

DECISION-MAKER:	CABINET MEMBER FOR ADULT SOCIAL CARE
SUBJECT:	*ESTABLISHMENT OF THE COMMISSIONING PROCESS FOR HEALTHWATCH SOUTHAMPTON
DATE OF DECISION:	13 NOVEMBER 2012
REPORT OF:	DIRECTOR OF HEALTH AND ADULT SOCIAL CARE
STATEMENT OF CONFIDENTIALITY	
None	

BRIEF SUMMARY

The Health and Social Care Act 2012 creates Healthwatch as the independent voice of the citizen and users of health and social care services. Healthwatch England was established as the national body in October 2012, and local authorities will establish local Healthwatch from April 2013. This report seeks authorisation for the procurement process to secure Healthwatch Southampton and an NHS complaints advocacy service.

RECOMMENDATIONS:

- (i) That approval be given to the Director of Health and Adult Social Care to procure Healthwatch Southampton to deliver the local Healthwatch services set out in the Health and Social Care Act 2012.
- (ii) That authority be delegated to the Director of Health and Adult Social Care, after consultation with the Cabinet Member for Adult Social Care, to determine whether the arrangements for securing an NHS complaints advocacy service should be delivered jointly with other authorities in south east England, or provided as part of the local contract for Southampton.

REASONS FOR REPORT RECOMMENDATIONS

1. Upper tier local authorities are required to establish local Healthwatch in their areas. Having examined and discounted other options (see paragraph 2 below) the best solution would appear to be through following the procurement process.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Two options were considered and rejected. The first was grant aiding an organisation to establish Healthwatch Southampton. This was rejected on the grounds that it may not secure the most effective delivery model. The other option considered was for the Council to establish a social enterprise which would then deliver Healthwatch functions. This was rejected on the grounds that there appear to be organisations operating in the City which are likely to be able to deliver the services required.

DETAIL (Including consultation carried out)

3. There has been a succession of bodies introduced by successive governments over the years to attempt to represent patients and the public and to articulate the voice of health and social care service users. Community Health Councils were replaced by Patient and Public Involvement

Forums, then the Local Government and Public Involvement in Health Act 2007, introduced the current Local Involvement Networks which included adult social care services as well as health services, and now the newly enacted Health and Social Care Act 2012 is setting up Healthwatch in England, at both a national and local level. Healthwatch will cover health services and adult and children's social care services.

4. A number of the local Healthwatch responsibilities continue the core patient and public engagement activities undertaken by Southampton Local Involvement Network (LINK) over recent years, but with the significant additional responsibility for information and signposting services. The main functions to be delivered by local Healthwatch are:-
 - Making the views and experiences of people known to Healthwatch England helping it to carry out its role as national champion;
 - Making recommendations to Healthwatch England to advise the Care Quality Commission 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 the commissioning, provision and scrutiny of care services;
 - Making reports and make recommendations about how those services could or should be improved;
 - Being represented on the Health and Wellbeing Board; and
 - Providing signposting and information to the public about accessing health and social care services and choices available in relation to those services.
5. The establishment of Healthwatch England as a national champion within the Care Quality Commission aims to provide a voice direct to government on public concerns in relation to health and care services. Healthwatch England has developed a branding that is to be licensed to local Healthwatch. This should create a recognisable brand, with a service behind it tailored to local needs.

Consultation

6. A number of wide-ranging consultation activities have been undertaken to develop a framework for Healthwatch Southampton. In the spring of 2012, a series of 3 workshops, facilitated by Southampton Voluntary Services, captured the views of voluntary and community organisations. Southampton LINK held an event in the summer for the public to express their views and ideas. Some of the key issues to come out of these sessions included:
 - The importance of ensuring Healthwatch Southampton as a service rooted in Southampton, representing the whole of the City and reflecting the views of excluded and hard to reach groups;
 - Connecting to but not duplicating, other engagement, signposting and information services;
 - Realistically managing expectations of what it can deliver;

