

Nottinghamshire Health and Wellbeing Board/New Public Health Arrangements and Patient Advocacy in Nottinghamshire

The Health and Public Services Sub-Committee heard evidence at the meeting on 9th September 2013 on the two reviews. There are links between the two areas of health under review and by meeting together this helped to increase the understanding of the new arrangements.

Nottinghamshire Health and Wellbeing Board (HWB)/New Public Health Arrangements

- **HWB Structure**

The HWB is a statutory body with the responsibility to find out what Nottinghamshire needs to do to improve health and wellbeing. The priorities and actions of the Board are decided by the Joint Strategic Needs Assessment (JSNA) evidence and the Board produce a HWB Strategy which sets out how health improvement needs are to be achieved. It also aims to integrate health and social care.

The Board brings together representatives of different health organisations, elected County Council Members and currently two District Council elected Members (this is subject to review). It does not have formal powers to make organisations act. The six Clinical Commissioning Groups that are members of the Board are separate entities. The HWB does not have its own budget but the spending plans of the partner organisations should be aligned to the outcomes of the HWB Strategy.

Establishing the Board is the responsibility of Nottinghamshire County Council but the Board makes its own decisions. The Board's function is to encourage and strengthen joint working and delivery and the Board is now working towards this.

Attached is the response from Nottinghamshire County Council on the HWB Structure (Appendix 1).

- **HWB Strategy**

The current strategy is being revised. The 16 new priorities have been the subject of a consultation process and the detail of delivering the strategy is being worked on. The outcomes are measured by the Local Outcome Framework but there are no locality targets. It was agreed that the Chair of Bassetlaw Partnership for Health be invited to consult with the Health and Public Services Sub Committee on the draft Health Locality Plan, which sets out how the Health and Wellbeing Strategy will be delivered in Bassetlaw.

- **Supporting Structures**

Nottinghamshire County Council also has its own structures that support the delivery of the HWB Strategy (see diagram at Appendix 2) which further clarifies the response from Nottinghamshire County Council (Appendix 1).

The attached information on the Memorandum of Understanding (Appendix 3) shows the relationships with Public Health and the Bassetlaw CCG.

The HWB has received a report on the role of the Health and Wellbeing Implementation Group on 6th November 2013 and agreed that in future, minutes should be reported to the HWB. It is responsible for managing the work programme on behalf of the Health and Wellbeing Board and assisting the Board to fulfil its statutory duties. It ensures the delivery of the Health and Wellbeing Strategy through

monitoring and holding integrated commissioning groups to account for delivery against their commissioning action plans. It puts decisions from the Health and Wellbeing Board into practice using the 'you said (HWB), we did and the outcome was' approach.

- **Bassetlaw District Council**

BDC has elected member representation on the Nottinghamshire County Council Health Scrutiny Committee and it provides an opportunity for local issues to be raised.

The Bassetlaw Community Partnership has been restructured and has a Healthier Sub-Group which will be delivered by the existing Partnership for Health. A Senior Officer from BDC currently does not attend regularly and membership of BDC representatives could be reviewed.

- **Commissioning**

The process for determining which services should be decommissioned, re-commissioned and new services commissioned by Nottinghamshire County Council was not clear. The Nottinghamshire County Council Public Health Sub-Committee approves the tenders for the public health service contracts. The consultation process can also identify local concerns, especially in rural areas. Further clarification was requested on the procurement process (Appendix 4).

The links with the Health and Wellbeing Board and commissioning structures need to be strengthened. The Board should task the supporting commissioning structures and receive feedback on their achievements/outcomes.

Attached is the response from Nottinghamshire County Council on the commissioning arrangements (Appendix 5).

- **Integrated Health and Social Care**

In 2015 there will be a significant change to funding for health and social care. Funding will be transferred to the County Council from the Department of Health. This will direct £4m from Bassetlaw CCG to Nottinghamshire County Council. The HWB Board will be key in providing the policy direction and commissioning of these services. The spending plans have to be signed off by HWB in March 2014.

- **Healthwatch Nottinghamshire**

It is a statutory requirement for Healthwatch to have a seat on the HWB so that the patients and residents of Nottinghamshire's perspective on the provision of health and social care services are heard.

- **Future Direction**

The HWB has a new Chair following the County Council elections in May 2013 and the HWB and CCGs are looking to make their structures more effective. The focus to date has been to produce the draft revised HWB Strategy and determine the priorities and actions needed to improve the health of Nottinghamshire residents. The focus should now be moving to measure the outcomes of the actions and for the HWB to monitor what the effect has been on local communities. The HWB is evolving and at a future date the Sub-Committee will invite the Chair of the HWB to provide an update on progress.

Patient Advocacy in Nottinghamshire

Healthwatch Nottinghamshire

It is the new independent consumer champion for health and social care in the local area. It is an independent organisation created to gather and represent the views of local people about the health and social care services they receive. It is the voice of local adults, children and young people in the development and delivery of services.

