



## Report to Policy Committee

**Author/Lead Officer of Report:** Alexis Chappell

**Report of:** Strategic Director Adult Care and Wellbeing  
**Report to:** Adult Health and Social Care Policy Committee  
**Date of Decision:** 13<sup>th</sup> December 2023  
**Subject:** Commission of Healthwatch Contract

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 2481				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below: -				
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>				

### Purpose of Report:

The purpose of this report is to seek approval for a Healthwatch commissioning strategy.

It also provides an update regarding Healthwatch statutory duties and our local offer, including the outcomes of Stakeholder Engagement and the Healthwatch Annual Report 2022 – 2023.

**Recommendations:**

It is recommended that the Adult Health and Social Care Policy Committee:

1. Approves the Council commissioning a new Healthwatch contract for Sheffield with a contract period of 10 years, with an estimated value of up to £2.4m over the 10 years.
2. Notes the decision by the Strategic Director Adult Care and Wellbeing to provide a 6-month extension to the current contractual arrangements to ensure continuity of service delivery whilst the commissioning strategy is being implemented.
3. Endorses the Healthwatch Annual Report 2022 – 2023.

**Background Papers:**

Appendix 1 – Stakeholder Feedback

Appendix 2 – Healthwatch Annual Report 2022 - 2023

<b>Lead Officer to complete: -</b>		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	<b>Finance:</b> Laura Foster
		<b>Legal:</b> Gemma Beecroft/Richard Marik
		<b>Equalities &amp; Consultation:</b> Ed Sexton
		<b>Climate:</b> Alexis Chappell
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	<b>SLB member who approved submission:</b>	Alexis Chappell
3	<b>Committee Chair consulted:</b>	<i>Councillor Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> Alexis Chappell	<b>Job Title:</b> Strategic Director Adult Care and Wellbeing
	<b>Date: 30th November 2023</b>	

## 1.0 PROPOSAL

- 1.1 Healthwatch services are currently being provided in Sheffield by Voluntary Action Sheffield. This arrangement will end on 31 March 2024 when the current contract expires unless an alternative arrangement is put in place.
- 1.2 To ensure continuity of service provision, the Strategic Director Adult Care and Wellbeing has decided, in line with constitutional delegations, to extend the contract for a period of 6 months to enable the commissioning strategy proposed in this report to be implemented.
- 1.3 The failure to provide Healthwatch services after expiration of the current contract without another arrangement in place to deliver the services would therefore mean that the Council would fail to meet its statutory duty.
- 1.4 It is proposed that this commissioning strategy will cover a period of up to 10 years of service delivery, with option of extension to ensure continuity of service delivery.

### Background

#### ***Statutory Duties***

- 1.5 Healthwatch England is established nationally under the Health and Social Care Act 2012 in order to understand the needs, experience and concerns of people who use both health and social care services. Healthwatch can be seen as an Independent Regulator and its statutory functions include:
  - providing leadership, guidance, and support.
  - escalating concerns about health and social care services to the CQC; and,
  - providing advice to the Secretary of State.
- 1.6 On a local level, Local Healthwatch Bodies (“Local Healthwatch’s”) are funded by and accountable to Local Authorities. They have detailed statutory functions which include:
  - Obtaining the views of local people about their needs and experiences.
  - Making reports and recommendations about how services should be improved, promoting, and supporting the involvement of people in the monitoring and commissioning of health and social care services.
  - Providing information and advice to the public for accessing social care services.
  - Sharing reviews and experiences with Healthwatch England; and
  - Making recommendations to Healthwatch England to advise the CQC.
- 1.7 Provisions relating to Healthwatch are contained within Sections 181 – 189 of the 2012 Act, which require Local Authorities to enter into “arrangements” with Local Healthwatch Organisations.
- 1.8 The arrangements must be made with a body corporate which is both a Social Enterprise and satisfies criteria as being prescribed by Regulations made by the Secretary of State and “*is to be known as the Local Healthwatch Organisation for [Sheffield] area*”.

- 1.9 To ensure continuity and stability of provision so that the statutory duties can be delivered, the proposal is to seek a 10-year contract term.

