SUNDERLAND SHADOW HEALTH AND WELLBEING BOARD

16 November 2012

HEALTHWATCH AND NHS COMPLAINTS ADVOCACY UPDATE

Report of the Health Transition Lead

1.0 PURPOSE OF THE REPORT

- 1.1 To provide an update on the development of Healthwatch England.
- 1.2 To provide an update on the development of local Healthwatch and transition in Sunderland.
- 1.3 To provide an update on how the NHS Complaints Advocacy service will be commissioned, and who will be the lead authority, when it becomes the responsibility of local authorities from the 1st April 2013.

2.0 HEALTHWATCH ENGLAND

2.1 Background

- 2.1.1 Healthwatch was introduced by the Health and Social Care Act 2012. Healthwatch is the new consumer champion for health and social care in England. It will exist in two distinct forms Healthwatch England, a national body, and local Healthwatch, a network of organisations representing people in their area.
- **2.1.2** Healthwatch England was launched on 1 October 2012. Anna Bradley was appointed Chair of Healthwatch England in July 2012. Further recruitment of staff for roles at Healthwatch England is ongoing.
- **2.1.3** 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 tell them people's concerns, pass on and analyse information, and offer advice.
- 2.1.4 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. By law, they will have to listen to Healthwatch and respond to its concerns.
- **2.1.5** The complete Healthwatch network, including local Healthwatch organisations, will be launched on 1 April 2013.

3.0 COMMISSIONING LOCAL HEALTHWATCH

3.1 Background

- 3.1.1 Local Healthwatch will replace the Local Involvement Network (LINk) as the mechanism for obtaining and promoting the voice of the public in commissioning and provision of health and social care services. It will retain the statutory functions of LINks, have a role to include the provision of information, advice and signposting and have a seat on the Health and Well-being Board.
- 3.1.2 Local Authorities have a duty to commission local Healthwatch which will become operational on the 1st April 2013 and will coincide with the commencement of the NHS Complaints Advocacy service.
- 3.1.3 The latest legislation states that Healthwatch should be a corporate body which is a social enterprise.
- 3.1.4 From April 2013/14 funding for local Healthwatch will have two different elements: The first is the on-going baseline funding for LINks; the second is new additional funding for the new service.
- 3.1.5 Whilst the precise funding for local Healthwatch is still under discussion, the following national information has been provided by the Department of Health:

Name	Route for Funding	Amount of Funding
LINKs funding	DCLG Business Rates	£27 million
	Retention Scheme (BRRS)	
Additional local	To be determined	£11.5 million
Healthwatch		(with a minimum
funding		allocation of £20,000 for
		start up costs).

- 3.1.6 Current LINks funding will be transferred to become part of a single commissioning budget for local Healthwatch. The current LINKs budget is: £150,000 of which £133,500 was allocated.
- 3.1.7 An illustrative allocation of £76,437 has been calculated for Healthwatch Sunderland using data from the 2012/13 grant calculation, which will be updated prior to the 2013/14 settlement.
- 3.1.8 The LINks funding within formula grant is not ring-fenced and it is not possible to say how much each local authority will receive to commission their local Healthwatch services for the reason shown below:
- 3.1.9 Routine notifications of local government funding for the following financial year is notified at two stages. The provisional allocations are made known in November/ December of the current financial year; and

- final allocations are made known in January/February prior to the start of the new financial year in April.
- 3.1.10 Decisions about funding for local Healthwatch will be made by each local authority as part of its overall responsibilities to fund services to meet the needs of local people and communities. The funding for local Healthwatch in Sunderland could be between £150 226K per annum.
- 3.1.11 National consultation is currently taking place on specific aspects of the Healthwatch Regulations. Final regulations are not yet available therefore certain aspects of the service specification have to remain flexible to allow for detail to be added once further information is available.
- 3.1.12 Whilst the funding and regulations are not yet clearly defined, in order to have a Local Healthwatch in place by April 2013 the commissioning and procurement process has by necessity commenced.

