

**Report of:** Director of Adult Social Services, Director of Children's Services and the Director of Public Health

**Report to:** Executive Board

**Date:** 13<sup>th</sup> March 2013

**Subject:** Healthwatch Leeds

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

## Summary of main issues

1. Local authorities are "system leaders" for the introduction of the reforms brought in by the Health and Social Care Act 2012 (The Act). This includes the responsibility for ensuring that there is a local Healthwatch organisation in place by April 1<sup>st</sup> 2013 that can function as the consumer champion for people who use health and social care services.
2. In keeping with other local authorities in the country, Leeds has commissioned a local Healthwatch organisation for Leeds and the local authority will need to continue to work closely with Healthwatch Leeds to develop its role and to ensure that it works closely with the Health and Wellbeing Board and Scrutiny Boards.
3. The main ambition for local Healthwatch organisations is that they help drive up the quality of local services, resulting in improved experience and outcomes for people who use them. The main resources that local Healthwatch organisations will have to achieve this will be the people involved in them and the knowledge, skills and competencies they bring or develop during their involvement.
4. The local authority and Healthwatch Leeds will ensure that the Leeds Local Involvement Network (LINK) legacy is carried forward through the transfer of Leeds LINK volunteers and work programmes into Healthwatch Leeds.

5. The Act also places a duty on local authorities to commission NHS Complaints Advocacy for their local area for to be in place 1<sup>st</sup> April 2013, with the freedom to decide how to do this.

## **Recommendations**

6. Executive Board is asked to:

- 6.1 note the contents of this report.
- 6.2 take note of the plans to develop the role of Healthwatch Leeds with specific reference to working with Scrutiny Boards (Health and Well-Being and Adult Social Care, and Children and Families), and the Health and Wellbeing Board, as recommended in the report to Scrutiny (Health and Well-Being and Adult Social Care) on the 20<sup>th</sup> February 2013.

### **1 Purpose of this report**

- 1.1 To inform Executive Board of the outcome of the Local Authority's procurement exercise to commission a local Healthwatch organisation and a NHS Complaints Advocacy service for Leeds.
- 1.2 To inform Executive Board of the progress made to develop local Healthwatch in Leeds and implement its key functions, roles and responsibilities in preparation for 1<sup>st</sup> April 2013.
- 1.3 To assure Executive Board that measures are in place to develop the role of Healthwatch in conjunction with Scrutiny and the Health and Wellbeing Board.

### **2 Background**

#### **Healthwatch**

- 2.1 Healthwatch will be the new consumer champion for health and social care in England. Healthwatch will provide a platform for making the NHS and local government accountable to their local communities, people using care and carers and enable them to have their voices heard at a national and local level. It will exist in two forms – local Healthwatch organisations at the local level, funded by and accountable to the public via local authorities, and Healthwatch England at the national level.
- 2.2 Healthwatch England will be a national organisation that enables the collective views of the people who use NHS and social care services to influence national policy. The head office of Healthwatch England is based in Leeds.
- 2.3 The Health and Social Care Act 2012 places a duty on all 152 English local authorities to ensure that there is an efficient and effective local Healthwatch organisation in their areas by 1<sup>st</sup> April 2013.
- 2.4 Local Healthwatch organisations will replace Local Involvement Networks (LINKs), which will cease to operate on 31<sup>st</sup> March 2013. The duties, roles and

responsibilities of the LINKs will transfer to local Healthwatch which will also be given new roles and responsibilities under the Act. These are:

- local Healthwatch will be a corporate body carrying out statutory functions;
- having a statutory seat on the Health and Wellbeing Board;
- being integral to the preparation of the Joint Strategic Needs Assessment and the Leeds Joint Health and Wellbeing Strategy;
- provide information and advice to the public about accessing health and social care services and choice in relation to these services;
- make the views and experiences of people known to Healthwatch England helping it carry out its role as the national champion;
- make recommendations to the Care Quality Commission to carry out special reviews or investigations into areas of concern;
- apart from Enter and view activities<sup>1</sup>, all of the local Healthwatch services will be available to children and young people.

