

Oldham



Local Involvement Network

HealthWatch Oldham

Pathfinder

Outline Proposal

May 2011

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Background

The Government has committed to invite local authorities, Local Involvement Networks (LINKs) and their host organisations to develop HealthWatch pathfinders. The intention is to develop upon the experience, learning and best practice of existing LINKs in preparation for the full establishment of HealthWatch from April 2012.

Oldham Metropolitan Borough Council (OMBC) has extended Gaddum Centre's contract to deliver Oldham LINK for the interim period 2011/12 until HealthWatch is fully introduced in April 2012. The committed financial resource for this period is £100,000. The objectives of the contract have been refocused around HealthWatch and preparing for its inception.

This document outlines an operating framework, as based on the experience of Oldham LINK for a HealthWatch Pathfinder. Some of the already well established and trialled mechanisms for engagement are detailed, which are used as a means of informing commissioning practices, which could be translated by HealthWatch to support the development of emerging decision making structures and to strengthen the public voice and influence within them. A number of LINK reports are referenced throughout the document to support the proposal, and at the Appendix as examples of existing consultation practice and evidence.

The submission has been developed by Gaddum Centre, the Host Organisation for Oldham LINK, in conjunction with Oldham Metropolitan Borough Council (OMBC) and supported by NHS Oldham.

1.0 Department of Health Vision for HealthWatch

- Local consumer voice for people who use and need health and social care services
- Be empowered to improve and influence the commissioning decisions made about those services
- To build on the good work of LINKs
- Strengthen the ways in which commissioners and providers take the views and experiences of patients and the public into account when improving the quality and safety of health and social care services.

2.0 Main components of HealthWatch

- Carrying forward of existing LINKs functions (including gathering views and experiences, communicating them to commissioners, monitoring and scrutinising services, informing commissioning decisions, being a 'network of networks').
- Provision of information to empower people to make health and social care choices.
- Signposting to enable people to navigate their way around the health and social care system
- NHS complaints advocacy

3.0 The Oldham Context

3.1 Oldham's emerging GP Commissioning Consortia (GPCC) has pathfinder status and its Health and Wellbeing Board (HWBB) has been approved as an early implementer. Work is already being done by Oldham LINK to engage with these structures and the LINK is represented on the new

HWBB. The public health function is set to transfer to the Local Authority by December 2011 at the latest. This provides a set of early implementation arrangements.

3.2 In addition, the functions and organisation of Council activities are being revisited in line with the new operating framework and the work underway on the repositioning of Oldham Council and the Borough. This focuses on the Council as a community leader and its role as a 'championing council'.

3.3 All of the directorates and functions of the Council will be working together and with other partners to deliver this.

This will be achieved through adopting and implementing the new Council Operating Model. Key Aspects of the model are:

- Service alliance
- Integrated commissioning
- Strategic Core
- Neighbourhoods (underpinning theme)

3.4 As such, this can be built upon as part of a HealthWatch Pathfinder to test out how they understand the nature of their future relationship with HealthWatch and support them to plan for such a relationship to be embedded within its practice.

4.0 HealthWatch Oldham Pathfinder

4.1 A HealthWatch Pathfinder for Oldham will focus on testing out which approaches may be suitable to develop relationships with the new and emerging decision making structures and to build upon existing

engagement models developed by the local LINK as a means of testing out public engagement mechanisms that could be used by HealthWatch as a means to inform them.

4.2 It will also consider how best to test out the differing challenges within individual districts within Oldham and determine how best the Local Authority's District Partnership arrangements can engage with Local HealthWatch and its findings.

4.3 This can be built upon existing work with the Royton, Shaw & Crompton District Partnership, in which Gaddum Centre undertook an engagement project to enable local people to self-define what health and wellbeing means to them, and to identify the barriers locally within their District to achieving their health and wellbeing aspirations. (See



Talking to residents of Royton, Shaw & Crompton about what health and wellbeing means to them.

http://www.oldhamlink.org.uk/assets/documents/RSCHWEPFinalReportApril2011_000.pdf

for the full report). The purpose of this work was to enable the District Partnership to develop its annual District Plan as based on the needs of local people.

