

**Oversight and Governance**

Chief Executive's Department

Plymouth City Council

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Delegated Decisions

Delegated Executive/Officer Decisions

Notice of call-in for non-urgent decisions must be given to the Democratic Support Team by 4.30 pm on Wednesday 14 May 2025. Please note – urgent decisions and non-key Council Officer decisions cannot be called in. Copies of the decisions together with background reports are available for viewing as follows:

- on the Council's Intranet Site at <https://modgov/mgDelegatedDecisions.aspx>
- on the Council's website at <https://tinyurl.com/3hwmppzp>

The decision detailed below may be implemented on Thursday 15 May 2025 if it is not called-in.

Delegated Decisions

I. Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care):

I.a. HASC06 24/25 - Recommissioning of Healthwatch contract **(Pages 1 - 18)**

EXECUTIVE DECISION

made by a Cabinet Member



REPORT OF ACTION TAKEN UNDER DELEGATED AUTHORITY BY AN INDIVIDUAL CABINET MEMBER

Executive Decision Reference Number – HASC06 24/25

Decision	
1	Title of decision: Recommissioning of Healthwatch contract
2	Decision maker: Councillor Mary Aspinall (Cabinet Member Health and Adult Social Care)
3	Report author and contact details: Andrea Langman, Commissioning Officer andrea.langman@plymouth.gov.uk
4	Decision to be taken: <ol style="list-style-type: none"> 1. To recommission the contract for Healthwatch (the independent health and social care consumer voice organisation), jointly with Devon County Council and Torbay Council, with a new contract commencing in April 2026 for a period of six years. 2. To delegate the subsequent contract award decision to the Strategic Director for Adults, Health and Communities, where they do not already have authority to do so.
5	Reasons for decision: <ol style="list-style-type: none"> 1. In England, upper tier local authorities with statutory adult social care responsibilities have a duty under the <i>Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012)</i> to commission a local Healthwatch organisation, acting as an independent consumer voice for the health and adult social care system. 2. Since 2020, Plymouth City Council has jointly commissioned local Healthwatch with Devon County Council and Torbay Council. This joint arrangement has enabled a single provider to deliver the independent consumer voice functions across the pan-Devon area, working coterminously with the NHS Devon Integrated Care Board (ICB) footprint, and created the opportunity for economies of scale which would not be available if each local authority commissioned a separate Healthwatch consumer voice organisation. The existing contract is due to expire on 31 March 2026.
6	Alternative options considered and rejected: <ol style="list-style-type: none"> 1. For each of the three local authorities (Plymouth, Devon and Torbay) to separately recommission local Healthwatch organisations. This option is rejected as it does not enable the economies of scale achievable through joint commissioning, or the benefits of one provider working coterminously across the NHS Devon ICB area. 2. To decommission the local Healthwatch service once the current contract expires on 31 March 2026. This option is rejected as it would not enable Plymouth City Council to meet its statutory responsibility to commission a local Healthwatch organisation.

