

ENGAGING WITH HEALTH AND WELLBEING ISSUES: A GUIDE FOR THE WOMEN'S VOLUNTARY AND COMMUNITY SECTOR

Background

The new Health and Social Care Act 2012 creates a new structure for organising the work of the NHS (see Figure 1 below). Your engagement with the different health bodies will help to ensure that the needs of your organisation's client groups are taken into account in terms of the planning and commissioning of services. Engagement can involve the following work:

- Influencing
- Participating in local meetings
- Lobbying•
- Holding health agencies to account
- Advocacy

The diagrams below will give you an idea of how the new NHS structure will work at a national as well as local level.

Figure 1: NHS diagram of the new health and social care system

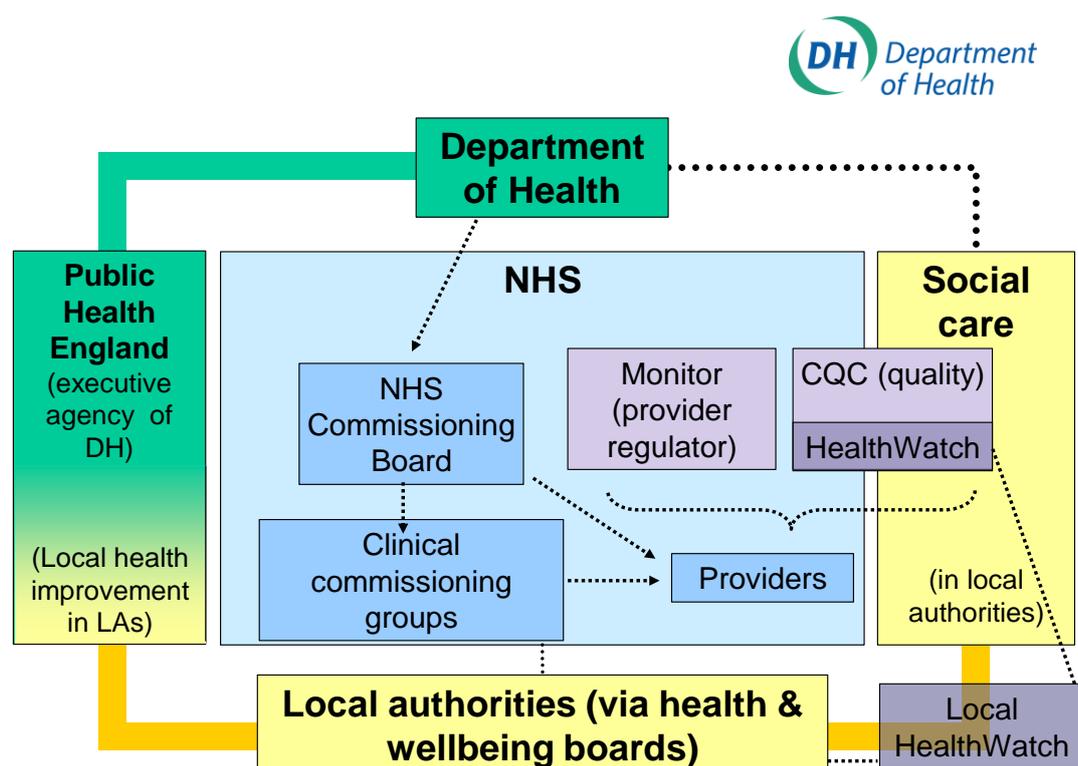
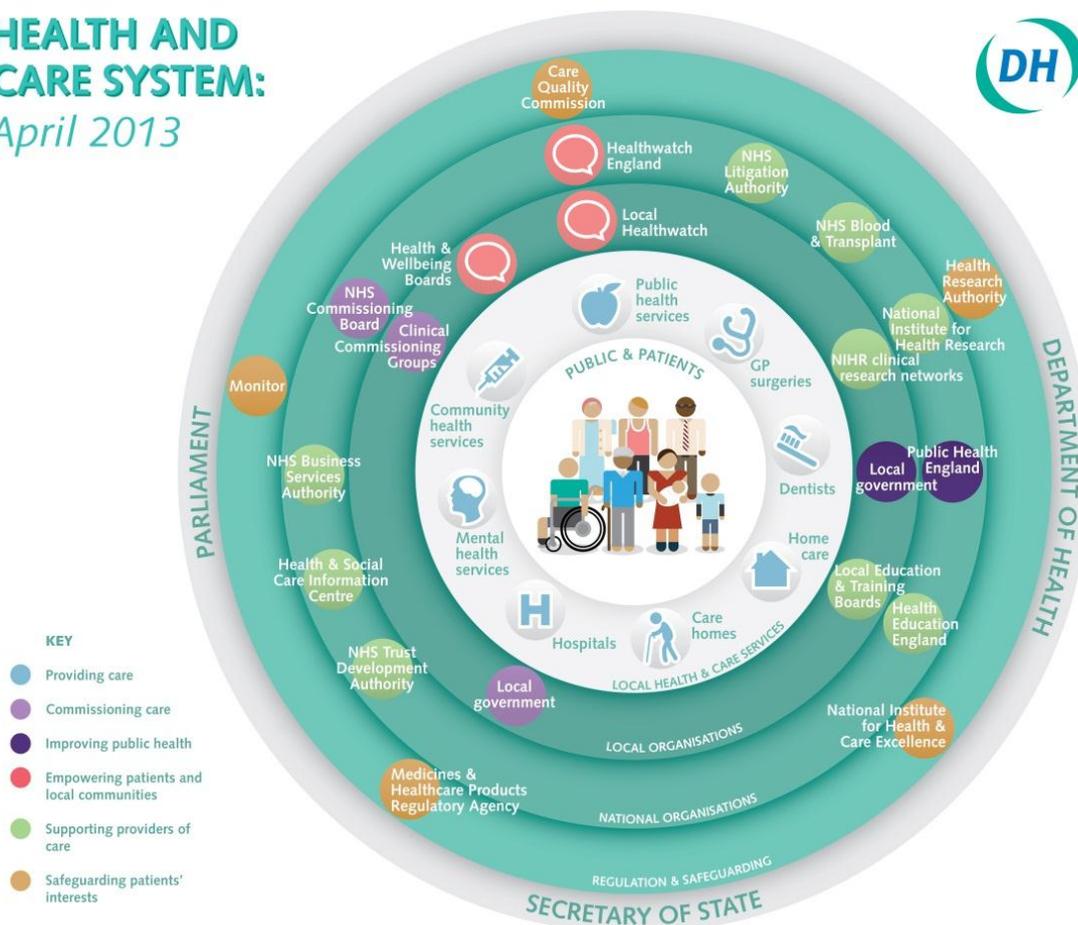