- 2.5 In July 2011 Leeds City Council and the Leeds LINK received Healthwatch Pathfinder status. The proposal to be a local Healthwatch Pathfinder was based on exploring and testing out models for involving and engaging with the residents of Leeds, users of adult social care services, carers and patients; alongside the processing of the information provided from this engagement into 'customer' intelligence that can be used by the local Healthwatch organisation and the statutory health and social care organisations.
- 2.6 In November/December 2011 the Council consulted with its NHS partner organisations on the options available to the local authority to commission local Healthwatch. In addition, the Council undertook benchmarking with other local authorities in the Yorkshire & Humberside region regarding their preferred option for commissioning local Healthwatch.
- 2.7 The outcome of this engagement activity was reported to the Director of Adult Social Services on December 5<sup>th</sup> 2011 for a delegated decision. The decision was made to proceed with a procurement exercise to deliver Healthwatch Leeds. To oversee the development and procurement of Healthwatch Leeds, governance arrangements (see Appendix 1) were put in place. This included a Healthwatch Leeds Development Steering Group comprising representatives from NHS commissioning and provider organisations, the Third Sector and Children's and Adults Services.
- 2.8 The outcome of the procurement exercise was that Touchstone Consortium was identified as the preferred bidder. A Delegated Decision Notice was signed on the

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<sup>1</sup> Powers of Enter and View will enable Healthwatch Leeds to enter premises where health and social care services are provided (with the exclusion of children's social care) to talk to people receiving care and observe practice.

14<sup>th</sup> January 2013. The decision was subject to call in and following this the contract was awarded on the 8<sup>th</sup> February 2013.

- 2.9 In the Yorkshire & Humberside region most local authorities are in the position of either having just awarded the local Healthwatch contract, or are in the process of doing so. However, a small number of local authorities have not been able to award a contract following their procurement exercise and are looking at alternative options in the short/medium term in order to ensure that they have arrangements in place by the 1<sup>st</sup> April 2013 to enable local Healthwatch functions to be delivered.
- 2.10 On the 5<sup>th</sup> December 2012 Healthwatch England held its first committee meeting in Leeds. Leeds City Council was invited to attend the private session to discuss arrangements for local Healthwatch in Leeds. Other attendees at this private session were the Leeds LINK and Leeds Involving People.<sup>2</sup>

### **NHS Complaints Advocacy**

- 2.11 The Health and Social Care Act 2012 also places a duty on local authorities to commission NHS Complaints Advocacy from any suitable provider from the 1<sup>st</sup> April 2013. Guidance states that local authorities have the freedom to decide how they will commission this service to suit local circumstances. Currently this service is commissioned by the Department of Health on a regional basis, and is known as the Independent Complaints Advocacy Service (ICAS), but this will cease on the 31<sup>st</sup> March 2013.
- 2.12 Local authorities have a number of possible options to commission the new service including<sup>3</sup>:
- Contract with the current Independent Complaints Advisory Service provider either short term or long term
  - to commission this as a stand-alone service from an existing voluntary or community sector organisation or consortium, either as an individual local authority or as a cross-locality collaborative
  - to commission this through local Healthwatch, with local Healthwatch acting either as the provider, or as the main contractor, sub-contracting with a third party to provide the service
  - to commission from existing wider advocacy providers to fit with wider provision of advocacy services in a local authority (integrated model)
- 2.13 In October 2012 NHS and local authority partners at the Integrated Commissioning Executive (ICE) considered the options available and the recommendation was made to develop the NHS Complaints Advocacy service with an existing advocacy service in Leeds, specifically the Advocacy Consortium, Advonet.

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<sup>2</sup> Leeds Involving People were asked to speak about involving people and communities in the work of health and social care organisations.

<sup>3</sup> 'Commissioning Independent NHS Complaints Advocacy' LGA December 2012

- 2.14 In November 2012 a delegated decision was made that approved this course of action. The contract with Advonet will be awarded on 1<sup>st</sup> April 2013.

