

**SCRUTINY BOARD
(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)**

**INVOLVEMENT OF THE THIRD SECTOR IN THE PROVISION OF HEALTH AND
SOCIAL CARE SERVICES ACROSS LEEDS**

DRAFT SCRUTINY INQUIRY REPORT

Introduction

1. In June 2015, we¹ identified the *Involvement of the Third Sector in the provision of Health and Social Care Services across Leeds* as a specific area for inquiry during 2015/16. Part of the basis for this decision was to consider the impact of national reductions to public sector budgets and the impact on grassroots, third sector organisations in Leeds.
2. However, this report is not solely focused on budgetary issues, but considers wider issues such as commissioning arrangements, partnership working and organisational relationships.
3. We considered a range of information and inputs from a variety of sources, including commissioners (across Adult Social Care and NHS commissioners) and Third Sector organisations. This report seeks to cover the breadth of our discussions; however we do not intend to repeat all the evidence and input considered, as it focuses on those areas where we feel further improvements can be made.
4. As ever, we are grateful to all those who have commented and contributed to our discussions: These have helped form our views and influenced this report and its recommendations, which we hope will help develop and maintain positive relationships between statutory bodies and the Third Sector in Leeds.

Background

5. The Leeds Third Sector Ambition Statement outlines that the success of Leeds and the wellbeing of all of its citizens is dependent on having thriving private, public and third sectors, each independently successful but working effectively in partnership. The City's ambition is to have a sustainable, diverse third sector economy, with organisations from the smallest self-help group through to larger, local and national service providers and the ambition is to use the Leeds pound to invest in a local infrastructure that has a legacy beyond the life of any single funding programme.
6. Leeds' ~~Joint~~ Health and Wellbeing Strategy provides the key overarching strategy for the health, wellbeing and social care sector across the City. The development of Leeds' initial Joint Health and Wellbeing Strategy was led by the Health and Wellbeing Board and set out a vision for Leeds to be a healthy and caring city for all ages, with a key principle being: 'people, who are the poorest, will improve their health the fastest'.

¹ Leeds City Council's Scrutiny Board (Adult Social Services, Public Health, NHS)

7. The ~~Joint~~ Health and Wellbeing Strategy provides the over-arching commissioning framework for the health, wellbeing and social care sector in Leeds. This is supported by specific strategies that focus on particular areas of work, including the following:
 - Ageing Well Strategy
 - Best Start Strategy
 - Mental Health Framework
 - Dementia Strategy
 - Carers Strategy
8. We understand all these strategies² have had input from the Third Sector and the Third Sector is also well represented across various health and social care work streams through a range of joint bodies ~~such as the Health and Social Care Transformation Board~~ and the Third Sector Partnership.
9. During our inquiry, Leeds' ~~Joint~~ Health and Wellbeing Strategy³ was reviewed, with the development of a refreshed vision to set the strategic direction for commissioning across the city up to 2021. As a Scrutiny Board, we made a specific contribution to this work, and our observations are attached at Appendix 1.
10. We understand the development of Leeds' Sustainability and Transformation Plan (STP) will be the delivery mechanism for parts of Leeds' ~~Joint~~ Health and Wellbeing Strategy (2016-2021). Within this, and also in those areas of the ~~Joint~~ Health and Wellbeing Strategy not part of the STP, we hope the Third Sector's role is clearly defined, articulated and understood. We also hope the Third Sector has been fully engaged and has had the opportunity to influence its role.
11. We recognise the importance of being aware of the range of legislation that both the Council and Clinical Commissioning Groups (CCGs) are subject to, which influences and provides the context for commissioning plans. For example, the recent introduction of the Care Act (2014) places a duty on the Council to take a lead on facilitating and shaping the care and support market, as well as emphasising the need for further integration across health and social care, and other related areas such as education and housing.
12. As outlined previously, at the beginning of the municipal year (2015/16) we identified third sector involvement in the provision of health and social care services across Leeds as an area for more detailed consideration. In order to gain an understanding and overview of third sector commissioning, we asked Adult Social Care, Public Health, Leeds' Clinical Commissioning Groups and NHS England to provide the following information:
 - a) The current involvement of the third sector (in terms of services provided and value/ cost).
 - b) The level/ ratio of savings third sector organisations have been required to make over recent years.

