



HEALTHWATCH DEVELOPMENT PROGRESS REPORT

Transition of LINks to LHW

NATIONAL ASSOCIATION OF LINks MEMBERS Public and Patient Involvement in Health and Social Care

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HEALTHWATCH DEVELOPMENT PROGRESS REPORT Transition from LINks to LHW

"There will be lots of challenges in the coming year: we want to make sure LINks continue to do what they were set up to do; we want to help them be the best they can; we want to build on their successes; and to make sure that LHW organisations are truly effective consumer champions for health and social care"

Earl Howe, Parliamentary Under-Secretary of State for Health

NALM is committed to developing Local HealthWatch and HealthWatch England bodies that are accountable to, and led by, local people. HealthWatch must be diverse, inclusive and representative of public – especially of patients, social care users and carers.

WE SUPPORT:

- The creation of independent HealthWatch bodies that enable local people to have a significant and enduring impact on the commissioning and provision of NHS and social care services in relation to local need and reducing health and social care inequalities
- The embedding of **diversity, inclusion and equality,** as core principles of HealthWatch, locally and nationally
- The establishment of HealthWatch England as an independent statutory body
- Leadership of HealthWatch by its members
- The **successful transition** of LINks into LHW and effective participation of current LINks volunteers in the new LHW organisations
- The successful transfer of NHS **independent complaints advocacy (ICAS)** services to local authorities with no decrease in local IAS (Independent complaints advocacy) budgets.
- The full integration of complaints advocacy, advice and information functions into LHW
- Active community involvement and engagement in LHW
- Partnership between DH, CQC, LGA, local authorities and NALM to promote the active engagement of people who use health and social care services and their representative organisations in all stages of the development of LHW

THE PURPOSE OF THIS REPORT

This report presents data from an FOI request sent to 152 Local Authorities in England in March 2012. We received 100% return to our requests although in some case it took up four months to get a reply, despite the legal obligation to provide a response within 20 working days.

Our objective is to explore the progress being made in each part of England with development of LHW, following Royal Assent of the Health and Social Care Act 2012.

Our questions to local authorities explore five areas that relate to the funding of LHW, transition of LINks to HealthWatch, involvement in developing Health and Wellbeing Board and public engagement in the development of LHW.

This report is work in progress and presents our data and initial analysis. We will make recommendations to Ministers, the HealthWatch Programme Board and local authorities once our further analysis is complete.

Our next report will consider progress towards the development of LHW against the objective of the HealthWatch Transition Plan and the delivery objectives of the DH HealthWatch Programme Board.

HEALTHWATCH PROGRAMME BOARD - HIGH LEVEL RISKS

The HealthWatch Programme Board was set up by the Department of Health to ensure active stakeholder engagement and involvement in the development of HealthWatch. The Board has recognised the following as high-level risk:

HW 21:

LINKs and other volunteers disengage with the new system, increasing the likelihood of LHW having insufficient capacity to be effective or to improve its delivery based on lessons learned from LINks

HW22:

LHW organisations are established in isolation from other community engagement activities, duplicating efforts to engage the whole community and resources therefore not being used to best effect

HW23:

LHW does not become a recognisable local brand as a consumer champion and the public's understanding is low about how to access it for help and support

HW24:

The establishment of the HWE committee within CQC is either too isolated or too prescribed by DH/CQC

HW25:

Narrow engagement group; HealthWatch doesn't work effectively with providers and commissioners. HealthWatch is not fully representative.

IMPACT ASSESSMENT

The Regulatory Impact Assessment on the Health Bill (Department of Health (2011) Health and Social Care Bill 2011 Impact Assessments, Annex D, part E – Risks page 102) identified the following risk:

"There is a risk Local Authorities limit the extent to which they fund LHW.

- D97. In 2009-10, from the £27 million distributed to Local Authorities for LINks, £24.3 million was received by LINks and Host organisations (source: LINks Annual Reports 2009-10). However, the context is that there is a significant cost pressure upon Local Authorities over the coming years and a number of priorities.
- D98. Funding for HealthWatch was proposed to have been taken from overall Local Authority allocations, meaning there is not a legal obligation to spend all this money on LHW. However, the functions of LHW will be a legal obligation and need to be funded. Given that complaints advocacy and support for choice are demand led roles, the likely consequence, therefore, of lower levels of funding for HealthWatch would be to a reduced independent scrutiny role."

METHOD

On March 21st 2012, a FOI request (Freedom of Information Act 2000 was sent by NALM to all Local Authority with social services responsibilities in England asking for a reply to the questions below.

On receipt of the reply from the local authority, a copy of the reply was sent to the LINk for the local authority area asking them if they wished to comment on their local authority's reply and inviting additional comments. The final stage will be to invite comments from LINk members in a free text area of the report for each local authority area.

The reason for this approach is to achieve triangulation of data for each area in order to verify the accuracy of the data from both statutory and lay sources.

Data was analysed by clustering similar themes for each question and then extracting the replies most illustrative of different practices across England.

The next stage will be to develop a LHW portal, with portlets for each local authority area. This will enable us to bring together information from the local authority, LINKs and other free comment and information from diverse sources in a unified way.

The Questions to each Local Authority in England

- 1. Has your Local Authority agreed an indicative budget for LHW for the period April 2013 March 2015?
- 2. If an indicative budget has been agreed for LHW for the period April 2013 March 2015, what sum has been agreed?
- 3. What arrangements have been agreed by your Local Authority for supporting your local LINk during transition to LHW for the period April 2012 March 2013?
- 4. What arrangements has your Local Authority put in place to include the local LINk in the pilot Health and Wellbeing Board for the Authority's area?
- 5. How many meetings have taken place with the public in your Authority's area to consult them on the development of LHW?

Note: 'Arrangements' mean a provision or plan made in preparation for an undertaking

FAILURE TO RESPOND

Where a Local Authority had not replied within 20 working days reminders were sent. In some case several reminders were sent to both the allocated FOI email address and to other officers in the local authority.

There was no response to the FOI from 7 Local Authorities by June 7th 2012. In some cases local authorities apologised for the delay, but we find a delay of some 55+ working days after submission of an FOI surprising in view of the duty under the Act to respond within 20 working days. In a few cases the initial delay was due to outdated information held by NALM on FOI leads in local authorities.

Once this was discovered repeated attempts were made to contact local authorities until a response was received.

RESULTS

HW Pathfinders		
Non HW Pathfinders		
Local Authorities		152
Local Authority Respons	ses	152
No Responses		0

HW Pathfinder LA Responses (81 in total)		81	No Response	0	
Non HW Pathfinder LA Responses		71	No Response	0	
TOTAL:			152	TOTAL	0
GRAND TOTAL: 152					
Contributions from LINks	26				

Responses to the NALM FOI request – March 2012

HealthWatch Pathfinder Local Authority Responses There are 75 HealthWatch Pathfinders covered by 81 Local Authorities

HW Pathfinder Local Authority Responses	No Response	Total No. of Local Authorities Responded	Total No. of Local Authorities
75	0	81	81
75			

Joint HealthWatch Pathfinders

Kensington and Chelsea + Hammersmith and Fulham South Gloucestershire + Bristol				
Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP)				
Essex + Southend on Sea				

LambethLeedsLeicester CityLeicestershireLewishamLincolnshireLiverpoolNewhamNorfolkNorth East LincolnshireNorth LincolnshireNorthamptonshireNorthumberlandOldhamOxfordshirePeterboroughPlymouthRedbridgeRichmond upon ThamesSheffieldShropshireSouthampton + Hampshire Isle of Wight + PortsmouthStaffordshireStockportSuffolkSuttonTelford + WrekinThurrockTorbayTower HamletsTraffordWakefieldWalsallWaltham ForestWandsworthWarrington				
Bristol + South GloucestershireCambridgeshireCheshire EastCity of LondonCornwallCoventryCroydonThe CumbriaDerbyDerbyshireDevonDoncasterEast SussexEnfieldEssex + Southend on SeaGatesheadGloucestershireHammersmith + Fulham Kensington + ChelseaHartlepoolHerefordshireHertfordshireIsles of ScillyKentKingston upon ThamLambethLeedsLeicester CityLeicestershireLewishamLincolnshireLiverpoolNewhamNorfolkNorth East LincolnshireNorth LincolnshireNorthamptonshireNorthumberlandOldhamOxfordshirePeterboroughPlymouthRedbridgeRichmond upon ThamesSheffieldShropshireSouthampton + Hampshire Isle of Wight + PortsmouthStaffordshireStockportSuffolkSuttonTelford + WrekinThurrockTorbayTower HamletsTraffordWakefieldWalsallWaltham ForestWandsworthWarrington	Barnsley	Bath + NE Somerset	Bedford	Bedfordshire
GloucestershireCoventryCroydonThe CumbriaDerbyDerbyshireDevonDoncasterEast SussexEnfieldEssex + Southend on SeaGatesheadGloucestershireHammersmith + Fulham Kensington + ChelseaHartlepoolHerefordshireHertfordshireIsles of ScillyKentKingston upon ThamLambethLeedsLeicester CityLeicestershireLewishamLincolnshireLiverpoolNewhamNorfolkNorth East LincolnshireNorth LincolnshireNorthamptonshireNorthumberlandOldhamOxfordshirePeterboroughPlymouthRedbridgeRichmond upon ThamesSheffieldShropshireSouthampton + Hampshire Isle of Wight + PortsmouthStaffordshireStockportSuffolkSuttonTelford + WrekinThurrockTorbayTower HamletsTraffordWakefieldWalsallWaltham ForestWandsworthWarrington	Bexley	Blackburn with Darwen Blackpool		Bradford
Derby Derbyshire Devon Doncaster East Sussex Enfield Essex + Southend on Sea Gloucestershire Hammersmith + Fulham Kensington + Chelsea Hertfordshire Isles of Scilly Kent Kingston upon Tham Lambeth Leeds Leicester City Leicestershire Lewisham Lincolnshire Liverpool Newham Norfolk North East Lincolnshire North Lincolnshire Northumberland Oldham Oxfordshire Peterborough Plymouth Redbridge Richmond upon Thames Shropshire Southampton + Hampshire Isle of Wight + Portsmouth Suffolk Sutton Telford + Wrekin Thurrock Torbay Tower Hamlets Trafford Wakefield Walsall Waltham Forest Wandsworth Warrington		Cambridgeshire	Cheshire East	City of London
East Sussex Enfield Essex + Southend on Sea Gloucestershire Hammersmith + Fulham Kensington + Chelsea Hertfordshire Isles of Scilly Lambeth Leeds Leicester City Leicestershire Lewisham Norfolk North East Lincolnshire Northumberland Oldham Plymouth Redbridge Shropshire Southampton + Hampshire Isle of Wight + Portsmouth Suffolk Sutton Torbay Tower Hamlets Trafford Warrington Hartlepool Herefordshire Kingston upon Tham Kingston upon Tham Kensington + Hartlepool Herefordshire Kingston upon Tham Kensington + Hampshire Liverpool North Northamptonshire North Lincolnshire Peterborough Plymouth Sheffield Thames Staffordshire Stockport Telford + Wrekin Thurrock Torbay Tower Hamlets Trafford Wakefield Walsall	Cornwall	Coventry	Croydon	The Cumbria
Gloucestershire Hammersmith + Fulham Kensington + Chelsea Hertfordshire Isles of Scilly Lambeth Leeds Leicester City Leicestershire Lewisham Norfolk North East Lincolnshire Northumberland Oldham Plymouth Redbridge Shropshire Southampton + Hampshire Isle of Wight + Portsmouth Suffolk Torbay Tower Hamlets Trafford Hartlepool Herefordshire Kingston upon Tham Kingston upon Newham Northamptonshire Southamptonshire Shropshire Sterborough Steffield Thames Stockport Telford + Wrekin Thurrock Wakefield Walsall Waltham Forest Wandsworth Warrington	Derby	Derbyshire	Devon	Doncaster
Hertfordshire	East Sussex	Enfield		Gateshead
Lambeth Leeds Leicester City Leicestershire Lewisham Lincolnshire Liverpool Newham Norfolk North East Lincolnshire North Lincolnshire North Lincolnshire Northumberland Oldham Oxfordshire Peterborough Plymouth Redbridge Richmond upon Thames Shropshire Southampton + Hampshire Isle of Wight + Portsmouth Suffolk Sutton Telford + Wrekin Thurrock Torbay Tower Hamlets Trafford Wakefield Walsall Waltham Forest Wandsworth Warrington	Gloucestershire		Hartlepool	Herefordshire
LewishamLincolnshireLiverpoolNewhamNorfolkNorth East LincolnshireNorth LincolnshireNorthamptonshireNorthumberlandOldhamOxfordshirePeterboroughPlymouthRedbridgeRichmond upon ThamesSheffieldShropshireSouthampton + Hampshire Isle of Wight + PortsmouthStaffordshireStockportSuffolkSuttonTelford + WrekinThurrockTorbayTower HamletsTraffordWakefieldWalsallWaltham ForestWandsworthWarrington	Hertfordshire	Isles of Scilly	Kent	Kingston upon Thames
Norfolk North East Lincolnshire North Lincolnshire Northumberland Oldham Oxfordshire Peterborough Redbridge Richmond upon Thames Shropshire Southampton + Hampshire Isle of Wight + Portsmouth Suffolk Sutton Torbay Tower Hamlets Walsall Walsall Northamptonshire Peterborough Sheffield Thames Stockport Telford + Wrekin Thurrock Wakefield Walsall	Lambeth	Leeds	Leicester City	Leicestershire
Northumberland Oldham Oxfordshire Peterborough Plymouth Redbridge Richmond upon Thames Shropshire Southampton + Hampshire Isle of Wight + Portsmouth Suffolk Sutton Telford + Wrekin Thurrock Torbay Tower Hamlets Trafford Wakefield Walsall Waltham Forest Wandsworth Warrington	Lewisham	Lincolnshire	Liverpool	Newham
Plymouth Redbridge Richmond upon Thames Shropshire Southampton + Hampshire Isle of Wight + Portsmouth Suffolk Sutton Telford + Wrekin Thurrock Torbay Tower Hamlets Trafford Wakefield Walsall Waltham Forest Wandsworth Warrington	Norfolk	North East Lincolnshire		Northamptonshire
Shropshire Southampton + Hampshire Isle of Wight + Portsmouth Suffolk Sutton Torbay Tower Hamlets Walsall Walsham Forest Thames Stockport Staffordshire Stockport Telford + Wrekin Thurrock Wakefield Warrington	Northumberland	Oldham	Oxfordshire	Peterborough
Suffolk Sutton Telford + Wrekin Thurrock Torbay Tower Hamlets Trafford Wakefield Walsall Waltham Forest Wandsworth Warrington	Plymouth	Redbridge		Sheffield
Torbay Tower Hamlets Trafford Wakefield Walsall Waltham Forest Wandsworth Warrington	Shropshire	•	Staffordshire	Stockport
Walsall Waltham Forest Wandsworth Warrington	Suffolk	Sutton	Telford + Wrekin	Thurrock
	Torbay	Tower Hamlets	Trafford	Wakefield
Wastiglahira Wast Barkshira Wastminston Wigan	Walsall	Waltham Forest	Wandsworth	Warrington
warwickshire west Berkshire westminster wigan	Warwickshire	West Berkshire	Westminster	Wigan
Wolverhampton Worcestershire York	Wolverhampton	Worcestershire	York	

Non HealthWatch Pathfinder Local Authority Responses

Non Pathfinder Local Authority Responses	No Response	Total No. of Non HealthWatch Pathfinders
71	0	71

Barking + Dagenham	Barnet	Birmingham City	Bolton
Bournemouth	Bracknell Forest	Brent	Brighton + Hove
Bromley	Buckinghamshire	Bury	Calderdale
Camden	Cheshire West + Chester	Darlington	Dorset
Dudley	Durham	Ealing	East Riding of Yorkshire
Greenwich	Hackney	Halton	Haringey
Harrow	Havering	Hillingdon	Hounslow
Hull	Islington	Kirklees	Knowsley
Lancashire	Luton	Manchester	Medway
Merton	Middlesborough	Milton Keynes	Newcastle upon Tyne
North Somerset	North Tyneside	North Yorkshire	Nottingham City
Nottinghamshire County	Poole	Reading	Redcar + Cleveland
Rochdale	Rotherham	Rutland	Salford
Sandwell	Sefton	Slough	Solihull
Somerset	South Tyneside	Southwark	St. Helens
Stockton on Tees	Stoke on Trent	Sunderland	Surrey
Swindon	Tameside	West Sussex	Wiltshire
Windsor, Ascot + Maidenhead	Wirral	Wokingham	

Contributions from LINks 26

Bristol	Bury	Coventry	Cumbria
Croydon	Darlington	Devon	East Riding of Yorkshire
Hammersmith + Fulham	Harrow	Haringey	Isles of Scilly
Luton	Medway	Middlesbrough	Newcastle upon Tyne
Oxfordshire	Peterborough	Reading	Redcar + Cleveland
Rotherham	Somerset	Suffolk	Telford + Wrekin
Wilstshire	Windsor, Ascot +		
	Maidenhead		

Number of Local Authorities and LINks	152
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Number of Local Authorities supporting 75 x HealthWatch Pathfinders	81
Number of Non HealthWatch Pathfinder Local Authorities	71

HealthWatch Pathfinder Local Authorities

Number of Responses	81	
Number of Non Responses	0	
-	Total	81

Non HealthWatch Local Authorities

Number of Responses	71	
Number of Non Responses	0	
	Total	71

ANALYSIS OF DATA

The full data set for 152 local authorities is shown below with additional comments from LINks where these have been provided.

Question One

Has your Local Authority agreed an indicative budget for LHW for the period April 2013 – March 2015?

Responses to Question One

Indicative budget agreed	24
Not agreed – subject to DH clarification	128

Question Two:

If an indicative budget has been agreed for LHW for the period April 2013 – March 2015, what sum has been agreed?

Responses to Question Two

	Local Authorities with indicative budgets agreed = 24 Those highlighted have been asked to confirm the actual figure				
1	Barnsley	Pathfinder	Current allocation + PALS funds		
2	Bath + NE Somerset	Pathfinder	£224,000		
3	Bolton	-	Same as last year		
4	Bradford	Pathfinder	£960,000 (= 2 x £480,000)		
5	Calderdale	-	£100,000		
6	Cornwall	Pathfinder	£160,650		
7	Derby	Pathfinder	£460,000		
8	Dorset	-	£189,000		
9	Isles of Scilly	Pathfinder	£57,014 (2013/14): £57,195 (2014/15)		
10	Kingston upon Thames	Pathfinder	£98,000		
11	Newcastle upon Tyne	-	£149,000 is the intention		
12	Northumberland	Pathfinder	£150,000		
13	Portsmouth	Pathfinder	£124,000		
14	Redbridge	Pathfinder	£134,000 for 2012/2013		
15	Southampton	Pathfinder	£96,000		
16	Staffordshire	Pathfinder	£300,000		
17	Stoke on Trent	-	£163,000 + £17,702+		
18	Tameside	Pathfinder	£130,000		
19	Thurrock	Pathfinder	£115,000 + ICAL/PALS		
20	Torbay	Pathfinder	£120,000 + £10,000		
21	Warrington	Pathfinder	£107,000		
22	West Sussex	-	£239,000		
23	Wokingham	-	The sum is sensitive material		
24	Worcestershire	Pathfinder	£327,000 + PALS		

For Question Three – see Page 14

Question Four and Responses:

What arrangements has your Local Authority put in place to include the local LINk in the pilot Health and Wellbeing Board for the Authority's area?		
Total Responses from Local Authorities: 140		
No Response/response too vague: 12		

LINk members on the Health and Wellbeing Board:	130
In the process of setting up a Health and Wellbeing Board:	4
LINk member on the Health and Wellbeing Board under consideration:	4
LINks/HealthWatch will join in 2013:	2

Question Five and Responses:

How many meetings have taken place with the public in your Authority's area to consult them on the development of LHW?

