



## **HEALTH AND WELLBEING BOARD: 16<sup>th</sup> NOVEMBER 2017**

### **REPORT OF THE CHIEF EXECUTIVE**

### **HEALTHWATCH RECOMMISSIONING**

#### **Purpose of report**

1. The purpose of this report is to provide an update on progress with recommissioning a Healthwatch service for Leicestershire.

#### **Link to the local Health and Care System**

2. The purpose of Healthwatch is to promote continuous improvement in local health and social care services and achieve improved outcomes for local people. The contract scope includes services that are related to all of the work-streams of Better Care Together and are delivered within the context of the local strategic framework including the Joint Health and Wellbeing Strategy, Better Care Fund Plan and the developing Sustainability and Transformation Plan.

#### **Recommendation**

3. It is recommended that the Health and Wellbeing Board note this report.

#### **Policy Framework and Previous Decisions**

4. Progress with recommissioning a Healthwatch service for Leicestershire was reported to the Health and Wellbeing Board on 22<sup>nd</sup> June 2017. This report set out proposals for consultation on joint commissioning for Leicester, Leicestershire and Rutland (LLR) and was noted by the Board.

#### **Background**

5. The Healthwatch Leicestershire (HWL) contract is currently delivered by Voluntary Action Leicestershire. The contract has been extended to 31<sup>st</sup> March 2018 to align with the Healthwatch contracts of the City Council and Rutland Council so as to enable joint commissioning.

#### **Recommissioning proposals and consultation**

6. A public consultation on proposals for a Healthwatch service that could be delivered across LLR was carried out between 1st August and 8<sup>th</sup> September 2017 and sought views on the proposed service model and specification principles.
7. A total of 390 consultation responses were received across Leicester, Leicestershire and Rutland. In Leicestershire a briefing on the consultation was provided to

members of the Board prior to the commencement of consultation, the consultation was promoted on the County Council and Healthwatch web sites, details were included in the Healthwatch members e-briefing and the VAL e-briefing and a public drop-in session was held.

8. An analysis of the consultation results is set out at Appendix A. The majority of consultation responses were from Rutland (71%) and only 25.3% of these respondents agreed with the proposal to jointly commission a service for Leicester, Leicestershire and Rutland whereas 65.3% did not agree. The majority of respondents from Leicester and Leicestershire (70.5% and 75% respectively) did however agree with the proposal. In light of the consultation responses Rutland County Council has decided to separately procure a Healthwatch service whilst Leicester City Council and Leicestershire County Council have decided to jointly commission a service for Leicester and Leicestershire.
9. The remaining consultation proposals received a clear majority of support from respondents across Leicester, Leicestershire and Rutland and have therefore been incorporated, as proposed, in the service contract for Leicester and Leicestershire. These proposals were to retain some Healthwatch funding for specific additional investigations/consultations, incorporation of a clear volunteering programme within the service and for engagement to include a focus on seldom-heard groups using a range of methods to seek their views.
10. In addition to the public consultations, soft market testing on proposals for a joint Leicester, Leicestershire and Rutland Healthwatch service, to get more detailed feedback from potential bidders, was also carried out during August 2017. Four Soft Market Testing (SMT) questionnaires were received from social enterprises currently delivering Healthwatch services. Three of the SMTs proposed that organisational independence could be achieved by the Healthwatch Board leading the strategy, direction and focus of Healthwatch independently of the host Board (the existing arrangement for Healthwatch Leicestershire). A further governance proposal from one of the submissions was for an independently audited Healthwatch account overseen by a Finance Committee reporting to the Board. One SMT argued that Rutland should be excluded from joint commissioning and that Healthwatch services for Rutland should continue to be delivered separately.

### **Resource Implications**

11. Department of Health funding for Healthwatch and associated contracts (Independent NHS Advocacy Services (ICAS) and Deprivation of Liberty Safeguards (DOLS) in hospitals) is provided via the Local Reform and Communities Voices Grant (LRCVG). The potential pooled budget for a joint Leicester and Leicestershire Healthwatch service is c£357,000pa.

### **Timetable for Decisions**

12. It is proposed that a joint Leicester and Leicestershire contract will be tendered by the City Council in mid-November and that the tender will be awarded at the beginning of February 2018. The new service will commence on 1<sup>st</sup> April 2018.

