



Haringey Council

Report for:	Adults and Health Overview & Scrutiny on 16th April 2013	Item Number:	
Title:	Local Healthwatch Haringey – Summary Briefing Note		
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Ward(s) affected: All	Report for: Non Key Decision		

1. Describe the issue under consideration

- 1.1. The Health and Social Care Act 2012 (H&SC Act 2012) abolishes LINKs (Local Involvement Network) and introduces Local Healthwatch, and a national body – Healthwatch England (HWE), to provide guidance to the Local Healthwatch (LHW). Local authorities have statutory responsibilities for setting up Local Healthwatch bodies and monitoring their work. Local Authorities also have responsibilities for contracting with organisations to support Local Healthwatch. Healthwatch had to be established by 1st April 2013.
- 1.2. This report updates Adults and Health Overview & Scrutiny Committee regarding local arrangements for Healthwatch Haringey.

2. Background information

- 2.1 Local authorities have specific statutory duties in relation to LHW and had to ensure that LHW was in place by 1st April 2013. The duties include commissioning LHW, funding it, providing the contract reporting and management function to ensure that it is effective and delivers services within a value for money framework, and in line



Haringey Council

with the legislation. They also have a number of duties in relation to monitoring and reporting on the work of LHW.

2.2 Healthwatch is intended to strengthen the collective voice of users of health and social care services and members of the public, both nationally and locally. LHW organisations have greater powers and responsibilities than LINKs, their predecessors.

- LHW must be a corporate body (i.e. a legal entity in its own right) and a social enterprise operating for the benefit of the community;
- It must be representative of the community it serves;
- It must cover both health and social care services for adults and children;
- It is a statutory member of the local authority's health and wellbeing board;
- It is required to provide an information, advice and signposting service for the public, including informing people how they can make a complaint if things go wrong;
- It has powers to request information from commissioners and providers of health and social care who must respond to its reports and recommendations, and to enter health and social care premises (except those providing care to children and young people); and
- It can alert the local authority, the NHS, Healthwatch England and/or the Care Quality Commission to concerns about specific health and social care providers and health and social care matters.

2.3 Healthwatch is the new consumer champion for both health and social care, and will have responsibilities in respect of both adults and children. Healthwatch has a seat on the statutory Health and Well-being Board, and will have responsibilities in ensuring the views and experiences of patients carers and residents are taken into account when local needs assessments and strategies are developed, implemented and monitored.

2.4 Healthwatch needs to be an independent organisation, able to employ its own staff and involve volunteers. The aim of Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided in their area. Haringey Healthwatch will be supported by Healthwatch England, who will provide the standards of operation. It should be noted that Healthwatch England will be a statutory committee of the Care Quality Commission

2.5 Key functions of Healthwatch include:

- Community engagement;
- Support of network of volunteers;
- Exercise of statutory powers (such as Enter & View to residential homes); and
- Provision of general information and advice.

2.6 Following extensive consultation on what model of service delivery residents wished to see for Healthwatch in Summer and Autumn 2012, the Council originally offered the delivery of Healthwatch as a tender opportunity, which closed in early December 2012. However we did not receive adequate bids (two were received) in terms of



Haringey Council

quality or value for money, to be able to award a contract; and this also demonstrated that there does not appear to be a sufficiently robust market for the provision of this service.

- 2.7 We implemented a community consultation exercise at the end of May 2012; and this included:
- Informing local people about Healthwatch at the beginning of June 2012 and this included an explanation of the commissioning process and details about the tendering timetable. We ran lots of focus groups in the community including targeting users of health and care services;
 - In July 2012 we ran a multi- agency workshop which was attended by lots of local voluntary sector organisations; and
 - In August 2012 we circulated a Healthwatch questionnaire in order to gather people's views and this included the tendering timetable. In addition we ran some 'Pop-Up' sessions around the borough (Morrison's, Tesco's and the Retail Park at Tottenham Hale) where information about Healthwatch was given out including copies of the questionnaire.
- 2.8 Haringey Citizens Advice Bureaux and Haringey Race Equality Council organisations will deliver the service in Haringey. Haringey Race Equality Council will support the delivery of community engagement for Healthwatch, whilst Haringey Citizens Advice Bureaux will deliver the other aspects.
- 2.9 The Independent Complaints and Advocacy Service will be delivered by Voiceability, an experienced and well established provider of advocacy services (for example, Voiceability is the current provider of Independent Mental Capacity Advocacy Service in Haringey). Haringey joined a consortia of 25 London local authorities, led by Hounslow Council, for the tendering of this service. The ICAS service was previously commissioned directly by the Department of health. It is noted that 33 NHS cases are predicted for Haringey in 2013/14. The exact figure is unknown at present as the service is demand led.
- 2.10 It is noted that the Patient Advice Liaison Service (PALS) will continue to provide general advice, and seek to resolve concerns before they escalate into complaints, but do not provide complaints advocacy. The ICAS is a specialist services providing assistance to people making, or intending to make, a complaint in relation to the provision of NHS services, or to the exercise of statutory functions by certain NHS bodies. The service ranges from self-help to dedicated advocacy to making an NHS complaint. Independent advocates make sure clients have all the information they need; they help them explore choices and options but do not try to influence decisions that individuals make.

3. Equalities



Haringey Council

- 3.1 It is noted that central to the successful delivery of this new service, is community engagement and increasing access to hard to reach groups, and therefore a full Equalities Impact Assessment should be completed at the end of the first year of this contract, to ensure the Council can have confidence that the proposed provider(s) are working effectively with residents who may have protected characteristics. It is noted that this requirement will be built into the service specification of the contract.
- 3.2 Where any gaps are identified, officers may need to review the service with the provider to ensure an action plan is developed that may include targeting specific groups.

4. Next steps

- 4.1 Healthwatch is now established, and the next 3-6 months will be critical in ensuring it delivers to the aspirations of the Council and for Haringey residents. The key priorities for this initial period are:
- Recruitment of the Director post and staff team;
 - Establish a Board that oversees the activities of Healthwatch;
 - Appoint a Chair to the Board;
 - Recruit volunteers to the network and Board;
 - Liaison with wider community and voluntary sector;
 - Agree and implement appropriate governance arrangements;
 - Develop and agree a work plan, including community engagement, undertaking the key functions and so on; and
 - Ensure statutory requirements (information and advice) are fully functioning.