



RCN Policy and International Department
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Involvement & Accountability in the English Health and Social Care System

A Guide for Nursing Staff

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Introduction

This short guide has been written to provide an introduction to involvement and accountability arrangements in England, give some insight as to how they should all work, and offer ideas and suggestions as to how members can become involved in them.

Overview

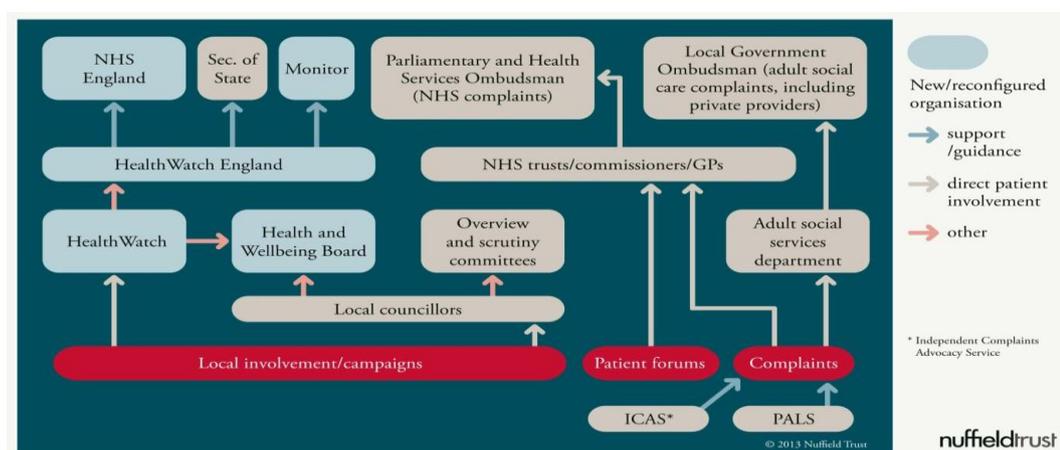
Involvement and accountability structures in the English health and social care system are a complex but vibrant web. Across the country a range of organisations each have different responsibilities and arrangements, for engaging patients and the public in the planning and decision making for health and social care services, and for holding themselves and each other to account

The most important and direct route for public involvement is provided by Local HealthWatch Organisations (LHOs) which operate at borough, city, or county levels. These 153 organisations are supported by HealthWatch England (HWE), a national consumer body, and together they create the 'HealthWatch Network', which has been given the responsibility of championing the needs and concerns of citizens in provision of health and social care services.

Across the country the numerous organisations with responsibility for organising or providing health services each have some responsibility to support involvement. NHS England and Clinical Commissioning Groups (CCGs) have duties to involve and consult on local services, and Foundation Trusts have to have members and governors.

In tune with the government's desire to better connect health and social care, Local Authorities (LAs) have responsibility for supporting new 'grand committees', Health and Well-being Boards (HWBs), which are responsible for engaging with local communities to identify and address local health priorities. In addition to this co-ordination role, LAs are also charged with system oversight, having a legal duty to scrutinise their local health and social care services.

How does it all work?



Source: <http://www.nuffieldtrust.org.uk/talks/slideshows/new-structure-nhs-england>

The 'Healthwatch Network'

The move from Local Involvement Networks, known as 'LINKs', to LHOs/HWE was described as creating a 'Healthwatch Network', which would allow the flow of information across and between the local bodies, and to and from the national organisation.

Local Healthwatch Organisations

What are they?

Local Healthwatch organisations (LHO) should be 'champions' for people using health and social care services in England. They must be corporate bodies, i.e. companies, and can be 'social enterprises', i.e. organisations whose prime aim is to improve the health and well-being of their local community, and whose profits are reinvested into their work.

What can they do?

LHOs are continuing work previously done by LINKs, as well as undertaking new responsibilities. On a day-to-day basis they:

- collect feedback, compliments and concerns raised by patients and the public about health and social care services
- have the power to enter and view health and social care services;
- influence how services are set up and commissioned by having a seat on the local authority health and wellbeing board;
- produce reports on services, with a view to influencing the way in which services are designed and delivered;
- pass information and recommendations for investigations to Healthwatch England and the Care Quality Commission (CQC);
- provide residents with information, advice, and support about their local services.

How do they relate to HWE and the wider health and social care system?

LHOs are supposed to help connect local people to all the other parts of the local healthcare system, and with its place on the Health and Wellbeing Board has a role in shaping the Board's objectives and work.

