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Meeting	Health and Well-Being Board
Date	27 June 2013
<b>Subject</b>	<b>Healthwatch Barnet Update</b>
Report of	Healthwatch Barnet
Summary of item and decision being sought	This paper provides an update on Healthwatch Barnet and comments on how it will work with the Health and Well-Being Board and provides an initial response to the Francis Report. The report is for comments from Members and for noting.

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Officer Contributors	Selina Rodrigues, Head of Healthwatch Barnet Julie Pal, Chief Executive CommUNITY Barnet
Reason for Report	To provide an update on key milestones and activities, governance and to identify key points for Healthwatch Barnet's role on the Health and Well-Being Board.
Partnership flexibility being exercised	N/A
Wards Affected	All
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## **1. RECOMMENDATION**

1.1 For noting and any comments.

## **2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD**

2.1 At its meeting of 25 April 2013, the Health and Well-Being Board noted a paper from Healthwatch Barnet on its establishment and initial activity.

## **3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)**

3.1 Through its representation on statutory bodies and its ongoing relationship with health and social care fora and residents, Healthwatch Barnet will contribute to the development of the Health and Well-Being Strategy and other relevant strategies and initiatives.

## **4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS**

4.1 One of the key aims of Healthwatch Barnet is to ensure the views and experiences are heard and represented of those group with protected characteristics under the Equality Act and seldom-heard communities and individuals. Healthwatch Barnet is developing an Engagement Strategy which will contain an Action Plan and targets for engagement with key communities.

## **5. RISK MANAGEMENT**

5.1 A risk register was submitted as part of the tender documents and issues are identified through Healthwatch Barnet's monthly workplan reviews.

## **6. LEGAL POWERS AND IMPLICATIONS**

6.1 Section 182 to 184 of the Health and Social Care Act 2012 and regulations subsequently issued under these sections, govern the establishment of Healthwatch, its functions and the responsibility of local authorities to commission local Healthwatch.

## **7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC**

7.1 Healthwatch Barnet has been allocated funding of £197,361 per annum.

## **8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS**

8.1 A communications strategy is in development and will be presented in due course.

## **9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS**

9.1 An Engagement Strategy is in development and further details are provided in this paper and accompanying presentation.

## 10. DETAILS

### 10.1 Introduction

This paper builds on the update presented to Barnet Health and Well-Being Board on 25 April 2013 and accompanies the PowerPoint presentation attached.

This report summarises the key points Healthwatch Barnet believe will be of interest to the Barnet Health and Well-Being Board.

Since the last update to the Board a number of key achievements have taken place:

- Successful launch of Healthwatch Barnet at Jewish Care on 21 May 2013
- Dissolution of Barnet LINK on 31 March 2013
- Recruitment drive for residents to become Healthwatch Barnet volunteers
- Development and presentation of a draft Engagement Strategy to the Transition Steering Group and Partners consortium.
- Transfer of Barnet LINK volunteers to Healthwatch Barnet.
- Meeting with a range of key statutory and voluntary sector stakeholders

### 10.2 Healthwatch Barnet guiding principles

Following the launch of Healthwatch Barnet the following principles will guide its delivery and practice.

- to be a **strong, local citizen voice, making a difference** to health and social care provision for the people of Barnet
- to collect the **real voice** of Barnet people
- to provide a platform from which **diverse and seldom listened to voices** from across the borough can be heard
- to set the standard for **excellent public engagement**
- to become a **respected and credible** organisation
- to work in **partnership** across all sectors of health and social care
- to gather and analyse meaningful and robust **local evidence and intelligence** to present to influential decision makers
- to be **unafraid to challenge** service providers and commissioners so that the people in Barnet have **timely and good quality information** and advice

### 10.3 Key activities to be undertaken between June – September 2013

The following key activities will be completed. Further details are provided in the body of this paper.

- Healthwatch Barnet is fully operational;
- Engagement Strategy and Communications Strategy published;
- Healthwatch Barnet Workplan and three month priorities are published on website. Healthwatch Barnet would like further information on the statutory services' commissioning plans. This will enable it to develop a longer term workplan, based on activity related to consultation and co-production.
- New three-month programme of Enter and View Programme is established;
- New cohort of Enter and View volunteers are recruited and trained and undertake visits;
- Liaison with Barnet Mencap to train people with learning disability to become Enter and View volunteers;
- Recruitment, induction and training of the Healthwatch Barnet Engagement Group and Healthwatch ambassadors

#### **10.4 Governance principles**

CommUNITY Barnet is the organisation contracted to deliver Healthwatch Barnet. As required by statute, it has a separate legal identity from the funding organisation, Barnet Council. Delegated responsibility from CommUNITY Barnet's Board of Trustees for the operational delivery of Healthwatch Barnet will sit with CommUNITY Barnet's CEO.

