Bath & North East Somerset Council		
MEETING:	Cabinet	
MEETING DATE:	11 January 2012	EXECUTIVE FORWARD PLAN REFERENCE:
		E 2350
TITLE:	Proposed Arrangements for Delivering HealthWatch In Bath and North East Somerset 2012 - 2015	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		

Appendix 1 – Implementation of HealthWatch in Bath & North East Somerset

THE ISSUE 1

1.1 The contract with Scout Enterprises Ltd to host the delivery of the Local Involvement Network (LINK) ends on 31 March 2012. Policy & Partnerships has considered various options to ensure that our statutory obligation to continue delivery of the LINK to 30 September 2012 and commission a HealthWatch body to commence operating on 1 October 2012 -2015 is achieved.

RECOMMENDATION

2.1 The Cabinet agrees:

To note that we have a legal obligation as stated in the Local Government and Public Involvement in health Act 2007. The option laid out below will promote a smooth transition from LINk to HealthWatch.

- (1) to extend the contract of Scout Enterprises Ltd until 30 June 2012; (This arrangement has been agreed with Scout Enterprise on their current terms and conditions)
- to procure a HealthWatch provider from 1 July 2012, who will act as (2) LINk Host organisation from 1 July 2012 – 30 September 2012.
- David Trethewey, Policy and Partnerships is the Officer delegated to (3) award the contract.

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3 FINANCIAL IMPLICATIONS

3.1 A sum of £71,000 has been allocated for the financial year 1 April 2012 – 30 March 2013; £21,940 to fund an extension to the current contract with Scout enterprises and the sum of £49,060 for commissioning the new HealthWatch body (with provision for the newly procured service to act as LINk Host pending the launch of HealthWatch).

A decision on any additional funding to local authorities, to support the delivery of HealthWatch, has yet to be made by the DH.

4 CORPORATE PRIORITIES

- Building communities where people feel safe and secure
- Promoting the independence of older people
- Improving life chances of disadvantaged teenagers and young people
- Improving transport and the public realm

5 THE REPORT

- 5.1 HealthWatch is being established under the provisions of the Health and Social Care Act, the Bill for which currently progressing through parliament.
- 5.2 Local authorities have the freedom to choose how HealthWatch may be provided, and it is the intention to commission the provision of HealthWatch in B&NES from a suitable provider as assessed through an open procurement process. To determine what would be an appropriate specification for Bath & North East Somerset a public consultation process took place between May and July 2011. Stakeholders included the partnership board, the Local Involvement Network (LINk), the Health and Wellbeing network (including service users and carers), voluntary sector providers, GPs, Council and NHS officers. (Please refer to Appendix 1 for full report)

6 RISK MANAGEMENT

6.1 The report author and Lead Cabinet member have fully reviewed the risk assessment related to the issue and recommendations, in compliance with the Council's decision making risk management guidance.

7 EQUALITIES

7.1 An Equalities Impact Assessment has been carried out to ensure that the specification for the provision of the HealthWatch service is fully compliant with all existing Equality legislation.

8 RATIONALE

8.1 The council has a statutory duty to continue the provision of a Host organisation service to the LINk until it is replaced by HealthWatch on 1 October 2012. Since the contract with the current provider will expire on 31 March 2012, we are examining ways in which we can continue to carry out our statutory responsibility from 1 April 2012 – 30 September 2012.

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9 OTHER OPTIONS CONSIDERED

- 9.1 We have considered the following options for the period 1 April 2012 30 September 2012:
 - (1) Doing nothing, i.e. not providing Host services to the LINk. This would mean not fulfilling our statutory obligations, and is therefore not a viable option.
 - (2) Providing a Host service in-house. Under the existing legislation this is not permissible, and is therefore not a viable option.
 - (3) Commissioning an alternative provider for the period. As there would be both procurement and TUPE (Transfer of Employment (Protection of Undertakings)) issues involved, it is considered that this option would be disproportionately time-consuming.
 - (4) Extending the current Host organisation's contract for the period 1 April 30 September 2012. Whilst this is the simplest solution, it would mean that there would be no time for a handover from the LINk Host to the HealthWatch provider. In addition, if a HealthWatch provider were procured before 1 October, we would be paying for both the HealthWatch provider and the LINk Host organisation.
 - (5) Extending the current Host organisation's contract from 1 April 2012 30 June 2012, whilst commissioning a HealthWatch provider to start on 1 July 2012; they will act as LINk Host from 1 July 30 September 2012. This will give sufficient time for a handover, and will optimise the available financial resources for this period. This is our preferred option.

10 CONSULTATION

10.1 Stakeholders included the partnership board, the Local Involvement Network (LINk), the Health and Wellbeing network (including service users and carers), voluntary sector providers, GPs, Council and NHS officers. A seminar was held with partnership board members, three public meetings took place, information was published in Connect, and public pages were created on the Council website where all documents are made available for scrutiny.

11 ISSUES TO CONSIDER IN REACHING THE DECISION

11.1 Social Inclusion; Customer Focus; Sustainability; Human Resources; Other Legal Considerations

12 ADVICE SOUGHT

alternative format

12.1 Cllr Simon Allen and Ashley Ayre, Strategic Director, have had the opportunity to input to this report and have cleared it for publication.

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Cabinet Sponsor	Councillor Simon Allen	
Background papers	Local Government and Public Involvement in Health Act 2007 Health and Social Care Bill	
Please contact the report author if you need to access this report in an		

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