



MEETING TITLE Public Trust Board		MEETING DATE 21/05/2013	
TITLE of PAPER		Healthwatch Briefing	PAPER REF 9.1
STRATEGIC OBJECTIVE		To provide services which exceed patient and commissioner expectations	
PURPOSE OF THE PAPER		1. To brief the Board on the new working arrangements for the Healthwatch organisations who took over from Local Involvement Networks from 1 April 2013. 2. To provide assurance that there is an appropriate system in place for managing our relationships with the Local Healthwatch organisations in our area.	
For Approval		<input type="checkbox"/>	For Assurance <input checked="" type="checkbox"/>
For Decision		<input type="checkbox"/>	Discussion/Information <input type="checkbox"/>
AUTHOR / LEAD	Hester Rowell, Head of Quality & Patient Experience	ACCOUNTABLE DIRECTOR	Director of Standards & Compliance
PREVIOUSLY CONSIDERED BY		Committee/Group:	Date:
RECOMMENDATION		It is recommended that the Board accepts this briefing and assurance that appropriate relationship management is in place to build positive working relationships with the new Local Healthwatch organisations.	
RISK ASSESSMENT		Yes	No
Corporate Risk Register and/or Board Assurance Framework amended		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality and Diversity Implications		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Registration Outcome(s)			
NHSLA Risk Management Standards for Ambulance Trusts			

1. PURPOSE/AIM

- 1.1 To brief the Board on the new working arrangements for the Healthwatch organisations who took over from Local Involvement Networks from 1 April 2013.
- 1.2 To provide assurance that there is an appropriate system in place for managing our relationships with the Local Healthwatch organisations in our area.

2. WHAT IS HEALTHWATCH?

- 2.1 Healthwatch is a new independent voice for people in their communities, helping to shape, challenge and improve local health and social care services. Healthwatch will do this by talking and listening to people from every part of the community, and by holding services to account. Healthwatch has been set up under the Health and Social Care Act 2012. A diagram showing how Healthwatch links with other organisations is shown at appendix 2.

Healthwatch works at a local and national level. They work with charities, and community and voluntary organisations that support people who use health and care services.

Local Authorities are under a duty to ensure there is an effective and efficient local HealthWatch in their area.

2.2 Healthwatch England

Healthwatch England builds a national picture of the issues that matter most to consumers and users of health and care services. They use this evidence to influence those who plan and run services at a national level.

They also have the power to ask the health and social care regulator, the Care Quality Commission, to look at areas where they have special concerns.

2.3 Local Healthwatch

Local Healthwatches take evidence built on consumers' views and experience and use it to help shape and improve local services. They will report any concerns about services to commissioners, providers and council health scrutiny. They pass on information and recommendations to Healthwatch England and the Care Quality Commission.

Through its seat on the health and wellbeing board, local Healthwatch will present information for the Joint Strategic Needs Assessment and discuss and agree with other members on the Board a Joint Health and Wellbeing Strategy.

2.4 Differences to Local Involvement Networks

- As well representing local views and opinions, Local Healthwatch includes providing advocacy services to individuals. This replaces the service previously provided by the Independent Complaints Advocacy Service (ICAS). Most councils have split their Healthwatch contract into two sections, with the advocacy element provided separately.
- Whereas all LINKs were required to be membership organisations, the successful Healthwatch providers are able to decide on their own governance arrangements. Many have decided not to have a membership model although volunteers will usually continue to play an important role.
- Whereas LINKs role was mainly advisory, Local Healthwatch has a strengthened influence through its seat on the Health and Wellbeing Board. Healthwatch England also provides influence at national level where LINKs had a loosely-based national association.

3. LOCAL HEALTHWATCH IN YORKSHIRE

- 3.1 We have 13 Local Healthwatch organisations in Yorkshire (the same number as we had LINKs). A full list of Local Healthwatches and contact holders is included at appendix 2.
- 3.2 The new organisations have only been up and running for a short time and are still getting their internal systems and processes established – particularly as many contracts were not awarded until March, leaving little time for getting established before formally launching on 1 April.
- 3.3 The 13 Local LINKs had a Yorkshire-wide LINK Ambulance Group where representatives met quarterly to discuss shared ambulance issues. This was a key engagement group for YAS. Early indications suggest that Local Healthwatch do not plan to continue this arrangement.

