



The national voice for LINKs' members



Health and Social Care Bill



Public Involvement Healthwatch and Commissioning Consortia

The National Association of LINKs' Members
Public and Patient Involvement in Health and Social Care

Performance of Commissioning Consortia

223L Payments in respect of performance

- (1) The (Commissioning) Board may, after the end of a financial year, make a payment to a commissioning consortium if, in the light of an assessment carried out under section 14Z1, it considers that the consortium has performed well during that year.**

- (7) A commissioning consortium may distribute any payments received by it under this section among its members in such proportions as it considers appropriate."**

Health and Social Care Bill (volume 1) Part 1 – The Health Service in England (page41-42)



NATIONAL ASSOCIATION OF LINKs' MEMBERS

Patient and Public Involvement in Health and Social Care



Health and Social Care Bill Public Involvement – Healthwatch and Commissioning Consortia

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House of Commons

Session 2010 - 11
Internet Publications
Other Bills before Parliament

Health and Social Care Bill

Public Involvement – Healthwatch Part 5, Chapter 1, paras 166-174, pages 137-147

HEALTHWATCH ENGLAND

- A committee of the Care Quality Commission known as “the HealthWatch England committee” is to be appointed.
- The purpose of the HealthWatch England Committee is to provide the Care Quality Commission or other persons with advice or assistance in accordance with provision made by or under this or any other Act.
- Members of the HealthWatch England Committee can receive remuneration and allowances

ADVICE TO BE GIVEN BY HEALTHWATCH ENGLAND AND FUNCTIONS TO BE EXERCISED BY HEALTHWATCH ENGLAND

The Commission must arrange for the HealthWatch England Committee to exercise the functions on its behalf.

The HealthWatch England Committee is to provide Local HealthWatch with advice on and assistance in relation to:

- (1) Each local authority must make contractual arrangements for the purpose of ensuring that there are means by which the activities specified in subsection (2) for the local authority's area can be carried on in the area.

(2) The activities for a local authority's area are:

- (a) Promoting, and supporting, the involvement of people in the commissioning, provision and scrutiny of local care services;
- (b) Enabling people to monitor services and to review the commissioning and provision of local care services;
- (c) Obtaining the views of people about their needs for, and their experiences of, local care services; and
- (d) Making views such as are mentioned in paragraph (c) known, and reports and recommendations about how local care services could or ought to be improved, to persons responsible for commissioning, providing, managing or scrutinising local care services.

INFORMATION AND ADVICE

HealthWatch England Committee is provide the following bodies with information and advice on the views of people who use health or social care services and of other members of the public on their needs for and experiences of health and social care services, and the views of Local HealthWatch organisations and of other persons on the standard of provision of health and social care services and on whether or how the standard could or should be improved.

- (a) The Secretary of State
- (b) The National Health Service Commissioning Board
- (c) Monitor
- (d) English local authorities
- (e) Care Quality Commission

If advice is provided to any of the bodies shown above by HealthWatch England Committee they must inform the HealthWatch England Committee in writing of its response or proposed response to the advice.

HAVING REGARD TO GOVERNMENT POLICY

In performing functions under this section, the HealthWatch England Committee must have regard to such aspects of government policy as the Secretary of State may direct.

HEALTH WATCH ENGLAND REPORTS

As soon as possible after the end of each financial year, the HealthWatch England Committee must make a report to the Care Quality Commission (whether or not in writing), on the following matters:

Information and advice on the views of people who use health or social care services and of other members of the public on their needs for and experiences of health and social care services, and the views of Local HealthWatch organisations and of other persons on the standard of provision of health and social care services and on whether or how the standard could or should be improved.

and ...

Must publish a report on the way in which it has exercised its functions during the year which will be laid before Parliament and sent to the Secretary of State.

The HealthWatch England Committee may publish other reports at such times, and on such matters relating to health or social care, as it thinks appropriate.

LOCAL HEALTHWATCH ORGANISATIONS

Establishment and Constitution

There is to be a body known as a Local HealthWatch organisation for the area of each local authority, the main purpose of which is to carry on the following activities:

- (a) Promoting, and supporting, the involvement of people in the commissioning, provision and scrutiny of local care services;
- (b) Enabling people to monitor services and to review the commissioning and provision of local care services;

- (c) Obtaining the views of people about their needs for, and their experiences of, local care services; and
- (d) Making views such as are mentioned in paragraph (c) known, and reports and recommendations about how local care services could or ought to be improved, to persons responsible for commissioning, providing, managing or scrutinising local care services.
- (e) Providing advice and information about access to local care service and about choices that may be made with respect to aspects of those services;
- (f) Reaching views on the matters mentioned in subsection (3) and making those views known to the HealthWatch England Committee of the Care Quality Commission;
- (g) Making recommendations to that committee to advise the Commission about special reviews or investigations to conduct (or, where the circumstances justify doing so, making such recommendations direct to the Commission); and giving that committee such assistance as it may require to enable it to carry out its functions effectively, efficiently and economically.

