

## **Cabinet – 16 March 2016**

### **Authority to award a contract for the provision of a Local Healthwatch Service for Walsall**

**Portfolio:** Councillor Harris – Communities, Leisure and Culture

**Related portfolios:** Councillor R Martin – Public Health & Wellbeing  
Councillor E Hughes – Care and Safeguarding

**Service:** Change and Governance, Communities and Public Protection

**Wards:** All

**Key decision:** No

**Forward plan:** Yes

#### **1. Summary**

- 1.1 This report seeks approval for the award of a contract for the provision of a Local Healthwatch for Walsall, following the conclusion of the procurement process.
- 1.2 This report should be read in conjunction with the Authority to award contract for a Local Healthwatch Service for Walsall Private Report, considered by Cabinet on this Agenda.
- 1.3 The Health and Social Care Act 2012 has made Healthwatch the new consumer champion for the public both locally and nationally, to promote better outcomes in health and social care. The Act placed a duty on Local Authorities to commission a local Healthwatch, commencing in April 2013.
- 1.4 The Local Healthwatch delivers a range of key functions to promote and support the involvement of people in the commissioning and provision of local care services in Walsall.
- 1.5 The services referred to in this report will have a positive and sustained impact on the Council's agreed purpose and priorities. In particular improve the lives and life chances for everyone who lives and works in the borough of Walsall by improving the health and wellbeing of local residents.

#### **2. Recommendations**

Following consideration of the confidential report in private session of the agenda, Cabinet approve the following recommendations:

- 2.1 That Cabinet approve the award of a contract for a Local Healthwatch service for Walsall, for an initial term of two years from 5<sup>th</sup> April 2016 until the 31<sup>st</sup> March 2018 with an option to extend by a further 12 month period to Engaging Communities Staffordshire.
- 2.2 That Cabinet delegate authority to the Interim Executive Director of Social Care & Inclusion to enter into the contract for the delivery of a Local Healthwatch Service for Walsall by using the most appropriate procedures and to subsequently authorise the sealing of any deeds, contracts or other related documents for such services.

### **3. Report detail**

- 3.1 There is a statutory requirement under part 5 of the Health and Social Care Act 2012 (the "Act") for all Local Authorities to commission a local Healthwatch and Complaints Advocacy Service from April 2013.

The Act requires the Council to:

- Establish a local Healthwatch to act as the new consumer champion for publically funded health and social care;
  - Take over responsibility for ensuring the provision of a Health Care Complaints and Advocacy service.
- 3.2 The local Healthwatch remit covers all NHS and social care services for the local population.

The mission for Healthwatch Walsall as set out in the Act is:

- Promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local care services.
- Enabling local people to monitor the standard of provision and whether and how local care services could and ought to be improved.
- Obtaining the views of local people regarding their needs for, and experiences of local care services and making these views known.
- Formulating views on the standard of provision and making reports and recommendations on how the local care services could/ought to be improved.
- Providing information to the public about access to local care services so choices can be made.
- Providing support for people making an NHS complaint
- Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations and providing Healthwatch England with the local intelligence and insight it needs to enable it to perform effectively.

This translates into a programme of community engagement and outreach to gather the views and experiences of local people; the maintenance of an intelligence hub about local NHS and care service to inform Healthwatch work and partner agencies; carrying out research and visits to services and producing recommendations for change; having regular dialogue with service managers and planners and active role in partnerships as the Health and Wellbeing Board for Walsall to represent patient public interests; the provision of a phone information helpline answering questions to help people navigate their services; supporting people to make complaints through the NHS complaints process.

3.3 All of this work is designed to improve the health and wellbeing of local residents by ensuring that local residents have a voice and a say in how their services are provided to meet their needs; barriers to using services are identified; and access to and experience of service is improved. Local residents can understand their rights and can get answers to their concerns and services learn from complaints and feedback.

3.4 The aim of the local Healthwatch is to benefit patients, users of services, carers and the public by helping to get the best out of services, improving outcomes, and helping services to be more responsive to what people want and need. There are seven statutory functions under the guidance from the Department of Health and Local Government Association (LGA), relating to Healthwatch and the complaints advocacy services:

- Function 1 Gathering views and understanding the experiences of people who use services, carers and the wider community
- Function 2 Making people's views known
- Function 3 Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinised
- Function 4 Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission ("CQC")
- Function 5 Providing advice and information about access to services and support for making informed choices
- Function 6 Making the views and experiences of people known to Healthwatch England and providing a steer to help it carry out its role as national champion.
- Function 7 NHS Complaints Advocacy – this function has been commissioned by a separate process

3.5 The contract award covers functions 1 to 6. Function 7 is delivered through a separate contract and was not part of the tender specification.