- Being truly independent, with both paid staff and volunteers delivering outcomes;
 - The ability to operate and offer support at a community level;
 - Effectively marketing local Healthwatch to ensure it is well known across the City;
 - Having a sound governance framework to make Healthwatch Southampton transparent, accountable and autonomous, with roles and responsibilities clearly defined;
7. In autumn 2012, an external facilitator has been used to run a series of market development workshops and interviews with potential providers. A key strand of this exercise was in relation to interested organisations examining their own skill-sets and assessing whether they might be best placed to bid on the basis of a stand alone bid, or in some arrangement with other interested organisations who may possibly have complementary skill sets.
8. A further strand of consultation work has been to identify and capture the legacy of Southampton Local Involvement Network (LINK). This will provide a resource for Healthwatch Southampton and enable it to have a clear focus on issues which have been of concern to the public, secure a written record of the outcomes from the LINK, and an understanding of the challenges LINK has faced during its existence.

Establishing Local Healthwatch

9. Section 183 of the Act requires that Healthwatch Southampton is operated by a body corporate which is a social enterprise. With the market development process indicating there are likely to be such organisations capable of establishing Healthwatch either individually or by working together, a procurement process can begin with a reasonable expectation of securing successful tenders. The Cabinet Member is therefore requested to authorise the implementation of this process. It is proposed that a degree of flexibility is built into the process to enable bidders to tender either to operate both the continuing patient and public engagements activities, together with the information and advice services, or else to tender for either one of them.

NHS Complaints Advocacy

10. The Act also requires local authorities to make arrangements for the provision of an NHS complaints advocacy services. At present this service is commissioned regionally by the Department of Health, but from April 2013 the duty transfers to local authorities. The local authority can choose either to secure the complaints advocacy service as part of the arrangements for Healthwatch or separately secure the service.
11. Discussions have been undertaken with a number of local authorities in south east England to explore whether the service could be procured jointly across a wider area. This would have the benefit of a wider resource base to cope with any sudden peaks in complaints, or provide cover in the event of staff sickness. However, it is not clear at this stage whether a uniform service would meet the needs and expectations of all the local authorities. In the event that it is not possible to achieve an agreement, then an alternative plan

is required. The recent market development workshops have indicated that there are likely to be advocacy organisations operating in the City with the capability of delivering NHS complaints advocacy. This means the other option would be to secure a local NHS complaints advocacy service locally, either as part of Healthwatch Southampton, or as a stand alone service. Taking account of the current state of discussions with other local authorities, it is suggested in recommendation that the final decision on how best to secure this service is delegated to the Director of Health and Adult Social Care after consultation with the Cabinet Member for Adult Social Care.

RESOURCE IMPLICATIONS

Capital/Revenue

12. Local Healthwatch will commence from April 2013. The ongoing funding to support Healthwatch is derived from several strands. These are outlined as:
- Existing funding, LINKs, currently held within the Council budget - £100,000pa
 - New funding from the Department of Health in respect of:
 - PCT PALS – estimated at £120,000 a year from 2013/14
 - NHS complaints advocacy service – estimated at £60,000 a year from 2013/14
 - PCT DOLS – Estimated at £7,000 a year from 2013/14

The Department of Health will clarify the final funding for local HealthWatch in December 2012 for 2013/14.

13. In respect of 2012/13, the Department of Health have announced that non recurrent funding will be available to support the set up of the local Healthwatch. For Southampton it has been announced that £6,500 will be available in respect of PCT DOLS and £15,000 will be available for the set up of Healthwatch.

Property/Other

14. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

15. Sections 182 – 184 of the Health and Social Care Act 2012 amends the Local Government and Public Involvement in Health Act 2007 to provide local authorities with the duty to establish local Healthwatch. Section 185 empowers local authorities to provide independent advocacy services, either through local Healthwatch, or else independently of local Healthwatch.

Other Legal Implications:

16. None.

POLICY FRAMEWORK IMPLICATIONS

17. A representative of Healthwatch Southampton will be required to be appointed to the Health and Wellbeing Board. The Health and Wellbeing Board is charged with the responsibility of ensuring that the local authority and clinical commissioning group commissioning plans address the issues identified in the Joint Health and Wellbeing Strategy.

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KEY DECISION? Yes

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

1.	Letter from David Behan, Director of Social Care, Local Government and Care Partnerships at the Department of Health dated the 3 rd January 2012.
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Documents In Members' Rooms

1.	None
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Integrated Impact Assessment

Do the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out.	No
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Other Background Documents

Integrated Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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