

**ROTHERHAM BOROUGH COUNCIL – REPORT TO THE HEALTH AND WELLBEING BOARD**

<b>1. Meeting:</b>	<b>Health and Wellbeing Board</b>
<b>2. Date:</b>	<b>21<sup>st</sup> September 2011</b>
<b>3. Title:</b>	<b>Community Involvement and HealthWatch Update</b>
<b>4. Directorate:</b>	<b>Chief Executives</b>

## **5. Summary**

This report sets out the current position and plans around the development of a local HealthWatch as required by the Health and Social Care Bill.

## **6. Recommendations**

**That the Health and Wellbeing Board:**

- **Approve the current position and plans around the Healthwatch policy**
- **Approve the commissioning process and timescales**
- **Receive a report in January 2012 recommending the most appropriate model and structure for Rotherham HealthWatch.**
- **Approve the methodology for wider voluntary and community sector involvement as outlined in section 7.5 of the report.**

## **7. Proposals and details**

### **7.1 Background**

The Health and Social Care Bill, currently going through Parliament, makes provisions for the establishment of HealthWatch England and subsequent local HealthWatch organisations. Subject to Parliamentary approval, HealthWatch will be introduced from October/November 2012. Local Authorities will be under a duty to ensure there is an effective and efficient local HealthWatch in their area.

Department of Health Guidance highlights the importance of continuity in service provision and thus a smooth transition between the current LINKrotherham contract and new Local HealthWatch arrangements will be required. That said local HealthWatch organisations are required to fulfil additional functions, roles and responsibilities that are not currently provided by Local Involvement Networks (LINKs). Therefore, a different model may be necessary to deliver successful local HealthWatch functions.

### **7.2 LINKrotherham - Current Position and Plans**

Due to the uncertainty around the future requirements of HealthWatch and delays in the enactment of the Health and Social Care Bill, a new 6 month contract will be issued to LINKrotherham from 1<sup>st</sup> October – 31<sup>st</sup> April 2012. A new service specification has been drawn up by the RMBC & NHS Rotherham Joint Commissioning Team under which Voluntary Action Rotherham in their capacity as “Host” will be commissioned to:

- Support consultation and engagement on Health and Wellbeing agenda including the forthcoming health summits
- Develop the capacity and skills of the Governing Board and members.
- Ensure the all member meetings are called to ensure members are retained and engaged.
- Improve the demographic data collected on the membership to ensure it reflects the make up of the local community.
- Maintain the website, membership database; produce regular newsletters, and arranging consultation meetings between the Governing Board, the LINKrotherham membership, and the statutory partners on health and social care issues. .

### **7.3 HealthWatch - Commissioning Plan and Timescales**

The Joint Commissioning Team is leading on the development of models and options working collaboratively with the Council’s Commissioning, Policy and Performance Team and through the HealthWatch Project Group (comprising officers from Rotherham NHS, RMBC, and Rotherham NHS Foundation Trust). The most appropriate model for Rotherham will be established by December 2011 upon receipt of Department of Health Guidance around HealthWatch requirements.

The overall commissioning timetable is as follows:

- Joint Commissioning Team to develop the Contract and Service Specification for local HealthWatch by 31<sup>st</sup> March 2012.

- Commence the tendering process for the most appropriate model for Rotherham in March 2012, allowing 6 months for completion. However, the tendering process and timescale will be dependent on the agreed HealthWatch model for Rotherham.
- Issue contracts in September/October 2012 and establish Rotherham HealthWatch by October/November 2012.
- The reviewing and monitoring regime of the contract performance will be configured in line with the agreed HealthWatch model for Rotherham.

#### **7.4 HealthWatch Models**

It is expected that HealthWatch will deliver on the following key functions:

- An emphasis on influencing the outcome of health and social care services
- Providing information on health services
- Providing influence at a strategic level for users of health and social care services by taking up a place on the Health & Wellbeing Board
- Providing a consumer voice through an advocacy and complaints service
- Acting as conduit to the Care Quality Commission and local practice, and linking into Health Watch England

Not all of these functions are required to be delivered by one single organisation. Therefore, the Health Watch project group are exploring various models in collaboration with neighbouring HealthWatch pathfinder authorities and regional LINK commissioners.

