

**Communities and Public Health Directorate
Healthier Communities
Healthwatch Barnsley
and
Independent Health Complaints Advocacy
15 May 2023**

1. Executive summary

This business case presents options for the re-procurement of Local Healthwatch and the Independent Health Complaints Advocacy Service (IHCA). In Barnsley, the latter is known as the Independent Complaints Advocacy Service (ICAS).

2. Introduction

The requirements for Healthwatch and IHCA were both established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

As a result of this legislation, every local authority in England has a statutory duty to commission the following;

- A local Healthwatch provider and
- An Independent Health Complaints Advocacy (IHCA) Service.

This forms part of the broader leadership role that local authorities have in health and care, as well as promoting wellbeing and tackling health inequalities as part of the promotion of public health.

3. Healthwatch England (HWE)

Healthwatch is a statutory committee of the independent regulator, the Care Quality Commission (CQC), and they act as the independent consumer champion for health and social care. Each local authority was given the remit to appoint an organisation to operate a local Healthwatch Organisation to achieve the requirements of Healthwatch England in compliance with the Health and Social Care Act 2012.

The role of Healthwatch is focused on bringing people's voices into the heart of commissioning and delivery, nationally and locally, and local Healthwatch should support councils and their partners to achieve health and care strategic aims and ambitions. In addition to seeking the views of the public, Healthwatch also encourages health and social care services to listen to and involve people in decisions that affect them.

The legislation sets out the role of Healthwatch England (HWE), which includes the following:

- Providing general advice and assistance in the arrangements of and carrying out of the statutory activities for local Healthwatch organisations.
- Making recommendations to local authorities about arrangements for statutory activities.
- Giving written notice to local authorities where there may be any concerns regarding the local delivery of statutory activities.
- Granting a licence to a local Healthwatch organisation for the authorised use of the Healthwatch trademark.
- Providing information and advice on the views of the people in relation to health or social care services and the views of local Healthwatch on improving standards to:
 - The secretary of state
 - The NHS commissioning board
 - NHS improvement
 - English local authorities
 - Care Quality Commission

Healthwatch England's role does not extend to monitoring the performance of Healthwatch provision. However, it does have the power to issue a written notice to a local authority if Healthwatch England decides that such provision is not being carried out correctly.

Healthwatch England publishes annual reports providing an overview of their recent activity and future strategy and aims.

4. Independent Health Complaints Advocacy (IHCA)

It is also a statutory requirement to have a service that supports Complaints Advocacy for Health and Social Care services as part of the Health and Social Care Act 2012 legislation. The service is designed to provide information, advocacy and support to enable people to pursue a complaint about a NHS and/or social care service.

The relationship between local Healthwatch and the Complaints Advocacy provider is very important, as the information they gather, and share with each other, contributes to the wider picture of people's experience of Health and Social Care services.

Therefore, the contracts for each of these services should encourage them to build good relationships and share relevant intelligence and links with other local services.

5. Local Healthwatch

The local Healthwatch offer should be the voice of the community and aim to influence services in direct response to feedback from local people in relation to both health and social care services. They will also serve local people as a signposting service regarding their health and social care choices.

Healthwatch Barnsley must be highly visible and easily accessible to all individuals within the Barnsley borough. They will be represented on the Health and Wellbeing Board and Integrated Care System Board at a South Yorkshire level, and the Barnsley Place Partnership Board to influence key decisions and directly represent the local community.

The service must be dynamic and responsive, representing the local population and linking them to health and social care providers. The provider must take steps to embed the service so that it is an integral part of the health and social care landscape and is valued by residents and professionals alike.

Local Healthwatch has a number of statutory requirements, which can be summarised under the following headings, all with a view to addressing Health inequalities and transforming health and social care services;

- **Engage;** with local people and with health and social care services, commissioners and stakeholders
- **Be Independent;** in voice, purpose and action
- **Influence;** health and social care services, Healthwatch England and the CQC
- **Signpost, advise and inform;** to help local people make choices about health and social care services

Although not a statutory activity, **‘Enter and View’** is a legal power of entry, and it is one way that Healthwatch can carry out engagement activity. Whether and when to use it is a decision for Healthwatch.