**Background papers**

Report to the Health and Wellbeing Board on 22 June 2017

[Agenda for Health and Wellbeing Board on Thursday, 22 June 2017, 2.00 pm - Leicestershire County Council](#)

Report to the Health and Wellbeing Board on 15 September 2016

<http://ow.ly/I01W30cydKk>

Report to the Health and Wellbeing Board on 17 November 2016

<http://politics.leics.gov.uk/documents/s124178/Healthwatch%20Review.pdf>

**Circulation under the Local Issues Alert Procedure**

None

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**Relevant Impact Assessments****Equality and Human Rights Implications**

13. Healthwatch Leicestershire is committed to reducing inequalities in health and social care outcomes and this priority will be reflected in future commissioning.

**Partnership Working and associated issues**

14. Partnership working is fundamental to the work of Healthwatch Leicestershire and will be central to the future service specification.

## Appendix A

### Consultation findings

#### **Overall Survey Response Rate:**

A total of 390 online responses were received for this consultation (table 1). The majority of those who responded (71%) identified themselves as residents of Rutland.

Leicester		Leicestershire		Rutland		all Areas		Didn't answer	
No	%	No	%	No	%	No	%	No	%
44	11.3	20	5.1	277	71.0	46	11.8	3	0.8

Table 1

#### **Proposal 1: The three local authorities are considering jointly commissioning Healthwatch across LLR**

The response to the question (table 2) shows 54.4% don't support this proposal, with people particularly from Rutland disagreeing with this proposal (71%). Consequently each local authority needs to consider, given the strength of feeling, the best commissioning approach as a result when arriving at its recommendations.

Table 2	Agree	Don't Agree	Don't Know	Didn't Answer
<b>Leicester</b>	31	11	2	0
<b>Leicestershire</b>	15	4	1	0
<b>Rutland</b>	70	181	22	4
<b>All</b>	23	16	6	1
<b>Not Answered</b>	1	0	1	1
<b>Total</b>	<b>140</b> <b>(35.9%)</b>	<b>212</b> <b>(54.4%)</b>	<b>32</b> <b>(8.2%)</b>	<b>6</b> <b>(1.5%)</b>

A broad range of comments were received in relation to the proposal. Comments are summarised as follows:

#### Agree:

- Reduces duplication and allows for more consistency, and more effective use, of resources and funding
- Will make LLR more powerful by having a stronger, united voice given that representatives from all 3 areas are present and working collaboratively.
- Would make for better use of the funding available where it is needed and supports cost savings required due to reduction in the number of personnel across the 3 areas.
- A more joined up approach will benefit the NHS and the public, and will be able to influence the changes within Health and Social Care and support the STP.

#### Don't agree:

- Previously tried this way which people have felt was unsuccessful and did not fully take into consideration the needs of Rutland residents.
- Use of other areas: Rutland residents also use health care services in neighbouring authorities such as Lincolnshire and Cambridgeshire therefore this would not be considered through a joint commissioned service with LLR.

- Numerous responses that Rutland will lose its identity and the opportunity to influence services due to being overshadowed by larger authorities
- Local people need local services
- Demographics: The demographics in each area differ significantly and would need to be represented for each area to support what local people need. A number of comments felt that the issues within the smaller areas would not be considered a priority due to the larger areas and their priorities.
- Which authority would manage the contract and how would it ensure that all 3 areas have equal say within the proposals- with the funding being different from each area would this mean those that put the lesser funding in have a smaller voice?
- Concerns that Rutland needs and priorities would be overshadowed significantly and that the voice and identity of Rutland would be lost amongst Leicester and Leicestershire.

Don't know:

- Local issues may no longer be priority through a joint approach.
- Reducing duplication would be good but the 3 areas involved have very different demographics, needs and priorities.
- Various comments that this may work in favour for Leicester and Leicestershire but not Rutland and a separate Healthwatch would be required unless further information on this proposal was given.

The outcome from meetings held with stakeholders provided a similar result with both Leicester City and Leicestershire County Council respondents supporting the proposal. Whereas the Rutland stakeholders, mirroring the online survey results did not support the proposal.

### **Conclusion and Recommendation:**

The significant response from those living in Rutland clearly indicating they don't agree with the proposed service model has been taken into account by Rutland County Council and the Authority has decided to procure an independent Healthwatch Service for Rutland. The responses from Leicester City and County residents and stakeholders, although smaller number, conversely support the joined-up approach that is being pursued.

### **Proposal 2: To continue to use the funding for Healthwatch to carry out the service but to also retain some funding to undertake specific investigations or focused additional consultations with service users**

In relation to this proposal there is broad support from those who responded (table 3) via the online survey, for there being some retained funds to enable Healthwatch to undertake specific or focused work in any future model.