Healthwatch Barnet follows the Healthwatch England branding protocols and has its own dedicated website, email address and branding. This is evident from the website and the accompanying presentation.

It is important to underline that Healthwatch Barnet staff/CommUNITY Barnet CEO will have key responsibility and final decision-making. Anything else would be inappropriate accountability and an undue burden on volunteers. However, resident, patient and service-user involvement is core to the structure and delivery mechanisms of Healthwatch Barnet.

This will be achieved in the following ways:

- As the contract holder, CommUNITY Barnet Trustees/CEO is the lead accountable body for Healthwatch Barnet. There will be a dedicated Board member for Healthwatch Barnet, who has lived patient experience.
- An Engagement Group will be recruited, with key responsibility for helping to identify priorities, giving guidance to project teams and for providing feedback on business and strategic plans.
- Healthwatch project teams will consist of volunteers, Healthwatch Barnet staff and partners. Two examples are the Healthwatch Enter and View Team and the GP Project Group, which consist of active volunteers and are chaired by a volunteer.

## 10.5 Activity to date

### **Engagement and consultation**

The Launch of Healthwatch Barnet took place on 21.05.13 with one hundred and ten people present - residents, Healthwatch volunteers and representatives from the statutory sector. The Panel was a range of key representatives from the health and social care sectors in Barnet including the Chief Operating Officer for the CCG, the Chairperson of Barnet and Chase Farm NHS Trust, the Director for Public Health in Barnet and Harrow, the volunteer Chairperson of Barnet LINK/Transition Steering Group and the volunteer Chairperson of the Healthwatch GP Group and the Head of Healthwatch Barnet. Participants fed back that Healthwatch Barnet should be transparent, challenging and engage with under-represented communities.

### **Healthwatch Barnet is undertaking consultation with residents and communities**

The key questions raised with residents have included:

- “How can Healthwatch Barnet best listen and represent you?”
- “What are your key comments or concerns about health and social care in Barnet?”

To date, consultation has taken place with sixteen groups and communities, focusing on those that have not traditionally been consulted on health and social care services, such as the Gypsy, Roma Traveller community, Barnet Refugee Service, Barnet African Caribbean Association, Bi Polar Group, Britsom, Burnt Oak Network and Graham Park residents. Ongoing feedback and comments were captured through the Healthwatch Barnet launch, Barnet Council’s Partnership Board Summit as well as the individual health and social care Partnership Boards.

These responses will be analysed and used to inform the Healthwatch Barnet priorities and its Engagement and Communications Strategies.

### **Active projects. These projects have developed in response to resident’s feedback or research into the health and social care needs of under-represented groups.**

- Developing relationships of trust and engagement with Gypsy, Roma, Traveller community and Barnet Refugee Services. Gathering feedback on their experience of primary and secondary care (form filling can be a barrier; prejudice; lack of recognition of extended family networks; inappropriate use of young family members as translators).
- Young People’s focus groups.
- General Practitioners’ Group. In liaison with the CCG, we will present our recommendations and good practice on GP appointments, to the Local Medical Council, the Practice Managers Group and the CCG Board and will produce a toolkit for patients to use with their Patient Participation Groups. Healthwatch Barnet will also promote good practice for key communities, including the Carers Checklist; for people with learning disabilities; accessibility and positive engagement with the Lesbian Gay Bisexual and Transgender community.

- Enter and View Programme. Five visits have taken place in April and May, including residential care for older people and acute wards for people with mental health conditions. Healthwatch Barnet will liaise with Barnet Mencap to train people with learning disabilities to do Enter and View visits.

### **Information, Advice and Signposting Service**

This was launched in April 2013 through Barnet CAB using their dedicated information and advice line. A focused communications and promotion plan is currently being scoped with the Healthwatch Barnet consortium.

### **Delivering robust evidence**

A Research and Data Analyst will be recruited to the Healthwatch Barnet team. This role will:

- Analyse public data on national and local health outcomes and priorities; complaints; quality and risk;
- Establish a programme of community research which will identify key themes and trends arising from resident, patient and service-user feedback;
- Support Healthwatch Barnet to present clear evidence-based findings to the Health and Well-Being Board, the supporting overview and scrutiny committees as well as the Clinical Commissioning Board to assist them to make informed strategic commissioning decisions.

