



DRAFT SHEFFIELD CITY COUNCIL Cabinet Report

11

Report of: Richard Webb, Executive Director - Communities

Date: 1 August 2012

Subject: Approval for the procurement strategy, specifications and contract award for Healthwatch Sheffield

Author of Report: Kate Register,
Development Manager, Quality & Involvement
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Summary:

- The Health and Social Care Act 2012 stipulates that Healthwatch will be the new consumer champion for both health and social care. This will replace local LINKs. It will exist in two distinct forms – Local Healthwatch, at local level, and Healthwatch England, at national level.
- The proposals in the Health and Social Care Act give the Local Authority a duty to establish, in a locally determined way, organisation/organisations to deliver the existing functions of LINK plus some new responsibilities around information and advice for citizens and specialist independent advocacy for NHS complaints.
- It is proposed that we competitively tender for Healthwatch Sheffield under two lots; the first lot will deliver the core Healthwatch requirements; the second lot will deliver the NHS complaints advocacy service. This gives the best possibility of a strong, professional service that complements the overall Healthwatch vision. The procurement exercise will make it explicit that potential bidders need to demonstrate how they will scale up/down their proposed service according to the resources to be made available by the Department of Health.
- This report seeks approval for all aspects of the Procurement strategy, specifications and delegated decision making at contract award for Healthwatch Sheffield.

- Further direction from the Department of Health is expected around the funding formula and the role of Healthwatch with respect to children's social care issues
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Reasons for Recommendations:

- We have a duty to obtain 'Best value' in any service we deliver.
- Stakeholders have indicated that Healthwatch needs to provide innovative ways to gather and include their views. Tendering will maximise opportunities for creativity and innovation in the delivery of Healthwatch.
- Sheffield City Council Standing orders indicate the requirement to tender for services where the contract value exceeds £50k.
- UK/European regulations require that the procurement process is open, fair, transparent and non-discriminatory and that supply contracts over £173k must be subject to competitive tender.

Recommendations:

It is recommended that Cabinet:

- approves the procurement strategy and draft specification for Healthwatch Sheffield and the advocacy service.
- delegates to the Executive Director of Communities in consultation with the Cabinet Member with the Health, Care and Independent Living Portfolio and the Director of Commercial Services the decision to award the contracts and to determine the terms and conditions upon which the contracts will be awarded.
- delegates to the Executive Director of Communities in consultation with the Cabinet Member with the Health, Care and Independent Living Portfolio the ability to take action which he feels is necessary to achieve the outcomes outlined in this report.

Background Papers:

- Equality Impact Assessment
 - Healthwatch Pathfinder for Sheffield report
 - Procurement Strategy Approval Form
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Category of Report: OPEN

Statutory and Council Policy Checklist

| |
|---|
| Financial Implications |
| YES Cleared by:E Orme |
| Legal Implications |
| YES/Cleared by: David Hollis |
| Equality of Opportunity Implications |
| YES Cleared by: B Coukham |
| Tackling Health Inequalities Implications |
| YES/NO |
| Human rights Implications |
| YES/NO: |
| Environmental and Sustainability implications |
| YES/NO |
| Economic impact |
| YES/NO |
| Community safety implications |
| YES/NO |
| Human resources implications |
| YES/NO |
| Property implications |
| YES/NO |
| Area(s) affected |
| |
| Relevant Cabinet Portfolio Leader |
| Councillor Mary Lea |
| Relevant Scrutiny Committee if decision called in |
| Healthier Communities and Adult Social Care |
| Is the item a matter which is reserved for approval by the City Council? |
| YES/NO |

| |
|----------------------|
| |
| Press release |
| YES/NO |

Approval for the Procurement Strategy of Healthwatch Sheffield

1.0 SUMMARY

- 1.1 As part of the Government Health reforms, a commitment has been made to strengthening the patient, service user and public voice in health and care services. (The Government white paper *Equity and excellence: Liberating the NHS* sets out that vision for the NHS; *Vision for Adult Social Care, Working Together to Safeguard Children* and *Update of the Carers Strategy* sets out the vision for social care).
- 1.2 The Health and Social Care Act 2012 makes provisions for new commissioning and funding arrangements in the UK including the establishment of local and national Healthwatch. Healthwatch England will be established from 1st October 2012, and Healthwatch Sheffield will be established from 1st April 2013.
- 1.3 The Health and Social Care Act gives the Local Authority a duty to establish, in a locally determined way an organisation/organisations to deliver the existing functions of LINK plus some additional responsibilities around information and advice for citizens and specialist independent advocacy for NHS complaints.
- 1.4 The current arrangements for Local Involvement Networks (LINKs) will cease on 31st March 2013. LINKs were established in 2008 as an independent network representing the views of users of local health and social care services to commissioners. The LINK is made up of volunteers, led by its participants and managed by an elected Governing Board. The LINK is supported by a host organisation, which in Sheffield is Voluntary Action Sheffield.
- 1.5 Healthwatch Sheffield will continue to have the same powers and obligations as LINKs, which are:
- Voice and influence role; representing the views of local children, young people and adults with health and social care providers.
 - Quality monitoring role; including powers to conduct enter and view visits to places of service provision.

The Act makes provision for Healthwatch to have some additional responsibilities which include:

- The provision of an independent complaints advocacy service for individuals who require some support progressing a complaint about NHS services.
- The ability to feed up to Healthwatch England local views on health and social care in order for Healthwatch England to present a national viewpoint about issues.
- A seat on the local Health and Wellbeing Board, in order to influence local decisions in regard to health and social care.

- Provide an independent advice and information service, or signposting service on health and social care locally.
- 1.6 Healthwatch Sheffield will be set up as an independent entity that will decide its own priorities and work programme
 - 1.7 Additional funding for the new responsibilities will transfer across to Local Authorities for the financial year 2013/14.
 - 1.8 This report seeks approval to go out to competitive tender using the restricted procedure to let an overarching Healthwatch Sheffield element, alongside a separate specialist complaints advocacy element. In effect one tender to include two lots. This was determined to be the best strategy through an options appraisal (Appendix D) and means that any provider wishing to deliver both lots only has to complete one pre-qualifying questionnaire.
 - 1.9 The exact nature and amount of the funding allocation will not be known until December 2012. Prospective providers will need to demonstrate flexible delivery plans, which can be scaled up or down, to respond to the actual level of funding received.
 - 1.10 This report seeks approval for the Procurement strategy, specifications and delegated decision making at contract award for Healthwatch Sheffield.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

- 2.1 Sheffield City Council, together with Sheffield LINK and the Sheffield Host (Voluntary Action Sheffield) together applied to the Department of Health to become a Pathfinder. The Sheffield Pathfinder proposal outlined the way we would work in Sheffield to develop a local vision and model for Sheffield based on the requirements of the Health and Social Care Act and on Sheffield stakeholder views.
- 2.1 Sheffield City Council, together with Pathfinder colleagues adopted a co-production approach to the development of the vision (see below) specifications (see **appendix A and B**) and procurement process for Healthwatch Sheffield. This was done via workshops and events held as part of the Pathfinder to enable key organisations, groups and citizens to shape proposals (see **appendix C** for details of how the engagement took place). Views and conclusions expressed have been used to directly influence and produce the vision, specification and procurement process within legal parameters. Conclusions reached early on have been tested with stakeholders to ensure all the plans accurately reflect local views.
- 2.2 The vision that stakeholders have produced is set out below. The yellow highlights indicate the 'golden thread' approach, whereby stakeholder views have directly contributed to the vision produced.

Sheffield Vision for Healthwatch

- Sheffield Healthwatch will be a **strong local consumer voice** that **makes a difference** to Health and Social Care provision on behalf of the children, young people and adults of Sheffield.
- Sheffield Healthwatch will be a **network of networks** that builds on the work of LINK.
- It will **expand and utilise the existing expertise** of third sector organisations and groups of children, young people and adults in Sheffield.
- It will provide a mechanism for **diverse voices** across Sheffield to be heard and ensure that where there are children, young people or adults who are seldom heard, Healthwatch will **provide innovative ways** to gather and include their views.
- It will be a **respected and credible** organisation that is unafraid to challenge service providers and commissioners.
- It will bring together robust, **evidence based local intelligence** that influences key decision making for Health and social care.
- It will ensure that every individual who approaches Healthwatch for information and advice, receives **timely and good quality information** from Healthwatch or one of its signposting organisations.
- It will ensure **complaints advocacy** for NHS complaints is available for all Sheffield children, young people and adults who request that support. (From April 2013)
- Sheffield Healthwatch will be known within the city with an **excellent communications strategy**.

2.3 The model of a network of networks is illustrated on the following page. This describes an agreed model where the whole network represents Healthwatch Sheffield and the hub contract carries out a co-ordination function for the whole.

- 2.4 The proposal for Healthwatch Sheffield is set out under four key objectives which Sheffield City Council have described in more detail in service specifications (**Appendix A and B**):
- To establish an approach to public voice, information provision, support and advocacy in health and social care which is integrated and embedded in networks across the city of Sheffield.
 - All children, young people, adults and communities in Sheffield will have equal access to the support and information they need to make health and social care choices which meet their individual needs.
 - Provision of a transparent, accountable and non-bureaucratic governance structure for Sheffield Healthwatch which places public voice at the heart of local health, social care and public health decision making and commissioning.
 - Establish a Healthwatch that is an effective 'critical friend' of the Clinical Commissioning Group, Sheffield City Council, the new Health & Wellbeing Board and providers of local health, social care and public health services, using the existing powers of LINK and developing a strong relationship with Sheffield's Health Scrutiny arrangements.
- 2.5 The service specifications (**Appendix A and B**) have been designed to set out clear principles, standards and outcomes but to allow potential bidders for the contract flexibility and scope in designing the most innovative, effective and creative way to provide a service that adheres to those principles. This was in direct response to stakeholder input and feedback.
- 3.0 EQUALITY CONSIDERATIONS**
- 3.1 An equality impact assessment has been completed that has been informed by comments made during the stakeholder involvement exercises. The specification and tender process have also been informed by stakeholder contributions.
- 3.2 The proposed model maximises the opportunities for every Sheffield citizen to take part in Healthwatch Sheffield and have their voice heard. The coproduced vision has equality of access and diversity enshrined as a principle.
- 3.3 The new Healthwatch Sheffield organisation will become a corporate body and therefore have public sector duties and responsibilities including compliance with the Equality Act.

