

## ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	<b>Meeting:</b>	<b>Health and Wellbeing Board</b>
2.	<b>Date:</b>	<b>26<sup>th</sup> March, 2014</b>
3.	<b>Title:</b>	<b>Healthwatch Rotherham Progress Update</b>
4.	<b>Directorate:</b>	<b>Neighbourhood and Adults Services</b>

### 5. Summary:

This report provides background information on the development of Healthwatch Rotherham along with progress achieved to date.

Parkwood Healthcare Ltd was awarded the Healthwatch Rotherham (HWR) contract which commenced on the 1<sup>st</sup> April, 2013. HWR replaced LiNKs.

A full compliment of HWR staff and Board Directors has now been achieved and the number of volunteers continues to increase.

Performance is monitored against an outcomes framework at monthly contract review meetings. The work plan for HWR details the specific pieces of work to be undertaken, or contribute to, in line with their role. Contingency has been built into the work plan to ensure that any urgent or critical work can be delivered within the overall capacity.

Further analysis of contacts received, issues collected and engagement activities undertaken by HWR are contained within this report.

It was always the intention that once Parkwood Healthcare Ltd had established Healthwatch Rotherham that the contract would novate from them to HWR to enable HWR to operate as an independent social enterprise. The intention to novate the contact by September 2014 was approved by the Cabinet Member, Health and Wellbeing on the 10<sup>th</sup> March, 2014.

### 6. Recommendations

**That the Health and Wellbeing Board:**

**6.1 Notes the progress achieved by Healthwatch Rotherham.**

**6.2 Notes the decision to novate the contact to HWR by September 2014.**

## **7. Proposal**

### **7.1 Background**

Healthwatch Rotherham (HWR) was commissioned by Rotherham Borough Council on behalf of the Health and Wellbeing Board as the consumer champion for health and social care services in Rotherham. The contract commenced on the 1<sup>st</sup> April, 2013 for a contract period of 2 years with an option to extend for a further 1 year dependent on central government funding made available. The main functions of HWR are:-

- Providing information and advice to the public about accessing health and social care services and choice in relation to aspects of those services e.g. signposting;
- Gathering people's views and experiences of health and care and feeding these into local JSNA, needs assessments and service developments.
- 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
- HWR also includes the provision of an independent complaints advocacy service for NHS complaints.

The Outcomes Framework for HWR was approved at the HWBB in October 2013 and is used to measure performance at the monthly contract review meetings. A suite of key performance indicators are in place to measure performance against the outcomes framework and record the engagement activity undertaken.

### **7.2 Launch and Media developed for HWR**

The launch of HWR took place on the 2<sup>nd</sup> October, 2013, officially announced by the Mayor and Mayoress of Rotherham. The launch event was well attended by both Elected Members and Officers.

HWR have also developed a website, twitter and facebook account and a newsletter is circulated regularly. All provide an update on HWR activity and outcomes achieved.

### **7.3 HWR Staff and Directors**

All HWR staff, Chair and Directors to the HWR Board have been appointed. The HWR staff are:-

- |                     |                                   |
|---------------------|-----------------------------------|
| • Melanie Hall,     | Healthwatch Rotherham Manager     |
| • Nathan Batchelor, | Research & Information Officer    |
| • Anne Leem         | Advocacy Worker                   |
| • Steve Mace        | Engagement Officer                |
| • Sharon Cope       | Engagement officer                |
| • Glyn Stott        | Project worker temp Jan-July 2014 |



- Raised the issue regarding the time taken to respond to complaints with a Health provider and the provider is now revising their complaints processes and is including the HWR leaflet in its first response to complaints.
- Views and comments on The Rotherham Foundation Trust (TRFT) will be used to inform their Quality Accounts 13/14 and 14/15.
- The set up of a friendly society which is involved in service changes within a care home and is raising funds for residents, a good example of coproduction
- A GP practice is now reviewing the letters sent after HWR raised with them at the flu jab letter contained phrases such as 'chronic illness' when people did not have a chronic illness. This is now changed to Chronic illness/long term condition following consultation with the practice Patient Participation Group
- HWR raised with a statutory body about giving mixed messages regarding personalisation and as a result they are going to increase the training of staff on this subject.
- RDaSH has now changed its website to accurately reflect what people need to do to access primary care mental health services
- The HWR website has been updated to highlight the advocacy service and this was done on the back of the feedback received.
- A health provider is refining its standard operating procedures and undertaken further work on the discharge policy following feedback from HWR.
- A national issue on patient records has been raised at QSG in partnership with TRFT and Rotherham LGBT
- Commissioning arrangements for children with ASD have been highlighted to joint commissioners
- A lack of information on Health care provision and funding arrangements has been highlighted, this is a regional issue which the provider is making arrangements to resolve.

## **7.5 Activities of HWR**

The community engagement and project work planned over the next 6 months, includes:-

- HWR are to hold community engagement events across the Borough, mainly at community buildings such as the customer service centres to both raise the awareness of HWR but also to gather the views around health and social care services.
- Drop in sessions will be delivered in Maltby, Dinnington, the north of Rotherham, the Gate surgery and Shiloh from April 2014
- The project worker recently appointed is to undertake the engagement and consultation with parents/carers and young people around the changes required for the development of an integrated health, social care and education service for children with disabilities and/or special educational needs. (outcomes and measures are yet to be agreed)
- A looked after children research project around the barriers for health care for looked after children commenced in January undertaken by a public health student from Sheffield university with support from HWR

Projects completed:

- HWR has consulted with health and social care service users in relation to development of integrated health care. The report was completed 24.1.14

### **7.6 Novation of the Contract to HWR**

The proposal that Strategic Commissioners progress the novation so that the contract for Rotherham's local Healthwatch services to 2015 are provided by HWR directly was discussed on the 10<sup>th</sup> Match Cabinet Member for Health and Wellbeing Meeting. A key benefit of this is that HWR will operate in its own right and any income will be reinvested into HWR. The intention to complete the novation to HWR to enable them to operate as an independent social enterprise by September 2014 was approved. This would leave 7 months of the current contract and should the funding be available from DH, then the extension of 1 year will then be utilised.

### **8. Finance**

The value of the Healthwatch Rotherham contract is £215,000 per annum, the contract is for two years 2013-2015 with an option to extend for a further year (if the funding is available). The budget continues to be monitored by the RMBC commissioning team and the projected under spend due to staff slippage in the year is to be determined before the end of quarter 4.

### **9. Risks and Uncertainties**

To date the number of NHS complaints that HWR is providing advocacy for is 39. This is more than anticipated although it was recognised that a local service would result in more requests for complaints advocacy. The demand for this service will need to be monitored. Any other issues or risks will continue to be raised at the contract review meetings.

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

None

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

Consultation with HWR and Parkwood Healthcare regarding the contents of this report.

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