

# Committee: Healthier Communities and Older People Overview and Scrutiny Panel

**Date: 12 February 2013**

Agenda item: 6

Wards: All

**Subject:** Commissioning a local Healthwatch in Merton

Lead officer: Simon Williams, Director of Community and Housing

Lead member: Linda Kirby, Cabinet Member for Adult Social Care and Health

Contact officer: Kris Witherington, Community Engagement Manager

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## **Recommendations:**

A. That the Panel notes the contents of the report

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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1. The purpose of the report is to update the Panel on the progress made in commissioning a local Healthwatch organisation for Merton.
- 1.2. The report also updates the Panel on the pan-London approach to commissioning an independent NHS complaints advocacy service.

## **2 DETAILS**

- 2.1. The Health and Social Care Act 2012 included a requirement on local authorities to establish a local Healthwatch in their area. This duty will replace the duty to establish a Local Involvement Network (LINK) from April 2013.
- 2.2. Local Healthwatch will take on the LINK's responsibility for engaging patients, service users and the wider community to capture their experience of local services and encourage improvements
- 2.3. There is no prescriptive approach set out by the Act for procuring local Healthwatch. The option to grant-aid an organisation is available, as is the option to pursue a competitive tendering process.
- 2.4. Cabinet agreed on 12 November 2012 to carry out a competitive tendering process as this would better meet the need to be transparent, open and meet the tight timetable for delivering Healthwatch, as well as potentially achieving better value for money.
- 2.5. An invitation to tender was placed on the London tender portal on 21 December with a deadline of 1 February for responses. As a high volume of bids is unlikely this will be a single stage procurement process, with no pre-qualifying questionnaire
- 2.6. Bidders have been asked to set out their proposals to address the following criteria, against which they will be scored:

	<b>Provision</b>	<b>Weighting</b>
Cost – for each year over two years	Salary and staffing cost – broken down by each post	40%
	Other costs associated with the delivery of the service	
	The cost of overheads including premises, supervision and other indirect expenditure	
	<i>Total cost of Goods/Services</i>	
Quality	Demonstrate your knowledge and experience of the following: <ul style="list-style-type: none"> <li>• Engaging with different communities that use health and social care services</li> <li>• Working in Merton</li> <li>• Delivering information and signposting</li> <li>• Working with health and social care providers and commissioners</li> </ul>	10%
	How will you ensure Healthwatch Merton is able to reach widely and deeply into the community and show evidence of this?	10%
	How will you ensure residents and local organisations know what Healthwatch Merton is doing and why, and are able to comment on it?	5%
	What governance structure will you use to ensure Healthwatch Merton is seen as open and transparent and reflects the local community? How will you resolve any conflicts that will occur within the governance structure?	5%
	How will you ensure that decisions are based on sound evidence and reflect the needs and perceptions of local communities?	5%
	How will you ensure that Healthwatch Merton has a focus on partnership, outreach, networking, and relationship building?	5%
	How will you develop a thriving body of trained and skilled volunteers and how will you support them	5%
	How will you ensure Healthwatch Merton will be regarded by key local organisations, including the Council, as a credible partner, and scrutineer?	5%
	How will ensure that accurate information is available and accessible to support patient choice?	5%
	How will you demonstrate that Healthwatch Merton helps improve delivery of Health and Social Care services and their value for money	5%
		Total score for Quality
	TOTAL	100%

2.7. In addition bidders will need to demonstrate sufficient quality on a pass/fail basis on financial standing, insurances, health and safety, equalities, and good standing.

## **Independent NHS Complaints Advocacy Service**

- 2.8. The Health and Social Care Act 2012 also included a requirement on local authorities to establish an independent service to provide advocacy to those making complaints about NHS services. This duty currently sits with the Department of Health.
- 2.9. The current contract arrangements are based on a single provider covering a whole region and at the moment one provider covers London, the South East and Eastern regions.
- 2.10. A group of London commissioners have been working together to explore the option of a regional approach. Currently 26 boroughs are considering participating in a procurement process led by LB Hounslow under a framework agreement with a single provider.
- 2.11. The proposed model is for a core service including call centre, online self-help materials and initial assessment, and then a demand led top up payment for more prolonged advocacy either by telephone or face-to-face.
- 2.12. A notice was placed with the Official Journal of the European Union (OJEU) on 7 January 2013 inviting bids to be submitted by 22 February 2013.
- 2.13. This model presents some financial risk to the Council should there be a sudden and dramatic increase in complaints, as seen for example in the Mid-Staffordshire case, but based on the level of activity provided by the current contractor it is realistic to expect funding to not exceed the level of grant received from Department of Health. However, approximately 95 Merton resident cases being overseen by the current contractor will pass to the new provider. This is the fifth highest caseload of any London borough.

## **3 ALTERNATIVE OPTIONS**

- 3.1. It might still be possible to explore the development of a consortium approach. This could be done through a tender exercise that does not specifically exclude this option.

## **4 CONSULTATION UNDERTAKEN OR PROPOSED**

- 4.1. A consultation took place between July and September 2013. This included an online survey as well as discussions at LINK public meetings, with the LINK Steering Group, the Citizenship and Inclusion Delivery Group, and the Shadow Health and Well Being Board. A draft specification was also circulated in November 2013 and comments invited.

## **5 TIMETABLE**

- 5.1. Submissions for the Invitation to tender must be received by 1 February 2012.
- 5.2. A panel from the Health and Well Being Board will score the bids received against the criteria set out. This process will hopefully be completed by the end of February and then a contract agreed before the 31 March deadline.
- 5.3. A public meeting will be scheduled for the new provider to explain their plans and for the public to be involved in setting the initial work plan for Healthwatch.

## **6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

6.1. The contract for Healthwatch will be for a two year period with an option to extend for up to a further two years pending the outcome of the next Comprehensive Spending Review.

6.2. Government has given a non-ringfenced funding allocation for the NHS Complaints Advocacy responsibility of £44,785 for each year 2013-15.

## **7 LEGAL AND STATUTORY IMPLICATIONS**

7.1. Merton Council will have a legal duty to contract a Healthwatch organisation from 1 April. This replaces the duty to contract a LINK host organisation. The Council will also have a duty to contract an independent NHS Complaints advocacy service.

## **8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

8.1. A core function of Healthwatch will be to represent patient, service user and public voices in health and social care services. Ensuring that all communities are engaged in this process will be a critical success factor that will need to be measured meaningfully.

## **9 CRIME AND DISORDER IMPLICATIONS**

9.1. There are no crime and disorder implications

## **10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

10.1. Healthwatch has a key role in identifying issues with health and social care services and making recommendations to Healthwatch England and the Care Quality Commission to carry out special reviews or investigations into areas of concern. Ensuring that that is a robust process for challenging poor performance will reduce the risk to patients and service users.

## **11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

- None

## **12 BACKGROUND PAPERS**

12.1. Health and Social Care Act 2012