

Health and Wellbeing Board 23rd March

COMMISSIONING HEALTHWATCH AND INDEPENDENT NHS COMPLAINTS ADVOCACY SERVICE FOR SHROPSHIRE

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1. Summary

1.1 This report sets out the steps required to secure a Local Healthwatch for Shropshire beyond 2018, options for achieving this and seeks advice from the health and Wellbeing Board as to the scope and extent of the engagement activity to support this process.

2. Recommendations

- 2.1. Feedback is given on the nature, scope and extent of the engagement work required to develop a specification for Healthwatch Shropshire to ensure it is effective and resilient into the future.
- 2.2. Feedback is given as to whether any, or all, of the emerging commissioning models set out in Section 6 below should be investigated.
- 2.3. Feedback is given as to the nature of the involvement of the Health and Wellbeing Board in the recommissioning of Healthwatch Shropshire

REPORT

3. Risk Assessment and Opportunities Appraisal

3.1 Risk Assessment

A risk register will be established and updated as the commissioning project progresses. Healthwatch Shropshire (HWS) have also created and maintained their own operational and strategic risk assessment. Ongoing risks are common to both HWS and the Health and Wellbeing Board. Risks include uncertainty over future available funding for the Healthwatch function and capacity for HWS to be able to effectively deliver all their statutory functions whilst at the same time gathering and sharing views on the wide range of health and care changes and activities currently under way.

3.2 Human Rights

It is unlikely that there are any relevant Human Rights issues impacting this project.

3.3 Equalities

An Equalities and Social Inclusion Impact Assessment (ESIIA) will be established and updated as the commissioning project progresses. The ESIIA will be informed by the engagement activity undertaken to support the commissioning of Local Healthwatch.

3.4 Communities

Local Healthwatch exists to ensure that individuals and communities are able to have their views heard and shared with health and care services and commissioners. Through its own engagement activity, which involves many volunteers, members and stakeholders, Healthwatch has a positive impact on communities throughout Shropshire.

3.5 Environment

It is unlikely that there are any relevant environmental issues impacting this project.

4. Financial Implications

4.1 The IHCAS contract is fully funded and the Healthwatch contract is partly funded from the Local Reform and Community Voices Grant. The balance is funded out of the Local Government Finance Settlement. Current contract values are £24,000 per annum for IHCAS and £191,487 (plus a potential further £8,000 per annum to support a research grants programme) for Healthwatch.

4.2 Engagement and commissioning activity will incur costs associated with staff time, publicity and, if required, venue hire.

5. Background

5.1 Healthwatch is the independent consumer champion for health and social care and was created under the Health and Social Care Act 2012 legislation to replace the LINks (Local Involvement Networks). Each local authority area is required to have a Local Healthwatch. Healthwatch Shropshire Ltd was formed in 2013 and is funded by Shropshire Council through a contract which runs until 31st March 2018. Healthwatch Shropshire (HWS) also delivers the Independent Health Complaints Advocacy Service (IHCAS) for Shropshire, again contracted until March 2018.

5.2 HWS was originally commissioned by Shropshire Council following extensive engagement throughout 2012 with stakeholders and users of health and social care services. This took the form of a Transition Board with representation from the main health and care bodies in Shropshire, an online questionnaire, public meeting and attendance at various stakeholder groups throughout the county. This, combined with the legislative requirements for Healthwatch, helped to shape the specification and procurement exercise.

5.3 The statutory functions of a local Healthwatch are:

Function 1 – Providing advice and information about access to services and support for making informed choices

Function 2 – Making the views and experiences of people known to Healthwatch England (HWE) and provide a steer to help it carry out its role as national champion

Function 3 – Recommending investigation or special review of services via Healthwatch England or direct to the Care Quality Commission

Function 4 - Promoting and supporting the involvement of people in the commissioning and provision of local care services. This includes operating an 'Enter and View' process

Function 5 – Gathering views and understanding the experiences of patients and the public

Function 6 – Making people's views known

Function 7 – Provide access to the Independent Health Complaints Advocacy Service. HWS is also the contracted IHCAS provider

Healthwatch must produce a statutory annual report.

5.4 Following a competitive procurement process in which 2 tenders were received the contract to form Healthwatch Shropshire was awarded to Shropshire Rural Community Council with the requirement that they form a distinct Healthwatch organisation from April 2013. Healthwatch Shropshire Ltd became fully independent from SRCC in 2016.

