

Cabinet – 19 March 2008

Award of a contract for the host organisation for the Walsall LINK

Portfolio:	Councillor Arif, Procurement, Transformation & Performance Management
Service:	Procurement
Wards:	All
Key decision:	Yes
Forward plan:	Yes

1 Summary of report

The report details the procurement process leading up to the award of a contract for a host organisation to support the local involvement network (LINK) in Walsall.

2 Recommendations

- 2.1 That Cabinet note the procurement process undertaken
- 2.2 That Cabinet approve the award of the contract for the host organisation for the Walsall LINK to the Carer's Federation (Provider A).

3 Background Information

- 3.1 The government introduced new legislation, the Local Government and Public Involvement in Health Act 2007, which imposed a new duty on the council to procure and make contractual arrangements with the organisation that will start up and support the new arrangements by 1st April 2008. The intention behind this duty is to provide a more effective way of engaging communities in health care. These bodies are known as Local Involvement Networks or LINKs. LINKs are being introduced to help strengthen the system that enables communities to influence the care they receive. From April, the Government will replace Patient Forums with Local Involvement Networks (LINKs), a new way to involve every one in influencing and having their say about health and social care in Walsall.

Backed up by certain powers, LINKs will:

- provide everyone in the community – from individuals to voluntary groups - with the chance to say what they think about local health and social care services – what is working and what is not.
- give people the chance to influence how services are planned and run.

- feedback to service providers what people have said about services so that things can be improved.

3.2 Guidance from the Department of Health specified that the procurement should be lead by the council's corporate procurement officer. However, in view of the wider implications of this project across the council, a multi-agency steering group was established to co-ordinate the process.

3.3 The host organisation that the council will procure will provide support services to the LINK to ensure that is able to provide the functions set out in the legislation and regulations to be issued in the near future. The value and nature of the planned contract is above the threshold for EU procurement and a restricted procedure has been used. The key dates for the project are:-

	Stages	Approx. Date
1	Publication of EU Contract Notice	12 th October 2007
2	Closing date for requesting PQQ's	16 th November 2007
3	Closing date for return of PQQ's	23 rd November 2007
4	Invitation and Issue of Tender Documents to Successful PQQ Participants	14 th December 2007
5	Tender Close.	4 th February 2008
6	Contract award by Cabinet	19 th March 2008
7	Contract commencement	1 st April 2008

3.4 The tender included a range of technical questions which sought to test bidders understanding of the work of the LINK and the procedures that they would put in place to ensure a fully engaged representative network of people. As the grant given to the council for this function is limited, all bidders were advised of the maximum level of spend available and so the financial evaluation centred more around the amount of the grant to be spent on LINK activity and the financial management procedures to be used. The overall evaluation criteria were set as:-

Response to technical questionnaire	70%
Cost and financial management	30%

Bids were received from 5 organisations:-

Walsall Voluntary Action.
Walsall Endeavours
Shaw Trust,
Quad Research,
Carers Federation,

A detailed technical and financial evaluation has been carried out and the key points are summarised in **Appendix A**. Based on the scores from the initial stage 1 evaluation, the top 3 providers were taken to the next stage 2 where they were required to deliver a presentation to a wider evaluation panel, which included key stakeholders from patient forums and service user groups. The presentation was designed to ascertain the relative approaches to implementing LINks following on from feedback from a recent stakeholder event attended by over 60 people from different groups.

A summary of the evaluation scores is as follows:-

Stage 1

Organisation	Score	Rank
Provider A	57.55	1
Provider D	57.47	2
Provider E	52.78	3
Provider B	51.25	4
Provider C	40.84	5

Stage 2

Organisation	Score	Rank
Provider A	65.33	1
Provider D	64.47	2
Provider E	55.11	3
Provided B	51.25	4
Provider C	40.84	5

4 Resource and legal considerations

4.1 Financial

Specific funding for this activity has been allocated through the Area Based Grant for a 3 year period. The funding stream after this initial 3 year period has not been defined although the council will have a duty under the legislation to make contractual arrangements with a host organisation to support the work of the LINk.

The resources set aside in the grant to cover the cost of the contract and contract management activity is £170,000 in 2008/9, £169,000 in 2009/10 and 2010/11.

