

Cabinet

24 July 2012

**Local HealthWatch Transition Plan
including NHS Complaints Advocacy
Service**



[Key Decision AWH 03/12]

Report of Corporate Management Team

Rachael Shimmin, Corporate Director of Adults, Wellbeing and Health

Councillor Morris Nicholls, Portfolio Holder for Adult Services

Purpose of the Report

- 1 This report
 - Sets out the proposed procurement process for Local HealthWatch
 - provides an update on the progress made with the HealthWatch Transition Plan; and
 - sets out proposals for the commissioning of an NHS Complaints Advocacy Service.

Background

- 2 The Government's health and social care reforms are centred on the fundamental principle that citizens must be at the heart of everything our health and social care services do.
- 3 The Government are committed to strengthening the collective voice of patients, users of health and social care services and the public, ensuring that voice is no longer lost in the system. One of the main ways of achieving this will be through the HealthWatch arrangements which will continue to build on the work of Local Involvement Networks (LINKs). The arrangements for HealthWatch England and Local HealthWatch were part of the Health and Social Care Bill which received Royal Assent on 27 March 2012.
- 4 As part of the Health and Social Care Act, local authorities must also commission NHS complaints advocacy from any suitable provider (including Local HealthWatch) from 1 April 2013.

Transitional Plan - Progress and Update

- 5 The contract for the host organisation for County Durham LINK has been re-negotiated and a new fixed term contract is in place for 1 April 2012 – 31 March 2013. (The introduction date for Local HealthWatch is 1 April 2013 - key dates from the implementation project plan are listed at Appendix 2).
- 6 A consultation framework has been developed in conjunction with corporate colleagues and was agreed by the HealthWatch Project Group on 5 December 2011.
- 7 A model for Local HealthWatch was produced following a robust consultation/engagement process involving stakeholders, members of the public and the LINK. Final adjustments will be made to the model if the learning from the national demonstrator sites (Government sponsored pilots) identifies the need to do so.
- 8 An equality impact assessment is in place and will be updated at key points of the transition process. A full impact assessment will be undertaken closer to the implementation date in line with the governance timetable. (See Appendix 3).
- 9 Discussions have been ongoing with other regional authorities regarding the NHS Complaints Advocacy Service to establish whether this service would be best commissioned regionally, sub-regionally or locally.

Commissioning Process

- 10 The NHS White Paper Project Board meeting on 18 April agreed that the establishment of Local HealthWatch in County Durham should be via a procurement process. Procurement activity is currently scheduled in the project plan for autumn 2012.
- 11 The Council is taking a conservative approach and procuring under Part A of the Public Contracts Regulations 2006 to avoid any doubt over Part A/Part B services and to ensure that rigorous procurement processes are followed.
- 12 The research obtained through a soft market testing exercise has shown that there is a potential market for both Local HealthWatch and NHS Complaints Advocacy.

Budget

- 13 A core budget of £155,000 (from the DCLG Formula Grant set to continue to 2014/15) is available with some additional funding (£40k for one year only) from the allocated HealthWatch start up funding (via the Department of Health (DH) Learning Disabilities and Health Reform Grant).
- 14 The final allocation of funding for Local HealthWatch has not yet been confirmed and the DH have indicated that funding information may not be available until late 2012. The DH has issued early indications of the distribution of additional funding to local authorities for NHS Complaints Advocacy and the money that will transfer from the Patient Advice and Liaison Service (PALS). However, there is significant national challenge from PCTs relating to the elements of the PALS service which are to be transferred and

the accuracy of the indicative budgets relating to these elements provided by the DH. The latest illustrative amount from the DH based on the adult social care relative needs formulae are listed below:

| | |
|-------------------------|-----------|
| PALS funding | £136, 034 |
| NHS Complaints Advocacy | £168,763 |

- 15 The soft market testing exercise has provided an indication of market interest across a range of service costs.
- 16 The procurement will be designed to ensure that the Council will not be exposed to risk should the final grant level be less than the current indicative allocations.

Next Steps

- 17 A full project plan is in place, a summary of which is available at Appendix 2. If Cabinet agrees, a full procurement process will be undertaken in September 2012.
- 18 It is likely that NHS Complaints Advocacy will be commissioned by a regional collaboration lead by Gateshead.

