


Cabinet 14 June 2016	 TOWER HAMLETS
Report of: Melanie Clay, Director Law, Probity & Governance	Classification: Unrestricted
Healthwatch Tower Hamlets future commissioning intention	

Lead Member	Councillor Amy Whitelock Gibbs, Cabinet Member for Health & Adult Services
Originating Officer(s)	Afazul Hoque, Interim Service Manager, Strategy, Policy & Performance
Wards affected	All wards
Key Decision?	Yes
Community Plan Theme	A Healthy & Supportive Community & One Tower Hamlets

Executive Summary

This report provides Cabinet with a summary of a review of Healthwatch Tower Hamlets (HWTH) and the proposals for commissioning of a new HWTH to ensure that a replacement service is in place by 1st April 2017. The paper also outlines the key elements of the new service model to ensure that the Council maximises the role of HWTH as an effective advocate for patients and critical friend of its statutory health and social care partners.

Recommendations:

The Mayor in Cabinet is recommended to:

1. Note the key findings and recommendations arising from the review of Healthwatch Tower Hamlets (Para 3.9).
2. Authorise the Interim Service Head for Corporate Strategy & Equality to develop a detailed service specification which addresses the key findings of the review, in consultation with the Cabinet Member for Health & Adult Services.
3. Agree to the commissioning proposals for Healthwatch Tower Hamlets and authorise the Director Law, Probity and Governance to enter into contract with the preferred bidder which will be known as Healthwatch Tower Hamlets.

1. REASONS FOR THE DECISIONS

- 1.1 The Health & Social Care Act 2012 requires the Council to put in place arrangements for a local Healthwatch which is independent of local health and social care providers. The current contract for Healthwatch Tower Hamlets ends on 31st March 2017 and this report outlines proposals to put in place a replacement service by 1st April 2017. A decision is needed now to allow sufficient time for the procurement process and the mobilisation of the new contract so there is no gap in the service.

2. ALTERNATIVE OPTIONS

- 2.1 The current contract ends on 31st March 2017 and there are no options to extend this contract. The Council would be in breach of its statutory duty if a replacement service is not put in place.
- 2.2 The legislation allows the Council to award grant in aid but this is not recommended option for the following reasons:
- a) The Council wants the ability to set ambitious outcomes and monitor performance against these to achieve a high quality service, which the contracting process is more likely to achieve;
 - b) The Council is moving more generally towards commissioning and away from grants;
 - c) The competitive process will enable us to ensure that we achieve the best value in the current financial climate.

3. DETAILS OF REPORT

- 3.1 The Health and Social Care Act 2012 required the Council to put in place a Local Healthwatch organisation by April 2013 as a successor to the Local Involvement Networks. As set out in statute, the Local Healthwatch is expected to:
- 1. Provide information and signposting to the public about accessing health and social care services and making choices in relation to aspects of those services;
 - 2. Obtain the views of people about their needs for and experience of local care services and make those views known to those involved in the commissioning, provision and scrutiny of health and care services;
 - 3. Promote and support the involvement of local people in the monitoring, commissioning and provision of local care services;
 - 4. Make reports and make recommendations about how those services could or should be improved;
 - 5. Make the views and experiences of people known to Healthwatch England (HWE) helping it to carry out its role as national champion;
 - 6. Make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern.

