

Committee: Merton Health and Wellbeing Board

Date: 23 April 2013

Agenda item: 13

Wards: All

Subject: HealthWatch and NHS Complaints Advocacy

Lead officer: Simon Williams – Director of Community & Housing

Lead member: Councillor Linda Kirby – Cabinet Member for Adult Social Care and Health

Forward Plan reference number:

Contact officer: Kris Witherington, Community Engagement Manager

Recommendations:

- A That the Board note the appointment of providers for both Healthwatch Merton and the NHS Complaints Advocacy Service.
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of the report is to update the Board on the conclusion of the commissioning process for a local Healthwatch organisation for Merton.
- 1.2 The report also updates the Board on conclusion to the pan-London approach to commissioning an independent NHS complaints advocacy service

2. DETAILS

Healthwatch Merton

- 2.1 The Health and Social Care Act 2012 included a requirement on local authorities to establish a local Healthwatch in their area. This duty replaced the duty to establish a Local Involvement Network (LINK) from 1 April 2013.
- 2.2 There is no prescriptive approach set out by the Act for procuring local HealthWatch. Currently the option to grant-aid an organisation is available, as is the option to pursue a competitive tendering process.

- 2.3 The Council undertook a consultation during summer 2012 with a range of stakeholders to assess the key issues in developing a local Healthwatch service. This included providing a draft specification based on a model developed by the London Commissioners Group in conjunction with the Local Government Association and Department of Health. The consultation also set out the procurement options available to the Council under the legislation and the organisational form Healthwatch could take.
- 2.4 As was previously reported to the Board the Council agreed in November 2012 to carry out a competitive tendering process as this would better meet the needs to be transparent, open and meet the tight timetable for delivering Healthwatch, as well as potentially achieving better value for money. This reflected the feedback received during the consultation.
- 2.5 An 'Invitation to Tender' (ITT) was advertised on 21 December 2012 on Pro Contract, the Council's e-tendering portal as well as listed by London Voluntary Services Council and locally in Merton Connected. The return date for the tender was set for 1 February 2013.
- 2.6 Under the Open Procedure tenderers were invited to electronically tender their submissions via the ProContract system, where they were required to provide:
- A fixed price for the two years of the contract
 - 10 method statements
 - Health and Safety, and Equalities policies
 - Financial information for the last two years
- 2.7 Five organisations submitted a response to the tender advert. An initial evaluation of bids was carried out against the pass/fail evaluation criteria. Three of the bids were eliminated at this stage.
- 2.8 The two remaining bids were scored against the 10 criteria set out in the ITT and compared for price. The evaluation was carried out by a panel consisting of:
- Kris Witherington, Community Engagement Manager (Merton Council)
 - Councillor Margaret Brierly (Merton Council)
 - Melanie Monaghan (Carers Support Merton and CEN representative)
 - Clare Gummatt (Merton CCG)
- 2.9 Having completed all of the evaluations, the evaluation panel recommended the award of the contract to Merton Voluntary Service Council (MVSC)
- 2.10 The award letter was issued to MVSC on 28 March 2013. A formal contract will be completed and signed in due course. MVSC have been asked to

provide an implementation plan based on the method statements provided in their tender.

- 2.11 The Council issued a press release on 4 April informing the local media of this decision.
- 2.12 A two-year contract has been offered with an option to extend for a further two years at the Council's discretion.

NHS Complaints Advocacy

- 2.13 The Health and Social Care Act 2012 also included a requirement on local authorities to establish an independent service to provide advocacy to those making complaints about NHS services. This duty currently sits with the Department of Health.
- 2.14 A group of London commissioners have worked together to explore a regional approach. 26 boroughs have agreed to participate in a procurement process led by LB Hounslow under a framework agreement with a single provider.
- 2.15 LB Hounslow led an open tender process. An invitation to tender was issued on 31 January 2013 with a deadline of 22 February 2013. Four bids were received and evaluated by a panel representing the participating boroughs.
- 2.16 Following the tender process VoiceAbility has been appointed to provide the NHS Complaints Advocacy Service for Merton.
- 2.17 The service is available by visiting <http://nhscomplaintsadvocacy.org/> or by calling 0300 330 5454.
- 2.18 The service model is based on a core service – provision of initial advice, self-help guidance and 1 hour of support; remote support – provision of support and advice by email or telephone over an extended period of time; and intensive support – face-to-face advice and support over an extended period of time.

3. ALTERNATIVE OPTIONS

- 3.1 Contracting for both HealthWatch and NHS Complaints Advocacy services is a statutory requirement under the Health and Social Care Act 2012. The Council therefore had no alternative but to appoint providers for these services. Many different options for procuring these activities have previously presented to the Board.

4. CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1 A consultation took place between July and September 2013. This included an online survey as well as discussions at LINK public meetings, with the

LINK Steering Group, the Citizenship and Inclusion Delivery Group, and the Shadow Health and Well Being Board

5. TIMETABLE

- 5.1 The contracts for both Healthwatch Merton and the NHS Complaints Advocacy Service commence from the 1 April 2013 and will be initially for two-years with an option to extend for an additional two years.

6. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1 The contract for Healthwatch Merton will be for £129,445 in 2013/14 and £125,085 in 2014/15. This represents an increase of £29,330 in 2013/14 and £24,925 in 2014/15 on the current LINK funding. This takes into account the additional function of signposting included in the LINK contract.
- 6.2 A non-ring fenced grant from the Department of Health has been made available to support the cost of funding Healthwatch through the Local Reform and Community Voices Grant. This includes continuing the previous funding for LINKs and an additional sum for the information and signposting duty. Merton was allocated £130,990 for 2013/14, £135,078 for 2014/15
- 6.3 After an initial payment of £5,421 for set up costs VoiceAbility will receive £13,542 in 2013/14 and £13,900 in 2014/15 for the core service. Payments for the remote and intensive services are demand led and will depend on the number of new cases started.
- 6.4 A non-ring fenced grant from the Department of Health of £44,785 in 2013/14 has been received to cover the cost of the Complaints Advocacy Service.

7. LEGAL AND STATUTORY IMPLICATIONS

- 7.1 Contracting for both HealthWatch and NHS Complaints Advocacy services is a statutory requirement under the Health and Social Care Act 2012.

8. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1 The procurement process for both contracts included judgements on Equalities policies of the providers and required method statements on how the providers will reach parts of the communities traditionally excluded. Both contracts will require the providers to monitor use of the services and report quarterly to the Council.

9. CRIME AND DISORDER IMPLICATIONS

- 9.1 None

10. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1 With a demand-led service there is a risk that the level of usage will exceed the available budget. However, based on previous performance data provided by the Department of Health under their contract it is reasonable to expect the level of usage to remain within the budgeted sums. A major event within a local NHS service may impact on this assumption.

10.2 Both procurement processes required bidders to provide acceptable Health and Safety Policies. The successful organisations were able to do so.

11. APPENDICES - THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- None

12 BACKGROUND PAPERS

12.1 Health and Social Care Act 2012.

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