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Report of: Director of Adult Social Services

Report to: Scrutiny Board (Health and Well-Being and Adult Social Care)

Date: 20th February 2013

Subject: Healthwatch Leeds

Are specific electoral Wards affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, name(s) of Ward(s):		
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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, Access to Information Procedure Rule number:		
Appendix number:		

Summary of main issues

1. In January 2012 a delegated decision was made to undertake a procurement exercise in Leeds to commission a local Healthwatch organisation. The procurement exercise is now complete and a preferred bidder has been identified.
2. The contract will be awarded on or around February 8th 2013, following the call-in period which ends on February 4th 2013. From the date that the contract is awarded, that is from early February to the end of March 2013 (known as the mobilisation period); Officers will work with the preferred bidder and the Leeds Local Involvement Network (LINK) to ensure an effective transition from the LINK to Healthwatch Leeds.
3. As the procurement process has been completed and the transition from the Leeds LINK to Healthwatch Leeds is underway, we can look forward to what an established local Healthwatch will look like post 1st April 2013 and how it is starting to influence the commissioning and provision of local health and social care services.
4. Healthwatch Leeds will not solely be responsible for this, the Scrutiny Boards (Health and Well-Being and Adult Social Care, and Children and Families) and the Health and Wellbeing Board also have a role to play in the way that local services are planned and delivered. How they interact with each other will have a direct influence on improving outcomes for communities and people who use services.

Recommendations

5. The Board is asked to:
 - 5.1. Note the contents of this report.
 - 5.2. Consider the proposals to work in partnership with Healthwatch Leeds and the Health and Wellbeing Board to develop clarity around roles and responsibilities and to develop a collaborative way of working.
 - 5.3. Consider inviting representatives of Healthwatch Leeds' independent Board to provide an update on their strategic vision and direction at an appropriate time.

1 Purpose of this report

- 1.1 To update the Scrutiny Board on the procurement of a local Healthwatch organisation for Leeds (to be known as Healthwatch Leeds).
- 1.2 To inform the Scrutiny Board of the next steps for the transition from the Leeds Local Involvement Network to Healthwatch Leeds.
- 1.3 To propose arrangements for the development of the relationship between this Scrutiny Board, Scrutiny Board (Children and Families), the Health and Wellbeing Board and Healthwatch Leeds, for the purpose of improving outcomes for communities and the people of Leeds in relation to their health and social care needs.

2 Background information

- 2.1 The Health and Social Care Act 2012, makes provision for the establishment of local Healthwatch organisations in all 152 local authority areas. Local Authorities are under a duty to ensure that there is an efficient and effective local Healthwatch organisation in their areas by April 1st 2013.
- 2.2 Local Healthwatch organisations will replace Local Involvement Networks (LINKs), which will cease to operate on March 31st 2013. The duties, roles and responsibilities of the LINK 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 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, all of the local Healthwatch services will be available to children and young people.

- 2.3 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, we undertook benchmarking work with other local

authorities in the Yorkshire & Humberside region regarding their preferred option for commissioning local Healthwatch.

- 2.4 The outcome of this engagement was reported to the Director of Adult Social Services on December 5th 2011 for a delegated decision. The decision was made to undertake a procurement exercise for delivering Healthwatch Leeds.
- 2.5 In July 2012 the Centre for Public Scrutiny undertook a `Scrutiny Development Area` project with the Scrutiny Board in relation to the emerging roles of Scrutiny Board and local Healthwatch and how an effective relationship can be established and maintained. The notes from that project are attached at Appendix 1 for information.
- 2.6 A two stage procurement exercise was undertaken in 2012. Seven organisations/consortia were successful at the Pre-Qualification Stage (PQQ) and 5 of these organisations/consortia submitted a tender bid at the Invitation to Tender stage.
- 2.7 The outcome of the procurement exercise was that a preferred bidder was identified, and the Delegated Decision Notice was signed on the 14th January 2013. The decision is subject to call-in and this period ends February 4th 2013.
- 2.8 The preferred bidder for Healthwatch Leeds is the Touchstone Consortium, which includes Leeds Involving People, Leeds Metropolitan University and Inclusion North.
- 2.9 The Touchstone Consortium will be awarded a licence by the Care Quality Commission, to operate as Healthwatch Leeds on the 1st April 2013.
- 2.10 The Health and Social Care Act 2012 also imposes a responsibility on local authorities to commission NHS Complaints Advocacy from 1st April 2013, with the freedom to decide how to commission, based on local circumstances and need.
- 2.11 In Leeds the decision was made to commission NHS Complaints Advocacy from the advocacy consortium, Advonet. 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.

