
Meeting	Health Overview and Scrutiny Committee
Date	4 July 2013
Subject	Healthwatch Barnet – Update and Response to the Francis Report
Report of Summary	Healthwatch Barnet The report summarises Healthwatch Barnet’s key activities to date, emerging priorities and response to the Francis Report.

Officer Contributors	Selina Rodrigues, Head of Healthwatch Barnet Julie Pal, Chief Executive Community Barnet
Status (public or exempt)	Public
Wards Affected	All
Key Decision	N/A
Reason for urgency / exemption from call-in	N/A
Function of	Health Overview and Scrutiny Committee
Enclosures	None
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1. RECOMMENDATIONS

- 1.1 The Committee consider the update from Healthwatch Barnet on key activities to date, emerging priorities and its response to the Francis Report and make any appropriate comments and/or recommendations.

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Cabinet Resources Committee, 25 February 2013, Barnet Healthwatch Procurement – the Committee approved entering into a contract with CommUNITY Barnet for delivering Healthwatch Barnet. The total contract value is £592,083 (£197,361 per annum) up to 31 March 2016, with the option for a further extension of up to two years (total extended contract value £986,805).
- 2.2 Health and Well Being Board, 25 April 2013, Decision Item 8, HealthWatch Update – HealthWatch presented a report to the Health and Well Being Board on its establishment and initial activity.
- 2.3 Health and Well Being Board, 27 June 2013, Agenda Item 8b, HealthWatch Barnet Update – the Board are scheduled to receive a report which 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. Any relevant updates from the Health and Well Being Board meeting on 27th June 2013 will be reported at the committee meeting on 4th July 2013.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2013 – 2016 Corporate Plan are: –
 - Promote responsible growth, development and success across the borough;
 - Support families and individuals that need it – promoting independence, learning and well-being; and
 - Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study.
- 3.3 The work of the Barnet Health Overview and Scrutiny Committee supports the delivery of the following outcomes identified in the Corporate Plan:
 - To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health; and
 - To promote a healthy, active, independent and informed over 55 population in the borough to encourage and support our residents to age well.

4. RISK MANAGEMENT ISSUES

- 4.1 The Health Overview and Scrutiny Committee are required to have an oversight of the work of Barnet Healthwatch and be engaged with any issues arising to enable the committee to effectively discharge its scrutiny role.
- 4.2 In relation to the management of the Barnet Healthwatch contract, a risk register was submitted as part of the tender documents and issues are identified through Healthwatch Barnet's monthly workplan reviews.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
 - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
 - The Council is required to give due regard to its public sector equality duties as set out in the Equality Act 2010 and as public bodies, Health partners are also subject to equalities legislation; consideration of equalities issues should therefore form part of their reports.
- 5.2 One of the key aims of HealthWatch Barnet is to ensure the views and experiences are heard and represented of those groups with protected characteristics under the Equality Act and under-represented communities and individuals. HealthWatch Barnet is developing an Engagement Strategy which will contain an Action Plan and targets for engagement with key communities.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 The Council have commissioned Healthwatch Barnet as required by statute. Healthwatch Barnet has been allocated funding of £197,361 per annum for three years, with a possible extension of a further two years. This cost will be contained within existing Adults & Communities service budgets.

7. LEGAL ISSUES

- 7.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.
- 7.2 Health and Social Care Act 2012, Section 12 – introduces section 2B to the NHS Act 2006 which imposes a new target duty on the local authority to take

such steps as it considers appropriate for improving the health of people in its area.

- 7.3 Part 14 of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) together with and regulations subsequently issued under these sections, govern the establishment of Healthwatch, its functions and the responsibility of local authorities to commission local Healthwatch.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

- 8.1 Council Constitution, Overview and Scrutiny Procedure Rules – sets out the terms of reference of the Health Overview and Scrutiny Committee which includes:
- i) To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
 - ii) To make reports and recommendations to the Executive, Health and Well-Being Board and/or other relevant authorities on health issues which affect or may affect the borough and its residents.
 - iii) To receive, consider and respond to reports and consultations from the NHS Commissioning Board, Barnet Clinical Commissioning Group, Barnet Health and Well-Being Board and/or other health bodies.

9. BACKGROUND INFORMATION

9.1 Introduction

- 9.1.1 This paper provides an update on Healthwatch Barnet's key activities from April-June 2013, its key priorities from July to September 2013 and provides a response to the Francis Report.

Following the launch of Healthwatch Barnet (HWB) in May 2013, 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

9.2 HealthWatch Barnet Activity and Priorities

9.2.1 HealthWatch Barnet has experienced a productive start-up period, with the following key activities being completed. Further details are provided below.

