

<b>DECISION-MAKER:</b>	HEALTH OVERVIEW AND SCRUTINY PANEL
<b>SUBJECT:</b>	COMMISSIONING LOCAL HEALTHWATCH: LEARNING POINTS FROM LOCAL INVOLVEMENT NETWORKS (LINK)
<b>DATE OF DECISION:</b>	15 <sup>TH</sup> AUGUST 2012
<b>REPORT OF:</b>	EXECUTIVE DIRECTOR OF HEALTH AND ADULT SOCIAL CARE
<b>STATEMENT OF CONFIDENTIALITY</b>	
None	

### **BRIEF SUMMARY**

The Health and Social Care Act 2012 requires local authorities to establish local Healthwatch as a vehicle which will succeed the Local Involvement Networks (LINKs) as a voice for patients and the public on health and care services, in addition to it undertaking a new role providing information, advice and signposting on services. In response to a request from the Chair of the Health Overview and Scrutiny Panel this report examines some of the lessons from the LINK experience and the learning points that will be applied to the development of Healthwatch.

### **RECOMMENDATIONS:**

- (i) That the scrutiny panel notes and comments on the learning points from the Local Involvement Network.

### **REASONS FOR REPORT RECOMMENDATIONS**

1. To enable the scrutiny panel to understand some of the learning points from managing the contracts to support LINKs.

### **DETAIL (Including consultation carried out)**

2. Over the years legislation has established a variety of mechanisms to enable public views on the provision of health and care services to be expressed. The current system of Local Involvement Networks was established under the Local Government and Public Involvement in Health Act 2007, as a vehicle to replace the former Patient and Public Involvement Forums. LINKs were empowered to look at social care issues as well as being a vehicle for collecting and expressing public views on health services, and were given “enter and view” powers for inspecting health and social care premises. The Health and Social Care Act 2012 will replace LINKs with Healthwatch from 2013. Local Healthwatch will continue to have the existing responsibilities of LINKs, but will also have a duty to provide an information and signposting service.
3. Since July 2011, the contract for hosting Southampton LINK has been held by Southampton Voluntary Services (SVS). During the time SVS has been supporting Southampton LINK the host service has been delivered professionally, efficiently and smoothly, and nothing in this report should be taken as any criticism of the way in which they are delivering the contract. The purpose of this report is to explain what elements the council would like to

improve on as it develops Healthwatch.

4. Three issues have been identified as being learning points to take forward into developing the specification for local Healthwatch in Southampton.
  - Having a contract direct with Local Healthwatch, as opposed to any kind of hosting arrangement
  - Making provision for the transfer of data relating to the individual members
  - Including the ability to withhold payment in the event that local Healthwatch is not performing to the level specified.

### **Having A Contract Direct With Local Healthwatch**

5. The Local Government and Public Involvement in Health Act 2007 specifically set up a mechanism where the LINK was a body with no legal status, but it required local authorities to procure services from a host organisation to support the activities of the LINK. Across England, many local authorities have found this a complicated system to administer. The contract is between the local authority and the host, but the activities to be undertaken are determined by the members of the LINK. There was no direct line of responsibility between the LINK and the local authority. In terms of being the independent voice of the public and service users this was logical, but the host has been in a challenging position, having to fulfil the terms of the contract with the local authority and meet the wishes of the LINK members and the LINK governing body.
6. Over the lifetime of LINKs a number of local authorities expressed the complexities and weaknesses of the host arrangement to the Department of Health and bodies such as the Local Government Association. The Health and Social Care Act 2012 removes the hosting arrangement requirements. Local Healthwatch will be a legal entity in its own right. This enables the council to avoid repeating the situation with an intermediary body between the local authority and local Healthwatch, and setting up Southampton Healthwatch in such a way as to ensure it has the contract directly with the council will mean a more direct and straightforward relationship for both the council and Healthwatch.

### **Making Provision for the Transfer of Data Relating to Individual Members**

7. The time taken for the passage of the Health and Social Care Bill through Parliament meant many LINK host contracts expired before local Healthwatch is established. At the expiry of the first contract, a new hosting contract was made with a different organisation. Once awarded the previous host organisation pointed out that there was nothing in the first contract which required them to make provision under the Data Protection Act to notify individuals that their details could be transferred to a new host organisation in the event of another body acting as LINK host at any point in the future.

8. This meant that the new host body had to rely on individuals supplying personal details afresh. Whilst the active LINK members were happy to do so, this was not possible to achieve for all those people who had signed up to LINK over the years, but were not actively attending LINK events. In setting up local Healthwatch provision will be made in the specification to ensure that contact details of members can be transferred to any successor body.

**Including the ability to withhold payment in the event that local Healthwatch is not performing to the level specified**

9. The specification for Healthwatch will set out a number of performance indicators for each of the activities to be undertaken. To secure delivery of the information required for effective management of the contract it is intended that there will be provision to withhold part of the payment in the event that the full information required is not supplied.

**ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

10. None.

**RESOURCE IMPLICATIONS**

**Capital/Revenue**

11. None directly in this report. The budget for SLINK has been established through previous budget setting arrangements and the budget for Local Healthwatch will be established through the 203/14 budget setting process.

**Property/Other**

12. None.

**LEGAL IMPLICATIONS**

**Statutory Power to undertake the proposals in the report:**

13. Local Involvement Networks were established under the Local Government and Public Involvement in Health Act 2007. The Health and Social Care Act 2012 requires local authorities to establish Local Healthwatch.

**Other Legal Implications:**

14. None.

**POLICY FRAMEWORK IMPLICATIONS**

15. None.

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**SUPPORTING DOCUMENTATION**

**Non-confidential appendices are in the Members' Rooms and can be accessed on-line**

**Appendices**

1.	None.
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**Documents In Members' Rooms**

1.	None.
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**Integrated Impact Assessment**

Do the implications/subject/recommendations in the report require an Integrated Impact Assessment to be carried out.	No
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**Other Background Documents**

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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**Integrated Impact Assessment and Other Background documents available for inspection at:**

<b>WARDS/COMMUNITIES AFFECTED:</b>	
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