

Wiltshire County Council

Health Overview & Scrutiny Committee

19 September 2006

New Arrangements and Guidance for Patient & Public Involvement in Health

Purpose of Report

1. To update the Committee about the recently published document outlining the future direction for patient and public involvement in health and social care called "A Stronger Local Voice: A framework for creating a stronger local voice in the development of health and social care service" (attached at Appendix 1).
2. To inform the Committee of decisions regarding the abolition of Patient and Public Involvement Forums (PPIFs), their replacements and interim arrangements in Wiltshire.
3. To inform the Committee of changes to the PPIFs following the merger of the PCTs in Wiltshire.

Background

4. In 2004 the Department of Health carried out an Arm's Length Body Review, which sought to rationalise the number of arms length bodies and which decided to abolish the Commission for Patient & Public Involvement in Health (CPPIH). This gave rise to further discussion about the future of Patient & Public Involvement Forums and whether they were the right platform from which to consult and involve patients.
5. During the review period for the PPIF's the review group found that there was inconsistency across the country in the way public involvement is carried out, providing different results, and concluded that the NHS could learn from the more localised approach to public involvement taken by social care providers.
6. The review found that many people still feel excluded by the NHS when services are being planned and commissioned, and often felt their views were not being acted upon.
7. The Government is committed to planning health and social care around the needs of communities, creating user-centred, joined up services, and to devolving decision making to local level. It is felt that changes to current systems are needed in order to achieve this.
8. Running concurrently to the review of public involvement has been the reconfiguration of Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs), which in turn will have a knock on affect for the PPIFs related to the PCTs, prior to their being abolished at some as yet unspecified point in the future.

9. The overall purpose of all the changes is to simplify, clarify and strengthen the current legislation on health service consultation and new duties will be placed on NHS bodies to facilitate this.

Local Information Networks (LINKs)

10. As previously stated, the Arm's Length Bodies review decided to abolish the CPPIH and the PPIFs. PPIFs will be replaced by Local Information Networks (LINKs), which will cover a geographical area rather than an individual NHS organisation.
11. The purpose of the LINKs will be to provide a flexible way for people and communities to become involved with the development and provision of health and social care services; allow meaningful and transparent dialogue between people, commissioners and providers; and ensure that commissioners and providers are accountable to the public and listen to their ideas.
12. LINKs will be able to gather information from a wide range of people and sources. They will also be able to identify trends and make recommendations to commissioners, providers, Overview & Scrutiny Committees (OSCs), and other regulators such as Monitor. They will also be a conduit for passing wider public views to commissioners, providers, OSCs and regulators.
13. The information gathered by LINKs will be used to help commissioners make informed decisions, form feedback for providers; show managers how well services are meeting the needs of the population, aid OSCs in planning reviews and provide useful information for local strategic partnerships.
14. The LINKs will be able to set their own agenda within the scope of the statutory requirements; will be expected to promote wider public involvement; will establish a specific relationship with OSCs and develop an effective relationship with local strategic partnerships.
15. LINKs should aim to include user groups, voluntary and community sector organisations and individuals. They should also offer opportunities for children and young people.
16. At the moment, the Department of Health is intending to give money to fund the LINKs to local authorities with social services responsibilities, who will be expected to consult with other local organisations to identify the most appropriate way to host the LINK.

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17. Following the formation of the LINKs, OSCs will now be encouraged to focus their attention on commissioners, although their role will not be limited accordingly and they will continue to set their own agenda.
18. OSCs will be able to scrutinise all organisations that provide health and social care and will assess whether the services are meeting the needs of the population; decisions are based on evidence and whether the experiences of users are leading to service improvements.

19. OSCs will be expected to ask commissioners how they have involved people in their decision making; how they have decided on local priorities; what their evidence base is and what actions they will take to address problems.
20. It is advised that OSCs reviews will have the greatest impact if they focus on the decision making process of PCTs and local authorities.

Timescale and Interim Arrangements

21. It is not clear what timescale the Department of Health is working to with regard to the abolition of PPIFs and the CPPIH, however assurances have been given that the transition will be managed to enable current PPIF structures to continue to function until the new arrangements are in place.
22. In the immediate future there will be some changes to the PPIFs in Wiltshire which need to be taken into account by the Committee.
23. On 1 October the three Wiltshire PCTs will merge to form one Wiltshire PCT. The three PCT PPIFs, which are represented as stakeholders on the Health OSC, will also merge to form one large PPIF with one Chairman, yet to be agreed.
24. This new larger PCT PPIF will become the statutory body, however, for practical reasons it is intended that the current smaller PPIFs will continue to exist informally to gather local information.
25. Therefore, it seems logical that the PPIFs should continue to be represented on the OSC by representatives from each of the smaller PPIF groups, in order to continue to allow local issues to be brought to the Committee.
26. Given the imminent changes to the PCT PPIFs and recent changes within the trusts that run the ambulance and mental health services, it seems appropriate to consider whether the stakeholder membership of the Committee is right or could be adjusted.
27. On first April the Wiltshire Ambulance Trust merged with Avon and Gloucestershire Trusts to form the Great Western Ambulance Trust. There is now one PPIF for the Trust; however it is not represented on the Health OSC. Since 1 April there has been no official communication from the Great Western Ambulance Trust about its performance and no indication of how it is meeting its targets.
28. The Avon & Wiltshire Mental Health Partnership Trust (AWP) is well known to the Committee and has made great efforts to ensure that the Committee is involved in the planning and provision of its services. However, the PPIF for the Trust is not formally represented on the OSC.
29. In order to help the Committee to gain a greater knowledge of the wider strategic picture across the NHS, it could invite a member of the Great Western Ambulance Trust and AWP PPIFs to sit as stakeholders on the Committee.

Environmental Impact

30. There is no environmental impact to the Council in this report.

Financial Implications

31. There is no financial implication for the Council in this report.

Recommendations

The Committee is recommended to:

- a) Note the changes to public involvement outlined in the document "A Stronger Local Voice" which will be implemented over the coming months.*
- b) Consider how it will reflect the wish of the Department of Health to focus on the work of commissioners in its future work plan.*
- c) Request that PCT Patient and Public Involvement Forum for Wiltshire continue to be represented on the Health Overview & Scrutiny Committee by each of the informal groups which are to be based on the previous PCT configuration.*
- d) Consider whether it wishes to invite a member from the Great Western Ambulance Trust PPIF and the Avon & Wiltshire Mental Health Partnership PPIF to sit as stakeholders on the Committee.*

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