4.2 Legal

The council has a duty under section 221 of the Local Government and Public Involvement in Health Act 2007 to put arrangements in place to enable the development and operation of a LINk in Walsall. Due to the nature of the service being tendered a European procurement procedure was followed.

The contract can not be finalised until the regulations, that will set out the powers of the LINk and its members, which support the primary legislation are enacted.

Draft regulations have been out to consultation and are due to be put in place in prior to 31st March 2008.

4.3 Staffing

As this is a new contract and involves the creation of a new organisation there were no TUPE implications from staff transferring from the patient forums former support organisations. At the end of this contract it is anticipated that, subject to the continuation of the duty under the act, that TUPE is likely to apply to the staff engaged to undertake this contract and provision for this eventuality has been incorporated into the contract. The council has a duty to comply with the Code of Practice on Workforce Matters when undertaking any procurement which may involve TUPE.

5 Citizen impact

The creation of a local involvement network for health and social care will enable wider community engagement in the shaping and scrutiny of services. The membership of the LINK must be drawn from all sectors of the community and the role of the host is to ensure that those difficult to reach groups are able to contribute.

6 Community safety

The award of this contract does not have direct impact on community safety with the exception of the promotion of public health.

7 Environmental impact

Whilst the creation of a LINK does not have a direct impact, the consultation mechanisms to be employed will include internet and email approaches which will minimise the impact on the environment.

8 Performance and risk management issues

8.1 Risk

The key risk for the council is that the host organisation fails to perform its duties and the LINK does not receive the support it needs to fulfil its statutory function. The council will not have any direct control over the work of the LINK, only a contractual relationship with the host. The host will be required to set up appropriate governance arrangements for the LINK and be accountable to the LINK for its actions. The contract to be put in place seeks to provide the necessary mechanisms to ensure that the host is clear on its role and provide regular statutory reports on the performance of the LINK to the council.

8.2 Performance management

A range of performance indicators will need to be developed as part of the implementation process. The stakeholder meetings that have been held have started to consider indicators of good performance both of the host organisation and the LINK itself. This work will inform the performance indicators to be incorporated into the contract.

9 Equality implications

The purpose of the LINK is to ensure that all parts of the community have the opportunity to make a contribution to the shaping and scrutiny of health and social care services in Walsall. The role of the host is to use techniques and approaches which allow for the widest possible engagement with the community and this was built into the tender and subsequent evaluation.

10 Consultation

Consultation has been a major part of the overall project. A cross council, multi-agency steering group was established to lead the process and ensure Walsall's communities were engaged effectively and in a timely manner. At an inaugural stakeholder meeting, it was agreed that a series of smaller groups would look at specific issues. Engagement was achieved through existing networks and forums by attending meetings and giving presentations at key stages through the project. These included all Local Neighbourhood Partnership meetings, Scrutiny and Performance panel meetings, management meetings and partnership boards and groups.

Key stakeholders from across the statutory agencies have been involved in the project and volunteers who work within the social care and health area worked together to draw up a communication and consultation process. They worked on agreeing the content of a website, newsletter and planned a series of key stakeholder events. The work of these groups culminated in a range of different methods for receiving feedback to ensure we were able to reach the widest audience and target consultation using appropriate methods and ensuring people were able to influence the process at key stages.

The feedback received informed the procurement process, this included the specification, tender evaluation and the interview process, and also involved ensuring the presentation stage of the process included lay members who were volunteers in groups such as the Patient and Public Involvement forums.

The work carried out to consult and engage local people will also be a valuable resource for the successful host in determining what local people want from a LINK and the groups who have been engaged will continue to support the activity for a time limited period through transition.

Background papers

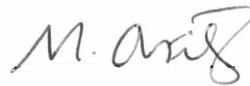
Local Government and Public Involvement in Health Act 2007
Department of Health guidance on LINKs
Website [Local Involvement Networks \(LINKs\)](#)

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David Brown
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10 March 2008



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10 March 2008

Tender Evaluation Summary

Provider A

Strengths

Demonstrated an extensive range of opportunities made available for the initial recruitment stages to the LINK. Ensuring it matched the demographics of Walsall and a split process was described which addressed initial set up and recruitment.

Demonstrated a good understanding of the requirements of a project management approach to manage transition arrangements, which included continuity through a 3 stage process tailored to meet needs of the contract.