- 3.4 Stakeholder involvement in equality impact assessment has directly influenced the proposed procurement strategy and plans. For example, additional tender support events have been held by Commercial Services to encourage smaller organisations with less experience to be involved.
- 3.5 The stakeholder engagement plan was designed to involve a wide range of citizens and organisations. A range of creative mechanisms was employed to ensure that everyone had an accessible opportunity to participate.

4.0 LEGAL IMPLICATIONS

- 4.1 As stipulated in the Health and Social Care Act 2012, Healthwatch will be the new consumer champion for both health and social care. It will exist in two distinct forms – Local Healthwatch, at local level, and Healthwatch England, at national level.
- 4.2 The Act does not allow for a host arrangement, unlike the arrangements for establishing LINKs which stipulated that a host arrangement be put in place.
- 4.3 The Act stipulates that local authorities have a duty to establish a local Healthwatch in their area. However, there is considerable freedom for a local authority to determine the appropriate approach in their area, taking into account the local situation and stakeholder opinion but will be subject to some limitations within regulations that are yet to be published..
- 4.4 The local Healthwatch will be held accountable for the public money used to establish and run it by publishing an annual report.
- 4.5 The local Healthwatch will be established as a corporate body, but this could be done by an existing organisation(s) in a range of different ways to be determined locally provided contractual arrangements for providing the Healthwatch are made with a social enterprise. This restriction does not apply in relation to the advocacy service
- 4.6 Healthwatch England does not have a regulatory role with respect to local Healthwatch, but can provide advice and support for a local Healthwatch.
- 4.7 The Department of Health has delayed the start date for Healthwatch until 1st April 2013 from the original date of 1st October 2012. LINKs funding will continue until 31st March 2012 and the host contract with VAS will be extended until that time. A period of transition is planned between LINK and the new provider between 2nd January and 1st April 2013. Healthwatch England will be established in October 2012.
- 4.8 The Department of Health is currently undertaking consultation around the development of the regulations. A response to the consultation will be published in July, but the publication of the regulations themselves is not scheduled to be until October 2012. No draft regulations will be

available before that date.

- 4.9 The attached draft specifications for the new contracts have been seen by the Health and Wellbeing board in June 2012.
- 4.10 Council Standing Orders require that any money spent on services with a contract value over £50k requires a tendering process. UK/European regulations require the process to be open, fair, transparent and non-discriminatory and that Service/Supply contracts over £173k must be subject to competitive tender

5.0 FINANCIAL IMPLICATIONS

- 5.1 Funding for Healthwatch Sheffield will be allocated to Sheffield City Council from several different funding streams.
- 5.2 The Department of Health has indicated that it will divide and transfer the funding from the current national contract for complaints advocacy and allocate a sum to each local authority for this purpose.
- 5.3 The Department of Health indicated that the funding for the information and advice element of local Healthwatch would come from current PCT PALS funding. However, there has been no decision yet about exactly how funding may transfer.
- 5.4 The Department of Health has not confirmed funding allocations, and has indicated that it will not do so until December 2012. A factsheet on some of the indicative funding amounts has been received from the DoH. See table below. The latest (June 2012) indicative amounts are substantially reduced from the previous indicative amounts (Jan 2012).
- 5.5 The existing funding for the LINKs function was mainstreamed in 2010/11 budget as part of the area based grant review.

The table below summaries the indicative amounts for the new functions transferring

| Funding source | 2013/14 | subsequent years funding |
|-----------------------------------|----------------|---------------------------------|
| PCT PALS (information and advice) | £133k | £133k |
| ICAS (complaints) | £166k | £166k |
| Indicative total | £299 | £299 |
| | | |

This indicates transfer funding of £897,000 over a 3 year period for Sheffield, however dependent on how this is funded ie as a specific grant or via the revenue support grant, the actual funding level will not be

confirmed until Dec 2012. If funding is not via specific grants then it is likely the allocation to Sheffield will be less than this indicative figure.

Some flexibility in the tender arrangements to allow us to adapt based on the funding actually received. Potential providers will be expected to demonstrate the ability to scale up/down their service delivery according to available resources from the Department of Health.

- 5.6 The Department of Health has indicated that none of the Healthwatch funding streams will be ring-fenced funding. However, it is not yet clear how this will be passported to local authorities and depending which route is used will impact on funding available.
- 5.7 A small amount of development money for 2012/13 (£36,617) has been allocated to Sheffield City Council in addition to ongoing LINKs funding.
- 5.8 It is proposed that an ongoing percentage be retained by Sheffield City Council for contract management costs.
- 5.9 It is proposed that a portion be retained by Sheffield City Council for contingencies. This might be for example if a gap in engagement mechanisms emerges or is identified for a particular group of people, the contingency might be employed to support that.

6.0 PROCUREMENT STRATEGY

- 6.1 Procurement Strategy Approval will also be sought via the duly authorised Director of Commercial Services as required by contract standing orders.
- 6.2 A procurement timetable has been developed below:
 - Pre-Qualification Questionnaire (PQQ) available – 6th August 2012
 - Deadline for PQQ submission – 6th September 2012
 - Evaluation of PQQ – By 21st September 2012
 - Deadline for submission of Tenders - November 5th November 2012
 - Interviews and presentations – 12th November 2012
 - Evaluation of Tenders – By 23rd November 2012
 - Contract Award (Contract Award Notice published) - 1st January 2013
 - Anticipated contract start date - 1st April 2013
- 6.3 An options appraisal (**Appendix D**) has been undertaken to determine the best approach to tendering for the specialist independent advocacy for the NHS complaints service.
- 6.4 It is recommended that the two elements, overarching Healthwatch and complaints advocacy, be let as two separate lots under one tender

process.

- 6.5 Healthwatch tender opportunity Awareness Raising Events were run in November 2011 and January 2012 to generate market interest in the opportunity and understanding of the procurement process. This was in response to stakeholder feedback which wanted the opportunity to be available to as many organisations as possible, including those that may have less experience of submitting tenders, but have creative and innovative ideas for service delivery.
- 6.6 A tender support event took place on 27 June 2012, which was advertised to potential suppliers through the buy4sheffield distribution list, VAS connections and buying solutions notice board. In addition all stakeholder engagement events have also drawn attention to this opportunity.
- 6.7 Further engagement is planned including involvement of stakeholders (children, young people and adults) in the evaluation of tenders and preferred supplier recommendation.
- 6.8 It is anticipated that this tender opportunity will primarily be of interest to third sector organisations with experience in the voluntary sector.
- 6.9 The tender opportunities will be open to a stand alone organisation or to a group of organisations tendering as a consortium. If a consortium is tendering for the contract(s) Sheffield City Council will require that one of the consortium members is the lead organisation that SCC will engage with for contract management purposes.

7.0 ALTERNATIVE OPTIONS CONSIDERED

7.1 The Council is prohibited under the Act from delivering Healthwatch itself.

7.2 In compliance with the Council's Standing Orders, European finance regulations and the strongly expressed views of Sheffield stakeholders, there was no other realistic option other than to go out to tender for an overall Healthwatch contract.

7.3 An options appraisal for the complaints advocacy component of the contract has been completed. This included stakeholder views of available options. The highest scoring option recommended that the complaints aspect be let as a separate lot alongside the overarching Healthwatch lot within one tender process.

8.0 REASONS FOR RECOMMENDATIONS

8.1 We have a duty to obtain 'Best value' in any service we deliver.

8.2 Stakeholders have indicated that Healthwatch needs to provide innovative ways to gather and include their views. Tendering will maximise opportunities for creativity and innovation in the delivery of

Healthwatch.

- 8.3 Sheffield City Council Standing orders indicate the requirement to tender for services where the contract value exceeds £50k.
- 8.4 UK/European regulations require that the procurement process is open, fair, transparent and non-discriminatory and that Service and that supply contracts over £173k must be subject to competitive tender.
- 8.5 Letting the complaints advocacy service as a separate lot within one tender gives the best possibility of a strong professional service for citizens that complements rather than detracts from the overall Healthwatch vision.

9.0 RECOMMENDATIONS

9.1 It is recommended that Cabinet:

- approves the procurement strategy and draft specification for Healthwatch Sheffield and the advocacy service.
- delegates to the Executive Director of Communities in consultation with the Cabinet Member with the Health, Care and Independent Living Portfolio and the Director of Commercial Services the decision to award the contracts and to determine the terms and conditions upon which the contracts will be awarded.
- delegates to the Executive Director of Communities in consultation with the Cabinet Member with the Health, Care and Independent Living Portfolio the ability to take action which he feels is necessary to achieve the outcomes outlined in this report.

Specification for Healthwatch Sheffield

1.0 Background

- 1.1 As part of the Government Health reforms, a commitment has been made to strengthening the patient, service user and public voice in health and adult social care services. (The Government white paper *Equity and excellence: Liberating the NHS* sets out that vision for the NHS; *Vision for Adult Social Care, Working Together to Safeguard Children* and *Update of the Carers Strategy* sets out the vision for social care).
- 1.2 The Health and Social Care Act 2012 makes provisions for new commissioning and funding arrangements in the UK including the establishment of Healthwatch. Healthwatch England shall be established from 1st October 2012, and Healthwatch Sheffield shall be established from 1st April 2013.
- 1.3 The current arrangements for Local Involvement Networks (LINKs) shall cease on 31st March 2013. LINKs were established in 2008 as an independent network representing the views of users of local health and social care services to commissioners. The LINK is made up of volunteers, led by its participants and managed by an elected Governing Board. The LINK is supported by a host organisation, which in Sheffield is Voluntary Action Sheffield.
- 1.4 Healthwatch Sheffield shall continue to have the same powers and obligations as LINKs, which are:
- Voice and influence role, representing the views of local children, young people and adults with health and social care commissioners and providers
 - Quality monitoring role, including the power to conduct enter and view visits to places of service provision

The Act makes provision for Healthwatch to have some additional responsibilities, which include:

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- The provision of an independent complaints advocacy service for individuals who require some support progressing a complaint about NHS services.
 - The ability to report concerns about quality of Health and social care locally to Healthwatch England, independent of the Local Authority, with the basis that Healthwatch England can recommend the Care Quality Commission to take action.

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- The ability to feed up to Healthwatch England local views on health and social care in order for Healthwatch England to present a national viewpoint about issues.
 - A seat for a Healthwatch Sheffield representative on the local Health and Wellbeing Board, in order to influence local decisions in regard to health and social care
 - Provide an independent advice and information service, or signposting service on health and social care locally

1.5 Additional funding for the new responsibilities shall transfer across to Local Authorities for the financial year 2013/14.

