Wiltshire Council

Health Select Committee

Date: 5 September 2017

BRIEFING NOTE: User Engagement with Adult Care

Purpose of Report

1. This briefing note is to inform the Committee of current contract and funding arrangements that the Council has with User Led Organisations and Healthwatch Wiltshire to engage with customers on adult care services an provides options for future service commissioning.

Background

3. Wiltshire Council currently funds three User Led Organisations (ULOs):
    - Wiltshire Centre for Independent Living (WCIL)
    - Wiltshire People First (WPF)
    - Wiltshire and Swindon Users' Network (WSUN)

    The three organisations are currently commissioned to provide:

    - Peer support
    - Input into staff recruitment and training
    - Support to run the Learning Disability Partnership Board (WPF)
        - WPF support people with learning disabilities to co-chair the meeting with Wiltshire Council
        - WPF supports users to attend, arranges and pays for their transport, and a user fee for attending
        - Board meetings are co-produced by WPF and Wiltshire Council and co-chaired by someone with a learning disability

    - Support to run the Autism Partnership Board (WSUN)
        - WSUN enable people on the autism spectrum to engage with the Autism Partnership Board, and enable their voice to be heard by, facilitating forums to discuss issues that people are raising, topics the board identifies or comment on progress of plans, supporting people on the autism spectrum to participate in board meetings and board sub groups.

    - Support with consultations
        - WSUN facilitate opportunities for health and social care users that are traditionally marginalised to participate in consultations run by Healthwatch, including users from hard to reach groups.

- WSUN and WPF run consultation events and workshops that, for example:
    - link with work undertaken by Healthwatch
    - address issues raised by members
- WPF Consult with people with learning disabilities about specific pieces of Wiltshire Council work such as;
    - Involvement in tendering for Residential Care Home provision
    - Joint commissioning strategy
    - Developing an outcomes based framework for people with learning disabilities
- Information and advice

Some of these organisations also provide functions outside the scope of the commissioned specification, such as:

- Advocacy
- Community development activities
- Social activities for service users

In addition, Healthwatch Wiltshire (Evolving Communities Community Interest Company) provides the Council's customers with a variety of opportunities to have input into adult care work for example, by consulting on specific adult care commissioning work, including evaluations of tenders.

Co-production

4. Co-production is a process whereby service users and professionals work together as partners. Some definitions of co-production include:

> "Co-production is not just a word, it's not just a concept, it is a meeting of minds coming together to find a shared solution. In practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them"
>
> "A way of working whereby citizens and decision makers, or people who use services, family carers and service providers work together to create a decision or service which works for them all. The approach is value driven and built on the principle that those who use a service are best placed to help design it."

5. It is recognised that further work needs to be undertaken by commissioners before full co-production is achieved. The Think Local Act Personal (TLAP)

ladder of co-production (www.thinklocalactpersonal.org.uk) details a series of steps towards co-production in health and social care. However, the Council has been working with the existing ULOs to co-produce using a range of methods, such as consultation workshops; user-testing of systems; user engagement in tender evaluation and staff interview processes.

6. The Council is keen to ensure that the ethos of co-production is protected and developed within any future service specification(s) for service user engagement.

Healthwatch

7. The Health and Social Care Act 2012 placed a statutory duty on local authorities to establish a local Healthwatch. Healthwatch is a local independent service which exists to speak up for local people to ensure that that the health and care system in Wiltshire reflects what local people expect and need. Local authorities have discretion as to how the local function is commissioned, however it should be noted that the Council must commission a social enterprise to deliver the statutory functions of Healthwatch.

8. Central Government provides £205,000 per annum in funding for Healthwatch through the Local Reform and Community Voices Act. This funding is not ring-fenced and in 2017/18, in line with a number of other authorities, Wiltshire Council reduced the grant by 10% to £184,500 per annum. Healthwatch England are currently using statutory powers to challenge these reductions, including challenging authorities to publicly outline how they assessed the cost of their local group and how they will provide assurance that it is able to deliver its statutory activities on the reduced budget

9. Since 2016, Healthwatch Wiltshire has been awarded an additional £100,000 from the Better Care Fund each year. This is in addition to Central Government monies for works not stipulated as a core Healthwatch responsibility within the current contract.

10. Wiltshire CCG does not fund the core Healthwatch contract, but does benefit from specific work funded from the Better Care Fund contribution. The CCG also commissions bespoke work from Healthwatch to inform consultations and service development. Wiltshire Council has also commissioned bespoke work from outside of the core contract and Better Care Fund for example recent work on the charging policy.

Other User Engagement / Involvement

11. There is no statutory duty to fund ULOs, although the Care Act does suggest that market shaping and commissioning should be shared endeavours with customers, carers and other interested parties. Organisations can provide types of support that councils do value, such as signposting, information provision, self-advocacy and peer support as well as supporting people to be involved in consultations, reference groups or to attend meetings, and particularly in giving support to people from harder to reach groups, like those with learning disabilities, to ensure they can engage in service development.

12. There are many overlaps with the services that each user organisation and Healthwatch provides in relation to engagement and consultation. However, ULOs do provide valuable activities in relation to specific groups (e.g. people with learning disabilities; people with autism), enabling them to lead service developments. The existing organisations have also been forging relationships with one another within current contractual arrangements by collaborating on specific projects.

