

## **Local HealthWatch York : Progress Update**

### **Summary**

1. To update the Health OSC on the progression from LINKs (Local Involvement Networks) to Local HealthWatch by October 2012.

### **Background**

2. Local Involvement Networks (LINKs) were established through the Local Government and Public Involvement Act 2007. They are independent community-based networks of organisations and individuals committed to strengthening and widening the influence of patients and the public in the planning, provision and improvement of health and social care services.
3. LINK's main powers and responsibilities are to monitor services by entering and viewing, and to gather the views and experiences of the community about their local services - and make those views known to those responsible for commissioning, providing, managing or scrutinising those services.
4. Since its establishment in York in April 2008 the York LINK has supported the development of a proactive Steering Group which is made up of volunteer representatives from both individuals and local voluntary sector organisations which reflect the make-up of the local community as a whole.
5. Since April 2008 York LINK has promoted an identifiable local brand and implemented a creative approach to community engagement and participation, particularly through the use of LINK Ward Representatives who are responsible for promoting involvement at a ward level to ensure that the views of communities are firmly embedded in the design, delivery and review of services.
6. Over the last three years York LINK has also produced a series of reports around issues such as End of Life Care, Dental Services

and Carer's Rights which gather together an analysis of key issues and the views of local people in order to make recommendations to health and social care commissioners.

### **Local HealthWatch**

7. HealthWatch will be the new consumer champion for both health and social care. It will exist in two distinct forms - Local HealthWatch and, nationally, HealthWatch England.
8. Local HealthWatch will evolve from the existing Local Involvement Networks (LINKs), continuing their work alongside some additional functions. This includes signposting people to useful information about health and social care services. From April 2013 Local HealthWatch will also signpost to, or directly provide, an advocacy service for people with complaints about NHS services.
9. The overarching intention of Local HealthWatch is to provide a single point of contact, by connecting people to the right NHS and social care advice and advocacy services, and by helping people to find information that will enable them to choose the services they need and require.
10. Local HealthWatch bodies will be independent organisations (e.g. Community Interest Companies; Industrial and Provident Societies, Charities, Companies Limited by Guarantee etc).
11. Local authorities will commission Local HealthWatch with the freedom to decide how to do this. From April 2013 local authorities will commission NHS complaints advocacy from any suitable provider, including local HealthWatch, and the service will be accessed through local HealthWatch.
12. Local HealthWatch will have a seat on the new Health and Wellbeing boards to ensure consumer voice is integral to health and social care decision making.

### **HealthWatch Pathfinder Status**

13. City of York Council, in partnership with York LINK, recently submitted a successful bid to the Department of Health to become a HealthWatch Pathfinder for the 2011-2012 financial year.
14. Pathfinder status presents an opportunity for scoping and planning - to begin to test some of the proposed new functions for Local HealthWatch and allow partners to move towards an agreed,

effective and appropriate model for the City. It also provides a small amount of funding for networking / dissemination with other HealthWatch Pathfinder areas.

15. Pathfinder status also allows an opportunity to review and evaluate the effectiveness of existing relationships between the LINK and key healthcare providers in the City, and to develop new models and mechanisms of engagement in the future.
16. It is important to note that HealthWatch involves far more than a change of brand or title and, whilst retaining the most successful elements of the current LINKs function, will be different and distinct from LINKs.
17. The existing LINKs function will continue until Local HealthWatch is formally established in October 2012. A LINKs workplan has been drawn up for the 2011-12 financial year. Key LINKs priorities over the forthcoming year include producing reports and recommendations around access to food in hospital and service provision for older people in York.

### **Consultation**

18. As part of York's HealthWatch Pathfinder a Stakeholder Event (to gauge initial interest in the concept of Local HealthWatch and discuss potential delivery models) was held in July. The event was attended by over 20 partner organisations in the City and the wider sub region. Early feedback has indicated a keen interest in Local HealthWatch and its potential impact.
19. During the feedback session it was clear that there was a consensus about many of the principles for a local HealthWatch, these were:
  - HealthWatch should have good knowledge and understanding of the needs and existing work and services in York.
  - Local expertise and knowledge should be preserved.
  - HealthWatch needs to be clearly independent of City of York Council and other statutory providers.
  - HealthWatch should be representative of all needs and support people through all clinical pathways.
  - HealthWatch needs to have clear lead ownership and accountability.
  - HealthWatch must be accessible to all.