² These strategies are also supported by more specific commission plans. For example, Adult Social Services Market Position Statement for 2015/18, which sets out commissioning intentions for care and support services, the direction of travel and policy intent, and a summary of demands and trends. Clinical Commissioning Groups also have five year plans that have been agreed by the Health and Wellbeing Board.

³ Leeds' Joint Health and Wellbeing Strategy 2016-2021 was approved by the Health and Wellbeing Board at its meeting on 21 April 2016, and is available [here](#).

- c) Details of any quality measures/ outcomes in place with the third sector, and how these are set and managed.
 - d) An outline of any examples of joint working in commissioning the third sector.
 - e) Details of any future plans around third sector involvement in the provision of Health and Social Care Services across Leeds.
13. In addition, we also invited the main NHS provider Trusts across the City to provide any additional information that might help our consideration of the overall involvement of the Third Sector.
14. In December 2015, we received a joint report from the Director of Public Health, Director of Adult Social ~~Care~~ **Care Services** and the Accountable Officers of Leeds' three Clinical Commissioning Groups (CCGs), that summarised intentions of all partners to improve the integrated commissioning of the third sector in Leeds, both jointly and individually commissioned. The report focused on the services commissioned from the third sector by Health partners, Public Health and Adult Social Care – which ranged from small groups through to larger national organisations. At this meeting, we agreed we should seek further and direct input from other Third Sector organisations.
15. In February 2016 a number of organisations attended our meeting, including:
- Zest Health for Life
 - Feel Good Factor
 - Leeds Community Foundation
 - Health for All (Leeds)
 - Touchstone Leeds
16. Here, we considered a report co-ordinated by Touchstone Leeds, which highlighted a number of issues – predominantly around the relationships and working arrangements of commissioners. We subsequently sought comments from commissioners on the identified issues and have incorporated these into this report.

Main issues and comments from the Scrutiny Board

17. During the course of our inquiry, we have been particularly struck and impressed by the range and quality of services provided by the Third Sector in Leeds: the sector makes a very significant contribution to Leeds' health, wellbeing and social care economy. We believe this is well recognised by partners; therefore this report and its recommendations seek only to develop and build on the very firm foundations already in place across Leeds.
18. We heard from all those who contributed to our review that, as a City, Leeds has a mature and well established Third Sector that forms a vital part of Leeds' health, wellbeing and social care economy. We heard that commissioners continue to strive to work with the Third Sector in a number of ways, in order to work strategically and to develop innovative approaches and solutions to some of the challenges faced across the City.
19. We heard that the Third Sector is a member of a number of strategic boards and planning groups across the City – including at city wide level, through the Third Sector Partnership. At this forum, Third Sector representatives meet with the

Council (including Public Health and Adult Social Care) and the Clinical Commissioning Groups to discuss the shared commitment to maintaining and developing a thriving third sector.

20. We also heard there are a number of other boards that involve the Third Sector and focus on specific areas, including the following:

- Mental Health Partnership Board;
- Ageing Well Board;
- Learning Disability Partnership Board;
- Autism Partnership Board;
- Leeds Integrated Dementia Board;
- Children and Families Trust Board;
- Best Start Strategy Group;
- [Self management steering group](#)
- Locality forums (e.g. Gipton and Harehills health partnership).

21. In addition, Adult Social Care and Leeds three Clinical Commissioning Groups fund four Third Sector health and social care forums which represent the sector working in the areas of:

- a) Mental health (Volition);
- b) Learning Disabilities (Tenfold);
- c) Physical and Sensory impairments (Physical and Sensory Impairment Network); and,
- d) Older people (Leeds Older People's Forum).

22. We understand the role of each network is to:

- Support the development of a strong and vibrant Third Sector;
- ~~Deliver support to people with care and support needs~~[Encourage partnership working across the sector and partners](#); and,
- Enable the sector to actively contribute to and influence strategies, policies, and plans that have an impact on the sector and the people that use their services.

