



Procurement of Healthwatch Shadow Health and Wellbeing Board – 20th October 2011

1. What are we trying to achieve for our communities?

- 1.1 The Government's health and social care reforms are centred on the fundamental principle that patients and the public must be at the heart of everything our health and social care services do.

The Government has acknowledged that there have been a number of different arrangements for involving people in health and social care over recent years and has expressed an intention to build on what is working well but also establish new structures that will bring even greater benefits to local people.

As part of this intent the Health and Social Care Bill currently going through parliament has provision in it for the establishment of Healthwatch.

Subject to Parliamentary approval both Healthwatch England and local Healthwatch will be introduced from 1st October 2012, with local authorities also taking responsibility for the commissioning of NHS complaints advocacy from April 2013, which may or may not be provided through Healthwatch.

- 1.2 Healthwatch is being described as an evolution from the existing Local Involvement Networks (LINks). Healthwatch will give people real influence over decisions made about local services; it will support individuals as well as engaging communities; and Healthwatch England will ensure that consumer voice has influence not only locally but nationally too.

Healthwatch is being established as a new independent consumer champion for patients, carers and all those using health and social care services, as well as the wider public.

Its purpose will be to help achieve the aims described in the Government's white paper *Liberating the NHS* where:

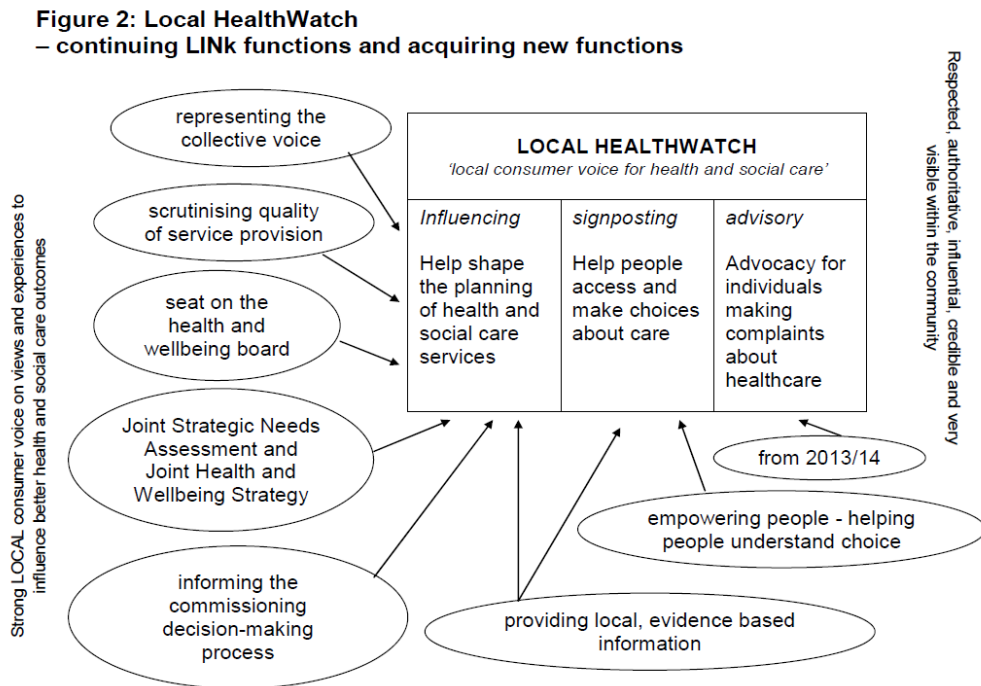
- people are at the heart of all health and social care services;
- health and social care outcomes in England are among the best in the world;
- there is promotion of the joining up of local NHS services, social care and health improvement.

- 1.3 Healthwatch England will be a statutory committee within the Care Quality Commission (CQC). It will:
- be an independent consumer champion
 - provide leadership, advice and support to Local Healthwatch
 - provide advice to the NHS Commissioning Board and the Secretary of State
 - receive concerns from local Healthwatches and have the power to propose a CQC investigation of poor services.

