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Cabinet

9<sup>th</sup> July 2013

**Name of Cabinet Member:**

Cabinet Member (Health and Adult Services) – Councillor Gingell

**Director Approving Submission of the report:**

Director of Community Services

**Ward(s) affected:**

All

**Title:**

Establishment of Local Healthwatch in Coventry.

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**Is this a key decision?**

Yes

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**Executive Summary:**

Healthwatch is the independent consumer champion for the public both locally and nationally to promote better outcomes in health for all and in social care for adults.

The Health and Social Care Act 2012 ("the Act") placed a responsibility on the City Council to commission an efficient and effective local Healthwatch which will work to strengthen the voice of patients and the public. Healthwatch will have a place on the statutory Health and Wellbeing Board and will work with commissioners, local councillors and other stakeholders to influence every aspect of how services are planned, commissioned, delivered and monitored.

This report sets out the approach taken in establishing an interim Healthwatch Coventry, the joint work undertaken between the City Council and the local voluntary sector, and seeks approval for final arrangements to enable the establishment of this body.

The proposed solution for the establishment of a full Local Healthwatch in the City includes a process involving the Here 2 Help voluntary sector consortium a legal entity known as ("the H2H Company"). It is proposed that the final shape of the new service is developed with the Here 2 Help consortium with a defined grant funding stream and output requirements to third parties agreed by the City Council. Cabinet's support for this approach is requested to give voluntary sector colleagues confidence in the process and to enable a new service to be in place by October 2013.

**Recommendations:**

- 1 Cabinet are recommended to agree to the proposal for the establishment of Local Healthwatch contained in the report, including the proposal to utilise the H2 H Company as a co-design partner of the service grant recipient.
- 2 Cabinet is further recommended to delegate to the Director of Community Services in consultation with the Cabinet Member for Health and Adult Services to complete the grant agreement for the provision of a multi-agency Local Healthwatch for the City through the H2H Company.

**List of Appendices included:**

*None*

**Other useful background papers:**

None

**Has it been or will it be considered by Scrutiny?**

No

**Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?**

No

**Will this report go to Council?**

No

## **Report title: Establishment of Local Healthwatch in Coventry**

### **1. Context (or background)**

- 1.1 Healthwatch was introduced by the Government as part of their wider health reforms to be the voice of patients and users of social care services. Healthwatch will function in two ways:
  - A national body – Healthwatch England which has now been established as part of the Care Quality Commission (CQC).
  - Local Healthwatch - the City Council is required under the Act to ensure that there is an effective and efficient local Healthwatch in the City.
- 1.2 Healthwatch is the independent consumer champion for the public both locally and nationally to promote better outcomes in health for all and in social care for adults. Healthwatch will have a place on the statutory Health and Wellbeing Board and will work with commissioners, local councillors and other stakeholders to influence every aspect of how services are planned, commissioned delivered and monitored.
- 1.3 Healthwatch has replaced Local Involvement Networks (LINKs) and taken over their functions. Local authorities were encouraged by the Department of Health to ensure continuity in the transition from LINK to Healthwatch therefore an interim Healthwatch based on the previous LINK arrangements has been in place from the beginning of April. This will continue until the end of September, thereafter it is intended that a full Local Healthwatch be in place.

#### **The role of LINKs**

- 1.4 LINKs began work in 2008 representing the collective voice of patients and scrutinising the quality of service provision through the work of volunteers and a small professional support. LINKs had 'enter and view' powers to local health and social care services, and had the power to make recommendations to Councils and commissioners and providers of NHS services to improve services and experiences for patients and the public.

