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|------------------------------|---|---|--------------------------------|
| * Name of proposal/policy    | Third Sector Support Healthwatch contract placement for 2017/18 | * Budget number                             | 16-008-14                      |
| * Service area responsible   | Public Health & Wellbeing                                       | * Cabinet meeting date                      | 14 <sup>th</sup> February 2017 |
| * Name of completing officer | Keith Sumner  | * Approved by Director / Assistant Director | Peter Barker                   |
| * Version                    | 1.0   | * Date                                      | 03/02/17                       |

**PART A**

| * Section 1a: Description of proposal under consideration/development   | * Section 1b: Is this new or existing? Does it link to current provision?   |
|---|---|
| <p>This proposal outlines an approach that is intended to support the planned consolidation and streamlining of commissioning arrangements for Healthwatch and VCS infra-structure services in preparation for a tender exercise for 2018/19 and beyond. Northamptonshire County Council (NCC) has decided to put in place a 12 month interim arrangement to secure local <i>Healthwatch</i> services for 2017/18</p> <p>It allows for the release of funds (£50,000) from the value of the current contract as a result of both efficiency savings and limited redundancy/deletion of currently vacant positions.</p> <p>The level of savings assigned to this contract for 2017/18, though reducing the scale of the activity of the Healthwatch service, will still enable the provider to discharge its statutory functions on behalf of NCC. This decision has been influenced by NCC's linked wish to commission a (primarily) third sector wide infra-structure needs assessment over the course of 2017/18.</p> | <p>This proposal relates to the current Healthwatch contract commissioned from Public Health &amp; Wellbeing funds (£295kp.a) and placed with <i>Connected Together (CIC)</i></p> |

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| <p>The findings of this work are likely to have a significant influence on the longer-term commissioning arrangements (from 2018/19 onwards) for a number of organisations including <i>Healthwatch</i> services for Northamptonshire. The realisation of the efficiency savings will be combined with a focussed work programme to ensure key relationships with commissioning partners and major providers are addressed over the period of this interim contract – outlined more in section 4 below).</p> <p>This work will involve extensive engagement with partners and stakeholders to develop a fuller understanding of:</p> <ul style="list-style-type: none"> <li>• The key forms of engagement and support that the sector requires to deliver high quality sustainable services – with both commissioners and other third sector organisations;</li> <li>• The potential synergies that can be identified through greater cooperation, coordination and collaboration between local organisations to deliver locally commissioned and other complimentary services;</li> <li>• The potential for more innovative and coordinated commissioning models/options that can be positively applied across the County.</li> </ul> <p>Identifying opportunities for greater levels of third sector collaboration and refining ones organisational position in local systems is a priority for local <i>Healthwatch</i> services going forward.</p> |  |
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**\* Section 2: How does this align with the Council Plan/ corporate priorities/ partnership strategies and plans/ Next Generation Council?**

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| <b>Delivers increased wellbeing and/or safeguarding by ensuring that...</b>  | ✓ |
| People of all ages are safe, protected from harm and able to live happy, healthy and independent lives in our communities        |   |
| People have the information and support they need to make healthy choices and achieve wellbeing                                  | ✓ |
| People achieve economic prosperity, in a healthy, low carbon economy which gives access to jobs, training and skills development |   |

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| Communities thrive in a pleasant and resilient environment, with robust transport and communications infrastructure |   |
| Resources are utilised effectively and efficiently, in coordination with partners and providers                     | ✓ |
| <b>Does it align with any NCC/ partnership strategies and plans? (if so, please list below)</b>                     |   |
| Healthwatch - Health & Wellbeing Strategy   |   |
| <b>Does it support the transformation into a Next Generation Council? (if so, please explain below)</b>             |   |
| N/A   |   |

**\* Section 3: If this relates to a statutory duty, please give details of the relevant legislation below:**

This proposal relates to the statutory function of the provision of local Healthwatch services in compliance with legislative requirements\*  
*\*The Health & Social Care Act 2012 replaced the previous requirements on local Councils and Health bodies discharged under the Local Government and Public Involvement in Health Act 2007, Section 221. The functions previously carried out by local LINK organisations have been expanded upon and assigned to local Healthwatch organisations which are required to be commissioned by top tier local authorities to serve the interests of their resident populations and those using local services.*

**Section 4: Have other alternatives been considered?**

NCC considered the option to extend the contract at the current value and to seek an alternative provider for this interim period - the first of these options was rejected as ongoing considerable budget pressures rule out this course of action. The second option was also ruled out as the risks of organisational destabilisation across this organisation was not considered to be the most effective or viable option in achieving the proposed efficiencies.

NCC wishes to engage a local partner to work with it to address these key issues, to maximise the likelihood of realising *Best Value* for the 2018/19 tender, and opportunities for efficiencies to be realised in 2017/18 (reflected in the directorate work plan). To go out to tender for this single, time-limited service would be very unlikely to yield any responses. NCC wishes to begin the preparatory transitional work with the current Healthwatch provider as soon as possible, to maximise the likelihood of a successful engagement prior to tendering for this revised service as described.

