

**Shadow Health and Wellbeing Board 1<sup>st</sup> October 2012**

**Joint Report of the Director of Adult, Community and Housing Services, Director of Children's Services, the Director of Public Health and the Director of the Urban Environment**

**Local Healthwatch Development in Dudley**

**Purpose of Report**

1. To update the Board on developments to establish Healthwatch Dudley and to advise on key national matters affecting the delivery of Local Healthwatch.

**Background**

2. On 27<sup>th</sup> March 2012, the Health and Social Care Bill became the Health and Social Care Act 2012.
3. The Act requires that Local Involvement Networks (LINKs) be abolished and replaced by Local Healthwatch (LHW) organisations by 1<sup>st</sup> April 2013.
4. Local Healthwatch will not be a statutory body but an independent social enterprise or Body Corporate. It will have statutory authority to carry out its functions and will be subject to the Freedom of Information Act; Data Protection Act and the Equality Duty. As a Body Corporate it will be able to appoint its own staff to carry out specific roles and set its own work programme and priorities. It can sub-contract statutory functions.
5. There will be a Healthwatch organisation covering every local authority area in England. Local Healthwatch organisations will:
  - have the power to enter and view services
  - influence how services are set up and commissioned by having a seat on the local **health and wellbeing board**
  - produce reports which influence the way services are designed and delivered
  - pass information and recommendations to Healthwatch England and the Care Quality Commission
  - provide information, advice and support about local services.

6. Healthwatch through its membership of the Health and Wellbeing Board, will ensure the views and experiences of patients, carers and other people who use services are taken into account when local needs assessments such as the Joint Strategic Needs Assessment are developed.
7. Local authorities are responsible for commissioning their local Healthwatch. Local Authorities will be able to terminate the Healthwatch contract if the latter's performance is deemed to be unsatisfactory.

## **Regulations**

8. National Regulations to support the establishment of Healthwatch across the country will be published in due course. Three specific areas are noteworthy from a Department of Health Consultation which ended on 14th September which are expected to be covered by the regulations:
  - a. The Department is proposing that a specific duty be placed through regulations, on commissioners and providers of health or social care services to respond to reports and recommendations they receive from the Local Healthwatch. This would be a change to the position under the LINKs regulations 2008 in that the duty to send a substantive response (as opposed to an acknowledgment) would be extended to providers. Such a duty currently only applies to commissioners.
  - b. Under the existing regulations relating to LINKs, the duty to respond does not apply to reports or recommendations that relate to children's social care functions. However it is proposed to change this i.e. to remove the **exclusion relating to children's social care** so that the regulations for the Local Healthwatch would extend the duties to respond to reports or recommendation that relate to children's social care. The reason for this is that the Government wants the Local Healthwatch to be a stronger champion of health and social care for people of all ages including children and young people.
  - c. Finally, it is proposed to include additional persons who are to be service providers for these purposes, and who will therefore have to comply with the duty to allow authorised representatives to enter and view activities carried on at premises which they own or control. These are carried forward from existing regulations on LINKs. These additional persons are:
    - those providing primary medical services
    - those providing primary dental services
    - those providing primary ophthalmic services (and who own or control premises where services are provided).
    - those providing primary pharmaceutical services (and who own or control premises where services are provided).

## **Healthwatch Branding**

9. It is imperative that Healthwatch makes a strong and speedy impact on the public. The first challenges for Healthwatch will be public awareness, public understanding, and public engagement. Healthwatch has to be visible, distinctive and relevant. In order to ensure that the Healthwatch brand and identity quickly becomes a familiar sight in local communities, the Government has established Healthwatch branding and logo as follows:



## **Healthwatch Developments in Dudley**

10. The Council began discussions with local stakeholders and the public on a Local Healthwatch in Dudley at a stakeholder event in July 2011. Following that event where invitation was extended to attendees to be part of a Reference Group, the Group was convened comprising a range of local voluntary groups, local people, the Dudley LINK and some elected members including the previous Cabinet Member for Adult Social Care and Health and the Chair of the Health and Adult Social Care Scrutiny Committee.
11. The Reference Group has steered the development of a local specification for Dudley Healthwatch. The Group has been chaired by Dennis Hodson, the Director of the Local Strategic Partnership who is a member of the Shadow Health and Well Being Board.
12. Consultation with the Reference Group and feedback from the July 2011 Stakeholder event advised us that Healthwatch should “hit the ground running” from the onset. People were mindful that too much time was spent by the LINK in the initial months on setting the processes. As a result it is intended that Healthwatch will commence in transitional form from January 2013.
13. Wider consultation on the Local Healthwatch specification was undertaken through the Shadow Health and Well Being Board event held on July 5<sup>th</sup> 2012 along with communication through local networks and bulletins.
14. The July 5<sup>th</sup> event consulted on Values and Outcomes for the Local Healthwatch in Dudley. Prospective providers also attended to engage in discussion about the next steps in Dudley.
15. The formal tender advertisement has now been published and the key milestones for establishing Healthwatch in Dudley are:

