

**Report to: Adult and Health Scrutiny Committee**

**From: Mike Wilson - Healthwatch Interim Director**

**Date: 29<sup>th</sup> October 2013**

## **Haringey Healthwatch Progress Report**

### **Background**

The Government has said that its vision for health and social care reform is based on the principle that patients, service users and the public must be at the heart of health and social care services. The Health and Social Care Act 2012 set out that local Healthwatch (LHW) would replace Local Involvement Networks (LINKs) as of April 2013.

Local Healthwatch will be the new consumer champion for both health and social care including children's social care. The aim of local Healthwatch will be to give residents and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.

Local authorities are required to commission a local Healthwatch organisation from 1 April 2013. Haringey Council has commissioned Haringey Citizens Advice Bureau (HCAB) to establish our local Healthwatch, and Sharon Grant; currently Chair of HCAB is its interim Chair. The community engagement function is sub-contracted to Haringey Race and Equality Council, which shares the same building with Healthwatch Haringey in Turnpike Lane. There is a total budget of about £200k per year.

Local Healthwatch will carry forward the functions of the LINK but will have additional functions and powers. It will incorporate the good practice of LINKs, establishing relationships with local authorities, Clinical Commissioning Groups (CCGs), patient representative groups, the local voluntary and community sector and service providers to ensure it is inclusive and truly representative of the community it serves.

It is expected that after 2 years Healthwatch Haringey will become a social enterprise in its own right. In the meantime, the Healthwatch Board will be in effect a sub-committee of Haringey CAB, which has ultimate responsibility for delivering the contractual deliverables specified by the Council.

## Vision for Healthwatch in Haringey

Healthwatch Haringey will be at the heart of the local community, embracing its diversity, and playing a key part in enabling people to become real partners in health and social care provision. As the independent local consumer champion for health and social care in the borough, it will effectively engage and involve individuals, organisations, professionals and the wider public to facilitate genuine improvements in health and social care services in Haringey.

Healthwatch Haringey will help to ensure people are aware of the health and social care services available to them and how they can get the best out of these services. It will also have a seat on the Haringey Health and Wellbeing Board, ensuring that the views and experiences of patients, carers and others are taken into account when preparing local needs assessments and commissioning strategies, including the Joint Strategic Needs Assessment (JSNA). It will also have a seat as an observer on Haringey's Clinical Commissioning Group.

## Healthwatch Functions

### Function One: Gathering views and understanding the experiences of people who use services, carers and the wider community

Local Healthwatch will achieve this function in a number of ways:

- by gathering the information that is already available and working with other local voluntary and community groups to understand local views and experiences of health and care services
- by actively seeking the views of those who don't generally come forward
- by publicising information using good information governance, including confidentially, through a range of channels
- by working in collaboration with the Care Quality Commission (CQC)
- by working in collaboration with other local Healthwatch organisations
- by developing the skills to understand and interpret different kinds of data and information
- by collating information as evidence to support recommendations to Healthwatch England and /or the CQC

### Function Two: Making people's views known

In order to do this effectively, Local Healthwatch will:

- identify and use existing arrangements to avoid duplication
- develop systematic methods of gathering views from local and national sources, where there are currently gaps
- be responsive to what it finds out and report back on developments
- publish findings and make them fully accessible

- identify causes for concern and celebration amongst the local community and feedback on these findings to the CQC and to local commissioners as part of an ongoing, regular dialogue
- use people’s views to influence the relevant decision-making bodies including local commissioning groups, health and wellbeing boards and, through Healthwatch England and the CQC, the national regulators (including Ofsted) and the Secretary of State

**Function Three: Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinised**

If it is to promote the involvement of local people in decisions about health and care provision, Local Healthwatch will need to be completely independent and able to demonstrate its credibility, knowledge and successes. To this end, it will be a highly visible organisation that ensures it:

