



Report of the Director of Adult Social Services

Scrutiny Board Health and Adult Social Care

Date: 21st January 2008

Subject: A Local Involvement Network (LINK) for Leeds – Update

Electoral Wards Affected:

All

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

1. The Board received a first briefing on developments in Leeds to establish a Local Involvement Network (LINK) for health and social care at its October meeting. Legislation enabling the LINK to be set up received Royal Assent on October 30th 2007.
2. Since then a consultation and procurement process has been set in train in order to contract with an organisation to host the Leeds LINK. A stakeholder event was held on 4th December and there have been other consultative meetings. The closing date for Expressions of Interest under the restricted procurement process was 31st December.
3. This report provides the Board with an update (to date of writing 2nd January) on the procurement. The report also shows how the procurement process is expected to unroll and lists a number of challenges.
4. The development of the LINK will have implications for the work of this Scrutiny Board in that part of the LINK's role is to promote and support public and patient involvement in the commissioning, provision and scrutiny of local care services.
5. The overview and scrutiny function within the local authority also has a role in scrutinising how the contracting process was undertaken, and ensuring that best value is achieved and Members are asked for their observations.

1.0 Purpose Of This Report

- 1.1 This report is formally to update the Board about progress in securing a LINK for Leeds.

2.0 Background Information

- 2.1 The background to LINKs was contained in a report to the October meeting of the Board.
- 2.2 Following Royal Assent to the Local Government and Public Involvement in Health Act in on 30th October 2007, the Commission for Patient and Public Involvement will be wound up on 31st March 2008, signifying the end of Patient and Public Involvement Forums. Local Authorities are required to commission an organisation to act as Host for the Local Involvement Network (LINK) in their area. The LINK will replace local Forums and also extend to social care. Brief details of the Act are contained in Appendix 1 and Appendix 2 has website reference for further information.
- 2.3 Leeds City Council was among bodies which made representation to the government that the timetable for commissioning would be unlikely to produce a Host organisation, let alone a LINK by the time that PPI Forums were wound up. A late government amendment to the Bill gave Local Authorities responsibility for setting up transitional arrangements but there are not expected to last longer than six months maximum.
- 2.4 For several months there was uncertainty about the resources which would be made available and in November the Department of Health announced that in addition to the £10,000 set up costs already allocated to local authorities for this year, each local authority would receive a flat sum of £60,000 per year plus a weighted percentage. The allocation would be annual and for three years from April 2008. This announcement created anxiety since it seemed to lead to much less than had previously been talked about. The final allocations from the Department of Health were eventually announced in mid December and it emerged that Leeds is to get more than originally expected at slightly over £300,000 per annum for the next three years. This is a much more realistic sum but has led to further uncertainties since, as forecast, the allocation is not ring-fenced and forms part of the Area Based Grant. In many authorities this format for the allocation is leading to further delay because of local decision making procedures, generally involving partners, around the use of the Area Based Grant. The Healthy Leeds Partnership has recommended to the Council that the full allocation is used to support the LINK, and despite pressure on resources following the settlement for 2008/9, there has been no indication that the City Council will not wish to support this new statutory duty with the full resource.

3.0 Procurement Process for the Leeds LINK

3.1 Structure

- 3.1.1 The commissioning process was begun by an advisory team with officers from the City Council (including Corporate Procurement and Scrutiny Support), the involvement lead officers from Leeds PCT, Leeds Teaching Hospitals Trust and Leeds Partnerships Foundation Trust, Leeds Voluntary Community and Faith Sector and the Patient and Public Involvement Forums. Potential bidders were excluded from formal development of procurement by a Project Team but as much as possible has been discussed in the wider group. The Project Team will continue to undertake the procurement process and make recommendations to a formal Procurement Board.

3.1.2 A formal Procurement Board is being established which will be chaired by a senior officer from the Council's Corporate Services and will include the Deputy Director of Adult Social Services, the Council's Chief Equality Officer and probably one other LCC officer. The NHS will be represented by a PCT Executive Director, the VCF sector by a representative of the Leeds Voice Health Forum not connected to any potential bidders and there will be two service user / patient representatives.

3.2 **Timetable**

3.2.1 A formal invitation to submit Expressions of Interest to be Host for the LINK was issued and advertised on 22nd November with a closing date of 31st December. An information meeting for potential bidders was hosted on 6th November and other support has been given by the Council's Procurement Team. A verbal update on the result of this process will be given at the Board meeting.

