REPORT TO: Cabinet Member for Health and Social Care

DATE: 16th March 2011

SUBJECT: Sefton Local Involvement Network

WARDS All

AFFECTED:

REPORT OF: Robina Critchley

Adult Social Care Director

CONTACT Margaret Milne

OFFICER: Principal Manager Adult Social Care

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EXEMPT/

CONFIDENTIAL: N/A

PURPOSE/SUMMARY:

To inform the Cabinet Member regarding the statutory responsibility of the Directorate to continue to support the funding of The Sefton Local Involvement Network (LINk) during the transitional year 2011/12 preceding the establishment of HealthWatch in April 2012.

REASON WHY DECISION REQUIRED:

Cabinet Member's approval is sought to continue to financially support the LINk Host Support organisation (Sefton Council for Voluntary Services CVS) for the financial year 2011/12.

RECOMMENDATION(S):

- 1. Cabinet Member approval is sought to enter into an extension of the current Service Level Agreement with Sefton CVS at a cost of £91,500 for 1 year.
- 2. A further report to be presented to Cabinet Member in 6 months to update regarding specifications for the local HealthWatch.

KEY DECISION: No

FORWARD PLAN: No

IMPLEMENTATION DATE: 1st April 2011

ALTERNATIVE OPTIONS:

None. There is a statutory responsibility for Local Authorities to financially support and commission the Local Involvement Networks.

IMPLICATIONS:

Budget/Policy Framework:

Financial: During the period 1st April 2008 to 31st March 2011 there has been a designated allocation for LINks within the area based grant. There is no allocation for 2011/12 until the establishment of HealthWatch. There is a requirement of funding for £91,500 to support LINks in 2011/12 from the Adult Social Care revenue budget.

CAPITAL EXPENDITURE	2009 2010 £	2010/ 2011 £	2011/ 2012 £	2012/ 2013 £
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
REVENUE IMPLICATIONS				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N		When? N/A		
How will the service be funded post expiry?		N/A		

Statutory du	ıty to su	pport LINks.
	Statutory du	Statutory duty to su

Risk Assessment: N/A

Asset Management: N/A

CONSULTATION UNDERTAKEN:

DISCUSSIONS HAVE TAKEN PLACE WITH THE CHIEF EXECUTIVE OF SEFTON COUNCIL FOR VOLUNTARY SERVICE, NHS SEFTON AND THE CHAIR OF THE LINKS

The Interim Head of Corporate Finance & Information Services has been consulted and his comments have been incorporated into this report.

FD 672/2011

The Head of Corporate Legal Services has been consulted and has no comments on this report - **LD0064/11**

CORPORATE OBJECTIVE MONITORING:

Corporate Objective		Positive Impact	Neutral Impact	Negative Impact
1	Creating a Learning Community		\checkmark	
2	Creating Safe Communities			
3	Jobs and Prosperity	√		
4	Improving Health and Well-Being	√		
5	Environmental Sustainability	√		
6	Creating Inclusive Communities		√	
7	Improving the Quality of Council Services and Strengthening local Democracy	√		
8	Children and Young People		√	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

- Our Health Our Care Our Say: A new direction for Community services January 2006
- A Stronger Local Voice December 2006
- Equity and Excellence: Liberating the NHS: Establishing HealthWatch (DH 2010)

Background

Cabinet Member approved the report of the Director of Health and Social Care on 23rd January 2008, which related to the establishment of the Local Involvement Networks (LINks) and the subsequent tendering exercise to procure a host to support the LINks in Sefton. Sefton Council for Voluntary Services were awarded the contract from 1st April 2008 for 3 years.

The financial support for LINks from 1st April 2008 to 31st March 2011 has been through a designated Department of Health grant.

The cost of the support to the Sefton LINks during 2010/11 is £122,000.

Changes in legislation

In autumn 2010 the Government published their plans relating to the modernisation of the National Health Service "Equity and Excellence: Liberating the NHS". Within that document the Government announced plans to set up an independent champion for Health and Social Care consumers that will see LINks evolve into what will be known as "HealthWatch" by 2012.