#### **4. The Procurement Process**

4.1 Tenders were sought for the delivery of the local Healthwatch Walsall Service using an open procurement process, which commenced on 23<sup>rd</sup> December

2015. A Contract Notice was issued to alert the market to the tender in accordance with EU Regulations and the Council’s Contract Rules. In addition, the opportunity was posted to the Council’s e-tendering portal, “In-tend”.

The key dates in the process are provided below:

	<b>Stage</b>	<b>Date</b>
1	Publication of EU Contract Notice	23 December 2015
2	Tender close	12 Noon on 29 January 2016
3	Evaluation complete	12 February 2016
4	Cabinet approval	16 March 2016
5	Implement Executive Decision	24 March 2016
6	Notification of Intention to Award the Contract - 10 day standstill period applies	24 March 2016
7	Contract Award	05 April 2016
8	Contract commencement	05 April 2016

4.2 A single stage open tender process was used due to the limited market identified. The overall evaluation criteria used in evaluating the tender submissions were:

Quality            80%  
Price                20%

4.3 The tender included a range of questions which sought to test bidders understanding of the work of a local Healthwatch, the bidder’s financial viability and technical ability were also evaluated. The selected bidder received the highest score in the evaluation and is the preferred bidder for the delivery of the service.

4.4 The tendering instructions stated that the contract would be awarded on the basis of quality and the most economically advantageous offer to the Council and that in evaluating tenders, the Council would have regard to the following:

- Quality assessment, including:
  - proposed transition delivery model and proposals in relation to governance arrangements
  - proposed business model to develop a financially sustainable organisation, which included social value
  - approach for delivering key functions of the contract
  - approach to and experience of community engagement and representation
  - approach to gathering the views and experiences of residents to inform commissioning
  - proposals for raising the impact and influence of Healthwatch Walsall in the borough

- approach for the training and development of Healthwatch Walsall paid staff and volunteers
  - approach to collaborative working with partners and sub-contractors
- The tender price for providing the service.

4.5 Individual method statements were submitted by bidders addressing each of the quality criteria listed in 4.4.

### ***Evaluation process***

4.6 All tenders had to be submitted electronically no later than 12 noon on 29<sup>th</sup> January 2016. Tenders were opened on 29th January 2016 and three valid tenders were received. The tender evaluation was carried out by Council Officers from Communities & Public Protection, Public Health, Adult Social Care, Children Services and Finance. The evaluation panel was facilitated by a Procurement Officer. All tender submissions were evaluated in line with the evaluation criteria and scoring system published as part of the Invitation to Tender ("ITT").

4.7 The three bidders were:

- Engaging Communities Staffordshire
- Healthwatch Sandwell
- Healthwatch Walsall

4.8 The contract will commence on 5<sup>th</sup> April 2016 subject to their being no successful challenge in relation to the award of contracts following the Council's observation of the standstill period noted in paragraph 4.1.

## **5. Council priorities**

5.1 In February 2015 the Council adopted the Corporate Plan 2015-2019, 'Shaping a Fairer Future'. The plan has been informed by intelligence from the 2011 Census, Index of Deprivation 2010 and the three key thematic needs assessments:

- Joint Strategic Needs Assessment (JSNA);
- Economic Needs Assessment; and
- Safer Walsall Community Assessment

5.2 The Corporate Plan priorities which these services will contribute to are listed below;

- Improving health and wellbeing, including independence for older people and the protection of vulnerable people;
  - The service will make a significant contribution to addressing inequalities in health in Walsall by ensuring services better meet the needs of the population, give a better experience to those who use them, communication is improved and barriers to access are addressed.
- Creating safe, sustainable and inclusive communities;
  - The service will make a contribution to developing active citizens by providing a route for people to be actively involved in commissioning and scrutiny of local NHS and care services.
  - The service will promote the principles of good citizen engagement and the value of co-design of services with citizens as a route to ensure that reconfigured services meet needs and are effective.
- Improving safeguarding, learning and the life chances for Children and Young People raising aspirations; and
  - The service has a focus on the most vulnerable and least heard of communities in Walsall, actively working to ensure that the

experience and views of such groups are heard by decision makers. For example: outreach to find out about the needs of children with disabilities; active links to BME communities in Walsall; working to highlight the needs of vulnerable people with mental health and substance misuse issues.

