

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 11th May 2016

CONTACT OFFICER: Alan Sinclair Acting Director Adult Social Care
(For all Enquiries) (01753) 875752

WARD(S): All

PART I **FOR COMMENT & CONSIDERATION**

LOCAL HEALTHWATCH FOR SLOUGH

1. **Purpose of Report**

To update the Wellbeing Board about local Healthwatch and the approach to be used to recommission the service for when the contract ends on 31st March 2017

2. **Recommendation(s)/Proposed Action**

The Board is requested to note the report and to comment on the approach to recommissioning.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

3a. **Slough Joint Wellbeing Strategy Priorities**

Local Healthwatch contributes to the delivery of the Slough Wellbeing Strategy priorities by providing an independent consumer voice it contributes positively to reducing inequalities and improving the health and wellbeing of our residents helping them live more positive, active and resilient lives.

Cross cutting theme - Consumer engagement in health and social care decision making is a key element of people having more control over their own lives and contributing to improving the quality of services received by the whole community locally.

3b. **Five Year Plan Outcomes**

Local Healthwatch contributes to the delivery of the Five Year Plan outcome that more people will take responsibility and manage their own health, care and support needs through addressing cross cutting themes such as prevention, early intervention and facilitating the integration of services.

4. **Other Implications**

(a) **Financial**

The annual funding for the programme is detailed in the table below. For 2016/17 this includes a 17% efficiency saving on the previous year.

2013/14	2015/16	2015/16	2016/17
£113,164	£113,164	£114,679	£95,000

Up until 2016/17 the service was partially funded through the Local Reform and Community Voices Grant from the Department of Health. In 2014/15 this was £32,058 and in 2015/16 £31,200.

The funding is broadly comparable with other Berkshire authorities as detailed in Healthwatch England's "State of Support" - Local Healthwatch Finances report issued in 2015.

(b) Risk Management

Risk	Mitigation(s)	Opportunities
<p>Legal The Health and Social Care Act 2012 requires local authorities to establish a local Healthwatch service.</p> <p>The Council must comply with EU Directives</p> <p>Under Health and Social Care Act 2012 local Healthwatch will have a seat on the Wellbeing Board and will support the development of the JSNA and Wellbeing Strategy</p>	<p>Legal input will be available to the Project Board and will be included as part of project planning.</p> <p>Procurement expertise will be available to the Project Board</p> <p>Ensure relevant Protocol/Memorandum of Understanding is established to reflect the legal requirements</p>	<p>Effective local Healthwatch will give strategic commissioners intelligence on consumer views about health and care services as well as make recommendations to service providers about service improvement.</p> <p>Will promote joint working, integration of provision</p>
<p>Property There are no Property issues</p>	None required	
<p>Health and safety There are no Health and Safety issues</p>	None required	
<p>Employment</p>	Subject to procurement route. Employees protected under Transfer of Undertakings Regulations	
<p>Equalities issues</p>	An impact assessment will be completed as part of the commissioning and procurement process (see Section 5)	New unified independent information and advice and advocacy provision will provide clearer pathway for service users to get the

		information they need to manage their health and social care needs better.
Community Support	To be included within the commissioning and procurement process (see Section 5)	Revised Slough Prevention Alliance will facilitate improved voluntary and community networks
Communications	To be included within the commissioning and procurement process (see Section 5)	
Community safety	None required	
Financial	Will be addresses within existing funding envelope	
Timetable for delivery	Project plan 2016/17 to commence by 1 st April 2017.	
Project capacity	Within existing resources	

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications that will arise

(d) Equalities Impact Assessment (EIA)

EIA to be completed as part of the commissioning process

(e) Workforce

Subject to procurement approach.

5. **Supporting Information**

Following a tender process the Council entered into a contract with a two year fixed term with option to extend for two one year periods with a partnership between Help & Care and Citizens Advice Slough. An independent appointments panel appointed non executive directors and a Community Interest Company CIC was created on 01/04/2013 called "Healthwatch Slough". The Council took the option to extend the contract which will formally end on 31st March 2017. The total cost of the provision for the fixed term and extensions is £434,507.

It was intended that setting up a local Healthwatch would build on LINKs' successes but, in addition, address some of the previous system's weaknesses, with a greater focus on being representative of local communities, building profile through a common brand and identity, and moving towards greater transparency and accountability.

Local authorities have a statutory duty to commission a local Healthwatch organisation which in turn are contracted to undertake a series of statutory activities:

- Promote and support the involvement of local people in the commissioning, the provision and scrutiny of local care services.