- **Organisation** - It is based in Hucknall. The team is small and still being established. It is hoped that a member of staff will spend part of their time located in Bassetlaw to communicate with the Bassetlaw networks. During the meeting Members were informed that negotiations had started to share office space with Bassetlaw Community and Voluntary Services (BCVS). This has now been completed and Healthwatch will spend two days per week at their office in Worksop. One of the Board Members is a Bassetlaw Champion.
- **Communication** - Raising awareness of Healthwatch in the local community is important. Leaflets will be available in GP surgeries and other public information points. The Sub-Committee supports the suggestion that Bassetlaw District Council should be a contact point for Healthwatch. There is also a Healthwatch website, blog and 800 on the mailing list with a large Bassetlaw membership. Elected Members also have a role to play by advising constituents of the existence of Healthwatch and also using the service if they have issues of concern. Healthwatch needs to be informed of the views of local residents on health issues that are important to the local community so that they can have an input into current and proposed changes to health and social care services. Also if a resident believes that a health or social care service is failing in quality or is not carrying out its duties, Healthwatch can address these concerns.
- **Volunteering** - Volunteers and outreach advisors are now being actively sought for each district to become Health Champions. Elected Members with an interest in health issues could become involved.
- **Health and Wellbeing Board** - As stated above, it is a statutory requirement to have a seat on the HWB so that the patients and residents of Nottinghamshire's perspective on the provision of health and social care services are heard.
- **Complaints Service** – Nottinghamshire Healthwatch does not have the independent patient advocacy role which is the case in other areas of the country. Nottinghamshire County Council commissioned this service from POhWER. Healthwatch signposts people to POhWER if they require a complaints service. The Patient Advice and Liaison Service (PALS) that is available at Bassetlaw Hospital tries to deal with issues before they reach the complaints stage. Healthwatch's role is to monitor how the complaints systems are working. Healthwatch has met with representatives of POhWER but there is currently no agreement to share complaints information.

POhWER

- Written evidence was provided to the meeting. As a representative was unable to attend the Chair and Vice Chair of the Health and Public Services Sub Committee met with Alette Beavis, Regional Manager East Midlands and Secure and Complex Services on

7th October 2013. The Members wanted to further their understanding of the role of POhWER.

- Nottinghamshire County Council awarded the contract to POhWER to provide the statutory Independent Health Advocacy Service as required from 1st April 2013. It was an extension to an existing jointly commissioned contract for a range of services including mental health advocacy. The contract was commissioned and monitored by Nottinghamshire County Council on behalf of Nottinghamshire County Council, Nottingham City Council, NHS Nottingham City CCG, NHS Bassetlaw and NHS Nottinghamshire County. It covers HM Prison Ranby but not Rampton Hospital which uses a different company.
- All advocacy services across Nottinghamshire are provided by POhWER and Age UK. There is an office in Nottingham which is shared with Age UK and all advocates live in Nottingham and Nottinghamshire, as does their immediate line manager. The head office is in Stevenage but the Regional Manager spends the majority of time in the Nottinghamshire area. Referrals are managed by POhWER. The complaints model is attached as Appendix 6.
- POhWER works across Nottinghamshire and Nottingham City in partnership with Age UK. It began as a charity 15 years ago as it was felt that the voice of people with disabilities was not being heard. It operates regionally and has a central office back up to maintain records and do analysis. In Nottinghamshire offer a range of services in addition to the NHS Complaints Advocacy i.e. Independent Mental Capacity Advocacy, Independent Mental Health Advocacy and Community Advocacy. NHS Complaints Advocacy offers different levels of support to enable the individual to make the complaint:
 - Self- help using the web based toolkit
 - Advocacy services requiring more support from an advocate available at an information and advice centre or specialist assistance one to one.
 Advocacy is delivered by paid staff and the volunteers are provided by Age UK. Training for volunteers is done by Age UK and the organisation also monitors the quality provided.
- Performance Monitoring – POhWER produces a quarterly report to Nottinghamshire County Council, which manages the contract, broken down by GPs, hospitals, social care and separate figures for Bassetlaw should be available. The contract has only been running for 6 months and the TUPE issues have now been resolved. To date Age UK have recruited 6-7 volunteers across the county but none are in Bassetlaw. The Managers meet monthly to discuss progress. The target is for 150 volunteers by the end of the contract in 18 months' time. POhWER have worked with Bassetlaw Hospital on Mental Health Advocacy and NHS complaints. They also link to PALS at Bassetlaw Hospital.
- Raising Awareness – The Sub-Committee had concerns about the extent of residents' knowledge of POhWER. As with Healthwatch, POhWER has an awareness raising programme. POhWER has an Engagement Plan to put information into the local community including hospitals, GPs and local councils outlining how it operates, how referrals can be made and meetings will be arranged with relevant parties to be able to discuss this in greater detail. There were discussions on how the Council can help as the district covers a large rural area and there needs to be access to POhWER's services. Not all communities in Bassetlaw have access to Broadband or transport. Suggestions included providing information for Community Hubs and Children's Centres.