### **3 Main issues**

#### **Healthwatch**

- 3.1 Leeds City Council has commissioned an outcomes based model for Healthwatch Leeds (please refer to Appendix 2 for details of the outcomes). Key to the delivery of this model is the requirement for Healthwatch Leeds to build on what is working well in the Third and Statutory Sectors and not to duplicate areas of good practice.
- 3.2 Arrangements to support the transition to Healthwatch Leeds and the implementation of Healthwatch Leeds on April 1<sup>st</sup> 2013, have been put in place. This includes a Healthwatch Implementation Steering Group, with representatives from relevant organisations to assist in the delivery of Healthwatch Leeds key functions and arrangements. The key issues and arrangements identified are as follows:
- The development and the establishment of an initial information, advice and signposting service.
  - The development of KPIs to ensure that Healthwatch Leeds meets the stated contract/service outcomes.
  - Developing partnership working with key organisations and boards such as the Health and Wellbeing Board and the Scrutiny Boards (Health and Well-being and Adult Social Care, and Children and Families). This will enable us to better understand the independent but complimentary roles and responsibilities of the Boards and Healthwatch Leeds and to ensure that they work together in a collaborative way.
  - Development of the initial Work Plan. The service specification requires Healthwatch Leeds to develop its annual work plan in a collaborative way with voluntary and community groups, the local authority, health agencies and other partners. Evidence must be provided that the programme of activity is based on local priorities that meet local need. The work plan must also have a good balance between health and social care and children/young people and adults
- 3.3 The formation of local Healthwatch organisations is assisted by a history of patient and public involvement in health and social care which has developed over many years, the most recent structure being LINKs. Since their creation in 2008, LINKs across the country have done considerable work building valuable relationships and expertise that need to be transferred to Healthwatch Leeds.
- 3.4 Leeds City Council is committed to the successful transition of LINK members/volunteers and their identified work plan priorities, into Healthwatch Leeds. In 2012 a `Looking Forward with LINK and Healthwatch` event was held for

the Leeds LINK, assisted by an Officer from Adult Social Care, where the projects and activities that the LINK wish to transfer to Healthwatch Leeds were identified. In addition key issues for LINK volunteers transferring to Healthwatch Leeds were identified.

3.5 The outcomes of this event have formed the basis of a Transition Plan which will be delivered by Leeds City Council, the Leeds LINK, the LINK Host organisation and the Touchstone Consortium. The Transition Plan covers:

- the transfer of existing support staff from the Host staff to Healthwatch Leeds under the TUPE regulations
- the transfer of the LINK legacy, that is the processes, activities and operational areas along with the specific knowledge, and skills (that is the LINK members/volunteers) used to deliver LINK functions.

## **NHS Complaints Advocacy**

3.6 Officers from the Council are working with Advonet and the current regional provider of NHS Complaints Advocacy (Carers Federation) to ensure a smooth transfer of live cases for the 1<sup>st</sup> April 2013.

3.7 One of the signposting functions of Healthwatch Leeds will be to refer people to the NHS Complaints Service, should it be needed/required. The contract with Advonet clearly states that it will work with Healthwatch Leeds and will provide it with information relating to the use of its service.

## **4 Corporate Considerations**

### **4.1 Consultation and Engagement**

4.1.1 A range of stakeholders have been involved in the development and procurement of Healthwatch Leeds through their representation on the Project Team, the Evaluation Panel, the Project Board and the Healthwatch Leeds Steering Group. This includes representatives from the Third Sector, NHS Commissioning and Provider organisations (existing and emerging), Children's services and lay people.

4.1.2 The local authority engaged with a broad range of stakeholders from May through to October 2012, using a variety of methodologies to enable effective engagement including:

- Leeds LINK members/volunteers
- Service Users, Carers, patients and the general public
- Members of the Healthy Leeds and Healthy Leeds Lives networks. Consultation events were held with both of these networks. From the Healthy Leeds event, the Vision, Values and Behaviours of Healthwatch Leeds emerged.
- The Third Sector and the communities that they support

- Elected members including a Cross Party Advisory Panel
- Health and Well-Being and Adult Social Care Scrutiny Board. Two Healthwatch development sessions were held with members of the Board, supported/facilitated by Officers and the Centre for Public Scrutiny.
- Partner organisations including NHS current and emerging commissioning and provider organisations.
- Benchmarking with other local authorities

4.1.3 The outcomes of the consultation and engagement activity have informed the production of the service specification and the questions asked of bidders during the procurement process. In addition to this, the Touchstone Consortium will be provided with details of the outcomes of the engagement activity that has taken place to help inform service delivery.

4.1.4 Members Briefings were provided at key points throughout the procurement exercise to ensure that Elected Members were kept fully informed of developments.

## **4.2 Equality and Diversity / Cohesion and Integration**

4.2.1 An Equality, Diversity, Cohesion and Integration Screening has been undertaken and was completed in December 2012 (please see attached at Appendix 3)

4.2.2 The screening tool outlined the consultation and engagement activity that had been undertaken to inform the development of the service specification and the questions to be asked of organisations at the Invitation to Tender stage. It identifies some of the different communities that we have engaged with.

4.2.3 The service specification and contractual Terms and Conditions identify and stipulate the need for services that are accessible to all the people of Leeds to ensure that they have access to the information and advice that they need and to enable them to share their views with Healthwatch Leeds.

4.2.4 In addition, Healthwatch Leeds will be required to ensure that its governance arrangements are inclusive of the different communities of Leeds, ensuring that people are involved in the decision making as well as providing their views about services.

