

WIRRAL COUNCIL

HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

12 MARCH 2012

SUBJECT:	LINKS TRANSITION TO A LOCAL HEALTHWATCH ORGANISATION
WARD/S AFFECTED:	ALL
REPORT OF:	GRAHAM HODKINSON DIRECTOR OF ADULT SOCIAL SERVICES
RESPONSIBLE PORTFOLIO HOLDER:	COUNCILLOR JEFF GREEN
KEY DECISION:	NO

1.0 EXECUTIVE SUMMARY

- 1.1 This report updates the Overview and Scrutiny Committee on the progress towards establishing a local HealthWatch organisation as directed by the Health and Social Care Bill currently progressing towards Royal Assent.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 A requirement of the Local Government and Public Involvement in Health Act (2007) was that Local Involvement Networks (LINKs) should be established to supercede existing Patient Forums. Each Local Authority was obliged to contract an organisation (known as a host) to establish and then support a LINK. Each Local Authority area had autonomy to decide how they wanted their LINKs to be run and the issues on which it was to focus.

In Wirral, Voluntary Community Action Wirral (VCAW) won the contract to host the Wirral LINKs and has successfully provided support and guidance for the activities of the Wirral LINKs to date. The Health and Social Care Bill (2011) makes provisions for the establishment of HealthWatch England and the transition of existing LINKs into local HealthWatch organisations. This was to have taken effect from 1 October 2012. However, a new start date of April 2013 was announced on 3 January 2012. The Act will charge Local Authorities with the duty to ensure that there is an effective and efficient local HealthWatch in their area, with functions, roles and responsibilities not currently available to LINKs.

- 2.2 The relationship between the host organisation, VCAW, and the Wirral LINKs has been very productive; all LINK members are volunteers and have been able to concentrate on the areas of interest whilst the infrastructure has been overseen by VCAW. The relationship with the Department has also functioned well, whilst not compromising the ability of LINKs to operate as an independent champion for continually improving the quality and standards of health and social care provision for the people of Wirral.

- 2.3 A criticism of the LINKs mechanisms has been that there is no national voice for all of the local networks, and this is to be addressed by the creation of a national body, HealthWatch England, which will have three core responsibilities: leadership, advice, and escalating concerns nationally. The announcement of 3 January also included £3.2m to be made available nationally for start up costs in setting up local Healthwatch. Notification of the allocation for Wirral has not been received.
- 2.4 Local HealthWatch organisations will maintain all existing LINK functions, such as their powers of 'Enter and View', and will continue to have a role in influencing the provision of local services and monitoring any concerns about services but in addition will have a seat at the Health and Wellbeing Board and take on responsibility for advocating for individuals who wish to make a complaint about healthcare.
- 2.5 The key issue for Wirral HealthWatch is the form of the organisation that will enable these functions. Although the Government's 'HealthWatch Transition Plan' states clearly that there should be an evolution from the current LINKs organisations to the new HealthWatch organisations, there is contradictory advice and guidance about how this should happen.

2.6 The organisational model of Wirral HealthWatch

- 2.6.1 Although the Government advises an evolution from the current system, under which a host supports volunteers to carry out the LINKs functions, there is a stipulation that the local HealthWatch organisation must be a 'body corporate', or legal entity, in its own right, so the host relationship must end. The Government has not provided any clear advice or guidance on what is to replace this arrangement.
- 2.6.2 A local HealthWatch Transition Group has been established, comprising members from DASS, NHS Wirral, VCAW, Wirral LINKs, Wirral University Teaching Hospital, Clatterbridge Centre for Oncology, the Community Trust and the Ambulance Trust. This group has deliberated on the best model for the delivery of the required HealthWatch outcomes and is being advised by the Borough Solicitor and guided by the work of the various Pathfinder sites. In the absence of clear Government guidance on the form of a local HealthWatch organisation, Wirral's position reflects that other Local Authorities around the region.
- 2.6.3 The Transition Group considers the following model (see attached) developed in association with Transition Alliance NorthWest (a grouping of stakeholders from Local Authorities, NHS and Public Health) as the most appropriate. In this model:
- The Transition Group (after wide consultation with stakeholders about the form and representation) co-ordinates the establishment of a Wirral HealthWatch Board, which would take the necessary steps to become the 'body corporate'.
 - This Board would appoint a Project Manager/ Chief Officer to co-ordinate the work of the volunteers who would carry out the required HealthWatch functions of signposting, influencing and complaints advocacy, as well as the necessary business support functions.