6. Local ICAS

In Barnsley, the service provides complaints advocacy for a range of health and social care services. The local service is known as the Independent Complaints Advocacy Service (ICAS).

The role of ICAS is;

- To empower people by providing them with information that enables them to decide to pursue a complaint about the NHS and/or social care.
- To provide an advocate, where needed, to support them in pursuing their complaint.
- To support the process of Local Resolution, where clients and service staff work together to resolve complaints at a point as close as possible to the point of service that has caused dissatisfaction.
- Whilst it may deal with complaints, Healthwatch does not provide any advocacy, but there is potential to refer between the two services.

ICAS has a number of responsibilities summarised as follows;

- **Independence** - ICAS is not tied to, nor controlled by, the NHS or the Local Authority, enabling ICAS to work solely on behalf of its clients.
- **Partnership** - ICAS supports the aspirations of the Health and Social Care Act 2012 in improving the patient experience by working with all stakeholders to promote positive change in health and social care services.
- **Confidentiality** - ICAS treats all client interactions as confidential, in line with ICAS provider’s confidentiality policies.
- **Value for Money** - Organisations providing ICAS should demonstrate and deliver the ICAS Service using the principles of value for money; Economy, Efficiency, Effectiveness
- **Service Location and Access** - The Service will ensure that it caters for the needs of the people of Barnsley.

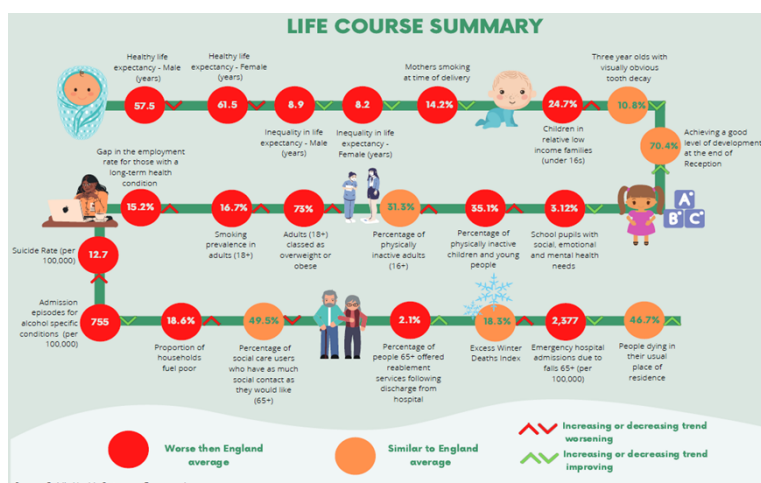
7. Evidence Base

Aside from the statutory requirement for local authorities to have a local Healthwatch and an independent service for complaints advocacy, the focus of the work to engage and influence health and care services should be underpinned by a focus on reducing health inequalities.

Health inequalities are
‘.....avoidable, unfair and systematic differences in health between
different groups of people’ (Kings Fund)

Health inequalities have been a focus for a number of years but more recently highlighted as part of Marmot’s report to Building Back Fairer (2020) following the COVID-19 pandemic. There is an acknowledgement that many of the factors that underpin wellbeing and increase resilience are often social and not medical, and a key function of Healthwatch should be around creating a range of co-produced solutions with local organisations and people.

Life expectancy and healthy life expectancy in Barnsley



Helping people access and influence health and social care is crucial to addressing inequalities. Complaints and advocacy support regarding a range of health and social care services can also inform the improvement agenda and ensure quality services for all.

8. Current position

Local Healthwatch services are generally delivered using one of two models across the UK;

- A 'standalone' organisation set up solely to run a specific Healthwatch and
- a 'hosted' approach where an organisation may deliver a range of services.

Healthwatch Barnsley is currently 'hosted' by Barnsley Community Voluntary Service (CVS) since it was formally procured in 2019, but also previous to that since 2015.

To date, however, Barnsley CVS have had minimal involvement or influence in the way that Healthwatch Barnsley has been delivered, with all staffing, budgeting and quarterly monitoring being managed directly by the local Healthwatch Manager, supported by the Healthwatch Board and staff team. In recent months, there has been a renewed interest from the 'host' organisation in the delivery and decision-making for Healthwatch Barnsley. This may impact the commissioning process and prospective providers to deliver the service in terms of developing relationships with existing (for other potential 'host' providers) and any decision-making and planning regarding the future delivery model.

