

Committee/Meeting: Cabinet	Date: 5 th December 2012	Classification: Unrestricted	Report No: CAB 52/123
Report of: Assistant Chief Executive (Legal Services) Originating officer(s) Afazul Hoque, Senior Strategy & Policy, Performance Officer		Title: Establishing Healthwatch Tower Hamlets and Commissioning of Independent Complaints Advocacy Service Wards Affected: ALL	

Lead Member	Adults Health & Wellbeing
Community Plan Theme	A Healthy and Supportive Community
Strategic Priority	Ensure that NHS reforms are implemented effectively locally

1. **SUMMARY**

- 1.1 This report provides Cabinet with an update on the local and national situation regarding the commissioning and establishment of Healthwatch Tower Hamlets and the commissioning of the NHS Independent Complaints Advocacy Service as required by the Health and Social Care Act 2012.

2. **DECISIONS REQUIRED**

The Mayor in Cabinet is recommended to:-

- 2.1 Agree to the establishment of Healthwatch Tower Hamlets and authorise the Assistant Chief Executive (Legal Services) to enter into contract with the preferred bidder which will be known as Healthwatch Tower Hamlets.
- 2.2 Agree that the Council enter into a pan-London Framework Agreement for the provision of NHS Independent Complaints Advocacy Service and authorise the Assistant Chief Executive (Legal Services) to enter into contract with the preferred bidder.

3. **REASONS FOR THE DECISIONS**

- 3.1 The Health and Social Care Act 2012 requires all local authorities with social care responsibilities to commission a local Healthwatch by 1st April 2013. Local Healthwatch organisations will replace Local Involvement Networks which have run since 2008. This report outlines the progress to date on establishing Healthwatch Tower Hamlets and sets out the next steps to ensure that in fulfilling these responsibilities we maximise the opportunity to improve health outcomes for local people.

- 3.2 The Health and Social Care Act 2012 also requires local authorities to commission a replacement NHS Independent Complaints Advocacy Service (ICAS), with effect from April 2013. At present the ICAS is a national service commissioned by the the Department of Health through 3 regional contracts. London is covered by one contract, with POhWER as the provider. This report outlines proposals for the Council to enter into a pan-London commissioning process to provide this service to ensure the current high quality service is maintained and that we maximise value for money.

4. ALTERNATIVE OPTIONS

- 4.1 The Department of Health has confirmed that there will be no guidance concerning the procurement of Local Healthwatch. There are two options: grant-in-aid/single tender or an open procurement. Although Healthwatch is considered to be a Part B service, which means it is exempt from the full EU Procurement Law procedure, the Council remains under an obligation to demonstrate that it has fulfilled its statutory duty to obtain best value and compliance with the EU Treaty Principles by following a transparent and open procurement process. For these reasons, it is recommended to expose the contract to the market and so a full procurement exercise is undertaken.
- 4.2 The Healthwatch Project Board has considered a range of options for the commissioning of the NHS Independent Complaints Advocacy Service which included: adding it to existing social care advocacy contracts; commissioning a borough based service and; joining a pan-London contract. The preferred option is based on ensuring a seamless service across London which minimises confusion for service users and therefore offers the most accessible service. A pan London service also offers strong value for money because 27 London boroughs have opted into the contract offering considerable economies of scale and a level of service which would be unaffordable if we were to procure the service on a borough basis. The current ICAS employs specialise trained advocates to support some of the most vulnerable residents many of whom have complex complaints.

5. BACKGROUND

- 5.1 The health and social care landscape is going through considerable change amongst which are: the abolition of Primary Care Trusts and creation of a local GP led Clinical Commissioning Group with responsibility for commissioning of health services overseen by the local authority and led by the Health & Wellbeing Board; the transfer of Public Health to local authorities and; at a local level, the merger of three local hospitals. In this context it is vital that effective and robust structures are put in place to champion the voice of residents on health and social care issues.
- 5.2 The patient and public engagement field has gone through considerable change over the last 10 years. In 2003, the system of Community Health Councils, which had existed for 29 years, was abolished. In their place, a system of 'Patients' Forums' was established, overseen by a Commission for

Patient and Public Involvement in Health (CPPIH) which was then abolished in 2008. The Local Government and Public Involvement in Health Act 2007 introduced the current system based on local involvement networks (LINKs). LINKs are community-based, locally accountable networks, designed to strengthen the patient, public and user voice in commissioning, provision and scrutiny of local services.