More than 5 meetings	22
Five meetings	3
Four meetings	4
Three meetings	11
Two meetings	17
One meeting	27
No meetings	54
Unspecified number of meetings	12
No answer	2

Some of the ways in which the public has been consulted – as well as at Public Meetings and AGMs:

Films	Road Shows	Workshops	Questionnaires online
Questionnaires posted	Advertising	E-bulletins	Newsletters
Free post surveys	Stalls at events	Websites	Blogs
Facebook	Drop-ins		

Question Three Responses

What arrangements have been agreed by your Local Authority for supporting your local LINk during transition to LHW for the period April 2012—March 2013?

"We have a strong and constructive relationship with the LINk and are working with them on the transition" – Gloucestershire County Council

Out of the 152 local authorities that responded to the survey (100%), 88 (58%) confirmed that resources were in place for the LINk to be supported up to March 31st 2013. Twenty-four told us that they had an indicative budget for the initial funding period for LHW after March 31st.

A common response in relation to funding up to March 31st 2013 was:

"The LINk Host has agreed a one year Variation Agreement to the terms of their existing contract. This means that there will be a professional Host staffing complement in place to support **York** LINk until 31 March 2013. In agreement with the authority a clear work plan has been produced for 2012-13 financial year, which will set out a series of steps".

Rotherham MBC, a contract has been signed with the Host up till September 2012, with an option for renewal up to March 31st 2012 subject to "performance and agreement" and the LINk is being supported through regular performance/contract meetings.

EASING TRANSITION TO LHW

Several LA were actively supporting the LINk through transition, e.g. the **Sandwell Metropolitan Borough Council** was conscious of the training needs of members of the LINk and has provided additional resources so that the LINk can carry on with its usual activities as it went through transition.

"An additional post is being recruited to support the LINk during the transition period. Duties will include assessment of training needs of LINK members and providing regular HealthWatch updates to the LINk. The post will support the LINk directly and is a separate resource to the Host".

Some local authorities are trying to ease transition from LINk to LHW; e.g. **Reading CC** has provided additional sum of £10,000 on top of the full budget to: "ease the transition, including additional stakeholder engagement, publicity campaigns and additional support for the LINks Board Members". **Wigan Council** has agreed to roll forward the existing contract with the Host organisation and are also about to contract specific support for HealthWatch development implementation, with a contract valued at £35,000.

In other cases extra funding has been provided to support LINk's work in relation to engagement and representation functions and for the LINk to have a position on the Shadow Health and Wellbeing Board and for transition planning. A few local authorities have created additional posts.

In **Plymouth**, additional funding has also been made available for a HealthWatch Development Worker at the LINk whose job will be, in part, to engage further with hard to reach communities and individuals.

COLLABORATION BETWEEN LOCAL AUTHORITIES AND LINKS

Seventy-eight local authorities (51%) gave a more detailed picture about their involvement with the LINk in the transition to HealthWatch; each reported there was an inclusive dialogue with the LINk and the respondents fell into three clusters –

- Working with the LINk to develop the LHW model and involving local partners in the process;
- Collaboration leading to a transition from LINk to LHW, with the local authority using grant
 in aid.
- LINk working with the local authority until it goes out to tender, when the LINk will
 withdraw because it intends to bid for the contract as part of the competitive tendering
 process.

The situation in Worcestershire and Sunderland was fairly typical of the first group:

"We have established a HealthWatch Steering Group which has local LINk representation. The Steering Group has been in place since the latter part of 2011. There is also a HealthWatch **Worcestershire** Stakeholder Group that meets regularly with the LA/NHS representative. The Stakeholder Group has a wide range of representatives, including the LINk and local residents".

"Representatives from the LINk and the Host sit on the HW Transition Working Group, which meets monthly to discuss how to support the implementation of HW in **Sunderland**, and to maintain and oversight of strategic developments. The Working Group will exist until **Sunderland** Health Watch is established in April 2013".

Wakefield Council on the other hand has run a public consultation exercise on the development of LHW but has not worked in partnership with the Wakefield LINk (although LINK members have attended consultation events). There report says:

"All LINk members, and anyone who has signed up to receive newsletters or other documents from LINk, will be informed of the closure of the LINk service and given the option to have their contact details passed to the new provider of HealthWatch. The new provider will then provide information on how to become involved in HealthWatch".

Wakefield Transformation Team ran a series of drop-in sessions around the district to provide citizens with an opportunity to discuss HealthWatch and to give their views. The public consultation culminated with a Feedback Event on 12 April 2012. At the event delegates were provided with a range of proposals for HealthWatch and given further opportunity to influence the development of HealthWatch:

"The next step for HealthWatch is writing the service specification and putting this out to tender. Organisations who are interested in delivering the HealthWatch service will be asked to submit a tender/bid. The tender process will take several months".

In **Halton**, a commissioning timetable for local HW is being finalised and will be presented to the LINK Board during summer 2012. Consultation and engagement activity around the role and development of HW is planned.

EXAMPLES OF GOOD PRACTICE

In **Plymouth** the LINk has undertaken a rolling programme of consultation with the public at various events across the city and through its membership and circulation list. The information will be further supplemented through the work of the HealthWatch Development Worker.

In Nottingham:

"The local authority has contracted with a consortium of local third-sector organisations to support the LINk Board to undertake a work programme, including community engagement in the HealthWatch modelling and to undertake a community engagement programme as part of the development of a HealthWatch model".

... and in Suffolk:

The "County Council, in partnership with **NHS Suffolk, Suffolk LINk**, the emerging Clinical Commissioning Groups and other stakeholders, is establishing a HealthWatch Implementation Executive and have funded the setting up of a small HealthWatch Pathfinder staff team to cover the transition period from July until March 2013. These initiatives have grown from the Pathfinder Group and the HealthWatch Planning Group that have developed with the involvement of the partner organisations and key stakeholders over the past year. The new staff team includes a Community Development Officer who is working to engage with the community, the local GP practices and voluntary sector.

Workstreams are now underway which will function under the HealthWatch Implementation Executive comprising of three groups; Organisational Development, including governance and corporate structure; Communications and Engagement, including working with the Voluntary and community Sector and the Health and Wellbeing Board Information and Signposting, including plans for the NHS Advocacy service".

In the **Wirral** a Transition Stakeholder Group made up of LINk members, Host (VCA Wirral) staff and representatives from **Wirral Council**, NHS Wirral, Clatterbridge Centre for Oncology, Cheshire & Wirral Partnership NHS Foundation Trust and Wirral University Teaching Hospital NHS Foundation Trust: "The remit of the group is to manage the transition from Local Involvement Networks (LINks) to LHW. The group has recognised that the strength of the current LINk Board has been its diversity, and will be working to keep this throughout the transition period".

Westminster has a 'Shaping HealthWatch Sub-Group' that advises the LINk Steering Group on the LINk's transition to HealthWatch. The outputs of this work are intended to be visibility and branding, developing training programmes and discovering ways to engage the community – specifically hard-to-reach groups such as LGBT (lesbian, gay, bisexual and transgender).

There is an Action Plan in **Bedford**, which has been formalised by the HW Transition Working Group in April. The main headings are:

- a) Awareness raising of Bedford HW
- b) Ensuring equality and diversity
- c) Promoting comprehensive engagement
- d) Operational arrangements
- e) Provision of ICAS
- f) Organisational model to be adopted

Torbay describes their approach as: "very supportive in terms of allocating staff time to the development of HealthWatch, in partnership with the LINk, other local statutory, voluntary and community organisations. Local Authority staff from different departments of the organisation has been allowed to support the development with their expertise".

Stockport has set up a LHW Development Group to effect transition whose membership includes: the Chair of the local LINk and two other LINk members, together with Council's legal and financial representation and designated officer, and support from the Council's Health and Wellbeing team. A similar approach has been used in **Somerset** where the objective of the HealthWatch Transitional Steering Group is to: "sign-off a service specification and to assist with the direction of the work programme for HealthWatch's first year".

North Yorkshire has developed an approach that includes six partnership boards in a HealthWatch Reference Group to offer:

"Advice and support on the specification for LHW and to provide a representative to sit on the Shadow Health and Wellbeing Board. The Boards are:

- North Yorkshire Learning Disabilities Partnership Board
- North Yorkshire Physical and Sensory Impairment Partnership Board
- North Yorkshire Old Peoples Partnership Board
- North Yorkshire Carers Forum
- North Yorkshire Mental Health Partnership
- North Yorkshire Youth Council / Young People's Council"

In **Kent** there is a LHW Implementation group that discusses and plans for the transition to set up of LHW.

"There are three LINk governors on this group and the Chair of the Kent LINk has an open invitation to attend. Task and finish groups that report into the Implementation Group are also being set up which will include LINk representatives. Further support through a LHW shadowing arrangement, of which the LINk will be a key part, will be defined, planned and implemented from the summer onwards".

GRANT-IN-AID

The London Borough of **Islington** has agreed to grant-aid the LINk for 2 years to undertake the influencing and signposting functions of LHW. The Council are also working with commissioners across London to develop an appropriate model and commissioning arrangement for the Independent Health Advocacy.

Hertfordshire County Council Commissioners are working very closely with LINk on an agreed and robust Transition Plan, which provides strategic, operational and financial support in planning and delivery of stakeholders' engagement events, for raising the profile of LINk/HW and ensuring participation, partnership and representation.

COMMUNITY INTEREST COMPANY

A Community Interest Company has been formed in **West Berkshire** with the active support of the Local Authority to deliver LHW activities. The partners include the local LINk and a wider group representing many local user, patient and carers groups.

GOING OUT TO TENDER

In the case of those local authorities that are going out to competitive tender, which is likely to be the majority, the relationship between the LINk and local authority will change as the parties get closer to the procurement, e.g. **Bristol City Council** told us that:

"We are holding monthly pathfinder meetings up until procurement commences when we will separate and the LINks will undertake their work plan".

DEVELOPING HEALTHWATCH FOR CHILDREN AND YOUNG PEOPLE

Although the survey did not specifically ask local authorities how the transition to LHW would focus on the inclusion of children and young people, several local authorities described their approach. This issue is important not just from the point of view of inclusion and promoting equalities, but because the duties of LHW towards the monitoring of services for children and young people have been enhanced to include the monitoring and influencing of social care services, in addition to health care services.

In **Wigan** the HealthWatch Development Group is currently managing a local consultation programme that includes a questionnaire-based survey (paper and online) with community organisations, public members of the LINk and young people.

Sunderland City Council has sent a questionnaire to children and young people to provide a chance for them to make comments and suggestions to influence decision- making about the development of LHW. The questionnaire was made available on-line and was also used to facilitate small focus groups to support the collation of information from that age group, and to provide children and young people with a better understanding of the transition from LINks to LHW.

A total of 250 responses were received from the children and young people, including 25 responses from children with disabilities. The Council and representatives from PCT and Children's Services are now looking at ways to undertake further engagement with patients and the public, including children and young people, as a means of seeking viewpoints from people who are currently under-represented.

Plymouth City Council has established a commissioner's task and finish group with representation from Children's Social Care, and **North Yorkshire CC** has included representation from the North Yorkshire Youth Council / Young People's Council on their HealthWatch Reference Group, the body which offers advice and support on the specification for LHW. Extensive consultation has taken place on the LHW model in **County Durham**, including five children and young people's agenda days involving over 50 young children and youths, whilst in **Halton** the involvement of children, young people, their parents and carer's in the development of HW is being explored.

LEGACY

Only five Links specifically mentioned the importance of carrying forward to legacy of LINk to LHW. In **Warwickshire** a work programme has been devised to secure the legacy. In **Kent and Medway**, an independent consultant has been commissioned to make recommendations to the LINk and Kent County Council: "to ensure that past and present work, skills and expertise can be transferred into the new organisation". In Medway, a workshop was held specifically for LINk governors and members, which focused on the legacy of LINk and how to take forward the work of LINk into HealthWatch.

In **East Sussex** they have agreed a six-month work programme and funding to support the LINk in carrying out functions and preparing documentation for each function that will incorporate the

Local LINk Legacy. **Hertfordshire CC** is offering a Single Tender to enable the LINk to deliver HW duties, in order that LINk's knowledge, volunteers, skills and good practice is not wasted. **RECOMMENDATIONS**

- 1) We strongly recommend that local authorities are advised to adopt proactive models of public engagement, to ensure inclusive and diverse approaches to involving people in the development of the LHW model. Continuous work that includes all sections of the population, including people in the nine Equalities Act protected categories groups, will help to build and sustain the LHW as diverse and inclusive organisations.
- 2) Evidence of the involvement of children and young people in the development of LHW is sparse and inadequate. We recommend that advice is provided through the National Children's Bureau and other national children's charities on the best approaches to the involvement of children and young people.
- 3) As 48% of local authorities gave no clear indication that they are funding LINk until March 31st 2013, we recommend that the HealthWatch Implementation Team (DH/LGA team) remind all local authorities of their statutory duty to ensure that LINks are carrying out the following statutory duties until abolition on March 31st 2013:
 - a) Promoting, and supporting, the involvement of people in the commissioning, provision and scrutiny of local care services;
 - (b) Enabling people to monitor services
 - (c) Obtaining the views of people about their needs for, and their experiences of, local care services
- 4) Evidence of a consistent approach to developing the LINk legacy in terms of documentation, members' experience, knowledge of the area, evidence of successful and unsuccessful initiatives, and achievements against objectives, should be systematically harnessed through proactive work by local authorities as commissioners of LINks. We commend the approach of Kent and Medway: "to ensure that past and present work, skills and expertise can be transferred into the new organisation".
- A programme of transition training for all LINks members should be initiated in all areas, to ensure that the usual mass migration of volunteers that accompanies the abolition of community organisations is mitigated. The approach taken by Sandwell Metropolitan Borough Council to assess the training needs of LINK members and provide regular HealthWatch updates and training for LINk members is recommended
- As LINk members are currently sitting on 130 Health and Wellbeing Board, we strongly recommend that these members are offered enhanced support and training. This is to ensure that they have the capacity to represent the public in this role, the skills to influence the HWBB and the support to continue with their current role until the LHW is able to elect a new HWBB member from the LHW membership.

- 7) As only 51% of local authorities were able to provide evidence of collaborative work with the local LINk towards transition to LHW, we recommend that the DH and CLG jointly write to all local authorities reminding them of the commitment of the government to a successful transition from LINks to LHW wherever possible.
- We are disappointed that so few local authorities are using grant-in-aid (part B) to effect a successful transition from LINk to LHW. We recommend the HealthWatch Implementation Team writes to all local authorities to provide technical advice and remind them that the government is supportive of this approach when it is appropriate for the local area.
- 9) We strongly recommend that local authorities are reminded of the benefits to the community of an integrated model of LHW that includes advice and information services and the Independent advocacy service.
- 10) We recommend that work is initiated through HWE to advise LHW of the critical information sources in their area and regionally that will enable them to operate effectively as the informed voice of local people in health and social care services.

The Local Authority Responses ...

BARKING AND DAGENHAM

1	l.	No.
2	2.	N/A
3	3.	Consultation meetings with LINk staff and local stakeholders have been held to scope out what LHW should look like in Barking and Dagenham. The service specification for the contract to Host the LINk has been revised to ensure the work of the LINk is maintained, whilst supporting the development of HealthWatch.
4	1.	LINk has a seat on the Shadow Health and Wellbeing Board and attends the meetings.
5	5.	A Customer and Service User Reference Group has been set up as a sub-group of the Shadow Health and Wellbeing Board. The aim of the group is to provide appropriate mechanisms to enable the community, patient and service users, to drive the work of the Health and Wellbeing Board and to ensure that their voice informs commissioning decisions relating to local health services. The development of HealthWatch has been discussed with the group, which is attended by people who use services and service user representatives.

BARNET

1.	No – although the funding that currently supports the LINk is in the base budget. We are then expecting a notional amount to support the former PALS and Complaints Advocacy Funding.
2.	N/A
3.	The Host contract is extended through to 21 March 2013. Contract monitoring includes a requirement to support the LINk in an effective transition to HealthWatch.
4.	The LINk has been on the Shadow Health and Wellbeing Board since its establishment in May 2011.
5.	None at the moment.

BARNSLEY HealthWatch Pathfinder

1.	BMBC will use the current LINk allocation + the proposed additional funds allocated to Barnsley for the PCT PALS function and the ICAS function that were given in the Funding Consultation Government Response in February 2012 (but the additional money will be indicative).
2.	N/A
3.	LINk staff working closely with BMBC HealthWatch Co-ordinator. Commissioner support to develop a realistic workplan for the transition period. LINk members involved in the development of the LHW service specification and tendering process.
4.	Meeting arranged with the Full LINk membership to: Contribute to a draft role description and person specification for the HW Rep. Decide a process to choose a LINk member to sit on the Shadow H&W Board
5.	So far: 27 meetings held with service user groups and Forums 4 meetings held with individuals, by request HW consultation at 3 LINk meetings 55 responses to an on-line survey 29 returned of the 267 PDF survey's distributed Contacted over 500 people Consulted with 33 people from different communities of interest Recruitment taking place for members to sit on the Community panel (consultation vehicle for the outcomes of the service specification).

BATH AND NORTH EAST SOMERSET

HealthWatch Pathfinder

1.	Yes.
2.	£224,000
3.	Currently, we are commissioning for a HealthWatch body to commence on 01 July 2012. This body will become the Shadow HealthWatch B&NES, and will Host the LINk until it is abolished next year.
4.	LINk members are on the Shadow Health and Wellbeing Board.
5.	Five meetings between May – July 2011.