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| <b>* Section 5: Financial / resource implications</b> |   |
| <b>a) Costs (e.g. invest to save)</b>                 | No additional funds are required to implement this proposal. The proposed reduction in the contract value will deliver the savings identified in section c) below.  |
| <b>b) Staffing implications</b>                       | It is anticipated that efficiency savings will be made that will result in the deletion of a small number of posts – these have been identified by the provider and the impact on delivery noted and accounted for. |
| <b>c) Savings</b>                                     | <b>Savings relate to 2017-18 only. Healthwatch</b> - A reduction of 50K from the 2016/17 budget/contract value of £295k.  |

**Section 6: Has a similar initiative/proposal been implemented elsewhere? What were the benefits or risks? Are there lessons that can be learned?**

**THIS SECTION HAS REPLACED THE EQUALITY IMPACT ASSESSMENT FORM AND MUST BE COMPLETED TO DEMONSTRATE COMPLIANCE WITH THE EQUALITY DUTY**

|   |  |
|---|--|
| <b>* Section 7: Who will be affected by this proposal? (this may be service user data, or be based on a particular geographical area or more general population data depending on the proposal) Include demographic information where this is available e.g. breakdown by gender, age, ethnicity, disability etc. BIPI can support with the provision of data. You may include staff, partner organisations and any other stakeholders who might be affected by the proposal.</b> |  |
| <b>Data Source (include link where published) and summary of what it tells us for example “X number of people use this service, X are male, Y are female etc”</b>   | <b>Why is this relevant to the proposal?</b>   |
| Healthwatch Customers - Local consumers of health and care services   | As a “partner” to commissioners in local service scrutiny and improvement initiatives, any reduction in capacity/activity levels may impact on local intelligence gathering and system awareness regarding service improvement |

\* Section 8: Based on the above information, will this proposal have an impact on the following? ✓ the relevant box for each line and then expand on the reasons why in Section 9

|   | Positive | Negative | Neutral | Unsure |
|---|----------|----------|---------|--------|
| <a href="#">Age</a>                               |          |          | ✓       |        |
| <a href="#">Disability</a>                        |          |          | ✓       |        |
| <a href="#">Gender reassignment</a>               |          |          | ✓       |        |
| <a href="#">Marriage and civil partnership</a>    |          |          | ✓       |        |
| <a href="#">Pregnancy and Maternity</a>           |          |          | ✓       |        |
| <a href="#">Race</a>                              |          |          | ✓       |        |
| <a href="#">Religion or Belief (or No Belief)</a> |          |          | ✓       |        |
| <a href="#">Sex</a>                               |          |          | ✓       |        |
| <a href="#">Sexual orientation</a>                |          |          | ✓       |        |

\* Section 9: Initial impact

\* Section 9a: From your analysis in section 8 above, please explain the positive implications

N/A

\* Section 9b: From your analysis in section 8 above, please explain why you have assessed any impact as neutral

**Healthwatch**

The risk is to the capacity to deliver the desired level of activity across the key areas of responsibilities:

- Promoting and supporting the full involvement of local people in the commissioning, provision and scrutiny of local care services;
- Obtaining their views and their experiences (identifying any patterns e.g. common or provider specific issues);
- Being responsive to local consumer views/experiences and taking these on board when reviewing annual work programmes;
- Exercising a co-ordinating function with other *consumer champion* partners across the County;
- Making consumers views known through the production of reports and recommendations about how local care services could or ought to be improved;

- Sharing this information with both local commissioners and providers and when appropriate, national bodies such as Healthwatch England and CQC - done so to have a positive impact on the standards of provision of local care services;
- Providing advice and information/signposting about access to local care services and about consumer choices that may be made with respect to aspects of those services

However, the scale of the reduction and efficiency savings that will be released will mitigate most of the reductions in capacity to deliver local Healthwatch services, which is why the impact has been assessed as neutral.

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| <b>* Section 9b: From your analysis above, please explain the negative implications</b>                    | <b>* Section 9c: What actions have you identified to mitigate any negative implications?</b> |
| N/A  | N/A  |
| <b>* Section 9d: From your analysis above, please explain the areas where you are unsure of the impact</b> | <b>* Section 9e: What actions have you identified to fill gaps in information?</b>           |
| N/A  | N/A  |

| <b>* Section 10: Internal considerations: are there any implications for the following?</b> |               |   |
|---|---------------|---|
|   | <b>✓ or X</b> | <b>If there are any implications, please explain them here and identify any actions you may need to take as a result</b>  |
| <a href="#"><u>Staff</u></a>  | X             |   |
| <a href="#"><u>Financial (NCC)</u></a>  | X             |   |
| <a href="#"><u>Legal</u></a>  | X             |   |
| <a href="#"><u>NCC Policy</u></a>   | X             |   |
| <a href="#"><u>Performance</u></a>  | ✓             | Revised arrangements for joined up contract monitoring & management will be required to ensure the planned outcomes are realised across these newly combined services |
| <a href="#"><u>Data quality / information security</u></a>                                  | X             |   |
| <a href="#"><u>IT</u></a>   | X             |   |
| <a href="#"><u>Strategic assets</u></a>   | X             |   |

