

	CHIEF OFFICER IN CONSULATION WITH COMMITTEE CHAIRMAN DELEGATED POWERS REPORT
Title	Contract Award for Barnet Healthwatch
Report of	Executive Director, Adults and Health
Wards	All
Status	Public
Enclosures	None
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Summary

Local Healthwatch organisations were created by the Health and Social Care Act 2012 to provide a strong consumer voice for health and social care in each Local Authority area.

The Policy and Resources Committee agreed the Annual Procurement Forward Plan 2019/20 on 11th December 2018 which included authorisation for Adults and Communities to procure Healthwatch Services. The Service was put out to tender on 4th November 2019.

Following the procurement process, it is recommended the contract is awarded to Inclusion Barnet. The contract term is for three (3) years with the option to extend for a further period(s) of up to two (2) years, subject to satisfactory performance. The total contract value will be £364,436.17 for the 3 year period (the total global contract value is £607,393.61 if the contract is extended by a further two years).

Decisions

To award the contract for the provision of Barnet Healthwatch to Inclusion Barnet for a period of 3 years from 1st April 2020 with the option to extend by up to a maximum of two years subject to satisfactory performance.

1. WHY THIS REPORT IS NEEDED

- 1.1. The Policy and Resources Committee agreed the Annual Procurement Forward Plan 2019/20 on 11th December 2018 which included authorisation for Adults and Communities to procure Healthwatch Services.
- 1.2. The current contract for the provision of Healthwatch Services is due to expire on 31st March 2020. This Delegated Powers Report is required to authorise the contract award for the service to Inclusion Barnet.

2. REASONS FOR RECOMMENDATIONS

- 2.1. The council is required to commission a local Healthwatch service under the Health and Social Care Act 2012. The current contract with Community Barnet for the provision of Healthwatch is due to expire on 31st March 2020. The council went out to tender on 4th November, to ensure a new service was in place from 1st April.
- 2.2. A compliant procurement process was followed and engagement occurred to support development of the service specification and market interest including a formal market engagement event.
- 2.3. Organisations were invited to submit a tender outlining their organisational experience and how they would meet the requirements of the specification. The closing date was 13th December 2019. There were 29 expressions of interest. Three compliant bids were received.
- 2.4. A panel comprising representatives from Joint Commissioning, Prevention and Wellbeing and Care Quality undertook the evaluation for the tender.
- 2.5. The procurement approach used for this tender was based on the Open Tender Process to ensure value for money.
- 2.6. The tender process involved a two-stage evaluation of capability, quality and cost as follows:

Stage 1

Capability Assessment via selection questionnaire to assess the suitability of Tenderers with respect to their technical knowledge, capability/capacity, organisational and financial standing as relevant to the requirements.

Stage 2

Quality (60% of the total) and price (40% of the total) evaluation. Quality was evaluated based on the bidders' submitted method statements. Each response was scored out of 5, with 0 being the lowest and 5 being the highest score. In order to pass the quality section, bidders were required to score a minimum of 2 or more out of the available 5 points for each method statement question and also achieve an average score of 3 or more across all method statement questions. A consensus score was then awarded. The score for the total contract price was created by dividing each tender price by the lowest priced tender. This ratio was multiplied by the price weighting of 40%, to give a price score for each tenderer.

2.7. Procurement guided and supervised the evaluation stage but did not score the bids, they also managed the moderation stage. Tender submissions from providers who passed the selection questionnaire stage then had their technical questions evaluated individually by officer panel members. The panel members then took part in a moderation meeting to agree consensus scores.

2.8. The quality award criteria accounted for 60% of the total score as set out in the table below.

2.8.1. Quality

Section	Criteria	Weighting
Quality (60%)	MSQ 1: The Model	10%
	MSQ 2: Partnerships	6%
	MSQ 3: Engagement and Participation	6%
	MSQ 4: Influencing commissioning activity	6%
	MSQ 5: Signposting	3%
	MSQ 6: Publicity / Raising Awareness	3%
	MSQ 7: Quality Improvement	9%
	MSQ 8: Implementation	6%
	MSQ 9: Residents Voice	6%
	MSQ 10: Social Value	5%
Price (40%)	Price	40%
Total:		100%

2.8.2. Scoring

The following scoring scale was applied to method statement responses:

Score	Definition
0	Very poor, No response
1	Poor response
2	Limited response
3	Satisfactory response

4	Good response
5	Outstanding response

2.8.3. The quality/price percentage split for the tender was 60/40. 40% of the overall score was awarded to price. Both price and quality scores were combined to calculate a total score.

2.8.4. Based on the overall evaluation criteria above the scores were as follows:

Provider	Price (3 Years)		Quality	Total
	(£)	Score	Score	Score
Bidder A	£383,999.55	35.4%	48.0%	83.4%
Bidder B (Inclusion Barnet)	£364,436.17	37.3%	46.4%	83.7%
Bidder C	£339,792.00	40%	43.2%	83.2%

2.9. Based on the combination of scores for both price and quality, Bidder B received the highest score, and was subsequently awarded the contract.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1. Not applicable.

4. POST DECISION IMPLEMENTATION

4.1. If there is agreement with the recommendation to award to the highest scoring provider, all bidding providers will be notified as to the outcome of the tender and the 10-day tender standstill period will commence. Following this, officers will work with the successful bidder to ensure that the service is mobilised and the contract start date will be 1st April 2020.