2.0 National vision for Healthwatch

2.1 Healthwatch Sheffield shall be established as a corporate body, able to employ its own staff and recruit volunteers, so it can become the influential and effective voice of the public. It shall have to keep accounts and make its annual reports available to the public

2.2 The aim of Healthwatch Sheffield shall be to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality

3.0 Local Authority role in Healthwatch

3.1 Sheffield City Council has a duty to ensure that there is an effective and efficient local Healthwatch in their area.

3.2 Local Authorities have the freedom to decide how to commission or arrange a local Healthwatch.

3.3 Healthwatch Sheffield shall be accountable to Sheffield City Council for operating effectively, achieving outcomes and providing value for money.

3.4 At least one representative of Healthwatch Sheffield shall sit on the new Local Authority Health and Wellbeing Board, providing a strong consumer voice and ensuring this is integral to the wider, strategic decision-making across local NHS services, social care and health improvement.

3.5 Sheffield Council shall also be subject to scrutiny from Healthwatch Sheffield in respect of their social care services and public health function.

4.0 Transition from LINKs to Healthwatch

4.1 The government expects Local Authorities to work with their existing LINKs wherever possible to manage a transition from LINKs to Healthwatch.

4.2 The government has emphasised the importance in continuity through the transition from LINKs to Healthwatch.

- 4.3 In Sheffield a transition contract and plan has been developed by Sheffield City Council, Sheffield LINK and its current host organisation, Voluntary Action Sheffield (VAS). This is being actively monitored by Sheffield City Council.
- 4.4 The Pathfinder (see section 5.0) also addresses transition issues and planning for transition.

5.0 Pathfinder in Sheffield

- 5.1 Sheffield City Council, together with Sheffield LINK and its host, Voluntary Action Sheffield (VAS), jointly applied for Pathfinder status from the Department of Health.
- 5.2 Pathfinder status was granted to Sheffield by the Department of Health.
- 5.3 Work to deliver the Sheffield Pathfinder plan has been carried out by the LINK, VAS and Sheffield City Council, largely within existing resources.
- 5.4 £5k was allocated to Sheffield City Council for Pathfinder activity (as outlined in the Sheffield Pathfinder report) by the Department of Health in April 2012 for the financial year 2011/12.
- 5.5 Sheffield has contributed to key national Pathfinder workshops and has been chosen by the Local Government Association as a national case study.

6.0 Sheffield approach to Healthwatch

- 6.1 Sheffield City Council, together with Pathfinder colleagues, has adopted a co-production approach to the development of the specification for the Sheffield Healthwatch.
- 6.2 Workshops have been held with key stakeholders including: local children, young people and adults, officers from the Local Authority, a range of NHS staff, representatives from Voluntary, Community and Faith sector organisations, individual citizens and other groups of interest to determine what shape Healthwatch in Sheffield should take. Their comments and priorities have informed both the service specification and the procurement process, within legal and statutory parameters.
- 6.3 Officers have also been available to go out to groups and partnership boards to discuss Healthwatch in more detail and these comments too have been fed in to the overall development process.

Service Specification

Highlighted = a key 'golden thread' from co-production workshops

VISION FOR SHEFFIELD

1. Sheffield vision for Healthwatch

- 1.1. Healthwatch Sheffield vision has been **co-produced** over a series of workshops with key stakeholders
- 1.2. Healthwatch Sheffield shall be a **strong local consumer voice that makes a difference** to Health and Social care provision on behalf of the children, young people and adults of Sheffield.
- 1.3. Healthwatch Sheffield shall be a **network of networks** that builds on the work of LINK
- 1.4. It shall **expand and utilise the existing expertise** of third sector organisations and groups of children, young people and adults in Sheffield
- 1.5. It shall provide a mechanism for **diverse voices** across Sheffield to be heard and ensure that where there are children, young people or adults who are seldom heard, Healthwatch shall provide **innovative ways** to gather and include their views.
- 1.6. It shall be a **respected and credible** organisation that is unafraid to challenge service providers and commissioners.
- 1.7. It shall bring together robust, **evidence based local intelligence** that influences key decision making for Health and Social care
- 1.8. It shall ensure that every individual who approaches Healthwatch for information and advice receives **timely and good quality information** from Healthwatch, or one of its signposting organisations.
- 1.9. It shall ensure that **complaints advocacy** for NHS complaints is available for all Sheffield children, young people and adults who request that support. (provided possibly by 3rd party contract)
- 1.10. Healthwatch Sheffield shall be well known within the city, with an **excellent communications strategy**.

2. Organisational requirements

Healthwatch Sheffield must be:

- 2.1. **Independent** - A free-standing body which is respected for its independence and trusted by residents and stakeholders.
- 2.2. **Competent** – an organisation that can demonstrate the relevant skills and competencies required to deliver its functions
- 2.3. **Skilled for influencing** – able to make an impact on the local commissioning and provision of health and social care.

- 2.4. **Supporter of Volunteers** - makes best use of both volunteers and paid officers and support them to work effectively together.
- 2.5. **Accountable** – working to a clear set of standards against which the Local Authority and the residents it serves can appreciate its success.
- 2.6. **Evidence based** - a body which uses a strong evidence base to underpin its views, priority setting and targeting of its efforts.

3. Who is Healthwatch Sheffield for and how shall it be accessed?

- 3.1. Healthwatch Sheffield is for anyone who is legally entitled to access health or social care services in Sheffield or anyone who cares for or represents anyone who is legally entitled to access health or social care services in Sheffield.
- 3.2. Healthwatch Sheffield shall be accessible to all citizens across Sheffield and shall actively seek the views and experiences of local children, young people and adults including ‘seldom heard’ groups. It shall use a wide variety of media and creative mechanisms for people to be in touch and involved.
- 3.3. Healthwatch Sheffield shall make full use of existing and well-established links and networks, and build on existing relationships and networks. It shall create and establish new networks and relationships to ensure a strong network of networks within the city underpins Healthwatch Sheffield activities.

4. KEY SERVICE FUNCTIONS

4.1. Advice and information

Providing advice and information about access to local health and social care services and support for making informed choices with respect to those services.

- 4.1.1. Healthwatch Sheffield shall operate a citywide advice and information signposting service, which **maximises information that already exists and works** with service providers and service users of all ages to identify and fill information gaps.
- 4.1.2 Healthwatch shall provide, or signpost to, information and advice on any aspect of health and social care.

- 4.1.3 It is expected that the service shall be available for citizens of all ages in a variety of forms, for example in person, online, via telephone etc. There shall be consideration given to ensure there are adequate opportunities for all citizens to access the service at times that are convenient to them.
- 4.1.4 In making the service available Healthwatch Sheffield must demonstrate it has taken full account of equality and diversity implications, including but not limited to consideration of the Equality Act.
- 4.1.5 Where Healthwatch Sheffield does not themselves hold the information requested, it shall signpost citizens to an organisation(s) or service(s) that can provide it.
- 4.1.6 If an individual requires support to access the required information, or has difficulty in obtaining the necessary advice and information, Healthwatch shall support the individual to obtain it.
- 4.1.7 Information and advice shall be tailored to specific need where possible and shall be delivered without bias to any particular organisation or group of organisations. Where there are a range of organisations that citizens could be signposted to, Healthwatch shall give citizens the choice as to how many contacts/websites/addresses they are given, and shall try and best match the information need with the organisation(s) that are most likely to be able to meet that need.
- 4.1.8 Healthwatch Sheffield shall build specifically on the work developed by LINK and its host in the transition year April 2012 – March 2013, and shall operate an advice and information service from 1 April 2013.
- 4.1.9 Healthwatch Sheffield information and advice service shall be expected to develop further its own knowledge of information and advice resources.
- 4.1.10 Healthwatch Sheffield is expected to maintain good links and relationships with other key information and advice providers within the city, for example Help Yourself directory and NHS 111.
- 4.1.11 Healthwatch Sheffield shall quality monitor the information provision to ensure that any concerns about information and advice provided by a third party are raised with the organisation concerned and addressed where these arise.
- 4.1.12 The Healthwatch Sheffield information and advice service shall be well advertised and generate a strong awareness within all areas of the city.

4.1.13 Information and advice shall be provided to end users in a timely and professional manner and queries shall be answered at the first point of contact where possible.

4.2. National Health Service (NHS) Complaints Advocacy

4.2.1. Responsibility for NHS complaints advocacy will also take effect from 1 April 2013. In Sheffield the complaints advocacy service shall be let as a separate lot within one tender.

4.2.2. Sheffield Healthwatch shall make arrangements for supporting local children, young people and adults with any complaints they may wish to progress in relation to NHS service provision either through:

4.2.2.1. A directly provided complaints advocacy service; or

4.2.2.2. Referral to a third party contracted by the Local Authority expressly for these purposes.

4.2.3 In 4.2.1 Healthwatch Sheffield shall:

- Support any complaints function by signposting people to this service if not provided in-house.
- Ensure there is a strong link between the provider of complaints advocacy and itself.

4.2.4 Information and statistics collected by the provider of the complaints advocacy service about NHS services through the complaints made shall be used as evidence by Healthwatch Sheffield when shaping their direction and priorities.

4.3 Voice and influence

Gathering views and understanding the experiences of children, young people and adults who use services, carers and the wider community.

4.3.13 Healthwatch Sheffield shall ensure that everyone in Sheffield has an opportunity to have their say and shall create opportunities where there are gaps. It must ensure there is equality of opportunity for all citizens, including alternative ways of holding meetings and collecting information, maximising opportunities for people across the city to give their views. This means meetings and events must be conducted in creative and non traditional ways that enable children, young people and adults to contribute positively.

4.3.14 Healthwatch Sheffield shall be creative and innovative and shall constantly be exploring new and successful ways to find out the views of Sheffield children, young people and adults by proactive engagement.

4.3.15 Healthwatch Sheffield shall use a network of networks, which it shall actively build to create and maintain strong relationships with many

groups and organisations across the city, and to gather the widest perspective of Sheffield citizens' views.

4.3.16 Healthwatch must employ demonstrably robust methods of gaining intelligence on the quality of health and adult social care services.

4.3.17 Healthwatch Sheffield must work to find ways of growing membership.

Making peoples views known.

4.3.18 Healthwatch Sheffield must use the data it gathers to provide effective voice and influence.

4.3.19 In order to give the children, young people and adults of Sheffield a strong and effective voice Healthwatch Sheffield shall routinely and on specific issues co-ordinate and analyse the expressed views of Sheffield citizens on health and social care issues.

