

Notice of Non-key Executive Decision

Subject Heading:	Approval to extend the Healthwatch contract with Havering Healthwatch for a period of two years
Decision Maker:	Barbara Nicholls, Strategic Director of People
Cabinet Member:	Councillor Gillian Ford – Lead Member for Adults and Health
SLT Lead:	Barbara Nicholls, Strategic Director of People
Report Author and contact details:	Sandy Foskett sandy.foskett@havering.gov.uk , Tel: 01708 434742
Policy context:	Local authorities are required to commission a local Healthwatch organisation under the Health and Social Care Act 2012.
Financial summary:	The contract value (funded from the Community Voices Grant) was approved as a total of the full 7 year cost of a 5 + 2 contract period, this equates to £821,513. The proposed 2 year extension, after the initial 5 year period, would be at a cost of £234,718.
Relevant Overview & Scrutiny Sub Committee:	People OSSC
Is this decision exempt from being called-in?	Yes

Non-key Executive Decision

The subject matter of this report deals with the following Council Objectives

People - Things that matter for residents X

Place - A great place to live, work and enjoy

Resources - A well run Council that delivers for People and Place.

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

This report seeks approval from the Strategic Director of People to approve an extension of the Healthwatch Contract with Havering Healthwatch for a period of two years from 1 April 2024 to 31st March 2026, at a cost of £234,718. An option to extend this contract is within the original contract awarded on 1 April 2019.

AUTHORITY UNDER WHICH DECISION IS MADE

3.3 Powers of Members of the Senior Leadership Team

Members of the Senior Leadership Team (SLT) have delegated authority to act as follows within the assigned service service/portfolio of responsibilities, subject to the general provisions and limitations set out in section 3.1 of Havering's constitution.

Contract powers

To award all contracts with a total contract value of between £500,000 and £5,000,000 other than contracts covered by Contract Procedure Rule 16.3.

STATEMENT OF THE REASONS FOR THE DECISION

Background

Healthwatch acts as a consumer champion for users of health and social care services, making sure that people know where to go to raise concerns about health and social care services, people's views and experiences are heard, improving scrutiny of health and social care services and helping local people to influence commissioning decisions. Local authorities are required to commission a local Healthwatch organisation under the Health and Social Care Act 2012.

The service is a key part of the local health and social care landscape, it has a statutory place on the health and wellbeing board where it can share evidence and feedback on what people think about their health and social care services to system leaders to ensure that services meet the needs of and are shaped by local communities.

Healthwatch have a number of responsibilities, a key part of which is to carry out 'Enter & View' visits at publicly funded health and social care premises to see and hear first-hand experiences about the service. Enter & View visits are conducted by a small team of trained volunteers/staff, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises. Enter & View is the opportunity for the local Healthwatch to:

Non-key Executive Decision

- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users, carers and relatives through evidence based feedback by observing the nature and quality of services.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Other key responsibilities of Healthwatch's role include the following;

- Contribute to Joint Strategic Needs Assessments, Market Position Statement and joint health and wellbeing strategies (including those priorities that target adults, children and young people) – on which local commissioning decisions will be based – through its seat and full participation on the Health and Well-Being Board.
- Produce reports and make recommendations which lead to key strategies, the shaping of services and service improvements based on evidence collected from consultations, enter and views requests for information and analysing data.
- Coordinate activity to ensure a Healthwatch representative is present at Health and social care meetings and events concerning health and social care issues and contribute, constructively and effectively.
- Recruit and produce a training programme to develop a team of skilled representatives, enter and view representatives that are equipped to carry out thorough enter and views and write evidence based reports.
- Regular sharing of data with commissioners with evidence of when recommendations have contributed to shared outcomes.
- Protocol in place to share information with Healthwatch England
- Regular meetings held with BHR Healthwatch, including an annual public meeting to bring together Healthwatch, partners and the public.

Current Contract

Havering Healthwatch is made up of 6 part time members of staff and 14 active volunteers who give up their time to help improve care standards in Havering. The provider is part of a national network of local Healthwatch's. They are co-ordinated by Healthwatch England whose statutory role is to provide advice and guidance and to work with government and NHS England.

Havering Healthwatch continues to be an important stakeholder representative at local integrated partnership meetings. Attending meetings (as below) to share information, in the manner of representing the voice of the community:

- Havering Health & Wellbeing Board
- Havering Health Overview & Scrutiny Committee
- Havering Place-based Partnership
- Havering Safeguarding Adults Board
- Havering Substance Misuse Strategy Group
- Havering Volunteer Management Forum
- Havering Voluntary Organisations Compact

Non-key Executive Decision

- North East London Local Quality Surveillance Group
- Older People & Frailty Transformation Board
- Outer North East London Joint Health Overview & Scrutiny

Members of Healthwatch regularly attend local community and voluntary sector meetings, such as, Over Fifty's forum and Havering Compact, to conduct consultations and share of information.

