Committee	Date		Classification	Report No.	Agenda Item No.
Health Scrutiny Panel	26 <sup>th</sup> June 20	)12	Unrestricted		
					5.4
Report of:		Title:			
Assistant Chief Executive, Legal Services					
		Developing a Local Healthwatch in Tower Hamlets			
Originating Officer(s):					
Afazul Hoque		Ward(s) affected: All			
Senior Strategy, Policy & Performance Officer			• •		

# 1. Summary

1.1 This report provides the Health Scrutiny Panel with an update on the local and national situation regarding the commissioning and establishment of a Local Healthwatch as required by the Health & Social Care Act 2012.

#### 2. Recommendations

The Health Scrutiny Panel is asked to:

- 2.1 Note and comment on the development of a local Healthwatch and associated functions.
- 2.2 Comment on how the Health Scrutiny Panel would like to work with the Local Healthwatch.

# 3. Background

- 3.1 Local Healthwatch organisations are being introduced to give people greater influence over their local health and social care services, and to support individuals to access information about the choices available to them under the Health and Social Care reforms.
- 3.2 The Health and Social Care Act 2012 is expected to amend the Local Government and Public Involvement in Health Act 2007 so as to place local authorities under a statutory duty to commission effective and efficient local Healthwatch organisations by April 2013. Amendments to the original bill have been added to ensure that local authorities have some flexibility and choice over the organisational form of local Healthwatch so they can determine the most appropriate way to meet the needs of their communities.

# LOCAL GOVERNMENT ACT 1972 (SECTION 100D) LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT

Background paper

Name and telephone number of and address where open to inspection

None

N/A

3.3 New functions to be commissioned by local authorities either as part of, or linked to Healthwatch include NHS Complaints Advocacy Service and Signposting and Advice Services currently provided by local PCT Patient, Advice and Liaison Service (PALS). Secondary legislation for Healthwatch will be released in September 2012.

#### 4. Healthwatch Functions

- 4.1 The proposals set out in the Act mean that local Healthwatch will be expected to:
- provide information and advice to the public about accessing health and social care services and choice in relation to aspects of those services
- make the views and experiences of people known to Healthwatch England helping it carry out its role as a national champion
- make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern
- promote and support the involvement of people in the monitoring, commissioning and provision of local care services
- obtain the views of people about their needs for and experience of local care services and make those views known to those involved in the commissioning, provision and scrutiny of care services
- make reports and recommendations about how those services could or should be improved.
- 4.2 NHS Independent Complaints Advocacy Service (Currently provided by POhWER (<a href="www.pohwer.net">www.pohwer.net</a>) (in London as part of a national contract with the Department of Health). This function can be commissioned separately to the other Healthwatch functions

#### 5. National Context

- 5.1 In August 2010, the Government's Health White paper proposed the creation of a new organisation, Local Healthwatch, which would succeed Local Involvement Networks (LINk). It would continue their responsibilities as well as take on new ones, currently performed by PCT PALS and the national NHS Independent Complaints Advocacy Service (ICAS) Contract held by the Department of Health. This has subsequently been given effect by the Health and Social Care Act 2012.
- 5.2 Since the Act received Royal assent, a number of clarification documents have been issued by the Department of Health and others to assist local authorities in commissioning local Healthwatch.
- 5.3 The Local Government Association have also developed an implementation programme to ensure local authorities are informed and assisted in their duties to commission local Healthwatch by April 2013.
- 5.4 Recent National Policy Changes are as follows:
  - 1. Healthwatch will now include (subject to Ministerial Approval) a remit which extends to Children's Social Care Service
  - 2. NHS Independent Advocacy may now be commissioned separately to Healthwatch
  - 3. Guidance on secondary legislation will be issued by the Department of Health in September 2012.

#### 6. Regional Context

6.1 Officers from the One Tower Hamlets Team who will be commissioning the Local Healthwatch have been part of Regional Commissioning meetings facilitated by the Joint Improvement Partnership. A simulation event was held on 29<sup>th</sup> May 2012 with key stakeholders from across East London and the City which enabled participants to take part in simulated problem-solving exercise related to the new Healthwatch and Health and Wellbeing Board arrangements. The event ended with borough representatives focusing on how to build on existing good practice in public and patient engagement and suggestions for areas of improvement. They key points are summarised below:

Building on good practice	Areas for improvement
Smooth transition to Healthwatch	Increase diversity of Members
Positive relationships with stakeholders	Increase profile of Healthwatch to make it more accessible
Evidence based reports	New duty to provide information and advice

6.2 The Regional Commissioning Group has been exploring the value of maintaining a regional contract for the Complaints Advocacy Service and a sub group is undertaking analysis of this. We are currently awaiting borough activity data to ascertain the demand locally.

# 7. LINk and the Hosting Contract Arrangements

- 7.1 The Local Involvement Network (Tower Hamlets Involvement Network, THINk) hosting arrangements have been in place since 2008 when Urban Inclusion was awarded the contract following a competitive process.
- 7.2 The Council has been satisfied with the host's performance in achieving the agreed outcomes and the hosting arrangements were extended for a year in March 2012, given the national extension of the deadline for the establishment of Local Healthwatch and the lack of central guidance regarding its implementation.
- 7.3 LBTH and THINk were awarded Pathfinder status in 2011 and we will use the additional funding, announced in January 2012 to consult local people on their views regarding the vision for a Local Healthwatch and in particular what constitutes a good NHS Complaints Advocacy Service and Signposting and Advice Services both new functions to be commissioned by Local Authorities either as part of, or linked to Healthwatch by April 2013.