- 3.2 The Council went through a formal tendering process and awarded the contract for establishing Healthwatch Tower Hamlets to Urban Inclusion in March 2013. The annual value of the contract was £245,000 and the contract was for two years with an option to extend for a further two years. As part of the contract review and the Council's requirement to find savings due to reductions in government funding, a 10% saving was taken in April 2015 and the current contract value is £220,500 with the contract ending in March 2017.
- 3.3 Urban Inclusion has set up Healthwatch Tower Hamlets as a Charitable Company made up of 12 Board Members. The majority of the Board Members are local residents with some third sector representatives. The Board is responsible for the business and performance of the organisation. The organisation has four staff members which includes a Chief Executive, Intelligence Manager, Communications and Engagement Officer and an Admin and Finance Officer.
- 3.4 Current performance
The Corporate Strategy and Equality Service leads on the commissioning and contract management of this service. This includes quarterly monitoring through performance reporting, meetings, and annual reviews. The Council also has a seat on the Healthwatch Board as a non-voting member. Overall Healthwatch Tower Hamlets has been performing adequately and has established itself as a recognised local champion for health and social care within the borough amongst key stakeholders. However, one area of poor performance has been the information and signposting function and the Council has been working with Healthwatch Tower Hamlets to address this. A stakeholder reflective audit undertaken last year also identified a number of areas for improvement including raising the profile of Healthwatch amongst local residents and other stakeholders and involving a range of stakeholders in the development of priorities and their work programme. To help develop priorities for the final year of the HWTH contract, and inform the future commissioning of HWTH, the Council undertook a detailed review to help better understand the strengths and weakness and how we can build on this.
- 3.5 The changing health and social care landscape
The health and social care landscape has gone through considerable change with responsibility for commissioning most local health services shifting to Clinical Commissioning Groups. The establishment of the Health & Wellbeing Board and the development of the Health and Wellbeing Strategy have enabled local partners to work together more effectively to address health inequalities and other local priorities. Public Health functions have also transferred to the Council and at a local level there has been the creation of Barts Health Trust with the merger of three local hospitals. In addition, the Care Act 2014 placed a greater focus on the integration of health and social care to provide a more holistic service to local people. At the same time the financial pressures and spending reductions facing the NHS and local councils are significant and both the NHS and social care continue to face demand pressures. In this context there is the potential for significant changes to the way in which health and social care services are provided and it is vital

that effective and robust structures are in place to champion the voice of residents and service users.

3.6 Local challenges

Health inequality is a key issue for the borough with health outcomes for local people still falling short of the London average. We know that the high levels of deprivation in the borough contribute to health inequality, as does personal behaviour and a lack of access to treatment and services. The Community Plan has identified a number of objectives to help make Tower Hamlets a healthier place. One of those objectives is 'empower people to live healthy lives together' and a key way of achieving this is ensuring residents' experiences inform policies, structures and services. In this context an effective Healthwatch should:

- Engage local people so that they feel a greater sense of control and 'ownership' over their health and social care services
- Enable local people to become involved in decision making and scrutiny of services
- Provide an opportunity for local people to help others, by providing information and signposting, develop social ties, and address local concerns
- Strengthen the relationship of cooperation and collaboration between the statutory sector and service users
- Contribute towards and develop public understanding and confidence in the local health and social care economy so it is used more effectively and efficiently
- Support our commitment in ensuring health and social care services are accountable to local people and standard of care is maintained / improved.

REVIEW OF HEALTHWATCH TOWER HAMLETS

3.7 The aim of the review was to understand current performance – including strengths, weaknesses and gaps – in detail, help develop the priorities for the final year of the HWTH contract and support the re-commissioning of HWTH through building on existing strengths, identifying areas for improvement and incorporating good practice from other local Healthwatch organisations. The findings from the review have helped set out a refreshed vision for Healthwatch Tower Hamlets (see para 3.10) and will inform the retender of the contract.

3.8 The review was carried out between January and February 2016 and comprised of:

- Desk based research: local performance, national and local literature review on Healthwatch and community engagement
- Stakeholder engagement through focus groups, meetings and interviews – see *Appendix A to this report for more information*
- Visits to other London local Healthwatch recommended as good practice sites

3.9 The key findings and recommendations from the review focus on the following 7 areas:

i. **Reach, representativeness and profile**

- HWTH have an excellent pool of volunteers who are an effective resource for the organisation in delivering outreach work, conducting ‘enter and view’ visits as well as collecting patient feedback and carrying out research. HWTH manages its voluntary workforce well, and has a good balance of skills on the board. Having recruited some new board members in 2015, HWTH is exploring ways to harness the skills and experience of board members more in the work of the organisation.
- Whilst many local people had not heard of Healthwatch, those that had were generally very positive about their experience of the organisation, saying that staff ‘really listen’ to people’s concerns and give local people a voice. However, the low public awareness more broadly shows a clear need to raise the profile of HWTH across the community, particularly its consumer champion role. Awareness of the organisation was patchy both among different communities in the borough and between different groups and care settings. In particular, very few young people had heard of HWTH.
- Many stakeholders across community groups and within the health and care system, along with some HWTH volunteers, thought that the current office base for the organisation at Mile End hospital was not in the best location for visibility to the local community and accessibility. However, this has to be balanced with affordability as rents for premises in prime locations are high. The current location has enabled HWTH to forge a good working relationship with the East London Foundation Trust and other health colleagues. Whilst there are potential advantages from HWTH’s main office being located alongside Council or health partner services, the organisation is independent of the Council and should be seen as such.
- There was a common view that HWTH needs to do more to feed back on the outcomes of its activities – both to show volunteers the impact of their work and to demonstrate to the public and stakeholders the importance of HWTH.