LOCAL AUTHORITY ARRANGEMENTS

The Local Authority must make arrangements to secure that a Local HealthWatch organisation is established and carries the activities specified in paras (a)-(g) above.

Those arrangements can be made either with the Local HealthWatch organisation or with a Host.

The arrangements may (in particular) make provision for co-operation between the Local HealthWatch organisation for the area of a local authority and one or more other Local HealthWatch organisations.

The Local Authority must ensure that the arrangements for Local HealthWatch:

- (a) Operate effectively, and
- (b) Represent value for money

and the Local Authority must publish a report of its findings in seeking to ensure delivery and (a) and (b).

Local HealthWatch must operate in a way that ensures that Local Authority can fulfill its statutory duties or if you prefer:

Local HealthWatch arrangements, in relation to local authority arrangements, mean arrangements made in pursuance of the local authority arrangements (sic).

INDEPENDENT ADVOCAY SERVICES (ICAS)

Each local authority must make such arrangements as it considers appropriate for the provision of independent advocacy services to providing assistance (by way of representation or otherwise) to persons making or intending to make:

- (a) A complaint under a procedure operated by a health service body or independent provider;
- (b) A complaint under section 113(1) or (2) of the Health and Social Care (Community Health and Standards) Act 2003;
- (c) A complaint to the Health Service Commissioner for England

The Local Authority can make arrangements for Local HealthWatch to either provide ICAS itself or to make arrangements with another body to provide the service and arrangements can be made to provide indemnity cover to those providing ICAS.

WHAT IS HEALTHWATCH

For the purposes of subsection (1), something is done by a Local HealthWatch organisation if it is done by that organisation in the carrying-on, under or in pursuance of arrangements made under section 221(1), of activities specified in section 221(2).

DISSOLUTION OF HEALTHWATCH

The Secretary of State may, whether on an application by the HealthWatch England committee and a local authority or on the Secretary of State's own initiative, by order dissolve the Local HealthWatch organisation for the authority's area if the Secretary of State is satisfied that the circumstances require dissolution.

ANNUAL REPORTS

The HealthWatch annual report is to be sent to the Local Authority, each Primary Care Trust, overview and scrutiny committee, the HealthWatch England Committee and the Secretary of State.

Commissioning Consortia and Public Involvement

Pages 16-17 & pages 30-31

13C Duty as to effectiveness, efficiency etc.

The Board (commissioning) must exercise its functions effectively, efficiently and economically.

13D Duty as to improvement in quality of services

- (1) The Board (commissioning) must exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with—
 - (a) The prevention, diagnosis or treatment of illness, or
 - (b) The protection or improvement of public health.
- (2) In discharging its duty under subsection (1), the Board must, in particular, act with a view to securing continuous improvement in the outcomes that are achieved from the provision of the services.
- (3) The outcomes relevant for the purposes of subsection (2) include, in particular, outcomes which show—
 - (a) The effectiveness of the services,
 - (b) The safety of the services, and
 - (c) The quality of the experience undergone by patients.

- (4) In discharging its duty under subsection (1), the Board must have regard to:
- (a) Any document published by the Secretary of State for the purposes of this section, and
 - (b) The quality standards prepared by NICE under section 218 of the Health and Social Care Act 2011.

13E Duty as to promoting autonomy

In exercising its functions, the Board must, so far as is consistent with the interests of the health service, act with a view to securing—

- (a) That any other person exercising functions in relation to the health service or providing services for its purposes is free to exercise those functions or provide those services in the manner it considers most appropriate, and
- (b) That unnecessary burdens are not imposed on any such person.

13F Duty as to reducing inequalities, promoting patient involvement etc.

(1) The Board must, in the exercise of its functions, have regard to the need to:

- (a) Reduce inequalities between patients with respect to their ability to access health services;
- (b) Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services;
- (c) Promote the involvement of patients and their carers in decisions about the provision of health services to them;
- (d) Enable patients to make choices with respect to aspects of health services provided to them.

(2) In this section, “health services” means services provided as part of the health service.

