# CABINET MEMBER FOR HEALTH AND WELLBEING

**Venue:** **Town Hall, Moorgate Street, Rotherham. S60 2RB**

**Date:** **Monday, 11th June, 2012**

**Time:** **11.30 a.m.**

## A G E N D A

1. To determine if the following matters are to be considered under the categories suggested, in accordance with the Local Government Act 1972 (as amended March 2006).

2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.

3. Minutes of meeting (Pages 1 - 6)

4. Health and Wellbeing Board

5. Rotherham Public Health Web Presence (Pages 7 - 9)

6. Heart Town

7. Rotherham Health Watch (Pages 10 - 19)
   - Claire Burton to present

8. HealthWatch - Update (Pages 20 - 26)

9. Date of Next Meeting
   - Monday, 9th July, 2012 at 11.30 a.m.

**CABINET MEMBER FOR HEALTH AND WELLBEING**
**Monday, 16th April, 2012**

Present:- Councillor Wyatt (in the Chair); Councillors Buckley and Pitchley.

Apologies for absence were received from Councillors Jack and Steele.

## K57. MINUTES OF MEETING

Resolved:- That the minutes of the meeting held on 12th March, 2012, be approved as a correct record.

## K58. HEALTH AND WELLBEING BOARD

The Chairman reported that the Board had held 2 very well attended workshops as follows:-

26th March, 2012 to discuss the principle areas of the Health and Wellbeing Strategy and refreshed Joint Strategic Needs Assessment. The areas agreed were:-

Prevention/Early Intervention
Empowerment
Dependence/independent of people
Lifestyle Issues and Age Related Conditions
Outcomes within 3 years
.alongside issues of Poverty, Income, Economy etc.

11th April to discuss what might be, commissioned services, what programmes and joint activities required to achieve in 3 years

It was hoped that the 6th June Board meeting would approve the Strategy for progressing to Cabinet Member and the CCG to meet their July deadline.

## K59. ROTHERHAM HEALTHY SCHOOLS SERVICE

Kay Denton-Tarn, Healthy Schools Consultant, gave the following presentation on Healthy Schools Rotherham:-

- Healthy Schools Beacon Status finalist
- Met stretch target - £61,548
- LA Centre of Excellence for Financial Capability
- South Yorkshire trainers for the National PSHE CPD programme
- Supported school improvement through a whole school approach to health and wellbeing, inclusion and achievement
- Involved whole school community

Changing Times
- Used to be 5 full-time Consultants and 1 Project Officer and 6 additional attached staff – now 1.4 fulltime Consultants
- Some HS National funding and local funding for TP and Substance Misuse –

no national funding, local funding?

- Was nationally driven Programme – now locally driven Programme

- Health and Education Partnership - National and local priorities
  Obesity Strategy
  Drug and Alcohol Strategy
  Teenage Pregnancy Strategy
  Prevention and Early Intervention
  Financial Inclusion Strategy
  Tobacco Alliance

- 'Health' in all schools
  Issues which impact on attainment, attendance and behaviour
  Relevant Legislation awareness
  Learning and teaching PSHE and Cit Curriculum
  Resource Development
  National Consultation in PSHE
  Ofsted Inspections – SMSC, attendance and behaviour, anti-bullying, whole school and subject inspections

- National Healthy Schools Scheme
  Personal Social and Health Education
  Physical Activity
  Healthy Eating
  Emotional Health and Wellbeing

- Whole School Review
  Leadership, management and managing change
  Policy development
  Learning and teaching, curriculum planning and resourcing
  School culture and environment
  Giving children and young people a voice
  Provision of support services for children and young people
  Staff continuing professional development needs, health and wellbeing
  Partnerships with parents/carers and local communities
  Assessing, recording and reporting the achievements of children and young people

- Numbers working with the initiative
  All schools including Pupil Referral Units and Specials
  Re-accreditation 77/122
  Healthy Foundations Programme

- Partnership working – Task Groups
  Physical Activity
  Emotional Health and Wellbeing
  Healthy Eating
  Substance Misuse
  Relationships and Sexual Health Education
  PSHE Leads (primary and secondary)
  Sustainability

- RoSIP Mission

All children making at least good progress
There will be no underperforming cohorts
All teachers delivering at least good learning
All schools will move to the next level of successful performance

– Key judgements made during school Ofsted inspections
Inspectors must judge the quality of education provided in the school – its overall effectiveness – taking account of 4 other key judgements:
Achievement of pupils at the school
Quality of teaching in the school
Behaviour and safety of pupils at the school
Quality of the leadership in and management of the school

– Links to Ofsted inspections
Behaviour and safety of pupils
Inspectors must also consider:
The spiritual, moral, social and cultural development of the pupils
The extent to which the education provided by the school meets the needs of the range of pupils at the school

Discussion ensued on the presentation with the following issues raised/highlighted:-

– All schools had been sent the information for the Positive Playground Initiative to which 70 had responded
– Very limited resources
– Involve Elected Members many of which were School Governors

Kay was thanked for her presentation.

**(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEM TO ENABLE MEMBERS TO BE FULLY INFORMED)**

**K60. INSPIRE ROTHERHAM**

At the invitation of the Chairman, Deborah Bullivant attended the meeting to inform Members of Inspire Rotherham.

