

Consultation on the allocation options for distribution of additional funding to local authorities for local HealthWatch, NHS complaints advocacy, PCT deprivation of liberty safeguards

Response from Coventry LINK

Coventry LINK supplies the following comments on this consultation.

Local HealthWatch Allocation Options

Question LHW1

Do you prefer: Option LHW1: population based or Option LHW2: Adult Social Care Relative Needs Formulae?

Coventry LINK prefers option LHW2: the adult social care relative needs formulae.

Question LHW2: Do you agree that there should be an allocation of at least £20,000, in respect of the additional functions for local HealthWatch to each local authority in each financial year?

Coventry LINK agrees with the minimum allocation to areas of small population.

Question LHW3: Why do you prefer the option selected above? Do you have any comments about the options or alternative suggestions for allocating the funding, or alternative costings for the minimum allocation amount?

Coventry LINK believes that the adult social care relative needs formulae is the fairest formulae to use for calculating the allocation. This is because this formulae uses information on the size of the local population, population characteristics and area costs to predict the relative need for a local authority to provide social care. The formulae takes account of indicators of deprivation and for older people's services, information on the proportion of very old people and whether old people live alone. Measures of deprivation are good indicators of need for health and social care - deprivation is clearly linked both to premature mortality and greater experience of ill health (see Coventry JSNA). Additionally, the formulae take account of and weight for demand from older people who make greater use of health services. Similarly, the formulae takes account of numbers of people in receipt of disability living allowance – a proxy for the number of disable people in the locality who are likely to make use of - and require support in respect of using – health and social care services

Coventry LINK believes that these factors are key indicators of the amount of information /signposting workload HealthWatch will need to provide within an area. Higher levels of deprivation and number of older service users are indicators of the number of health and social care service users and are also indicators of a need to provide more face to face routes for providing and accessing information, which is more resource intensive.

NHS Complaints Advocacy Allocation Options

Question NHSCA1: Do you prefer: Option NHSCA1: population based or Option NHSCA2: Adult Social Care Relative Needs Formulae?

Coventry LINK prefers option NHSCA2: the adult social care relative needs formulae

Question NHSCA2: Why do you prefer the option selected above? Do you have any comments about the options or alternative suggestions for allocating the funding?

The adult social care relative needs formulae (ASCRNF) use information on the size of the local population, population characteristics and area costs to predict the relative need for a local authority to provide social care. The formulae take account of indicators of deprivation and for older people's services, information on the proportion of very old people and whether old people live alone. Measures of deprivation are good indicators of need for health and social care - deprivation is clearly linked both to premature mortality and greater experience of ill health (see Coventry JSNA). Additionally, the formulae take account of and weight for demand from older people who make greater use of health services. Similarly, the formulae takes account of numbers of people in receipt of disability living allowance – a proxy for the number of disable people in the locality who are likely to make use of - and require support in respect of using – health and social care services.

Coventry LINK believes that these indicators are the best measures of the likely level of complaints advocacy support that a population will require because it evidences the number of potential users of complaints advocacy.

Other comments on this consultation

Coventry LINK notes the intention to transfer funding from PCT PALs to HealthWatch. This transition is due to take place before the responsibility on PCTs to provide a PALs service comes to an end. This will pose potential difficulties for the provision of and smooth handover of services. We believe that the Government needs to be clearer in its intentions for the future of PCT PALs work and provide information to inform current PALs staff about what will happen to them in the future.

This consultation says that the signposting responsibilities currently provided by PCT PALs are in effect being transferred to HealthWatch. Coventry LINK feels that there has been a lack of policy clarity on this point and that guidance around the potential TUPE implications for current PCT Pals staff should be developed very soon.

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