



## Middlesbrough LINK

### Middlesbrough Local Involvement Network (LINK)

#### Response to proposals outlined in Government White Paper on Health – “Equity and Excellence - Liberating the NHS”

This response has been drawn together from discussions within Middlesbrough LINK (Strategy Group and Core Group members), together with members feeding in information received from attending regional and sub-regional meetings and events discussing the White Paper.

### Establishing HealthWatch

#### ***Q What needs to happen for local HealthWatch to fulfil its new functions around health complaints advocacy? In particular to support people who do not have the means or capacity to make choices about their care?***

- Continued momentum so that the existing expertise and experience gained by LINK's is not lost during the transition period and should be incorporated into Health Watch.
- Clear governance structures, prescribed or suggested, together with clear guidance are should be available centrally outlining the new responsibilities
- Clear definition of HealthWatch England's role in providing leadership to Local HealthWatch – is this in an advisory capacity?
- All communications needs to be in plain English
- Clear transitional arrangements are needed well in advance covering the expected new responsibilities for HealthWatch, e.g. from ICAS,
- Clear assurances of where, when and how professional support will be available.
- Clear definitions of roles and legal liabilities around new responsibilities and clear easy to read National guidance
- Guarantees of legal liability insurance cover for all Local HealthWatches.
- Training for LINK Boards / members no later than summer 2011
- Clear agreement on how information will be transferred between ICAS and HealthWatch.
- Advocacy services could be provided jointly by local HealthWatch across more than one local authority area to improve capacity

#### ***Q What needs to happen for local Health Watch to support people making choices, in particular to support people who do not have the means or capacity to make choices about their care?***

- Need to know existing methods and referral systems e.g. on complaints and pathways to care
- Provision of good up to date and accessible information on health and social care provision including but not exclusively web based.
- Clear information showing / outlining formal relationships between Health Watch and other organisations on a local/regional and national level

- Access to provider organisation data

## **Embedding patient voice**

***Q What should be done to embed local Health Watch as the local consumer voice, and HealthWatch England as the national voice for health and social care consumers?***

- National publicity and well funded local community engagement, starting well in advance of April 2012
- NHS Constitution to be amended to reflect responsibility of health providers and commissioners to work with HealthWatch
- HealthWatch England should have input into its governance from local HealthWatch – an advisory board of selected members.
- Clarity needed about what information is required – where is the push and pull coming from?

***Q How should HealthWatch England and local HealthWatch relate to and work with other patient and community groups and structures, and what principles should underpin this relationship?***

- Organisations should be incentivised to share information and resources.
- HealthWatch needs to have recognisable powers to influence health and social care providers so that patients and the community will work with HealthWatch in the confidence that they will see results
- Promote partnership working with clear understandings between partners of roles, responsibilities and appropriate levels of openness

***Q How should local HealthWatch work with the local authority and GP consortia to influence commissioning decisions?***

- Good communications and access to information in a timely manner
- Ensure that relevant working is supported by organisational structures that maximise benefits and minimise resource use

***Q What needs to happen for local HealthWatch to support the needs of vulnerable people –such older or very frail people? What needs to happen for HealthWatch to champion the rights of people who lack capacity to make decisions about their care?***

- Improved statutory protection for vulnerable groups e.g. in Safeguarding and Human Rights for older people in Care Homes.
- Legal basis/role for Health Watch within Safeguarding legislation
- Sufficient resources to provide accessible advocacy including outreach services

## **Governance**

***Q What governance arrangements need to be put in place to ensure that accountabilities are clear for all parties?***

- Local HealthWatch contracts should not be with Local Authorities but via HealthWatch England / CQC, should reflect responsibilities and relationships and not provide conflicts of interest.
- Governance of each Local HealthWatch should state how they relate to HealthWatch England, what they will deliver and how e.g. service level

agreements and Annual Reports. HealthWatch England should also have clear governance explaining how it relates to local HealthWatch.

- Governance arrangements for local HealthWatch should continue to ensure work plans are produced independently
- Health Watch governance should be explicit on how it relates to and communicates with:
  - Health and Well Being Boards
  - GP consortia
- All governance in national and local HealthWatch and health boards should refer to a common dispute resolution procedures

***Q How should HealthWatch England be constituted within the CQC structure?***

- HealthWatch England should have an independent board and constitution within CQC
- Representation from local HealthWatch should be included on HealthWatch England Board

***Q What role, if any, should HealthWatch England play in holding local authorities to account for how local HealthWatch is operated?***

- HealthWatch England to monitor overall performance of local Health Watch through agreed measures

**Independence and accountability:**

***Q What needs to happen for local HealthWatch to be an independent consumer champion for health and social care?***

- Local HealthWatch to be independent of local authority control.
- Only local community/voluntary members on HealthWatch Boards
- Independent Work Plans for HealthWatch
- Clear independent HealthWatch role stated in NHS constitution supported by statutory powers and governance
- Ring fenced funding for HealthWatch