4. YAS RELATIONSHIP MANAGEMENT

- 4.1 The Head of Quality & Patient Experience (HoQ&PE) is establishing herself as the ‘key account manager’ for Local Healthwatch organisations. She is in the process of meeting with or speaking to as many of the Local Healthwatch leads as possible to introduce herself.
- 4.2 Responses to all formal correspondence with LINKs – for example questions or concerns raised or reports presented – will be managed by the HoQ&PE, working with local managers and the Corporate Communications department as necessary.
- 4.3 Similarly, the HoQ&PE will agree all outward corporate communications for Local Healthwatches, to ensure that they are regular and consistent and YAS presents itself in a clear manner.

5. CONTACTS TO DATE & PARTNERSHIP EVENT

- 5.1 All Local Healthwatches were sent a copy of the draft YAS Quality Accounts on 28 March 2013, taking over the responsibility for reviewing Accounts from LINks. Four Healthwatches have submitted comments.
- 5.2 Local Healthwatches are the key target audience for our Partnership Event on 27 June 2013. This event is taking place at Hatfeild Hall, Wakefield. The aims of the event are:
- for us to introduce our services
 - for attendees to meet members of the Board, clinical and operational staff
 - for attendees to have the opportunity to ask questions about our services and the way we work
 - for attendees to work together with YAS leaders on key topics of shared interest, such as reaching people in seldom-heard communities, developing PTS and raising public awareness of how to use the ambulance service.

The Chair, Chief Executive and other members of the Board will be taking part in the day, demonstrating the high-level commitment to partnership working.

6. NEXT STEPS

- 6.1 The current priority is for every Local Healthwatch to know that YAS is committed to working in partnership with them and knows how to make contact.
- 6.2 As the new organisations get established, identify their local priorities and decide how they plan to work with healthcare providers, we will aim to build a positive working relationship with each Local Healthwatch.
- 6.3 Issues raised by Local Healthwatch will be captured by the Patient Experience team and reported to Incident Review Group, Clinical Governance Committee and/or Quality Committee as appropriate. This will ensure triangulation with issues identified via other Trust sources.

7. RECOMMENDATIONS

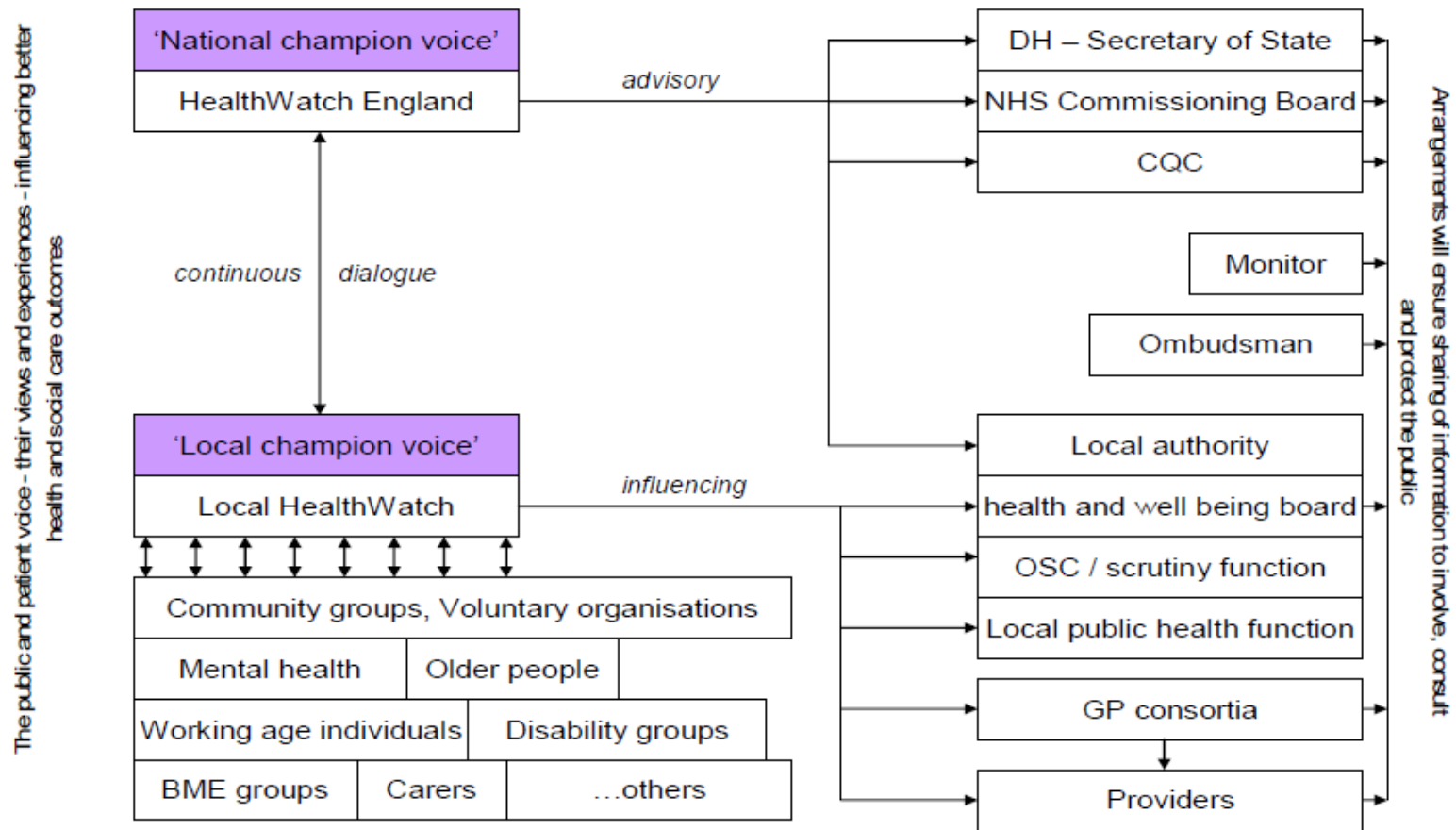
It is recommended that the Board accept this briefing and assurance that appropriate relationship management is in place to build positive working relationships with the new Local Healthwatch organisations.