Originally called Get Rotherham Reading, it was a Regional Development Agency funded project which, managed by the local authority with partnerships, attempted to address the literacy problems that Rotherham had.

The 3 year funding of £3M had been spent in Rotherham schools, schooling communities and community organisations aiming to make the greatest difference in the 10% most deprived communities of Rotherham in partnership with the University of Sheffield. 9 reports had been produced in total at the end of the 3 years.

It had been felt that the most important issue was to evaluate the results of the initiative and ascertain where the greatest differences had happened. There had been some startling improvements which the Department of Education had been very interested in. Discussions were taking place with Leicester

Council about the work that had taken place and Barnsley had adopted the Refresh Strategy.

Inspire Rotherham had been established as a social enterprise to take forward some of the initiatives and attempt to bring funding in with partner organisations. Rotherham had the largest Children's Shakespeare Festival in the country; funding had been secured via the Arts Council to run it for another year.

There was to be a Literacy Workshop held on 21st May, 2012 with the Cabinet Members and wider strategic stakeholders.

Discussion ensued. It was agreed that consideration was required as to where this should sit strategically within the Council and take the strategy forward.

Resolved:- That a further report be submitted to the Cabinet Member.

## K61. WARM HOMES WARM FAMILIES RESEARCH

Dr. Jo Abbott, Public Health Consultant, reported that, following on from the very successful KWiLLT work, funding had been secured to employ Dr. Anna Cronin de Chavez to look at the next stage of the work i.e. Warm Home Warm Families Project.

Dr. Cronin de Chavez gave the following presentation on her future work:-

Cold Homes and Impact on Child Health
- Neonatal hypothermia
- Asthma
- Respiratory infections
- Child growth and development
- Sickle cell disease and thalassaemia
- Sudden Infant Death Syndrome
- Coronary heart Disease
- Mental health
- Education

Issues around Fuel Poverty and Child Health
- Ventilation
- Heating
- Humidity
- Thermoregulatory maturity
- Ability to conserve heat
- Ability to produce heat
- Circadian rhythms
- Clothing
- Bedding
- Body posture
- Adaptation
- Medications and cigarette smoke
- Body heat from others

- Thermal sensation
- Illness
- Body proportions
- Conflict with other priorities
- Cultural beliefs
- Ability of caregiver to detect thermal stress

Research Plans
- In-depth interviews with 20 families where at least 1 child diagnosed with asthma
- In-depth interviews with 15 voluntary and private sector staff
- Focus groups
- Reference and advisory groups
- Recruitment
- Ethics

Future Plans
- Doncaster
- Research bids including Rotherham
- Collaboration with Northumbria University
- Yorkshire-wide research including Rotherham

Jo and Anna were thanked for their presentation.

**K62. ROTHERHAM LESS LONELY CAMPAIGN**

Lesley Dabell, Chief Executive Age UK Rotherham, and Carole Haywood, LSP Manager, gave the following presentation:-

- Loneliness in Older Age:
  - How big is the problem?

  10% of older people were always or intensely lonely = 4,000+ in Rotherham
  38% were sometimes lonely = 17,000 in Rotherham
  Almost 50% of older people were affected by loneliness – 21,000 in Rotherham

  - Why does it matter?

  Impact on older people
  Has health impacts comparable to life long smoking
  Close links to depression and deprivation as well as e.g. dementia
  Also linked to physical health problems such as CVD, excess drinking
  Loneliness and poor physical health interact – vicious cycle
  Impact on Public Services
  Loneliness costs money
  Exacerbates and creates health conditions
  Decreases ability to live independently
  Leads to 'inappropriate' use of services as no other alternative service to address the issue

- What can we do about it

Good news – amenable to low level and relatively low cost interventions
Effective in combating vulnerability and reducing need for health and social care services
Volunteers and VCS organisations have a large part to play

- Action in Progress – Example = Age Concern
  - Championing this issue for past 2 years, lead partner in Campaign
  - Services – supported by NHSR grants and fundraising

Linkline – daily telephone call by volunteers
Two's Company – volunteer befriending service
Trips and events
Phase 2 – Friendsline/Linked up?

- Rotherham Less Lonely Campaign
  - Supported by Rotherham's Local Strategic Partnership partners to develop the Campaign to
    Raise awareness of the issue and its impacts
    Help to generate a whole community response
    Make it intergenerational – involve schools/colleges and young people

- Health and Wellbeing Board
  - LGA report outlines why local authorities need to take the issue seriously
  - Recommends that loneliness in older age was considered as part of the local Health and Wellbeing and Ageing Well Strategies.

Discussion ensued on the presentation with the following issues raised/highlighted:-

- Challenge was to get an older person to admit they were lonely – frontline staff dealing with them to identify symptoms
- Not only the older population – those with learning disabilities etc. who were isolated
- 1 element of the Rotherham Less Lonely Campaign

It was noted that the official launch was to be held on Friday, 20th April in the John Smith Room.

Lesley and Carole were thanked for their presentation.

**ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS**

| | | |
|---|---|---|
| **1.** | **Meeting:** | **Cabinet Member for Health and Wellbeing** |
| **2.** | **Date:** | **11th June, 2012** |
| **3.** | **Title:** | **Rotherham Public Health Web Presence** |
| **4.** | **Directorate:** | **Public Health** |

## 5. Summary

Responsibility for public health transfers to local authorities in April 2013. In preparation the public health team will relocate to Riverside House and increase our working links with services that will be aligned to public health, such as Environmental Health. This paper proposes the early adoption of a single web portal to access all public health information, to be incorporated into the RMBC content management system upgrade and to be launched in October 2012.