4.3.20 Healthwatch Sheffield shall not act as a stand alone organisation, but be a central core team which shall provide strategic and administrative support, signposting, representation of patient and public voice and wider co-ordination of the Healthwatch approach and volunteers, being a core at the centre of the network of networks.

4.3.21 Healthwatch Sheffield shall represent the views of Sheffield children, young people and adults. This means that all views gathered may need to be represented on occasion eg at the Health and Well Being board. However, in conducting its own work, Healthwatch may also reach its own conclusions for recommendations.

4.3.22 Healthwatch shall demonstrate how childrens, young peoples and adults views have been represented to decision makers, and demonstrate how this has made a difference to commissioning plans and service delivery.

Promoting and supporting the involvement of children, young people and adults in the commissioning and provision of local health and social care services and how they are scrutinized.

4.3.23 Healthwatch Sheffield shall be an effective watchdog for all the children, young people and adults of Sheffield and ensure that the diversity of Sheffield opinion is sought and acted on.

4.3.24 Healthwatch should use a variety of mechanisms to explore service quality issues both routinely and where specific issues arise. This will include but not be limited to complaints or safeguarding issue or where a series of complaints or safeguarding issues are brought to their attention.

This shall include 'Enter and View' visits, both announced and unannounced.

4.3.25 At least one representative of Healthwatch Sheffield shall sit on the Health and Wellbeing Board.

4.3.26 Where decision makers or services do not take adequate note of the views of Sheffield Citizens, Healthwatch Sheffield shall make this known to the citizens of Sheffield and seek to address this through confident and constructive discussions with decision makers or services.

4.3.27 Healthwatch Sheffield must develop constructive relationships with health and social care providers and decision makers, but be unafraid to criticise where necessary.

4.4 Relationship with Healthwatch England

4.4.28 When it appears necessary, Healthwatch Sheffield shall recommend investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC).

4.4.29 Healthwatch Sheffield shall make the views and experiences of children, young people and adults known to Healthwatch England and shall provide a steer to help it carry out its role as national champion.

4.4.30 A timely two-way information flow shall be established between Healthwatch England and Healthwatch Sheffield. Healthwatch Sheffield's role shall be to ensure that it influences Healthwatch England's work and to inform it of local matters relevant to wider public health agendas.

4.4.31 Operate within best practice framework to be published by Healthwatch England.

4.5 Communication

4.5.29 Healthwatch Sheffield must develop and utilise a strong, effective and ongoing communications strategy which is reviewed and refreshed at least annually, ensuring that the children, young people and adults of Sheffield are able to access its service and are aware of its presence and activities.

4.5.30 The Healthwatch Sheffield Communication Strategy ('the Strategy') must include a range of means of communication that are accessible to all citizens of Sheffield, particularly those who are seldom heard, including but not limited to the use of social media and maximising the existing information we already have.

4.5.31 Healthwatch Sheffield shall focus attention on communication with seldom heard groups and marginalised communities.

4.5.32 Healthwatch Sheffield shall foster good relationship with the media to enhance communication with all citizens.

4.5.33 The Strategy shall include developing and maintaining strong and appropriate links with network organisations to facilitate open communication as widely as possible.

4.5.34 The Strategy must ensure its existence and work are well publicised and ensure the citizens of Sheffield, commissioners and providers understand the role of Healthwatch and how to access it.

4.6 Volunteers and members

4.6.1 Healthwatch Sheffield shall be expected to engage with and use a variety of volunteers and members and shall have strategies to recruit them to reflect the diversity of all citizens of Sheffield, particularly those from seldom heard and protected groups.

4.6.2 Where it does use volunteers and members Healthwatch Sheffield shall provide appropriate training and support for them and provide them with a suitable person specification.

4.6.3 Healthwatch Sheffield shall have suitable indemnity insurance for any activity volunteers undertake.

5.0 Employment

5.1 The Provider shall have employment policies and processes that take into account all current legislation. The policies shall cover advertising, recruitment and selection, supervision and training, disciplinary and grievance procedures and equal opportunities.

5.2 A standard application form shall be completed and used throughout the recruitment process. The application form shall provide for details of employment history, explanation of gaps in employment and declaration of previous convictions. The application form shall be signed to confirm the veracity of the information given.

5.3 Gaps in employment history shall be investigated. If convictions are declared a risk assessment shall be undertaken to determine the suitability for employment in the service.

5.4 It shall be the responsibility of the Provider to ensure that any individual involved in the provision of the Service or as a member of Healthwatch that shall have access to vulnerable adults or children shall be subject to Enhanced CRB checks.

5.5 A minimum of two written employment references shall be obtained and checks made to confirm referee status. One of the references

shall be from the current or most recent employer; the second can be a personal reference from a referee who is not a family member or a personal friend. If the applicant has had no previous employment then two references may be sought from professional persons.

5.6 As no employees of the Council are engaged in the provision of the Host Service, we consider that the Transfer of Undertakings (Protection of Employment) Regulations 2006 do not apply to this tender because no employees are employed by the Host Service. However, at the expiry of the contract if the Service is re-tendered and employees of the Service Provider or one of its sub-contractors are employed or engaged in the provision of the Host Services then TUPE may apply. Clause 28 of the draft form of Contract sets out a number of requirements on the part of the Service Provider if TUPE applies.

6.0 Governance

6.1 Healthwatch Sheffield must adopt a governance model that ensures all children, young people and adults in Sheffield can be represented by Healthwatch Sheffield.

6.2 The model must be a strong and creative one that includes meaningful involvement of volunteers.

6.3 Healthwatch Sheffield shall operate within an accountability framework including accountability for decision making and transparency of decisions.

6.4 Healthwatch Sheffield must ensure that the governance model it adopts reflects best practice guidance published by Healthwatch England (NB publication date not yet known)

6.5 The code of conduct for the provider shall be the Nolan Principles of Public Life

7.0 Record Management

7.1 The Provider shall maintain records to a professional standard. This shall apply to financial and other records including but not limited to recruitment and training, staffing and records of Healthwatch and its activities.

- These records shall be kept in such a way as to facilitate the transfer of information at the end of the contract.

8 Contract Monitoring, Review and Reporting

8.1 The Provider shall have in place and be able to demonstrate to the Purchaser a robust system for ensuring the quality of the service it provides and the quality of Healthwatch activities.

- The Purchaser reserves the right to take its own measures to satisfy itself as to the quality of the service delivered by the Provider in relation to Healthwatch.
- The Provider shall prepare and present financial and other data and reports as requested by the Purchaser and shall meet with the Purchaser at intervals as determined by the Purchaser and as required by Healthwatch. The type, volume and frequency of the data shall be further specified as Healthwatch progresses, however the reporting shall be at least six monthly.
- The Provider shall actively participate and contribute to reviews and evaluation of Healthwatch and its activities as required.
- Following initial and subsequent reviews the Purchaser may, in agreement with the Provider, seek to vary the Service Specification. Such variations shall be in line with the purpose and guidance on Healthwatch and its activities as issued by the Department of Health.
- The Provider shall prepare and present an annual report on Provider and Healthwatch expenditure, activity and achievements as required by the Purchaser and by the Department of Health. The Purchaser should be able to validate this report and it shall be a public document.
- The Provider shall agree with the Council, prior to contract signature, a number of high-level performance targets, that shall be included in the Contract and against which the Council shall measure the effective implementation of the Services. The final scope of the targets shall be determined by the scope of services offered by the Provider but it is anticipated they shall cover areas such as, budget management, service performance, and service satisfaction levels of Healthwatch and other stakeholders.
- Potential bidders will need to demonstrate how they will scale up or down their proposed service according to the resources to be made available by the Department of Health.

Specification for a Sheffield Independent NHS Complaints Advocacy

1.0 Background

Healthwatch

- 1.1 As part of the Government Health reforms, a commitment has been made to strengthening the patient, service user and public voice in health and social care services. (The Government white paper *Equity and excellence: Liberating the NHS sets out that vision for the NHS; Vision for Adult Social Care, Working Together to Safeguard Children and Update of the Carers Strategy* sets out the vision for social care).
- 1.2 The Health and Social Care Act 2012 makes provisions for new commissioning and funding arrangements in the UK including the establishment of Healthwatch. Healthwatch England shall be established from 1st October 2012, and Healthwatch Sheffield shall be established from 1st April 2013.
- 1.3 The current arrangements for Local Involvement Networks (LINKs) shall cease on 31st March 2013. LINKs were established in 2008 as an independent network representing the views of users of local health and social care services to commissioners. The LINK is made up of volunteers, led by its participants and managed by an elected Governing Board. The LINK is supported by a host organisation, which in Sheffield is Voluntary Action Sheffield.
- 1.4 Healthwatch Sheffield shall continue to have the same powers and obligations as LINKs, which are:
 - Voice and influence role, representing the views of local children, young people and adults with health and social care commissioners and providers.
 - Quality monitoring role, including the power to conduct enter and view visits to places of service provision
- 1.5 The Act makes provision for Healthwatch to have some additional responsibilities, which include:
 - The provision of an independent complaints advocacy service for individuals who require some support progressing a complaint about NHS services. (In Sheffield this responsibility will be met via a contracted provider under a separate 'Complaints Advocacy service' contract.)

- The ability to report concerns about quality of Health and social care locally to Healthwatch England, independent of the Local Authority, with the basis that Healthwatch England can recommend the Care Quality Commission to take action.
- The ability to feed up to Healthwatch England local views on health and social care in order for Healthwatch England to present a national viewpoint about issues.
- A seat for a Healthwatch Sheffield representative on the local Health and Wellbeing Board, in order to influence local decisions in regard to health and social care
- Provide an independent advice and information service, or signposting service on health and social care locally.

1.6 Additional funding for the new responsibilities shall transfer across to Local Authorities for the financial year 2013/14.

2.0 Complaints Advocacy

2.1 The provision of independent advocacy is a legal requirement for the Secretary of State under section 248(1) of the National Health Service Act 2006:

“The Secretary of State must arrange, to such extent as he considers necessary to meet all reasonable requirements, for the provision of independent advocacy services.”

2.2 Within the meaning of the Act, advocacy services relate only to the provision of assistance for individuals making or intending to make an NHS complaint (which includes a complaint to the Health Service Ombudsman). Within social care, local authorities are currently expected to make complaints advocacy services available if needed, but availability is a matter of local discretion and decision; there is no statutory requirement.