The complaints advocacy service (ICAS) is commissioned separately with a different provider organisation: DIAL Barnsley. Although formally procured in 2019, DIAL has successfully provided the service since 2015. They support people with complaints advocacy from all NHS services except for any private consultations. This would include services from hospitals, GP, mental health and community health services, including NHS services for prisoners. All social care services for children and adults are also covered, apart from those supporting 'looked after children and adults who are self-funded.

The commissioning of complaints advocacy is not to be confused with general advocacy or mental health advocacy, which is a statutory requirement of the Care Act 2014. This remains a separate duty for Adult Social Care commissioning, and it is jointly funded through South Yorkshire Integrated Care Board. 'Rethink Advocacy' currently deliver this service, and they provide advocacy services for mental health and/or mental capacity (IMHA/IMCA.) Rethink is not commissioned to deal with complaints, distinguishing their role from ICAS, but both services may refer and signpost to each other.

9. Current performance

Both Healthwatch and DIAL were impacted significantly as a result of the pandemic, and so 2021-22 was the first year where they started face-to-face contact again, so some of the figures provided below are not necessarily a reflection of a 'normal' year. The most recent data for 2022-23 is the first full year out of the pandemic.

9.1 Healthwatch Barnsley

As part of a progress review in 2021, some questions were raised at Adults and Communities DMT regarding the focus of Healthwatch Barnsley, particularly on Adult Social Care priorities. A key action to address this was to develop and agree on a new service specification for the remainder of the contract. This incorporated the Healthwatch England Quality Assurance Framework that was recommended for use

by all local Healthwatch. Although not mandated, this had not previously been adopted in Barnsley and was put into place as a variation to the contract from 1 April 2022. Established KPIs and outcomes were adapted to fit into the framework, and improvements in progress continue to have been made in the last 12 months and include the following;

- New improved website with an additional feedback facility for service reviews, enabling more comments from service users and carers.
- Extended reach into communities by connecting with key organisations, e.g. Salvation Army, B:Friend, Older People’s isolation service, Barnsley College, Community Shop, Chilypep and CAMHS, to promote Healthwatch Barnsley. This has also included working with Area Teams to discover the local priorities for more targeted engagement.
- Established a place on the new NHS South Yorkshire Integrated Care Board (ICB) and working with other local Healthwatch providers across the ICS
- Increased social media presence and followers
- Improved working with the CQC to assist with inspection reports and intelligence on services before unannounced visits.
- Improved training and internal system reviews to meet the requirements of the Healthwatch England Quality Framework to support staff and volunteers.
- Providing feedback on some specific ASC areas of work, e.g. Local Account draft and co-production elements for Think Local Act Personal (TLAP)
- Also worked with Overview and Scrutiny Committee (OSC) on a task and finish group looking at sexual and reproductive health
- Focused efforts around hygiene poverty and support for More Money in your pocket
- Providing case studies and recommendations for improvement as part of the quarterly review meetings with Barnsley Council.

DETAILS	April 2021 – March 2022	April 2022 – March 2023
Numbers engaged/contacts	1589	1699
No. of people signposted	38	145
ICAS referrals	19	9
Responses to local surveys	193	924
Current no of members	160	n/a
Social media	n/a	3931 followers across FB, Twitter & Linked in
1:1 interviews with people who use the service.	0	114 (not included in engagements)
Events attended/promoted the work of HW	0	129
Service reviews	n/a	11
CQC inspection reports relating to Barnsley service providers	3	29
TOTAL	1998	6991

9.2 ICAS

The performance of the ICAS service is meeting current KPIs, and no specific concerns have been identified. However, due to the nature of the service focusing on Complaints Advocacy, it is challenging to create targets in terms of referrals or to predict the length of time required to try and find a resolution.

Nevertheless, there are opportunities for improvement, and it would be beneficial to strengthen connections with wider partners to ensure that they are maximising links to other services and support within the local community.

