

2 March 2012

*Department of Health
Room 213
Richmond House
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London
SW1A 2NS*

To: Leaders of Local Authorities
Chief Executives of Local Authorities
Directors of Children's Services
Directors of Adult Social Services
Directors of Public Health
SHA Clusters Chief Executives
Copy: Local Involvement Networks
Healthwatch Programme Board and Advisory Group

Tel: 0207 210 5727

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Dear colleague,

On Thursday 1 March 2012 the Government tabled amendments to the Health and Social Care Bill to make clear that local authorities, which will be under a statutory duty to commission effective and efficient local Healthwatch organisations, will have some choice over the organisational form that local Healthwatch takes (subject to the passage of the legislation).

I am writing to clarify a number of points both about local Healthwatch and Local Involvement Networks (LINKs).

The introduction of Healthwatch by the Health and Social Care Bill 2011 (the Bill)

Under the health and care reforms, local authorities will be given greater responsibility for improving the quality of health and care outcomes at a local level. One way of achieving this is through the better integration of local health and care services. Health and Wellbeing Boards and local Healthwatch both have a key part to play in achieving this outcome.

Local Healthwatch organisations are being introduced to give citizens greater influence over their local health and social care services, and to support individuals to access information about the increased choices available to them under the reforms.

The amendments to the Bill are designed to ensure local authorities have some flexibility and choice over the organisational form of local Healthwatch, so they can determine the most appropriate way to meet the needs of their communities. The key requirements are:

- local Healthwatch organisations must be corporate bodies carrying out statutory functions;

- they must be not-for-profit organisations;
- local Healthwatch must be able to employ staff and (if they choose) be able to sub-contract statutory functions.

Local Healthwatch will need to be inclusive so that it operates for the benefit of all parts of its local community. The Department would expect Healthwatch England to issue guidance to local Healthwatch on best practice in a number of areas, including leadership and governance.

As currently drafted, the Bill will create a statutory corporate body. The government amendment is designed to ensure that local Healthwatch is a non-statutory corporate body (that is, not created by the Bill). The key difference between a statutory and non-statutory corporate body is that the former is directly incorporated (so having its own legal personality) by an Act of Parliament and the latter is incorporated by registration under an Act of Parliament.

It will be up to local authorities to decide how they commission and fund local Healthwatch; this may include grant in aid funding. There is no automatic requirement to use the EU tender process but each case should be considered on the merits.

The Government has made clear that, while the final decision about what each local Healthwatch will look like is for the local authority, this decision should be made in consultation with local community stakeholders and the existing LINK: this underlines the principles of good commissioning based on active engagement to understand local need.

The Government will provide £3.2 million to local authorities in 2012/13 for start-up costs for local Healthwatch, due to be introduced from April 2013 (via the Department of Health Learning Disabilities and Health Reform Grant).

Existing Duties under the Local Government and Public Involvement in Health Act, 2007 (the Act)

Under the 2007 Act, top-tier local authorities are under a duty to make arrangements for certain activities to be carried on in their areas. Essentially, they must do this by ensuring there is a local involvement network (LINK) in their area. LINKs' functions are to:

- promote and support the involvement of people in the commissioning, provision and scrutiny of health and social care services;
- obtain the views of people about their needs for, and experiences of, health and social care services, and make those views known to those responsible for commissioning, providing, managing or scrutinising those services;

- enable people to monitor and review the commissioning and provision of health and care services; and
- make reports and recommendations about how health and care services could, or should, be improved to those responsible for commissioning, providing, managing or scrutinising those services.

This duty will remain in place until 31 March 2013 and the Government is continuing to make funding available to local authorities to support LINKs (£27 million in 2012/13 via the local government Formula Grant).

Today the Department is also publishing a document titled "Local Healthwatch: A stronger voice for people – *the policy explained*" to provide more information. This is available at:

<http://healthandcare.dh.gov.uk/healthwatch-policy/>

Yours sincerely,

A handwritten signature in black ink, appearing to read 'David Behan', written in a cursive style.

David Behan
Director General for Social Care, Local Government and Care Partnerships