

HOSC/57/10

Committee Health Overview and Scrutiny

Date 3 December 2010

LINK response to White Paper: Liberating the NHS

Report by: Graham Redgwell, Secretary

A copy of the Essex and Southend Local Involvement Network's response to the Health White Paper "Equity and Excellence: Liberating the NHS" is attached for information.

Essex and Southend Local Involvement Network's response to the Health White Paper "*Equity and excellence: Liberating the NHS*" published on 12 July 2010

The Essex and Southend Local Involvement Network (LINK) welcomes the opportunity to comment on the Government's long term vision for the future of the National Health Service set out in the health White Paper.

The Essex and Southend LINK held an event on 9 September 2010 to capture what LINK members considered as the most pressing issues regarding the White Paper and a White Paper briefing and consultation event on 27 September 2010 to obtain the views of its members to the proposals relating to Increasing democratic legitimacy and HealthWatch and commissioning for patients in the White Paper.

The views obtained from 9 September revealed that its members were most concerned about patient and public involvement and the role of HealthWatch and the commissioning of services for service users. This led to a follow up consultation event organised on 27 September in which six questions (three pertaining to increasing local democratic legitimacy and the future of HealthWatch and three pertaining to commissioning for patients) for which member's views were sought.

This paper provides responses from the Essex and Southend LINK to the White Paper in two parts;

- 1) Responses to consultation questions relating to the Increasing democratic legitimacy and HealthWatch and commissioning for patients and;
- 2) Views and concerns identified as the most pressing issues regarding the proposals set out in the Government's White Paper.

Part 1: Response to Consultation Questions

Increasing Democratic Legitimacy in Health and HealthWatch

1) How can LINKs evolve to become HealthWatch organisations?

Responses

1.1 Put in place tools to support the transition

In consultation with LINKs and other relevant stakeholders, the following were suggested as necessary to aid the transition:

- Business continuity plan
- Governance models developed for local HealthWatch organisations
- Best practice models
- Governance documents and templates to be issued centrally. Local HealthWatch organisations can then adopt these for their specific governance arrangements to save time, money and potential conflict
- Information and advice on additional functions of advocacy and complaints
- Clear contract arrangements

It was also said that *LINKs Exchange* should keep members abreast of developments during transition period.

1.2 Review and learn from LINKs

It was suggested that there should be a review of current LINKs working on the basis of governance, project delivery, and effectiveness in acting as a conduit between public/service users, providers and other health and social care stakeholders to improve health and social care outcomes.

This would consider best practice and identify where extra support would be required. Lessons learned could then be used to develop effective HealthWatch organisations.

1.3 Maintain and Build relationships

Points were made about the importance of maintaining relationships with organisations and stakeholders that LINKs are currently working with and establishing dialogue with expert organisations in the provision of advocacy and complaints services with regards to the additional roles of advocacy and complaints services that HealthWatch will be taking on.

1.4 Clarify new role of local HealthWatch

Points were raised of the need to clarify the new role of HealthWatch including the roles of complaints and advocacy it might take on. Clarity of roles is required, hence how HealthWatch can help services users and the public on the basis that this will help LINKs to retain existing volunteers and attract new ones.

1.5 Increase engagement with hard to reach groups

Members flagged up the need to engage with hard to reach communities and organisations especially those in socially and economically deprived areas with disproportionately high levels of unemployment leading to poor health. Points were also raised about the need to conduct research into the needs of different sections of the community so that they are better engaged.

1.6 Deliver effective Communication and Marketing strategy

The need for a communication and marketing strategy was noted to brand LINKs as HealthWatch.

2) How can public and patient involvement in health and social care through HealthWatch (and additional roles it might take on) be increased?

Responses

2.1 Develop joined up working with experts for new complaints and advocacy services

This response is similar to 1.3. Points were raised of the need to establish an early dialogue with expert organisations dealing with complaints and advocacy services. The Independent Complaints Advocacy Service (ICAS) and Citizens Advice Bureau (CAB) and the Patient Advice and Liaison Service (PALS) were mentioned as examples.

2.2 Hold more activities at out office hours and at different places

This was mentioned as a critical point to be considered for HealthWatch to engage more volunteers.

