**HEALTH AND ADULT SERVICES SELECT COMMITTEE**

**17 APRIL 2013**

<table>
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<tr>
<th>Title:</th>
<th>Introducing Healthwatch Barking and Dagenham</th>
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**Report of the Corporate Director of Adult and Community Service**

- **Open**
- **For Information**

- **Wards Affected:** All
- **Key Decision:** No

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**Summary:**
The major thrust of the NHS reforms, along with clinically-led commissioning, is to make the NHS patient centered and to give citizens greater input into how the NHS is run. Healthwatch England and local Healthwatch organisations have been created as a consumer champion to represent the views of local residents. Healthwatch has specific functions to advocate and influence the delivery and commissioning of health and social care services on behalf of residents and its activities will drive improvements in health and social care services. Further to the establishment of Healthwatch Barking and Dagenham on 1st April 2013, the report overleaf seeks to:

**Part 1**
- remind the HASSC of the functions of Healthwatch
- update the HASSC on the development of Healthwatch locally

**Part 2**
- suggest practical ways in which HASSC and Healthwatch might interact, or work collaboratively, taking account of the role and functions of both parties

Marie Kearns (Healthwatch Lead, Harmony House) has been invited to the meeting to give a short presentation introducing Healthwatch to the Select Committee. This paper serves as background information to the presentation.

**Recommendation(s)**
The HASSC is asked to:

- note the establishment of Healthwatch locally
- Give consideration to how the HASSC and Healthwatch might work together to fulfill those aspects of their remits which overlap
- Note that HASSC will not co-opt a representative from Healthwatch as it is a member of the Health and Wellbeing Board

Background papers

- Healthwatch: New Ways of Involving the Public in Health and Social Care Services (LBBD, Cabinet, 26 June 2012)
- Local Healthwatch: A strong voice for people – the policy explained (Department of Health, March 2012)
- Local Healthwatch, health and wellbeing boards and health scrutiny: Roles, relationships and adding value (Centre for Public Scrutiny, October 2012)
- Establishing Local Healthwatch: Introduction and the Local Authority Role (Local Government Association)

1. **What is Healthwatch?**

1.0.1 Healthwatch will be the voice of local people on health and social care issues reporting concerns and patient feedback to commissioners to influence the planning and delivery of health and social care. Healthwatch will act as a consumer champion and provide advice to help people to access and make choices about services and generally promote better health and wellbeing across the community.

1.1 **What are the functions of Healthwatch?**

1.1.1 The functions of Barking and Dagenham’s local Healthwatch are as follows:

- Gather views and understand the experiences of people who use services, carers and the wider community
- Make people’s views known
- Promote and support the involvement of people in the commissioning and provision of local care services and how they are scrutinized
- Recommend investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC)
- Conduct independent investigations, including Enter and View of health and social care premises
- Provide advice and information for local people about access to services and support for making informed choices
- Make the views and experiences of people known to Healthwatch England and providing a steer to help it carry out its role as national champion

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1 as determined by the Health and Social Care Act 2012 and The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Health) Regulations 2012
• Make the views and experience of people known to the Health and Wellbeing Board and provide a steer in terms of local strategy and commissioning priorities
• Provide an independent expert voice on locally determined priorities and concerns
• Feed back to service users on changes or improvements that have come about through their engagement

1.2 Developing a local Healthwatch

1.2.1 Since being awarded the contract, Harmony House, the local provider for Healthwatch, has been preparing for launch. The preparatory work has included ensuring there are staff in place and resolving TUPE issues, setting up office facilities, developing a website, raising awareness with key stakeholders, recruiting a board and chair for Healthwatch and early stages of planning a launch event on 1 May 2013.

1.2.3 Marie Kearns, Chief Executive of Harmony House and lead for Healthwatch, will be attending the meeting to update further on the development of Healthwatch and its launch.