## 6. Recommendations

**That the members:**

- **Approve the proposal for a Rotherham Public Health web presence**

## 7. Proposals and details

Public health information is currently found on a number of websites, including that of NHS Rotherham, RMBC and a number of standalone micro-sites (e.g. s-word, call it a night, bums off seats). The transfer of public health responsibility to the local authority gives us an opportunity to bring all public health information together in one location or, if the RMBC content management system does not allow all the necessary functionality, to link to any remaining micro-sites.

The new public health system is closely modelled on the system that operates in the United States, and we propose a web presence that replicates the best public health website in the US, such as those of Los Angeles or Philadelphia. These sites combine information on health protection, prevention of ill health and promoting healthy lifestyles. They also include information on aspects of environmental health such as animal control, air pollution, and clean water, and on emergency preparedness.

An action plan will be developed in order to deliver this new public-facing website. Next steps are:
Between now and 01 July

- Developing a proposed architecture for the public health section
- Auditing all standalone micro-sites and determining what content can be transferred, what is no longer needed and what needs to remain in situ
- NHS Rotherham's Creative Media Services team will work alongside the RMBC web manager to develop the visual identity for the page, adhering to RMBC branding requirements
- RMBC's web manager will work with the software company to create necessary templates for the Public Health site. Most will fit into standard RMBC templates, but the main page will be a 'homepage' and site alongside the current five 'homepages' (find information, do it online, news and events, contact us, interact)
- RMBC's web manager to organise training for the creative media team and identified people within public health to enable them to use the content management system

Between now and 01 October

- Existing content on NHS Rotherham and RMBC's websites that would become part of the new public health section to be identified and revised
- Pages created using the revised content in the content management system, but not marked 'live' until the section is launched in October
- Develop a promotional strategy for the new site, including publicity and investigating short-term funding of Google ads to appear when particular combinations of search terms are entered into the search engine (eg 'Rotherham' and 'pregnancy', or 'Rotherham' and 'rat')

## 8. Finance

The only additional funding required is likely to be for the online adverts, which would be short term and would be managed within existing resources.

Micro-sites will be incorporated into the main site wherever possible to avoid paying unnecessary hosting charges to external companies.

**9. Risks and Uncertainties**

| Risk | Mitigation |
|---|---|
| That Rotherham public health is not represented online at the point of transfer to the local authority and the NHS Rotherham website is no longer active | By starting the process now and having a deadline for launch in October, we should ensure an early web presence. By their nature, websites are never 'finished' and continue to be developed as information and advice changes. |

**10. Policy and Performance Agenda Implications**

None

**11. Further information**

http://www.lapublichealth.org/
http://www.phila.gov/health/

**12. Contacts**

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**ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER FOR HEALTH AND WELLBEING**

| | | |
|---|---|---|
| **1.** | **Meeting:** | **Cabinet Member for Health and Wellbeing** |
| **2.** | **Date:** | **11th June, 2012** |
| **3.** | **Title:** | **Rotherham Healthwatch** |
| **4.** | **Directorate:** | **Resources** |

**5. Summary:**

This paper sets out the requirement for a local Healthwatch to be commissioned by the local authority and to be in place by April 2013. A proposal is made on the preferred option of an organisational model. The specification is discussed and the timeline is set out. Consultation with key stakeholders is integral to the design of the local Healthwatch and the activities to achieve a commissioned local Healthwatch Rotherham is set out in the appended action plan.

The inclusion of the NHS complaints advocacy service is subject to further discussion with NHS colleagues.

**6. Recommendations**

**The Health and Wellbeing Board Members are asked to:-**

**6.1 Consider and agree the organisational model option at 7.3**

**6.2 Receive further papers on the outcome of the consultation on the organisational model and the specification**

**6.3 Note the level of funding available**

**6.4 Note the activities in the appended action plan**

## 7. Background

The Health and Social Care Act 2012 makes provision for Healthwatch England and a local Healthwatch. The Act states that local Healthwatch should be independent organisations and although accountable to the Local Authority for their effectiveness, should decide their own priorities and programmes of work. At present the Act does not make provision for the local Healthwatch to include children's health or social care but this omission may be corrected in the new guidance due out June 2012. Rotherham Healthwatch will replace the current model of Local Improvement Networks (LiNks) which commenced in 2008.

Healthwatch England will be a new national body and is to be a statutory committee of the Care Quality Commission (CQC). The key function will be to provide leadership and support for local Healthwatch and to ensure that people's views have influence at the national level as well as the local level. The intention is for Healthwatch England to be established in October 2012.

### 7.1 Local Healthwatch Rotherham

The local Healthwatch Rotherham (HWR) will be a member of the Health and Well Being Board and as such will be integral to the preparation of the JSNA and the Health and Well Being strategy and priority setting on which local commissioning decisions will be based.

