
Meeting	Health and Well-Being Board
Date	23 rd January 2014
Subject	Contract management of Healthwatch Barnet
Report of	Adults and Communities Director
Summary of item and decision being sought	To provide an update on the performance of Healthwatch Barnet since its establishment in April 2013. The Health and Well-Being Board are asked to give their views on whether any improvements can be made to the arrangements set out in this report.

Officer Contributors	Sarah Perrin, Interim Customer Care Service Manager, Adults and Communities Mathew Kendall, Assistant Director, Community and Wellbeing, Adults and Communities
Reason for Report	To discuss how the performance of Healthwatch Barnet has been monitored since its establishment in April 2013 and how it will be monitored in 2014/15.
Partnership flexibility being exercised	N/A
Wards Affected	All
Status (public or exempt)	Public
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1. RECOMMENDATIONS

- 1.1 That the Health and Well-Being Board notes the progress of Healthwatch Barnet in relation to its statutory functions.**
- 1.2 That the Health and Well-Being Board reviews the progress being made by Barnet Council to manage the contract with CommUNITY Barnet for the delivery of Healthwatch Barnet and comments as appropriate.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Health and Well-Being Board- Healthwatch Update- 25th April 2013.
- 2.2 Health and Well-Being Board- Healthwatch Barnet Update- 27th June 2013.
- 2.3 Health and Well-Being Board- Healthwatch procurement- 26th July 2012.
- 2.4 Cabinet Resources Committee, Monday 25 February 2013 - *to deliver Barnet Healthwatch in the sum of £592,083 (£197,361 per annum) be awarded to Community Barnet with an expiry date of 31 March 2016, with the option for a further extension of up to two years in accordance with the contract (total contract value £986,805).*

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

- 3.1 Healthwatch Barnet is the primary vehicle through which users of health and care in the Borough have their say and engage with statutory services. Healthwatch Barnet is the consumer champion voice for health and social care users in Barnet and ensured that their voices and concerns are heard.
- 3.2 Healthwatch Barnet are statutory members of the Barnet Health and Well-Being Board and have a responsibility to ensure that user views are represented in and considered by the Health and Well-Being Board work programme, and the Health and Well-Being Strategy.

4. NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 CommUNITY Barnet's Equalities Policy provides satisfactory evidence that they comply with the public sector equality duty as set out in the 2010 Equality Act.
- 4.2 One of the specific objectives in the tender specification, endorsed by the Health and Well-Being Board, was to engage all parts of the community including those traditionally underrepresented communities – specifically young people and disabled people - and harder to reach communities and support their participation. This is an area which is monitored as part of the contract.

5. RISK MANAGEMENT

- 5.1 There is a risk that Healthwatch will not be delivered effectively and will not represent good value for money. This risk has been mitigated by making it clear in tender documents what the Council and its health partners are looking for in a successful Healthwatch. It continues to be mitigated through rigorous contract monitoring and regular meetings with the provider.
- 5.2 The contract monitoring meetings were on a monthly basis following Healthwatch Barnet's official launch in May 2013. This frequency helped clarify aspects of the contract monitoring framework, and assist, where necessary, in the development of Healthwatch Barnet's work plan. From November 2013 contract monitoring meetings are being convened on a quarterly basis.
- 5.3 The contract monitoring meetings between council Officers and the Head of Healthwatch Barnet and Chief Executive of CommUNITY Barnet use the performance framework to review the progress that Healthwatch Barnet is making on delivering the targets that have been set. The meetings also ensure that action plans are in place to meet any indicators that might need to be addressed further. The meetings offer the opportunity to discuss any issues and emerging risks.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 Part 14 of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) together with regulations govern the establishment of Healthwatch, its functions and the responsibility of local authorities to commission Local Healthwatch.