|   |   |  |
|---|---|--|
| <a href="#">LGSS / federated bodies</a> | X |  |
| <a href="#">Procurement</a>             | X |  |
| <a href="#">Project support</a>         | X |  |
| <a href="#">Other (if appropriate)</a>  | X |  |

| <b>* Section 11: External considerations: are there any implications for the following?</b>     |               |  |
|---|---------------|--|
|   | <b>✓ or X</b> | <b>If there are any implications, please explain them here and identify any actions you may need to take as a result</b> |
| <a href="#">Community impact</a>  | X             |  |
| <a href="#">Impact on the consumer (e.g. communication needs, access, rurality, complaints)</a> | X             |  |
| <a href="#">Reputation</a>  | X             |  |
| <a href="#">Political</a>   | X             |  |
| <a href="#">Partners</a>  | X             |  |
| <a href="#">Human Rights</a>  | X             |  |
| <a href="#">Health impact – individual</a>  | X             |  |
| <a href="#">Health impact – wider community</a>   | ✓             | Collaborative approach and shared intelligence to aid service delivery – some reduced capacity for engagement.           |
| <a href="#">Economic impact - individual</a>  | X             |  |
| <a href="#">Economic impact – wider community</a>   | ✓             | Collaborative approach and shared intelligence to aid service delivery.  |
| <a href="#">Community Safety impact</a>   | X             |  |
| <a href="#">Environmental impact</a>  | X             |  |

|  |   |   |
|--|---|---|
| <a href="#">Consultation</a>           | ✓ | Whilst there remains the opportunity for joined up working and shared learning a reduction in funding is likely to have an impact on the number of deliverable consultations. |
| <a href="#">Other (if appropriate)</a> | X |   |

Based on the impacts and considerations above, please identify the RAG status using the RAG assumptions below:

| RAG Status | Overall RAG | Time   | Proposal Delivery | Cash Saving | Risk | Issue | Dependency |
|------------|-------------|--------|-------------------|-------------|------|-------|------------|
|            | Green*      | Green* | Green*            | Green*      |      |       | Green*     |

\*Contingent upon the final confirmation of the deliverability of the savings proposed

| * Section 12a: What are the risks associated with NOT implementing the proposal? (tick if applicable) | ✓ | * Section 12b: What actions have you identified to mitigate the risks? Will anything in the current arrangements need to be changed to acknowledge this risk? Is implementing the proposal the only way to mitigate the risks?  |
|---|---|---|
| <b>Non-compliance with legislation or NCC policy</b>  | ✓ | NCC is required through statutory legislation to fund a viable local Healthwatch service. Not adopting this proposal will put the continued achievability of this at greater risk.  |
| <b>Financial</b>  | ✓ | Not adopting this proposal will result in the loss of opportunity to realise the identified savings during 2017/18.   |
| <b>Change in performance/ data quality/ information security</b>                                      | ✓ | Not adopting this proposal and continuing to commission this service unmodified increases the risk of sub-optimal levels of performance. It is also likely to result in the loss of the opportunity for performance offered by service alignment and the synergies possible through cooperation around key functions across services. |
| <b>Reputational/ Political</b>  |   | N/A   |
| <b>Increase in complaints and/ or legal challenge</b>   |   | N/A   |
| <b>Other</b>  |   | N/A   |

**\* Section 13: Budget Delivery Programme Highlight Report information – total amount allocated to savings proposal 2017-18 through to 2020-2021; profiled budget; 2017-18 action plan extended savings narrative; cost code information**

|   |           |
|---|-----------|
| <b>Total amount allocated to savings proposal 2017-18</b> |           |
| <b>2017-18 (£000)</b>                                     | <b>50</b> |

|   |           |           |           |
|---|-----------|-----------|-----------|
| <b>Impact of saving within the budget profile</b> |           |           |           |
| <b>Q1</b>   | <b>Q2</b> | <b>Q3</b> | <b>Q4</b> |
| 12.5  | 12.5      | 12.5      | 12.5      |

|          |                  |              |                |
|----------|------------------|--------------|----------------|
|          | <b>Milestone</b> | <b>Owner</b> | <b>By when</b> |
| <b>1</b> |                  |              |                |

|                  |  |
|------------------|--|
| <b>Cost code</b> |  |
|------------------|--|

**\* Section 14: Do you need to undertake further work (e.g. consultation, further proposal development, further equality analysis) based on the impact and actions identified above? If yes, set this out below and then carry out the work and complete Part B:**

N/A

**PART B**

**Section 15: Consultation, follow up data and information gathered from actions identified above**

|     |  |
|-----|--|
|     | <b>What does this information tell us?</b> |
| N/A | N/A  |

**Section 16: Final impact analysis (taking the findings from Part B into account) – including review date if required**

N/A