20. Since the conference a group comprised of representatives from NYYPCT Public Health and PALS teams , CYC Neighbourhood Management Unit, Strategy and Development Team and Adult Social Care Commissioning Team have met to discuss the commissioning process for York HealthWatch.
21. The group has held discussions around a number of key issues and next steps that need to be taken as follows:
  - To adopt a formal procurement process to select an independent organisation(s) to deliver Local HealthWatch in York from October 2012 onwards.
  - To initiate the HealthWatch procurement process by November 2011.
  - To hold further consultation events, enabling Citywide partners to have input into the commissioning process and to comment on service specification design.

### **Options**

22. This report is for information only report, there are no specific options for members to decide upon.

### **Analysis**

23. Please see above.

### **Corporate Strategy 2009/2012**

24. The establishment of Local HealthWatch in York will make a direct contribution to the following specific outcomes listed in the draft City of York Council Plan:
  - Improved volunteering infrastructure in place to support increasing numbers of residents to give up their time for the benefit of the community
  - Increased participation of the voluntary sector, mutuals and not-for-profit organisations in the delivery of service provision

## Implications

### • Financial

25. Local HealthWatch will be financed through three separate strands of funding as follows:
  - Existing government funding to Local Authorities to support the current LINKs function will be rolled forward into HealthWatch.
  - Monies provided for the current 'signposting element' of PCT PALS teams will be transferred across to local authority budgets from October 2012.
  - Monies for NHS Complaints Advocacy will be transferred to local authorities in April 2013.
26. It should be noted that while an indicative sum of money will be provided to City of York Council under each of the above headings, none of these monies will be ringfenced i.e. they will be paid to City of York Council as part of various Adult Social Care formula grants.
27. City of York Council has the discretion to allocate all these monies to Local HealthWatch, or allocate some of the funding to other health and social care priorities.

### **Department of Health (DoH) Funding Consultation**

28. The DoH is currently seeking views on options around the distribution of monies for the **signposting** and **complaints advocacy** elements of HealthWatch – principally whether to allocate funding to local authorities based upon their population size population or level of 'adult social care need'.
29. Through the current proposal CYC would receive around £90,000 per annum to commission HealthWatch signposting services if this were based upon population size, and only £70,000 per annum based on an adult social care need formula.
30. In the case of complaints advocacy, CYC would receive £56,000 per annum based on population size, and £44,000 based on adult social care need.

31. City of York Council and partners have recommended that the NHS Transition Board respond to the Government consultation, indicating their preference for the allocation of HealthWatch commissioning monies based upon population size.
32. This recommendation has been made on the basis that York has a high proportion of 'self-funders' i.e. individuals who are funders of their own care needs. As a preventative, signposting service the ethos of Local HealthWatch should be to support these individuals and users of adult social care services in equal measure.

- **Human Resources (HR)**

33. There are no human resource implications

- **Equalities**

34. Establishing a successful Local HealthWatch in York will enable the targeting of support towards activities which contribute towards all the equality outcomes set out in the draft Council Plan. It will be a requirement of the successful organisation(s) delivering Local HealthWatch to demonstrate and evidence their commitment to equal opportunities in the work of their organisations, in line with the Equalities Act 2010

- **Legal**

35. There are no legal implications

- **Crime and Disorder**

36. There are no crime and disorder implications

- **Information Technology (IT)**

37. There are no information technology implications

- **Property**

38. There are no property implications

- **Other**

39. There are no other implications

## Risk Management

40. There are risks of challenge to the validity of City of York Council's procurement and commissioning process if a HealthWatch contract is let without full and proper consultation with City wide partners. The thorough consultation processes that will be followed through the HealthWatch Pathfinder process will mitigate this risk.

## Recommendations

41. Members are asked to note the report and the latest progress towards establishing HealthWatch. A further update will be provided at the next Health OSC meeting.

Reason: To keep the Committee informed of the progress towards establishing HealthWatch.

## Contact Details

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### Chief Officer Responsible for the report:

**Sally Burns**

Director of Communities and  
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**Report  
Approved**



**Date**

*8 September 2011*

**Kate Bowers**

Head of Neighbourhood Management

**Report  
Approved**



**Date**

*Insert Date*

**Specialist Implications Officer(s)** n/a

**Wards Affected:**

**All**



**For further information please contact the author of the report**

**Background Papers:** N/A