
Meeting	Health and Well-Being Board
Date	26 July 2012
Subject	Commissioning of Barnet Healthwatch
Report of	Director of Adult Social Care and Health
Summary of item and decision being sought	The Government's health reforms have created a new body, Healthwatch, as the representative voice of patients and users of health and care services. Local Healthwatches will take forward the work of Local Involvement Networks (LINKS) but also have additional functions. Each local authority is responsible for commissioning a local Healthwatch by 1 April 2013, and Healthwatch will have statutory representation on the Health and Well-being Board. A draft specification has been developed and the views of the Board are sought prior to commencing a procurement process.

Officer Contributors	Andrew Nathan - Strategic Policy Adviser
Reason for Report	The effectiveness of the Board's strategies and programmes rests on effective user and patient engagement, and relevant feedback that shapes service delivery that meets the needs of users. It is therefore appropriate for the Board to review a draft specification which will maximise the chances of Healthwatch exercising effective leadership to make this happen.
Partnership flexibility being exercised	None specifically
Wards Affected	All

Contact for further information; Andrew Nathan, Strategic Policy Adviser, 020 8359 7029

1. RECOMMENDATION

- 1.1 That the Health and Well-being Board note progress and agree the next steps for commissioning local Healthwatch.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Cabinet Resources Committee, 22 July 2008 (decision item 14 award of contract for Local Involvement Network host)
- 2.2 Delegated Powers report No 1168, LINK hosting services- acceptance of tender, 1 Oct 2010
- 2.3 Delegated Powers report No 1292- LINK hosting services- extension of contract, 4 April 2011
- 2.4 Cabinet Resources Committee, 4 April 2012- decision item 9- LINK hosting services, extension of contract
- 2.5 Cabinet Resources Committee, 20 June 2012, Contract Procurement Plan 2012/13

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

- 3.1** As the primary vehicle for capturing and promoting the views of local people, an effective HealthWatch is intrinsic the approaches set out in the draft Health and Well-Being Strategy to enable individuals and families to take action through timely information, advice, education and then reference to supportive services and groups; and through developing greater local community capacity to achieve change.

4. NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 The LINK assisted with community consultation and inputting community views to the last JSNA. An effective Healthwatch will build on this process to help identify specific community needs that are not being met.
- 4.2 The specification places an emphasis on the need to effectively engage a variety of users and patients, including those whose concerns may not be effectively being represented at the moment. Those bidding will be assessed against their proposals for redressing these gaps and their track record in this field.
- 4.3 The specification will require tenderers to demonstrate that they have effective equalities policies and can comply with the public sector equality duty in the 2010 Equality Act.

5. RISK MANAGEMENT

- 5.1 There is a risk that Healthwatch, as with previous forms of patient and public engagement, will not deliver its objectives effectively and represent poor value for money. This risk will be mitigated through a tightly written specification which makes clear the outcomes expected of a successful Healthwatch, together with regular contract monitoring and open and transparent governance arrangements.

5.2 There is a risk that the market for provision of Healthwatch services is insufficiently developed for a procurement exercise to encourage proper competition and drive added value. This has been mitigated through inviting a wide variety of organisations, both local and operating elsewhere, to a market day to informally discuss the specification and the opportunities for innovative service delivery.

6. LEGAL POWERS AND IMPLICATIONS

6.1 Section 182 to 184 of the Health and Social Care Act 2012 governs the establishment of Healthwatch, its functions and the commissioning responsibility of local authorities to commission. Regulations will be issued and are currently the subject of consultation

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 Healthwatch will be funded through the following methods:

- Existing funding for LINKS is now wrapped up within the non-ring fenced formula grant from the Department for Health. In Barnet's case, budgetary provision has been made for £100,000- representing the cost of the current Link host contract
- Transfer of the funding for the element of services previously provided through Primary Care Trust Patient Advice and Liaison Services. The DH have given Barnet an indicative allocation of £68,571 but the final allocation will not be known until the autumn after the procurement process will have commenced.
- £18,742 will be available to Barnet from a national pot of £3.2 million for Healthwatch start up costs, which can be used to offset the cost of the market day, staff time in the procurement process and other costs.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 The Government has emphasised that while the final decision on the form of local Healthwatch is for local authorities, the decision should be made in consultation with local community stakeholders and the existing LINK, underlining the principles of good commissioning based on active engagement to understand local need.

8.2 The Barnet LINK host and Chair have therefore been kept apprised of thinking and their Steering Group has had the opportunity to comment on the attached draft specification. It is hoped that the LINK, with the support of the Council, will hold engagement events over the next few months to raise awareness of healthwatch and encourage the community (including current LINK members) to become involved.

8.3 A 'market day' is planned to give potential providers information and seek innovative ideas on how the specification might be delivered. Key local agencies are being invited.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 None at this stage.

10. DETAILS

10.1 The Government, in its Health White Paper, announced proposals for a new statutory body, Healthwatch, to act as the new consumer champion for both health and social care. There would be a national body, Healthwatch England which would be part of the Care Quality Commission, while local authorities would be responsible for commissioning a Healthwatch in their area, intended to give citizens and communities a stronger voice to

influence and challenge how health and social care services are provided within their locality. Following the passage of the Health and Social Care Act 2012, a local Healthwatch must be procured by 1 April 2013.

