by the provision of accommodation or care.

**Classification:**

| | |
|---|---|
| What | The advancement of health or saving of lives |
| Who | Elderly / old people - People with disabilities - People of a particular ethnic or racial origin - The general public / mankind |
| How | Provide advocacy / advice / information - Sponsor or undertake research / Act as an umbrella or resource body |

## APPENDIX TWO - MORE ABOUT HAPIA

### AIMS AND OBJECTIVES

(1) Support the development of Local Healthwatch and Healthwatch England (HWE) as powerful and effective bodies that enable the public to monitor, influence and improve health, social care and public health services.

(2) Promote democratic and accountable public involvement organisations across England, which genuinely empower patients, care receivers, carers, and all individuals and communities to influence planners, commissioners and providers of health, social care and public health services, in order to achieve safe and effective services.

(3) Investigate, challenge and influence health, social care and public health bodies which fail to provide or commission safe, effective, compassionate and accessible services.

(4) Collaborate with other community and voluntary sector bodies, patients and service users, to achieve HAPIA's objectives.

(5) Hold the government to account for its legislative and policy commitments to public influence in health, social care and public health services.

## KEY GOALS

(1) To scrutinise the effectiveness of HWE, LHW, IAS (Independent Advocacy Services) and complaints investigation as vehicles for public influence, redress, criticism and improvement of health, social care and public health services.

(2) To reflect continuously upon the effectiveness of Healthwatch in relation to recommendations of the Francis Report.

(3) To advise on effective ways of influencing commissioners, providers, regulators and policy makers.

(4) To advise on effective ways of learning from complaints, incidents, accidents and systemic successes and failures that occur in health and social care services.

(5) To communicate key messages and information rapidly and continuously to HAPIA's membership, communities and the media.

(6) To promote the accountability of providers, commissioners and regulators of health, social care and public health services.

## PRIORITIES

(1) Equality, inclusion and a focus on all regions and urban / rural diversity.

(2) Continuous and timely information flows from and to members and the wider community.

(3) Influence through interaction with Ministers, the Department of Health, NHS England, Regulators, Local Authorities, the Local Government Association (LGA) and other national and local bodies.

(4) Ensuring members of HAPIA shape the strategy and policy that drives our work.

## BUILDING RELATIONSHIPS WITH OTHER BODIES AND CHARITIES

Sustaining and developing relations with LHW, HWE, the DH, LGA, National Voices, Action Against Medical Accidents (AvMA) and other national and local voluntary sector bodies on the basis of shared interests and objects, e.g.: National Association of Voluntary and Community Action (NAVCA), Community and Voluntary Services (CVS) and the NHS Alliance Patient & Public Involvement (PPI) Group.

## FUTURE MEMBERSHIP

Membership will be invited from:

- Current membership
- Local Healthwatch organisations
- Individual Local Healthwatch members / volunteers / participants
- Individuals who support the aims and objectives of the Association and who are active in their community and / or nationally
- Organisations working locally and / or nationally to influence NHS, Local Authority, social care and public health services
- Lay people involved in Patient Participation Groups, Clinical Commissioning Groups, Specialised Commissioning Groups, Local Area Teams (NHS England) and Quality Surveillance Groups

## PRIORITIES YEARS 2 AND 3 – BUILDING RELATIONSHIP WITH THE PUBLIC

- Holding the health, social care and public health systems to account in relation to their duties to involve and to consult the public and to demonstrate positive outcomes.
- Monitoring the effectiveness of HWE and LHW in relation to their statutory duties and accountability to the public.
- Acting as a source of information and advice regarding safety, quality and effectiveness of health, social care and public health services.
- Advising lay and community organisations on the levers of influence in health, social care and public health services.

## FUNDING

- Subscriptions for individuals, LHWs and other organisations
- Applications for funding to the DH, Department of Communities and Local Government (DCLG), HWE and grant giving bodies
- Funds to be raised from payments for commissioned research and survey work
- Income via an independent fundraiser working on a commission basis.

End