

LINKS AND THE DEVELOPMENT OF LOCAL HEALTHWATCH

Summary of key points

1. Local Involvement Networks (LINKs)
 - were set up to strengthen and widen influence of users of health and social care services in the planning, provision and improvement of services
 - are statutory organisations with powers of entry
 - can refer matters of concern directly to the Secretary of State for Health
 - have 2 non-voting seats on the Kent HOSC
 - are funded through Local Authorities
 - are an independent network of local people and community groups

1. The Kent LINK is considered one of the more successful LINKs nationally.

2. Contract renegotiations in place between the KCC and Kent and Medway Networks (the organisation that supports the Kent LINK with back office and community engagement expertise).

3. The Health & Social Care Bill currently before Parliament will create a new organisation called Local HealthWatch from April 2011. LINKs will become part of Local HealthWatch and retain and strengthen their current community engagement functions. Local HealthWatch will also have other functions that will be commissioned through the Local Authorities:
 - signposting and provision of information
 - supporting the choice agenda for health and social care users
 - complaints advocacy from 2013
 - have a statutory place on the Health and Wellbeing Boards

4. Local Authorities will be held accountable for Local HealthWatch ensuring it
 - operates effectively
 - provides value for money

5. KCC will no longer be able to provide the functions of Kent HealthWatch in-house, so decisions will be needed as to whether to shut-down the current service or transfer to the new Local HealthWatch.

6. The Department of Health has set up a LHW Programme Board with an advisory group and task groups to ensure that the overview set out in the Health and Social Care Bill of how Local HealthWatch will operate is made a reality. KCC would be able to help shape the development of Local HealthWatch if they were to be formally represented at these groups.

7. Local HealthWatch will have strong ties into HealthWatch England, which will be a statutory committee of the Care Quality Commission

Background

The Local Government and Public Involvement in Health Act 2007 replaced Public and Patient Involvement Forums with Local Involvement Networks (LINKs). LINKs are local community based networks of organisations and individuals committed to strengthening and widening the influence of patients, users of care services, carers and the public in the planning, provision and improvement of health and social care services. The act proscribes PCTs, NHS Trusts etc from being LINKs or from directly providing services that are listed as being the responsibility of the LINK. The Health and Social Care Act currently before parliament retains this clause.

The Local Government and Public Involvement in Health Act also sets out the requirement for each LINK to be supported by a Host organisation. The role of the host organisation is to support the unpaid volunteers with all back office functions plus expertise in community development, partnership working, priority setting etc. Local Authorities are proscribed from providing Host responsibilities in-house. The Health and Social Care Act currently before parliament retains this clause.

Until 2011, Local Authorities were given a ring fenced grant to run the LINKs. From 2011, the grant is no longer ring-fenced but is included in the PSS formula grant. However, in light of many Local Authorities stating an intention to seriously reduce the money passed to their LINK, Lord Howe is proposing to write to Local Authorities re-emphasising their statutory duty to support the LINK.

Current role of LINKs

1. promote and support the involvement of people in the commissioning, provision and scrutiny of health and social care services;
2. obtain the views of people about their needs for, and experiences of, health and social care services, and make those views known to those responsible for commissioning, providing, managing or scrutinising those services;
3. enable people to monitor and review the commissioning and provision of health and care services; and
4. make reports and recommendations about how health and care services could, or should, be improved to those responsible for commissioning, providing, managing or scrutinising those services.

LINKs currently have specific powers to:

- enter certain types of premises and view the services provided;
- request information and receive a response in a specified timescale;

- make reports and recommendations and receive a response in a specified timescale; and refer matters to a health or social care Overview and Scrutiny Committee and receive a response
- can refer matters of concern directly to the Secretary of State for Health

As per government guidance, LINKs has two non-voting seats at the Health Overview and Scrutiny Committee, usually filled by LINK Governors Mark Fittock, and Roger Kendall

The Kent LINK and Kent and Medway Networks

In 2007 KCC tendered for a host organisation to set up and support the Kent LINK and selected Kent and Medway Networks (KMN) who also support the Medway LINK. The contract between KCC and KMN is currently managed within Environment Highways and Waste, chosen as EHW have almost no ties to health or social care and this would therefore ensure that the LINK stayed as independent as possible from KCC.

In Kent, the ring-fenced grant to support the Kent LINK has amounted to approximately £492k per annum of which KCC retains approximately 10%, used to pay for a contract monitoring officer and towards a HealthWatch Development Manager. The remaining £440k is paid in monthly instalments to KMN who retain £258k and pass £182k to the Kent LINK. The Kent LINK has been running with a significant underspend since their creation, mainly because of their slow start. The current underspend is £114k, down from the previous end of year underspend of £214.8k.

The LINK work programme is determined by a combination of horizon scanning and referrals from the LINKs Priorities Panel, which considers and weights each issue raised with it. Although the Kent LINK got off to a slow start and still has problems engaging enough active participants to undertake the volume of work it is requested to take on, they have done some excellent work including projects on Hygiene in Hospitals, Transport to Hospitals, Stroke Services. They also run public consultation events, for example a debate on 23rd March entitled "Changes in the NHS - What will it mean for you and your doctor?" Speakers include Ann Sutton, Chief Executive, NHS Eastern and Coastal Kent and Dr Bob Bowes, a Tunbridge Wells GP.

KASS and Eastern and Coastal Kent NHS have commissioned the Kent LINK to undertake additional public engagement events.

