

**REPORT OF THE CHAIR OF HEALTH AND WELLBEING BOARD****HEALTHWATCH NOTTINGHAMSHIRE FUNDING 2017/18****Purpose of the Report**

1. The purpose of this report is to:
  - Brief Members on the role and responsibilities of Healthwatch Nottinghamshire [HWN]
  - Agree arrangements for funding HWN during 2017/18 and to consider future models of delivery

**Information and Advice****Background**

2. The County Council has a statutory responsibility (Health & Social Care Act 2012) to set up a local Healthwatch [LHW]. The aim of the body is to scrutinise health and social care services. The Council under the Health and Social Care Act has to ensure that the organisation is structured so that it is able to carry out the statutory activities set out under the amended Local Government and Public Involvement in Health Act 2007, Section 221 (2). LHW took over a number of powers from Local Involvement Networks [LINKs], including collecting local views and powers of entry to hospitals and care homes. LHW can escalate concerns to Healthwatch England and the Care Quality Commission.
3. Established since 1<sup>st</sup> April 2013 HWN is an independent organisation with statutory duties that supports its role as the 'local consumer champion for patients, service users and the public' and helps to strengthen the public and patient voice in the provision of publically funded health and social care services. These statutory activities cover:

**Community voice and influence** – obtaining the views of local people on their experiences of health and social care services and ensuring that these are presented to and influence, local decision makers.

**Making a difference locally** - make reports and recommendations about how local care services could or ought to be improved. These are directed to commissioners and providers of care services, and people responsible for managing or scrutinizing local care services.

**Informing people** – providing advice and information to local care services facilitating choice.

**Working with Healthwatch England and the Care Quality Commission** – to inform their work locally.

4. HWN is funded by central government through a mix of Local Government Finance Settlement and Local Reform and Community Voices Grant. This funding is given to local authorities with social care responsibilities to commission providers of their LHW. The contract is managed by the Community and Voluntary Sector Team on behalf of NCC.
5. At the time of setting up HWN, it was estimated that it would be run at a cost of £465,000 for 2013/14 and £387,000 for 2014/15. This took into account that as a new organisation, HWN would need to establish its infrastructure and operation. Following the initial central government allocation in 2013/14 this stream has progressively been reduced, coupled with the wider pressures on NCC budgets the financial contribution to HWN has reduced over the 4 years of operation.
6. In light of this Commissioners have worked with the organisation and have advised and encouraged them to consider different options for future working and sustainability including merger with other LHW organisations.

### **Commissioning HWN**

7. Policy Committee on 12<sup>th</sup> September 2012 approved the procurement of HWN and the initial process was unsuccessful. To meet the County Council's statutory requirement to have a Healthwatch Service, Policy Committee on 16<sup>th</sup> January, 2013 approved the establishment of the company HWN through an independent implementer. In its first two years of operation 2013 to 2015 HWN established its basic operation and infrastructure, recruiting a Chief Executive, a staff team, 45 volunteers and expanding its Board of Trustees. During 2015 the organisation acquired charitable status.
8. In December 2014 the Government announced a reduction in the Local Reform and Community Voices Grant for 2015/16. This translated into a 40% reduction in the grant available for HWN. In Nottinghamshire the Council was able to mitigate some of this by securing additional funding for both 15/16 and 16/17 through a combination of funding that included NCC Contingency and support from Adult Social Care, Health & Public Protection.
9. Policy Committee 6<sup>th</sup> January 2016 agreed to extend NCC's contract with HWN to March 2018 and approved the continuation of funding for 2016/17 at £295,000 with a recommendation on further discussion with regard to funding for 2017/18 and that future efficiencies through alternative models and funding arrangements be explored.

