

---

HEALTHWATCH UPDATE AND TRANSITION

---

SUMMARY REPORT

**Purpose of the Report**

1. To update Members on Healthwatch.

**Summary**

2. This report sets out steps already taken to commission Healthwatch services and a transition plan (**Appendix 1**) which is still being delivered.

**Recommendation**

3. It is recommended that Members: -
  - (a) Note the contents of this report
  - (b) Engage with the transition plan where appropriate.

**Murray Rose, Director of People**

**Background Papers**

No papers.

Mary Hall : Extension 2676  
LC

S17 Crime and Disorder	No
Health and Well Being	Will support involvement of residents in development and monitoring services.
Carbon Impact	No
Diversity	Will encourage all eight groups and other protected characteristics to engage in the Health and Social Care delivery.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	Will enable the Council to meet its statutory duty.
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	Will support delivery of this priority.
Efficiency	Will deliver best value for a consumer voice for Darlington for Health and Social Care.

## MAIN REPORT

### Information and Analysis

4. The Healthwatch function relating to NHS Complaints Advocacy has now been successfully commissioned. The current provider of the ICAS service is the Carers Federation and they have been successful in their submission and will be providing the service in the future.
5. The lead commissioner for this contract is Gateshead Council and the contract covers the North East Region with the exception of Northumberland who have made other arrangements.
6. Transition arrangements will be required and this is forming part of the post-contract discussions. These transition arrangements are about how the contract will be performance managed and the requirement for data at a local and regional level.
7. Individual complaints will be transferred over to the Healthwatch advocacy arrangements and disruption to service users will be minimal. This service will be reviewed at the end of year one to address any learning points.
8. Local Healthwatch is currently being procured and it is anticipated that the contract will be awarded on 12 February 2013. The specification was agreed with the Health and Well-being Board and also the Clinical Commissioning Group.
9. There is ongoing work in relation to the Local Involvement Network (LINK) legacy and also the transition from LINK to Local Healthwatch. This transition plan is attached at **Appendix 1** and sets out the current position in relation to each action.
10. Further work needs to take place in relation to the Healthwatch transition arrangements and fortnightly meetings have been agreed with LINK to progress this to a successful conclusion. The provider of Local Healthwatch will be involved in these meetings when they are appointed.
11. Discussion will also need to take place with Health and Partnerships Scrutiny Committee about specific transition arrangements that impact upon the way the new Local Healthwatch provider will work with them.
12. Some of this transition work will be informed by the NHS Bodies and Local Authority (Partnership Arrangement, Care Trusts, Public Health and Local Healthwatch) Regulations 2012. These regulations were laid before Parliament on 17 December 2012. This was after the specification was drafted and as such it will be important to talk to the Local Healthwatch provider and partners about these issues during the post-contract discussions.
13. LINK members are so far very supportive of the actions so far and are helping to ensure transition arrangements are robust and take forward the LINK legacy.

## **Outcome of Consultation**

14. Whilst on track in appointing a new Local Healthwatch provider some transition planning will need to take place to prior to their appointment if we are to manage risk. This work will be undertaken by the commissioner and LINK with input from other partners.