##### **1. NHS Trust Model**

- Wide reference group and a small strategic elected or selected management core, which may or may not receive remuneration.

##### **2. LSP/Paid Chair Model**

- Wide membership group with remunerated position of a Chair who acts as a key figurehead in driving the organisation forward.

##### **3. Social Enterprise Model**

- Social enterprise is formed using existing staff together with the establishment of a board to deliver local HealthWatch priorities.

##### **4. Partnership Model**

- Work across regional boundaries (Doncaster, Barnsley and Sheffield) with the core of the organisation's work in partnership with other experienced agencies to deliver local HealthWatch priorities.

##### **5. Contracted Services Model**

- Work is delivered on a contractual basis e.g. voluntary and community or private sector organisations, requiring strong finance and contracting skills amongst board members.

#### **7.5 Wider patient, service user, and voluntary sector engagement – the duty to involve**

One of the success criteria by which local Health & Wellbeing Boards (HWBB) will be measured is the extent to which they engender ownership of healthcare developments by the local community. To support the Rotherham HWBB fulfil its duty to involve and lead on public and patient engagement it is proposed to establish a mechanism to enable service users and voluntary and community sector (vcs) representatives to be consulted on and contribute to the development of the HWBBs strategic plans and priorities. Any network or forum established would complement existing involvement structures with terms of reference that would be different from the responsibilities of other bodies, such as HealthWatch which already has a statutory right to membership of the HWBB.

It is proposed that the HWBB adopts a thematic approach that would enable a wide section of the community to be engaged with and a broad spectrum of issues to be represented. Thus involvement would vary according to the priority the HWBB was focussing on at the time, as would the methodology adopted. For example, dependent on the specific subject matter focus groups, public meetings, or community events could be scheduled with members of the HWBB to explore/discuss issues with information gathered used to inform decision making, commissioning and policy development. Community engagement and/or consultation lead officers from the Council and Rotherham NHS would then support the delivery of the activities in line with section 4.1 of the HWBB draft terms of reference. A community engagement plan would be produced to support delivery of the HWBB work programme.

The above approach would be more inclusive than establishing a standing committee of vcs representatives or seeking the election or nomination of a single person/agency to represent the whole of the vcs via a seat on the HWBB.

## **8. Finance**

Local Authorities will have funding for HealthWatch built into their existing allocations, including funding for current NHS functions (complaints advocacy, and provision of advice and information on health services) which will be transferred to Rotherham MBC.

Nationally, it is anticipated that HealthWatch will receive Department of Health funding of £53.9 million for 2012/13 plus £3.2 million for start-up costs. In 2013/14, when local authorities take on responsibility for commissioning NHS complaints advocacy, the combined funding will rise to £66.1m. The local allocation to Rotherham is yet to be determined.

The Department of Health has advised that the Ongoing Personal Social Services Grant funding (which includes the funding for LINKs) will be maintained at current levels, rising in line with inflation, for the Spending Review period. The Spending Review period is until 2014/15. This means funding will be made available to local authorities to support them to fulfil their statutory duties around LINKs and, subject to Parliamentary approval, HealthWatch for the next four years.

## **9. Risks and Uncertainties**

- Plans and timescales are subject to the Health and Social Care Bill being passed through parliament which makes provisions for the establishment of HealthWatch.

- Timescales are still unclear due to delays in National Guidance being issued from the Department of Health.
- The number of suitable organisations applying for tender is currently unknown together with stipulations for applying for tender.
- Staff/Financial transfer from PALS including employment rights and TUPE arrangements are still uncertain.

## **10. Policy and Performance Agenda Implications**

As per section 7.1.

## **11. Background Papers and Consultation**

Reports, Project Plan and associated papers for the Review of LINKrotherham and Healthwatch

Department of Health – Healthwatch Transitional Plan

Upcoming Department of Health guidance and reports

## **12. Contact**

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