OFFICER DECISION RECORD

This form should be used to:-

- (1) record Executive decisions taken by officers which are <u>non</u> key decisions
- (2) record other <u>non</u> Executive decisions taken by officers

Decision Ref. No: AHWB.013.2017Healthwatch

DIRECTORATE: Adults, Health and Well DATE: 27 February 2017

Being Contact Name: Fay Wood Interim Commissioning Manager Glyn Sparrow, Contracts Officer

Tel. No:

01302 737817 01302 736091

Subject Matter: Doncaster Healthwatch

Box 2 DECISION TAKEN:

Box 1

To seek approval for the tendering and awarding of a contract for Doncaster Healthwatch.

To award the contract for three years with the option to extend for two 12 month periods (five years).

Box 3 RELEVANT BACKGROUND CONSIDERATIONS

Background.

The National principles of Healthwatch were determined by Central Government and require that a third party management organisation leads the establishment and implementation of a local Healthwatch to fulfil its statutory duties and functions as set out in the Health and Social Care Act 2012.

DMBC implemented its statutory duty under Section 183 of the 2012 Act and established a Local Healthwatch from the 1 April 2013 by tendering a 4 year contract, subsequently awarding to the Carers Federation.

Healthwatch Doncaster will be an independent consumer champion and provide a collective voice for the public, service users, patients and carers and will enable local people (including children and young people), to have their say on the planning, commissioning, delivery and improvement of health and social care and all other associated services in Doncaster. It will:

 Establish strong relationships with the Council, Clinical Commissioning Group, patient representative groups, the voluntary and community sector and local service providers;

- Be inclusive and representative of the community it serves and support people of all ages particularly those who are vulnerable or often unheard;
- Provide people with information and advice about health and social care services and a free, confidential, NHS Healthcare complaints advocacy service if these services do not meet their expectations.

In July 2016 The Carers Federation, in agreement with the Healthwatch Board and the Council reached the point whereby Doncaster Healthwatch Community Interest Company was in a sound position to deliver the service as an independent organisation and thus the contract was Novated to the Community Interest Company.

The current contract is due to expire on 31st March 2017. However the Council is taking a more strategic approach in how it delivers services more efficiently and effectively for the betterment of the citizens of Doncaster. Therefore, we have sought approval (CPR Waiver reference number CPR/16/12/007 to extend the current contractual arrangement to 31 July 2017). This aligns with other statutory and non statutory contracted services thereby enabling the Council to look at all these services in the round and consider how efficiencies can be made, foster partnerships and alliance working and importantly enhance the customer journey and make visible the voice of citizens of Doncaster.

This approach will also simplify the transfer of specific elements of the services on the commencement of the new contracts which may also include members of staff who may transfer in accordance with the Transfer of Undertakings Protection of Employment (TUPE) Regulations 2006 (as amended)

The following changes will be made:

- The NHS Healthcare complaints advocacy service (currently situated with Healthwatch) shall move to the 'Advocacy Hub' for statutory and non statutory advocacy.
- The Support Worker Role for the development of Peer Support and engagement will move to Doncaster Healthwatch (currently situated with Voiceability).

The service received by the Service User and carers will remain unchanged.

Discussions have been undertaken with Doncaster Clinical Commissioning Group and the Service Specification will reflect these discussions. The tender documentation will also state that alternative approaches to service delivery will be welcomed to strengthen partnerships, alliances and support sustainability within Doncaster. There will be a focus within the Service Specification on income generation.

Box 4 CONSULTATIONS UNDERTAKEN:

As part of the redesign of this service consultations has been undertaken with the

incumbent provider of Doncaster Healthwatch and the Councils contracted Advocacy provider Voicability. There is on-going consultation with users and carers. Doncaster CCG will be fully involved in the procurement exercise and the development of the Service Specification.

Box 5

OPTIONS CONSIDERED & REASONS FOR THE DECISION:

Option 1 (Preferred option)

Approve this ODR and procure the service.