The contract between KCC and KMN is due to expire on 31/3/2011. A memo of understanding has been drawn up to role over the existing contract until end of June 2011. Contract negotiations are underway with the intention to vary the contract to improve

- Financial reporting
- Website design
- Complaints
- Review of payments to set up a LHW Development Fund

Local Authority LINK reps are considering how they can benchmark the performance of their LINK and the Host organisation. KCC and KMN are working together to determine what measures we could put in place which would then form part of the contract variations.

KCC are also going to tidy the contract to be more specific about the intellectual and property copyrights of the volunteer database.

Assuming successful negotiation, the contract will be extended to end of March 2012. If KCC wants extra help from KMN in the development of LINKs into Local HealthWatch, this will be negotiated separately. The Health and Social Care Bill will allow for Local Authorities to have separate contracts with the LINK and the Host; KCC is reviewing the advantages and disadvantages of this approach.

Local HealthWatch and the future of LINKs

Government sees the big difference between LINKs and Local HealthWatch as:

“LINKs has influence; Local HealthWatch will be part of decision-making”

Within the vision for the NHS described in “Equity and excellence: liberating the NHS” is that the NHS puts patients and the public first; operates around the principle of shared decision-making as the norm; learns from people’s experiences of using services; and listens to patients and the public in the commissioning and provision of services for local communities. Local HealthWatch is to be the vehicle that will deliver this part of the vision. Government’s strategy is to build on existing arrangements rather than decommission. LINKs will be the key building block of the new Local HealthWatch and will provide the same function of strengthening and widening the influence of patients, service users, carers and the public in the planning, provision and improvement of health and social care services. From this perspective, LINKs can be seen as evolving into Local HealthWatch.

In addition to this community-based remit, Local HealthWatch will also provide help to individuals through advice and assistance in making choices (from April 2012) and advocacy for those wanting to make a complaint about an NHS service (from April 2013). Local Authorities will have a statutory responsibility to commission and fund these services. The Health and Social Care Bill anticipates that HealthWatch will have available funding of £53.9 million for 2012/13 plus £3.2 million for start-up costs. In 2013/14, when local authorities take on responsibility for commissioning NHS complaints advocacy, the combined funding available for local HealthWatch and NHS complaints advocacy services will rise to £66.1m.

Local HealthWatch is seen by government as a brand rather than a single organisation. Whilst LINKs will take on the community voice role, Local Authorities could commission advice & support and advocacy from separate organisations.

Local HealthWatch organisations will be accountable to local authorities for operating effectively and providing value for money. However, Local HealthWatch has a strong link into a new organisation, HealthWatch England, which will be a statutory committee of the Care Quality Commission. Healthwatch England will be a national body representing the views of users of health and social care services, other members of the public and Local Healthwatch organisations. Healthwatch England will advise and provide information to Local Healthwatch organisations on their functions.

At least one representative of Local HealthWatch will sit on the new local authority Health and Wellbeing Board helping to ensure that the consumer voice is part of the wider, strategic decision-making across local NHS services, adult social care and health improvement. It is not yet clear whether and how this may affect the current LINKs role on Scrutiny.

Building the future

Central Government has set up a LHW Programme Board supported by the HealthWatch Advisory Group which in turn will be supported by a number of specific task groups.

Local Authorities will have a crucial role in shaping and creating the new Local HealthWatch. This is a great opportunity to set up a system that will play a key role in ensuring that health and social care services meet the needs of the people of Kent in a way that has, arguably, eluded us before. Not only can KCC make a huge difference for the people of Kent, we also have the opportunity, through the Local HealthWatch Pathfinder programme, to influence the national agenda for patient and public participation in the design and quality of health and care services. There are also risks. Central Government currently seem less inclined to listen to Local Authorities than perhaps we would like and restructuring of KCC and the NHS may affect resources available for this work.

Amongst the tasks that we will need to take on to make Local HealthWatch a reality are:

1. Create a Development fund for Local HealthWatch. Most LAs are carving this out of the LINKs money. KCC could also provide people to help with this. Currently the resources allocated to LINKs are a Performance Management Officer whose contract is due to expire in October 2011. Her current role is to monitor the contract between KCC and the host, KMN; there is also some Health Policy Manager time allocated to the project. Eastern and Coastal Kent PCT has offered some help in running the development project through their Director of Communications and Citizen Engagement.
2. Develop the KCC, Kent LINK and KMN joint bid to become a Local HealthWatch Pathfinder.
3. Reviewing and putting into practice the guidance from the DH Learning Action sets
4. KCC may want to apply for membership of one or more the HealthWatch Task Groups

5. Consider tie in between LINKs community engagement and our own community engagement – streamlining, avoiding duplication, reducing costs and taking advantage of the independence of the LINK/Local HealthWatch
6. Review of how Adult Social Care complaints are handled and by whom. How will joint health and social care complaints be dealt with and by whom? Currently, where a complaint involves both KASS and the NHS, the NHS take lead responsibility; the PCT PALS service currently takes a lead role in complaint management and supporting people with their complaints. Complaint information will need to be collated, reviewed and shared with LINKs, the Complaints Advocacy Service, possibly the Health and Wellbeing Board.
7. Future of Kent HealthWatch. KCC will not be able to provide this in-house from April 2012. Need to consider shutdown or transfer to other organisation(s).
8. Commissioning new services – complaint advocacy, information and support for choice, signposting.
9. Retendering for the host for Local HealthWatch after 2012

The above are not a full set of tasks – further discussions to scope the project are needed with the Kent LINK, Kent and Medway Networks, the ECK PCT Director of Communications and Citizen Engagement, Customer Care in KASS and Children Social Services, local NHS PALS services, the KCC Director of Communication, Consultation & Community Engagement, once appointed. Further paper(s) giving updates and options for developing the Local HealthWatch will be taken to Cabinet and shared with relevant Overview and Scrutiny Committees

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