

<b>DECISION-MAKER:</b>	SHADOW HEALTH AND WELLBEING BOARD
<b>SUBJECT:</b>	DEVELOPMENT OF HEALTHWATCH SOUTHAMPTON
<b>DATE OF DECISION:</b>	19 <sup>TH</sup> SEPTEMBER 2012
<b>REPORT OF:</b>	DIRECTOR OF HEALTH AND ADULT SOCIAL CARE
<b>STATEMENT OF CONFIDENTIALITY</b>	
None	

### **BRIEF SUMMARY**

This report summarises the development of Healthwatch Southampton, which is to be “the independent consumer champion for the public – locally and nationally - to promote better outcomes in health and social care for all”. It summarises the duties of local Healthwatch, the stakeholder engagement undertaken and the process for securing Healthwatch in Southampton.

### **RECOMMENDATIONS:**

- (i) That the shadow Health and Wellbeing Board notes the progress being made to establish Healthwatch Southampton

### **REASONS FOR REPORT RECOMMENDATIONS**

1. To update the shadow Health and Wellbeing Board on the progress being made to establish Healthwatch Southampton.

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

2. The Health and Social Care Act 2012 requires local authorities to establish Healthwatch for their areas. It is to be the independent voice of the patient and public on health and social care issues. The main functions to be delivered by local Healthwatch are:-
  - Making the views and experiences of people known to Healthwatch England helping it to carry out its role as national champion;
  - Making recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern;
  - Promoting and supporting the involvement of people in the monitoring, commissioning and provision of local care services;
  - Obtaining 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; and
  - Making reports and make recommendations about how those services could or should be improved.

- Being represented on the Health and Wellbeing Board
  - Providing information and advice to the public about accessing health and social care services and choice in relation to aspects of those services.
3. Much of this continues the core activities undertaken by Southampton Local Involvement Network (LINK) over recent years, but with significant additional functions. A key ambition is to carry forward as many volunteers who have contributed to LINK to local Healthwatch and secure their continuing contribution. The establishment of Healthwatch England as a national champion within the Care Quality Commission aims to provide the voice direct to government. Healthwatch England has developed a branding that is to be licensed to local Healthwatch. This should create a recognisable brand, with a service behind it tailored to local needs.
4. A series of engagement events were held in the spring to ascertain the views and expectations of the public and key stakeholders on how they thought local Healthwatch could work best for them. Some of the key issues to come out of these sessions included:
- The importance of ensuring Healthwatch Southampton is a service rooted in Southampton, representing the whole of the city and reflecting the views of excluded and hard to reach groups
  - Connecting to, but not duplicating, other engagement, signposting and information services
  - Realistically managing expectations of what it can deliver
  - Being truly independent, with both paid staff and volunteers delivering outcomes
  - The ability to operate and offer support at a community level
  - Effectively marketing local Healthwatch to ensure it is well known across the city
  - Having a sound governance framework to make Healthwatch Southampton transparent, accountable and autonomous, with roles and responsibilities clearly defined.
5. One of the functions of interest to the Board relates to the fact that a representative of local Healthwatch must be appointed to the Health and Wellbeing Board. This is a key role, as local Healthwatch will have a major role to play ensuring the views of the public and patients are taken into account when the Board takes decisions. At the same time, the Healthwatch representative will be held to account for their role in the Board's key strategic and commissioning decisions. A person specification for this role has been developed to allow local Healthwatch to appoint an individual with the necessary skills and competencies. In order to avoid any conflict of interest that person will not be permitted to take any position on the Health Overview and Scrutiny Panel, which will be holding the HWB to account.

6. Another duty the Act places on local authorities is securing an advocacy service for complaints against the NHS. This can be part of local Healthwatch, or delivered as a separate service. It will replace the existing Independent Complaints Advocacy Service, which is commissioned by the Department of Health on a regional basis. This is a specialist service which differs in nature to the other advocacy services commissioned by the council. Discussions are currently taking place with a group of both unitary and county councils in south east England to try and secure a cross boundary service. Because of the scale of the service within city, it has been considered commissioning a service with other authorities will add resilience in the event of events such as staff sickness or an unexpected increase in complaints activity.
7. The provision of advice, information and signposting services will be shaped to avoid duplication of existing services. The engagement exercise revealed a multiplicity of information sources, many of which are providing a very successful support. The PCT cluster is commissioning a new 111 information service for health issues, and the Care and Support Bill published in the summer will require the publication of additional information on social care services and care providers. The main point that came up from consultation was that people need advice on who they need to contact for advice and support, and that this support is often needed at times of diagnosis or crisis.
8. A series of activities are currently underway to secure the best possible Healthwatch service for Southampton. A LINK legacy project is ensuring the outcomes from LINK and the experiences of LINK members are properly documented. This will provide a resource for local Healthwatch and enable it to have a clear focus on issues which have been of concern to the public, have a written knowledge of the outcomes from the LINK, and an understanding of the challenges LINK has faced during its existence. A second project is attempting to identify and bring together potential providers, to enable them to decide whether they are in a position to tender to establish Healthwatch Southampton, or whether they would wish to try and establish some sort of consortium arrangement whereby they might wish to work with another organisation with complementary strengths.
9. A specification for Healthwatch Southampton is being finalised and a tender process will then be undertaken to secure a provider. Healthwatch Southampton will then be established as a social enterprise. A final announcement on the funding for Healthwatch is expected from the Department of Health in December 2012. The funding is not ring-fenced and the local funding arrangements will be determined through the council's budget setting process.

#### **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

10. None. The Health and Social Care Act 2012 places a duty on the council to establish Healthwatch Southampton.

## RESOURCE IMPLICATIONS

### Capital/Revenue

11. The final announcement on the Department of Health funding for local Healthwatch is expected in December 2012. Previously published documentation giving indicative funding levels suggests a total allocation to Southampton in the region of £250,000. However, this sum is not ring-fenced and the final sum allocated to Healthwatch Southampton will be determined as part of the 2013/14 budget setting process.

### Property/Other

12. None.

## LEGAL IMPLICATIONS

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

13. The duties to establish local Healthwatch and the functions for local Healthwatch are set out in sections 182 – 189 of the Health and Social Care Act 2012.

### 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)
NONE	

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