

East Sussex LINK Work Programme 2011 – 2012

The following table outlines the activities the East Sussex LINK will undertake in 2011 – 2012 to help create a local HealthWatch, in other words the local LINK is a building block to in the creation of the Local HealthWatch.

East Sussex County Council will invest in the East Sussex LINK to maintain and develop specific activities that they already undertake to ensure that these activities are ready to operate within the local HealthWatch structure.

HealthWatch Function	Transition Year Activity	What will be the milestones?	Outcome	Action	Timeline
1. Promoting, and supporting, the involvement of people in the commissioning, provision and scrutiny of local care services.	i) Maintain existing social media networks that promote involvement of stakeholders (residents, service users, and voluntary and community organisations).	i) Content regularly updated on Twitter, Face book, Blog, Website and E-bulletin.	i) Stakeholders feel involved by having access up to date meaningful information and regular opportunities for involvement.	i) Identify participants via a skills and interest audit that could provide content and up dates on specific social media networks. i) Establish a description (roles & responsibility) for the participant role (Social Media).	i) April 2011 – March 2012
	ii) Develop and maintain opportunities for promoting engagement across the geography of the county.	ii) Regular promotion of opportunities for engagement made available to stakeholders across the county following the levels of participant model.	ii) Stakeholders from less engaged communities have opportunities to be involved in activities that are meaningful to them and suit their time commitment.	ii) Existing mapping of engagement by geography used to inform the planning of opportunities to promote engagement.	ii) April 2011 – March 2012
	iii) Develop meetings for stakeholders as a method for both promoting and supporting involvement, and reporting on transition year activities.	iii) Meetings are themed, based on the interests, issues and concerns specific to the geographical area and/or service.	iii) Stakeholders take part in meetings that promote and support their engagement in identifying and commenting on Health and Social Care services.	iii) Identify participants via a skills and interest audit that could assist in facilitating meetings for stakeholders. iii) Establish a description (roles & responsibility) for the participant role (Themed Meeting Facilitator).	iii) April 2011 – March 2012
	iv) Develop and strengthen working relationship with VCS networks/forums.	iv) VCS networks/forums are used regularly to promote engagement, gather issues and concerns, and assist in the prioritisation process.	iv) VCS representatives take part in gathering and prioritising issues and concerns raised by stakeholders.	iv) Identify existing VCS networks/forums that have an interest in Health & Social Care. iv) Identify participants via a skills and interest audit that could liaise with VCS representatives via network/forums. iv) Establish a description (roles & responsibility) for the participant role (VCS Liaison). iv) Monitor relationship with VCS representatives (to include frequency, and involvement in prioritisation of issues).	iv) April 2011 – March 2012
	v) Maintain and develop guidance for the three levels of participants.	v) Guidance made available to stakeholders.	v) Guidance enables stakeholders to fully understand how they can participate in activities.	v) Guidance reviewed, and developed to explain clearly the levels of participation. v) Guidance used to inform and develop participant descriptions (roles & responsibilities) and made available to stakeholders.	v) April 2011 – March 2012

