

DEVELOPING CAMBRIDGESHIRE HEALTHWATCH

To: **Cabinet**

Date: **6th March 2012**

From: **Corporate Director: Customer Service and Transformation**

Electoral division(s): **All**

Forward Plan ref: **N/a** *Key decision:* **No**

Purpose: **To discuss the development of Local HealthWatch in Cambridgeshire, which will replace and enhance the current Local Involvement Network (LINK) from April 2013, and to seek Cabinet approval for the proposed commissioning process.**

Recommendation: **Cabinet is asked to:**

- a) Note the requirement for the County Council to establish a Local HealthWatch organisation in Cambridgeshire**
- b) Delegate authority to the Corporate Director: Customer Service and Transformation, in consultation with the Cabinet Member for Health and Wellbeing, to appoint external specialist expertise to assist in the process of establishing Local HealthWatch**
- c) Endorse the model proposed for the development of Local HealthWatch as set out in paragraph 3.3.**

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1. BACKGROUND

- 1.1 The Government's Health and Social Care Bill introduces significant changes to patient and service user advice, signposting and advocacy. HealthWatch England (HWE) will be created from October 2012 as a new independent consumer champion and a statutory part of the Care Quality Commission (CQC), to champion service users and carers across health and social care.
- 1.2 HWE will be complemented by Local HealthWatch (LHW) organisations, established by local authorities. Local HealthWatches will ensure views and feedback from patients and carers are an integral part of local commissioning across health and social care. LHW organisations will replace Local Involvement Networks (LINKs), also commissioned by local authorities, from April 2013. LHW will be funded by and accountable to local authorities, and will be involved in local authorities' new partnership functions.
- 1.3 Local authorities will have a statutory obligation to fund LHW and ensure that a LHW is established in its area. LHW will be a body corporate but local authorities will be accountable for the effectiveness of LHW.

2. LOCAL HEALTHWATCH POWERS

- 2.1 Like LINKs, Local HealthWatch will:
 - Retain LINKs' existing responsibilities to promote patient and public involvement and to seek views on services which can be fed back into local commissioning
 - Have continued rights to enter and view provider services
 - Continue to be able to comment on changes to local services
 - Continue to take an interest in the NHS Constitution.
- 2.2 They will also gain additional functions and funding including:
 - Supporting individuals to exercise choice by signposting them to services. In particular, they will support people who lack the means or capacity to make choices
 - Local HealthWatch will be able to report concerns about the quality of local health and social care services to HealthWatch England, independently of their local authority. HealthWatch England will be able recommend that the Care Quality Commission takes action
 - A HealthWatch member will also sit on the Health and Wellbeing Board so the community has a say in local decisions.
- 2.3 Local authorities will also have a new responsibility to commission NHS complaints advocacy services. These can be commissioned from Local HealthWatch or another suitable provider.

3. COMMISSIONING LOCAL HEALTHWATCH

- 3.1 The Department of Health (DH) will provide unringfenced funding to all top-tier local authorities to commission a local HealthWatch in their area. The basic funding will be the same level as for Cambridgeshire LINK (currently approximately £200,000, with £165,883 provided to Cambridgeshire ACRE,

who act as host for the LINK) but there will be additional funding for signposting and advocacy. The level of this additional funding is to be confirmed, but is likely to approximately double the current level of funding. Start-up funding, expected to be between £15,000 and £25,000, will be provided to the Council for the set-up of HealthWatch.

3.2 Subject to the Health and Social Care Bill achieving Royal Assent, the Council is required to establish Local HealthWatch by April 2013. The HealthWatch Workstream Group of officers has considered a number of options for this process, including a formal tendering process; the Council acting to establish a separate organisation; and commissioning another organisation to establish Local HealthWatch. The following factors affected the proposal:

- Legal advice from Local Government Shared Services suggests that a tender process would not be possible for Local HealthWatch
- The need to ensure a continued LINK service until April 2013
- The need to ensure a smooth transition from the existing service to Local HealthWatch, whilst ensuring that HealthWatch is perceived as a new and separate organisation from Cambridgeshire LINK
- A lack of clear guidance from the Department of Health and the expectation that further guidance will be released in 2012
- The lack of a clear market for HealthWatch services and the need for HealthWatch to be a separate organisation in its own right led to the conclusion that a tender process may lead to no suitable bidders coming forward.

3.3 Given the challenges outlines above, the proposed model for the development of Local HealthWatch is as follows:

- The existing contract with Cambridgeshire ACRE which hosts and supports LINK in Cambridgeshire has been extended until October 2012; this may later be extended until April 2013, assuming there are no issues with performance.

During the period April – October 2012:

- Officers will seek external specialist expertise to assist in the process of establishing Local HealthWatch; this is likely to be either an organisation or an individual with experience of establishing independent organisations
- Council officers and partners, including the LINK and NHS Cambridgeshire, will work with the external specialist to:
 - Develop a service specification for Local HealthWatch
 - Establish a recruitment panel and process for the recruitment of board members to a “Shadow” HealthWatch Board
 - Engage with stakeholders to seek their input into the final service specification for Local HealthWatch
- ACRE will continue to support the LINK, which will be re-evaluating its work in line with new health and wellbeing infrastructure, including the Health and Wellbeing Board.

During the period October 2012-April 2013:

- The Shadow HealthWatch Board will begin to operate and Council officers and the external specialist will support the Board to:
 - Establish a body corporate, and ensure board members have adequate training to run the organisation successfully
 - Recruit the necessary staff to run HealthWatch successfully from April 2013
 - Recruit volunteers and ensure that they are equipped with the necessary skills to participate effectively in HealthWatch
 - Ensure that by April 2013, suitable premises and services contracts are in place as required for the new organisation to operate effectively
- The Council and partners, and the external specialist will work to ensure a smooth transition from LINK to Local HealthWatch.

From April 2013:

- HealthWatch Cambridgeshire will operate as an independent organisation, directly grant funded by Cambridgeshire County Council
- Contract monitoring will be carried out by the Council.

4. RECOMMENDATIONS

4.1 Cabinet is asked to:

- a) Note the requirement for the County Council to establish a Local HealthWatch organisation in Cambridgeshire
- b) Delegate authority to the Corporate Director: Customer Service and Transformation, in consultation with the Cabinet Member for Health and Wellbeing, to appoint external specialist expertise to assist in the process of establishing Local HealthWatch
- c) Endorse the model proposed for the development of Local HealthWatch as set out in paragraph 3.3.

5. ALIGNMENT WITH PRIORITIES AND WAYS OF WORKING

5.1 Supporting and protecting vulnerable people when they need it most

The report above sets out the implications for this priority in paragraphs 2.1 – 2.3.

5.2 Helping people live healthy and independent lives in their communities

The report above sets out the implications for this priority in paragraphs 2.1 – 2.3.

5.3 Developing the local economy for the benefit of all

There are no significant implications for this priority.

6. SIGNIFICANT IMPLICATIONS

6.1 Resource and Performance Implications

There are no significant implications for any of the prompt questions within this category.

6.2 Statutory, Risk and Legal Implications

There are no significant implications for any of the prompt questions within this category.

6.3 Equality and Diversity Implications

There are no significant implications for any of the prompt questions within this category.

6.4 Engagement and Consultation

There are no significant implications for any of the prompt questions within this category.

Source Documents	Location
Health and Social Care Bill 2010-2012	http://services.parliament.uk/bills/2010-11/healthandsocialcare.html