- is easy to reach - for example, by having a local contact number
- is inclusive of all groups within its local community
- respects, involves and collaborates with existing networks
- provides adequate reimbursement and suitable indemnity for its members
- offers support and training to its staff and volunteers on, for example, equality and diversity legislation, safeguarding and interviewing
- practices and promotes “enter and view” through support and training
- prioritises the need for continuous dialogue with its members and local community
- develops a strong relationship with the local health and wellbeing board, making full use of its representative on the health and wellbeing board to act as a constructive “critical friend”
- is an essential contributor to the local Joint Strategic Needs Assessment

**Function Four: Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (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. To ensure the relationship works, they need to:

- agree, establish and ensure timely two-way information flows between Healthwatch England and Local Healthwatch organisations
- use protocols for good information governance
- ensure that urgent concerns are escalated
- enshrine the NHS Constitution as the benchmark of NHS service-users’ rights
- understand CQC’s essential standards of quality and safety
- be aware of the good practice outlined in Think Local Act Personal

**Function Five: Providing advice and information about access to services and support for making informed choices**

Local Healthwatch will have to meet specific criteria that will be set out in their contracts. To carry out this function effectively, Local Healthwatch will:

- identify what information already exists and how to access it
- identify unmet needs so gaps in information can be plugged
- have its finger on the pulse of the latest information and news and know where to direct people
- fully understand and champion the NHS Constitution and the concept of personalisation
- build people's knowledge of Local Healthwatch as an information and advice resource, ensuring visibility and ease of access
- develop relationships with commissioners and providers
- make sure people can get information in different formats e.g. electronic, hard copy, Braille, preferred language translations
- make full use of social networking tools to reach communities that are otherwise under-represented
- have the capacity and systems to direct people to services they require
- ensure that it provides feedback to individual members of the public and other partners

### **Function Six: Making the views and experiences of people known to Healthwatch England and providing a steer to help it carry out its role as national champion**

A timely two-way information flow will be established between Healthwatch England (HWE) and Local Healthwatch organisations. The role of local Healthwatch will be to:

