



**Kent LINK External Representatives
Meeting Report**

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| Name of LINK Representatives | Roger Kendall |
| Name of External Organisation | National Association of LINK Members (NALM) |
| Name of External Group | NALM Conference |
| Name of lead contact of External Group | Mr Malcolm Alexander |
| Date of Meeting | 30 September 2011 |
| Venue of Meeting | Union of Teachers, Mabledon Place, London WC1 9BD |
| Summary of Meeting (If appropriate attach papers) | <p>(If appropriate attach papers) This was NALM's third national conference attended by 150 delegates from 64 LINKs as well as colleagues from local authorities, the CQC, Department of Health and NHS Institute of Innovation, Afiya Trust, National Voices and many others. At the start of the meeting the Chair issued a statement the main purpose of which was to set the scene both for the day and for the future of HealthWatch Hestated.</p> <p>“We have seen LINKs grow into popular, influential and inclusive bodies. They are doing the job they were set up to do and working hard to achieve effective local health and social care services. It has been a struggle, but the progress in many parts of the country has been excellent. Today we will discuss, debate and explore all the major issues relating to the development of Local HealthWatch and HealthWatch England. This conference is part of the journey to develop HealthWatch. This journey has been more open and inclusive than before, but still leaves us wondering if we are going on a journey to more powerful, inclusive and dynamic HealthWatch organisations, or on a journey to another déjà vu experience. Many LINKs have been actively involved in the development of HealthWatch through the HealthWatch Advisory Committee and events led by the CQC and the DH, but there are major concerns about some aspects of the programme, which we must resolve.</p> |

Today's conference is designed to produce ideas, recommendations and advice on these major issues, which we will take forward to Ministers after the conference.

We identify the key issues as follows:

- Local HealthWatch must evolve from LINKs. Transition is essential -abolition will set back patient and public involvement by two years. We need a government commitment to a process that ensures that the vital work of LINKs transforms into Local HealthWatch. Government plans to commission Local HealthWatch through local authorities are flawed and will create major conflicts of interest. HealthWatch cannot be accountable to and funded by local authorities — the bodies which commission and provide the services that HealthWatch monitors.

For HealthWatch to be successful and powerful it must be fully independent of local authorities. HealthWatch England must be independent of the CQC if it is to be an effective body representing the public's interest in the NHS and social care. The board must be ELECTED from local HealthWatch. HealthWatch must be accountable and democratic bodies. £60m funding must be ringfenced if the governments intentions for HealthWatch are to be realised.

What is the point of committing this money just to see it drain away into other services?

HealthWatch Pathfinders must be adequately funded if they are to be inspirational leaders for learning and development. LINKs can't do this successfully on reducing budgets. HealthWatch must be the champion of public, patients and carers — a line of defence against poor standards and a beacon for high quality, safe and user centred services.

The meeting continued with keynote speeches from representatives from

- Department of Health – Joan Saddler
- Care Quality Commission-Cyntia Bower
- Local Government – David Behan
- Joan Saddler's presentation is given below
 - The national scene for HealthWatch Liberating the NHS
 - legislative framework and next steps set out a vision for

NHS reforms and describes a system where patients and the public are at the heart of everything the NHS does

- health and care outcomes in England are among the best in the world
- clinicians are empowered to deliver results

- HealthWatch England will be a new independent consumer champion for the national collective voice

- National champion for patients and the public

- Set up as a committee within the Care Quality Commission

- National role to provide advice to the Secretary of State for Health,

NHS Commissioning Board, Monitor, English local authorities, and CQC

- Provide leadership and support to Local HealthWatch organisations

- Operate open, two-way communication with Local HealthWatch around the country

- Local HealthWatch (LHW) – the vision

- Local Involvement Networks (LINKs) provide the foundation for Local HealthWatch organisations to be the local collective voice

- Local champion for patients and the public

- Build on the good work of LINKs and carry forward their core functions in LHW

- Take on additional functions

- Shaped as a corporate body so it can employ staff

- LHW membership to be representative of different users in its local communities

- A seat on the local health and wellbeing board to influence commissioning decisions

- Commissioners and providers to have due regard to findings from LHW

•Subject LHW to public duties such as the Freedom of Information Act 2000

•The transition to Local HealthWatch Strengthening the voice of patients, users of services and the public help to achieve this:

•Health and Social Care Bill 2011 introduced in January has gone through the House of Commons and now at the House of Lords stage

•NHS Listening Exercise in April and May followed by the NHS Future Forum's report and the Government's response in June

The Future Forum made recommendations which helped to strengthen the voice of patients, users of services and the public in the Bill through the proposals for HealthWatch and other partners in the wider reforms for health and social care

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•Local champion for patients and the public

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The transition to Local HealthWatch Continuity of existing arrangements

Local authorities will have duty to commission and fund Local HealthWatch

What will be different?

- move from influence to decision making through a seat on local health and wellbeing board
- help individuals as well as understand and present community views
- not only will views and experiences count locally – they will be used
- nationally by Secretary of State, Monitor, NHS Commissioning Board,
- Local Authorities, as well as CQC
- Local HealthWatch can employ its own staff

The transition to Local HealthWatch:

What relationships need building and strengthening?