Local Authorities will be responsible for commissioning their local Healthwatch and will have some flexibility about what organisational form it will take. The HWR will be commissioned to commence in April 2013 in line with government guidance. Until then Local Involvement Networks (LINks) will continue to operate. Rotherham LINk is currently hosted by Voluntary Action Rotherham (VAR) and it is proposed that this contract will run to end March 2013.

### 7.2 Commissioning Healthwatch Rotherham

Local Authorities are responsible for commissioning and procuring an efficient and effective local Healthwatch organisation by the 1st April, 2013. It is intended that a formal procurement approach, therefore subject to a competitive tender, is undertaken given the range of functions for Healthwatch.

Once the preferred provider has been appointed the annual programme of work will be developed in partnership with HWR in line with the Health and Well Being Boards priorities. As set out in the Act HWR will also be able to determine its own work programmes and look into issues of concern to members of the community. The Health and Well Being Board, Service providers, the local authority and NHS bodies will be under a duty to respond to HWR reports and recommendations.

**7.3.i. Healthwatch Rotherham Project Group**

A commissioning project group already exists around contract management of Rotherham LINk and the development of HWR. This includes representatives from Local Authority and NHSR. The work of this group includes:

- To propose the best model for the implementation of Healthwatch Rotherham to the Health and Well Being Board
- To consider the signposting element in the specification
- To develop a communication strategy
- To ensure the results of consultation are fed into the service specification.
- To develop a specification
- To devise a written plan regarding handover arrangements to the new contract.

A key action is to have a consultation plan as it is intended that the commissioning of HWR will be inclusive. The purpose of the communication strategy will be to raise the profile of, and the understanding of, HWR amongst the public, colleagues in health and social care and the VCS and other key stakeholders. Please see the consultation plan appended to this report.

An action plan is in place detailing activities, responsibilities and the timeline. This action plan is appended to this report

**7.3.ii Organisational Model of Healthwatch Rotherham**

The Health and Social Care Act 2012 makes provision for flexibility in the organisational model of the local Healthwatch. Benchmarking and discussions have taken place regionally and the options for organisational model are:

1. A contract with the one provider to deliver all Healthwatch functions – this could be a social enterprise
2. A contact with the one provider who may sub-contract to other organisations to delivery certain elements of Healthwatch – this could be a social enterprise
3. A contract with a consortium arrangement who have experience of providing specialist functions. (Independence would have to be demonstrated in this instance).
4. A contract with a number of different providers with specialist knowledge but they are required to work in partnership to delivery the local Healthwatch brand.
5. A contract with a specific provider. This could be LINks (grant in aid could be provided) or a group of other people within the community.

It is proposed here that the preferred organisational model option that is commissioned is Options 1 and 2. The tender specification will include that either of these models will be considered. The benefits of

working with one provider are improved partnership working, customers able to access one provider easily and ease of contract monitoring and management. All other options will be complicated and take up substantial resources to support the set up arrangements.

**7.3.iii Specification**

The specification will be built on the current and imminent government guidance. The HWR specification will reflect that the organisation needs to be truly representative of local communities and should harness the expertise of the public, community and voluntary sectors that already have experience of working with people and groups who have difficulty getting their voice heard. HWR will provide people with a single point of contact and put people in touch with the right advocacy organisations, or help them to find information about their choices.

The specification will include the requirements as set out in government guidance of key roles, responsibilities and functions of local Healthwatch organisations, these include, but are not restricted to :

- Provision of information and advice to the public about accessing health and social care services and choice in relation to aspects of those services eg signposting;
- Gathering people's views on, and experiences of, the health and care system and ensure the insight gathered is fed into Healthwatch England;
- Making recommendations to Healthwatch England to advice CQC to carry out special reviews or investigations into areas of concern;
- Promoting and supporting the involvement of people in the monitoring, commissioning and provision of local care services;
- Obtaining the views of people about their needs for and experience of local care services and make those views known to those involved in commissioning, provision and scrutiny of care services; and
- Making reports and make recommendations about how those services could or should be improved.

The contract would be outcome focused with the expectation that the provider would work in partnership with the existing networks and groups that already exist in Rotherham. Consultation will be undertaken with all key stakeholders on the draft specification including members of the Health and Well Being Board.

It is important to note here that lessons learned from the performance of the Rotherham LINk will be included in the specification including engagement and membership development and areas which were less successful.

**7.3.iv Commissioning timeline**

The project group action plan appended to this report gives a detailed timeline for the commissioning of HWR. The full timeline is appended to this report and is summarised below:

| | |
|---|---|
| Initial consultation and awareness raising with stakeholders and scoping the service | May – June 2012 |
| Draft service specification developed | June 2012 |
| Paper to H&WBB for endorsement of model & specification | June 2012 |
| Consultation specially about the Service Specification | July 2012 |
| Develop Procurement Strategy and documents | July 2012 |
| Develop Advert for Council Website | July 2012 |
| Develop Tender Documents | July – August |
| Tenders Issued (PQQ) | 3rd September |
| Tenders Received (PQQ) | 28th September |
| Evaluation of Pre-Qualification Questionnaires | By 12th October |
| Inform Successful Providers of their PQQ Submission | By 19th October |
| Issue Invitation to Tender | By 26th October |
| Tenders Received | 30th November |
| Tenders Evaluated | 14th December |
| Notification of Results of Evaluation – Preferred Bidder(s) | 19thDecember |
| Standstill Period | Ends 7th January |
| Contract Award | 11th January 2013 |
| Transition Period | Jan – March |
| Contract Start Date | 1st April 2013 |
| Contract Management | Ongoing from 1st April |

**7.4. NHS Complaints Advocacy**

The Health and Social Care Act 2012 includes the provision that the NHS complaints advocacy must be commissioned by the local authority, either as part of the specification of the local Healthwatch contract **or** as a separate contract with another organisation. The proposals for this service are being discussed with NHSR as part of the project group and a preferred option paper will be presented at a later date for consideration by the Health and Well Being Board

**7.5 Local Healthwatch Funding**

In 2013/14 the current funding for LINks will become funding for local Healthwatch until 2014/15. Additional funding will be made available to local authorities from 2013/14 to support both the information function but also for commissioning NHS complaints advocacy.

