

Meeting: Cabinet

Date: 17 December 2019

Wards Affected: All

Report Title: The provision of Local Healthwatch and Local Health and Social Care Engagement in the County of Devon

Is the decision a key decision? No

When does the decision need to be implemented? Immediately, for contract commencement April 2020.

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1. Proposal and Introduction

- 1.1 This report seeks Cabinet approval to award contracts (subject to ratification by parallel governance processes in Devon County Council, Plymouth City Council and the NHS Devon Clinical Commissioning Group (CCG)) for the provision of the Local Healthwatch and Local Health and Social Care Engagement in the County of Devon.
- 1.2 The new contracts will be for jointly commissioned services with Devon and Plymouth councils for both Lot 1 (Local Healthwatch) and Lot 2 (Local Health and Social Care Engagement), with the CCG also being commissioners for Lot 2. Devon County Council will be the contracting authority on behalf of the commissioning organisations.
- 1.3 The contracts will commence on 1 April 2020. The provider for Lot 1 will be required to maintain the discrete public-identities of Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay, whilst spreading the good practice achieved to date in each local authority area across the whole county.

2. Reason for Proposal and associated financial commitments

- 2.1 For the past two years, commissioners of social care and health services in Devon County Council, Plymouth City Council and Torbay Council have been working towards enabling a single supplier to provide the Local Healthwatch consumer voice organisation on behalf of the three local authorities.

- 2.2 Completion of a joint competitive tendering process has resulted in a recommendation to award a contract (subject to approval by the parallel governance mechanisms in each commissioning organisation and the council's own relevant due diligence processes) for the provision of Local Healthwatch (Lot 1) to the provider named in the accompanying publically exempt Appendix 1.
- 2.3 The proposed contract will commence on 1 April 2020 and the new single provider will be required to maintain the discrete public-identities of Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay in each local authority area.
- 2.4 The award of this contract fits with increased partnership work across the whole county as part of the Sustainability & Transformation Partnership (STP), recognising people's health and social care needs do not fit neatly into local authority boundaries. In addition, the emergence of the Devon STP and associated plan/programme has placed a further call on Local Healthwatch time and resource across the county.
- 2.5 The Local Healthwatch contract will be awarded for three years in the first instance with an option to extend for up to three more years (on a 1+1+1 basis). The combined contract value for Devon County Council, Plymouth City Council and Torbay Council represents an efficiency saving for all three local authorities.
- 2.6 The proposals contained in this report will commit Torbay Council financially in respect of its portion of the Local Healthwatch contract to £96k per year for 2020/21, 2021/22 and 2022/23 (£288k in total). There is no financial commitment beyond year three.
- 2.7 Alongside the new Local Healthwatch function, commissioners in the three local authorities and the CCG are recommending the award of a contract for locally commissioned engagement on health and social care issues (Lot 2) to the provider named in the accompanying publically exempt Appendix 1.
- 2.8 Lot 2 is a call-off contract which will enable the local authorities and NHS to commission consultation on issues themselves, so complimenting the independent consumer voice of the Local Healthwatch. As a call-off contract there is no upfront financial commitment on Torbay Council. If the authority chooses to access this contract to undertake consultation with regards to health and care issues, this will be on a 'pay-as-you-use' basis. The council and its NHS partners will continue to be able to use other consultation mechanisms where appropriate. As with Lot 1, Lot 2 will be awarded for three years initially, with an option to extend for up to three more years (on a 1+1+1 basis).

3. Recommendation(s) / Proposed Decision

- 3.1 That Cabinet approve the decision (subject to ratification by parallel governance processes in Devon and Plymouth councils and the CCG) to award contracts for Lot 1 (Local Healthwatch) and Lot 2 (Local Health and Social Care Engagement), of the jointly commissioned services with Devon County Council and Plymouth City Council (and NHS Devon Clinical Commissioning Group for Lot 2) to the providers named in exempt Appendix 1 to the submitted report.

