

ADULTS AND HEALTH SCRUTINY PANEL

14 September 2017

FUTURE OPTIONS FOR HEALTHWATCH PROVISION

Report of the Director for People

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| Strategic Aim: | Meeting the health and wellbeing needs of the community | |
| Exempt Information | No | |
| Cabinet Member(s) Responsible: | Mr R Clifton, Portfolio Holder for Health and Adult Social Care | |
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DECISION RECOMMENDATIONS

That the Scrutiny Panel:

1. Offers views on the future provision of Healthwatch in Rutland;
2. Recommends points of consideration in Cabinet's decision on this matter.

1 PURPOSE OF THE REPORT

- 1.1 To enable discussion of the future provision of Healthwatch services in Rutland and inform Cabinet's decision on the model of Healthwatch to be commissioned from 1st April 2018.

2 BACKGROUND

- 2.1 Healthwatch services were established in April 2013 under the Health and Social Care Act 2012, as an independent consumer champion for health and social care with the aims of providing communities with a voice to influence and challenge local health and social care provision, and of signposting people to information which enables them to make informed choices about health and social care services. The functions which Healthwatch are required to provide are set out within the legislation and statutory guidance.
- 2.2 Each local authority area is required to have a Healthwatch service, in addition to Healthwatch England which operates at national level. Local Healthwatch are required to be independent organisations able to employ their own staff and involve volunteers.

- 2.3 The service is currently provided for Rutland by Healthwatch Rutland, a Community Interest Company, with an annual grant of c£66,000.
- 2.4 There have been significant changes to health and social care over the past few years and these will continue with the further implementation of health and social care integration and the Sustainability and Transformation Plans (STP). The STP for Rutland sits within a footprint of Leicester, Leicestershire and Rutland.

3 OPTIONS FOR FUTURE PROVISION

- 3.1 The current grant agreement runs to 31st March 2018. Provision will need to be made for a service to start from 1st April 2018 in order to meet the Council's statutory requirements.
- 3.2 The following sets out some of the range of options for future provision and is designed to inform the discussion. It is recognised that there may be other options which the Panel may wish to suggest.

3.3 Grant or Contract

- 3.3.1 The current provision has been funded as a grant on a rolling year on year basis.
- 3.3.2 Whilst a grant enables funding to be given direct to a provider of choice, across our other providers we are reducing those funded by grants and moving to contracts via a procurement process to ensure that funding is awarded in a fair and transparent manner, that any able and willing provider has the opportunity to bid, and that providers are held to consistent levels of rigour and accountability.

3.4 Models of Provision

- 3.4.1 **Rutland-specific Healthwatch** – Retain a single Healthwatch for Rutland. This would enable a focus to be retained solely on Rutland's needs and specific community issues. It would allow for Rutland to engage with both the Leicester, Leicestershire and Rutland STP, and with the Peterborough and Cambridgeshire STP given the considerable level of service users accessing health services within that area.
- 3.4.2 **Leicester, Leicestershire and Rutland (LLR) Healthwatch** – Jointly procure and hold a single contract across LLR. Healthwatch commissioners from Leicester and Leicestershire have approached Rutland with a view to commissioning Healthwatch across LLR in future. This approach would fit with the STP footprint, and could potentially reduce duplication where health services operate across LLR and enable economies of scale.
- 3.4.3 **Joint Working Arrangement** – The provision of three separate contracts in each LLR authority, but with a requirement to share specific areas of work between all three Healthwatch providers. This would enable a focus to be retained for each local authority area, but reduce duplication where health services operate across LLR.
- 3.4.4 **Joint Healthwatch Provision with another Local Authority** – Procurement of a Rutland specific Healthwatch to result in the provision in Rutland jointly with a neighbouring local authority, either as a sub-contract of an existing Healthwatch or as an extension to an existing Healthwatch contract. This would support

increased resilience to the existing provision and potentially reduce duplication where health services are shared, for example Peterborough and Lincolnshire.

4 CONSULTATION

4.1 Service User Engagement

4.1.1 In order to consider views from both existing and potential service users of Healthwatch, a six-week survey was undertaken across LLR. This was available online, as hard copy within local GP surgeries and libraries, and a drop-in session was held at the Council offices on 6th September.

4.1.2 The survey posed 4 proposals and asked respondents to agree or disagree and for comments on each:

- a) A joint LLR Healthwatch provision;
- b) To retain a portion of the funding budgeted for Healthwatch to commission specific investigations and consultations;
- c) To require a focus on a volunteer programme to add skills and capacity;
- d) A focus on engaging views from seldom heard groups and the use of innovative methods, including social media and links with community representatives.

4.1.3 The survey closed on 8th September and initial findings will be tabled at the Scrutiny meeting.

4.2 Soft Market Testing

4.2.1 To explore the market of potential providers, a soft market test was undertaken jointly with Leicester and Leicestershire. Four responses were received and all indicated that they would be willing and able to provide Healthwatch services in Rutland either as a stand-alone provider or as part of a consortium.

4.3 Providers were also asked their views on a number of areas including: opportunities and challenges to delivering an LLR Healthwatch provision; ensuring independence; service users' expectations of Healthwatch; and potential outcomes for the contract. Responses to the Soft Market Test will be considered when developing the model.

5 NEXT STEPS

5.1 Comments from Scrutiny, along with the responses to the engagement survey (once fully analysed and collated) and the responses to the Soft Market Test, will inform the development of the recommended models for Healthwatch provision from April 2018. The models will be tabled at Cabinet in October for:

- i) a decision on the model of provision;
- ii) agreement for either the procurement of the model or the award of a grant.

6 CONCLUSION

6.1 Scrutiny are asked for their views on the future provision of Healthwatch to inform the model and commissioning approach.

7 BACKGROUND PAPERS

7.1 There are no additional background papers to the report.

8 APPENDICES

8.1 No appendices.

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