

# REPORT FOR: **CABINET**

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<b>Date of Meeting:</b>	13 September 2012
<b>Subject:</b>	Local Healthwatch
<b>Key Decision:</b>	Yes [Affects all Wards]
<b>Responsible Officer:</b>	Tom Whiting - Assistant Chief Executive Paul Najsarek - Corporate Director : Community, Health and Wellbeing
<b>Portfolio Holder:</b>	Councillor Graham Henson : Portfolio Holder - Performance, Customer Services and Corporate Services Councillor Margaret Davine : Portfolio Holder – Adult Social Care, Health and Wellbeing
<b>Exempt:</b>	No
<b>Decision subject to Call-in:</b>	Yes
<b>Enclosures:</b>	Appendix A: Draft Healthwatch Harrow Specification Appendix B: Consultation report

## **Section 1 – Summary and Recommendations**

Local Healthwatch will be the new local health and social care watchdog and will represent the views of local residents of all ages, advocating and influencing the delivery and commissioning of health and social care services on their behalf.

Under the Health and Social Care Act 2012, the Council has a duty to commission a fully operational Local Healthwatch by April 2013. National guidance specifies the key functions that Local Healthwatch must deliver, but leaves the local specification up to local authorities to determine the best model to meet the needs of their local residents.

**Recommendations:**

Cabinet is requested to:

1. Note the proposals for Healthwatch nationally
2. Note the local progress made to set up Local Healthwatch in Harrow
3. Agree that a contract be awarded for a 2 year period to commence on 1 April 2013 at a cost within the funding for Local Healthwatch provided by the Department of Health.
4. Agree to delegate authority to the Assistant Chief Executive to determine the procurement process for advocacy services in consultation with the Portfolio Holders.
5. Agree to delegate authority to the Assistant Chief Executive to award the contract in consultation with the Portfolio Holders.
6. Agree to retain 10% of the Department Of Health Grant to fund the additional Council responsibilities associated with Local Healthwatch.

**Reason: (For recommendation)**

The proposal to tender for local Healthwatch is a legal requirement.

## Section 2 – Report

### 1. Introduction and Background

1.1 The Government's Health and Social Care Act introduces significant changes to patient and service user advice, signposting and advocacy. Healthwatch England (HWE) will be created from October 2012 as a new independent consumer champion and a statutory part of the Care Quality Commission (CQC), to champion service users and carers across health and social care.

1.2 HWE will be complemented by Local Healthwatch (LHW) organisations, established by local authorities. Each Local Healthwatch will be a 'Corporate Body' with statutory functions.

1.3 LHW will take on the function of the PCT Patient and Liaison Services (PALS). LHW will ensure views and feedback from patients and carers are an integral part of local commissioning across health and social care. LHW organisations will replace Local Involvement Networks (LINKs), which were also commissioned by local authorities, from April 2013.

1.4 Like LINKs, Local Healthwatch will have the statutory role of:

- Promoting involvement of local people in the commissioning, development and assessment of local health and social care services;
- Monitoring health and care services through; 'Enter and View' visits, listening to users and carers and surveys to assess the effectiveness of services;
- Obtaining the views of users of health and social care services on the effectiveness of these services;
- Issuing reports and recommendations on local services to commissioners and providers of services in order to create better services; and
- Influencing commissioners of health and social care so that their plans meet our needs.

They will also gain additional functions:

- Supporting individuals to exercise choice by signposting them to services. In particular, they will support people who lack the means or capacity to make choices; and
- Reporting concerns about the quality of local health and social care services to Healthwatch England, independently of their local authority. Healthwatch England will be able recommend that the Care Quality Commission takes action.

1.5 LHW will represent the views of both adults and children and it will benefit from a guaranteed seat on the Health and Wellbeing Board.

## 2. Options considered

2.1 The options for how a Local Healthwatch could be commissioned have been explored through discussions within the Shadow Health and Wellbeing Board informed by consultation and stakeholder events. These discussions and events have led to the conclusions set out in the remainder of this report.