Any additional functions given to the local authority for HWR e.g. NHS complaints advocacy, will need to be funded separately but is an option for consideration by the Local Authority as set out in 7.4.

Dependent upon the decision in June/July 2012 of the DH on funding allocation the amounts available will be:

**Minimum**

| | |
|---|---|
| Current LINks funding plus signposting services additional funding from PALs | £100,100*<br>£105,446 |
| NHS Complaints Advocacy | £ 66,054** |
| **Total:** | **£ 271,600** |

**Maximum**

| | |
|---|---|
| Current LINks funding plus signposting services additional funding from PALs | £100,100*<br>£140,450 |
| NHS Complaints Advocacy | £ 80,273** |
| **Total:** | **£320,823** |

*An efficiency of £50K was achieved from the LINks budget in 11/12.

**to be included should the NHS complaints advocacy be part of the HWR specification

Funding of 'Start Up Costs' from DH to pass port to commissioned LHW are yet to be confirmed but are likely to be £20K in 2013/14.

Once funding notification has been made, a further paper will be provided to the Health and Well Being Board to consider that the allocation is ringfenced locally for HWR.

**8. Finance**

The financial aspect of funding Healthwatch Rotherham have been highlighted in section 7.5

There is a risk that only £80, 450 is available then the specification will need to reflect this.

**9. Risks and Uncertainties**

There is a risk that should the organisational model, the specification or the contract monitoring and management is not fit for purpose then the lessons of the Rotherham LiNKs will not have been learnt.

**10. Policy and Performance Agenda Implications**

The performance of and work programme of Healthwatch Rotherham will be clearly linked to the priorities of the Health and Well Being Strategy.

**11. Background Papers and Consultation**

DH Local Healthwatch: A Strong voice for people – the policy explained (March 2012)
DH, Health and Social Care Act 2012

**Contact Name : Chrissy Wright, Strategic Commissioning Manager, telephone 01709 822308,**
***e-mail:chrissy.wright@rotherham.gov.uk***

Stage 1 - Initial Communication and Consultation

| Stakeholder | Key Message | Method | Date | Anticipated Outcome | Results |
|---|---|---|---|---|---|
| Health and Wellbeing Board – Officer Group | Report and project documents require consideration. To discuss commencing consultation and communication prior to the meeting on 6th June. | Draft Report which will go on the 6th June. | May ? | Approval of report and contents regarding project management and way forward. | |
| Health and Wellbeing Board | Approval of Report and proposals for the commissioning of Healthwatch Rotherham. | Draft Report | 6th June, 2012 | Approval of report and contents regarding vision, development of the service. | |
| Voluntary Action Rotherham / Rotherham LINk | Notification of the decision to commission the service. Seek the views, experiences and lessons learnt of VAR and LINks. Rotherham LINk to support the project group and facilitate consultation with its members and wider following discussion/agreement. | Through formal meetings with VAR and Rotherham LINk to agree the way forward. LINk to survey / consult members / public as appropriate. | May | Relationship with VAR and LINk maintained and their expertise utilised to facilitate consultation. | |
| Partner Organisations specifically NHS Rotherham, Clinical Commissioning Group | Notified of the decision to commission the service. Consultation on the development of local healthwatch and their contributions to this. | Through various meetings already organised. | May | NHS organisations and CCGs able to contribute to the development of local healthwatch. | |
| Voluntary and Community Sector Organisations | Notification of the decision to commission the service. Consultation on the development of local healthwatch and their contributions to this. | Organise a specific event for voluntary and community sector organisations or attend Consortium Meetings / organised meetings. | May | Voluntary and Community sector have a significant input into the development of the service. | |

| Stakeholder | Key Message | Method | Date | Anticipated Outcome | Results |
|---|---|---|---|---|---|
| | Specific discussions around signposting of services /information. | | | | |
| Members of the public currently using Health and Social Care Services. | Notification of the vision and purpose of healthwatch and seek their views on what they want from the service. | Through the development of an online survey on the website. Specific consultation event in June. | June 2012 | People made aware of the development of local healthwatch and been able to influence its design. Online survey completed. | |
| Staff across NHS and Local Authority. | Notification of the vision and purpose of local healthwatch and how they can contribute to its development | Through already used communication channels. | July 2012 | Staff made aware of the development of local healthwatch and been able to influence its design. | |

