

INVITATION TO TENDER

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**INVITATION TO TENDER**

**Tender for the Provision of a Healthwatch and an Independent  
NHS Complaints Advocacy Support Service for the City of  
York**

**September 2012**

**CANs-**

**Copyright and Confidentiality**

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## **Part A**

### **INTRODUCTION**

#### **Background**

- 1.1 The Government's recent health and social care reforms are broad and far reaching, and centred on the principle that service users and the public must be at the heart of all health and social care service delivery.
- 1.2 Through the Health and Social Care Act 2012 Local authorities will have a new, direct accountability for health improvement, and the public health function will transfer from PCTs in 2013. Local authorities will also have responsibility for ensuring that the commissioning of health and social care is joined up.
- 1.3 In line with the above all Local authorities in England will be able to determine what NHS Complaints Advocacy services are appropriate to be arranged for their local area and give them responsibility for arranging them from April 2013 onwards.
- 1.4 The Health and Social Care Act 2012 also replaces the current public and patient engagement mechanism Local Involvement Networks (LINKs) with a new body called Healthwatch. The Act requires all local authorities in England to commission a Healthwatch from 1<sup>st</sup> April 2013.

#### **The Service**

- 1.5 This tender is for two services:

#### **Lot 1: HealthwatchHealthwatch York**

City of York Council wishes to commission a provider organisation to successfully establish Healthwatch for the City of York.

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Healthwatch is for anyone who uses or who wishes to use adult and children's health and social care services in York - or anyone who cares for or represents individuals who have access to health or social care services in York.

Healthwatch has a duty to assist local health and social care commissioners and providers, and other community stakeholders, by providing feedback, research, and information on local people's views and experiences of health and social care, in order to drive up standards of service provision.

**Lot 2: York Independent NHS Complaints Advocacy Service**

City of York Council wishes to procure an Independent NHS Complaints Advocacy Service for the citizens of York that will support residents who have an issue or complaint about any aspect of their National Health Service (NHS) treatment or care.

The service will provide free, independent and confidential support to clients, and in so doing will:

- Help individuals to understand their rights, make informed choices and ensure that public and patient voices are heard and respected by those who make decisions about NHS healthcare services.
- Enable members of the public and patients to feel more empowered, autonomous and informed about standards of healthcare.

1.6 Providers may bid to deliver either one or both of the above services.

1.7 As detailed within paragraph 1.4 Healthwatch replaces the current York Local Involvement Network (LINK) service. City of York Council currently commissions an external provider to deliver this service. NHS Complaints Advocacy services are at present directly commissioned by the Department of Health on a regional basis.

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It is possible that the Transfer of Undertakings (Protection of Employment) Regulations 2006 (SI2006/246) TUPE may apply to the tendering of both these services. Full details are provided in Part H. Within the initial phased implementation period (December 2012 - March 2013) providers will be expected to facilitate a smooth transfer of staff resources.

- 1.8 In the case of both lots it is proposed to award an initial contract for a term of two (2) years with a possible extension on up to one (1) year depending on additional funding made available to City of York Council from the Department of Health.
- 1.9 The Provider(s) delivering the Healthwatch York and the Complaints Advocacy Services will be required to comply with the terms and conditions of the Contract (as set out in Schedule 3 of this ITT). The Contract will include the Service Specification (as set out in Part G of this ITT). The Council will be monitoring both the Healthwatch York and the Complaints Advocacy Services delivered by Provider(s) against the details of the Service Specification(s), the Contract and the standards as set out therein.

### **Procurement Process**

- 1.10 The procurement of the Healthwatch York and the Complaints Advocacy Services will be undertaken through an open procedure which combines a selection, evaluation and award procedure within a single ITT.
- 1.11 The procurement will consist of the pre-qualification questionnaire (PQQ) stage and, for those Providers who are selected to proceed to the second stage, the evaluation of Provider's tenders. The PQQ stage will determine which Providers the Council will take through to the second stage. The Council intends to select between five (5) and ten (10) Providers to have their tenders evaluated but for the avoidance of doubt the Council reserves the right to increase or decrease the number of selected Providers in accordance with the Council's requirements.

- 1.12 Following completion of the tender evaluation process the Council intends to award the contracts to provide the Healthwatch York and the Complaints Advocacy Support Services to the highest scoring Provider(s).
- 1.13 The PQQ will be used as the first stage of procuring the Healthwatch York and, also the Complaints Advocacy Support Services. The purpose of the PQQ stage is to select Providers who meet the PQQ criteria to proceed to the second stage which is the evaluation of the tenders submitted by the Providers. The PQQ is intended to assess the economic and financial standing and technical and professional ability of Providers (and their partners) - the assessment will be made on the basis of the responses to the questions in the PQQ which will be assessed, evaluated and marked by the Council. **Please ensure that the tender documentation (as set out in Parts E, F and I of this ITT) is completed and submitted at the same time as the PQQ documentation (as set out in Part C of this ITT).**
- 1.14 The Council reserves the right to not proceed to the evaluation of the tender responses (the second stage) and/or the contract award stage following the completion of the PQQ stage (the first stage).
- 1.15 The Council reserves the right to terminate the procurement of the Healthwatch York and the Complaints Advocacy services at any point during the procurement process.
- 1.16 The Council reserves the right to terminate any contract awarded, if at a later time it discovers any material misrepresentation in a Provider's response.
- 1.17 For the avoidance of doubt the Council will not be liable for any costs incurred by the Providers in relation to the preparation of any tender response should the Council decide to invoke paragraphs 1.15 to 1.17 or in any other circumstances in connection with this procurement process.

## Part B

### PROCUREMENT TIMETABLE

1. The Council will be conducting the procurement of the Healthwatch York Service and Complaints Advocacy Service through a single stage, open procurement procedure. The process will include a PQQ selection stage (during which the Council will assess and evaluate Providers for selection to the tender evaluation stage), followed by the tender evaluation stage whereby a given number of Providers (selected from the PQQ stage) will have their tender responses assessed and evaluated for award of the contract. Following issue of notices of award to the successful Provider the Council will enter into the Contract with the appointed Provider(s).
2. Providers should note carefully the dates for this procurement process and ensure their availability as appropriate. Any failure on the part of a Provider to comply with the Council's timetable may lead to rejection of the Tender.
3. The Council's procurement timetable to implement the above process is as follows below. This is an indicative timetable only and may be subject to change at the absolute discretion of the Council.

Stage	Task	Date / Proposed Date
1	Issue of tender documentation (ITT) onto SCMS	18 <sup>th</sup> September 2012
1	Closing date for queries regarding ITT	19 <sup>th</sup> October 2012
1	Closing date for return of PQQ and ITT (award evaluation) responses	31 <sup>st</sup> October 2012
1	Evaluation of PQQ responses	1 <sup>st</sup> – 6 <sup>th</sup> November 2012
1	Evaluation of ITT (award evaluation) responses	7 <sup>th</sup> – 12 <sup>th</sup> November 2012

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2	Provider Presentations	13 <sup>th</sup> & 15 <sup>th</sup> November 2012
3	Preferred Provider decided and notified	16 <sup>th</sup> November 2012
3	Contract award	26 <sup>th</sup> November 2012
4	Implementation commences	3 <sup>rd</sup> December 2012
5	Contract commences	1 <sup>st</sup> April 2013

**PART C**

**PRE-QUALIFICATION QUESTIONNAIRE**

**1. Instructions for Completing the PQQ**

- 1.1 Providers should answer all questions as accurately and fully as possible (within the limits on size of response set by the Council). The Council may validate the information contained in a Provider's response at any time throughout the procurement process. Where any such information is found to be inaccurate, insufficient or incorrect, the Council reserves the right to exclude such Providers from the procurement.
- 1.2 All responses should be in English.
- 1.3 Responses should be inserted into the relevant answer box to the right of the question box, unless instructions dictate otherwise.
- 1.4 No alterations to the question box should be made.
- 1.5 The answer box may be extended to accommodate your answer.



1.6 Providers should note that only information entered into the appropriate box or clearly indicated as referring to a specific question and answer will be taken into consideration for the purposes of the evaluating the PQQ.

1.7 Where a YES/NO response is required please tick the relevant box with either a Y or N. Do not enter any other character or response unless you are supplementing your Y/N response as a requirement of the question.

## **2. Queries regarding the Procurement**

2.1 Please refer to Part D, paragraph 2.3 for information in relation to raising queries regarding the procurement.

## **3. Freedom of Information**

3.1 Please refer to Part D, paragraphs 1.5.5 – 1.5.7.

## **4 Timescales and Submission**

4.1 Completed PQQs must be submitted electronically via the Council's Supplier and Contract Management System (SCMS) <http://scms.alito.co.uk>.

4.2 Responses to the PQQ must be received no later than **12 noon on 31<sup>st</sup> October 2012**. No response will be accepted after the submission deadline. It is the responsibility of the Provider to ensure that their PQQ response has been received within the deadline date

4.3 For submission instructions please refer to paragraphs 2.2.3 to 2.2.7

## **5 Consortia and Sub-Contracting**

5.1 Where a Provider proposes to enter a bid on behalf of a consortium, all information given in the response to the PQQ

should be provided in respect of the lead Provider within that consortium. However, the Council reserves the right to review the credentials of any consortium member during the PQQ and subsequent stages of the tender process.

## **6 PQQ Evaluation Methodology**

6.1 The objective of this PQQ stage of the procurement process is to assess the responses to the PQQ and select Providers suitable to proceed to the next stage of the process.

6.2 PQQ selection criteria will be a combination of the following matters:

6.2.1 Provider Acceptability – status of the Provider in relation to Regulation 23 (Criteria for the rejection of economic operators) of the Public Contracts Regulations 2006 (SI 2006 No. 5).

6.2.2 Economic and Financial Standing– the Provider must be in an acceptable financial position to participate in a procurement of this size as set out in Regulation 24 of the Public Contracts Regulations 2006 (SI 2006 No. 5). This may entail independent financial checks.

6.2.3 Technical and Professional Ability – the Provider must be in an acceptable financial position to demonstrate appropriate and acceptable skills, efficiency, experience and reliability including a successful track record of supplying similar products and services as set out in Regulation 25 of the Public Contracts Regulations 2006.

## 7 PQQ Selection Criteria and Weighting / Marking

7.1 The identity and weighting of each criterion of the PQQ is given below.

<b>PQQ Selection Criteria</b>	<b>Weightings</b>
<b>1.0 Information about Organisation</b>	<b>Not scored</b> (Information Only)
<b>2.0 Organisational Resources and Standards</b>	<b>35%</b>
<b>3.0 Financial Information</b>	<b>20%</b>
<b>4.0 Health and Safety</b>	<b>10%</b>
<b>5.0 Insurance</b>	<b>Not Scored</b> (Information Only )
<b>6.0 Quality Management</b>	<b>20%</b>
<b>7.0 Environment and Sustainability</b>	<b>5%</b>
<b>8.0 Equalities</b>	<b>10%</b>
<b>9.0 References</b>	<b>The Council reserves the right to take up references and to de-select Providers from this procurement process or terminate a Provider's contract on the basis of information supplied by a referee.</b>
<b>10.0 Declaration</b>	<b>Not scored</b> (Information Only)

7.2 Further to the above criteria and weighting the following scores shall apply:

Score	Criteria for awarding score
0	Complete failure to grasp/reflect the core issue or does not provide a proposal.
1	Proposal falls short of achieving expected and reflects limited understanding missing some aspects
2	Proposal meets the required standard in most material respects, but is lacking or inconsistent in others.
3	Good understanding and interpretation of requirements
4	Excellent understanding and interpretation. Innovative and proactive with sound strategy

If a score of **0** is applied, the tender will be **eliminated**.

If a score of **1** is applied,  $\frac{1}{4}$  **available marks** for that question will be awarded.

If a score of **2** is applied,  $\frac{2}{4}$  **available marks** for that question will be awarded.

If a score of **3** is applied,  $\frac{3}{4}$  **available marks** for that question will be awarded.

If a score of **4** is applied, **all available marks** for that question will be awarded.

**Example:**

If there are **6** marks available for a question and a score of **2** is applied to a tenderer’s response, the tenderer will be awarded **3 marks** for that response.