Good description of the key issues for consideration inclusive of the hosts needing to support, not lead activities.

Good use of policy and supporting frameworks to manage conflict situations with good links to governance arrangements.

Resource allocation described allowed for dedicated locally appointed staff with good descriptions of how the location would be used as a base, and the use of information to make the organisation accessible.

Inclusive processes for engaging stakeholders were evident with descriptions of who stakeholders are and what would need to happen to build open and effective partnerships.

Communication mechanisms were described extensively with an inclusive approach, engaging the widest possible range of mechanisms to support different audiences.

Training needs analysis and developments were well documented in the bid, with clear links to a skills audit framework.

Good staffing structures, with locally appointed dedicated staff available within a wider supported organisation.

Good use of existing resources, but its clear where LINK project resources are and what use would be made of them in the wider context. Good use of staff for outreach work.

Weaknesses

Insufficient detail of the skills required for adapting to changing legislation.

Inadequate description of how the LINK membership would influence spending against identified priorities.

Discussion about storage and interrogation of data, but insufficient information about the type of data and protocols required for access through a range of different sources.

The quality monitoring process was not clear and easy to distinguish there was a description of what would be used, but insufficient links to participant review.

Presentation and Interview

Strengths

The presentation was well constructed, set out to answer each point from within the brief with clear examples of how things would be achieved and professionally delivered.

The use of the event was well thought through and constructed with key links made to additional opportunities to engage.

The presentation gave practical working examples of how they would engage with key stakeholders from within the health and social care arena.

Made clear linkages to development of local knowledge and reaching specific groups from within Walsall's diverse community.

Weaknesses

None identified

Provider B

Strengths

Clearly experienced in analytical research and processes, good examples of how this could inform decision making and what type of datasets would be used to inform LINK activity and recommendations.

Strong understanding of potential training needs and a good description of how these could be assessed and what type of analysis would be required to inform a training programme for volunteers involved in link activity.

A good appreciation of the type of support which would be required for the for volunteers who would become involved with LINK activity including examples of how they may be able to

Appreciation of communication needs using different channels and clear examples of how they would utilise a range of communication techniques to get information out to the public

Weaknesses

Limited local presence and appreciation of local needs was evident from their tender application, there was little mention of dedicated local staff or premises and little knowledge of current health and social care structures in Walsall.

Not clear on engagement with local people very much process driven, talked a lot about the type and range of data collection through survey and web based activity and market research type tools, but less about engaging with people using community participation type activities.

There was insufficient detail about how they would manage local expectations and engage a steering group locally to assist with implementation and transition to LINK set up.

No established networks and relationships were visible and little evidence of the understanding of what would need to be developed, there was talk of mapping activity but little knowledge of the breadth of organisations they would need to engage with.

Relationship building with other strategic partners was felt to be quite weak there was little or no mention of strategic partners such as scrutiny and performance panels and key providers, they seemed to have a general lack of knowledge around the current health and social care agenda locally and nationally.

Presentation and Interview

Not required to deliver a presentation,

Provider C

Strengths

Clear and consistent approaches to the development of a formal constitution, key organisational protocols and policies around things like declaration of interests were in place, they were well versed in the structural elements of committee style operations.

They were experienced in quality assurance systems and gave clear examples of how they could apply this knowledge to deliver a LINK host contract.

There was an appreciation of volunteers and the issues faced with recruitment and retention of volunteers. They were clear on how they would support and encourage through policies to support volunteer activity.

Weaknesses

There was one area of weakness which was felt to be critical for this type of multi stakeholder activity the bid did not demonstrate clearly how disputes would be managed within the procedures which were described.

There was a general lack of linkages made between indicators and data shaping future priorities of the LINK. They were good on scoping information but less clear how that could be aggregated and used to inform LINK recommendations.

Clear on volunteer role but did not show how the LINK would interact with other external stakeholders which will be a clear role for the successful host organisation.

The bid showed too much emphasis on existing PPI forums, but it did not draw out the strengths and weaknesses of the PPI forums.

There was little mention of how to engage other key groups, in particular social care groups and individuals.

There was little linkage made between the priority setting process and the LINK spending and it was not clear how they would support the LINK to ensure spending was targeted to deliver priorities.