Stage 2 – Detailed Communication and Consultation

| Stakeholder | Key Message | Method | Date | Anticipated Outcome | Results |
|---|---|---|---|---|---|
| Senior Managers (DLT) and Senior Managers across the Partner Organisations | Informed of progress against the commissioning priorities. | Report on progress on consultation, soft marketing testing, priorities for service. | August 2012 | Senior Managers are included in key decisions and kept informed of progress. | |
| Health and Wellbeing Board | Draft service specification agreed. | Report on service specification and progress to date. | August 2012 | Members are able to influence the service specification and kept informed of progress. | |
| VAR/Rotherham LINk/Consortium Members | To be kept informed of progress and opportunity to influence service design. | Meeting with VAR/LINK / Consortium on progress. | August 2012 | Kept informed of progress to inform future arrangements. | |
| Members of the Public. | Feedback from survey and key message. | Key findings presented on the website or sent to specific | Sept 2012 | Members of the public are aware of how they | |

| Stakeholder | Key Message | Method | Date | Anticipated Outcome | Results |
|---|---|---|---|---|---|
| | | groups. | | have influenced service design and what has changed as a result of their input. | |
| All Stakeholders | Preferred provider approval.<br>Start date and lead in time. | Various – existing communication channels and meetings with Managers. | Feb 2013 – March 2012 | All kept informed (as appropriate) of new provider and handover arrangements. | |

## Timeline for the Commissioning of Healthwatch Rotherham

| | | 2012 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2013 | | | | | | | | | | | | | | | |
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| | | May | | | | June | | | | July | | | | August | | | | September | | | | October | | | | November | | | | December | | | | January | | | | February | | | | March | | | | April | | | |
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| | Determine Vision for the Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Develop Consultation and Communication Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Undertake Consultation with Stakeholders | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Determine Outcomes for Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Procurement** | Determine Procurement arrangements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Undertake Soft Market Testing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Specification** | Write Specification / Consult on | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contract** | Draft Contract | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Laise with Legal Services agree requirements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tendering** | Write Invitation to Tender (ITT) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Determine who will be on evaluation panel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Develop evaluation criteria & weightings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Write / Send OJEU Notice / and advert | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PQQ packs issued | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Enquiries from Prospective Providers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PQQs returned | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Evaluation of PQQs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Issue Invitation to Tender | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Enquiries from Prospective Providers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tenders Received | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tenders Evaluated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Notification of Results to Preferred Bidders(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Standstill Period | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Award Contract** | TUPE Consultation / Negotiations if required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Contract Award Notice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Issue award notice in OJEU | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Contract management discussions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Give feedback to unsuccessful providers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Transition arrangements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Evauation of Project | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Contract Monitoring and Review | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Reports** | Progress Updates to Health & Well Being Board | | | | | | | | | | | | | | ? | | | | | | | | ? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

LGiU POLICY BRIEFING

# Update on Healthwatch

Author: Fiona Campbell, LGiU associate

Date: 14 May 2012

The briefing below can also be downloaded as a PDF Update on Healthwatch

# Summary

This briefing provides an update on:

- the final form of the Health and Social Care Act 2012 in respect of Healthwatch
- national policy and practical aspects of Healthwatch not covered in the legislation
- latest information on funding of Healthwatch
- provisions for healthcare complaints and advocacy services

It will be of interest to elected Members and officers with a health and social care brief, particularly those involved in supporting the set-up of Local Healthwatch; members of Health and Wellbeing Boards; members of health scrutiny panels/committees and officers supporting them; and those with an interest in community engagement.

# Overview

The legislation provides for the creation of a new national body, Healthwatch England, as a committee of the Care Quality Commission. Local Healthwatch organisations, for which Healthwatch England will set standards, will not be statutory bodies, but will have statutory duties and powers similar to those of Local Involvement Networks (including responsibilities for social care as well as health. They are to be set up by April 2013 (a change from previous requirements). In addition, they will have a duty to provide information about health and social care services and will be able to employ staff. Upper tier and unitary local authorities have significant statutory responsibilities for setting up Local Healthwatch bodies and monitoring their work. They will also be responsible for contracting with organisations to support Local Healthwatch and for setting a local health complaints advocacy service, which need not be their Local Healthwatch.

# Briefing in full

# Introduction

The Health and Social Care Act 2012 (the Act) establishes Healthwatch England, a national body which will be part of the Care Quality Commission and Local Healthwatch, to replace Local Involvement Networks (LINks) and to be "the local consumer champion for patients, service users and the public". In the paragraphs on the legislation below, the section numbers in brackets refer to the relevant sections of the Act, unless otherwise stated.

# Healthwatch England

## The legislation

The Health and Social Care Act provides for the creation of a new national body, Healthwatch England (HWE), to be established as a statutory committee within the Care Quality Commission (CQC), representing the view of users of health and social care services, other members of the public and Local Healthwatch organisations (Section 161). HWE is empowered to provide Local Healthwatch organisations with advice and assistance on patient and public involvement and to make recommendations to local authorities on this subject. HWE may also give written notice to a local authority where HWE is of the view that patient and public involvement activities (ie those activities mentioned in section 221(2) of the Public Involvement in Health and Local Government Act 2007) are not being properly carried on in its area. Meetings of HWE must be held in public (Section 181). The duties of the Secretary of State for Health include the duty to ensure that the Care Quality Commission, including the Healthwatch England Committee, is performing its functions effectively (Section 52).

