

Report of the Head of Neighbourhood  
Management

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

### **Summary**

1. To update the Health OSC on the progression from LINks (Local Involvement Networks) to Local HealthWatch by April 2013.

### **Background**

2. Subject to parliamentary approval, Local HealthWatch will be the local consumer champion for patients, service users and the public. It will have an important role in championing the local consumer voice, not least through its seat on the Health and Wellbeing board.
3. On 4th January 2012 the Department of Health (DoH) announced that local authorities are now not required to provide Local HealthWatch functions until 1st April 2013, 6 months later than had originally been anticipated.
4. The new date for establishing Local HealthWatch in April 2013 will support the need to align this more closely to the establishment of other new local bodies such as Health and Well Being Boards. The extension will also support preparations for the implementation of HealthWatch England (which will still be established in October 2012) to provide the leadership and support to Local HealthWatch organisations.

## **New funding of £3.2m for Local HealthWatch in 2012/13**

5. New funding of £3.2m nationally will be made available in 2012/13 for Local HealthWatch start up costs (including staff recruitment/training, premises, marketing and branding). The funding will be allocated to local authorities as part of the DoH Learning disabilities and Health Reform Grant in 2012/13.
6. Under the Local Government and Public Involvement in Health Act 2007, local authorities will need to continue to provide a Local Involvement Network (LINKs) and funding for this continues to be allocated as part of the local government Formula Grant in 2012/13.
7. North Bank Forum for Voluntary Organisations, the current LINKs Host, have been offered a 12-month contract extension (to March 2013), with a specific focus on preparing for, and managing the transition from LINKs to Local HealthWatch.

## **Commissioning Process – Proposed Timescales**

8. Although the new deadline gives an additional six months before the launch of Local HealthWatch it is recommended that the procurement process should begin in time to allow a managed handover. It is suggested that the tender process for HealthWatch is launched by June 2012 at the latest, and that a contract is awarded by November 2012. The successor body will have time to work alongside the current LINKs in order to manage the handover process, secure premises, recruit / train staff and undertake marketing and promotional activity.
9. At the Health Wellbeing Board (HWB) meeting in December 2011 it was suggested that a draft HealthWatch Service specification was produced by February 2012. Given the extended timescales, a revised timetable is suggested as follows.

Feb 2012: Key themes informing the HealthWatch procurement process produced - following Citywide consultation.

April 2012: Draft Service Specification presented to the HWB Board

CYC Portfolio holder agrees final service specification

May/June 2012: Launch of HealthWatch Tender Process

Nov 2012: Successful HealthWatch provider announced (The full contract will commence April 2013, but the provider will initiate some transitional work beforehand to ensure a smooth handover)

## **Consultation**

### **Feedback from Local HealthWatch Consultation Event**

10. The latest HealthWatch Consultation Event, held on 6th December 2011, was well attended by a wide range of health and social care partners across the City. Service users and LINKs volunteers were also in attendance. Positive feedback has been received, suggesting that the small, facilitated working groups allowed in-depth discussion around key HealthWatch themes and issues.
11. A summary of key issues being debated around HealthWatch both locally and nationally are set out below. Feedback from the latest York consultation event, and suggested headline areas for the York HealthWatch Service Specification are attached as Annex A.
  - Does the role currently provided by the LINKs provide a sound building block for the new HealthWatch?
  - Are there other local systems for involving and engaging patients and social service users that also need to be reflected [or involved/included] in the model for HealthWatch?
  - How can the local authority ensure continuing co-production (with existing LINKs, the VCS (Voluntary and Community Sector) as well as with other partners) in all these plans?
  - How should the local authority ensure development of local HealthWatch and a leadership capacity to equip it for the new challenges?

- Specifically, how should local Healthwatch be supported to address issues of diversity, inequality and serving people in vulnerable circumstances?
- How might local HealthWatch signposting services be developed and what competencies might be expected of a provider of these?
- Should the local authority commission a statutory NHS complaints advocacy service as a key component of local HealthWatch or from a specialist third party provider along similar lines as at present?
- Should the local authority enter into agreement with other local authorities in commissioning a statutory NHS complaints advocacy service in order to achieve high quality outcomes and economies of scale?

### **Options**

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

### **Analysis**

13. Please see above.

### **Council Plan 2011/2015**

14. 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**

15. **Financial** - 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 April 2013.
  - Monies for NHS Complaints Advocacy will be transferred to local authorities in April 2013.
16. 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. The definitive amount of monies transferring from NHS Patient Advisory and Liaison Service (PALS) and Complaints Advocacy budgets to local authorities has yet to be confirmed.
  17. City of York Council has the discretion allocate all these monies to Local HealthWatch, or allocate some of the funding to other health and social care priorities.
  18. **Human Resources (HR)** - There are no human resource implications
  19. **Equalities** - 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
  20. **Legal** - There are no legal implications
  21. **Crime and Disorder** - There are no crime and disorder implications
  22. **Information Technology (IT)** - There are no information technology implications

23. **Property** - There are no property implications

24. **Other** -There are no other implications

### **Risk Management**

25. 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.

### **Way Forward / Next Steps**

26. It was clear from the York HealthWatch consultation event in December 2011 that there was disagreement around some aspects of the overall shape / scope of HealthWatch, and consensus in other areas.

27. There was a general feeling that HealthWatch should adopt a 'network of networks' approach, building strong relationships with many groups and organisations across the City, in order to gather an informed, rounded perspective on the delivery of various health and adult social care services.

28. It is recommended that two lots are procured – Local HealthWatch and NHS Complaints Advocacy simultaneously. This may result in separate providers or may allow a single provider to compete for, and hold both contracts. Alternatively, the delivery of NHS Complaints Advocacy services could be more closely connected to the wider advocacy provision in the City through this approach.

29. In respect of Complaints Advocacy, discussions are also underway with East Riding and North Yorkshire Councils to ensure regional co-ordination - i.e. developing similar specifications / timescales to ensure regional synergy. (The current contract is delivered at a regional level).

30. It is suggested that further consultation takes place around the HealthWatch service specification headlines that have been

developed, prior to publishing a final service specification in April / May 2012.

### Recommendations

25. 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 oversee the transition from LINKs to HealthWatch is identified as a priority in the Health Overview and Scrutiny Work Plan.

### Contact Details

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**Report  
Approved**



**Date** 07.02.2012

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

**Wards Affected:**

All

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

**Background Papers:**

**Annexes**

**Annex A** – HealthWatch Update February 2012