7	<p>Financial implications and risks:</p> <p>The new Healthwatch Devon, Plymouth and Torbay contract will have an initial duration of three years, with the option to extend for a further three years, in total spanning six years, from 2026/27 to 2031/32.</p> <p>The annual value of the contract for 2026/27 will be £620k, with contributions from each of the three local authorities as follows:</p> <p style="padding-left: 40px;">Devon County Council - £384k Plymouth City Council - £138.8k Torbay Council - £97.2k Total - £620k</p> <p>The overall value of the contract over six years will therefore be £3.72m, with Plymouth City Council's contribution being £832.8k.</p> <p>Each local authority will fund contributions to the joint Healthwatch contract using a proportion of Local Reform and Community Voices Grant allocations, match funded from local government revenue settlements, so for Plymouth City Council the overall £832.8k contribution will be made up of £416.4k from each of those sources.</p> <p>It should be noted that the above figures:</p> <ul style="list-style-type: none"> do not take into account any inflationary uplifts which may subsequently be applied during the life of the contract, following consideration by each of the three local authorities as part of their annual financial planning cycle; are in line with funding levels recommended in guidance from the Department for Health and Social Care (DHSC), adjusted for an 8% efficiency (economy of scale) saving achieved through the three local authorities commissioning a local Healthwatch organisation jointly, rather than separately. 																				
8	<p>Legal Implications: (For completion by Legal Officers) None at this time, as the above is considered a pragmatic and sensible way forwards.</p>																				
9	<table border="1"> <thead> <tr> <th data-bbox="225 1279 759 1375">Is the decision a Key Decision? (please contact Democratic Support for further advice)</th><th data-bbox="759 1279 855 1375">Yes</th><th data-bbox="855 1279 967 1375">No</th><th data-bbox="967 1279 1500 1375">Per the Constitution, a key decision is one which:</th></tr> </thead> <tbody> <tr> <td data-bbox="225 1375 759 1536">Please type an X into the relevant boxes</td><td data-bbox="759 1375 855 1536"></td><td data-bbox="855 1375 967 1536" style="text-align: center;">X</td><td data-bbox="967 1375 1500 1536">in the case of capital projects and contract awards, results in a new commitment to spend and/or save in excess of £3million in total</td></tr> <tr> <td></td><td></td><td data-bbox="855 1536 967 1688" style="text-align: center;">X</td><td data-bbox="967 1536 1500 1688">in the case of revenue projects when the decision involves entering into new commitments and/or making new savings in excess of £1 million annually</td></tr> <tr> <td></td><td></td><td data-bbox="855 1688 967 1832" style="text-align: center;">X</td><td data-bbox="967 1688 1500 1832">is significant in terms of its effect on communities living or working in an area comprising two or more wards in the area of the local authority.</td></tr> <tr> <td data-bbox="225 1832 759 1957">If yes, date of publication of the notice in the Forward Plan of Key Decisions</td><td colspan="3" data-bbox="759 1832 1500 1957">N/A</td></tr> </tbody> </table>	Is the decision a Key Decision? (please contact Democratic Support for further advice)	Yes	No	Per the Constitution, a key decision is one which:	Please type an X into the relevant boxes		X	in the case of capital projects and contract awards, results in a new commitment to spend and/or save in excess of £3million in total			X	in the case of revenue projects when the decision involves entering into new commitments and/or making new savings in excess of £1 million annually			X	is significant in terms of its effect on communities living or working in an area comprising two or more wards in the area of the local authority.	If yes, date of publication of the notice in the Forward Plan of Key Decisions	N/A		
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If yes, date of publication of the notice in the Forward Plan of Key Decisions	N/A																				
10	<p>Please specify how this decision is linked to the Council's corporate</p>	<p>The decision supports the Council's Corporate Plan priorities and aims to:</p>																			


