

Health Scrutiny Committee 15 October 2014

Review of working with Healthwatch Suffolk 2013/14

Summary

1. The Health and Social Care Act 2012 introduced local Healthwatch as the new organisation to provide a collective voice for patients and carers with effect from April 2014.
2. This report reviews ways in which County Council's scrutiny function and Healthwatch Suffolk have collaborated over the past year and considers whether the working protocol, developed to ensure clear routes for referrals and sharing of information and concerns, continues to be fit for purpose after its first year of being in place.

Objective

3. The purpose of this item is to provide the Committee with an opportunity to consider how the County Council's scrutiny function is working with Healthwatch Suffolk and the mechanisms in place to ensure the views of the patients and public are central to the work of scrutiny.
4. Having considered the information, the Committee is asked to:
 - a) consider and comment upon the information provided;
 - b) agree the protocol for future working arrangements with Healthwatch Suffolk, attached as Appendix 1.

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Background

5. Local Healthwatch is the consumer champion for health and social care. Commissioned by councils with social care responsibilities, the role of local Healthwatch is to gather and present the views of people who use services and communities, to those who plan and deliver services. Local Healthwatch is a statutory member of the Health and Wellbeing Board and also has a role in providing information to patients and the public about the services available locally.
6. The Francis Report into the failings of the Mid Staffordshire NHS Trust highlighted what can go wrong when patients, their families and the public struggle to have their voices heard. Local authority scrutiny has a key role to play in enabling the participation of patients and the public in health service provision, but this requires co-ordination with others in order to achieve best use of resources and in order to make an impact.
7. Local authority health scrutiny needs to maintain a network of intelligence so that it can use its powers effectively to hold health and care commissioners and providers to account. Local Healthwatch can gather information, through its membership, networks and public engagement activities, to build up a picture of community needs, aspirations, assets and the experiences of people who use local health and care services. Scrutiny needs to be able to test whether individual experiences of local health and care services are symptomatic of wider problems in the system and Healthwatch can play a valuable role in gathering this information, to move towards evidence from anecdote.
8. Local authority health scrutiny has some unique powers that only democratically elected councillors can exercise, but this needs to be accompanied by clarity of responsibilities and stakeholder expectations in respect of the function. The role of scrutiny is to identifying issues of local concern, investigate them further and using the intelligence collected to have an informed exchange with the NHS and others before considering action or recommendations for improvement. Local Healthwatch, the Care Quality Commission, Monitor and the NHS Trust Development Authority also have unique and distinct roles to play in regulating safety and quality of services and in safeguarding the interests of patients.

Co-ordination of activities

9. Since the establishment of Healthwatch Suffolk in April 2013, the Suffolk Health Scrutiny Committee and Healthwatch Suffolk have been developing methods of working together to ensure that intelligence is shared and that efforts are not duplicated.
10. In October 2013, the Health Scrutiny Committee and Healthwatch Suffolk agreed a protocol which would form the basis of working arrangements and ensure clear routes for sharing information and referral of concerns. It was agreed that a formal review of these arrangements should take place in twelve months' time; and that in the intervening period the protocol would remain a working document, to be developed in light of experience.
11. Appendix 1 to this report sets out the current protocol for working arrangements between the Health Scrutiny Committee and Healthwatch Suffolk.
12. Although the primary relationship between Healthwatch and scrutiny rests with the Health Scrutiny Committee, it is acknowledged that there may also be occasions when Healthwatch will have an interest in, or could provide information to contribute to items

which fall within the Terms of Reference of the County Council's Scrutiny Committee or Education and Children's Services Scrutiny Committee. An example of this was Healthwatch's contribution to the Scrutiny Committee meeting on 26 June 2014, which considered the County Council's "Supporting Lives Connecting Communities" initiative, and progress made in respect of the contract with Care UK for the development of accommodation to meet older people's needs.

13. In order to ensure opportunities for collaboration between Healthwatch and the wider scrutiny function are optimised, Healthwatch receives a link to the agenda and papers, including the forward work programme, for each of the scrutiny committees, as these are published.
14. Informal quarterly meetings take place between the Chairman and Vice-Chairman of Health Scrutiny Committee and the Chairman and Chief Executive of Healthwatch with a view to sharing forward work programmes, discussing current issues, sharing information and agreeing how Healthwatch and scrutiny might work together over the coming months. The meetings provide an opportunity to share intelligence about issues of public and patient concern which Healthwatch has become aware of through its ongoing public and patient engagement work, or which councillors have encountered through work in their local communities. It also provides an opportunity to discuss forthcoming topics on the scrutiny agenda, and how Healthwatch might gather or feed in patient and public views and experiences to help inform this.
15. The Chairman and/or Chief Executive of Healthwatch regularly attend the formal meetings of the Health Scrutiny Committee and it is the practice of the Chairman of Health Scrutiny Committee to seek any comments from Healthwatch in respect of the topics being discussed. The Chairman of Healthwatch also attends meetings of the Suffolk and Norfolk Joint Health Scrutiny Committee for the Great Yarmouth and Waveney area.