## Achievements and Moving Forward

10. HWN is entering its fourth year of operation and as a relatively young organisation is addressing how it adds value to the role it needs to play in the local health and social care system. Building on work achieved HWN is looking to increasing its impact, reach and effectiveness. Examples of work include:

- An Insight project into information provision and support at dementia diagnosis – this included visits to dementia support groups and the experiences of 133 people. The findings show that people are not always being offered the information suggested in NICE guidelines. The report was published in November 2016 and HWN are awaiting comment from key stakeholders.
- A scoping exercise on LGBT experiences of healthcare services. Comments were received suggesting differential experiences attributed to sexual orientation and/or gender reassignment. HWN wanted to understand more about healthcare experiences of the LGBT community and gathered 48 experiences from people during November 2016. The data is currently being analysed and a report will be published in early 2017.
- Gathering experiences and providing regular feedback to service providers and commissioners. During 2016 HWN over 2,000 experiences of health and social care services from people living in Nottinghamshire were gathered (this number excludes any insight and scoping work). They provide feedback to providers and commissioners every month about the experiences reported by local people. During 2016, they sent 23 letters highlighting concerns about services.
- Follow up on the Insight project on Renal Transport report published in April 2016. They returned to the Renal Dialysis Units at Nottingham City Hospital to speak to dialysis patients about their experiences of the Patient Transport Service. Their first visit in 2014 found that experiences were poor. They spoke to 73 patients and found that the most frequent rating of overall experience had improved from a 1-star to 3-stars, evidencing the positive impact of the implementation of their recommendations.
- An Insight project into the Experiences and views of people seeking support during a mental health crisis. In March 2016 Healthwatch Nottinghamshire and Healthwatch Nottingham were commissioned by Nottingham City NHS Clinical Commissioning Group, on behalf of the Nottingham/shire Crisis Concordat Partnership Board to deliver engagement activity to support the development of a local action plan in response to the national Crisis Care Concordat. The engagement objective was to target five specified groups to improve understanding of the issues faced by these groups in accessing mental health crisis services. They engaged with:
  - 73 black and minority ethnic (BME) communities (including asylum seekers and refugees);
  - 55 students;
  - 83 carers of people with a mental health illness;

- 21 veterans / ex-military personnel;
- 37 people who are homeless or at risk of homelessness

They also gathered the experiences of a further 484 people across Nottingham City and Nottinghamshire County who did not fit into the above categories.

The findings of the report were presented to the Nottingham/shire Crisis Concordat Partnership Board who accepted the recommendations. Nottinghamshire Healthcare Trust have developed an action to ensure that the recommendations are implemented.

- The HWN Leadership Team either Chairs, Attends and Contributes to key Health and Social Care forums. The key forums they engaged with in 2016 were:
  - Nottinghamshire Health and Wellbeing Board
  - Alliance Leadership Board
  - Greater Notts Transformation Board STP Advisory Group
  - Sustaining Services Board
  - SHFT Oversight Group
  - HWN Advisory Group
  - Health Scrutiny Committees (Nottinghamshire and Joint)
  - Quality Surveillance Group (QSG)
  - Mid Notts Primary Care Commissioning Group
  - East Midlands Regional Healthwatch Group
  - SY STP Chairs Group
  - Nottinghamshire Safeguarding Adults Board
  - Patient Experience Project Group
  - Crisis Care Concordat Partnership Board
  - Have Your Say Event
  
- Enter and View. HWN was granted a number of statutory powers under the Health and Social Care Act 2012 which help to carry out their role, one of which is the ability to enter any health and social care venue. During November 2016 they undertook their first Enter and View visits into residential care facilities. Using this power within this sector could potentially help identify residential care facilities in need of support and provide HWN with the opportunity to influence quality for people who are likely to be vulnerable and seldom heard. They liaised with the Care Quality Commission's care home inspectors who told them that they could not dedicate enough time to gather service user experiences, which would provide evidence for the "Caring" domain of CQC inspections.

Their focus, therefore, was to speak to service users about their experiences focussing on five key areas:

Staff, Dignity and respect, Provision of care, Choice and Making a complaint

Their project team was made up of six high calibre and trained volunteers, supported by four members of staff from Healthwatch Nottingham and Healthwatch Nottinghamshire. During the visit they spoke with sixteen residents and four visitors. The report is currently being written and will be available in January 2017.