**Please note and adhere to the “word limits” that are set against certain questions within the PQQ response document.**

7.3 The following questions will disqualify Providers if not answered to the satisfactory standard:

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3.2
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7.4 The Council reserves the right to disqualify any Provider who is unable to provide information when requested, either at this PQQ stage or any later stage during the procurement process

- 7.5 The ratios that will be used to assess Providers in question 3.2 are:

Capital Structure
Liquidity
Profitability/Surpluses
Capacity for Contract
Turnover
Contract Value to turnover
Pre-Tax Profit / Loss
Working Capital calculation
Current ratio
Acid test ratio
Return on assets
Net worth / Total assets
Retained earnings / Total assets
Debt ratio
Debtor days

- 7.6 The Council reserves the right to seek independent and market advice to validate information declared.
- 7.7 Evaluation of subsequent stages of the procurement process will be undertaken in accordance with the overall evaluation strategy for the procurement. The high level evaluation criteria for the procurement will be based on the most economically advantageous tender. Details of the evaluation criteria are set out in Part E of this ITT.
- 7.8 Providers are advised that nothing herein or in any other communication made between the Council, or its agents and any other party, or any part thereof, shall be taken as constituting a contract, agreement or representation between the Council and any other party (save for a formal award of

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contract made in writing by or on behalf of the Council) nor shall they be taken as constituting a contract, agreement or representation that a contract shall be offered in accordance herewith or at all.

- 7.9 Providers are asked to note that the term 'Organisation' is used as a generic term throughout this PQQ and it refers to a sole proprietor, partnership, incorporated company, co-operative, or social enterprise legal structures as appropriate.
- 7.10 Please note that, in answering any of the questions set out in this PQQ, the Council expects all answers to be accurate, truthful, comprehensive and up-to-date and Providers are notified that any failure to properly answer questions may lead to disqualification of the Provider from this procurement process.

<b>1</b>	<b>INFORMATION ABOUT YOUR ORGANISATION</b>	
	<b>Please note paragraph 5.1 above</b>	
1.1	Name of organisation in whose name the tender will be submitted.	
1.2	Name of the person responsible for applying on behalf of the organisation and their position in the organisation.	
1.3	Nominated Contact details:  Name:  Correspondence address:	
1.4	Telephone number:	

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1.5	Website Address:	
1.6	E-mail address:	
1.7	Mobile number:	
1.8(a)	Please specify what type of organisation you are i.e. a sole trader, partnership, limited company, public limited company, Social Enterprise, Mutual or other (please state legal entity).	
1.8(b)	Will your organisation be developing a new enterprise within York or an extension of an existing voluntary sector or not-for-profit body? Will it be classified as an independent or social enterprise? (Maximum 200 words)	
1.9	Organisation registration number (if applicable). Please specify registering body.	
1.10	Date of registration.	
1.11	Registered address (if different from above).	
1.12	VAT Registration number:	
1.13	Please state if your organisation is involved with any other organisation expressing interest in this particular contract.	
1.14	Have any Director, Partner or Associate of your organisation been employed by the Council or served as a Councillor? (If so,	



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	please provide details)	
1.15	Please state if any Director, Partner or Associate of your organisation has any relative(s) who is/ are employed by the Council at a senior level or is/are a Councillor? (If so please provide details)	
1.16	Please state the names of the Directors, Partners or Associates of your organisation who may have any involvement in other organisations which provide goods or services to the Council or are seeking to do so.	
1.17	If your organisation is a member of a consortia of voluntary sector bodies or partnering organisations, please describe (with a diagram if necessary) its relationship with the group.	
1.18	If your organisation is part of a group please provide the name and address of ultimate parent body (if applicable).	
1.19	If applicable, parent and/or other guarantee of performance and financial standing may be required by the Council if considered appropriate, please indicate your compliance with this.	
1.20	Please provide the registration number of parent company and	

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	date of registration (if applicable).	
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<b>2</b>	<b>ORGANISATION RESOURCES AND STANDARDS</b>			
2.1	<p>Is your organisation or are any Directors, Partners or Associates currently in a state of bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors or subject to any relevant proceedings.</p> <p>If 'Yes', please give brief details including what has been done to put things right</p>	<b>Yes</b>		<b>No</b>
2.2	<p>Has your organisation or any Directors, Partners or Associates been convicted of a criminal offence relating to business or professional conduct.</p> <p>If 'Yes', please give brief details including what action has been taken to rectify or deal with the matter</p>	<b>Yes</b>		<b>No</b>
2.3	<p>Please provide a brief overview of your organisation or partnership, to include;</p> <p style="padding-left: 40px;">a) The origins and development of the organisation</p> <p style="padding-left: 40px;">b) The number of employees employed by your organisation.</p>			

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	<p>c) The management and supervisory structure for your organisation and as would be applicable to this contract (including the governance used if working in partnership with other organisations).</p> <p>(Maximum 750 words)</p>	
2.4	<p>Please provide a high level organisational structure chart.</p> <p>(For information only)</p>	<p><b>Documentation required</b></p> <p><b>Please indicate file name of attachment</b></p>
2.5	<p>Please detail the location and size (by staff numbers) of the offices that would be responsible for the management and operation of this contract. If applicable, please ensure that this detail is provided for other partner organisations. If your organisation does not currently have a local office presence within York, please detail how you would manage the implementation of the service before a local office presence is established. If working in partnership consortia, please explain the arrangements for staffing sizes, locations and management reporting.</p>	

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	(Maximum 500 words)	
2.6	<p>Please provide a breakdown of contracts delivered by your organisation in the past three years indicating the following as a minimum:</p> <ul style="list-style-type: none"> <li>a) Customer Name</li> <li>b) Type of customer i.e. private or public sector</li> <li>c) Term of contract including start date</li> <li>d) Products and /or Services provided</li> <li>e) Approximate value of the contract</li> <li>f) If the contract was placed directly with your organisation or name the prime contractor</li> <li>g) Name any sub-contractors used in the performance of the contract and the percentage of their contribution to the contract</li> </ul>	<p><b>Documentation required</b></p> <p><b>Please indicate file name of attachment</b></p>

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<p>2.7</p>	<p>Can your organisation give details which demonstrate experience of provision of a high quality service?</p> <p>Please provide discrete examples of pieces of work undertaken by your organisation that have given organisations and individuals voice and influence in the shaping and delivery of health and social care services.</p> <p>(Maximum 750 words)</p>			
<p>2.8 (a)</p>	<p>Please provide details of your organisations understanding of handling TUPE transfers of staff.</p> <p>(Maximum 750 words)</p>			
<p>2.9 (a)</p>	<p>Has your organisation suffered a default termination in respect of any contract in the last five years?</p> <p>If 'Yes', please give such details as will enable the Council to properly consider the matter</p>	<p><b>Yes</b></p>		<p><b>No</b></p>
<p>2.9 (b)</p>	<p>In the last five years has your organisation ever had a contract, which has not been renewed due to your organisations failure to perform to the terms of the contract?</p> <p>If 'Yes', please give such details as will enable the Council to properly consider the matter:</p>	<p><b>Yes</b></p>		<p><b>No</b></p>

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2.9 (c)	<p>In the last five years have any of the following being applied to contracts involving your organisation?</p> <p>a) Financial deduction or liquidated damages imposed?</p> <p>b) Your organisation has withdrawn from a contract prematurely?</p> <p>c) Had a contract suspended or partially suspended?</p>	<b>Yes</b>		<b>No</b>
	<p>If 'Yes', please give such details as will enable the Council to properly consider the matter.</p>			
2.10	<p>Is your organisation registered with and / or regulated by any relevant professional body?</p>	<b>Yes</b>		<b>No</b>
	<p>Please provide full details including dates and any information relevant to your registration / regulation.</p>			

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<b>3.</b>	<b>FINANCIAL INFORMATION</b>	
3.1	Please provide the name and address of your organisation's banker.  Please note the Council do not intend to contact your banker at this stage but reserve the right to	<b>Information Only</b>

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	do so (as necessary) during subsequent stages of the procurement process.			
3.2	<p>Please enclose copies of your organisation's audited accounts and annual reports for the last three years (or if three years is not possible, for as long a period of time as possible), to include:</p> <ul style="list-style-type: none"> <li>⇒ Turnover</li> <li>⇒ Balance Sheet</li> <li>⇒ Profit &amp; Loss Account and Cost of Sales</li> <li>⇒ Full Notes on the Account</li> <li>⇒ Director's/Auditor's Report (where required by law)</li> </ul>	<p><b>Documentation required</b></p> <p><b>Please indicate file name of attachment</b></p>		
3.3	Please give details of any significant financial or business factors (past or present) that may have an impact on your business (e.g. mergers, takeovers, rationalisation, change of ownership)			
3.4	Has your organisation met the terms of its banking facilities and loan agreements (if any) during the past year?	<b>Yes</b>		<b>No</b>



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	If 'No' what were the reasons and what has the organisation done to resolve any such failure to meet terms.			
3.5	Has your organisation met all its obligations to pay its creditors and staff during the past year?	<b>Yes</b>		<b>No</b>
	If 'No' what are the reasons and what has your organisation done to resolve any such failure to meet the obligations.			

<b>4</b>	<b>HEALTH AND SAFETY POLICY</b>			
4.1	<p>Does your organisation have a Health and Safety Policy?</p> <p><i>Please note the Council does not require a copy of the policy at this stage but reserves the right to request a copy during subsequent stages of the procurement process (if applicable).</i></p>	<b>Yes</b>		<b>No</b>

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4.2	<p>Please provide brief details of how this policy is communicated to your staff.</p> <p>(Max 750 words)</p>	
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5	<p><b>INSURANCE</b></p> <p><b>Please provide details of insurance currently held as below:</b></p>	
5.1	<p>Employer's Liability</p> <p>⇒ Insurer:</p> <p>⇒ Policy Number:</p> <p>⇒ Extent of Cover:</p> <p>Dates of Cover:</p>	
5.2	<p>Public Liability</p> <p>⇒ Insurer:</p> <p>⇒ Policy Number:</p>	

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	<p>⇒ Extent of Cover:</p> <p>⇒ Dates of Cover</p>	
5.3	<p>Professional Indemnity – If not held please detail applicable insurance cover.</p> <p>⇒ Insurer:</p> <p>⇒ Policy Number:</p> <p>⇒ Extent of Cover:</p> <p>⇒ Dates of Cover</p>	

<b>6</b>	<b>QUALITY MANAGEMENT</b>	
6.1	<p>Please provide high-level quality policy statements and procedures as applicable.</p>	<p><b>Documentation required</b></p> <p><b>Please indicate file name of attachment</b></p>

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6.2	<p>What systems or processes are used to maintain quality standards e.g. ISO, Investors in People etc.</p> <p>(Maximum 750 words)</p>	
6.3	<p>Can you outline your policies and approach to safeguarding vulnerable adults and children. Can you also confirm that all staff employed in direct service delivery within your existing services are currently CRB checked and to what level?</p> <p>(Maximum 400 words)</p>	

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7	ENVIRONMENT AND SUSTAINABILITY			
7.1	Does your organisation have a statement of environmental objectives, green policy or similar document?	<b>Yes</b>		<b>No</b>
7.2	Do you operate an environmental management system such as ISO 140001 European Equivalent) or EMAS?	<b>Yes</b>		<b>No</b>
7.3	Is it your policy to comply with the statutory duty in respect of Waste Management imposed by the Environmental Protection Act 1990?	<b>Yes</b>		<b>No</b>
7.4	In the last three years has any court made any finding of breach of statutory duty of care against your organisation in respect of Waste Management imposed by the Environmental Protection Act 1990?  If yes, please provide details.	<b>Yes</b>		<b>No</b>
7.5	Does your organisation recycle any of its waste?	<b>Yes</b>		<b>No</b>
7.6	Has your organisation ever failed to fulfill the environmental requirements of a previous contract?  If yes, what steps has your organisation taken to ensure this does not happen when performing contracts in the future?	<b>Yes</b>		<b>No</b>

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7.7	<p>Please read the following statement:</p> <p>“Our organisation recognises and shares the Council’s commitment to promoting sustainability within the goods, services and works it procures. Our organisation will seek to ensure the contract is performed in such a manner as to facilitate the Council’s commitment to sustainability within this contract. Our organisation will also seek this commitment from any sub-contractors appointed to deliver this contract.”</p> <p>If your organisation is awarded a contract with the Council will you abide by the above statement? Please answer yes or no.</p>	<b>Yes</b>		<b>No</b>
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<b>8</b>	<b>EQUALITIES</b>			
8.1	Are you aware of your legal duties in respect of the Equalities Act 2010 not to discriminate against, harass or victimise any person on the grounds of age, disability, gender, race, religion or belief, sexual orientation, partnership or marriage, pregnancy or maternity?	<b>Yes</b>		<b>No</b>
8.2	Does your company have a formal statement in place outlining your policy in regard to the requirements of the Equalities Act 2010?	<b>Yes</b>		<b>NO</b>

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8.3	If we asked, could you provide relevant examples of the instructions, documents, recruitment advertisements or other literature relevant to these policies?	<b>Yes</b>		<b>NO</b>
8.4	In the last three years, has your organisation been the subject of formal investigation on grounds of allegations of unlawful discrimination?	<b>Yes</b>		<b>NO</b>
8.5	In the past three years, have any findings of unlawful discrimination been made against your organisation by any court or industrial tribunal?  If yes, What steps did you take as a result of that finding? (please detail)	<b>Yes</b>		<b>NO</b>
8.6	Is your policy on equalities clearly set out:			
8.6.1	In instructions to those concerned with recruitment training and promotion?	<b>Yes</b>		<b>NO</b>
8.6.2	In documents available to employees, recognised trade unions or other representative groups of employees?	<b>Yes</b>		<b>NO</b>
8.6.3	In recruitment advertisement or other literature?	<b>Yes</b>		<b>NO</b>

## INVITATION TO TENDER

8.7	Do you provide full and comprehensive equalities awareness training to all staff?	<b>Yes</b>		<b>NO</b>
8.8	Is this periodic training, with content regularly updated to match changes in legislation?  If Yes, how often is this training provided?	<b>Yes</b>		<b>NO</b>
8.9	If you are not currently subject to UK legislation, please supply details of your experience of working under equivalent material legislation which in your country is designed to eliminate discrimination and to promote equality of opportunity.			