3.2.2 The Expressions of Interest will be evaluated by the Project Team which will make recommendations on a short list to the Procurement Board which is scheduled to meet around the 25th January. This meeting will also approve draft specifications for the Host. There will then be a meeting with organisations shortlisted to be invited to tender to explain, discuss and comment on the proposed specifications. The prospective tenderers will then be asked to develop their formal proposals on how best to meet the specifications. Final tenders are expected to be requested by Easter leading to the award of contract for the Host during April. The contract will be subject to the City Council's normal ratification procedures.

3.3 **Consultation and Engagement**

3.3.1 The Project Team has sought to distribute information about the LINK widely within Leeds and updated information has been available on the Council's website as well as on the Procurement website. Information has been made available on audio tape and Braille where requested. NHS involvement networks for patient groups have been contacted by the NHS Trusts.

3.3.2 A city-wide event for patient, service user and carer groups was hosted in the Civic Hall on 4th December. The purpose was both to provide further information and to seek views on how the Host and LINK should be constituted. The former Chair of the Health and Adult Care Scrutiny Board attended the whole event and the current Chair was available to attend in the morning. Although the timing of the event limited attendance to around 60 people, the meeting was extremely helpful and was generally very well received. Further consultation is taking place with groups whose voices are not often heard. The evaluation is attached at Appendix 3 and the results are available separately.

3.3.3 A Service User, Carer and Patient Reference Group has been established and met for the first time on 19th December. This group will provide representatives onto the Project Team and Procurement Board, to be drawn equally from NHS patient representatives and users of Social Care services.

3.3.4 The engagement process has so far been predominantly about seeking views a vision for the LINK and consequent implications for the Host organisation specifications. However as the formal procurement process continues it will be important separately to develop a basis of involvement contacts for the new Host to engage with on appointment. There have also been discussions with Children Leeds to ensure that the interests of Children and Young People are included and represented as appropriate.

3.4 Transitional Arrangements

- 3.4.1 The Act instructs Local Authorities to make transitional arrangements where there will not be a Host or LINK operative by the time the current PPI Forums are wound up at the end of March. Information from around the country suggests that only a minority of areas will have a Host organisation, let alone a LINK functioning at this time and, as reported in 2.3 above, the Council joined in representations to the Secretary of State for Health to make appropriate provision.
- 3.4.2 Although, if the projected timetable goes to plan the transitional period in Leeds will be fairly short, further discussions will take place with all stakeholders around what is required, and especially around continuity for NHS patient interests where there is formal representation via the PPI Forums., both within the NHS Trusts and for bodies such as this Scrutiny Board. The Director of Adult Social Services has written to all PPI Forum members in Leeds recognising the contribution they currently make and offering discussions around how their commitment can best be maintained. The letter also recognises that this is a particularly difficult time for all those connected with the Forums, not least the Support Organisation staff.

3.5 TUPE

- 3.5.1 The October report to this Board drew attention to the potential issue of TUPE provision for staff employed locally in supporting Forums. In Leeds, most recently, these staff have been employed by the Commission for Patient and Public Involvement in Health which is being wound up. The Act makes it clear that all CPPIH assets will revert to the Secretary of State for Health though it is not clear whether further guidance will enable assets to be made locally available to Host organisations. CPPIH staff had argued strongly that TUPE should apply but the Department of Health was leaving this decision to local authorities which were taking different views particularly as it was unclear to what extent the resource allocation could both be attractive to bidders and support TUPE provision. In early December, following representations from many quarters, the Department of Health and CPPIH issued Counsel's opinion which took the view that overall TUPE probably did not apply although it still might in local circumstances. Further advice has been sought over the period from the Council's own legal officers and the Procurement Board will state how this advice will affect formal tenders.

3.6 Regulations for the LINK

- 3.6.1 The Department of Health formally consulted on proposed regulations for the LINK and a response was formulated on behalf of the Council's Project Team. It was suggested that rather than rely on the Freedom of Information Act, relationships between the LINK and local agencies should be primarily through a locally negotiated set of protocols which built on the existing legislation. Further guidance was also sought about the inspection by LINK members of health and social care services commissioned by the NHS and the Local Authority.

3.7 Regional and National Support

- 3.7.1 The Project Team has kept in touch with development in the region and elsewhere. An offer of support from the Centre for Public Scrutiny has been taken up and will probably focus on the implications of the LINK for scrutiny and for elected Members.
- 3.7.2 There have also been discussions with the Commission for Social Care Improvement about a regional event to share progress and problems.

