

Meeting	Health and Well-Being Board
Date	27 June 2013
Subject	Contract management of Healthwatch Barnet
Report of	Assistant Director, Community and Wellbeing, Adults and Communities
Summary of item and decision being sought	To explain how the performance of Healthwatch Barnet will be monitored in 2013/14. 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.
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Officer Contributors	Emily Bowler, 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 will be monitored in 2013/14.
Partnership flexibility being exercised	N/A
Wards Affected	All
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1. RECOMMENDATION

- 1.1 That the Health and Well-Being Board review the statutory functions of Healthwatch Barnet (that officially launched on the 21st May 2013), and assess the progress made locally to date, in light of these statutory duties.
- 1.2 That the Health and Well-Being Board discuss the progress being made by Barnet Council to manage the contract with CommUNITY Barnet for the delivery of Healthwatch Barnet and identify areas where improvements can be made.

1. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Health and Well-Being Board- Healthwatch Update- 25 April 2013
- 2.2 Health and Well-Being Board- Healthwatch procurement- 26 July 2012
- 2.3 Cabinet Resources Committee, Monday 25 February - *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)*

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

- 3.1 Healthwatch Barnet will be the primary vehicle through which users of health and care in the Borough will have their say and engage with statutory services. These should ensure that there are clearly person-focused approaches to meeting the objectives in the Health and Well-Being Strategy 2012-15.
- 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.

3. NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 CommUNITY Barnet's Equalities Policy provides satisfactory evidence that they can 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. A method statement was supplied and evaluated, and this will be monitored as part of the contract.

4. 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 initially been mitigated by making it clear in tender documents what the Council and its health partners are looking for in a successful Healthwatch, and will continue to be mitigated through rigorous contract monitoring and regular meetings with the providers.

5. 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.

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

- 7.1 The contract sum received is £592,083, representing £197,361 per annum. The contract will commence on 1 April 2013 and expire 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.

7. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 The Healthwatch contract includes targets for engagement and representation. Healthwatch Barnet will use a range of methods and forums to engage with residents, which will include 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 will be developed in consultation with Healthwatch Members and residents, and will be presented for consultation and feedback at the Healthwatch Launch.

8. 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 will build on the positive relationship developed by the LINK with the CCG and will develop 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 but to also interact on strategic developments for health and social care in the Borough.

9. DETAILS

- 10.1 Background

10.2 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 (as LINK currently, but embedded further into the system e.g. through being a statutory member of the Health and Well-Being Board);
- 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

10.3 The duties of Healthwatch, set out 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 organization's 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/)

10.4 Healthwatch Barnet will need to be assessed against these duties through the contract management arrangements put in place by Barnet Council, as the service commissioner.

10.5 Aims of contract between Barnet Council and Healthwatch Barnet

10.6 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

10.7 Service delivery

10.8 Healthwatch Barnet will be 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

10.9 Key principles

10.10 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 inputs and bring in the expertise and experience of Barnet residents

10.11 The contract

10.12 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 will commence on 1 April 2013 and expire 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.

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

- Contract sponsor – Mathew Kendall, Assistant Director (Community and Wellbeing)
- Contract Manager – Emily Bowler, Customer Care Service Manager, with support from Marshall Taylor, Head of Prevention and Wellbeing.

10.14 To ensure successful implementation of the Healthwatch Contract, the Council has provided dedicated resource and support. The Contract Management meetings are held monthly with representatives from the Council and Healthwatch Barnet. These meetings will decrease to quarterly as soon Healthwatch Barnet is fully established and all services are running effectively. Regular email and phone contact in between meetings with Contract Manager and Head of Healthwatch Barnet to ensure on-going support.

10.15 Focus on these early contract monitoring meetings has been on:

- Agreeing contract (including Terms of Conditions, schedule)
- Agreement of payment by results schedule with a pro-rata payment per quality Enter and View visit
- Agreeing Performance Monitoring Framework (copies of this will be supplied at the Health and Well-Being Board meeting on the 27th June 2013)

- Creating a clear Year 1 implementation work plan
- Agreeing a detailed work plan for implementation
- Clarity on governance arrangements – with specific focus on Healthwatch developing a new steering group separate to CommUNITY Barnet or any other organisations. The tender specifies that the group should be made up from a consortium of partners and residents, with the majority of the group being residents and users. The group should be responsible for identifying all key themes and potential projects for Healthwatch and will report and be accountable to the Board of Directors of 'Healthwatch Barnet'.
- Ensuring clear branding has been used to promote Healthwatch Barnet to clearly define separate identify to CommUNITY Barnet
- Data protection and information governance

11 BACKGROUND PAPERS

11.1 None.

Legal – CE
CFO – JH