Risks

A very low cost tender bid could secure the service without delivering quality outcomes for the service users.

Mitigation

- Tenders will be evaluated on a quality basis and thus placing the emphasis on a quality service.
- Robust method statement questions will form part of tender evaluation and the winning tenderers response will form part of the contract documentation.
- Strong and regular contract and performance management meetings to be held between the commissioner and provider.
- Positive relationship building with successful provider.

Benefits

- Holistic approach to support, which will include consistent management of the pathway.
- Economies of scale and year on year savings to be built in to the contract.

Option 2

Do not approve the procurement of the Healthwatch service and decommission existing service.

Risks

• Doncaster Council will not fulfil its statutory duties and functions as set out in the Health and Social Care Act 2012.

Mitigations

• Procure services in line with Option 1.

Benefits to Option2

• None

Box 6 LEGAL IMPLICATIONS:

Section 1 of the Localism Act 2011 provides the Council with a general power of competence, allowing the Council to do anything that individuals generally may do. Section 111 of the Local Government Act 1972 gives the Council the power to purchase goods and services.

The Health and Social Care Act 2012 placed a duty on the Council to commission a fully operational Healthwatch by April 2013. The report author has advised that the current contract will come to an end in July 2017 and there is therefore a need to reprocure the service.

This type of service is classed as a light touch regime contract for the purposes of the Public Contracts Regulations 2015 (Regulations) and the procurement of this service must be in compliance with those Regulations.

The transfer of services detailed in this report may mean that staff transfer from one provider to another in accordance with the Transfer of Undertaking (Protection of Employment) Regulations 2006 (as amended). Those employees are not employees of the Council and this is therefore a matter for the respective providers.

Legal Services should be consulted to provide the contractual documentation for the tender.

Name: Nicky Dobson Signature: by email Date: 27th February 2017 Signature of Assistant Director of Legal and Democratic Services (or representative)

Box 7

FINANCIAL IMPLICATIONS:

The 2017/18 Adults, Health & Wellbeing budget includes an allocation of **Example** for the provision of the Healthwatch function. The budget is funded from the Local Reform and Community Voice Grant (**Example** and DMBC General Fund budget (£

The annual cost of the contract awarded as a result of the tendering exercise should fit within the total annual budget of as additional budget has not been assigned. Any saving arising from an annual contract cost below the total budget available will contribute towards meeting the 2017/18 to 2020/21 Adults, Health & Wellbeing savings.

There is the risk that in future years the Local Reform and Community Voice Grant will cease and funding will switch to be included in the Revenue Support Grant (with a possible saving reduction) and will be subject to competing funding requirements from across the council. As the provision of a Healthwatch function is a statutory duty as per the Health and Social Care Act 2012, adequate budgetary provision would still need to be allocated.

Name: Chris Cowan Signature: By email FM/AH&W Date: 20/02/17

Box 8 HUMAN RESOURCE IMPLICATIONS:

There are no Human Resources Implications.

Name: Kelly Gunn Signature: By Email Date: 17th February 2017 Signature of Assistant Director of Human Resources and Communications (or representative)

Box 9 PROCUREMENT IMPLICATIONS:

This Procurement Team are working with Adults, Health and Wellbeing to procure this service. The contract will be advertised with the advocacy services with two lots. The total contract value exceeds the EU thresholds and the contract type falls within the Light Touch Regime so the applicable process will be adhered to. The timescales are limited but preparatory work has taken place and a procurement methodology established to ensure DMBC get the most from the contract.

Name: Holly Wilson Signature: by email Date: 21/02/2017 Signature of Assistant Director of Finance & Performance (or representative)

Box 10 ICT IMPLICATIONS:

In commissioning the providers for the NNNNNN Service, due consideration needs to be given to:-

• How information is shared between the Council and the providers and

• Any IT systems requirements to support monitoring and tracking of performance.