Recommendations

That Cabinet:

- Agree to a procurement process for Local HealthWatch under Part A of the Public Contracts Regulations 2006
- Note progress to date.
- Note the position regarding the commissioning of an NHS Complaints Advocacy Service.
- Note the timescales as set out in Appendix 2.

Contact: Nick Whitton **Tel: 0191 383 4188**

Appendix 1: Implications

Finance – Funding will be transferred from LINK to HealthWatch in April 2013. Additional funding from Health for an element of the PALS service is still to be finalised. Funding allocations may not be confirmed until late 2012.

Staffing – No implications known.

Risk - There are no reportable risks to this key decision. A risk assessment is in place.

Equality and Diversity/Public Sector Equality Duty – The introduction of HealthWatch will have a positive impact for all. An equality impact assessment is attached to this report.

Accommodation – N/A

Crime and Disorder – N/A

Human Rights – Individuals were given the opportunity to express their views on the draft model for Local HealthWatch.

Consultation – Individuals were asked to submit comments on the draft model between 28 November 2011 and 13 January 2012. A focus group took place on 9 February 2012.

Procurement – The establishment of the Local HealthWatch in County Durham will be via a commissioning process.

Disability Issues – Local HealthWatch in Durham will be implemented in compliance with the Equality Act. Disability issues are addressed in the Equality Impact Assessment.

Legal Implications – Local authorities will be legally obliged to provide local HealthWatch and commission an NHS Complaints Advocacy Service.

Summary of Project Plan Key Tasks and Milestones

- July 2012 – report to Cabinet to agree procurement process and project plan
- September 2012 - procurement activity
- 21 December - deadline for submissions
- January 2013 - evaluate submissions
- January/February 2013 - contracts awarded, standstill period etc
- Middle February 2013 - service transition
- 1 April 2013 – Local HealthWatch live
- 1 April 2013 – NHS Complaints Advocacy Service live

Durham County Council – Altogether Better equality impact assessment form

NB: Equality impact assessment is a legal requirement for all strategies plans, functions, policies, procedures and services. We are also legally required to publish our assessments.

Section one: Description and initial screening

Section overview: this section provides an audit trail.

Service/team or section: Adults, Wellbeing and Health, Commissioning Services

Lead Officer: Nick Whitton

Implementation date: April 2013

Subject of the Impact Assessment: (please also include a brief description of the aims, outcomes, operational issues as appropriate)

(Updated 31 May 2012)

Introduction of Local HealthWatch in County Durham

Introduction

The Government's vision for the NHS puts patients and the public first; operates around the principle of shared decision making as the norm; learns from people's experiences of using services; and listens to patients and the public in the commissioning and provision of services for local communities. In addition, the Government's vision for adult social care has a strong emphasis on more personalised services and the best outcomes for those who use services and their carers.

To help make these visions a reality, the Government has committed to strengthening the collective voice of patients, users of care services and the public and ensuring that voice is no longer lost in the system. One of the main ways of achieving this will be through the HealthWatch arrangements.

HealthWatch England will provide leadership, support and advice for local HealthWatch organisations, creating greater consistency across the

country. It will be independent of Government through its constitution as a committee of the Care Quality Commission. HealthWatch England will have real power to influence how NHS and social care services are run and will be able to ensure that people's concerns about services are brought together and acted on nationally.

The arrangements for HealthWatch England and Local HealthWatch were part of the Health and Social Care Bill which received Royal Assent on 27 March 2012 confirming that the Bill is now an Act of Parliament.

The purpose of Local HealthWatch in County Durham

Local HealthWatch in County Durham will provide a mechanism for local people to communicate, challenge and shape the decisions of commissioners and service providers in the health and social care sector. It will promote better outcomes in health and social care services.

HealthWatch must be representative of communities, provide people with information and advice to make choices about health and social care services and provide advice to people who want to complain about health services.

Durham HealthWatch will help advance equality of opportunity by, amongst other things, removing or minimising disadvantages for people sharing relevant protected characteristics, meeting the needs of such people that are different from others and encouraging them to participate in public life, and to foster good relations between such persons and others. People sharing protected characteristics and their representatives will be enabled through Durham HealthWatch to voice problems and suggestions for improving the care and support they need and receive.