4.0 Implications for Council Policy And Governance

- 4.1.1 The government's proposal for LINKs is extremely ambitious. Although initially the LINK will not replace existing involvement mechanisms, it has the potential to recast the whole way in which statutory agencies engage with the public and users of their services. Although NHS organisations have for some time been accustomed to service inspections on behalf of patients, this formal dimension is new to social care and there will need to be further planning around how social care services will engage with the LINK
- 4.1.2 The Local Authority will have responsibility for assigning the contract for the Host and performance managing it over its three year period. Although the Host will eventually be primarily accountable to the LINK itself, a mechanism will be needed for formally reporting on contract performance mainly around technical issues and probity issues. However there could also be a troubleshooting role and it may also be that an offer of support and liaison from the statutory agencies would be welcomed by the LINK and the Host.
- 4.1.3 However the independence of the LINK is protected in the legislation. The local authority is not permitted to influence the LINK through management of the contract.

5.0 Legal And Resource Implications

- 5.1 The initial sum of £10,000 is currently being spent on supporting consultation and engagement and on administrative matters such as legal advice. Guidance will be sought as to whether any residue can be carried over into the next financial year as the commissioning and transitional processes continue.
- 5.2 By the time of this Scrutiny Board meeting, there may be formal confirmation of how the LINK allocation will be treated within the Area Based Grant. The allowance from the Department of Health is £308,000 for next year, with approximately similar sums for the following two years. Additional costs to the local authority and NHS of any transitional arrangements will need to be met from the first year's allocation.

6.0 Conclusions

- 6.1 The Council remains on track to commission the Host organisation for the Leeds LINK within the recommended timescale. Although, at the time of writing, there are still hurdles to surmount such as the establishment of a credible shortlist of bidders, the finalisation of specifications and the creation of transitional arrangements, the Council appears to be reasonably placed in terms of progress in comparison with other local authorities apart from those formally classed as Early Adopter Pilots.
- 6.2 The work so far could not have been successfully carried out without the active support of partners from the NHS, the VCF sector, and from patient, service user and carer groups. Their support and goodwill will continue to be needed as we negotiate the still tricky path towards establishment of the Leeds LINK.

7.0 Recommendations

- 7.1 The Board is requested to note the information in this report and to make such comment as it deems appropriate.

APPENDIX 1 LOCAL GOVERNMENT AND PUBLIC INVOLVEMENT IN HEALTH ACT

Part 14: Patient and Public Involvement in Health and Social Care

Procurement of “hosts” - Section 221 requires each social services authority to procure an organisation or “host” to establish and support a Local Involvement Network (LINKs) in each local authority area. The “host” will support LINKs to:

- promote and support the involvement of people in commissioning, provision and scrutiny of local care services (“care services” refers to both health and social care)
- enable local people to monitor and review the standard of local care services and report on how they could be improved
- obtain the views of local people about their experience of local care services and their care needs.

The responsibilities of LINKs can be amended by regulation by the Secretary of State but that they can only be added to not taken away, as was possible in the original Bill. The Act outlines the bodies that are not permitted to provide such support or become a LINK: they are local authorities; NHS trusts; NHS foundation trusts; primary care trusts or strategic health authorities.

Local Involvement Networks (LINKs) – LINKs will be required to have a clear governance structure including: the process for decision-making; how LINKs members are authorised to act on behalf of the LINKs; financial arrangements; and how breaches of authority are dealt with.

Health and social care providers will be required to: respond to LINKs requests for information; consider and respond to reports and recommendations made by LINKs; allow authorised representatives of LINKs to enter and view premises on which care is delivered (but representatives will not be permitted to enter and view private rooms of individuals).

LINKs must produce an annual report giving details of their activities, their membership and their financial arrangements.

Relationship between LINKs and overview and scrutiny committees – LINKs are able to refer “social care matters” to the appropriate overview. There is no obligation for the committee to act on every referral but they must acknowledge the receipt of the referral and “keep the referrer informed of the committee’s actions in relation to the matter”.

Transitional arrangements – Local authorities will be expected to procure host arrangements by 31 March 2008 but in those areas where this has not been possible, local authorities will be subject to “temporary duty” lasting until 31 September 2008 to ensure that there are means to support LINKs activities. Temporary arrangements could include the local authority providing support to LINKs or agreeing an interim contract with another organisation to provide support to LINKs. The Act does not specify the consequences for local authorities if they have not procured host support by 31 September 2007.

Abolition of the Commission for Patient and Public Involvement in Health and Patients’ Forums – The Act abolishes the CPPIH and all Patients’ Forums with effect from 1 April 2008. All property, rights and liabilities of Patients’ Forum will transfer to the Secretary of State for Health. Furthermore, any legal proceedings may be continued by the Secretary of State. Before they are abolished, they will be required to prepare a report of “anything being done by the Patients’ Forum”.

