

# Decision Pathway Report



**PURPOSE:** Key decision

**MEETING:** Cabinet

**DATE:** 05 March 2019

<b>TITLE</b>	<b>HealthWatch Service Recommissioning</b>		
<b>Ward(s)</b>	All		
<b>Author:</b> Simon Dicker	<b>Job title:</b> Senior Public Health Commissioning Officer		
<b>Cabinet lead:</b> Cllr Asher Craig	<b>Executive Director lead:</b> Jacqui Jensen		
<b>Proposal origin:</b> BCC Staff			
<b>Decision maker:</b> Cabinet Member <b>Decision forum:</b> Cabinet			
<b>Purpose of Report:</b> <ol style="list-style-type: none"><li>1. The purpose of this report is to seek approval for the recommissioning of a provider to deliver Healthwatch Bristol functions as a joint arrangement as set out below. It also recommends approval of the retrospective authorisation of an increase in 2018/19 investment from £118,000 per annum to £160,000 per annum for Healthwatch, and to maintain it until the service is recommissioned on a Bristol, North Somerset and South Gloucestershire footing.</li><li>2. Healthwatch is the consumer champion for public and patient involvement in health and care in every English Local Authority. Collectively they form a network of 152 organisations reporting to Healthwatch England (formed by committee from the Care Quality Commission).</li><li>3. The report explains two proposals:<ol style="list-style-type: none"><li>a) To authorise the recommission of a provider to deliver Healthwatch Bristol (£118,000 per annum, under review) – forming part of a collaboration across Bristol, North Somerset and South Gloucestershire (BNSSG) with an approx. pooled budget of £225,000 per annum for a period of five years. This is subject to agreement by other authorities.<p>Total Contract Cost for Bristol for 5 years (2+1+2) = approx. £590,000</p></li><li>b) To authorise an increase in investment for Healthwatch from £118,000 per annum to £160,000 per annum, and until such time as 1) above may be achieved.</li></ol></li></ol>			
<b>Evidence Base:</b> <ol style="list-style-type: none"><li>1. A recommissioning process commenced in early 2018 using a category management approach, to bring together several contracts in the council related to adults' advocacy. This identified a family of services that included Healthwatch, and NHS and Social Care Complaints Advocacy (these two are currently combined on a single contract); along with a range of statutory and non-statutory adult social care advocacy services. A shared analysis and planning exercise was undertaken. As a result of this process a decision was made to separate Healthwatch from all advocacy services, and present recommendations in two separate reports; one for Healthwatch and one for advocacy services. The commissioning intentions for NHS and Social Care Complaints Advocacy are therefore now addressed in the advocacy services cabinet report.</li></ol>			

2. Healthwatch is not a statutory organisation in itself, but assists the Local Authority to meet its statutory obligations under the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012). The Act makes clear that it is the LA's responsibility to commission an effective Healthwatch that is appropriate for its population; there are no external quality criteria or minimum funding levels to observe, although Healthwatch England operate a "scheme of delegation" in situations where they have concerns.
3. Since 2013, there has been a reduction in funding of Healthwatch services in excess of 25% at a national level. Of the two original funding streams for Healthwatch nationally, the larger grant was rolled up into the Local Government Financial Settlement and became part of Revenue Support Grant (the general fund). Only one funding stream remains available, which is a component of the Local Reform and Community Voice Grant. This contains three funding elements; NHS and Social Care Complaints Advocacy, Deprivation of Liberty Safeguards and Healthwatch.

**Current supply of HealthWatch**

4. The contract is currently for Healthwatch and complaints advocacy combined and further to approval of an extension, agreed by Cabinet in December 2018, it is due to end in March 2020. The services provided have been good quality and innovative, and the Council currently fulfils its statutory duties; but the biggest challenge regarding this service has been maintaining investment in a period of reduction of income for Bristol City Council. As a result there have been significant reductions in funding applied to Healthwatch, while we have maintained our investment in complaints advocacy.
5. In 2017/18 a dialogue occurred between Bristol City Council's Executive Director for Communities, and the National Director for HealthWatch England, (HWE). The outcome of this dialogue was a written commitment to restore the yearly value of the Healthwatch investment from £118,000 to £160,000 (see Appendix A Supplementary), and an accompanying recommendation to authorise this payment is contained in this paper.
6. In order to reduce our investment, a Healthwatch partnership option across Bristol, South Gloucestershire, and North Somerset, (BNSSG) is proposed. This possibility has been identified as a result of discussion between neighbouring authorities, who are seeking to make best use of available resources.
7. It is proposed that the contract value of £160,000 is approved for 2018/19 and maintained through 2019/20, while a BNSSG partnership is pursued. An inter-authority agreement will be needed to address governance requirements, enable South Gloucestershire Council to lead the procurement process, and share costs between the authorities. A BNSSG regional approach is favoured to make best use of the available investment in Healthwatch, and to align the service with the new BNSSG Clinical Commissioning Group
8. If successful, the contract value for Bristol within this partnership will reduce to the level of income we receive from the LRCV grant, (£118,000 during 2018/19), and eliminate demand on the general fund. As a result of negotiations with other authorities, complaints advocacy is now returned to the Bristol advocacy procurement, to allow a potential BNSSG Healthwatch partnership to deliver consistent services across all three authorities. As part of demonstrating our commitment to the process, Bristol City Council is being asked to take a key decision in advance of the other authorities.
9. In the event the decision is NOT to pursue this option, a HealthWatch service will need to be commissioned in Bristol, at the higher rate of £160,000 pa in line with the commitment from the Executive Director for Communities.