Future Challenges/Ambitions

The main identified challenges were:

1. Effective monitoring of the outcomes of the Health and Wellbeing Board and the Health and Wellbeing Strategy.
2. The transfer of £4millions from NHS Bassetlaw to Nottinghamshire County Council to deliver Integrated Social Care and the assurances that the needs of Bassetlaw residents will be met.
3. Raising the awareness of Bassetlaw residents of the Patient Advocacy services so that there is effective engagement in Bassetlaw on the use of the complaints service.
4. Engage Bassetlaw residents in the future design of health and social care services

Conclusion

Nottinghamshire Health and Wellbeing Board/New Public Health Arrangements

The Review highlighted that the new arrangements are still evolving but that there is a determination by all partners to work together to put in place effective governance to deliver the local health services in Bassetlaw that meet the needs of residents.

Patient Advocacy in Nottinghamshire

The Review found that new Patient Advocacy Arrangements are being established in Nottinghamshire and are in the early stages of development. The key conclusion is that engagement with the local community needs to be established and awareness raised in the local community of the services that are available.

Key Recommendations

Code	Recommendation	Delivery Timescales	Overview Response
HPS13/14 2.1	A structural chart of the Health and Wellbeing Board, and associated Nottinghamshire County Council Health structures be circulated to Members.	December 2013 COMPLETE <i>(Please see Appendix 2)</i>	
HPS13/14 2.2	The Chair of Health and Public Services Sub-Committee invite the Chair of the Nottinghamshire Health and Wellbeing Board, Councillor Joyce Bosnjak, to attend a future meeting of the Sub-Committee to update the Members on the progress of the Board and its operating arrangements.	Jun – Jul 2014	
HPS13/14 2.3	That the Chair of Partnership for Health be invited to consult the Sub-Committee on the draft Health Locality Plan, which sets out how the Health and Wellbeing Strategy will be delivered in Bassetlaw.	Jun-Jul 2014	

Code	Recommendation	Delivery Timescales	Overview Response
HPS13/14 2.4	The links with the Health and Wellbeing Board and commissioning structures need to be strengthened. The Board should task the supporting commissioning structures and receive feedback on their achievements/outcomes	October 2013 onwards	Not applicable – external recommendation
HPS13/14 2.5	The Chair of Health and Public Services Sub-Committee write to the Director of Public Health, Nottinghamshire, to find out what criteria are used to determine the tendering process for commissioning services.	October 2013 onwards COMPLETE <i>(Please see Appendices 1, 3, 4, and 5)</i>	Not applicable – external recommendation
HPS13/14 2.6	Bassetlaw District Council's representatives on Nottinghamshire County Council health related committees provide feedback to Members via the Members Information Bulletin on a regular basis.	October 2013 onwards	
HPS13/14 2.7	Information in relation to who the Substance Misuse Consultation was sent out to be circulated to Members	October 2013 onwards COMPLETE <i>(Circulated following Sept. Committee)</i>	
HPS13/14 2.8	Bassetlaw District Council agree to be a "Have Your Say" contact point.	December 2013	
HPS13/14 2.9	Information regarding Healthwatch be circulated to Members and passed on to the Communications Team for distribution	December 2013 COMPLETE <i>(Circulated following Sept. Committee, and placed on website; MIB)</i>	
HPS13/14 2.10	POhWER to send a copy of the Engagement Plan to Chair, Vice Chair and Policy & Scrutiny Unit and officers would suggest appropriate contacts.	December 2013	Not applicable – external recommendation

Code	Recommendation	Delivery Timescales	Overview Response
HPS13/14 2.11	Elected Members also need to be informed about the role of POhWER and it was agreed that they would send 48 copies of leaflets and posters for distribution to all BDC Councillors. Also to provide information to be circulated in October's MIB. POhWER to send relevant information to go on the BDC website. In addition the information could be posted on to the BDC Intranet with a possible request for volunteers for POhWER.	October 2013 onwards <i>Information placed in Oct MIB.</i>	

Date of Review:	9 th September 2013
Date considered by HPS:	2 nd December 2013
Date endorsed by OSC:	17 th December 2013

Response from Nottinghamshire County Council Public Health to the Health and Public Services Sub-Committee Queries following the meeting on 9 September 2013

Commissioning Issues

Process for decommissioning

In order to decommission a service an evaluation of the need for that service would be required, the likely impact of reducing or removing the service should be assessed and whether the need can be met in another way. This would normally entail preparation of a business case or report which would include an analysis of need, cost, value, quality, funding and if there are any legal or statutory requirements to provide such services. There should also be an Equality Impact Assessment and a consultation process. Depending on the size and nature of the contract/service would determine the extent of consultation but it should involve stakeholders, service users and the provider. Once all this has been completed it would normally be expected that a committee report would be submitted to the most appropriate Council committee for the final decision.