As part of the Healthwatch Network they are able to feed information and evidence to Healthwatch England in instances where it appears to highlight systemic problems or failings that may be of national importance.

How do lay people get involved?

There is no requirement for LHOs to have members. However, many do have memberships, and in some case appointed or elected representatives are involved in running or managing their work.

Who are they accountable to?

LHO's are formally and directly accountable to the local authorities that commission and fund them. They are also, in the discharge of their duties, responsible to their local community, however that is defined, i.e. county, city, or borough.

More Information

Healthwatch England's LHO website: <http://www.healthwatch.co.uk/find-local-healthwatch>

Healthwatch England

What is it?

Healthwatch England (HWE) was created by the 2012 Health and Social Care Act. It came into existence in shadow form in April 2013, and was formally launched in October 2013.

HWE is a statutory committee of the CQC supported by the CQC's administration but acting independently of it. It has twelve members, including a Chair who is also a non-executive director of the CQC. All of its members have been appointed by the Chair, including three who have been drawn from LHOs, representing north, central, and south constituencies.

What does it do?

It works with and in support of LHOs, providing them with leadership and guidance. It also advises the NHSE, English local authorities, Monitor, and the Secretary of State for Health, on matters relating to patient and service user experiences of health and social care services; all of which have a statutory responsibility to respond to that advice.

It also has the power to recommend that action be taken by the CQC when there are concerns about how health and social care services are being provided. The Secretary of State for Health also has a duty to consult HWE on the mandate for the NHS Commissioning Board. HWE has a statutory duty to produce an annual report on its activities, which has to be laid before Parliament.

How does it relate to LHO & the wider health and social care system?

HWE supports LHOs, providing leadership and guidance on best practice. It also takes information and evidence gathered by LHOs and uses it to identify national trends in poor service delivery or provision; if its Commissioners consider it necessary it also has the power to request that the CQC review a service provider or a care pathway.

In early sketches for its operation, it was proposed that HWE would establish a Citizen's Panel, with membership drawn from 'key user representative organisations', including local healthwatch, to support its work; so far however, this appears not to have materialised.

How do lay people get involved?

HWE has 12 council members, its chair being appointed by the Secretary of State for Health, who in turn then appoints the other members. HWE does engage directly with the public in its work, through workshop and calls for evidence when undertaking special inquiries.

Who is it accountable to?

It is directly accountable to the Secretary of State for Health.

More information:

HWE's website is <http://www.healthwatch.co.uk/>

Commissioning

Clinical Commissioning Groups (CCGs)

What they are?

CCGs are the organisations responsible for commissioning (i.e. purchasing) most health and social care services for a local population. All GPs within a geographical area (often demarcated by borough boundaries) are required to be members of their respective CCG. Although most CCGs are contained within local authority boundaries, some do work with other CCGs (usually via federations) to commission services over a larger area.

CCGs are public bodies and as such are required to be transparent in their non-commercial arrangements, for instance they must have a public annual general meeting, and publish their minutes. They must also publish details of all of their contracts for the provision of commissioned health services.

What are their PPI responsibilities?

CCGs have an explicit duty to involve patients, the public and other key stakeholders in the decision making about services and how they are provided, whether by being consulted or provided with information or in other ways, specifically;

- a) in the planning of the commissioning arrangements;
- b) in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them; and,
- c) in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

They also have indirect PPI duties, such as to promote the NHS Constitution, individual patient involvement (in their own care), and patient choice.

How can lay people get involved?

CCGs must have at least two lay members on their governing body. One should be knowledgeable of the CCG's catchment area, and should take a leading role in championing patient and public involvement in the CCG. The other should have expertise or experience in relation to financial management, and should take a leading role in overseeing key elements of governance, such as audit, remuneration, and managing conflicts of interest.

They may also have lay members on any supporting committees that are given responsibility for specific areas of their work, including patient involvement. In addition to these structural arrangements some CCGs have also set up consultative user or patient groups, which they use to inform the CCGs decision-making process, or to inform the wider community.

Who are they accountable to?

CCGs are directly responsible to NHS England, which provides assurance for their operation and plans, and indirectly responsible through this arrangement to the Secretary of State for Health.

More information

NHS England's FAQs - <http://www.england.nhs.uk/wp-content/uploads/2012/07/tow-est-faq.pdf>

NHS England's interactive map of CCGs <http://www.england.nhs.uk/resources/ccg-maps/>

NHS Clinical Commissioners Group <http://www.nhscc.org/ccgs/>

NHS England

What is it?

NHS England (NHSE) is a 'Special Health Authority'. It has a wide range of responsibilities, and brings including those previously carried out by the Department of Health, Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs).