BEDFORD BOROUGH COUNCIL

HealthWatch Pathfinder

1.	No
2.	N/A
3.	The Host contract includes supporting transition to HW as a deliverable outcome. There is a written Action Plan in draft form that will be formalised at our next HW Transition Working Group in April. The main headings are: - Awareness raising of Bedford HW - Ensuring equality and diversity - Promoting comprehensive engagement - Operational arrangements - Provision of ICAS - Organisational model to be adopted The first three will be addressed in the first part of the year, the second three in the second half of the year.
4.	The Chair of the LINk has a place on the Health and Wellbeing Board.
5.	One

BEDFORDSHIRE HealthWatch Pathfinder

-		
	1.	No, subject to notification by the Department of Health Grants.
	2.	N/A
	3.	Central Bedfordshire LINk will continue to be supported by Host arrangements during 2012-2013 in addition to work getting ready for HW.
	4.	The LINk Chair is a member of the Shadow Health and Wellbeing Board, and wider LINk membership attended the first Health and Wellbeing Board Stakeholder event held in February 2012.
	5.	Central Bedfordshire LINk is part of the Pathfinder programme with the Central Bedfordshire Council. The LINK is a core member of the Central Bedfordshire HW Steering Group. The Council attends monthly LINk Board meetings to provide updates on HW development. A Stakeholder Conference was held in September 2011 to begin wider public engagement. Further engagement activities are being planned.

BEXLEY HealthWatch Pathfinder

1.	No.
2.	N/A
3.	The LINk is currently drafting a plan that sets out their development activities for 2012/2013. The
	development funds issued by the DH will be passed from the local authority to the LINk in order to
	support the activities set out in the plan.
4.	The Chair is a member of the Bexley Health and Wellbeing Board.
4.	The Chair is a member of the beatey freath and wellbeing board.
5.	None.

BIRMINGHAM

1.	No.
2.	N/A
3.	Appointment of LINk and HealthWatch Project Manager and Policy Officer. Fortnightly meeting between LINk Host organisation and Birmingham City Council. BCC officer attends monthly LINk Strategy Group Meetings. Current Host organisation to be extended until March 2013, subject to further discussions. LINk members involved in the HealthWatch consultation process that will shape HealthWatch Birmingham. LINk member sits on the HealthWatch Project Development Board.
4.	In Birmingham we have provided a place on the Shadow Health and Wellbeing Board for the Local Involvement Network (LINk). This was a decision taken at an early stage to ensure consistency between the Shadow Board membership and the membership of the substantive Board in April 2013.
5.	We have taken an approach in Birmingham that has deliberately tried to avoid a concentration on dedicated consultation meetings. In June 2011 we carried out some research that indicated that members of the public preferred consultation to take place in existing forums rather than through dedicated meetings. To that end we have held a large scale consultation event that has sought to recruit members of the
	public to take the consultation, on our behalf into their communities. We have also held subsequent meetings with these consultation ambassadors to support them in terms of materials and skills.
	We will begin a formal consultation process in late May 2012 and we anticipate that the bulk of activity will take place in the meetings currently taking place in the community.
	In addition to the actions outlined above officers from both the NHS and the Local Authority have been attending community groups, across the City, to highlight the forthcoming consultation. This preparation has been taking place for the last six months.

BLACKBURN WITH DARWEN

HealthWatch Pathfinder

No
No Response
Blackburn with Darwen has extended the Host contract with the Carers Federation to Host the LINk for 2012/2013. This is the second one year extension of the original hosting contract from 2008 – March 2011.
The Chair of the LINk is the HealthWatch representative on the Blackburn with Darwen Health and Wellbeing Board. The LINk Chair is also Chair of the LINk HealthWatch sub-group.
Since July 2011, we have implemented a programme of public information and engagement that will contribute to the development of HealthWatch in the Borough. This has comprised: - Production of an information film to promote HealthWatch - A HealthWatch Road Show with information stand at local shopping centres and the opportunity for residents to complete a questionnaire resulting in 100 responses - Ten community Focus Groups split geographically and with key interest groups, engaging with 60 residents - Forty four Scoping interviews with representatives from statutory, voluntary and community organisations, including the LINk Steering Group - Two workshops – one in Blackburn and a second in Darwen So, in total, 28 meetings involving the public.

BLACKPOOL

BLACKPOOL HealthWatch Path	
1.	No.
2.	N/A
3.	The contract with the current Host organisation has been extended to 2013.
4.	The Chair of the LINk is a member of the Shadow Health and Wellbeing Board
5.	Three. In addition, there is a Towards HealthWatch Group that meets regularly to provide a community perspective on the development of LHW.

BOLTON

1. A budget has been agreed for 2012/2013 based on the DH allocation for 2011/12. We have established a HealthWatch Project Board (with representation and leadership from senior managers and chief officers) and this meets for the second time next week. This group will guide and oversee the work programme and this will include setting a budget for HealthWatch. 2. For 2012/2013 – the same as was made available for 2011/2012. 3. The commissioning officer who has worked with LINk for the previous 18 months continues to meet with the LINk volunteers and staff on a monthly or bi-monthly basis for informal briefings and 'catch-ups'. In addition, LINk is to receive the same level of funding and support from the commissioner around identifying priorities and outcomes for the year as they have for last 2 financial years. The Host contract (which expired on March 31st 2012) has also been extended for a year to ensure continuity with regards to support host staff, premises etc. commissioner worked with LINk at the end of last year to help them establish their own transition plan and continues to receive updates from LINk on this plan. 4. Bolton already has a shadow HWB that has been operational for a year now. Since its inception, the Chair of our local LINk has been a member and attends each meeting. 5. LINk (with support from the LA) hosted a public and stakeholder event in December 2011 with over 100 people in attendance. The purpose of the event was to provide information about LHW and HWE and seek views on what the LHW needed to concentrate on when it was live, how it should build its network and host best to engage local people. Additionally, the Project Group reference above (q.1) has pulled in the LA's consultation and engagement team and lead officer with a view to developing large scale and on-going communication and consultations this year. These will include both face-to-face sessions and written communications.

BOURNEMOUTH

1.	No
2.	N/A
3.	Discussions with LINk on any transition plan is underway.
4.	LINk will provide the LHW representation for 2012/2013. Details on how this post will be selected is currently being worked up.
5.	Details of all consultations are available on: http://bournemouth2026.org.uk/health-and-wellbeing/shapingHealthWatch .

BRACKNELL FOREST

1.	No budget agreed. An assessment of future funding commitment can be made now the Bill has passed. The functions of LHW are clearly defined in law. Considerations will also take into account points 2 and 5 below.
2.	The government has advised indicative allocations for the following functions. PALS £32,283. NHS Complaints £21,274. However, this does not take into account any contractual or TUPE requirements that will be subject to separate discussions on the transfer of functions from the PCT to the local authority.
3.	The LINk is given administrative support by a Host Worker in agreement with the LINk. A budget has been set on the basis of past budgets and a SLA entered into. We have agreed to accommodate flexibilities in LINk governance arrangements to allow the LINk to continue with its existing programme of work.
4.	The LINk sits on the Board as the pro-tem representative of LHW.
5.	None. The Health and Wellbeing Board is to agree a programme of independently commissioned events iun Spring 2012 to 'vision' LHW for the area, by the area.

BRADFORD HealthWatch Pathfinder

1.	Yes
1.	165
2.	£960K.
3.	We are a Pathfinder. The Pathfinder is a partnership between the voluntary sector, the local NHS and the Council. The Council continues to provide a budget for the LINk during this period.
4.	Host staff and LINk members attend Board Meetings.
5.	Six meetings, with more planned.

BRENT

1.	No.
2.	N/A
3.	Extend our LINks contract for an additional year – 2012/2013.
4.	None.
5.	None.

BRIGHTON AND HOVE

1.	Yes, in principle, subject to DH clarification, and annual agreement through the Brighton and Hove City Council's budget process.
2.	Financial support for HealthWatch is subject to confirmation and will be based on the allocation of funding from the DH. This will include start-up costs in 2012/2013. Funding for HealthWatch for 2013/2014 will be agreed through the Council's budget process, based on the allocation of funding from the DH and relevant inflationary increases. Funding for LINk will continue at existing levels as described below.
3.	The LINk agreement has been renewed for 2012/2013, and there has been extra funding and resource support for the work in relation to engagement and representation functions for the LINk to have a position on the Shadow Health and Wellbeing Board. The local LINk volunteers are also involved in the Commissioning Working Group for HealthWatch.
4.	Agreed that there will be a LINk representative on the Health and Wellbeing Board.
5.	There has been publicity about the development of HealthWatch and plans are under way for developing a process with the LINk about how we do this, as we are not a Pathfinder area.

BRISTOL

HealthWatch Pathfinder joined with South Gloucestershire

1.	No. We are not in a position to do this until we have some certainty over the monies we may receive. At this point of time all we have to go on is the "funding illustration" from the DH at end of 2011, which cannot be assumed as the actual payment account. We await the announcement with interest.
2.	N/A
3.	We are holding monthly pathfinder meetings up until procurement commences when we will separate and the LINks will undertake their work plan. Bristol LINk has funding agreed for Qtr 1 and 2 and we are discussing arrangements for continuing funding through Qtr 3 and Qtr 4.
4.	The Chair of Bristol LINk has a seat on the Shadow Health and Wellbeing Board and has been participating in meetings to date.
5.	One large stakeholder event on Feb 6 th by City Council (115 attendees). One provider day is planned for May 11 th 2012 as part of procurement process. Bristol LINk has also held a public event last December and has been promoting awareness of the transition to HW. We also held a citizen's panel questionnaire, although it was not face to face, it has provided useful evidence. It was sent to 1876 Citizen Panel members and we received a 40% response rate totalling 758 people.

Contribution from Bristol LINk ...

Bristol City Council did hold a consultation meeting on 06 February 2012, but there was very little question-time at the event, in order to hear from the public.

July 2012 - Bristol and South Gloucestershire Local Authorities are now tendering the LHW separately after South Gloucestershire pulled out of the joint bid. Bristol LINk has held a stakeholder meeting to reply to the

LHW specification consultation and officers from South Gloucestershire have met with LINk participants to discuss the tender specification for the South Gloucestershire LocalWatch

BROMLEY

1.	No.
2.	N/A
3.	Regular meetings with the LINk. Organising stakeholder events to explore options for HealthWatch. Funding for a facilitator offered.
4.	LINk has had a seat on the Shadow Health and Wellbeing Board since its inception in 2011/2012.
5.	None to date. Plans are being developed with the LINk for this.

BUCKINGHAMSHIRE

DOCKINGTIANSTINE		
	Updates that answer the questions on LHW are delivered to the Shadow Health and Wellbeing	
	Board (details of membership is available at:	
	http://democracy.buckscc.gov.uk/mgCommitteeDetails.aspx?ID=710 including currently the LINk	
	Chair.	
	Please see:	
	http://democracy.buckscc.gov.uk/ieListDFocuments.aspx?Cid=710&Mid+4797&Ver=4	
	http://democracy.buckscc.gov.uk/ieListDocuments.aspx?Cld=453&MID=5041#Al19916	
	http://democracy.buckscc.gov.uk/ieListDocuments.aspx?Cld=137&MID=4846#AI20233	
	intep.// democracy.bucksee.gov.dk/ telistbocuments.uspx; eta=157 &kmb=4040lf/(120255	
	http://democracy.buckscc.gov.uk/ieListDocuments.aspx?Cld=137&MID=4854#Al21047	
	An Interim Panel would be in place for the next 5 months to oversee the transition of LHW (taken	
	from Minutes).	

BURY

1.	No
2.	N/A
3.	None agreed as yet – this is being managed on a project basis with the LINk representative engaged on the project team.
4.	LINk representation on the Shadow Health and Wellbeing Board.

5. Not applicable at this stage. Discussions will be held with LINks and the Third Sector organisations to agree the process for consultation.

Additional comment from Bury Local Authority ...

public meeting on 17th April 2012.

I wish to advise that under the Freedom of Information Act, most of the information is not 'held', but we have volunteered answers to the questions.

Contribution from Bury LINk ...

Although formerly the Local Authority has put instructions and processes in place, in reality the actual activities being undertaken are not consistent with the claims of the Local Authority, ie out of the four planned meetings of the HealthWatch Project Board, only one has been upheld; the other three have been cancelled without explanation and we have written to the Chief Executive requesting clarification of the Local Authority's position on four issues. We have not, as yet, received a reply.

CALDERDALE

5.

1. As part of our budget setting process for 2012/15, we identified growth to provide part of the funding for LHW from 2013/14 to 2014/15. We have identified £100,000 pa for this. We have not yet received notification from central Government about the funds that will be transferred for the signposting and advocacy elements. At the moment, we are working from the indicative figures given in the DH consultation on this funding. Our intention at this stage is that all of the money transferred will be used for the contract, but no final decision has been made. 2. See above. We have recently invited quotes to deliver the Host service for 2012/2013 and have accepted a bid 3. from Calderdale CAB to deliver this service. 4. The Chair of the LINk is a member of the Shadow Health and Wellbeing Board. Representatives of the LINk have also been included in the Calderdale Assembly, a wider stakeholder group providing engagement into the Shadow Health and Wellbeing Board.

We have led one public meeting ourselves, and there has been another public meeting led by the Calderdale LINk. (The LINk shared their findings from their LHW meeting with the Task and Finish Group leading on the establishment of LHW in Calderdale. The Chair of the LINk is also on that Task and Finish Group). There have also been written consultation exercises. We are holding another

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CAMBRIDGESHIRE HealthWatch Pathfinder

1.	No indicative budget has been agreed for the period April 2013 – March 2015 as yet. The indicative budget will be agreed in the planning round for the next financial year (2013/2014) once the amount of funding from the DH has been confirmed for providing for the commissioning of LHW.
2.	N/A
3.	Cambridgeshire County Council's Cabinet has agreed to tender for external support to establish a Cambridgeshire LHW. As part of that tender process, interested parties will be required to demonstrate how they will engage with LINk in the process of establishing LHW. General support for the ongoing functions of the LINk during 2012/2013 will continue to be provided by the current Host organisation, Cambridgeshire ACRE.
4.	The President of Cambridgeshire LINk is closely involved in the Shadow Health and Wellbeing Board. The LINk President is a member of the Shadow Health and Wellbeing Board in lieu of LHW being established, and also attends the Officer Group Meeting that supports the Shadow Health and Wellbeing Board.
5.	No public consultation meetings have been held to date. As part of the tender process, interested parties will also be expected to demonstrate how they will engage the public and a range of stakeholders to consult them on the development of LHW.

CAMDEN

1.	Awaiting guidance from central government on a final allocation for HealthWatch and we shall use this figure to set an indicative budget for HealthWatch Camden for April 2013 – March 2015.
2.	Not yet agreed
3.	A HealthWatch Community Development Officer was recruited in November 2011 to support the LINk during the transition period. The officer's main roles are to engage with the local community to inform the development of LHW; to support the LINk's transition to HealthWatch by supporting volunteers to develop the necessary skills and capacity required for HealthWatch' to work with the users of health and social care, carers and with the whole community to maintain effective public involvement in the commissioning and delivery of health and social care. In addition, the officer has been providing administrative support to the LINk. From April 2012, the administrative support role will be provided by a part-time Camden LINk Administrator - who will be available up to the end of the transition period.
4.	One member of the LINk is on the Health and Wellbeing Board.
5.	A workshop was held in December 2011 to provide opportunity to discuss the feedback on what a successful HealthWatch might look like in Camden, and the types of things it would need to do. A second workshop was held in February 2012, to reflect on the feedback so far, and to begin the conversations on what HealthWatch Camden look like and how it will carry out its tasks. A third workshop is due to be held in the coming months to discuss a more worked-up model of HealthWatch that will be commissioned in Camden, based on the conversations with the public from the previous workshops. Aside from the workshops described above, there have also been opportunities to feedback views online and in separate meetings with a number of different user groups in the borough.

CHESHIRE EAST HealthWatch Pathfinder

1.	No.
2.	N/A
3.	The establishment of the HealthWatch Transition Steering Group, whose membership includes the Chair and Board Members of the Cheshire East LINk.
4.	The Cheshire East LINk Chair has a seat on the pilot Health and Wellbeing Board and reports back to the LINks Liaison Group, which includes the Local Authority, PCT, etc.
5.	These meetings are at the planning stage and will held in the Summer.

CHESHIRE WEST AND CHESTER

1.	No. An indicative budget has been set for 2013/14 only at this stage.
2.	See above.
3.	The public tender process has just been completed to select a host agency for the final year of LINk.
4.	A report to the Shadow Health and Wellbeing Board and the Council's Executive to include the LINk is in progress.
5.	None at this stage. The local plan for public engagement starts in April 2012.

CITY OF LONDON HealthWatch Pathfinder

1.	No
2.	N/A
3.	To continue to fund the Host organisation until March 2013. The LINk/HealthWatch Pathfinder is preparing a plan for approval, including completed actions and milestones for the end of July.
4.	The LINk is invited to all Health and Wellbeing Board meetings.
5.	Unknown. The City LINk is leading and implementing this. The City has requested that the LINk, as a Pathfinder, presents a plan of consultation.

CORNWALL HealthWatch Pathfinder

1.	Cornwall Council is only able to agree the budget that is currently available in base budget for LINk. Additional funding by Government is yet unknown and may not be known until the end of 2012 which presents a challenge to the procurement process.
2.	Money available in base budget for the LINk is £160,650 and this will support the influencing function of HW from 1 April 2013.
3.	Cornwall Council has a governance structure to support the development of HW. There is LINk representation on each of these groups. The contract for the LINk host has been extended for 2012/13 to ensure continuity.
4.	Two members of LINk sit on our Shadow Health and Wellbeing Board.
5.	LINk undertook its own consultation in May 2011. Cornwall Council and partners consulted with stakeholders during November and December 2011 and anticipates consulting again in May 2012 on the specification and delivery model. Full details of Cornwall Council's consultation exercise are available at www.cornwall.gov.uk/HW .

COVENTRY HealthWatch Pathfinder

1.	No.
2.	N/A
3.	No arrangements have been agreed.
4.	The LINk Chair sits on the Coventry Shadow Health and Wellbeing Board.
_	
5.	One.

Contribution from Coventry LINk ...

As part of HealthWatch Pathfinder work with the local authority, Coventry LINk has run a series of six focus groups and three discussion sessions at meetings in order to gather local views on how HealthWatch should carry out its information and signposting function.

CROYDON HealthWatch Pathfinder

1.	No.
2.	N/A
3.	Funding at the same level as 2011/2012.
4.	Membership (one place)
5.	Two meetings.

Contribution from Croydon LINk ...

The LINk is being funded at the same level as 2011/2012.

We have one place on Croydon Shadow Health and Wellbeing Board. We have had two meetings, however, further meetings are being planned.

CUMBRIA HealthWatch Pathfinder

1.	Not yet, but anticipate it will be the same as current LINks allocation, subject to DH funding.
2.	No response.
3.	Through LINks contract and additional Pathfinder support.
4.	Representative/s invited to be involved and expected to be part of the structure. The Authority has a Development Group, who regularly meet to work through the issues. This is made of Health, Local Authority and LINks' representatives. We are continuing work on testing the Pathfinder functions and continue to attend and get involved with regional transition work, as and when occurring. With the potential delayed start of LHW, we are starting to think about the wider Health and Wellbeing agenda, the requirements on local authorities and any implications this may have.
5.	Seven are planned, plus there has already been stakeholder engagement in the six localities as part of the Pathfinder testing.