Recommendation 1: That HWTH improves the way it produces feedback on its work to the public and partners, for example by introducing a ‘*You Said, We did....*’ reporting framework to communicate the outcomes of its activities.

Recommendation 2: That the new contract for HWTH stipulates that HWTH operates from a main base that maximises the visibility of the organisation to the local community. To facilitate this, in the long term, the council should ensure that the new Civic Centre on the site of the old Royal London Hospital in Whitechapel is actively considered as a potential future location for HWTH’s main office.

Recommendation 3: That HWTH communicates its outreach and engagement plans to other local organisations in advance and that the council supports HWTH

to have a presence at community engagement events being run by other organisations.

Recommendation 4: That HWTH builds on the work started with the Community Intelligence Bursary as this is proving to be a good way to involve a diverse range of local people including seldom heard voices, such as Somali carers, in setting priorities and delivering its work programme.

Recommendation 5: That HWTH builds on the Youth Panel and further develops its direct targeting and engagement of young people through working with partners including Queen Mary University, Tower Hamlets College and via its online presence.

Recommendation 6: That HWTH strengthens and tailors its social media activity to reach a more diverse range of local people and to open up access for people to interact with HWTH and use the service it provides. To do this HWTH should start by looking at existing best practice from other local Healthwatch organisations.

Recommendation 7: That the council, NHS partners and community organisations that the council contracts with should actively publicise HWTH to service users, patients, families and carers. Where appropriate this expectation should be incorporated into contracts.

Recommendation 8: That HWTH builds its profile and links with Councillors and explores how to share information and offer support as appropriate.

Recommendation 9: That the council supports HWTH in raising its profile by including information about HWTH in mailings that already are sent to all households, for example annual Council Tax booklets and linking to HWTH in its social media activity where appropriate.

ii. Relationships and influence

- HWTH is recognised as a key partner across the governance structures in the health and care system. They have good links with a range of voluntary and community organisations across the borough and are valued for bringing the 'patient voice' to a range of forums and meetings. However, more work needs to be done in terms of HWTH developing effective relationships with social care and children's services; the relationships with the health sector are more established.
- Senior stakeholders who were consulted as part of this review cited several examples where HWTH had made a difference through their work, for example through 'enter and view' visits in Community Mental Health settings. Also senior NHS staff stated that HWTH influence is implicit in that their presence obliges them to be thorough in thinking about patient involvement, for example in consultations around service change. A number of examples were provided of how HWTH bring the patient voice to meetings and discussions.

- Many stakeholders expressed a willingness to develop more partnership work with HWTH and acknowledged that they themselves had not always been proactive in pursuing collaborative work with HWTH. For many organisations the desire to work collaboratively with HWTH has to be balanced against finite resources, limited capacity and competing priorities across the health and care system and local community organisations. The Council, the CCG and NHS organisations have all offered to help raise the profile of HWTH locally and set out examples of how they can support and promote HWTH and its activities.
- Some partners felt that HWTH was at times lacking in credibility by the organisations it was seeking to influence or hold to account both through an approach described as sometimes 'confrontational' or 'hostile' and an overuse of anecdotal evidence. Some concern was expressed that in public HWTH can focus more on 'holding the system to account' which can be counter-productive in terms of building relationships based on confidence and trust, which can then be more effective in terms of achieving change. Various stakeholders felt it would be beneficial for HWTH to focus on developing collaborative solutions to the problems they identify through patient feedback and to ensuring they strike the right balance in their 'critical friend' role.

Recommendation 10: That HWTH further develop the skills of board members to invest in relationship management across the health and care system through developing partnerships or board mentoring schemes with other local HW that demonstrate good practice in this skill set.

Recommendation 11: That HWTH builds trusting and collaborative relationships with key local decision makers through regular formal and informal meetings.