23. While each forum has a key role in working with commissioners, we heard a new contract for the delivery of forum services was in the process of being commissioned for post March 2016 – with a single health and social care forum service for the city, which [also](#) retains a focus on each of the above areas⁴.

24. We recognise that while working to retain and develop the strengths of a vibrant Third Sector across Leeds; and in order to meet the demands of a very challenging financial environment, it is important for commissioners, in partnership with the Third Sector, to identify and deliver efficiencies within the current systems and framework.

⁴ We have subsequently been advised that organisations have come together and formed a coalition to deliver a joint contract across the Health and Well-Being Third Sector. This is referred to as 'Forum Central'.

Recommendation 1

To help assess the effectiveness of the new arrangements, by March 2017 the Scrutiny Board reviews the single health and social care forum service for the City, with the input of the Third Sector and commissioners, to ensure it continues to:

- Support the development of a strong and vibrant Third Sector;
- Deliver support to people with care and support needs; and,
- Enable the sector to actively contribute to and influence strategies, policies, and plans that have an impact on the sector and the people that use their services.

25. We heard that a number of commissioning activities planned to involve the Third Sector including:

- PH to complete the review of Locality Community Development contracts to advise Executive Board in relation to re procurement.
- CCGs to continue working with all partners to look at supporting the third sector to develop invest to save opportunities e.g. Social Prescribing, third sector grants
- Community based mental health services will be re-commissioned in line with the Leeds Mental Health Framework.
- Neighbourhood Networks - The current contracts are currently in the first year of three possible extensions, which would take them to 2018. Due to the importance and complexity of these services PH and ASC are planning to carry out a significant review working with the CCGs in 2016 to plan for the re-commissioning of the services after the extensions have taken place.
- Sensory Impairment Services - ASC currently commissions ~~four~~ two community based support services for blind and partially sighted and deaf and hard of hearing people. The services are all delivered by third sector organisations and are in the process of being recommissioned.
- The CCGs, PH and ASC will continue working together through the Better Care Fund and other joint arrangements to develop invest to save opportunities, when funding is available, such as the Hospital to Home Scheme that has been developed in the City with the Third Sector.
- ASC will be looking at personalisation and increasing the number of people in receipt of a Direct Payment will be a priority in the coming years. This will also involve developing the market for services that people can buy with their Direct Payment which is a potential, though challenging, market opportunity for the Third Sector.

26. We believe this demonstrates a commitment from health and social care , and public health partners to continue to work with the Third Sector; something which we very much welcome. In addition, from what we have heard, it is also clear that many Third Sector organisations recognise this commitment of the Council

and its partners to support a thriving Third Sector in Leeds; while also recognising the extent to which robust commissioning and procurement processes have helped and continue to help sustain local and other organisations already established and operating across the City.

27. We also acknowledge evidence of collaborative working between statutory partners and the Third Sector – with co-production and joint working being key features when reviewing Third Sector services or contracts. This approach helps to ensure Third Sector organisations are jointly involved in identifying local priorities and solutions. We believe the Council’s key and long-standing role in this type of approach is particularly well recognised, and we are heartened by the increased reference to the Third Sector in the strategic planning of other partners across Leeds health, wellbeing and social care economy.

Finance support

28. From a commissioning perspective, the level of Third Sector commissioned services is in excess of £83M across Leeds health, [wellbeingpublic health](#) and social care sector: This is summarised in Table 1.
29. This overall level of resource from service commissioners, that helps support the Third Sector in Leeds, is not insignificant. We also recognise that health, [public health](#) and social care partners work with the Third Sector in a number of other ways, including engagement and consultation; building community capacity; helping to coordinate joint bids; and acting as referees on bid submissions. We believe this type of additional, non-financial, support is equally important in maintaining and continuing to develop a thriving Third Sector in Leeds and cannot be over-stated.

