

## **AGENDA ITEM:**

### **REPORT TO CHILDREN & YOUNG PEOPLE SCRUTINY COMMITTEE**

**20 FEBRUARY 2013**

#### **HEALTHWATCH AND NHS COMPLAINTS ADVOCACY UPDATE**

##### **SUMMARY**

This report provides information on the role of Healthwatch and progress towards the commissioning of Healthwatch Stockton-on-Tees and the NHS complaints advocacy service by Stockton Borough Council from April 2013 in compliance with its statutory duties identified in the Health and Social Care Act.

##### **RECOMMENDATIONS**

The Children & Young People's Scrutiny Committee are asked to:

- a. note progress to date
- b. note the role of Local Healthwatch as it relates to this Committee
- c. note the proposed date for the presentation by the Local Healthwatch provider and the NHS complaints advocacy provider as part of the Member Seminar programme.

##### **BACKGROUND**

###### **Local Healthwatch**

1. As part of the Health & Social Care Act, Healthwatch will become the new consumer champion for both health and social care (adults and children). It will exist in 2 distinct forms; at local level through the establishment of a Local Healthwatch service (Healthwatch Stockton-on-Tees) and at a national level through Healthwatch England (which is a statutory committee of the Care Quality Commission, and was launched in October 2012).
2. In setting up the legislation the Department of Health were clear about the principles, aims and functions on which Healthwatch should be developed without issuing prescriptive guidance and these are set out below.

###### Principles:

- be an independent organisation, able to employ its own staff and volunteers
- have to keep accounts and produce an annual report for the public
- have a seat on the local Health & Wellbeing Board
- be inclusive and reflect the diversity of the community it serves
- evolve from existing LINKs but with additional functions and powers
- build on the good practice of LINKs, establishing relationships with local authorities, Clinical Commissioning Groups, patient representative groups, the local voluntary and community sector and service providers
- be funded by local authorities and held to account by them for their efficiency and effectiveness.

### Aims:

- to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality
- to enable people to share their views and concerns about their local health and social care services
- To help Clinical Commissioning Group and other commissioners of health and social care services to make sure that services really are designed to meet citizens' needs.

### Functions:

- alert Healthwatch England to concerns about specific care providers
  - provide people with information about what to do when things go wrong; this includes either signposting people to, or providing, advocacy for people who want to complain about NHS services
  - provide, or signpost people to, information about local health and care services and how to access them
  - provide authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care services.
3. The role and functions of Healthwatch apply to both adults and children's health and social care. A notable exception to this relates to the 'enter and view' function which allows local Healthwatch to enter and view health and social care establishments and alert providers (and where appropriate Healthwatch England) of any emerging issues. The 'enter and view' power does not apply to children's social care establishments.
  4. In shaping the specification to procure Healthwatch Stockton-on-Tees a comprehensive consultation exercise was undertaken that included key stakeholders and the general public. The views of young people were sought through the Integrated Youth Service and the Young Inspectors Programme. The outcomes from the consultation shaped both the vision for Healthwatch Stockton-on-Tees and the detail built in to the specification. This included requirements on the successful provider to ensure that children and young people are effectively engaged through appropriate means to help shape and influence local health and social care services and provide them with the relevant signposting services within the scope of Local Healthwatch requirements.
  5. The current consumer champion the Local Involvement Network (LINK) will be replaced by Healthwatch Stockton-on-Tees, who will pick up the current functions delivered by the LINK as well as additional responsibilities required by the legislation. Many of the principles, successes and learning from LINK will be embedded within new arrangements, including the principle of it valuing the role of volunteers. LINK are running a celebration and legacy event in February and have issued an invitation to the provider of Healthwatch Stockton-on-Tees.
  6. Following the local authority tender process, Pioneering Care Partnership (PCP) were awarded the contract for Healthwatch Stockton-on-Tees. We are aware that they have also been successful in securing the contracts in Middlesbrough and Redcar and Cleveland. The contract for local Healthwatch in Hartlepool has gone to Hartlepool Voluntary Development Agency.

7. As part of the development work to procure local Healthwatch services across Tees Valley the five authorities have agreed to an independent evaluation of local Healthwatch services midway through the contract period.
8. PCP are the current provider of LINK services for Durham and their delivery model for Stockton-on-Tees is via local delivery partners; Know How North East, Tristar, Stockton/Middlesbrough MIND and Stockton Community Groups and Residents Association.
9. As part of the procurement process transition plans were developed to ensure a smooth move from LINK to local Healthwatch and in relation to the signposting element of the PCT PALS service which will also become a local Healthwatch function. Progress against these transition plans is on track and the relationship meetings with LINK continue and will do so until March 2013.
10. We are currently in a 'mobilisation phase' to ensure that PCP are ready to start delivery on 1<sup>st</sup> April.
11. A detailed communications plan is in place relating to Healthwatch that includes information and communication to key stakeholders, staff and members of the public (including children and young people). Some initial information was in the most recent Stockton News and details of the new provider will be in the Spring edition scheduled to be delivered in March.
12. As the local Healthwatch provider, PCP will have a statutory seat on the Health and Well Being Board and a place on this and the Adult Services and Health Scrutiny Committee as observers rather than as co-opted members.
13. As part of the mobilisation of the local Healthwatch service PCP will be going through a process of appointing people to the various boards/partnerships etc. where they have a seat/role. It may be that as this process is underway some interim arrangements are put in place prior to the formal appointments being made.

### **NHS Complaints Advocacy Service**

14. In addition to commissioning a Local Healthwatch local authorities will also be responsible for the commissioning of the NHS Complaints Advocacy Service from April 2013. This service will provide a service for vulnerable people who need support to make a complaint about NHS services. This service is currently commissioned at a national level directly by the DOH through 3 key providers operating on a regional model. The current provider for the North East, Yorkshire and Humber is the Carers Federation. Agreement was reached for a regional commissioning approach.
15. Following the procurement process Carers Federation have been confirmed as the successful provider and contracts are currently being drawn up. As it is the same provider the transition and mobilisation is anticipated to be low risk.

16. As part of the communications plan both PCP and Carers Federation have been invited to make a presentation on their governance and delivery arrangements as part of the Member Seminar Programme on 11<sup>th</sup> April.

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