

North Tyneside Council Report to Cabinet Date: 10 September 2012

ITEM 7(h)

Title: Local Healthwatch

Portfolio(s): Public Health and Adult
Social Care

Cabinet Member(s): Councillor Les Miller

Report from Directorate: Community Services

Report Author: Jacqui Old, Head of Adult Social Care Tel: 0191 643 7317

Wards affected: All

PART 1

1.1 Purpose:

The purpose of the report is to provide information for Cabinet on the progress made in relation to developing a local Healthwatch in North Tyneside.

This report seeks Cabinet approval to carry out a tendering exercise in accordance with the Council's procurement rules, for the procurement of a suitable organisation to provide this service. In accordance with Council Standing Order 8 (4), this report requests approval to proceed with a procurement exercise as the estimated potential contract value of the frameworks may exceed £500,000.

1.2 Recommendation(s):

It is recommended that Cabinet:

- (1) Note the information about Healthwatch and progress made to deliver this in North Tyneside.
- (2) Authorise the Head of Adult Social Care, in consultation with the Cabinet Member for Public Health and Adult Social Care, the Head of Legal, Governance and Commercial Services, the Strategic Director of Finance and Resources, Director of Public Health and the Head of Preventative and Safeguarding Service and the Principal Procurement and Commissioning Officer, to undertake a competitive procurement exercise and establish a local Healthwatch in North Tyneside and award a contract to the successful tenderer on terms approved by the Head of Legal, Governance and Commercial Services.

1.3 Forward plan:

This report appears on the Forward Plan for the period 1st September to 31st December 2012.

1.4 Council plan and policy framework

This report relates to the Council Strategic Plan 2012 – 2015, Priority 1 Sustaining our front line services within the Council - but only spending what we can afford.

1.5 Information:

1.5.1 Local Involvement Networks (“LINK’s”)

The purpose of LINK is to empower people who want to have a say or influence local health and social care services. Funding to provide a 'host' organisation to support the LINK membership was provided by way of a grant from the Department of Health. Adult Social Care undertook a competitive procurement exercise to procure a 'host' who would support local people to develop this network and in 2008, Voluntary Organisations Development Agency (VODA) was appointed as host for the North Tyneside LINK.

During 2010 as part of their approach to modernising health services, the Department of Health announced changes to the role and function of the Local Involvement Network. Until April 2013, Local Involvement Networks (LINK’s) will continue to operate as usual.

1.5.2 Healthwatch Network

The Health and Social Care Act 2012 (the “Act”) establishes Healthwatch England which will be a statutory committee of the Care Quality Commission (“CQC”), which is the independent regulator of health and adult social care services in England and which also protects the interests of people whose rights are restricted under the Mental Health Act. Healthwatch England will work within CQC’s corporate governance framework, but will have operational independence, speak with an unedited voice and set its own strategic priorities.

Local Healthwatch will replace Local Involvement Networks (LINK’s) from April 2013. The vision is that local Healthwatch will be “the local consumer champion for patients, service users and the public” and will champion the needs of both children and adults.

The Act imposes a duty on local authorities to contract with a local Healthwatch organisation for the involvement of local people in the commissioning, provision and scrutiny of health and social services. These arrangements will include reporting arrangements to Healthwatch England.

1.5.3 Procurement Process

As an independent body Healthwatch will be funded by local authorities, in accordance with procurement rules the Healthwatch body must be procured to ensure value for money and quality of services. Whilst health care matters are a Part B service and therefore exempt from the full EU Public Contract Regulations authorities must carry out an open and transparent process to appoint the Healthwatch body.

1.5.4 Healthwatch England

Healthwatch England will be part of a new Healthwatch network from April 2013, giving people who use health and social care services a powerful voice locally and nationally.

Healthwatch England will gather and analyse information from local services, and take its findings to the national bodies which plan and run care services. It will advise them of people's concerns, pass on and analyse information, and offer advice.