## INVITATION TO TENDER

<b>9</b>	<b>REFERENCES</b>	
	<p>Please provide three references for work similar to that required for this contract, which your organisation has carried out in the last three years. Reference organisations should preferably be public sector organisations other than the Council.</p> <p>The Council may elect to contact (or may require your organisation to contact on its behalf) any of the referees at any stage during the procurement process. Please ensure that referees are aware they may be asked to complete a questionnaire concerning your organisation.</p> <p>The Council may reject any response to the PQQ or to the ITT where in the reasonable opinion of the Council any reference received is not to the satisfaction of the Council.</p> <p>Please provide the following details for each reference:</p>	<p><b>1.</b></p> <hr/> <p><b>2.</b></p>

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	<ul style="list-style-type: none"> <li>⇒ Name of the organisation</li> <li>⇒ Contact(s) for reference purposes including name, position, telephone number and e-mail</li> <li>⇒ Type of organisation i.e. private or public sector</li> <li>⇒ Contract title</li> <li>⇒ Name any sub-contractors used in the performance of the contract and the percentage of their contribution to the contract.</li> <li>⇒ Term of contract including start date</li> <li>⇒ Approx value of contract</li> <li>⇒ Products and / or Services provided</li> </ul>	<p><b>3.</b></p>
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<b>10</b>	<b>DECLARATION</b>	
10.1	<p><i>When you have completed the questionnaire, please read and sign the section below:</i></p> <p><i>This declaration should be signed by the applicant, partner or authorised representative in his/her own name and for and on behalf of the organisation.</i></p> <p>I certify that the information supplied is accurate to the best of my knowledge. I understand that false information could result in my organisations exclusion from the procurement process or, if awarded the Contract, subsequent termination of the Contract.</p> <p>Signed:</p>  <p>For and on behalf of:</p>	

INVITATION TO TENDER

	<p>Name: _____ Date: _____</p> <p>Position: _____</p>
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**PART D**

**INSTRUCTIONS TO PROVIDERS**

For the purposes of this Part D, “Tender” shall mean the tender documentation/response submitted by a Provider as required by Parts F, H and I of this ITT.

**1 GENERAL INSTRUCTIONS**

**1.1 General**

INVITATION TO TENDER

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- 1.1.1 Providers should read all instructions carefully before completing the documentation. Providers must comply with the terms of this ITT. Failure to comply with these requirements for completion and submission of the Tender may result in the rejection of your Tender.
- 1.1.2 Providers should acquaint themselves fully with the extent and nature of the Healthwatch York Service and the Complaints Advocacy Service and contractual obligations contained in this ITT and take any independent financial or legal advice, if necessary, as early as possible in the process and Providers are deemed to have done so before submitting a Tender. No claim arising from want of knowledge will be accepted.
- 1.1.3 Any Provider is deemed to be fully satisfied on submitting a Tender as to the accuracy and sufficiency of the rates and prices stated in the Price Schedule (as set out in Part F to this ITT) which shall (except in so far as it is otherwise provided in the Contract) cover all its obligations under the Contract. Providers shall be deemed to have obtained all necessary information as to risks, contingencies and all other circumstances influencing or affecting its Tender.
- 1.1.4 The Council accepts no responsibility for any estimates or assumptions made by the Provider of the resources which may be needed to provide the requirements as described in the ITT.
- 1.1.5 This ITT does not constitute an offer by the Council, and the Council does not undertake to accept the lowest or any Tender under this procurement even where all the requirements are met. The Council reserves the right to accept a part of any Tender unless the Provider expressly stipulates otherwise in their Tender response. The Council further reserve the right to accept more than one Tender and award more than one contract.

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1.1.6 The Council reserves the right to accept or reject any Tender and to annul the tender process and reject all tenders at any time prior to award of contract without incurring any liability to the Provider.

1.1.7 Tenders are submitted on the condition that the Council's authorised representative(s), while acting in accordance with procurement law and good practice, may after opening of the Tender discuss verbally or in writing with any Provider details of the documents submitted relating to the proposed Contract prior to formal acceptance of a Tender without any way committing the Council to accept such Tender.

**1.2 Tender Validity**

1.2.1 Your Tender shall remain open for acceptance for a minimum period of two hundred and fifty (250) calendar days. A Tender valid for a shorter period may be rejected.

**1.3 Modification and withdrawal**

1.3.1 Providers may modify their Tender prior to the deadline for receipt by giving written notice, sealed and identified externally with the contract reference, to the Council.

1.3.2 As Providers must submit their response by electronic means, Providers may modify their Tender prior to the deadline for receipt by deleting and re-submitting the correct documentation on the Supplier and Contract Management System (<http://scms.alito.co.uk>).

1.3.3 No Tender regardless of submission method may be modified subsequent to the deadline for receipt.

1.3.4 Providers may withdraw their Tenders at any time prior to accepting the notification of award by sending a notice of withdrawal to the Council.

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**1.4 Confidentiality**

- 1.4.1 It is a condition of the Providers continued involvement in this tender process that the Provider undertakes to keep confidential this ITT, the information contained within the ITT and all other information, whether written or oral concerning the business and affairs of the Council which the Provider has received or obtained as a result of the information supplied in connection with this ITT, or in discussion relating to it, except any such information which is in the public domain through no fault of the Provider.
- 1.4.2 Providers must not disclose Tender prices, or even an approximation, prior to the deadline for receipt. In addition, they must not try to obtain information about competitors' tenders or proposed tenders. Providers shall not disclose that it has been invited to tender, nor shall Providers be canvassed or discussed with any other Provider or member or officer of the Council.
- 1.4.3 For the avoidance of doubt, the confidentiality obligations contained herein shall apply equally to any employee, sub-contractor or professional advisor consulted by the Provider and it shall be the responsibility of the Provider to ensure that any such employee, sub-contractor or professional advisor abides by the terms of this ITT.
- 1.4.4 In the event that the Provider does not comply with the undertakings in this paragraph 1.5 or in any other manner does not treat this ITT as confidential, without prejudice to any other right or remedy available to the Council, the Council may reject the Tender.
- 1.4.5 Providers should note that the Council is under a legal obligation pursuant to the Freedom of Information Act 2000 (FOIA) to disclose information relating to this procurement process and any resultant contract upon request unless an exemption applies under the provision of the FOIA. The Commercial Interest

## INVITATION TO TENDER

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exemption will apply for the duration of the procurement process.

- 1.4.6 The Council undertakes to hold confidential any information provided by the Provider in relation to this ITT subject to the event the Council receives a request for information under the FOIA (or any other applicable legislation governing access to information) whereby the Council shall be entitled to disclose all such information and documentation (in whatever form) as is necessary to comply with the relevant legislation.
- 1.4.7 The Council proposes that the following information relating to this ITT will be made available to third parties on request in accordance with above:
- The ITT
  - Identity of Providers invited
  - Successful Provider details
  - Successful Providers response (subject to confidentiality and commercial interest tests)
  - Overall contract value (not the breakdown of costs)
  - Contract term
  - Any information regarding the evaluation process to justify best value has been achieved
- 1.4.8 Providers are asked to consider if any of the information supplied in their Tender should not be disclosed because of its sensitivity (other than that referred to above). If this is the case, the Provider should, when providing the information, identify the same and specify the reasons for its sensitivity. The Council will endeavour to consult with Providers about sensitive information before making a decision on any Freedom of Information requests received.
- 1.4.9 If the Provider considers that none of the information supplied by them is sensitive, please make a statement to that effect.
- 1.4.10 The final decision on what is or is not exempt information shall be determined by the Council, having

considered the representations of any Providers (where provided). The Council shall not be liable for any loss, damage, harm or other detriment to the Provider however caused arising from any disclosure of information under any applicable legislation governing access to information.

## **1.5 Equalities**

Providers as both an employer and service provider are expected to comply with their statutory obligation under the following legislation (or European equivalents):

- Sex Discrimination Act 1975
- Race Relations Act 1976 and Race Relations (amended) Act 2000
- Disability Discrimination Act 1995
- The Employment Equality (Age) Regulations 2006
- The Equality Act 2010

and any other relevant legislation or obligation which may be introduced during the period of this procurement process and/or the Contract.

## **1.6 Copyright**

- 1.6.1 Providers are reminded that the entire contents of this ITT belong to the Council. The ITT must only be used for the purpose for which it was issued.

## **1.7 Contract**

- 1.7.1 Any contract(s) resulting from this ITT will be subject to the Council's standard contract terms and conditions as set out in the Contract attached as Schedule 3 to this ITT (the Contract)



1.7.2 It is proposed to award an initial contract(s) for a term of two (2) years with a possible extension period of up to a further one (1) year dependent on the Provider delivering the outcomes expected by the Council (any such extension shall be at the sole discretion of the Council).

## **1.8 Contract Award**

1.8.1 This ITT does not constitute an offer by the Council and the Council does not undertake to accept the lowest or part or all of any Tender even if all requirements are met. All Providers shall be notified in writing whether their submitted Tenders have been successful or unsuccessful to progress to the next stage of the procurement process.

1.8.2 In the event of the Tender being successful the Council will issue a formal letter, awarding the Provider preferred provider status. The actual contract between the Council and the successful Provider will be a form of agreement to be prepared by the Council on the basis of the Contract as set out in Schedule 3 and comprising this ITT and the Tender documentation. Until formal agreement and signing of the contract is concluded, no part of this procurement process shall be construed as contractually binding.

## **1.9 Providers Warranties**

1.9.1 In submitting its Tender, the Provider warrants, represents and undertakes to the Council that:

- a) all information, representations and other matters of fact communicated (whether in writing or otherwise) to the Council by the Provider, its staff or agents in connection with or arising out of the Tender are true, complete and accurate in all respects, both as at the date communicated and as at the date of submission of tender;

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- b) it has made its own investigations and research and has satisfied itself in respect of all matters (whether actual or contingent) relating to the Tender and that it has not submitted the Tender and will not be entering into the Contract (if the same be awarded to the Provider by the Council) in reliance upon any information, representation or assumption which may have been made by or on behalf of the Council;
- c) it has full power and authority to enter into the Contract and perform the obligations specified therein and will, if requested, produce evidence of such to the Council; and
- d) it is of sound financial standing and has and will have sufficient working capital, skilled staff, equipment and other resources available to it to perform the obligations specified in the Contract.

**2. INSTRUCTIONS FOR THE COMPLETION OF THE TENDER DOCUMENTATION**

**2.1 Tender Response**

2.1.1 With regard to the information above and in the following Parts, Providers are required to complete and submit the Tender as detailed below and as further directed in the relevant Schedules.

2.1.2 Tenders not submitted in the requested format may be rejected.

2.1.3 Tenders not complying with any mandatory requirements that are contained in this ITT will be rejected. Mandatory requirements are indicated where the words 'shall 'or 'must' is used.