Process for deciding which to tender for re-commissioning

This would follow the same or similar process to that of decommissioning or commissioning of a new service.

Process for Commissioning of a new service.

Again it is essentially the same process i.e. identification of an unmet need which requires the commissioning of a new service, a business case should be prepared which should include an Equality Impact Assessment, identifying the risks of not providing a service, alternative ways of meeting the need and what consultation has been undertaken. The business case should also identify sources of funding and if there are any legal or statutory requirements to provide such services. Once all this has been completed it would normally be expected that a committee report would be submitted to the most appropriate Council committee for the final decision. If the committee approves the recommendation to commission a new service then the process would move into the procurement and tender stage. In addition starting a tendering exercise can also be triggered by any of the following:

- A current contract is reaching expiry point (a natural end) or reaches a contract breach point i.e. it has broken down;
- An existing arrangement has not been tested for best value for many years;
- A change takes place such as legal or regulatory or market which leads the Council to consider its contractual commitments.

Please note that this is a general overview and may vary depending on nature, size, cost of the service.

Governance Structure

The Quality and Risk Protocol is essentially the governance framework which underpins the procurement and monitoring of services (please see attached document) The relationship between Nottinghamshire County Council, Public Health and the Nottinghamshire CCG's is through an Memorandum of Understanding, the Nottinghamshire Committee for Bassetlaw

and the Clinical Congress for Nottinghamshire. Attached are the Terms of Reference for both groups and the Memorandum of Understanding for Bassetlaw CCG.

