


Health and Wellbeing Board Tuesday 15 th March 2016	
Report of the London Borough of Tower Hamlets	Classification: Unrestricted
Review of Healthwatch Tower Hamlets	

Lead Officer	Melanie Clay, Director of Law, Probity and Governance
Contact Officers	Kevin Kewin, Service Head Corporate Strategy & Equality / Afazul Hoque, Senior Strategy, Policy & Performance Officer
Executive Key Decision?	No

1. Summary

This report provides an update on the council's current review of Healthwatch Tower Hamlets (HWTH) and some of the emerging findings. The aim of the review is to develop a model for HWTH which builds on existing strengths, identifies areas of improvement and incorporates good practice from other local Healthwatch organisations. The review findings will help to set out a refreshed vision for Healthwatch Tower Hamlets and inform the retender of the Healthwatch contract.

The existing contract for HWTH expires on 31st March 2017 and the Council is required to have a new contract in place by 1st April 2017. The paper outlines the methodology for the review and timetable for reporting on the findings and commissioning of the new Healthwatch contract.

2. Recommendations:

The Health & Wellbeing Board is recommended to:

1. Note the report and provide any comments on the future model for Healthwatch Tower Hamlets.

3. DETAILS OF REPORT

BACKGROUND

- 3.1. Healthwatch Tower Hamlets was established as part of the Health and Social Care Act 2012 and is the local consumer champion for patients, service users and the public, covering health and social care. Altogether there are 152 Local Healthwatch across the country and a national body called Healthwatch England which provides oversight and supports the development of the local Healthwatch network.
- 3.2 Healthwatch Tower Hamlets undertakes the following key activities:
- Provides information, sign-posting and advice to the public about accessing health and social care services and choice in relation to aspects of those services;
 - Obtains 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 care services;
 - Promotes and supports the involvement of people in the monitoring, commissioning and provision of local care services;
 - Influence the commissioning and provision of services through producing evidence-based reports and recommendations about how those services could or should be improved. Local Healthwatch have a statutory seat on the local Health and Wellbeing Board to help them to do this effectively;
 - Makes the views and experiences of people known to Healthwatch England helping it to carry out its role as national champion;
 - Makes recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern;
- 3.3 The Council went through a formal tendering process and awarded the contract for establishing HWTH to Urban Inclusion in March 2013. HWTH was set up as a Charitable Company made up of 12 Board Members, most of whom are local residents with some third sector representatives. The Board is responsible for oversight of the business and performance of the organisation. HWTH currently has a staff team of four. Additionally there is a large pool of volunteers (250+) drawn from across the area who receive training to support the delivery of the Healthwatch Tower Hamlets work programme, for example by doing outreach sessions in the community and carrying out “Enter and View” visits. Under the statutory regulations, local Healthwatch organisations have the power to Enter and View health and social care providers so that authorised representatives can observe matters relating to health and social care services and get insight from patients / service users.
- 3.4 Given HWTH has now been in operation for almost three years – and the contract is due to be re-tendered – the Cabinet Member for Health and Adult Services and council officers agreed it was timely to conduct a full review of its operation to date, to influence the development of the Healthwatch model

for the new contract. Engagement with stakeholders, including the Health and Wellbeing Board, on the performance of HWTH, is a critical part of the review.

4. METHODOLOGY

4.1 The review has been undertaken during January 2016 - February 2016 and comprised the following components:

- I. Desk research: performance and contract monitoring information to date, review of broader literature on the development of local Healthwatch and national evaluations of local Healthwatch;
- II. Stakeholder engagement:
 - a. 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.
 - b. Discussion groups with Healthwatch volunteers, community groups including the Health & Wellbeing forum, Voluntary and Community Sector representatives and equality forums.
 - c. Visits to two other London boroughs Healthwatch organisations that were selected on the advice of Healthwatch England as good practice examples.
- III. Review of existing research on how local people wants to be engaged and involved including engagement undertake to develop the council's Community Engagement Strategy.

