

National Association of LINKs Members

NALM HEALTHWATCH BRIEFING No 1

LINKs will be abolished and replaced by Local HealthWatch April 1st 2013. This paper explains what Local HealthWatch and HealthWatch England will look like and explains the intentions of the Health & Social Care Act 2012 in relation to public involvement in health and social care.

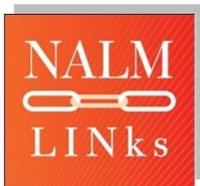
Local HealthWatch will be set up as local champions of the public – patients, carers and service users – for all NHS health and all social care services (adults and children), wherever they are provided. There will be a LHW for each LA area with social services responsibility.

Local HealthWatch will not be a statutory body, but will retain all the statutory involvement, engagement, monitoring and influencing roles that LINKs have at the moment – and will have a major role in influencing the commissioning of health and social care services.

CURRENT STATUTORY ROLES OF LINKs

- Promoting involvement of local people in the commissioning , development and assessment of local health and social care services
- Monitoring health and care services through; Enter and View visits, listening to users and carers and surveys to assess the effectiveness of services
- Obtaining the views of users of health and social care services on the effectiveness of these services – (access-quality-meeting local need)
- Issuing reports and recommendations on the local services to the commissioners and providers of services in order to create better services
- Influencing commissioners of health and social care (adult) so that their plans meet our needs.

April 1 st 2013						
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What will be new or different?

Local HealthWatch will have the same powers as LINKs but will also carry out the following activities:

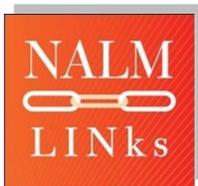
- **There will be at least one full, voting, Local HealthWatch representative on the new Health & Wellbeing Board:**

These boards will be made up of local Councillors, local authority officers, representatives of Clinical Commissioning Groups (CCGs), public health and other partners, and will be responsible for agreeing the Joint Strategic Needs Assessment (JSNA), and also for developing a Health and Wellbeing Strategy based on the evidence in the JSNA. They will also sign off local commissioning plans produced by the CCGs. See appendix for a note on the JSNA

- **Local HealthWatch will either provide, or signpost the public to NHS complaints advocacy to support people with complaints:**

Currently, this service (Independent Complaints Advisory Service or ICAS) is funded at a national level by the Department of Health. From April 1st 2013 it will be the responsibility of local authorities to fund the service using non-ringfenced funds allocated from the DH. Local authorities will be required to contract with an organisation to carry out this work and Local HealthWatch can either bid to run the ICAS service, or must signpost people to whoever is running the service.

Local authorities can commission an advocacy service for both NHS complaints and social services complaints using the same contract and service provider. This could be an important development for people with simultaneous complaints against both services. ICAS will also be able to support people with a serious complaint about local services to elevate it to the Health Service Commissioner.



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- **Elevating issues to HealthWatch England**

Local HealthWatch will have a duty to raise issues of significant concern regarding local health and social care services with HealthWatch England. This is the new national body being set up to empower Local HealthWatch and other bodies and individuals, who wish to raise concerns about poor or deteriorating services, or the effectiveness of local, regional and national services. HealthWatch England will be crucial when local resolution has been unsuccessful and will be able to refer matters on behalf of Local HealthWatch to the Secretary of State, the Care Quality Commission (CQC), Monitor and the new NHS Commissioning Board (NHSCB).

- **Local HealthWatch will provide advice, information and will support patients to choose the services which best meet their needs.**

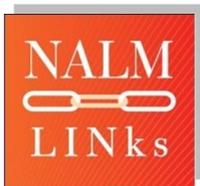
The PALS (Patient Advice and Liaison Service) currently provided by Primary Care Trusts (PCTs) will transfer, with its funding, to the Local HealthWatch. It will be important for data and information about services and clients and ongoing 'live' cases also to be transferred to the new Local HealthWatch.

