

**REPORT FOR: HEALTH & SOCIAL CARE  
SCRUTINY SUB-  
COMMITTEE**

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<b>Date of Meeting:</b>	22 <sup>nd</sup> April 2015
<b>Subject:</b>	Healthwatch Update Report
<b>Responsible Officer:</b>	Alex Dewsnap, Divisional Director, Strategic Commissioning
<b>Scrutiny Lead Member area:</b>	Health and Social Care
<b>Exempt:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	No

**Section 1 – Summary and Recommendations**

This report provides an update on the work of the Harrow Healthwatch...

**Recommendations:** That the Sub Committee notes the report

## Section 2 – Report

1. The Health and Social care Act made local authorities responsible for commissioning a local Healthwatch. Local Healthwatch are statutorily responsible for:

- Promoting involvement of local people in the commissioning, development and assessment of local health and social care services;
- Monitoring health and care services through; ‘Enter and View’ visits, listening to users and carers and surveys to assess the effectiveness of services;
- Obtaining the views of users of health and social care services on the effectiveness of these services;
- Issuing reports and recommendations on local services to commissioners and providers of services in order to create better services; and
- Influencing commissioners of health and social care so that their plans meet our needs
- Supporting individuals to exercise choice by signposting them to services. In particular, they will support people who lack the means or capacity to make choices; and
- Reporting concerns about the quality of local health and social care services to Healthwatch England, independently of their local authority. Healthwatch England will be able recommend that the Care Quality Commission takes action.

2. Locally, Harrow Healthwatch is expected to achieve outcomes in two areas:

1. Engagement and influence – The Consumer Champion; and
2. Information and Advice - Signposting

These functions are outlined in more detail below.

*Engagement and influence – The Consumer Champion - What should individuals and organisations experience?*

*Individuals should experience:*

- Systematic and appropriate engagement with all sections of the local population, especially the ‘seldom heard’;
- An organisation which seeks the communities’ views about current health and social care services and any planned changes;
- Consultation and engagement that is co-ordinated with other relevant organisations;
- An organisation that has due regard to what others are doing;

- An organisation that employs staff and volunteers who reflect the local community, who are skilled and informed to deliver Healthwatch Harrow's objectives;
- An organisation that is easy to contact;
- A welcoming, inclusive, listening organisation; and
- An organisation that provides easily accessible, relevant and understandable information which supports engagement activity.

*Organisations (Community, Statutory, Regulator, the Health and Well-being Board and HealthWatch England) should experience:*

- An organisation which makes a positive contribution to local strategic planning and service commissioning through clear communication of the local communities' views, based on credible evidence, presented in an accessible, relevant way;
- Constructive challenge on behalf of the community when required to assist service change and improvements to quality;
- Informed, robust relationships based on mutual respect and an appreciation of the different roles each organisation plays;
- Judicious use of 'enter and view' powers by collaborative working with other inspection regimes;
- Prompt appropriate contact and reporting of concerns about service quality and safety; and
- Co-ordinated work between local Healthwatches where providers or issues cross borough boundaries.

### *Information and Advice – Signposting*

There is a flourishing and well-established network of sources of advice and information in existence in Harrow. HH will not be expected to replicate or duplicate existing provision but to try to co-ordinate current activities and challenge inaccuracies to ensure the best possible range of sources of high quality and accurate advice and information. If gaps in provision are identified, HH will be expected to ensure that these are met either by an already existing organisation or organisations or by direct provision.

### *What should individuals and organisations experience?*

*Individuals should experience:*

A service which:

- Is easy to find and access;
- Informs them about how they can manage and improve their own health and be involved in their own social care;
- Informs them about how they can get involved in HealthWatch to bring about change to health and social care services;

- Provides information through a range of mediums and formats e.g. leaflets, electronic, telephone;
- Communicates general health and social care information through local networks;
- Supports and promotes local public health information and awareness raising activities;
- Provides and /or points to accurate and accessible information for patients, carers and families about local health and social care services and helps introduce people to local networks and support groups

*Organisations (Community, Statutory, Regulatory, the Health and Wellbeing Board and HealthWatch England) should experience:*

- A service which links with other local information sources for health and social care;
- An organisation with extensive local networks;
- An organisation which actively communicates information from local health and social care organisations to the local community through its networks;
- An organisation which provides an early warning system for local health and social care commissioning and provider bodies by identifying issues or gaps in services; and
- An organisation which understands the limits of the local HealthWatch information and advice giving function.

### *Expectations*

HealthWatch Harrow should be guided by the following expectations:

- HH will be independent and commissioned to co ordinate and support all relevant local advocacy and information advice services rather than directly providing them;
- HH will develop a clear identity, operating standards and, in partnership with the Commissioner, a performance framework;
- HH will adopt a governance framework that, within the requirement to deliver the outcomes in this specification, enables communities in Harrow to shape its priorities and activities;
- HH will conduct its business openly and transparently and report its activities and the impact that they have had to Harrow Council on a regular basis;
- HH will seek to achieve value for money through delivering its services as efficiently and effectively as possible;

- HH will promote equality of opportunity and observe the requirements of the Equalities Act 2010; and
- HH will work collaboratively with other agencies.