Recommendation 12: That when the new contract is awarded, HWTH needs to reset or further develop key relationships through the following:

- High level meetings with relevant partners to ensure a mutual understanding of roles, remits and priorities
- Review of HWTH representation on boards, committees and working groups to ensure that it is appropriate for all sides and demonstrates effective use of resources

Recommendation 13: That HWTH strengthens its use of evidence of problems to identify, push for and co-develop solutions in collaboration with the local health and social care system.

iii. Strategic focus

- The consensus was that in the next phase of its evolution, HWTH needs to move its focus from bringing patient concerns and complaints to give more emphasis to working with the system at a strategic level to identify solutions that are patient-centred. This is a key component of the organisation's 'critical friend' role. There

are opportunities to maximise the impact of HWTH's work through aligning focus with key stakeholder priorities or ensuring its work focuses on gaps or areas that are not being addressed by the statutory partners, to avoid duplication.

- There was recognition that HWTH currently carries out a broad range of activities, including for its main contract and additional patient involvement work where requested by statutory partners. Sharpening the focus of HWTH to work on fewer clear priorities would enable it to have more significant impact.
- Based on the review visits to other local Healthwatch organisations, HWTH should prioritise issues to investigate based primarily on the intelligence it receives from the public; patterns of concerns and complaints. Other Healthwatch use this evidence to develop two-year work plans and assess new work opportunities against these strategic priorities and any emerging issues that are coming through from patients and the public. This would be a good way to use limited resources and ensure strategic focus and impact as well as maintaining independence from the statutory partners it needs to influence.
- Going forward, the aspiration should be to move away from just 'holding the system to account' and towards working in a collaborative way to develop solutions based on what they are hearing from the public, whilst retaining the independence to publicly challenge the system if required. Taking a more solutions-focused approach will help to build the credibility of HWTH so that when it does need to take a more robust approach, its influence and impact is greater with providers and commissioners.

Recommendation 14: That the council and other partners support HWTH to independently set its strategic priorities on a basis that is firmly rooted in the intelligence that HWTH receives from patients and the public and informed by an excellent understanding of the local health and care system.

Recommendation 15: That HWTH leads on setting its strategic priorities supported by structured input from the local health and care system. The existing arrangements for involving local partners in discussing strategic priorities and measuring performance should be strengthened to form a small strategic advisory group for HWTH (including the Council, CCG, Barts Trust, East London Foundation Trust and a voluntary sector representative). The group will need to have clear terms of reference that stipulate HWTH's independence and address any potential conflicts of interest.

Recommendation 16: That HWTH uses a small number of strategic priorities which it sets independently to determine its overall work programme and to make decisions about whether to take on additional pieces of work.

iv. Information and signposting

- HWTH is required to provide information and signposting as one of its core statutory functions. This is a key aspect of the organisation's current performance that needs to improve significantly. It is also an area where there is potential for duplication with other locally commissioned services, such as the 'Local Link' consortium providing social care information and advice, the NHS complaints advocacy service, a public health outreach pilot in Idea Stores and various voluntary organisations that perform signposting functions.
- Very few stakeholders or local residents who took part in this review were aware of this service. Progress has been hampered as the Healthwatch hub; a portacabin outside the Royal London hospital was closed due to unforeseen circumstances, shortly after opening in September. Considerable energy and effort went into setting up the hub, which was designed as a place for people to visit, find out about Healthwatch, give feedback and get information and signposting.
- The visits to other local Healthwatch highlighted good systems for capturing data about information and signposting activities, and using it to inform other work, such as setting their strategic priorities and determining which issues arising to pursue. The best Local Healthwatch also demonstrated a strategic approach to linking the information and signposting function to targeted outreach activities. High visibility of the Local Healthwatch in the community was a significant driver of enquiries from patients and the public, with outreach another key source.

Recommendation 17: That HWTH immediately prioritise devising and implementing a strategy for delivering the information and signposting function more effectively.

Recommendation 18: That the council works with NHS partners to develop a more co-ordinated health and social care information and signposting function through the Wellbeing Hub. The HWTH remit and role in respect of the Wellbeing Hub needs to be clearly defined to avoid duplication.

Recommendation 19: That HWTH develops a better system for capturing its performance around information and signposting work and recognises the need to cross-reference its activities; enter and view visits, outreach work and seeking patient experience feedback all can involve an element of signposting.

v. Outcomes: evidence and reporting

- HWTH's Community Intelligence Bursary (CIB) was cited by a number of senior stakeholders in the health and care system as an excellent example of good practice in engaging the local community in research in health and care issues. However, people were keen to know what the impact of this work has been so far, and what actions are planned in future. This highlights the importance of

HWTH communicating regular feedback of the work they are doing and the changes that they have contributed to.

