

**APPENDIX 1 -**

**Specification for the delivery of  
Healthwatch B&NES (Local Healthwatch)  
in  
Bath & North East Somerset**

**Contract Reference No SWCE-8ZLJ95**

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# 1 INSTRUCTIONS AND INFORMATION

## 1.1 Background

This specification details a service requirement for an organisation to establish and run a fully-functioning Healthwatch B&NES from 1st April 2013 to 31<sup>st</sup> March 2016.

Bidders must utilise the Supplying the South West portal [www.supplyingthesouthwest.org.uk](http://www.supplyingthesouthwest.org.uk) as the vehicle to manage this procurement including the relaying of tender documents and to communicate messages so that a transparent, fair and consistent approach is demonstrated.

This Invitation to Tender (ITT) comprises:

- Section 1: Instructions and information;
- Section 2: Background to Requirements;
- Section 3: Specification;
- Section 4: Requirements of the Service Provider;
- Appendices 1,2,3,4 and 5: Appendix 2 contains the criteria showing the information required from bidders.

## 1.2 Tender Submission

On receipt of this ITT, bidders should examine all the documentation and report any apparent ambiguity or discrepancy in the documentation, and confirm on ProContract whether they intend to respond.

If a tenderer decides not to submit a tender, the tenderer should confirm on ProContract that they wish to opt out.

Any queries in connection with this invitation and associated documentation must be submitted using the 'Discussion' section of ProContract. Please ensure that you do not include any details that could identify your organisation, as the question and the response will be made available to all bidders (if relevant). Email or telephone enquiries will not be accepted.

Bidders are required to submit their tender via ProContract by the deadline shown on the Supplying the South West portal. Tenders submitted late or by any other means will not be accepted.

Prior to the date for the return of the tenders, the Council may clarify, amend or add to the tender documentation. Tenderers will be notified of any amendments via ProContract and all amendments shall form part of the tender documentation.

All tenders must be submitted in accordance with the following instructions in this section (1) and in Appendix 2.

Prior to the date for the return of the tenders, the Council may clarify, amend or add to the tender documentation. Any instruction will be issued through the Supplying the South West portal, 'Discussion' section, to every bidder and shall form part of the tender documentation. The bidder shall promptly acknowledge receipt of such instructions.

After submitting their bid, bidders may submit an amended bid at any point up to the deadline, and only the final version will be viewable by the Council. We therefore recommend submitting your bid at least 24 hours before the deadline.

Bidders must state whether any members or officers of the Council have any direct or indirect interest in your business or in the preparation or submission of their tender.

Tenders must be typewritten, preferably in Arial black 11 point, completed in English, and prices must be quoted in GBP sterling. Costs and prices submitted must be exclusive of VAT.

Prices quoted in the tender shall be deemed to include all taxes, duties, insurance premiums, guarantees or other costs associated with the provision and delivery of the services and exclude VAT if and where appropriate.

Tenders must be submitted by the time and date stated on ProContract. No extensions shall be granted to bidders for any reason.

### 1.3 Tender Evaluation and Award

Responses will be evaluated on the following quality/cost ratio:

Cost (see Appendix 1 below)	30%
Service Delivery (see Appendix 2 below)	70%

The preferred supplier will be the organisation with the highest overall score.

### 1.4 Scoring Classification

A total of 30% is available to the most competitive financial bid, with all other bids awarded marks on a pro-rata basis (i.e. the lowest bid cost, divided by your bid cost, then multiplied by 100). The weighting shall constitute 30% of the total tender score.

**The following scoring mechanism** will be used to allocate scores against responses contained in the Tender Submissions, which shall constitute 70% of the available marks:

Standard of Bidder Response	Score
<b>Excellent standard</b> of response; exceeds the requirements in a number of areas and is supported by strong evidence which gives the Council a high level of confidence.	8-10
<b>Competent standard</b> of response; meets requirements and is supported by a satisfactory level of evidence although there are a	4 - 7

few issues which give the Council cause for some minor concerns.	
<b>Inadequate response</b> ; fails to meet some requirements and is generally unsatisfactory and/or has omissions and/or is not supported by evidence. Gives the Council cause for serious concern.	1 - 3
<b>No response provided</b> and/or substantial omissions which make the response fundamentally unacceptable and give the Council cause for major concern.	0

The Council are not bound to accept the overall best solution based on the methodology as described in this ITT. Nothing in this ITT shall require the Council to award a contract and the Council shall be able, at its sole discretion, to withdraw the ITT before the date for submission or withdraw from discussions at any stage.

### 1.5 Special Terms and Conditions

The Agreement will commence on 1st April 2013 and terminate on 31<sup>st</sup> March 2016 unless an option to extend is agreed by both parties, or unless the contract is terminated (see Terms and Conditions).

Bidders are responsible for obtaining all information necessary for the preparation of the tender. The Council will not reimburse or be responsible for any costs incurred by bidders in connection with the preparation or delivery of the tender.

Tenders must not be qualified, conditional, or accompanied by statements that could be construed as rendering them equivocal and/or placed on a different footing to those of other bidders. Only tenders submitted without qualification, in accordance with this invitation to tender will be accepted for consideration. The Council's decision on whether or not a tender is acceptable will be final and the bidder concerned will not be consulted. If a bidder is excluded from consideration, the bidder will be notified.