4.4 The findings of this work show that the wider determinants of health - as identified by Marmot (2010) and reflecting the future focus of public health – have the greatest impact on health and wellbeing. This would be a prime example for the HWBB to test out how it would use

information on a geographical base to inform a broader borough-wide Health & Wellbeing Strategy, and how the GPCC and the Director of Public Health would relate to this in terms of commissioning for *wellbeing*, in conjunction with other non-health specialist stakeholders (e.g. housing, transport, environment etc) and not just for health.

5.0 Local Views

5.1 Information gathered via consultation with local people highlights a number of issues that are considered important in terms of local HealthWatch influencing GP Consortia and other commissioning structures for decision making. In particular, building relationships early on with these new bodies, with a spirit of openness and collaboration was considered to be the best way forward, rather than purely taking a role to scrutinise and criticise services and commissioning arrangements.



5.2 Participants of the consultation used to gather this information felt that it would be useful for the public to be able to begin conversations ahead

of the establishment of new arrangements, so as to be part of the development and shaping of structures. Oldham LINK already has work of this nature planned. This is with a view to ensure that patient engagement mechanisms can be truly embedded from the start and aspire to operate upon a principle of “co-production” between patients and commissioners to shape services to achieve the ‘best-fit’ possible for patients.

- 5.3 Comment was also made about the importance of the local authority and the GPCC themselves proactively seeking to develop relationships with local HealthWatch. Ongoing dialogue however rather than sporadic liaisons concerning only major service change examples would appear to bear more fruit in terms of achieving better health outcomes and to develop best practice approaches to putting patients and the public first. It would be the role of the HealthWatch pathfinder to foster such a relationship and support its development.
- 5.4 Part of this work would be to align the commissioning process to the component parts of a co-productive model and develop a formalised structure for engagement within each quadrant of commissioning cycles.
- 5.5 The full report of this information can be found at <http://www.oldhamlink.org.uk/assets/documents/OldhamLINKresponse-HealthWatchLiberatingNHSConsultation.pdf>

6.0 Existing Engagement Practice

6.1 The Oldham Standing Conference is now well established in Oldham. The model is illustrated at Figure 1. This is a model of engagement developed by Oldham LINK that sits within a three-tier system to ensure: networking across the sector; issues of local priority can be determined; and that users, carers, patients and professionals as key stakeholders of services are engaged in a structured process to collaborate with local commissioners. This work has shown to have informed and influenced commissioning practices.



Figure 1 – Model of the Oldham Standing Conference

6.2 For instance, the May 2010 dementia themed Standing Conference developed a detailed action plan for commissioners (see Section 5 at <http://www.oldhamlink.org.uk/assets/documents/SCReportMay2010Final.pdf>). NHS Oldham reported:

“...the standing conference feedback had been well received by NHS Oldham, and has truly influenced our dementia work programme.” (Sian Wimbury, Mental Health Commissioning, NHS Oldham).

6.3 Six months after the action plan was submitted, NHS Oldham was able to show members of the Standing Conference what action had been taken against identified priorities, as detailed at Figure 2.