From April 2013 NHSE took on responsibility for the direct commissioning of £20 billion of services (e.g. GP services and specialised services for rare conditions), and for the allocation of £60 billion to CCGs, covering most hospital and community health services. Public health is commissioned by local authorities, and is overseen by a new, separate national organisation, Public Health England (PHE).

NHSE has a wide and varied remit, and is active at both the national and local level. The work of the board is governed by a formal mandate from the Secretary of State for Health which delegates responsibility and sets objectives for the period April 2013 to March 2015.

Although the Secretary of State still has ultimate responsibility for providing a health service in England, NHSE shares the duty to promote a comprehensive health service free at the point of need. The NHS mandate also makes the board responsible for improving the quality of services across the NHS in England and for improving the health of the population.

What are its PPI responsibilities?

NHSE has a whole department focused specifically on patient involvement (and 'insight'), but has no specific requirement in statute regarding patient and public involvement in its work; over and above having lay involvement in its operation by virtue of having an appointed governing board.

It does support involvement in the commissioning of specialised services, by supporting the 'Clinical Reference Groups' (CRGs) which have recruited patient representatives as part of their structure.

NHSE is also overseeing a wider participation project, called 'NHS Citizen', which is aiming to create 'a participation infrastructure for NHS England'. It is still being constructed, and regularly organises citizen engagement events across the country.

It is also worth noting two other structures which facilitate PPI. The first is the 'Rare Diseases Advisory Group' (RDAG), a UK-wide group, which operates similarly to the CRGs, and advises the NHS authorities of the four nations on the provision of care for rare diseases and highly specialised services, i.e. those services that are needed by fewer than 500 patients per year.

The second structure is the Clinical Priorities Advisory Group (CPAG), which makes recommendations to NHSE's 'Directly Commissioned Services Committee' on the commissioning of services where there could be a substantial change in service provision. It covers all services directly commissioned by NHSE, making recommendations on the commissioning of services, treatments and technologies, and on which should be given priority for investment.

How can lay people get involved?

NHSE has a board of nine non-executive directors, which is appointed by the Secretary of State. In addition to this each of the CRGs has patients or carers as members, as do the CPAG and RDAG; these places are usually appointed by the respective chairs, following open calls for applicants.

NHS Citizen holds regular involvement and consultation events, both virtual and real in locations across the country, which are designed to feed into NHSE broader work.

Who is it accountable to?

NHS is directly accountable to the Secretary of State. Its Regional and Area Teams are also accountable to LAs, via the Health and Wellbeing Boards.

More information

NHS England's website - <http://www.england.nhs.uk/>

NHS Citizen website - <http://www.nhscitizen.public-i.tv/core/portal/home>

CRG website - <http://www.england.nhs.uk/ourwork/commissioning/spec-services/npc-crg/>

RDAG website - <http://www.england.nhs.uk/ourwork/commissioning/rdag/>

Provision

General Practice and Primary Care

What is it?

General Practitioners (GPs) are the NHS' gate-keepers, and are contracted (by NHSE) to look after the health needs of as defined geographical population. They are the first point of contact for a wide range of health problems, and may also provide health education and advice, run clinics, give vaccinations and carry out simple surgical operations. Individual GPs usually work in practices with other GPs, and are supported by other healthcare professionals, including nurses and healthcare assistants. Practices may also work closely with other healthcare professionals, such as health visitors, midwives, and social services.

Primary care refers to services provided by GP practices, dental practices, community pharmacies, and high street optometrists. About 90% of people's contact with the NHS is through these services.

What are the PPI responsibilities?

GP services are regulated by the CQC, which uses a series of essential standards to assess whether the services offered by a GP or primary care provide are fit for purpose.

In relation to PPI, the relevant CQC essential standard is Outcome 16, 'Assessing and monitoring', which states that a service must:

'regularly seek the views (including the descriptions of their experiences of care and treatment) of service users, persons acting on their behalf and persons who are employed for the purposes of the carrying on of the regulated activity, to enable the registered person to come to an informed view in relation to the standard of care and treatment provided to service users.'

Many practices meet this requirement by having Patient Participation Groups (PPGs), or Patient Reference Group (PRGs), which can be either real or virtual, i.e. internet based. There is also a national organisation working to support these local groups, the National Association for Patient Participation, NAPP.

How can lay people get involved?

For those practices operating PPGs people can participate as members, or by engaging with their activities.

Who are they accountable to?