- 5.3 From April 2013 local Healthwatches will be established in all local authority areas to:
1. Provide information and advice to the public about accessing health and social care services and choice in relation to aspects of those services;
 2. Make the views and experiences of people known to Healthwatch England helping it to carry out its role as national champion;
 3. Make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern;
 4. Promote and support the involvement of people in the monitoring, commissioning and provision of local care services;
 5. Obtain the views of people about their needs for and experience of local care services and make those views known to those involved in the commissioning, provision and scrutiny of care services;
 6. Make reports and recommendations about how those services could or should be improved.

LOCAL CONTEXT

- 5.5 In Tower Hamlets, Urban Inclusion Community was commissioned by the Council in April 2008 to host the Tower Hamlets Involvement Network (THINK). THINK has a membership of over 1,000 people, and a core Steering Group made up of ten residents, five user group representatives and five community and voluntary group representatives. THINK gathers community intelligence through direct outreach, and makes sure that this intelligence is considered when health services are being designed or their performance is being assessed.
- 5.6 An independent evaluation in 2010 and general feedback from users and statutory partners on THINK suggests that it has been performing well and achieved the agreed outcomes. THINK is recognised as being an effective partner in bringing the views of residents to the forefront of local health and social care service providers. It has built a strong volunteer base that leads on the work and provides clear evidence based reports and recommendations to the statutory sector. It is well recognised amongst other local stakeholders such as the community and voluntary sector. It is important to retain these strengths through the transition to Healthwatch Tower Hamlets whilst ensuring that in moving to Healthwatch we strengthen performance in areas where there is room for improvement..
- 5.7 Health inequalities are a key issue for the borough with health outcomes for local people still falling short on the London average. We know that the high

levels of deprivation in the borough contribute to health inequalities, as does personal behaviour and a lack of access to treatment and services. Through the borough's refreshed Community Plan the Tower Hamlets Partnership has identified a number of objectives to help make Tower Hamlets a healthier place. One of these objectives is 'helping people to live healthier lives' and a key way of achieving this is ensuring residents experience informs the way in which health and social care policy and services are designed and commissioned to ensure people are able to access services which will meet their needs effectively. In this context developing an effective and efficient Healthwatch will:

- Engage local people so that they feel a greater sense of control and 'ownership' over their health and social care services
- Enable local people to become involved in decision making about local health and social care services
- Provide an opportunity for local people to help others, by providing information and advice, develop social ties, and address local concerns
- Strengthen the relationships between the statutory sector and service users of one of cooperation and collaboration
- Contribute towards and develop public understanding and confidence in the local health and social care economy so it is used more effectively and efficiently
- Support our commitment to ensuring health and social care services are accountable to local people and standard of care is maintained / improved

5.8 The outline Health and Wellbeing Strategy that has been developed by the Tower Hamlets Health & Wellbeing Board illustrates the Board's vision for improving health and wellbeing in Tower Hamlets. It details the principles that will underpin the full strategy and delivery plan as well as 4 priority areas. The vision of the strategy is 'to improve health and wellbeing throughout all stages of life to reduce health inequalities and promote choice, control and independence' and one of the important cross cutting themes to achieve this is "working better in partnership" which includes a focus on the involvement and engagement of local residents and service users in the commissioning, design and delivery of services. Healthwatch Tower Hamlets will play a proactive role in supporting the delivery of this strategy.