- 2.1.4 Providers must ensure all documents requiring a signature must be signed:
- a) where the Provider is an individual, by the individual;
  - b) where the Provider is a partnership, by a duly authorised partner; or
  - c) where the Provider is a company within the meaning of the Companies Act 1985 or the Companies Act 2006, by a director duly authorised for the purpose.
- 2.1.5 Providers must submit their Tender response in the name in which they would subsequently contract, if successful, and no alteration or amendment will be accepted with regard to this information.
- 2.1.6 All Tenders must be completed in English. Any printed literature furnished by the Provider may be written in any other language but must be accompanied by an English translation of its relevant pages. In such a case, for the purpose of interpretation in relation to the Tender, the English translation shall prevail.
- 2.1.7 Rates and prices must be quoted in pounds sterling (exclusive of Value Added Tax) and decimal fractions of a pound.
- 2.1.8 Any documents the Provider wishes to provide in addition to those required for completion i.e. sales brochures or case studies must be independent of the required documents and if requested these are kept to a minimum.
- 2.2 Tender Submission**
- 2.2.1 Completed Tenders must be submitted electronically via the Council's Supplier and Contract Management System (SCMS) (<http://scms.alito.co.uk>).

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- 2.2.2 The Tender submissions must be received no later than **12 noon, 31<sup>st</sup> October 2012**. No response will be accepted after the submission deadline. It is the responsibility of the Provider to ensure that their Tender has been received by the deadline date.
- 2.2.3 There is a limit of 10MB for each individual file returned as part of the response. Therefore, Providers are requested to keep graphics, logos, photographs etc to a minimum as they may considerably increase the size of a file. Please note, however, that multiple individual files may be uploaded to form the complete response.
- 2.2.4 Electronic signatures are **not** required where completed Tenders are returned electronically, however Providers **must** type the authorised signatories name in the signature area of all documents as appropriate.
- 2.2.5 For each file submitted using SCMS, the system will automatically provide a receipt number. It is important that Providers retain a record of each receipt number as this is evidence that their file has been lodged successfully.
- 2.2.6 Providers should ensure that they allow enough time to submit their response electronically and the Council will accept no responsibility for difficulties during the process of submission.
- If a Provider requires further information, guidance or support using SCMS please contact; tel: 01904 552952 or e-mail [scms@leeds.gov.uk](mailto:scms@leeds.gov.uk)
- 2.2.7 If your organisation is unable to submit via SCMS please contact the Procurement Team as described in paragraph 2.3 below.

## 2.3 Tender Clarification

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- 2.3.1 Any questions concerning any aspect of the ITT or the proposed contract should be submitted in writing either by **SCMS** by clicking the '*Raise a clarification question*' in the '*My Tenders*' area and following the instructions.
- 2.3.2 Any questions concerning any aspect of the ITT or the proposed contract should be submitted, by the above methods stated, by **4pm, 19<sup>th</sup> October 2012**
- 2.3.3 **All correspondence should quote the contract reference: ???**
- 2.3.4 Providers shall be responsible for ensuring that they are fully familiar with the nature and extent of the proposed contract and shall obtain for themselves at their own expense all information necessary for the preparation of their Tenders. No claim arising out of want of knowledge will be accepted.
- 2.3.5 Where the Council considers any question(s) to be of material significance, both the question(s) and the response will be circulated via SCMS or by e-mail to all Providers. Please note the originator of the question will not be disclosed.

**3. Providers Presentations**

- 3.1** Providers will be invited to give a presentation on either 13<sup>th</sup> or 15<sup>th</sup> November 2012.

All Providers that have their ITT submission evaluated will be expected to give a presentation titled:

**Lot 1: Healthwatch York**

“Set out the key success factors leading to the effective implementation and successful operation of Healthwatch York. How will your proposed operating model lead to the delivery of the desired outcomes? ”

“What, in your view, are the key challenges and obstacles to success?”

## **Lot 2: NHS Independent Complaints Advocacy**

“Set out the key success factors leading to the effective implementation and successful operation of an independent NHS Complaints Advocacy Service in York. How will your proposed operating model lead to the delivery of the desired outcomes? ”

“What, in your view, are the key challenges and obstacles to success?”

Suppliers are reminded to consider the percentage allocation for the presentation given on page 46.

**Presentations will last no longer than 20 minutes with a question and answer session (40 minutes maximum) following on.**

## **PART E**

### **TENDER EVALUATION PROCESS**

#### **1 Evaluation Approach**

1.2 Prior to the detailed evaluation the Council will examine each Tender submitted for completeness and compliance. Tenders may be excluded where they have failed to comply with any of the Instructions to Providers as directed. Providers must successfully pass the PQQ stage to have their Tender considered. The Council shall not evaluate any Providers Tender if they do not pass the PQQ.

1.3 Following the above each Tender will be subject to a thorough evaluation.

1.4 The Council reserves the right to seek clarification in regard to any Tender (as required) during the evaluation process.

#### **2. Evaluation Procedure**

2.1 **The qualitative evaluation criteria accounts for 60% of the evaluation and the remaining 40% accounts for the evaluation of total tender price**

2.2 Please answer the questions as they are raised. Please note that any additional sheets must be marked with the Method Statement (as set out in this Part E below) number and your organisation's name.

2.3 Providers should make their own judgement as to the level of response provided but at the same time ensuring that the questions are answered comprehensively. Please use examples in your responses wherever possible and/or appropriate.

## INVITATION TO TENDER

- 2.4 Please do not submit any additional supporting documents/ appendices as part of the Method Statement.
- 2.5 Please do not cross-reference your answers to any policies that you submit. Policies will be looked at separately.
- 2.6 Each Lot will be evaluated separately – if suppliers bid for both Lots they shall receive two separate scores, one for Lot 1 and one for Lot 2 – there will be no combined evaluation of both Lots.
- 2.7 CYC reserves the right to invite the preferred bidder(s) into discussions to review potential efficiencies and discounts.
- 2.8 The table below shows how the 60% attributed to Quality evaluation is to be split between the identified main criteria areas:

Section Number	Section	Weighting
<b>Generic Questions Applicable to both Lots</b>		
1	Service Quality	3%
2	Safeguarding	2%
3	Staffing	3%
4	Quality Assurance	2%
5	Knowledge & Awareness	5%
<b>Questions Specific to Lot 1 - Healthwatch</b>		
	Structure and Operating Principles	10%
	Gathering Views	10%
	Constructive and Positive Relationships	10%



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	Information, Signposting and Awareness	10%
	Presentation	5%
<b>Questions Specific to Lot 2 – Complaints Advocacy</b>		
	Structure and Operating Principles	13%
	Constructive and Positive Relationships	13%
	Marketing and Publicity	13%
	Presentation	6%
Lot 1 Total (Generic Questions plus Lot 1 Specific Questions)		60%
Lot 2 Total (Generic Questions plus Lot 2 Specific Questions)		60%

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Each criterion has a maximum number of marks available. All responses will be assessed based on the following scoring methodology:

Score	Criteria for awarding score
0	Complete failure to grasp/reflect the core issue or does not provide a proposal.
1	Proposal falls short of achieving expected and reflects limited understanding missing some aspects
2	Proposal meets the required standard in most material respects, but is lacking or inconsistent in others.
3	Good understanding and interpretation of requirements
4	Excellent understanding and interpretation. Innovative and proactive with sound strategy

If a score of **0** is applied, the tender will be **eliminated**.

If a score of **1** is applied,  $\frac{1}{4}$  **available marks** for that question will be awarded.

If a score of **2** is applied,  $\frac{2}{4}$  **available marks** for that question will be awarded.

If a score of **3** is applied,  $\frac{3}{4}$  **available marks** for that question will be awarded.

If a score of **4** is applied, **all available marks** for that question will be awarded.

**Example:**

If there are **6** marks available for a question and a score of **2** is applied to a tenderer's response, the tenderer will be awarded **3 marks** for that response.

**3. Word Limits on Responses**

3.1 Please note that there are limits imposed on the number of “words” that Providers can use in responses to the questions detailed below. It is required that these limits are adhered to.

3.2 **Providers are asked to note that if these limits are not adhered to then the Council reserves the right to disregard responses which exceed the word limits.**

3.3 Word limits are displayed in brackets following each individual question.

## INVITATION TO TENDER

<b>METHOD STATEMENT</b>		
<b>1.0 – PREVIOUS EXPERIENCE AND SERVICE QUALITY</b>		
<b>Question Number</b>	<b>Question</b>	<b>Providers Response</b>
1.1 1%	<p>How will you ensure that you are able to deliver a quality service based on the value of the contract? (500)</p> <p>Please include a detailed breakdown of staffing and expenditure as an attachment to this tender document.</p>	
1.2 1%	<p>The Council is committed to working in an outcomes focused way. How can you demonstrate that you are as equally committed to working with customers to achieve their desired</p>	

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	outcomes? Please also provide examples to evidence this. (500)	
1.3 1%	If the Contract was awarded to your organisation – will there be any “social capital” or benefits to the wider community? (500)	

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<b>2.0 – SAFEGUARDING</b>		
<b>Question Number</b>	<b>Question</b>	<b>Providers Response</b>
2.1 2%	<p>What specific measures will you propose to employ to safeguard project beneficiaries / customers?</p> <p>Can you please consider in your response how your organisation will achieve the right balance between positively managing risk yet safeguarding the most</p>	

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	vulnerable people? (500)	
<b>3.0 – STAFFING</b>		
<b>Question Number</b>	<b>Question</b>	<b>Providers Response</b>
3.1 1%	Please describe how you would manage potential TUPE transfer in relation to this tender ? (300)	
3.2 1%	How will you respond to:  a) rapid or unplanned increases or decreases in	

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	<p>demand for the service outside the contract levels.</p> <p>b) covering staff absence at short notice or changes in the balance of staff skills required.</p> <p>(300)</p>	
<p>3.3</p> <p>1%</p>	<p>How will you ensure that the workforce has the knowledge, skills, competence and attitude to deliver the requirements of the Service Specification (400)</p>	
<p><b>4.0 - QUALITY ASSURANCE</b></p>		
<p><b>Question Number</b></p>	<p><b>Question</b></p>	<p><b>Providers Response</b></p>
<p>4.1</p> <p>1%</p>	<p>Please explain what your quality assurance systems will be and how the experience of</p>	



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	customers would be at the heart of this? (500)	
4.2 1%	Please detail how complaints, comments, suggestions and compliments about the service are fed into ongoing service improvement. (500)	
<b>5.0 - KNOWLEDGE AND AWARENESS</b>		
<b>Question</b>	<b>Question</b>	<b>Provider's Response</b>

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Number		
<p>5.1</p> <p>5%</p>	<p>Briefly summarise your understanding of the structure of health and social care provision in York, identifying who you believe to be the key service commissioners, providers and partnership bodies currently operating in the City. (750)</p> <p>Please set out the most important national policy drivers / legislation and local strategic plans / policies which in your view will impact upon the provision of health and social care in the City of York and the delivery of these services.</p>	

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<b>SERVICE SPECIFIC - Lot 1: HEALTHWATCH YORK</b>		
<b>Question Number</b>	<b>Question</b>	<b>Providers Response</b>
<b>Structure and Operating Principles</b>		
1.1 10%	<p>Please set out your vision of an effective implementation and operating model for Healthwatch York</p> <p>Describe how you would undertake the different tasks, including timescales, that need to be completed during the initial phase of establishing HealthwatchYork and, once established, how would you enable Healthwatch York to become fully operational and participant led?</p> <p>(1,000)</p>	

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<p><b>Gathering Views and Making People’s Views Known</b></p>		
<p>1.2 10%</p>	<p>Through your organisation’s guidance / support how Healthwatch York will seek to understand the experiences / gather the views of health and social care service users, user-led organisations, their carers and the wider community?</p> <p>Please set out your proposed community development / community engagement mechanisms.</p>	

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	<p>Through your guidance and support How will Healthwatch York reflect and channel views and experiences to commissioners and service providers, making a demonstrable difference to the commissioning and delivery of health and social care services?</p> <p>(1,000)</p>	
<p><b>Constructive and Positive Relationships</b></p>		
<p>1.3 10%</p>	<p>Through your organisation's guidance / support How will Healthwatch York foster a broad range of positive and constructive relationships with local health and social care</p>	

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	<p>commissioners, service providers and other partners / partnership bodies?</p> <p>In particular set out your vision of the role of HealthWatch within the Health and Wellbeing Board and its sub groups, and the relationship between Healthwatch York and the existing voluntary sector and user-led partnership bodies in the City.</p> <p>(1,000)</p>	
<p><b>Information, Signposting and Awareness</b></p>		