The tender documents must be treated as private and confidential. Bidders must not disclose the fact that they have been invited to tender or release details of the tender documents other than on an 'in confidence' basis to those who have a legitimate need to know or whom they need to consult for the purposes of preparing the tender.

Unless otherwise indicated the copyright in all tender documentation supplied with or pursuant to this invitation to tender belongs to the Council.

Bidders should note that copyright in this ITT rests with Bath & North East Somerset Council. The bidder shall treat all information contained within the ITT as strictly private and confidential, details of which should not be disclosed to any party, direct or indirect, except to the extent necessary for the preparation and submission of the tender.

Any bidder who directly or indirectly canvasses any member or officer of the Council or any of its advisers concerning the award of the contract for the provision of the services shall be disqualified.

Any bidder who:

- fixes or adjusts the amount of its tender by, or in accordance with, any agreement or arrangement with any other person; or
- communicates to any person, other than the Council, the amount of its proposed tender (except where such disclosure is made in confidence in order to obtain quotations necessary for the preparation of the tender, for insurance purposes); or
- enters into any agreement or arrangement with any other person that it shall refrain from tendering or that it should withdraw any tender once submitted or vary the amount of any tender to be submitted; or
- offers or agrees to pay or give or does pay or give any sum of money, inducement or valuable consideration directly or indirectly to any person for doing or having done or causing or have caused to be done in relation to this tender or any other tender or proposed tender or any other act or omission;
- Any unauthorised amendment, qualification or deletion of, or addition to the tender documents, issued by the Council, shall invalidate the tender shall be disqualified (without prejudice to any other civil remedies available to the Council and without prejudice to any criminal liability which such collusion may attract).

## **1.6 Equalities**

The Council is committed to equality of opportunity as set out in the [Corporate Equality Commitment](#). It is also committed to meeting its duty under the Equality Act 2010 and expects all contractors working with or providing a service for the Council to support the Council in meeting its obligations under the equality duty.

### The Equality Duty

- Eliminate unlawful discrimination harassment, victimisation and other conduct prohibited by the Act
- Advance equality of opportunity by opportunity
- Foster good relations between people who share a characteristic and those who don't.

All goods, services and facilities will be undertaken in line with the Councils equality commitments.

The Council requires Contractors providing supplies, services or works on behalf of the council to adopt policies and practices that, at a minimum, comply with legislation, promote equality of opportunity in employment and service provision.

The Contractor shall notify the Council through the portal, and qualified in writing to the Council's Corporate Procurement Office, as soon as it becomes aware of any investigation of or proceedings brought against the Contractor under the Equality Act 2010 and the Human Rights Act 1998 or other relevant legislation.

Where any investigation is conducted or proceedings are brought under any of the equalities legislation which arise directly or indirectly out of any act or omission of the service provider, its agents or subcontractors, or the Staff, and where there is a finding against the service provider in such investigation or proceedings, the service provider shall indemnify the Council with respect to all costs, charges and expenses (including legal and administrative expenses) arising out of or in connection with any such investigation or proceedings and such other financial redress to cover any payment the Council may have been ordered or required to pay a third party.

### **1.7 Legal**

The issue of this invitation to tender in no way commits the Council to award any contract pursuant to the tender process. The Council is not bound to accept the lowest or any tender and reserves the right to accept any tender, either in whole or in part or parts. Nothing in this invitation to tender shall require the Council to award a contract and the Council shall be able, at its sole discretion, to withdraw the invitation to tender before the date for submission or withdraw from discussions at any stage.

The fact that a tenderer has been invited to tender does not necessarily mean that it has satisfied the Council regarding matters raised in the pre-qualification questionnaire submitted and the Council reserves the right to return to any matter raised in the questionnaire as part of the formal tender evaluation process.

The tenderer is responsible for obtaining all information necessary for the preparation of the tender. The Council will not reimburse or be responsible for any costs incurred by tenderers in connection with the preparation or delivery or in the evaluation of the tender.

### **1.8 LINK Host tender**

During the period of this tender, the Council will have issued an ITT for the provision of a Host service to the B&NES LINK.

The Council is unequivocal in stating that the provider of the B&NES LINK Host service will not receive any advantage whatsoever should they wish to tender for the supply of Healthwatch B&NES.

Similarly, any organisation which has been unsuccessful in their bid to provide the LINK Host service will in no way be disadvantaged should they wish to tender for the Healthwatch B&NES service.

All bids for all tenders advertised by the Council are assessed solely against the criteria stated in the ITT: performance in other tenders forms no part of the assessment process.

## **2 BACKGROUND**

### **2.1 Function and Outputs**

In its practical outputs Healthwatch B&NES will deliver 3 principle functions: Influencing, Signposting and Assisting. These functions are described in detail in the full specification below.

**A top level summary of the key early deliverables** expected includes:

- Achieving rapid credibility and embedded relationships with all relevant leaders and organisations in B&NES.
- Taking up HWB membership and establishing the best methods for members to cascade information in and out of the Healthwatch B&NES organisation.
- Quickly establishing a work programme that aligns to the Health and Wellbeing strategies, priorities and identifies how consumer voice can best contribute to this.
- Dynamically operating the established virtual social media and web based portal. Making this thrive and emphasising it as the primary channel of population engagement.
- Absorbing the health and wellbeing network- extending it and making it core to Healthwatch B&NES. Including in this the existing LINK membership, the patient participation groups in all GP practices, hospital members and all relevant community and third sector partners.
- Regularly summarise the findings of engagement activity and other intelligence provided by the community and support the development of the JSNA.
- Establishing the connections to local information and data sets that can signpost people to information about health and social care services and assist people.

