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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.