Through the Healthwatch network, Healthwatch England will make sure the voices of people who use health and social care services are heard by the Secretary of State, CQC, the NHS Commissioning Board, Monitor, and every local authority.

These bodies are required to listen to Healthwatch and respond to its concerns.

The first chair of Healthwatch England has been announced as Anna Bradley.

1.5.5 Local Healthwatch

The Act stipulates that each local authority area must make arrangements for a local Healthwatch to be in place by 1st April 2013.

Local Healthwatch organisations will not themselves be statutory bodies (i.e. they are not created by the Act). Local Healthwatch will not be a 'network' like the LINK. It will be a 'body corporate' (it has a legal personality distinct from that of its members) which is a social enterprise.

Local Healthwatch will:

- provide information, advice and signposting to the public about accessing health and social care services and choice in relation to aspects of those services
- provide intelligence - including evidence from people's views and experiences - to influence the policy, planning, commissioning and delivery of health and social care services, including those services provided to children and young people
- build on the good practice of the LINK's, establishing relationships with local authorities, Clinical Commissioning Groups (CCGs), patient representative groups, the local voluntary and community sector and service providers to ensure it is inclusive and truly representative of the community. It will be led by local members or volunteers, as currently are LINK's, with paid staff that will support volunteers as is the current situation with LINK's.

Local authorities are given a number of duties in relation to monitoring and reporting on the work of local Healthwatch. The Secretary of State has powers to regulate the contractual relationships between local authorities, local Healthwatch organisations and local Healthwatch contractors.

Under the Act, the Secretary of State can make regulations to require commissioners and providers of health or social care to respond to requests for information or reports or recommendations of Local Healthwatch organisations and to allow members of local Healthwatch entry to premises. The Secretary of State can also regulate for local authority overview and scrutiny committees to acknowledge referrals to them from local Healthwatch. It is intended that service-providers, such as local authorities and NHS bodies, will be under a duty to respond to Local Healthwatch recommendations. Commissioners and providers will also have to have regard to the reports and recommendations and will have to be able to justify their decision if they do not intend to follow through on them.

Local Healthwatch organisations will be required to produce an annual report on their activities and finance and have regard to any guidance from the Secretary of State in preparing these reports.

Local Healthwatch will have a seat on Health and Wellbeing Boards, ensuring that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment (JSNA) and the local Health and Wellbeing Strategy. This will ensure that local Healthwatch has a role in promoting public health, health improvements and in tackling health inequalities.

Primary Care Trusts (PCTs) currently refer or signpost patients, as part of their Patient Advice and Liaison Services (PALS), the responsibilities for signposting patients will transfer to Healthwatch in April 2013.

1.5.6 Independent Complaints Advocacy

Independent complaints advocacy for health services is currently provided on a national basis by the Independent Complaints Advocacy Service (ICAS). ICAS is a patient centred service, delivering support ranging from provision of self-help information, through to the assignment of dedicated advocates to assist individuals with letter writing, form filling and attendance at meetings. ICAS aims to ensure complainants have access to the support they need to articulate their concerns and navigate the complaints system.

From April 2013 local authorities will take on responsibility for commissioning NHS complaints advocacy and the intention is that local Healthwatch will either provide the service or be able to signpost people to the provider of the service.

The Carers Federation currently deliver ICAS for the Northern Region. However the DH is clear that the local authorities will be commissioning a new service for NHS Complaints Advocacy not a replacement of ICAS.

Following discussions and agreement by the Association of Directors of Adult Social Services in the North East (ADASS) the complaints advocacy service will be commissioned on a regional collaborative approach. 11 local authorities have signed up to this agreement. Northumberland County Council has decided to combine their Healthwatch and NHS Complaints Advocacy contract.

This joint working will ensure greater economies of scale; help with data analysis and identifying trends; and coordination of issues and information sharing.

