

# Healthwatch Swindon performance update

Health and Wellbeing Board

Date: 23 July 2014

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Wards: All  
Locality Affected: All  
Parishes Affected: All

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## 1. Purpose and Reasons

- 1.1 The report comments and summarises the progress of Healthwatch Swindon since its inception in April 2013. It informs the Committee of objectives and targets over the next six months. Appendix 1 is the first Annual Report for Healthwatch Swindon.
- 1.2 The Council has a statutory duty under the Health and Social Care Act to commission a Healthwatch.

## 2. Recommendations

The Board is recommended to:

- 2.1 Note the update and comment as appropriate on objectives and targets for 2014, and request a further update to the October meeting of this Board.

## 3. Detail

- 3.1 The Health and Social Care Act replaced Local Involvement Networks (LINKs) with a local Healthwatch. The statutory duty on Local Authorities to support HealthWatch was part of the Act and remains. While LINK and Healthwatch both encouraged local involvement in planning and delivering health and social care services there are important differences:

Local Healthwatch must be an independent incorporated body, in this case a social enterprise;

Local Healthwatch includes the NHS Complaints function and a signposting/information function;

There is a national body (Healthwatch England) to provide guidance and promote best practice.

- 3.2 The budget for Healthwatch Swindon was set at £151,000 p.a. based on the LINK budget of £80,000 p.a. and a further £70,000 to cover the signposting and NHS advocacy complaints functions.
- 3.3 The Health and Social Care Act requires HealthWatch to be a 'Social Enterprise' meaning a not for profit company. The Local Authority cannot provide HealthWatch directly. The service was tendered in November 2012 and a

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contract was awarded to Parkwood Healthcare in February 2013, to commence on April 1st 2013. The procurement process was carried out in line with the Council's approved practice where a range of criteria including service quality are measured. The tender from Parkwood Healthcare included the commitment, in line with the legislation, to establish a new, not for profit company to manage the contract once it was well established. The new company would take over responsibility for strategic operation of the Swindon contract, once Directors acceptable to SCB and Parkwood Healthcare were appointed. Parkwood Healthcare would continue to employ the staff to deliver the contract.

- 3.4 In the first three to six months of the new contract mixed progress was achieved by Healthwatch Swindon. The biggest success was the award of a contract from NHS England to provide a tool kit for Patient Participation Groups in GP surgeries across the country. The work has now been completed and the Swindon model will be rolled out across the country by the NHS over the rest of this year.
- 3.5 Public awareness of Swindon's local Healthwatch has increased as evidenced by the increase in contacts. For example, at the end of the first year they have had 4,760 unique visitors to the web site, 1429 followers on twitter and 156 personal contacts on health related issues. The majority of these have come in the last six months. They have also engaged (defined as where a record of an issue has been made) with the following 156 in person, 30 via e-mail 56 on the telephone 93 at various meetings. A further 258 responded to a health survey carried out between January and March 2014.
- 3.6 Parkwood Healthcare advertised for Directors of the new Healthwatch Swindon in March 2013 and following interviews three board members with a good mix of skills and experience were appointed. However, the Chair resigned in November 2013 and SBC commissioners did not feel transfer of responsibility to the Board was feasible. In September 2013 60% of Local Healthwatch organisations had not appointed a Chair (source Healthwatch England minutes October 2013). Director posts have been re-advertised and it is anticipated a third Director will join the board and allow the transfer of responsibility to the Board by the end of summer 2014.
- 3.7 It has taken some time for Healthwatch Swindon to become fully staffed. Two staff transferred to Parkwood Healthcare from Swindon Link under TUPE regulations. No staff were eligible to TUPE to the advocacy post and as an interim measure SWAN Advocacy (an independent charity) took over the management of existing and new advocacy cases from 1.4.13. The Advocacy Service returned to Healthwatch Swindon direct management in February 2014 following the appointment of a full time member of staff.
- 3.8 A manager of Healthwatch was appointed in August 2013, but this person did not successfully complete a probation period and the role was filled in March 2014 by

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an internal promotion. Healthwatch Swindon is now fully staffed, including an Engagement Officer who is working with voluntary sector partners.

3.9 Commissioning Officers have raised concerns and continue to press in four areas:

- Slowness in the identification of suitable Directors and transfer of the strategic role to the Board;
- The development of data recording in particular working with the performance data from other commissioned voluntary sector contractors to build a picture of service delivery and gaps;
- The recruitment and development of volunteer capacity;
- The lack of an effective engagement strategy.

3.10 It took five months for Parkwood Healthcare to identify suitable office space for Healthwatch Swindon and in the interim were based in Council offices. In recognition of the savings there was a reallocation of £22,000 from within their budget resulting in investment in the advocacy service to create additional capacity over three years and a repayment to SBC of over £10,000. The management fee for the year was £6,863.

3.11 Officers will continue to press for improvement in delivery against the following expectations:

- Handover to Healthwatch Swindon by the end of summer 2014;
- An analysis of contractor data to feed into the JSNA by October 2014;
- A coherent approach to engagement which draws in existing experience and identifies gaps for particular focus. One area to prioritise will be engagement of young people in health related matters and we will expect a successful project underway and completed by the end of the year.

## 4. Alternative Options

4.1 An alternative option is to terminate the existing contract and re-tender. This is not recommended at this time as the disruption entailed would slow the progress being made under the current contract. However, if the present contract holder does not continue their improvement the position can be reviewed.

## 5. Implications

5.1 Healthwatch Swindon has an important role to play in improving the use of performance data from other care providers as part of the JSNA process. It will be part of the group of third sector organisations at the Swindon Advice and

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Support Centre in Sanford House. An important element of their engagement role will be to analyse and identify where there may be gaps in the take up or provision of services. In this way it adds value to services.

## Financial and Procurement Implications

- 5.2 The Council is obliged under the Health and Social Care Act to provide a Healthwatch. It is unlikely any reductions could be made in the budget while maintaining an acceptable service.

## Legal and Human Rights Implications

- 5.3 There are none specific to this report

## All other Implications

- 5.4 There are none specific to this report

## **6. Consultees**

- 6.1 The Director of Finance (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

## **7. Background Papers**

- 7.1 None.

## **8. Appendices**

- 8.1 Appendix 1 - Healthwatch Swindon Annual Report.