## The practicalities

The CQC has indicated that HWE will be set up in October 2012. It is intended that the Chair of HWE will be a member of the CQC Board. The CQC has consulted on the membership of HWE and is currently developing proposals on membership. HWE will be expected to provide local Healthwatch organisations with operating and outcomes standards. It will be required to present an annual report to Parliament on the way it has exercised its functions during the year.

The recent Department of Health policy document on Healthwatch (see links) says that HWE "will be key to enabling the collective views and experiences of people who use services to influence national policy, advice and guidance and as a statutory committee of CQC will help strengthen links between patient/public views and regulation."

# Local Healthwatch

## The legislation

The Act imposes a duty on upper tier and unitary local authorities to contract with a Local Healthwatch organisation for the involvement of local people in the commissioning, provision and scrutiny of health and social services. These arrangements should include reporting arrangements to HWE (Section 182). Local Healthwatch organisations will not themselves be statutory bodies (ie they are not created by the Act).

The Act also makes provision for contractual arrangements between local authorities and Local Healthwatch, which must be a social enterprise. It also enables local authorities to authorise Local Healthwatch

organisations to contract with other organisations or individuals (known in the Act as Local Healthwatch contractors) to assist them to carry out their activities. Local authorities are given a number of duties in relation to monitoring and reporting on the work of Local Healthwatch (Section 183). The Secretary of State has powers to regulate the contractual relationships between local authorities, Local Healthwatch organisations and Local Healthwatch contractors (Section 184).

Under the Act, the Secretary of State can make regulations to require commissioners and providers of health or social care to respond to requests for information or reports or recommendations of Local Healthwatch organisations and to allow members of Local Healthwatch entry to premises (Section 186). The Secretary of State can also regulate for local authority overview and scrutiny committees to acknowledge referrals to them from Local Healthwatch. It is intended that service-providers, such as local authorities and NHS bodies, will be under a duty to respond to Local Healthwatch recommendations. Commissioners and providers will also have to have regard to the reports and recommendations and will have to be able to justify their decision if they do not intend to follow through on them.

Local Healthwatch organisations must produce an annual report on their activities and finance and have regard to any guidance from the Secretary of State in preparing these reports. Copies of the annual reports must be sent to the NHS Commissioning Board, relevant Clinical Commissioning Groups and HWE among others specified in previous legislation (Section 187).

The legislation permits the Secretary of State to transfer property, rights, liabilities and staff from Local Involvement Networks (LINks) to Local Healthwatch, to assist local authorities to transfer arrangements from LINks to Local Healthwatch, A transfer scheme may require a local authority to pay compensation to a transferring organisation/LINk (Section 188).

Local authorities must have regard and must require Local Healthwatch to have regard to guidance from the Secretary of State on managing potential conflicts of interests between being funded by local authorities and being able to challenge them effectively when required (Sections 183 and 187)

The Health and Wellbeing Boards being set up by each second-tier and unitary local authority are required to have a representative of Local Healthwatch among their members (Section 194).

## The practicalities

Following representations from local authorities and LINks, the start date for Local Healthwatch was put back in January 2012 from April 2012 to April 2013. The Department of Health has produced a document,Local Healthwatch: A strong voice for people – the policy explained, which clarifies and restates the Government's vision for Local Healthwatch. This also gives more detail on the relationship between Local Healthwatch and local authorities. It says that local authorities will have "some freedom and flexibility about what organisational form [Local Healthwatch] will take", although there is little explanation of what this will mean in practice.

As non-statutory corporate bodies carrying out statutory functions, Local Healthwatch will be able to employ staff in addition to involving volunteers in their work. Part of their role will be to provide information to service users on local health and care services and to signpost service users to other sources of support.

The DH has indicated that Local Healthwatch will be subject to the public sector equality duty under the Equality Act 2010 and that the Freedom of Information Act will apply to them.

Despite their name, Local Healthwatch cover social care as well as health services. This means that, like

LINks, they will need to have members with an interest in and/or expertise in social care as well as NHS services. Amendments to the legislation at a late stage and policy guidance from the DH (PDF document) have made it clear that Local Healthwatch will be corporate, i.e. non-statutory, bodies carrying out statutory functions. Local Healthwatch will have similar rights and duties in relation to information provision and to visit health and social care premises as the rights currently held by Local Involvement Networks.

The Department of Health's explanatory notes on the Health and Social Care Act 2012 indicate that the kind of issue covered in regulations could include requiring Local Healthwatch to obtain a licence from the CQC or requiring a Healthwatch contractor to be representative of local residents and service users or potential service users.

## Funding

The government currently allocates £27 million each year to local authorities for LINks through the local government Formula Grant. In 2012/13 an additional £3.2 million will be made available to support start-up costs for local Healthwatch (through the DH Learning Disability and NHS Reform Grant). In 2013/14, the current £27 million funding for LINks will become funding for local Healthwatch organisations, each year. Additional funding will be made available to local authorities from 2013/14 to support both the information function that local Healthwatch will have and also for commissioning NHS complaints advocacy.

Information about funding allocations will be made available in the routine notifications to local authorities later this year.

The Department of Health provided a small amount of funding for 75 local "Healthwatch pathfinders" in 2011-12 to test how a Local Healthwatch might work in practice. The pathfinders' work concluded in March 2012. No national report of their activities has yet been produced.