3.2 Current Position

3.2.1 As part of the commissioning of Local Healthwatch a number of activities have taken place. These are:

Consultation and Public Engagement

- A consultation event this was held in November 2011 to obtain the views of the public about what Healthwatch should look like.
- A consultation questionnaire for adults this was undertaken to complement the consultation event targeted at adults.
- A consultation questionnaire for children and young people this
 was targeted at children and young people whose voice had not
 been heard in the previous consultation activities.
- Targeted consultation using monies secured from the Strategic Health Authority, a SWITCH project has focused on engagement with a number of specific groups across the city, including children and young people; the Sunderland Men's Health Network; GP patient groups and people with learning disabilities to map the current engagement processes and to inform the engagement mechanisms of Healthwatch.
- Consultation with the current LINk volunteers to identify what they see as being important in commissioning and delivering a successful Local Healthwatch and to learn lessons from the last 5 years of LINK.

 Consultation with the wider VCS organisations to obtain their input into the development of Healthwatch, specifically about the values and principles of the organisation, staff and volunteer skills and competencies etc.

The feedback gathered from all of the consultation has been and will be used to shape the service specification for Healthwatch.

Developing a Service Specification

A service specification has been developed, taking into account consultation feedback.

Scoping the Market

Working collaboratively, Strategic Commissioning and Corporate Procurement have undertaken a scoping exercise to identify the current state of the market in relation to potential Healthwatch providers. 8 providers responded to the soft market testing, which consisted of national, regional and local third sector and private sector providers. There is sufficient competition in the market from a number of organisations that could reasonably be expected to be able to deliver the service.

3.2.2 It has now been agreed by Directorate Management Team to proceed with a procurement process. It is expected that the contract would be awarded in January with a 2 month setting up phase and transition of any relevant information from the current LINk host to the newly commissioned Local Healthwatch, ready for the1st April 2013 start date.

4.0 COMMISSIONING OF NHS COMPLAINTS ADVOCACY SERVICE

4.1 Background

- 4.1.1 The Department of Health currently commissions and manages the contract for NHS Complaints Advocacy, on behalf of the Secretary of State for Health. It is currently provided through a national contractual arrangement with three Independent Complaints Advocacy Services (ICAS), providing advocacy support to individuals wishing to complain about NHS services in England (which includes complaints to the Health Service Ombudsman). The Health and Social Care Act 2012 transfers the responsibility for commissioning this service to the Local Authority from 1 April 2013.
- 4.1.2 ICAS is a patient centred confidential 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.
- 4.1.3 The Carers Federation currently deliver ICAS for the Northern Region. The DH provided the indicative funding for NHS Complaints Advocacy allocations in June, which should be confirmed by the end of October 2012.
- 4.1.4 A number of Local Authorities (LAs) have met to discuss the possibility of a collaborative approach and the benefits that it might offer. There are 11 LAs interested in collaborating to progress this work:
 - Darlington Borough Council
 - Durham County Council
 - Gateshead Council
 - Hartlepool Borough Council
 - Middlesbrough Council
 - Newcastle City Council
 - North Tyneside Council
 - Redcar & Cleveland Borough Council
 - South Tyneside Council
 - Stockton-on-Tees Borough Council
 - Sunderland City Council
- 4.1.5 Northumberland Council opted not to be part of the collaboration but have asked to be kept informed of progress.

4.2 Current Position

- 4.2.1 The Association of Directors of Adult Social Services support and agree to collaborative working and for Gateshead Council to be the lead commissioner for this service. The Director of NEPO (North East Purchasing Organisation) has confirmed NEPO do not have a direct resource to lead this work at the moment, but that he is agreeable to Gateshead taking this forward.
- 4.2.2 The costs associated with this arrangement were agreed by Cabinet in September 2012.
 - Gateshead Council will receive a one-off payment for pre-contract and post-contract work carried out on behalf of others (estimated to be in the region of £3,288 per LA)
- 4.2.3 As lead commissioner, Gateshead will be responsible for the pre and post contract work which includes administering the tender process and contract monitoring. Each LA will remain responsible for managing their individual budget commitment and it would be then up to each LA to manage the usage of the service to ensure they operate within their budget allocation.

- 4.2.4 All local authorities who are part of the collaborative approach, including Sunderland, are currently working with Gateshead to develop the service specification and the tender process.
- 4.2.5 The budget for NHS Complaints Advocacy Service is independent to that of Healthwatch and again we are working from estimates for the same reasons stated in 3.1.10. Sunderland anticipates receiving between £74 £94K.
- 4.2.6 It is planned that the contract will be awarded by December 2012 for a start date of 1 April 2013.

5.0 RECOMMENDATIONS

5.1 It is recommended that the Shadow Health and Wellbeing Board receive this report for information.

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