Figure 2: The Health and Care System from April 2013

HEALTH AND CARE SYSTEM:

April 2013



Local level

Local authorities (LAs)

Responsibility for public health will move away from Primary Care Trusts (PCTs) and into LAs, with a ring-fenced budget to tackle public health issues such as obesity, smoking, sexual health and promoting good mental health. LAs should also view Violence Against Women and Girls (VAWG) as a public health issue (see the public health outcome framework, which will be used to hold LAs to account and includes the monitoring of violent crime, including sexual violence and domestic abuse) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

LAs have responsibility for shaping local services and improving the health of their local populations by pulling together the work done by the NHS, social care, housing, environmental health, leisure and transport.

LAs have a duty to employ a Director of Public Health who will be responsible for the health and wellbeing of the local population.

Local Clinical Commissioning Groups (CCGs)

New CCGs will now directly commission NHS services for their local populations. They will have to include at least one specialist doctor, one nurse, and one lay member. CCGs will have to consult the public on their annual commissioning plans and involve them in any changes that affect patient services. The CCGs will be held accountable for their decisions by the NHS Commissioning Board against the NHS Commissioning Outcomes Framework. The framework is designed to ensure transparency and accountability for achieving quality and value for money. Pathfinder CCGs – operating like a pilot scheme to establish how the groups would work on a day-to-day basis – are currently in place but will not become fully functioning statutory organisations until April 2013. Each CCG will have to go through an authorization process in the meantime in order to be able to function from that date. A map of CCG Pathfinders can be viewed at <http://www.commissioningboard.nhs.uk/resources/ccg-maps/>

Local HealthWatch

Local HealthWatch will replace Local Involvement Networks (LINKs) and will be funded by LAs as the champion of local voices on health. They will be the mechanism to ensure patient involvement and voice at a local level. Local HealthWatch will be responsible for local involvement in the community and will ensure patients understand the choices available to them. One elected representative from the local HealthWatch will have a statutory seat on the local health and wellbeing board with views to improve local health and wellbeing through joined-up thinking with other key decision-makers on the board. HealthWatch Pathfinders will start work in October 2012.

Health and wellbeing boards (HWBs)

New Health and wellbeing boards will be established by local authorities. HWBs will have a duty to encourage integrated working to improve local health and wellbeing between local health and social care commissioners. Statutory membership of the boards include at least one elected representative (this might be the elected mayor or leader of the local authority and/ or a councillor or councillors nominated by them), the directors of adult social services, the director of children's services, the director of public health, representation from the local clinical commissioning group, and a representative from the local HealthWatch (representing patients' views). The local authority will be able to invite other representatives, for example, local voluntary groups, after consulting with the HWB. The HWB will be responsible for drafting the local Joint Strategic Needs Assessment (JSNAs) which will be crucial in planning and commissioning local services. The HWB will also be responsible for discharging drafting and agreeing to a Joint Health and Wellbeing Strategy for their local area having considered 'evidence-based' data. The key part of the strategy will be on how different services work together around patients' needs. Shadow HWBs have already been formed and they will be fully functioning by April 2013. See the following links for further information:

<http://healthandcare.dh.gov.uk/hwb-guide/>

<http://www.kingsfund.org.uk/publications/hwbs.html>

<http://www.nhsconfed.org/Publications/Pages/lresources-health-wellbeing-boards.aspx>

Also see the BMA paper, "What we know so far... Local accountability"

<http://bma.org.uk/working-for-change/shaping-healthcare/nhs-system-reform>

National level

The NHS Commissioning Board

The NHS Commissioning Board will authorise clinical commissioning groups, allocate their resources, and hold them to account. The Commissioning Board will also commission certain services, including primary care (GPs, dentists, pharmacies). The Board will also host clinical networks to advise on single areas of care and clinical senates to provide clinical advice on commissioning plans.