## Support for Local Healthwatch preparations

Initiatives currently under way to prepare for the transition from LINks to Healthwatch include learning sets for LINks members covering topics such as leadership, representation, equality and diversity and the use of "enter and view" powers; and a learning set on hardwiring public engagement into the work of Health and Wellbeing Boards, as part of the National Learning Network for early implementer Boards.

The DH Healthwatch Programme Advisory Group has produced a checklist of how Local Healthwatch will work on a day to day basis. In brief, this checklist covers:

- Gathering views and understanding the experiences of people who use services, carers and the wider community
- Making people's views known
- Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinized
- Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC)
- 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 providing a steer to help it carry out its role as national champion
- NHS Complaints Advocacy – if not provided in-house by a Local Healthwatch, it will maintain a relationship with the commissioned service, to share information where appropriate.

### Complaints and advocacy services

Under the Health and Social Care Act 2012, local authorities have a new duty to commission independent advocacy services for complaints relating to health services. Local authorities may commission Local Healthwatch to provide these services, but they need not do so (Section 185). For example, a local Citizen's Advice Bureau could be asked to provide the service. The Secretary of State may issue directions about how such services are commissioned and run

Local authorities will continue to have responsibility for managing complaints relating to adult social care and to commission advocacy services to support service users including those who may wish to complain.

# Comment

The Health and Social Care Act has been the subject of considerable criticism, not only for its content, but also for involving the NHS and local government in major reorganisation at a time of severe financial pressures. It is perhaps even more puzzling that the patient and public involvement system is being reformed just three years after the setting up of LINks, particularly when emerging details about how Healthwatch will operate, suggest it will not be hugely different from LINks. The one potentially significant difference is in the creation of a national body, Healthwatch England. This is to be welcomed, as it has potential to co-ordinate and publicise the findings of Local Healthwatch, using them to influence policy, to discern and draw attention to patterns of problems discovered by Local Healthwatch, and to support the local organisations. Such support is badly needed, as the failure of many LINks to make an impression indicates. However, Healthwatch England's position as both a committee of a regulatory body, the CQC, and also an "independent" body makes it a somewhat strange creature. A national body to bring together, guide and support LINks could easily have been set up without the disruption and expense caused by the creation of Healthwatch.

The DH's recent policy document, Local Healthwatch, a strong voice for people, claims that one reason for the creation of Healthwatch is that "the tripartite structure of local authority, host organisation and LINk has – in some cases – led to lack of visible accountability for LINks and confusion about […] roles, relationships and responsibilities". It is difficult to see how the new structures will help to dispel this confusion, as it appears that there will still be a tripartite relationship between local authorities, Local Healthwatch and Local Healthwatch contractors. Moreover, it is not yet clear how the relationship between any staff employed by Local Healthwatch and any Healthwatch contractor commissioned by a local authority is intended to work. The confusion about roles could be further compounded in areas in which the health complaints advocacy service is commissioned from yet another organisation. And, while a seat on Health and Wellbeing Boards may give a voice to patients and the public, the more powerful these Boards are, the more danger there will be that Healthwatch representatives who are members of them will be unable to retain their independence from executive decisions about health and social care services.

Nor is there any greater clarity than was the case with LINks about the respective roles of local authority health scrutiny and Local Healthwatch. Indeed A strong voice for people says that "The government's aim is for local Healthwatch to hold commissioners and providers of services to account, acting as a critical friend to help bring about improvements". This aim is indistinguishable from most people's understanding of the role of health scrutiny committees. A considerable amount of work will have to be done locally to reach an understanding of respective roles.

A strong voice for people also claims that the creation of Healthwatch is, in part, a response to "the need for a strong visual identity, making Healthwatch at both national and local levels recognisable for users of health

and social care services, and members of local communities". It is unfortunate, therefore that the name of Healthwatch does not reflect its responsibilities locally and nationally in relation to social care. It is clear from a number of reports on LINks that these organisations have struggled to maintain an interest among members in social care issues, despite the fact that many such members are among the older section of the population whose social care needs are most in need of an urgent response and who would most benefit from prioritisation, locally and nationally, of social care issues. It is hard to believe that people not already familiar with the system would turn to an organisation called "Healthwatch" for information on social care. Local authorities will have their work cut out to support Local Healthwatch in giving weight to the social care aspects of their work, particularly in light of the potential conflict of interests in this area. It may be that the ongoing cuts to social services will galvanise the newly-formed Local Healthwatch organisations, but it is unfortunately more likely that, like their predecessors, they will focus on more visible NHS services.

A strong voice for people says that the litmus test for Healthwatch, over time, will be whether people "know it is there, understand what it does, know how to use it and know that it makes sure that their voices are heard and represented". This is quite a demanding test which most LINks and their predecessors, Patient and Public Involvement Forums, would certainly fail. To this test should surely be added the requirement that Healthwatch be able to show how it has made a difference to health and social care services, particularly for those in the most deprived communities. If a body that is representative of and represents the interests of service users cannot show this, it is questionable whether it is worth the effort, cost and time that local authorities and community volunteers will undoubtedly be required to put into Healthwatch.

**For more information about this, or any other LGiU member briefing, please contact Janet Sillett, Briefings Manager, on janet.sillett@lgiu.org.uk**

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- Update on Healthwatch.pdf



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