1.4 Locally Healthwatch will be required to provide the following functions:

- Influencing – helping to shape the planning of health and social services by:
 - representing local voices;
 - scrutinising the quality of service provision
 - having a seat on the local Health and Wellbeing Board
 - informing the commissioning decision-making process
 - providing local, evidence-based information
- Signposting – providing information to help people access and make choices about services by:
 - empowering people by helping them understand choice
- Advisory – advocating and holding to account by:
 - championing quality and supporting people on issues and concerns
 - requiring commissioners and providers of services to be under a duty to have ‘due regard’ to local Healthwatch’s findings.

These functions are shown in figure 2 below from the Department of Health’s Healthwatch Transition Plan.



2. How is this to be implemented?

2.1 Guidance is clear that Healthwatch need to build on the existing local LINK. Torbay has an active LINK currently implemented with support from local staff employed by the ‘host’ organisation Help and Care. It has 720 individual and organisational members, a steering group of 9 volunteers, a priorities panel and an ‘enter and view’ team. LINK Torbay has an active working relationship with the Baywide GP Commissioning Consortium, Torbay Care Trust, the Care Quality Commission, Health Overview and Scrutiny and its neighbouring LINKs. It has recently been called upon by the Baywide GP Commissioning Consortium to help set up their Patient Participation Groups and is well placed to coordinate health and social care engagement in Torbay.

- 2.2 Funding for Healthwatch will be provided through:
- i) The authority's main Formula Grant allocation (from 2012),
 - ii) Reallocation of funds from the existing grant to the Primary Care Trust Patient Advocacy and Liaison Service (PCT PALS) from (October 2012),
 - iii) Reallocation of funds from the existing grant for NHS Complaints Advocacy (potentially from October 2012),
 - iv) Reallocation of funds from the existing grant for PCT Deprivation of Liberty Safeguards (from April 2013),
 - v) Reallocation of funds from the existing grant for Independent Mental Health Advocates (from April 2013).

A consultation is currently being undertaken by the Department of Health on the basis for calculating reallocations for ii), iii) and iv) above.

The current LINK/future Healthwatch provision within Torbay's Formula Grant Allocation is £120,000 per annum, but these funds are not currently ring-fenced and will be assessed in the context of reducing revenue support grant as outlined in the comprehensive spending review(CSR)

If we assume this level of funding for the first three years of Healthwatch, and take the lowest estimates for reallocation of funds from ii), iii) and iv) above (consultation on the allocation from item v) above will not take place until nearer 2013) the three year contract amount could be in the region of £550,000. Further clarification and consideration will be given to the resource allocation.

- 2.3 This level of funding requires an OJEU tendering process. The timetable for this tender is proposed as follows:

Timeline	Action
November/December 2011	Tender specification developed
December 8 th 2011	Healthwatch report presented to Full Council
January 2012	Tender process starts
April 2012	Contract awarded*
July 2012	Contract starts
October 2012	Legal start date for Local Healthwatch
April 2013	Local authority required to commission NHS complaints advocacy, this service could be provided via Healthwatch

