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**HEALTHWATCH TASK AND FINISH REVIEW GROUP – INTERIM REPORT**

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**SUMMARY REPORT****Purpose of the Report**

1. To update Members of the Committee on the work undertaken by the HealthWatch Task and Finish Review Group.

**Summary**

2. Members will recall that at the last meeting of the former Health and Well Being Scrutiny Committee held on 30<sup>th</sup> August 2011, it was agreed to establish a Task and Finish Review Group to consider a response to the Health Watch Funding Consultation, which had been launched by the Department of Health on 15<sup>th</sup> August 2011. The 10 week consultation was in respect of Allocation Options for distribution of additional funding to Local Authorities for Local Health Watch, NHS Complaints Advocacy, PCT Deprivation of Liberty Safeguards.
3. Members have met with Officers and considered the consultation document and formulated a response to the consultation (**Appendix 1**).
4. The Task and Finish Review Group will remain established to continue to receive updates and scrutinise elements of the transformation of Darlington LINKs into local HealthWatch.

**Recommendations**

- (a) That the response be approved and forwarded to the Department of Health ahead of the Consultation deadline.
- (b) That the Task and Finish Review Group remain in place to continue to receive further updates and scrutinise elements of the transformation of Darlington LINKs into HealthWatch.

**Paul Wildsmith**  
**Director of Resources**

**Background Papers**

Consultation on Allocation Options for distribution of additional funding to Local Authorities for Local Health Watch, NHS Complaints Advocacy, PCT Deprivation of Liberty Safeguards

S17 Crime and Disorder	This report has no implications for Crime and Disorder.
Health and Well Being	This report has implications to address Health and Well Being for the residents of Darlington.
Sustainability	There are no issues relating to Sustainability which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address.
Wards Affected	This report does not impact on a particular Ward, but Darlington as a whole.
Groups Affected	This report does not impact on a particular Group, but Darlington residents as a whole.
Budget and Policy Framework	This report does not recommend a change to the Council's Budget or Policy Framework.
Key Decision	This is not a Key Decision.
Urgent Decision	This is not an Urgent Decision.
One Darlington: Perfectly Placed	This links to the Theme 3 "Healthy Darlington". Specifically addressing health inequalities to narrow the gaps in health and well-being and life expectancy.
Efficiency	This report does not identify specific efficiency savings.

**CONSULTATION RESPONSE**

Name	HEALTH & PARTNERSHIPS SCRUTINY COMMITTEE
Organisation	DARLINGTON BOROUGH COUNCIL
Role	CHAIR OF SCRUTINY COMMITTEE

## FUNDING LOCAL HEALTHWATCH

### Question LHW1

Do you prefer:

Option LHW1: population based

Option LHW2: RNF

### Question LHW2

Do you agree that there should be an allocation of at least £20,000, in respect of the additional functions for local HealthWatch to each local authority in each financial year?

Yes  No

### Question LHW3

Why do you prefer the option selected above? Do you have any comments about the options or alternative suggestions for allocating the funding, or alternative costings for the minimum allocation amount?

**We support Option 2 as we believe that in Darlington more people use and access adult social care than the national average.  
We think that there will be huge set up cost initially for Health Watch and that at least £20k will be required. We believe that £20k is not an adequate amount. There will in particular be costs to extend service to children and young people and also to set up signposting information and mechanisms.**

## NHS COMPLAINTS ADVOCACY

### Question NHSCA1

Do you prefer:

Option NHSCA1: population based

Option NHSCA: RNF

### Question NHSCA2

Why do you prefer the option selected above? Do you have any comments about the options or alternative suggestions for allocating the funding?

**This is the preferred option as it would be difficult to split out Darlington resident complaints from those of Durham as the PCT and acute PALS service covers both localities. Also there are as previously noted a higher than average number of residents with social care needs.**

## DEPRIVATION OF LIBERTY SAFEGUARDS

### Question DOLS1.

Would you prefer the transfer of funding to happen in October 2012 or April 2013?

October 2012       April 2013

### Question DOLS2

Which of the options do you prefer: Options DOLS 1 population or Option DOLS2 RNF?

DOLS1       DOLS2

### Question DOLS3.

Do you agree that there should be a minimum allocation in respect of PCT DOLS funding of £2,000 for each financial year?

Yes       No

### Question DOLS4

Do you have any comments about the options or alternative suggestions for allocating the grant?

**We believe that at least £2,000 should be allocated as a minimum, to fund 10 days of training. However, we think this will only be adequate and further funding and training will be required.**