The Commissioning Team should engage with ICT early in the process to consider any arising IT implications

Name: Peter Ward (ICT Strategy Programme Manager)Signature:Date: 22/02/17

Box 11 ASSET IMPLICATIONS:

There are no asset implications associated with this Officer Decision Record.

Name: Dave Wilkinson Signature: by email Date: 20.02.2017

of Assistant Director of Trading Services and Assets (or representative)

Box 12 RISK IMPLICATIONS: To be completed by the report author

Doncaster Council has a statutory duty as set out in the Health and Social Care Act 2012 to deliver a Healthwatch in Doncaster. If we do not have a Doncaster Healthwatch the council will not be meeting its statutory duty

Name: Fay Wood Signature: by email Date: 21.02.2017 (Report author)

(Explain the impact of not taking this decision and in the case of capital schemes, any risks associated with the delivery of the project)

Box 13 EQUALITY IMPLICATIONS: To be completed by the report author

Doncaster Council have a duty to provide a Healthwatch under Section 183 of the Social Care Act 2012

Name: Fay Wood Signature: by email Date: 21.02.2017 (Report author)

Box 14 CONSULTATION

Officers

(In addition to Finance, Legal and Human Resource implications and Procurement implications where necessary, please list below any other teams consulted on this decision, together with their comments)

Andrew Sercombe, Democratic Services.

Whilst the value of the contract is likely to be around £1m over the life and above key decision threshold I would not see this as being treated as a key decision for the following reasons:

It is to procure a statutory service we are required to deliver and have delivered for the past 4 years (albeit Fay moving forward you are looking to enhance current provision

and eventually encourage the providers to be self sufficient).

There is money allocated in the budget moving forward for the delivery of this service to continue – albeit some of this is external funding i.e. we are not creating a new provision or seeking to use expenditure that hasn't already been identified or allocated for this. There will not be a significant impact on communities in more than 2 wards – although it is likely to be an enhancement of current provision around adult social care.

Would suggest an ODR and ensure there is consultation with the relevant portfolioholder and subject to compliance with rules around Procurement (which Holly can advise on).

<u>Members</u>

Under the Scheme of delegation, officers are responsible for day to day operational matters as well as implementing decisions that have been taken by Council, Cabinet, Committee or individual Cabinet members. Further consultation with Members is not ordinarily required. However, where an ODR relates to a matter which has significant policy, service or operational implications or is known to be politically sensitive, the officer shall first consult with the appropriate Cabinet Member before exercising the delegated powers. In appropriate cases, officers will also need to consult with the Chair of Council, Committee Chairs or the Chair of an Overview and Scrutiny Panel as required. Officers shall also ensure that local Members are kept informed of matters affecting their Wards.

Please list any comments from Members below:

Councillor Jones is aware of this ODR and has been sent the document.

Box 15 INFORMATION NOT FOR PUBLICATION:

It is in the public's interest to be aware of this decision under the Freedom of Information Act therefore this decision will be published with redactions of financial figures in boxes 7 which are considered to be commercially sensitive and signatures.

Name: Amy Haughan Signature: by email Date: 27/02/2017 Signature of FOI Lead Officer for service area where ODR originates

Box 16	
Signed: Director/Assistant Director	Date: <u>30/03/2017</u>
* Signature of Mayor or relevant Cabinet Member (portfolio holder) (if appropriate):	
Signed:	Date:
* Signature of Chair of OSMC or relevant Standing Scrutiny Sub-Committee (if appropriate):	
Signed:	Date:
* Signature of Chair of Committee (for Non Executive functions, if appropriate):	
Signed:	Date:
This decision can be implemented immediately	

- A record of this decision should be kept by the originating Directorate's Business Assistant for accountability and published on the Council's website 'How do I?' section via 'Access decisions made by the Council'.
- A copy of this decision should be sent to the Directorate FOI Lead Officer to consider 'information not for publication' prior to being published on the Councils Website.