### **Liaison with statutory partners**

- To date Healthwatch Barnet has met with a number of key stakeholders including Barnet CCG; Central London Clinical Health; LBB Public Health; LBB Adults and Communities. A key part of the conversation has been to establish the commissioning and consultation timelines so that this information can be circulated to local residents and so that Healthwatch Barnet can consider appropriate means of consultation and co-production. To date the information provided does not provide enough detail.
- Mental Health Commissioning Strategy. Healthwatch Barnet is awaiting its publication as residents and service users are keen to understand the commissioning intentions. Healthwatch Barnet has been advised this will be available in July 2013
- Initial feedback from residents to Healthwatch Barnet has been a request for more on the new NHS structures, its key responsibilities and the new complaints processes. Healthwatch Barnet has already made contact with Voiceability – however confusion remains about the inter-relationship between the hospital based PALs service and the NHS complaints provider.

## **10.6 Relationship between Barnet Health and Well-being Board and Healthwatch Barnet – recommendations**

As the local champion for health and social care representing the collective voice of people who use services and the public, Healthwatch Barnet will use its position on the Health and Well-Being Board to raise any issues with health

and social care services, supported by evidence collected through engagement with local communities.

We will be discussing further partnership arrangements with the Council's lead commissioners. This will include developing a framework protocol which includes the Health and Well-Being Board, Partnership Boards and the relevant overview and scrutiny committees, on agenda planning and prioritisation; information sharing; roles and responsibilities; pre-meetings etc.

## 10.7 Response to the Francis Report

The following issues were highlighted by the Francis Report related to (all) LINKs: tensions about understanding governance responsibilities; lack of support and training to volunteers; lack of clarity about decision-making roles; ensuring there is a truly representative voice for health and social care users. Healthwatch Barnet considers it has addressed these areas and detail is provided within this paper.

**The following are Healthwatch Barnet's key observations on the Francis report and makes the following recommendations.** Healthwatch Barnet has developed a constructive relationship with the CCG and met with senior staff and Board members. Due to restricted timescales, it has not been possible to discuss the recommendations of this paper with the CCG, but Healthwatch Barnet welcomes comments at this meeting and thereafter.

*"No culture of listening to patients." (Summary 1.9).*

- Healthwatch Barnet partners/targets will address this through its structured programme of engagement and representation.

*"There should be many ways in which the patient voice can be heard effectively" (6.471)*

*No culture of listening to patients. Methods of registering a comment or complaint must be accessible and easily understood (Recommendation 109)*

We recommend that:

- CCG convenes a focus group to map and develop the ways in which the patient voice will be heard by the range of service providers across Barnet and to map and review patient engagement. This will help identify gaps, make effective use of resources and avoid duplication.
- CCG convene a working group on the complaints process to ensure that accessible information is presented to patients and service users (with Healthwatch Barnet representation).
- CCG co-ordinate a communications plan across all health and social providers demonstrating the implementation of the recommendations from the Francis Report.

Again, we highlight that restricted timescales have prevented discussions about this with the CCG and we are keen to be hear their response.

*Guidance should be given to promote the coordination and co-operation between local Healthwatch, Health and Wellbeing Boards and local government scrutiny committees. (Recommendation 147)*

- See our comments on protocol above.

*The complexities of the health service are such that proper training must be available to the leadership of local Healthwatch as well as, when the occasion arises, expert advice.” (Recommendation 14)*

- Induction and training of the new Engagement Group will include Governance; Code of Conduct; Overview of health and social care structures, key policy developments and challenges. LBB has offered places on their Partnership Board training in October.
- There will be training on campaigning and community research for volunteers.
- Healthwatch England has scheduled Train the trainer for Enter and View (July 2013). North London Local Healthwatch have identified areas where further guidance and training is needed, including Independent Advocacy Service service; HWBB; data collection and will request this from Healthwatch England.

*Quality, care and patient safety*

- Healthwatch Barnet is keen to see the proposed action plan from the CCG on its response to the Francis Report. From this, it will review the actions and timescales and comment accordingly. Healthwatch Barnet recommends that the CCG co-ordinates a communication campaign around the action plan for residents so that they can understand the actions, timescales, proposed changes and the CCG’s monitoring and review.

## **11 BACKGROUND PAPERS**

### 11.1 None

Legal –  
CFO –