8. APPENDICES/BACKGROUND INFORMATION

- 8.1 Appendix 1: Diagram showing Healthwatch working relationships
- 8.2 Appendix 2: List of Healthwatch organisations and providers

Appendix 1

Figure 1: Strengthening the collective voice of patients and the public



From: Healthwatch Transition Plan, DH 2011

Appendix 2

Local Healthwatch	Healthwatch provider	Category	Advocacy provider
North Yorkshire	Northbank Forum	2	Cloverleaf
York	York CVS	2	York MIND
East Riding of Yorkshire	Meeting New Horizons CIC (Hull CVS)	2	Carers Federation
Hull	Meeting New Horizons (Hull CVS)	2	Carers Federation
North Lincolnshire	Meeting New Horizons	2	Carers Federation
North East Lincolnshire	Northbank Forum	2	Carers Federation
Doncaster	Parkwood Healthcare	3	Parkwood Healthcare
Barnsley	Voluntary Action Barnsley	2	VoiceAbility
Rotherham	Parkwood Healthcare Ltd	3	TBA
Sheffield	Voluntary Action Sheffield (VAS) leading Consortia (including Community Legal Advice Services South Yorkshire (CLASSY), Sheffield Wellbeing Consortium and Advocacy Services Ltd	2	VoiceAbility
Wakefield	Wakefield Wellbeing Consortia (including Wakefield CAB, Young Lives and Leeds Met University)	2	VoiceAbility
Leeds	Touchstone (consortium including Health Together, Inclusion North, Leeds Involving People.	2	Advonet
Bradford	Keighley Voluntary Services Ltd (trading name KIVCA)	2	Bradford and Airedale Mental Health Advocacy Group and Choice Advocacy
Kirklees	Kirklees Citizens Advice Consortia	2	CAB
Calderdale	Voluntary Action Calderdale	2	Kirklees CAB

Category key:

1. Local Healthwatch transitioned from LINK (*none in Yorkshire*)
2. Local Authority (LA) commissioned or worked with either a single voluntary or community organisation (VCO) or a number of VCOs to establish LHW
3. LA commissioned a private company to establish an independent social enterprise to run LHW

Categories from Local Government Association list at: http://www.local.gov.uk/c/document_library/get_file?uuid=9f2f8254-f06e-4690-9254-cf786110d02a&groupId=10171