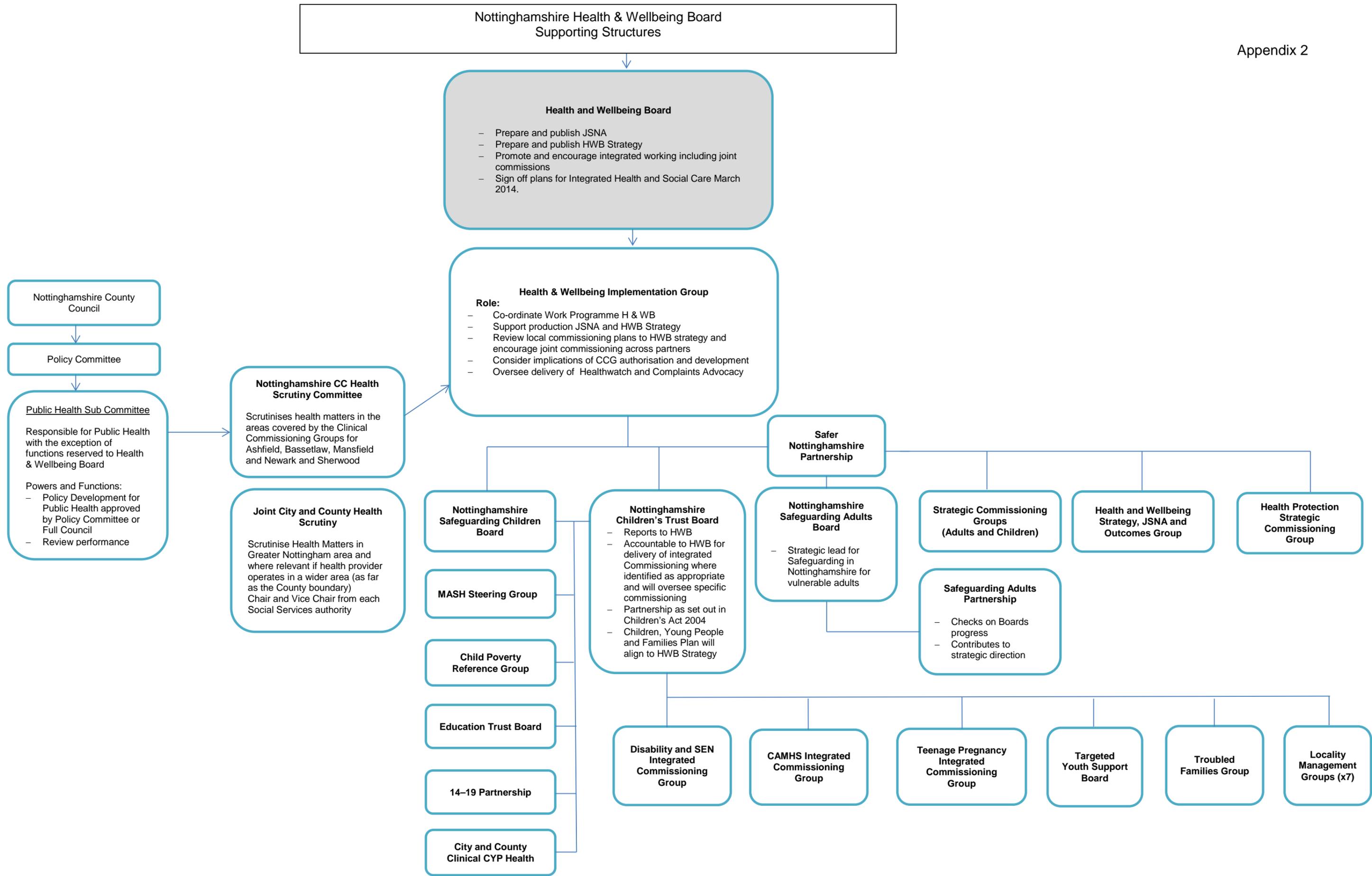
Health Scrutiny Committee

We are not aware that the Health Scrutiny Committee (or previous iterations of it) has ever undertaken any scrutiny in South Yorkshire. Should this be required, it will probably require more than liaison with South Yorkshire authorities – most likely the development of a protocol and the formation of a Joint Committee for the purpose would be needed. If there are issues which might require the formation of an arrangement like this, they should be brought to the attention of the Chairman of the Health Scrutiny Committee, Councillor Kate Foale.

Health and Wellbeing Board

The functions reserved for the Health and Wellbeing board are set out in the Terms of Reference and these are

- To prepare and publish a joint strategic needs assessment.
- To prepare and publish a health and wellbeing strategy based on the needs identified in the joint strategic needs assessment and to oversee the implementation of the strategy.
- Discretion to give Nottinghamshire County Council an opinion on whether the Council is discharging its statutory duty to have due regard to the joint strategic needs assessment and the health and wellbeing strategy.
- To promote and encourage integrated working including joint commissioning in order to deliver cost effective services and appropriate choice. This includes providing assistance and advice and other support as appropriate, and joint working with services that impact on wider health determinants.



MEMORANDUM OF UNDERSTANDING BETWEEN BASSETLAW CLINICAL COMMISSIONING GROUP AND NOTTINGHAMSHIRE COUNTY COUNCIL

THE CORE OFFER FOR PUBLIC HEALTH ADVICE TO CLINICAL COMMISSIONERS 2013 - 2016

Purpose of the Memorandum of Understanding (MoU)

To agree a three year 'core offer' for public health advice from Public Health (PH) to the Bassetlaw Clinical Commissioning Group (CCG) which clearly defines outputs. It is important to note that PH support will mainly occur through the Local Authority PH team but there will also be support from Public Health England (PHE) and the PH teams at the NHS Commissioning Board.

Context and rationale

1. One of the mandatory responsibilities of the Local Authorities is to ensure NHS commissioners receive the public health advice they need (**the core offer**).

Principles

2. A number of principles have been agreed between the CCG and PH. These are:
 - Putting the needs of patients and citizens first;
 - Public and patient involvement in decision making;
 - Sharing of risks and benefits for local population improvement in outcomes;
 - No cross charging in 2013/14 for services/functions/resources;
 - Locally agreed additional investment in services;
 - Mutually supportive;
 - Open and transparent, sharing information and committing to 'no surprises';
 - Clear accountability and governance arrangements;
 - Greatest cost and volume to determine lead commissioner status;
 - Joint working to ensure delivery against health and wellbeing plans and priorities.
3. Diagram A below provides a summary of the core offer.
4. Table 5 details the specific requirements requested by Bassetlaw CCG.