Contribution from Cumbria LINK ...

<u>Question3</u>: The current Host contract remains unchanged for the period to September 30th. The additional £5,000 to support Pathfinder activities was transferred to the Host organisation.

<u>Question 4</u>: Cumbria has had a Health and Wellbeing Board for some years and Cumbria has had a representative on the Board. As this structure develops to meet the requirements of the new arrangements, the LINk remains involved and has recently been asked to consider its membership and reelect a representative as the Board moves towards Shadow form.

Question 5: Cumbria LINk is developing locality stakeholder groups in the 6 District Council areas of Cumbria. These groups are establishing direct links with locality commissioners of both health and care services. They are part of our Pathfinder activity to test the new relationships. Health and Wellbeing Board representatives have been involved in workshops to develop these groups along with key partners in health and care. These groups will be involved in consultation around HealthWatch.

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DARLINGTON

1.	Not yet as we are still ascertaining the budget from the various sources.
2.	N/A
3.	LINk has been funded at the existing level up to March 2013 on an extension to the original contract.
4.	The LINk has a seat on the Shadow Health and Wellbeing Board.
5.	One public event in 2011. Public consultation about a Model to deliver HealthWatch will go 'live' in May 2012.

Contribution from Darlington LINk ...

The LINk contract is extended for the year with no specific transitional support. No seat is confirmed on the Health and Wellbeing Board at present. We have had one public event.

DERBY CITY HealthWatch Pathfinder

1.	Yes
2.	£456,000. This is subject to the finalisation of the transfer of PALS signposting resource to LA's by the DH, as per the consultation paper published 15 August 2011.
3.	We have extended the Host support contract for a period of time. A Steering Group to support the transition from LINk to HealthWatch has been set up and is operational.
4.	The Chair of the LINk is a full member of the Shadow Health and Wellbeing Board in Derby.
5.	A full consultation with a range of stakeholders, including the public, is planned for the Summer of 2012.

DERBYSHIRE HealthWatch Pathfinder

1.	No.
2.	No response
3.	Extension of contract through to end March 2013.
4.	The LINk has a place on the Health and Wellbeing Board.
5.	Two events and more planned to be undertaken.

DEVON HealthWatch Pathfinder

1.	Devon County Council has yet to agree an indicative budget but it is aiming to put as many relevant resources as possible under LHW.
2.	We have yet to set the LHW budget.
3.	We are maintaining the current LINk contract until 31 March 2013 but are reserving the right to vary the contract for the last six months of its duration.
4.	The Devon LINk has a seat on the Shadow Health and Wellbeing Board, in preparation for the LHW seat on that full Board. We also have a seat on the Board for a rep from our wider joint Engagement Network Board.
5.	Four specific public meetings, but it has also been mentioned at all routine LINk public events.

Contribution from Devon LINk ...

- 1) See above response from DCC
- 2) See above from DCC
- 3) DCC are intending to maintain the LINK contract until 31 March 2013 but at present reserving the right to vary the contract for the final 6 months of the financial year. LINk have yet to find out what this means for LINk in terms of funding and focus
- 4) LINk Devon has a seat on the Shadow Health and Wellbeing Board, in preparation for the LHW seat on that full Board.
- 5) LINk has hosted 4 specific public events and also HW is high on the agenda for all community engagement that is taking place. Continuing survey work through Have Your Say and continuing locality working raising awareness of the challenge and opportunities of LHW.

DONCASTER HealthWatch Pathfinder

1.	Doncaster Council has not agreed an indicative budget. This is because, like other local authorities, we have not received confirmation from the DH of how much funding Doncaster will be allocated.
2.	N/A
3.	The Carers Federation Ltd has been awarded a contract to continue providing support to the LINk in 2012/2013. In August 2011, Doncaster became a LHW Pathfinder after submitting a joint proposal between the Council, LINk, LINk Host and NHS Doncaster. A multi-agency LHW Pathfinder Steering Group was set up in October 2011 and the LINk leads the Community Engagement and Involvement Sub Group. The Steering Group reports to the Health and Wellbeing Board.
4.	The Chair of the LINk is a member of the Health and Wellbeing Board and is working in partnership with our Joint Director of Public Health, who is leading the national Health and Wellbeing Board learning set on 'hardwiring' public engagement.

- Approximately 10 events have been organised and held by the LINk. The responses from these have been collated by the LINk and the Council and fed into the work of LHW Pathfinder Steering Group. The events include:
 - Presentation on the Future of the NHS
 - Update on the changes in Social Carer Services
 - A joint public consultation event in September 2011
 - Question Time on the Future of the NHS
 - A joint public consultation event in February 2012
 - Community Road Shows will be held in March June 2012
 - Doncaster CVS Health & Social Care Forum on 24 April 2012

DORSET

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	1.	Yes
	2.	£189,000 plus whatever funding is allocated by the Department of Health.
	3.	We shall be extending our local LINk Host organisation contract during 2012-2013.
	4.	As an interim position it has been agreed that a representative of the Dorset LINk has been included in the membership of the Shadow Health and Wellbeing Board. The first meeting of the shadow board is in June 2012.
	5.	Numerous Regional Meetings attended by representatives of LINks throughout the Region. Major 'Shaping HealthWatch' event one year ago where all stakeholders invited, included members of LINks (arranged by LINks Host), 9 Focus Groups in October/November 2011, including one for LINks members, consulting on the Shape of LHW. Drop in information events — 6 across the county during November/December 2011.

DUDLEY

1.	No.
1.	NO.
2.	No response.
3.	They are part of the Council's HealthWatch Reference Group that is leading the transitional arrangements, as well as shaping the commissioning of LHW in Dudley.
4.	The Chair is a member by right, agreed through the Terms of Reference of the Shadow Board and has been involved in the programme of development as the Shadow Board prepares to become an official body and begins to lead on shaping the Borough's Health and Wellbeing Strategy.
5.	A stakeholder forum began the process of consultation and from this was set up a Reference Group. The Reference Group has met several times, and comprises of local people and community groups and had a lead on the development of LHW. A further stakeholder event is planned for early July.

DURHAM

1.	An indicative budget has not yet been agreed for the period April 2012 – March 2013. Any preliminary calculations are based on existing annual funding amounts for the LINk and illustrative figures provided in 2011 by the DH for PALS. NHS complaints advocacy and the DOLS supervisory function.
2.	See 1 above
3.	A contract, including a detailed service specification, has been agreed for the period April 2012 – March 2013 for the existing Host/LINk. This includes the LINk continuing with most aspects of its work plan, and the Host, LA and LINk working together through the transition period to LHW. Performance targets include holding LHW awareness raising events, facilitation and co-ordination of time-limited task groups relating to LHW development and transition to LHW updates being produced. Durham County Council will collaborate with the LINk and the new LHW provider on potential transfer of Enter+View representatives from LINk to LHW where agreed by all parties affected.
4.	The LINk has a seat on the Shadow Health and Wellbeing Board.
5.	Extensive consultation has taken place on the model of LHW in County Durham, including the following: * Consultation framework developed. * Initial engagement meeting for LINk and Host organisation, providers, statutory/voluntary Organisations. * Targeted stakeholder consultation with health colleagues, including Clinical Commission Groups, Foundation Trust, PCT and TEWV. * Written feedback provided from LINk, meetings held and ongoing work. * Five Children and Young People's agenda days held involving over 50 young children and youths. * Attendance at People's Parliament. * Written feedback on on-going liaison with PALS. * Meetings with Sensory Support groups (co Deaf, Durham Deafened Support and Blind Life) * Focus group for citizens (including targeting working age adults) held at County Hall (invitation sent to over 400 people). * Consultation information including draft model and response form published on DCC website, link provided from LINk website and advertised in County Durham News (distributed to every household). * Lise of social networking, including Eacebook and Twitter.

EALING

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1.	No.
2.	N/A
3.	Currently under discussion. Working to principles of building on existing arrangements that are generally considered to be working well.

4. The LINk is already involved in existing Health and Wellbeing Board – arrangements for which are currently under review. LINk members participating in review as equal partners, with the full intention of retaining and building on LINk membership. Two to three meetings held with representative group of LINk members. 5.

EAST RIDING OF YORKSHIRE

1.	No indicative budget has been allocated as final allocation will not be confirmed by DH until December 2012.	
2.	N/A	
3.	The ERYLINk contract has been extended to March 2013.	
4.	The Chair of ERYLINk sits as a member of the Shadow Health and Wellbeing Board.	
5.	Public consultation is due to begin in East Yorkshire in May 2012.	
Statement from ERYLINK		
ERYLIN	ERYLINk does not wish to make a comment.	

HealthWatch Pathfinder EAST SUSSEX

1.	No.
2.	No response.
3.	We have agreed a six-month work programme and funding to support the LINk in carrying out functions and preparing documentation for each function that will form the Local LINk Legacy. From 01 October 2012, we are intending to have in place a Shadow LHW that will incorporate the Local LINk Legacy.
4.	The East Sussex LINk has a seat on the Health and Wellbeing Board.
5.	In total, we have carried out 11 focus groups (between June 2011 and January 2012), a Stakeholder event (December 2011) and a questionnaire (November 2011-February 2012). We have in place a HealthWatch Development Group that meets every six months to advise the Council, and assists in delivering the HealthWatch Transition Work Programme. We are in the process of carrying out a scoping study on how a social enterprise model might work the LHW, with the report due in early June 2012. We are also holding HealthWatch Simulation Event for East Sussex in the early summer, to test out specific aspects of HealthWatch.

ENFIELD HealthWatch Pathfinder

1.	The budget will be determined in accordance with the budget allocation by the central government that will be confirmed during 2012/2013 and will also be subject to service plans for LHW.
2.	N/A
3.	A transitional contractual arrangement has been made with the current Host in order to support the LINk for the period April 2012 – March 2013.
4.	The Chair of the LINk is an active member of the Shadow Health and Wellbeing Board.
5.	Preparation is underway to undertake consultation with the public. The authority has been working with the local, regional and national stakeholders in order to ensure effective development of the LHW.

ESSEX

HealthWatch Pathfinder joined with Southend on Sea

	Treattivater i attimider joined with Southend on Sea
1.	No
2.	No
3.	The council provides liaison and support via dedicated officer resource, plus there is a commitment from Councillors and officers at a senior level to a successful transition. Also, the development of LHW is co-located and supported by the LINks Host organisation and LINks members are also members of the LHW Executive, to ensure continuity.
4.	The Chair of the LINk, Countywide Coordinating Committee has a seat on the Health and Wellbeing Board.
5.	There has been extensive public consultation on the development of LHW, although the council has not kept a count of all the numerous opportunities to discuss LHW at public meetings. A consultation exercise carried out in March 2011 resulted in a successful bid for Essex to become a Department of Health pathfinder.
	Then following significant debate around models of Membership that would best support the HealthWatch Patient and Public voice, Members of the Pathfinder Executive were appointed in January 2012. Also the council has currently commissioned local voluntary sector organisations to undertake research surveys on LHW engagement with service users, the public and voluntary sector organisations. Finally both the LINks meetings and LHW executive meetings are open to the public.

GATESHEAD HealthWatch Pathfinder

1.	No. Not until later in 2012.
2.	N/A
3.	We have a Local Authority Representative on the LINk Steering Group – the main agenda item at their next meeting is the focus on key activities over the next 12 months. Currently meeting monthly with the Host. The LINk has almost completed a piece of work in relation to being a Pathfinder which has included and been supported by the Local Authority.
4.	The LINk has a seat on the Shadow Health and Wellbeing Board.
5.	One public event in 2011. Public consultation about a model to deliver HealthWatch going 'live' in May 2012.

GLOUCESTERSHIRE HealthWatch Pathfinder

1.	No.
2.	N/A
3.	We are extending the LINk Host contract between 1/3/2012 and 31/3/2013. We have a strong and constructive relationship with the LINk and we are working with them on the transition.
4.	The LINk has a place on the Shadow Health and Wellbeing Board that has met several times.
5.	We are starting consultations which run until 30/4/2012. This will include a minimum of six public meetings in each of our districts. There are a number of other opportunities for members of the public to express their views.

GREENWICH

1.	No. Awaiting allocations from DH.
2.	N/A
3.	The LA is supporting the LINk through 2012/2013 financially. It is also involving the LINk in discussions about formation of the LHW.
4.	The Chair of the LINk has a place on the Health and Wellbeing Strategic Partners Group that reports to the Shadow Health and Wellbeing Board.
5.	None to date. Consultation on a draft specification will take place in the summer.

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HACKNEY

1.	No. The budget setting process for 2013/2014 will be completed over the Summer 2012. The majority of budgets are set on a year-by-year basis, and it is likely LHW will be subject to the same process and timing.
2.	As above. No indicative budget has been agreed yet.
3.	The Local Authority has secured an unreduced budget for the operation of Hackney LINk during 2011/2012. We are currently in discussions with the Hackney LINk Steering Group as to how best to apportion funding to the development of a Hackney LHW, whilst also supporting core LINk duties through 2011/2012.
4.	The Chair of the LINk sits on Hackney's Shadow Health and Wellbeing Board, which has met regularly since September 2011 and with a LINk representative in attendance at each meeting.
5.	The Local Authority has held three public engagement events on changes to the health system through 2011 and 2012. Specific workshops discussing the development of LHW were held at each event. Further meetings have been held with the Hackney LINk Steering Group to discuss the topic.

HALTON

1.	HBC has not yet agreed a budget for LHW in 2013/2014 or 2014/2015.
2.	N/A
3.	The existing LINk Host contract and revised budget has been extended until 31 st March 2013. Halton LINK has had a Transition Sub Group of the LINK Board since April 2011, on which representatives from HBC sit. The group have undertaken a series of 'view gathering exercises' from LINk membership and stakeholders. Policy and Commissioning support is provided to this group by HBC Officers. HBC have established a HW Project Group to work alongside the LINk led Transition Sub Group in developing the specification for a local HW Organisation. A commissioning time table for local HW is being finalised and will be presented to the LINK Board during summer 2012. Consultation and engagement activity around the role and development of HW is planned.
4.	The LINK has a representative on the Shadow Health and Wellbeing Board. This is in addition to a Voluntary and Community Sector Representative. The Board has been meeting since December 2011
5.	As part of the on-going development of the service specification for the implementation of HW there have already been a number of scoping exercises with the public led by HBC. Consultation with LINks board members Information exchange and discussion with Halton Older People's Empowerment Network (OPEN), a local forum for older people in Halton; and A series of meetings with advocacy providers both paid and voluntary on the possible changes.

It is already planned that as part of our activity for consultation throughout 2012/13 we will be carrying out a number of 'listening events' in the summer of 2012 that will include discussions on the future of HW as well as details of how to get involved in a more in depth role on developing the specification in full. Involvement of Children, young people, their parents and carer's in the development of HW is being explored.

Although Halton LINK has been informing and inviting LINK members/public to comment about the transition from LINk to HW for the last 12 months, through the outreach work of the LINK and LINK managed events etc, specific public engagement and consultation meetings have not been arranged. These will not be arranged until the Bill has been given Royal Ascent. The Transition Group has been looking at the best ways/options for consulting on HW.

Additional activities that Halton LINK/Transition Sub Group have undertaken to keep the public informed of Health & Social Care Bill developments relating to HW include articles in the LINK newsletters and a dedicated section on the LINK website regarding HW.

In partnership with the Halton Clinical Commissioning Group and PCT, there has been a double page spread in the local papers, regarding the NHS changes, which included an article about the change to HW. This gave Halton LINK details Inviting the public to comment or contact LINk for further information.

The LINk Transition Sub Group, supported by HBC Officers, has undertaken a 360 degree evaluation of the Halton LINk to identify areas of particular strength and areas for development to inform the planning for LHW. This involved input from the LINK Membership, LINK Board, LINK Host and Key Stakeholders.

The LINK is involved in facilitating a public meeting with HBC in relation to the Health and Wellbeing strategy in Spring 2012, at which there will be discussion about the development and role of LHW.

HAMMERSMITH AND FULHAM

HealthWatch Pathfinder joined with Kensington and Chelsea

1. The HealthWatch budget requirement will be determined as part of the commissioning process and the development of the Council's budget process for 2013-2014 over Summer/Autumn 2012. We are, therefore, unable to answer this question at the time. 2. N/A 3. The Council is engaging with the LINk on the transition through representation on the LINk Steering Group. The contract with the current Host has been extended to April 2013 with the aim of supporting the LINk through the transition. The £5k HealthWatch Pathfinder grant is being passed to the LINk to support the transition to the HealthWatch model. The LINk has identified a representative for the Health and Wellbeing Board and was represented 4. at the first planning workshop for the development of the Shadow Health and Wellbeing Board in February 2012. The output from that event will inform the further development of the Board, including HealthWatch representation on the Board. The LINk will be invited to participate in both the Health and Wellbeing Board and further development events, as they are planned. 5. LHW has been discussed at several public meetings, including the LINk AGM, specific LINk events on the health reforms, the H&F Housing, Health and Adult Social Care Select Committee and a

discussion with the H&F CCG Patient Group is planned.

Contribution from Hammersmith and Fulham LINk ...

We have considered the information contained and do not have anything further to add.

HAMPSHIRE HealthWatch Pathfinder joined with Southampton, Isle of Wight and Portsmouth

1.	No. Still awaiting confirmation of LHW arrangements and funding from government.
2.	N/A
3.	Support contract in place from April 2012.
4.	Hampshire LINk Chair is on the Health and Wellbeing Board.
5.	Not appropriate yet until definition is clearer. Two stakeholder engagement meetings held within SHIP pathfinder area in late 2011.

HARINGEY

1.	Being finalised.
2.	N/A
3.	Haringey LINk is currently supported by two full time equivalent staff. The LINk has a central role in a monthly Project Steering Group set up in Autumn 2011 to manage the transition/transformation to establish HealthWatch.
4.	The Chair of the LINk is a member of the Shadow Health and Wellbeing Board.
5.	We have a community engagement consultation exercise to shape the local Haringey HealthWatch model. This will run May – July 2012.

HARROW

1.	This will not be achieved until we have confirmation on the funding for LHW.
2.	N/A
3.	We have agreed for the LINk to continue until March 2013 with the same amount of funding.
4.	The Chair of the LINk is a member of the Shadow Health and Wellbeing Board.
5.	So far: Two meetings with the LINk members and the voluntary and community sector. One meeting with the Youth Parliament, Overview and Scrutiny, Health and Wellbeing Board and a postal survey of 1,100 members of our residents' panel.

Contribution from Harrow LINk ...

No indicative budget has been agreed with the local authority for the period between April 2013 and March 2015. The local authority has extended the LINk contract with the current Host organisation (Parkwood Healthcare PLC) until 31 March 2013. The LINk has a seat on the local Shadow Health and Wellbeing Board and is represented by the Chair. The LINk Executive Committee has agreed to form a LHW Task Group with the view of forming a steering group involving local organisations.