What will Local HealthWatch in County Durham do?

The key functions of Local HealthWatch are set out below:

Function One: Gathering views and understanding the experiences of patients and the public

Local HealthWatch will achieve this function by:

- Actively seeking the views and experiences of local people, including 'seldom heard' groups comprising (but not exhaustive) of BME groups, carers, older people, people with a disability and voluntary and community groups.
- Ensuring systematic and ongoing engagement with all sections of the local population so that a wide cross-section of views are sought in respect of local health and social care services.
- Having continuous and effective consultation with young people regarding health services and ensuring that Local HealthWatch relates to them.
- Seeking citizen's views about the current provision of health and social care and using this to identify the need for new services or changes or additions to existing services.

- Gather information that is already available and work with other local voluntary and community groups to understand local views and experiences of health and social care services.
- Building a network of networks (including volunteers) all of which have specific remits and clear expectations.
- Utilising specialist groups where needed to ensure that all voices are heard.
- Analysing and sharing high quality user feedback and public views on services to relevant commissioners so that they can inform the whole commissioning cycle.
- Holding local surgeries/meetings as regularly as is appropriate to the locality area.
- Building on and establishing strong links within the County – both geographical links and with specialist groups including providers, Area Action Partnerships (AAPs), One Point etc.
- Co-ordinating cross county/boundary consultation, participating in any cross boundary working protocols and establishing links with Local HealthWatch in neighbouring authorities.
- Co-ordinating cross cutting issues which cover more than one user group, for example, issues relating to carers.
- Working in collaboration with HealthWatch England and the Care Quality Commission (CQC).

Function Two: Making people's views known

It will be necessary for Local HealthWatch to:

- Identify and use existing arrangements to avoid duplication.
- Develop systematic methods of gathering views from local and national sources where there are currently gaps.
- Communicate citizen's views on services to health and social care commissioners in a timely and effective way.
- Operate a robust communications strategy to manage the flow of information into, out of and within Local HealthWatch to enable participants to be effective in their role.
- Train new volunteers and participants to enable them to contribute effectively.
- Write reports, make recommendations and ensure that these are passed through the appropriate channels of governance.
- Identify positive and negative views of citizens and feedback findings to HealthWatch England, CQC, and local commissioners as part of an ongoing, regular dialogue.
- Provide a strong consumer voice on key groups, eg Health and Wellbeing Board.
- Use citizen's views to influence decision-making bodies.

Function Three: Promoting and supporting the involvement of people in the commissioning, provision and monitor and review of local health and social care services

Local HealthWatch must:

- Be accessible to all citizens and be inclusive of all groups within its local community.

- Provide input on new or proposed services.
- Use a broad range of stakeholder engagement techniques to maximise opportunities for local people to have their say.
- Exercise their statutory Enter and View powers effectively to maximise impact and work collaboratively with other inspection regimes.
- Carry out robust consultation and engagement in line with the Commissioning Cycle, for example, balancing influencing strategic commissioning at the planning stage and monitoring quality of services at the delivery stage.
- Utilise and build on knowledge and information that already exists in the County to establish and meet priorities.
- Gather the views and experiences of patients, service users and their carers and the public for good local intelligence that can inform local commissioning and provide evidence for prioritisation of activities to effect the best changes and outcomes for health and social care service users and their carers.
- Provide feedback (issues and possible solutions) to commissioners in a clear, constructive way in order to effectively influence strategic developments.
- Establish and build on good relationships with statutory organisations/commissioners in order to share data and information.
- Through access to user feedback and data from service providers, highlight any lapses in safety of health and social care services and gaps in service provision.
- Build on work undertaken by the (LiNK) including:
 - promoting involvement.
 - obtaining views about what people think of health and social care services
 - monitoring health and social care services
 - writing reports and making recommendations
 - carrying out the statutory function of Enter and View visits

Function Four: Recommending investigation or special review of services via HealthWatch England or directly to CQC

Local HealthWatch and HealthWatch England will work together to create a single system to champion the voice of people who use health and care services locally and nationally. It will be necessary for Local HealthWatch to:

- Continuously evaluate existing health and social care services, making recommendations for special reviews or investigations to CQC through HealthWatch England based on robust local intelligence including that provided through Enter and View powers.
- Agree, establish and ensure timely two-way information flows between Local HealthWatch and HealthWatch England.
- Ensure that urgent concerns are escalated through the appropriate channels.

