By: Graham Gibbens – Cabinet Member for Public Health

To: Cabinet – 14 April 2008

Subject: Decisions from Cabinet Scrutiny Committee - Item C1- 26 March

2008

Classification: Unrestricted

Summary: To provide feedback to Cabinet on the decisions taken from

Cabinet Scrutiny Committee on 26th March 2008 in relation to

Item C1 – Kent Health Watch

 The Purpose of Consideration for Cabinet Scrutiny Committee on 26th March 2008 was:

- (a) to examine what extra value Kent Health Watch will offer the public over and above the proposed new statutory Local Involvement Network (LINk);
- (b) to examine in more detail the risk that the existence of Kent Health Watch may cause confusion to the public in an area where the existing processes are already complicated;
- (c) to obtain details of the proposed cashflow for implementing Kent Health Watch.
- 2. The Action Sheet showed:
 - (a) Mr Gibbons and Mr Lemon be thanked for attending the meeting to answer Members questions.
 - (b) Mr Gibbons be asked to submit a monitoring report to the December 2008 meeting of this Committee on Kent Health Watch

Mr Gibbons/Mark Lemon (c) Further consideration be given to the appropriateness of using the Contact Centre to receive confidential personal information from Health Watch callers. Mr Gibbons/Mark Lemon

(d) The importance of there being a KCC exit strategy for Kent Health Watch was emphasised. Mr Gibbons/Mark Lemon

(e) Consideration should be given to linking
Kent Health Watch with other systems
such as Gateways

Mr Gibbons/Mark Lemon

(f) In addition Mr Gibbons undertook to supply the Committee with the Timetable for implementing LINks. Mr Gibbons/Mary Blanche

- 3. I would respond to each of these as follows:
- (a) Noted.
- (b) Yes we will submit a monitoring report to Scrutiny in December.
- (c) Data collection issues and confidentiality will be considered along with our NHS colleagues as part of the implementation process and protocols and procedures will be signed off by the KHW Policy Board.
- (d) It has always been the intention that KHW should ultimately become an independent entity. An exit strategy will be devised once other issues become clearer around such as Making Experiences Count and LINk.
- (e) Discussions have already been opened with colleagues responsible for the Gateway programme as to how KHW could be linked into them.
- (f) See Appendix 1.

Procurement

- April 8th Tender documents for Host Organisation back for evaluation
- Work to start evaluation process begins
- 5th-8th May formal evaluation begins and decision made on recommendation to Cabinet
- 16th June Key Decision report to Cabinet
- 16th 26th Cooling off period required by European Law
- End of June Host appointed
- Host given the information on Kent collected during the project. This includes PPIF remaining issues, information on hard to reach groups etc

Transition Period for LINk

Need to establish a LINk working group to look at how the LINk will function

- 30th January Meeting to inform organisations/individuals who may be interested in doing this
- 20th March Meeting held of the 58 people who volunteered to do this work
- They decided there is a need for a smaller working group of 10-15 people representing organisations and individuals
- 31-March to 25th April postal ballot of this group held to establish the 10-15 people
- Early May late June first meetings of group beginnings of LINk policies and procedures being adopted
- Group meets the Host Organisation and the LINk begins

November 2008 – review of LINks and Kent Health Watch to ensure no operational conflicts.