<b>Table 3</b>	<b>Agree</b>	<b>Don't Agree</b>	<b>Don't Know</b>	<b>Didn't Answer</b>
<b>Leicester</b>	26	12	6	0
<b>Leicestershire</b>	12	5	3	0
<b>Rutland</b>	150	83	43	1
<b>All</b>	27	8	8	3
<b>Not Answered</b>	1	0	1	1
<b>Total</b>	<b>216 (55%)</b>	<b>108 (28%)</b>	<b>61 (15%)</b>	<b>5 (1%)</b>

A range of comments were received in relation to the proposal which is summarised as follows:

Agree:

- Need to make sure the money is spent where it is needed.
- Current provisions work well and ensures Rutland voice is heard

Don't agree:

- Various concerns raised over who decides how the funding will be spent: some feel this should be down to the council to decide, other feel this should be down to the organisation, such as Healthwatch, and others feel the public should decide how the funding is allocated and spent.
- Through a joint approach there would be different priorities in each area which would affect the funding and priorities in the other areas.

Don't know:

- More details required: what funding would be lost?
- Clarification required on some of the proposals as to how this would affect local areas.

The outcome from meetings held with a broad range of stakeholders across the three local authorities saw broad support for this proposal.

### **Conclusion and Recommendation:**

There was clear support for this recommendation which has been incorporated in the service model.

### **Proposal 3: Expectation that an organisation would have a clear volunteering programme**

Responses to this proposal indicate broad support (table 4) for any new organisation to have a clear volunteering programme to support its work in any new Healthwatch service across LLR. A number of respondents wanted to be assured that such a programme wasn't to save money.

<b>Table 4</b>	<b>Agree</b>	<b>Don't Agree</b>	<b>Don't Know</b>	<b>Didn't Answer</b>
<b>Leicester</b>	21	13	10	0
<b>Leicestershire</b>	13	4	3	0
<b>Rutland</b>	147	66	61	3
<b>All</b>	26	12	6	2
<b>Not Answered</b>	1	0	1	1
<b>Total</b>	<b>208 (53%)</b>	<b>95 (24%)</b>	<b>81 (21%)</b>	<b>6 (1%)</b>

There were a variety of comments identifying the merits of using volunteers in supporting the work of Healthwatch but there were some notes of concern about volunteers being used to save money.

Agree:

- Training and support needs to be in place for volunteers

- There are already a large number of volunteers working within local communities but there are further people whose experience and skills can be better utilised.
- Good way to improve and develop community engagement

Disagree:

- Concerns that over utilising volunteers is a money saving technique
- Concerns raised that commissioners are forcing providers to change the way they work in relation to volunteers
- A whole service cannot be managed purely on volunteers alone and where there is inappropriate training or support to ensure they are able to work effectively and safely.

Don't know:

- Those who answered don't know commented that this proposal would need to be more specific for people to have a better understanding of this and what the role of volunteers would be
- Concerns raised that using volunteers would assist with cost savings

Outcomes from the meetings held with the broader stakeholders echo the online results with broad support for this proposal.

### Conclusion and Recommendation:

There was clear support for this recommendation that any new service will have a strong volunteering function to support its delivery.

### Proposal 4: Engagement to include a focus on seldom-heard groups and to use a range of methods to seek their views

In relation to the final proposal there was clear support for this from 74% of the respondents (table 5).

Table 5	Agree	Don't Agree	Don't Know	Didn't Answer
Leicester	36	3	4	1
Leicestershire	17	2	0	1
Rutland	197	49	27	4
All	40	4	1	1
Not Answered	0	0	2	1
<b>Total</b>	<b>290</b> <b>(74.4%)</b>	<b>58</b> <b>(15%)</b>	<b>34</b> <b>(9%)</b>	<b>8</b> <b>(2%)</b>

Agree

- Those that agree feel that some people may not understand some of the terms used such as 'engagement' and 'consultation' so clearer definitions are required
- Access to social media - there are still a significant amount of people that do not use or have access to social media meaning that they are less likely to be able to share their views on services.
- Suitable engagement work is required, not only through social media but through events, open meetings, using current community facilities and in an accessible format for all.

Don't agree:

- What works in one area may not work in another
- When engagement events take place they need to be accessible across the county to ensure people have the opportunity to attend and promotion of this needs to be prioritised.

Don't know:

- More details required on this proposal
- Minority groups may not be heard as well as the majority groups
- Could take up a lot of time and money, and may create further concerns which otherwise did not exist

Outcomes from meetings held with the broader stakeholders again echoed the online results with broad support for this proposal.

**Conclusion and Recommendation:**

There was clear support for this recommendation and any new service will need to have a clear approach to engagement.