5. IMPLICATIONS OF DECISION

5.1. Corporate Priorities and Performance

5.1.1. This contract will form part of the council's statutory duties under the Care Act 2014 including duties regarding promoting wellbeing, prevention and information and advice. This contract will also fulfil the council's statutory duty to commission high quality Healthwatch Services as set out in the Health and Social Care Act 2012.

5.1.2. The council's Corporate Plan (Barnet 2024) strategic objectives are that the council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves, recognising that prevention is better than cure
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the tax payer.

This contract will support the council in meeting these objectives.

5.1.3. Barnet's Joint Health and Wellbeing Strategy (2015–2020) includes the overarching aims of "Keeping Well" and "Promoting Independence". The recommissioning of Healthwatch clearly supports the Health and Wellbeing Strategy.

5.1.4. The contract with the supplier will be robustly monitored and reviewed including their performance through key performance measures and outcome indicators.

5.2. **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1. The contract term is for three years with the option to extend for a further period(s) of up to two years, subject to satisfactory performance.

5.2.2. There is a yearly budget of £128,000 which comes to £384,000 over the life of the contract value (3 years). The recommended bidder has submitted a tender price of £364,436.17 for the three-year term of the contract. This amount is £19,563 under the maximum budget available within the three-year period.

5.2.3. Regular financial monitoring forms part of the contract, as does working within the ethos of best value and continuous service improvement. This will also form part of monitoring arrangements.

5.2.4. Contract monitoring will take place on a quarterly basis.

6. **Social Value**

6.1. The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

6.2. The specification for this service included a social value section. One of the tender questions required bidders to set-out what they would do to provide social value as part of their delivery of the service.

7. Legal and Constitutional References

- 7.1. The services delivered under this contract are subject to the 'light touch regime' under the Public Contracts Regulations 2015.
- 7.2. The contract opportunity was advertised in OJEU in compliance with the Public Contracts Regulations 2015 and the Council's Contract Procedure Rules.
- 7.3. HB Public Law led on the drafting of the contract terms and conditions based on the content of the service specification. The legal procurement process was followed throughout the tender process as advised by the LBB Procurement Manager.
- 7.4. HB Public Law will be instructed to complete the contracts with the successful provider.
- 7.5. The council's Constitution, Part 18, Contract Procedure Rules, Paragraph 4.1 states that; "Any Procurement ... submitted in the Annual Procurement Forward Plan and approved by the Policy and Resources Committee, is deemed as Authorised irrespective of the Contract value. The Authorisation and Acceptance Thresholds Table states that the acceptance of a contract procurement with a value of £500,000 and above must then be recorded by means of a Full Officer DPR, by a Chief Officer in consultation with the Chairman of relevant theme Committee.
- 7.6. The scheme of delegation for the Executive Director of Adults and Health, as published on the council's website, states that contracts over this value must follow authorisation as set out in the Contract Procedure Rules.

8. Risk Management

- 8.1. The award of the contract is unlikely to raise any public concern as the service is already in operation and there will be minimal or no change for existing service users.
- 8.2. As part of the tender, bidders were required to identify that they had the necessary capacity to complete key mobilisation activity ahead of the contract commencing and to ensure a smooth transition when the current contractual arrangements expire.
- 8.3. Risks of non-delivery will be managed by developing a strategic relationship with the provider in relation to the contract and robust contract monitoring.
- 8.4. Risks associated with the procurement process were mitigated by ensuring that provision of the service will be consistent with budget resources.
- 8.5. Alongside this an Implementation, Risk Plan and Performance Framework will be agreed prior to initiating the service. The service specification includes performance and outcome measures which will continue to be monitored and reviewed through contract management.

9. Equalities and Diversity

- 9.1. The core provisions of the Equality Act 2010 came into force on 1st October 2010 and the public sector equality duty (section 149 of the Act) came into force on 5 April 2011. Under section 149, the council must have due regard to the need to eliminate discrimination, harassment and victimisation prohibited under the Act and to advance equality for opportunity and foster good relations between those with protected characteristics and those without.
- 9.2. The protected characteristics are age; disability; race; gender reassignment; pregnancy and maternity; religion or belief; sex; and sexual orientation. They also cover marriage and civil partnership with regard to eliminating discrimination.
- 9.3. Any organisation providing public sector services is subject to scrutiny by the council to ensure that delivery complies with the public sector equality duty.
- 9.4. Barnet Healthwatch plays an important role in providing a strong consumer voice for health and social care and acts as a primary vehicle through which users of health and social care in Barnet will have their say and recommend improvements. As part of the tender process, suppliers were asked to demonstrate their experience of engagement and the provider will be expected to provide data on engagement with residents within the borough particularly, being asked to increase reach with BAME and hard to reach communities.

10. Corporate Parenting

- 10.1. None in the context of this report.

11. Consultation and Engagement

- 11.1. Engagement was carried out with users of health and social care and the market to inform the commissioning of local Healthwatch services.

12. Insight

- 12.1. Not applicable

13. BACKGROUND PAPERS

The Policy and Resources Committee agreed the [Annual Procurement Forward Plan 2019/20](#) on 11th December 2018 which includes authorisation for Adults and Communities to procure Healthwatch Services (No. 239).

Chairman: **Cllr Rajput**
Has been consulted

Signed

Sachin Rajput

Date: 4th February 2020

Chief Officer: **Dawn Wakeling**
Decision maker having taken into account the views of the Chairman

Signed

Dawn Wakeling

Date: 3rd February 2020