

# Appendix A: LINKs to Local Healthwatch transition planning checklist

This checklist outlines the actions identified by local authority commissioners and LINKs members who participated in the East Midlands LINKs to Local Healthwatch Transition Programme. It should be read in conjunction with the final report, *The transition to Local Healthwatch in the East Midlands*. This work was funded by the East Midlands Department of Health, Public Health and Social Care Directorate.

Task	Person/org responsible:	Consultation required with:	Deadline:
<b>Managing the transition process</b>			
Form a small project group to manage the transition process, including members from both the local authority and the LINK.			
Agree a transition plan including timelines, individuals/organisations responsible and actions required.			
Ensure all relevant organisations (including the local authority) have allocated adequate times and resources to the transition process.			
Schedule regular update meetings where progress on the transition plan is monitored.			
Make sure one or more members of the project group have a clear understanding of the Health and Social Care Act 2012 and the secondary legislation.			
<b>Winding up LINKs</b>			
Make a decision on whether or not the current host contract will be extended to April 2013. Communicate this decision to the LINK Board and host.			
Make a decision on the level of funding for host support and LINKs programme budgets for April 2012 to April 2013, as well as any additional funding for the transition. Communicate this decision to the LINK Board and host.			

Task	Person/org responsible:	Consultation required with:	Deadline:
Determine whether TUPE applies to current host staff. Communicate this to the host organisation.			
If TUPE does not apply, issue notices of redundancy to current host staff where necessary.			
Rewrite LINK work plans for April 2012 to April 2013, taking into consideration any changes in funding, host support or redirection of financial or human resources towards Local Healthwatch set-up.			
Identify a project or focus to keep LINK members and staff enthusiastic about continuing LINK work for an extended period.			
If the LINK is a Local Healthwatch pathfinder, determine how additional pathfinder work will be completed alongside existing LINK work (will financial or human resources need to be redirected to pathfinder work?).			
Where there will be a change in providers, develop a handover plan (including a shadow phase if appropriate) and communicate this to the relevant parties.			
<b>Shadow Local Healthwatch arrangements</b>			
Establish political buy-in from local politicians.			
Establish clear senior leadership in the local authority commissioning team.			
Establish clear leadership in the current LINK Board.			
Establish a positive and productive working relationship between the local authority commissioning team and the LINK.			
Establish a shadow Local Healthwatch Board that includes representatives from different stakeholder groups.			
Determine the responsibilities of the shadow Board and its members. Consider whether these differ for different members. Communicate these expectations to the relevant parties.			

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Appoint a member of the shadow Board to the local Health & Wellbeing Board.			
<b>Vision for Local Healthwatch</b>			
Develop and agree a vision statement for Local Healthwatch that is in line with the Health and Social Care Act, but reflects local needs and circumstances. Consider whether Local Healthwatch will speak to public health and wellbeing agendas as well as health and social care agendas.			
<p>Develop and agree a set of core outcomes and measures for Local Healthwatch (based on the JSNA and Health &amp; Wellbeing Board priorities). Consider:</p> <ul style="list-style-type: none"> <li>• whether measures are sufficiently flexible to allow for creativity in delivery</li> <li>• whether outcomes should be based on the Department of Health outcomes framework</li> <li>• whether outcomes need to be similar to those of neighbouring counties.</li> </ul>			
<b>Model and governance</b>			
Review the secondary legislation and any national guidance on Local Healthwatch models and governance.			
Examine the pros & cons of different options for the organisational model of Local Healthwatch. Make a decision on the most appropriate model for the local area.			
Examine the pros & cons of different options for the governance arrangements of Local Healthwatch. Make a decision on the most appropriate arrangements for the local area.			
<b>Commissioning process</b>			
Identify any internal experts within the council who may be able to provide support in the commissioning process.			
Discuss the vision and commissioning of Local Healthwatch with the Cabinet lead.			
Determine the funds available for Local Healthwatch.			