## 3. Commissioning Local Healthwatch

3.1 In formulating a strategy to commission a local Healthwatch, significant consultation has been undertaken about the form of the organisation to be established, the principles under which it should operate and the outcomes that should be achieved. This has included discussions with the members of the Shadow Health and Wellbeing Board, Scrutiny lead members for health and social care and stakeholder events.

3.2 The following guiding principles have been formulated:

- The health complaints advocacy service will be commissioned and be independent of the Local Authority;
- The Healthwatch organisation itself will be independent and commissioned to co ordinate and performance manage all relevant local advocacy and information advice services rather than directly providing them;
- An outcomes based commissioning process will be used to identify the organisation that will deliver health complaints, advocacy and Healthwatch itself. Organisations will be able to bid independently or in consortia to provide these services;

Healthwatch will also be expected to:

- Pay due regard to other regulation, quality assurance and engagement activity in the borough when it plans its own rights of entry and engagement work.
- Develop a clear identity, operating standards and a performance framework;
- Adopt a governance framework that, within the requirement to deliver the outcomes set out above, enables communities in Harrow to shape its policies and activities;
- Conduct its business openly and transparently and report its activities and the impact that they have had to Harrow Council on a regular basis;
- Seek to achieve value for money through delivering its services as efficiently and effectively as possible;
- Promote equality of opportunity and observe the requirements of equalities legislation; and
- Work collaboratively with other agencies.

3.3 More details of the functions that Healthwatch will be expected to undertake and the outcomes that it needs to achieve are set out in the specification which is attached as Appendix A.

3.4 In relation to the sustainable procurement rules, the stakeholder events and especially sessions for voluntary and community organisations have been designed to stimulate interest in and develop the capacity of organisations to consider bidding to undertake the Local Healthwatch role.

## **4. Current Situation**

4.1 The specification has been prepared in advance of the regulations which the Secretary of State will make under the Health and Social Care Act 2012 in relation to various matters and, therefore, the specification may need to be updated to take account of decisions of the Secretary of State.

4.2 In relation to complaints advocacy, the specification requires the provider to collate information about the pattern of complaints made about local services and specialist services in other areas that are accessed by local people. The provision of advocacy services is to be commissioned separately. There are currently discussions underway about the advantages of each of:

- commissioning a single pan-London service;
- a number of multi-borough services; or
- individual borough services.

A decision to opt into a pan-London service would need to be taken by the end of September.

4.3 There are a number of unknown factors relating to the pan-London concept. These include value for money, allocation of costs, location of the service, and the detailed specification. Similarly, it is not yet clear whether there is an appetite amongst neighbouring boroughs to consider a sub-regional solution nor has the capacity of local organisations to deliver a one-borough service been clarified. These issues will become clearer during the next month allowing a procurement decision to be made by the Assistant Chief Executive in consultation with the Portfolio Holders.

## **5. Implications of the Recommendation**

5.1 LHW will make a positive contribution to the Council's corporate priorities - 'United and involved communities' and 'Protecting and support people who are most in need'. Healthwatch will give local people greater influence over the local health and social care services.

### **Staffing**

5.2 There are no staffing issues in respect of the Council's workforce.

## **Legal comments**

5.3 This report sets out recent provisions under the Health and Social Care Act 2012 which require local authorities to commission an effective and efficient local organisation (to be called Healthwatch) to act as local consumer representative for patients, service users and the public.

## **6. Financial Implications**

6.1 The total funding for the contract is estimated to be in the region of: £450,000 over the period of the contract (1st April 2013 – 31st March 2015). This figure is based on the allocation illustration given by Department of Health during 2011 and will be subject to variation. The funding for Healthwatch is an un-ringfenced grant.

6.2 In the course of consultations on setting up Local Healthwatch arrangements, it has been proposed that 10% of the grant should be retained by Harrow Council to ensure that the additional council responsibilities are resourced. This is the same level of retention that has been applied to the LINK contract.

6.3 In addition to the contract management and monitoring responsibilities to be undertaken, it is envisaged that the Council would undertake through our Residents' Panel surveys to assess the effectiveness of the Local Healthwatch in establishing a clear identity, reaching their target audiences and achieving public satisfaction with the services they provide.