2. Crossovers with Health Scrutiny

2.0.1 Naturally the relationship between HASSC and Healthwatch Barking and Dagenham will develop and become defined over time as structures bed-in and Healthwatch grows into its role. However, recognising the synergies with Healthwatch, the HASSC might wish to be pro-active and take steps to ensure that its relationship with Healthwatch gets off to a good start, building on the legacy of LINks and seizing opportunities with regard to the new status, functions and responsibilities of Healthwatch.

2.0.2 The table below attempts to highlight where HASSC and Healthwatch crossover and the particular functions of Healthwatch that are relevant to the HASSC’s health scrutiny remit:

<table>
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<th>Work programming</th>
<th>To achieve alignment it might be in the interest of the Chair of the HASSC to meet the Healthwatch lead quarterly to share work programmes and horizon scan</th>
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<tbody>
<tr>
<td>Topic selection</td>
<td>In future years the HASSC may wish to invite recommendations from Healthwatch about areas for member-led scrutiny reviews and include provision for this in its topic selection process.</td>
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<tr>
<td>Referrals from Healthwatch</td>
<td>The HASSC should be prepared to accommodate referrals from Healthwatch, adjusting its work programme and agendas accordingly to respond in a timely fashion.</td>
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<tr>
<td>Enter and View</td>
<td>The HASSC may wish to keep oversight of Healthwatch’s programme of Enter and View inspections and receive findings of, and discuss, Enter and View visits at Select Committee meetings</td>
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Citizen involvement and engagement
The HASSC will want to be kept up-to-date with Healthwatch’s public engagement work as a means for the Committee to gather intelligence/local views about health/social care services. Also, where the NHS launches a consultation, the HASSC and Healthwatch may wish to work in partnership to collect views to inform their responses, targeting different groups to maximise coverage/reach.

Requesting information from NHS funded providers
The HASSC may wish to offer to use, on Healthwatch’s behalf, its enhanced powers to request information or attendance of relevant persons to answer questions.\(^2\)

Escalating matters
In a situation where HASSC felt obliged to escalate a matter to a higher authority (such as the National Commissioning Board, Care Quality Commission, Monitor, or the Secretary of State) it is recommended, in advance of doing so, that it shares its intentions with Healthwatch and allows sufficient time for Healthwatch to inform any submission from the HASSC.

Where the HASSC and Healthwatch are seen to be on the same wavelength it is more likely that any concerns raised will be given more weight. Also, in some instances, through a co-ordinated approach the HASSC and Healthwatch may be able to broker necessary action to allay concerns at a local level by influencing the Health and Wellbeing Board and CCG.

Holding Healthwatch to account
Naturally the HASSC will have an interest in ensuring that the arrangements for local Healthwatch are effective and represent good value for money. The HASSC may wish to receive Healthwatch’s Annual Reports and use them as a tool by which to evaluate the effectiveness of Healthwatch’s activities for that time period passing any comments about the performance of Healthwatch to commissioners or through the portfolio holder for Health.

Receiving referrals
The power LINks had to make referrals to Overview and Scrutiny Committees is maintained and therefore the HASSC should be prepared to accommodate referrals from Healthwatch, adjusting its work programme and agendas accordingly to respond in a timely fashion.

2.1 Role on the Health and Wellbeing Board
2.1.1 Since May 2010 the HASSC has formally co-opted a LINk member onto the Select Committee as a measure to ensure good communication and the timely sharing of

\(^2\) Because of limitations of regulations, Healthwatch will be reliant on the Freedom of Information Act 2000 to get information from private providers that are in receipt of public funds. This could result in requests getting caught up in bureaucracy and unsatisfactory information being returned.
information between the LINk and HASSC. The co-option also served as a means of giving the LINk an additional platform from which it could bring local concerns to the attention of decision-makers and service providers. However, with the emergence of the Health and Wellbeing Board and Healthwatch’s full member status on that Board, formal co-option of a Healthwatch member to the HASSC will no longer be necessary.

2.1.2 The HASSC will still wish to invite representatives from Healthwatch as observers to participate in discussions but the HASSC will need to recognise Healthwatch’s position on the Health and Wellbeing Board and the impact this affiliation/alignment might have when discussing certain issues or when holding Healthwatch or the H&WBB to account.