

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 13 March 2018

Wards: All Wards

Subject:

Lead officer: Kris Witherington, Consultation and Community Engagement Manager

Lead member: Councillor Tobin Byers, Cabinet Member for Adult Social Care and Health

Contact officer: Kris Witherington, Consultation and Community Engagement Manager

Recommendations:

- A. That members note the progress made to date by Healthwatch Merton
 - B. That members comment on the plans for future procurement of Healthwatch in Merton
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. This report is to update members on the work of Healthwatch Merton and set out plans for continuing to procure and support the service.

2 DETAILS

Background

- 2.1. The Health and Social Care Act 2012 included a requirement on local authorities to establish a local Healthwatch in their area. This duty replaced the duty to establish a Local Involvement Network (LINK) from 1 April 2013.
- 2.2. Merton Voluntary Service Council (MVSC) was awarded the contract to deliver Healthwatch Merton in March 2013 following a competitive tender process. A two-year contract was agreed with options to extend for an additional two years if agreed by both parties. These options were taken up extending the contract to March 2017.
- 2.3. In February 2017 Merton Council agreed a further year's extension based on the same terms as the original contract. This was to allow addition time to explore long term procurement options for the service.
- 2.4. Healthwatch is the consumer champion for health and social care in Merton. Its remit includes:
 - Gathering the views and experiences of local people on the way services are delivered and has the power to enter and view adult health and social care services to see how they are delivering
 - Influencing the way services are designed and delivered based on evidence gained from patients and users
 - Providing information and advice about local health and social care services to residents

- 2.5. Healthwatch Merton carries out both ongoing work and short term specific projects. Appendix 1 provides a comprehensive evaluation of the impact of the work completed by Healthwatch Merton to date.

Highlights of Healthwatch Merton activity

- 2.6. Since 2013:

- 3509 people have spoken to Healthwatch Merton on a variety of Health and Social Care issues.
- 116 outreach visits with various community forums, groups and voluntary organisations.

Highlight of pieces of influential work:

2014: Strategies for improving GP services in Merton (Research report) – 209 local people directly fed into this research which has continued to influence MCCG. In particular, as reported to Health and Wellbeing board in March 2017 MCCG paper update on Primary Care Strategy whereby HWM research has been used to inform both the design of MCCG care pathways into their new primary care access hubs and also the quality initiatives that MCCG are working on in 2017 to improve patient experience of access.

2014/15: LGBT engagement workshop to gather and promote the voice of this seldom heard group. Recommendations from this made to Merton council which included the reformation and financial support for a Merton LGBT forum that has now been running since 2015.

2015: Healthy Highstreets - In partnership with Public Health as part of an ongoing consultation to help shape the Councils licensing policy statement in a part of east Merton, Healthwatch Merton gathered people's views of the kind of high street/town centre local people would like to have in their community as well finding out if people feel there are too many betting shops, places to buy alcohol and fast food outlets in the Mitcham area. This directly influenced the Licensing policy statement.

2016/17: Adult Social Care (ASC) Consultation on Savings to Services 2016-17. Between 23 October 2015 and 7 December 2015 Merton Council ran a consultation exercise about how, and from where, they aim to achieve the 2016/17 proposed cuts of £5.06 million to be implemented in 2016-17. We ran six focus groups for those most affected by the proposals and spoke with a total of 72 people who attended them to get their views. The report got both local and national attention.

2017: Enter and view - Mental Health – Authorised Representatives carried out E&V visit to the Jupiter Ward at Springfield University Hospital in Dec 2015. Raised recommendations with agreed action plan to support improvements based on patients' experience of ward. Follow-up E&V visit held in Jan 2017 to review patient experience since implementation of action plan and revise where appropriate to support further improvements.

2017: Community Navigator pilot - the Community Navigation Service is based at the Nelson Health Centre and works across the Nelson GP

Practice and Holistic Assessment and Rapid Investigation (HARI) team. The Community Navigator role is a pilot project funded by Merton Clinical Commissioning Group and is managed by Healthwatch Merton. Following a successful evaluation of the pilot Merton CCG has committed to continue supporting the Community Navigation Service.

Online:

- 16,484 unique users to HWM website with over 50,000-page views.
- 1,171 Twitter followers.
- over 2000 people signed up to receive quarterly e-newsletter and it has been shared over 28,000 times.