Gateshead Council will lead on the procurement exercise and appoint a provider to deliver this service. Each local authority will manage their individual budget commitment and manage the usage of the service to ensure they operate within their budget allocation.

1.5.7 Developing Local Healthwatch

North Tyneside Council and North Tyneside LINK have been discussing plans for transition and movement to a local Healthwatch for some time. In July 2011 over 20 key stakeholders including members of LINK and representatives from the council, health and the community and voluntary sector came together to discuss future plans and took the opportunity to reflect on what currently works well in North Tyneside. A further

stakeholder meeting was held in October 2011. Some high level principles have now been agreed and these have been used to develop the service specification for our local Healthwatch model. Additional work with the current members of LINK is planned for over the summer months.

A Healthwatch Transition Board has been established to oversee the procurement of local Healthwatch and the transition from the current LINK. This Board is made up of people from the CCG, North of Tyne Primary Care Organisation and North Tyneside Council.

Until July 2012, the Department of Health had published guidance to indicate that local Healthwatch would be responsible for health for all and social care for adults, however recent publications confirm that the remit has now been extended for Healthwatch to be a strong voice for children and young people, as well as adults in both health and social care. Therefore additional work with children and young people is being carried out over the summer months to understand what they expect from local Healthwatch.

North Tyneside has a robust engagement mechanism for involving children and young people and this will be utilised throughout the process. The Young Mayor's cabinet has a dedicated portfolio for health and wellbeing and their involvement will be supported through the transition to Healthwatch. Young people in North Tyneside have been trained and supported in taking part in the Department of Health initiative 'You're Welcome' and these principles will be incorporated into information provided for the successful provider of Healthwatch. The Participation Team also engage young people in taking part in Regulation 33 visits to children's homes, ensuring that review of children's social care is taken seriously in North Tyneside

Parents and carers will be engaged through our Families Information Service, this will include involving parents and carers of children with disabilities.

All of this work has helped us to develop a specification for local Healthwatch which we feel will meet our local needs. Adult Social Care will be carrying out a procurement exercise in September, to identify a provider who will deliver the functions of local Healthwatch.

It is anticipated the contract will be awarded in December. This will allow for a 3 month transition period for the new provider to work with LINK to establish Healthwatch North Tyneside by 1st April 2013.

Further detail on the key steps of procurement and when this will take place, is detailed in Appendix 1.

1.6 Decision options:

The following decision options are available for consideration by Cabinet:

Option 1

Agree the recommendations set out at section 1.2.

Option 2

Not agree with the recommendations set out at section 1.2.

1.7 Reasons for recommended option:

Option 1 is the recommended option.

Cabinet are asked to note the progress made toward developing a Local Healthwatch for North Tyneside and also agree to the proposed procurement exercise, to ensure that we have a Local Healthwatch in place by April 2013 in line with statutory requirements.

1.8 Appendices:

Appendix 1 – Healthwatch procurement timescales

1.9 Contact officers:

- Sheila Watson, Strategic Commissioning Manager Older People and Physical Disability, tel: 0191 643 7007
- Susan Meins, Commissioning and Procurement Manager (Older People and Physical Disability), tel: 0191 643 7940
- Sarah Heslop, Manager Legal Services, Commercial Team, tel: 0191 643 5456
- Alison Campbell, Finance Business Manager, tel: 0191 643 7038
- Mark Longstaff, Head of Commissioning and Fair Access tel: 0191 6438089
- Vicki Nixon, Participation & Engagement Manager, tel: 0191 643 8215

1.10 Background information:

The following background papers/information have been used in the compilation of this report and are available at the office of the author:

- DH Healthwatch Transition Plan, March 2011
- DH Circular 3rd January 2012 – Gateway reference: 17068
- DH Summary Report – Issues relating to local Healthwatch regulations, July 2012

PART 2 – COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

2.1 Finance and other resources

Local Healthwatch will be funded within existing budgets.