2.3 Previously the Department of Health (DH) on behalf of the Secretary of State for Health, commissioned these services directly from the Independent Complaints Advocacy Service (ICAS), which is currently provided by three suppliers, The Carers Federation, POhWER and SEAP. The Carers Federation up until 1 April 2013 covers ICAS provision in Sheffield.

2.4 The Department of Health currently has responsibility for the management of ICAS contracts, and the quality of service provided. These five-year contracts (let centrally); amounting to approximately £11.75m each year will expire on 31 March 2013.

2.5 Clause 185 of the Health & Social Care Act transfers a duty to commission independent advocacy services from the Secretary of State to individual local authorities; this transfer will take place on 1 April 2013.

3.0 Sheffield's Approach to Complaints Advocacy

3.1 Sheffield City Council has chosen to competitively tender for Healthwatch Sheffield under two lots: the first lot will deliver the core Healthwatch requirements; the second lot will deliver the NHS complaints advocacy service. This gives the best possibility of a strong, professional service that complements the overall Healthwatch vision.

3.2 Sheffield City Council shall make arrangements for supporting local children, young people and adults with any complaints they may wish to progress in relation to NHS service provision through a contracted third party.

3.3 Anonymised complaints information and statistics collected by the provider of the complaints advocacy service about NHS services in Sheffield through complaints made, shall be made available to Healthwatch Sheffield and used as evidence by them when shaping their direction and priorities.

4.0 Service Specification

4.1 Vision and Purpose for Independent NHS Complaints Advocacy.

4.1.1 The Provider will deliver a free, independent, confidential, professional support service to clients wishing to pursue a formal complaint against the NHS in Sheffield.

4.1.2 The purpose of the NHS Complaints Advocacy Service will be to:

- Help safeguard the rights of clients as set out in both health policy and law.
- Empower clients to self advocate as far as they are able
- Support clients to get their views heard
- Support clients in seeking resolution to issues which concern them
- Enable client experiences to inform service development in the NHS by passing data to Healthwatch Sheffield for them to use in pressing for service redesign and quality improvement.

4.2 Core Principles

The NHS Complaints Advocacy Service shall be governed by

seven core principles which set out its approach to supporting its clients:

4.2.1 Empowerment:

The service shall empower children, young people and adults by:

- Providing them with information about the options open to them, enabling them to decide whether or not they wish to pursue a complaint about the NHS in Sheffield.
- Where needed, by providing an advocate to support them in pursuing their complaint.

4.2.2 Accessibility:

The service shall be accessible to all citizens across Sheffield, shall respect the diversity of clients, and shall provide support appropriate to the needs of the client by:

- Ensuring support is accessible at the point of contact to all Sheffield citizens, both in terms of the physical environment where it is delivered and the mode of communication used.
- Providing appropriate services and materials for those clients who do not have English as their first language.
- The Provider will be responsible for widely advertising its services widely to appropriate audiences and by the most appropriate media.

4.2.3 Resolution:

The service shall support clients in trying to achieve a resolution to their complaint, within the NHS complaints procedure by:

- Supporting the process of Local Resolution, where clients and NHS staff work together to resolve complaints, at a point as close as possible to the point of service that has caused dissatisfaction.

4.2.4 Independence:

- The service is not tied to, or controlled by the NHS, enabling it to work solely on behalf of its clients and within the best interest of the client.

4.2.5 Partnership:

- The service shall support the aspirations of the NHS in improving the patient experience by working with all stakeholders to promote positive change in the NHS.

4.2.6 Confidentiality:

- The service shall treat all interactions with clients as confidential, in line with the provider's confidentiality policies.

4.2.7 Value for money:

The provider shall deliver the service using the principles of value for money, those being:

- Economy
- Efficiency
- Effectiveness

5.0 Key Service Functions

5.1 Advocacy for health related complaints

5.2 The service shall be a client centred, flexible service that empowers anyone who wishes to resolve a complaint about healthcare commissioned and/or provided by the NHS in Sheffield.

5.3 The provider's staff shall use advocacy skills to provide practical support and direction to clients, in order to assist them in finding a resolution to their complaint.

5.4 The relationship with the client shall focus on contact at each of the following points or activities in the NHS complaints procedure, those being:

- Identifying what the available options and possible outcomes are, and deciding which option to take.
- Making the complaint to the appropriate NHS services provided by hospitals, health authorities, trusts, GPs, dentists, pharmacists, opticians and other health care practitioners.
- Deciding how to proceed with the complaint, following the initial response.
- Supporting clients during the local resolution phase by attending meetings or entering into correspondence.
- Making a complaint to the Care Quality Commission, or other relevant regulatory body
- Supporting the Independent Review stage by attending meetings or entering into correspondence.
- Making a complaint to the Health Service Ombudsman.
- Understanding the Health Service Ombudsman's final decision.

5.5 The service shall also support clients with a grievance related to any aspect of healthcare that falls under the jurisdiction of the Health Service Ombudsman, such as complaints about poor treatment or service provided through the NHS in Sheffield. The Ombudsman looks into complaints against NHS services provided by hospitals, health authorities, trusts, GPs, dentists, pharmacists, opticians and other health care practitioners. The Ombudsman can also investigate complaints against private health providers if the treatment was funded by the NHS. (For more information on the work of the Ombudsman, please go to www.ombudsman.org.uk)

5.6 Whilst the service shall not provide on-going advocacy for clients outside of the health related complaint, the service shall suggest appropriate referrals for clients who require alternative, additional or specialist support. This will include referrals to PALS, professional bodies such as the GMC, and to specialist support such as medico-legal advice, bereavement support, mental health support and Healthwatch Sheffield independent advice and information.

5.7 Sheffield Complaint Advocates must ensure that clients understand:

- The core service principles of independence and confidentiality;
- What they can expect from the service and what the service expects from the client, through the early completion of the client/service contract when appropriate.
- Limits of what the service can achieve.
- What they can expect from the NHS complaints procedure and where other advocacy/support services can provide more specialist advice.
- When and how the advocacy service can be contacted.
- They can request to meet with an advocate to talk in confidence to them (except when other staff have to be present for reasons of safety or security). The provider will have reasonable, not restrictive policies and procedures to accommodate this.
- They can make a complaint about any aspect of the complaints advocacy service and know how to do so.

5.8 Sheffield NHS Complaints Advocates must:

- Only act or speak on behalf of a client if they, or someone acting on their behalf, request it.
- When considering complaints about services provided to children or young people, be mindful of the requirements around consent to making a complaint.

- Discuss options with clients providing full and balanced information to enable them to make decisions and choices.
- Help clients access the information they need.
- Where it is appropriate to the client, try to contain face-to-face advocacy requirements to no more than two meetings per client, and where further contact is needed, discuss how these requirements can be best met with the Sheffield Complaints Advocate supervisor.

5.9 Absolute requirements:

- 5.9.1 Up to date Criminal Record Bureau checks for all Complaints Advocacy staff.
- 5.9.2 Regular support and supervision for Complaints Advocacy staff including team working arrangements.
- 5.9.3 A strategic training and development plan including utilising a performance management system.
- 5.9.4 The provision of translation and interpretation services.
- 5.9.5 Generalist skills should be available from all Complaints Advocacy staff and in addition, at least 25% advocates should be able to offer specialist knowledge, or skills that would allow them to support clients with more complex needs, such as those suffering with mental health problems, those with learning disabilities, communication difficulties, sight or hearing impairment or clients without English as their first language.
- 5.9.6 The provider shall have the capacity and expertise to support clients in secure environments if necessary.
- 5.9.7 The Provider shall have capacity to provide the advocacy service via telephone and other methods.

6.0 Employment

- 6.1 The Provider shall have employment policies and processes that take into account all current legislation. The policies shall cover advertising, recruitment and selection, supervision and training, disciplinary and grievance procedures and equal opportunities.
- 6.2 A standard application form shall be completed and used throughout the recruitment process. The application form shall provide for details of employment history, explanation of gaps in employment and declaration of previous convictions. The application form shall be signed to confirm the veracity of the information given.
- 6.3 Gaps in employment history shall be investigated. If convictions are declared a risk assessment shall be undertaken to determine the suitability for employment in the service.
- 6.4 It shall be the responsibility of the Provider to ensure that any individual involved in the provision of the Service that shall have

access to vulnerable adults or children shall be subject to Enhanced CRB checks.

6.5A minimum of two written employment references shall be obtained and checks made to confirm referee status. One of the references shall be from the current or most recent employer; the second can be a personal reference from a referee who is not a family member or a personal friend. If the applicant has had no previous employment then two references may be sought from professional persons.

6.6 Clause 28 of the draft form of Contract sets out a number of requirements on the part of the Service Provider if TUPE applies.

7.0 Governance

7.1 The code of conduct for the provider shall be the Nolan Principles of Public Life.

7.2 Where services are provided by a voluntary or not-for-profit organisation, they should have an overall management committee which:

- Is duly elected according to the governing documents.
- Has representation of service users.
- Oversees the sound financial management of the NHS complaints advocacy service.
- Ensures the organisation adheres to charity and company law.
- Organisations providing ICAS should ensure that they have a dedicated, appropriately qualified and experienced management structure, supported by the wider organisation.
- The service must report on a quarterly basis in accordance with the contract requirements.

8.0 Record Management

8.1 The Provider shall maintain records to a professional standard. This shall apply to financial and other records including but not limited to recruitment and training, staffing and records of Complaints Advocacy Service provision.

8.2 Providers must ensure that accurate records are kept of all interactions with clients.

8.3 Records must be securely stored to ensure the confidentiality of the client/service relationship.

8.4 Clients should have access to their records.

8.5 The provider of advocacy services must comply with the requirements of the Data Protection Act 1998.

8.6 These records shall be kept in such a way as to facilitate the transfer of information at the end of the contract.

9.0 Contract Monitoring, Review and Reporting

9.1 The Provider shall have in place and be able to demonstrate to the Purchaser a robust system for ensuring the quality of the service it provides and the quality of Complaints Advocacy activities.

9.2 The Purchaser reserves the right to take its own measures to satisfy itself as to the quality of the service delivered by the Provider in relation to Complaints Advocacy.

9.3 The Provider shall prepare and present financial and other data and reports as requested by the Purchaser and shall meet with the Purchaser at intervals as determined by the Purchaser and as required by Complaints Advocacy. The type, volume and frequency of the data shall be further specified as Complaints Advocacy progresses, however the reporting shall be at least six monthly.