### **2.2 Area Profile**

Bath and North East Somerset is in the South West of England and has a population of approximately 178,000. About half of that number lives in the city of Bath, and the rest in the surrounding rural areas, villages and the towns



of Keynsham, Midsomer Norton and Radstock. Resident numbers are further enlarged by the student population attending universities and colleges in the area and in recent times there has been a significant rise in the number of migrants attracted to work in B&NES, especially from the Polish and Chinese communities.

Further information about the demographics of B&NES can be found here: <http://www.bathnes.gov.uk/SiteCollectionDocuments/Education%20and%20Learning/EYFS%20Team/Equal%20Opps%20Folder%20Appendices%20for%20Web.pdf>

<http://www.swo.org.uk/local-profiles/banes/>

<http://www.thisisbath.co.uk/Revealed-rising-population-Bath-North-East/story-16543596-detail/story.html>

<http://www.improvinghealthandlives.org.uk/profiles/index.php?pdf=E06000022>

The JSNA contains information about the service landscape of B&NES. It can be found here:

<http://www.bathnes.gov.uk/communityandliving/ResearchAndIntelligence/Pages/default.aspx>

## **2.3 Our Vision for Healthwatch B&NES**

### **A dynamic and effective Local Healthwatch...**

Healthwatch B&NES is here to make an impact. Operating as the consumer champion for health and social care in B&NES, Healthwatch B&NES will emerge as a prominent and influential partner in shaping and assuring local health and social care services. Through excellent professional relationships Healthwatch B&NES will interact with local leaders, commissioners and providers, contributing positively to improved wellbeing outcomes for the benefit of local people.

Through embracing the current engagement infrastructure and enhancing it year on year Healthwatch B&NES will achieve an engaging and dynamic organisation bringing the voices of consumers into the heart of decision making.

Healthwatch B&NES is expected to innovate and to feel different because of that; engagement, involvement and participation will be the heartbeat of Healthwatch B&NES. Social media, web based communications, the inclusion of patient participation groups, hospital groups, community and neighbourhood links, third sector engagement, localised outreach and active public dialogue will define the energy and approach of Healthwatch B&NES. In time the whole population will know about Healthwatch B&NES and will

witness the change as it brings together the disparate elements of involvement into a coordinated and powerful network.

The Health and Wellbeing Board (HWB) will be important to Healthwatch B&NES. Through its membership on the board Healthwatch B&NES will be enthusiastic and committed in its efforts to fully realise the opportunity of bringing the consumer voice directly into the setting of local plans and the delivery of local objectives. By constantly evaluating and summarising the public voice and bringing this forward, Healthwatch B&NES will continuously inform the Joint Strategic Needs Assessment (JSNA) that goes towards the identification of local priorities.

Within the contract parameters Healthwatch B&NES will achieve the ability to operate as an independent body under its own terms and at the same time set its own work programme to be in line with the priorities of the health and wellbeing strategy that it has helped to establish and that the commissioners and providers of services are also working to achieve. Operating in this way Healthwatch B&NES will be respected, and highly regarded. Partners will want to work with Healthwatch B&NES and will look to it to set and challenge the agenda as the authoritative voice of local consumers.

A social media shaped website linked to Twitter, Facebook and polling platforms is being established in advance of Healthwatch B&NES becoming operational. The Healthwatch B&NES provider will be expected to utilise and develop this approach.

### **...for everyone in B&NES**

Healthwatch B&NES will be expected to work with all the key stakeholders and partners in B&NES. The following list is not exhaustive, but it is indicative of the range of people, groups and organisations that are key to the successful implementation of Healthwatch B&NES:

- Users of all adult and children's health and/or social care services within B&NES
- Carers of service users within B&NES (this may also incorporate the parents of children using services within B&NES)
- B&NES HWB
- Wellbeing Policy Development and Scrutiny Panel
- VCS
- Health and/or Social Care Commissioners
- Health and/or Social Care Service Providers
- B&NES Council's Children and Young Peoples Services
- Charitable organisations
- Residents and community groups
- Equality and diversity groups
- Clinical Commissioning Groups
- GPs, practice staff and patient groups
- Carers groups
- Groups/organisations representing people with Learning Difficulties

- Groups/organisations representing people with a physical or sensory impairment
- Patient Advice and Liaison Services (PALS)
- Councillors and MPs

## 2.4 Our vision for Healthwatch B&NES – Objectives

### What we want to see happen

Local Healthwatch will build on and exceed the role of LINK through achieving, growing and sustaining an independent modern and proactive consumer voice for people. The aim of Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided. It will be an effective and powerful local coordinator of engagement and assistance in all aspects of health and social care.

Healthwatch will:

- a) Deliver three core operational functions: Influencing the planning and provision of health and social care, signposting people to information about health and social care services and enabling people to take issues forward with health and social care commissioners and providers.
- b) Act as an involvement network working proactively to bring together and enhance the existing infrastructure of local engagement and support drawing input and participation from it and coordinating common outputs.
- c) Implement powerful communications promoting an active, dynamic and ongoing public conversation through web and social media. Operating within the broader local engagement framework proactively outreach to communities utilising innovative and effective methods of communication that are inclusive and accessible to all groups.
- d) Work successfully alongside partners achieving excellent professional relationships and working systems within which to present challenge to ensure the views and experiences of patients, carers and other service users are heard and taken into account with commissioners and providers.
- e) Establish a common agenda of priorities within the framework of the health and social care strategy take up membership on the Health and Wellbeing Board and contribute a credible and proactive representation of the consumer voice within the Health and Wellbeing Board.
- f) Ensure that the views and experiences of patients, carers and other service users are taken into account when local needs assessments

and strategies are prepared, such as the Joint Strategic Needs Assessment.