3. Healthwatch has been provided by Harrow in Business for the last two years. The Council decided to reduce the budget for Healthwatch by 43% for the current and future financial years and, as a consequence, it was decided to seek new tenders. The budget decision was related to the volume of activity that the service needed to undertake rather than being based around the indicative un-ring-fenced grant that the Government provided when the function was changed from the previous LINK.

4. Tenders have been received and evaluated and a new contract has been awarded to Harrow in Business for a further three years with options to extend the contract for two further years. In awarding this new contract, the Council has made it clear that it expects to see a better record on enter and view. This is the unique attribute of Healthwatch and is able to reassure the public that independent people are making sure that their health and social care establishments are operating at a reasonable standard from a sensible common sense point of view. Enter and view is not about judging complex clinic issues not is it the type of inspection that the CQC operates but is an unobtrusive, helpful and reassuring presence that is designed to:

Gather data on people's experiences of the NHS and publicly funded social care services from the lay perspective and

- Increase Healthwatch's contact with the local communities it serves;
- Increase Healthwatch's contact with local service providers, commissioners and the Care Quality Commission (CQC).
- Be properly integrated into the organisational structure and the processes are in place to ensure that the data gathered is effectively used to improve health and social care;
- Use data that is demonstrably evidence based;
- Make all reports are available in the public domain.
- Enter and View visits should be carried out with a clear purpose and all data gathering activities are designed to reflect that purpose;
- Enter and View visits should be carried out by authorised representatives who are selected through a robust recruitment system, and receive appropriate training and support to ensure they carry out their duties to the highest standards.
- Enter and View visits should be undertaken only where they can have an impact on the service users.
- With all visits, whether reactionary or part of a planned programme of work, the decision to visit should be informed by intelligence gathered, or presented, to Healthwatch. At the time of deciding to schedule a visit the following should also be decided:
  - The Purpose of the visit; and
  - Any relevant parameters for the visits.

- Any concerns about a service identified through an enter and view visit (or any other means actually) should be escalated through the appropriate channels

Healthwatch should ensure that the health and safety of service users, staff members, visitors and members of the public that the visit team comes into contact with during the course of an Enter and View visit is not compromised by the actions or presence of any authorised representatives. This includes ensuring that:

- There is no spread of infection through an unwell authorised representative taking part in visit;
- Authorised representatives comply with the health and safety regulations of a location.

Healthwatch should be equally committed to ensuring that the dignity of service users is not compromised by your actions.

Where authorised representatives witness, are informed of, or suspect there is a safeguarding issue they are obliged, by law, to pass that information on to the appropriate bodies as soon as possible. Authorised representatives are obliged to report any appropriate matters to the Care Quality Commission (CQC).

Each visit should generate a report. Ideally, every draft report should be shared with the service provider within ten working days of the visit. The report should be based only on the data gathered during the Enter and View visit and should be written in an objective and factual style, with all statements grounded in data and free from subjectivity. No individual service user or family member should be personally identifiable in the report. Staff members will not be named in the report, however they may be personally identifiable due to their role.

The service visited should be encouraged to respond to the draft report within ten working days of receiving it and, where appropriate, to develop an action plan outlining how they will respond appropriately to the recommendations outlined in the draft report. The final report should take account of the service's response and the service visited will receive a copy of the final report directly.

All services that receive an Enter and View visit should be asked to complete an evaluation form of the visit itself and to provide feedback on their experience of the Enter and View process as a whole.

5. Secondly, the Council would like to see Healthwatch develop a greater reach and provide improved accessibility for the public to engage with Healthwatch. The unique structure of Harrow Healthwatch is a major asset but it has perhaps not been developed as much as it could be. With the new contract providing a significantly reduced budget, it is now more vital than ever that the Advisory Board partners make the most of their links with their constituencies of health and care users to help inform Healthwatch of their

needs and experiences. Partners could also increase the visibility of Healthwatch to the public at large through their other activities and their bases in the Borough. The Council would like to see the Healthwatch brand represented in the activities, publications, events and offices of all of the delivery partners. The Healthwatch partnership needs to be more active and more real than in the first two years when the service was finding its feet.

## **Financial Implications**

None

## **Performance Issues**

Harrow Healthwatch will continue to supply monitoring and an annual report to the Council which will be reported to Health Sub-Committee and the Health and Well Being Board as appropriate.

## **Environmental Impact**

None

## **Risk Management Implications**

None

## **Equalities Implications**

The EqIA for the re-tendering process raised no issues.

## **Council Priorities**

The Healthwatch work programme and functions are relevant to the Council's priorities:

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for families

### **Section 3 - Statutory Officer Clearance**

Name: Not required for  
Scrutiny reports.

on behalf of the  
Chief Financial Officer

Date:

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Name: Not required for  
Scrutiny reports

on behalf of the  
Monitoring Officer

Date:

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**Ward Councillors notified:**

**NO**

### **Section 4 - Contact Details and Background Papers**

Contact: Mike Howes [mike.howes@harrow.gov.uk](mailto:mike.howes@harrow.gov.uk) Ext 5637

Background Papers: None