***Q What role should HealthWatch England and local authorities play in assessing the effectiveness of local HealthWatch?***

- National Standards set by HealthWatch England to be included in local HealthWatch contracts e.g. response times to complaints
- Incorporation of model guidance into processes, for example as produced by DoH for LINKs on Enter and View as part of standardisation of practice- particularly important with complaints and advocacy to act as measures

***Q What needs to happen to ensure transparency over how HealthWatch funding is spent by local HealthWatch and by local authorities?***

- If Local HealthWatch funding is via local authorities, it must be ring-fenced within the health budget going to local authorities
- All management fees need to be made public including how much a local authority, should it remain with them, retains from overall budgets.
- Need to publish all financial details, including management fees retained by a local authority eg ongoing under-spend details and how it is allocated or not.

***Q How will local HealthWatch cover both health and social care services?***

- Integrated work plan as currently exercised by LINKs - monitoring should include ensuring that HealthWatch is adopting a balanced approach in this respect
- HealthWatch to be rebranded to be instantly recognisable as covering social care as well as health
- Remove potential conflict of interests by removing HealthWatch from local authority

***Q What role should local HealthWatch play in seeking patients' views on whether local providers and commissioners are taking account of the NHS Constitution?***

- Embed NHS constitution in all HealthWatch practice
- Questionnaires to public and in engagement activity

## **National/Local Balance**

***Q What needs to happen to ensure an effective balance is achieved between HealthWatch England and local HealthWatch?***

- Local HealthWatch to be adaptable to cover wider areas eg more than one local authority area, especially in providing advocacy services.
- Recognition that one size does not fit all and allowance for regional/local variations if this would fit better within local communities.
- HealthWatch England board consisting of selected, representative regional/local members
- 2-way communication and information – named contacts with a responsibility to build relationships between local and national HealthWatch
- Clarity over roles and responsibilities at different levels to avoid duplication and confusion

***Q What role should HealthWatch England play in achieving this balance?***

- Provide clear leadership e.g. organising joint meetings and training events for local HealthWatch
- Helping to avoid duplication of effort – encouraging joint working between neighbouring local HealthWatches.
- Communications and web based information support and sharing best practice

## **Relationships**

***Q HealthWatch England will need to develop working arrangements with the NHS Commissioning Board, Monitor, Department of Health and CQC. What principles should underpin these relationship?***

- Principles of: Openness, Transparency, Accountability, Honesty, Accuracy and Timeliness of information and Plain English

***Q What needs to happen to build relationships between local HealthWatch and other local partners, such as local authorities or GP Commissioning Consortia?***

- Joint working arrangements need to be facilitated especially when working across Local authority boundaries and with more than one GP Consortia.
- Communications. DoH / NHs Commissioning Board/CQC organise/facilitate joint events for HealthWatch, local partners and GP Commissioning Consortia

to attend and discuss challenges and opportunities provided by the NHS reforms.

## **Transition**

### ***Q What do we need to take into account for the transition of LINKs into local HealthWatch?***

- Skills and capacity of LINKs Hosts to facilitate move to HealthWatch
- Vulnerability of losing funding and staff during the transition stage – some local authorities may not have the capacity to adequately fund the transition year and staff may leave due to uncertainties.
- The current lack of good information on services to assist patient choice
- Transition arrangements with ICAS and NHS providers on complaints procedures and handling continuing casework as we move to HealthWatch
- Need for good clear plain English information and guidance
- The need to keep motivation of support staff in LINK hosts and ICAS to ensure service continuity
- Motivation of LINK volunteers needs to be maintained

### ***Q What support will LINKs need during this period?***

- Training of LINK Board members to understand new roles and responsibilities for HealthWatch
- Training for existing LINK Host staff.
- Transition guidance for relationship with providers and ICAS on complaints handling
- Simple diagram of relationships between different organisations including who they are and what they do
- Good clear transition guidance – not leaving it up to local decisions on how things get done at this stage
- Accurate and timely information
- Adequate financial and staff resources to support the development of additional responsibilities and HealthWatch.

### ***Q What additional skills will staff and volunteers require to deliver the expanded functions, and how can they be developed?***

- Understanding of new structures and new organisations
- Understanding new processes for complaints and advocacy
- Complaints and advocacy management training
- Training of board members

### ***Q What are the organisational and resource implications of expanding LINKs' functions?***

- Information and data management needs will rise considerably to facilitate the new roles
- Skilled complaints and advocacy staff will be needed as current LINK Host skills rest mainly in community engagement and have not been concentrated on advocacy or complaints.
- A shop-front base for the LINK / HealthWatch office to promote the services.
- Will need good and accurate local data on health and social care services including GP's, hospitals and care homes