9.4 The Provider shall actively participate and contribute to reviews and evaluation of Complaints Advocacy and its activities as required.

9.5 Following initial and subsequent reviews the Purchaser may, in agreement with the Provider, seek to vary the Service Specification. Such variations shall be in line with the purpose and guidance on Complaints Advocacy and its activities as issued by the Sheffield City Council.

9.6 The Provider shall prepare and present an annual report on Provider and Complaints Advocacy expenditure, activity and achievements as required by Sheffield City Council. Sheffield City Council should be able to validate this report and it shall be a public document.

9.7 The Provider shall agree with Sheffield City Council, prior to contract signature, a number of high-level performance targets, that shall be included in the Contract and against which the Council shall measure the effective implementation of the Services. The final scope of the targets shall be determined by the scope of services offered by the Provider but it is anticipated they shall cover areas such as, budget management, service performance, and service satisfaction levels of Complaints Advocacy and other stakeholders.

9.8 The provider needs to demonstrate how they will scale their proposed service up/down according to the resources to be made available by the Department of Health.

Appendix C

Engagement summary

Webpage - A Sheffield City Council Healthwatch webpage has been developed www.sheffield.gov.uk/healthwatch this has been updated throughout the development of Healthwatch Sheffield and it will continue to be used to provide information about developments. The page contains information about:

- past stakeholder events and reports from them
 - planned events
 - links to other sources of information
 - tendering and support available
- and
- an opportunity for people and organisations to give their views.

Meetings/visits with key stakeholders

- Sheffield, Carers partnership Board
- Partners for Inclusion
- North patient group
- Third sector Assembly
- PALS services at the Sheffield Childrens and Royal Hallamshire Hospitals
- ICAS

Workshops and events:

Six events have been co-produced via the Pathfinder Group, to engage with stakeholders about a range of issues and also to provide information for potential contractors and there has been some overlap between the two functions.

Events have been publicised using a variety of mechanisms via:

- the webpage www.sheffield.gov.uk/healthwatch
- an email network of 278 direct contracts
- other organisations networks meaning a wide range of people received information
- distribution of fliers using a variety of means
- other organisations websites

March 2011

Approximately sixty people, representing a wide variety of organisations across Sheffield and some individual citizens, met to begin considering the Government's new plans for local Healthwatch. Participants had a short introduction to the planned reforms from Richard Webb (executive director, Communities) and Mike Smith (chair of LINK). This was followed by an

opportunity for group discussion on the possible future shape and direction of Sheffield Healthwatch.

Some key themes emerged from all the group discussions:

- There is a large and challenging remit for Healthwatch being set nationally
- Publicity and clarity about future role of Healthwatch is important
- Healthwatch should build on services and expertise already in existence e.g. advocacy, information provision and network with existing involvement channels and organisations
- Priority should be given to strategic work of Healthwatch

July 2011

73 people attended a further workshop from a broad spectrum of organisations with the aim of building upon the progress made at the previous workshop held in March 2011 and also to:

- Inform the design of Sheffield Healthwatch, including guidelines for those bidding to supply this service to the people of Sheffield.
- Engage stakeholders in forming possible governance structures for Healthwatch
- Explore the interim arrangements for LINK's until Healthwatch is formally established in April 2012.
- Ensure that LINK volunteers continue to offer their services to Healthwatch, and encourage wider participation from throughout Sheffield's diverse communities.

Key themes emerged from the workshop:

- Ensure good quality training for volunteers that is enjoyable and flexible. Expectations and communications should be clear and concise
- There should be good quality publicity to promote Healthwatch, perhaps via a national awareness campaign, in order to encourage involvement from as broad a spectrum as possible. A variety of media should be used to raise awareness.
- Priorities for Healthwatch should be to involve service users and groups that have been underrepresented. There should also be good consultation to ensure communities know what they should expect and closer cooperation with Sheffield City Council.
- The organisation selected to run Healthwatch should have a good track record in employment, understand the city and reach out to all types of service users. Non-profit organisations and groups of organisations should be considered.

November 2011

Approximately 60 stakeholders including representatives from a variety of organisations across Sheffield attended.

Five students aged 13 -19, who were taking part in 'Takeover Day' attended. The students provided practical support to the event and participated in the exercises as a group. (Takeover Day gives children and young people the chance to work

with adults for the day and be involved in decision-making. Children benefit from the opportunity to experience the world of work and make their voices heard, while adults and organisations gain a fresh perspective on what they do).

The purpose of the event was to:

- provide stakeholders with more information about Healthwatch
- check that the vision represents what people have already said– see the golden thread
- test out some very specific questions and ideas

Summary of outcomes

Information and Advice Standards

In general there was support for the proposed Healthwatch Pathfinder standards for organisations giving Information and Advice, with some helpful comments about shaping work on the standards in preparation for Healthwatch.

Complaints Advocacy

There was most support for an approach whereby Healthwatch develop 'generic advocacy' in Sheffield and signpost health complaints to 'generic advocacy' in an exercise about handling health complaints. There was also some support for this being separated from other Healthwatch activity. Again there were helpful comments about shaping the approach to complaints.

Citizens Views

There was most support for Healthwatch representing the range of different views expressed to them about issues, rather than representing a Healthwatch viewpoint.

Governance Models

Many ideas were shared about what would contribute to a successful governance model, including; accountability, transparency, where it links to, training for members, the involvement of service users, principles and alternative ways of holding meetings.

Tender Process

Helpful thinking about what will shape a good tender for Sheffield including; accessible information, clear specification, focus on quality not cost, consideration of equality issues, openness, transparent and clear.

A tender event was also held in November 2011 and around 40 people representing organisations interested in finding out more about tendering for Healthwatch in Sheffield attended.

The following questions were addressed:

- How the complaints advocacy service will be contracted for.
- About any restriction on the number of organisations who get to Invitation to Tender (ITT) stage depending and scoring.

- The development of Sheffield Healthwatch from LINK and building on the work already done and transfer of staff.
- The number of providers considered necessary to deliver the core contract.
- About the 'network of networks' and the relationship between organisations within it.
- Legal entity proposed by the government and whether the development of it will need to be part of the contract or be in place before the contract is awarded.
- The signposting element and whether it includes both the Primary Care Trust (PCT) element and the Foundation Trust element.

Attendees also participated in exercises about:

- Any questions about Healthwatch attendees still had and what they would still like to know.
- Checking if attendees were clear about the commissioning process Sheffield City Council is following. If not, what still remained unclear.
- About questions which need to be addressed by future tender events.

February 2012

Held a one-off workshop where we explored whether a simple information standard/quality mark would be useful; and achievable for small groups.

May 2012

A further stakeholder event was held to update attendees on plans for Healthwatch Sheffield with interactive exercises to help us:

- Test ways of measuring potential organisations who tender.
- Decide how to choose stakeholders to be involved in awarding the tenders.
- Check out further details of the specification.
- Give brief information about the tendering process and support.

Summary of outcomes:

Testing the PQQ criteria and their weighting:

Technical capability

To what extent the contract fits with the tenderers primary business, experience of delivering similar services.

Ranked 1st

Quality

Does the tenderer meet recognised quality standards and have evidence of quality management.

Ranked 2nd

Sustainability

Does the tenderer act in ways that are environmentally, socially and economically sustainable?

Ranked 3rd

Equality and diversity

Does the tenderer comply with anti-discrimination laws?

Ranked close 4th

Health and Safety

Does the tenderer comply with health and safety laws?

Ranked 5th

Attendees were also asked to indicate what they would expect in terms of each criteria as a minimum from a potential contractor:

An exercise to decide how to choose stakeholders to be involved in awarding the tenders made the following proposals concluded:

We will probably not to have people involved at Pre-Qualification Questionnaire (PQQ) stage, having made sure that peoples views on weighting are taken note of.

Ensure that there is a 'golden thread' copy of the specification available which shows/illustrates how stakeholder involvement to date has influenced and shaped the service specification.

For us to target a wider reference group of people to be involved in the final decision making process after the PQQ stage. The group:

- Needs to be of around 25-30 people.
- Includes a range of people with experience around partnership, with BME, disabled people, young people, LINK, people who use services and from user organisations representatives, with more than one representative for each equality/interest type group.
- To elect/select 2 people to sit on the final panel.
- Have a clear brief and a training session on how they are to be involved, what they can/cannot do, behaviour expected etc.
- Members to sign confidentiality clauses and conflict of interest declarations.
- Score e.g. a presentation from tenderers in small groups, to mitigate against a dominant voice/one perspective swaying others.
- Members should be made known to potential tenderers beforehand
- Involvement must not be tokenistic e.g. the scores must be used as part of final decision making.
- Those people on the final panel need to have a clear definition of their role, especially around liability.
- Should know that open feedback will be given to unsuccessful applicants which will help in the transparency of process, and in how comments etc are phrased and thought through.
- If possible tenderers need will be anonymised before the group score, but this might be unrealistic given local known organisations are likely to bid.

- Members need to have some understanding of the issues but need to be clear expertise in tender evaluation is not required, but ability to express their opinion on relevant issues is - possibly starting off with groups/people who have been involved in stakeholder events.
- Recognition that conflict of interest is potentially an issue, but having a wider group helps mitigate against this.

Another exercise asked attendees to explore the role of a range of key stakeholders in the way Healthwatch Sheffield will work.

An innovative art based exercise asked attendees to build and visualise the Healthwatch network of networks. This entailed attendees making connections with other organisations and people, describing the state of current relationships and where they'd like to strengthen or make connections.

Appendix D - HealthWatch Sheffield – Options Appraisal – NHS complaints advocacy service contracting

| | Option 1 | Option 2 | Option 3 | Option 4 | Option 5 |
|---|--|--|---|---|--|
| | Use the resources to invest in existing generic advocacy within Sheffield. | Commission a specialist complaints advocacy service regionally, or sub regionally. | Embed complaints advocacy requirement within the Healthwatch core contract. | Commission a local complaints advocacy alongside the Healthwatch core contract i.e. 2 lots. | Require the Healthwatch core contract holder to subcontract for complaints advocacy. |
| Benefits Criteria | | | | | |
| Value for money | a) 8 | a) 8 | a) 8 | a) 7 | a) 6 |
| Ability to build strong links with HW Sheffield | b) 2 | b) 5 | b) 9 | b) 7 | b) 8 |
| Realistic option for bidders | c) 5 | c) 8 | c) 7 | c) 8 | c) 6 |
| Fit with stakeholder* views | d) 6 | d) 3 | d) 3 | d) 7 | d) 5 |
| Capability to deliver a professional service | e) 5 | e) 6 | e) 6 | e) 8 | e) 6 |
| Capability to deliver a strong HealthWatch | f) 6 | f) 8 | f) 4 | f) 8 | f) 4 |
| Total score | 32 | 38 | 37 | 45 | 35 |

Scoring - range is from 0 -10 per benefits/option, 0 being least positive, 10 being most positive.

