MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY COMMITTEE
Havering Town Hall
18 October 2012 (2.10 - 2.55 pm)

Present:

Councillors Pam Light (Chairman), Wendy Brice-Thompson, Nic Dodin (Vice-Chair), Linda Trew and Ray Morgon

Apologies for absence were received from Councillor Fred Osborne

28 **ANNOUNCEMENTS**

The Chairman advised all present of the action to be taken in the event of fire or other emergency requiring evacuation of the building.

29 **APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received from Councillor Fred Osborne.

Officers present:

Joe Coogan – Assistant Director – Commissioning, LBH
Tom O'Vens – Transformation, Adult Social Care, LBH
John Tench – Social Care and Health, LBH

Sarah Haider, Havering Clinical Commissioning Group (CCG)

Havering Local Involvement Network (LINk) members present:
Emma Lexton, Vice-Chair
Cliff Reynolds, Vice-Chair

Anne Hinds-Murray, Shaw Trust

30 **DISCLOSURE OF PECUNIARY INTERESTS**

There were no disclosures of interest.

31 **LOCAL HEALTHWATCH CONSULTATION**

The Chairman explained that the meeting had been called for officers to explain to the Committee the final results of the consultation on a Local

Healthwatch model for Havering. Recent Executive Decisions on Healthwatch had recently been published but this did not affect the purpose of this meeting.

The main themes to come out of the consultation included that a strong local voice was required for Havering and that a joint model with e.g. Barking & Dagenham would not be suitable. Another subject raised was the importance of building on the LINK's legacy and the efforts of LINk volunteers. A multi-faceted approach was favoured overall but with a local presence in Havering. A possible sharing of back office Healthwatch functions was viewed as acceptable.

Suggestions made during the consultation for the structure of Healthwatch included making use of the Council's Carepoint facility, having non-executive members on the Healthwatch board and using local stakeholders to recruit to Healthwatch positions. There had been a fairly even split of responses between the three models suggested as well as a number of responses that did not indicate support for a specific model.

The Committee agreed that the response rate to the consultation (14 submissions) was very low. Officers confirmed that the consultation had been advertised on the Council's website and Twitter page and also via a global e-mail. Further responses were fed in from meetings held during the consultation so that, in total, approximately 200 people's views were represented.

As regards funding, the current estimated figure was £107,000 in addition to the £57,000 currently used to fund Havering LINk. Funding for the complaints advocacy service was expected to be in the region of £58,000. Additional funding nationally of £5 million had also recently been announced. The date for the announcement of the confirmation of funding levels as well as the release of Department of Health guidelines on Healthwatch had been confirmed as 20 December 2012.

The overall option for Local Healthwatch in Havering had been confirmed as option B in the consultation – a Havering stand-alone organisation procured by London Borough of Havering as it was felt this offered the most flexibility in the Healthwatch model.

The complaints advocacy service was currently procured on a pan-London basis but would be commissioned by the Council from 1 April 2013. Existing data indicated that around one third of complaints by Havering residents about NHS services related to services outside of Havering itself. It had therefore been recommended to the Cabinet portfolio holder that Havering should join a pan-London model currently being developed by 27 London boroughs. This was considered to represent better value for money and would consist of a two-year contract initially. There would be an option at the end of this period to continue with a pan-London approach or to bring the complaints advocacy service back under Local Healthwatch in Havering.

The Patient Advice and Liaison Service (PALS) was originally going to move entirely into Healthwatch. This had now changed however with Healthwatch providing only a signposting service as one of its principal Functions. Other PALS functions would transfer to the CCG.

Officers confirmed that, as a more detailed model of Healthwatch was developed, the appropriate democratic steps would be taken to ensure Members were kept informed. Feedback was actively sought from Members and other stakeholders.

It was reiterated that the LINk legacy was very important and work was underway with the LINk host organisation – Shaw Trust on an exit strategy. This would ensure that the relevant LINk assets were handed over to the new organisation. There was also a working assumption that the current LINk coordinator post would be able to transfer across to Healthwatch under the TUPE regulations. The respective roles under the LINk and Healthwatch were considered to be sufficiently similar to mean that an automatic transfer of the post between the two organisations would legally apply. This situation was similar in other boroughs.

The total number of Healthwatch employees in Havering had yet to be decided and would be a decision for the Cabinet portfolio holder. Advice from HR and legal services would be taken on the TUPE issues. Any TUPE issues as regards PALS would be more a matter for the CCG.

The Chairman stated that she had found the LINk to be indispensable when there were problems with health or social care services, particularly the enter and view power which was undertaken only by volunteers trained to carry out enter and view visits. She hoped for a similar quality of service from Healthwatch and it was confirmed by officers that Healthwatch would have the same enter and view powers.

Members requested that the Committee's views be passed back to the CCG and the CCG representative present confirmed that this would be done. Office agreed to supply copies of the Healthwatch guidance to the Committee once this was available.

A Havering LINk representative expressed concern that the funding not being ring-fenced would lead to Healthwatch not being sufficiently effective. The LINk however looked forward to working with Council officers to carry forward the existing LINk work into Healthwatch. The LINk welcomed the decision to develop option B for Healthwatch. The Assistant Director gave his thanks for the support received from the LINk, Shaw Trust and the Overview and Scrutiny Committees. It was agreed that the proposed Healthwatch model would be brought to the Committee for scrutiny once this had been developed more fully.

The Committee **noted** the update on the Healthwatch consultation and related issues.

32 URGENT BUSINESS

There was no urgent business.

Chairman