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

- 7.1 The contract sum received is £592,083, representing £197,361 per annum. The contract commenced on 1 April 2013 and expires on 31 March 2016. The contract provides for a further extension of up to two years which, if implemented, would give a total contract value of £986,805.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 The Healthwatch contract includes targets for engagement and representation. Healthwatch Barnet uses a range of methods and forums to engage with residents, which includes networks, partnership boards, patient and public meetings, the Signposting service and online and social media. Healthwatch staff and volunteers are currently liaising with organisations and individuals in all these areas. An engagement plan has been developed in consultation with Healthwatch members and residents.
- 8.2 The Healthwatch Barnet Engagement Strategy sets out that Healthwatch Barnet will:-

- Work with residents and health and social care service users to listen to their views and experiences.
 - Liaise with health and social care providers to ensure that the views of people are heard.
- 8.3 The Healthwatch Barnet's Engagement Activity Plan outlines that a Healthwatch Engagement Group would be set up and this has been completed. This group comprises of 10 volunteers and reports to and is supported by Healthwatch Barnet staff.
- 8.4 The Engagement Activity Plan also proposed that through their Communication Strategy Healthwatch Barnet would be promoted as the consumer voice for health and social care users and that this would be achieved through a number of methods such as:
- Establishing a dedicated website with Healthwatch specific branding where information, advice and signposting is provided.
 - Cascading information through the Healthwatch Barnet Twitter and Facebook accounts.
 - Publishing a monthly newsletter.
 - Delivering the Information, Advice and Signposting service.
- 8.5 One of the key challenges for Healthwatch Barnet since its official launch has been establishing itself as a new organisation that is separate from CommUNITY Barnet and that it is resident led. Whilst Healthwatch Barnet is reaching many of the targets in its Engagement strategy (as detailed above), this area will continue to be regularly reviewed in contract monitoring meetings.
- 8.6 Healthwatch Barnet held a public meeting on 26th November 2013 to update residents about their progress, and outline some of their key priorities over the next six months.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 Healthwatch Barnet is represented on the Health and Well-Being Board, the Clinical Commissioning Group (CCG) and Central London Community Health. Healthwatch Barnet is building on the positive relationship developed by the LINK with the CCG and is developing a similarly strong relationship with Central London Community Health and Public Health. It is envisaged that Healthwatch Barnet will work closely with the providers, to support health campaigns and initiatives, and also interact on strategic developments for health and social care in the Borough.

10. DETAILS

- 10.1 Background

The key roles of a local Healthwatch are to:

- Ensure that the views and feedback from people who use services, carers and members of the public are integral to local commissioning.
- Provide 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.

10.2 The duties of Healthwatch, set out in the Local Government and Public Involvement in Health Act 2007 s221 as amended and in the Health and Social Care Act (2012), have been summarised by the Department of Health as follows:

- Local Healthwatch will have a seat on the new statutory health and wellbeing boards, ensuring that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment (JSNA) and the authorisation of Clinical Commissioning Groups. This will ensure that local Healthwatch has a role in promoting public health, health improvements and in tackling health inequalities.
- Local Healthwatch will enable people to share their views and concerns about their local health and social care services and understand that their contribution will help build a picture of where services are doing well and where they can be improved.
- Local Healthwatch will be able to alert Healthwatch England to concerns about specific care providers.
- Local Healthwatch will provide people with information about their choices and what to do when things go wrong; this includes either signposting people to the relevant provider, or itself providing (if commissioned by the local authority), support to individuals who want to complain about NHS services.
- Local Healthwatch will provide, or signpost people to, information about local health and care services and how to access them.
- Local Healthwatch will provide authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care services.
- Local Healthwatch can help and support Clinical Commissioning Groups to make sure that services really are designed to meet citizens' needs.
- Local Healthwatch will have to be inclusive and reflect the diversity of the community it serves. There is an explicit requirement in the Health & Social Care Act that the way in which a local Healthwatch exercises its functions must be representative of local people and different users of services, including carers.

[\(http://healthandcare.dh.gov.uk/what-is-healthwatch/\)](http://healthandcare.dh.gov.uk/what-is-healthwatch/)

10.3 Healthwatch Barnet is assessed against these duties through the contract management arrangements put in place by Barnet Council, as the service commissioner.