<b>Formal Tender Advertisement</b>	<b>14<sup>th</sup> August 2012</b>
Closing date for receipt of completed PQQ's	14 <sup>th</sup> September 2012
Evaluation of applications for select list	W/C 17 <sup>th</sup> September 2012
Select List of tenderers approved	W/C 24 <sup>th</sup> September 2012
Notification of Progression/Exclusion	1 <sup>st</sup> October 2012
Dispatch of tender documents	1 <sup>st</sup> October 2012
Submission of tenders	31st November 2012
Evaluation of tenders	W/C 3 <sup>rd</sup> December 2012
Tenderers selected for panel presentations	13 <sup>th</sup> December 2013
Panel Interviews	W/c 7 <sup>th</sup> January 2013
Award of Contract	Late January 2013
Contract Commencement	Late January 2013
Local Healthwatch Operational	1 <sup>st</sup> April 2013

### **NHS Complaints Advocacy**

- 16.** Another and connected aspect of NHS reform which relates to some extent to the establishment of a local Healthwatch is the Government's proposal to transfer responsibility for the commissioning of NHS Independent Complaints and Advocacy Service to Local Authorities.
- 17.** To date, nationally, there have been three providers under contract to the Dept of Health. The current provider for the NHS Independent Complaints and Advocacy Service in the West Midlands region is an organisation called "POWhER." This has been a case-work service using specialist knowledge through a mixture of paid staff and volunteer advocates. In Dudley, in 2011/12, 442 local resident enquiries were received and the service dealt with 35 direct advocacy cases.
- 18.** Indicative funding allocations have been published and a sum of £93,000 has been allocated to Dudley.
- 19.** Learning from across the country suggests a number of possible models such as procurement
- (1) by a single Local Authority;
  - (2) by a single Local Authority linking this to local advocacy arrangements;
  - (3) by Local Authorities working in partnership / shared service basis;
  - (4) in the future, through the Local Healthwatch as the commissioner.

20. Some areas of the country have been working on a partnership basis on this e.g. in the North East and Merseyside. Some consideration has been given to this approach for the Black Country and after some exploratory discussions, it appears that collaboration on processes rather than partnership delivery models is the preferred option for the Black Country so there will be a more localised model for Dudley as a result.

## **Finance**

21. Local Healthwatch funding will comprise two parts:

- the on-going baseline funding for LINKs
- and new additional funding for the new services. (The allocation of this funding was subject to public consultation in 2011.)

22. The Department of Health announced allocations to Local Authorities for additional funding for Local Healthwatch in June 2012. This is presented in the table below this also shows the approximate LINKs funding to be carried forward as the baseline for LHW funding. Table 1 From April 2013/14 funding for local Healthwatch will have two different elements.

<i>Name</i>	<i>Route for funding</i>	<i>National funding</i>	<i>Approximate Dudley Settlement</i>
LINKs funding	DCLG Business Rates Retention Scheme (BRRS)	£27 million	£150,000
Additional Local HealthWatch funding	To be determined	£11.5 million	£75,000
Total for Dudley Local HealthWatch	-		£225,000

23. As the table shows the total funding from the Department of Health for a Local Healthwatch Dudley from April 2013/14 will be approximately £225,000.

24. A sum of £93,000 is the expected figure for the establishment of a successor service to the Independent Complaints and Advocacy Service in Dudley.

## **Law**

25. The Health and Social Care Act 2012 places a requirement upon Local Authorities to establish Local Healthwatch organisations by April 2013.

26. Clause 185 of the Health & Social Care Bill transfers a duty to commission independent advocacy services from the Secretary of State to individual local authorities; this transfer will take place on 1 April 2013.

## Equality Impact

27. The aims and principles of a local Healthwatch can be seen as contributing to the equality agenda in its pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

## Recommendations

28. That the report be noted by the Board.

29. That further updates on the development of Healthwatch Dudley be provided to the Board as required.

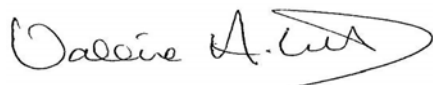
30. That the approach to the establishment of a new successor service to the Independent Complaints and Advocacy Service in Dudley be considered and direction given as required.



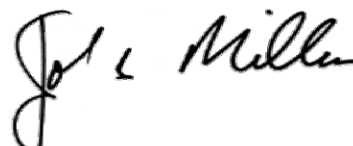
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