

**REPORT TO:** Executive Board  
**DATE:** 26 May 2011  
**REPORTING OFFICER:** Strategic Director, Communities  
**SUBJECT:** Local HealthWatch Pathfinders  
**WARD(S)** Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 To report the use of the Chief Executive's powers regarding the background to Local HealthWatch Pathfinders and highlight implications for the Local Authority in applying for Pathfinder status.

## 2.0 RECOMMENDATION

**That the Council notes that after consultation with the Leader and Members of the Executive Board, the Chief Executive has under delegated powers (Matters of Urgency, Constitution) determined not to submit a Local HealthWatch Pathfinders proposal.**

## 3.0 SUPPORTING INFORMATION

### 3.1 Local Health Watch

The Government has announced that HealthWatch will replace Local Involvement Network (LINKs). Currently LINKs are contractually managed and administered by St Helens and Halton VCA, however each Borough has a separate Board. Local HealthWatch will build on the current remit of and strengthen the ways in which commissioners and providers take the views of patients and the public into account when improving the quality and safety of health and social care services.

3.2 Subject to the passing of the Health and Social Care Bill, the remit of Local HealthWatch will include:

- Ensuring that the views of patients, carers and the public are represented to commissioners and provide local intelligence for HealthWatch England.
- Work alongside the role of the public, members, commissioners and governors of foundation trusts in influencing providers and having a role in service design and delivery.
- Local HealthWatch will have a seat on the Health and Wellbeing Board in Halton.

- Local authorities will be able to commission Local HealthWatch to provide advocacy, advice and information to support people if they have a complaint and to help people make choices about services. This could include helping people to access and understand information about provider performance and safety, and the NHS Constitution.
- Involvement in the scrutiny of local care services.
- Local HealthWatch will be able to escalate concerns about the quality of health and care services to the Care Quality Commission (CQC).

3.3 Local Authorities will continue with their role as commissioners for Local Healthwatch, as they currently do for LINK.

3.4 Local HealthWatch will become effective at the earliest in July **2012**

### **Local HealthWatch Pathfinders**

3.5 A letter from the Department of Health (DH) dated 7<sup>th</sup> March 2011 invited Local Authorities and their LINKs to apply to become a Pathfinder. HealthWatch Pathfinders will be able to test and challenge emerging models with and alongside other Local Authorities and LINKs.

3.6 During this transition period a network of action learning sets will also be developed which will engage and involve all LINKs with a view to support all LINKs with the transition to HealthWatch.

3.7 HealthWatch Pathfinders will be a partnership between the local LINK, the Host and the Local Authority and will:

- Submit funded plans for 2011/12 from the Local Authority with the LINK and Host organisation. Where more than one Local Authority wants to work collaboratively in order to test new boundaries and potential overlaps in the new system, these plans should be described;
- Propose the agreed areas of focus of the Pathfinder, in particular how it will test the new functions of HealthWatch;
- Build and test new relationships with the Health and Wellbeing Board early implementers and GP Consortia Pathfinders, looking at how collaborative working with community based member and voluntary organisations could help support the role of HealthWatch;
- Describe how it will evaluate and share it's learning with other pathfinders and the network of action learning sets.

3.8 Initial feedback from the North West Regional LINK Authorities Network suggests that St Helens, Bolton and Lancashire are unlikely to apply to be a Pathfinder, with Blackpool, Warrington, Wigan and Cumbria indicating that they may apply.

3.9 The Halton LINK Board voted in favour of submitting a Pathfinder business plan, although made it clear that they wished the pathfinder to focus upon the geographical area of Halton. This would therefore conflict with the existing contractual arrangements, as eluded to in 3.1. The Halton LINK Manager has indicated that they would require some additional resource to support the process.

#### 4.0 **POLICY IMPLICATIONS**

4.1 Pathfinders should test which models most effectively deliver locally commissioned services to support patient choice and complaints advocacy. They should highlight any potential conflicts that arise between Health Watch's different roles and test ways of addressing these.

4.2 Pathfinders should explore more fully a number of issues that the HealthWatch consultation has raised, for example:

- Test different structures for governance and accountability of local HealthWatch, including the role of hosts.
- Explore how different patient engagement organisations can work in a complementary way.
- Capacity of LINK/HealthWatch members.

This will require research, consultation and analysis with the LINK Host, Members and patient engagement organisations to identify viable arrangements that take account of the additional responsibilities of Local HealthWatch. The Halton LINK Board have indicated that they would not want advocacy to be part of the pathfinder submission.

4.3 The Health and Social Care Bill provides for regulations to be made setting out what local HealthWatch membership should look like. But the Bill will not prescribe exactly how each local HealthWatch should provide people with advice and information, allowing a degree of flexibility for Local Authorities. An early priority for Pathfinders will be to test out how relationships and accountabilities will work, especially the relationship between local authorities, local HealthWatch and HealthWatch England. To date there is no further guidance relating to this.

4.4 The Pathfinders will be required to test new relationships with the Health and Wellbeing Board early implementers and GP Consortia Pathfinders in order to develop their understanding of local communities and consider how best to ensure patients and the public are involved and engaged in commissioning.

4.5 The Department of Health wish to commence Pathfinders in late May 2011, therefore business plans need to be submitted no later

than **12<sup>th</sup> May 2011**.

- 4.6 On 5<sup>th</sup> April 2011 the Health Secretary announced a pause of up to 3 months in the progress of the Health and Social Care Bill through Parliament to listen to national concerns about the reforms. Other than a delay to the implementation date of the Bill, It is not known at this stage what affect, if any, this may have on the Local HealthWatch Pathfinders.