GPs and primary care service providers are directly accountable to NHSE, via their regional and area teams.

More information:

NAPP website: <http://www.napp.org.uk/>

Foundation Trusts

What are they?

Foundation trusts (FTs) are not for profit public benefit corporations, and are able to borrow capital, sell assets, retain surpluses in each year, and to develop their own systems for managing and rewarding their staff. Although they are still subject to national targets and standards, they are free to decide how to do so. They are not subject to directions from the Secretary of State for Health, and are outside the direct control of NHS England.

What are their PPI responsibilities?

Under their enabling legislation FTs are required to have members, who must be drawn from their local communities. These members may also be involved in the governing arrangement of the trusts by becoming lay governors. FT governors are charged with holding FT's non-executive directors to account for the performance of the board, and with representing the interests of the membership and the wider public.

How can lay people get involved?

Details for how to become a member should be available on asking, or via an individual FT's website. Regular elections should be held for governor posts, which should be advertised and promoted to the FT's membership.

Who are they accountable to?

FTs are directly accountable to Parliament, and functionally accountable to Monitor and the Care Quality Commission.

More information

Foundation Trust Governors Association: <http://www.ftga.org.uk/>

Foundation Trust Network website: <http://www.foundationtrustnetwork.org/home/>

Social Enterprises

What are they?

Social enterprises (SEs) are business-like entrepreneurial organisations with primarily social objectives, and have long been the business model of choice for small health and social care organisations seeking to bid for health or social care contracts. SEs surpluses must be mainly reinvested back into their business or the community they are seeking to service, to help achieve these objectives and change people's lives for the better. Social enterprises are not driven by the need to maximise profit for shareholders and owners.

What are their PPI responsibilities?

Social enterprises have no legal responsibilities regarding PPI. However they may have obligations around patient experience or participation in their contracts. Many such organisations are also created by social minded individuals or groups, and in consequence often have patient or service-user involvement as a key element of their operation.

How can lay people get involved?

Dependent upon their structures they may have boards of directors, which may also have representation from the groups or communities that they are providing services to.

Who are they accountable to?

As commissioned providers of services they will be accountable to the organisation that has commissioned them, e.g. a CCG.

More information

Social Enterprise UK - <http://www.socialenterprise.org.uk/>

Regulators

Care Quality Commission (CQC)

What is it?

The Care Quality Commission (CQC) is the independent health and social care regulator for England, and an executive non-departmental public body operating under the authority of the Department of Health. The CQC regulates health and adult social care services provided by the NHS, local authorities, private companies, and voluntary organisations. The CQC also protects the rights of people detained under the Mental Health Act.

How can lay people get involved?

In undertaking its day to day work the CQC provides opportunities for patient and service-user involvement through its 'Experts by Experience' programme, which supports lay people to participate in its inspections.

Who is it accountable to?

It is directly responsible to Parliament, and gives an annual account of its activities to the Health Select Committee.

More information

CQC website - <http://www.cqc.org.uk/>

RCN standards website

http://www.rcn.org.uk/development/practice/clinical_governance/england/national_standards_and_strategies

Monitor

What is it?

Monitor is the sector regulator for healthcare, and is an Executive non-departmental government body. It assesses NHS trusts for FT status and ensures that existing FTs are well led, in terms of quality and finances. It also set prices for NHS-funded care, (with NHS England), supports the provision of integrated care, safeguards patient choice, prevents anti-competitive behaviour and support commissioners to ensure that 'essential health care services' are able to be provide in the event that a provider is unable to deliver them.

How can lay people get involved?

Monitor's main route for lay involvement is through its non-executive directors, who are appointed by its Chair and Chief Executive. It also occasionally issues public consultations on issues that it is considering taking action on, or on developing policy positions.

Who is it accountable to?

It is directly accountable to Parliament.

More information

Monitor's website - <https://www.gov.uk/government/organisations/monitor>

Health Promotion

Public Health England

What is it?

Public Health England (PHE) is an 'executive agency' of the Department of Health, i.e. it is managerially and financially separate, but is accountable to it, and is charged with 'protecting and improving the nation's health.' It also supports local authority employed Directors of Public Health in their work. PHE replaced a number of smaller and focused health promotion and protection agencies, including the Health Protection Agency.

How can lay people get involved?

PHE's remit does not include lay involvement, but as an executive agency of the DH it does issues public consultations on matters of policy and practice in relation to public health.

Who is it accountable to?

PHE is accountable to the Department of Health, and through it to the Secretary of State for Health.