- Going forward HWTH needs to move further beyond anecdote to using rich, qualitative information and evidence in a credible and strategic way. The investment in building the quality and depth of its information repository should serve as a mechanism for developing HWTH's strategic priorities, identifying issues from patients that need further investigation, tracking patterns of concerns or complaints, and providing a good evidence base for presenting constructive challenge to the health and care system and producing credible, evidence based reports. Staff and board members consulted as part of this review acknowledged that this was an area that needs more attention.
- Some stakeholders found the reports they get from HWTH very useful but others felt that the format and presentation of evidence could be improved and others questioned the methodologies used and the claims made on the basis of small samples. Stakeholders recognised the value of qualitative information and a range of methodologies, but felt HWTH should be more open about how they have gathered and analysed evidence to reach conclusions. There is a need for HWTH to maximise its use of evidence strategically, to determine focused priorities and achieve influence. This also links to the findings above about using evidence of problems to identify and co-develop solutions with statutory partners.
- Other Local Healthwatch use mechanisms like a simple audit tool to track progress of issues they raise and demonstrate contribution to change; intelligence monitoring systems to classify and track work; use trends to inform other activities, and partnering with academic institutions to provide quality assurance or student placements to boost their research expertise.

Recommendation 20: That HWTH strengthens its system for evidencing the outcomes of its activities and telling people about this. This should be done by deploying a 'contributory' theory of change rather than a direct 'cause and effect' model. HWTH should state what it has done and what happened, acknowledging this is not in isolation.

Recommendation 21: In the next phase of its development HWTH should invest in building its insight and intelligence capacity, through both maximising what it captures through all of its activities and on systematically analysing the information it collects to inform work programmes and priorities.

Recommendation 22: HWTH should consider partnering with a local academic institution to help to improve the quality of its reports and provide some external endorsement which will build credibility and confidence in the data reported.

Recommendation 23: HWTH should explore how it can utilise the skills and expertise of its board members and their networks in supporting the evidence and reporting capacity within the organisation, for example by offering some peer review or training.

Recommendation 24: That the council facilitates support to HWTH to offer HWTH a range of tools and resources to improve its evidence and reporting function.

vi. Governance

- Generally HWTH was considered to be well governed; however there are a number of areas which require more clarity. For example whether additional pieces of work that HWTH (or the host organisation Urban Inclusion) are commissioned to carry out impact on the delivery of their statutory activities. Recent guidance from the Local Government Association acknowledged that a key challenge is the clarity around roles and responsibilities where an organisation is contracted to provide a Healthwatch function, which also bids for other commissioned work and sources of funding.

Recommendation 25: That there are good outcome measures in place for demonstrating that HWTH is well governed such as evidencing that it has transparent decision making processes and clarity of roles and responsibilities.

Recommendation 26: That HWTH looks at expanding opportunities for the public, members and volunteers to contribute to setting its overall strategic objectives so it can be increasingly seen as representing the interests of the broader community.

vii. Contract and commissioning

- The relationship between the commissioner and local Healthwatch is key to the overall success of the organisation. The existing relationship was found to be positive with an element of challenge where appropriate. Healthwatch England states that it matters less where within the council the commissioning sits, than that the relationship is constructive and challenging where required.
- The current contract specification for HWTH contains performance indicators based predominantly on outputs and quantitative targets. This needs to be reviewed as the targets drive activity over strategic impact. The new specification, whilst necessarily including some required outputs, needs to be framed in terms of evidencing outcomes and impact. For example, when reviewing performance around *influence*, numerical targets in terms of number of committees or meetings attended, consultation responses and so on should be minimised and supplemented by outcome measures of contribution to change. An example might be:

Statement: *"HWTH is an effective check and balance on the health and care system."*

Evidence: Audit trail of when HWTH brought an issue forward and tracked against decisions and changes.

Recommendation 27: That the basic Contract includes a clearly defined and agreed performance related element based on outcomes rather than outputs.

Recommendation 28: That the council strengthens the involvement of other partners including the CCG and Public Health in designing the specification for the new contract, in the commissioning process and contract monitoring.

Recommendation 29: That the Quality Statements developed by HWE form the basis of the outcomes that are used to measure performance in the new HWTH contract and that key aspects of the audit and self-assessment tools developed by HWE and the LGA are incorporated into regular contract monitoring.