**Cabinet Member / Officer Recommendations:  
That Cabinet:**

- 1) Approve the recommissioning of HealthWatch Bristol (in a BNSSG partnership and subject to agreement from other local authorities) and with South Gloucestershire Council as lead.
- 2) Delegate authority to the Executive Director, Adults Children and Education, in consultation with the

Deputy Mayor with responsibility for Communities to take all necessary decisions in connection with the procurement and award the contract, through the procurement process led by S Glos as set out in the report.

- 3) Approve a temporary increase to the HealthWatch contract to £160,000 pa for 18/19, and 19/20 or until the recommissioned BNSSG services contract is in place.

**Corporate Strategy alignment:**

This proposal aligns to the Corporate Strategy because it seeks to provide robust financial management through exploring different and new options for service delivery.

**City Benefits:**

This proposal ensures the continued provision of service for which the Council has a statutory responsibility to provide. The collective advocacy provided by Healthwatch will benefit from reorganisation across the same region as the Clinical Commissioning Group, while maintaining a local identity and a sharp focus on Bristol City Council Social Care provision, and has the potential to be a more efficient service

**Consultation Details:**

A twelve week consultation has taken place on the Draft Commissioning plan (Appendix B). Advocacy and Healthwatch providers, advocacy referrers, and service users were invited to share their views through workshops, individual provider review meetings, electronic surveys. The influence of the responses received on the commissioning approach are summarised in the appendix, and have helped confirm several decisions over contract lotting, and widely confirmed the value added through volunteering.

<b>Revenue Cost</b>	Proposed BNSSG procurement: £118,000 per annum  <i>Or</i>  Bristol only procurement: £160,000 per annum	<b>Source of Revenue Funding</b>	Local Reform & Community Voice ring-fenced grant from DHSC at £118k.  *A Bristol only procurement will result in an additional c. £42,000 charged to the general fund, per annum, for the duration of the new contract.
<b>Capital Cost</b>	£0	<b>Source of Capital Funding</b>	n/a
<b>One off cost</b> <input type="checkbox"/>		<b>Ongoing cost</b> <input checked="" type="checkbox"/>	
		<b>Saving Proposal</b> <input checked="" type="checkbox"/>	
		<b>Income generation proposal</b> <input type="checkbox"/>	

**Required information to be completed by Financial/Legal/ICT/ HR partners:**

**1. Finance Advice:** The cost of the re-commissioned services will be contained within budget resources available as set out in this report. Monitoring of performance of the new commissioned service will be critical in ensuring that outcomes for service users are maximised.

**Finance Business Partner:** Neil Sinclair, 7/2/19

**2. Legal Advice:** The procurement of the new contract must comply with the Public Contracts Regulations 2015. (It is recognised however that in this case the contract may fall within the “light touch regime” under the Regulations). It is noted that South Gloucestershire Council will be leading on the project and appropriate arrangements should be put in place for the proposed joint commissioning project. Legal Services would expect to be included in these and in the drafting of contract documentation.

Consultation has taken place in relation to the decision to be taken. Cabinet should be satisfied that a proper consultation exercise has taken place in that (i) proposals were consulted on are at a formative stage (ii) sufficient reasons have been given for the proposals and (iii) adequate time has been allowed for consideration and response. The responses to the consultation must be taken into account by Cabinet when reaching its decision. Appendix B of this report clearly sets out the process that was undertaken and how responses have been taken in to consideration by officers when developing their proposals.

The Council must comply with Public Sector Equality duty when making any decisions. The duty requires the

decision maker to consider the need to promote equality for persons with “protected characteristics” and to have due regard to the need to i) eliminate discrimination, harassment, and victimisation; ii) advance equality of opportunity; and iii) foster good relations between persons who share a relevant protected characteristic and those who do not share it. In order to do this the decision maker must have sufficient information about the effects of the proposed decision. The Equalities Impact Check/Assessment is designed to assist with compliance with this duty. Its purpose is to assess whether there are any barriers in place that may prevent people with a protected characteristic using a service or benefiting from a policy. The decision maker must take into consideration the information in the check/assessment alongside the general public sector equality duty before taking the decision.

**Legal Team Leader:** Eric Andrews, Team Leader, Legal Services, 7.2.19

**3. Implications on IT:** There are no obvious or immediately identifiable IT implications in this initiative. Some may manifest themselves following the commissioning process and, in that event, IT Services will need to be engaged via Change Services, in a timely manner, as part of the on-boarding/implementation process.

**IT Team Leader:** Ian Gale, Head of IT 14.12.18

**4. HR Advice:** There are no HR implications resulting from this proposal as it is a re-commissioning request only.

**HR Partner:** Lorna Laing, People & Culture HR Business Partner, Adults, Children & Education 14.12.18

<b>EDM Sign-off</b>	Susan Milner and Terry Dafter	7 <sup>th</sup> February 2019
<b>Cabinet Member sign-off</b>	Cllr Asher Craig	11 <sup>th</sup> February 2019
<b>For Key Decisions - Mayor's Office sign-off</b>	Mayor's Office	4 <sup>th</sup> February 2019

<b>Appendix A – Further essential background / detail on the proposal</b>	<b>YES</b>
<b>Appendix B – Details of consultation carried out - internal and external</b>	<b>YES</b>
<b>Appendix C – Summary of any engagement with scrutiny</b>	<b>NO</b>
<b>Appendix D – Risk assessment</b>	<b>NO</b>
<b>Appendix E – Equalities screening / impact assessment of proposal</b>	<b>YES</b>
<b>Appendix F – Eco-impact screening/ impact assessment of</b>	<b>NO</b>
<b>Appendix G – Financial Advice</b>	<b>NO</b>
<b>Appendix H – Legal Advice</b>	<b>NO</b>
<b>Appendix I – Exempt Information</b>	<b>NO</b>
<b>Appendix J – HR advice</b>	<b>NO</b>
<b>Appendix K – ICT</b>	<b>NO</b>