## **2.5 Alignment with Health & Wellbeing Board Priorities**

Each Local Authority will establish a Health and Wellbeing Board covering health, public health and social care. Local Healthwatch will have a seat on the new statutory HWB, ensuring that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the JSNA and the authorisation of Clinical Commissioning Groups. This will ensure that local Healthwatch has a role in promoting public health, health improvements and in tackling health inequalities.

The Healthwatch provider will be expected to work in partnership with the H&WB to identify effective representation on the Board.

Healthwatch B&NES, being an independent body, will want to pursue issues raised by the community. In addition, and to maximise its impact, Healthwatch will be expected to align its core work programme to the priorities identified in the Health and Wellbeing Strategy, formulated by the HWB, and to focus its resources on those priorities.

Taking this approach will enable the consumer voice to be focused on the needs and priorities being addressed in B&NES and will more powerfully influence these outcomes for local people. Currently the priorities are:

- Improve outcomes for people who experience mental health problems
- Improve the outcomes of families experiencing complex needs
- Improve the outcomes of vulnerable groups
- Improve the outcomes of people with long term conditions (including end of life)
- Improve the outcomes of our aging population
- Reduce economic inequality (linked with poor outcomes)
- Develop healthy and sustainable places and communities

Health and Wellbeing engagement also extends beyond health and social care into the wider context of wellbeing, and Healthwatch B&NES will have the flexibility to contribute to this.

## **3 SPECIFICATION**

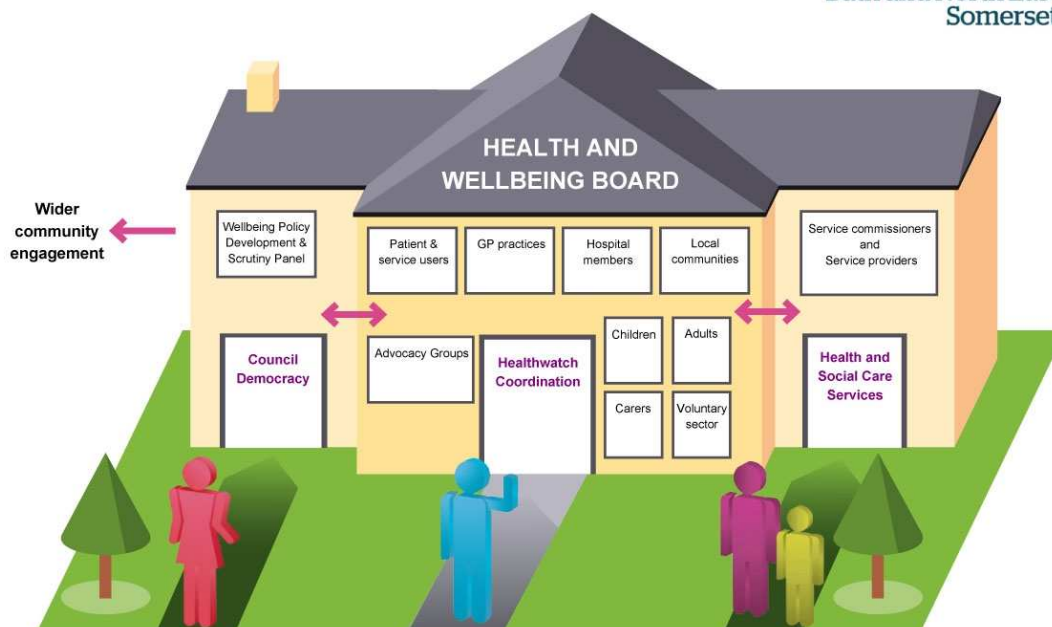
### **3.1 The Principles of Healthwatch B&NES – Deliverables**

#### **What you will do to achieve the vision**

Local Healthwatch will establish a well-recognised, open and common doorway through which citizens can interact with the health and social care

system. This is being described as the Healthwatch House, shown below. To achieve the full potential of this model Healthwatch B&NES will develop actions against six agreed principles of operation.

### Healthwatch House



### 3.1.1 Establish and manage an effective organisation

Fulfil regulatory requirements

- Respond to final operational regulations.
- Deliver all existing LINK duties and new responsibilities as directed.

Operate an appropriate and proportionate organisation.

- Put in place a lean but effective core administration.
- Implement mechanisms for wider involvement.
- Implement mechanisms for an operating structure.

Promote an effective and inclusive brand.

- Ensure public recognition of role as champion of people using health and social care services.
- Ensure equal weighting for social care and health.

Quickly establish professional working relationships.

- Make relationships with all key commissioner and provider partners,
- proactively sustain these as ongoing and effective relationships.

### 3.1.2 Promote and communicate with the public

Demonstrate innovation of approach.

- 70% emphasis on internet communications and modern social media operating interactive and engaging portals for two-way communication and public participation.
- 30% emphasis on print and broadcast media and traditional methods ensuring appropriate mechanisms for all groups.