This was based on the need for HealthWatch to have a representative (in terms of age, race, faith, gender, disability, sexuality) membership of the local community it serves. An example was given of the relative lack of young people engaged in all LINKs in general.

2.3 Grant more statutory powers for the public and patients through HealthWatch

It was mentioned that HealthWatch should be granted more statutory powers to hold service providers to account for potential underperformance in fulfilling contractual duties and reaching quality standards.

2.4 Review LINK outreach events to date

A point was raised about drawing from the experience from outreach events to recruit new LINK members. This would consider the level of commitment from potential volunteers and hence help HealthWatch organisations to build on LINKs work so far in determining how, when and what activities could be delivered and organised according to variations in levels of commitment.

3) What needs to be done to enable local authorities to be the most effective commissioners of local HealthWatch?

Responses

3.1 Review contract monitoring reports from LINKs hosts to local authorities

Host organisations have an obligation to provide contract monitoring reports on their progress in supporting their LINKs to their respective commissioning local authority.

A formal review of this to identify areas in need of development and best practice may be hugely beneficial to local authorities as this will help to inform the development of contracts for potential host organisations.

3.2 Local authorities to meet with others that have commissioned LINKs to share and disseminate best practice

A review of the work of different LINKs could consider best practice and areas in need of further development. This could help to inform the development of service specifications to enable local authorities to be effective commissioners of local HealthWatch.

3.3 Ring fence funding

It was noted that funding for local HealthWatch provided via local authorities should be ring fenced and annual surpluses allocated to ongoing projects and activities can be carried over from financial year to financial year.

Commissioning for patients

4) How can GP Consortia, the NHS Commissioning Board and Local Authorities best involve patients and those using services in improving the quality of health and care services?

Responses

4.1 Attach Patient Representation Groups to GP consortia

A point of priority was made about the importance of attaching Patient Groups to GP consortia on a mandatory basis where people are represented at a local level and take up local concerns. This idea was compared to two Patient Commissioning Forums (PCFs) in the north east Essex area. These meetings are held bi-monthly and anyone from the public can attend; those in

attendance are from the third sector organisations and groups as well as individuals.

In the North East Essex area the PCFs keep its members up to date and receive presentations about PCT projects and initiatives in north east Essex Area, the PCFs issue information about public consultations from the Department of Health; receive information via email; have visits to healthcare services and are afforded the opportunity to talk to staff and patients about their experiences; some members have also undertaken surveys.

All concerns that are raised by PCFs members are investigated by the PCT and acted upon where necessary. It was said that it would be a shame if this example of patient representation were lost.

It was further suggested that local patient GP consortia groups can be linked into or be a part of local HealthWatch organisations to form a coherent structure of public and patient representation.

4.2 Deliver training to increase service user involvement

Points were raised about the need to provide public and patients with the skills and develop their capacity to effectively engage effectively with GP consortia, the NHS Commissioning Board and local authorities. Such training sessions could include transferable skills such as communication, teamwork, social skills, increased confidence and interviewing and presentation techniques.

4.3 Commissioners to run service user involvement events, network membership and public consultation events

It is important to involve everyone (especially those who have had personal experience of a particular condition) in the commissioning process because it is important that services meet the needs of the people they treat. Events and activities to involve the public and patients should be well communicated and marketed in good time.

An example in which service users directly influence the service specifications of contracts is research conducted by the East of England Specialised Commissioning Group to obtain public and patient feedback. This feedback is then used to inform the development service level contracts.

4.4 Obtain feedback from HealthWatch

There was debate as to how local HealthWatch organisations will collaborate with GP consortia. It was agreed that contact with GP consortia at the earliest opportunity was important, especially to ensure that HealthWatch could help with commissioning decisions.

4.5 Learn from 'Enter and View' experience through LINKs

One of LINKs' roles is to enable trained LINK authorised representatives to, in certain circumstances, enter premises that provide health and social care provision to observe and assess the nature and quality of services and obtain the views of the people using those services. LINKs authorised

representatives and host organisation staff also gather information on user experience on specific issues (e.g. service quality at residential care homes, hospital discharge planning etc).