#### **Additional roles for Healthwatch**

- 1.5 Healthwatch has taken over the powers and functions of LINKs with the Government additionally making a number of other changes to strengthen the new organisations role. It has legislated to enable Healthwatch to give communities a bigger say in how health and social care services are planned, commissioned, delivered and monitored. Accordingly they will have a seat on the statutory Health and Wellbeing Board to ensure that these voices are heard.
- 1.6 Information and signposting – One of the Government's objectives is for local people to understand, make informed choices and feel empowered about the health and social care services available to them. Healthwatch will have a role in ensuring that good quality information is available to people about local services, they will provide signposting and respond to requests for information to help people navigate complex health and social care structures.
- 1.7 NHS Complaints Advocacy services – Additionally local authorities will be required to commission an NHS complaints advocacy service from April 2013. This is a 'specialised' service and there is scope for this either to be delivered by a Local Healthwatch, or for it to be contracted separately. If delivered separately, the expectation is that local Healthwatch will be the principal referral route to the Advocacy support.

### **Organisational Structure**

- 1.8 The Act has not been prescriptive about the form of organisation that Local Healthwatch should take beyond stating that:
- Local Healthwatch organisations must be corporate bodies carrying out statutory functions;
  - they must be not-for-profit organisations, and;
  - must be able to employ staff and (if they choose) be able to sub-contract statutory functions.
  - this flexibility allows the Council to choose to commission, tender or offer a grant aid agreement to ensure an appropriate local service.

### **Interim Arrangements**

- 1.9 To meet requirements under the Act and to ensure that the momentum of Coventry LINK and the work and enthusiasm of volunteers was not lost, the Council has from April 2013 had in place a set of interim arrangements. This has included extending the contract with Voluntary Action Coventry for continuation of their support to the 'voice' element of Local Healthwatch, and a short term contract with the existing providers of NHS complaints and advocacy support.

### **Francis Inquiry**

- 1.10 The second Francis Inquiry report was published in February 2013. This report focused on the organisations which surrounded Mid-Staffs Hospital, both NHS and others and concluded that arrangements for oversight of NHS services in Stafford at the time had been a failure. The Report looks to find out why problems at the Trust were not identified sooner, and co-ordinated action taken to improve the quality of care.
- 1.11 In his report Lord Francis sets out a series of expectations about patient involvement and outside scrutiny of NHS services in which Healthwatch plays a prominent role. The ability of the new Healthwatch to raise issues with service managers, decision-makers and be a conduit for local health intelligence is identified the Report as being of particular importance in supporting service improvements and the development of high quality care. The report also encouraged local authorities (and Healthwatch England) to be robust in ensuring that performance and effectiveness in Local Healthwatch remains high.

## **2. Options considered and recommended proposal**

- 2.1 Initially the City Council considered four options for the establishment of Local Healthwatch for the City:
- Option 1 – a single contract with a local provider (proposed by VAC)
  - Option 2 – a new local membership organisation
  - Option 3 – recruitment by the City Council to a Local Healthwatch Board
  - Option 4 – provision of a Healthwatch through a franchised provider.
- 2.2 In December 2012 the Council proceeded with a consultation based on the first two options. It was judged that the model identified elsewhere of Local Healthwatch being a body dominated by a small number of remunerated representatives guiding the new body (option 3) would not be representative enough and would not have the weight necessary to ensure the success of the Healthwatch voice function. Option 4 was not pursued given local experience in Warwickshire of their LINK being run by a national organisation and this eventually being replaced by a local provider.

### **Option 1**

- 2.3 This option offered a distinctive branding for Local Healthwatch but the security of the delivery being with the support of a local voluntary sector organisation. This would have been quite similar to the arrangements for Coventry LINK, being hosted by VAC. Option 1

proposed a separate decision-making structure and separate governance for the voice function. The responsibility for the quality of other commissioned services would rest with the trustees of the commissioned organisation.

### **Option 2**

- 2.4 This option was for a proposal for the creation of a separate new voluntary sector organisation, led by a management board drawn from existing LINK Steering Group members but involving other key stakeholders. Again there was proposed to be distinctive decision-making for the voice function.

### **New Third Option**

- 2.5 Towards the end of the consultation exercise a proposal was made for consideration of a further option, based on option one in the consultation paper. This was to utilise the H2H Company to develop a co-design for the final format of Local Healthwatch in the City. This will involve a number of agencies working together under one legal entity to deliver the different functions of Healthwatch alongside other partners.