2.2 Legal

The range of services to be provided under the proposed Framework Agreements are categorised as “Part B” services for the purposes of the Public Procurement Regulations 2006, therefore strict procurements rules do not apply. However, the procurement of the Framework Agreements must be in compliance with the basic principles of transparency and equal treatment as set out in the EC Treaty.

As the value of the contract as a whole exceeds the threshold of £500,000, this procurement requires Cabinet approval. Any procurement process will be undertaken in accordance with the Council’s Contract Standing Orders and EU and UK public procurement requirements. An award will be based on the most economically advantageous tender and the successful tenderer will be appointed on terms and conditions approved by the Head of Legal, Governance and Commercial Services.

2.3 Consultation/community engagement

In July 2011 over 20 key stakeholders including members of LINK and representatives from the Council, health and the community and voluntary sector came together to discuss future plans and took the opportunity to reflect on what currently works well in North Tyneside. A further stakeholder meeting was held in October 2011.

Additional work with the current members of LINK and also with groups of children and young people is planned over the summer months.

Since October 2010 Members have received ongoing information in relation to the proposed changes to the Health and Social Care Act by attendance at Members Briefings. More recently, meetings were held on the 6th and 7th June 2012 to brief members on the implementation of the Act. There has also been on going discussions in the Adult Social Care, Health and Wellbeing Subcommittee of Overview and Scrutiny. Finally, NHS Reform has been a standing item on the agenda of the Health and Wellbeing Board.

In July 2012 Adult Social Care held a session about Healthwatch for the Adult Social Care and Health and Wellbeing Sub Committee. A follow up session has now been arranged in August, aimed at relevant members of the Committee who want to know more about Healthwatch, the procurement process and how to feed into the content of the Service Specification.

2.4 Human rights

The proposals and actions contained in this report support the following Human Rights principles:

- Article 5: Right to liberty and security
- Article 8: Right to respect for private and family life
- Article 9: Freedom of thought, conscience and religion
- Article 10: Freedom of expression
- Article 14: Prohibition of discrimination

2.5 Equalities and diversity

An equality impact assessment will be carried out on the procurement process and on the new provider.

2.6 Risk management

Any significant risks will be considered during the process of contracting, discussed with the Risk Champion, and evaluated and actioned as appropriate.

2.7 Crime and disorder

There are no crime and disorder issues directly arising from this report.

2.8 Environment and sustainability

There are no environment and sustainability issues directly arising from this report.

PART 3 - SIGN OFF

- Strategic Director(s) X
- Mayor/Cabinet Member(s) X
- Chief Finance Officer X
- Monitoring Officer X
- Strategic Manager
(Policy and Partnerships) X
- Chief Executive X

Healthwatch procurement timescales	
Consultation with children and young people - use 'Summer of a lifetime' project	July - August 2012
Targeted work with LINK members	from August 2012
HW Transition Group Meeting - Specification	9th August 2012
Report to Cabinet	10th September 2012
Awareness raising sessions for CCG	September to December 2012
HW Transition Group Meeting	13th September 2012
Issue Tender documentation (Allow 40 days)	20th September 2012
Widening Horizons communication	November 5th (September 24th)
HW Transition Group Meeting	18th October 2012
Tender return	30th October 2012
Tender open	30th October 2012
Evaluation of Tenders	W/C 12th November & 19th November 2012
Summarise Evaluations - produce report	November 2012
Report to Gateway for approval and Gateway Ref. No.	November 2012
Issue unsuccessful letters and de-brief	22nd November 2012
Issue 'preferred bidder' letter	22nd November 2012
HW Transition Group Meeting	22nd November 2012
Contract Awarded	29th November 2012
Issue Contract award letter (following 10 day standstill)	13th December 2012
HW Transition Group Meeting	30th December 2012
Transition period	2nd January 2013 - 31st March 2013
HW Transition Group Meeting	15th January 2012
HW Transition Group Meeting	12th February 2012
Contract Start Date	1st April 2013