6. DEVELOPING HEALTHWATCH TOWER HAMLETS

6.1 The Healthwatch Project Board identified a range of stakeholders that needed to be engaged in the development of an effective and efficient Local Healthwatch. Through extensive engagement work with these stakeholders we heard a strong message that Healthwatch Tower Hamlets should build on the legacy of Tower Hamlets Involvement Network and have some of the following characteristics:

- An independent resident led consumer champion on health and social care which is accountable to local stakeholders.
- Reflects the diversity of the local community in its Board, Staff and Membership and actively address inequalities through its work programme

- A high profile local organisation recognised by a wide range of local stakeholders and able to influence decision making through its statutory role on the Health & Wellbeing Board
- Has developed strategic partnerships and effective working relationships with organisations in the Tower Hamlets Partnership and other local and regional networks to address local health and social care priorities
- Builds on the THINK legacy and fits into the wider engagement framework being developed in the borough
- Develops innovative and creative ways of engaging the community which encourages and supports a range of local residents, patients/service users and carers to get involved

6.3 Drawing on our consultation and engagement activity we have developed the following vision for Healthwatch Tower Hamlets:

Healthwatch Tower Hamlets will be an independent resident led consumer champion on health and social care. It will be rooted in the local community, utilising existing networks and engagement pathways and developing creative and innovative ways to bring the voice of the diverse community to service providers/commissioners and make a real impact on service design and delivery.

6.4 This vision and key characteristics have been used to develop the specification for Healthwatch Tower Hamlets. Organisations bidding for this contract will be expected to demonstrate their ability to meet the requirements of the specification in delivering the functions of Healthwatch and prove how their experience and expertise will enable them to deliver improvement for local people across a range of outcomes. The procurement process will be undertaken in line with the Council's agreed procurement framework. The timetable for this is outlined below:

- Advert Published – 1st October 2012
- Supplier Event – 8th October 2012
- PQQ Evaluation completed – 23rd November 2012
- Tender Documentation Issued – 27th November 2012
- Return of Tender Documentation 14th January 2013
- Interview and Presentations – 8th February 2013
- Award of contract – March 2013

6.5 Once the contract has been awarded a monitoring programme will be developed to review the progress of establishing an effective and efficient Healthwatch. The payment of funding will be based on performance against key targets.

FUNDING ARRANGEMENTS

6.6 The government currently allocates £27 million each year to local authorities for LINKs through the local government Formula Grant. In 2011-12 we received funding of £178,000 for THINK.

- 6.7 The Department of Health has announced that this funding will continue and additional money will be made available from 2013/14 to cover the costs of providing the new signposting and information function that local Healthwatches will have. Funding will also be made available to cover the costs of commissioning the ICAS service. Final funding levels will be announced in January 2013.
- 6.8 The latest indication provided by the Department of Health states the Council will receive approximately the following additional annual amounts for the new functions:
- Information and signposting element transferred from PCT PALS: £93,751
 - Independent Complaints Advocacy Service: £81,125

7. NHS INDEPENDENT COMPLAINTS ADVOCACY SERVICE (ICAS)

- 7.1 The Health and Social Care Act 2012 transfers the remit and funding from the Department of Health to local authorities to commission ICAS, with a replacement service required to be in place from April 2013.
- 7.2 Direct complaints advocacy usually involves some or all of the following, depending on the needs and wishes of the client:
- An opportunity to talk through the whole story with someone who is skilled and able to work with the client's needs and issues;
 - Help to understand the complaints system and what can be expected of it;
 - Information about the standards that the client might have expected of the service complained about;
 - Help to obtain medical records;
 - Accessing medico legal clarification, if needed;
 - Help to consider options and outcomes;
 - Help in writing complaints letters;
 - Support to attend meetings;
 - Help to follow up on promised action.
- 7.3 In June 2012 the Mayor indicated that he was prepared to commission ICAS separately to the Local Healthwatch as is the practice in most local authorities in the country and is the preferred option of the Tower Hamlets Involvement Network. However, there is a clear commitment to ensure that information from ICAS helps formulate Healthwatch Tower Hamlets work programme and there is a positive working relationship.
- 7.4 The Council is part of a London Wide Healthwatch and ICAS Commissioning Network which is supported by the Joint Improvement Partnership and NHS London. A sub-group from this Network has developed proposals for a London wide service with 27 boroughs indicating support for a pan-London contract. The procurement process is being led by the London Borough of

Hounslow.

