

Your voice for health and social care in East Sussex

East Sussex – Local HealthWatch

Transition Year 2011/2012

Summary of the round table discussions for LINK Transition Year 2011/12 – generating the work programme

Background

The Department of Health's vision for Local HealthWatch is to be the local consumer voice for people who use and need health and social care services, to be empowered to improve and influence the commissioning decisions made about those services.

It is to build on the good work of LINKs and strengthen the ways in which commissioners and providers take the views and experiences of patients and the public into account when improving the quality and safety of health and social care services.

Local HealthWatch will carry forward existing LINK functions as well as during this transition year, test out new functions and responsibilities to provide advice and information as well as signposting to enable people to navigate their way around health and social care systems.

To achieve this, LINKs functions need to continue under the duties set out in the Local Government and Public Involvement in Health Act 2007 during 2011 – 2012. It is vital that LINKs continue to provide that service to local people until, subject to passage of the Bill, Local HealthWatch comes into force April 2012.

Learning from the past

To establish a strong and effective HealthWatch

- Ensure that HealthWatch builds on and continues to develop those things that worked well.
- Share learning – so others can benefit
- Consider outcomes of Community Services Scrutiny Table Top Review to inform commissioning of local HealthWatch
- HealthWatch commissioners need to know the areas for improvement
- Be honest and open about what is achievable
- Check/monitor progress in a way that moves forward
- Have clear lines of accountability

Content:

- LINK Transition Year Work Programme
- Guidelines for Participants getting involved
- Engaging and communicating with stakeholders
- Gathering Views and systems for Prioritising local concerns
- Role Descriptions for Active Participants
- Continuing and developing existing relationships with statutory partners
- Governance Arrangements
- Shaping Local HealthWatch
- Creating LINK Legacy
- Cost effective

1. Work Programme

This work programme is the outcome of round table discussions between the LINK, the Host Support Team and the Local Authority to identify positive and collaborative ways forward.

It sets out what functions and activity will be carried out during the transition year to create the LINK legacy for Local HealthWatch under the following headings:

- (a) Promoting, and supporting, the involvement of people in the commissioning, provision and scrutiny of local care services;
- (b) Enabling people to monitor services and to review the commissioning and provision of local care services;
- (c) Obtaining the views of people about their needs for, and their experiences of, local care services;
- (d) Making views such as are mentioned in paragraph (c) 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.
- (e) Reaching views on the matters mentioned in subsection (3) and making those views known to the HealthWatch England Committee of the Care Quality Commission;
- (f) 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.

Key message is to focus on 3 headline Activity Headings:

- Engagement Opportunities – level of engagement model – drafting toolkit for engagement.
- Developing Roles and Responsibilities for active participants
- Process for Prioritisation of Issues and to test out processes

And crucially it provides the template for the variation to the contract extension with the Host Organisation.

Work programme Timetable: to be agreed with ESDA, Host Team and Core Group during first quarter of transition year.

2. Guidelines for Participants getting involved

Existing and new participants will have clear systems and processes in place to enable them to understand:

- How they can become involved
- Levels of participation model: informed, occasional and active
- How to take on an active role in the activities of the LINK – promoting Roles and Responsibilities of participants
- What support is available to participants as they rise to the challenge?
 - learning opportunities, building capacity of existing participants to become more actively involved and to be able to fulfil their roles effectively.
- Clear guidance to enable stakeholders to fully understand how they can participate in activities.

3. Engaging and communicating with stakeholders

It is of vital importance we equip more volunteers with the skills and experience to talk to people about their experiences of using local services. (Alongside having the close working relationships with statutory partners) The information gathered will grow the database of knowledge over the coming year. It will also prepare the way for volunteers to test out functions of Local HealthWatch assisting local people to make choices

- Access to quality meaningful information about services
- Less engaged communities have forums and avenues to be involved in activities
- Themed meetings and events to support engagement in and commenting on health and social care services
- Closer working relationships with the voluntary sector and greater use of shared forums to gather issues and views but also agree local priorities.

