

Wiltshire Council

Cabinet

12 September 2017

Subject: User Engagement with Adult Care

Cabinet Member: Cllr Jerry Wickham, Cabinet Member for Health (including Public Health) and Adult Social Care

Key Decision: Yes

Executive Summary

Wiltshire Council currently funds three User Led Organisations (ULOs) and Healthwatch Wiltshire to provide the Council's customers with a variety of opportunities to have input into adult care work. The contracts for all these organisations end on 31st March 2018.

Commissioners recognise that there are several activities funded in user organisation contracts that are provided for elsewhere and could be removed from future service specifications to achieve savings and provide a more focused service.

Wiltshire Clinical Commissioning Group (CCG) also provides funding for user and patient engagement activities and their views have been sought as part of this exercise.

The paper sets out the options for consideration.

Proposal

To seek Cabinet's view of the options set out below to commission the statutory Healthwatch function and the non-statutory customer engagement functions provided by User Led Organisations.

To agree an option for the commissioning of Healthwatch and User Led Organisations

Reason for Proposal

Commissioners recognise that there is scope to remove duplication and that are several activities currently funded in contracts that could be removed from future service specifications to achieve savings and provide a more focused service.

Carolyn Godfrey, Corporate Director

Wiltshire Council

Cabinet

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Key Decision: Yes

Purpose of Report

1. To inform the Cabinet 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
2. To seek Cabinet's view of the options set out below to commission the statutory Healthwatch function and the non-statutory customer engagement functions provided by User Led Organisations and to agree an option.

Relevance to the Council's Business Plan

3. User engagement in Adult Social Care and Health Services supports the council's business plan to;
 - Create stronger more resilient communities
 - Protect vulnerable people within the community

by enabling the Council's customers to comment, develop and improve on the adult care services they receive

Background

4. 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)

And Healthwatch Wiltshire (Evolving Communities Community Interest Company) to provide 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. The four 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 Service Users, examples include:
 - WCIL support service users to have choice and control to become self-sufficient in all aspects of independent living not just through direct payments and packages of care but through community engagement
 - WCIL provide the means by which disabled people take control over their own lives, achieve full participation in all spheres of society, and make changes to how they are viewed and treated by engaging with them on all aspects of independent living to have their voices heard.
- Support with consultations, examples include:
 - WCIL engage and consult with Self Funders to reach people needing advice about planning their care. Signposting people to agencies and writing and producing information booklets specifically for self-funders in Wiltshire which are held within GP surgeries and community buildings etc., as well as posted to people nationally whose relatives live outside of Wiltshire
 - WCIL have consulted with people on the closure of the Independent Living Fund; recent benefit changes; linking people with Wiltshire Council to address their concerns. They worked on the engagement of people affected by the Charging Policy in partnership with Healthwatch.
 - 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
 - Healthwatch have a duty to provide advice and information about access to local care services.

In addition, some ULOs also provide functions outside the scope of the commissioned specification, such as:

- Advocacy
- Community development activities
- Social activities for service users
- Information and advice

Co-production

5. 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.”

6. Commissioners have been working with the organisations detailed in paragraph 4 to co-produce services using a range of methods; such as consultation, workshops, user testing and helping with tender evaluations, so that services reflect what the people who use them want.
7. 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.
8. 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

9. 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.
10. 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
11. 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.
12. 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

13. 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 engage.
14. There are 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 organisations have also been forging relationships with

one another within current contractual arrangements by collaborating on specific projects.

Future Commissioning options

15. 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. It is also a duty of Healthwatch.
- 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 and other local initiatives.

16. 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

Main Considerations for the Council

17. Cabinet are requested to review the options below.

Overview and Scrutiny Engagement

18. A report will be considered by Health Select Committee on 5 September and views of the Committee will be reported verbally to Cabinet so that they can inform the Cabinet's recommendation.

Safeguarding Implications

19. There are no safeguarding implications arising from this report

Public Health Implications

20. There are no Public Health implications arising from this report

Procurement Implications

21. The organisations current contracts come to end in March/April 2018. The current proposed tender time-scales are as set out below. Dependent upon the chosen options, it may be necessary to adjust this timescale, which would require extensions to current arrangements.

