

HealthWatch Programme Board - ADVISORY GROUP

A summary Briefing Note of meeting held Friday 21 January 2011

Welcome and introductions

The Chair thanked everyone for attending the first meeting of the Department of Health HealthWatch Programme Board Advisory Group to give their 'bottom-up' expertise and experience to help shape the design of HealthWatch (see Annex A of attendees).

The Advisory Group is not a forum to lobby for legislative change during the passage of the Bill in Parliament; but a Department of Health sponsored Group to advise the Programme Board about implementation of the programme. The Advisory group will dissolve once HealthWatch England comes into being, following the Health and Social Care Bill receiving Royal Assent.

Overview and Q&A

The Advisory Group will provide 'bottom-up' expert, practical advice and make recommendations to the Programme Board about implementation of the Government's proposals for HealthWatch England.

The 3 key differences between the current LINK arrangements and the HealthWatch proposals are:

- shift from participation to influencing the outcome of health and social care services;
- local voice to national influence;
- new functions adding individual to the collective.

Citizens Advice Bureaux has been widely recommended as an ethos for HealthWatch i.e. its values, but is not necessarily a working model.

A Department of Health-led HealthWatch Programme Board will oversee implementation of the whole programme, working in partnership with the Care Quality Commission and Local Government. The Advisory Group can suggest additional membership of the Group and/or invite ad hoc membership depending on the issues being addressed at the meetings. Through the use of specific issue workshop events and Task and Finish groups, wider expertise can be drawn in as necessary and an online forum will allow a wider range of stakeholders to have their say.

Key themes arising from the Q&A session following the overview were:

- how LHW might operate;
- the implications arising from participation in decision-making (collective responsibility);
- representing the collective, inclusive (equality and diversity) local voice (Health and Well Being Boards);
- the role in relation to public health;
- the role in relation to the (increasing) personalisation agenda;
- funding (including ring-fencing);
- timetable and lead-in time for local authorities;
- implications for independence of LHW funded by local authorities;
- pathfinders should not be isolated projects but provide support through sharing the learning to fellow LINKs.

Many of these issues will be worked through in the smaller group sessions/at workshop events. Pathfinders, which will be embedded in networks, are expected to test out issues to with independence, accountability and governance. It is extremely unlikely that there will be a change to the Government's position on funding.

Members of the Advisory Group shared information and knowledge of the helpful impact assessment and explanatory notes supporting the 2011 Health and Social Care Bill.

Ways of Working and Terms of Reference

The following issues were identified in discussion where the HealthWatch Advisory Group :

- would value the production of a vision for success to help identify mission critical issues;
- should advise, propose, scrutinise and challenge;
- needs to work in a transparent way; the group's work should be widely available online;
- must remain mindful of the additional remit of LHW: need to look at representativeness of the group as well as HW more generally;
- will consider risks and challenges identified by the HealthWatch Programme Board as well as bringing risks and challenges to the Board's attention;
- should advise on the process of engagement, e.g. providing several models;
- would like to see improved communications between itself and the DH/CQC, perhaps including a regular bulletin to which the group could contribute;
- should advise on pathfinders;
- welcome a clear timeline;
- members take responsibility to share and feedback to LINKs in their regions or member organisations; and
- the Advisory Group's work should dovetail with that of the HealthWatch Programme Board.

The group identified the key issues for further work and the first 4 priorities. The 4 priorities are:

- a vision of a model for consumer voice and how HealthWatch delivers that vision in the reformed NHS;
- clarity about the baseline - what works well and what does not;
- building a 'convincing case' - ensuring that LINKs are able to evolve into Local HealthWatch and assess the implications if they cannot, how Local HealthWatch is unique, can add-value and is value for money;
- identify governance, minimum standards, assessment criteria and working models.

Additional issues for working 'task and finish' groups are:

- evaluating where starting point is for LINKs which would identify challenges and successes;
- capacity and readiness, including existing volunteers;
- ensuring diversity;
- communications and branding;
- how HealthWatch England will support Local HealthWatch;
- input to transition planning;

- relationships - national/local, and with the new bodies/organisations.

Annex B is the summary from the group discussions.