3 Main issues

- 3.1 The main ambition for local Healthwatch is that they drive up the quality of local services resulting in improved experience and outcomes for the people who use them. The main resources that local Healthwatch will have to achieve this will be the people involved in them and the knowledge, skills and competencies that they bring or develop during their involvement.
- 3.2 The formation of Healthwatch Leeds is not happening from scratch. There is a history of patient and public involvement in health and social care which have developed over many years, the most recent structure being LINks. Since their

creation in 2008, LINk have done considerable work building valuable relationships and expertise that need to be transferred to Healthwatch Leeds.

- 3.3 Leeds City Council is therefore committed to the successful transition of the current LINk members/volunteers and their identified work plan priorities, into Healthwatch Leeds. Like the Department of Health, the authority wishes to ensure that there is continuity of existing arrangements.
- 3.4 In addition to the outcomes which are required to be delivered by Healthwatch Leeds (please refer to Appendix 2), the Service Specification for Healthwatch Leeds, requires the following:
- that the preferred bidder works with the local authority, the LINk and the LINk Host organisation to prepare a Transition Plan for the transfer of LINk volunteers who wish to have a role in Healthwatch Leeds.
 - that arrangements be made to transfer the Leeds LINk knowledge base across to Healthwatch Leeds for April 1st 2013; and
 - that the on-going projects and activities identified by the LINk forms part of Healthwatch Leeds' initial Work Plan.
- 3.5 In 2012 a 'Looking Forward with LINk and Healthwatch' event was held for the members/volunteers of the Leeds LINk, assisted by an Officer from Adult Social Care. There were two main aspects to the event: identifying the projects and activities that the Leeds LINk would seek to transfer to Healthwatch Leeds; and identifying issues relating to the transfer of volunteers to Healthwatch Leeds.
- 3.6 The outcomes of the event will be shared with the preferred bidder and will form the basis of the Transition Plan. The local authority, the Leeds LINk, the LINk Host organisation and the preferred bidder will meet as soon as possible after the award of the contract to take this issue forward.
- 3.7 Volunteers from the Leeds LINk, from other existing networks and from the general public will have a range of volunteering opportunities available to them in Healthwatch Leeds, and they will be supported by a training, development and supervision plan.
- 3.8 To support the transition to Healthwatch Leeds and the implementation of Healthwatch Leeds on April 1st 2013, a Healthwatch Implementation Steering Group has been established, with representatives from relevant organisations to assist in the delivery of some additional key functions and arrangements, other than the transfer of the LINk legacy, which includes:
- 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 Health and Well-being and Adult Social Care Scrutiny Board. 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.
- 3.9 The Health and Social Care Act 2012 has brought unprecedented change, leading to hundreds of bodies being abolished, created or restructured. The new system comes into force in April 2013. This will lead to a number of new obligations for the local authority, including a duty to commission a local Healthwatch organisation and an independent NHS Complaints Advocacy service for Leeds.
- 3.10 Whilst the Act is set and the new system is beginning to emerge, there is still much that is not yet clear. Secondary legislation and guidance has been provided in respect of Healthwatch and NHS Complaints Advocacy, but is still anticipated for other areas. Some of the new organisations have been established for several months in 'shadow' form but are still identifying priorities, establishing their own understanding of the new system and where they fit in.
- 3.11 Despite the uncertainty, this provides us with an opportunity to shape roles and relationships; to look at how the Boards and Healthwatch Leeds can work collaboratively to avoid duplication and to improve outcomes for communities and people who use services.

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 has engaged with a broad range of stakeholders 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

- 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 successful tenderer 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.
- 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 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 1st 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 be a key organisation in ensuring that 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.

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 going out to tender (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 will not be available until January/February 2013.
- 4.4.2 The government has indicated what funding will be available for local Healthwatch organisations, until 31st 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. Performance will be measured against a number of key outcomes, details of which are attached in Appendix 2.

4.5 Legal Implications, Access to Information and Call In

- 4.5.1 A Designated Decision Notification has been signed off by the decision maker and was subject to call-in. The call-in period ended Monday February 4th 2013.

4.6 Risk Management

- 4.6.1 This procurement process 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 this was updated and presented to the Project Board at regular intervals.

5 Conclusions

- 5.1 We have undertaken a robust procurement exercise to identify a suitable provider for the Healthwatch Leeds contract. The recommended organisation has demonstrated its ability to meet the requirements of the service specification and the identified outcomes of the service.
- 5.2 We will be working with the Leeds LINk and the Touchstone consortium to ensure a smooth and effective transition.

6 Recommendations

- 6.1 The Board is asked to:
- 6.1.2 Note the contents of this report.
- 6.1.3 Consider the proposals to work in partnership with Healthwatch Leeds and the Health and Wellbeing Board to develop clarity around roles and responsibilities and to develop a collaborative way of working.
- 6.1.4 Consider inviting representatives of Healthwatch Leeds' independent Board to provide an update on their strategic vision and direction at an appropriate time.

Background documents¹

None

¹ 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.