- 7.5 The contract will be on a Framework Agreement which will allow individual councils to buy services they require in line with local demand. Service users will be able to access face to face, telephone and web based support.
- 7.6 This model of service will require the provider to: have a local presence; to advertise locally and; to work with existing networks and NHS organisations to ensure local residents are able to access the service. The draft Service Specification also outlines a requirement for local reporting to Healthwatch and Health & Wellbeing Boards. Each borough will receive quarterly monitoring reports, be able to adjust local service provision and be able to withdraw from the contract on a notice period.

The timetable for awarding the contract for the pan-London ICAS service is set out below:

Activity	Deadline
Final Agreement to participate	18 th November 2012
Service Specification Development	Oct-Nov 2012
London wide Project Group to finalise Procurement paperwork	16 th November 2012
Procurement Process	Nov 2012 – Mar 2013
Launch of new ICAS Contract	April 2013

- 7.7 As Commissioner of the ICAS service for Tower Hamlets the Council is key partner within the London wide contract and we have been able to influence the procurement process to ensure that the service will be able to meet the needs of our diverse local community. We will also have a direct contractual relationship with the service provider(s) in regards to monitoring and review of service. We will also expect Healthwatch Tower Hamlets to have an overview of the issues and outcomes from the delivery of this service in order to inform their work programme.

8. COMMENTS OF THE CHIEF FINANCIAL OFFICER

- 8.1 This report describes the developments for the commissioning and establishment by the Council of Healthwatch Tower Hamlets and also the creation of an independent complaints advocacy service under the Health and Social Care Act 2012 from April 2013.
- 8.2 In 2012-13 the Council has already received £17,873 for the set-up costs of the local Healthwatch and is expected to receive further grant funding of £245,000 for the costs of Healthwatch and £81,125 for an independent complaints advocacy service in 2013-14. Currently, the Council provides a community based forum for public and user consultation through its THINK contract funded by £178,000 grant from government that will be replaced by Healthwatch Tower Hamlets.

8.3 If the Council agrees further action in response to this report's recommendations then officers will be obliged to seek the appropriate financial approval before further financial commitments are made.

9. CONCURRENT REPORT OF THE ASSISTANT CHIEF EXECUTIVE (LEGAL SERVICES)

9.1 The Health and Social Care Act 2012 proposes amendments to the Local Government and Public Involvement in Health Act 2007. Whilst it is expected that the relevant changes considered here will take effect from 1 April 2013, the provisions have not yet been commenced and work is being carried out in anticipation of the changes taking effect.

9.2 The Council will be required to make contractual arrangements for the purpose of ensuring there are means by which specified activities can be carried on in Tower Hamlets. The required activities are –

- Promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local care services.
- Enabling local people to monitor and review the commissioning and provision of local care services.
- Obtaining the views of local people about their needs for, and their experiences of, local care services.
- Making such views known and making reports and recommendations about how local care services could or ought to be improved.
- Providing advice and information about access to local care services and about choices that may be made with respect to aspects of those services.
- Reaching views on the standard of local care services and whether and how these could or ought to be improved.
- Making those views known to Healthwatch England committee of the Care Quality Commission.
- Making recommendations to the Healthwatch England committee to advise the Commission about special reviews or investigations to conduct.
- Making recommendations to the Healthwatch England committee to publish reports about particular matters.
- Giving such assistance to the Healthwatch England committee as it may require to carry out its functions.

9.3 It is intended that the obligation on the Council will be to make arrangements with a body corporate which is a social enterprise and which satisfies such criteria as may be prescribed by regulations made by the Secretary of State. To date the Department of Health has consulted on the necessary regulations, but has not yet published them.