Tender issued	18 September 2017
Evaluation of submissions	30 October 2017
Selection of preferred provider	October / November 2017
Transition from current to new provider and/or model	December 2017- March 2018
New provider operational	1 April 2018

Equalities Impact of the Proposal (detailing conclusions identified from Equality Analysis, sections 4 and 5)

22. An Equality Impact Assessment has been completed and is available as a background paper.

23. A consultation exercise has been undertaken with service users who have been asked about their experience of engaging with the Council and its partner organisations. A summary of the consultation findings is included in appendix 1

24. Each of the current providers has been consulted and have provided their thoughts on engagement in the future. Their submissions are included as background papers.

Environmental and Climate Change Considerations

25. There are no specific environmental or climate change considerations

Risks that may arise if the proposed decision and related work is not taken

26. **If a decision is not taken, the following risks have been identified:**

- If current arrangements are maintained, there is potential for the duplication of service and costs to continue
- The commissioning of separate projects may continue, as current service specifications do not define all works required

Risks that may arise if a decision is taken and actions that will be taken to manage these risks

27. A risk assessment of the proposed options has been undertaken by Commissioners. The following risks have been identified:

- Reducing or completely removing local authority funding to the existing organisations could cause them to close if they are unable to generate alternative income streams
- There is a risk that tenders will be limited if there is no market which aligns to the Council's commissioning model. However, the Council has been engaging with providers to highlight concerns with duplication, efficiencies and encouraging providers to work together.

Financial Implications

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

Wiltshire Council	£427,890
Wiltshire CCG	£89,195
Total	£517,085

29. 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	£89,195	£89,195
Total	£99,350	£40,000	£193,235¹	£332,585

Of the £332,585 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.

30. 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.

31. The funding allows for the organisations to pay for back office costs as well as service delivery.

There is therefore potential to make savings by:

¹ 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.

- 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, whilst protecting the principles of co-production
- Removing some of the current outcomes/activities funded within contracts as detailed within this report.

Detailed modelling will be undertaken to identify savings from the chosen option. An indicator of scope for savings is set out in options considered below

Legal Implications

32. There are no legal implications arising from this report

Options Considered

Options for consideration are set out below.

33. Option 1 - Commission a statutory Healthwatch function only; all additional user and carer engagement activity would be spot-purchased as necessary for specific projects

Pro's	Con's
<ul style="list-style-type: none"> • No duplication of service • One lead organisation for the council to work with, 	<ul style="list-style-type: none"> • 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 from the market • Does not meet the expectations for co-production as set out in the Care Act

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

Pro's	Con's
<ul style="list-style-type: none"> • This option would reduce the risk that there will be no organisation interested in bidding for both user engagement and Healthwatch functions. • This option would have an impact on reducing the back-office costs associated with three separate ULOs • This option would maintain an organisation in Wiltshire with a user-led Board, and thus protect the ethos of user-led co-production 	<ul style="list-style-type: none"> • The potential for duplication of services and funding is likely to continue • NHS Wiltshire Clinical Commissioning Group have a preference of all engagement with a single organisation. There is a risk that the NHS funding would be withdrawn.

35. Option 3 – Commission a single lead provider to provide both the Healthwatch functions and the functions outlined in paragraph 15

Pro's	Con's
<ul style="list-style-type: none"> • 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 considerably reduce duplication and the back-office costs of the service. • This is the preferred option of Wiltshire CCG. 	<ul style="list-style-type: none"> • Potential loss of specialist expertise unless specifically described within the specification • The new commissioned organisation may not have a user-led board and it would be more difficult to protect the ethos of user-led co-production.

36. Option 4 - To continue as is

Pro's	Con's
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- 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
- There would be continued duplication of services (particularly back-office)
- Funding multiple organisations increases the total cost of commissioning
- The current contracts need to be strengthened and made fit-for-purpose

Conclusions

37. Cabinet is recommended to consider the above options, including the views of Health Select Committee on 5th September 2017.

38. Cabinet is requested to agree an option for the commissioning of Healthwatch and the User Led Organisations.

39. Cabinet is requested to note the potential impact of the chosen option on the procurement timescales set out above.

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Appendices

- Equality Impact Assessment
- Provider Consultation documents
- Summary of consultation with service users

Background Papers

None