Actions

- LINK regional representatives to agree which 2 of them (rotating/permanent) will join the HealthWatch Programme Board. To notify Daphne.Antoine@cqc.org.uk as soon as possible, the first meeting of the Programme Board is 7 February.
- Secretariat to circulate membership of the Programme Board.
- Secretariat to produce a briefing note (within 10 working days) which will be publicly available.
- Secretariat will provide more detail on the priorities and working group identified by the Advisory Group and invite its members to express interest to join.
- Secretariat to organise next meeting (fortnight before the meeting of the HealthWatch Programme Board).
- Secretariat to make arrangements for Earl Howe, Parliamentary Under Secretary of State for Quality, to attend a meeting.
- Centre for Public Scrutiny and LGA evaluation of LINKs - to share report when available in May.
- Expenses claims to be submitted to Susan.Holtom@dh.gsi.gov.uk and copied to Daphne.Antoine@cqc.org.uk

Date of Next Meeting

The next meeting of the Advisory Group will be held 2 weeks before the 2nd HealthWatch Programme Board meeting.

The Secretariat will work with Advisory Group members to support any working 'task and finish' groups that are meeting before that date.

End of meeting

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ANNEX A

List of attendees and apologies at the HealthWatch Advisory Group meeting held on Friday 21 January 2011:

Present

Patrick Vernon (Chair)	AFIYA Trust
<i>Attendees</i>	
Alyson Morley	Local Government Association
Daphne Antoine	Care Quality Commission
Dave Shields	Southampton Council
Frances Hasler	Care Quality Commission
Geoffrey Smith	East Midlands regional LINKs representative
Gerry Robinson	Consultative Healthcare Council
Hashmukh Pankhana	CEMVO
Jeremy Ambache	Wandsworth LINK
Jeremy Taylor	National Voices
John Langley	Bristol LINK
John Lewis	Government Office, East of England
John Needham	South East regional LINKs representative
Kasey Chan	Department of Health
Katherine Murphy	Patients Association
Malcolm Alexander	National Association of LINKs Members (NALM)
Margaret Lilley	West Midlands ??
Mary Simpson	Department of Health
Mike Hewins	Cambridgeshire LINK
Mike Smith	Sheffield LINK
Nicholas Kennedy	City of London LINK
Peter Fleischmann	Social Care Inspectorate
Ruth Marsden	NALM
Sally Brearley	HealthLink
Sam Hudson	NHS Institute
Sara Cain	Care Quality Commission
Sarah Crossland	Department of Health
Stephanie Varah	National Association of Patient Participation
Sue Bott	NCIL
Susan Holtom	Department of Health
Tim Gilling	Centre for Public Scrutiny
Tracey Bignall	Race Equality Partnership
Walter Park	North West regional LINKs representative
<i>Apologies received</i>	
Brian Fisher	NHS Alliance
Dwayne Johnson	ADASS
Frances Blunden	NHS Confederation
Nigel Thompson	Care Quality Commission
Rosie Newbigging	National Voices

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Group discussions - key themes

HealthWatch – designing and shaping the new organisation

- Will HealthWatch be up to the task of taking on public health? And what do we mean by public health? Three different elements of public health – does HealthWatch have a role in all?
- What is the primary purpose of HealthWatch – Is it about improving services, improving communications or improving health through public health inputs and wider?
- Advisory Group has role to play in being guardians of a vision for HealthWatch
- Vision and inspirational – model for consumer voice and how HW will deliver that consumer voice in the new organisation
- Clarity about baseline – know starting points including identifying risks and challenges, not bolt on, convince unique and add value
- Focus on outcomes, personalisation
- Governance – clear model standards and minimum criteria
- Communications – branding and stakeholder engagement
- Understanding how CQC information and intelligence flows will work
- Discipline – remain focused on getting the implementation right
- Proportionality – regional spread to create consistency in standard level of service expected of HealthWatch
- How do we define success - it should be about consumer voices not organisations
- Need the convincing case about the benefits of HW and what it will do as that will help people understand why it is important to invest.

New World work stream - building and sustaining relationships in the new health reformed system

- Relationship between HealthWatch, GPs and GP Commissioning consortium, NHS Commissioning Board
- What is the relationship between patient panels, Foundation Trusts, and LINKs/HealthWatch?
- What about relationship between existing user groups/neighbourhood groups/where is added value of HealthWatch?
- How are they skilled up – for added advocacy roles? Is HealthWatch a body or a brand?
- What about relationships with users groups, consumers, community development and empowerment organisations, parishes big society and HealthWatch?
- How to make the most of pathfinders – integrating?

Building on Best – evaluation and transition

- How to ensure that LINKs becomes HW and if it does not what are the implications?
- CQC/DH to build on existing models of governance but we can't let this get bogged down – maybe a list of models?
- What are the mission critical – drivers/barriers re transition from LINK
- What do we need to have to enable us to be sure that HealthWatch will work?
- Capacity building, readiness, commitments and ability of volunteers to move, training, trouble shooting
- What's worked well and not so well
- ICAS transfer for local authorities.