- **Local HealthWatch will have a role in the NHS and social care Equality Delivery Systems:**

The NHS and local authority have a duty to comply with the Equality Act 2010. All local health and social care providers will have to submit reports that demonstrate they are meeting the needs of local people in relation to duties placed on them by the Equality Act. Local HealthWatch will be able to monitor compliance, make recommendations, and must be able to demonstrate its own compliance with the Equalities Act.

- **Indemnity for Local HealthWatch Members**

The issue of indemnity for Local HealthWatch members is still unresolved, despite the fact that LHW volunteers will be carrying out statutory activities consequent on the Health and Social Care Act 2012. If no indemnity cover is provided by the Treasury, every LHW volunteer will have a different level of indemnity or none, depending on the area in which they live. Indemnity is essential for members of Local HealthWatch when they undertake 'Enter and View' activities, and raise in public issues of concern.



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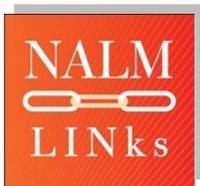
What sort of organisation will Local HealthWatch be?

- **Local HealthWatch will be a social enterprise 'body corporate', contracted by the local authority**

This can mean charities, companies with limited or unlimited liability, companies limited by guarantee, charter companies, co-ops, community interest companies or some other bodies. LHW cannot be an NHS or local authority body. A local authority could contract with the current LINK for their area, if it has formed itself into a 'body corporate', with appropriate objectives to become Local HealthWatch. The local authority could also give the contract to the current Host, or some other local body in the 'social enterprise sector'.

Local HealthWatch will:

- Be funded by the local authority from a budget allocated by the Department of Health (but not ringfenced)
- Be an organisation in its own right, which can appoint its own staff to support members carrying out their statutory duties
- Have standards set by HealthWatch England, against which Local HealthWatch can be measured.
- Be subject to some aspects of the Equality Act 2010
- Be representative of the local community
- Respond to requests under the Freedom of Information Act
- Hold meetings in public and promote participation in its work



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HealthWatch ‘Members’:

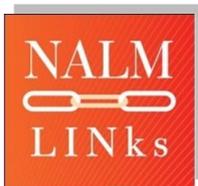
The Health and Social Care Act 2012 does **not require** Local HealthWatch (LHW) to have ‘members’; it is up to local people and local authorities to agree on a ‘membership model’ and decide how Local HealthWatch will be led. Local HealthWatch must be fully representative of local communities, and ultimately it will be up to local authorities to decide on the HealthWatch model that operates locally. .

Local HealthWatch – possible models:

- A Steering Group elected by HealthWatch members and possibly other local bodies which runs LHW and carries out its activities
- A Board, similar to ‘charity trustees’ or health board’s non-executive directors, which employ staff, and uses volunteers to carry out the activities of LHW
- A HealthWatch organisation run jointly by the current LINK Steering Group and either the current Host or another local social enterprise.

Questions to be decided locally:

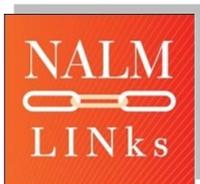
- Will Trustees of the Local HealthWatch Board be elected?
- What will be the responsibilities of the Local HealthWatch Trustees?
- Will there be members and if so how will members of LHW be recruited and what role they will have?
- What influence will members have over the policy and direction of Local HealthWatch?
- Will the members be the leaders or the “do-ers”?
- Will current LINK members transfer into Local HealthWatch?
- How will Local HealthWatch become fully representative of the community?
- What support and training will be available for volunteers to become influential public representatives on Health & Wellbeing Boards, Clinical Commissioning Groups and other local NHS and social care boards?
- Will Local HealthWatch reps advocate for the public interest and local need?
- Will representatives of Local HealthWatch on local NHS and local authority boards be volunteers or staff?



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What role will Local Authorities have?