	plan/Plymouth Plan and/or the policy framework and/or the revenue/capital budget:	<ul style="list-style-type: none"> work with the NHS to provide better access to health, care and dentistry; keep children, adults and communities safe; provide quality public services. 						
I I	Please specify any direct environmental implications of the decision (carbon impact)	None						
Urgent decisions								
I 2a	Is the decision urgent and to be implemented immediately in the interests of the Council or the public? Please type an X into the relevant box	<table border="1"> <tr> <td>Yes</td><td></td><td>(If yes, please contact Democratic Support (democraticsupport@plymouth.gov.uk) for advice)</td></tr> <tr> <td>No</td><td>X</td><td>(If no, go to section I 3a)</td></tr> </table>	Yes		(If yes, please contact Democratic Support (democraticsupport@plymouth.gov.uk) for advice)	No	X	(If no, go to section I 3a)
Yes		(If yes, please contact Democratic Support (democraticsupport@plymouth.gov.uk) for advice)						
No	X	(If no, go to section I 3a)						
I 2b	Reason for urgency:							
I 2c	Scrutiny Chair Signature:	Date						
	Scrutiny Committee name:							
	Print Name:							
Consultation								
I 3a	Are any other Cabinet members' portfolios affected by the decision? Please type an X into the relevant box	<table border="1"> <tr> <td>Yes</td><td></td><td></td></tr> <tr> <td>No</td><td>X</td><td>(If no go to section I 4)</td></tr> </table>	Yes			No	X	(If no go to section I 4)
Yes								
No	X	(If no go to section I 4)						
I 3b	Which other Cabinet member's portfolio is affected by the decision?							
I 3c	Date Cabinet member consulted							
I 4	Has any Cabinet member declared a conflict of interest in relation to the decision? Please type an X into the relevant box	<table border="1"> <tr> <td>Yes</td><td></td><td>If yes, please discuss with the Monitoring Officer</td></tr> <tr> <td>No</td><td>X</td><td></td></tr> </table>	Yes		If yes, please discuss with the Monitoring Officer	No	X	
Yes		If yes, please discuss with the Monitoring Officer						
No	X							
I 5	Which Corporate Management Team member has been consulted?	<table border="1"> <tr> <td>Name</td><td>Gary Walbridge</td></tr> <tr> <td>Job title</td><td>Strategic Director for Adults, Health and Communities</td></tr> <tr> <td>Date consulted</td><td>15 April 2025</td></tr> </table>	Name	Gary Walbridge	Job title	Strategic Director for Adults, Health and Communities	Date consulted	15 April 2025
Name	Gary Walbridge							
Job title	Strategic Director for Adults, Health and Communities							
Date consulted	15 April 2025							

Sign-off							
16	Sign off codes from the relevant departments consulted:	Democratic Support (mandatory)	JS132 24/25				
		Finance (mandatory)	OW.25.26.002				
		Legal (mandatory)	LS/4552(01)/RH/2304 25				
		Procurement (if applicable)	JS/SC/783/ED/0425				
		Corporate property (decisions involving Council owned land or facilities) (if applicable)	N/A				
		Human Resources (if applicable)	N/A				
Appendices							
17	Ref.	Title of appendix					
	A	Recommissioning of Healthwatch contract – Briefing Paper (Part I)					
	B	Recommissioning of Healthwatch contract - Equalities Impact Assessment					
Confidential/exempt information							
18a	Do you need to include any confidential/exempt information? Please type an X into the relevant box	Yes		If yes, prepare a second, confidential ('Part II') briefing report and indicate why it is not for publication by virtue of Part I of Schedule 12A of the Local Government Act 1972 by ticking the relevant box in 18b below. (Keep as much information as possible in the briefing report that will be in the public domain)			
		No	X				
		Exemption Paragraph Number					
		1	2	3	4	5	6
18b	Confidential/exempt briefing report title:						
Background Papers							
19	<p>Please list all unpublished, background papers relevant to the decision in the table below.</p> <p>Background papers are <u>unpublished</u> works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based. If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part I of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</p>						

Title of background paper(s)		Exemption Paragraph Number						
		1	2	3	4	5	6	7

Cabinet Member Signature

20 I agree the decision and confirm that it is not contrary to the Council's policy and budget framework, Corporate Plan or Budget. In taking this decision I have given due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act (2010) and those who do not. For further details please see the EIA attached.

Signature		Date of decision	6 May 2025
Print Name	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)		

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Recommissioning of Healthwatch contract Briefing Paper - Part I**I. Background**

In England, upper tier local authorities with statutory adult social care responsibilities have a duty under the *Local Government and Public Involvement in Health Act 2007* (as amended by the *Health and Social Care Act 2012*) to commission a local Healthwatch organisation, acting as an independent consumer voice for the health and adult social care system.

Local Healthwatch organisations first became operational in April 2013 and carry out a range of statutory activities, including:

- I. Promote and support the involvement of people, in the monitoring, commissioning and provision of local care services.
- II. Enable people to monitor the standard of provision of local care services to determine whether and how local care services could and ought to be improved.
- III. Obtain the views of people regarding their need for, and experiences of, local care services and importantly to make these views known to those responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England.
- IV. Make reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- V. Provide information and advice to the public about accessing local health and social care services and choice in relation to aspects of those services.
- VI. Formulate views from people on the standard of provision and whether and how the local care services could and ought to be improved and sharing these views with Healthwatch England, to help it carry out its role as national champion.
- VII. Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, making recommendations direct to CQC); and to make recommendations to Healthwatch England to publish reports about issues.
- VIII. Giving Healthwatch England such assistance as it may require to enable it to carry out its functions effectively, efficiently and economically.