- ICAS usually receive over 30 new referrals each month and an ongoing caseload. The new referrals are made by Healthwatch, Barnsley Council, CAB, and other DIAL colleagues, but the majority are by self-referral. These relate to a wide range of services provided by the NHS, Barnsley Council, and CAMHS.
- Clients are contacted by email, telephone, external meetings, home and office visits.
- ICAS provide information as part of quarterly review meetings, and this includes case studies.
- Quarterly evaluation forms for the service demonstrate that people are very satisfied with the service. 100% of people have a positive experience, leading to 65% feeling more confident in making a complaint on their behalf in the future.
- Of the total new cases, 39% are ongoing, and timescales for completion cannot always be clear. However, a rough estimate on the cost per person works on an average of £459 per person, which may include intensive support over a period of time to advocate and complete the complaints process.
- DIAL has also been supporting the facilitation of the TLAP workshops that are developing a co-productive approach to ASC involving people with lived experience of ASC services.

Details	April 2021 – March 2022	April 2022 - March 2023
Client Contacts	729	1391
New referrals	98	94
Referrals to Ombudsman	0	2
Referrals to safeguarding	2	1
No. cases closed	45	79
Ongoing cases	39	36
Referrals by DIAL Colleague	10	11
Referrals actioned from Healthwatch Barnsley	15	13
Referrals from BMBC	10	5
Self-referrals	50	61
Referrals from CAB	0	1
Referrals from IMHA	0	1
TOTAL	1002	1695

10. Commissioning intentions

The statutory duty on the local authority to commission local Healthwatch and an Independent Health Complaints Advocacy service provides the basis of any justification regarding future commissioning intentions. New services need to be reprocured by 1 April 2024.

As part of the requirements for both services, there are a set of quality standards that need to be adhered to, so there is little room for manoeuvre around the content. However, there may be opportunities for how some of this can be delivered more effectively. Efforts have been made in the last 12 months to strengthen connections, particularly with social care, both in terms of engagement opportunities, extending the reach, and creating more opportunities to influence and improve services and conversations to promote a co-productive approach in health and social care. This would continue to be a priority as an essential element of the South Yorkshire ICS arrangements.

Required Outcomes

Healthwatch is required to demonstrate a range of service outcomes that can be linked more broadly to the six domains of the HWE quality framework that are broadly detailed below;

<u>Healthwatch</u>	
Leadership and Management	Effective Collaboration
People – well-trained staff and volunteers	Increased levels of Engagement, involvement & Reach
Sustainability & resilience	Improved purpose, influence & impact

ICAS is also required to demonstrate a range of outcomes to ensure the quality of their service, including;

<u>ICAS</u>	
Increased public awareness of ICAS Service	Demonstrate independence
Responsive to local needs	Partnership working with key stakeholders
Positive experience for service users	Identification of current trends and themes identified through the complaints process

These would continue to form the basis of any new service specifications but with a focus on submissions that promote effective involvement, innovation and value for money.

12. Delivery model contract options to consider

Reducing health inequalities is a key focus for Barnsley, but it is recognised that these are at risk of increasing as a result of the sustained impact of the pandemic, continued pressure on public services and the cost of living crisis.

These factors may also lead to an increase in dissatisfaction with local health and care services, and any opportunities to involve local people to help redesign and ensure good access to quality and timely care and support should be encouraged.

It is also worth noting a potential risk in what has previously been a limited market. During previous procurements, there was only one provider that tendered for each service, and a market engagement event would be preferable to see if there are any additional providers that may wish to tender. Although there has been some consideration of a direct award in this case, the recommended approach is to go out to tender regardless of the interest in the market.

Both services are required to be recommissioned from 1 April 2024. Any proposed re-procurement of these two services should aim to maximise the involvement and empowerment of local people where possible.

Governance

Any proposed re-procurement will address the weaknesses in the current model. The new service specification will set out clearly how the provider will meet its legal obligations. The council will strengthen how it expects the provider to involve local people in the commissioning, provision and scrutiny of local care services. There will be an expectation that the reach is further than the current offer with new scrutiny of, for example, local care homes and domiciliary care. The board of the organisation that holds the contract for the new service will be fully responsible for its governance. They will be obliged to ensure that Healthwatch complies with the law and regulations. Key decisions by Healthwatch will therefore be approved by the host's board.