HARTLEPOOL HealthWatch Pathfinder

1.	Funding for HW will not be available until December 2012. We shall commit the funding allocated by government for HW once we know the amount available. Hartlepool expects to receive, in addition, approximately £21,000 start-up costs from government in 2012, which will be part of the
2.	contract that we aim to tender for and award by December 2012 for the new HW organisation. See 1 above.
3.	We have extended the current LINk contract for 1 year to 31 March 2013. LINk is hosted by Hartlepool Voluntary Development Agency (HVDA) and the arrangement will continue.
4.	The local LINk currently sits on both the Shadow Health and Wellbeing Board and the Shadow Clinical Commissioning Group in Hartlepool.
5.	We have had one public event in October 2011 using a Working Together for Change model, and another event to reach out to the younger people in the Borough is planned for May 2012. In addition, we have sent out questionnaires to all LINk members to harvest their views, and we shall

be using the Life Channel to disseminate information during 2012.

free-of-charge accommodation, by the Council.

HAVERING

1.	No. It will not be possible to do this until guideline allocation amounts are released by the DH to Councils. Not expected before December 2012.
2.	N/A
3.	The LINk is currently forming a HealthWatch sub-group that will include representation from the Democratic Services at Havering who currently manage the LINk Host contract, and will perform the same role with HealthWatch. The LINk Host contract manager at the Council, or his deputy, attend every meeting of the LINk Steering Group and have updates and discussions on the HealthWatch situation with LINk members. This also takes place at regular three-way meetings between the Council, LINk and Host organisation. Democratic Services officers also attend each meeting of the HealthWatch Commissioner's Network and are able to feed back to the LINk relevant information from this Forum.
4.	The LINk is not currently involved with the Shadow Health and Wellbeing Board.
5.	None at this stage, although any members of the public wishing to influence the future shape of HealthWatch is welcome to join Havering LINk. It is likely that public events re. HealthWatch may be organised by the LINk in the coming months, with input and support (including the provision of

HEREFORDSHIRE HealthWatch Pathfinder

	1.	No
İ	2.	N/A
	3.	On-going management liaison
	4.	Regular dialogue and liaison
l	5.	Between 10- 15

HERTFORDSHIRE HealthWatch Pathfinder

- IILIXI	HERTFORDSHIRE Healthwatch Pathfinder		
1	No. Discussing with LINk as the situation becomes clearer and as we develop the specification for HW.		
2.	No response.		
3.	LA Commissioners: * Work very closely with LINk on an agreed and robust Transition Plan. * Provided strategic, operational and financial support in planning and delivery of Stakeholders' engagement events for raising profile of LINk/HW and ensuring participation, partnership and representation. * Offering a Single Tender for LINk to deliver HW duties, in order that LINk's knowledge, volunteers, skills and good practice is not wasted. * Have extended the Host' contract (Shaw Trust) until March 2013 to ensure LINk activities can be delivered. * HW contract specification is being discussed and developed with LINk Board members. * Assistance with CEO job description. * Offer of HR support with recruitment. * Offer of Learning and Development opportunities for LINk/HW members provided via the LA.		
4.	The Chair of the LINk has a seat on the Shadow Health and Wellbeing Board which has met since July 2011. Joint reports to SHWB have been prepared by Commissioners and LINk/HW. Part of current developments are negotiating an engagement strategy which has the right balance between: * LINk/HW representing other stakeholders		
5.	Many meetings have taken place or planned. The most significant are two (January and February 2012) that were aimed at engaging the voluntary organisations in agreeing a vision for HW in Hertfordshire. Over 140 attended. Four further events in different localities, aimed at members, district, parish, local patient forums, etc. are planned for May and early June. A 360 degree evaluation of the LINk also included questionnaires to voluntary organisations. The agenda for the LINk AGM on 19 June is likely to be a significant opportunity to announce lead in period for HW elections, general infrastructure planning including timetable and plans for recruiting CEO, recruiting/electing Chair and board members, HW contract specifications etc.		

HILLINGDON

1.	No.
2.	N/A
3.	We have established and put in place close working arrangements between the Council, the existing LINk and the Host. We present regular updates to our External Services Scrutiny Committee to our Health and Wellbeing Board.
4.	The Chair of the LINk is a member of the Shadow Health and Wellbeing Board.
5.	No meetings have taken place so far. However, key stakeholders are members of the Health and Wellbeing Board and updates are provided to stakeholders through this meeting. A regular Newsletter is drafted by the LINk and sent out to stakeholders and this updates stakeholders on developments of LHW. We are also looking to place an advert in the local Hillingdon Residents' Magazine on HealthWatch, in conjunction with Hillingdon LINk. Hillingdon LINk also updates its website regularly to inform the public on developments on HealthWatch. We shall also be looking to consult with the public in the coming months, via Hillingdon's established service users forums, such as the Older People's and Disabilities Assembly, etc.

HOUNSLOW

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	1.	No.	
	2.	N/A	
	3.	Current Host contract has been extended to the end of March 2013. Development of LHW is currently in early stages of development.	
	4.	The Chair of Hounslow LINk has a place on the Health and Wellbeing Board.	
	5.	One workshop has taken place, facilitated by the LINk/Host. A further workshop is being planned for late April.	

HULL

1.	No.
2.	N/A
3.	Maintenance of the LINks contract to support its legal requirements up to the end of March 2013. Joint working with LINk membership, and partner organisations, on development of the commissioning arrangements/outcomes for the new LHW arrangements.
4.	The Chair of the LINk is a member of the Shadow Health and Wellbeing Board.
5.	A number of individual meetings have been held with a range of stakeholders, including the LINks Steering Group, VCS organisations and others, but no general public events have been held to date.

ISLE OF WIGHT HealthWatch Pathfinder joined with Southampton, Hampshire and Portsmouth

1.	No as we are still awaiting feedback from the DoH concerning the outcome of the funding consultation that concluded last October. However I would point out that historically the Isle of Wight Council has passed on the full value of funding made available to the Isle of Wight LINk.
2.	N/A. See above.
3.	We are working closely with our local LINk on a transition plan and have recently extended the contract of Help and Care who work to support the LINk and confirmed that funding will continue to be passed in full via Help & Care to the LINk for this period. We are also working closely with them on a consultation plan and document that will go out to public consultation to inform the specification for LHW on the Isle of Wight.
4.	A representative from the LINk sits on the Health and Wellbeing Board for the Isle of Wight and has attended and contributed to several meetings of this board already. It is clearly stated in the terms of reference for this board that the LINk will have a place on this board until the LINk is then replaced by a representative of LHW.
5.	We held an initial information-gathering event on the Island in November 2011 (with a similar opportunity made available through our SHIP pathfinder off island – in Winchester). However, we are now about to embark on a public consultation which will involve a great many more meetings and events to involve our local community. In the meantime we have met regularly with the LINk stewardship group and separately with the LINk Chair to involve them in our planning processes.

ISLES OF SCILLY HealthWatch Pathfinder

1.	Yes.
2.	2013 – 2014 = £57,014. 2014 – 2015 = £57,195.
3.	Additional funding of £5,000 has been allocated for the period 2012-2013 to enable the transition from LINk to HW.
4.	The LA has established a Shadow Health and Wellbeing Board for the area. The Terms of Reference for this Board has been outlined and been approved, this includes overseeing the development of HW for the Isles of Scilly.
5.	Two meetings of the Shadow Health and Wellbeing Board.

Contribution from Isles of Scilly LINk ...

Point 3 translates into training for members, including development of the Health and Wellbeing Board, and staff and member training re. advice and information signposting.

The LINk has a member representative on the Shadow Health and Wellbeing Board. The LINk LHW Task Group has been working with the local authority LHW lead on transition. Wider community engagement is planned this year.

ISLINGTON

1	L.	Not yet.
2	2.	N/A
3	3.	We have informed the LINk that we shall grant-aid them for 2 years to undertake the influencing and signposting functions of LHW. We are working with commissioners across London to develop an appropriate model and commissioning arrangement for the health advocacy element. We have a working group with LINk and NHS representation that is taking forward LHW in Islington. We are also putting together an engagement/communications plan for LHW.
4	1.	The LINk has been represented at the Health and Wellbeing Board since its inception in 2011 and is part of the formal structure.
5	5.	As in (3), an engagement plan is being put together. Meetings so far include: Meetings with LINk core group — open to the public, July and November 2011. Workshop at LINk Annual Fair 21/3/2012. We are also consulting local people by other means — not just meetings, e.g.: questions on LHW have been included in Islington's on-line Citizen's Panel for March 2012.

KENSINGTON AND CHELSEA HealthWatch Pathfinder joined with Hammersmith and Fulham

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	No. Budgets will take into account recommendation from DoH and allocation of funding to the LA
1.	for the full delivery of LHW
	N/A
2.	
3.	A LHW transition work programme will be integrated into the service level agreement for 2012/2013 with the agreement of the LINk and support will be offered through the Contract Steering Group in place since LINk began delivery. Staff resource has been allocated to work with LINk Management Group to establish a LHW Shadow Board and work through commissioning arrangements for a host. An internal target has been set for a Shadow Board to be in place by October 2012
	Representation from the LINk Management Group has been welcomed to the HWB and this is
4.	expected to continue.
	The LINk has a 'Shaping LHW' stakeholder group to guide the transition via an agreed work-plan
5.	including consultation. This has included engagement at the AGM, at focus groups,
	communication updates via e-bulletins, newsletters, public meetings and presentations to the
	community and voluntary sector.

KENT HealthWatch Pathfinder

1.	No.
2.	N/A
3.	Support for the current ongoing work of the Kent LINk continues in the same way as before. The Kent LINk currently has the same level of support from the Host Organisation. There is a Kent County Council full time contract and performance monitoring officer to help and support the work of the LINk through the Host. For transition:- An independent consultant has been commissioned to make recommendations to the Kent LINk, Kent and Medway Networks (the host organisation) and Kent County Council to ensure that past and present work, skills and expertise can be transferred into the new organisation There is a LHW Implementation group that discusses and plans for the transition to and set up of LHW. There are three LINk governors on this group and the Chair of the Kent LINk has an open invitation to attend. Task and finish groups that report into the Implementation Group are also being set up which will include LINk representatives. Further support through a LHW shadowing arrangement, of which the LINk will be a key part, will be defined, planned and implemented from the summer onwards.
4.	The Vice Chair of the LINk sits on the Shadow Health and Wellbeing Board as a statutory member.
5.	An independent assessment of Kent's readiness for LHW was conducted in August and September 2011. Focus group and workshop discussions were held with Clinical Commissioning Groups, Community and Voluntary Sector Groups, members of the public not involved with LINk, representatives of the Gypsy and Traveller Community in Kent, representatives of Seldom Heard Groups, Members and governors of LINk, members of the PCT patient engagement networks. Feedback was used at a stakeholder event held in September 2011 attended by over 40 individuals representing a wide variety of groups, roles and agencies. A short feedback film was created at the event and is available on you-tube. The resultant report has been published and is available. See: http://www.youtube.com/watch?v=y5JvY-uHdl8 .
	A further community engagement event for the voluntary sector was held on 30th March to raise awareness of LHW and to discuss ways they could become involved in the future. A follow up meeting to this event is currently being planned for May.
	LHW has also been discussed at the Kent County Council Health Overview and Scrutiny Committee which is open to the public and through webcasts. See http://democracy.kent.gov.uk/ieListMeetings.aspx?Cld=112&Year=2011 .
	KCC Members, Officers and Kent LINk representatives also presented to a meeting arranged by Dover District Council for the local voluntary sector to say how they wanted to be part of the "public voice" at the local Health and Wellbeing Board.

HealthWatch Pathfinder

KINGSTON UPON THAMES

1.	Yes.
2.	£98.000
3.	Advice and support provided, including through the Host.
4.	Chair of the LINk/HW is a member of our interim Health and Wellbeing Board.
5.	There have been 9 Steering Group meetings (which are open to the public) since September 2011
	and two public meetings (November 2011 and March 2012).

KIRKLEES

1.	No. The final figures on the budgetary allocation from the DH have not yet been released.
2.	N/A
3.	On-going organisational support will be provided to the LINk for the period April 2012 – March 2013, to enable it to fulfil its statutory obligations.
4.	The Kirklees LINk has a designated place on the Shadow Health and Wellbeing Board and has been actively involved in the Board's development.
5.	A 3-month public consultation period is currently under way, concluding on 30 April 2012. This includes a mixture of public events (29 March and 26 April), patient, public and organisational focus groups, outreach sessions, plus an on-line and Freepost survey of individuals and organisations. The Kirklees LINk has been fully involved in the development and implementation of this consultation process.

KNOWSLEY

1.	Not as yet. Final confirmation on funding available has yet to be received.
2.	N/A
3.	We have a Transition Group in place with a clear project plan and consultation/engagement activity identified.
4.	We already had a Health and Wellbeing Board in place. The LINk has membership on the Board, as will HealthWatch in the future.
5.	Various events have taken place with the LINk and representative groups. None has taken place with the wider general public yet.

LAMBETH HealthWatch Pathfinder

1.	No. We have not yet to get full details from government on the final settlement.
2.	N/A
3.	We have agreed funding of £55K to work on the changes from LINk to HealthWatch. This includes the £5k funding received as the Pathfinder award. In addition, the LINk meets regularly with key contacts in the local authority including officers and councillors. Additional support will be put in place as required, linked to the proposals agreed in Lambeth's Pathfinder bid.
4.	The Lambeth LINk Co-Chairs have been members of the pilot Health and Wellbeing Board since it was set up in 2011. Lambeth's Cabinet endorsed the membership of the Shadow Health and Wellbeing Board, which includes the LINk Chair. The LINk Co-Chairs have led on the engagement workstream on behalf of the Board.
5.	Meetings and other consultation and engagement activities are being put in place following Royal Assent of the Health Act.

LANCASHIRE

1.	No
2.	N/A
3.	Currently tendering for a Host for the LINk and then will be having discussions with the Host on how to work together on developing a HealthWatch.
4.	The Chair has a seat on the Health and Wellbeing Board.
5.	None to date.

LEEDS HealthWatch Pathfinder

1.	Not yet, as we do not have details of the funding from central government.
1.	Not yet, as we do not have details of the fullding from central government.
2.	N/R
3.	Contracting with existing Host organisation.
4.	The LINk is represented on the Shadow Health and Wellbeing Board.
5.	Only a few, but more are planned for the next couple of months.

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LEICESTER CITY HealthWatch Pathfinder

1.	No. Still waiting for final agreement from government with regards to the PALS signposting funding allocation.
,	N/A
2.	N/A
3.	Transition Board in place that is managed by the Local Authority. The LA Project Manager and officer working specifically with the LINk on the transition. Funds have also been allocated to the LINk to work specifically on HealthWatch transition.
4.	The Chair of the LINk has a seat on the Health and Wellbeing Board. Terms of Reference to be drafted to support this arrangement.
5.	An engagement event for the public took place in March. A communication and engagement strategy is currently being developed for this transition year, which will contain an action plan for future consultation with the public.

LEICESTERSHIRE HealthWatch Pathfinder

1.	No
2.	N/A
3.	The contracted has already been extended to October 2012 and arrangements for the period up to 31 March 2013 are currently being considered. A Project Manager has been appointed to take forward the setting up of HealthWatch and will develop plans to take the work forward.
4.	The LINk is a member of the pilot Health and Wellbeing Board.
5.	No public meetings have been held. However, there have been a number of meetings held with LINk members on the development of the Pathfinders and Implementation Group, which has been Chaired by the local LINk.

LEWISHAM HealthWatch Pathfinder

1.	No
2.	N/A
3.	We shall be working with our local LINk to establish how a LHW will best support patients and the public in Lewisham. The local authority has commissioned the host organisation to support the LINk in this activity.
4.	The Chair of Lewisham LINk is a member of Lewisham's Shadow Health and Wellbeing Board.
5.	None to date although a series of consultation events are planned over the course of 2012/13.

LINCOLNSHIRE HealthWatch Pathfinder

1.	No – that budget process will not happen until budget deliberations begin in October 2012.
2.	N/A
3.	Plan currently in development with the LINk and partners.
4.	LINk has a statutory place on the Shadow Health and Wellbeing Board.
5.	There have been meetings to discuss the development of CCG groups and there will be consultation events happening in May.

LIVERPOOL HealthWatch Pathfinder

-		
	1.	The DH has yet to confirm the allocation for HW, which will be within the base funding to the Local Authority. The indicative budget has, therefore, yet to be agreed.
	2.	N/A
	3.	As a Pathfinder Authority, we are working closely with our LINk Host and LINk members during the transition to LHW. The final decision on what format the new Body Corporate will take, will build upon the good practice and comply with relevant legislation/regulations.
	4.	The Chair of the LINk has a place on the Shadow Health and Wellbeing Board.
	5.	There has been one large stakeholder meeting held, which looked at the underlying principles that should underpin LHW. We are working with the LINk to develop a communication and consultation strategy to set out further arrangements for the involvement of the public and key stakeholders in the ongoing development of HW.

LUTON

	Not aware.
1.	
	Not aware.
2.	
3.	A Transition Group has been formed involving the Local Authority, the NHS and the LINk. This Group meets on a quarterly basis (approximately) and is developing an Action Plan to tackle the key areas of the transition. The Group includes several representatives of the LINk.
4.	The LINk has one place on the Shadow Statutory Health and Wellbeing Board.
5.	Not aware of any meetings with the public. We might refer them to Luton LINk.

Contribution from Luton LINk ...

- 1) They have not.
- 2) No discussions have occurred around budgeting.
- 3) A draft transitional plan has been provided by Luton Borough Council and LINk members are discussing transitional plans. A transitional meeting with the local authority occurs every 6-8 weeks.
- 4) LINk is represented on the shadow Health and Wellbeing Board.
- 5) Transitional proposals are discussed at LINk public meetings and in the near future there are plans to hold a wider information day.

MANCHESTER

	An indicative budget has not yet been agreed.
1.	
	No response
2.	
	We have continued to support the local LINk during the transition period. The Strategic Director
3.	has met with the LINk.
	None.
4.	
	We are meeting in April 2012 to consult on the development of LHW and will be carrying out
5.	further consultations with the public.

MEDWAY

	No.		
1.			
	N/A		
2.			
3.	The Local Authority has set up a HealthWatch Development Group. The remit of this group is to oversee the progress of HealthWatch in Medway. The LINk is a member of this group. A workshop was held specifically for LINk governors and members. This workshop was focusing on the legacy of LINk and how to take forward the work of LINk into HealthWatch. As part of the LINk/Host contract monitoring with the local authority, there is a section on transition to LHW. This is support contracted by Local Authority for host to support LINk to prepare for LHW.		
4.	LINk Chair currently sits on the Health and Wellbeing Board. The LINk Chair has been in attendance at all the preparation discussions for the Health and Wellbeing board		
_	Two conferences - two meetings for specific groups, e.g. Young people - On line survey. Further		
5.	meetings with hard to reach groups taking place in April and May		

Contribution from Medway LINk ...