## **Alternative Models and Funding Arrangements**

11. In response to the unprecedented challenges and scrutiny which the health and social care system is experiencing, The input, support and challenge that a local Healthwatch can provide is a critical part of supporting the key aim of the Strategic Transformation Programme [STP] to develop a new model of shared responsibility for health and wellbeing between citizens, communities and services.
12. HWN is developing a strategic approach to help meet these challenges which include:
  - More emphasis on being representative of local communities for example by focusing on the voice of the 'seldom heard'
  - Supporting the long term sustainability of quality health and social care services by facilitating community engagement and providing compelling feedback to system leaders on sustained improvements
  - Raising awareness which helps people to make informed choices
  - Supporting collaboration, cooperation and integration with the aim of bringing communities and systems closer together
13. HWN is moving its focus to working with the health and social care system to identify local solutions on how to best to support the integration of care services to not only improve efficiencies, deliver financial savings but also improve the quality of care. Within this framework, the HWN Board and New Chair are exploring alternative models of operation and looking at potential new funding opportunities. These include:
  - A merged Healthwatch function between the County and the City with a restructure
  - A HWN function – operating on Community Voices Grant level of £198,000 per annum
14. Both the County and City HW have been in dialogue to consider the value of a merger between the two organisations. The benefits of which would include having a stronger voice, a united vision whilst providing best value for local people. Moving towards this would require a change in governance for both organisations, for example becoming one charity, retaining individual identities within each footprint and having a merged Board representative of the whole County. Changes in leadership give an opportunity to bring forward an improved organisational structure and both Councils and Healthwatch organisations wish to explore this further. It is recognised that there are likely to be costs related to this change for HWN. To facilitate this merger a sum of up to £50,000 would need to be identified to support this work, any funding would be based on a clear business case.

15. A restructured Healthwatch with a stronger focus on 'seldom heard' groups, a more robust approach to measuring outcomes and strengthening impact forms part of the organisations refreshed strategy for 2017 – 19. This is underpinned by an ambition to build capability and maximise resources to realise greater capability to deliver core functions alongside attracting contracted income and using this to reinvest in developing the organisation.
16. HWN would potentially find it difficult to deliver the volume of work currently delivered on the Community Voices Grant level outlined above. The organisation has identified likely risks as impacting on meaningful early engagement, which may be critical to the STP and other transformational programmes and reducing their scale and reach to gather and analyse feedback across the whole health and social care system.

### **Financial Implications**

17. Looking forward to 2017/18 the funding options for consideration include:

**Option 1:** Fund at the level of the Community Voices Grant - £198,000. This could undermine the ability of HWN Nottinghamshire to deliver against their statutory function and would limit their role as outlined above.

**Option 2:** Fund at the level of the Community Voices Grant £198,000 and encourage work with HWN, Healthwatch Nottingham City and City Council Commissioners to look to develop proposals for a merged Healthwatch that better reflects the STP footprint. Both organisations already work closely together with for example shared posts covering Evidence & Insight and Communications. Efficiencies would be identified across all areas of operation and opportunities to augment the joint funding pot with contracted income would be explored. This is the preferred option and a willingness to develop this further has been agreed with both Healthwatch organisations and the City Council. Funding may be available to support this merger and funding options are currently being explored.

### **Other Options Considered**

18. NCC has a statutory duty to commission a LHW. HWN has in turn a set of statutory activities to undertake as outlined above.
19. There are a number of different operating models for local Healthwatch across the country and different organisations vary widely in how they are organised. The current contract ends in March 2018 and selecting option 2 gives both LHW the opportunity to develop a business model that meets their statutory role and create opportunities to generate income through commissioned projects.

### **Reason/s for Recommendation/s**

20. The need for a strong and independent local Healthwatch for Nottinghamshire will be even more important over the next few years. Services in the NHS and Social Care are under severe pressure from the increasing level of demand and reductions in funding. The

watchdog role of the organisation will be of increasing importance as pressure on services continues and as the STP is developed and implemented. Option 2 is the preferred Option as it will enable the HWN to continue to deliver whilst bringing about organisational change and efficiency to the benefit of Nottinghamshire residents.

## **RECOMMENDATION**

1. Fund HWN at the level of the Community Voices Grant £198,000 and to make funding available from existing budgets to contribute to the transition required to support the merger of the two organisations.

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**For any enquiries about this report please contact**

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### **Constitutional Comments SLB 12/01/2017**

Policy Committee is the appropriate body to consider the content of this report.

### **Financial Comments [SES 20/01/17]**

The financial implications are as stated in the report.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

### **Electoral Division(s) and Member(s) Affected**

All