

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

<b>1.</b>	<b>Meeting:</b>	<b>Health and Wellbeing Board</b>
<b>2.</b>	<b>Date:</b>	<b>5<sup>th</sup> September, 2012</b>
<b>3.</b>	<b>Title:</b>	<b>Rotherham Healthwatch Update</b>
<b>4.</b>	<b>Directorate:</b>	<b>Resources</b>

**5. Summary:**

This paper highlights progress achieved in relation to commissioning Healthwatch Rotherham and provides an update on government guidance, funding and secondary regulations. Work has included comprehensive consultation and analysis of current information, advice and guidance available on health and social care services.

**6. Recommendations**

**Health and Wellbeing Board members are asked to:-**

- 6.1 Note the progress achieved in relation to commissioning Healthwatch Rotherham.**
- 6.2 Note the intentions of the DH in relation to the secondary regulations.**
- 6.3 Note the proposal at 7.3 for an Elected Member to be a trustee on the Rotherham Healthwatch Board of Trustees**
- 6.4 Note the revised level of funding available.**
- 6.5 Receive further papers on the outcome of the tendering process including the outcome of the evaluation process and the recommended provider.**

## **7. Proposal**

### **7.1 Background**

The Health and Social Care Act 2012 amends the Local Government and Public Involvement in Health Act 2007 to make provisions about Healthwatch as the consumer champion for health and social care services. This will include the national Healthwatch England and the provision for a local Healthwatch which the Local Authority must commission.

Rotherham Healthwatch will replace the current model of Local Improvement Networks (LINKs) carrying forward the functions while taking on new, additional functions.

The main functions of a local Healthwatch are 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;
- Consultation on people's views and experiences of health and care and feed these into Healthwatch England;
- Making recommendations to Healthwatch England to advise 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
- Make recommendations about how those services could or should be improved.

### **7.2 Secondary Regulations**

The Healthwatch secondary regulations are still being developed by the DH, however Children and Young People are now included in the Healthwatch requirements. The DH's 'Summary Report' key issues are set out as:

- The organisation does not need to be a Social Enterprise but must have the "principles of a Social Enterprise" with at least 50% of profit/surplus reinvested to further the social objective
- The constitution of the organisation must state that the main objective is to benefit the community.
- The secondary regulations will include further criteria about having lay people and volunteers in the local Healthwatch.
- In relation to the contract between the Local Authority and Healthwatch, the details of the 2008 regulations will be carried forward, with the

intention of ensuring that the local Healthwatch operates in an open and transparent way.

- There will still be a requirement for providers to respond to reports, recommendations and information requests including to children's social care. The DH also prefer not to impose a duty to respond to information request given the current situation seems to be working well.
- Referrals to scrutiny committee will be carried forward into Healthwatch.
- The 2008 Entry Regulations which set out the duty of service-providers to allow entry to residential care provision, will be carried forward, including in relation to "excluded activities" (children's social care).
- Directions in relation to what should be addressed in the local Healthwatch annual report will be part of the regulations. The DH state that this includes finance, how the local Healthwatch has been representative of its local area, how it has carried out engagement, a focus on outcomes and a 'forward look'.

The regulations will be laid in October (Contracts elements) and November (enter and view elements) and come into force on 1<sup>st</sup> April, 2013.

### **7.3 Representative on the Health and Well Being Board and Board of Trustees**

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.

It is proposed here that an Elected Member is also a member of the Healthwatch Board of Trustees. It is suggested this is a voluntary nomination.

### **7.4 Healthwatch Project Group**

The commissioning project group includes representatives from the Local Authority and Rotherham Clinical Commissioning Group (CCG). The activity that has taken place in line with the action plan includes:-

#### **7.4.1 Vision**

A vision for Healthwatch Rotherham has been developed and been included in the consultation that has been undertaken. The vision is:-

*Healthwatch Rotherham will work with local people to ensure that they receive the best quality health and social care services by:*

- *Providing information, advice and support that will enable Rotherham people to make choices and access health and social care services.*

- *Providing leadership and support to strengthen the collective voice of local people.*
- *Ensuring that service user's views and experiences influence, shape and improve health and social care services and reduce health inequalities.*
- *Working collaboratively with local community networks, building on existing information, advice and local knowledge.*

#### **7.4.2 Consultation**

Information on Healthwatch has been added to the website. Two surveys were issued to members of the public, health and social care service users and to the voluntary and community sector networks and community interest groups.

The surveys seek the views about the three main functions of Healthwatch. The questions also relate to the current service provision so that a baseline position can be determined for future performance monitoring and also inform the drafting of the service specification.

The consultation ends on the 24<sup>th</sup> August so unfortunately the results cannot be presented in this report.