It appears that Question 3 asks about particular Local Authority help to Medway LINk with the transition to LHW (e.g. coping with HW business) but the Local Authority reply seems to address activities / bodies in place 'in any case' – i.e. not particularly created to help Medway LINk itself with its transition.

Comment from Chairman, Medway LINk Board of Governors.

MERTON

1.	No. We have not agreed a budget for this time period.
2.	N/A
3.	We have extended the contract of the Host organisation until June 2012 and a further extension will be made at that point. The terms and funding of that contract remain unchanged.
4.	The Chair of Merton LINk is a member of the Shadow Health and Wellbeing Board.
5.	One public meeting of LINk Merton, one Health and Wellbeing Board meeting and one Healthier Citizens and Old Peoples' Scrutiny Panel meeting. A formal consultation will start from May 2012.

MIDDLESBROUGH

1.	No decision has been made.	
2.	N/A	
3.	Middlesbrough LINk is not funded for the purpose of establishing LHW. However, it may have been included in all public discussions and will be co-operating with the local authority to provide for a smooth transition.	
4.	Middlesbrough LINk has been invited to send a representative to the Shadow Health and Wellbeing Board and included in discussions regarding its establishment.	
5.	A large stakeholder event took place on 26 July 2011 that covered various aspects of the Health Reforms (including HealthWatch) and provided a workshop to discuss HealthWatch in more detail. This event included wide representation from the public, private, voluntary and community sector (including residents). Meetings have also take place with the VCS Health and Social Care Forum and the Health and Social Care Partnership (which includes representation from LINk, VCS and the community).	

Contribution from Middlesbrough LINk:

As stated by the local authority, there has been no funding allocated. There has been no specific support for the LINk during the transition period. To date, the LINk has not been invited to send a representative to the Shadow Health and Wellbeing Board.

The Chair was invited to attend one specific meeting that was a development session! Although a stakeholder event did take place, the LINk was not involved in its preparation, despite several requests to be involved.

The Chair was invited, at the last minute, to be a facilitator for one of the workshops.

MILTON KEYNES

1.	No
2.	N/A
3.	Regular project meetings.
4.	The LINk has a place on the Health and Wellbeing Board
5.	None.

NEWCASTLE UPON TYNE

NEWCA	NEWCASTLE UPON TYNE	
1.	No. See below.	
2.	We appreciate the amount received from central government will not be ring-fenced. However, as with the current LINk budget, the intention is to make the majority of the amount received available for the HW contract.	
3.	We are maintaining funding for the Newcastle LINk at the same level as 2011/12 - £149K. We have regular meetings with the LINk Chair and the Hosts about HW. The LINk staff support team are focusing upon LINk functions—and responsibilities and the Executive Board is setting up a small sub group of Executive Members to consider HW implications and support the LINk representatives on Newcastle's Shadow Wellbeing for Life Board (this is our Health and Wellbeing Board). The intention in Newcastle, given the likely levels of funding involved for HW, has always been to procure our local HW. However, we are open to revisiting this in the light of emerging information from the Department of Health and the Pathfinders.	
4.	In terms of building on the considerable good practice and learning within our Newcastle LINk, two positions out of a total of 25 have been created on the Shadow Wellbeing for Life Board for representatives of the LINk – these are taken by the LINk Chair and the LINk Project Manager. It is also worth pointing out that there is also a position on the Shadow Board for the Chief Executive of Newcastle Council for Voluntary Service as well as 2 further positions for sectoral VCS representatives.	
5.	There were 2 sessions towards the end of January to consider HW that were open to members of the public. The majority of participants, however, were representatives of VCS organisations. In addition to these there have been a number of other sessions with key stakeholders and organisations. In the absence of greater clarity about HW it has been difficult to know what we are consulting on – there remain more questions than answers and, as guided by feedback from those we have spoken to, we have decided to wait until there is more information before widening involvement opportunities. The feedback we have had so far about local HW is very much in keeping with other LA's – the usual messages about not reinventing the wheel and about building on the existing good practice, organisations and networks already in place. Interestingly, our feedback to date also indicated a preference for fairly tight boundaries to be drawn around what local HW is and isn't.	

Given the likely scale of resources available and considerable extent of functions there was a preference for local HW not to be too concerned with the wider wellbeing agenda. Although people felt the wider wellbeing agenda to be extremely important there was a desire to define realistic aims and objectives for our local HW.

We also have an Involving People and Communities Development Forum that is comprised of VCS partners which has, as part of its remit, a role in relation to the development of our local HW.

Contribution from Newcastle upon Tyne LINk ...

Having read the response of Newcastle City Council to the survey questions I do not think there is anything else I can add. The answers are a fair reflection of what has occurred and is occurring regarding LHW in Newcastle.

NEWHAM HealthWatch Pathfinder

1.	No.
2.	N/A
3.	Extended existing contractual and hosting arrangements for LINk to March 2013. Outcomes focused monitoring in place. Targets re. scoping the new functions for HealthWatch. Engaging with the New Health and Social Care engagement structures, e.g. Health and Wellbeing Board. Pathfinder status and funding secured and funding consultation on development of HealthWatch locally.
4.	Consultation events already happened or planned re. HealthWatch structure and functions 'what does good look like?' Independent Complaints Advocacy, Signposting, Information and Advice for Community Health Services.
5.	One.

NORFOLK HealthWatch Pathfinder

1.	Not yet.
2.	No Response.
3.	The contract with the LINk Host has been extended for another year.
4.	The Chair of the LINk is a member of the Shadow Health and Wellbeing Board.
5.	Seven 'Have your Say' events have taken place across the county.

NORTH LINCOLNSHIRE HealthWatch Pathfinder

1.	No.
2.	N/A
3.	Continuation of the previous funding £85,000
4.	Allocated a place on the Health and Wellbeing Board
5.	At least six meetings – a questionnaire issued by e-mail and post – face-to-face engagement at
	events.

NORTH EAST LINCOLNSHIRE

HealthWatch Pathfinder

1.	No.
2.	N/A
3.	The NE Lincolnshire LINk is a Pathfinder and it is working in partnership with the local authority to implement HealthWatch North East Lincolnshire. Both sides have agreed and are working to an action plan to achieve this goal. Pathfinder funding has been provided to the LINk, which has been matched by the Host, to allow them to carry out the actions and Pathfinder duties.
4.	The Shadow Health and Wellbeing Board values the role of the LINk/HealthWatch and is working towards the inclusion of a representative from the HealthWatch once the Board is formally constituted.
5.	One stakeholder event hosted by the local authority. One stakeholder consultation hosted by the LINk. More events are to be planned. A web page has been created on the council's website to post updates. We have committed to provide an update to the public every 6-8 weeks and this will be distributed by various routes.

NORTH SOMERSET

1.	No. The funding for HW will be set annually as part of the Council's annual budget setting process.
2.	See above.
3.	We shall be extending the contract for the existing Host until March 2013.
4.	North Somerset has a People and Communities Board which includes the statutory functions of a Health and Wellbeing Board. The LINk has a place on this board as with the HW after April 2013.
5.	We will be extending the contract for the existing host until March 2013. In consultation with our local key health and Social care stakeholders it has been agreed to focus public engagement on what HW will do. We shall, therefore, be undertaking a major public engagement exercise in the Autumn of 2012 to find out the public's top 10 priorities in health and social care that it would want the HW to take up and be active on during its first year. There has been engagement with the same key stakeholders on the structure of HW through a HW Stakeholder Reference Group we have established.

NORTH TYNESIDE

1.	No.
2.	N/A
3.	We have extended the existing contract with the Host to cover the period up to March 2013 or until the new arrangements for LHW are in place.
4.	The Shadow Health and Wellbeing Board has been in place since December 2010. The Chair of the LINk is the Vice Chair of the Shadow Health and Wellbeing Board. We have also worked with the LINk to establish an engagement structure for the community to ensure that views are fed into the Shadow Board and information shared.
5.	We held three Development Workshops with existing LINk members, the Host and all other key stakeholders during the latter part of 2011, to help shape the new LHW. Following that, we established a HealthWatch Transition Group that meets monthly and includes a LINk member and Host representation. Since early April, however, the LINk member and Host representatives have withdrawn from the Group, as we have entered the formal procurement phase with detailed contract specification design. The LINk member representation will resume as part of the evaluation of the final tenders received.

Contribution from North Tyneside LINk ...

I would agree with the Local Authorities view on progress so far. However, recent developments have meant that the LINk host and LINk members have now ceased their involvement in the HealthWatch transition group, as they have moved on to the process of drawing up a service specification for the tender document.

NORTH YORKSHIRE

1.	No.
2.	N/A
3.	Another one-year contract has been awarded to the existing Host organisation – North Bank Forum.
4.	A Reference Group comprising representatives of the main partnership boards that exist across the country has been set up to offer advice and support on specification for LHW and to provide a representative to sit on the Shadow Health and Wellbeing Board. These partnerships are: - North Yorkshire Learning Disabilities Partnership Board - North Yorkshire Physical and Sensory Impairment Partnership Board - North Yorkshire Old Peoples Partnership Board - North Yorkshire Carers Forum - North Yorkshire Mental Health Partnership - North Yorkshire Youth Council / Young People's Council A representative from the wider community/voluntary sector has also been elected to the Shadow Health and Wellbeing Board
5.	Six meetings during October-November 2011. Meetings with Stakeholders (including community/voluntary sector and Acute Trusts) are ongoing.

NORTHAMPTONSHIRE HealthWatch Pathfinder

1.	This has not yet been agreed and will be finalised through the Council's budget setting process.
2.	Under discussion.
3.	The process for delivering LHW is still under discussion. The detailed process is being finalised following the enactment of the Health and Social Care Bill. The process to date has included direct meeting between the Chair and Vice Chair of the LINK and the relevant Portfolio Holder.
4.	The Chair of the LINk is a member of the pilot Health and Wellbeing Board.
5.	A range of consultation activities will form part of the process for establishing a LHW.

NORTHUMBERLAND HealthWatch Pathfinder

1.	Yes.
2.	Same as previous year – £150,000.
3.	We are working closely with the local LINk, LINk Chair and Host to transition to HW in 2012-2013.
4.	The LINk Chair is Vice-Chair of this Board and the LINk has worked with the emerging CCG to seek public views on health priorities.
5.	A number of meetings have already taken place with the public (see above) and with the LINk Steering Group and membership. We are planning a number of meetings with the LINk across Northumberland in early summer, to update and also to seek views on the shape of HW in the country.

NOTTINGHAM CITY

	No indicative budget has been set.
1.	
	N/A
2.	
	The local authority has contracted with a consortium of local third-sector organisations to:
3.	1. Support the LINk Board to undertake a work programme, including community
	engagement in the HealthWatch modelling.
	2. To undertake a community engagement programme as part of the development of a
	HealthWatch model.
	3. To develop a model for HealthWatch Nottingham, in liaison with the Shadow Health and
	Wellbeing Board, City Council, NHS Nottingham City and the LINk.
	A representative from LINk has a seat on the Shadow Heath and Wellbeing Board and participates in
4.	regular development activities for the Board.

- Public engagement is a key part of the development of HealthWatch in Nottingham. This is being achieved through a diverse range of activities, including:
 - 1. Involvement in existing Health and Social Care related groups and forums.
 - 2. Public Meetings.
 - 3. Participation of the engagement team in local and regional events.
 - 4. Participation of the engagement team in specialist community of interest events.
 - 5. Dedicated website.

NOTTINGHAMSHIRE COUNTY

1.	No. The indicative budget will be agreed in the planning round for the next financial year (2013/2014) once the amount of the funding from the Department of Health has been confirmed for providing for the commissioning of LHW.
2.	N/A
3.	Current LINk contract has been extended to March 2013 and a work plan has been agreed. We shall shortly establish a HealthWatch Working Group that will include local LINk representation.
4.	The Chair of the LINk sits on the Health and Wellbeing Board and is also invited to its development workshops and a stakeholder network as part of their role as a member.
5.	We are currently developing our Work Plan for the transition of HealthWatch with local stakeholders and this will include engagement arrangements. As part of the tender process for our LHW, interested parties will be expected to demonstrate how they will engage the public and a range of stakeholders to consult them on the on-going development of LHW.

OLDHAM HealthWatch Pathfinder

1.	We are one of the Pathfinder areas for HealthWatch. We have not agreed an indicative sum for 2013-2015 as we shall: (a) need to be advised of the funding from the DH as per latest guidance, and (b) we shall use the learning from our work during 2012/2013 to inform our future arrangements. We are also discussing the options around collaborative commissioning of LHW services with neighbouring authorities. Again, this will influence what and how we commission, and what funding we shall need to identify.
2.	See above.
3.	During the interim period, we have funding for the existing LINk service to do work around the transition plan and the developments required as a Pathfinder site. This has been reflected in an extension to the existing contract with new service outcomes agreed.
4.	Oldham is an early Health and Wellbeing implementer and the LINk Manager is a member of Oldham's Shadow Health and Wellbeing Board, which has been meeting since September 2011. The LINk Manager has been involved in developing the Health and Wellbeing Board's core priorities and in developing the engagement approach for the Board.
5.	Had public consultation with 60 people on HealthWatch when the White Paper was announced and have ongoing dialogue with LINk members at open forum sessions (approximately 10 meetings where this is a standing).

OXFORDSHIRE HealthWatch Pathfinder

1.	Not yet
2.	No response
3.	We are working closely with local LINk during the transition to LHW. They are fully involved in the Steering Group for LHW and have been involved in the consultation meetings and workshops held.
4.	The Chair of LINk is the representative on the HWB Board, pending the contract award for LHW. We have established a Public Involvement Network to underpin the HWB Board with the views and experiences of the public. LINks is heavily involved in this mechanism and fully supportive of it.
5.	25

Contribution from Oxfordshire LINk ...

OCC has involved LINk from the beginning, through development and implementation of the LHW consultation process and have supported the participation of LINk and its host organisation.

PETERBOROUGH HealthWatch Pathfinder

1.	No
2.	N/A
3.	The Council and Peterborough LINk have jointly agreed a HealthWatch Pathfinder plan that focuses on transitioning Peterborough LINk into HealthWatch Peterborough. Department of Health Pathfinder funding is being used to support this process.
4,	The Chair of the LINk sits on the Health and Wellbeing Board.
5.	The Council has consulted with LINk membership and, additionally, has attended LINk Management Board meetings on two occasions to consult on and agree the plans. We are holding a wider public consultation event on 23 May 2012 and will be holding other events over the coming year.
	prie Commig year.

Contribution from the LINk ...

The comments from Peterborough City Council are correct.

I should like to say that the City and its officers have been extremely helpful; engaging with us at all stages. A real partnership has been formed.

David Whiles - Chairman, Peterborough LINk

PLYMOUTH HealthWatch Pathfinder

1.	No
2.	N/A
3.	The existing contract remains. Additional funding has also been made available for a HealthWatch Development Worker who is employed by LINk.
4.	The LINk representative has a seat on the Shadow Health and Wellbeig Board.
5.	Consultation to shape HealthWatch in Plymouth commenced in the Summer of 2011 with two events hosted by Plymouth City Council and Plymouth LINk. The events included health and social care services and client focused community groups. Since these events, the LINk has undertaken a rolling programme of consultation with the public at various events across the city and through its membership and circulation list. The information will be further supplemented by the introduction of a HealthWatch Development Worker role at the LINk whose job will be, in part, to engage further with hard to reach communities and individuals. In addition, to take forward the commissioning of HealthWatch, Plymouth City Council has established three task and finish groups: Commissioners group: representation from Health, Adult and Children's Social Care, Public Health, Social Inclusion and Democratic Support. Providers Group: representation from Community and Social Action Plymouth (CASAP), Plymouth LINks, Health, Residential and Domiciliary Care, User Led Organisations. And Service Users/Carers groups. The remit of these groups is to compete detailed work around the design of the services with a communications plan being drafted to ensure wider involvement and feedback. Please see the reports attached.

POOLE

FOOLL	
1.	A budget has not yet been agreed. However, anticipated financial implications are set out in a report submitted to our Health & Social Care Overview & Scrutiny committee in January 2012. The report and supporting documents are available on our website via the links below: Committee report HW update Engagement activity
2.	See above links to Committee report.
3.	The contract with the existing Host organisation has been extended in order to enable Poole LINk to continue until 31 March.
4,	It has been agreed that LINks will have seat at the Shadow Health and Wellbeing Board and a representative will be on the Board from the first meeting. A report regarding the mechanism for appointing a suitable representative will be considered at the first meeting of the Shadow Board.
5.	Engagement regarding the shaping of LHW has included the staging of one major stakeholder event, a questionnaire survey (on-line and hard copies) and 9 focus groups.

PORTSMOUTH - HealthWatch Pathfinder joined with Southampton, Hampshire and Isle of Wight

1.	Yes. Budget for 2012-2013 is £124.000. http://www.portsmouthcc.gov.uk/yourcouncil/24043.html
2.	N/A. Post April 2013 yet to be agreed.
3.	Portsmouth LINk has established a Transition Group that is currently agreeing its final membership. This is imminent. Check http://portsmouthlink.blogspot.co.uk For PCC support, see http://www.portsmouthcc.gov.uk/yourcouncil/24043.html
4.	See http://www.portsmouthcc.gov.uk/yourcouncil/24043.html . The Shadow Health and Wellbeing Board is expected to go live from June 2013.
5.	See http://portsmouthHW.blogspot.co.uk

READING

1.	Not agreed. Subject to DH clarification.
2.	N/A but likely to be based on current allocation + PALS funds.
3.	LINk contract extended to 31 March 2013 with full financial support and an additional sum of £10,000 made available to ease the transition, including additional stakeholder engagement, publicity campaigns and additional support for the LINks Board/Board Members.
4.	The LINk has a place on the Shadow Health and Wellbeing Board with a view to a place for LHW on the Health and Wellbeing Board from April 2013.
5.	None to date, but a significant stakeholder engagement exercise is planned for 19 June via an event as part of the AGM of the Forum (a network of local voluntary organisations with average AGM attendance, in excess of 50 organisational representatives across the sector). In October, to coincide with the launch of National HealthWatch, an intensive engagement exercise is planned over a month long period with the public, the private sector and the voluntary and community sector, both via face-to-face outreach and other forms of media.

REDBRIDGE HealthWatch Pathfinder

1.	No. 2012/2013 budget agreed
2.	£132K agreed for 2012/2013
3.	Working closely with the existing LINk to identify transitional needs. Funding community consultation events to seek residents' contribution to shaping the future of HealthWatch in Redbridge.
4.	LINk representative sits on Shadow Health and Wellbeing Board
5.	Two community consultation meetings, plus discussion sessions.