You said	We did / plan to do
GP training	1 half day session run for GPs 2 half day sessions planned for 2010/11 E-learning for GPs promoted and advertised Ongoing training is being developed Awareness training 4 day Alzheimer’s Society course
GP contracts	Identified key performance indicators for newly commissioned Continue to work with primary care colleagues to develop services for people with dementia and their carers Primary care pilot project
Public and professional awareness	July 2010 public awareness campaign was held Dementia drop in session held for information and support CDWs have a distinct focus on

	dementia: KPIs and outcomes
Early diagnosis	Reviewed access to specialist memory assessment service Pilot project to maintain good access
people with dementia in acute hospital	Liaison service Pathway work Intermediate Care

Figure 2 – NHS Oldham actions, taken from *Report of the Oldham Standing Conference, 1st October 2010* (see <http://www.oldhamlink.org.uk/assets/documents/OctoberReport.pdf>)

- 6.4 Whilst the Oldham Standing Conference has a mental health focus, this model could be applied to and replicated for any area of health and/or social care service and adapted to fit – or indeed used to help shape – emerging commissioning structures. The value of the model is further demonstrated, with up to six PCT’s across the North West having been supported by the North West Strategic Health Authority to replicate it.
- 6.5 Oldham LINK has plans to adapt this model into a series smaller more focused events that could be applied to specific areas of work. The emerging GPCC in Oldham has spoken about its plans for Programme Budget Commissioning (see Part 2 <http://www.oldhamhealthcommission.org.uk/index.php/keynote>), whereby each clinical area would have its own commissioning cycle. This would be a prime scenario for a group of focused individuals to engage with this commissioning process via a series of mini-standing conference type events, whereby information is gathered in a way that can be directly fed into the commissioning process.
- 6.6 It will be a useful starting point from which to support Oldham’s Shadow GPCC to think through some appropriate and meaningful public

engagement practices and for the local authority's Joint Commissioning Team to consider how to develop its public engagement relationship via HealthWatch. This also applies to testing out how information Oldham LINK already has from this type of engagement and others could be used also by the Health & Wellbeing Board and by the Joint Strategic Needs Assessment (JSNA) to inform them.

6.7 This approach would also build upon a separate piece of work conducted by NHS Oldham in partnership with Oldham LINK to inform "fairness" within GP's new commissioning role. The *Oldham Health Commission* is an intensive piece of engagement work with a cohort of 12 local people, based upon a citizen jury model. The Commission has heard 'evidence' and made recommendations about the basic attributes of a fair NHS and upon what basis resources should be fairly allocated within the NHS. Oldham's Practice-Based Commissioning Group, The Commissioning for Oldham Group (COG) - which is to become the GPCC in Oldham - is supporting and funding this work as part of their transition strategy.

6.8 This work is the first of its kind in the county. Other PCT's and forming GPCC's in neighbouring areas have recognised this to be an example of best practice and have shown a keen interest using this model to begin engagement work with emerging GPCC's. It is the intention to produce a toolkit to support other areas to replicate this work. A dedicated website has also been set up (<http://www.oldhamhealthcommission.org.uk>), on which the final report of the Health Commission can be found (see <http://www.oldhamhealthcommission.org.uk/index.php/report>).

6.9 The guiding principles emerging from this patient jury clearly stipulate the need for engagement within commissioning as part of any fairness mandate within decision making. The jurors have identified a number of points within the commissioning and patient pathway that could formalise and strengthen patient engagement and feedback. The HealthWatch Pathfinder could provide focus to embedding this within COG's broader transition strategy.

7.0 Collaboration with other LINKs and Local Authority areas

7.1 Whilst the neighbouring borough of Rochdale is not looking to apply for pathfinder status, its local LINK is Hosted by the same organisation to that of Oldham LINK (Gaddum Centre).

7.2 This provides opportunities for information sharing across the patch and to test out similar models within a different local authority area from which additional information can be yielded. For instance, Rochdale LINK as a partner may be able to further test out the Standing Conference model for differing aspect of health and social care and share its findings as a means of providing additional learning.

7.3 This would enable the Oldham HealthWatch Pathfinder site to test out similar models where there is a different community type and to test out this work with and alongside another LINK and Local Authority.

8.0 HealthWatch Advocacy Function

8.1 Whilst the current resources of the existing LINK would not allow for all elements of the HealthWatch responsibilities to be trialled, it would however in addition to that described above with identified resources,

seek to undertake a feasibility study in order to consider the role of advocacy, as described by the Department of Health.