- Enable local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;
- Obtain the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known;
- Make reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- Provide advice and information about access to local care services so choices can be made about local care services;
- Formulate views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
- Make recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the Care Quality Commission (CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
- Provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.
- Support the development of both the Joint Strategic Needs Assessments and Joint Wellbeing Strategy's through their membership of Health and Wellbeing Boards

Local Healthwatch organisations are required to be social enterprises, though there is no prescribed model under which they are required to function. In practice, this flexibility has resulted in a number of different models being employed, including Community Interest Companies (CIC) the model adopted by Healthwatch Slough.

5.1 Local Healthwatch in Slough

Following a tender process the Council entered into a contract with a two year fixed term with option to extend for two one year periods with Healthwatch Slough a Community Interest Company CIC formed between Health and Care Ltd and Slough Citizens Advice Bureau (CAB) on 01/04/2013. The Council took the option to extend the contract which will formally end on 31st March 2017. The total cost of the provision for the fixed term and extensions is £434,507.

Healthwatch Slough is led by a Board of Directors. Up until 31st March 2016 there were two Executive Directors, one appointed by each organisation in the partnership - Help & Care and Citizens' Advice Slough and non-Executive Directors who fill specific roles on the Board including Chair, governance, finance and inclusion.

Because Slough CAB was unsuccessful in the recent retender for prevention services delivered by the Voluntary and Community Sector and decided to cease

operating on 31 March 2016 this will change the structure of the Healthwatch Slough Board by the removal of the CAB nominated Executive Director.

A performance monitoring arrangement was established at the start of the contract with formal monitoring taking place on a quarterly basis. Healthwatch Slough completes a quarterly performance workbook recording performance against outcomes and activity during the period. The performance is reviewed at a quarterly meeting between officers of the Council, Slough's Clinical Commissioning Group (CCG) and Healthwatch Slough. Performance has been generally satisfactory with no formal enforcement action required under the terms of the contract.

In addition to the performance monitoring Healthwatch Slough produces an annual report that is available to members of the Wellbeing Board as well as publicly available. Also annually Healthwatch Slough produces a forward facing action plan setting out their priorities for the next year.

Healthwatch Slough provides information, advice and signposting from a telephone helpdesk (staffed Monday – Friday, 9-5pm) and through a website, as well as providing opportunities for members of the public to receive face to face support at pop up events and Talking Shops.

Healthwatch Slough brings together information from the Slough community and identifies trends and themes. This information is based on:

- the experiences of patients, service users and carers, and their views; and
- data and feedback from a range of local and national sources
- Community research and engagement activity

Their work includes delivering projects, producing reports, media liaison and marketing, and recruiting volunteers to support engagement and Enter and View work

Key areas for further improvement and development of the Healthwatch includes:

- Improving partnership working especially with Wellbeing Board, Health Scrutiny and feeding into JSNA and Joint Wellbeing Strategy through the development of a joint protocol or memorandum of understanding between each of the structures.
- Further engagement with commissioners demonstrating the ability to record and present robust research evidence to drive service improvement and transformation.
- Developing sustainable and resilient governance arrangements to ensure vacancies on board are minimised.

5.2 Re-commissioning

Because the contract is ending on 31st March 2017 the service will be recommissioned during 2016 in time for a new service to start on 1st April 2017.

In the process officers from the Council will work closely with colleagues from the CCG to ensure there is an integrated approach as well as exploring opportunities for co-production with service users.

Soft market testing will be undertaken in 2016 and an options appraisal completed.

Until a full analysis has been undertaken it is not clear what the most appropriate and cost effective options for recommissioning will be. Likely options will include:

- Purchase through Dynamic Purchasing System
- Recommission in partnership with other local authority/s
- Negotiate with the existing contractor
- Explore combining with new Advocacy provision in new CIC
- Utilise increased flexibility allowed by revised EU Directives (introduced in April 2015) to streamline process and reduce cost of procurement in purchasing health and care services.
- Contract with a local Healthwatch organisation from other localities
- Develop a user led organisation

6. **Comments of Other Committees**

As part of the commissioning process the Health and Adult Social Care PDG will be consulted.

7. **Conclusion**

This report outlines the background to local Healthwatch, how the service was set up in Slough in 2013 and the intention to recommission the service from 1st April 2017 and the possible approaches that will be explored.

8. **Appendices Attached**

None

9. **Background Papers**

None