

Report No.

London Borough of Bromley

ACS11063

PART 1 - PUBLIC

Decision Maker: Adult and Community PDS Committee

Date: 30th November 2011

Decision Type: Non-Urgent Non-Executive Non-Key

Title: **ARRANGEMENTS FOR DEVELOPING HEALTHWATCH IN BROMLEY**

Contact Officer: Wendy Norman, Strategic Manager, Procurement and Contract Compliance
Tel: 020 8313 4212 E-mail: wendy.norman@bromley.gov.uk

Chief Officer: Lorna Blackwood, Assistant Director of Commissioning and Partnerships

Ward: Boroughwide

1. Reason for report

This report gives Members information about the establishment of a local Healthwatch organisation in Bromley.

2. **RECOMMENDATION(S)**

Members are asked to note the contents of this report.

Corporate Policy

1. Policy Status: N/A.
 2. BBB Priority: N/A.
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Financial

1. Cost of proposal: N/A New funding for Healthwatch has not yet been confirmed.
 2. Ongoing costs: N/A.
 3. Budget head/performance centre:
 4. Total current budget for this head: £
 5. Source of funding:
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Staff

1. Number of staff (current and additional):
 2. If from existing staff resources, number of staff hours: Staff resource to monitor contract
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Legal

1. Legal Requirement: Statutory requirement.
 2. Call-in: Call-in is not applicable.
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected):
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? No.
2. Summary of Ward Councillors comments:

3. COMMENTARY

3.1 The Health and Social Care Bill 2010-11 introduced the concept of a Local Healthwatch, an organisation which will act as the local consumer champion across health and social care. The bill is still progressing through the House of Lords, however it is very likely that the changes it requires will be introduced with effect from October 2012.

3.2 Local Healthwatch will retain the involvement and scrutiny functions of Bromley Link

- Promoting local involvement
- Obtaining patient and public views
- Monitoring health and care services
- Making reports and recommendations to Commissioners
- Carrying out Enter and View visits

and in addition will

- have a role in providing information to support patient choice. This information is currently provided by PCT Patient Advocacy Liaison Service (PALS)
- point members of the public in the direction of NHS complaints advocacy. Alternatively Local Healthwatch could bid to run this service which will become a Council responsibility in April 2013.
- Have a seat on the Local Health and Wellbeing Board which will be responsible for the Joint Strategic Needs Assessment and the development of a Health and Wellbeing Strategy.

3.3 The draft legislation requires that local Healthwatch will be a “body corporate”. This would be an organisation in its own right, for example a charity, or company limited by guarantee as opposed to Bromley Link which is a network comprised of volunteers. Healthwatch will therefore be able to appoint its own staff, will have to produce its own annual accounts and will have to comply with nationally set standards.

3.4 The Council will be required to make arrangements to establish a Local Healthwatch which carries out the specified activities. It is most likely that the Council will commission Local Healthwatch via a competitive tendering process. The contract could be directly with an organisation which will deliver the Healthwatch activities, or with a host organisation that will support the activities.

3.5 Funding for Healthwatch will be made up from the budget already sitting with the Council for Links and from funds transferred from the PCT PALS budgets. There will also be a small amount of additional funding to cover the anticipated increase in demand for assistance when the reforms introduced through the health bill take hold. None of the funding will be ring fenced to Healthwatch activity.

3.6 The Health and Social Care Bill also introduced Healthwatch England, an organisation which will represent Healthwatch at a national level and will be a committee of the Care Quality Commission. (CQC) It is expected that local Healthwatches will be able to pass on local concerns to Healthwatch England who will work with CQC to look into concerns raised from local information.

- 3.7 Although the Health and Social Care bill has yet to be passed the proposals require significant changes to current arrangements. In order to explore the arrangements which we might need to make in Bromley a workshop was held by Commissioning and Partnerships Division and Bromley Link on 24th October to which stakeholders from a wide range of statutory and voluntary organisations were invited. The workshop was well attended and delegates demonstrated a strong commitment to working together to maximise the effectiveness of the new organisation.
- 3.8 The focus of the first part of the workshop was to ensure that all partners were fully aware of the Healthwatch proposals and the changes that would result from these. The advantages and disadvantages of different structural models were compared and considered including the implications for existing organisations and staff members.
- 3.9 In the second part of the workshop delegates were divided into groups representing the interests of service users, statutory organisations and the voluntary sector. The groups then worked up more detailed proposals about location, accessibility, communication and structure. Key points arising from all the groups were;
- The importance of avoiding duplication with existing structures, thereby maximising both personnel and financial resources
 - The need to explore joint commissioning with neighbouring boroughs to ensure maximisation of resources
 - The need to ensure that the new organisation is able to reach out to all the communities in the borough including the different ethnic communities and full range of ages.

4. POLICY IMPLICATIONS

- 4.1 The introduction of Healthwatch is a national initiative introduced by the Health and Social Care Bill.

Non-Applicable Sections:	Personnel Implications, Legal Implications, Financial Implications
Background Documents: (Access via Contact Officer)	Health and Social Care Bill, 2010-11