- 9.4 The Council will be required by section 223A of the Local Government and Public Involvement in Health Act 2007 to make such arrangements as it considers appropriate for the provision of independent advocacy services in Tower Hamlets. The Council may make payments to the person providing the services or arranging the provision of the services. The services may not be provided by a local Healthwatch organisation.
- 9.5 Independent advocacy services are services providing assistance, by way of representation or otherwise, to persons making or intending to make complaints of specified kinds in relation to health services. In making its arrangements, the Council must have regard to the principle that the provision of services should, so far as practicable, be independent of any person who is the subject of a relevant complaint or who is involved in investigating or adjudicating on such a complaint.
- 9.6 When procuring the local Healthwatch organisation and independent advocacy services, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don't. The Council's procurement procedures make provision for these matters to be taken into account in the procurement process. Information relevant to these considerations is provided in the report.
- 9.7 As this is a procurement process the Council has to establish a level playing field amongst potential tenderers and therefore will not discuss the new contract with the existing provider once the decision to procure has been taken by Cabinet, as this would be in breach of procurement law. Any meetings with the existing provider will be minuted and will be restricted to matters relating to the existing contract.
- 9.8 Section 3 of the Local Government Act 1999 requires the Council as a best value authority to "make arrangements to secure continuous improvement in the way in which its functions are exercised."

10. ONE TOWER HAMLETS CONSIDERATIONS

- 10.1 Key to developing a Local Healthwatch will be to ensure that it is able to reflect the voice and concerns of the diverse population of the borough. A key requirement will be for the organisation to ensure this is reflected in its membership and its work programme. The Local Healthwatch will provide services to individuals through advice and information. This will be open to all but are likely to be particularly valuable to people who face barriers to finding out about services and their rights: including people with learning disabilities, mental health service users, people without internet access and residents whose first language is not English or who find reading difficult.
- 10.2 The Local Healthwatch will enable local people to take on a community leadership role in the health and social care sector and therefore influence

commissioning and delivery of services according to local needs. Tackling health inequalities will be central to the work of the Local Healthwatch through their involvement in Health & Wellbeing Board, preparation of the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy.

10.3 The Local Healthwatch will be subject to the Public Sector Equality Duty under section 149 of the Equality Act 2010 and should prepare and publish an equality policy showing how they will meet the duty.

10.4 The NHS ICAS provider will be expected to provide an accessible service which meets the needs of our diverse community. The provider will be monitored on accessibility of the service by different groups of residents.

11. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

11.1 There are no direct implications arising from this report but organisations commissioned will be expected to be mindful of the Council's policy on sustainability.

12. RISK MANAGEMENT IMPLICATIONS

12.1 The Council has a statutory responsibility to commission Healthwatch Tower Hamlets and NHS Independent Complaints Advocacy Service. This has been undertaken with the involvement of key stakeholders to ensure it is able to have these services in place by April 2013. A risk register has been established as part of the project management process and these are reviewed to ensure they are managed effectively.

13. CRIME AND DISORDER REDUCTION IMPLICATIONS

13.1 There are no specific crime and disorder implications arising from the award of the contracts set out in this report.

14. EFFICIENCY STATEMENT

14.1 The establishment of Healthwatch Tower Hamlets will enable greater engagement and involvement of local residents in the health and social care economy and thereby ensuring these services meet the needs of the local community. The information and signposting function of Healthwatch will enable more effective access of resources by local residents which will help reduce costs to service providers.

14.2 The Pan-London Framework is the most efficient route for the commissioning of the NHS Independent Complaints Advocacy Services. It will allow the Council to benefit from economies of scale through the framework at the same time as ensuring the delivery of an accessible service.

15. APPENDICES

Appendix 1 – Healthwatch Tower Hamlets, Report of Stakeholder Engagement Activity

Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2012

Brief description of “background papers” Name and telephone number of holder and address where open to inspection.

