

RE: Response to *Increasing democratic legitimacy in health*

This is a joint submission from K&C LINK and NHS KC, 8th October 2010

Both K&C LINK and NHS K&C are keen to ensure that patient & public engagement is embedded in any health sector reform. We believe these shared views on the development of local Healthwatch will contribute to this aim.

General

- Local HWs may take over PCTs PALs and Complaints services. There is no mention of how this function will link to the Council's Customer Care and Complaints Team that supports social services. This is an opportunity to join health and social care customer care services (as we have done locally to great effect with the PALs and Hear to Help services) – including complaint handling for social care (relates to Q2 in consultation paper)
- HealthWatch (HW) proposes to be a “citizens advice bureau” for health and social care. The proposed name doesn't work as it isn't inclusive of social care (Q18)

Local HealthWatch -- Governance

- The current LINK in K&C is relatively free from political interference and doesn't function as a bureaucratic organisation – the Council funds and lets it get on with its work. However, under the proposals, Councils will need to take a more active role in ensuring that HW “activities are representative of the local community and represent value for money.” Not only could this make the local HW less independent, there is potentially a conflict of interest if HW activities are scrutinising Council activities. At the very least, the current practice of hosting LINKs in a local, external non-statutory organisation should continue (Q3)
- HW Management Committee should remain independent of stakeholders (Q3)
- Local HW should have a seat or seats on the Health and Well-Being Board (Q8)

Local Healthwatch -- Roles

- The proposed role of HW to signpost to local services could be a duplication of other statutory and NGO services already in place. Clarity is required to articulate the role of local HWs in signposting to services versus the wider expectation of all health and social care providers to signpost appropriately (Q2)
- In this era of patient choice and personalisation, should we be focused on establishing an advocacy system that allows individuals to choose their own advocate rather than being offered a generic advocacy service? If so,

consideration should be given to the role of local HW in quality assuring the advocacy services eg training (Q2)

- The White Paper seems to infer that advocacy is a subset of PALs and complaints. It is not and the two functions need to be kept quite separate regardless of whether they are hosted by the same organisation (Q2)

Local HealthWatch – Funding

- K&C LINK funding currently expires in March 2011 while HW funding is not scheduled to begin until April 2012. Transition/existing funding from the DH should be guaranteed as soon as possible so that K&C LINK can prepare for the transition. This funding should be at current levels as a minimum for the transition and then increasing to reflect the additional responsibility (Q18)

Local HealthWatch and GPs

- GPs and other commissioners will need to ensure that the arrangements that they put in place meet patient needs, and underpin patient rights as laid out in the NHS Constitution (Q1)
- Establishing local HW boundaries in 2011-2012 is potentially complicated by the fact that the shape/boundaries of GP consortia are not yet confirmed. The borough presence is essential for local HW to work effectively but arrangements will also need to consider cross-borough working to reflect GP Consortia boundaries (Q3)

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