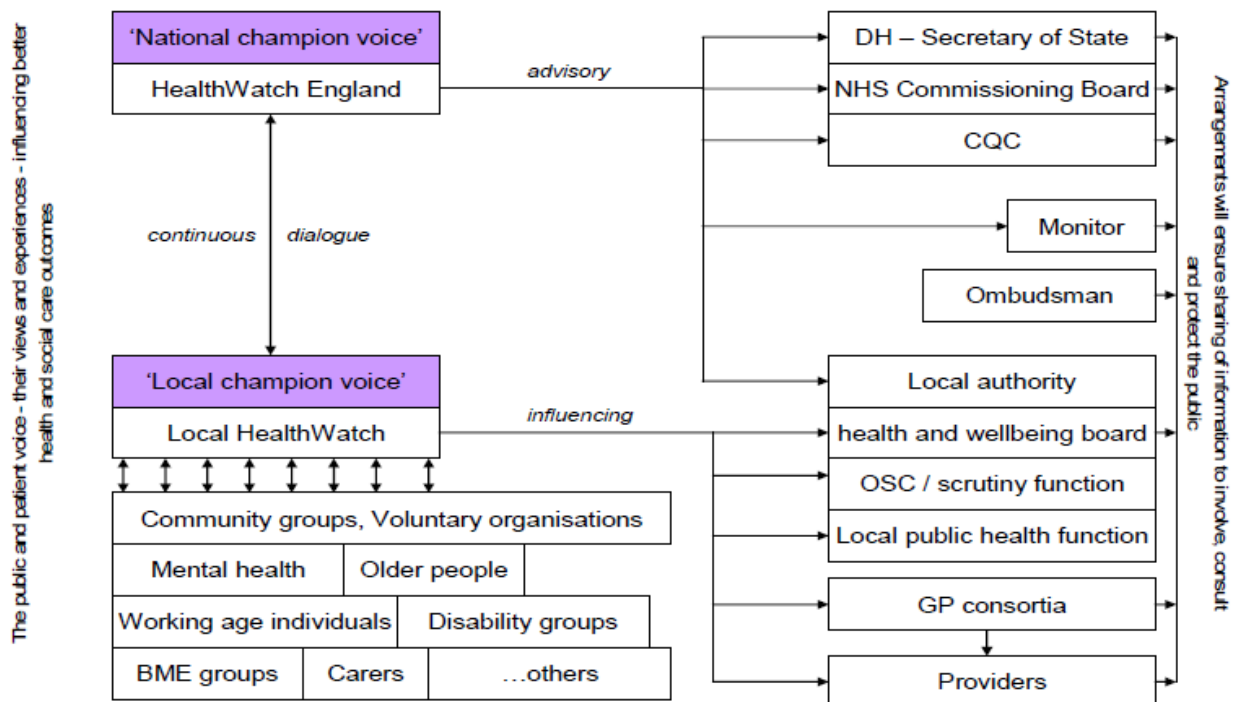
* the three month gap between the awarding of the tender and the start of the tender contract will allow for any possible TUPE requirements or alternative staffing arrangements.

- 2.4 While the remit for Healthwatch is determined nationally by legislation there is Flexibility in the way it is implemented locally. The aim is to enable Healthwatch to become a 'one stop shop' for all influencing, signposting and advisory activities related to health and social care issues with a high level of public awareness. Healthwatch should become a household name. To help identify how Healthwatch could be delivered in Torbay, building on LINK Torbay, and avoiding duplication, a Healthwatch Transition Stakeholder Group was set up in July to create an action plan and identify some key elements for the Healthwatch tender specification. This group is chaired by Anne Mattock (the LINK representative on the Shadow Health and Wellbeing Board) and is made up of representatives from LINK, Help and Care, TCT, GP Commissioning

Consortium, South Devon Healthcare NHS Trust, Care Quality Commission, Torbay Council (Members/Overview & Scrutiny /Supporting People/contract manager), Community and Voluntary Action Torbay, Carer's Evaluator, Citizen's Advice Bureau, Speak Out Torbay. This group has met 4 times and aims to complete its work by the end of November 2011.

- 2.5 One of the other challenges is to ensure that Healthwatch is integrated and linked into the wider Health and Social Care decision-making, commissioning and provider networks. The Department of Health suggests that the Local Healthwatch can be a conduit particularly between the voluntary and community sector and service providers. Figure 1 below, from the Department of Health's Healthwatch Transition Plan, demonstrates this.

Figure 1: Strengthening the collective voice of patients and the public



Torbay has already initiated a mapping exercise to identify the best structure of engagement and influence for Healthwatch Torbay. This piece of work has enabled Torbay to attain Pathfinder status for its Healthwatch and the resulting model will be shared nationally.

3. Relationship to Community Plan

3.1 Healthwatch will directly contribute to the overall vision of the Community Plan (2011 +) of Healthy, Prosperous and Happy Communities.

3.2 Specifically the work of Healthwatch will enable appropriate services to be provided that enable residents to:

- Live in healthier communities and have happy, independent and healthy lives;
- Ensure every child and young person in Torbay lives in safety and good health, is well educated, enjoys their childhood and contributes positively to community life;
- Support families to care for their children.

4. Recommendation for decision

- 4.1 That the Shadow Health and Wellbeing Board support the development and procurement of Healthwatch Torbay as outlined above within the context of reducing resources over the CSR period.
- 4.2 That the LINK representative on the Shadow Health and Wellbeing Board (Anne Mattock) provide the formal link between the Shadow Health and Wellbeing Board and the Healthwatch Transition Stakeholder Group in its work over the next 2 months.
- 4.3 That the resulting Healthwatch specification is shared with the Shadow Health and Wellbeing Board through electronic means as allowed for by its constitution under the 10 day rule.

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