## 5.0 **FINANCIAL IMPLICATIONS**

- 5.1 The LINK host has agreed reduced funding totalling £85,727 for the transitional year, of which £43,727 was allocated from the Council's 2011/2012 budget, although this will be subject to approval by Executive Board Sub Committee in June 2011.

- 5.2 No additional funding has been retained by the Council to support development of HealthWatch on top of what has been agreed to maintain the existing LINK operation during the transitional period.

- 5.3 There is no further detail regarding the possible financial resources available from the Department of Health as outlined in the Pathfinder Invitation letter. Any funding made available to support to the Pathfinders will be limited and is subject to the outcome of the Departments business planning.

- 5.4 The Link Host raised concerns over financial and personnel resource of the Host and Board that may be required to attend the Evaluation events, which the Department of Health 'HealthWatch Transition Plan' indicates will take place in London. This will incur a financial cost.

- 5.5 The Link Board and Host have raised some concern over capacity of the Board and Host to develop the business plan and delivery of the pathfinder against the Department of Health's timescales, given that the LINK are committed to a number of information and consultation events during the period that the Pathfinder processes will be established.

## 6.0 **OTHER IMPLICATIONS**

### 6.1 **View of the LINK Board:**

The LINK Board and members volunteer their time and there have been some concerns expressed by LINK Board regarding the capacity of the Board and Host to undertake additional responsibilities in addition to what is required under the existing LINK mandate. The Board's view was that if Halton were to develop a transition plan that was purely Halton focused, with no collaborative working with other areas then the Council should submit a

Pathfinder business plan. However, if collaborative working were to be explored, the complexities and resource requirements of coordinating this might put Halton under undue pressure if it were a Pathfinder, having to work to Pathfinder timescales.

## 6.2 **Exploring collaborative working with other areas**

Whilst the Link Board acknowledge that the issue of the NHS Complaints Advocacy is almost a separate issue, where exploring working with other Local Authorities would make sense in order to benefit from economies of scale, the LINK Board are clear that they would not want to explore working across other geographical boundaries for any other part of the HealthWatch remit. The Board would be concerned that any joining up with other geographical areas (for example developing a Mid Mersey HealthWatch) could constitute a watering down of the Local HealthWatch remit.

Halton Borough Council has been approached by Liverpool City Council to take part in a Mid Merseyside meeting to explore where there may be opportunity for collaborative working. A date has yet to be set for this meeting. In addition, the North West LINK Authorities Network will also be meeting in May to explore opportunities for collaborative working across a wider footprint.

## 6.3 **Evaluation and feedback process**

The Department of Health have advised that there will be no prescriptive Pathfinder analysis/evaluation requirements issued from them. Instead there will be a number of events to share findings and learning points that the Authority and LINK will be expected to attend and contribute to. In order to meet the commitment to contribute to these shared learning events it will be down to the Local Authority and LINK to include an analysis and evaluation process as part of their business plan.

The Link Host raised concerns over financial and personnel resource of the Host and Board that may be required to attend the evaluation events, which the Department of Health 'HealthWatch Transition Plan' indicates will take place in London.

## 7.0 **CONCLUSIONS**

7.1 The Council has already been accepted as an Early Implementer for the establishment of Health & Wellbeing Boards and it has supported the GP Consortia Pathfinders. In addition, the Council is working with the new Mersey NHS Clusters and with Ashton, Wigan & Leigh NHS Trust and will shortly be addressing the transfer of Public Health functions to the Council. This is a large drain upon Council time and resources and supporting a further Pathfinder would stretch current Council Officer and Elected Member time.

- 7.2 Applying for Pathfinder status may be of benefit to the current LINK Host in terms of raising their profile and positioning themselves for future developments when the Local HealthWatch Host tender is released in due course.
- 7.3 As there will be no significant financial support, if any, and no additional personnel resource to test the new functions of Local HealthWatch and the associated analysis and evaluation there is a question about cost/benefit of becoming a pathfinder. Through the action learning sets that are to be established Halton would get support in the development Local HealthWatch from other areas who were Pathfinders, regardless if Halton was a Pathfinder.
- 7.4 If Halton were **not** to submit a Pathfinder business plan, the LINK Board have indicated that they would expect there to be a Transition Plan agreed between them and the Authority detailing how they will work together to plan for HealthWatch and it is therefore proposed that instead of putting forward a Pathfinder that a Council working group be established with partners as part of the action learning set.

## 8.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### 8.1 **Children & Young People in Halton**

No implications - There is no explicit duty on National or Local HealthWatch to promote the involvement of Children and Young People in the development of their services or care.

### 8.2 **Employment, Learning & Skills in Halton**

None identified.

### 8.3 **A Healthy Halton**

Through Local HealthWatch Halton residents will contribute to the health improvement agenda by scrutinising the quality of commissioned services and by having a voice in determining the types of services that are commissioned to meet local health and social care needs.

### 8.4 **A Safer Halton**

None identified.

### 8.5 **Halton's Urban Renewal**

None identified.

9.0 **RISK ANALYSIS**

9.1 Halton LINK has a Transition Group in place, of which a Council Policy Officer is a member. The Group, with partners, will undertake an assessment of the current LINK arrangements and success. An evaluation of which will form the basis of a transitional plan to HealthWatch. This plan will be developed in conjunction with the current LINK board, the LINK host, Halton Borough Council, the PCT and the GP Commissioning Consortia.

10.0 **EQUALITY AND DIVERSITY ISSUES**

10.1 Local Healthwatch has a remit to seek the views of and represent all sectors of the community and undertake actions to facilitate this.

11.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None.