

Developing a Healthwatch for Merton

Background information

July 2012



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Introduction

The purpose of this document is to describe the basic characteristics of and outcomes expected from Healthwatch. It is intended to help residents and other stakeholders understand what will be expected of the new organisation.

Healthwatch Activities¹

The Health and Social Care Act 2012 sets out that local Healthwatch will:

- Provide information and advice to the public about accessing health and social care services and choice in relation to aspects of those services;
- Make the views and experiences of people known to Healthwatch England helping it to carry out its role as national champion;
- Make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern;
- Promote and support the involvement of people in the monitoring, commissioning and provision of local care services;
- Obtain the views of people about their needs for and experience of local care services and make those views known to those involved in the commissioning, provision and scrutiny of care services and
- Make reports and make recommendations about how those services could or should be improved.

Outcomes and Expectations

Engagement and influence – The Consumer Champion

This role includes

- Obtaining the views of local people
- Making those views known
- Making recommendations on the basis of views and information collected

What should individuals and organisations experience?

Individuals should experience:

- Consistent and systematic engagement with all sections of the local population
- An organisation that seeks the communities views about current health and social care services and any planned changes
- Staff and volunteers who reflect the local community
- An organisation that is easy to contact
- A welcoming, inclusive, listening organisation
- Skilled, informed staff and volunteers
- Easy accessible Information

Organisations (Community, Statutory, Regulatory, Healthwatch England) should experience:

¹ DH publication gateway ref 17286 title: “Local Healthwatch: A strong voice for people – the policy explained” section 4. <http://healthandcare.dh.gov.uk/healthwatch-policy/>

- An organisation which makes a positive contribution to local strategic planning and service commissioning
- Clear communication of the local communities views based on credible evidence, presented in an accessible, relevant way
- Constructive challenge on behalf of the community when required
- Informed, robust relationships based on mutual respect and an appreciation of the different roles each organisation plays
- Judicious use of enter and view powers by collaborative working with other inspection regimes
- Prompt appropriate contact and reporting of concerns about service quality and safety
- Co-ordinated work between local Healthwatch' where providers or issues cross boundaries

This will be because a local Healthwatch understands how to:

- Use a mix of communication methods to reach the public including
 - Face to face
 - Workshops
 - Telephone
 - Traditional mass media
 - Web based communication
 - Social media
- Focus its activities on
 - Quality of services
 - Co-design and co-production of services
 - Monitoring and evaluation of services
 - Service commissioning
 - Accessibility of services
 - Risk and patient safety
- Collect, analyse and share information by:
 - Using data from the Joint Strategic Needs Assessment and other sources
 - Triangulating this data with insight from other local community and voluntary organisations
 - Gathering individuals stories and experiences
 - Knowing where hard to reach groups are located
 - Making links between Health inequality and equality and diversity data
- Work with specialist community and voluntary sector groups in the area
 - Where there are already existing networks for these groups across London or a local authority area, making strategic contact with the network coordinators – for example in the case of learning disability and cancer networks
 - Understanding the different engagement strategies needed with different groups

Information and Advice - Signposting

This role includes providing information and advice to help people access and make choices about health and social care services, through a live accessible directory for health and social care, providing information and support on how to access local services.

What should individuals and organisations experience?

Individuals should experience a service which:

- Is easy to find and access
- Informs them about how they can get more involved in their own health and social care as part of the wider Healthwatch remit and informs them about how they can get involved in Healthwatch to bring about change to health and social care services.
- Provides information available through a range of mediums and formats e.g. leaflets, electronic, telephone
- Communicates about general health and social care information through local networks
- Supports and promotes local public health information and awareness raising activities
- Provides accurate and accessible information to patients, carers and families, about local health and social care services and can help introduce you to local networks and support groups

Organisations (Community, Statutory, Regulatory, and Healthwatch England) should experience:

- A service which links with other local information sources for health and social care
- An organisation with extensive local networks
- An organisation which actively communicates information from local health and social care organisations to the local community through its networks
- An organisation which provides an early warning system for local health, social care and commissioning bodies by identifying issues or gaps in services raised through the signposting service
- An organisation which understands the limits of the local Healthwatch information and advice giving function

This will be because a local Healthwatch or its sub-contractor:

- Understands what local information sources are available
- Understands what choices are available to people in relation to local health and social care services
- Has expertise in providing information and advice giving
- Operates within a local network with other Healthwatch Signposting and PALS in their area and work across organisational boundaries
- Understands how this service relates to local complaints and complaints advocacy services.
- Continuously measures the success of its service in terms of accessibility, responsiveness and effectiveness