More information

PHE's website - <https://www.gov.uk/government/organisations/public-health-england>

Research

Collaborations for Leadership in Applied Health research (CLAHRCs)

What are they?

CLAHRCs are collaborations between universities and local health economies, and were set up by the National Institute of Health Research (NIHR) from 2008.

There are currently 13 CLAHRCs operating across England, and their overall objective is to undertake high quality applied health research that is directly focused on patient or service-user needs, and to support the translation of that research evidence into practical use across the NHS and social care provision. Each CLAHRC uses this overarching principle to address specific areas of interest, such as maternal health or chronic disease management

How can lay people get involved?

Patients and service-users are directly involved in the research programmes of the 13 CLAHRCs, and in its subsequent implementation.

Who are they accountable to?

They are directly accountable to the NIHR, as their major funder, and to the research institutes involved.

More information

CLARHC website - <http://www.nihr.ac.uk/about/collaborations-for-leadership-in-applied-health-research-and-care.htm>

Accountability

In addition to the various accountability arrangements already described there are two specific accountability arrangements that operate at local level, and which are overseen by LAs.

Health Scrutiny

'Health scrutiny' powers represent a strong model of democratic accountability in public services, enabling councillors to engage with commissioners, providers, people who use services and the public across primary, acute and tertiary care. Councils also have separate powers to examine social care.

Previously each local authority was required to have a specific health scrutiny committee, but the Health and Social Care Act (2012) has removed that requirement, replacing it with a requirement that local authorities have an effective arrangement for conducting scrutiny.

The new arrangements brought in by the Act also now allow councillors to hold their political leaders to account in respect of councils' strengthened co-ordination and public health roles,

with this 'internal accountability' being matched externally with accountability over commissioners (and all providers) of healthcare and social care.

More information

Centre for Public Scrutiny website - <http://www.cfps.org.uk/>

Health and Well-Being Boards

Health and Wellbeing Boards (HWBs) are statutory bodies that local authorities (top tier and unitary councils) must establish. They have existed in shadow form since April 2012 and were formally created in April 2013, and have a duty, established in the Act, to involve local people in certain elements of their work.

HWBs are designed to bring together all of the key organisations working in a local area, to ensure that services that are being commissioned meet the needs of the local population, and that where possible local populations are able to participate in their development and evaluation.

HWBs membership must include:

- at least one councillor;
- the director of adult social services;
- the director of children's services;
- the director of public health;
- a representative of the local HealthWatch;
- a representative of each relevant CCG (although a representative from one CCG may represent more than one CCG on the board).

More information

King's Fund Directory - <http://www.kingsfund.org.uk/projects/health-and-wellbeing-boards/hwb-map>

The role for nursing

Many of the people charged with delivering involvement and engagement are, or have been trained as, nurses; all CCG boards must include a nurse, and the Chief Nursing Officer is formally attached to NHSE. Nursing training and education equips those who pursue it with a better understanding of the need to involve and engage patients and service-users, to 'co-create' healthcare, than many other clinical programmes.

At the individual level nursing practice needs to encourage patient and service-users to be more and better involved in their own care, and the treatment decisions that underpin it; 'shared decision-making' is involvement and engagement at the level of the individual, and the building block of community participation. Nurses certainly are well placed to play a role in initiating and

leading PPI activities within their clinical settings with a view to improving service quality, patient experience, and outcomes.

At the community level, nurses need to ensure that they support and encourage people to engage in the opportunities available to influence and shape the policies and practices that underpin the delivery of safe, effective, good quality care. That can mean supporting patient groups for specific conditions, sign-posting people to their local Healthwatch or CCG or GP user groups, or ensuring that people they are caring for are made aware of on-going consultations or plans or proposals for change.

Nurses, like other health professionals, can also play a role as citizens themselves; becoming members of their local Healthwatches, or attending health scrutiny meetings. Of course this must all be undertaken with due regard to the terms and conditions of their employment, and the RCN is very happy to offer information, advice, and support to members wanting to take advantage of these opportunities as 'community activists'.

Further reading

RCN Briefings

Patient and Public Involvement and Engagement - RCN Policy Statement

http://www.rcn.org.uk/data/assets/pdf_file/0007/361591/Policy_Unit_Statement_on_PPI_-_FINAL.pdf

Health and Social Care Act 2012 - RCN Mini-site

http://www.rcn.org.uk/newsevents/government/uk/health_and_social_care_act_2012

The New Health and Social Care Commissioning Landscape – RCN Mini-site

http://www.rcn.org.uk/support/navigating_the_new_nhs/clinical_commissioning