Referral to scrutiny

16. Over the past year, no formal referrals have been made by Healthwatch to the Health Scrutiny Committee. This may be due to the ongoing nature of dialogue which helps to ensure that issues of concern are already being picked up before the need to make a formal referral arises.

Examples of collaboration 2013/14

Cambridgeshire, Norfolk and Suffolk Joint Scrutiny of proposals for Liver Metastases Services – September 2013 – April 2014

17. In September 2013, a Joint Scrutiny Committee was established to consider a proposal from NHS England to centralise surgery for liver metastases patients at Addenbrookes Hospital in Cambridgeshire. This would mean that the surgery would no longer be performed at the Norfolk and Norwich Hospital.
18. Healthwatch Suffolk worked with Healthwatch in Norfolk and in Cambridgeshire to engage patients and the public about the future provision of specialised liver resection services across the three counties.
19. Addenbrookes and Norfolk and Norwich hospitals were asked to identify liver resection patients within a specified 15 month period and, to ensure patient confidentiality, surveys were sent out directly by them with an invitation letter from the three Healthwatch organisations. Patients views were also obtained in a general survey and through telephone interviews

20. Healthwatch Suffolk presented patient views about the proposal to a public meeting of the Joint Committee on 29 November 2014 in the form of a research report. The report was valuable in helping to inform recommendations to NHS England in December 2013, and the following local resolution process which took place in early 2014.

Planning for Winter 2013 – 16 October 2013

21. On 16 October 2013, Suffolk Health Scrutiny Committee considered an item on Planning for Winter 2013. Along with representative of the Clinical Commissioning Groups and the acute hospitals, representatives from Healthwatch and the Care Quality Commission attended the meeting to contribute views. The Committee highlighted the importance of getting the correct messages out to local people about avoiding the acute system for non-acute health issues and the important role that Healthwatch could play in helping to improve communication and signposting about accessing appropriate health and social care services.
22. The Committee also noted concerns raised by Healthwatch regarding recruitment of staff within community services, and asked for an update on progress to address this for a future meeting.

Early Supported Discharge for Stroke Patients – 16 October 2013

23. On 16 October 2013, the Health Scrutiny Committee considered proposals to introduce a new model of service for early supported discharge for stroke patients in Suffolk and the arrangements for public engagement on the proposals.
24. The Committee heard that Healthwatch was working to gather public and patient views on the proposals both on-line and in hard-copy with freepost response via its own membership, the stroke association and also through focus groups. In hearing that 76 responses had been received so far, the Committee suggested stroke patients and their families, could be provided with a hard copy of the questionnaire via the hospitals, on discharge. Representatives from Healthwatch Suffolk agreed that this would be a good way to widen circulation and went on to take this forward with the hospitals.

Norfolk and Suffolk NHS Foundation Trust - Redesign of Mental Health Services – 22 January 2014

25. On 22nd January 2014, the Health Scrutiny Committee undertook a review of progress on the implementation of Norfolk and Suffolk Foundation Trust's (NSFT) redesign of mental health services in Suffolk. Healthwatch presented a report summarising views expressed by NSFT service users between April 2013 and January 2014 based on the contact with service users and on written comments logged on the database. From this, Healthwatch had identified a number of key messages.
26. Although Healthwatch captured a number of comments from service users about their experiences, additional data is being sought to ensure that the analysis is representative of the population of NSFT service users in Suffolk. Healthwatch will be collaborating with NSFT to work with service users to evaluate their experience of the restructured services with a particular focus on Access and Assessment, Home Treatment Teams and Integrated Delivery Teams and this information will be reported back to the Health Scrutiny Committee when it considers the performance of the Trust at a future meeting.

GP Out of Hours and 111 Services – 23 April 2014

27. On 23rd April 2014, Health Scrutiny Committee reviewed the operation of the current Out of Hours GP and 111 services and how these services were serving the needs of

Suffolk residents. This provided an opportunity for the Committee to consider the arrangements for re-commissioning of the services with effect from April 2015.

28. Healthwatch submitted a report to the meeting based on information extracted from its database, outlining the commentary submitted about the NHS 111 service and GP out of hour's services between 1 April 2013 and 9 April 2014. A total of 209 comments were logged onto the database during this period. Whilst positive comments were clearly evident, there were also individuals that had not received a service that met their expectations, indicating some inconsistencies. The Committee agreed to seek further feedback from the provider of the service for its next meeting, detailing complaints received, in order to gain an overall picture of the issues surrounding patient experience.

Healthwatch Annual Report

29. Healthwatch published its first Annual Report in July 2014 which provides further details about its work, and the impact it has had, over the past year. The report also provides information about the Healthwatch Suffolk Vision, Mission and Values, governance and structure and finances of the organisation. A copy of the Healthwatch Suffolk Annual Report is available from:
http://www.healthwatchsuffolk.co.uk/sites/default/files/healthwatch_suffolk_annual_report_201314_hq_1_0.pdf

Supporting information

A copy of the Healthwatch Suffolk Annual Report is available from:

http://www.healthwatchsuffolk.co.uk/sites/default/files/healthwatch_suffolk_annual_report_201314_hq_1_0.pdf

Copies of reports and minutes of Health Scrutiny Committee can be found at:

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