

Update on Local Healthwatch

Purpose of report

1. Following the well publicised journey of the Health and Social Care Bill 2011, this report aims to bring the Shadow Health and Wellbeing Board up to date with progress on the development of Local Healthwatch (LHW) in Buckinghamshire.

Background

2. In 2008 the then Government set up Local Involvement Networks (LINKs) with the aim of giving citizens a stronger voice in how their health and social care services were delivered. Run by local individuals and groups, and independently supported, the role of LINKs was to find out what people wanted, monitor local services and to use their powers to hold service providers to account. In 2010 the new Coalition Government proposed a new arrangement called Local Healthwatch (LHW) to replace LINKs and also take on additional functions. LHW forms part of the proposals in the Health and Social Care Bill 2011.

Local Healthwatch –

3. LHW will be a registered organisation.
4. Local Authorities have a statutory duty to set up LHW in their area.
5. A new independent consumer champion to help patients and the public speak up about health and social care
6. A point of contact for individuals, community groups and voluntary organisations
 - 6.1. representing their views as users
 - 6.2. providing specific advice and advocacy services.
7. LHW will have a seat on the local health and wellbeing boards to influence commissioning decisions by representing views of local stakeholders.
8. LHW will absorb the functions of existing LINKs as well as having additional, extended, functions:
 - 8.1. involve and engage patients, public and service users, and to enter and view premises providing care to service users (as set out in the Local Government and Public Involvement in Health Act 2007).
 - 8.2. Influence – LHW will present the views and experiences of local service users to local managers and decision makers (as well as to Healthwatch England at the national level) and be part of the decision making process on the local health and wellbeing board. It will also hold local providers to account by reporting on services and making recommendations.
 - 8.3. Signpost – provide information to service users to access health and social care services and promoting choice. Some signposting is currently provided by Primary Care trusts (PCTs), as part of their Patient Advice and Liaison Services (PALS) responsibilities and it is the signposting function of PCT PALS which LHW will take forward.
 - 8.4. Employ its own staff (as a corporate body), as well as continue the LINK legacy of recruiting volunteers, and be subject to public sector duties such as the Equality Act 2010.
9. LINKs will be disbanded as part of the new arrangements and will be replaced by LHW.
10. Anticipated options for Local Healthwatch:

In line with delegating autonomy to its lowest possible level, central government have clearly indicated that the structure and look of Local Healthwatch should be decided at a local level, to ensure that it is most responsive to local need. Possible options include:

- 10.1. the rebranding or regrouping of existing provision to deliver under the brand of Local Healthwatch
- 10.2. the commissioning of one organisation to deliver Local Healthwatch responsibilities
- 10.3. the establishment of a new organisation to deliver Local Healthwatch responsibilities
- 10.4. working with other Local authorities, where commonality occurs, to gain economies of scale to deliver Local Healthwatch responsibilities

Key next steps

October

- Briefings for Martin Phillips, Lin Hazel, Rita Lally, BSPIG

November

- Initial focus groups around 'What should LHW in Buckinghamshire look like for you?'
- Thursday 17th November – Burnham Park in the morning and Gerrards Cross in the afternoon
- Thursday 17th November - Youth Cabinet late afternoon
- Monday 21st November – Views from Youth Cabinet formulated into a series of questions for Young People's Participation Network
- Tuesday 22nd November – Chesham in the morning and Princes Risborough in the afternoon
- Also on November 22nd I will be giving an update at the LINK AGM
- Thursday 24th November – Winslow in the morning.
- Tuesday 29th November – Member focus group in the morning and a statutory body focus group in the afternoon (both at New County Offices)

December

- If website does not go live in November, then it will be early December – need to discuss capacity in web team.
- Briefing for HWBB (originally scheduled for November)
- Report from focus groups
- Discussion document live on site
- Update for COMT comment

January 2012

- Discussion document / further questions stakeholder event – Aylesbury and High Wycombe, early evening weekday
- Completion of Business Case, PID, Commissioning Strategy and spec written
- 13th Jan above documents sent to PHOSC for comment
- 30th Jan Papers to go to Finance and Legal for clearance prior to Key Decision as per Council process

February 2012

- 20th paperwork sent to Democratic Services for Key Decision
- 27th Key Decision at Cabinet meeting

March

- Procurement process to start

October

- LHW implemented

Risks and considerations – Funding

11. The funding allocations have been raised with Martin Phillips, Cabinet Member, as a risk.
12. The majority of additional funding for LHW will come from two sources:
 - 12.1. The existing BCC LINK budget is £178,311. This is being protected by L&SC until the probable costs for LHW are known. DH is considering allocating a minimum of £20,000 per LA
 - 12.2. Funding for signposting responsibilities currently carried out by PCT PALS will be transferred from PCTs budget to local authorities in October 2012.
13. We should hear in December 2011 what funding we will get for LHW and additional funding for additional elements. However, indications are that we should get at least £131,190 (including the minimum £20,000) for LHW.
14. Costs for Increased Demand for choice will be allocated in 2012-13; we do not have an indication of the start up costs figures for this yet.
15. The Department of Health will allocate funding to Local authorities for their new responsibilities to provide NHS Complaints Advocacy (from April 2012) as part of the Learning Disabilities and Health Reform grant. Indications are that we should receive at least £99,594.
16. Indications are that for additional PCT Deprivation of Liberty Safeguards responsibilities, we should receive at least £9,785.66.
17. The totals above are for whole years. NHS Complaints Advocacy starts in April 2013 and this means the Department will need to determine the exact amount to be transferred in late 2012-13.