8.2 Gaddum Centre already has information from local people about what they consider to be an appropriate advocacy function as part of HealthWatch. This information was gathered via a public consultation event on the NHS White Paper “Equity and Excellence, Liberating the NHS” in 2010 (see



Ursula Hussain, Manager of Oldham LINK, presenting to participants the key aspects of the NHS reforms.

<http://www.oldhamlink.org.uk/assets/documents/OldhamLINKresponse-HealthWatchLiberatingNHSConsultation.pdf>).

8.3 This early work identifies a number of key issues for further exploration as part of the HealthWatch Pathfinder. Some of the issues important to local people include:

- Effective promotion and awareness raising of the advocacy function to ensure people knew their rights and availability of the service
- A ‘straight-forward’ access point for NHS complaints advocacy
- Key skills and competencies of personnel to fulfil the advocacy function, including:
 - the ability to do the job
 - the proper training
 - suitably qualified

- an appropriate level of experience
- “people person” attributes –
- the ability to empathise with people
- knowledge of the needs of people in the local area
- Delivery agent must have a demonstrable track record in advocacy provision
- Independent advocacy, particularly with regard to issues of safeguarding, vulnerable adults and compromised capacity
- Accommodation of carer involvement within the advocacy model
- The advocacy function must be well resourced, so that issues can be responded to promptly, in order to support those most vulnerable.



Participants of the Liberating the NHS consultation workshop debate the key elements of the HealthWatch advocacy function

- 8.4 This new function requires further investigation of how such a service would be shaped, what criteria would be applied to an advocate being assigned, how it will work with NHS complaints services and which model of advocacy would be appropriate.
- 8.5 In particular, whether the advocacy function should be as a ‘gatekeeper’ to accessing advocacy support or whether that is to directly provide an advocacy service needs exploring.

9.0 Information & Signposting Function

- 9.1 A function of HealthWatch that represents a clear addition to the remit of LINKs concerns the role to provide information to patients about services to ‘empower’ and enable them to make informed choices about their healthcare providers and treatment options.
- 9.2 Whilst this would be beyond the capacity of Oldham LINK to consider as part of its HealthWatch Pathfinder proposal, it is worthy to note that similar provision currently exists from the Patient Advice and Liaison Service (PALS). As such, collaborative working with PALS during the Pathfinder phase would be beneficial in order to trial how such a function would operate within the HealthWatch remit and co-ordination.
- 9.2 Members of the public as part of the consultation named above highlighted this fact and noted that PALS should be used, accessed and considered within HealthWatch operating plans.

10. Evaluation

- 10.1 A number of key things in terms of outcomes will need to be evaluated in terms of how effective the approach of the Pathfinder have been. Namely, how commissioning arrangements have been influenced generally within the borough and also how the programme budgeting of the GPCC has been informed by the involvement of the Pathfinder too.
- 10.2 Feedback from the HWBB will also be key, as a lot of the information gathered via the Pathfinder should be able to feed into this structure.