### ***Contractual Requirements***

- 1.10 Advice from an independent legal consultant on Healthwatch has confirmed that it is statutorily required that the arrangement with regard to supporting a Local Healthwatch Organisation must be contractual in nature.
- 1.11 The legal advice provided noted that the contract should contain detailed provisions in order to secure the performance and accountability of the Local Healthwatch Organisations. These are derived from the useful guidance provided within the “*Local Authority Commissioner’s Resource Pack*” created by National Healthwatch that we have been provided with which recommends that a Contract Specification is created which includes such things as:
- Details of the statutory activities being provided.
  - How information is shared with Healthwatch England.
  - What reports are required to be provided.
  - When sub-contracting is appropriate.
  - What governance standards should be put in place such as monitoring arrangements, quality assurance, policies, and access to information; and
  - How conflicts of interest are dealt with.
  - How our wider Equalities duties are met.
  - Corporate status of local Healthwatch’s (e.g., as a form of not-for-profit body)
  - Key performance indicators and performance defaults.
  - Variations and termination.
- 1.12 It is noted that the Local Authority Commissioner’s Resource Pack states that what should not be in a contract is anything which might compromise the independence of Healthwatch operations, or how complaints are advocated, although the contract could be capable of renewal.
- 1.13 The **NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health, and Local Health Watch) Regulations 2012** require under **Regulation 35** that the organisation involved must have provisions within its Constitution stating that:
- not less than 50% of its distributable profits will be used for the purpose of the Healthwatch activities of that body.
  - that the Constitution must contain a statement that the body is carrying on its activities for the benefit of the community in England; and
  - there are provisions related to distribution of assets towards a like organisation when the body is dissolved or wound-up.
- 1.14 This means, in effect, that an organisation should not receive any profit and another Social Enterprise should have the ability to receive remaining residual assets. The advice provided notes that the Regulations seek that it must be a Social Enterprise.

### **Quality Requirements**

- 1.15 As with the commissioning report at Committee today, our ambition in Sheffield that all services whether contracted or internally provided deliver excellent quality services and where possible can demonstrate achievement of quality kitemarks as an indicator of the quality.
- 1.16 Due to this, it is also our intention that the Local Healthwatch provider should also be able to meet the standards set out by [Healthwatch England Quality Framework](#) as an indicator of quality provision, and this will provide the quality assurance framework for monitoring of the contract. The key aspects of the Quality Framework are: -
- Leadership
  - People
  - Sustainability
  - Collaboration
  - Engagement
  - Influence
- 1.17 Key to being able to quality services, is also the ability to have a clear understanding of services available in Sheffield including the health and care infrastructure, positive relationships with organisations across Sheffield so that Healthwatch can influence positive change and have the ability to undertake a scrutiny and safeguarding function.
- 1.18 Due to this, it is intended that Healthwatch must be a sole provider of Healthwatch and have the dedicated leadership infrastructure and capacity within Sheffield that enables the Quality Framework to be implemented and a clear focus on citizens of Sheffield.

### **Safeguarding Adults**

- 1.19 In the Safeguarding Delivery Plan update to Committee in September 2023, it was also noted the learning from the festival of involvement and in particular how to enable individuals to raise concerns about care services, in particular where individuals do not wish to raise these to the Local Authority.
- 1.20 As noted above, Healthwatch has a statutory function towards promoting and supporting the involvement of people in the monitoring and commissioning of health and social care services.
- 1.21 It is planned as part of meeting this obligation, that the Healthwatch contract will include a requirement as part of the monitoring function to both promote and support involvement of people in raising safeguarding concerns as well as recommendations on how health and care organisations can ensure the accessibility to individuals about raising concerns.