None

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**Healthwatch Tower Hamlets
Report of Stakeholder Engagement Activity
June – July 2012**

1. Background

- 1.2 The Council identified a range of stakeholders that needed to be engaged in the development of an effective and efficient Local Healthwatch. It was noted that the THINK was one of the better performing LINKs and the development of the Healthwatch was an opportunity to build on the legacy of THINK and this was the key aim of the engagement activities undertaken.
- 1.3 This report presents the findings from the engagement with those groups/individuals. The consultation included the following:
- On-Line Survey – Accompanied by 2 articles in East End Life and e-mail to a range of third sector organisations
 - THINK AGM & Steering Group meetings
 - Consultation with existing groups – Third Sector Health & Wellbeing Forum, Older Peoples Reference Group, Youth Council, Rainbow Hamlets, Interfaith Forum, Accessible Transport Forum
 - Consultation with Statutory Partners – Barts Health NHS, East London Foundation Trust, Tower Hamlets Clinical Commissioning Group, Tower Hamlets Public Health Department
 - Formal Groups – Health & Wellbeing Board, Health Scrutiny Panel & focus group with representatives from Children & Families Partnership Board.
 - Three information events at Bow, Whitechapel and Chrisp Street Idea Stores.

2. Summary Findings of the Questionnaire

- a. Equality profile of those completing the questionnaire:
Gender: Male – 36, Female 36
Age: 25-34 (18), 35-44 (14), 55-64 (11), 65+ (11) and 16-24 (10)
Disability: Yes (20), No (54)
Ethnicity: White British (31), Bangladeshi (21), Somali (6)
Area: E1 (23), E2 (22), E14 (15)
- 2.2 A total of 91 residents completed the on-line survey or the hard copy at the three information events at the Idea stores.
- Q1) Do you feel you have a say in the Health and Social Care services that operate in Tower Hamlets?**
- 89** residents answered this question with 32.6% (**29**) saying 'Yes' and 67.4% (**60**) saying 'No'.
- 46** of the respondents commented that they did not know how to have a say.
- Q2) Have you tried to access information about Health and Social Care Services in Tower Hamlets?**

89 residents answered this question with 53.9% (48) saying 'Yes' and 46.1% (41) saying 'No'.

38 respondents commented that they would go to their GP for information.

Q3) Are you aware of or have you been involved with the Tower Hamlets Involvement Network (THINK)?

88 residents answered this question with 37.5% (33) saying 'Yes' and 62.5% (55) saying 'No'.

This question was also asked to users of the Learning Disability Day Care Services with the following response.

26 Responses with 15 saying Yes and 11 saying No.

Q4) How effective do you feel the THINK has been at identifying and addressing the key Health and Social Care issues in Tower Hamlets?

49 residents answered this question with 40.8% (20) saying that it is 'Not effective'. 36.7% (18) said it is 'Very effective' and 22.4% (11) said it has 'limited effectiveness'.

Almost half chose to skip this question which implies that they have not heard of THINK and so could not answer this question.

Q5) What would encourage you to get involved as a volunteer in Healthwatch?

84 residents answered this question, the top three choices are as follows: 'Knowing that I can make a real difference' (54), 'Making getting involved fun' (17), 'Developing my own skills' (14).

Q6) The Local Healthwatch will need to be inclusive so that it operates for the benefits of all members of its local community. Which of the following do you think will help Local Healthwatch to achieve this function?

51 residents answered this question, the top three choices are as follows: 'Consulting regularly with residents' (18), 'Supporting people to voice their views and concerns about health and social care services' (16) and 'Working with other local organisations and community groups' (13).

Q7) Which of the following do you think are important in making Local Healthwatch effective, efficient and accountable to the residents of Tower Hamlets

46 residents answered this question, the top three choices are as follows: 'An active organisation trusted with visible leaders, respected and accountable to local people and recognised as statutory route for patients and the public to express their views' (12), 'Work positively and in partnership with local people and commissioners' (13), 'Reaches out to individuals and groups who find it difficult to express and communicate their views and choices. Ensure support is available for people who are unable to make choices for themselves' (13).