Recommendation 30: That the new model for HWTH is based on the following vision statement (see para 3.10)

FUTURE COMMISSIONING PLAN

3.10 The HWTH review outlines the following vision for HWTH:

“The vision is for Healthwatch Tower Hamlets to be recognised by the whole community and the local health and care system as the credible, influential and independent voice of the public across health and social care.

HWTH gives adults, young people and children from our diverse communities across the borough a greater say in how health and social care services are run in Tower Hamlets. HWTH will identify problems and priorities based on public intelligence, work collaboratively with the Council and NHS to actively seek solutions, constructively challenge where needed, and inform decision making in health and social care.”

3.11 Whilst the review has highlighted areas of strength of HWTH, there are a number of areas where performance has not met expectations or where there are opportunities to build on strengths to have more significant impact locally. To enable HWTH to perform effectively in future, the following characteristics will be considered as priorities within the new model:-

- A high profile and visible organisation which maximises accessibility to the local community to ensure it can engage and involve a diverse range of local people in its activities;
- Ensures that its work has a tangible impact on service design and delivery which improves outcomes for local people and communicates this to a range of stakeholders and the local community;
- Uses innovative and creative ways of engaging the community which encourages and supports a range of local residents, patients / service users and carers to get involved;
- Complements existing and emerging information and signposting services within the borough to ensure this function adds value for local people;

- Develops strategic partnerships and effective working relationships with organisations in Tower Hamlets and other local and regional networks to address local health and social care priorities;
- Utilises support from the Council, NHS and local voluntary and community sector providers to help raise its profile and address local priorities;
- Develops its 'critical friend' role so that HWTH strengthens the use of evidence of problems to identify, push for and co-develop solutions in collaboration with the local health and care system. Doing this effectively will require more emphasis on private engagement and informal influencing as well as presence at public meetings. It also requires strong and credible evidence to back up its influencing activities;
- Utilises intelligence gathered from local people, performance and complaints information to set its strategic focus and priority areas for investigation;
- Builds credibility and accountability through having appropriate governance checkpoints, for example a small strategic advisory group comprised of Council, local health and care system and voluntary sector stakeholders to provide a sounding board for setting priorities.

3.12 The new service model will be based on the quality statements that have been developed by HWE in partnership with local Healthwatch organisations and Leeds Beckett University to help local Healthwatch organisations and commissioners to assess and improve performance. The Council will use these statements as a basis for building a set of outcome measures and KPIs that are tailored to meet local needs. Key statements include:

- Local Healthwatch develops priorities based on the experience and concerns of the public, whilst recognising the local health and social care context and priorities.
- Local Healthwatch has trusting, collaborative relationships with key local decision makers through regular formal and informal meetings where its role as "critical friend" is understood.
- Local Healthwatch has a clear action plan for reaching out to and informing local people of its priorities and activities.
- Local Healthwatch uses the opinions and experiences of the public, where appropriate, to produce recommendations for change.
- Local Healthwatch recommendations for change are heard and responded to by relevant decision makers.
- Local Healthwatch systematically uses the intelligence it gathers in its advice and information role to inform its priorities.

3.13 Focusing on the vision outlined in paragraph 3.10 the Council is working collaboratively with local people and potential providers to develop a new services specification to deliver an effective local Healthwatch. This includes a number of sessions with local people to help develop the outcomes and activities to be delivered by HWTH and a market development workshop with providers to test and further refine these outcomes and activities.

3.14 The vision and characteristics, and the on-going work with local people and suppliers, will be used to develop the service specification for Healthwatch Tower Hamlets. Organisations bidding for this contract will be expected to

demonstrate their ability to build on the work of HWTH and meet the requirements set out in the new service specification. The procurement process will be undertaken in line with the Council's agreed procurement framework. The draft timetable for this is outlined below:

- Advert and Invitation to Tender – 27th July 2016
- Suppliers Event – 10th August 2016
- Return of tender documents – 31st August 2016
- Interview and Presentation – 21st September 2016
- Contract Award – 24th October 2016
- Contract Mobilisation – Jan – March 2017

Contract value and length

3.15 Benchmarking data on contract values from London boroughs vary from £100,000 to £244,559 based on 2015/16 contract values. Based on data from 22 boroughs, the average London Healthwatch contract is £159,487. It is worth bearing in mind the variations in contract values also reflect differences in population needs and other factors subject to variation such as the complexity of local health economies.