Actively publicise.

- Establish a promotion strategy and implement methods for continuous public communications to inform people on purpose, opportunities for public access and achievements.
- Work in collaboration with health and social care commissioners to promote self-care and the preventative message

### **3.1.3 Involve and engage all interested parties**

Adults and Children.

- Bridge the gap between adults and children through liaising with existing infrastructures and identifying how messages can be coordinated where necessary and promoted individually where appropriate.

Act as a local network.

- Avoid duplication and maximise current capacities by co-ordinating and drawing together existing health and social care involvement structures, and operating within the broader local engagement framework.

Proactively reach out to all communities.

- Focus on reducing inequalities through targeting seldom heard and hard to reach groups
- Identify how to have a presence or access points in community venues
- Identify how to promote involvement in non-traditional venues
- Develop a strategy to reach those who are digitally excluded (i.e. do not have, or want, internet access)

Respond

- Provide advice to enquirers on where and how they can access information about services
- Deliver an effective process for service development impact assessments

### **3.1.4 Empower and enable workforce**

Incorporate and build on the LINK's legacy

- Determine how to carry forward people and capacities from the existing LINK and continue to support selected streams of current work where advantageous to do so.

Establish effective volunteers and leaders.

- Organise how volunteers will be selected for key roles.

- Organise training and development of volunteers.

### **3.1.5 Perform and deliver**

Justify public mandate.

- Articulate a confidence of aims and priorities.
- Be accountable and report on activity and achievements.

Maximise influencing opportunities

- Establish a strong role on the Health and Wellbeing Board, ensuring a large scope of influence on the commissioning agenda and decision making.

Work to a common agenda.

- Work within the priorities of the health and wellbeing strategy  
Identify how additional issues from the community will be progressed.

Advocacy

- Identify methods for advocacy and how group and individual issues will be pursued with local providers.

### **3.1.6 Develop and grow**

Extend scope of involvement.

- Identify a vision for growth.

Extend and increase membership.

- Embed GP patient participation groups.
- Operate and develop the health and wellbeing network.
- Include foundation trust members and linkages into hospitals.
- Include linkages into social care providers.
- Include neighbourhood outlets such as parish and town councils.
- Increase public participation.

The result of this will be that Healthwatch B&NES will become:

- a strong local consumer voice on views and experiences to influence better health and social care outcomes
- a respected, authoritative, influential, credible and highly visible body within the health and social care community and on the HWB.

## **3.2 The outcomes for Healthwatch B&NES**

### **What differences we will see**

- Health and social care services are demonstrably influenced by the delivery of a strong consumer voice coordinated through Healthwatch leading to service developments that are influenced through the patient and service user experience.

- The impact of an influential independent body that champions quality and provides consumers with a strong voice is demonstrated through activity measures that show achievements and user satisfaction.
- Proactive and effective outreach is enabling wide involvement and participation by all sectors within the community who wish to be involved
- Greater participation from minority communities, seldom heard groups and children and young people is demonstrated.
- The consumer voice for health and social care is being effectively championed at Health and Wellbeing Board meetings, contributing to discussions on strategic priorities and influencing decision making.
- The opinions and experiences of local residents and service users are fairly and accurately recorded within the Joint Strategic Needs Assessment through Local Healthwatch feeding accurate and timely information into the process.
- The process for impact assessments and gaining the consumer perspective in service change is delivered in a timely and efficient way through a panel process or similar established by Healthwatch
- Local Healthwatch undertakes additional activities, subject to agreement, which assist the Health and Wellbeing Board in understanding the aspirations and wishes of residents and service users in respect of local health and social care services.
- B&NES Healthwatch is working collaboratively with the CQC, B&NES Council, Safeguarding Adults Team, and Childrens Social Work Teams to ensure a co-ordinated approach to “Enter and View” activities, and to enable maximum value for patients, service users and the general public.
- People in B&NES have easy access to the support, advice and information they need when making health and social care choices assisted through Local Healthwatch systems that coordinate and signpost to existing datasets.
- Local Healthwatch is well recognised as an effective and inclusive brand, championing health and social care issues.

### **3.3 The indicators of Healthwatch B&NES’ success**

The following are proposed success criteria to be discussed and developed by the Council and Healthwatch:

- GP practice based patient participation groups are an integral part of Local Healthwatch, contacts are operating representation is in place.
- Healthwatch has reached out widely and deeply into the community and can show evidence of its effectiveness in this;
- Membership of Local Healthwatch has increased. The health and wellbeing network is continuously extended through coordinating key stakeholders including the third sector, advocacy groups, providers, the public and local communities to work together through Local Healthwatch



- The healthy conversation programme continues to develop as an effective brand including both physical and virtual methods of engagement.
- Consumer debate is enabled and encouraged through at least three Open Forum events which are organised and facilitated by Local Healthwatch and views and opinions are fed into the Health and Wellbeing Board.
- Robust and transparent governance arrangements are established achieving clear accountabilities and strong contract and performance management processes.
- Successful professional relationships are functioning with B&NES Health and Wellbeing Board, commissioner and provider leaders, Policy Development and Scrutiny panels, and third sector organisations;
- Local Healthwatch collates public / patient opinion and 'expert' community representatives contribute to Board discussions on specific issues.
- Local Healthwatch policy/strategy on equality and diversity and community engagement is in place being implemented and getting embedded;
- It has a growing evidence base of how people perceive the health and social care services they have received;
- It has identified areas in which health and social care services can be improved for users and potential users of services – and has made recommendations to the bodies responsible for those services;
- It has secured an agreed number of contacts in key areas such as GP practices, hospitals and social care service providers and these contacts are participating in Local Healthwatch;
- It is rated by key local organisations as a credible partner, scrutineer and holder to account;
- There is evidence of how Local Healthwatch has successfully influenced decision making / commissioning and has elevated the views of local residents through the JSNA, strategic decision making, commissioning process etc.