HealthWatch Function	Transition Year Activity	What will be the milestones?	Outcome	Action	Timeline
2. Enabling people to monitor services and to review the commissioning and provision of local care services.	i) Maintain and develop Enter and View activities	i) Enter and View activities will respond to stakeholder issues following an evidence based process in partnership with other organisations.	i) Stakeholders are empowered to take part in activities that directly benefit service users.	i) A strong evidence base (prioritisation) process developed and implemented that involves a diverse range of stakeholders in Enter and View activities. i) Establish a description (roles & responsibilities) for stakeholders interested in and participants taking part in Enter and View activities.	i) April 2011 – March 2012
	ii) Carry out service reviews and themed projects remaining from Year 3	ii) Remaining service reviews agreed as priorities from Year 3 are completed by June 2011.	ii) Participants and stakeholders are made aware of review recommendations, and service providers' responses to these recommendations.	ii) Priorities backed by an evidence base are agreed and implemented in the form of service reviews. ii) Agreement and implementation of service reviews must be achievable within time constraint.	ii) April 2011 – June 2011
	iii) Carry out new service reviews and themed projects that have been through a robust prioritisation process as time and budget allow.	iii) Service reviews and themed projects only take place that have been assessed and agreed as priorities.	iii) Stakeholders have access to reports and projects that are informative and state clear recommendations for service improvements.	iii) Develop and establish a robust evidence based prioritisation process for determining the reviews and reports that will be carried out. iii) Wider stakeholders and participants are included in the prioritisation process.	iii) July 2011 – March 2012
	iv) Develop and strengthen opportunities of engagement with existing commissioners.	iv) Wider stakeholders and existing mechanisms (i.e. service user forums) play a central role in developing and strengthening opportunities of engagement with existing commissioners.	iv) Stakeholders (residents, service users, and voluntary and community organisations) are active participants in meaningful engagement with existing commissioners.	iv) Identify and map existing engagement opportunities and mechanisms with existing commissioners. iv) Establish a description (roles & responsibilities) for stakeholders interested in taking part in engagement opportunities and mechanisms.	iv) April 2011 – March 2012
3. Obtaining the views of people about their needs for, and their experiences of, local care services.	i) Maintain and develop processes for the engagement of stakeholders.	i) Stakeholders have a wide range of opportunities to enable them to influence the improvement of local services.	i) Stakeholders are confident that the engagement opportunities available to them will influence change in services that are shaped to meet people's needs.	i) Identify and map existing engagement opportunities for stakeholders. i) Use action for 1.ii to inform the development of a listing of engagement opportunities for stakeholders. i) Ensure that the listing of engagement opportunities for stakeholders includes a reference to the levels of participation.	i) April 2011 – March 2012
	ii) Develop clear guidance on the ways that stakeholders can put forward their needs and	ii) Information covering the three levels of participation, engagement opportunities and mechanisms is used	ii) Stakeholders are confident that they can easily identify an appropriate way for them	ii) Guidance is developed that is simple clear and concise, and relates directly to the levels of participation.	ii) April 2011 – March 2012

	experiences. iii) Promote the prioritisation process for dealing with issues and concerns raised.	to create guidance. iii) Prioritisation process is made available to stakeholders.	to put forward their needs and experiences. iii) Stakeholders are confident that all issues and concerns will follow a robust process that clearly states how and when issues and concerns will be dealt with.	iii) Prioritisation process must state how and when issues and concerns will be dealt with (ability to describe a journey). iii) Process must have inbuilt guidance on expectations of feedback and action.	iii) April 2011 – March 2012
HealthWatch Function	Transition Year Activity	What will be the milestones?	Outcome	Action	Timeline
4. Making views such as are mentioned in paragraph (3) known, and 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.	i) Develop a robust prioritisation process for dealing with issues and concerns raised by stakeholders. ii) Develop and promote representation roles and responsibilities. iii) As the year progresses and the structures and systems for the Health and Well Being Board, and GP Commissioning Consortia develop activities will be identified. iii) Maintain and develop relations with existing public service providers.	i) Prioritisation process is developed with in put from stakeholders. ii) Guidance for the following participant opportunities (roles and responsibilities) produced and circulated to stakeholders: - iii) It is anticipated that activities to develop the relationship with the Health and Well Being Board, and GP Commissioning Consortia will commence in September 2011 at the earliest. iii) Existing relations will be maintained but also focus on ensuring that providers are fully aware of all relevant transition year activities.	i) Stakeholders are confident that all issues and concerns will follow a robust process that clearly states how and when issues and concerns will be dealt with. ii) Stakeholders are able to identify opportunities to take on clearly defined roles and responsibilities. iii) Activities will aim to build a working understanding of how HealthWatch will engage and work with the Health and Well Being Board, and GP Commissioning Consortia. iii) Providers continue to have meaningful relationships and be actively involved with participants and the support team at ESDA, but also are involved in relevant transition year activities.	i) Prioritisation process must state how and when issues and concerns will be dealt with (ability to describe a journey). i) Process must have inbuilt guidance on expectations of feedback and action. ii) Guidance produced is clear, concise and meaningful. ii) Guidance promoted clearly relates to the statutory functions set out in the Local Government and Public Involvement in Health Act 2007. iii) East Sussex County Council will provide guidance and support on developing the relationship. iii) Maintaining and developing the relationship will be facilitated through existing channels (participants and the support team at ESDA) including the Liaison Group (HealthWatch Development Group)	i) April 2011 – March 2012 ii) April 2011 – March 2012 iii) Sept. 2011 – March 2012 iii) April 2011 – March 2012
5. Providing advice and information about access to local care service and about choices that may be made with respect to	Activities to develop this function will not be carried out by the LINK, but the LINK will inform and contribute to these activities as appropriate.	TBC	TBC	TBC	TBC

