

# Doncaster Local Involvement Network

7<sup>th</sup> September 2010

Executive Board response to:

## Equity and Excellence: Liberating the NHS

### Establishing HealthWatch (22 questions)

Q1 *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?*

- To be properly resourced
- New structure required
- Advocacy – clarity as needed on who will do the work
- Specialist people required
- Training required for volunteers
- Premises accessible by the public

Q2 *What needs to happen for local HealthWatch to support people making choices, in particular to support people who do not have the means or capacity to make choices about their care?*

- Specialist skills and knowledge will be needed to work with those who lack mental capacity.

#### Embedding Patient Voice

Q3 *What should be done to embed local HealthWatch as the local consumer voice, and HealthWatch England as the national voice for health and social care consumers?*

- Clarity on new relationships with HealthWatch and CQC
- Ensure HealthWatch is independent
- Clarity needed regarding remit and responsibility of each body
- More effective cross boundary working
- Clear structure

- Input to local HealthWatch from HealthWatch England
- Clear governance
- Good local autonomy

Q4 *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?*

- Continue to build on what successful LINKs have already achieved
- A statutory requirement stating GP's to work with HealthWatch
- Strengthen already established LINKs with vulnerable people groups

Q5 *How should local HealthWatch work with the local authority and GP consortia to influence commissioning decisions?*

- It is imperative that it is a statutory requirement for GP's to work with HealthWatch

Q6 *What needs to happen for local HealthWatch to support the needs of vulnerable people – such as older or very frail people? What needs to happen for HealthWatch to champion the rights of people who lack the capacity to make decisions about their care?*

- Strong working relationships with all local services with HealthWatch being involved in all consultations
- Representatives of HealthWatch on local organisations and statutory panels

## **Governance**

Q7 *What governance arrangements need to be put in place to ensure that accountabilities are clear for all parties?*

- Use existing good LINK governance foundations with continued involvement with all changes
- Need to be a standard Governance structure for Healthwatch England and local Healthwatch that is not dictated by central government.

Q8 *How HealthWatch England should be constituted within the CQC structure?*

- As an arm's length body

Q9 *What role, if any, should HealthWatch England play in holding local authorities to account for how local HealthWatch is operated?*

- Will need statutory requirements and be correctly resourced
- Accountability

## **Independence and Accountability**

*Q10 What needs to happen for local HealthWatch to be an independent consumer champion for health and social care?*

- Statutory powers
- Must be independent, local authorities should not be allowed to restrict HealthWatch
- Opportunity for direct access to HealthWatch England regarding all concerns from local HealthWatch regarding directions from local authorities

*Q11 What role should HealthWatch England and local authorities play in assessing the effectiveness of local HealthWatch?*

- HealthWatch to be independent
- Well defined monitoring structure required between local HealthWatch, HealthWatch England and local authorities whilst retaining its independence
- HealthWatch to be involved in setting outcomes
- HealthWatch should be about local concerns

*Q12 What needs to happen to ensure transparency over how HealthWatch funding is spent by local HealthWatch and by local authorities?*

- Government should look at LINK's work carried out already
- Set up a finance group with local Healthwatch
- Identify good practices with existing successful LINK's to date and build on these foundations making it open to public scrutiny

*Q13 How will HealthWatch cover both health and social care services?*

- HealthWatch should include a reference to social care in its name and its remit

*Q14 What role should local HealthWatch play in seeking patients' views on whether local providers and commissioners are taking account of the NHS Constitution?*

- The same as effective LINK's are already doing which is fundamental to the LINK as part of its ongoing Work Plan
- Correct level of training for all volunteers

## **National/Local Balance**

*Q15 What needs to happen to ensure an effective balance is achieved between HealthWatch England and local HealthWatch?*

- Clear governance
- Clear structures
- Clear communication
- Clear policies and procedures
- Clear standards of accountability

*Q16 What role should HealthWatch England play in achieving this balance?*

- The structure and communication between Healthwatch England and local Healthwatch should include some regional representation body.

## **Relationships**

*Q17 HealthWatch England will need to develop working arrangements with the NHS Commissioning Board, Monitor, Department of Health and CQC. What principles should underpin these relationships?*

- Independence with an ‘arm’s length’ approach by HealthWatch England

*Q18 What needs to happen to build relationships between local HealthWatch and other local partners, such as local authorities or GP Commissioning Consortia?*

- Should be a statutory requirement that engagement work be embedded in law
- Support from HealthWatch England if required

## **Transition**

*Q19 What do we need to take into account for the transition of LINKs into local HealthWatch?*

- A one year pilot scheme should be set up in each region built on existing successful LINK stories
- Additional funding will be required to ensure the availability of appropriate levels of expertise and advice
- Correct levels of expertise

- Training for volunteers in new roles and responsibilities
- Allocation and funding for suitable premises
- Forms of promoting the scheme – national advertising

*Q20 What support will LINks need during this period?*

- To be kept informed at all stages of pilot schemes evolution also information of the ongoing development of Healthwatch England
- Regular evaluation of pilot schemes

*Q21 What additional skills will staff and volunteers require to deliver the expanded functions and how can they be developed?*

- In-depth specialist training
- Training required to the appropriate level of the task involved
- Professional staff should have appropriate skills/knowledge upon appointment
- Sufficient funding
- Volunteers to be properly resourced

*Q22 What are the organisational and resource implications of expanding LINks' functions?*

- Correct resources as previously identified
- Longevity. Suggest a 3 year contract with an option of an additional 2 years written into the contract if performance levels are deemed acceptable