It might be helpful for the NHS Commissioning Board, GP consortia and local authorities to consult LINKs during and beyond the transition period to better understand better the needs of service users within the context of enter and view whilst maintaining the confidentiality of the service users who have provided their views.

5) What support might commissioners under the new structure need to allow them to take on their new and expanded role?

Responses

5.1 Joint working between public, health and social care professionals and local authorities

Points mentioned included the need to hold meetings and user involvement events for all stakeholders to share ideas about how commissioners could be best supported.

5.2 Work with health specialist organisations

A point was made about the need to work more closely with voluntary sector organisations that have specialist knowledge and understanding of particular health or social care related issues.

At the point of referral, it was mentioned that GPs could be signposting and provide information about local services that provide specialised information, advice and guidance. This may help the NHS Commissioning Board and GP consortia to develop service level contracts when commissioning services.

5.3 Develop contracts with service specifications based on feedback from service users

Please see response to 4.2

6) How can GP Consortia best be supported in developing their own capacity and capability in commissioning?

Responses

6.1 Provide Training

There was a general consensus of the need to equip GPs with the appropriate training to enable them to become effective commissioners. Points were raised of the need to consult ex PCT employees and clinicians.

GP consortia could also buy in support from external organisations including third sector organisations and independent sector providers, for instance to

analyse population needs, manage contracts with providers and monitor expenditure and outcomes.

6.2 Research Patient experience from a wide range of health and social care issues

Points were raised about the need for GPs to understand better the needs of service users from their point of view. In addition to meeting clinical needs, GPs need to understand the emotional issues that may be detrimental to a service user's condition.

6.3 Increase healthy living promotion activities

A point was raised about contracting out work to increase community activities that promote healthy living. In this way, the general public is equipped with the knowledge to take better control over their health hence relieving doctors of unnecessary appointments.

6.4 Handover from existing commissioners

One member stated that;

“There are many small contracts let by PCTs and local authorities which help to support small numbers of people but which are not known about by or familiar to GPs. Even without the changes, they might well not feature on the local commissioning map. Examples of this might be: charities providing bereavement services; support for people with profound physical and learning disabilities.

The Government should instruct all commissioners to prepare a baseline audit of all services purchased/commissioned at present and make this available to shadow GP consortia, shadow local HealthWatch organisations and to local authorities.”

Part 2:

Views and concerns identified as the most pressing issues regarding the proposals set out in the Government's White Paper

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Essex & Southend LINK Policy & Research Coordinator

Background

On 9 September 2010, the Essex and Southend Local Involvement Network (E&S LINK) held a meeting for its members, local health and social care professionals and its contract monitoring local authorities (Essex County Council and Southend-on-Sea Borough Council) to raise awareness of its work, celebrate its achievements and stimulate discussion about the Health White Paper *Equity and Excellence: Liberating the NHS* published in July 2010.

With regards to the White Paper members and stakeholders were asked what they perceived as the most pressing issues regarding the Government's proposals to restructure the National Health Service.

The discussions have helped to identify a number of issues including GPs' knowledge of specific areas of health and social care, the establishment of GP consortia, the complaints and advocacy role of HealthWatch, public and patient involvement and funding for different services under the new proposed reforms.

There was also a general lack of awareness and understanding of the working relationships between the different bodies and stakeholders that make up the new proposed structure and members said that they would like this to be explained and clarified.

The following views expressed in this paper are an interpretation of participant responses (provided by members of the Essex and Southend LINK, local health and social care professionals, Essex and Southend local authority LINK contract monitoring leads and members of staff of the LINK's host organisation, CEMVO) and therefore are solely those of the author with the approval of Essex and Southend LINK's Countywide Coordinating Group's chair, Mark Dale.

GP Commissioning

In light of the Government's plan to devolve power to commission secondary services to GPs, concerns and questions posed during the discussions centred on GPs' knowledge and understanding of certain areas of health (e.g.

mental health, chronic health conditions, patients with learning difficulties) and social care provision.

For example, a member cited a recent GP survey developed by 'Rethink' (a mental health membership network charity) which revealed that under one third of GPs feel ready to take on the role of commissioning mental health services compared to three quarters of GPs stating that they were confident in taking the responsibility for diabetes and asthma services. In terms of social care, an example was given, that under the Mental Health Capacity Act, GPs need to be trained better to understand and safeguard vulnerable adults.