Local Healthwatch organisations also use their independent decision-making process to determine whether to use their discretionary power of entry to services (known as 'enter

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and view'), with certain requirements. Enter and view is a method for gathering information about the quality of services.

2. Current Healthwatch contract

Since 2020, Plymouth City Council has jointly commissioned local Healthwatch with Devon County Council and Torbay Council. This arrangement has enabled a single provider to deliver the independent consumer voice functions across the pan-Devon area, working coterminously with the NHS Devon Integrated Care Board (ICB) footprint, and created the opportunity for economies of scale which would not have been available if each local authority commissioned a separate Healthwatch consumer voice organisation.

The current contract commenced in April 2020 for a period of six years (an initial period of three years, with annual extensions for a further three years), and is due to expire in March 2026.

3. Recommissioning of new Healthwatch contract

Plymouth City Council, Devon County Council and Torbay Council will collectively undertake a procurement process during 2025/26, with the intention of awarding a new joint Healthwatch contract to commence from April 2026. The proposed new contract duration will be three years initially, with the option to extend for a further three years, totalling six years to March 2032.

Continuing to commission one pan-Devon joint Healthwatch contract is considered the most sustainable and strategically effective way forward, in the context of:

Value for public money – jointly recommissioning a Healthwatch organisation for Devon, Plymouth and Torbay will enable the three local authorities to continue to achieve an 8% efficiency (economy of scale) saving on the recommended funding level for the Healthwatch functions, as set out in guidance from the DHSC. Undertaking one joint procurement process will also derive greater value for public money compared to each of the three local authorities undertaking separate procurement processes.

Local Government Reorganisation (LGR) – proposed local authority boundary changes would still see the overall 'footprint' of a joint contract remaining co-terminous with the Devon Integrated Care System; the new contract will include a requirement for the Healthwatch provider to operate across the footprint of the Devon Integrated Care System, regardless of the outcome of LGR and any associated boundary changes between the three upper tier local authorities.

Representatives of the NHS Devon ICB and Healthwatch England have been consulted on and are in agreement with this recommissioning approach.

The other two local authorities are due to consider their decision to jointly recommission Healthwatch on the following dates:

- Torbay Council – 13 May 2025
- Devon County Council – 23 May 2025

Subject to all three local authorities agreeing to proceed on the basis outlined in this briefing paper, officers will commence preparations for the re-procurement of a new joint contract for Healthwatch Devon, Plymouth and Torbay from April 2026.

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4. Alternative options considered and rejected:

- I. For each of the three local authorities (Plymouth, Devon and Torbay) to separately recommission local Healthwatch organisations. This option is rejected as it does not enable the efficiency (economy of scale) saving achievable through joint commissioning.
- II. To decommission the local Healthwatch service once the current contract expires on 31 March 2026. This option is rejected as it would not enable Plymouth City Council to meet its statutory responsibility to commission a local Healthwatch organisation.

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EQUALITY IMPACT ASSESSMENT – RECOMMISSIONING OF HEALTHWATCH CONTRACT