## **6. Risk management**

- 6.1 The risks relating to both the procurement and service implementation have been actively assessed and managed as part of the tendering process.
- 6.2 The Act placed new responsibilities on local authorities. If the funding allocated to meet these responsibilities is not adequate, there is an ongoing risk to Council's finances.

## **7. Financial implications**

- 7.1 The Act requires each Local Healthwatch to be a body corporate carrying out statutory functions and to be a social enterprise. The 'social enterprise' definition includes a requirement for the social enterprises to re-invest at least 50% of any operating surpluses.
- 7.2 The total value of this contract is in the region of £535,000 for the 3 years, which includes an initial 2 years plus the option to extend for a further 12 months. The budget allocation will be met from a combination of external grant funding from the Department of Health and council funds. As the service is funded through external grant provision has been made in the contract to address any shortfall in future funding, should the need arise.

## **8. Legal implications**

- 8.1 A Local Healthwatch function is a statutory duty under the Health and Social Care Act 2012 and the Council is required to commission an independent Local Healthwatch.
- 8.2 This contract provision was advertised in the European Union (as detailed in paragraph 4.1) in compliance with the Public Contract Regulations 2015 and the open procurement procedure was followed.
- 8.3 Following the expiry of the standstill period and contract award (as detailed in paragraph 3.5), Legal Services will work with the relevant Council Officers to ensure that the correct duly completed contractual documentation will be entered into, a draft of which was included within the ITT and shall be made under the Council's Seal.

## **9. Property implications**

None

## **10. Health and wellbeing implications**

10.1 The Local Healthwatch service will assist in achieving a number of the key objectives of the Marmot Review, as follows:

- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable communities
- Strengthen the role and impact of ill-health prevention

10.2 The Local Healthwatch service aligns with Walsall Clinical Commissioning Group's priorities:

- Improve health outcomes & reduce inequalities
- Providing the right care, in the right place at the right time
- Commissioning consistent, high quality, safe services across Walsall
- Securing best value for Walsall pound and delivering public value

10.3 The Local Healthwatch service will assist in achieving a number of the key objectives by:

- Improving the quality of health and social care by forming an effective partnership with CCG
- By influencing the quality of health and social care

## **11. Staffing implications**

11.1 This service is currently provided by an external contractor and there are no implications for Council staff arising from retendering the contract. TUPE may apply to some of the staff of the existing provider. Tenderers were provided with information relating to the terms of employment of the staff and their tenders were submitted taking the implications of this into account.

## **12. Equality implications**

12.1 Members are referred to the Equalities Impact Assessment at Appendix 2 and will note that the contract for the delivery of a Local Healthwatch service will have positive equalities impact for protected characteristics.

12.2 The aim of Local Healthwatch is to act as the consumer voice for health and social care. It aims to benefit patients, service users, carers and the public through promoting and supporting the involvement of people in the

commissioning and provision of services. In so doing, it helps to make services more user driven with improved outcomes. Healthwatch Walsall will be representative of Walsall's diverse community, including the nine groups with characteristics protected under the Equality Act 2010. Through the requirements set out in the service specification and ongoing contract monitoring arrangements, the council will make provisions to ensure that these groups are represented equally by Local Healthwatch and that any additional provisions that may be required are put in place.

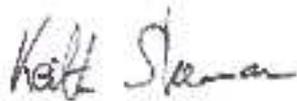
12.3 There is a requirement that the Local Healthwatch service will have a large membership that represents the demographics of the area and all sections of the local community and ensures their voices are heard. This membership will have a direct influence over the policy, plans and priorities of Healthwatch Walsall. This will ensure that the service is fully inclusive of the nine protected groups and that the health needs and inequalities that these groups may be experiencing are articulated through the service and subsequently replayed to local health stakeholders.

### Background papers

1. The King's Fund review of the progress made by local Healthwatch 2015
2. Appendix 1 – Equality Impact Assessment 2015

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