Function Five: Provide advice and information (signposting) about access to health and social care services and support for making informed choices

Some of this signposting function is currently one of a range of services provided by the PCT PALS, the funding for which will transfer to Local HealthWatch in April 2013.

It will be necessary for Local HealthWatch to:

- Provide information and signpost and support access to information for service users and their carers.
- Provide a one point “no wrong door” approach to service provision.
- Provide, where possible, a “tell us once” approach to service provision.
- Provide advice and information (signposting) services to ensure that all sections of the local population have access to good quality impartial advice and advocacy relating to health and social care services available to them.
- Identify what information already exists and how to access it.
- Identify unmet needs in information so gaps can be plugged.
- Be visible and known as an information and advice resource.
- Develop and maintain a database of existing local networks and support systems to direct people to the services they require.
- Offer a referral/redirection service to existing health and social care services.
- Ensure that information is provided in plain English avoiding the use of jargon and in alternative and appropriate formats where appropriate.
- Make full use of social networking tools to reach communities and citizens that might otherwise not be represented.
- Ensure that appropriate IT support systems are in place to enable Local HealthWatch to effectively analyse and develop insight from the information and data that it will gather.

Function Six: Make the views and experiences of people known to HealthWatch England (and to other Local HealthWatch organisations) and provide a steer to help it carry out its role as national champion

It will be necessary for Local HealthWatch to:

- Ensure local intelligence gathering systems complement those established by HealthWatch England.
- Establish a strong link with HealthWatch England and develop robust protocols for sharing information.
- Ensure cross boundary links are in place to ensure ease of use for citizens accessing or wishing to comment on health services in neighbouring areas.
- Inform HealthWatch England of any local matters which may affect health and social care outcomes nationally.
- Apply information from HealthWatch England into local practice where appropriate.

Function Seven: NHS Complaints Advocacy

It will be necessary for Local HealthWatch to:

- Make arrangements for supporting local people with any complaints they may wish to progress in relation to NHS service provision either through:

- a directly provided complaints advocacy service; or
- referral to a third party contracted by the local authority expressly for these purposes.
- Specifically understand how children and young people may complain and ensure the service is flexible enough for this to happen.

Legislation/Policy Drivers

- Equity and excellence: Liberating the NHS (2010)
- Liberating the NHS: Legislative framework and next steps (2010)
- A vision for adult social care: Capable communities and active citizens (2010)
- Support and aspiration: a new approach to special education needs and disability (2011)
- Health and Social Care Bill (2012)

The development of Local HealthWatch in County Durham

Engagement and Consultation

On 18 April 2011, the NHS White Paper Project Board decided that the establishment of local HealthWatch in County Durham would be via a commissioning process.

A steering group was established to project manage the commissioning of Durham HealthWatch and a project plan and project initiation document were developed.

One of the first tasks of the steering group was to engage and consult on how local HealthWatch should look in County Durham and develop a model.

Results of Engagement and Consultation

The initial round of engagement and consultation drew out strong common themes and these were included in the draft model (further details are available in the Consultation Framework and Plan and the Engagement and Consultation document). The draft model was circulated for further consultation on 28 November 2011 with responses due back on 13 January 2012.

Progress

- 25 January 2012 - Final model presented to the NHS White Paper Board
- 8 February 2012* - Final model presented to the Health and Wellbeing Board
- April 2013 – Draft service specification produced
- 26 April 2012 – Agreement from Adults, Wellbeing and Health Management Team to procure under Part A of the Public Contracts

Regulations 2006

- May 2012 - *Soft market testing exercise undertaken
- May 2012 – Service specification updated prior to circulation to Head of Service and colleagues in legal services
- June 2012 - development of tender documentation and processes

Next Steps

- *July 2012 – report to Cabinet to agree procurement process and project plan
- September 2012 - procurement activity
- 21 December - deadline for submissions
- January 2013 - evaluate submissions
- January/February 2013 - contracts awarded, standstill period etc
- Middle February 2013 - service transition begins
- *1 April 2013 – local HealthWatch live
- 1 April 2013 – NHS complaints advocacy service live

This Equality Impact Assessment will be updated at key stages of the process as identified by the * above.