- a) Successful launch of Healthwatch Barnet at Jewish Care on 21 May 2013.
- b) Launch of the Information, Advice and Signposting service.
- c) Dissolution of Barnet LINK on 31 March 2013.
- d) Recruitment drive for residents to become Healthwatch Barnet volunteers.
- e) Development and presentation of a draft Engagement Strategy to the Transition Steering Group and Partners consortium.
- f) Transfer of Barnet LINK volunteers to Healthwatch Barnet.
- g) Meeting with a range of key statutory and voluntary sector stakeholders

9.2.2 Engagement and consultation with the statutory sector

- To date Healthwatch Barnet has met with a number of key stakeholders including Barnet CCG; Central London Clinical Health; LBB Public Health; and LBB Adult Social Care & Health. 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 clarity on the new NHS structures, its key responsibilities and the new complaints processes. HWB has already made contact with Voiceability. However, confusion remains about the inter-relationship between this advocacy service and hospital based Patient Advice and Liaison Services.

9.2.3 Engagement, consultation and responses from residents and charity service providers.

The Launch of Healthwatch Barnet took place on 21 May 2013 with 110 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 HWB should be transparent, challenging and engage with under-represented communities.

Healthwatch Barnet staff have met with 16 community groups to date, meeting and listening to resident, patient and service-user responses to these two key have:

- i) "How can HWB best listen to and represent you?"
- ii) "What are your key comments or concerns about health and social care in Barnet?"

To date, consultation has focused on those communities where it is known that health inequalities are greater than the wider population. These include members of the Gypsy, Roma Traveller community, Barnet Refugee Service, Barnet African Caribbean Association, Bi Polar Group, Britsom, Burnt Oak Network and Graham Park residents. Feedback and comments will be captured a range of engagement events and mechanisms, including the recent HWB launch, Barnet Council's Partnership Board Summit as well as the individual health and social care partnership boards. Other engagement mechanisms will be identified in HWB Engagement Strategy which is currently under development.

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

9.2.4 Active projects.

These projects were developed either in direct response to resident's feedback or through research into the health and social care needs of under-represented groups and have been taken place from April to June.

- 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).
- 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.
- The Information, Advice and Signposting Service 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 HWB consortium.

The following activities will be completed during July to September 2013.

July:

- HWB is fully operational;
- Engagement Strategy and Communications Strategy are published;
- HWB Workplan and three month priorities are published on the website. HWB 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;

- On-going promotion of the Information, Advice and Signposting service;
- New cohort of Enter and View volunteers are recruited and trained and undertake visits;
- New three-month programme of Enter and View Programme is established.

July-August:

- Scope an engagement plan for young people, with a possible survey and focus groups to be established in September;
- Establish an LGBT health focus group;
- Continue liaison with the Gypsy, Roma, Traveller, Black, Asian, minority ethnic and refugee communities to identify health and social care concerns and raise issues with providers;
- Liaise with commissioners and communities to ensure there is appropriate and meaningful consultation on mental health re-commissioning (dependent on comprehensive information and on-going liaison from the commissioners).
- A Research and Data Analyst will be recruited to the HWB team. This role will analyse public data on national and local health outcomes and priorities; complaints; quality and risk. The Analyst will establish a programme of community research which will identify key themes and trends arising from resident, patient and service-user feedback. It will also support HWB to present clear evidence-based findings to the Health and Wellbeing Board, the supporting overview and scrutiny committees as well as the Clinical Commissioning Board to assist them to make informed strategic commissioning decisions.

September

- Liaison with Barnet Mencap to train people with learning disability to become Enter and View volunteers;
- Recruitment, induction and training of the HWB Engagement Group and Healthwatch ambassadors

9.3 Healthwatch Barnet Response to the Francis Report

9.3.1 The following issues were highlighted by the Francis Report in relation to (all) Local Involvement Networks (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.

The structure and delivery of HWB has been developed to be mindful of these comments and HWB considers it has addressed these areas and details are provided below.