- Every local authority with social services responsibilities must make arrangements to contract with a body corporate to become Local HealthWatch.
- A time-line will need to be produced by local authorities to indicate to local people how they can get involved in the development of Local HealthWatch.
- Local authorities must ensure that Local HealthWatch is established and carries out specified statutory activities (Health and Social Care Act, 2012, Part 5, s182). from April 1st, 2013
- Local authorities will fund Local HealthWatch in the same way they fund the LINKs: i.e. they will prepare a specification for Local HealthWatch and either fund the new body through 'grant-in-aid' or put the contract out for organisations to bid for. They will then performance manage the contract, and will be able to terminate the contract if they think the performance of the Local HealthWatch is unsatisfactory, i.e. does not carry out the activities described in the Health and Social Care Act 2012. The funding is not ring-fenced
- The Health and Social Care Act 2012 allows Local HealthWatch to subcontract the functions of Local HealthWatch. However, if this happens, the value of Local HealthWatch as a single body with a clear identity, wide range of activities and with access to rich sources of data about local services will be lost.
- If a LINK steering group decided to establish itself as a social enterprise and bid for the HealthWatch contract, the authority could agree to award them the contract through the grant-in-aid mechanism (Part B), or it could invite them to bid for the local contract alongside other bodies. The steering group could do this jointly with a current Host or with another social enterprise.
- A LINK will need resources both financial and advisory to become a body corporate, if it decided to take this approach.
- LINKs will be abolished on March 31st 2013, but if the new roles within Local HealthWatch were to be similar enough to the LINK, protection under TUPE (Transfer of Undertakings (Protection of Employment) Regulations) might be offered to the host staff. TUPE protects employees when the organisation they work for is taken over by another body providing a similar service.



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Unanswered questions....

- How will a Local HealthWatch be truly independent when it is funded by the local authority that it monitors?
 - Will local authorities determine what Local HealthWatch will look like?
 - Will local authorities ensure that they listen to the views of the LINK steering groups and other local community stakeholders in determining the right model for their area?
 - How will the five statutory activities, including ICAS, be integrated into the Local HealthWatch model?
 - What will happen to current LINK/Host staff?
 - To whom will LHW be accountable?
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How will Local HealthWatch be funded?

Local HealthWatch will, like LINKs, be funded from money allocated by the Department of Health. The amount for each Local Authority will be different, and will be based, as now, on population size and local need.

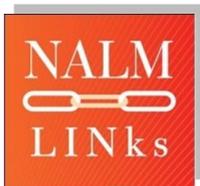
The funding pot for Local HealthWatch will be made up of the current budget for the LINK, plus additional money from the ICAS advocacy service (currently funded directly by the Department of Health) and money currently used to fund PCT PALS.

The total national budget for Local HealthWatch will increase from £28 millions to £60 millions.

Local HealthWatch budget is not ring-fenced so local negotiations will need to ensure that Local HealthWatch is adequately funded.

Unanswered questions....

- Will local authorities fully fund Local HealthWatch from the budget they get from the Department of Health?
- Will there be any effective sanctions if local authorities do not allocate enough of the money to set up and support Local HealthWatch?
- How will the Independent Complaints Advisory Service (ICAS) be commissioned and from whom?
- Will local ICAS support the public to complain about social services, as well as health services?



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What is HealthWatch England?

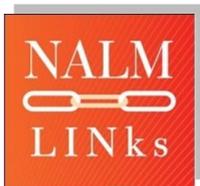
- HealthWatch England will represent Local HealthWatch at a national level. It will be an independent statutory committee of the Care Quality Commission (CQC) chaired by a Director of the CQC
- HealthWatch England will develop standards for Local HealthWatch to be measured against, and will provide guidance for Local HealthWatch.
- Local HealthWatch will be able to pass concerns and adverse reports about care services to HealthWatch England, and HWE will work with the CQC to resolve these issues.
- HealthWatch England will be able to flag up concerns and make recommendations to the CQC, Monitor, the NHS Commissioning Board and to the Secretary of State.

HealthWatch England will be important in the prevention of the kind of disasters that led to poor treatment and deaths in Mid-Staffordshire Hospital.

What is PALS and what does it have to do with Local HealthWatch?

PALS stands for 'Patient Advice and Liaison Service'. PALS staff work in hospitals and Primary Care Trusts (PCTs), and help patients get answers to any questions they might have about NHS services. They also help resolve problems for patients with issues that do not need a full formal complaints investigation. PALS do the following:

1. Provide information about the NHS and help with health-related enquiries.
2. Provide information about the NHS complaints procedures and getting access to independent NHS advocacy (ICAS).