Impact of implementation

There will be a positive impact for all citizens of County Durham in a number of ways, including:

- Citizens will be at the centre of service provision as Durham HealthWatch will have a strong citizen and community focus.
- Durham HealthWatch will provide an independent and challenging voice on behalf of the citizens of County Durham.
- All citizens should have equity of service access irrespective of sex, age, race, religion and belief, sexual orientation, gender reassignment, pregnancy or maternity leave, marriage or civil partnership or disability.
- Durham HealthWatch will support everyone in the community, but particularly those who are vulnerable or often unheard.
- Citizens will have more choice about health and social care services as they will have access to relevant information in appropriate formats.
- Citizens will be able to influence commissioners and service providers to improve service provision and outcomes.
- Durham HealthWatch will provide one point of access for all citizens and will operate a “no wrong door” approach to service provision.
- Market testing shows that there are providers who are able to deliver a local Healthwatch which will be representative of the demographics of the County.

Impact of NOT implementing Durham HealthWatch

- Local HealthWatch will be a statutory organisation which must be developed and implemented by the local authority.
- If Durham HealthWatch did not go ahead the Local Authority would have to find other ways of engaging and consulting with citizens which may not be as consistent, structured or cohesive. There would also be a more likely risk of challenge if engagement and consultation was carried out in a more ad hoc way.

Who are the main stakeholders: General public / Employees / Elected Members / Partners/ Specific audiences/Other (please specify) –

- All citizens of County Durham
- Users and potential users of health and social care services and their carers
- GP Commissioning Groups
- Service providers
- Statutory organisations
- Community groups
- Volunteers
- HealthWatch England

Is a copy of the subject attached? ~~Yes~~/ No

If not, where could it be viewed?

Documents are available upon request including:

- Local HealthWatch Project Plan
- Consultation Framework/Plan
- Project Initiation Document
- Draft model for Durham HealthWatch
- Engagement and Consultation on the model for Durham HealthWatch document
- Consultation Action Plan
- Consultation information on DCC website
- Documents outlined in “Legislation and Policy Drivers”
- Minutes of project group
- Report to Work Group 5 – Joint Commissioning and Finance 30 June 2011
- Report to NHS White Paper Board 4 July 2011
- Report to Adults Wellbeing and Health Management Team 26 April 2012

- Report to CMT 6 June 2012

Information can be provided in various formats upon request including hard copy and electronic format.

Initial screening

Prompts to help you:

Who is affected by it? Who is intended to benefit and how? Could there be a different impact or outcome for some groups? Is it likely to affect relations between different communities or groups, for example if it is thought to favour one particular group or deny opportunities for others? Is there any specific targeted action to promote equality?

Is there an actual/potential negative or positive impact on specific groups within these headings?

Indicate :Y = Yes, N = No, ?=Unsure

| | | | | | | | | | | | |
|--------|---|------------|---|-----|---|----------------|---|--------------------|---|--------------------|---|
| Gender | Y | Disability | Y | Age | Y | Race/ethnicity | Y | Religion or belief | Y | Sexual orientation | Y |
|--------|---|------------|---|-----|---|----------------|---|--------------------|---|--------------------|---|

How will this support our commitment to promote equality and meet our legal responsibilities?

- Eliminate unlawful discrimination & harassment
- Promote equality of opportunity
- Promote good relations between people from different groups
- Promote positive attitudes towards disabled people and taking account of someone's disability, even where that involves treating them more favourably than other people
- Involve people, particularly disabled people, in public life and decision making

What evidence do you have to support your findings?

There are potential impacts for protected characteristics:

Age

Durham HealthWatch will support everyone, particularly those who are vulnerable or often unheard. The number of older people in County Durham is rising and this group is often socially isolated and their views can easily be missed. Durham HealthWatch should offer ways to include older people and make sure their views are taken into consideration to shape and improve the services they need. Better engagement with local communities and encouragement of a more diverse range of volunteers will have a positive impact in raising awareness of all people's needs, including young people and carers.