### **3.4 Contract monitoring requirements**

- Healthwatch B&NES will report on its activities and finances to the Council on at least a three-monthly basis throughout the term of the agreement and more frequently and as reasonably specified as part of a performance management review process.
- Healthwatch B&NES's annual reports on expenditure, activity and achievements must be sent to the Department of Health.
- Healthwatch B&NES will be expected to report on its activities and on its financial position in relation to the contract with B&NES 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 B&NES's governance arrangements.
- Meetings, the frequency of which will be agreed between the Council and Healthwatch B&NES, will be organised by the Council to review information gathered through the contract monitoring process, to review the specification. Representatives of Healthwatch B&NES's governance arrangements will be full partners in this process.
- Healthwatch B&NES will need to be able to demonstrate to the Council its performance against the contract by the fulfilment of key performance indicators.
- Healthwatch B&NES will also need to benchmark its performance against national quality indicators to be developed by the Department of Health.
- Healthwatch B&NES will be accountable to the Council. Healthwatch B&NES is required to undertake regular reviews or audits of its service and development plans.
- Healthwatch B&NES will be expected to contribute regular, scheduled inputs into the JSNA process.
- Healthwatch B&NES 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 B&NES'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 B&NES 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 B&NES will be required to confirm how improvement will be communicated on completion.
- Healthwatch B&NES must be a credible voice on the HWB, participating fully in discussion, influencing agenda planning and taking an active role in at least 4 meetings each year. It should attend all Board meetings, elevating patients' voices to the Board and effectively representing their views in a clear and evidenced manner. It should

contribute to Board discussion on strategic priorities and collate public / patient opinion as part of this. Healthwatch B&NES may also be asked to select expert community representatives to contribute to Board discussion on specific issues, subject to agreement. Healthwatch B&NES will also be a member of the steering group for the JSNA and the JHWS.

## **4 REQUIREMENTS OF THE SERVICE PROVIDER**

### **4.1 Inclusion and Diversity**

- Healthwatch B&NES must be inclusive and diverse in its make-up and will need to operate in different formats and methods of involvement and communication.
- Healthwatch B&NES must provide a service appropriate to people's needs and not shall 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.
- Delivery of the services should be provided as closely to customers as possible through outreach, visiting etc. The expectation however is that 'back office' work will be provided through colocation and flexible working to reduce accommodation costs and provide the most flexible service possible to service users as well as synergy with other organisations This could include access to the Council's one-stop shop, 'landing sites' and other facilities as well as more localised delivery in local communities. All venues used will be required to be fully accessible. The delivery model will be expected to build for a green/low carbon future
- Healthwatch B&NES must comply with both the Data Protection Act 1998 and the Freedom of Information Act 2000 and ensure that Healthwatch B&NES participants are aware of their responsibilities under both of these Acts.
- Healthwatch B&NES 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.

### **4.2. Governance Structure**

The Regulations governing Local Healthwatch stipulate that there must be a strong involvement by volunteers and lay members, including its governance and leadership. The provider of Healthwatch B&NES must therefore demonstrate the centrality of volunteers in its governance and leadership.

On that basis, Healthwatch B&NES will be expected to structure itself according to the following:

- will be a body corporate and be able to meet the criteria of a social enterprise;
- establish a panel of Authorised Representatives to exercise the statutory Healthwatch B&NES function of entering and viewing specified health and social care premises;
- ensuring that such persons are receiving appropriate training and Criminal Records Bureau clearance in line with relevant policy guidance;
- effective organisation of meetings, giving at least 5 clear working days' notice of meetings, making appropriate arrangements for those able to attend, and recording, making available and communicating the outcomes, agreements and actions of all meetings;
- maintenance of a record of meetings convened including a breakdown of attendance/attendees/representation;
- statutory consultation deadlines met and copies of reports are made available;
- Healthwatch B&NES and the relevant Council Policy Development and Scrutiny panels develop an ongoing working relationship;
- Healthwatch B&NES members are aware of and have the opportunity to attend Board meetings of NHS bodies in their area and/or have the opportunity to meet Non-Executive Directors of trusts and PCT's;
- Healthwatch B&NES is able to convey its views to health and social care commissioners and providers, and through the relevant Policy Development and Scrutiny panels;
- Healthwatch B&NES is a credible voice on the HWB, influencing plans and policy decisions;
- user representatives on strategy and planning teams are appropriately briefed and supported and able to contribute effectively;
- audit and accounting requirements (including reporting) are met;
- complaints are investigated according to the complaints policy;
- hold a minimum of 6 public meetings each calendar year, at times and places which take into account the circumstances of different sections of the local community (e.g. those who have limited access to public transport; those who are in full-time employment; those who are carers). It is therefore expected that some public meetings will be held at evenings and/or weekends.

