ROTHERHAM BOROUGH COUNCIL – REPORT TO HEALTH AND WELLBEING BOARD

1.	**Meeting:**	**Health and Wellbeing Board**
2.	**Date:**	**6th 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* £105,446
NHS Complaints Advocacy	£ 66,054**
Total:	**£ 271,600**

Maximum

Current LINks funding plus signposting services additional funding from PALs	£100,100* £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