Consultation

13. Commissioners have consulted with both adult care service users and providers on future service provision.

14. A questionnaire was used to consult with service users. The consultation was open for a 7 week period (24 June to 14 August 2017) in line with corporate recommendations. The aims of the questionnaire were as follows:
    - To seek views on how the Council engages with people who use adult health and social care services
    - To ascertain how service users would like to engage with the Council and the organisations it commissions to undertake these functions in the future
    - To understand the types of support service users, require to enable them to share their views on the services they access
    - To determine how the Council and service users can better work together to co-produce services

15. Providers were asked to provide the Council with their thoughts about the future provision of service user engagement.

16. Consultation findings will be used to inform and shape service specifications, and a summary of user feedback will be presented as an appendix to the Cabinet Paper.

Future Commissioning options

17. Commissioners recognise that there is duplication across the organisations, particularly in the form of organisational overheads and 'back office' costs. There are several activities currently funded in ULO contracts that could be removed from future service specifications to achieve savings and provide a more focused model. The following could be catered for in other ways:
    - Information and advice about social care – is provided by the Council and a range of voluntary organisations
    - Social activities – these are commissioned to meet eligible need as part of a customer's support plan
    - Community development – undertaken by Community Area Boards, Health and Wellbeing Groups, local initiatives

18. Specific activities that promote co-production also need to be maintained and included within any future service specification, such as:

- Adult care strategic development and consultation work, in accordance with the Care Act requirements for market shaping and commissioning to be "shared endeavours" with customers, carers and other interested parties. Supporting this engagement activity requires us to reimburse service users for attending meetings, interviews etc. where they are required to attend as representatives.

- Partnership/Strategic Boards: These are boards that require customer engagement, and leadership by the people who use the services is at the heart of them for example:
    - The Learning and Disability Partnership Board
    - The Autism Partnership Board

Financial Implications

19. The total 2017/2018 contract values of the services (3 ULOs and Healthwatch) is as follows:

Wiltshire Council		£427,890
Wiltshire CCG		£86,769
Total		**£514,659**

20. Organisations were awarded the following funding in 2017/18:

	WPF	**WCIL**	**WSUN**	**Total**
Wiltshire Council	£99,350	£40,000	£104,040	**£243,390**
Wiltshire CCG	£0	£0	£86,769	**£86,769**

Total	**£99,350**	**£40,000**	**£190,809**	**£330,159**

21. Of the £330,159 awarded by Wiltshire Council and Wiltshire CCG, it is estimated, based on contract review information, that £100,000 is used for back office costs across the three organisations. It should be noted that £66,000 of the funding awarded to WSUN in 2016/17 was not spent and was subsequently returned to the Council.

22. Funding for Healthwatch and the three ULOs was reduced from £477,409 (2016/17) to £425,293 in 2017/18 in order to achieve efficiencies. As previously mentioned, the funding allows for the organisations to pay for back office costs as well as service delivery. The estimated spend on back office costs for the 3 ULOs (excluding Healthwatch) is approximately £100,000 combined.

    There is therefore potential to make savings by:
    - Reducing the number of organisations and their associated 'back office costs'
    - Concentrating funding on achieving specific outcomes/undertaking specific activities
    - Moving away from the requirement for the organisation to deliver this service to be a ULO
    - Removing some of the current outcomes/activities funded within contracts as detailed within this report.

Options Considered

23. There are 4 options currently being considered for the future procurement of the services,

    Option 1 - Commission a statutory Healthwatch function only; all additional user and carer engagement activity would be spot purchased as necessary for specific projects
    - No duplication of service
    - One lead organisation for the Council to work with
    - The voice of people with complex needs and from hard to reach groups may not be adequately represented
    - There would be no Partnership Board presence, service user leadership engagement or support
    - Spot purchase of additional user and carer engagement activity could be costly particularly if the lack of core funding removed user engagement organisations form the market
    - Does not meet the expectations for co-production as set out in the Care Act

Option 2 - Commission separate services: one to deliver the statutory Healthwatch function and the other/s to deliver the non-statutory functions

- This option would reduce the risk that there will be no organisation interested in bidding for both user engagement and Healthwatch functions
- The potential for duplication of services is likely to continue
- Funding two or more separate organisations would not reduce back office costs and therefore reduce potential for savings
- This option would reduce the risk that there will be no organisation interested in bidding for both user engagement and Healthwatch functions

Option 3 – Commission a single lead provider to provide both the Healthwatch functions and the functions outlined in paragraph 19

- The service specification would need to clearly set out the need for service user leadership/empowerment in Partnership Boards and engagement in service development
- A single lead provider may take the form of a consortium of providers, thus reducing the risk of a single provider not having the specialist knowledge to support different groups of service users.
- Funding a single lead provider would reduce the cost of the service provided
- Duplication would be eliminated
- This is the preferred option of the CCG. It should be noted that if another option were chosen then it is likely that the CCG would retract their funding from the recommissioning process and use it to spot-purchase engagement for specific projects
- Potential loss of specialist expertise unless specifically described within the specification

Option 4 - To continue as is

- Service users are aware of the services organisations provide. Each organisation has a diverse range of members whom they engage with to shape and comment on Council and CCG services
- The potential for duplication of services (particularly back-office) to continue
- Funding multiple organisations increases the cost of the services provided
- Current contracts need to be adjusted to make them more fit for purpose
- Customers are aware of the services organisations provide. Each organisation has a diverse range of members whom they engage with to shape and comment on Council and CCG services

Conclusion

24. The above options are currently being assessed further and presented to Cabinet on 12th September for a decision on the preferred commissioning model.

Recommendation

25. It is recommended that the Committee note the work underway to determine options for future commissioning of user engagement in adult social care.

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