3.16 Healthwatch Tower Hamlets is funded through revenue funding as well as an additional grant provided through the Local Reform and Community Voices Grant from the Department of Health. The current annual budget is broken down as follows:

Revenue Funding 2015/16	£132,885
Local Reform and Community Voices Grant - spend on Healthwatch	£87,615
Total	£220,500

3.17 The future of the Local Reform and Community Voices Grant, including for 2017/18 and beyond, is unclear. It may be maintained, reduced or transferred to DCLG and allocated as part of our Revenue Support Grant. The on-going reductions to the Council's budget means this contract will need to demonstrate it is providing value for money and efficiencies. It is recommended that new contract value for Healthwatch Tower Hamlets from April 2017 will be in the range of £170,000 - £180,000 per annum. Whilst this is above the current London average, it is in line with some of the best practice boroughs we reviewed and those with similar characteristics as Tower Hamlets, but still enables the Council to achieve a saving. The new contract will also set more ambitious targets and build on work undertaken to ensure greater impact by Healthwatch, supporting value for money for the Council. We are also considering how information and signposting can be better co-ordinated locally to ensure this particular statutory function of HWTH adds value to local service provision. A reduction in the contract size would also reduce financial risk given the future uncertainty about the Local Reform and Community Voices Grant. The new contract will have provision for an annual review and variations to consider changes to funding levels. The contract will be for 2 years with an option to extend for 1 year plus 1 year

giving a total of 4 years. This provides sufficient time for a provider to establish and plan a long term future for HWTH as well as allowing the Council to review and consider its position given any future policy and funding changes.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 Comments of the Chief Financial Officer are contained within the body of the report, see paragraphs 3.15 to 3.17 above.
- 4.2 There is some uncertainty with regards levels of grant funding received to fund the Healthwatch service. Should grant funding be reduced in future years, either additional internal resources would need to be identified or contract/service levels amended to accommodate future funding changes.
- 4.3 However, should funding levels remain at current levels and the desired contract efficiencies be realised, there is potential for there to be up to £40k additional funding that will need to be allocated, either to reinvestment back into Healthwatch services or contribute towards MTFS savings.

5. LEGAL COMMENTS

- 5.1 The Health and Social Care Act 2012 (“the 2012 Act”) amends the Local Government and Public Involvement in Health Act 2007 (“the 2007 Act”) to make provisions about local Healthwatch as the consumer champion for health and social care services. The legislation stipulates that there must be arrangements for a local Healthwatch in each local authority area.
- 5.2 The body contracted to be the local Healthwatch must be a ‘body corporate’ (i.e. a legal entity), which is a social enterprise. ‘Social enterprise’ does not have a single legal definition (rather, it is a collective description of social-purpose organisations) and there are several legal forms for it. However, a general description would be ‘businesses with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or in the community’.
- 5.3 Section 221(2) of the Local Government and Public Involvement in Health Act 2007 sets out the activities that Tower Hamlets Healthwatch must undertake pursuant to the contractual arrangements made with the Council. Section 227 of 2007 Act Requires the Healthwatch to prepare an annual report into its activities.
- 5.4 Local Healthwatch have a statutory seat on the Health and Wellbeing Board to help them to effectively influence the commissioning and provision of services through producing evidence-based reports and recommendations about how those services could or should be improved.

- 5.5 When the retendering process is initiated for Healthwatch services, the Council's Legal Services will advise to ensure that relevant statutory and constitutional provisions are complied with in particular the Public Procurement Regulations 2015, the Council's Procurement Procedures and the duty to obtain best value as required by section 3 of the Local Government Act 1999.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 The review specifically explores the extent to which HWTH is inclusive and representative of the diverse local population of Tower Hamlets. Recommendations arising from the review suggest ways that HWTH can reach people of all ages and backgrounds across the borough. The review also seeks to maximise the opportunity for local people in Tower Hamlets including those whose voices are seldom heard to become more engaged in setting the priorities for HWTH and delivering its work programmes. HWTH is a resident-led organisation which empowers local people to shape local service provision. The new contract will have an emphasis on building the capacity of a diverse range of local people to be involved in the design and scrutiny of local health and social care services.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 The Council is using the evidence from the review to inform the contract specification for the retender of HWTH and will ensure that the future model of local Healthwatch is sustainable, fit for purpose, cost effective and demonstrably adds value to the local community.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 There are no direct sustainable actions for a greener environment arising from this report.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 The Council is legal required to establish a local Healthwatch to champion the voice of local people in health and social care. The review and commissioning timetable has sufficient leeway built into it to ensure there are no gaps in provision.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 There are no direct crime and disorder reduction implication arising from this report.