Diagram A

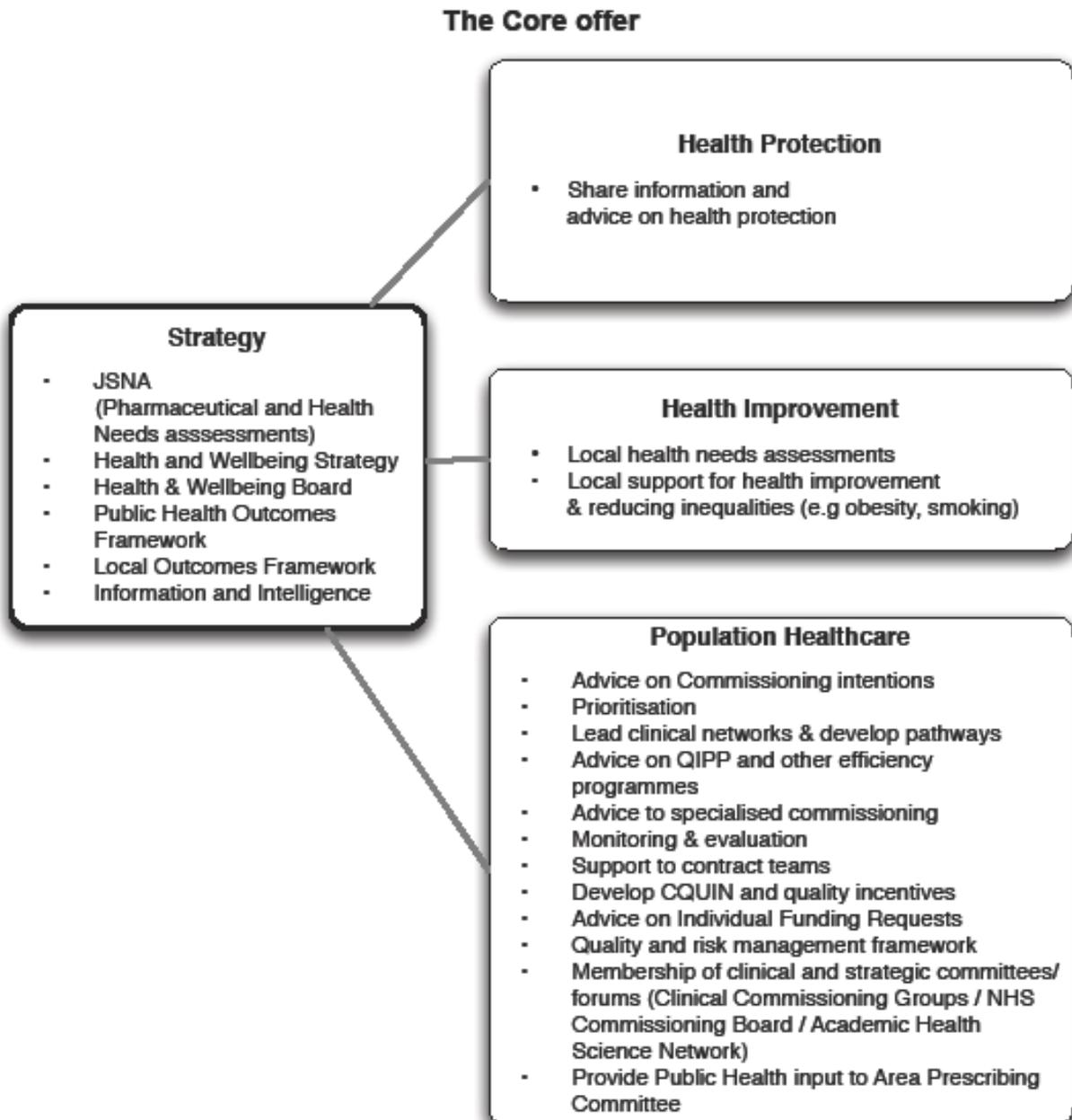


Table 5: Locally agreed

PH inputs	Local Authority Public Health offer and accountability	CCG actions and accountability	Actions NHS CB and PHE	Actions LA tier 1 & 2
PH consultant and team with expertise in different policy areas	Under a section 75 agreement lead commissioning including contract and performance management for: <ul style="list-style-type: none"> • Substance Misuse (prison and community) • Children and young people - including school nursing and special school nursing • Community dietetics This will include: <ul style="list-style-type: none"> • Commissioning plan and specification • Procurement plan • Quality and activity reporting • Securing efficiencies for each commissioner Lead the review of CAMHS	Share commissioning intentions and plans for connected services such as Emergency Department attendances for substance misuse Work in collaboration with the work plan identifying clinical leads and officers to support progress Delivery of actions to secure efficiencies are realised	PH Consultant input to contribute to joint commissioning and reciprocal arrangements for public health specialist advice	Commission services at tier 2 that support the policy area such as access to housing and leisure
PH consultant and team with expertise in different policy areas with liaison role with South Yorkshire Area Team	Deliver cross cutting community and neighbourhood work plans to address determinants of health and associated inequalities in Bassetlaw (e.g. troubled families, partnership plus, neighbourhood management) Produce and support plans for locality partnership for health work e.g. LSP, community safety (including local domestic violence programmes) Lead Bassetlaw Wellbeing at Work programme	Identify priority areas Amend commissioning intentions plans in line with findings	Commission services that support the policy area	
PH consultant and team with expertise in different policy areas with liaison role with South Yorkshire Area Team	Guidance and evidence based reports for effective interventions to reduce inequalities and impact positively on social determinants of health Cost effective and equitable provision of specialist public health advice to the South Yorkshire Area Team	Leadership and participation in the Health and Wellbeing Board and relevant local networks Commissioning plans adjusted to meet Lead Clinical Commissioning Networks need	Commission services that support the policy area	

<p>DPH and PH team</p>	<p>Equity of PH service to Bassetlaw equivalent to that elsewhere in the County</p>	<p>Bimonthly performance oversight of the PH service through the Notts Group</p>	<p>Maintain direct links with Notts PH team</p>	
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Nottinghamshire County Council Quality and Risk Management Protocol to support Health Contracts (Adopted: 23.09.2013)

Context

1. Following the implementation of the Health and Social Care Act 2012 (HASCA 2012) and the new duty of upper tier and unitary local authorities to take steps to improve the health of their populations, Nottinghamshire County Council has taken forward a number of steps to commission services locally to meet the responsibilities and functions to secure delivery of a range of Public Health services, supported by a ring fenced budget for public health.