Presentation and Interview

Not required to deliver a presentation,

Provider D

Strengths

Comprehensive approach for the use of existing mechanisms for attracting people into the LINKs process, good description of the tasks involved in initial set up and how to make best use of the experience of the organisation and the work which will have been done to date.

The bid showed good use of a variety of processes to attract and recruit volunteers, using a range of mechanisms for community engagement activities as a source.

The training needs of volunteers were addressed in the bid and this was an area of particular strength in detailing the levels and type of training which potentially would be used.

A comprehensive knowledge of the existing networks which were established for community engagement activity and the way they could be accessed to engage people into this process.

The description of how best to manage finite resources was a particular strength

Good processes for management of conflict were described and linkages made to the governance arrangements.

The management of volunteers, in particular the LINK buddy systems was seen as strength.

Good use of existing skills to determine training requirements and good local knowledge of groups and organisations.

Weaknesses

It was felt there was not a clear plan for transition, insufficient mention of who the organisation would need to engage or how it would engage key stakeholders.

Measuring the effectiveness of the LINK did not take account of a clear and consistent approach; it talked about measurement on an indicator by indicator approach.

Access to key data was felt to be a weakness, there was talk about how to manage, store and interrogate data, but little understanding of the types of data and sources and no mention of sharing information with others.

Adapting to changing legislation was not described in a way which was felt to take account of the evolving legislation and guidance around LINKs.

It was felt the bid did not show how they would work with key strategic partners to develop new relationships or how these might be supported with no clear discussion about tapping into existing arrangements.

Accessibility was felt to be a weak area, talked about local premises and flexible arrangements for staff but no mention of out reach and working in district centres.

Insufficient description of what would be used to assess quality, customer satisfaction testing, LINK members contributing to an audit against set criteria.

The proposed staffing structure did not reflect a clear definition between existing activities and the support available for the link host contract. No commitment was made about resources; this was to be subject to planning outcomes.

Presentation and Interview

Strengths

The presentation was clear about how the event would be used to further engage local people and what key messages would be used.

Ideas about signing up members on the day were good and having interests groups and meetings at the event.

The event plan had a clear structure and the presentation showed how this would fit with alternative routes to engage.

Weaknesses

Not clear how the amount of activity described could be achieved with the stakeholder groups involved in the process within a whole day event.

There was insufficient detail in the event around the urgency of making decisions in April.

Provider E

Strengths

Overall this was a good application with through given to the activities and the best use of existing skills locally with a good grasp on local knowledge.

The approach detailed for setting up and recruiting to a LINK was quite good, showing innovative solutions and good use of existing resources.

Good ideas and suggestions for a full range of innovative ways in which to communicate with stakeholders. There was a clear distinction made in the responses here as to how each different stakeholder group might need to be worked with.

A particular strength included the approach for ensuring accessibility. Covering areas around how to engage different groups, what was required to work with people with particular needs and how and where people would be able to access the host support.

Access to various groups and networks was a strength using the organisations existing mechanisms.

Tapping into the skills of existing groups and organisation was a strength of this organisation

Good links made with making the LINK expenditure accountable to the membership and the wider community.

Weaknesses

The description of how to handle the transitional period and what would need to happen was weak. There was little mention of all stakeholders who would need to be engaged, the focus here was primarily on PPI members, and was around models and structures, not about the practicalities of transition or how this might work in practice.

The recruitment of volunteers relied heavily on existing processes, the bid did not describe the process gave no detail as to what these processes were. There was discussion about support for volunteers, but no specific information about what this would look like.

There was a lack of information about how the organisation would determine what skills volunteers needed, and how these would be written into a specific training plan around links activity.

Accessing individual member of the public and encouraging their participation was not described.

Performance monitoring framework and quality assurance systems described were not specific to the LINK and not felt to be comprehensive with little mention of tying into the governance arrangements, or how it would link to membership of the LINK in a monitoring role.

There were doubts around the staffing structure and how much of the structure which was shown would be a dedicated resource.

Presentation and interview

Strengths

The presentation made clear current links into the community and working knowledge of Walsall.

Clear understanding of the role of a community volunteer was evident

Weaknesses

The presentation did not adequately answer the preset question about the best use of a community engagement opportunity through the event.

The focus of the presentation was on information already submitted in stage 1 of the process.

The presentation did not make clear distinctions between the role of the host and the role of the LINK