* For the purposes of the options appraisal, stakeholders are the citizens and organisations who've attended stakeholder events held throughout the process and those who have been consulted separately e.g. those who commission advocacy a range services for health and social care services and commissioners of other types of advocacy in Sheffield City Council.

Definition of benefits:

- Value for money - the extent to which the option is likely to provide a 'value for money' NHS complaints advocacy service in Sheffield.
- Ability to build strong links with Healthwatch Sheffield – the potential for a strong link between the provider of the NHS complaints advocacy service and Healthwatch Sheffield to exist or be developed e.g. to enable easy exchange of information and intelligence.
- Realistic option for bidders - the extent to which contractors will believe this to be an attractive and sustainable proposition for them to consider bidding for the contract.
- Fit with stakeholder views - whether the option fits with what stakeholders have told us either at events, or in other feedback.
- Capability to deliver a professional service - whether the option is likely to secure a contractor, who can offer a professional NHS complaints advocacy service, i.e. have the required technical capability.
- Capability to deliver a strong HealthWatch - whether the option is likely to provide a Healthwatch organisation that can meet the requirements of stakeholders as described through the service specification.

Options:

The options had been pre-assessed to ensure that they are all genuine options that would deliver the statutory requirement for complaints advocacy without presenting a risk to the Council.

Commentary on scoring:

Option 1

- a) More value might be achieved through using multiple mechanisms/providers and could provide economies of scale.
- b) May be muddled and complex if there are multiple providers.
- c) Existing providers may not feel able to participate in this sort of model.
- d) This has been given a neutral score, weighted slightly positively to reflect a difference in views expressed at stakeholder events and expressed by internal stakeholders, slightly more weight given to the former. Views expressed by stakeholders that a Sheffield solution is preferred.
- e) Non-specialist providers may have limited knowledge of health processes and or advocacy.
- f) Limited and complex in terms of sharing data with Healthwatch Sheffield/contract holder.

Option 2

- a) Provides economies of scale and shared management costs. May be some risk in respect of providing service in areas where there are prison populations= potential draw on resources.
- e) Potential limited knowledge of local setups and complexity of multiple tools.
- f) Some potential remoteness from 'local' picture.

Option 3

- c) Could work via e.g. consortia arrangements.
- d) Stakeholders at events and internally not in favour of this option.
- e) Potential conflict between the different elements of the contract.
- f) Provider not necessarily specialist.

Option 4

- b) Would provide slight external/ limits to control.

Option 5

- a) Additional contact costs incurred.
- b) Strong links can be contractually enforced.

Contributors to appraisal:

Chairperson - Sheffield LINK
Development Manager, Quality & Involvement - Business Strategy, Sheffield City Council
Procurement Professional - Commercial Services, Sheffield City Council
Senior Development Officer - Business Strategy, Sheffield City Council



[Guidance for completing this form is available on the intranet](#)

Help is also available by selecting the grey area and pressing the F1 key

Name of policy/project/decision: Commissioning Sheffield Healthwatch

Status of policy/project/decision: New

Name of person(s) writing EIA: Nick Hoult

Date: June 2012

Service: Business Strategy

Portfolio: Communities

What are the brief aims of the policy/project/decision?

To commission Healthwatch Sheffield (HWS) as required by the Health and Social Care Act 2012.

This EIA is focused on the approval of the 'procurement strategy process and 'subsequent contract award stage'. It also explores the equality impact of Healthwatch Sheffield when the service is in place. The EIA should be read in conjunction with the relevant Cabinet Report ' Approval for the procurement strategy, specifications and contract award for Healthwatch Sheffield'.

As part the EIA we have looked at what the new service's customer profile or 'target population' might look like, based on Sheffield's citywide demographics and health factors and also some of the inequalities / factors which might influence to what extent people might need to use the service.

We have tried to ensure that the organisations and individuals that we have engaged with during consultation on the procurement have been representative of the target population, work is ongoing to ensure groups who need to be engaged have an opportunity to influence the development and procurement of Healthwatch and the NHS complaints advocacy services.

The views, conclusions and concerns expressed during the consultation and engagement have been used to directly influence and produce the vision, specification and procurement process. This means that where we have achieved good levels of representation in our consultation and engagement, this will have helped us to ensure that equality impacts have been addressed at key stages in the Commissioning process.

Background to HWS:

Following the parliamentary passage of the Health and Social Care Act 2012, Healthwatch will be the new consumer champion for both health and social care. It will exist in 2 distinct forms – Local Healthwatch, at local level, and Healthwatch England, at national level.

Local Healthwatch will be established in April 2013. Until then Local Involvement Networks (LINKs) will continue to operate. Healthwatch Sheffield will carry out the same tasks as LINK, with the addition of some new responsibilities around information and advice for citizens and specialist independent advocacy for NHS complaints.

A Local Healthwatch will be an independent organisation, able to employ its own staff and volunteers, so it can become the influential and effective voice of the public. It will have to keep accounts and make its annual reports available to the public.

The Health and Social Care Act give the Local Authority a duty to establish, in a locally determined way, organisation/organisations to deliver HWS.

A vision for Healthwatch Sheffield has been developed via workshops and events held as part of the Healthwatch Pathfinder to enable key organisations, groups and citizen representatives to shape proposals for Healthwatch Sheffield .

The proposal for Healthwatch Sheffield is set out under four key objectives which Sheffield City Council will describe in more detail in a service specification:

- To establish an approach to public voice, information provision, support and advocacy in health and social care which is integrated and embedded in networks across the city of Sheffield.
- All people and communities in Sheffield will have equal access to the support and information they need to make health and social care choices which meet their individual needs.

- Provision of a transparent, accountable and non-bureaucratic governance structure for Sheffield Healthwatch which places public voice at the heart of local health, social care and public health decision making and commissioning.
- Establish a Healthwatch that is an effective 'critical friend' of GP Commissioning Consortia, Sheffield City Council, the new Health & Wellbeing Board and providers of local health social care and public health services, using the existing powers of LINK and developing a strong relationship with Sheffield's health scrutiny arrangements.

The aim of Local Healthwatch will be to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.

NHS Complaints advocacy

An options appraisal (Appendix D) has been undertaken to determine the best approach to tendering for the specialist independent advocacy for NHS complaints service aspect of Healthwatch Sheffield and this indicates letting the Complaints Advocacy service as a separate lot within one tender giving the best possibility of a strong professional service.

Are there any potential Council staffing implications, include workforce diversity? No

Under the [Public Sector Equality Duty](#), we have to pay due regard to: "Eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations." [More information is available on the council website](#)

| Areas of possible impact | Impact | Impact level | Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.) |
|--------------------------|----------|--------------|--|
| Age | Positive | Medium | <p>Customer profile / target population</p> <p>The older retired population (80+) is projected to increase by over half between 2008 and 2031, increasing from 24,000 people to 39,600 people.</p> <p>There are now 11,700 people aged 85+.</p> <p>The working age population (16-64 age group) is projected to increase by over 20,000 people between 2008 and 2021.</p> <p>The main increase up to 2021 is in the younger, 16-39 age group. The older age group, the 40-64s, is stable until 2021, but is expected to grow significantly after that.</p> <p>The 0-15 age group is projected to increase from 94,800 people in 2008, to 115,500 people in 2031.</p> <p>Consultation / engagement</p> <p>A group of younger people supported and participated in the stakeholder event in Nov 2011 as part of 'Takeover Day'.</p> <p>Healthwatch's voice and influence role will be to represent the views of local children, young people and adults with health and social care commissioners and providers. It will have a Quality monitoring role, including the power to conduct enter and view visits to places of service provision (it's not clear if this will extend to children & young people's service provision at this time). The NHS complaints advocacy service will be for children, young people and adults. The local freedoms to develop HWS will be used to engage with young people and their organisations to further shape the service requirements for HWS.</p> <p>A CYP event is planned to be held on 3/8/12 See action plan below.</p> <p>Older People have been engaged via specific invitation to events through e.g. Age UK, Expert Elders and 50+.</p> <p>Also via the mechanisms outlined in the section below relating to all groups.</p> |

| Areas of possible impact | Impact | Impact level | Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.) |
|--------------------------|----------|--------------|--|
| Disability | Positive | Medium | <p>Customer profile / target population</p> <p>Mental health Approximately one in six people in the local population suffer with some form of mental illness, equating to around 100,000 people in the city. Local analysis indicates that there is a higher rate of depression in non-white ethnic groups.</p> <p>Physical, Sensory and Cognitive Disabilities Census data indicates that areas with the highest rate of limiting long term illness are concentrated in the east of Sheffield and parts of the centre of the city. When taken to lower geographic levels, there are some parts of Sheffield where one in three people report such problems.</p> <p>Learning disabilities In the last five years (April 2004 to April 2009), the number of adults (over 20) with a learning disability, recorded by the Sheffield Case Register, increased by 14% - from 1,941 people to 2,205. This includes a 38% increase in young adults (aged 20 to 29). A local study in 2007 predicted that the next ten years will see a 27% increase in adults with a learning disability in Sheffield. The number of people with a learning disability from BME communities increased by 80% from 187 to 339 between 1998 and 2008. As a proportion of all people with a learning disability, this was an increase from 8% to 11%. The proportion is higher in younger age groups, with 18% of under-20 year olds who have a learning disability being from BME communities.</p> <p>Consultation / engagement Disabled people have been engaged via specific invitation to stakeholder events e.g. through the Learning Disability Parliament, Sheffield Centre for Independent Living, a Diabetes self help group, Sheffield Royal Society for the Blind and Adult Social Care Customers.</p> <p>The events have been accessible for disabled people for example, British Sign Language interpreters have been advertised and present at stakeholder events and venues accessible. A range of methods have been used to gather views to ensure the process is accessible.</p> <p>Also via the mechanisms outlined in the section below relating to all groups.</p> |
| Pregnancy/ maternity | Positive | High | <p>Customer profile / target population Figures up to 2008/9 show that there were approximately 500 - 600 live births per month with a slightly upward trend. This would indicate around 4,500 pregnant women in Sheffield at any given time. Pregnant women are proportionately more likely to use health services and therefore proportionately potentially more likely to wish to engage with Healthwatch than other groups. (Live Birth Trends - Monthly Monitoring - NHS Sheffield).</p> <p>Also via the mechanisms outlined in the section below relating to all groups.</p> |
| Race | Positive | Medium | <p>Customer profile / target population Approximately 92,700 people in Sheffield are from ethnic minorities, an increase from 55,200 in 2001. This population is projected to continue increasing in size. This will have implications for cultural services and equalities.</p> <p>Consultation / engagement People from Black & Minority (BME) have been engaged via specific</p> |