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3. Improve the NHS by listening to patients' and carers' concerns, suggestions and experiences and ensuring that people who lead, design and manage services are aware of the issues raised and act to change services.
4. Provide an early warning system for NHS Trusts and monitoring bodies by identifying problems or gaps in services and reporting them.
5. 'Signpost' and provide information.
6. Act as 'conduit' for enquiries, advice, recommendations and commendations about services, for patients

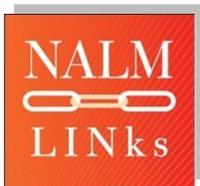
The hospitals PALS service will not be affected by the integration of PCT PALS into Local HealthWatch. The NHS PALS site is at www.pals.nhs.uk

Unanswered questions....

- What will happen to PALS staff? Will they be transferred under TUPE to Local HealthWatch?
- What percentage of PALS work is 'signposting'? The Department of Health is assuming 65% although previous studies suggest this is more like 13%.
- What will happen to the informal problem-resolution that PALS teams do?

Contact NALM

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Want to read some more ...?

- 1) **The Health & Social Care Act 2012 – PART 5 Public Involvement and Local government**

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted/data.htm>

- 2) **The HealthWatch Transition Plan**

<http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH-125582>

- 3) **The HealthWatch online community** - register your interest in becoming a member of the online forum, please email HealthWatch@nunwood.com

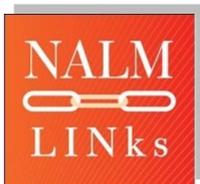
- 4) **National Association of LINK Members (NALM)** – information on HealthWatch updated daily. www.nalm2010.org.uk

- 5) **New partnerships, new opportunities A resource to assist setting up and running health and wellbeing boards – Executive summary**

<http://www.idea.gov.uk/idk/aio/31196535>

- 6) **JSNAs and joint health and wellbeing strategies**

<http://www.dh.gov.uk/health/2011/12/jsnas-strategies-explained/>



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APPENDIX

Joint Strategic Needs Assessment (JSNA)

The Joint Strategic Needs Assessment came from the Social Care Green Paper 'Independence, wellbeing and choice (2005).' It was reinforced in the Health White Paper, 'Our health, Our Care, Our say (2006).'

The Local Government and Public Involvement in Health Act 2007 specifies that local authorities and Primary Care Trusts (PCTs) produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of the local community. Consultation responses on the Commissioning Framework for Health and Wellbeing asked for clearer instruction on undertaking JSNA.

The JSNA guidance ties in with the statutory guidance 'Creating Strong, Safe and Prosperous Communities' and works as a toolkit for local partners carrying out JSNA. The stages of the process are described. These include:

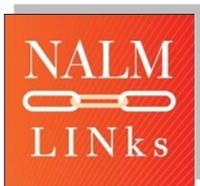
- stakeholder involvement
- engaging with communities
- suggestions on timing and linking with other strategic plans
- core dataset
- guidance on utilising JSNA to provide insight into local commissioning, publishing and feedback

JSNA Guidance <http://www.idea.gov.uk/idk/core/page.do?pagelD=7942796>

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097

JSNAs and joint health and wellbeing strategies explained

The document supports the development of a joint health and wellbeing strategy and aims to support the NHS, local government and emerging health and wellbeing boards as they engage with and refresh the Joint Strategic Needs Assessments (JSNA) and develop their strategy. It describes what support the Department of Health will provide, including what resources will be available, when, and how the DH will build in learning from the early implementer health and wellbeing boards. This document should be read as part of the wider approach to supporting the



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development and implementation of health and wellbeing boards. It is led by early implementer health and wellbeing boards and the National Learning Network for health and wellbeing boards.

The statements in these JSNA documents may need to be updated now that the Health and Social Care Act has received Royal Assent.

"This document builds on the HealthWatch Briefing Paper (February 2012), written by Lucy Nicholls, Somerset LINK host team to whom we are indebted, Email lucy.nicholls@helpandcare.org.uk."