Table 1: Summary of Third Sector commissioned services in Leeds⁵

Commissioner / service area	Value (£)
Public Health	12,984,743
Adult Social Care (care & support)	26,641,093
Learning Disabilities (pooled budget)	26,641,093
Leeds West CCG	862,500
Leeds North CCG	817,005
Leeds South & East CCG	594,592
Better Care Fund	14,785,356
TOTAL	£83,326,382

30. However, statutory partners’ support of the Third Sector should not be considered to be a ‘one way street’ – with the Third Sector responsible for

⁵ Summary of the financial information presented to the Scrutiny Board on 22 December 2015. It should be noted that the Adult Social Care spend will increase significantly when the ASPIRE contract (circa £20M) is included and the new Homecare Contracts develop, as they include a significant Third Sector provider.

attracting and securing external funding into Leeds and across the Leeds City Region – as demonstrated in the following examples:

- **Time to Shine** – a Big Lottery funded project aimed at tackling social isolation across the City and attracting £6 million of additional funding, [enabling additional local funding from the CCGs](#).
- **West Yorkshire Finding Independence (WY-FI) project** – a Big Lottery funded programme run by a consortium of the region's community organisations: Aiming to help people with multiple and complex needs to access services and support needed to overcome issues associated with mental ill health, re-offending behaviour, homelessness and problematic substance misuse.

31. As such, we believe the benefit derived from the financial and non-financial support for the Third Sector in Leeds is multi-faceted and worthy of recognition. Nonetheless, in the light of a reduced and diminishing financial envelop across partner organisations, we recognise that while working with and continuing to develop a vibrant Third Sector, the Leeds health, [wellbeingpublic health](#) and social care economy faces significant challenges in maintaining financial balance. In December 2015, we heard that in addition to the savings and efficiencies already agreed across the Third Sector (particularly in areas associated with Adult Social Care and Public Health services), the need to make further savings and efficiencies would impact on specific contracts in the Third Sector – although partners aimed to work collaboratively to ensure that any impacts would be minimised.

Recommendation 2

That, by November 2016, service commissioners across Leeds' health, wellbeing and social economy provide a joint report that clearly sets out the, current and projected, financial challenges for services commissioned through the Third Sector and how, through collaborative working, impacts across the sector have and will continue to be minimised and/or mitigated.

32. Commissioners also stated their intentions to improve the integrated commissioning of the Third Sector, achieving best value for the 'Leeds pound' and supporting the Third Sector through more coordinated partnership working.
33. Notwithstanding the work of other Scrutiny Boards around commissioning, we believe integrated commissioning across Leeds' health and social care sector is worthy of further consideration and oversight – with a specific focus on the efficiencies and improved outcomes that result in working in a more integrated way.

Recommendation 3

By December 2016, commissioners produce a joint report in relation to joint commissioning across Leeds' health and social care sector that sets out, in detail, the progress made to date and any future proposed actions; with a particular emphasis on the efficiencies and improved outcomes achieved and targeted.

NHS Providers

34. By simply considering a joint report on the 'commissioning' of Third Sector organisations in Leeds, we were conscious we might only be considering a partial picture of the Third Sector's involvement in the provision of health and social care services in Leeds: Albeit perhaps a substantial part of the overall picture, a partial picture nonetheless.
35. As such, we also gave each of the main NHS provider Trusts in Leeds – namely Leeds Community Healthcare NHS Trust (LCH), Leeds and York Partnership NHS Foundation Trust (LYPFT) and Leeds Teaching Hospitals NHS Trust (LTHT) – the opportunity to provide details of their level of joint working and/or spending across the Third Sector. The details are summarised below.