Appendices

Appendix 1: publically exempt extract based on Devon Procurement Services Contract Award Recommendation Report

Section 1: Background Information

1.	What is the proposal / issue? <p>Torbay Council has a statutory duty to ensure the provision of a Local Healthwatch. Local Healthwatch act as a consumer champion for the public, patients, health and care service users, and their carers and families. A key role of Local Healthwatch organisations will be to promote the local consumer voice to ensure that the views of patients, service users and the public are fed into improving local health and care services. The primary task of Local Healthwatch organisations will be to gather evidence from the views and experiences of patients, service users and the public about their local health and care services and to provide feedback based on that evidence.</p> <p>The council and its NHS partners also has a duty to engage with people on proposed changes to local health and care services.</p>
2.	What is the current situation? <p>The existing contract with Torbay Council's Local Healthwatch provider finishes in March 2020 and currently only covers Torbay.</p> <p>In order to ensure a sustainable service in the future and also reflect the increased integrated nature of health and care in Devon, commissioners are recommending that the Local Healthwatch function is procured across the whole STP footprint (while maintaining the discrete public-identities of Healthwatch Devon, Healthwatch Plymouth and Healthwatch Torbay).</p> <p>For Lot 2 of the contract commissioners are recommending a local engagement service for health and care. Devon County Council, Plymouth City Council, Torbay Council and the CCG are seeking to put in place support to help create an approach to an engagement environment which is truly inclusive of the children, young people and adults that commissioning decisions affect. The commissioning organisations are keen to ensure that this inclusive approach is applied to each stage of commissioning, from the identification of need through to the monitoring and evaluation of commissioned services. The provider will work with a wide range of organisations to help often vulnerable children, young people and adults to comment on our plans, processes and services, and to liaise with Local Healthwatch for relevant public views.</p>
3.	What options have been considered? <p>Torbay Council has a statutory duty to ensure the provision of a Local Healthwatch as specified in the Health and Social Care Act 2012. The Act does not dictate that each local authority should have a dedicated Local Healthwatch solely for their area but local consumers must have access to this type of service.</p>

	<p>The Care Act 2014 also requires the council to ensure that people can get the information and advice they need to make good decisions about care and support.</p> <p>We considered procuring the service based on the existing model (just for Torbay) or based on the South Devon footprint. However, a Devon-wide approach seems to offer more potential for realising opportunities for partnership working, joined-up service delivery and the pooling of resources.</p>
<p>4.</p>	<p>What is the relationship with the priorities within the Partnership Memorandum and the Council’s Principles?</p> <p>The recommendation supports the following council priorities and principles.</p> <p><i>Priorities:</i></p> <ul style="list-style-type: none"> • <i>Thriving People and Communities</i> • <i>A Council Fit for the Future</i> <p><i>Principles:</i></p> <ul style="list-style-type: none"> • <i>Use reducing resources to best effect</i> • <i>Reduce demand through prevention and innovation</i> • <i>Integrated and joined up approach</i>
<p>5.</p>	<p>How does this proposal/issue contribute towards the Council’s responsibilities as corporate parents?</p> <p>N/A</p>
<p>6.</p>	<p>How does this proposal/issue tackle poverty, deprivation and vulnerability?</p> <p>(See the relevant sections in 15. below)</p>
<p>7.</p>	<p>How does the proposal/issue impact on people with learning disabilities?</p> <p>(See the ‘people with a disability’ section within 15. below)</p>
<p>8.</p>	<p>Who will be affected by this proposal and who do you need to consult with? How will the Council engage with the community? How can the Council empower the community?</p> <p>Organisationally, relevant staff, managers and Elected Members have been consulted on the proposed change in all three local authorities and the CCG. Papers have been agreed via both managerial and political governance routes. Commissioners have also engaged with Healthwatch England.</p> <p>The need for more fit-for-purpose and flexible engagement has been subject to ongoing dialogue with stakeholders for many years within the local health and social care system, and plans have been aired regionally and nationally.</p>

This development consolidates consistent and ongoing calls from services users, patients and the wider public for further work across local authority boundaries and further integration of health and social care. Whenever the move towards greater whole system commissioning on an STP basis has been socialised with service user and carer forums it has met with almost universal approval. In fact, service user and carer representatives have regularly expressed frustration over what they perceive as slow progress in increased collaboration between local authorities on social care issues, and collaboration between, or integration of, health and social care.

That message has come from engagement forums for people with learning disabilities, autism, carers, older people, people with mental health issues and equality groups, and has been, understandably, loudest from people who live close to local authority borders who may use a health resource within one local authority area and receive social care support from another local authority area. For groups representing equality strands, the support for further geographical integration has also been on the basis on being able to spread best practice learned in one area into other areas, e.g. applying the learning from supporting Plymouth's larger BME communities into parts of Devon with much smaller communities.