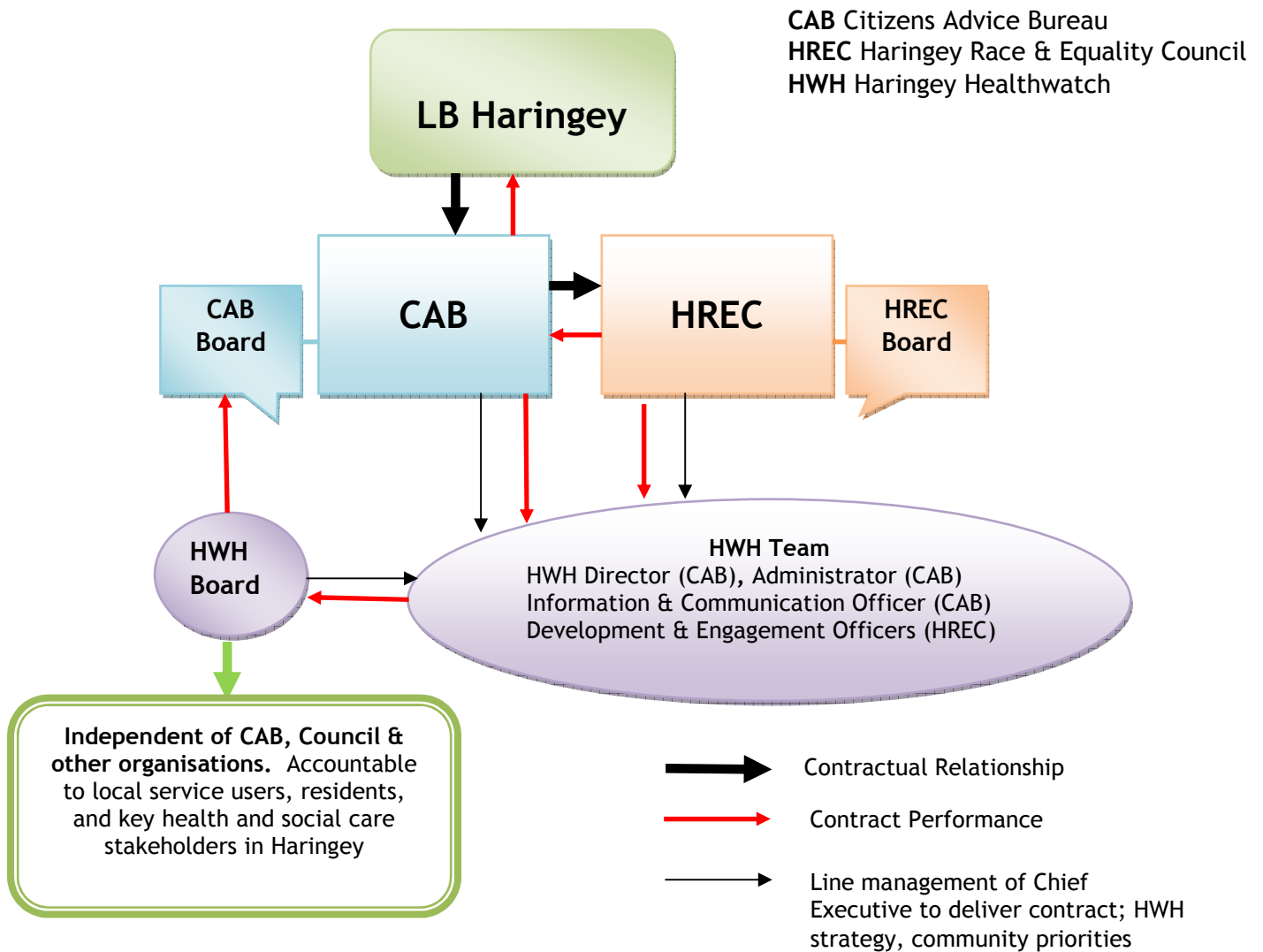
- have robust protocols for keeping HWE up to date with issues and concerns
- ensure that contacts are more than 'a conversation'.
- exercise its influence in steering and directing the emphasis of HWE's work
- ensure that accountability is a central principle in all exchange with and from HWE
- inform HWE of local matters relevant to wider public health agendas, OSCs, NCB, Monitor, FTs, ADASS, Ministers and the Secretary of State.
- ensure that HWE audits the evidence of Local Healthwatch's contributions to improving health and care outcomes nationally
- foster its own independence by enshrining clear rules of engagement, self-assessment tools etc.

### **Evidence based decision making**

A theme running through all Healthwatch activities is the use of information to inform strategy and policy making and highlight areas of service failure. In order to be credible Healthwatch must evidence their contributions with information collected from a range of sources and not base their recommendations on anecdotal evidence from individuals, some of whom may have vested interests. Effective community engagement techniques and qualitative and quantitative research methods are tools which will be used to gather evidence from members of the public and other stakeholders to inform the decision

making process.

## Organisational arrangements



The team comprises a full time Director, a part time administrator, part-time communications officer and two part time community engagement officers. The staff team is now in place and beginning to put procedures in place to deliver the Healthwatch service. The relationship between the Citizens Advice Bureau and the Council is a contractual one with targets and milestones outlined in the service specification and exemplified in detailed method statements; the HCAB has a sub-contract with HREC to deliver the engagement activities. Contract performance is reviewed quarterly against the performance targets and milestones.

It is clear from the above that the financial and human resources available to Healthwatch are very limited given the scope of the responsibilities and in order to make a difference to commissioning health and social care services the team must work with existing partnerships and networks and train a number of volunteers to be “Healthwatch champions” in the community. Volunteers can perform a number of roles including: mystery shopping, enter and view visits to care establishments, signposting to services, representing Healthwatch on specific forums and disseminating information. Developing extensive networks and channels of communication is fundamental to the success of Healthwatch.

## Progress to date

### The Team

The team is now recruited and busy putting the administrative processes in place and making contact with a wide range of groups and stakeholders and attending meetings.