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<p>1.4 5%</p>	<p>Please describe how you envisage the signposting function of Healthwatch York operating. Describe the existing health and social care information and signposting services currently operating in the City and identify how Healthwatch York will liaise with, and add value to them.</p> <p>(1,000)</p>	
<p>1.5 5%</p>	<p>Please set out your broader marketing and publicity strategies to raise awareness of HealthwatchYork amongst service users, their carers and members of the wider public.</p> <p>(1,000)</p>	

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<b>Service Specific: Lot 2: Independent NHS Complaints Advocacy</b>		
<b>Question No.</b>	<b>Question</b>	<b>Provider's Response</b>
<b>Structure and Operating Principles</b>		
1.1 13%	<p>Please set out your vision of an effective implementation and operating model for the Independent NHS Complaints Advocacy Service in York.</p> <p>Describe how you would undertake the different tasks, including timescales, that need to be completed during the initial</p>	



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	<p>phase of establishing the NHS Complaints Advocacy Service in York and, once established, how would you enable the service to become fully operational.</p> <p>(1,500)</p>	
<p><b>Constructive and Positive Relationships</b></p>		
<p>1.3 13%</p>	<p>Under your management how will the NHS Complaints Advocacy Service foster a broad range of positive and constructive relationships with local health and social care commissioners, user-led groups, service providers and other partners / partnership bodies?</p>	

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	<p>How in particular will the service identify key trends, patterns and issues emerging from NHS complaints and reflect these to service providers and decision makers in a way that brings about change?</p> <p>(1,000)</p>	
<p><b>Publicity and Awareness Raising</b></p>		
<p>1.4 13%</p>	<p>Please set out your marketing and publicity strategies to raise awareness of NHS Complaints Advocacy services in York</p>	

INVITATION TO TENDER

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	amongst service users, their carers and the wider public. (1,000)	
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**PART F**
**TENDER PRICE**

*Please ensure this document is completed and returned as part of your Tender.*

- 1 All prices are to be given in Pounds Sterling (£) (exclusive of VAT) and to decimal fractions of a pound.
- 2 The prices stated must be fixed for the term of the Contract and fully inclusive price of the requirements described including; expenses, carriage, risks and obligations.
- 3 Any Provider is deemed to be fully satisfied on submitting a Tender as to the accuracy and sufficiency of the rates and prices stated in this Price Schedule which shall (*except in so far as it is otherwise covered in the Contract*) cover all its obligations under the Contract and shall be deemed to have obtained for itself all necessary information as to risks, contingencies and all other circumstances influencing or affecting its tender.
- 4 All prices quoted must be valid for a minimum of 100 calendar days from the tender return date.
- 5 i) The Council requires that Providers complete the following cost table:

**Table 1 – Lot 1 – Healthwatch York**

Please list all the elements that will contribute to your organisations yearly cost and state the cost of each.	Total Cost Per Annum	Total Two Year Cost

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**Table 2 – Lot 2 – NHS Complaints Advocacy**

Please list all the elements that will contribute to your organisations yearly cost and state the cost of each.	Total Cost Per Annum	Total Two Year Cost

## **PART G**

### **SERVICE SPECIFICATION**

***Note: For the avoidance of doubt, the Service Specifications for Lot 1 and Lot 2 below shall form part of the Contract. The Service Specification will be appended as Schedule 1 to the Contract prior to contract signature.***

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**City of York Council**

**Lot 1 - Healthwatch York**

**Service Specification**



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## 1. INTRODUCTION AND CONTEXT

York is an attractive and prosperous City with rich a heritage and in general a good quality of life. Life expectancy is higher than the national average and limiting long-term illness is lower, as are infant mortality and early death rates from heart diseases, stroke and cancer.

Although the majority of York's residents enjoy better health than the national average there are still some inequalities between different parts of the City. People's background and income have a significant influence over a whole range of outcomes, including their physical and mental health.

Whist two fifths of York's population live in areas that are in the least deprived 20% in England, eight areas of the City are in the most deprived 20%. There is a well recognised link between health and deprivation with the least deprived men in York living on average 10 years longer than the most deprived men (the equivalent gap for women is on average 4 years).

The population of York, like the population in general is ageing. The proportion of the population of the City over the age of 80 years is projected to increase by around 30% by 2021. This changing demographic profile will have implications for health and social commissioning decisions in the future.

Mental health has also been identified as a potential challenging area. Based on national level data the York Joint Strategic Needs Assessment (JSNA) estimated that in the region of 25,000 people living in York experience mental health problems ranging from depression to dementia, with approximately 1,400 people suffering from enduring mental illness. In the process of compiling York's JSNA one of the most consistently articulated themes has been to develop a better understanding of mental health needs and to improve the ability to meet those needs.

The JSNA provides a local picture of the health and wellbeing needs of many of the citizens of York, but recognises that some groups are under-represented which will need considering in the future. The JSNA will be part of the evidence used to inform the development of the new Health and Wellbeing Strategy, as well as other strategies, local priorities, and commissioning decisions.

The production of the JSNA has been overseen by York's Shadow Health and Wellbeing Board. Further details of the remit of the Board, including its vision and values, plus the draft constitution that contains its full membership, can be accessed via the following weblink <http://www.york.gov.uk/health/yorknhs/healthandwellbeingboard>

The York JSNA can be accessed via the following weblink <http://www.york.gov.uk/health/yorknhs/healthandwellbeing>

## **2. LEGISLATIVE BACKGROUND**

The Government's health reforms are broad and far-reaching. In future GPs will be responsible for commissioning the majority of health services, which will result in the abolition of Primary Care Trusts (PCTs) and Strategic Health Authorities in their present form.

Local authorities have a new, direct accountability for health improvement, and the public health function will transfer from PCTs in 2013. Local authorities also have responsibility for ensuring that the commissioning of health and social care is joined up.

The Government's health and social care reforms are centred on the principle that service users and the public must be at the heart of all health and social care service delivery.

The Health and Social Care Act 2012 replaces the current public and patient engagement mechanism Local Involvement Network (LINK) with Healthwatch. The Act requires all local authorities to commission a Healthwatch for their local area from 1<sup>st</sup> April 2013.

Healthwatch will strengthen the collective voice of local people across both adult and children's health and social care, influencing Joint

Strategic Needs Assessments and joint health and wellbeing strategies - on which local commissioning decisions will be based.

The Health and Social Care Act has also led to the creation of Healthwatch England, as a statutory committee of the Care Quality Commission (CQC). Healthwatch England will be key to enabling the collective views and experiences of people who use services to influence national policy making, and will provide leadership and support for local Healthwatch organisations.

The overarching purpose of these changes is to help achieve the aims described in the Government's white paper "*Liberating the NHS*" where:

- People are at the heart of all health and social care services.
- Health and social care outcomes in England are among the best in the world.
- There is promotion of the joining up of local NHS services, social care and health improvement.
- Views and feedback from patients and carers are an integral part of local commissioning across health and social care.

### **3. SPECIFICATION SUMMARY**

#### **3.1 Summary of the Service**

City of York Council wishes to commission a provider organisation to successfully establish Healthwatch York.

Healthwatch York is for anyone who uses or who wishes to use adult and children's health and social care services in York - or anyone who cares for or represents individuals who have access to health or social care services in York.

Healthwatch York has a duty to assist local health and social care commissioners and providers, and other community stakeholders, by providing feedback, research and information on local people's views and experiences of health and social care, in order to drive up standards of service provision.

Healthwatch York must also be able to signpost local people with any complaints they may wish to progress in relation to NHS service provision to an independent complaints advocacy service which will be separately contracted by City of York Council expressly for these purposes.

### **3.2 Vision**

- Healthwatch York will be the independent consumer champion for adult and children's health and social care.
- Healthwatch York will be representative of the diverse communities that exist within the City. It will provide intelligence - including evidence from people's views and experiences - to influence the policy, planning, commissioning and delivery of publicly-funded health and social care. It will also provide information and advice to help people access and make choices about health and social care services.
- Healthwatch York will be a robust and credible player in the local health and social care economy by demonstrating that it has the appropriate level of skills and competencies required to deliver its statutory functions to the highest possible level. It will gain the trust of the general public as well as other health and social care stakeholder groups by being responsive and acting on concerns when things go wrong.
- It will operate effectively and efficiently so that City of York Council can demonstrate value for money against an agreed set of outcomes (see Section 5).

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### 3.3 Summary of Healthwatch York Functions

In line with Section 2 the Health and Social Care Act (2012) the functions of Healthwatch York will be as follows:

- Provide information and advice to the public about accessing health and care services, and promote choice in relation to aspects of those services.
- Obtain the views of people about their needs for and experience of local health and care services and make those views known to those involved in the commissioning, provision and scrutiny of local care services.
- Make reports and recommendations about how those services could or should be improved.
- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and care services.
- Represent the collective voice of patients, service users, carers and the public on the York Health and Wellbeing Board.
- Make the views and experiences of local people known to Healthwatch England.
- Where appropriate make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern.
- Carry forward the current Local Involvement Networks (LINKs) Enter and View functions i.e. enter health and social care premises to observe and assess the nature and quality of those services, obtain the views of people using those services – and make recommendations for improvement where necessary.

\* NB Healthwatch York will **not** be able to use it's powers of entry to visit premises that provide social care to children and young people (such as children's homes and foster care) in recognition of the sensitivities that such care services offer to the protection and vulnerability of children and young people.

However, Heathwatch York will still have an important role to play in presenting everyone's voice where health and social care issues are involved, including those of children and young people.

It is anticipated that Healthwatch England will provide further guidance about 'enter and view' to local Healthwatch organisations in due course.

### 3.4 Key Attributes of Healthwatch York

Healthwatch York will be:

- **Independent** - respected for its independence and trusted by residents and stakeholders.
- **Clearly recognised** – a body with a clear identity which is strong and distinctive from existing local organisations. It will embrace and utilise the Healthwatch brand developed at national level.
- **User-focused** – relentlessly championing the voice of services users, carers and the wider community in the health and social care system.
- **Inclusive** – an organisation which finds ways to work with the many different patient and service user representative groups across the City of York Council area.
- **Well-connected** – able to signpost people to sources of good quality information to help them make choices about health and social care; with access to established networks to gather comprehensive patient views and proactive in creating new networks.
- **Evidence based** – a body which uses evidence to underpin its priorities and target its efforts.
- **Technically competent** – an organisation that can demonstrate the relevant skills and competencies required to deliver its functions.

- **Influential** – able to make an impact on the local commissioning of health and social care, able to provide constructive challenge from a patient and public perspective - and able to support patients and residents with signposting to sources of information about the quality of local health services.
- **Flexible** – an organisation which can work in partnership with key decision-makers (including the York Health and Wellbeing Board, City of York Council, the Vale of York Clinical Commissioning Group and other strategic bodies e.g. City of York Council Health Overview and Scrutiny Committee) while still being able to listen to individual patient concerns, represent them effectively, and challenge those same decision-making bodies when necessary.
- **Self-aware** – an organisation which actively seeks feedback on its own performance and critically assesses its strengths and weaknesses.
- **Accountable** – working to a clear set of standards against which City of York Council and the residents it serves can appreciate its success.
- **Good value for money** – an organisation that makes the best use of its resources by seeking to avoid duplication with other bodies in the City of York, and where possible, working creatively with them, and other relevant organisations, to deliver the most cost effective solutions to achieve its chosen priorities.

## 4. SCOPE OF SPECIFICATION

### 4.1 Function One: Gathering views - understanding the experiences of people who use services, carers and the wider community

Healthwatch York will:

- Ensure systematic and ongoing engagement with all sections of the local population so that a wide cross-section of views are



represented in respect of local health and social care needs and provision.

- Gather information that is already available and work with other local voluntary, community and service-user led groups to understand local views and experiences of health and care services.
- Seek the community's views about the current provision of health and social care (including use of high quality research) and use this to identify the need for changes or additions to services.
- Demonstrate an ability to analyse and channel high quality user feedback and public views on services to relevant commissioners so that they can inform the whole commissioning cycle.  
(Commissioners include Adult and Children's Social Care teams at City of York Council, York Teaching Hospital NHS Foundation Trust, Vale of York Clinical Commissioning Group and Leeds and York Partnership NHS Foundation Trust).
- Use a broad range of stakeholder engagement techniques to maximise opportunities for local people to have their say.
- Actively seek the views of those who generally don't come forward.
- Develop the skills to understand and interpret different kinds of data and information.
- Build on the work and legacy of York LINK, ensuring that relevant intelligence and information is retained.