HealthWatch England

Health Watch England will be established as a statutory committee within the Care Quality Commission, see <http://www.cqc.org.uk/public/about-us/partnerships-other-organisations/healthwatch>

Public Health England

Public Health England will be established as an executive agency by October 2012 to enable the collective views of the people who use the NHS and adult social care services to influence national policy, advice and guidance. Public Health England will take action to protect and promote the health of the population, and support and provide advice to local authorities and Directors of Public Health.

Monitor

Monitor will be established as a specialist regulator to protect patients' interests. Its core duty is to ensure that patient interests always come first and promote quality in care services. Secondly, where integrated care is needed to benefit the patient, Monitor will work with others to enable integrated care. Monitor currently exists as an independent regulator of NHS foundation trusts and will continue to exist, with its role changing to that of a regulator for all health care services.

How to be involved?

1. **Local groups and forums:** Make sure you are engaged with your local women's group or forum, if there is one. For example, the Domestic Violence or Violence against Women and Girls Forum, and find out what links the forum has with the health community frameworks and how it is possible to engage with the various health agencies as they are being formed. Agencies will require 'evidence-based' data to inform their decision-making, and it might be helpful to start conversations about the format that data could be collected, e.g. data disaggregated by gender, race, sexual orientation, age, ability, and so on.
2. **Joint Strategic Needs Assessments (JSNAs):** A JSNA identifies the current and future health and social care needs of a population in a local authority area. Health and wellbeing boards will be responsible for drafting the JSNA but it will be an ongoing document that is based on conversations at a local level. They will have a duty to engage the public. It may be useful to check whether your local JSNA contains information on women and girls and if not contact them and provide any information – statistics, case studies – that you have and say why this is important.
3. **Joint health and wellbeing strategies (JHWSs):** Health and wellbeing boards

will produce a JHWS to identify the higher level persistent health and wellbeing challenges within that local area. See Compact Voice's guidance paper on informing and influencing the new local health landscape and how to be involved with your local health and wellbeing board:

<http://www.compactvoice.org.uk/resources/publications/health-guide>

4. **Community engagement:** Ensure that your client group's views are heard, encourage them to engage the Local Involvement Network (LiNK) now, or the local HealthWatch, if it has already been established. To find out whether there is a HealthWatch Pathfinder in your area check the following link:

<http://healthandcare.dh.gov.uk/local-healthwatch-pathfinders-announced/>

If a HealthWatch has not already been established in your local area, make sure you engage with your local LiNK now. For further information on LiNKs see: <http://www.nhs.uk/NHSEngland/links/Pages/links-make-it-happen.aspx> It is possible to find your local LiNK via the service directory or through the department at your local authority that is responsible for social services.

5. **Reducing health inequalities:** Public Health England will have a role in reducing health inequalities. In addition, the Secretary of State, along with the NHS Commissioning Board and local Clinical Commissioning Groups (CCG), have explicit duties to reduce health inequalities in access to health services and outcomes. CCGs will be responsible for promoting better integration of health services with health, social care and other health-related services. The NHS Commissioning Board will reward CCGs for reducing health inequalities. The Board and CCGs will be required to involve the public in the planning of commissioning arrangements and proposals to change those arrangements and decisions affecting them. The Director of Public Health has a key role in tackling health inequalities.
6. **The Equality Delivery System:** the EDS was launched in November 2011 and is designed to support the NHS deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. It helps organisations meet their duties under the Equality Act 2010 as well as deliver the NHS Outcomes Framework, NHS Constitution and Care Quality Commission Standards. The EDS has 18 outcomes which will be assessed and graded in conversation with the local community. For more information, please visit <http://www.eastmidlands.nhs.uk/about-us/inclusion/eds/>
7. **Public health:** Prepare to engage with your local Director of Public Health by gathering data and information about your clients' needs. For example, if your LA is not monitoring the number of women experiencing forced marriage, the impact forced marriage has on women, and the nature of services required, ensure that your service is capturing and disseminating this information to the relevant officers or your local councillor. It will be important to draw on available national data to set the context but collect local data and qualitative information and scale studies to engage at a local level, for example, case studies, consultations or surveys carried out with service users, data that is already being collected for funders. For further information on the new public health role, see: <http://healthandcare.dh.gov.uk/public-health-system/>

For information please visit www.whec.org.uk