Q8) The following is a list of services that Healthwatch will offer- how would you prioritise these service?

89 residents answered this question the top three choices are as follows: **‘Inspection of services’ (31), ‘Influencing decision-making by health and social care organisations’ (30), ‘Report and research on local health and social care issues’ (22)**

3. Summary Findings of discussions with Statutory Partners

3.1 The discussions with health partners raised a number of points relating to THINK and issues for consideration in developing the local Healthwatch. These are summarised below:

THINK	Healthwatch
<ul style="list-style-type: none"> • Positive relationships with a range of stakeholders • Good pieces of work • Brining the voice and concerns of local residents • Independent voice of local residents • Contributed to key partnership work such as JSNA & Health and Wellbeing Strategy • Information presented to service providers in a useful format • Mental Health Sub Group very useful 	<ul style="list-style-type: none"> • Mental Health Sub Group to continue • Mental Health remains high on their agenda • Cross borough working between Local Healthwatch particularly in East London • Undertake Enter and View Visits • Continue improvement to comments on Quality Accounts • Develop a better balance between critical comments and positive feedback • Develop work around children’s services • Need to be embedded into the commissioning process • Develop strategic view of health and social care to help prioritise their work programme • Develop relationships with existing community leaders • Role in health prevention and promotion – Opportunity For HW Members to complete Royal Society of Public Health Level 2 • Use of technology to reach a wider audience • HW work programme needs sign up from range of stakeholders • HW need utilise role on HWBB to influence and make changes • Develop local information/ intelligence into actions and solutions for HWBB • Develop innovative and creative ways to engage local people in JSNA process • HW info and advice element need to work with existing provision to avoid duplication and develop a more pro-active approach to this • Diversity of HW needs to reflect the local community and life course approach • HW needs to work with schools, parents and special interest groups • HW can takeover the ‘Tell Us’ Survey and ‘You Are Welcome’ Inspection • Needs to be commissioned locally with strong local experience, knowledge and connections

4. Summary of feedback from Community and Third Sector

4.1 The summary of the discussions with the Tower Hamlets Council for Voluntary Sector and the Tower Hamlets Third Sector Health and Well-being Forum is outlined below:

THINK	Healthwatch
<ul style="list-style-type: none"> • THINK has undertaken substantial amount of work • Recognised locally for their work • One of the more effective LINKs in the country 	<ul style="list-style-type: none"> • HW need to be part of the solution and take ownership of their part in decision making • Diversity of HW needs to reflect the local community • Strengthen working relationship with third sector and in particular with the Health and Wellbeing Forum • Make Healthwatch much more visible so its recognised locally • Needs to be commissioned locally with strong local experience, knowledge and connections

5. Summary of feedback from existing groups

5.1 This section summarises the key issues highlighted from the range of discussions with existing groups in the borough.

THINK	Healthwatch
<ul style="list-style-type: none"> • Efficient organisation • Undertaken some excellent projects and produced good reports such as the Long Term Conditions report 	<ul style="list-style-type: none"> • HW needs to play a greater role in providing information and scrutinising social care • HW play an integral role in supporting residents disclose their equality information • HW undertake pieces of work that focus on particular communities • HW Board should include young people representatives and disabled people • HW publicity needs to be much wider to ensure it is visible locally • HW should have a communication lead • HW activities should be widely accessible ie high street, super markets • HW reach to diverse communities is critical to ensure it is able to improve services locally • HW should receive regular updates on complaints from service providers • Children Centres is a useful way of getting parents and families involved • HW need to demonstrate impact of people getting involved • HW needs to use different methods to engage different groups • Incentives may be needed for different groups to get involved • HW needs to take a role in lobbying in local service providers and national government • HW needs to be much more dynamic with people with energy and creativity involved in its running