It is intended that there will be a Healthwatch Board comprising eight members including the Chair. To date we have been unsuccessful in recruiting board members from an open advertisement and it has been agreed with the Council that we should recruit an interim board until such time as an open recruitment process is likely to be more successful. Every effort will be made to ensure that the interim board will represent the diversity of the Haringey community.

Volunteer recruitment has just started and we are looking forward to having a team of volunteers to support our work and be the “eyes and ears” of Healthwatch Haringey. Once recruited and trained some of our volunteers will undertake “enter and view” activity in social care premises as part of a more rigorous inspection regime.

### Publicity

Awareness of Healthwatch and our role will develop over time and at this early stage publicising Healthwatch is a priority. We have produced leaflets, posters and the first of a monthly newsletter and have distributed these to libraries, schools, GP surgeries, leisure centres and other public buildings. An October newsletter has recently been produced and distributed in both e mail bulletin and hard copy, elected members should have received a

copy. The website has been updated and will shortly be replaced by an improved version which is more flexible and interactive: [www.healthwatchharingey.org.uk](http://www.healthwatchharingey.org.uk)

## Engagement

Meeting with local and voluntary sector groups and building up relationships and gathering people's views of health and social care services in Haringey. Seven focus groups organised so far to gather people views and experiences. We have fed back to the CCG re: issues people have with accessing health services in Haringey. One of the issues that comes up at every meeting is the difficulty in making an appointment with some GP practices and in some cases people have a wait of two weeks.

Healthwatch Haringey recently ran a focus group for people with learning disabilities with Haringey Association Independent Living (HAIL) to ask them about their experiences of using health and social care services in Haringey. The people who attended the meeting said that they wanted information with pictures explaining all the symptoms to be available in all doctors' surgeries and hospitals in Haringey. This information has been fed back to the CCG.

Provided feedback to Haringey Council's Engagement Sessions on a Department of Health consultation "Caring for our Future." Contributed to the CCG consultation regarding a consent letter to the over 65's.

There are 170 people who have agreed to be "friends of Healthwatch" and we have already used this group as a sounding board on the consultations above. We will continue to develop the number of "friends" and ensure that we provide them with information and opportunities to become more involved.

## Signposting

Some of our publicity must be working as to date we have had 37 people contact us by telephone for advice on how to complain or how to access services. This number will increase over time and we will use it as one measure of the success of our publicity.

## Priorities

In order for Healthwatch to make an impact with such limited resources there will be a need to focus on specific priorities which may change each year. The decision on priorities will be informed by the Health and Wellbeing Strategy and Joint Strategic Needs Assessment (JSNA) and in future years Healthwatch will be in a position to influence these priorities.

One area that has already been identified as a potential focus is "complaints procedures" and the use of complaints by health and social care agencies to inform service improvement. The recent report: "A Review of the NHS Hospitals Complaints System, Putting Patients Back In The Picture (October 2013)" set a challenge for the NHS. It has already become clear from Healthwatch early engagement and signposting enquiries that many people do not know

where or how to complain about service failures and we have identified “complaints systems” as an early priority for review both in GP surgeries and NHS Hospital Trusts.

The contract with the Council requires us to identify one or two “hidden communities” who do not access the health and social care services and as a result suffer relatively poor health outcomes. We have initially identified the Muslim community and will be working with the Muslim network developed by Haringey Race Equality Council (HREC) to focus on a particular group in that community. We also know that white males in the east of the Borough have relatively poor health outcomes with life expectancy below the national average and seven years less than the white males in the west of the Borough; they may also be a group that we focus on.

At an organisational level we have recently purchased a database system that enables us to record all contacts with individuals and organisations in order to produce reports on perceived service quality by GP practices and / or hospitals and target individuals with specific interests, e.g. those with diabetes, on their experience of care. This is a very powerful tool which will enable Healthwatch to capture customer / patient feedback at a scale that can pin point failures in different parts of the system and feedback this information both to commissioners of services and the providers themselves. We will have captured enough data by January 2014 to bring this system into effective operation.

END