### **Here 2 Help**

- 2.6 The H2H Company, owned and run by local voluntary organisations, was founded by 12 local charities, launched on 21st February 2011 and now has over 30 members. The H2H Company provides a new way for local voluntary organisations to work with the City Council and other statutory agencies to deliver cost-effective services for the people of Coventry. The H2H company enables smaller local voluntary organisations to work collaboratively and tender together to compete more effectively against larger, national commercial organisations, thus helping to keep a strong local provider base in the city, close to Coventry's communities.
- 2.7 In seeking to work collaboratively with the voluntary sector in a time of significant budgetary pressure the City Council has supported the establishment of H2H Company and the principle of the Council and the voluntary sector working together differently. In choosing to 'pipeline' grant funding through the H2H Company the Council would be entering into an agreement with one legal entity but gain the benefit of its members approach to a particular requirement (in this case Local Healthwatch).
- 2.8 Over recent months officers have been involved in negotiations with voluntary sector leaders and the interim Local Healthwatch with a view to co-designing a service based on a defined grant funding stream.

### **Proposed solution for Local Healthwatch**

- 2.9 The responses to the consultation undertaken (detailed in Section 3) provided a useful but mixed set of views, underlining the complexity of developing a service such as Local Healthwatch. Some respondents for example felt that the current LINK arrangements had been successful, others not. A number of respondents were concerned about multiple organisations taking part in the final service, others welcomed this. There was a significant level of support for the provision of advocacy and complaints support to be provided locally, and wide support for the vision outlined in the paper.
- 2.10 A new service will be based on a strong 'voice' function which utilises a network of volunteers and members, but also takes advantage of other partners' activities in working with the community in the City gathering intelligence about services. The members will maintain their 'enter and view' powers which allow them to see services in action. The 'voice' element of Local Healthwatch will have a role in developing information about local services, helping local people to access appropriate information and providing help and support with individuals to allow them to navigate complex health and social care structures.

- 2.11 The signposting and information service will be developed to support the whole community to access the information they need about health and social care services, with a strong focus on the most vulnerable and those with additional needs. It will benefit from a wide network of access points which will include Council libraries and other key locations through the support of partners in the service. At these residents will be able to make simple requests for information or ask to be directed to different resources about health and social care services. A resource will be identified within Community Services Directorate to ensure that the new Local Healthwatch is linked in to Library and Information Services and to ensure appropriate monitoring of performance outcomes.
- 2.12 It is envisaged that a tiered approach will be developed to provide a network of both information support to residents in the City but also importantly avenues to provide feedback on services to support the voice function. Where for example a library is unable to deal with a request for information there will be a series of resources for people to be referred to for support. This is important particularly post the second Francis Report which emphasised the need for all intelligence about local services to be considered and evaluated to support quality service delivery. This will assist the 'voice' function to be the 'network of networks' and inform the role of Local Healthwatch on the Health and Wellbeing Board.
- 2.13 The collaboration of these functions with the NHS Complaints and Advocacy Service, which will be accessed through Local Healthwatch, will ensure that local NHS patients are able to easily find out information about making a complaint, and be supported in doing so at the appropriate level. Staff and volunteers working in the multi-agency Local Healthwatch will understand the basics of making a complaint, and give some brief advice, whilst also being able to identify cases which require more complex support and a full advocacy service.
- 2.14 The H2H Company will provide the accountability for the performance of the outputs. The process by which the Company will develop the final company members to take part in the delivery of the outputs will include opportunities for innovation. It will also allow Council officers and former LINK members to ensure that a collaborative approach is taken to finalising aspects of the grant outputs.
- 2.15 In looking to develop a Local Healthwatch model in the City, officers have been mindful of the existing universal services available to residents to support them in navigating health and social care services. This has included examining the various services the Council provides and commissions externally. This has included analysis of:
- The potential value and contribution of existing Council services, particularly the role that library and information services can play in a multi-agency Healthwatch solution.
  - The Information and Advice Review and the Council being clearer about the provision and impact of specialist services for vulnerable groups (including support to Age UK, the Alzheimer's Society, the Carers Centre and Grapevine Coventry and Warwickshire).
  - The generic advice services provided by the various advice services in the City (including funding for Coventry Citizen's Advice Bureau, Coventry Law Centre and a number of local services), and
  - The provision of information and signposting by providers of NHS services themselves (including two PALS services), supplemented by the national NHS111 service. NHS111 is intended to be an information source and route into all non-emergency health services. The service will utilise detailed directories of services which will allow them to provide patients with information about care pathways and how to access local services.

