

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 29th March 2017

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WARD(S): All

PART I **FOR INFORMATION**

LOCAL HEALTHWATCH FOR SLOUGH

1. Purpose of Report

To inform and consult the Slough Wellbeing Board about the recommissioning process of the local Healthwatch service.

2. Recommendation(s)/Proposed Action

That the Committee is requested to note 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 (LHW) contributes to the delivery of the Slough Wellbeing Strategy priorities by providing an independent consumer voice. This gives residents more choice and contributes to reducing inequalities and improving the health and wellbeing of our residents helping them live more positive, active and resilient lives. Consumer engagement in health and social care decision making is also 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

LHW 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 amount for 2016/17 is £95,000. This includes a 17% efficiency saving on the previous year. The funding is comparable with other Berkshire authorities with the unit cost just below the average for the region. Funding for LHW is from Government grant. The bulk of the funding is through the formula grant with an additional top up through the Local Reform and Community Voices Grant (LRCV) from the Department of Health DH.

LHW expenditure	Population	2015/16	£per head 15/16	2016/17	£per head 16/17	LRCV allocation 16/17
Slough	145,734	£113,163	£0.78	£95,000	£0.65	£31,200
TOTAL BERKSHIRE	889,635	£674,179	£0.76	£588,764	£0.66	c£105,773

The LRCV is to take account of the additional statutory responsibilities placed on LHW compared to the previous LINKS provision. Currently the LRCV amount for 2017/18 has not been notified to local authorities by the DH.

The total cost of the current contract from 1st April 2013 to 30th June 2017 is £458,257.

(b) Risk Management

Risk	Mitigation(s)	Opportunities
Legal The Council must comply with EU Procurement Directives	Legal and procurement expertise will be available to the Project Board and will be included as part of project planning	Effective local healthwatch will give strategic commissioners intelligence on consumer views about health and care services
Property There are no Property issues	None Required	
Health and safety There are no Health and Safety issues	None Required	
Employment	Subject to procurement route. Provider employees protected under Transfer of Undertakings Regulations	Will allow continuity
Equalities issues	For recommissioning an impact assessment to be completed and reviewed as part of the Project Plan	. Increased engagement with hard to reach groups and individuals
Community Support	To be included within the commissioning and procurement process (see Section 5)	Opportunity to more effectively include the consumer views into the commissioning process
Communications	To be included within the commissioning and procurement process (see Section 5)	Implementation of the quality standards will develop the effectiveness of communications
Community safety	None Required	
Financial	Will be recommissioned within funding envelope	Will contribute to the efficiency savings
Timetable for delivery	1 st July 2017.	Seamless transfer from

		one service to another
Project capacity	Within existing resources	

(c) Human Rights Act and Other Legal Implications - There are no Human Rights Act implications arising from this report.

(d) Equalities Impact Assessment (EIA) - An EIA is being completed as part of the commissioning process. From the information so far the impact will be neutral to all protected characteristic groups.

(e) Workforce - Subject to the procurement result, TUPE may possibly apply to provider employees.

5. **Summary**

The report sets out the background to the creation of local healthwatch and the contractual arrangements under which it operates. It details the commissioning and procurement process to have a new service in place for when the current service ends on 30th June 2017.

6. **Supporting Information**

6.1 The Health and Social Care Act 2012 established Healthwatch England in October 2012 and local Healthwatch organisations from April 2013. Under the Act Local authorities have a statutory duty to commission a local Healthwatch organisation which in turn is contracted to undertake a number of statutory activities in relation to local health and care services across three broad areas:

- 1) Providing information and advice
- 2) Gathering intelligence about people's views and experiences
- 3) Influencing the provision and commissioning of services

6.2 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 the Community Interest Companies (CIC) model adopted by Healthwatch Slough.

Local Healthwatch in Slough

6.3 Following a tender process the Council entered into a contract with Healthwatch Slough CIC for a two year fixed term with the option to extend. The contract formally ends on 30th June 2017.

6.4 Formal performance monitoring between officers of the Council, Slough Clinical Commissioning Group (CCG) and Healthwatch Slough takes place on a quarterly basis and in accordance with the contract. Performance has generally been satisfactory with no formal enforcement action required under the terms of the contract.

6.5 In addition to the performance monitoring Healthwatch Slough produces an annual report and forward facing action plan setting out their priorities for the following year.

6.6 In 2016 Healthwatch England introduced a set of Quality Standards that LHW organisations should meet. The standards have been incorporated into the new specification along with the following elements identified as areas of improvement through the current provision

- A requirement to sign up to the joint working protocol to improve partnership working with Wellbeing Board, Health Scrutiny and to ensure LHW intelligence is fed into the JSNA and Joint Wellbeing Strategy
- Shaping engagement activities and priorities in line with the Wellbeing Strategy to drive service improvement and transformation.
- Improving governance arrangements

Re-commissioning

6.7 During 2016 the Council explored the feasibility of a number of commissioning options for LHW meeting with commissioners from the other Berkshire unitary authorities, holding a joint meeting with all the Berkshire LHW organisations and commissioners (including attendance by a delegate of Healthwatch England) and meeting separately with commissioners from the East Berkshire unitary authorities. The options explored included:

- a) A pan Berkshire wide solution – not feasible at this time because of the different commissioning programmes in each area, potentially complex TUPE arrangements and little appetite for such an approach from providers;
- b) An East/West Berkshire split which it was felt would have fitted better with the Clinical Commissioning Group structures than the pan Berkshire approach. However it was felt that the additional resources needed to develop the partnership approach would offset any savings arising from scale. Also the need for LHW to have a strong local presence to work effectively would need careful development and implementation;
- c) Ad hoc partnership with other local authorities – given the contract value there was insufficient resources locally to explore this approach in detail; and
- d) Continue with the status quo individually commissioning a LHW for Slough only.

6.8 Taken everything into account the options appraisal concluded that option 4 was the most advantageous approach to improving value for money, facilitating future innovation and retaining a strong local presence.

Procurement approach

6.9 The service will be recommissioned using an open tender process. Selection will primarily be based on quality including ability to be effective strategic partner and critical friend, social value and approaches to improve engagement. An open tender approach will maximise competition and Best Value as well as providing the opportunity for innovative solutions. There is a small risk in using an open tender that a large number of tenders will need to be evaluated, although in the case of local healthwatch this is unlikely because of the specialist nature of the provision and the need to have local knowledge to be effective.

6.10 A Prior Information Notice (PIN) seeking expressions of interest has been posted on the SE Intend E tendering portal seeking expressions of interest. The term of the contract is for one year nine months with the option to extend for a further two one year periods subject to satisfactory performance. The duration has been aligned with the

advocacy services contract so that the option of combining some element of the two can be explored.

6.11 Prior to going out to tender soft market testing exercise will be undertaken so that providers and other stakeholders can contribute to the design of the final specification.

7. **Comments of Other Committees**

None at this stage

8. **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 July 2017 and the preferred approach that will be employed.

9. **Appendices Attached**

None

10. **Background Papers**

None