Consultation has also taken place through organised meetings such as the Health network and Voluntary and Community Sector consortium. Partner colleagues on the project group have also been raising the awareness of Healthwatch and promoting the consultation.

Best practice has been determined through attendance at the Regional Healthwatch Commissioners Group and attendance at LGA events.

#### **7.4.3 TUPE Arrangements**

TUPE discussions with the CCG have taken place regarding two members of staff (0.8 w.t.e. and 0.5. w.t.e.) who currently provide the PCT Patient, Advice and Liaison Service (PALS). Other roles that are subject to TUPE will be considered. The TUPE information will be placed in the tender documents to make potential providers aware of this requirement.

#### **7.4.4 Service Mapping**

This has been completed with the assistance from the Health Information Manager and PALS Co-ordinator.

This work has informed the service specification and enabled a position statement of the existing information services, signposting undertaken and complaints advocacy used across NHS and Social Care Services in Rotherham. The work included but was not restricted to, the mapping of information, advice and guidance provided by Rotherham CCG Patient Liaison Service (PALS), Rotherham Foundation Trust (RFT), Rotherham, Doncaster and South Humber Mental Health Trust (RDaSH), RMBC Adults and Children's Social Care.

All the current information provision will be very helpful to Healthwatch and a good starting point for them to build their knowledge about what services are available. It is not proposed at this stage that the current information provisions are changed as it appears there are not significant gaps but it is recognised that efficiencies may be possible in the future.

The funding that was previously just for the 'signposting' element of the PCT PALS service will now be provided to the Local Authority but this is to cover the signposting requirements for all NHS services. The PCT PALS service currently responds to 'concerns' by patients and it could be argued that it is often difficult to separate the 'enquiry' from the 'concern'. However, given the level of funding it is proposed that Healthwatch will take on the signposting functions that were previously PCT PALS but not the 'concerns'. This would remain the responsibility of the CCG, presumably as part of their complaints team.

#### **7.4.5 Commissioning and Procurement Plan**

The commissioning timeline presented in the last report is on track. The Pre Qualification Questionnaire (PQQ) will be issued on the 3<sup>rd</sup> September, 2013.

The service specification will be built on the current legislative guidance that is available recognising that secondary regulations will not be available until the end of the year. It will include that the organisation will need to adopt social enterprise principles and act for the benefits of the community in Rotherham with primarily social objectives, and a minimum of 50% of profits/surplus will be reinvested.

The specification is being drafted and will be circulated for consultation on the 3<sup>rd</sup> September for comments back by 28<sup>th</sup> September.

The Invitation to Tender (ITT) will therefore be issued by 22<sup>nd</sup> October.

#### **7.5 NHS Complaints Advocacy**

There is a requirement under the Health and Social Care Act for the Local Authority to commission a NHS complaints advocacy service that operates effectively and delivers value for money. Whilst it will be for the local authority to decide the level of funding, it is important that sufficient funding is made available to ensure that the quality of service provided is not compromised. Funding of £80K has been provided by DH for a commissioned NHS complaint advocacy service.

The Independent regional complaints advocacy service that currently exists, ICAS, will end on the 31<sup>st</sup> March, 2013. It was agreed at the last meeting that NHS complaints advocacy will be part of the Healthwatch contract and not provided by a separate organisation.

From consultation with NHS providers it was clear that ICAS was a service that they encouraged their complainants to use but the take up was relatively low and it was recognised that the support provided related in the

main to complex complaints, those that had been through the complaints procedure or even to the Ombudsman without resolution. Therefore although the number was relatively small they were complex cases and therefore could take up to 6 months to complete.

It is proposed that Healthwatch will be asked to provide NHS complaints advocacy at all the levels of complaint process to ensure value for money.

## **7.6 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/signposting functions but also for commissioning NHS complaints advocacy.

Further to the indicative budget provided by the DH in June 2012, the DH has issued further guidance on the level of funding. This is a reduction on the amount originally indicated. This funding level will be included in the specification and tendering documentation.

## **8. Finance**

The financial aspect of funding Healthwatch Rotherham has been highlighted in section 7.6.

## **9. Risks and Uncertainties**

Although the DH have provided a summary report on the consultation which gives some of the intentions in the secondary regulations, the actual regulations will not be written until November and in place by 1<sup>st</sup> April.

There is a risk that a small number of organisations will tender for this contract. Contingency arrangements for the service from 1<sup>st</sup> April 2013 will be in place should this occur and these will continue until the service is retendered.

## **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: Summary Report Issues relating to local Healthwatch regulations (August 2012).

Consultation on the Development of Healthwatch – Report to HWBB (July 2012)

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