Proposal	Advantages	Disadvantages
<p>Option 1 Do nothing – no service will be procured to start on 1 April 2024</p>	None	Breach of statutory duty
<p>Option 2 Procure joint service for one provider of Healthwatch/ICAS services in Barnsley.</p>	<p>Potential economies of scale in providing a single contract for the two services. Maximise connections between two services – that may be delivered (or subcontracted to a second provider) Adheres to procurement regs. Enables a new specification with KPIs and outcomes set. Tests the market for viable competition.</p>	<p>Potential risk in ensuring the appropriate expertise and quality for one provider to deliver two services. Some restrictions around standards for delivering IHCA by the same provider – whilst it is possible for the holders of a local Healthwatch contract to also deliver the IHCA contract, but they cannot subcontract for some of the activities in terms of branding/licence, e.g. cannot be known as 'Healthwatch Advocacy.'</p>

<p>Option 3</p> <p>Procure separate contracts as part of a single tender (two 'lots') for Healthwatch and ICAS.</p>	<p>Adheres to procurement regs. Enables a new specification with KPIs and outcomes set. Tests the market for viable competition. Creates an opportunity for one provider to tender for both services if appropriate/or for two different providers to bid for each lot. It would demonstrate the requirement for any two providers to work together, mitigating any risk of disconnect.</p>	
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13. Recommendation

Option 3 Proposed single tender process, released simultaneously, but with separate specifications defined in two 'lots' to ensure maximum cohesion between the two services, but enabling different providers to bid if required.

This would be the preferred option moving forward, following advice from Strategic Procurement. It can also ensure the highest quality submissions from one or two preferred provider organisations but also maximise cohesion between the two services.

Proposed contract term: 5 years (3+1+1)
Timescales 1 April 2024 – 31st March 2029

14. Proposed finance & resources

Confirmed Annual budget – Healthier Communities (BU8)

Detail	Proposed Funding £				
	2024-25	2025-26	2026-27	2027-28	2028-29
Healthwatch	150,000	150,000	150,000	150,000	150,000
ICAS	45,000	45,000	45,000	45,000	45,000
TOTAL	195,000	195,000	195,000	195,000	195,000

15. Timescales for re-procurement

Business case development	Feb - May 2023
Approvals process	May – July 2023

Development of consultation/Spec/tender documents	July – August 2023
Tender process	Sept – Dec 2023
Contract Award	January 2024
Mobilisation Period	Jan – March 2024
New Healthwatch and ICAS service start date	1 April 2024

16. Contract monitoring and evaluation

Contact meetings are to be held quarterly to discuss the progress of the pilot and to include the following:

- Achievement of KPIs – to be agreed
- Evidence of partnerships
- Opportunities for additional funding
- Case studies that demonstrate impact and change in, e.g. levels of engagement, influence to improve and redesign health services, evidence of co-production
- Feedback on what’s working but also help shape service going forward to ensure local needs are met.

17. Partnership working and interdependencies

As the two services are designed to work across the health and social care system, it is important to ensure links with local integrated care partners as part of the new NHS governance structures, as well as opportunities to connect with BMBC Governance structures (including Area Councils) and local VCSE partners as part of the reach and engagement with local communities.

18. Conclusions

As a council, it is understood that building sustainable relationships with residents is crucial in empowering and nurturing individuals, families and communities to take more responsibility for their health and wellbeing. Barnsley Council’s 2030 priorities for both ‘Healthy’ and ‘Learning’ Barnsley highlight the commitment to support this model by building strong and resilient communities and supporting people to achieve their potential.

This business case highlights the importance of these two statutory services, and once procured, they do not operate in isolation. Where appropriate, connections need to be made with other organisations that are key in engaging and supporting local communities with a view to reducing the risk of inequalities and poor health.

15. Key documents and references

- BMBC Borough Profile (2019)
- Building Back Fairer: The Covid-19 Marmot Review (2020)
- Healthwatch England (2020) Commissioning Local Healthwatch

Healthwatch England (2020) A guide to running Healthwatch

Healthwatch England (2020) Decision-Making guidance

Healthwatch England (2015) Independent Complaints Advocacy; Standards to support the commissioning, delivery and monitoring of the service

Public Health England (2015) A guide to community-centred approaches to health and wellbeing

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/health-and-wellbeing-systems/support/healthwatch-resources/effective>