### **Commissioning Requirements**

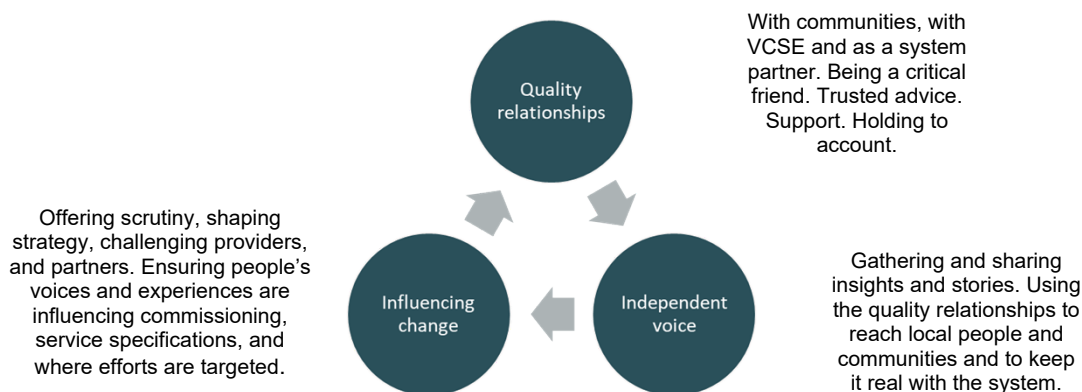
- 1.22 To inform the correct procurement route, whether direct award or a full competitive tender process, noting the restrictions applied as to who can provide Healthwatch, the focus on quality of delivery and the Sheffield place focus, the following actions have been/will be undertaken:

- A Stakeholder Session was held on 15<sup>th</sup> November 2023 to gain feedback about provision of Healthwatch by Voluntary Action Sheffield.
- Soft market test to determine if any other providers are interested in provision of Healthwatch services. This will be completed by mid-January 2023.
- Risk based analysis of options available from the independent legal consultant.

1.23 The feedback from the stakeholder session on 15<sup>th</sup> November 2023 was extremely positive, highlighting the value of Sheffield Healthwatch and crucially how Sheffield Healthwatch are meeting the Quality Standards as well as collaborating to influence change for individuals.

1.24 A summary of the feedback is noted below and at Appendix 1. The feedback highlights the value of Healthwatch Sheffield and in particular the quality of local relationships which enable the role of Healthwatch to be undertaken.

1.25 There were 3 main themes emerging from people’s current perceptions of Healthwatch Sheffield. They are all interlinked around the role of critical friend.



1.26 Our focus must be on meeting the legal duties as set out above and ensuring the quality and continuity of provision to deliver these. In addition, utilising public funding wisely, particularly at a time of significant pressures in Adult Care.

1.27 It is therefore proposed that Adult Health and Social Care Committee approves the Council commissioning a new Healthwatch contract for Sheffield for a period of 10 years. This will enable the Council to continue to provide Healthwatch Services and meet its statutory duties and in addition ensure stability of provision. This will also support the Council in meeting the needs of vulnerable parts of the population of Sheffield.

***Healthwatch Sheffield Annual Report***

1.28 The Healthwatch Sheffield Annual Report is attached at Appendix 2 and highlights the role that Healthwatch has undertaken over the last year. The report noted that Sheffield Healthwatch heard from 2,736 people about their experiences of care, provided information and advice about health and care services to 9,161 people and worked in partnership with community organisations on a huge range of topics that matter to local people.

1.29 The report highlights in particular Sheffield Healthwatch:

- Worked with Disability Sheffield to run creative listening sessions, helping adults with listening disabilities have their say on services being commissioned.
- Set up a steering group to drive our Long Covid project – these included representatives from voluntary organisations and people living with Long Covid
- Looked at Older People’s care homes helped shape the plans for care home provision in Sheffield.
- #SpeakUp report with Sheffield ME and Fibromyalgia Group brought clinicians and social care staff together to look at how improvements for patients could be made.
- Highlighted how the cost of living was stopping some people from accessing healthcare; NHS South Yorkshire produced resources to help people know what support was available.
- Audited GP websites showed inequitable access to digital services across the city. NHS South Yorkshire has now committed to providing support for GP surgeries to improve their sites.

## 2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 Sheffield City Council Corporate Delivery Plan outlines six strategic goals for the city. The current arrangements for the delivery of Healthwatch services and the proposal to extend the current contract contributes most significantly to:

- **‘Enabling adults to live the life that they want to live’**: Healthwatch services are essential in providing voice for people and supporting the residents of Sheffield to get the support they want from social care and health services.
- **‘Involve our citizens in the decisions that affect them and their communities’** – Healthwatch is a key partner supporting the residents of Sheffield to participate in discussions about issues that affect them and their communities.