5.5 Throughout the contract term a stakeholder group consisting of representatives from key stakeholder organisations has met regularly with HWS to review the effectiveness of HWS and to discuss emerging themes and trends. HWS has a seat on the Health and Wellbeing Board and Delivery Group and provides reports on progress.

5.6 HWS undertook a 'Reflective Audit' (based on a national tool developed for Healthwatch) with stakeholders in 2015 which comprised 18 questions, with participant responses being a mix of multiple choice, ratings scales, and self-generated narrative text. It was sent by email to 46 recipients as a SurveyMonkey online questionnaire. This highlighted areas where HWS was performing at a level above other local Healthwatch and also some areas for development. In addition feedback from stakeholders identified a long list of achievements by HWS including the Pharmacy Service review, Mental Health review and the quality of their engagement. Development areas included the need to continue to raise awareness of their activity amongst stakeholders, strengthen the relationship with some NHS organisations and to review their activity specifically focussed on social care.

5.7 HWS is unique in running an annual research grant scheme for the voluntary and community sector, supported by the Local Authority. The grants provide another way for HWS to find out what works well and where there are challenges for people in the county in using health and social care services, especially for those whose voices are seldom heard.

Research projects so far have focussed on:

- People with Asperger's syndrome and high level autism
- Deaf people
- Visually impaired people
- Older LGBT
- Parents and carers of disabled children
- Death education and young people
- People who using adult social care
- Householders suffering from fuel poverty

5.8 Since HWS won the contract for IHCAS in 2016 they are starting to see the benefits of joining up the intelligence gained through the IHCAS contract with their wider intelligence gathering activities.

6. Next Steps

6.1 In order to ensure that a new contract is in place from 1st April 2018 a number of decisions and activities need to be undertaken. Procurement advice is that a competitive procurement will need to be undertaken. The outline key stages and timeline required to get to a contract 'go-live' date of 1st April 2018 are shown below:

March – April 2017	Plan and prepare engagement. Develop questionnaire
May – June 2017	Stakeholder and public engagement
July 2017	Stakeholder event (priorities and co-production)
July – Sept 2017	Develop and finalise specification(s)
Sept – Nov 2017	Tender period
November 2017	Tender evaluations, presentations
6 th December 2017 (provisional)	Shropshire Council Cabinet decision on preferred bidder

Jan – March 2018	Contract mobilisation
1 st April 2018	New contract commences

6.2 Feedback is requested from the Health and Wellbeing Board as to the scope and extent of the engagement required to develop a specification for Healthwatch Shropshire to ensure it is effective and resilient into the future.

6.3 Nationally the Healthwatch commissioning landscape has evolved slowly over the first 4 years. Of the 152 local Healthwatch the vast majority are single-authority entities. Two areas have a combined Healthwatch – Dorset (including Poole and Bournemouth) and Central West London (Hammersmith & Fulham, Kensington & Chelsea and Westminster). 7 providers hold multiple local Healthwatch contracts (covering 25 local authorities). It is permissible to have a single Healthwatch board responsible for 2 or more local authority areas.

6.4 New models are emerging to reflect a range of commissioning and provider needs such as efficiency, shared functions and shared health and care economies. Commissioning models include:

- Joint commissioning across 2 or more local authority areas, often linked to common CCGs or health providers. A single contract and specification applicable to all areas is agreed and commissioned.
- Collaborative commissioning where neighbouring areas with common priorities and health providers agree to common specification requirements but commission separately – this may result in different Healthwatch providers or one Healthwatch provider delivering 2 or more contracts
- Collaborative delivery where 2 or more local Healthwatch agree to share and collaborate on certain functions, eg back office, intelligence systems, specialisms

6.5 It is worth noting that any collaborative or jointly commissioned approach across 2 or more local authority areas has the potential to be complex which may result in the timetable for recommissioning being delayed by up to a further 12 months.

6.6 Feedback is requested from the Health and Wellbeing Delivery Group/ Board as to whether any, or all, of the above emerging commissioning models should be investigated.

7. Conclusions

7.1 Effective engagement with the right stakeholders is important to ensure that Healthwatch Shropshire will continue to be effective in the context of the evolving health and social care landscape of Shropshire. The local Healthwatch organisation will need to be resilient and able to continue to represent the voice of patients and service users in the context of future public sector funding pressures alongside significant changes in health and care service delivery.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder)
Cllr Karen Calder
Local Member
N/A
Appendices
N/A

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