2.16 The process undertaken so far has involved an exploration of the options for Local Healthwatch in the City and a detailed discussion about the funding stream required for the new service. In developing this proposals with the current providers of LINK support and the H2H consortium there has been an exchange of views regarding the identified funding stream, however mindful of the issues raised in section 2.15 and the challenges the Council is facing in responding to Government funding reductions an indicative figure of £237,000 per annum has been identified for the grant to the H2H Company. This figure is challenging for the voluntary sector and they have made a case for a resource envelope of £ 270,000 per annum. The position taken to date has been that there is a need for maximum innovation and efficiency and that funding for Local Healthwatch set within the wider context of financial challenges facing the Directorate.

### **3. Results of consultation undertaken**

3.1 A consultation exercise was undertaken from 14 December to March 8<sup>th</sup>. As part of the consultation, voluntary organisations and stakeholders were written to with information about the consultation exercise and encouraged to cascade this widely. The information was shared with LINK members and other key user groups including the Older People's Partnership; HOPE2, the Physical and Sensory Impairment Reference Group, Learning Disabilities Partnership Board and the Carers group. A consultation event was held in the Council House on the 1<sup>st</sup> March 2013, including the participation of some health partners.

Key questions considered and the views shared are noted below:

#### **Vision for Healthwatch**

69/81 supported the vision for a Local Healthwatch

#### **Organisational Options for delivering Healthwatch**

An even split in preference between the two delivery options with an approach from the voluntary sector offered of a 3<sup>rd</sup> Option of a consortium bid shared at the 1<sup>st</sup> March Event.

#### **How to achieve transparency and accountability**

Acknowledgement of the importance of this function and the need to ensure any new arrangements strengthen existing practice

#### **How to provide Information and Advice (signposting) and Health and Social Care**

Recognition of the diversity of ways and places in which people receive this type of service with a preference for a One Start Shop (which would deal with the majority of enquiries, but pass more complex ones through identified tiered pathways).

#### **Options for providing Complaints Advocacy Services**

69/81 supporting contracting with a Coventry Based organisation

- 4.1 A representation has been received by the Chair of the Interim Steering Group of Local Healthwatch recognising the pressure on Community Services budgets, but arguing for a higher funding allocation for Local Healthwatch. He has also made representations regarding the specification for Local Healthwatch and the process to be followed with the H2H Company.
- 4.2 A letter has been received from the Chair of Coventry and Rugby Clinical Commissioning Group raising the importance of Local Healthwatch to the local health economy and encouraging the City Council to ensure funding levels for Local Healthwatch are appropriate.

#### **4. Timetable for implementing this decision**

- 4.3 This decision is required to be taken by the end of July 2013. This will facilitate the transition from an interim Healthwatch to a 'full' Healthwatch, and will ensure that the Council complies with the Coventry Compact. A new service will commence on 1<sup>st</sup> October 2013.
- 4.4 The outputs will be delivered by a number of partners on behalf of the H2H Company. The City Council is developing a set of key performance outputs which will be used to monitor the grant funding and quarterly monitoring meetings will be held.