Section 2: Implications and Impact Assessment

9. What are the financial and legal implications?

The proposals contained in this report will commit Torbay Council financially in respect of its portion of the Local Healthwatch contract to £96k per year for 2020/21, 2021/22 and 2022/23 (£288k in total).

Torbay Council has a statutory duty to ensure provision of a Local Healthwatch as specified in the Health and Social Care Act 2012.

An open and transparent procurement process has been followed for both Lots of the contract.

10. What are the risks?

If the proposal is not implemented Torbay Council will not have a statutory Local Healthwatch function when the contract with the existing provider runs out in March 2020. The people of Torbay would be without a local consumer champion for health and care issues.

The proposal also provides another mechanism (through the Local Health and Social Care Engagement lot of the contract) to engage effectively with our communities on changes in health and social care and therefore mitigates the risk of not properly undertaking this duty.

11. Public Services Value (Social Value) Act 2012

The recommissioning of the Local Healthwatch consumer voice role and local engagement service on an STP-wide basis should have a neutral economic impact, as TUPE will apply to current employees and the efficiency savings required by the initial contract value are small, with a commitment to maintain that level of funding for the first three years of the contract.

The types of organisations best-placed to win Lot 1 and Lot 2 of the Healthwatch and engagement contract will have to have clear links with, if not roots in, local communities in order to be able to be effective and are very likely to be social enterprises of some kind. We cannot specify this under procurement rules but the activities required to be undertaken have been very effectively delivered by the 'community interest' sector to date.

The purpose of the Healthwatch and local engagement contract means that this change of contract will have a neutral environmental impact. Environmental considerations are generally not directly relevant to this area of work.

<p>12.</p>	<p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>In developing these proposals commissioners have considered approaches undertaken in other parts of the country. For Lot 1 the proposals have been shared with Healthwatch England, the national consumer champion for health and care issues, for their comment.</p> <p>Draft service specifications were shared with key stakeholders, including potential bidders at a 'market warming' event prior to final tender documents being published.</p> <p>See also information contained in section 15. below.</p>
<p>13.</p>	<p>What are key findings from the consultation you have carried out?</p> <p>See above and section 15. below.</p>
<p>14.</p>	<p>Amendments to Proposal / Mitigating Actions</p> <p>None.</p>

Equality Impacts

15.	Identify the potential positive and negative impacts on specific groups			
		Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
	Older or younger people	<p>Older people are by far the largest group who receive health and social care services, as vulnerability increases with age. While it is relatively easy to engage with older people in general, engaging with older vulnerable adults remains a significant challenge and the recommissioning of both the consumer voice and local engagement service on a wider geographical basis should enable best practice in older people's engagement to be extended through the county and Torbay.</p> <p>Children and young people also have the right to be heard on health and social care issues and the new contract will create greater consistency in the way in which children and parents are engaged across the STP area and will also mean best practice is shared.</p> <p>The CCG has identified working age people as a demographic they need to engage with more, and</p>		

	collaboration across authority boundaries should enable clearer, consistent messages to be sent out to that group in one go rather than diluting that engagement in three separate approaches.		
People with caring Responsibilities	See sections above and below that reference this.		
People with a disability	The wide protected Equality Act characteristic of 'disability' includes physical & sensory disabilities, mental health issues, learning disabilities and carers. The recommissioning of the consumer voice and local engagement functions on an STP basis should give the chance to learn from and consolidate best practice from the three local authority areas and the NHS in a way which improves the way that people with disabilities can make their voice heard. There have been innovative approaches to the engagement of people with different types of disability by the three existing Local Healthwatch organisations and sharing that learning will enable the benefits to be reaped in all three local authority areas.		
Women or men			Certain social care issues affect women more than men, and vice versa. By call-off purchasing, health and social care engagement commissioners will