### **4.3 Heathwatch B&NES Delivery Models**

Following are some models for the delivery of Healthwatch B&NES. We do not have a preference for the model used, and we are open to receive bids using organisational arrangements other than those shown below. However, if more than one organisation is involved in a bid, this should be explained

clearly in the response to the tender, and only the Lead Organisation should be involved in submitting a bid:

- Single supplier – all Healthwatch B&NES services delivered by a single organisation;
- Sub-contractor – the supplier sub-contracts some or all of its services to other suppliers;
- Consortia – two or more organisations work in a formal or informal arrangement to deliver Healthwatch B&NES services

#### **4.4 TUPE**

**Please note:** Until 19<sup>th</sup> October 2012 the LINK Host service was provided by an external contractor, Scout Enterprises Ltd. On that date Scout Enterprises Ltd went into liquidation.

Employee information received from Scout Enterprises concerning the three members of their staff who delivered the B&NES LINK Host service is contained in Appendix 4. Tenderers should note that the Council is not able to guarantee the accuracy of the information and will not accept any liability as to its accuracy. Tenderers are advised to seek independent professional advice on the application of TUPE: the Council is not able to offer advice to bidders on TUPE issues.

## **APPENDIX 1 – Contract value**

The funding confirmed so far for this contract is £246,000 for the life of the contract, 1st April 2013 – 31<sup>st</sup> March 2016.

This information will be updated via ProContract should there be any changes to confirmed funding levels.

Healthwatch B&NES will be accountable to the Council and the public to demonstrate effective spend of its budget.

If any further funding for Healthwatch B&NES is confirmed during the lifetime of the contract, the Council will agree with the service provider how this funding is to be used to deliver the service described in this specification.

## APPENDIX 2 - Criteria and scoring method for tender responses

### 1. Organisational requirements

An organisation will only be considered for this contract if:

- 1.1 it conforms to the requirements of the Health and Social Care Act 2012 section 183 and any and all subsequent Regulations issued by the Department of Health in respect of providers of Local Healthwatch services;
- 1.2 its total budget for the provision of Healthwatch B&NES does not exceed the amount stated in Appendix 1 above, unless notification of an amended sum is issued to bidders through ProContract;
- 1.3 it submits the documents listed in Criteria 1. below;
- 1.4 a financial appraisal by competent Council officers indicates that the organisation has the financial strength to successfully deliver the contract – see Appendix 3
- 1.5 the sum quoted in 4. below does not exceed that stated in Appendix 1 above.

### 2. Criteria and scores for tender responses

A Fail for criteria 1 or 2 below will result in the bid being excluded from the assessment process.

You are required to provide a written response to each of sections 3.1 – 3.7 and 4. And 5. below. Do not amalgamate responses to two or more sections into a single response. Each response will be scored as shown.

We would prefer you to use Arial 12 point black for your responses. All responses must be in English.

Please do not include hyperlinks, attachments or any other material in your responses (except for the responses to Criteria 1. and 3.7 below), as they will not be taken into consideration.

Criteria	Weighting
<b>1. Provide hard or soft copies of the following documents from your organisation, which should be current at the time they are submitted:</b> <ul style="list-style-type: none"><li>• Safeguarding policy</li><li>• Health and safety policy</li><li>• Sustainability policy</li><li>• Equal opportunities policy</li><li>• Public liability insurance certificate</li></ul>	Failure to provide one or more of these documents will result in a Fail
<b>2. Financial appraisal – see Appendix 3</b>	Pass/Fail
<b>3. Taking into account the vision for Healthwatch B&amp;NES described within the specification document, demonstrate how you will deliver that vision in the following ways:</b>	

<p><b>3.1 What you will do to achieve and constantly maintain inclusive, accessible and effective engagement of the whole of the B&amp;NES community;</b>  <u>Response (200 words maximum):</u></p>	9%
<p><b>3.2 What you will do differently to ensure impact and constant involvement through innovative and modern communications;</b>  <u>Response (200 words maximum):</u></p>	9%
<p><b>3.3 What you will do to achieve and ensure highly effective relationships with leaders, decision makers and partners;</b>  <u>Response (200 words maximum):</u></p>	6%
<p><b>3.4 What impact your delivery of Healthwatch will make on the health and social care provision in B&amp;NES;</b>  <u>Response (200 words maximum):</u></p>	9%
<p><b>3.5 How you will measure the success of your strategy and operational plan;</b>  <u>Response (200 words maximum):</u></p>	9%
<p><b>3.6 How you will maximise the opportunities of Health and Wellbeing Board membership and the alignment of Healthwatch activity to the Health and Wellbeing Board strategic priorities;</b>  <u>Response (400 words maximum):</u></p>	8%
<p><b>3.7 Provide a detailed three-year implementation plan with a detailed budget showing how you will deliver the expectations described in the specification.</b>  <u>Response (600 words maximum – you may also include diagrams and other illustrative material in this response):</u></p>	20%
Sections 3.1 – 3.7 above will each be scored as follows:	
<p><b>Excellent standard</b> of response; exceeds the requirements in a number of areas and is supported by strong evidence which gives the Council a high level of confidence.</p>	8 - 10
<p><b>Competent standard</b> of response; meets requirements and is supported by a satisfactory level of evidence although there are a few issues which give the Council cause for some minor concerns.</p>	4 - 7
<p><b>Inadequate response</b>; fails to meet some requirements and is generally unsatisfactory and/or has omissions and/or is not supported by evidence. Gives the Council cause for serious concern.</p>	1 - 3
<p><b>No response provided</b> and/or substantial omissions which make the response fundamentally unacceptable and give the Council cause for major concern.</p>	0
The total marks awarded for sections 3.1 – 3.7 will comprise 70% of the overall score.	
<b>4. Please state the total cost to the Council, excluding VAT, for</b>	30% of



supplying this service over the full period of the contract:	overall score
5. Please state your Company Number:	

**3. Overall scoring**

Responses will be evaluated on the following quality/cost ratio:

Quality (Criteria 3.1 – 3.7 above) 70%

Cost (Criterion 4 above) 30%

The preferred supplier will be the organisation with the highest overall combined score.