4.2 These are the key questions being addressed in the review:-

- To what extent is HWTH inclusive and representative of the diverse local community that it serves?
- What can be done to raise the profile of Healthwatch Tower Hamlets amongst local people of all ages and backgrounds and local community organisations?
- How can local people be more engaged in setting the priorities for HWTH and being involved in delivering its work programmes?
- How can HWTH effectively influence services and harness the views of the public to make positive changes?
- How can Healthwatch become more effective in quantifying its evidence and demonstrating how it has contributed to practical changes as a result of its work? How can it maximise strategic influence over the local health economy?
- How can Healthwatch improve its ability and reach in signposting local people to services and providing information and advice? What can be done to help HWTH improve the quality of its analysis and reporting?

5. EMERGING FINDINGS

- 5.1 The outcome from the review and commissioning proposals will be presented to the Council's Cabinet in June 2016 and inform the new model for Healthwatch going forward. The emerging findings indicate that 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, the relationships with the health sector are more established.
- 5.2 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 Team (CMHT) settings. Also senior NHS staff stated that HWTH influence is implicit in that it obliges them to be thorough in thinking about patient involvement, for example in consultations around service change. Many examples were provided of how HWTH bring the patient voice to meetings and discussions. 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.
- 5.3 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.
- 5.4 Whilst many local people who were consulted as part of various community groups and 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. This shows a clear need to raise awareness of HWTH, particularly its consumer champion role.
- 5.5 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 the 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.

- 5.6 The Community Intelligence Bursary (CIB) was cited by a number of senior stakeholders in the health and care system as well as community groups as an excellent example of good practice in engaging the local community in research in health and care issues. However, people also 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.
- 5.7 Many stakeholders expressed a willingness to develop more partnership work with HWTH and acknowledged that they had not always been proactive in pursuing this, and it 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 their activities.
- 5.8 Going forward HWTH needs to invest in building the quality and depth of its information repository which should serve as a tool for developing HWTH's strategic priorities, identifying issues from patients that need further investigation 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 felt 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. There is a need for HWTH to maximize its use of evidence strategically, to determine focused priorities and achieve influence.
- 5.9 HWTH is required to provide information, advice and signposting as one of its core statutory functions. This is a key aspect of the organisation's performance that needs to improve. It is also an area where there is potential for duplication. 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 advice. The visit to other local Healthwatch highlighted good systems for capturing data around information and signposting activities, and using it to inform other work, such as their strategic priorities and workplace, as well as a high public presence and physical visibility in their community. They also demonstrated a strategic approach to linking the information and signposting function to targeted outreach activities.
- 5.10 The current contract specification for HWTH contains performance indicators based predominantly on outputs and quantitative targets. The new specification, whilst necessarily including some required outputs, needs to be framed in terms of evidencing outcomes.

6. FUTURE SERVICE MODEL

The Council is using the evidence collated from the review, HWTH's progress to date, learning from other local Healthwatch and the insight from the various consultations and workshops to develop a revised vision and service model for Healthwatch and will base the specification for the new contract on this.

7. **DISSEMINATION & FUTURE COMMISSIONING PLAN:** The table below outlines the timeframe for this review and the commissioning of the new service which will start from April 2017.

Activity	Timeframe
HWTH Service Review	Jan 2016 – Mar 2016
Report to CMT	March 2016
<i>Stakeholder engagement</i>	<i>April – June 2016</i>
Report to MAB	April 2016
Report to Cabinet	June 2016
Procurement	July – Dec 2016
Decision Making	Jan-Mar 2017
Contract mobilisation	Apr 2017

8. COMMENTS OF THE CHIEF FINANCE OFFICER

- 8.1 This report provides an update on the current status of the Healthwatch service in Tower Hamlets. There are no financial implications arising from the contents of this report.

9. LEGAL COMMENTS

- 9.1 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.
- 9.2 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’.
- 9.3 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.
- 9.4 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.
- 9.5 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.

10. ONE TOWER HAMLETS CONSIDERATIONS

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 will 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 throughout the borough.

11. BEST VALUE (BV) IMPLICATIONS

- 11.2 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.

12. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 12.1 There is no direct sustainable action for a greener environment arising from this report.

13. RISK MANAGEMENT IMPLICATIONS

- 13.1 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 to ensure there are no gaps in provision.

14. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 14.1 There is no direct crime and disorder reduction implications arising from this report.

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- NONE

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- NONE

Officer contact details for documents:

- Sarah Vallelley, Strategy Policy & Performance Officer, LBTH
Sarah.valleley@towerhamlets.gov.uk