| Areas of possible impact | Impact | Impact level | Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.) |
|--|----------|--------------|--|
| | | | <p>invitation to stakeholder events e.g. ROSHNI, SADACCA, BME network, Sheffield Sickle Cell Foundation and Chinese Community.</p> <p>However feedback from the stakeholder event in November 2011 highlighted a concern about lack of take up of the event by BME people. This will be addressed via a specific event - see action plan.</p> <p>Also via the mechanisms outlined in the section below relating to all groups.</p> |
| Religion/ belief | Positive | Medium | Via the mechanisms outlined in the section below. |
| Sex | Positive | Medium | <p>Customer profile / target population Approximately 278,800 women and 276,700 men make up the overall population of 555,500.</p> <p>Consultation / engagement Both women and men have attended stakeholder events.</p> <p>Also via the mechanisms outlined in the section below relating to all groups.</p> |
| Sexual orientation | Positive | -Select- | <p>Customer profile / target population Estimates vary but it's suggested that approximately one in twelve people are lesbian, gay or bi-sexual , around 8%. There is a range of evidence to show that LGB people experience particular health inequalities and barriers to accessing services.</p> <p>Consultation / engagement Whilst there has been some success in engaging with lesbian gay and bi-sexual people, see action plan re further steps.</p> <p>Also via the mechanisms outlined in the section below relating to all groups.</p> |
| Transgender | Positive | High | <p>Customer profile / target population Whilst the number of Transgender people in Sheffield is small, it is recognised that Transgender people are disproportionately affected by health inequalities and therefore potentially more likely to have a need to engage with Healthwatch. Efforts have been made to engage with Transgender people in shaping proposals for Healthwatch Sheffield. See section below relating to all groups.</p> <p>consultation / engagement Whilst there has been some success in engaging transgender stakeholders, see action plan re further steps.</p> |
| Carers | Positive | Medium | <p>Customer profile / target population Carers are essential partners in providing care in the community and as such supporting carers is a priority for the city. The number of carers in Sheffield is approximately 61,000 people (10% of the total population).</p> <p>Consultation / engagement Carers and officers from the Sheffield Carers Centre and Advisory Service have attended Healthwatch Sheffield stakeholder events.</p> <p>Also via the mechanisms outlined in the section below relating to all groups.</p> |
| Voluntary, community & faith sector | Positive | Medium | As part of the Pathfinder work a one-off workshop was held where whether a simple information standard/quality mark would be useful; and achievable for small groups and organisations i.e. give out information |

| Areas of possible impact | Impact | Impact level | Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.) |
|--|----------|--------------|---|
| | | | <p>and advice to people (leaflets, verbally etc): i.e.</p> <ul style="list-style-type: none"> • have a turnover of less than £10,000) or • small user led organisation (i.e. run and governed by people who use the service or have a condition, impairment, or a special interest) <p>Voluntary, Community and Faith sector have been well represented at stakeholder events.</p> <p>Also via the mechanisms outlined in the section below relating to all groups.</p> |
| Financial inclusion, poverty, social justice: | Positive | Medium | <p>We will need to ensure that the successful organisation considers financial inclusion issues where these are relevant to service delivery – for example, appropriate signposting e.g. to advice agencies; financial inclusion awareness of staff in relation to health and social care issues; consideration of the costs associated with how people access HWS, etc</p> <p>See action plan regarding picking this up in the service specification.</p> |
| Cohesion: | Positive | Medium | <p>Via the mechanisms outlined in the section below.</p> |
| Other/additional: All groups | Positive | Medium | <p>The Sheffield population is approximately 555,500 and is projected to increase in the future, to around 600,900 people by 2020.</p> <p>A vision for Healthwatch Sheffield has been developed via workshops and events held as part of the Pathfinder to enable key organisations, groups and citizen representatives to shape proposals for Sheffield Healthwatch. Efforts have been made with some success to include as diverse a range of people from protected groups as possible in events as possible and also offer made to visit groups to discuss HWS publicised.</p> <p>A range of stakeholders have been contacted via the 'pathfinder' project including CVS Core Cities group, including NAVCA, regional children and young peoples infrastructure network and visits made to e.g.; Sheffield Carers partnership Board and Partners for Inclusion, Third Sector assembly, north Sheffield patient Group and others.</p> <p>An options appraisal has been undertaken jointly with LINK chair, HWS project team members and 'Procurement professional' to determine the approach to be taken towards tendering for the main HWS service contract and the complaints advocacy service contact.</p> <p>A dedicated web page www.sheffield.gov.uk/Healthwatch has been included on the SCC website containing information about Healthwatch and development of HWS. Events have been used to co-produce elements of the 'procurement strategy' and shape involvement of stakeholders in the actual process.</p> <p>A HWS service specification has been developed which includes the views expressed by stakeholders, in particular considerations about equality and diversity and the inclusion of seldom heard groups and how their requirements should be met by Healthwatch Sheffield.</p> <p>The HWS model co-produced with stakeholders is predicated on a network of networks model to 'provide a mechanism for diverse voices across Sheffield to be heard and ensure that where there are people who are seldom heard, Healthwatch will provide innovative ways to gather and include their views'.</p> <p>Healthwatch tender opportunity Awareness Raising Events were run in November 2011 and January 2012 to generate market interest in the</p> |

| Areas of possible impact | Impact | Impact level | Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.) |
|--------------------------|--------|--------------|---|
| | | | <p>opportunity and understanding of the procurement process. Potential suppliers will be targeted through the buy4sheffield distribution list, Voluntary Action Sheffield connections and buying solutions notice board.</p> <p>A further tender support event was held on 27 June 2012.</p> <p>Stakeholder events have been held in July & November 2011, January & May 2012 to co-produce HWS. Where possible a range of interactive exercises have been used to gather stakeholder views. (see cabinet report for further detail)</p> <p>The new Healthwatch Sheffield organisation will become a corporate body and therefore have public sector duties and responsibilities including compliance with the Equality Act. This requirement has been included in the service specification.</p> |

Overall summary of possible impact (to be used on EMT, cabinet reports etc):

The impact of HWS should be positive for all protected groups. This is, however dependant on the Council ensuring that we continue to take a comprehensive and robust approach to equality issues throughout the procurement strategy, specification and contract award stages of commissioning the service. When the contract has been awarded, we need to ensure that we continue to monitor equality of opportunity (for all protected groups) as part of our governance role.

- This assessment reflects comments and concerns raised during the stakeholder involvement exercises.
- The proposed model maximises the opportunities for every Sheffield citizen to take part in Healthwatch Sheffield and have their voice heard. The coproduced vision has equality of access and diversity enshrined as a principle.
- Stakeholder involvement in equality impact assessment has directly influenced the proposed procurement strategy and plans. For example, additional tender support events have been held to encourage smaller organisations with less experience to be involved.
- The stakeholder engagement plan was designed to involve a wide range of citizens and organisations. A range of creative mechanisms was employed to ensure that everyone had an accessible opportunity to participate.

If you have identified significant change, med or high negative outcomes or for example the impact is on specialist provision relating to the groups above, or there is cumulative impact you **must** complete the action plan.

Review date: January 2013 **Q Tier Ref** **Reference number:**

Entered on Qtier: No **Action plan needed:** Yes

Approved (Lead Manager): Bev Coukham **Date:** 3/7/12

Approved (EIA Lead person for Portfolio): Phil Reid **Date:** 3/7/12

Does the proposal/ decision impact on or relate to specialist provision: no

Risk rating: Low

Action plan

| Area of impact | Action and mitigation | Lead, timescale and how it will be monitored/reviewed |
|--------------------|--|--|
| All groups | Include stakeholder views expressed at events are included in the selection process. In line with this select a diverse wider group of people to be involved in the selection process. | June - November 2012 Monitored via procurement project group. |
| All groups | Include equalities issues/duties in service specification, including those raised by stakeholders. | June 2012 - completed |
| All groups | Adhere to procurement procedures throughout the procurement process to ensure 'equity'. | June - November 2012 Monitored via procurement project group. |
| All groups | Approach and visit groups on request to publicise the development of Healthwatch. | June - November 2012 Monitored via Pathfinder Group |
| All groups | Include requirement to publicise HWS in service specification to ensure information about HWS Sheffield reaches protected groups. | June 2012 - completed |
| All groups | Work with Pathfinder group on Communications plan during procurement process and transition to ensure information about HWS Sheffield reaches protected groups | Pathfinder Group January-April 2013 |
| Race | Hold a specific BME stakeholder event as part of the Pathfinder project, inviting people using a range of methods. | Held 16 July 2012 - Pathfinder Group-completed |
| Sexual orientation | Approach the Centre for HIV and sexual health, about potential visits/meetings to provide information about Healthwatch Sheffield and engage individuals and groups in the procurement. | June/July 2012 - Pathfinder group |
| Financial inc | Service specification to include re. ensuring that the successful organisation considers financial inclusion issues where these are relevant to service delivery – for example, appropriate signposting e.g. to advice agencies; financial inclusion awareness of staff in relation to health and social care issues; consideration of the costs associated with how people access HWS, etc. | July 2012 |
| Age | The local freedoms to develop HWS will be used to engage with children, young people and their organisations to further shape the service requirements for HWS. | 3 rd of August 2012 |
| All groups | Additional considerations for the service specification and the Council's ongoing governance role of HWS: <ul style="list-style-type: none"> The 'Network of network' includes networks representing diverse groups. The Complaints Advocacy Service is subject to the same rigorous approach to equality. HWS should be able to evidence that people accessing its service are representative of its 'target population' (Part of this evidence will be through equality monitoring. Evidence of reasonable adjustments / accessibility of service may also be required). HWS should be able to monitor customer satisfaction with its service and disaggregate this data by equality groups. | |

Approved (Lead Manager): Bev Coukham Date: 3 July 2012

Approved (EIA Lead Officer for Portfolio): Phil Reid Date: 3 July 2012

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