

## **Cabinet – 29 October 2014**

### **Local Healthwatch**

<b>Portfolio:</b>	Councillor K Hussain – Communities, Leisure and Culture
<b>Related Portfolio:</b>	Councillor I Robertson – Health Councillor D Coughlan – Social Care
<b>Service:</b>	Neighbourhood Services, Communities and Public Protection
<b>Wards:</b>	All
<b>Key Decision:</b>	No
<b>Forward Plan:</b>	No

#### **1. Summary**

- 1.1 On 23 January 2013, Cabinet approved a contract with a consortium made up of MyNHS Walsall, Walsall LINK, Age UK Walsall, Walsall Housing Group and Walsall Citizens Advice Bureau (known as Healthwatch Walsall) to provide the statutory requirement for the Borough to operate a Local Healthwatch function.
- 1.2 The above contract was entered into on 26 March 2013 with a Commencement Date for the services of 1 April 2013, and an initial term of 2 years, with an option to extend with a further term of up to 1 year. This report sets out the options for consideration in relation to the current contract.

#### **2. Recommendation**

That Cabinet approve an extension to the existing Healthwatch Walsall contract, for a further 1 year, to then expire on 31 March 2016.

#### **3. Report Detail**

- 3.1 The current Healthwatch contract is with a consortium made up of MyNHS Walsall, Walsall LINK, Age UK Walsall, Walsall Housing Group and Walsall Citizens Advice Bureau (known as Healthwatch Walsall). This has been in place since 1 April 2013 for a initial term of 2 years, with the option to extend by up to 1 further year.
- 3.2 The contract is monitored through the Community Development Team, to ensure contract compliance and that the service provider is working towards achieving the agreed contract specification.

- 3.3 In the first year, the main aim requirement was to establish the organisation as a community interest company (CIC), a form of social enterprise required by the Health and Social Care Act 2012. This included establishing Healthwatch Walsall as a legal entity, establishing governance structures and a constitution, the appointment of key staff and the transfer of responsibilities from the LINK (the pre-existing community health watchdog) to Healthwatch Walsall. All actions were completed within the timeframe. An annual report has been produced setting out what has been achieved and has been submitted to Healthwatch England.
- 3.4 For year two, a number of strategic objectives and actions have been agreed, in line with the contract and service specification. These include:
- Providing advice and information about access to services and support for making informed choices
  - Making the views and experiences of people known to Healthwatch England and provide a steer to help carry out its role as national champion
  - Recommending investigation or special review of services via Healthwatch England or direct to the Commission for Quality Care (CQC)
  - Promoting and supporting the involvement of people in the people in the commissioning and provision of local care services
  - Gathering views and understanding the experiences of patients and the public
  - Making people's views known
  - Provide access to the NHS complaints advocacy
- 3.4.1 An emphasis on community engagement is being supported by a large-scale promotion campaign to raise awareness of Healthwatch Walsall to local residents and the services that they offer. This is to support local residents to enable them to make informed choices. Information points have been set up in all local libraries, hospitals and other public places.
- 3.4.2 Healthwatch Walsall are working in partnership with public health to promote the ongoing consultation being undertaken for Walsall's pharmaceutical needs assessment. They are also working with Walsall Clinical Commissioning Group (CCG) to support the Urgent Care Review. Another initiative, 'Enter & View' is where Healthwatch Walsall and the Joint Commissioning Unit (JCU) have established a working relationship with the Care Quality Commission (CQC) to monitor care home performance.
- 3.5 Under the provisions of the Health and Social Care Act 2012, there is a statutory duty to commission a Local Healthwatch. The existing contract is for a term of two (2) years, with the option for the Council to exercise extending the contract up to a further one (1) year.
- 3.5.1 The options for consideration are:
- (i) To continue with the current contract - The existing contract includes the option to extend the contract for up to a further 1 year.

- (ii) To terminate the current contract and re-tender. In view of the estimated value of the further year's contract being above the threshold for European Union (EU) procurement, the EU procedure would need to be followed:

The key dates for this process would be:

	<b>Stage</b>	<b>Date</b>
1	Publication of EU Contract Notice	3 November 2014
2	Tender close	15 December 2014
3	Evaluation complete	12 January 2015
4	Moderation of evaluation	14 January 2015
5	Cabinet approval	4 February 2015
6	Notification of an award of 10 working days standstill	18 February 2015
7	Contract commencement	1 April 2015

There is a risk that if the timetable schedule slipped for any reason, then a new contract would not be in place by 1 April 2015.