- At least two HealthWatch volunteers will be invited to sit on the Board as non-executive Directors.
- Wirral HealthWatch would be commissioned and regulated by DASS, with regular monitoring meetings in place.
- A member of the HealthWatch volunteers will have a place on the Health and Wellbeing Board.

2.6.4 Advice is being sought from the Borough Solicitor's office and Transition Alliance NW about how this model could be funded, as by definition it could not be tendered out (there can only be one body corporate known as 'Wirral HealthWatch', for example). Given that 150 Councils are likely to be in a similar position, it may be that an enabling clause will have to be introduced into the Bill.

3.0 RELEVANT RISKS

3.1 There is a risk that the new model may not function as well as the current arrangement, either because volunteers can not be identified of sufficient calibre to run the body corporate, or because of some other, unforeseen factor.

4.0 OTHER OPTIONS CONSIDERED

Mitigation of Risk

4.1 The HealthWatch Transition Plan provides a contingency measure for the Local Authority to put in place 'different arrangements if a local HealthWatch organisation is not operating effectively'. This exact nature of these 'different arrangements' would have to be discussed, but the wording does provide the opportunity for the Local Authority to intervene.

4.2 In the event of difficulties with the model, the Local Authority could discuss the issues with HealthWatch England, an option that is not currently available (nor has been needed) with Wirral LINK.

5.0 CONSULTATION

5.1 A full programme of consultation with the public and the Voluntary, Community and Faith sector about the shape and what they would expect from a Wirral HealthWatch organisation will take place in early 2012.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 See 5.1 above. The transition to HealthWatch is designed to maximise the involvement and voice of people either as individuals or via the groups to which they belong.

7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

7.1 **FINANCIAL** – there is no envisaged change to the current funding arrangements at present but see 2.4 above about how the body corporate could be funded within current procurement arrangements.

7.2 **IT** – there are no IT implications

7.3 **STAFFING** – depending on the job description for the Project Manager, there may need to be a TUPE arrangement with the current host.

7.4 **ASSETS** – there are no asset implications arising from this report.

8.0 LEGAL IMPLICATIONS

8.1 There is a legal requirement to establish a Wirral HealthWatch as a body corporate and the Borough Solicitor's office is providing advice.

9.0 EQUALITIES IMPLICATIONS

9.1 An Equality Impact Assessment will be carried out when the shape of the HealthWatch model is clarified.

10.0 CARBON REDUCTION IMPLICATIONS

10.1 There are no implications arising directly from this report.

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 There are no implications arising directly from this report.

12.0 RECOMMENDATION/S

12.1 That Committee support the Transition Group in seeking to develop the most appropriate model for a successful Wirral HealthWatch organisation.

13.0 REASON/S FOR RECOMMENDATIONS

13.1 The development of HealthWatch is a statutory requirement – therefore the support to develop a successful model is vital.

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APPENDICES

Appendix 1 - HealthWatch model flowchart

REFERENCE MATERIAL

- Health and Social Care Bill: -
<http://www.publications.parliament.uk/pa/cm201011/cmbills/177/11177.156-162.html#i555>
- HealthWatch Transition Plan, DoH March 2011: -
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_126325.pdf
- DoH Gateway Reference 17068, 3 January 2012

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
N/A	N/A