Leeds Community Healthcare NHS Trust (LCH)

36. We were advised the Trust works with and subcontracts / contracts in partnership with the Third Sector in a number of ways and with a number of organisations, including:
- Armley Helping Hands
 - Carers Leeds
 - St George's Crypt
 - Community Links Ltd
 - Marie Curie Cancer Care
 - Partnerships For Wellbeing
 - Leeds Involving People
 - Yorkshire Mesmac Ltd
 - Touchstone
 - Leeds Counselling
37. In 2014/15 the Trust spent £1.3m with the voluntary and independent sectors and the budget for 2015/16 remained £1.3m. We were advised that partnerships with the Third Sector contributed to fulfilment of the Trust's corporate social responsibility and sustainability. The Third Sector supports the Trust to provide the best possible care within the resources available, develop services that meet people's needs and get as much impact for every health 'pound' spent.
38. We were advised that recent collaborations with Third Sector organisations for delivery of contracts included:
- Improving Access to Psychological Therapies (IAPT)
 - Sexual Health
 - NHS Values Network (NHS England Inclusion Health)
39. We were further advised that the Trust plans are to continue to add value through existing partnerships and proactively seek out new opportunities for partnerships with the Third Sector.

Leeds Teaching Hospitals NHS Trust (LTHT)

40. We were advised the Trust has no unique way to identify services provided by Third Sector organisations as distinct from any other contracted organisation – therefore the Trust could not provide details of its Third Sector spending.
41. We were advised that as part of the System Resource Group, the Trust commissions Age UK and British Red Cross to provide supported discharge pathways from beds in Acute Medicine /Trauma and related services. We understand these services are paid for through Clinical Commissioning Groups (CCGs), therefore the financial details may be included in the funding information provided by CCGs.
42. The Trust commissions a similar service directly from the British Red Cross and has also commissioned Leeds Involving People to undertake some work with patients and families in the Children's Paediatric Cardiac service.
43. In addition, we were also advised of a number of services provided by Third Sector organisations *in partnership* with the Trust – which are neither commissioned nor funded by the Trust. For example, Macmillan provides a wide range of support services to cancer patients in the Robert Ogden Macmillan Centre but fund the work directly.
44. However, the Trust was unable to confirm whether or not this was the full extent of its work with the Third Sector. The Trust also confirmed that, in general, charities that support the work of the Trust fundraise to meet their own costs; nonetheless, it was suggested there may be small value contracts held by individual Clinical Service Units (CSUs) that the Trust was not aware of corporately.

Leeds and York Partnership NHS Foundation Trust (LYPFT)

45. We were advised the Trust sub-contracts some services from the Third Sector, as follows:
- Rehabilitation and Recovery Service – Leeds Mind, Community Links and Touchstone (approx. £200k)
 - Memory Support Worker Service – Alzheimer's UK (approx. £350k (+ £10k set up))
46. We were further advised terms the funding for the Rehabilitation and Recovery Service was recurrent; whereas the Memory Support Worker Service was funded through the Better Care Funding and was assumed to continue for 2 years (from October 2015), with future funding being dependant on commissioners and therefore commissioning priorities.
47. The degree to which the main NHS providers in Leeds work with the Third Sector varies and is demonstrated by the financial agreements in place. The relationships and arrangements might also reflect the type of services provided, but equally they might reflect an organic rather than strategic development of relationships over time. We believe it would be helpful for the Trust Board of each of the three NHS providers in Leeds to consider its strategic relationship with the Third Sector and how Leeds' Third Sector might help in the delivery of Trust objectives. In this, we also believe there may be opportunities for the NHS Trusts to work collaboratively and learn from one another in the development of their relationship with the Third Sector.

Recommendation 4

By April 2017, Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust and Leeds and York Partnerships NHS Foundation Trust work collaboratively to set out the strategic relationship with the Third Sector and how that might contribute to the delivery of Trust objectives.