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Review the requirements of the Health and Social Care Act 2012 and secondary legislation (particularly those relating to the contractual arrangements between the local authority and Local Healthwatch).			
Review any national guidance on the functions of Local Healthwatch.			
Identify any points of clarification needed on the functions of Local Healthwatch. Seek clarification from the relevant agency (i.e. Healthwatch England, Department of Health, local authority, etc.)			
Determine to what extent the functions and outcomes of Local Healthwatch can reasonably be delivered within the agreed budget. Consider how the functions or remit of Local Healthwatch may need to be streamlined to fit the funds available.			
Decide whether Local Healthwatch will be responsible for independent complaints advocacy.			
Consider a 360° appraisal system to evaluate the efficiency and effectiveness of Local Healthwatch.			
Decide whether any or all of the operations or functions of Local Healthwatch will be joint-commissioned with another area(s).			
Decide whether all the functions of Local Healthwatch will be commissioned together, or whether some will be commissioned separately.			
Decide whether the Local Healthwatch contract will include a start-up / development phase.			
Determine whether EU procurement rules apply.			
Decide the procurement option for Local Healthwatch (i.e. single tender, grant-in-aid or competitive tender).			
Consult the local authority's legal team on all commissioning plans.			
Establish roles for patient and public representatives in the commissioning process.			

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Establish roles for interested local councillors in the commissioning process.			
Develop an engagement strategy to ensure effective consultation and equality and diversity assessment.			
Write service specification.			
Seek all necessary approvals of the service specification.			
<b>Stakeholder engagement</b>			
Identify the information needs that Local Healthwatch will be responsible for meeting (take into account those of patients and the public, health and social care providers, local strategic level stakeholders, and Healthwatch England). Consider how Local Healthwatch will gather, analyse and disseminate good quality patient and service information and experience to these groups.			
Identify the key stakeholders who need to be informed of Local Healthwatch's existence (consider relationships with different parts of the local authority [including frontline teams], local councillors Health & Wellbeing Boards, local CCGs, local NHS service providers, local VCS organisations [both service providers and those representing different sections of the local population, particularly seldom heard groups], other LINKs, CQC, Healthwatch England, etc.).			
<p>Conduct a stakeholder relationship audit:</p> <ul style="list-style-type: none"> <li>• What stakeholder relationships already exist?</li> <li>• Are these relationships primarily with the LINK, local authority commissioner or host?</li> <li>• What is the strength of each relationship?</li> </ul>			
Identify the key messages and information that each stakeholder group needs about Healthwatch. Consider how this may differ for different stakeholder groups (for example, Local Healthwatch's relationship to different stakeholders, how its responsibilities fit with the responsibilities of different organisations, and how other organisations and agencies might support the development of a thriving Local Healthwatch).			

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Identify key contacts within different stakeholder organisations and agencies.			
Identify a key contact on the shadow Local Healthwatch Board for each stakeholder group.			
Tailor the Healthwatch England national communication toolkit to the needs of the local area. Consider whether additional materials need to be produced.			
Make contact with individual stakeholders to introduce Local Healthwatch and begin building or renewing relationships.			
Decide if and when formal working protocols with stakeholders need to be written into the Local Healthwatch service specification, and where more informal working protocols will be sufficient.			
Identify stakeholders that may need training on working with volunteers.			
<b>Preparing the LINK membership for the transition to Local Healthwatch</b>			
Identify the competencies, roles, skills and knowledge needed by Local Healthwatch staff and volunteers. Agree what roles should be paid and what roles should be unpaid.			
Evaluate the representativeness of the existing LINK membership to determine whether this is sufficient to achieve the vision of Local Healthwatch and meet equality and diversity expectations.			
Conduct a skills audit of the existing LINK membership. Identify training needs where there are skill gaps.			
Determine whether there is a will among members to continue volunteering with Local Healthwatch.			
Write job descriptions and person specifications for different roles where appropriate (consider whether job descriptions for volunteers could make posts subject to employment rights).			
Develop an induction programme for Local Healthwatch volunteers. Consider how this will differ for different volunteer roles. Involve all health and social care stakeholders.			

Task	Person/org responsible:	Consultation required with:	Deadline:
Hold Local Healthwatch awareness events for existing and potential members.			
Send out regular communications to members updating them on the transition process.			
<b>Capturing learning relevant to Local Healthwatch</b>			
Capture any good practice or learning from LINKs (or earlier patient involvement mechanisms like Community Health Councils) that applies to the functions of Local Healthwatch (this may involve meetings and/or desk research). Determine how that learning can be embedded in Local Healthwatch.			
Map existing service providers (including health and social care, signposting, advocacy, etc.)			
Capture any good practice or learning from other organisations that currently fulfil functions similar to those of Local Healthwatch (this may involve meetings and/or desk research). Determine how that learning can be embedded in Local Healthwatch.			
Capture any good practice or learning from health and social care agencies that are closing, but whose responsibilities may in whole or in part transfer to Local Healthwatch (such as PALS). Determine how that learning can be embedded in Local Healthwatch.			
Review the learning from the Local Healthwatch pathfinders. Determine if and how that learning should be embedded in Local Healthwatch.			