## **7. Performance Issues**

7.1 The arrangements for performance managing the contract with the appointed provider is for detailed activity reports to be submitted against targets and contractual obligations and will enable the Council to ensure that the host organisation fulfils the requirements set out in the specification.

7.2 In addition, LHW will contribute to two Local Indicators which are measured by perception surveys. Specifically, LHW will add to the perception that local people can influence decisions in their locality through participation in, and holding to account the providers of, health and social care services. Additionally, the indicator that measures satisfaction with the way the Council runs things will include involvement with the LHW within its scope.

## **8. Environmental Impact**

8.1 There are no direct environmental impacts from these proposals.

## **9. Risk Management Implications**

9.1 A risk register has been completed and includes:

- Risks associated with ensuring that local Healthwatch meets the needs of residents will be minimised by keeping abreast of national guidance, best practice.
- The method by which the new service is procured will ensure that the best organisation(s) is/are identified to deliver the service.
- The tender exercise will assist in assessing the financial stability of any prospective provider and their ability to meet the identified outcomes within the resources available.
- Once financial stability has been established the main risk involved will relate to the quality of the service delivered. The ability of tenderers to provide services of the required quality will be assessed during the tender stages. Providers will be expected to demonstrate ability to:
  - § Promote and support the involvement of people in the monitoring of local care services;
  - § Make reports and recommendations about how those services could or should be improved;
  - § Provide quality service and make continuous improvements; and
  - § Improve outcomes for local people.

## 10. Equalities implications

10.1 A detailed Equalities Impact Assessment has been carried out on the Healthwatch commissioning process.

10.2 In summary, it is well evidenced that some groups of people face health inequalities. These include people with disabilities, some BME communities, people with mental health issues, refugees and asylum seekers and people living in areas of socio-economic deprivation. There has also been a disproportionately high increase in the number of older people and adults living alone. These factors can further magnify isolation and impact on health and well-being.

10.3 Healthwatch organisations will be subject to the public sector equality duty under the Equality Act. Establishing a successful Healthwatch organisation rooted in communities and responsive to their needs will mean working collaboratively so that LHW can operate as part of existing local community networks ensuring they can achieve maximum reach across the diversity of the local community and draw on information, advice and local knowledge that already exists. The performance regime for Healthwatch will enable to Council to monitor that LHW carries out its functions effectively in an inclusive way.

## 11. Corporate Priorities

11.1 Local Healthwatch supports two of the council's corporate priorities, united and involved communities and supporting and protecting people who are most in need.

Local Healthwatch will act to promote the voice of local service users and carers in the commissioning of services and, in doing so, champion equality of health and care access and provision. A representative of Local Healthwatch will have a seat on the local Health and Wellbeing Board, ensuring there is a route to influence decisions about local service provision.

### **Section 3 - Statutory Officer Clearance**

Name: Steve Tingle	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 21 August 2012		
Name: George Curran	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date: 21 August 2012		

### **Section 4 – Performance Officer Clearance**

Name: Alex Dewsnap	<input checked="" type="checkbox"/>	Divisional Director Partnership, Development and Performance
Date: 21 August 2012		

### **Section 5 – Environmental Impact Officer Clearance**

Name: John Edwards	<input checked="" type="checkbox"/>	Divisional Director (Environmental Services)
Date: 22 August 2012		

### **Section 6 - Contact Details and Background Papers**

**Contact:** Desiree Mahoney Policy Officer - Community Engagement  
020 8424 1390 (ext 2390)



## Background Papers:

Equality Impact Assessment

[http://harrowhub/info/200195/consultation/176/closed\\_consultations](http://harrowhub/info/200195/consultation/176/closed_consultations)

Risk Assessment

[http://harrowhub/info/200195/consultation/176/closed\\_consultations](http://harrowhub/info/200195/consultation/176/closed_consultations)

Commissioning timetable

**Call-In Waived by the  
Chairman of Overview  
and Scrutiny Committee**

**NOT APPLICABLE**

*[Call-in applies]*