They have produced evidence of engagement and input from public, local voluntary and community groups in developing work programmes and priorities. During the current contract Healthwatch have provided recommendations for improvement on specific health and social care projects, such as the following:

- Maternity Services
- Accident and Emergency Services
- London Ambulance Service
- Care Homes
- The effects of Long Covid
- Accessing GPs
- St George's Wellbeing Centre
- Dementia
- Pharmacy Needs
- Sensory Needs

The service has made recommendations, where necessary, following care home enter and views visits in the last year (Ashling House, Glebe House, Nightingale, Moreland) and collected feedback from those in receipt of homecare services (commission by Havering Council).

The service have been part of evaluation panels for the St. Georges Centre and Community Chest Grant Programme initiatives.

During the pandemic enter and views were suspended, volunteer members helped at the vaccination centres, with providing transport, and importantly networking with often hard to reach communities to ensure that they had every opportunity to visit the vaccination centres.

Every year the service produces an annual report to show evidence of their impact over the year, for example Healthwatch annual report 2022/23 included the following::

- 40,000 people shared their experiences of health and social care services with them, helping to raise awareness of issues and improve care.
- 146 people came to them for clear advice and information about health and social care issues, such as accessing GPs or dentists and dealing with adult social care issues.
- The GP Access consultation contributed to the drive for the NHS and government plans to improve GP practice' telephone infrastructure.

Recommendation

Non-key Executive Decision

Based on the evidence presented above, it is recommended that the option for a two year extension, as provided for in the contract and original award decision, is taken. This will allow sufficient time to review the Healthwatch contract with system partners to ensure the service continues to ensure people's views and experiences are heard, improving scrutiny of health and social care services and helping local people to influence commissioning decisions.

OTHER OPTIONS CONSIDERED AND REJECTED

Option one: Do nothing and do not extend the Healthwatch service

This option was considered and rejected. This would result in the Council having less contractual control over the service. This service also allows the Council to meet its statutory requirements under the Health and Social Care Act 2012.

Option Two: Collaboration with other boroughs

We are not in a place to jointly procure on this occasion. Different local demographics, politics, budgets, geographical coverage and different contract end dates makes this approach difficult to negotiate at present and timescales mean that alignment will take coordinated working. With establishment of the North East London Integrated Care Board there is likely to be opportunities for collaboration in the coming years.

PRE-DECISION CONSULTATION

Havering Healthwatch
Directorate for People

NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: Sandy Foskett

Designation: Senior Commissioner and Project Manager

Signature: *S Foskett*

Date: 10/01/2024

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

Section 182 to 184 of the Health and Social Care Act 2012 governs the establishment of Healthwatch, its functions and the responsibility of local authorities to commission Local Healthcare services.

The Council also has a general power of competence under Section 1 of the Localism Act 2011 to do anything an individual can do, subject to any statutory constraints on the Council's powers. None of the constraints on the Council's s.1 power are engaged by this decision.

The initial contract with a value of £821,513 was awarded for a term of 5 years with the option to extend for 2 years. The specification explicitly states that the contract will be for 5 years and there is an opportunity to extend for 2 years.

According to Clause A5, the Council will need to serve written notice of its intention to extend the contract and this written notice will need to be posted to the provider's address of service.

The Financial implications are noted. The Contract already contains a provision in the service specification schedule that the contract is subject to central government funding which is reviewed annually and that the funding may increase or decrease over the length of this contract.

Furthermore, Appendix E, the Charges Schedule, contains a provision which states that the contract price/contract unit price is subject to change through a written notice following agreement at a performance contract meeting.

FINANCIAL IMPLICATIONS AND RISKS

This decision paper is seeking approval to extend the Healthwatch contract with Havering Healthwatch for a period of two years from 1 April 2024. The annual cost of the contract is £117,359 and the total cost for the 2-year extension will be £234,718.

The initial contract was approved as a 7 year contract, a 5 + 2 contract, the total contract value over the life of the contract equates to £821,513.

The Healthwatch contract is currently paid from the Local Reform and Community voices ringfenced grant. In 22/23 Havering's allocation was £144,112. This allocation fully covers the annual cost of the contract. The allocations for the 23/24 financial year are still unknown.

The announcement of the community voices grant is made late into the financial year, with allocations not being known until January/February of that financial year. This gives rise to a significant risk that if the funding is not awarded to Havering then the contract

Non-key Executive Decision

would need to be funded from Adult Social care budgets which would increase the existing pressure.

It is recommended that a clause is added into the contract that if the funding is not forthcoming that the contract can be varied. However, as noted above, with the allocations being announced so late in the financial year costs will have already been incurred for the contract within that financial year before the allocations are announced and these costs would need to be met from existing resources.

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

The recommendations made in this report do not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have 'due regard' to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex/gender, and sexual orientation.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

There are no direct implications relating to the environment or climate change relating to this report.

BACKGROUND PAPERS

Non-key Executive Decision

None

APPENDICES

None

Non-key Executive Decision

Part C – Record of decision

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Decision

Proposal agreed

Delete as applicable

Details of decision maker

Signed



Name: Barbara Nicholls

Cabinet Portfolio held:

ELT Member title: Strategic Director of People

Head of Service title

Other manager title:

Date: 29.02.24

Lodging this notice

The signed decision notice must be delivered to Committee Services, in the Town Hall.

For use by Committee Administration

This notice was lodged with me on _____

Signed _____

Non-key Executive Decision

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