REDCAR + CLEVELAND

1.	No. Not at this time. However, we are aware of the indicative funding allocations published last year by the Department of Health for LHW and NHS Complaints Advocacy. Also, we are aware that funding to be made available will be based on the Adult Social Care Relative Needs Formula.
2.	N/A
3.	We have extended the contract with the Shaw Trust to host the Redcar & Cleveland LINk through the transition period to the introduction of LHW in April 2013. Additionally, we have assigned a corporate lead on HealthWatch who manages the contract for the LINk, monitors performance and advises on preparations for the transition to LHW.
4.	The Chair of the LINk is on the Health and Wellbeing Board.
5.	No organised meetings or events have taken place. However, we have commenced consultation on what the people of Redcar & Cleveland want for LHW and how it will work. This includes an article in the February edition of our quarterly magazine 'this is Redcar & Cleveland', together with information and an online questionnaire on the Council website. The consultation will last 12 weeks in accordance with Compact Compliance, which will allow time for our partner organisations, particularly in the voluntary sectors, to assimilate views from hard to reach individuals and groups across our communities. Other forms of engagement/consultation with the public will be considered.

Contribution from Redcar and Cleveland LINk ...

The LINk agrees with the comments made.

RICHMOND UPON THAMES

HealthWatch Pathfinder

1.	No
2.	N/A
3.	We are working together on HW Pathfinder. We don't have a formal transition plan in place.
4.	The Chair of the LINk is a member of the Shadow Health and Wellbeing Board.
5.	None. We are only just starting to develop our engagement plan.

ROCHDALE

1	No.
2.	N/A
3.	The Council continues to financially support the local LINk and involve officers in discussions about the move/transition to HealthWatch – including their involvement in a local Transition Board.
4.	This is currently under consideration and implementation arrangements are shortly to be considered by Board members.
5.	None as yet. We are undertaking an initial phase of discussion with a neighbouring authority to see if a joint approach to the commissioning of HealthWatch might provide a more cost-effective and efficient organisation to undertake HealthWatch functions across both areas. After the way forward has been agreed, we shall ensure necessary public consultations.

ROTHERHAM

1.	An indicative budget has not yet been agreed.
2.	No Response
3.	Rotherham MBC has entered into a negotiated service level agreement with the current Host and local LINk for an initial period 1 st April 2012 to 30 th Sept. 2012 with an option for further 6 months renewal subject to performance and agreement. The local LINk has been supported through provision of funding and regular performance/contract meetings that will continue until a local HW is commissioned.
4.	Membership of the Health and Wellbeing Boards does not include the local LINk. A place on the Health and Wellbeing Board will be made available to the future local HW in line with statutory guidance.
5.	These will be built into the commissioning process for a local HW that is likely to start in the August/Sept 2012.

Contribution from LINkrotherham

"LINkrotherham and Voluntary Action Rotherham (The Host) continue to work in partnership with stakeholders to deliver a LINk service"

<u>Quick overview</u>: LINkrotherham has virtually had a 75% cut in budget from October 2011. The LINkrotherham Support Team was 3 in number and were made redundant in September 2011. The LINk contract has been extended from April 2012 to Sept 2012 and the LA will probably extend the contract a further six months.

RUTLAND

1	No
2.	No Response
3.	Regular meetings with LA Officers
4.	LINk is a member of the Health and Wellbeing Board
5.	None yet

SALFORD

1.	No.
2.	N/A
3.	The current contract with the LINk Host has been extended to 31 March 2013 and a work plan agreed.
4.	The Chair of the LINk in Salford is a member of the pilot Health and Wellbeing Board.
5.	An initial workshop with stakeholders is being held on 03 April. Full public consultation will follow in May 2012.

SANDWELL

1.	Not at present.
2.	No response
3.	Regular Steering Group meetings – the LINk Chair is a member. An additional post is being recruited to support the LINk during the transition period. Duties will include assessment of training needs of LINK members and providing regular HealthWatch updates to the LINk. The post will support the LINk directly and is a separate resource to the Host. Meetings between the lead officers within SMBC and the LINk Chair.
4.	The LINk Chair has a place on the Health and Wellbeing Board and also Chairs a Health and Wellbeing sug-group.
5.	The LA has organised four events in partnership with the LINk. The LINk and PCT have build consultation into their meetings. Regular updates are provided by the LA to people who use the services.

SEFTON

1.	No.
2.	N/A
3.	Same arrangements as 2011/2012. Sefton Community Voluntary Service will support as the Host to current LINk members.
4.	Shadow Health and Wellbeing Board is in development stage. Meetings have taken place to update LINk with current position and the LINk has representation on cluster and CCG groups.
5.	Sefton LINk has had meetings with public through forums and a wider public even planned for Summer 2012.

SHEFFIELD HealthWatch Pathfinder

1.	No. Only in draft as we have not received formal notification from DH on funding allocation.
2.	N/A
3.	A transition contract is in place for the period April 2012 – March 2013. This covers all existing contractual arrangements with the Host, as well as some preparation tasks for HealthWatch. The contract agreed does not necessitate any Host redundancies – the full complement of staff is being retained. Sheffield LINk is currently hosted by Voluntary Action Sheffield (VAS) that is Sheffield's Community and Voluntary Sector. VAS has worked with a team of committed volunteers to carry out the existing responsibilities of LINks. Officers from the Council are meeting regularly as part of the transition contract arrangements as part of the Pathfinder. VAS and the LINk are members of a Sheffield HealthWatch Pathfinder project group.
4.	Sheffield LINk has a place on the Shadow Health and Wellbeing Board in advance of HealthWatch being set up. This has already begun meeting.
5.	Three public co-production Stakeholder events have been held to date in Sheffield – March, July and November 2011. A further event is planned for 17 May 2012. A Tender opportunity event was also held in November 2011 – 50 organisations attended. A Consortium event to enable organisations to meet those who may want to co-operate within a consortium to bid for the contract was held on 05 January 2012. A further tender support event is planned in June 2012. We are also offering visits to groups and boards to take comments and keep people informed. www.sheffield.gov.uk/HealthWatch.

SHROPSHIRE HealthWatch Pathfinder

1	Netwet
1.	Not yet.
2.	N/A
3.	Shropshire Council convened the Shropshire HealthWatch Transition Board of partners and stakeholders, prior to the commissioning process. Function mapping undertaken and a development plan was agreed. From this, a HealthWatch Development Group of interested parties in the community and voluntary sector is being organised by the LINk, Patient Participation Groups Forum and the Voluntary Assembly Forums. A joint application for HealthWatch Pathfinder status was accepted.
4.	The LINk has a seat on the Shadow Health and Wellbeing Board. The Board's Terms of Reference Role No. 2.7 is 'The Health and Wellbeing Board will consider options for the development of HealthWatch in Shropshire ensuring that appropriate engagement and involvement within existing patient and service user involvement groups takes place'.
5.	The commissioning consultation – using various platforms and meeting opportunities – in the progress from April 2012 –June 2012. The LINk organised public meetings throughout the county of HealthWatch changes during 2011.

SLOUGH

1.	The Council has retained its financial commitment to LINks and anticipates this funding will be transferred to LHW. Slough receives £103,000 p.a. through the DCLG Formula Grant. For the signposting function, a proportion of funds currently going to PCT PALS will be transferred to LHW. DH's illustrative figure for Slough is £53,805 p.a. From April 2013, LAs become responsible for commissioning NHS Complaints Advocacy. DH's illustrative figure for Slough is £29,890 p.a. The Council and partners will be seeking to maximize outcomes and benefits by HealthWatch developing effective pathways with other existing public forums such as neighbourhood group, and local advocacy services.
2.	The council and partners will confirm budget allocation following detailed modelling of the "best-fit" HealthWatch for Slough and on confirmation of DH indicative sums.
3.	It is business as usual for local LINk service. The council continues to contract LINks service, and have extended contracts in line with DH shifting timescales for HealthWatch. LINk has played an important role in facilitating and coordinating public consultation on mental health inpatient redesign, are doing the same to support the CCG and NHS in consulting the public on new commissioning intentions, and have a place on the Council's Health Scrutiny Panel (non-voting).
4.	The Chair of the LINk is a substantive member of the Health and Wellbeing Board.
5.	No formal meetings, other than Health Scrutiny, although LINks have continued to communicate with public on developments nationally and the local implications. Formal engagement will roll out as part of the detailed modelling & commissioning process that will commence shortly.

SOLIHULL

1.	No, as we are still awaiting confirmation from DH with regard to the allocation.
2.	N/A
3.	The Host contract has been extended with an emphasis on supporting LHW development in Solihull and support and development to be provided around new and existing volunteers.
4.	Acting as a conduit as the LHW Development Lead.
5.	To date, four meetings have taken place with more to be carried out over the coming months.

SOMERSET

_		
	1.	No.
	2.	N/R
	3.	Extension of the LINk contract until end March 2013 and ongoing contract management meetings. Establishment of a HealthWatch Transitional Steering Group, Chaired by the Lead Commissioner at Somerset County Council, to work with the LINk volunteers and health and social care commissioners. The remit of the group is to develop and sign-off a service specification and to assist with the direction of the work programme for HealthWatch's first year. The group meets on a monthly basis.
	4.	A LINk representative is on the Health and Wellbeing Board. A paid staff member from the Host organisation is also a member of the Health and Wellbeing Board Executive Officer Group.
	5.	One. Invitations for subsequent meetings have been targeted at key stakeholders from representation organisation.

Contribution from Somerset LINk ...

I would agree with the Local Authorities view on progress so far. However, recent developments have meant that the LINk host and LINk members have now ceased their involvement in the HealthWatch transition group, as they have moved on to the process of drawing up a service specification for the tender document.

SOUTH GLOUCESTERSHIRE

HealthWatch Pathfinder joined with Bristol

1.	No indicative budget has been agreed yet.
2.	N/A
3.	Continued close working with the existing LINk. Agreed priorities and involvement in HealthWatch Pathfinder.
4.	The LINk has a seat on the Shadow Health and Wellbeing Board.
5.	We do not have this information.

Bristol and South Gloucestershire Local Authorities are now tendering the LHW separately after South Gloucestershire pulled out of the joint bid. Bristol LINk has held a stakeholder meeting to reply to the LHW specification consultation and officers from South Gloucestershire have met with LINk participants to discuss the tender specification for the South Gloucestershire LocalWatch.

SOUTH TYNESIDE

	1.	No
	2.	N/A
-	3.	Regular meetings are being held with the local LINk to discuss and plan for the transition to HealthWatch. These meetings are ongoing.
	4.	The LINk has been part of the discussions we have had in establishing our Shadow Health and Wellbeing Board and the Shadow Board has received a number of reports from the LINk and on the transition from LINk to HealthWatch.
	5.	None to date.

SOUTHAMPTON HealthWatch Pathfinder joined with Hampshire, Isle of Wight and Portsmouth

1.	No indicative budget has been agreed yet.
2.	A budget was set for 2012/13 which allocated £96,000 to the LINk host.
3.	The LINk will be receiving the same level of funding for the period April 2012 – March 2012 as for 2011/2012.
4.	The LINk has a seat on the Shadow Health and Wellbeing Board.
5.	As of 28 March – two meetings.

SOUTHEND ON SEA

HealthWatch Pathfinder joined with Essex

1.	No
2.	N/A
3.	There is regular contact and dialogue with the LINk and they are included when HealthWatch events are organised. The LINk is supporting the transition to HealthWatch and further work will be done throughout the year to ensure a smooth transition.
4.	A HealthWatch representative will sit on the Health and Wellbeing Board next year.
5.	Two large workshops have taken place, and several meetings with LINk representatives. There is also regular feedback from the local LINk and more events will be planned during the lead-up to the implementation of HealthWatch.

SOUTHWARK

1.	No.
1.	NO.
2.	The Council's overall budget will not be agreed until February 2013 so the HealthWatch budget cannot be agreed.
3.	Southwark has commissioned the Host for a further 12 months and provided funding for consultancy support to establish a Leadership Group for the transitional period and develop a Work Plan for the run-up to HealthWatch commencing.
4.	A planning group has been set up to carry out key preparatory work to establish a Shadow Health and Wellbeing Board that will have a LINk/HealthWatch representative serving on it.
5.	The Leadership Group is now fully established. Southwark will hold public meetings now that officers have been elected and governance is agreed. A clear Work Plan is being put in place.

ST. HELENS

1.	No.
Τ.	
2.	N/A
3.	Contract has been rolled forward for another 12 months to March 2013; and there will be continued support for LINk through regular monitoring arrangements. In addition to this the Council and LINk staff are having regular meetings to discuss the best way for the LINk board to be supported through this process.
4.	The LINk is represented on the Shadow Health and Wellbeing Board.
5.	The consultation process for LHW has not yet started.

STAFFORDSHIRE HealthWatch Pathfinder

1.	No. We are waiting the final funding guidance from the Department of Health.
2.	N/A
3.	The LINk has been allocated their full budget for April 2012-2013 (£300,000) based on a Business Plan that includes the delivery of LINk services, plus supporting the Authority in making the transition to HW. This includes delivering a public consultation to inform the development of the HW specification and supporting a marketing and communications campaign to raise public awareness of the transition from LINk to LHW.
4.	The Chair of the LINk currently sits on the Shadow Health and Wellbeing Board.
5.	This work is currently under way and is being led by the LINk. As of the end of March 2012, 16 meetings had been held which were attended by over 300 people.

STOCKTON ON TEES

TOCKTON ON TEES		
No. Funding from DH has yet to be confirmed.		
N/A		
The current contract that supports the delivery of LINk expires in October 2012. A new contract to cover the period November 2012 – March 2013 is being drawn up which will include elements to support transition. Transition support is also being included within the specification for LHW and clear reference to LINk. Regular relationship meetings are held with the LINk and Host throughout the transition period.		
The LINk has a place on the Shadow Health and Wellbeing Board.		
A detailed consultation and communication plan was developed in relation to HealthWatch that included a range of consultation methods including: • Attendance at a range of meetings where the public were in attendance through our Local Strategic Partnership infrastructure • Ensuring it was on the agenda at Parish and Town Council meetings • A specific public meeting • Distribution of a questionnaire via Stockton News which reaches every household in the Borough. LINk also held a public meeting which the Council and the PCT Supported.		

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STOCKPORT HealthWatch Pathfinder

Treatment adminder		
1.	No, although discussions towards this are underway.	
2.	N/A	
3.	Stockport's LHW development group has been meeting approximately every three weeks throughout 2012 and will continue to meet throughout the above period to support the local LINk during transition to LHW. Membership of the group includes the Chair of the local LINk and two other LINk members, together with Council legal and financial representation and designated officer support from the Council's Health and Wellbeing team. The group's remit was approved by the shadow Health and Wellbeing Board and it is currently progressing HealthWatch transition issues such as agreeing the LHW functions and constitutional issues. The group also has input and support from the Executive member for Health and Wellbeing. Other examples of communication and support have included representatives from the Local Authority and the LINk jointly attending a number of regional and national events designed to support the transition to HealthWatch, and Council officer attendance at local LINk meetings where requested by members.	
4.	The LINk Chair has been a member of Stockport's shadow Health and Wellbeing Board as a proxy for LHW since it was established in May 2011. The LINk Chair and Host have also been part of the group planning the Joint Health and Wellbeing Strategy on behalf of the shadow HWB since work started last October.	
5.	Consultation on the vision for LHW was a substantive part of the agenda of a Health and Wellbeing engagement event at Stockport Town Hall, attended by 200 people in March 2012. There was strong community representation at the event, along with voluntary organisations and statutory services. The HealthWatch consultation was jointly organised by Stockport Council and the LINk, and delegates were shown a film relating to the HealthWatch transition that was produced by the LINk and featured LINk members. The resulting report was circulated to all delegates. The event followed on from previous consultation work undertaken by the LINk Host with LINk members in relation to the HealthWatch transition. There is a strong shared commitment by the Local Authority & the LINk to continued good communication with the LINk membership, other voluntary and community groups and all partners concerned and there will be further meetings/communication during the year ahead relating to the overall role of LHW and associated functions, such as NHS complaints advocacy.	

STOKE ON TRENT

1.	The on-going base budget for LINks/HealthWatch is £163,000pa for 2012/2013. There will also be a HealthWatch set up funding of £17,702. There will be additional funding for the extra responsibilities that HealthWatch will take on. These will be announced as part of the 2013/2014 local government finance settlement.
2.	No specific sum has been agreed yet for this period.
3.	The contract with the current Host organisation (Age UK South Staffordshire) has been extended to cover this period.

Stoke-on-Trent is an early implementer site and the inaugural meeting of the Shadow Health and Wellbeing Board took place in December 2011. The board currently meets every two months. Core membership is as required by the Health and Social Care Bill. Membership will include a representative of the LHW organisation. The local LINk has and will continue to have a nominated representative on the Health and Wellbeing Board until the formal establishment of a LHW from the 01 April 2013.

The Health and Wellbeing Board has arranged consultation and engagement events associated with:

- Setting the long term vision for 'Stoke-on-Trent as a Healthy City by 2020', and
- The shorter term production of the Joint Health and Wellbeing Strategy (JHWBS).

The events have or will include all stakeholders including local representative groups, service users and carers.

There will however be engagement/consultation events aligned with production of the JHWBS and in agreeing a long-term vision. In addition meetings and other work of the Health and Wellbeing Board will be published on the City Council website with regular briefing/communications to stakeholders.

Developing a Vision for Stoke-on-Trent as a Healthy City by 2020' is a key area of work that will be led by the Health and Wellbeing Board.

A meeting with representatives of local community and voluntary sector groups was held in January 2012. Public consultation has also taken place during November/December 2011 in the form of a questionnaire. Now that clarification about the organisational form of LHW has been received from the Department of Health further public consultation will take place during April/May 2012.

SUFFOLK HealthWatch Pathfinder

1.	No.
2.	To be confirmed.
3.	The Shaw Trust will continue to support the LINk as Host organisation during 2012 – 2013.
4.	The Chair of the LINk is holding the HealthWatch seat on the Shadow Health and Wellbeing Board.
5.	Five.

Contribution from Suffolk LINk ...

Suffolk County Council, in partnership with NHS Suffolk, Suffolk LINk, the emerging Clinical Commissioning Groups and other stakeholders, is establishing a HealthWatch Implementation Executive and have funded the setting up of a small HealthWatch Pathfinder staff team to cover the transition period from July until March 2013. These initiatives have grown from the Pathfinder Group and the HealthWatch Planning Group that have developed with the involvement of the partner organisations and key stakeholders over the past year. The new staff team includes a Community Development Officer who is working to engage with the community, the local GP practices and voluntary sector.

Work-streams are now underway which will function under the HealthWatch Implementation Executive comprising of three groups;

- * Organisational Development, including governance and corporate structure
- * Communications and Engagement, including working with the Voluntary and community Sector and the Health and Wellbeing Board
- * Information and Signposting, including plans for the NHS Advocacy service

The formation of these Work-streams is based on preliminary work done during September 2011 to June 2012 and is part of the developing relationships begun through various meetings and events. They include representation from various organisations in the voluntary and community sector and individuals from the community.