2.2 We have developed an [Adult Health and Social Care Strategy](#) and [delivery plan](#) to set out our vision for 2022 to 2030. Called ‘Living the life you want to live’, it is about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives. Our Adult Social Care Vision is that:

*everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery.*

2.3 The proposals in the report contribute to Adult Social Care performance against the CQC Assessment Framework for Local Authorities, specifically:

- Theme 1: Working with people.
- Theme 2: Providing support.
- Theme 3: Ensuring Safety

- 2.4 The proposals in the report will support the delivery of Council actions and priorities as they relate to the Race Equality Commission, Climate Action Plan and the development of City Goals as well as learning from our Festival of Involvement which took place during Summer 2023.
- 2.5 The proposals in the report contribute to wider activity and delivery within Adults Care and Wellbeing, including our Safeguarding Delivery Plan, our Carers Strategy and Delivery plan, our Transitions model, and our partnership work with Health.
- 2.6 A risk has been identified that the expiration of the current arrangement without a new commission in place to start may impact upon the accessibility of statutory services.

### **3. HAS THERE BEEN ANY CONSULTATION?**

- 3.1 Consultation has been completed using a stakeholder session held on 15<sup>th</sup> November 2023
- 3.2 Detailed information regarding the approach taken and draft findings from the consultation can be found in appendix 1. The outcomes of the consultation has informed the commissioning strategy and will inform the service specification and contractual arrangements.

### **4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**

#### **4.1 Equality Implications**

- 4.1.1 Decisions need to consider the requirements of the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010. This is the duty to have due regard to the need to:
- eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Act.
  - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
  - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 4.1.2 The Equality Act 2010 identifies the following groups as a protected characteristic: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.
- 4.1.3 The contract will support people to have a voice in their own health, support, and other matters that they would otherwise be without. In Equality Act terms, beneficiaries share many protected characteristics. The primary characteristic of Disability covers a range of support under Sheffield Healthwatch (including mental health and learning disability). Secondary characteristics (e.g., relating to Race or Age) apply). And Healthwatch is also relevant to the Council's wider consideration of equality interests – e.g., Health, Poverty.



4.1.4 The proposals will support to ensure that Healthwatch support remains stable and will continue to ensure the availability and quality of Healthwatch delivered to vulnerable adults in Sheffield.

#### 4.2 Financial and Commercial Implications

4.2.1 For 23/24, the gross budget available for the Healthwatch contract is £240,000. The current contract payment in 23/24 is c. £210,000.

4.2.2 As part of the new contract, it is planned that inflationary uplifts will be built in. Any increase in contract value above the available budget will need mitigating or addressing through Business Planning.

#### Legal Implications

4.3 In accordance with Section 181 of the Health and Social Care Act 2012 the Council is required to enter into arrangements with local Healthwatch organisations. Section 221 of the Local Government and Public Involvement in Health Act 2007 (as amended) confirm that this should be a contractual arrangement.

4.3.1 Further detailed within these acts are the statutory functions and requirements of both the local Healthwatch organisation and the Council, including what should be included within the arrangements between the Council and the local Healthwatch organisation.

4.3.2 If approval is given to commission a new Healthwatch contract, this will allow the Council to comply with their statutory duties as outlined in this report.

4.3.3 The Council must ensure compliance with the Public Contracts Regulation 2015.

#### 4.4 Climate Implications

4.4.1 We expect all commissioned providers to appoint Climate Impact Champions and complete an annual self-assessment to evidence how they are working towards the reduction of carbon emissions.

### **5. ALTERNATIVE OPTIONS CONSIDERED**

5.1 Do nothing - This is not an option because the Council have a statutory duty to enter into arrangements with a local Healthwatch organisation to meet statutory duties.

5.2 Provide a Grant – Provide a Grant to deliver Healthwatch Services. Independent Legal Advice confirmed that a contract is required regards the provision of Healthwatch Services.

### **6. REASONS FOR RECOMMENDATIONS**

6.1 The failure to provide Healthwatch services after expiration of the current service without another arrangement in place to deliver the services would therefore mean that the Council would fail to meet its statutory duty.

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