SECTION ONE: INFORMATION ABOUT THE PROPOSAL

Author(s): The person completing the EIA template.	Andrea Langman	Department and service:	Strategic Cooperative Commissioning	Date of assessment:	15/04/2025
Lead Officer: Head of Service, Service Director, or Strategic Director.	Emma Crowther	Signature:		Approval date:	22/04/2025
Overview:	<p>As an independent consumer voice organisation, local Healthwatch functions on behalf of the whole population in the area it covers, including children, young people, adults and carers, and its monitoring role applies to all citizens, whether NHS patients, people who are eligible for statutory social care support or people funding their own health or social care provision.</p> <p>The local Healthwatch organisation for Devon, Plymouth and Torbay will serve a total population of circa 1.199m (comprising of Devon circa 795k, Plymouth circa 265k and Torbay circa 139k).</p> <p>In carrying out its statutory Healthwatch activities, contractual specifications the Provider must adhere to will include requirements to:</p> <ul style="list-style-type: none"> • Connect into local community networks, including people facing health inequalities • Apply equity, diversity and inclusion across the work of Healthwatch • Have robust methodology for research and engagement in line with Healthwatch England guidance, including collection and analysis of demographic data to inform reports and recommendations 				
Decision required:	<p>1. To recommission the contract for Healthwatch (the independent health and social care consumer voice organisation), jointly with Devon County Council and Torbay Council, with a new contract commencing in April 2026 for a period of six years.</p> <p>2. Following a joint procurement process led by Devon County Council, to delegate the subsequent contract award decision to the Strategic Director for Adults, Health and Communities, where they do not already have authority to do so.</p>				

SECTION TWO: EQUALITY IMPACT ASSESSMENT SCREENING TOOL

Potential external impacts: Does the proposal have the potential to negatively impact service users, communities or residents with protected characteristics?	Yes		No	X
Potential internal impacts: Does the proposal have the potential to negatively impact Plymouth City Council employees?	Yes		No	X
Is a full Equality Impact Assessment required? (if you have answered yes to either of the questions above then a full impact assessment is required and you must complete section three)	Yes		No	X
If you do not agree that a full equality impact assessment is required, please set out your justification for why not.	<p>As an independent consumer voice organisation, local Healthwatch functions on behalf of the whole population in the area it covers, including children, young people, adults and carers.</p> <p>By law, every local Healthwatch must prepare an annual report each year, outlining how the Provider has met statutory Healthwatch responsibilities; the report will include how Healthwatch has engaged with diverse communities and maintained its independence of voice – including speaking up on behalf of groups who may be at risk of being marginalised and/or face disadvantages or discrimination.</p> <p>As the proposed recommissioning approach will realign funding up to the level recommended in guidance from the Department of Health and Social Care (less an 8% economy of scale efficiency achieved through joint commissioning across three local authorities) this will result in a positive impact in terms of Healthwatch resources to meet equality requirements effectively.</p>			

	<p>Healthwatch is an externally commissioned service, not a service directly delivered by Plymouth City Council employees.</p> <p>Recommissioning the Healthwatch contract will therefore not have the potential to negatively impact people with protected characteristics, care experience or Plymouth City Council employees.</p>
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SECTION THREE: FULL EQUALITY IMPACT ASSESSMENT

Protected characteristics (Equality Act, 2010)	Evidence and information (e.g. data and consultation feedback)	Adverse impact	Mitigation activities	Timescale and responsible department
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Age	<p>Plymouth</p> <ul style="list-style-type: none">• 16.4 per cent of people in Plymouth are children aged under 15.• 65.1 per cent are adults aged 15 to 64.• 18.5 percent are adults aged 65 and over.• 2.4 percent of the resident population are 85 and over. <p>South West</p> <ul style="list-style-type: none">• 15.9 per cent of people are aged 0 to 14, 61.8 per cent are aged 15 to 64.• 22.3 per cent are aged 65 and over. <p>England</p> <ul style="list-style-type: none">• 17.4 per cent of people are aged 0 to 14.• 64.2 per cent of people are aged 15 to 64.• 18.4 per cent of people are aged 65 and over. <p>(2021 Census)</p>	None identified	N/A	N/A
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<p>Care experienced individuals</p> <p>(Note that as per the Independent Review of Children's Social Care recommendations, Plymouth City Council is treating care experience as though it is a protected characteristic).</p>	<p>It is estimated that 26 per cent of the homeless population in the UK have care experience. In Plymouth there are currently 7 per cent of care leavers open to the service (6 per cent aged 18-20 and 12 per cent of those aged 21+) who are in unsuitable accommodation.</p> <p>The Care Review reported that 41 per cent of 19-21 year old care leavers are not in education, employment or training (NEET) compared to 12 per cent of all other young people in the same age group.</p> <p>In Plymouth there are currently 50 per cent of care leavers aged 18-21 Not in Education Training or Employment (54 per cent of all those care leavers aged 18-24 who are open to the service).</p> <p>There are currently 195 care leavers aged 18 to 20 (statutory service) and 58 aged 21 to 24 (extended offer). There are more care leavers aged 21 to 24 who could return for support from services if they wished to.</p>	None identified	N/A	N/A
<p>Disability</p>	<p>9.4 per cent of residents in Plymouth have their activities limited 'a lot' because of a physical or mental health problem.</p> <p>12.2 per cent of residents in Plymouth have their activities limited 'a little' because of a physical or mental health problem (2021 Census)</p>	None identified	N/A	N/A

