

HEALTHWATCH PROGRAMME BOARD PAPER

<u>Title:</u> Indemnity issue
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<u>Purpose:</u> This paper sets out the Department's position on the indemnity issue and advice for local authority commissioners and potential providers
<u>Links:</u>
<u>Desired outcome:</u> To note the advice.
<u>Circulation:</u> For HWPB Members to circulate at their discretion

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Issue

1. To inform the HealthWatch Programme Board of the advice on the indemnity issue.

Action required and timescale

2. The Board to note the advice and suggest how this can be cascaded to local authority commissioners and potential providers of local Healthwatch.

Background

3. The indemnity issue was raised by stakeholders, particularly from the LINKs community, as one that required advice for those wishing to be considered as a potential bidders for local Healthwatch.
4. This was in light of concerns that staff and volunteers providing the information role, assigned to local Healthwatch, who may run the risk of liability i.e. the 'wrong' or 'poor' advice being given to individuals who seek the support from a local Healthwatch. Such concerns can be extended, although there is no known evidence of this, to where a local Healthwatch presents a service provider with a report and recommendation to which it is considered to be damaging to their reputation for defamatory statements (without sufficient evidence and therefore unlawful) of the concerns raised and therefore presents a 'liability'.
5. This then plays into indemnity insurance and the concern that local Healthwatch organisations must ensure it has this type of cover to be the local consumer champion of health and social care for everyone.

Discussion

6. The Department's position is that it will not indemnify participants of local Healthwatch centrally, this is because in the new system of community-based organisations it would not be appropriate to seek to impose a single system or approach to such issues.
7. This is no different to the current position, in that there is no central indemnity for LINKs and host organisations.

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8. Local authorities will have the responsibility to contract direct with local Healthwatch organisations and it will be right for each local authority to determine its own policy regarding local Healthwatch and ensuring it has indemnity insurance cover.
9. Existing organisations in the community and voluntary sector are familiar with this and act responsibly to have insurance cover that will indemnify volunteers, paid staff and Trustees in place for the people who work for or support them to carry out their service activities. New organisations, wishing to be considered as potential provider for local Healthwatch, should adopt similar responsibilities for their staff and volunteers.
10. Any potential Healthwatch provider looking for advice on insurance should ensure that brokers are registered with the Financial Services Authority. Key insurance cover for local Healthwatch organisations will include: professional indemnity insurance, public liability insurance, and employer's liability insurance. Insurance policies will need to cover the activities of volunteers as well as paid staff. NAVCA is discussing with insurance companies the potential for them to offer a good value insurance package specifically designed for local Healthwatch organisations, so that they can signpost Healthwatch providers to this.

Conclusion

9. The Department's advice is therefore that this is an issue that local Healthwatch organisations would need to be responsible for and to seek appropriate advice, that's already available, from experts in their community to ensure they have the right level of indemnity insurance cover for people who will be supporting its work.

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