



# EXECUTIVE MEMBER DECISION

<b>REPORT OF:</b>	Executive Member for Public Health, Prevention & Wellbeing
<b>LEAD OFFICERS:</b>	Director of Public Health
<b>DATE:</b>	21 April 2023

**PORTFOLIO/S AFFECTED:** Departments

**WARD/S AFFECTED:** (All Wards);

**SUBJECT: EMD Healthwatch BwDarwen CIC**

## 1. EXECUTIVE SUMMARY

Healthwatch is an independent organisation which acts as the local consumer champion for health and social care, providing a focus for the voices of residents and people that use local services.

Healthwatch Blackburn with Darwen (BwD) CIC was established in February 2014 following introduction of the Health and Social Care Act 2012. Blackburn with Darwen Borough Council receive the budget for provision of local Healthwatch services as part of the Public Health grant allocation. They are required by the Department of Health to administer this budget and ensure that Healthwatch BwD acts in an open and transparent manner that is representative of the local area.

This arrangement is formalised through a Grant Funding Agreement which has been in place since 2014/15, albeit reviewed on an annual basis. During this time, Healthwatch BwD has met all contractual arrangements within the agreement and has performed well, by continually strengthening its governance, delivery and impact.

The Grant Funding Agreement has been reviewed, and it is proposed that a three-year agreement is put in place to allow longer-term objectives and work plans to be agreed.

## 2. RECOMMENDATIONS

That the Executive Member:

- Notes this report
- Agrees the development of a 3-year grant funding arrangement with Healthwatch BwD CIC, which would be subject to the annual Public Health Grant Funding Agreement and Outcomes Schedule.

### 3.BACKGROUND

Healthwatch Blackburn with Darwen (BwD) is an independent organisation, able to decide its own priorities and programmes of work. However, it is accountable to Blackburn with Darwen Council for effectiveness and use of public funds. In turn, the Council will be responsible for ensuring that Healthwatch BwD is adequately funded and able to operate effectively.

Healthwatch BwD undertakes engagement at a local level with residents and partners in the voluntary and statutory sectors in order to find out the health and social care experiences and needs of people living and working across Blackburn with Darwen. These findings are shared with providers and commissioners of local health and social care services and also with Healthwatch England to influence change at a national level.

Healthwatch BwD is required to deliver statutory duties as set out in the Health and Social Care Act 2012 and in relevant regulations. They can be summarised as follows:

- provide information and advice to the public about accessing health and social care services and choice in relation to aspects of those services
- promote and support the involvement of people of all ages in monitoring, commissioning and provision of local care services through active involvement in the Health and Wellbeing Board and participation in the development of the Joint Strategic Needs Assessment and Health and Well-Being Strategy. This includes the right to carry out 'Enter and View ' visits on premises where publically funded care services are provided as part of its role in gathering evidence.
- address health inequalities throughout the borough, Healthwatch BwD will collate demographics of people engaged. Demographics of board, staff and volunteers will also be collected.
- obtain the views of people of all ages about the need for and experience of care services and inform commissioners, providers and Overview and Scrutiny Committee (OSC) of these views
- make reports and recommendations about how services could or should be improved. To focus on the outcomes and impact on local residents
- prioritise which key areas to focus on-this will be led by need and influenced by important driven factors and intelligence by having local residents monitor the standard of provision of local care services
- make people's views and experiences of health and social care services known to Healthwatch England
- make recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to carry out special reviews or investigations into areas of concern (or directly to CQC if urgent).
- any sub-contracting of Healthwatch functions should be operated under the Healthwatch England licence and terms.

### 4. KEY ISSUES & RISKS

Healthwatch BwD are responsible for developing their work programme, which is developed collaboratively with local residents and stakeholders, and signed off annually by the Healthwatch Board. In preparation for the 2023/24 work programme Healthwatch BwD have engaged with Public Health and Adult Social Care. Suggested areas of focus for the 2023/24 work programme include:

- **Start Well:** Youth Engagement - continued focus on mental health and wellbeing; delivering the Level 2 accreditation Young Health Champions; developing projects with young people around vaping and supporting BwD Public Health in consulting with young people around development of the child poverty strategy.
- **Live Well:** People's experiences of accessing support for substance misuse, covering all age groups and with a focus on vulnerable/seldom heard groups.
- **Live Well:** Hospital Passports/Red Bag scheme; delivery of the project developed in 2022/23.
- **Age Well:** People's experiences of support in the community for dementia, for both individuals and families/carers. Healthwatch BwD are planning work to better understand people's

experiences of support for diagnosis and ongoing support for dementia and to share findings with the Age Well Partnership.