4.2.5 The service will be expected to provide evidence to demonstrate that Healthwatch Leeds is recognised as an effective and inclusive brand, championing health and social care issues and best practice and that it can demonstrate appropriate engagement techniques and accessibility towards all residents of Leeds including children, younger people, adults, older people and carers. (This will need to include individual representation and engagement of representative groups).

## **4.3 Council policies and City Priorities**

4.3.1 The Health and Social Care Act requires all local authorities to have a local Healthwatch organisation in place by the 1<sup>st</sup> April 2013. Healthwatch Leeds will be a statutory partner of the Health and Well Being Board, and as such will work with

partner organisations to develop and implement the Joint Strategic Needs Assessment and the Leeds Joint Health and Well Being Strategy.

4.3.2 Healthwatch Leeds will contribute towards the City Priority Plan 2011 – 2015, ensuring that Leeds is the:

- i) Best City...for Health and Well Being. For Leeds to be the best city, we need to make sure that the health and wellbeing of the people of Leeds can thrive and this means making sure that the people can access high quality health and social care services. In addition, through the provision of its information, advice and signposting service, it will help to ensure that people have more choice and control over their health and social care services;
- ii) Best City... for Children and Young people, helping to ensure that the voices, needs and priorities of children and young people are heard and inform the way that we make decisions and take action in relation to health and social care services.
- iii) Leeds is the Best City... for Business. Healthwatch Leeds will develop a volunteer base that will assist people in developing skills. In addition it will offer a certificate for volunteering in its organisation that will assist people in accessing job opportunities.
- iv) Best City for...communities. Healthwatch Leeds will develop opportunities for communities to be involved in health and social care services and in the setting of local and national policy in these service areas.

#### **4.4 Resources and value for money**

- 4.4.1 Funding for Healthwatch Leeds will be through the government's grant allocation to local authorities and so will not be ring fenced. At the time of tendering for the service, (November 2012) the indicative funding was £297,000 (previously paid to LINKs) and £164,000 for the provision of information and advice. Confirmation of the funding was provided in February 2013.
- 4.4.2 The government has indicated what funding will be available for local Healthwatch organisations, until 31<sup>st</sup> of March 2015 only, as this is in line with the timetable for government's spending review. Following the spending review, local authorities will be notified of any changes to the funding for local Healthwatch organisations.
- 4.4.3 The services provide regular performance monitoring information to demonstrate the quality of support offered.
- 4.4.4 There will be some resource implications in terms of on-going work with Healthwatch Leeds, ensuring a partnership approach to its implementation and development as well as the monitoring and reviewing of this contract in order to ensure the service meet the necessary outcomes. These resources will be supported from within Adult Social Care.



## **4.5 Legal Implications, Access to Information and Call In**

- 4.5.1 To award the contract for Healthwatch Leeds a Delegated Decision Notification has been signed off by the Assistant Chief Executive (Customer Access and Performance). The decision was subject to call in which ended on the 4<sup>th</sup> February 2013.
- 4.5.2 Award of the contract for NHS Complaints Advocacy will be made on the 1<sup>st</sup> April 2013, following a delegated decision made by the Director of Adult Social Services in November 2012. The decision was subject to call in which ended on the 4<sup>th</sup> December 2012.

## **4.6 Risk Management**

- 4.6.1 This procurement process for Healthwatch Leeds was conducted in accordance with the Council's Contract Procedure Rules in order to ensure that a fair, open and transparent process was undertaken.
- 4.6.2 A risk register was created which was updated and presented to the Project Board at regular intervals.

## **5 Conclusions**

- 5.1 In summary there are a number of key issues in the commissioning of Healthwatch Leeds and NHS Complaints Advocacy. They are:
- The duty to establish a local Healthwatch organisation and NHS Complaints Advocacy
  - Ensure that the legacy of the Leeds LINK (volunteers and information) is transferred to Healthwatch Leeds

## **6 Recommendations**

- 6.1 Executive Board is asked to:
- i) note the contents of this report.
  - ii) take note of the plans to develop the role of Healthwatch Leeds with specific reference to working with Scrutiny Boards (Health and Well-Being and Adult Social Care, and Children and Families), and the Health and Wellbeing Board, as recommended in the report to Scrutiny (Health and Well-Being and Adult Social Care) on the 20<sup>th</sup> February 2013.

## **7 Background documents<sup>4</sup>**

- 7.1 None

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<sup>4</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.