			<p>be able to target the relevant gender in consultation if they are particularly affected. NHS consultation on maternity provision is an obvious example.</p> <p>The successful provider for both Lot 1 and Lot 2 will have to demonstrate an understanding of gender issues. The impact should be neutral at worst, with the potential for a positive impact if the learning from local engagement on services such as maternity support is rolled out across the STP area under the new contract.</p>
<p>People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i></p>	<p>There are currently plenty of local examples of good practice in terms of engagement which targets people from BME groups by the three existing Local Healthwatch organisations in Devon and parts of the local health and social care system. Recommissioning both the consumer voice and the local engagement function on an STP basis creates the opportunity to spread that good practice across the county without losing the local expertise that has made this possible. In this instance we are particularly keen to spread the experience of Plymouth Healthwatch in an area with significantly larger BME</p>		

	populations to other parts of the county where smaller communities are harder to engage.		
Religion or belief (including lack of belief)			The successful providers of both Lot 1 and Lot 2 will be expected to have insight into the implications of religion and belief on the commissioning and provision of health and social care services. They must factor that into any representation under Lot 1 or engagement under Lot 2's spot purchasing arrangement. As with the race characteristic above, by scaling this activity up to STP level best practice or insights from one particular area should be transferrable to other areas.
People who are lesbian, gay or bisexual	All three Local Healthwatch organisations and the local engagement service have undertaken some very effective engagement of people who are protected by this part of the Equality Act and the recommissioning on an STP basis creates the chance to spread that work. Under previous engagement and Local Healthwatch contracts the contract holders were required to ensure effective engagement of Lesbian, Gay, Bisexual (LGB) communities as part of the central and network activities. Lot 2 will enable more resources to be diverted into this specialist		

	<p>engagement when required. It will also give commissioners flexibility to engage directly with organisations which can give insight into the impact of sexual orientation on health and social care issues, which is vital if we are to move to personalised, outcome-based services which are tailored as far as possible to individual needs and delivered in a non-discriminatory way. This will result in a positive impact in terms of sexual orientation.</p>		
<p>People who are transgendered</p>	<p>As with sexual orientation above, under previous engagement and Local Healthwatch contracts the contract holders were required to ensure effective engagement of Transgender (the T in LGBT) communities as part of the central and network activities. Lot 2 will enable more resources to be diverted into this specialist engagement when required. It will also give commissioners flexibility to engage directly with organisations which can give insight into the experiences of transgendered people and those who have adopted a gender identity without a surgical transformation when receiving health and social care support, which is vital if we are to move to personalised, outcome-based services which are tailored as far</p>		

	as possible to individual needs and delivered in a non-discriminatory way. This will result in a positive impact in terms of transgender and gender identity.		
People who are in a marriage or civil partnership			The successful provider of both Lot 1 and Lot 2 will be expected to have insight into potential discrimination which arises because someone is married or in a civil partnership and factor that into any representation under Lot 1 or engagement under Lot 2's spot purchasing arrangement. The impact should be neutral, with the potential for a positive impact if the new contract enables the spreading of best practice across the STP area.
Women who are pregnant / on maternity leave			The successful provider of both Lot 1 and Lot 2 will be expected to have insight into the implications of pregnancy and maternity in relevant circumstances and factor that into any representation under Lot 1 or engagement under Lot 2's spot purchasing arrangement. The impact should be neutral.
Socio-economic impacts (Including impact on child poverty issues and deprivation)	The financial assessment for social care services means that the people most affected by proposed changes to assessment or delivery are often the poorest and most socially disadvantaged. The self-determined nature of the service user and carer networks historically funded can mean that		

	<p>engagement does not penetrate to the most socially disadvantaged groups. The new spot purchasing arrangements under Lot 2 will enable more resources to be diverted to reaching those who are often most excluded from engagement as the provider partner is charged with reaching them. This will be a positive impact.</p>		
<p>Public Health impacts (How will your proposal impact on the general health of the population of Torbay)</p>	<p>The main responsibilities of Public Health are: increasing healthy life expectancy for the people and families across our population; and reducing the differences in healthy life expectancy between different communities in the population. This proposal will impact positively on the public health of the people of Devon, Plymouth and Torbay because the successful provider/s of both Lot 1 and Lot 2 will be expected to help contribute to meeting these responsibilities. In particular, by maintaining a sustainable Local Healthwatch function across all three authorities, acting as a local champion for people who use health and social care services, they can work with the users, providers and commissioners of services to help shape and improve them, ultimately impacting on public health and wellbeing.</p>		

16.	Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above)	None
17.	Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above)	None