#### **5. Comments from Director of Finance and Legal Services**

##### **5.1 Financial implications**

(i) The current proposal is for a grant to be made to Here2Help to provide a full Healthwatch service at £237,000 per annum based on an initial 18 months agreement, with an option for a further 12 months subject to a review. There will be a need for an additional post in Community Services Directorate (£35,000 pa including on-costs) to ensure that the full Healthwatch Coventry is able to integrate appropriately with the Library and Information Service and to monitor grant outputs.

(ii) Funding for Local Healthwatch is complex being made up of a mixture of formula grant and two specific time limited grants from the Department of Health. Resources are not ring-fenced and therefore a budget of £ 275,000 has been identified to support all Local Healthwatch activity (representing a nominal £100,000 annual saving).

##### **5.2 Legal implications**

The Council can make arrangements under Section 183 of the Act for a local Healthwatch for Coventry. The Council intends to work with the H2H Company under a grant funded arrangement. The Grant will be for a period of 18 months and a review of the outputs will decide whether it should remain in place for a further 12 months. The grant does not fall within the Compact code for contracts.

#### **6. Other implications**

##### **6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?**

Coventry City Council is committed to strengthening the patient and public voice in health and social care. A successful Local Healthwatch will provide the community in Coventry with the ability to influence and shape services designed for them. Healthwatch will give people real influence over decisions made about local services engaging individuals and communities in improving health outcomes and supporting Coventry's citizens to lead longer, healthier and more independent lives. This is expected to contribute to the work going on in the City to tackle health inequalities, and to promote better health outcomes for all.

##### **6.2 How is risk being managed?**

The City Council is required by legislation to make arrangements for a Local Healthwatch in the City. Other risks associated with the project are limited. An effective and efficient Local Healthwatch will make a significant contribution to improving health and social care services in the City. Officers will work hard to support Local Healthwatch to be effective and integrated into the local health economy and will support Local Healthwatch to work constructively with Adult Social Care Services and the Health and Wellbeing Board.

A detailed but manageable set of performance indicators will be developed which will ensure that regular performance management can take place and mitigate any further risks.

Local Healthwatch is referred to in the Second Francis Report into the failures at mid-Staffs hospital. Officers will monitor the Government's response to this report and ensure that any subsequent legislation is complied with.

### **6.3 What is the impact on the organisation?**

In developing a model for a Local Healthwatch in the City officers have been mindful of the need to ensure that Local Healthwatch fits comfortably with existing universal services and builds on them. These are largely NHS services (PALS, NHS 111 etc) but the Council's Library and Information Service is an important part of this picture. The specification developed for the proposed Local Healthwatch solution will include a requirement for the geographical reach and wide range of resources available in libraries to be fully utilised. There will be a requirement for some support to ensure that libraries are resourced particularly with appropriate information and training for staff to ensure that libraries can play a part in a successful model.

### **6.4 Equalities / EIA**

A full Equalities Impact Assessment has been produced following the consultation exercise and has suggested that the establishment of a Local Healthwatch in the City will have a positive impact on Equalities issues in the City. Local Healthwatch is required to have regard for health inequalities and the specification for Local Healthwatch to be delivered by the H2H Company will include specific requirements to have regard to all of the protected categories and the impact of inequalities on the City. The inclusion of the library service and its geographical spread particularly in the City's priority neighbourhoods will also support a particular focus on health inequalities.

### **6.5 Implications for (or impact on) the environment**

There are no implications for the environment from this proposal.

### **6.6 Implications for partner organisations?**

The support for the provision of the former LINK responsibilities is provided by staff employed by VAC, and they and various other voluntary sector partners have been involved in the consultation and the development of a proposal for the co-design of Local Healthwatch. Health partners are also required to engage with Local Healthwatch and any failure of this service would have implications for them.

NHS Coventry has previously supported both the development and contract monitoring of Coventry LINK and the new Healthwatch organisation. More recently since its establishment, the Coventry and Rugby Clinical Commissioning Group has supported the development of Local Healthwatch and will assist with the development of the service specification which will define more closely the priorities and performance measures of the new organisation. The Clinical Commissioning Group is a key partner in developing the City's libraries as local sources of information about local health service.

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