Duty to involve service users (Section 233) – All NHS bodies, including strategic health authorities, must make arrangements to involve service users and/or their representatives in the planning, delivery, development and decision-making in relation to health services. Furthermore, all health bodies must publish a report (believed to be annual although this is not specified in the Act) giving details of the consultation it has carried out or proposes to carry out before making commissioning decisions. It must also report on “the influence the results of any relevant consultation had had on such matters”.

APPENDIX 2

Website links

A Stronger Local Voice July 2006 – the original consultation document setting out intentions.

http://www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=20130&Rendition=Web

Government Response to comments on A Stronger Local Voice December 2006

http://www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=SS_GET_PAGE&siteId=en&ssTargetNodeId=566&ssDocName=DH_062839

House of Commons Select Committee on Health report and the government response can be downloaded via:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075501

The NHS national centre for involvement has a section on LINKs and Department of Health **LINKs bulletins** so far can be downloaded from

<http://www.nhscentreforinvolvement.nhs.uk/index.cfm?Content=142>

Getting Ready for Links Guidance Documents August 2007

Planning your Local Involvement Network

Contracting a Host for your Local Involvement Network

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_077266

APPENDIX 3 - Stakeholder Event 4th December 2007 Evaluation

Results of Evaluation

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I felt able to have my say!	16	20	2		
<p>Group work listened to and being able to contribute Yes our leader very good at including everyone and interpreting our unprepared words The group was very active and well facilitated. I felt that it was run in a very inclusive way Good facilitation We were given time & space listen to Opportunity for all to input All able to listen to & respect each others ideas Biased views from platform Everybody listened to each point of view I felt comfortable to state my views The groups were small enough for everybody to have their views say I and all others on our table had an input and good point to make Frank and open disagreement In the first session after lunch Good discussions sessions I felt we did – I just hope all the evidence taken today will be positively looked at and implemented Need to get the Link and Host basics sorted out, LCC & other organisations need strong foundation to build up Found some of the means of harnessing information limited discussion Small group discussion everybody had there say Well facilitated, but concerned more clarity needed on disabled access needs prior to the event Very effective workshops with excellent facilitation Points of views were listened to an recorded</p>					
I enjoyed myself!	18	19	4		
<p>Please give details: The food was good Very good environment and food Friendly groups with genuine concerns and the food was great Taking part, meeting people good food Good food, would have liked to see more service user & care involvement I had a good time, nice to work with such a range of people, loads of different of opinions It's the delivery well found out whether or not you listened Conductive and positive around my table Met many people from different groups v. useful to hear a number of views different to those of my own Networking format, diversity of views Found much useful information and enjoyed talking with new folk and old hands! Good to meet with other groups and people (making links) Interesting company and enlightening discussions Good opportunity for meeting a variety of people & for discussion Concern about lack of definition of Links and delay in budget/set up Meeting new people and listening to them I thought the event was well organised. i.e. seating , programme, catering , venue The discussions were lively and I leant a lot from them, the presentations were the right length and paced out well. The day was the right length All the people on table 3 were good and hard working good food that was a real choice – not just bread and cakes I await the outcome, then I will be happy or not</p>					

I found the day useful!	17	16	3		
<p>Please give details:</p> <p>Lots of talk, interesting different views</p> <p>I appreciate the information in different formats</p> <p>Best of luck in the future</p> <p>Feel I understand Link better</p> <p>All info given today was useful but the proof of its usefulness is to be decided i.e. in your hands</p> <p>Networking awareness raised of forthcoming changes</p> <p>Listening to this points raised in the open discussion which often reflect the specific views of the people on the tables</p> <p>As above useful information and encouragement to get involved.</p> <p>Better microphones would have improved hearing but I did feel I began to understand the complexities around the issues</p> <p>I have learned a lot – reason to come to Leeds</p> <p>Well organised locally – but still waiting for some clarification nationally!</p> <p>More informed about Link now</p> <p>Networking achieved by all attendees at my table</p> <p>Clarified a lot of issues</p> <p>Opportunity to contribute ideas</p> <p>Disagree with selecting 3 comments from meeting to support platform – this was biased and not a good start for Links</p> <p>Don't; know until the outcome</p> <p>Learnt some ideas about Links but am still not clear about eventual outcome</p> <p>I was pleased to attend & found the event informative and encouraging</p> <p>Exchanging views with different people was very interesting and informative</p> <p>There is very mixed and unclear information around the functions and governance of Links and how they will impact on existing funding streams and involvement</p> <p>If you don't take part and say what you think no one will know your views</p> <p>The day was useful and informative. Presentations provided me with information requested</p> <p>Microphones still not as good and people need to know how to use them</p> <p>The networking was very good, I met a good number of people with whom I can work with, in a project I am involved with – because of my experience of working with support from PPI Forum</p> <p>Now I know what the Link is!</p>					