- 3.6 The service provider has met, and continues to meet, its contractual objectives and officers have confirmed that they would recommend that the existing arrangements are continued, with the Healthwatch Walsall contract extended for a further 1 year, rather than re-tendering.

#### **4. Council Priorities**

- 4.1 The Local Healthwatch service aligns with the Council's priorities for *Creating Safe, Sustainable and Inclusive Communities*, and for *Improving Health and Wellbeing, including Independence for Older People*.

- 4.2 The local Healthwatch service will assist in achieving a number of the key objectives of the Marmot Review, as follows:

- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable communities
- Strengthen the role and impact of ill-health prevention

- 4.3 The Local Healthwatch service aligns with Walsall Clinical Commissioning Group's priorities:

- Improve health outcomes & reduce inequalities
- Providing the right care, in the right place at the right time
- Commissioning consistent, high quality, safe services across Walsall

- Securing best value for the Walsall pound and delivering public value

4.4 The Local Healthwatch service will assist in achieving a number of the key objectives by:

- Improving the quality of health and social care by forming an effective partnership with the CCG
- By influencing the quality of health and social care

## **5. Risk Management**

The Health and Social Care Act 2012 placed new responsibilities on local authorities. If the funding allocated to meet these responsibilities is not adequate, there is an ongoing risk to the Council's finances. Part 6 of this report details this issue.

## **6. Financial Implications**

6.1 The current value of the Healthwatch contract is £224,000 per annum and is part funded by a Central Government specific grant. The renewal of the grant will not be confirmed for several months so there is a risk of a funding shortfall of approximately £34k which would either need to be mitigated or reduced in the contract.

6.2 Commissioning Healthwatch required a significant investment in procurement and public consultation services. Re-tendering the contract at this stage would incur further procurement and legal costs. The Council has undertaken three procurement exercises for the community health watchdog function in the last five years.

## **7. Legal Implications**

7.1 Commissioning a Local Healthwatch is a statutory duty and the Council was required to commission an independent Local Healthwatch and ensure that the organisation operates effectively and provides Best Value.

7.2 The current Healthwatch contract allows the Council to extend the term by up to a year pursuant to clause 3.1 provided that it gives the service provider at least 3 months' written notice, i.e. notice is served by the Council by 31 December this year [clause 3.2 of the current Healthwatch contract].

## **8. Property Implications**

There are no direct implications.

## 9. Staffing Implications

There are no direct implications.

## 10. Equality Implications

- 10.1 The Department of Health undertook an Equality Analysis of Local Healthwatch in 2011.
- 10.2 The Council has undertaken an Equality Impact Assessment on the implementation of local Healthwatch.
- 10.3 The Health and Social Care Act 2012 requires Local Healthwatch organisations to be subject to the public sector duties under the Equality Act 2010. The purpose of Local Healthwatch is to ensure all parts of the community have the opportunity to influence the shaping and scrutiny of health and social care services.

## 11. Consultation

Legal Services, Finance and Procurement have been consulted on the content of this report.

The Health and Well-Being Board was being consulted and any comments will be reported to Cabinet.

## Background Papers

1. Cabinet report 4 April 2012 *Healthwatch* (in private session).
2. Special Cabinet report 12<sup>th</sup> October 2011 *Department of Health Consultation - Allocation Options for Distribution of Additional Funding for Local HealthWatch, NHS Complaints Advocacy and PCT Deprivation of Liberty Safeguards*.
3. Department of Health *Equality Analysis Local Healthwatch* 2011.
4. Department of Health *Local Healthwatch Funding update* October 2012.
5. Cabinet report 23 January 2013 *Local Healthwatch*

## Author

Jo Lowndes  
Partnership Manager  
☎ 653703  
✉ [lowndesj@walsall.gov.uk](mailto:lowndesj@walsall.gov.uk)

Jamie Morris  
Executive Director

A handwritten signature in black ink, appearing to read 'Jamie Morris', with a stylized, flowing script.

21 October 2014

Councillor Hussain  
Portfolio Holder

A handwritten signature in black ink, appearing to read 'K. Hussain', with a stylized, flowing script.

21 October 2014