11. SAFEGUARDING IMPLICATIONS

- 11.1 Healthwatch Tower Hamlets has a legal duty to champion local people's views on health and social care in Tower Hamlets. In particular working with

local people to obtain their experience of services and feed this back to the relevant commissioner and organisation. In conducting their duty Healthwatch Tower Hamlets is required to consider safeguarding implications and ensure these are reported accordingly. All Healthwatch staff, board members and volunteers are required to have appropriate safeguarding training and DBS checks.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- Appendix A - METHODOLOGY FOR STAKEHOLDER ENGAGEMENT

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

None

Officer contact details for documents: N/A

APPENDIX A: METHODOLOGY FOR STAKEHOLDER ENGAGEMENT

- Meetings and semi-structured interviews with key stakeholders in the health and social care system including LBTH (Adults Services, Children's Services, Public Health & Community Engagement leads), the Tower Hamlets Clinical Commissioning Group (CCG), Bart's Health Trust, East London Foundation Trust, Healthwatch England, HWTH staff and board members and HW commissioners in other areas.
- Discussion groups with Healthwatch volunteers, community groups including the Health & Wellbeing forum, Voluntary and Community Sector representatives and equality forums

STAKEHOLDER ENGAGEMENT RECORD (HWTH Review)	
ORGANISATION / DEPARTMENT	METHOD
LBTH (officers)	
Adults services	Meeting (Semi-structured questionnaire)
Children's services	Meeting (Semi-structured questionnaire)
Community engagement leads	Telephone meetings
Public Health	Meeting (Semi-structured questionnaire)
Corporate Strategy & Equalities Dep't	Workshop session at team meeting
LBTH (Elected members / committees)	
Cabinet	Meeting with Cabinet Lead (Health & Social Care)
Health & Wellbeing Board	Paper (15/3/16)
Health Scrutiny Panel	Paper and discussion at meeting 17/2/16
Local Health & Social Care System	
Tower Hamlets CCG	Meetings with key staff (Semi-structured questionnaire)
Barts Health Trust (Senior Managers)	Meetings / telephone interviews
East London Foundation Trust (Director)	Meeting (Semi-structured questionnaire)
Care Quality Commission (local inspectorate team)	Briefing and email feedback
NHS England Area team (Senior manager)	Telephone meeting (Semi structured questionnaire)
Carer's Centre	Presentation & briefing, interviews with staff and clients
Mental Health Joint Commissioning Team (LBTH / CCG) Senior Commissioner	Briefing & feedback via email answering key review questions
CQC local Lead officer	Brief telephone feedback (new in post)
Family Action Tower Hamlets	Meeting (Semi-structured questionnaire)
Local NHS GP Practice Network	Presentation and discussion at meeting (18/2/16)

Healthwatch Tower Hamlets	
Staff	Meeting (Semi-structured questionnaire)
Board members	Meetings (Semi-structured questionnaire)
Advisory group	Workshop session as part of meeting (19/1/16)
Volunteers	2 focus groups
Healthwatch (local and national)	
Visit to HW Hillingdon	Case study site visit, interviews with key staff
Visit to HW Wandsworth	Case study site visit, interviews with key staff
Healthwatch England (HWE)	Telephone interviews with National Development Managers
Local Healthwatch in other borough(s)	Commissioners input via Network Meetings (Greater London)
Local residents / community organisations	
Tower Hamlets CVS (senior manager)	Telephone meeting (Semi structured questionnaire)
Safer Neighbourhoods Board	Briefing to members seeking feedback via email
Community Involvement Network (CIN)	Briefing to members seeking feedback via email
Older People's forum	Workshop session at meeting (25/1/16)
VCS Health & wellbeing forum	Briefing, presentation & discussion at meeting (21/1/16)
Youth Council & relevant subgroups	Briefing on HWTH at workshop on mental health
Parent and Carer Council	Workshop session at Council meeting (10/2/16)
Women's Health and Family Services (WHFS)	Telephone meeting (Semi structured questionnaire)
Local Somali Community Centre (Manager)	Telephone meeting (using review questions)
Young people (general)	Peer research survey of 20 young people (18 - 23 years old)
Local Voices	Briefing to members seeking feedback via email
Interfaith Group	Briefing to members seeking feedback via email