Concerns were also expressed about GPs' knowledge of social care. This has implications about their capacity to prioritise different social care needs and therefore commission services to meet individual needs. A suggestion made was that GPs should undertake training in safeguarding vulnerable adults and 'End of Life' personal and social care. Other views included that, where appropriate, GPs should do much more to promote the use of local community organisations that provide support and information after diagnosis.

The general consensus was that the proposals to enable GPs to commission services can work if they are given appropriate training and support to understand patients and users with different health and social care needs.

Other concerns identified included the following;

- Size of consortia and geographical coverage
- Accountability of GP consortia performance (e.g. for monitoring contracts and financial management)
- Cost of administration
- Whether payment by outcomes would be imposed like top-down targets
- The position of a consortium if it overspends its budget

With regards to GP consortia as it is unclear as to its size and geographical coverage, there might be a risk of consortia being; a) too small to hold adequate sway with large hospitals and other service providers, or; b) too large, either initially or as a result of mergers, consequently jeopardising important local relationships and understanding of local need. In addition a regime for dealing with failing consortia needs to be developed.

The possibility of some GP consortia becoming centres of excellence in specialised areas of care such as homelessness could be considered. Other GP consortia could then commission specialised services from such centres. Such a model may help to avoid gaps in GP commissioning that result in hard-to-reach populations becoming neglected.

It was felt that so much change in such a short time frame will produce a period of instability which could have an impact on patients. However, the LINK also believed that if GPs are provided with the appropriate training and resources and when the above issues are addressed by the Government, members would feel in a better position to determine whether GPs (through

the consortia set up) would be able to deliver positive health and social care outcomes to meet local need.

Finally, concerns were raised that once again local needs will be sacrificed to and overwhelmed by decisions made far away. The GPs in towns, villages and local areas must be able to have the ability within large GP consortia to deliver services to meet the needs of their local patients and public.

Complaints and Advocacy services within HealthWatch and Public and Patient Involvement in the provision of Health and Social Care

Many of the concerns expressed here were centred on how complaints and advocacy services would be delivered and by whom and ring fencing funding for HealthWatch. Questions were also raised about and how social care related concerns would be voiced through HealthWatch.

Concerns were also expressed as to how complaints and advocacy work would be monitored (i.e. who will determine whether complaints and advocacy work have been undertaken to a satisfactory level, who will determine what satisfaction means and how confidentiality will be maintained etc), evaluated and used to improve local services. Another pertinent question that was raised was how the public would be enabled to provide input into the commissioning of services.

One general point emerged about HealthWatch. There are concerns that locating HealthWatch with the Care Quality Commission will have an adverse effect upon its independence and that it should be established as a totally independent organisation.

The general consensus was that close working relations needed to be established between HealthWatch and agencies delivering community services. It was thought that increased engagement and better defined routes for views to be captured would enable the community to articulate their needs, concerns and aspirations more effectively.

Allocation of Funding for Health and Social Care services

The White Paper states that public money will be allocated to GP consortia by the NHS Commissioning Board for GP consortia to buy-in services (excluding dentistry, community pharmacy and primary ophthalmic services). Members were concerned about the amount of money that would be available for the provision of different health and social care services.

A general concern was that most funding distributed to GP consortia would be allocated much more for physical health rather than mental health, services for patients with learning difficulties or for those suffering from chronic health

conditions. One member asked whether a PCT's deficit or surplus would have an effect on a GP consortium.

In addition, another concern identified related to the systems and criteria that would be put in place to determine the budget for each consortium, the justification for this and how this would be controlled.

In sum, more concerns and questions were raised than recommendations with regards to the allocation of funding for different provision and how this should be determined.

Conclusion

In general, discussions about the White Paper elicited more questions and concerns than views and recommendations to the Government's proposals. Members felt that although the White Paper set out the Government's intention to devolve power and responsibilities (and its underpinning values) more information needs to be provided about how the proposals will be implemented.

However, it was generally agreed that this might become clearer when the Government firms up its plans to restructure the National Health Service after the consultation period.

For further information on this response, please contact;

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