2. The HASCA 2012 required the transfer of some Public Health (PH) NHS contracts to Local Authorities. A number of these contracts include clinical commissioned services for the provision of clinical services to vulnerable adults and clinical procedures, GP prescribing and pharmacy dispensing of controlled drugs for substance misuse and sexual health services that include clinically invasive procedures. Assurance is required that any procedure undertaken by a provider is managed with due regard to appropriate clinical competencies. Assurance can be sought through adherence to the Care Quality Commission (CQC) policy nonetheless, Nottinghamshire County Council (NCC) must have an internal assurance process to protect citizens and manage clinical risk accordingly.

3. There are three dimensions of quality, all of which must be present in order to provide a high quality services:

- a. Clinical effectiveness- high quality care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes
- b. Safety - high quality care which is delivered so as to prevent all avoidable harm and risk to the individual's safety
- c. Patient experience – high quality care which looks to give the individual as positive an experience of receiving and recovering from the care possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect.

4. The terms patient/service user or citizen are used interchangeable throughout the protocol and refer to all residents in Nottinghamshire County or registered with a Nottinghamshire County General Practitioner. The protocol extends to both resident and registered populations.

5. This protocol is aligned to the Nottinghamshire County Council Corporate Risk Management Strategy and is an appendix to draft Public Health Governance Framework and should be read alongside that document.

6. All health services commissioned by Nottinghamshire County Council as part of the PH function require robust quality and risk management processes to ensure that quality standards and service user/patient safety are continually improved and that risks are proactively anticipated and appropriately managed through the application of clear risk reduction measures.

7. The protocol outlines the quality and risk structure and processes that enable the organisation to commission and improve the quality and safety of health services that are directly commissioned by Nottinghamshire County Council. The protocol outlines internal and system wide mechanisms that provide assurance in relation to delivery of quality services, the review of quality and safety standards, processes for monitoring, reporting and escalating concerns and breaches in relation to the quality of care, quality standards and safeguards and associated risks management and mitigation. The protocol explains how lessons learnt are shared and actions implemented, alongside national lessons learnt (for example Francis Report 2012, Berwick Report 2013).

8. The protocol also outlines the risk management process relating to health contracts, how risks are managed, mitigated against, the likelihood of occurrence and their potential impact on the successful achievement of PH and NCC objectives, NCC Strategic Plan and the Health and Wellbeing Board Strategy.

Scope of this protocol

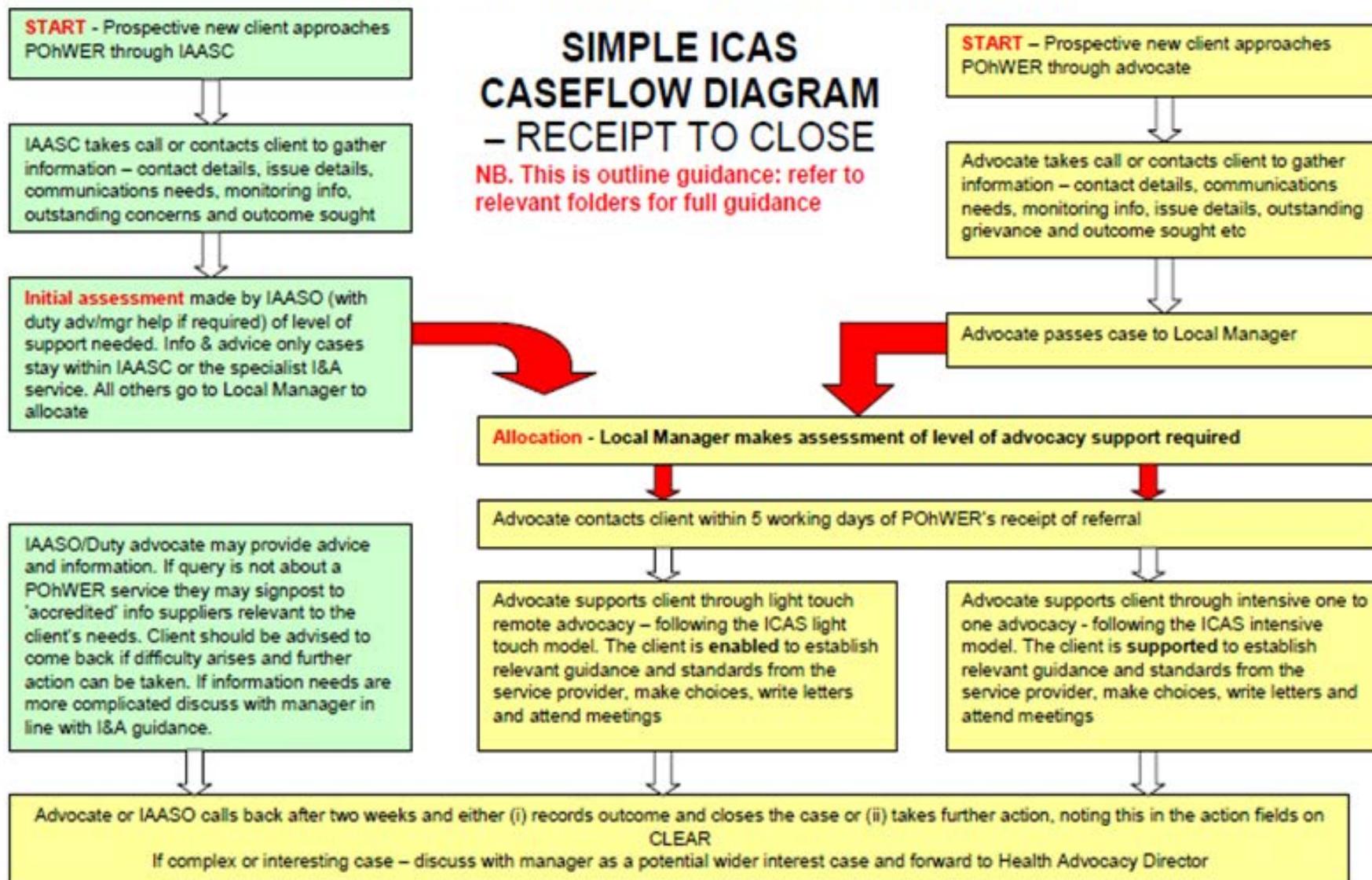
9. The protocol applies to all health services commissioned by Nottinghamshire County Council as part of PH responsibilities.