10.4 Aims of contract between Barnet Council and Healthwatch Barnet

The aims for Healthwatch Barnet set out in its contract with Barnet Council state the following:

- 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.

10.5 Service delivery

Healthwatch Barnet is assessed against the following areas (as set out in the contract):

- 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.

10.6 Key principles

The contract between Barnet Council and Healthwatch Barnet is underpinned by the following key principles that are set out in the contract document:

- Healthwatch Barnet should use web-based communication and engagement platforms where possible to free up resources for face to face interactions for those who need them most.

- Healthwatch Barnet should make use of existing channels for user and carer involvement 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 on-going basis.
- Healthwatch Barnet should make sure it uses a range of forms of engagement to ensure its approach is inclusive of the needs of all residents.
- Healthwatch Barnet should be representative of Barnet's diverse communities.
- Healthwatch Barnet should make use of volunteers to supplement paid staff input and bring in the expertise and experience of Barnet residents.

10.7 The contract

The Healthwatch Contract was awarded by Cabinet Resources Committee on 25 February 2013 to CommUNITY Barnet. The Healthwatch contract value is £197,361 per annum. The contract commenced on 1 April 2013 and expires on 31 March 2016; the contract sum received is £592,083. The contract provides for a further extension of up to two years which, if implemented, would give a total contract value of £986,805.

10.8 The Adults and Communities Delivery Unit hold responsibility for the Healthwatch Contract:

- Contract sponsor – Mathew Kendall, Assistant Director (Community and Wellbeing).
- Contract Manager – Sarah Perrin, Interim Customer Care Service Manager, with support from Andrea Breen, Head of Prevention and Wellbeing.

10.9 To ensure successful implementation of the Healthwatch Contract, the Council has provided dedicated resource and support. The Contract Management meetings were held monthly following the launch of Healthwatch Barnet, and from November 2013 these meetings are held quarterly. Regular email and telephone contact between meetings with the Contract Manager and Head of Healthwatch Barnet ensures on-going support.

10.10 Key activities, achievements and outputs:-

- Contract monitoring meetings have taken place as per the agreed scheduling with all performance reports being received by Council Officer's from Healthwatch Barnet.
- Year One work plan was specified and agreed and Healthwatch Barnet have been working to this.

- Some of the recommendations arising from Enter and View visits have been implemented, such as more staff wearing name badges within residential care homes, improving activities for residents in care homes, raising concerns where menus may need improvement.
- Healthwatch Barnet volunteers carrying out Enter and Views undertook training specific to this task and received half a day's training on safeguarding procedures.
- Over the next 6 months Healthwatch Barnet will be developing its work plan for year two and submitting its annual report. The annual report will allow Healthwatch Barnet to showcase its achievements, identify any areas for improvement, and share their vision for the year ahead.
- Healthwatch Barnet has been involved in a number of consultations. This included a survey asking people with Learning Disabilities about their experiences of using health services. They are working with Barnet CCG and the council to carry out a consultation with older people as part of the Integrated Health and Social Care project.
- Healthwatch Barnet have so far engaged with 661 contacts (this was by the end of Quarter 2) and has a target of engaging with 1000 people by the end of year one.
- Healthwatch Barnet have engaged with small and/or marginalised communities with poor health outcomes, such as the Gypsy, Roma, Traveller community and people with learning disabilities through the Barnet Mencap project. They plan to consult with children and young people and older adults during Quarter 3.
- The information advice and signposting service is operational and is receiving positive feedback. This service is currently provided by Barnet Citizens Advice Bureau and the current rate of usage of this service is in line with other providers nationally. The key themes that have emerged through this service include enquiries about NHS charges, prescription charges and low income subsidies. From April 2013 to mid-November 2013 the Information advice and signposting service has received 200 calls.
- A key priority moving forward is for Healthwatch Barnet to enhance their information, advice and signposting service. Contract monitoring meetings will explore this priority further over the next six months.

11 BACKGROUND PAPERS

11.1 None.

Legal – LC
CFO – JH