- **Age Well:** Residential Care Home Engagement, including both Enter and View visits and supporting a Multi-Disciplinary Team approach to action planning for homes which are 'requires improvement', and where there is no manager in place or a high turnover of management staff.

In addition, the following activities will also be undertaken:

- **Information and Signposting:** Develop and publish four impact case studies on the Healthwatch BwD website.
- **Volunteering:** Maintain 10 active volunteers.
- **CQC:** Support to Adult Social Care in becoming 'CQC inspection ready' as a borough.

Healthwatch BwD is a member of the Health and Wellbeing Board and works at a strategic level to ensure that patient and resident voices are reflected within the local Health and Wellbeing Strategy and Joint Strategic Needs Assessment, and other place-based strategies. Healthwatch BwD will provide a quarterly written report to the Health and Wellbeing Board in order to align priorities further and to maximise the opportunity to strengthen links moving forward.

Healthwatch BwD also take a proactive role in collaborating with other Healthwatch organisations across the ICB to ensure that services are delivered as effectively as possible, as patient pathways regularly cross local authority areas.

Highlights from the Healthwatch BwD 2021/22 Annual Report include:

- *Thanks to people sharing their experiences of accessing Emergency Departments during winter pressures, we were able to support Lancashire and South Cumbria Health and Care Partnership with winter planning, messaging and communication.*
- *We shared findings with the A & E Delivery Board at East Lancashire Hospitals Trust and the Pennine 111 Programme Board. They acted on our recommendation to roll out the booked appointment system across each of their sites and reported good feedback from patients. They also increased promotion of alternatives to Emergency Departments on social media.*
- *Engagement on uptake of the Covid-19 vaccine amongst young adults: Changes made to messaging about the vaccine to make it more appropriate and effective for a younger audience.*
- *Engagement with young people and families about the health visitor and school nurse provision: The provision is being reshaped to best meet the needs of families and young people highlighted in their feedback.*
- *Engagement with South Asian women on uptake of physio support: Better promotion of the service in different languages and a more person centred approach to engaging women in the offer.*
- *Enter and views: Improvements to the physical environment within the homes, changes made to ensure a better dining experience (lunchtime supervisor role created), and changes to management.*

Healthwatch England have provided feedback which suggests they are more than happy with the performance of Healthwatch BwD, in considering benchmarking across other Healthwatch organisations and value for money. The Healthwatch England report 'Local Healthwatch Funding 2022-23' identifies Blackburn with Darwen as one of the 77 local authorities that fund their Healthwatch within the expectations of The Department of Health and Social Care (<https://www.healthwatch.co.uk/report/2023-03-01/local-healthwatch-funding-2022-23>).

A scorecard has been developed which sets out statutory functions and agreed KPIs for 2023/24, which will be reported on and monitored in quarterly meetings with Public Health and the Strategic Commissioning team. Examples of indicators being monitored include:

- To have a minimum of 10 volunteers to support Healthwatch Blackburn with Darwen activities

- To recruit 2 community champions to support engagement at an ICS level
- Publish 1 case study per quarter, to demonstrate impact made on residents lives
- To commit to 11 Enter and View visits annually

As set out above Healthwatch BwD CIC was established as Healthwatch Blackburn with Darwen under the terms of the Grant Funding Agreement (GFA) which forms the relevant contractual arrangement to deliver the Local Healthwatch Statutory Duties under the 2012 Act. Healthwatch BwD have developed well over the years as set out in the background and it will be important to build on these developments going forwards. It is suggested that Healthwatch BwD CIC be appointed under a similar GFA for the next 3 years on a rolling annual arrangement subject to the local authority Public Health grant allocations.