- Health and well-being board – stronger role, capacity to join up and make commissioning decisions; a more strategic role and skills for HealthWatch;
- ensuring Local HealthWatch is inclusive and diverse representing
 - its communities i.e. working with other groups to ensure all voices are
 - heard including seldom heard people, children and young people, parents etc
- Clinical Commissioning Groups and providers i.e. engaging and helping them to understand how to use patient and public voice in their decision-making
 - capability and tapping into existing local and professional expertise such as from voluntary and community groups

What relationships need building and strengthening?

HealthWatch development programme

- Building for continuous learning and development and doing this through putting in place a programme of support:

- LINKs to be involved in a local action learning set to create a national action learning network
- 75 HealthWatch pathfinders are partnerships between LINKs, local authorities and other partners to test out aspects of Local HealthWatch
- DH and CQC working collaboratively with stakeholders who are members of the HealthWatch programme board and HealthWatch Advisory Group (i.e. LINK regional representatives) to deliver the HealthWatch programme.
- building active and sustainable communities based on (equitable principles) social justice, mutual respect, participation, equality, learning and co-operation.
- It involves changing power structures to remove the barriers that prevent people from participating in the issues that affect their lives' It will 'inform, consult, delegate.....'

Community Engagement

- building active and sustainable communities based on (equitable principles) social justice, mutual respect, participation, equality, learning and co-operation.
- It involves changing power structures to remove the barriers that prevent people from participating in the issues that affect their lives' It will 'inform, consult, delegate.....'
- Key findings of 'What matters to patients' themes from Kings Fund/College study commissioned by DH (Draft 2011)
- Findings confirm what is already known. There are two main categories of 'what matters'
- Transactional aspects of care – eg in which the individual is cared 'for' meets the preferences of the patient such as timings and locations of appointments,
- Relational aspects of care – eg where the individual is cared 'about' – care that forms part of an ongoing relationship with the patient.
- The findings map onto existing 'Frameworks' of what's important to patients.

The Institute of Medicine

- Picker Institute 'Community Engagement' / Public health guidance 9,
- National Institute for Health & Clinical Excellence Public health guidance 9, National Institute for Health & Clinical Excellence
- Public sector challenge for present reform
- Big themes and challenges to public sector delivery remain:
- Changing demographics and disease patterns - focus on accountability to all local people
- Competing languages of health and social care – start with the language of people using services
- Tough financial climate worldwide ~20b ~200b ~17m
- Keeping pace with technology - message & medium
- Higher patient and public expectations – responsiveness & reputation
- The national scene for HealthWatch
- Strengthening the voice of patients, users of services and the public
- Being open and inclusive transparent
- Listening, co-operating, respect, sharing resources, sharing power.....

Cynthia Bower gave a presentation showing

Health Watch England(HWE) chair will be a CQC board member. Nature of role suggests HWE chair may be two days per week role. Must ensure salary reflects high public profile and:

- Aim to advertise autumn 2011, appoint chair-designate April 2012
- HealthWatch England Committee will be statutory

committee of CQC

- Strategic role, not operational
- Up to 12 members, appointed by CQC, working 2-3 days/month
 - Committee to represent spread of interests:
 - local HealthWatch organisations
 - local user groups/local voluntary organisations
 - national user representative organisations
 - local/regional perspective consumer interests

HealthWatch England operating model

- empowerment, support and leadership, regional presence
- Local data informs national view on commissioning
- Local info reflected in dealings with SofS, NHSCB, Monitor etc
- Support through tools and methodologies, CQCintelligence
- Regional presence in support

For LAs to determine HealthWatch England operating model core activities.

Support to Local HealthWatch

- Regional networks
- Advice, tools and guidance, training
- Sharing intelligence and best practice
- Conduit between local voice and HWE
- Supporting relationships with local CQC Intelligence, analytics and policy:
- independent reports and advice based on people's

experience

- local evidence leading and influencing the national debate
- Communications, website, media-handling and public affairs maintaining a distinct identity
- signpost to local HealthWatch and support tools engagement with key players

HealthWatch England and Independence

- A function of CQC
- Distinct identity
- Committee of CQC
- Speaking with its own voice

David Behan Director General of Social Care, Local Government and Care Partnerships at DoH spoke of the need to build partnerships between local government and Health and Social Care

What I will cover:

- The vision for shared leadership, through health and wellbeing boards
- Recommendations by the NHS Future Forum and how the legislation supports shared leadership
- The National Learning Network for Health and Wellbeing Board Early Implementers
- Building and strengthening partnerships between local authorities and;

- LINKs to prepare for Local HealthWatch
- The vision for shared leadership, through health and wellbeing boards
- Shared local leadership across local authorities, the NHS

and communities, to assess the needs of the people they serve and set out how their needs will be met