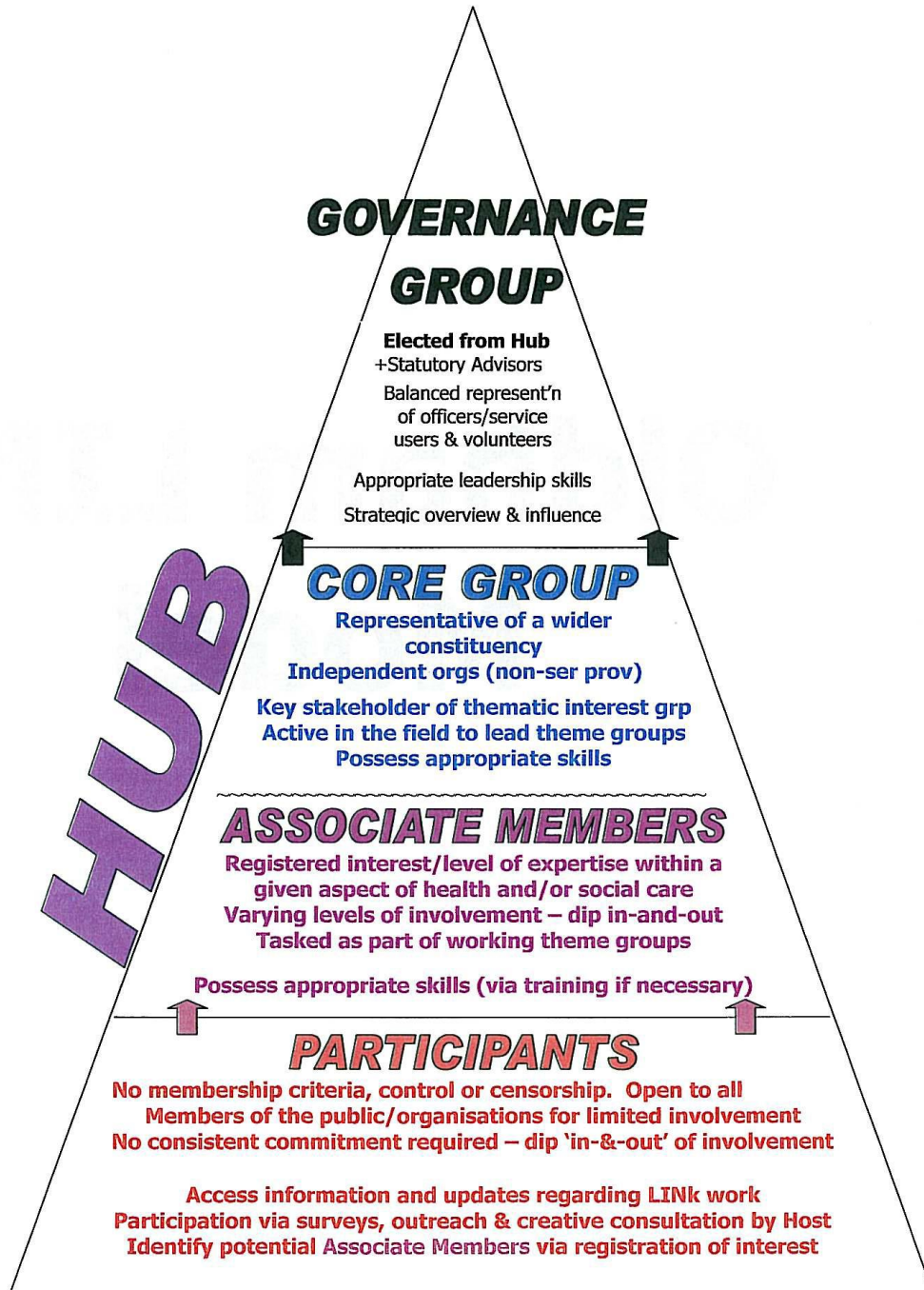
10.3 Evaluation also from local stakeholders, patients, service users, carers and members of the public more generally would need to be involved in the evaluation process about the nature of the involvement practices of the Pathfinder and how effective (in terms of engagement and involvement) they were perceived to be,