- 10.2 The key role of a local Healthwatch is to:
- ensure that the views and feedback from people who use services, carers and members of the public are integral to local commissioning (as LINK currently, but embedded further into the system e.g. through having a seat on the Health and Well-Being Board);
 - provide advocacy and support to people and help them to make choices about services In particular, those who lack the means or capacity to make choices; for example, helping them choose which GP to register with;
 - help people to make complaints;
 - provide intelligence for Healthwatch England about the quality of providers
- 10.3 Healthwatches would succeed Local Involvement networks (LINKS) and would continue their functions of allowing people to have their say on health and care services including powers for Enter and View visits. However, they would also take on a wider role in information signposting and helping people to be aware of their choices over health and care services- in doing so they would take on functions from the Patient Advice and Liaison Service (PALS) previously provided by Primary Care Trusts. Originally they were to also take on NHS Complaints Advocacy: however this will now be commissioned as a separate contract, albeit that HealthWatch will play a key role as a gateway through which people use this service.
- 10.4 They will be a corporate body, who will be able to employ their own staff, and be subject to public sector duties such as the Equality Act 2010. While they are supposed to continue the LINK legacy of recruiting volunteers, their structure will be more formal than merely a network of people. Councils must publish an Annual Report as to the value for money of the local health watch (in addition to any annual reports that Healthwatches themselves must publish).
- 10.5 The importance the Government attaches to Healthwatch is demonstrated by the fact that they will be statutory members of the Health and Well-Being Board, as one of the three key partners with the Council and the NHS. The LINK has been represented on Barnet's Board as a precursor to this and from 1 April 2013 Healthwatch will be represented.
- 10.6 The Government has deliberately avoided the previous approach of issuing very prescriptive guidance. Although some work has been done by pathfinders, and by the NHS London/Local Government Association Joint Improvement Partnership, there has been a paucity of guidance. The attached specification has therefore been drawn up to be a very Barnet specific statement of the local context, the outcomes we wish to see Healthwatch achieve, and the groups it should work with to minimise duplication and ensure best collective use of resources.
- 10.7 This approach has also been extended to the contracting process with Government advising that it is up to local authorities to commission and fund local healthwatch, that there is no automatic requirement to use the EU tender process, that each case should be considered on its merits, and that this may include grant in aid to an identified organisation. Officer advice is that a full market exercise is appropriate in Barnet, given the need to secure best value for money; that the LINK host contract has already been extended twice without further market testing; and that the new service is more than just

a continuation of the LINK, but takes on additional functions. The Health and Well Being Board are requested to confirm this is the appropriate approach.

- 10.8 Formal authority to procure this contract has been provided by Cabinet Resources Committee on 20 June 2012. However it has been brought to this meeting to give the Health and Well Being Board the opportunity to review and sign off the principles of a service specification that is consistent with the Health and Well Being Strategy and the Board's approach to patient and public engagement.
- 10.9 A draft specification has been circulated to interested parties in the LINK, NHS and Council and is being further refined. The summary of the approach is attached at Appendix 'A'. The views of the Board are requested on any additional areas that need to be covered.

11 BACKGROUND PAPERS

- 11.1 Allocation Options for distribution of additional funding to local authorities for: Local Healthwatch, NHS Complaints Advocacy- Department of Health August 2011
- 11.2 Healthwatch transition Plan – DH March 2011
- 11.3 Local Healthwatch- a strong voice for people- March 2012, DH
- 11.4 Letter from David Behan, Director General for Social Care Health and Partnerships, DH, to local authorities- 2 March 2012

Legal – MB

CFO – JH

APPENDIX A

SUMMARY OF SERVICE SPECIFICATION- OUTCOMES SOUGHT

Aims of contract

- Healthwatch is the eyes and ears in the community and provide constructive feedback and criticism to help provide better services
- Healthwatch acts on complaints and concerns over quality and unsatisfactory patient/ user experience
- Healthwatch works with all the groups and networks representing and supporting users of services to champion user voice and coordinate co-production

Service delivery

- User engagement and delivery of products
 - Gathering feedback, views, research, information and experiences
 - Supplementing with evidence from Enter and View visits
 - Delivering outputs and products that improve services against an annual plan for engagement- developed with input from residents, communities, Health Overview and Scrutiny, Health and Wellbeing board and commissioners.
- Information, advice and signposting
 - Quality information, advice and signposting provision on a range of health and social care subjects
 - Accessible services
 - Requires significant infrastructure and best value is likely to be found from partnering with an established provider
- User controlled service delivery
 - Credible provision that users/ customers trust
 - Demonstrable user control of service

Service delivery requires a diverse range of inputs, and consortia or lead provider bids would be welcomed.

Key principles

- Use of web based communication and engagement platforms to free up resources for face to face interactions for those who need them most
- There are a number of existing channels for user and carer involvement, which Healthwatch should use where possible and avoid duplication of activities or structures. New structures should only be created following identification of gaps in existing structures. Reducing bureaucratic structures to a minimum will free up resources for engagement activities with a broader range of people- many of whom do not wish to attend meetings on an ongoing basis.
- Some people find formal structures of engagement off putting and it is necessary to find a range of forms of engagement
- Healthwatch should be representative of Barnet's diverse communities
- Use of volunteers will supplement paid staff inputs and bring in the expertise and experience of Barnet residents

Healthwatch models

- A number of models could exist for Healthwatch including;
 - membership- sign up required
 - User Led Organisation principles- with a board made up on users of services
 - limited membership below board roles with engagement predominantly through existing channels and structures maintained only where gaps are identified

Difference between Healthwatch and LINKs

- The key differences between LINKS and Healthwatch are;
 - Healthwatch can employ staff
 - Healthwatch must be legal entity
 - Healthwatch must provide either directly or through a sub-contract information, advice and signposting provision