HealthWatch Function	Transition Year Activity	What will be the milestones?	Outcome	Action	Timeline
6. Reaching views on the matters mentioned in subsection (3) and making those views known to the HealthWatch England Committee of the Care Quality Commission.	i) General activity on the relationship between HealthWatch England and the Local HealthWatch will focus on interpreting guidance as the Bill passes through Parliament.	i) Clarity on guidance contained in Bill as it passes through parliament.	i) Clear understanding of how the Local HealthWatch makes views known to HealthWatch England.	i) Maintain relationship with CQC LINKs Advisory Group	i) April 2011 – March 2012
7. 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); and giving that committee such assistance as it may require to enable it to carry out its functions effectively, efficiently and economically.	<p>i) Initial activity will be focused on maintaining and developing existing channels of communication with HOSC, and existing Public Sector Service providers, DH regional networks, and CQC.</p> <p>ii) As the year progresses and the Bill passes through Parliament activities will be identified.</p> <p>iii) As the year progresses and the HealthWatch England structure becomes clearer activities will be identified to inform Local HealthWatch.</p>	<p>i) Existing channels will be maintained but also focus on ensuring that HOSC and providers are fully aware of all relevant local transition year activities.</p> <p>ii) Clarity on guidance contained in Bill as it passes through parliament.</p> <p>iii) Clarity on guidance contained in Bill as it passes through parliament.</p>	<p>i) Clear understanding of roles and processes with HOSC, providers, informed by DH regional networks, and CQC.</p> <p>ii) Clear understanding of the relationship between Local HealthWatch and HealthWatch England.</p> <p>iii) Clear understanding of how the Local HealthWatch makes views known to HealthWatch England.</p>	<p>i) Maintain open channels with HOSC and providers.</p> <p>i) Maintain open channels with DH regional networks and CQC.</p> <p>ii) Maintain relationship with CQC LINKs Advisory Group and DH regional networks.</p> <p>iii) Maintain relationship with CQC LINKs Advisory Group and DH regional networks.</p>	<p>i) April 2011 – March 2012</p> <p>ii) Sept. 2011 – March 2012</p> <p>iii) Sept. 2011 – March 2012</p>
8. Each local authority must make such arrangements as it considers appropriate for the provision of independent advocacy services to providing assistance (by way of representation or otherwise) to persons making or intending to make: (a) A complaint under a procedure operated by a health service body or independent provider; (b) A complaint under section 113(1) or (2) of the Health and Social Care (Community Health and Standards) Act 2003; (c) A	Activities to develop this function will not be carried out by the LINK, but the LINK will inform and contribute to these activities as appropriate.	TBC	TBC	TBC	TBC

<p>complaint to the Health Service Commissioner for England The Local Authority can make arrangements for Local HealthWatch to either provide ICAS itself or to make arrangements with another body to provide the service and arrangements can be made to provide indemnity cover to those providing ICAS.</p>					
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