Outcomes Schedule: Key Performance Indicators (quantitative and qualitative) from the quarterly monitoring scorecard are listed below:

<b>Description of Key Performance Indicator (KPI)</b>
A minimum of 10 volunteers to support Healthwatch activities
To recruit 2 community champions to support engagement at an ICS level
Publish 1 case study per quarter to demonstrate the impact made on residents lives
Continue to engage/collaborate with partners
Provide information and signposting to help support residents in making informed decisions around health and social care provision or services.
Local communities, including seldom heard groups and groups with protected characteristics, feel they are listened to and that their views have been shared with and influenced local health and care services, including collation of demographics of people engaged
Reports produced after pilots/projects to be shared with providers and commissioners with actions being implemented
To commit to 11 Enter & View visits annually
Meet all 7 statutory requirements of local Healthwatch (These are set out in Section 221 of the Local Government and Public Involvement in Health Act 2007 as amended by the Health and Social Care Act 2012).
Publish an annual report by 30th June each year. These reports must include how HWBwD: <ul style="list-style-type: none"> <li>• Engage with diverse communities</li> <li>• Use volunteers and lay people to support their governance and activities</li> <li>• Share their data and insight to improve services. For example, with Healthwatch England, CQC or local health and social care services</li> <li>• Have made an impact as a result of their activities</li> <li>• Have spent their funding (or a subcontractor delivering Healthwatch activities).</li> </ul>
Local Healthwatch are required to appoint one person to represent it on the Health and Wellbeing Board.
Attend quarterly contract meetings and provide quarterly written performance summary reports to commissioner.
Evidence that planning goes into how outcomes are set, delivered and evaluated for success using the theory of change model. People and stakeholders understand rationale for selection of HWP priorities and how they make the biggest difference for residents.
A Healthwatch BwD organisation that is open in its governance and representative in its decision making with an active membership that reflects the demographics of the Borough
To hold 3 Healthwatch BwD Board meetings in public from April 2023 to end of March 2024
Build knowledge about health inequalities and how they are experienced by local people working in partnership with statutory and voluntary sectors to tackle them

## 5. POLICY IMPLICATIONS

The principle policy implications are to implement the Health and Social Care Act 2012 locally in Blackburn with Darwen.

## 6. FINANCIAL IMPLICATIONS

There are no new financial implications arising from the recommendations in this report.

The annual funding will be £133,700 for each of the three years and will be fully funded within the constraints of the Public Health grant, subject to the announcement of Public Health Grant allocations annually. The contract is for one statutory purpose under the Health and Social Care Act 2012.

## 7. LEGAL IMPLICATIONS

The Council has a duty under the Health and Social Care Act 2012 to commission Healthwatch, which requires the Council to have an arrangement with a body corporate for an efficient and value for money service to be available for prescribed activities pursuant to regulations made by the Secretary of State.

The terms of the grant agreement must comply with this requirement and Part 6 of the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012.

Healthwatch Blackburn with Darwen must be accountable as they provide public functions. They will have duties under the Freedom of Information Act 2000, the Data Protection Act 2018, the Equality Act 2010 and the State's obligations under the Human Rights Act 1998. Thus ensuring that they are effective at reaching and working with protected characteristic groups and other seldom heard sections of their community.

The grant is a Subsidy as defined by the Subsidy Control Act 2022 and has been assessed against the principles for giving of subsidies as set out in that act.

## 8. RESOURCE IMPLICATIONS

No resource implications.

## 9. EQUALITY AND HEALTH IMPLICATIONS

**Please select one of the options below. Where appropriate please include the hyperlink to the EIA.**

Option 1  Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2  In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision. (*insert EIA link here*)

Option 3  In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision. (*insert EIA attachment*)

## 10. CONSULTATIONS

None.

### **11. STATEMENT OF COMPLIANCE**

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

### **12. DECLARATION OF INTEREST**

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded and published if applicable.

Cllr Damian Talbot works with an employee of Healthwatch.

<b>VERSION:</b>	<b>1.3</b>
-----------------	------------

<b>CONTACT OFFICER:</b>	<b>Jodene Bibby, Ailsa Smith, Catherine Taylor</b>
-------------------------	--

<b>DATE:</b>	
--------------	--

<b>BACKGROUND PAPER:</b>	
--------------------------	--