# 8. Developing Healthwatch Tower Hamlets

- 8.1 The THINk has been discussing with its Members the vision for a local Healthwatch and will continue to work with the Council to support the transition. A wider consultation programme is currently being developed and will include mechanism such as online questionnaire, focus groups, discussions with existing groups and three information events at idea stores.
- 8.2 There is also on-going discussion with the Mayor and wider stakeholders around the organisational form of Healthwatch and funding options and this will be communicated to all stakeholders.

# 9. Indicative funding

- 9.1 The government currently allocates £27 million each year to local authorities for LINks through the local government Formula Grant. The Department of Health guidance document states that this will continue and additional funding will be made available to local authorities from 2013/14 to support the information function that local Healthwatch will have and also for commissioning of NHS Complaints Advocacy Service.
- 9.2 The Council will find out in December 2012 the total funding that will be available to commission this service however this will be subject to existing planned reductions in its overall Formula Grant as part of its medium term financial plan and therefore existing funding allocated to LINKs will be required to fund expenditure for all future requirements under the new legislation.

#### 10. Timetable

Activity	Deadline	
Consultation on Healthwatch Tower Hamlets with stakeholder	June – July 2012	
National consultation on regulations	May-June 2012	
Commissioning approach for Healthwatch functions agreed	June 2012	
Secondary legislation (Healthwatch regulations) released by the Department of Health	September 2012	
Healthwatch Service Specification presented to HWBB	September 2012	
Local Funding allocation for Healthwatch confirmed	December 2012	
Healthwatch and new functions commissioned	March 2013	
Launch of Healthwatch Tower Hamlets	April 2013	

# 11. Concurrent Report of the Assistant Chief Executive (Legal Services)

- 11.1 Whilst the Health and Social Care Act 2012 received royal assent on 27 March 2012, the provisions of the Act that are intended to make relevant amendments to sections 221 and 222 of the Local Government and Public Involvement in Health Act (to require local Healthwatch arrangements) have not yet been commenced. It is intended that the obligation on the Council will be to make arrangements with a body corporate which is a social enterprise and which satisfies such criteria as may be prescribed by regulations made by the Secretary of State. As indicated in the report, the regulations are not expected until later in 2012.
- 11.2 The Council will need to go through a procurement process to select an appropriate social enterprise for the purposes of its local Healthwatch arrangements. In doing so, the Council will need to comply with its procurement procedures and be mindful of its obligations as a best value authority under the Local Government Act 1999. The Council will also need to carry out any procurement process having due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who don't.

11.3 The functions required to be exercised by the Council's local Healthwatch are listed in section 221(2) of the Local Government and Public Involvement in Health Act 2007. More functions will be added when the "Healthwatch" provisions of the Health and Social Care Act 2012 take effect. If the existing functions are currently being exercised by another body, then there may well be implications under the Transfer of Undertakings (Protection of Employees) Regulations 2006 and this will be taken into account when making the new arrangements.

#### 12. Comments of the Chief Financial Officer

- 12.1 The Health and Social Care Act 2012 confers a statutory duty on local authorities to commission effective and efficient local Healthwatch organisations by April 2013.
- 12.2 Some initial costs will be incurred in 2012/13 and these are expected to be contained within the Local Healthwatch Set-up fund of £17.5k which is distributed through the Department of Health Learning Disabilities and Health Reform Grant.
- 12.3 Details of government funding for future years will not be made available until later this year and a further report will be submitted once this information is known. However, the Council has budgeted already for a reduction in its Formula Grant as part of its medium term financial plan over the next five years and therefore existing funding allocated to LINKs will be required to fund expenditure for all future requirements under the new legislation. Officers will therefore be obliged to seek the appropriate financial approval before further financial commitments are made as part of the implementation of this new legislation.

#### 13. One Tower Hamlets consideration

- 13.1 The key to developing a Local Healthwatch will be to ensure that it is able to reflect the voice and concerns of the diverse population of the borough. A key requirement will be for the organisation to ensure this is reflected in its membership and its work programme. The Local Healthwatch will provide services to individuals through advice and information. This will be open to all but are likely to be particularly valuable to people who face barriers to finding out about services and their rights: including people with learning disabilities, mental health service users, people without internet access and residents whose first language is not English or who find reading difficult.
- 13.2 The Local Healthwatch will enable local people to take on a community leadership role in the health and social care sector and therefore influencing commissioning and delivery of services according to local needs. Tackling health inequalities will be central to the work of the Local Healthwatch through their involvement in Health & Wellbeing Board, preparation of the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy.
- 13.3 The Local Healthwatch will be subject to the Public Sector Equality Duty under section 149 of the Equality Act 2010 and should prepare and publish an equality policy showing how they will meet the duty.

# 14. Risk Management Implications

14.1 There are no direct risk management implications arising from this report. However, it will be important to consider risk management issues in the transition from THINk to Healthwatch.