Organisational Characteristics needed to achieve the outcomes above

In order to be commissioned a local Healthwatch will need to demonstrate how they will achieve the following:

Credibility

To ensure the credibility of the organisation local Healthwatch should be able to demonstrate that they have:

- Independence

- Robust governance and management structures to fulfil its responsibilities to:
 1. Local service users and resident individuals in Merton
 2. Merton Council in terms of value for money
 3. Healthwatch England in terms of quality standards
 4. The governing organisation for the chosen corporate vehicle e.g. Charity Commission, Companies House and all UK legislation relevant to the organisations activities.
 5. The Nolan principles of standards in public life, the public sector equality duty under the Equality Act 2010 and the Freedom of Information Act
 6. Safeguard vulnerable adults and children in contact with it
- Processes in place to ensure local accountability including:
 - an annual meeting, open and accessible to local stakeholders
 - a published annual report
 - audited accounts available for public inspection
 - published organisational governance structures
- Effective relationships with commissioners, decision makers and health and social care service providers
- A supported, skilled and competent team of staff and volunteers
- The ability to present a range of views and voices of local people
- Systems in place to evidence the effectiveness of their influence and impact
- An understanding of the health and social care commissioning and decision making processes
- The ability to present data and findings in an effective, evidence based and influential way
- Sufficient accessible local Healthwatch services for patients, service users and the public across their area
- Clarity of communications with the public and stakeholders resulting in a visible presence in the area they serve
- Transparency of internal processes, prioritisation, decision making and impact analysis
- Processes in place for seeking and responding to feedback and/or complaints about local Healthwatch development and its on-going work

Alignment with partners: relationships, data and processes

A local Healthwatch will be able to demonstrate that they:

- Have aligned form and function to reflect both local community and existing stakeholder organisations in health and social care including CQC and Healthwatch England
- Will be an effective partner who will enhance commissioners' ability to commission, co-produce new services, de-commission where appropriate and monitor performance and quality
- Work with partners in a way which encourages all parties to welcome informed challenge from the patient and service user perspective
- Influence social care and health commissioners to use their procurement and contracting roles to ensure that collaboration with local Healthwatch is built in to contracts with health and care service providers
- Understand their role in relation to their local Health and Well Being Board and their Local Authority Overview and Scrutiny systems
- Work within national and local safeguarding structures and procedures

Knowledge, skills and experience

A local Healthwatch will be able to demonstrate that they will have:

- An appreciation of the learning, experience and knowledge that LINKs has collected in their area
- A strategy to retain and build on this experience to ensure local Healthwatch is effective
- A culture which values the contributions of volunteers, members, governors and staff
- A strategy for supporting LINKs volunteers and staff during the transition to ensure continuation of fundamental functions e.g. monitoring and holding to account
- The skills and insight to understand commissioner and provider data to be able to analyse it and make informed challenge. This should include an understanding of the methodologies used to collect data
- A development programme for staff and volunteers
- Sufficient trained individuals to provide specialised functions e.g. enter and view, data analysis, information and advice
- The skills to commission and monitor aspects of their functions from third parties if this is part of the proposed operating model

Operating Model

The operating model is how the organisation manages the delivery of the services, who is involved, and how that is controlled on a day to day basis. Healthwatch could operate in a number of different ways. These are set out in the table below with some potential advantages and disadvantages:

Operating Model	Advantages	Disadvantages
A single (lead) existing organisation is appointed to create Healthwatch Merton	<ul style="list-style-type: none"> • Utilises the knowledge and skills of an existing group • Clear contractual responsibility and accountability • Enables sharing of back office functions to reduce costs 	<ul style="list-style-type: none"> • May not have the skills to deliver the breadth of Healthwatch activities • May lack wider accountability if an existing governance structure is used • May favour groups it is more familiar with
A consortia or coalition of existing organisations is appointed	<ul style="list-style-type: none"> • Brings together a range of organisations with different skills • Enables sharing of back office functions to reduce costs 	<ul style="list-style-type: none"> • May have less clear lines of accountability • Would need robust governance structure to resolve differences
A new independent organisation	<ul style="list-style-type: none"> • A single independent central organisation which could be clearly accountable for the contract 	<ul style="list-style-type: none"> • May be less cost effective than other options as no support from existing structure • Would not have experience of delivering services

Governance structure

This is how the organisation is controlled at a strategic level and who should have a say in the big decisions. If Healthwatch employs people directly or holds contracts with other organisations the governance structure would be legally responsible for these. There are a number of options for creating a governance structure and these are set out below. It may also be possible to use a mix of these methods.