- 9.3.2 The Francis Report recommended that there should be a consistent local structure for local Healthwatch throughout the country in accordance with the principles set out in Chapter 6 Patient and public local involvement and scrutiny (Recommendation 145).
- 9.3.3 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 has received guidance from Healthwatch England and from the Local Government Association on its legal and operational structure.
- 9.3.4 In addition, HWB 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.
- 9.3.5 To reduce inappropriate accountability and an undue burden on volunteers, as raised by the Francis Report, key responsibility and decision-making sits with Healthwatch Barnet and CommUNITY Barnet. 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, CB 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.
- 9.3.6 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).
- 9.3.7 As the local health and social care champion representing the collective voice of local people, Healthwatch Barnet will use its position on the Health and Well-Being Board to present issues raised by local residents, demonstrate how the signposting and advocacy has been used to increase understanding and empower local people to raise any issues with health and social care services, supported by evidence collected through engagement.
- 9.3.8 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 Wellbeing Board, Partnership Boards and the relevant overview and scrutiny committees to agree forward planning and prioritisation; information sharing; roles and responsibilities; pre-meetings etc.

9.3.9 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 E+V (July 2013). North London Local Healthwatch have identified areas where further guidance and training is needed, including IAS service; HWBB; data collection and will request this from Healthwatch England.

9.3.10 Routine and risk-related monitoring, as opposed to acceptance of self-declarations of compliance is essential. The Care Quality Commission should consider its monitoring in relation to the value to be obtained from: the quality risk profile; quality accounts; reports from local Healthwatch, new or existing peer review schemes; themed inspections. (Recommendation 49)

9.3.11 Healthwatch Barnet has strengthened its relationship with the CQC and also Barnet Council’s Care and Quality Team and Head of Safeguarding. All parties have agreed to bi-monthly meetings to review relevant reports and to highlight any concerns or issues and update on policy or processes. HWB sends its Enter and View reports once completed to these agencies. The CQC and Barnet Council officers will alert HWB to any residential settings that it considers appropriate for an Enter and View visit. This could be as a follow-up to a CQC visit or to check specific areas of care with residents or relatives.

9.3.12 “No culture of listening to patients” (Summary 1.9).

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

9.3.13 “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:

- the 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.
- the CCG co-ordinate a communications plan across all health and social providers demonstrating the implementation of the recommendations from the Francis Report.

9.3.14 Patients and the public need to be involved in decisions taken in all healthcare organisations, whether providers, commissioners, oversight bodies or regulators. (Patient and Public Local Involvement and Scrutiny Principles 6.472)

It's essential that HWB receives timely and accurate information about NHS and local authority commissioning plans to review whether the proposed consultation and co-production is adequate. To date, HWB senior staff have met with CCG and public health officers and it is essential that commissioning plans are now shared with Healthwatch Barnet to affect this.

9.3.14 Providers to required information from all parts of the system, including access to complaints information (Patient and Public Local Involvement and Scrutiny Principles 6.472)

Healthwatch Barnet will meet with the CCG Head of Quality and with Voiceability (the regional complaints advocacy service) to review complaints responses. Scrutiny of this data will be a key responsibility of Healthwatch Barnet new Research Analyst.

9.3.15 Methods of registering a comment or complaint must be readily accessible and easily understood. Multiple gateways need to be provided to patients, both during their treatment and after its conclusion, although all such methods should trigger a uniform process, generally led by the provider trust. (Recommendation 109)

Provider organisations must constantly promote to the public their desire to receive and learn from comments and complaints; constant encouragement should be given to patients and other service users, individually and collectively, to share their comments and criticisms with the organisation. (Recommendation 111)

Patient feedback which is not in the form of a complaint but which suggests cause for concern should be the subject of investigation and response of the same quality as a formal complaint, whether or not the informant has indicated a desire to have the matter dealt with as such. (Recommendation 112)

HWB has received feedback that residents don't understand the new NHS structures and the complaints process. It is recommended that CCG convene a working group on the complaints process, across all providers to ensure that accessible information is presented to patients and service users (with Healthwatch Barnet representation). This would be relatively straightforward and make an immediate difference to patients.

9.3.16 Quality, Care and Patient Safety

- HWB is committed to work in partnership with the CCG on its response to the Francis Report and to practically support any communications and action plan.
- HWB's schedule of Enter and View visits is based on responses and feedback from residents and relatives and charity sector organisations. HWB will be responsive to the Quality Accounts, findings from PLACE inspections and feedback from residents to ascertain whether other settings should be visited. The Committee is asked to note that Enter and View visits are undertaken primarily by volunteers. Developing a high quality Enter and View Team is both time and resource intensive but is central to the integrity of Healthwatch Barnet. Their reports reflect a valuable layperson's interpretation and their ability to converse informally with residents and relatives which is central to the effectiveness of Enter and View.

10. LIST OF BACKGROUND PAPERS

10.1 None

Cleared by Finance (Officer's initials)	JH
Cleared by Legal (Officer's initials)	CE