#### **4.2 Function Two: Making people's views known - supporting the involvement of local people in the commissioning, provision and scrutiny of local care services**

Healthwatch York will:

- Communicate the local community's views to health and social care commissioners in a credible fashion.
- Be authoritative, credible and influential with commissioners and service providers.
- Demonstrate how people's views have been represented to decision makers, and demonstrate how this has made a tangible difference to commissioning plans and service delivery.

- Promote and support the involvement of people in the commissioning, provision and scrutiny of local health and social care services.
- Give input to new or proposed services. Scrutinise the quality of service provision.
- Identify the need for changes or additions to service provision and inform commissioning processes.
- Have excellent relationships with commissioners and providers, acting as a critical friend.

#### **4.3 Function Three: Recommending investigation or special review of services via HealthWatch England or directly to the Care Quality Commission (CQC)**

Healthwatch York will:

- Continuously evaluate existing health and social care services, making recommendations for special reviews or investigations to the Care Quality Commission through HealthWatch England based on robust local intelligence.
- Exercise their enter and view powers judiciously by working collaboratively with other inspection regimes.
- Ensure local intelligence gathering systems complement those established by HealthWatch England.
- Have robust protocols for keeping Heathwatch England up to date with issues and concerns relevant to wider public health agendas.

#### **4.4 Function Four: Providing advice and information (signposting) about access to services and support for making informed choices**

Healthwatch York will:

- Influence or provide advice and information (signposting) services to ensure that all sections of the local population have access to good quality impartial advice and information relating to health and social care services available to them.
- Identify what information already exists and where to access it.

- Identify unmet needs so gaps in information can be plugged.
- Build people's knowledge of Healthwatch York as an information and signposting resource, ensuring visibility and ease of access.
- Have its finger on the pulse of the latest information and news and know where to direct people.
- Have the capacity and systems to direct people to the services they require.
- Ensure people can get information in different formats e.g. electronic, hard copy, Braille, preferred language translations.
- Ensure that it provides feedback to individual members of the public and other partners.
- Work in collaboration with other information and advice giving agencies across the City, effectively signposting individuals to existing services and addressing current gaps in provision.

**4.5 Function Five: Foster a broad range of constructive relationships with local health and social care commissioners, service providers and other partners.**

Healthwatch York will:

- Work closely with the York Health and Wellbeing Board and the Council's Health Overview and Scrutiny Committee (Health OSC), sharing information and consulting with these bodies on a regular basis around the alignment of work programmes and priorities.
- Have a good understanding of local voluntary and community groups, other patient and public groups within the field of health and social care, and how they complement each other.
- Effectively represent the views of local people through its role on the local Health and Wellbeing Board (e.g. to assist in developing the joint health and well being strategy).
- Act as an active, pragmatic member of the Health and Wellbeing Board, able to report back decisions, understand the reasons for the prioritisation of services and cascade this information across wider health and care networks.

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- Work closely with the national body, Healthwatch England, to deliver a strong public voice.
- Foster a broad range of relationships with local health and social care commissioners and with provider agencies in the voluntary, public and private sectors.
- Nurture partnerships with local service-user groups (and existing Voluntary and Community Sector networks) and other Healthwatch Organisations to ensure high quality feedback and research.
- Play an integral part in the preparation of statutory Joint Strategic Needs Assessments and joint health and wellbeing strategies on which local commissioning decisions will be based.
- Develop a work programme which will be demonstrably based on priorities identified through comprehensive stakeholder engagement - with patients, residents and service providers (and which reflects the priorities identified in York's Joint Strategic Needs Assessment).
- Establish a Report Writing Protocol (agreed with key partners) which outlines key standards Healthwatch York will adhere to when compiling engagement and research reports.
- Work closely with the York NHS Complaints Advocacy service provider in order to identify trends, patterns and issues arising from complaints data. Also establish strong working relationships with neighbouring HealthWatch organisations to share best practice and disseminate information.

## **5. OUTCOMES / KEY PERFORMANCE INDICATORS**

Healthwatch York will demonstrate to the Council its performance against the contract by the fulfillment of key performance indicators (KPIs) which will lead to the outcomes set out below.

### **Outcome 1**

Health and Social Care Services in York are improved and influenced by the impact of the public, patient and carer voice – as a direct result of Healthwatch York intervention.

**KPIs**

- Development of a Healthwatch York Annual Work Plan (to be agreed and approved by the Health and Wellbeing Board) to reflect current local priorities (identified with patients and the public as well as collaborative work with voluntary groups, commissioners, scrutiny panels, service providers etc).
- Produce at least 3 Public Engagement Reports per annum, reflecting local people's needs for / experiences of health and social care service provision and containing clear recommendations for health and social care commissioners. These should include actions plans / timelines agreed with the relevant commissioners / providers which take forward the agreed recommendations made within the engagement reports.
- Produce an Annual Report (submitted to the Health and Wellbeing Board and City of York Council) which details the results, changes and improvements to health and social care services brought about by the engagement reports and subsequent action plans.

**Outcome 2**

Service users, carers and the wider community in York have easy access to the support, advice and information they need when making health and social care choices. The advice received is appropriate, helpful and accessible.

**KPIs**

- Information and signposting services to begin operation.
- Establishment of a central, accessible venue / office space / manned telephone line / regularly updated web / electronic signposting systems.
- Establishment of a dataset of information and advice giving agencies across the City which evidences clear linkages / connections to other Citywide signposting and information systems.

- Establishment of signposting and access points in community venues / settings.
- Quarterly Information and Signposting Reports produced - detailing service user data, levels of uptake, levels of service user satisfaction and feedback (broken down by equalities strands).
- At least 90% of signposting queries addressed and resolved within a maximum three days of receipt.

### **Outcome 3**

Individuals, groups and communities know about Healthwatch York, and feel that Healthwatch York has accurately reflected their views.

#### **KPIs**

- Production of an Annual Survey evidencing the extent to which people know about / have interacted with Healthwatch York and the extent to which individuals, groups and communities feel that Healthwatch York has accurately reflected the views / opinions that they have expressed.
- Total number of website hits, telephone enquiries, service user feedback forms completed.
- In terms of specific research areas, produce an outline of the numbers of people consulted with, and an illustration of how this is a strong representative sample of the general population, or a particular client group.
- Production of quarterly Healthwatch York Newsletter, E-bulletin.
- Recruitment of Community Healthwatch Volunteers (at least 12 in the first year of operation) operating on an outreach basis, who are able to meet, listen to and record the views and experiences of local people.

### **Outcome 4**

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Healthwatch York works positively and effectively at a strategic level, particularly through its place on the York Health and Wellbeing Board. All health and social care stakeholders report that Healthwatch York carries out its role and activities effectively.

### **KPIs**

- Election of a Healthwatch York representative to join the statutory York Health and Wellbeing Board in April 2013.
- Attendance at, and participation in, all Health and Wellbeing Board meetings.
- Healthwatch York representatives to attend other appropriate strategic partnership delivery bodies, and sub groups of the Health and Wellbeing Board.
- Annual 360 degree feedback of the performance and conduct of Healthwatch York with key partner organizations (City of York Council, York Teaching Hospital NHS Foundation Trust, Vale of York Clinical Commissioning Group, Leeds and York Partnership NHS Foundation Trust) and evidence of relevant action taken to address any issues identified.

### **Outcome 5**

Healthwatch York is a well managed, inclusive organisation with clear lines of governance, structure and communication. The running of Healthwatch York is open and transparent.

### **KPIs**

- Agreement of Healthwatch York governing constitution or equivalent (and other key policies) within 2 months of the contract start date.
- Appointment of Healthwatch York Governing or Executive Board members within 3 months of the contract start date.
- Identification of key workplans and priorities within 5 months of the contract start date.



- Implementation of an appropriate staffing structure and arrangements necessary to deliver against identified priorities within 7 months of the contract start date.
- Evidence of a positive and effective working relationship with Healthwatch England.

## 6. ESTABLISHING HEALTHWATCH YORK

City of York Council does not have a preference for the delivery model used for Healthwatch York. **However, the Council must be satisfied with the independent nature of Healthwatch in terms of its ability to set its own strategic direction and work programme and to manage its own finances.**

(Please note that City of York Council's understanding around the permissible organisational structures of Healthwatch may be subject to further clarification from the Department of Health in due course).

The service provider will be accountable to City of York Council for the delivery of this contract. The provider will ensure that Healthwatch York will have two distinct levels of membership as follows:

**Executive Board:** Appointed or elected for a specific term and responsible for the strategic, operational and financial management of Healthwatch York. The Executive Board will:

- Adhere to the seven principles of public life (as outlined in Appendix A).

- Have the skills, knowledge and experience required to oversee the effective delivery of the service.
- Be rigorous and transparent about how decisions are taken.
- Engage appropriate staff and engage a range of volunteers in order to meet its statutory duties.
- Ensure effective financial management and accountability.
- Meet its statutory duties and comply with standards set by Healthwatch England.
- Operate to the principles of good Healthwatch governance as set out in Appendix B.
- Agree its overall priorities and annual work plan.
- Produce an annual report showing how Healthwatch York has identified and met the needs of the public and other stakeholders.
- Ensure board members declare any interest(s), where necessary, to mitigate any potential conflicts.
- Enable appropriate representation on external boards and networks including the statutory place on the City of York Health and Wellbeing Board.
- Arrange appropriate training and security checks for staff and volunteers in order to carry out their responsibilities.
- Organise and hold Annual General Meetings.

**Wider Membership / Network:** A strong local voice, with the ability to express their needs, views and experiences to better influence health and social care outcomes.

Anyone with an interest in health and social care issues in York can become a member of HealthwatchYork. This will be made up of a network of individuals, organisations and community groups who will work together towards the planning, commissioning, delivery and monitoring of local services.

## 7. FUNDING

The total value of the contract with City of York Council is estimated to be £280,000 over the period of the contract (1st April 2013 – 31st March 2015 i.e. £140,000 per annum, with the possibility of extension for a further 12 months). This figure is based on the allocation

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illustration given by the Department of Health during 2012 and may be subject to variation.

## **8. INCLUSION AND DIVERSITY**

Healthwatch York must be inclusive and diverse in its make-up and will need to operate in different formats and methods of involvement and communication.

Healthwatch York must provide a service appropriate to people's needs and shall not discriminate on the grounds of their disability, race, culture, religion, faith or belief, sexual orientation, age, gender or socio-economic situation, in terms either of participation or of obtaining and representing people's views and experiences.

The premises from which Healthwatch York operates and any proposed venues for meetings arranged by Healthwatch York must be fully accessible and compliant with all prevailing Equalities legislation and must maintain a safe and clean working environment in compliance with all relevant Health and Safety at Work legislation. Healthwatch York will be subject to public sector duties as detailed in the Equality Act 2010.

Healthwatch York must comply with both the Data Protection Act 1998 and the Freedom of Information Act 2000 and ensure that Healthwatch York's participants are aware of their responsibilities under both of these Acts.

Healthwatch York must be committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment, and to be effectively trained in all aspects of safeguarding legislation and practice.

On being awarded the contract the successful provider will be expected to undertake an Equalities Impact Assessment to demonstrate how HealthWatch will carry out its duties and functions in a way which takes into account the needs of all minority groups and communities of interest.

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## **9. CONTRACT MONITORING, KEY DELIVERABLES AND SUCCESS CRITERIA**

Healthwatch York will report on its activities and finances to the Council on at least a quarterly basis throughout the term of the agreement and more frequently and as reasonably specified as part of a performance management review process.

Healthwatch York's annual reports on activity and achievements must be submitted to both City of York Council and the York Health and Wellbeing Board.

Healthwatch York will be expected to report on its activities and financial position in relation to the contract with City of York Council. All funds provided as a result of the contract awarded are to be spent on contract fulfilment. No funds may go towards any costs incurred which are not contract-related.

Service reviews will also take into account feedback and recommendations from Healthwatch York's governance arrangements.

Quarterly monitoring meetings will be organised by the Council to review information gathered through the contract monitoring process, to review the specification.

Representatives of Healthwatch York's governance arrangements will be full partners in this process.

Healthwatch York will need to be able to demonstrate to the Council its performance against the contract by the fulfilment of key performance indicators.

Healthwatch York will also need to benchmark its performance against national quality indicators to be developed by the Department of Health.

Healthwatch York will be accountable to the Council. Healthwatch York is required to undertake regular reviews or audits of its service and development plans.

Healthwatch York must have a written complaints procedure which should include a role for a person who is independent of the

organisation, as either an investigator or decision-maker at an appeal stage.