Gender reassignment	0.5 per cent of residents in Plymouth have a gender identity that is different from their sex registered at birth. 0.1 per cent of residents identify as a trans man, 0.1 per cent identify as non-binary and, 0.1 per cent identify as a trans women (2021 Census).	None identified	N/A	N/A
Marriage and civil partnership	40.1 per cent of residents have never married and never registered a civil partnership. 10 per cent are divorced, 6 percent are widowed, with 2.5 per cent are separated but still married. 0.49 per cent of residents are, or were, married or in a civil partnerships of the same sex. 0.06 per cent of residents are in a civil partnerships with the opposite sex (2021 Census).	None identified	N/A	N/A
Pregnancy and maternity	The total fertility rate (TFR) for England was 1.62 children per woman in 2021. The total fertility rate (TFR) for Plymouth in 2021 was 1.5.	None identified	N/A	N/A

Race	<p>In 2021, 94.9 per cent of Plymouth's population identified their ethnicity as White, 2.3 per cent as Asian and 1.1 per cent as Black (2021 Census)</p> <p>People with a mixed ethnic background comprised 1.8 per cent of the population. 1 per cent of the population use a different term to describe their ethnicity (2021 Census)</p> <p>92.7 per cent of residents speak English as their main language. 2021 Census data shows that after English, Polish, Romanian, Chinese, Portuguese, and Arabic are the most spoken languages in Plymouth (2021 Census).</p>	None identified	N/A	N/A
Religion or belief	<p>48.9 per cent of the Plymouth population stated they had no religion. 42.5 per cent of the population identified as Christian (2021 Census).</p> <p>Those who identified as Muslim account for 1.3 per cent of Plymouth's population while Hindu, Buddhist, Jewish or Sikh combined totalled less than 1 per cent (2021 Census).</p>	None identified	N/A	N/A
Sex	51 per cent of our population are women and 49 per cent are men (2021 Census).	None identified	N/A	N/A
Sexual orientation	88.95 per cent of residents aged 16 years and over in Plymouth describe their sexual orientation as straight or heterosexual. 2.06 per cent describe their sexuality as bisexual, 1.97 per cent of people describe their sexual orientation as gay or lesbian. 0.42 per cent of residents describe their sexual orientation using a different term (2021 Census).	None identified	N/A	N/A

SECTION FOUR: HUMAN RIGHTS IMPLICATIONS

Human Rights	Implications	Mitigation Actions	Timescale and responsible department
	None identified	N/A	N/A

SECTION FIVE: OUR EQUALITY OBJECTIVES

Equality objectives	Implications	Mitigation Actions	Timescale and responsible department
Work together in partnership to: <ul style="list-style-type: none">▪ promote equality, diversity and inclusion▪ facilitate community cohesion▪ support people with different backgrounds and lived experiences to get on well together	None identified	N/A	N/A
Give specific consideration to care experienced people to improve their life outcomes, including access to training, employment and housing.	None identified	N/A	N/A
Build and develop a diverse workforce that represents the community and citizens it serves.	None identified	N/A	N/A
Support diverse communities to feel confident to report crime and anti-social behaviour, including hate crime and hate incidents, and work with partners to ensure Plymouth is a city where everybody feels safe and welcome.	None identified	N/A	N/A