Local HealthWatch

Under the proposals, HealthWatch would become the local consumer champion covering most health and social care services.

Existing role

Local HealthWatch would: retain LINks' existing responsibilities, i.e. to promote patient and public involvement and to seek views on services which can inform local commissioning; have continued rights to enter and view provider services, and continue to be able to comment on changes to local services.

Like LINks, local HealthWatch organisations are likely to continue to champion the NHS Constitution and the patients' rights it sets out.

New role

The White Paper proposes giving local HealthWatch organisations additional functions and funding, to provide a complaints advocacy service and to support individuals exercising choice. In particular, HealthWatch would support people who lack the means or capacity to make choices.

Local HealthWatch would also be able to report concerns regarding the quality of local health and social care services to HealthWatch England. Local HealthWatch would be able to do this independently of their local authority and HealthWatch England would be able to recommend that the Care Quality Commission (CQC) takes action.

A HealthWatch representative would also sit on the new Health and Wellbeing Boards in order for the community to be engaged in local decisions.

There has been no indication of the amount of funding to be made available in order to establish HealthWatch, however, Councils have been advised that they continue to have a statutory duty to provide support to the LINk during the transitional year.

HealthWatch England

Under the current proposals, HealthWatch England would be set up as an independent arm of the Care Quality Commission, with a specific remit to represent, at a national level, people using health and social care services. This would give the public a real influence over the national planning, policy and regulation of care.

An independent part of CQC

CQC is the regulator for health and social care services in England, which aims to ensure better care is provided for everyone. Government are proposing to make HealthWatch England part of CQC to build on their existing use of patient experience information to regulate care and makes good economic sense in today's financial climate. Building on what already exists would enable HealthWatch to become established more quickly in order to provide national support and leadership to LINks, as they evolve into HealthWatch organisations and beyond.

Shaping policy and delivery

Under the current proposals, HealthWatch England would use evidence from local HealthWatch organisations as well as carrying out its own work to identify concerns and poorly performing services. HealthWatch would then be able to recommend to CQC services for investigation. This would give the public, through HealthWatch, a powerful voice in identifying concerns and ensuring action is taken by the regulator.

There would also be a legal requirement for its views to be taken into account by the Secretary of State, the NHS Commissioning Board and Regulators, including CQC. The intention is that HealthWatch England would have to be consulted about any new commissioning guidelines developed for our health and social care services. Thus, they would be able to influence national strategy, policy and operations, as well as input to the registration and regulation of services.

The role of local authorities

Under current proposals, local authorities would have a vital role in ensuring that local HealthWatch organisations are successful and would be able to commission HealthWatch to provide services to the local community.

Local authorities would:

Fund the work of local HealthWatch organisations and would contract support to help them carry out their work; have a legal duty to ensure that the activities and support for local HealthWatch organisations are effective and value for money; in the event of under-performance, be able to intervene and if necessary re-tender the contract to support the work of HealthWatch; ensure that the focus of local HealthWatch activities is representative of the local community.

The consultation document "Local democratic legitimacy in health" explores how local HealthWatch could input into the process of assessing the needs of the local population and influencing commissioning decisions.

Under the White Paper proposals, local authorities would also assume responsibility for funding NHS complaints, advocacy, currently provided by the Independent Complaints Advocacy Service (ICAS). They would be able to commission local HealthWatch or HealthWatch England to provide complaints advocacy and support to individuals who wish to make a complaint.

Each local authority area would also have a Health and Wellbeing Board, the role of which would be to scrutinise local decisions. A representative from the local HealthWatch would sit on this board.

Recommendation

- 1. Cabinet member approval is sought to enter into an extension of the current Service Level Agreement with Sefton CVS at a cost of £91,500 for 1 year.
- 2. A further report to be presented to Cabinet Member in 6 months to update regarding specifications for the local HealthWatch.