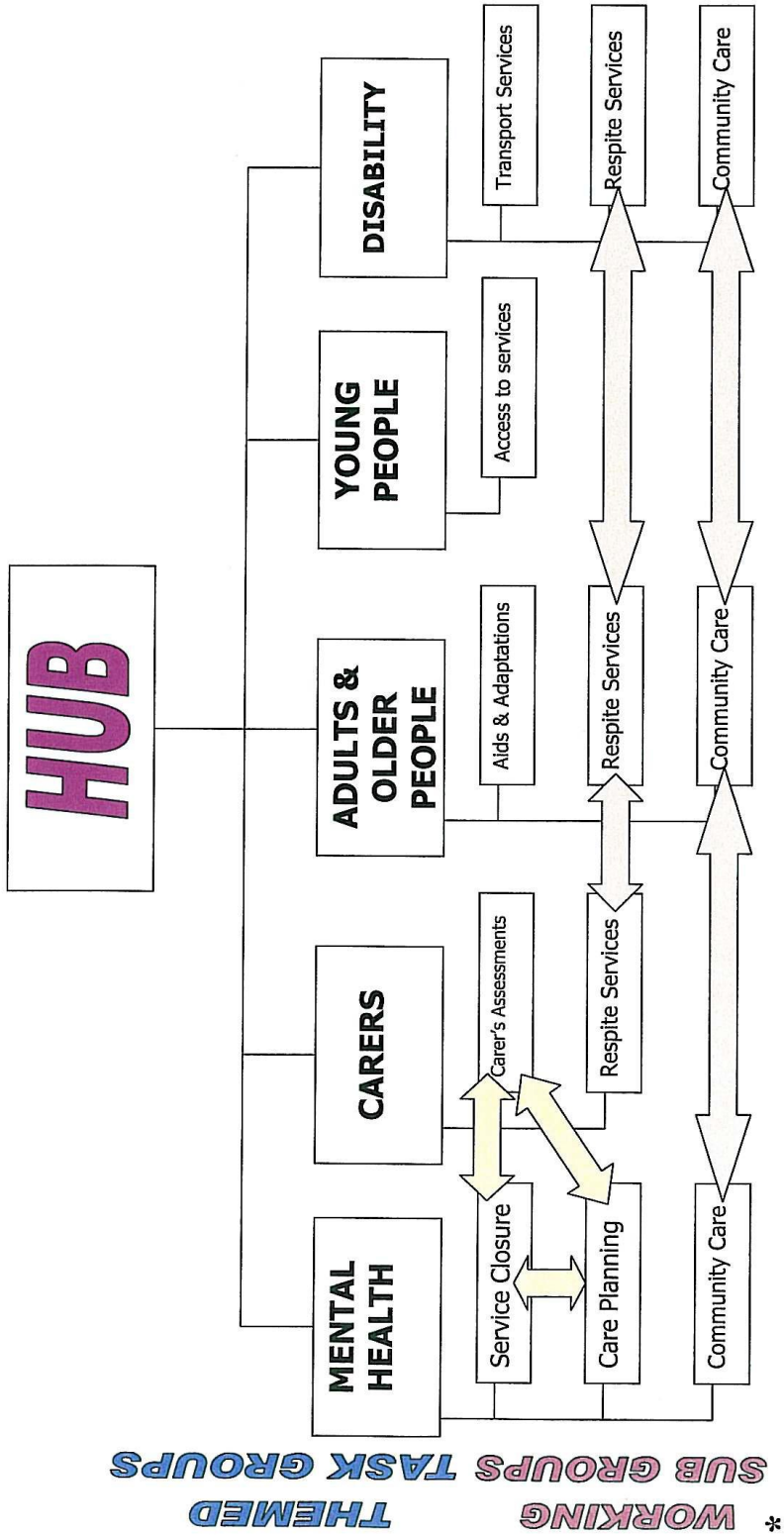
11. References

Marmot, M. (2010). *Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010*. www.marmotreview.org

Appendix 1 – Oldham LINK Governance Framework

Membership Criteria & Expectations





**Details of Working Sub Groups are examples only and are represented here solely for illustrative purposes*

KEY: \longleftrightarrow = INTERRELATED ISSUES
 \longleftrightarrow = CROSS CUTTING ISSUE OF RELEVANCE TO SEVERAL THEMED TASK GROUPS

Appendix 2

Love Your Health Report of the Public Health White Paper Consultation. See

<http://www.oldhamlink.org.uk/assets/documents/LoveYourHealthReport.pdf>

Oldham



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