4. Gathering Views and systems for Prioritising local concerns

A key function for local HealthWatch is to continue to gather information about health and social care services and to put in place, robust Management of Information systems that ensure local communities benefit from the library of information LINKs have.

LINKs collate the data they gather to perform the following functions:

- Analyse, Research, Prioritise, Sign Post, Report, Map and Share Information in order to:
- Demonstrate strong, robust information systems improve the quality of outcomes for local people using services
- Enable individuals to be more informed about services and have greater choice and control about the services they use. (opportunity to test out new functions)
- Improve the quality of intelligence and information about services using an evidence based process.

The process for prioritising issues will continue to be developed with involvement from participants, the community and voluntary sector organisations and the host team so that stakeholders have a clear understanding how local issues are addressed and what, if any, impact on service change/improvement has happened.

Also a considering factor is how the LINK respond to potential service changes in the NHS reforms and transforming the way social care is delivered.

5. Continuing and developing existing relationships with statutory partners

Active participants have continued representation on boards and partnerships to:

- increase their knowledge of the local health and social care economy
- ensure patient and public involvement is at the heart of the decision making process
- have avenues to voice the views of local people
- active participants have clear roles and responsibilities around representation on boards and partnerships.

Build and test new relationships – as the Bill continues its passage and when it is appropriate, LINK need to build and test new/emerging relationships with health and well-being board early implementers and GP consortia.

6. Governance Arrangements

Round table discussions will continue to evolve and phase in new governance arrangements.

Existing Governance arrangements will continue from April – June 2011 whilst discussions continue to evolve new governance structures, likely from July onwards around roles and responsibilities and moving from geographical based roles to activity led.

Elected roles of individuals will cease end of June but active participants will stay on to help deliver the work programme and where experience and knowledge exist take on some of the lead roles – (much reduced number of active roles to form a transitional lead group i.e. 3/4)

The new structure will reflect the work programme:

To enable active participants assist in delivering the transitional work programme there will be clear Roles and Responsibilities for participants leading on:

- Engagement opportunities – through forums, hubs and Networks
- Prioritisation of issues – articulate at grass roots, escalate by developing robust process
- Enter & View – informed by prioritisation system, evidence based
- Themed meetings facilitator
- Voluntary & Community sector liaison

Monitoring: will be outcome focussed and check progress against work programme. A timetable of activities will be drafted and quarterly progress by way of report will be produced monthly.

Nationally, *SELLNet (South East LINK Liaison Network) Chair is part of the HealthWatch England Advisory Group and will continue to disseminate governance related information regionally.

*SELLNet is a representative group of the Southeast Region of LINK Chairs/Leaders, has its own TOR and speaks collectively on behalf of local LINKs. For Sussex (East, West & Brighton & Hove) the interim convener is Alan Keys.

Existing Governance Pack of policies, procedures and processes will be reviewed during quarter 1 (April – June 2011)

7. Shaping Local HealthWatch

As the Health and Social Care Bill continues its passage and functions and time limes become evident, the round table discussions will continue and plans will be developed to ensure all communities have the opportunity to be involved in shaping local HealthWatch.

The existing Liaison Group (statutory and voluntary sector members) will become East Sussex HealthWatch Development Group and meet more frequently than quarterly)

8. Creating LINK Legacy

The transition year (2011 -2011) will focus on maintaining continuity with existing LINK functions that will be part of the local HealthWatch thus creating a LINK Legacy.

Strengthening what LINKs have achieved and making some areas more robust will create a solid template to help the community shape local HealthWatch.

9. Cost effective

Final details are being collated which will determine the budget for the transition year 2011/12. We already know it is going to be a tapered reduction in funds, allowing for existing LINK activities in the current work programme to be concluded in the Quarter 1 – including publishing an annual report and end of project report.

From Quarter 2 the transitional Work Programme will be fully operational and will be supported by a time table for implementing.

A bridging document aligning a cost to the functions included will also be generated.

Elizabeth Mackie
LINK Manager
March 2011