- Leadership from local authorities both to improve the health and care of their populations
- No one organisation can do this alone - developing the right local relationships and collaborative leadership is essential
- Ensuring effective engagement with communities is aligned across the wider health and care system
- Collective leadership to create integrated services such as combining resources to improve health and wellbeing - NHS, local government and wider public sector spending
- Potential to transform outcomes for people
Recommendations from the Future Forum
- Through the joint health and wellbeing strategy, health and wellbeing boards should set and monitor outcome goals.
- Health and Wellbeing Boards must be the focal point for decisionmaking about health and wellbeing, bringing together NHS and local authority commissioners with patient representatives. The Bill needs to strengthen their role:
 - a. Health and wellbeing boards should agree commissioning consortia commissioning plans which should be developed in line with the joint health and wellbeing strategy.
 - b. If it is not possible to secure agreement locally on the plans, the health and wellbeing board should be able to refer their concerns to the NHS Commissioning Board.
 - c. The NHS Commissioning Board should take account of the views of health and wellbeing boards and the extent of joint working as part of their authorisation process and the ongoing assessment of commissioning consortia's performance.
- Health and wellbeing boards should have a role in identifying any potential or actual conflicts of interest in respect of commissioning consortia decisions.

How the legislation supports shared leadership

- Sets up Health and Wellbeing Boards (HWBs) as Committees of local authorities
- Establishes a core membership (including elected members and a seat for Local HealthWatch), with flexibility to expand locally
- Puts mutual obligations on councils and NHS commissioners to undertake Joint Strategic Needs Assessment (JSNA) and joint health and wellbeing strategies (JHWS) in partnership
- Sets expectation that HWBs are involved throughout the NHS commissioning process, so commissioning plans are in line with the JHWS
- A stronger role in promoting joint commissioning and integrated provision between health, public health and social care
- Gives HWB a role in annual assessment of clinical commissioning groups (also a non-statutory role in their initial authorisation)
- Sets a new duty for HWBs to involve users and the public in JSNA and JHWS
- Keeps scrutiny functions separate from HWBs
- Leading to collective local leadership and partnership to ensure integrated care for individuals JSNA and joint health and wellbeing strategies; a vehicle for shared leadership

The National Learning Network for Health and Wellbeing Board Early Implementers

- Local momentum: 138 out of 152 local areas signed up as early implementers for health and wellbeing boards (in the same areas for the 75 HealthWatch pathfinders)
- Huge opportunity and significant challenges
- Focus on purpose, leadership and behaviours
- No one-size fits all solution; approaches must be right for local circumstances

- Need for shared learning to accelerate local progress
- Aligned with other aspects of transition (public health, CCGs, Healthwatch)
- Learning through doing; a National Learning Network, bringing together local partners to learn together how to make health and wellbeing boards a success

The National Learning Network for Health and Wellbeing Board Early Implementers

The Learning Network comprises five main elements:

- Learning sets based around themes of common interest
- An online “Community of Practice” to facilitate communication between network members, hosted by Local Government Group
- Two national events to stimulate new thinking and share learning
- Shared leadership offer for elected members alongside NHS leaders, specifically clinical commissioners and Directors of Public Health (through Local Government Group)
- Engaging other stakeholders in the development of HWBs and integrated working.

The National Learning Network for Health and Wellbeing Board Early Implementers

Themes for the learning sets:

- Improving service provision
Children and Families, Mental Health, Dementia, Frail Elderly, Offender Health
- Improving public health
Prevention, protection, tackling health inequalities
- Handling major service reconfigurations partnership working under the spotlight
- Effective Governance

Scrutiny, Board membership, 2 Tier authorities, performance management

- Public engagement

includes joint work with Healthwatch pathfinders and wider community

- JSNA/JHWS

focusing and aligning the planning process

- Making best use of combined resources

Joint commissioning, joint provision, shared support services

Building and strengthening partnerships between local authorities and LINKs to prepare for Local HealthWatch

Making relationships work:

- Local LA will have the duty to commission and provide government funding for LHW as well as wider duties to provide a range of services
- LAs will be supportive of Local HealthWatch organisations setting their priorities based upon information and intelligence gathered on local health and social care, supporting the independence of LHW
- Working collaboratively will be key to ensure the local patient and public voice is heard from the community and its diverse people
- Building effective relationships that support LHW to be a 'critical friend' on the local health and wellbeing board in developing the JSNA and JHWS as well as fulfil the LHW function to be scrutinising health and social care services, which will help local authorities to fulfil their duty to involve users and the public
- Working together through the difficulties and challenges will be part of the journey of growth for local decision making and local voice. At the end of his presentation he was asked how LINKs were supposed to do all this without additional funding but failed to give a convincing answer and promised to refer the issue back.

In the afternoon there were workshops on 3 topics including The

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| | relationship between LHW's and existing PALs Groups in PCTs which I attended and on Corporate structures led by Russell Cook Solicitors which are given as appendices. |
| Recommendations / Actions eg <ul style="list-style-type: none"> • Items for LINK bulletin • Items for individual interest group • Issue to Priorities Panel / Governors' Group | |
| Date of Next Meeting | |

For office use only

Recommendations / Actions

| <i>For Office Use Only</i> | <i>Recommendation / Action</i> | <i>Date of Action Taken</i> | <i>Who By</i> |
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| Name | | | |
| Date | | | |