13G Duty to obtain appropriate advice

The Board must make arrangements with a view to securing that it obtains advice appropriate for enabling it effectively to discharge its functions from persons with professional expertise relating to the physical or mental health of individuals.

13H Duty to promote innovation

- (1) The Board must, in the exercise of its functions, promote innovation in the provision of health services (including innovation in the arrangements made for their provision).
- (2) The Board may make payments as prizes to promote innovation in the provision of health services.

Public involvement

14P Public involvement and consultation by commissioning consortia

- (1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a commissioning consortium ("commissioning arrangements").
- (2) The consortium must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):
 - (a) In the planning of the commissioning arrangements by the consortium,
 - (b) In the development and consideration of proposals by the consortium for changes in the commissioning arrangements where the implementation of the proposals would have a significant impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
 - (c) In decisions of the consortium affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

- (3) The Board may publish guidance for commissioning consortia on the discharge of their functions under this section.
- (4) A commissioning consortium must have regard to any guidance published by the Board under subsection (3).
- (5) The reference in subsection (2)(b) to the delivery of services is a reference to their delivery at the point when they are received by users.
- (6) In this section, "health services" means any services that are (or are to be) provided as part of the health service.

APPENDIX

Local HealthWatch Organisations

Schedule 13 Page 310-312

This section provides some definitions in relation to HealthWatch

Status

- 1
- (1) A Local HealthWatch organisation (“Local HealthWatch”) is a body corporate.
 - (2) A Local HealthWatch is not to be regarded as a servant or agent of the Crown or to be regarded as enjoying any status, immunity or privilege of the Crown.
 - (3) The property of a Local HealthWatch is not to be regarded as property of, or property held on behalf of the Crown.

Membership

- 2
- (1) The Secretary of State may by regulations make provision about the membership of Local HealthWatch.
 - (2) The regulations may in particular make provision about:
 - (a) The number of members;
 - (b) Conditions of eligibility for membership;
 - (c) The appointment of members (including who has the power of appointment);
 - (d) The terms of appointment;
 - (e) Circumstances in which a person ceases to be a member or may be suspended;
 - (f) The payment of remuneration and other amounts to or in respect of members.

Staff

- 3
- (1) An Local HealthWatch may appoint persons as employees.
 - (2) An employee of an Local HealthWatch is to be appointed on such terms and conditions (including as to remuneration, pensions and allowances) as the organisation may determine.

General Powers

- 4
- (1) An Local HealthWatch may do anything which appears to it to be necessary or expedient for the purpose of, or in connection with, the exercise of its functions.
 - (2) In particular, that includes—
 - (a) Entering into agreements,
 - (b) Acquiring and disposing of land and other property,
 - (c) Co-operating with other public authorities in England, and
 - (d) Providing training.
 - (3) A Local HealthWatch must exercise its functions effectively, efficiently and economically.

Committees

- 5
- (1) A Local HealthWatch may appoint committees and sub-committees.
 - (2) A committee or sub-committee appointed by a Local HealthWatch under sub-paragraph (1) may consist of or include persons who are not members of the Local HealthWatch.
 - (3) A Local HealthWatch may pay remuneration and allowances to persons who are members of a committee or sub-committee of its but are not members of the Local HealthWatch.

Exercise of functions

- 6
- (1) A Local HealthWatch may arrange for a member, employee, committee or sub-committee of its to exercise functions of its on its behalf.
 - (2) A Local HealthWatch may arrange for some other person to exercise functions on its behalf.
 - (3) A Local HealthWatch may arrange for persons to assist it in the exercise of functions.
 - (4) Arrangements under sub-paragraph (2) or (3) may include provision for the payment of remuneration or other amounts.

Accounts

- 7
- (1) A Local HealthWatch must keep accounts in such form as the Secretary of State may determine.
 - (3) A Local HealthWatch must prepare annual accounts in respect of each financial year in such form as the Secretary of State may determine.
 - (4) A Local HealthWatch must, within such period as the Secretary of State may determine, send copies of its annual accounts to:
 - (a) The Secretary of State, and
 - (b) The Comptroller and Auditor General
 - (4) The Comptroller and Auditor General—
 - (a) Must examine, certify and report on the annual accounts, and
 - (b) Must lay copies of the accounts, and of the report on them, before Parliament.
 - (5) In this paragraph, “financial year” means:
 - (a) The period beginning with the day on which the Local HealthWatch is established and ending with the following 31 March, and
 - (b) Each successive period of 12 months ending with 31 March.”

END

Comments/Corrections and Additions to the document to Malcolm Alexander