Where Healthwatch York's own management reporting, stakeholder feedback, review process or other contract management activities reveal the need for remedial action, it must produce an action plan within one month of being formally notified by the Council, with a timetable to be agreed with the Council, outlining:

- Detailed information on issues and associated risks
- Appropriate solutions, including financial analysis
- Responsible owners for all remedial actions required
- Timescales for all remedial actions to be implemented
- Monitoring arrangements to ensure remedial actions are completed

Healthwatch York should have its own internal quality assurance system, which should include standard setting, monitoring, management and review processes, to ensure the required service quality is maintained. Healthwatch York will be required to confirm how improvement will be communicated on completion.

Healthwatch York must fully engage and demonstrate compliance with all quality standards to be developed by Healthwatch England in due course.

## **APPENDIX A**

### **Principles of Public Life**

The Healthwatch York board will adhere to the seven principles of public life, often referred to as the Nolan Principles. The Nolan Principles are the cornerstone of governance within public organisations. It is therefore expected that all board members will adopt the code of conduct listed below:

### **SELFLESSNESS**

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

**INTEGRITY**

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

**OBJECTIVITY**

In carrying out public business or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

**ACCOUNTABILITY**

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

**OPENNESS**

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

**HONESTY**

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

**LEADERSHIP**

Holders of public office should promote and support these principles by leadership and example.

## **APPENDIX B**

### **Principles of Good Local Healthwatch Governance<sup>1</sup>**

- 1. Good governance means focusing on the organisation's purpose and on outcomes for the public**
  - 1.1 Being clear about the organisation's purpose and its intended outcomes for the public
  - 1.2 Making sure that the public receives a high quality service
  - 1.3 Making sure that taxpayers receive value for money
  
- 2. Good governance means performing effectively in clearly defined functions and roles**
  - 2.1 Being clear about the functions of the governing body
  - 2.2 Being clear about the responsibilities of board members and the host agency and making sure that those responsibilities are carried out
  - 2.3 Being clear about relationships between board members and the public
  - 2.4 Being clear about the relationships between the local authority, health and social care organisations
  
- 3. Good governance means promoting values for the whole organisation and demonstrating the values of good governance through behaviour**
  - 3.1 Putting organisational values into practice

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<sup>1</sup> [Adapted from Good Governance Standard for Public Services (OPM & CIPFA,2004)] as set out by Lancashire County Council



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3.2 Individual board members behaving in ways that uphold and exemplify effective governance

**4. Good governance means taking informed, transparent decisions and managing risk**

- 4.1 Being rigorous and transparent about how decisions are taken
- 4.2 Having and using good quality information, advice and support
- 4.3 Making sure that an effective risk management system is in operation

**5. Good governance means developing the capacity and capability of the governing body to be effective**

- 5.1 Making sure that appointed and elected board members have the skills, knowledge and experience they need to perform well
- 5.2 Developing the capability of people with governance responsibilities and evaluating their performance, as individuals and as a group
- 5.3 Striking a balance in the membership of the governing body, between continuity and renewal

**6. Good governance means engaging stakeholders and making accountability real**

- 6.1 Understanding formal and informal accountability relationships
- 6.2 Taking an active and planned approach to dialogue with and accountability to the public
- 6.3 Taking an active and planned approach to responsibility to staff
- 6.4 Engaging effectively with institutional stakeholders
- 6.5 Identifying clear lines of accountability with the relevant bodies, including the scrutiny functions of councils

**Lot 2 - Specification for the delivery of  
NHS Complaints Advocacy  
in the  
City of York**

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## 1. INTRODUCTION AND CONTEXT

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Mental health has also been identified as a potential challenging area. Based on national level data the York Joint Strategic Needs Assessment (JSNA) estimated that in the region of 25,000 people living in York experience mental health problems ranging from depression to dementia, with approximately 1,400 people suffering from enduring mental illness. In the process of compiling York's JSNA one of the most consistently articulated themes has been to develop a better understanding of mental health needs and to improve the ability to meet those needs.

The JSNA provides a local picture of the health and wellbeing needs of many of the citizens of York, but recognises that some groups are under-represented which will need considering in the future. The

JSNA will be part of the evidence used to inform the development of the new Health and Wellbeing Strategy, as well as other strategies, local priorities, and commissioning decisions.

The production of the JSNA has been overseen by York's Shadow Health and Wellbeing Board. Further details of the remit of the Board, including its vision and values, plus the draft constitution that contains its full membership, can be accessed via the following weblink <http://www.york.gov.uk/health/yorknhs/healthandwellbeingboard>

The York JSNA can be accessed via the following weblink <http://www.york.gov.uk/health/yorknhs/healthandwellbeing>

## **2. LEGISLATIVE BACKGROUND**

The Government's health reforms are broad and far-reaching. GPs will in future be responsible for commissioning the majority of health services, resulting in the abolition of Primary Care Trusts (PCTs) and Strategic Health Authorities in their present form.

The Government's health and social care reforms are centred on the principle that service users and the public must be at the heart of all health and social care service delivery.

- People are at the heart of all health and social care services.
- Health and social care outcomes in England are among the best in the world.
- There is promotion of the joining up of local NHS services, social care and
- health improvement.
- Views and feedback from patients and carers are an integral part of local commissioning across health and social care.

Local authorities will have a new, direct accountability for health improvement, and the public health function will transfer from PCTs in 2013. Local authorities will also have responsibility for ensuring that the commissioning of health and social care is "joined up".

The commissioning independent of NHS Complaints Advocacy Services is also shifting from central government to Local authorities.

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From April 2013 onwards all Local authorities in England will be able to determine what NHS Complaints Advocacy services are appropriate to be arranged for their local area and given responsibility for arranging them.

### **3. SPECIFICATION SUMMARY**

#### **3.1 Summary of the Service**

City of York Council wishes to procure an Independent NHS Complaints Advocacy Service for the citizens of York that will support residents who have an issue or complaint about any aspect of their National Health Service (NHS) treatment or care.

The service will provide free, independent and confidential support to clients, and in so doing will:

- Help individuals to understand their rights, make informed choices and ensure that public and patient voices are heard and respected by those who make decisions about NHS healthcare services.

- Enable members of the public and patients to feel more empowered, autonomous and informed about standards of healthcare.

### **3.2 Vision**

The York Independent NHS Complaints Advocacy Service will be a free, independent, client centred and flexible service that empowers any resident of York who wishes to resolve a complaint about healthcare commissioned and/or provided by the NHS. The service is only available to citizens of York. It will support citizens of York to make a complaint even if the NHS funded treatment they received was provided outside the City.

NHS funded treatment may include services commissioned or provided by Hospital Trusts, Primary Care Trusts, Mental Health Trusts, GPs, GP Commissioning Consortia, Ambulance Trusts, Dentists, Pharmacists, Prison Services, Opticians and other healthcare practitioners delivering NHS funded services.

Whilst the NHS Complaints Advocacy service will not be expected to provide on-going advocacy for clients outside of NHS treatment, the service will suggest appropriate referrals for clients who require alternative, additional or specialist support, including referrals to professional bodies such as the GMC, and to specialist support such as medico-legal advice.

NHS Complaints Advocacy staff will use advocacy skills to provide practical support and direction to clients, in order to assist them in finding a resolution to their complaint. The service will;

- Empower and support 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.
- Use client experiences to inform service development in the NHS.

### **3.3 Key Attributes of the York NHS Complaints Advocacy Service.**

- **Independent** - respected for its independence and trusted by residents and stakeholders. Not tied to, or controlled by the NHS, enabling the service to work solely on behalf of its clients.
- **Clearly recognised** – a service with a clear identity in the City which is strong, distinctive and known about.
- **User-focused** – professionally and competently supporting its clients at each stage of the NHS complaints procedure.
- **Accessible** – a service which respects the diversity of its clients and provides support appropriate to their needs.
- **Inclusive** – a service which finds ways to work with and reach out to the many different residents and communities of interest across the City of York.
- **Technically competent** – a service that can demonstrate the relevant skills and competencies required to deliver its functions
- **Influential** – able to make an impact on the local commissioning of health and social care, reflecting trends and key concerns arising from complaints to decision-makers.
- **Self-aware** – a service which actively seeks feedback on its own performance and critically assesses its strengths and weaknesses.
- **Accountable** – working to a clear set of standards against which City of York Council and the residents it serves can appreciate its success.
- **Good value for money** – a service that makes the best use of its resources using the key value for money principles of economy, efficiency and effectiveness.



## **4. SCOPE OF SPECIFICATION**

### **4.1 Function One: Overall Client Relationship**

The York NHS Complaints Advocacy Service will provide practical support and direction to citizens of York in order to assist them in finding a resolution to their NHS complaints. The relationship with the client will focus on contact at each of the following points or activities in the NHS Complaints Procedure, those being:

- Providing clients with full and balanced information, identifying what the available options are and enabling them to decide whether or not they wish to pursue a complaint about the NHS;
- Where appropriate providing an advocate to support clients in pursuing their complaint;
- Making the complaint to the appropriate Trust(s);
- Deciding how to proceed with the complaint following the Trust's initial response;
- Supporting clients during the local resolution phase by attending meetings or entering into correspondence;
- Supporting clients during the Independent Review stage by attending meetings or entering into correspondence;
- Supporting clients who wish to make a complaint to the Health Service Ombudsman;

- Understanding the Health Ombudsman's final decision.

#### **4.2 Function Two: Local Resolution Procedures**

The York NHS Complaints Advocacy service will:

- Wherever possible support the process of local resolution where clients and NHS staff work together to resolve complaints, at a point as close as possible to a service that has caused dissatisfaction.
- Work closely with the relevant Patient Advice and Liaison Service (PALS) services of Hospital Trusts, particularly York Teaching Hospital NHS Foundation Trust, the Patient Relations function of the North Yorkshire and Humber Commissioning Support Unit and other recognised complaints / support procedures of NHS treatment providers.

#### **4.3 Function Three: Develop Positive and Constructive Relationships to Improve Patient Outcomes**

The York NHS Complaints Advocacy Service will foster a broad range of constructive relationships with NHS health and care commissioners, service providers and key strategic partners. In so doing it will;

- Use client experiences to effectively communicate trends and concerns to individual trusts and NHS funded services, and therefore inform broader service development in the NHS.
- Effectively identify and communicate healthcare trends and concerns to key strategic partners including Healthwatch York and City of York Council's Health Overview and Scrutiny Committee.
- Work closely in partnership with local voluntary and community sector organisations and user-led groups who may wish to make referrals to the complaints advocacy service.

- When appropriate signpost clients to other advocacy / support services that can provide more specialised advice.

## **5. OUTCOMES / KEY PERFORMANCE INDICATORS**

The service provider of NHS Complaints Advocacy York will demonstrate to the Council its performance against the contract by the fulfillment of key performance indicators (KPIs) which will lead to the outcomes set out below.

### **Outcome 1**

Residents of York are aware of, and have easy access to, the support, advice and information they need in order to make a complaint about NHS services or treatment.

## **KPIs**

- York NHS Complaints Advocacy service to begin operation.
- Establishment of a central, accessible venue / office space / manned telephone line / regularly updated web / electronic signposting systems.
- Establishment of access points in a variety of community settings and venues.
- Production of marketing, publicity material distributed to all homes in York on a quarterly basis.
- Production of an Annual Survey evidencing the extent to which people are aware of the Complaints Advocacy service.
- Total number of website hits, telephone enquiries, service user feedback forms completed.

## **Outcome 2**

Residents of York make good use of the NHS Complaints Advocacy Service, and feel that it has supported them. The support received is timely, appropriate, helpful and accessible.

## **KPIs**

- Annual Report and quarterly monitoring details produced – outlining service user data, levels of uptake, levels of service user satisfaction and feedback (broken down by equalities strands). Annual Report to be submitted to City of York Council and the Health and Wellbeing Board.
- A minimum of 50 new cases opened in Year 1 and 60 in Year 2 of the contract. At least 80% of cases resolved to the satisfaction of the complainant within a 12 month timeframe.
- Satisfactory resolution of all cases related to Citizens of York carried over from the previous ICAS contract / service provider within a 12 month timeframe.

### **Outcome 3**

The York NHS Complaints Advocacy Service supports the aspirations of the NHS in improving the patient experience by working with all stakeholders to promote positive change within the NHS.

### **KPIs**

- Annual 360 degree feedback of the performance and impact of the Complaints Advocacy service with key partner organizations (Healthwatch York, City of York Council Health Overview and Scrutiny Committee, York Teaching Hospital NHS Foundation Trust, Vale of York Clinical Commissioning Group, Leeds and York Partnership NHS Foundation Trust) and evidence of relevant action taken to address any issues identified.