Disability

As for age. Also, the introduction of Durham HealthWatch will impact significantly on disabled people as they are likely to be users of health and social care services. Accessible forms of communication and information adapted to meet different needs will help participation by people with a range of disabilities. Improving awareness of the service should also encourage more engagement in shaping health and social care services and people being supported to make complaints. The service will also be available for carers of people with a disability.

Race/Ethnicity

As for age. Research indicates that around 1% of County Durham residents are from black and minority (BME) groups. The largest minority group within the County are gypsy and travellers. Accessible forms of communication and information adapted to meet different needs and awareness of cultural issues will help participation by people of different racial groups. Durham HealthWatch will need to raise awareness of different routes for raising issues which are accessible to all. Improving awareness of the service should also encourage more engagement in shaping health and social care services and people being supported to make complaints.

Gender Reassignment

As for age. Also, acceptance and awareness of trans issues by HealthWatch will encourage participation of trans people. Durham HealthWatch will need to raise awareness of different routes for raising issues which are accessible to all. Improving awareness of the service should also encourage more engagement in shaping health and social care services and people being supported to make complaints.

Pregnancy and Maternity

As for age. Also, awareness of relevant issues by HealthWatch will help participation by pregnant women and new mothers. Durham HealthWatch will need to raise awareness of different routes for raising issues which are accessible to all. Improving awareness of the service should also encourage more engagement in shaping health and social care services and people being supported to make complaints.

Religion or Belief

As for age. Also, awareness of cultural issues by Durham HealthWatch will help participation by people of different religions or beliefs. Durham HealthWatch will need to raise awareness of different routes for raising issues which are accessible to all. Improving awareness of the service should also encourage more engagement in shaping health and social care services and people being supported to make complaints.

Sex

Research indicates that the ratio of women to men using social care services increases as age increases as women tend to live longer than men. Women also tend to be the main carer. There is the potential, therefore, particularly with older people, that there will be more women using Durham HealthWatch than men. Improving awareness of the service through various means should encourage all people to use the service.

Sexual orientation

As for age. Also, awareness of relevant issues by Durham HealthWatch will help participation by lesbians, gay men and bisexual people. Durham HealthWatch will need to raise awareness of different routes for raising issues which are accessible to all. Improving awareness of the service should also encourage more engagement in shaping health and social care services and people being supported to make complaints.

Further Evidence

- National policy drivers
- Equality Analysis of the Health and Social Care Bill 2011
- Growing demand for social care services and demographic information as set out in the Durham JSNA

- Management information from SSID showing women to men ratio of social care service users increases as age increases.

Decision: Proceed to full impact assessment – Yes/No

Date: Closer to implementation date in line with governance timetables.

If you have answered 'No' you need to pass the completed form for approval & sign off.

Section two: Identifying impacts and evidence- Equality and Diversity

Section overview: this section identifies whether there are any impacts on equality/diversity/cohesion, what evidence is available to support the conclusion and what further action is needed.

| | Identify the impact: does this increase differences or does it aim to reduce gaps for particular groups? | Explain your conclusion, including relevant evidence and consultation you have considered. | What further action is required? (Include in Sect. 3 action plan) |
|---------------------------|--|--|---|
| Gender | | | |
| Age | | | |
| Disability | | | |
| Race/Ethnicity | | | |
| Religion or belief | | | |
| Sexual orientation | | | |

How will this promote positive relationships between different communities?

Section three: Review and Conclusion

Summary: please provide a brief overview, including impact, changes, improvements and any gaps in evidence.

| Action to be taken | Officer responsible | Target Date | In which plan will this action appear |
|---------------------------|----------------------------|--------------------|--|
| | | | |

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| | | | |
| | | | |
| When will this assessment be reviewed? | Date: | | |
| Are there any additional assessments that need to be undertaken in relation to this assessment? | | | |
| Lead officer - sign off: | | | Date: |
| Service equality representative - sign off: | | | Date: |

Please email your completed Impact Assessment to the Equality team - equalities@durham.gov.uk.