SUNDERLAND

No, as we are still waiting for confirmation of the budget allocation for LHW. Whilst exact levels of 1. funding have not been agreed, Cabinet permission has been sought to pursue a commissioned model and associated procurement for LHW. 2. This has not been agreed yet. 3. Representatives from the LINk and the Host sit on the HW Transition Working Group, which meets monthly to discuss how to support the implementation of HW in Sunderland, and to maintain and oversight of strategic developments. The Working Group will exist until Sunderland Health Watch is established in April 2013. A further contract extension has been agreed with the Host to support the delivery of the LINk until the transition of HW in April 2013. 4. There is a representative on the Health and Wellbeing Board who represents the HW Transition Working Group. It has been agreed that LINk will have representation on the Shadow Health and Wellbeing Board from April 2012. 5. A public consultation event has been held to provide an opportunity for local people and organisations to have a voice and to influence how HW will be developed in Sunderland. Two questionnaires (one for adults and one for children and young people) have been distributed to people who were unable to attend the consultation event, thereby providing people an equal chance to provide comments and suggestions to influence decision-making. The questionnaire was made available on-line and was also used to facilitate small focus groups to support the collation of information from that age group and to provide children and young people with a better understanding of the transition from LINks to LHW. A total of 250 responses were received from the children and young people, including 25 responses from children with disabilities. We have discussed HW with key elected members who represent the views of their constituency members & have also shared information with Overview & Scrutiny Committee that has attendance from the public. Representatives of the Transition Working Group provide updates on the development of LHW at various forums and network meetings throughout the city. Sunderland LINK has continued to share information about developments with voluntary and community sector organisations and the public at meetings and via their website. LINK will also be sharing information about the development of the transition from LINK to HW at their AGM at the end of March 2012. The Council and representatives from PCT and Children's Services are now looking at ways to undertake further engagement with patients and the public, including children and young people, as a means of seeking viewpoints from people who are currently under-represented e.g. males and people with disabilities.

SURREY

	1	No
Ļ	1.	No.
	2.	No Response
	3.	Commissioned increased Host support. Made additional funds available for transition planning. LA representation on Business Group to support and advise.
	4.	Chair of the LINk sits on the Health and Wellbeing Board.
	5.	Information not held. We are unable to answer this question as the current LINk organisation is taking the lead on meetings with the public to consult on the development of LHW and, therefore, we do not hold this information.

SUTTON HealthWatch Pathfinder

I		
	1.	No.
Ī		
	2.	N/A
	3.	We have created a Transition Group with key partners, including Sutton LINk, to support them in this transition phase and to develop wheat a LHW will look like for Sutton. As part of the HealthWatch Pathfinder process, we passported the £5,000 from DH to our local LINk to support their pathfinder activity.
	4.	LINk has been a member of our Shadow Health and Wellbeing Board since its inauguration.
	5.	We are currently planning our programme of consultation on developing what a HealthWatch looks like for Sutton. This will include consulting with members of the public via a variety of consultation mechanisms.

SWINDON

1.	No.
2.	N/A
3.	Support is on-going at the same level as 2011/2012.
4.	One representative sits on the Health and Wellbeing Board.
5.	One so far.

TAMESIDE

1.	Yes
2.	£130,000
3.	At this stage, it is thought that we shall commission a piece of work to support the transition.
4.	The LINk is represented on the Health and Wellbeing Board.
5.	None at this stage. First public meeting should be in July 2012.

TELFORD AND WREKIN

HealthWatch Pathfinder

4	
1.	No.
2.	N/A
3.	We have agreed to TUPE transfer the staff currently providing support to our local LINk, into the Council to ensure that LINk continues to have the level of support that it has received. This was on the basis that the current host provider would not extend the contract with the Council commissioners beyond the 31 March 2013. This was the best pragmatic solution we could come up with, in agreement with our local LINk and the support staff.
4.	The LINk Chair is an active member of the Health & Wellbeing Board that has been in existence through 2011/12 and will continue to be so during the shadow year — 2012/13 as per the governance arrangements agreed by the Council, PCT and CCG for the Board.
5.	With LINk there has been 1 public meeting and a number of other meetings with LINk members and other organisations to engage them in and discuss with the development of a specification for our future local HW.

Contribution from Telford and Wrekin LINk ...

The budget problem is due to delay by the previous host - the Local Authority has guaranteed the same level for 2012/13 and we have said we assume the £10,000 under-spend will be carried over!

THURROCK HealthWatch Pathfinder

	1.	As an absolute minimum, the allocation will be equal to the current LINk allocation (approximately £115,000 annually). Once the additional elements of ICAS and PALS have been agreed nationally, these will be included.
Ì		See above.
	2.	
Ī		The LINk to HealthWatch project is as significant part of a full-time portfolio managed by the
	3.	Project Director (Health Transition) within the Council. Monthly Steering Group meetings,
		involving LA officers and LINk staff have taken place over the last year. In April, a specific
		HealthWatch Steering Group was established which includes membership of the LINk Committee,
		the LINk Chair and Project Manager, the Host organisation and the LA Project Director. The
		purpose of this group is to develop and execute implementation plans for a Shadow HealthWatch
I		to commence in October 2012. A full project plan is currently being developed.

	The LINk Project Manager is an established member of the Shadow Board and has been since its
4.	inception. This will remain the cast post April 2013.
	Two major events have been held in Thurrock, attracting approximately 100 and 180 people. It is
5.	further planned to offer small groups and organisations dedicated visits/workshops. HealthWatch
	is also included within any Health Transition events that address the wider issues.

TORBAY HealthWatch Pathfinder

1.	The budget for LHW has only been decided for 2012/2013 by Torbay Council, as currently there has been no formal decision made as to whether the LINk, or another organisation/s will take on the HealthWatch mantle.
2.	Torbay Council has agreed to fund the LHW £120,000 for the 2012/2013 financial year, with a further £10,000 received from the national allocation.
3.	The Local Authority has been very supportive in terms of allocating staff time to the development of HealthWatch, in partnership with other local statutory, voluntary and community organisations. Local Authority staff from different departments of the organisation has been allowed to support the development with their expertise. The Transition Group, with Local Authority involvement, has developed an accountability/engagement diagram for discussion with the public and the Health and Wellbeing Board.
4.	The Chair of the LINk has been asked to sit on the pilot Health and Wellbeing Board and the Chair of the Board gave the opening address to the HealthWatch Development Public and Community Conference.
5.	On 22 March, there was a public/stakeholder's meeting.

TOWER HAMLETS HealthWatch Pathfinder

1.	No.
2.	N/A
3.	A comprehensive work programme has been agreed with our LINk to support the transition. We are also currently developing our own commissioning plan to set up the new HealthWatch.
4.	The LINk is a key member of our Health and Wellbeing Board with the Chair appointed as a member of the Board. The LINk is currently leading the development of the Board's Engagement Strategy.
5.	The LINk has undertaken consultation meetings with their members and we are currently developing our Work Plan for the transition to HealthWatch, which will include a programme of public consultation.

TRAFFORD HealthWatch Pathfinder

1.	Due to determine the budget formally following our public consultation on the functions and shape of LHW. Budget to be confirmed by September/October 2012. Also awaiting information from government on additional monies for signposting/complaints.
2.	N/A
3.	Budget agreed. Transition Action Plan in place. Strategic Group consisting of LINk, Local Authority, PCT membership in place to oversee the transition. Operational transition in place through LINk project.
4.	The LINk has a place on the Health and Wellbeing Board.
5.	Two public meetings and a number of meetings with providers and other stakeholders have taken place (10-15). Full public consultation being planned for June 2012.

WAKEFIELD HealthWatch Pathfinder

1	L.	www.wakefield.gov.uk/HealthAndSocialCare/HealthWatch.htm
2	<u>2</u> .	N/A
3	3.	No response
4	١.	No response
5	5.	Information taken from website – as above: Throughout March 2012, the Transformation Team consulted with the public on the new HealthWatch service. A series of drop-in sessions were held around the district to provide citizens with an opportunity to discuss HealthWatch and to give their views. The public consultation culminated with a Feedback Event on 12 April 2012. At the event delegates were provided with a range of proposals for HealthWatch and given further opportunity to influence the development of HealthWatch. A report will be published shortly.
		The next step for HealthWatch is writing the service specification and putting this out to tender. Organisations who are interested in delivering the HealthWatch service will be asked to submit a tender/bid. The tender process will take several months. However, HealthWatch will be operational from o1 April 2013.

WALSALL HealthWatch Pathfinder

1.	No.
2.	N/A
3.	The Host contract is in place until March 2013 based on a work plan agreed by the LINk for the transition year.
4.	The LINk has a seat on the Shadow Health and Wellbeing Board.
5.	Walsall LINk and MyNHS Walsall have held a joint 'Shaping HealthWatch' event, primarily for community organisations, supported by the Authority. Officers have attended public meetings of MyNHS Walsall, Walsall LINk and the Health & Performance Scrutiny and Social Care & Inclusion Scrutiny panels to provide information about LHW. We are planning to undertake a 12-week public consultation later in 2012, and are developing the consultation approach with Walsall LINk and MyNHS Walsall.

WALTHAM FOREST HealthWatch Pathfinder

	No.
1.	
	N/A
2.	
	The local LINk has pathfinder status and is supported through monthly meetings to review progress
3.	against milestones and work plan.
	The LINk has a representative on the Shadow Health and Wellbeing Board.
4.	
	The Authority is currently out to consultation and has developed a survey on options for
5.	HealthWatch. A series of meetings with stakeholders will be arranged during the consultation
	period.

WANDSWORTH HealthWatch Pathfinder

1.	No.
1.	NO.
2.	No response.
3.	Contract extension for present LINk Host with variations to service specification reflecting anticipated differences in support needs during transition period.
4.	LINk is a member of the Board.
5.	None. Consultation event with invited partnership group.

WARRINGTON HealthlWatch Pathfinder

1.	Yes
2.	About £107,000 per annum
3.	There are regular meetings between the Council and the local LINk and support has been provided by the Transition Alliance.
4.	LINk is an official member of the Warrington Shadow Health and Wellbeing Board and has been since January 2011.
5.	There are plans to undertake consultation with the public on these opportunities to shape HealthWatch.

WARWICKSHIRE HealthWatch Pathfinder

1.	No.
2.	N/A
3.	LINks hosting arrangements have been extended to 31 March 2013 and a Work Programme agreed that will form a firm legacy for LHW. County Council has set up the HealthWatch Transition Team, the main purpose of which is to identify and appraise options for a future HealthWatch and to agree the most suitable model for Warwickshire. The Team consists of representatives of key stakeholders, including LINk Council members, NHS Warwickshire, voluntary and community sector, carers and the County Council. The Group has already developed and begun to implement a strategy to engage with other interested parties and the public to inform its decision making in relation to the future shape of the LHW in Warwickshire.
4.	The Chair of the LINk sits on the Health and Wellbeing Board.
5.	Focus groups with various stakeholder groups were organised in 2011 and a 5 th large stakeholder event took place. The Council also shared information and sought views from the local community and voluntary organisations and groups, community forums, BME forums and Town and Parish Councils. Since May, 2011 HealthWatch and Transition Team, consisting of representatives of key stakeholder groups and organisations has been consulted on a regular basis.

WEST BERKSHIRE HealthWatch Pathfinder

1.	No.
2.	N/A
3.	The Local Authority is supporting the local LINk as part of a wider group representing many local user, patient and carers groups, who are coming together to form a Community Interest Company to deliver the LHW functions.
4.	The local LINk Chair has been participating in the Shadow Health and Wellbeing Board, and will continue to do so until such time as LHW can nominate a representative.
5.	Six open meetings of the LHW Development Group have already been held, mainly aimed at local voluntary and community organisations, with plans to promote LHW to a general public over the next six months.

WEST SUSSEX

1.	Yes (part subject to confirmation from government.
2.	£239K for ex-LINks element, plus whatever DH allocated ex PALS and ICAS functions.
3.	We have extended the contract of the current Host to March 2013 at the same level as 2011/2012. We plan to let the contract for HW in October 2012 to enable a six month transition/handover.
4.	The Chair of the LINk Stewardship Group is a member of the Shadow Health and Wellbeing Board and also sits on the HW Planning Group.
5.	Four workshops with stakeholders. Eight meetings involving 19 voluntary/community sector groups.

WESTMINSTER HealthWatch Pathfinder

No.
N/A
As LINk/LA HealthWatch Pathfinder authority, the Local Authority works with the LINk and other stakeholders in a 'Shaping HealthWatch Sub-Group' that meets frequently and discusses arrangements for transition to LHW during the period April 2012 – March 2013. It is responsible for advising the LINk Steering Group regarding the LINk's transition to HealthWatch. The outputs of this work are intended to be visibility and branding, developing training programmes and

4.	The Chair of the LINk has a placed on the Shadow Health and Wellbeing Board.
5.	When the LINk has had stalls at events, it has spoken to the public about HealthWatch. It has also visited VCS groups to speak to them and get their views. The HealthWatch community engagement plan includes holding several events to consult with the public.

WIGAN	HealthWatch Pathfinder
1.	No. We are aware of likely budget allocations that have been indicated in guidance documents – and are committed to ensuring that appropriate level of resource is made available.
2.	N/A
3.	We have agreed to roll forward the existing contract with the Host organisation. We are also about to contract specific support for HealthWatch development implementation. Contract value is £35,000.
4.	There is an understanding to include a representative on the Board.
5.	Our HealthWatch Development Group is currently managing a local consultation programme: - Meetings with range of local organisations through regular local meetings - Open consultation workshops (in localities) - Questionnaire based survey (paper and online) with community organisations, public members of the LINk, professionals and related services and young people.

- Publicity in local media and in Council's 'Borough Life' publication.

WILTSHIRE

1.	No.
2.	N/A
3.	Continued funding and liaison with the LINk Implementation Group for HW.
4.	Representative from LINk sits on the Shadow Health and Wellbeing Board.
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5.	Numerous - plus on-line consultation, workshops, etc. and more meetings planned.

Response from the Wiltshire LINk ...

As above. The Wiltshire Involvement Network (WIN) has good links with Wiltshire Council, and the Chair sits on the Shadow Health and Wellbeing Board. WIN has a HealthWatch Implementation Task Group set up with a Wiltshire Council representative attending every meeting.

WINDSOR, ASCOT AND MAIDENHEAD

1.	No.
2.	N/A
3.	A support worker has been provided to support the LINk. LINk members are involved in the HealthWatch project. The LINk Steering Group is part of the developing Shadow HealthWatch arrangements.
4.	The Chair of the LINk is a member of the Shadow Health and Wellbeing Board.
5.	Two Local Partnership Boards (including all client groups) have been used to consult the public. A stall was held at Carers' Rights Day in December 2011. Further stalls are planned at the Wellbeing Week event (April 2012). Carers' Week (June 2012), Retirement Fair (August 2012), Carers' Rights Day (December 2012). There is a public meeting to discuss areas where boundaries merge between LHW and the CCG being planned for May 2012. Further public consultations are being planned. Consultation has also taken place through the past 2 x LINk Newsletters, inviting comments. Also details are included on the website.

Contribution from the Windsor, Ascot and Maidenhead LINk ...

The stated information is accurate. In addition, the LINk is working with Bracknell LINk with regard to public engagement for areas where co-terminosity exists.

WIRRAL

1.	There has been no suggestion, as far as I know, to change the current funding arrangement.
2.	No response.
3.	The lead person for the LA will continue to liaise with the current Host organisation. The Transition Group meets monthly and will Agenda any issues around support required for the LINk.
4.	The Chair of the LINk has a place on the Health and Wellbeing Board.
5.	None yet, but a comprehensive survey is planned to be followed by consultation meetings.

WOKINGHAM

1.	Yes.
2.	This is commercially sensitive information as the service will be tendered, but last year's LINk activities were secured through a local third sector organisation with a contractual value of £19,822.40.
3.	We have agreed to extend the contract with the current host for the LINk, initially for a further six months to 30 September 2012, pending developments around HW.
4.	This is being discussed at the next meeting of the Shadow Health and Wellbeing Board.
5.	None. The commencement of the public consultation process is in the latter stages of planning.

WOLVERHAMPTON HealthWatch Pathfinder

1.	The budget has not been set yet, we are still working through the process.
2.	N/A
3.	We continue to work closely with the LINk. The contract for the LINk Host has been extended for a further year to ensure that the LINk can continue to operate fully throughout the full year. The LINK is well represented on the HW Steering Group. It is our intention to morph our LINk service into our HW organisation.
4.	Our Health and Wellbeing Board is already meeting and the LINk has a seat at the Board. They have nominated a named representative for the Board and have been included in all the training and development activities that have been undertaken with the Board.
5.	There have been 6 broad consultation events, with Partnership Boards, local community groups and internal teams. These were undertaken between September and December 2011. Further events were put on hold pending the publication of the DH revised guidance. Now that this has been published, further events are being planned with all LINk members, elected members, specific community groups and the CCG.

WORCESTERSHIRE HealthWatch Pathfinder

1.	An indicative budget for the period April 2013 – March 2014 was agreed at the WECC HealthWatch Steering Group meeting on 29 February 2012. This is based on current LINk's budget, plus DH allocation in respect of PALS functions, as per DH Gateway Reference 16389.
2.	An indicative budget of £327,000 for the period April 2013-March 2014 was agreed. This is based on current LINk's budget plus DH allocation in respect of PALS functions, as per DH Gateway Reference 16389.
3.	Current LINk contract has been extended to March 2013, and this has been discussed and agreed via existing Governance route. We have established a HealthWatch Steering Group that has local LINk representation. The Steering Group has been in place since the latter part of 2011.
4.	We established a HealthWatch Steering Group in 2011 that has local LINk representation. There is also a HealthWatch Worcestershire Stakeholder Group that meets regularly with the LA/NHS representative. The Stakeholder Group has a wide range of representatives, including LINk and local residents.
5.	There have been three meetings to date with the HealthWatch Worcestershire Stakeholder Group and further meetings will continue through to and beyond April 2013. These meetings have Minutes and actions are recorded. The Stakeholder Group also receives copies of the notes from the Steering Group sessions. Wider public consultation is being planned as part of the HealthWatch project implementation. We have a Project Communications Officer who is developing and managing the communications and engagement plan.

YORK HealthWatch Pathfinder

1.	No.
2.	N/A
3.	The LINk Host has agreed a one-year Variation Agreement to the terms of their existing contract. This means that there will be a professional Host staffing complement in place to support York LINk until 31 March 2013. In agreement with the authority a clear work plan has been produced for the 2012-13 financial year, which will set out a series of steps.
4.	The LINk has a place on the pilot Health and Wellbeing Board and is a regular participant at Health and Wellbeing Board meetings and seminars.
5.	Two City wide public consultation events have been held with LINk members, the wider public and voluntary sector partners to consult on the developments of LHW