All reports for this work are available to view or download on the HWM website. <http://www.healthwatchmerton.co.uk/>

Future arrangements for Healthwatch in Merton

- 2.7. At Cabinet on 3 July 2017 members agreed to a new approach to the Strategic Grants programme, based on a commissioning approach with specifications drawn up in consultation with the voluntary sector and partners. This covers information, advice and voluntary sector support services, areas closely related to Healthwatch.
- 2.8. The new approach to Strategic Grants will be developed over 18 months with the existing arrangements extended for 2018/19. For Healthwatch to be included as part of this approach an additional extension to the current contract for 2018/19 would need to be agreed.
- 2.9. The timetable for this process was set out in the report to Cabinet:

Action	Timetable
Review existing departmental grants spend on advice information and voluntary sector support	Summer 2017
Start process for new commissioning specifications	Autumn 2017
Finalise one year grant agreements for 2018/19	Feb/March 2018
Consult on proposed specifications	Summer 2018
Seek grant applications	Autumn 2018
Appoint new Strategic Partners 2018/21	Winter 2018
Finalise Grant Agreements	Early 2019
New Strategic Partner Programme commences	April 2019

- 2.10. Adopting a commissioned grants model enables the council to ensure that the work of funded organisations is aligned to its corporate priorities and that there is greater transparency in what is being funded. This model also allows the commissioner to develop a strong set of performance measures to ensure delivery meets the objectives set out in the commissioning brief.
- 2.11. The procurement process should also be more streamlined and consistent, reducing overheads for both the Council and potential delivery partners.
- 2.12. This approach also means the Council can work with stakeholders to develop the specifications setting out the outcomes required and what will and will not be funded. Once awarded, the contract will then be subject to

more consistent monitoring of performance than it has been to date as a stand-alone project.

- 2.13. In consultations with the Voluntary Sector this approach for the Strategic Grants programme was broadly welcomed. The launch event on 30 November 2017 was well received and from that event a new Collaborative Working Group was formed. This met for the first time on 19 February 2018 and has begun the work on co-producing new specifications.

3 ALTERNATIVE OPTIONS

- 3.1. There are broadly three procurement options available to the council. These are recommissioning the service as a stand-alone contract; recommission the service in partnership with other boroughs; or recommission the service as part of a wider commissioning process.
- 3.2. Commissioning the service as stand-alone project would be in effect a repeat of the commissioning process from 2013. This would involve creating a specification, inviting the market to submit tenders and then appointing a provider based on an assessment of those tenders. There is evidence from other London boroughs that there is a limited market for the Healthwatch contract, particular in those areas where funding has been reduced or where there is a strong incumbent provider. In the last year Ealing, Sutton and Kingston received only two bids to their invitation to tender.
- 3.3. Commissioning jointly with other councils was explored with neighbouring boroughs including LB Sutton, LB Wandsworth and LB Richmond. Aside from logistical issues in the timing of different procurement projects there were a number of other potential issues. Part of the rationale for a joint commissioning approach is to reduce overheads through economies of scale, both for the commissioning councils and for the provider. However, Wandsworth and Richmond are not proposing to consolidate the existing Healthwatch structures, as a result the Healthwatch in each area will continue based on the current, very different, models with differing levels of funding from the authorities. In order to maintain the existing model of working in Merton it would difficult to realise any significant benefits from a joint procurement process.

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. The procurement options were considered by the One Merton Meeting, part of the Health and Wellbeing Board and outline discussions have taken place with MVSC. Further consultation with the Voluntary Sector and other Healthwatch stakeholder will take place through the Strategic Partner Funding programme.

5 TIMETABLE

- 5.1. The timetable for the Strategic Partner Funding is set out in 2.9.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. The contract for Healthwatch Merton is for £125,068 in 2017/18. This is met predominately from Corporate Services budget (£100,000) with the remainder met from the Department of Health Local Reform and Community Voices grant.

- 6.2. Local Reform and Community Voices grant has consistently increased with inflation since 2013 but no announcement on funding allocations beyond April 2018 has yet been made.
- 6.3. Funding to Healthwatch Merton has remained at the same level since 2014/15 with no inflationary increase. In 2012 the Department of Health (DoH) recommended indicative allocations for additional local Healthwatch funding in 2013/14 due to the increase in responsibilities compared to the previous Local Involvement Networks (LINK). For Merton the DoH calculated an additional allocation of £51,889 over and above the funding for the previous LINK organisation. Through the procurement process conducted in 2012/13 the agreed contract with MVSC increased funding for Healthwatch by £25,000 relative to LINK

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. Merton Council has a legal duty set out in the Health and Social Care Act 2012 to commission a local Healthwatch organisation that is independent of the Council and the NHS

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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

9 CRIME AND DISORDER IMPLICATIONS

- 9.1. There are no crime and disorder implications

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

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

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

- Appendix 1 Healthwatch Merton Influence and Impact 2013-2017

12 BACKGROUND PAPERS

- 12.1. None

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