## **6. NHS Complaints Advocacy Delivery Model**

The organisation providing the York NHS Complaints Advocacy Service should ensure that they have a dedicated, appropriately qualified and experienced management structure, supported by the wider organisation.

Where services are provided by a voluntary or not-for-profit organisation they should have an overall Management Committee or Board of Trustees which:

- Is duly elected according to the governing documents of the organisation
- Has representation of service users
- Oversees the sound financial management of the York NHS Complaints Advocacy Service; and
- Ensures the organisation adheres to charity and company law.

### **Staffing of the service**

All staff appointments must comply with UK employment law. In addition:

- All staff must be CRB checked.
- All staff must be provided with regular personal supervision.
- Advocates should be encouraged to attend regular group supervision and / or peer support sessions.
- Staff appraisal should be undertaken not less than annually and include the creation of personal development plans.
- Staff should be provided with access to external counselling support.
- Strategic training and development plan must be in place, including a performance management system.
- IT infrastructure database, access to internet and e-mail accounts for all staff
- 100% advocates will have generalist skills.

- 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.

In addition, as a core feature of the service, organisations must have the capacity and expertise to support clients in secure environments.

## **7. FUNDING**

The total value of the contract with City of York Council is estimated to be £86,000 over the period of the contract (1st April 2013 – 31st March 2015 i.e. £43,000 per annum, with the possibility of extension for a further 12 months). This figure is based on the allocation illustration given by the Department of Health during 2012 and may be subject to variation.

## **8. INCLUSION AND DIVERSITY**

The York NHS Complaints Advocacy Service must be inclusive and diverse in its make-up and will need to operate in different formats and methods of involvement and communication.

The provider must offer a service appropriate to people's needs and shall not discriminate on the grounds of their disability, race, culture, religion, faith or belief, sexual orientation, age, gender or socio-economic situation, in terms either of participation or of obtaining and representing people's views and experiences.

The premises from which the York NHS Complaints Advocacy service operates and any proposed venues for meetings arranged by the service provider must be fully accessible and compliant with all prevailing Equalities legislation and must maintain a safe and clean working environment in compliance with all relevant Health and Safety at Work legislation. The service will be subject to public sector duties as detailed in the Equality Act 2010.

The service provider must comply with both the Data Protection Act 1998 and the Freedom of Information Act 2000 and ensure that

service beneficiaries are aware of their responsibilities under both of these Acts.

The service provider must be committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment, and to be effectively trained in all aspects of safeguarding legislation and practice.

On being awarded the contract the successful provider will be expected to undertake an Equalities Impact Assessment to demonstrate how the York NHS Complaints Advocacy Service will carry out its duties and functions in a way which takes into account the needs of all minority groups and communities of interest.

## **9. CONTRACT MONITORING, KEY DELIVERABLES AND SUCCESS CRITERIA**

The service provider will report on its activities and finances to the Council on at least a quarterly basis throughout the term of the agreement and more frequently and as reasonably specified as part of a performance management review process.

The service provider's annual reports on activity and achievements must be submitted to both City of York Council and the York Health and Wellbeing Board.



INVITATION TO TENDER

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The service provider will be expected to report on its activities and financial position in relation to the contract with City of York Council. All funds provided as a result of the contract awarded are to be spent on contract fulfilment. No funds may go towards any costs incurred which are not contract-related.

Service reviews will also take into account feedback and recommendations from the provider's governance arrangements.

Quarterly monitoring meetings will be organised by the Council to review information gathered through the contract monitoring process, to review the specification.

The service provider will need to be able to demonstrate to the Council its performance against the contract by the fulfilment of key performance indicators.

The service provider will also need to benchmark its performance against national quality indicators to be developed by the Department of Health.

The service provider will be accountable to the Council. The provider is required to undertake regular reviews or audits of its service and development plans.

The service provider must have a written complaints procedure which should include a role for a person who is independent of the organisation, as either an investigator or decision-maker at an appeal stage.

Where the service provider's own management reporting, stakeholder feedback, review process or other contract management activities reveal the need for remedial action, it must produce an action plan within one month of being formally notified by the Council, with a timetable to be agreed with the Council, outlining:

- Detailed information on issues and associated risks
- Appropriate solutions, including financial analysis
- Responsible owners for all remedial actions required
- Timescales for all remedial actions to be implemented
- Monitoring arrangements to ensure remedial actions are completed

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The service provider should have its own internal quality assurance system, which should include standard setting, monitoring, management and review processes, to ensure the required service quality is maintained. The service provider will be required to confirm how improvement will be communicated on completion.

## **APPENDIX      A**

### **York NHS Complaints Advocacy Service: Advocate's Code of Practice**

The provider will deliver a free, independent, professional support service to clients wishing to pursue a formal complaint against the NHS.

#### **Advocates must:**

- Only act or speak on behalf of a client if they request it;
- 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 could be best met with their supervisor.

#### **General practice:**

At all times, advocates must:

- Act, honestly and courteously, treating clients and NHS staff with respect;
- Work within the law;
- Adhere to the organisation's confidentiality policy;
- Not disclose information about a client to others without consent;
- Not sign anything or accept any verbal or written information that allows them to know information about a client which they cannot disclose to that client;
- Not give anything away in negotiation without the consent of the client;
- Not hold documents, money or valuables belonging to clients;
- Not accept gifts from clients or other stakeholders.

**Advocates as employees should:**

- Avoid conflicts of interest, but where they do occur, they should be declared to their supervisor and options for action explored;
- Seek to continuously develop their practice and to contribute to the development of the service.

**Relationships with Stakeholders:**

- Advocates should seek to develop constructive working relationships with all stakeholders.

**PART H**

**TUPE**

**Note:** *The attached information on current employees within the correct as of the. It should be acknowledged that this information will be subject to change as individual employees may have left the Service in the intervening period.*

**Employee Information**

*This information can be found on SCMS as an attachment*

**HR Manual**

*This information can be found on SCMS as two attachments*

**Allowances and Payments Guidance**

*This information can be found on SCMS as an attachment*

**Pay Scales (showing incremental progression)**

*This information can be found on SCMS as an attachment*

**Collective agreement (in relation to pay protection)**

*This information can be found on SCMS as an attachment*

**Copy of National Agreement on Pay and Conditions**

*This information can be found on SCMS as an attachment*

**Admin Officer job description**

*This information can be found on SCMS as an attachment*

**Team Leader job description**

*This information can be found on SCMS as an attachment*

**Reablement Worker job description**

## **SCHEDULE 1**

### **DECLARATION BY PROVIDER**

*Please ensure this document is signed and returned as part of your Tender*

*To be submitted on Providers letter headed paper.*

Contract ref: ACE- 23524

Tender for the Provision of a Healthwatch York and a Complaints  
Advocacy Service

To: The City of York Council

Date:

I, the undersigned confirm on behalf of *[INSERT YOUR ORGANISATIONS  
NAME]*,

1. Having examined and understood the Invitation to Tender documents dated September 2011, Contract reference ACE – 23524 and all the associated annexes, appendices, requirements and schedules that comprise the Invitation to Tender (the “ITT”), and as an authorised officer of the organisation above, we hereby confirm our Tender offer (which includes all information required by the ITT).
2. We confirm our agreement to all the pre-conditions as detailed in the Instructions to Providers in Parts C and Part D of this ITT and understand that;
  - 2.1 The Council does not undertake to accept the lowest or any tender under this procurement even where all the requirements are met. The Council reserves the right to accept a part of any tender unless we have expressly stipulates otherwise in our Tender. The Council further reserve the right to award more than one tender, and;
  - 2.2 The Council will not be liable for any costs we may incur in the preparation or submission of our Tender, or for those costs which may arise out of any subsequent events within the procurement process.
3. In addition to the foregoing we confirm that we are able to provide the system and services as set out in our Tender (including, but not limited

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to, the requirements set out in Part G of this ITT, (Service Specification)) [at the prices indicated in the Price Schedule set out at Part F of the ITT

4. We confirm that at the time of tendering there is no conflict of interest between any member of our organisation and any Officer or elected Member of the Council and that we shall disclose to the Council any actual or potential conflict of interest arising from the provision of the system or services immediately upon becoming aware that such actual or potential conflict arises.
5. We confirm that we comply with our statutory obligations under the Acts as detailed in point 1.6 in Part D of the ITT and further confirm that it is a matter of company policy and practise that we do not treat one group or individual less favourably than any other because of their age, sex, colour, race, nationality, ethnic origin, disability, religious beliefs or sexual orientation, in relation to any decision relating to recruitment or employment for our organisation.
6. In the event of being awarded preferred provider status (subject to our Tender being successful and being successful in the subsequent stages of the procurement process), we agree to execute on request a form of agreement to be prepared by the Council based on the Contract as set out in Schedule 3 of the ITT and comprising the ITT and the Tender Response. Until a formal contract is prepared and executed no part of this procurement process shall be construed as contractually binding.
7. We unconditionally confirm that if our Tender Response is accepted we will, upon demand:
  - 7.1 produce evidence that all relevant insurances and compliance certificates with relevant legislation and policy are held and in force (as applicable); and
  - 7.2 formally execute a written contract based upon the Standard Contract Terms (set out at Schedule 3 of the ITT) and comply with such terms and conditions.
8. We warrant that we have all the requisite corporate authority to sign this Declaration.

INVITATION TO TENDER

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9. We understand that by offering an inducement of any kind in relation to obtaining this or any other contract with the Council will disqualify our Tender from being considered and may constitute a criminal offence.
  
  10. We confirm this Tender shall remain open for acceptance by the Council for a period of 250 calendar days after the due date for return of Tenders specified in the Invitation to Tender.

Signature:

.....

Name:

.....

In the capacity of:

.....

(State official position, e.g. Director, Sales Manager)

being a person duly authorised to sign tenders for and on behalf of: -

Company Name:

.....

Telephone:

.....



## **SCHEDULE 2**

### **CERTIFICATE OF A BONA FIDE TENDER**

*Please ensure this document is signed and returned as part of your Tender.*

*To be submitted on Providers letter headed paper.*

**Contract ref: ACE- 23524**

Tender for the Provision of a Healthwatch York and a Complaints Advocacy Service

To: The City of York Council

Date:

The essence of competitive tendering is that the City of York Council (hereinafter referred to as the “Council”) shall receive bona fide competitive tenders from all those tendering. In recognition of this principle, \*I/we certify that this is a bona fide tender intended to be competitive and that \*I/we have not fixed or adjusted the amount of the tender by or under or in accordance with any agreement or arrangement with any other person (‘person’ includes any persons any body or association, corporate or incorporate; and) except as disclosed on this Certificate.

\*I/We also certify that \*I/we have not done and \*I/we undertake that \*I/we will not do at any time before the notification of tender results any of the following acts: -

1. communicate to any person other than the person calling for these tenders the amount or approximate amount of the tender, except where the disclosure, in confidence is necessary to obtain insurance premium quotations required for the preparation of the tender;
2. enter into any agreement or arrangement with any other person or body whereby he/they will refrain from tendering or as to the amount of any tender to be submitted;

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3. enter into any agreement or arrangement with any person or body that he/they will refrain from tendering on a future occasion;
  4. offer to pay or give or agree to pay any sum of money or valuable consideration directly or indirectly to any person for doing or having done or causing or having caused to be done in relation to this or any other tender for the proposed service any act or thing of the sort described above;
  5. canvas or solicit the Council’s staff.

We understand that any instances of illegal cartels or market sharing arrangements suspected by the Council will be referred to the Office of Fair Trading for investigation and may be subject to action under the Competition Act 1998.

We understand that any misrepresentations may also be the subject of criminal investigation or used as a basis for civil action.

In this Certificate, “agreement” or “arrangement” includes any transaction private or open, or collusion, formal or informal, and whether or not legally binding.

Disclosure:

.....  
 .....  
 .....  
 .....

*\*Delete as applicable.*

Dated this: ..... day of  
 ..... 20\_\_\_\_\_

Signature:

.....  
 .....

Name:

.....  
.....

In the capacity of:

.....  
.....

(state official position, e.g. Director, Sales Manager)

being a person duly authorised to sign tenders for and on behalf  
of: -

Company Name:

.....  
.....

Telephone:

.....  
.....

## **SCHEDULE 3**

### **THE CONTRACT**

**Note: The Contract is attached, within SCMS, as a separate document.**