Governance Structure	Advantages	Disadvantages
A membership could elect or select a governing body	<ul style="list-style-type: none"> • Those making decisions would have clear lines of accountability 	<ul style="list-style-type: none"> • Membership may not be representative of community • Membership may not be in place at the start of Healthwatch • Is this practical for a social enterprise?
Representatives from existing local groups or partnerships could be selected	<ul style="list-style-type: none"> • Local knowledge and skills would be utilised. • Governance would be accountable to a range of stakeholders 	<ul style="list-style-type: none"> • A process for this would need to be agreed • Individuals would be accountable to outside groups but the governing body as a whole would not
Roles could be advertised and an open recruitment process conducted	<ul style="list-style-type: none"> • The required skills could be identified and selected • An open process would give an opportunity for a wider range of people to get involved 	<ul style="list-style-type: none"> • Individuals would not be accountable to any other group. • Who would make the final appointment and would that impact on independence?
Individuals could be appointed because of their skills and knowledge	<ul style="list-style-type: none"> • The required skills could be identified and selected 	<ul style="list-style-type: none"> • Who would make these appointments and would that impact on independence?

Legal form

This is how the organisation is legally constituted. This is likely to be driven by decisions made regarding the operating model and the governance structure. The options available are set out below.

Legal Form	Advantages	Disadvantages
Community Interest Company	<ul style="list-style-type: none"> • Would be able to pursue additional commercial opportunities 	<ul style="list-style-type: none"> • Does not gain tax benefits of charities
Charity	<ul style="list-style-type: none"> • Clear purpose set out in constitution • Tax advantages 	<ul style="list-style-type: none"> • Would be restricted to purpose and may be unable to pursue commercial opportunities
Industrial and Provident Society	<ul style="list-style-type: none"> • Suitable for a membership owned organisation 	<ul style="list-style-type: none"> • May be less accountable to those not in membership

Appendix 1

This more detailed description of the wording of the new legislation is derived by taking relevant extracts from the original text from the Local Government and Public Involvement in Health Act 2007 and making the amendments as described in Health and Social Care Act 2012 sect 184 (2)

(1) Each local authority must make contractual arrangements for the purpose of ensuring that there are means by which the activities specified in subsection (2) for the local authority's area can be carried on in the area.

(2) The activities for a local authority's area are—

(a) promoting, and supporting, the involvement of local people in the commissioning, provision and scrutiny of local care services;

(b) enabling local people to monitor for the purposes of their consideration of matters mentioned in subsection (3)², and to review for those purposes, the commissioning and provision of local care services;

(c) obtaining the views of local people about their needs for, and their experiences of local care services;

(d) making—

(i) views known such as

(a) the standard of provision of local care services;

(b) whether, and how, local care services could be improved;

(c) whether, and how, local care services ought to be improved.

and

(ii) reports and recommendations about how local care services could or ought to be improved, to persons responsible for commissioning, providing, managing or scrutinising local care services.

(e) providing advice and information about access to local care services and about choices that may be made with respect to aspects of those services;

(f) reaching views on the matters mentioned in subsection (3) and making those views known to the Healthwatch England committee of the Care Quality Commission;

(g) making recommendations to that committee to advise the Commission about special reviews or investigations to conduct (or, where the circumstances justify doing so, making such recommendations direct to the Commission);

(h) making recommendations to that committee to publish reports under section 45C (3) of the Health and Social Care Act 2008 about particular matters; and

(i) giving that committee such assistance as it may require to enable it to carry out its functions effectively, efficiently and economically.

² The matters referred to in subsection (2)(b) and f. are—

(a) the standard of provision of local care services;

(b) whether, and how, local care services could be improved;

(c) whether, and how, local care services ought to be improved.

Definitions

“care services” means—

- (a) services provided as part of the health service in England; or
- (b) services provided as part of the social services functions of a local authority;

“local care services”, in relation to a local authority, means—

- (a) care services provided in the authority’s area; and
 - (b) care services provided, in any place, for people from the area;
- “the health service” has the same meaning as in the National Health Service Act 2006 (c. 41);

“social services functions”, in relation to a local authority, has the same meaning as in the Local Authority Social Services Act 1970 (c. 42).

“local people”, in relation to a local authority, means—

- (a) people who live in the local authority’s area,
- (b) people to whom care services are being or may be provided in that area,
- (c) people from that area to whom care services are being provided in any place, and who are (taken together) representative of the people mentioned in paragraphs (a) to (c);”