

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY COMMITTEE
Committee Room 3B - Town Hall
6 September 2012 (7.00 – 8.15 pm)**

Present:

Councillors Pam Light (Chairman), Wendy Brice-Thompson, Frederick Osborne, Linda Trew, Ray Morgon, Clarence Barrett and Frederick Thompson

12 ANNOUNCEMENTS

The Chairman gave details of the action required in case of fire or other event requiring the evacuation of the meeting room.

13 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

Apologies were received from Councillor Linda Trew (Councillor Frederick Thompson substituting) and from Councillor Nic Dodin (Councillor Clarence Barrett substituting).

Councillors Keith Darvill and Paul McGeary were also present.

The Chair, Vice-Chair and coordinator of Havering Local Involvement Network (LINK) were present. One member of the public was also present.

14 DISCLOSURE OF PECUNIARY INTERESTS

There were no pecuniary interests disclosed.

15 REQUISITION OF CABINET DECISION - COMMISSIONING OF A LOCAL HEALTHWATCH SERVICE

The Committee were informed that, at its meeting on 15 August, Cabinet had considered a report on commissioning of a Local Healthwatch service. The Cabinet decision was as follows:

1. To note the consultation on models for the commissioning of a local Healthwatch service.
2. To confirm the inclusion of the Independent Complaints' Advisory Service in the function to be carried out by Healthwatch.
3. To delegate the consideration of consultation responses, the LINK's

legacy analysis, consultation with the host organisation and current chair/vice chair of LINK and selection of the appropriate commissioning route to the Cabinet Member for Individuals and Deputy Leader.

4. To note that further work would be undertaken to draw up the specification and proposed operating model for Healthwatch in Havering once the procurement route has been established.

The decision had been requisitioned for the following reasons:

1) to address the concerns of the Local Involvement Network (Havering LINK)

about the recommendations within the Cabinet Report;

2) to ensure that the consideration of consultation responses, the LINK's legacy analysis, consultation with the host organisation and current chair/vice chair of LINK and selection of the appropriate commissioning route is not delegated the Lead Member for Individuals and Deputy Leader;

3) to give more detailed consideration of the advantages and disadvantages of a shared Healthwatch 'Hub & Spoke' model with joint commissioning led by LB Barking & Dagenham.

The Assistant Director – Transformation (Commissioning) for Adult Social Care explained that the Health and Social Care Act required Havering to have a fully functioning Local Healthwatch by 1 April 2013. A consultation on the options had been launched in August 2012 and it was accepted that it had not been possible on this occasion to give a 90 day consultation period as recommended in guidance. The Assistant Director acknowledged that the consultation questionnaire was slightly misleading and unhelpful and apologised for this.

It was accepted that the consultation had caused concerns but a positive point was that a lot of responses had been generated and this had shown the strength of feelings around the outcomes achieved by Havering LINK. The Assistant Director was happy to have direct meetings with any interested parties and would feed in all feedback received before the end of September.

The Assistant Director was aware of the good work carried out by Havering LINK in the last 3-4 years and felt that Havering LINK had outperformed LINKs in neighbouring boroughs. It was accepted that this was not reflected in the written consultation document. The Assistant Director and his team had met with the LINK Chair and Vice-Chair as well as the LINK host organisation – Shaw Trust. Meetings were also being arranged with the Patient Advice and Liaison Service and with the Independent Complaints Advisory Service. The Assistant Director wished to build on the legacy of Havering LINK going forward into Healthwatch.

Local Healthwatch would have 4-5 times more funding than LINK as it would cover several additional work strands and the Assistant Director wished to recognise and build upon the work of the LINK. He added that several consultation responses had mentioned a wish to avoid the mistakes made when the former Patient and Public Involvement Forums changed to Local Involvement Networks.

Officers accepted that the consultation document listed more positives for option C (the shared model with Barking & Dagenham) than for the other options and agreed that it looked like the document was trying to prejudice the outcome. Officers emphasised that this was not the case and that no decisions had been made at this point. Most consultation responses received thus far had favoured a Havering-specific model. A paper would be produced by officers in October 2012 which would look in a balanced way at the advantages and disadvantages of each of the different Local Healthwatch models.

The Assistant Director agreed that the coordination of volunteers needed to be a key part of the new model. He had met with Havering LINK and stated this aim. It was accepted that the consultation had had a negative impact so far but efforts were being made to recover from this. The Assistant Director wished to build the LINK work plan into Local Healthwatch and had offered to meet with the LINK steering group.

The Assistant Director offered to circulate the responses and main themes of the consultation once these had been received after the end of September. These would be attributed to their sources where the individuals and organisations concerned had agreed to this. The decision on the Local Healthwatch model would be taken by the Lead Member.

It was confirmed that the consultation assumed the full budget would be available to Local Healthwatch although final figures would not be known from the Government until December 2012. It was hoped that the full anticipated funding would be received.

The Assistant Director confirmed he had met with officers from the Shaw Trust earlier that week and a positive meeting had taken place. He felt that Shaw Trust had done a good job supporting the LINK. Shaw Trust had been very supportive and had lots of ideas re the transition to Healthwatch.

The funding for Healthwatch was expected to consist of approximately £60,000 existing LINK funding, £47,000 additional Healthwatch funding, £105,000 for PALS functions and £58,000 for ICAS functions.

Councillor Darvill, a requisitioner of the decision, addressed the Committee and felt that pre-decision scrutiny and debate on the proposals should have taken place some months ago. Perhaps a debate should have taken place at full Council as this was an essential aspect of local government policy. He wished to record strong criticism of the Administration for the delay in bringing the Local Healthwatch proposals forward. Councillor Darvill also felt

that the decision on Healthwatch should be taken either by Cabinet as a whole or via a report to full Council and not left to the individual Cabinet Member. Scrutiny of the consultation process should also be allowed.

The Assistant Director agreed that it would have been positive to have this debate earlier but this had not been possible due to delays in the Health and Social Care Act being passed and in the publication of the Healthwatch Regulations which were now expected towards the end of September.

It was explained that both Local Healthwatch and the Health Overview and Scrutiny Committee would call the Clinical Commissioning Group (CCG) to account if necessary.

The Assistant Director was unaware of any meetings in June 2012 concerning a potential four-borough Healthwatch for Outer North East London but would make enquiries regarding these discussions.

It was anticipated that borough Healthwatches (if this type of model was chosen for Havering) would need to work together on a regular basis in order to deal with cross-border issues. The Assistant Director confirmed that the role of Local Healthwatch with Children's Services was less extensive and this would be clarified in the Regulations.

It was **agreed** that a further special meeting of both Committees would be held after the end of the consultation period. This would allow the Assistant Director to present the outcomes and main themes of the consultation to the Committees. Any views expressed by Members could be fed back by the Assistant Director to the Lead Member. No formal recommendations would however be made at this meeting.

The Chair of Havering LINK thanked Members for calling this special meeting and confirmed that he did not have any questions at this time.

The matter was then put to a vote.

The proposal that the requisition be upheld (and therefore that the matter be referred back to Cabinet for further consideration) was LOST (by 4 votes to 0) and it was therefore **RESOLVED**:

That the requisition of the Cabinet decision taken on 15 August not be upheld.

The voting was as follows:

Councillors Brice-Thompson, Light, Osborne and Thompson voted against upholding the requisition.

Councillors Barrett and Morgon abstained.

Chairman