Can you explain in practice how your two organisations work and how you intend to make Bassetlaw people aware of your services?

Our NHS complaints model provides clients with:

- Downloadable information and self-help tools for people able to do so, to take their issues forward themselves - accessible through a local web page and readable through ROKTalk (which will translate text into other languages, read it aloud in English or other languages, support changes to colour of screen and text and to size of text). For example, resources include our guide to the NHS Complaints System, our Guide to ICAS, tools for letter writing and record-keeping, links to other relevant organisations (e.g. the GMC or CQC) with short explanations of their roles.
- Access to our free, independent and confidential national Information, Advice and Signposting Service (IAASC) available 8.00am to 6.00pm every working day, through a single 0300 number as well as through Skype, Minicom, teletext, typetalk, fax, text message, email and by post. Through this service clients can resolve simple queries, be signposted elsewhere (with our staff staying on the line if someone needs support), have support from our duty advocate or be referred to a local advocate. If the client is referred to a local advocate, IAASC will establish any particular needs the client may have, and their issues. They will record this on the client's record and ensure this is available to the local advocate so she/he can start work quickly and effectively.
- Access to all the above, plus a local advocacy service available at our offices, in local venues and in clients' homes. If local advocates are busy, the phone will always be answered by IAASC, so the client can get help immediately or leave a message for their advocate.
- All clients will be called two weeks after receiving a service to ensure that all is well and there are no outstanding matters.

Our client pathway is summarised below:



- We have and maintain an extensive contact engagement plan that ensures we target and reach relevant professionals, agencies and the public in the most productive manner.
- Arrange drop-ins in at local venues accessible to key client groups as well as providing home visits. In other areas, drop ins in hospitals and community centres have proved popular,
- Offer membership to all clients which brings opportunities to engage in activities such as being a member of a local reference group.
- Have a local web page providing descriptions of our services and links to other relevant bodies
- Have a named lead for each local authority, Health watch and CCG.
- Agree a programme of meetings with key bodies in each local authority area and with the partnership as a whole to update about our work, share findings, agree local development plans and engagement protocols for working effectively locally.

How can we hold your organisations to account on behalf of Bassetlaw people?

Our contract is through joint commissioners of Nottingham City and Nottinghamshire.

Which organisation has responsibility for monitoring the performance of your organisation and how does the reporting mechanism work?

We have set targets and report on a quarterly basis to our commissioners. Our contract with them stipulates actions that can be taken if we do not meet these targets or concerns are raised.

Due to the geographical position of the district and the fact that the Bassetlaw Hospital is part of the Doncaster and Bassetlaw Hospitals NHS Trust , residents of Bassetlaw use NHS services that are located in Nottinghamshire and South Yorkshire. How does this impact on the Patient Advocacy service?

Any resident living in Bassetlaw or registered with a Nottingham/Nottinghamshire GP can contact our central point.

Pohwer NHS complaints service delivers support to all residents and temporary residents (including prisoners, holiday-makers, students, Gypsies and travellers, and children and young people under 16, who have been deemed to have Gillick/Fraser competency by the Healthcare professional, including those on placement) within the Bassetlaw, Nottinghamshire County and Nottingham City areas.

Pohwer has appropriate arrangements with similar providers of Independent NHS Complaints Advocacy Services to ensure that the wish of the Service User is respected as regards to in which locality the complainant would like to pursue their case and that all referrals are handed appropriately and, where appropriate, in a reciprocal manner.

Pohwer provides access to and promote awareness of self-help tools to enable service users to identify their options and pursue their chosen course of action without the need for advocacy support wherever possible