Relationships and partnerships

48. We heard that each of Leeds' Clinical Commissioning Groups (CCGs) commission a number of third sector organisations independently of each other, with priorities set through contract arrangements and the quality and outcomes measures reflecting local needs: The same can be said for Adult Social Care and Public Health; albeit that these plans are shared across organisations using existing partnership structures. We also heard that Leeds' CCGs, Adult Social Care and Public Health commissioning plans for the third sector are derived from Leeds' overarching **Joint** Health and Wellbeing Strategy (2016-2021), with plans also driven by national guidance and local population needs under this strategy.
49. We have previously set out our understanding that Leeds' Sustainability and Transformation Plan (STP) will be the delivery mechanism for parts of Leeds' **Joint** Health and Wellbeing Strategy (2016-2021). As part of the process for developing the STP, we have also set out **hopes** that the Third Sector has been fully engaged and has had the opportunity to influence its future role – which should be clearly defined, articulated and understood.
50. We have also set out our views about how NHS providers might work collaboratively to consider the strategic relationship with the Third Sector and how Leeds' Third Sector might help in the delivery of Trust objectives. Nonetheless, we recognise that considering the Third Sector's relationship with 'commissioners' and 'providers' separately, might be an artificial and unhelpful split.
51. Since we started our inquiry and following discussion with various partners, we have subsequently been reminded of the Compact for Leeds (2013) – a charter aimed at strengthening relationships between the public and the Third Sector in order to deliver the best possible outcomes for the people of Leeds.
52. The Compact for Leeds (2013) is not a set of rules – it is a way of working, based around the following principals:
 - Working together;
 - Involving communities;
 - Sharing information;
 - Allocating resources;
 - Building communities and third sector capacity;
 - Promoting volunteering; and,

- Promoting equality, fairness, good community relations and equality of outcomes for all.

53. The Compact for Leeds (2013) is intended to be far reaching, with overall responsibility resting with the Third Sector Partnership⁶ and City partners invited to endorse the Charter and commit to work towards the principals and standards set out. We understand that statutory partners have been encouraged to identify a lead person to drive awareness and implementation of the Charter within their organisation. We have not been provided with details of the lead individuals as they relate to partners across Leeds' health, wellbeing and social care economy. It is also noteworthy that in progressing our inquiry, reference to lead individuals has been absent and reference to the Charter itself has been limited. Given the intentions underpinning the Compact for Leeds (2013) and its associated principals, we are concerned by the limited references made during our inquiry.
54. However, we understand a review of the Compact for Leeds is currently underway, led by the Third Sector Partnership, and we hope this report can help inform that review. We also hope the lead role and activity of lead individuals across partners will be strengthened; with greater awareness and widespread implementation of a revised Charter and Compact for Leeds.

Leeds Health and Wellbeing Board

55. At the time of development of the Compact for Leeds (2013)⁷, Leeds Health and Wellbeing Board was in the early stages of its development and only 6-months into its existence, having been formally established in May 2013. As such, there would have been limited opportunity for Leeds Health and Wellbeing Board to establish its role in the development, awareness-raising and implementation of the Charter.
56. Nevertheless, we are now three years on and, given the system-wide leadership role of Leeds' Health and Wellbeing Board and its broad membership⁸, we believe it would be appropriate for Leeds' Health and Wellbeing Board to consider and define its role in setting out the City's future vision for the role of the Third Sector in the provision of health and social care services across Leeds.
57. We believe it might also be useful to consider the relationship between Leeds' Health and Wellbeing Board and the Third Sector Partnership, particularly focusing on formalising those aspects of work that are likely to have an impact on the delivery of Leeds [Joint](#) Health and Wellbeing Strategy (2016-2021) – such as the revised Compact for Leeds.

⁶ Leeds' Third Sector Partnership is part of the City's overall strategic leadership arrangements, which meets six times a year. At the time of writing this report, Leeds' Third Sector Partnership is chaired by Councillor Christine Macniven – designated as Leeds City Council's Third Sector Member Champion.

⁷ November 2013.

⁸ The membership of Leeds' Health and Wellbeing Board includes representation from Leeds Third Sector

Recommendation 5

That by March 2017, Leeds Health and Wellbeing Board:

- (a) Sets out its role in setting out the City's future vision for the role of the Third Sector in the provision of health and social care services **and in reducing health inequalities and working with people** across Leeds; and,
- (b) Agrees a clearly defined, articulated and understood vision for the Third Sector in the provision of health and social care services across commissioners and service providers in Leeds.
- (c) Reviews and reports on its relationship with the Third Sector Partnership, particularly focusing on formalising those aspects of work that are likely to have an impact on the delivery of Leeds Joint Health and Wellbeing Strategy (2016-2021).

Conclusion and other areas for improvement

58. During the course of our inquiry, we have been particularly struck and impressed by the range and quality of services provided by the Third Sector in Leeds: the sector makes a very significant contribution to Leeds' health, wellbeing and social care economy. We believe this is well recognised by partners; therefore this report and its recommendations seek only to develop and build on the very firm foundations already in place across Leeds.
59. We have already set out the overall consensus that Leeds has a mature and well established Third Sector that forms a vital part of Leeds' health, wellbeing and social care economy. We have also set out that commissioners continue to strive to work with the Third Sector in order to work strategically and to develop innovative approaches and solutions to some of the challenges faced across the City. Based on what we have heard we have set out some matters and recommendations that we feel will be key to the ongoing development of the Third Sector in Leeds.
60. That said, despite the clear strengths and strong relationships across Leeds statutory and Third Sector partners, we have also heard some other concerns and areas for improvement that are not reflected elsewhere in this report, but we feel are noteworthy. While some of these issues may be beyond the control of statutory partners in Leeds, some of the issues raised included:
 - Staff retention;
 - A continuing move to fewer larger contracts;
 - Procurement timescales and tendering costs;
 - Continuing pressure on financial resources;
 - The vision and direction of travel in relation to the personalisation agenda;
 - The planning and timings of consultations;
 - Better use of resources;
 - Proposals to improve commissioning of 'people's services';
 - Consistency of approach;
 - Decommissioning and managing reductions.

Comment [WM]: the March 17 deadline is perhaps not the most appropriate. There is a formal Board meeting on workforce in April, which could be very relevant, particularly to (b). Recommend extending the deadline to the end of the municipal year (but may need some flexibility to account for any changes to the Board's work plan) The HWB plans already to explore the role of the Third Sector in:

- A formal, public meeting of the Board in October 2016, asking what is the role of the Third and Community Sector in tackling health inequalities within the context of financial challenge?
- A private workshop in November 2016, led by Healthwatch, the Third Sector rep and Cllrs, looking at changing the conversation to work with people in Leeds

61. In some instances these matters represent differences of opinions between commissioners and parts of the Third Sector, or between different parts of the Third Sector itself. We accept this will sometimes be the case, as we are receiving different perspectives on the same issues. However, we are not seeking to pass judgement on who might be 'right' and who might be 'wrong'; rather we have sought to balance the different evidence received and considered.
62. In considering the evidence, it is clear to us that poor communication can often be the route cause for misunderstandings and/or failures; therefore it is incumbent on all statutory and Third Sector organisations across Leeds to maintain a dialogue on all aspects of their future relationship – including and in particular in those areas where there are differences of opinion. We believe it is this dialogue that has been and will continue to be one of the cornerstones that underpins the vibrant, mature and well established Third Sector across Leeds.

Recommendation 6

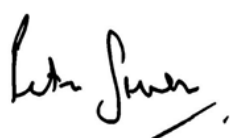
That all statutory and third sector organisations across Leeds health, wellbeing and social care economy continue to maintain a close dialogue in all aspects of their work to further strengthen the vibrant, mature and well established Third Sector that currently exists in Leeds.

Recommendation 7

In maintaining the dialogue with Third Sector partners, by March 2017 commissioners across Leeds health, wellbeing and social care economy specifically:

- (a) Deliver a 'joint commissioning' workshop for third sector organisations to provide an update on work to establish joint commissioning arrangements and any associated governance framework(s).
- (b) Consider how to better engage with the third sector across the personalisation agenda.
- (c) Review options for the best and most effective use of the Supporting Links to Commissioning Manager resource.

63. We trust our conclusions and recommendations will be helpful and will assist all commissioners and Third Sector organisations across Leeds' health, wellbeing and social care economy. As ever, we are grateful to all those who have contributed to this inquiry and our deliberations and we look forward to the responses to this report and its recommendations in due course.



Cllr Peter Gruen, Chair

On behalf of the Scrutiny Board (Adult Social Care, Public Health, NHS)

May 2016

DRAFT

Appendix 1 – Scrutiny Board submission to the development of Leeds’ Joint Health and Wellbeing Strategy (2016-21)

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