### **APPENDIX 3 - Financial evaluation method**

The key objective of financial appraisal is to analyse an applicant's financial position and determine the risk that it would represent to the Authority. A range of factors needs to be considered as part of the appraisal and various financial statistics, ratios and figures analysed. Once the appropriate data has been obtained a professional judgement must then be applied to the issues.

When undertaking the financial vetting the Authority looks at the tenderers most recent accounts along with those of any ultimate parent company (if applicable). These would be checked for general audit issues and then analysed to give an indication of profitability, liquidity, net worth, asset/debt position, capacity and general stability.

The Authority recognises that the accounts submitted often relate to an accounting period that finished several months earlier. Where appropriate it will consider other information that it considers reasonable to use in determining the risk represented by a bidder.

The Authority will also consider any additional information submitted by the applicant should the applicant consider this necessary for the Authority to have a fuller understanding of its financial position. This may be appropriate, for example, to obtain a fuller understanding of an applicant's financial structure or funding arrangements. The Authority would expect any such information to be verified by an independent source, for example, the applicant's auditors.

Initially basic checks are made on a bidder's title and any relevant registration details (e.g. registered number at Companies House). The Authority would check whether the bidder is trading or dormant and whether it has a parent company. The status of the accounts is also determined to check whether accounts submitted are for the last accounting period for which statements have been filed and whether there are later accounts that are overdue.

When considering profitability the Authority looks at the gross profit margin and operating profit margin. These ratios indicate the efficiency of the organisation. A loss in the year would be looked at in conjunction with the balance sheet resources available to cover this loss.

When looking at liquidity the Authority uses the current ratio and the acid test ratio. The current ratio is a measure of financial strength and addresses the question of whether the bidder has enough current assets to meet the payment schedule of its current debts with a margin of safety for possible losses in current assets. The Acid Test ratio measures liquidity and excludes stock to just really include liquid assets.

The Authority would look at the bidder's balance sheet and determine the net worth of the organisation and that element that can be mobilised in a financial

crisis. The Authority would look at the net assets and also the net tangible worth (excluding intangible assets). The Authority would also look at the proportion of total debts against total assets.

Contract limit is the size of contract that is considered 'safe' to award to a bidder, based on a simple comparison of the annual contract value to the annual turnover of the organisation. This gives the Authority an idea of financial strength to ensure that the bidder can cope financially with this size of contract. The Authority assesses the capacity issue of whether the bidder has the resources to carry out the work.

The Authority would consider all of the above in relation to the bidder and that of any ultimate parent company and then a judgment would be made as to the risk that the organisation would represent to the Authority. The final decision regarding the acceptability of the bidder's financial standing relies on a degree of professional judgment from the Authority. If the Authority decides that the financial standing of the bidder represents an unacceptable risk to the Authority then the bidder will be excluded from further consideration in this process.

**APPENDIX 4 – B&NES LINK Host: Employee Information (see 4.4 above)**

<b>Employer</b>	<b>M/F</b>	<b>Contract</b>	<b>Job Title</b>	<b>Location</b>	<b>Type of Contract</b>	<b>Weekly Contracted Hours of Work</b>
Scout Enterprises Ltd	M	B&NES Link	Contract Manager	Bath	Standard	18.5
Scout Enterprises Ltd	F	B&NES Link	Administrator	Bath	Standard	25
Scout Enterprises Ltd	F	B&NES Link	Co-ordinator /Development Worker	Bath	Standard	18.5

Annual Gross Salary	Additional Notes	Employment Start Date	Age: Note please do not enter date of birth	Does the employee currently work for, or have they ever worked for the civil service or other public sector employers (under the meaning of the Cabinet Office guidance on fair deal for staff pensions?)	Remarks	Holiday entitlement (excluding national holidays)	This year	Remaining
£28,876.00 (37 hours per week)	None	24.11.2003	63	Yes	Early retirement from NHS following redundancy	23	23	23
£11,452.00	None	12.10.2009	47	No	None	21	21	12
£11,337.00	None	06.10.2008	46	No	None	13	13	13

Booked	Disciplinary/ grievance	Court/ Tribunal	Sickness (2 years)	CRB Status	Right to Work
0	None	None	0	Yes	Yes
4	None	None	8	No	Yes
0	None	None	4	Yes	Yes

**Job Title: Administrator**

**Responsible to: LINK Co-Ordinator/Development Worker**

**Base:** Bath

**Hours:** 25 per week

**Job Summary:** The post holder will be responsible for the provision of effective administrative support to the LINK Co-Ordinator/Development Worker and Contract Manager working with the Bath & North East Somerset LINK.

**Main Responsibilities:**

1. Establish and maintain administrative systems which support the effective operation of the LINK.
2. Ensure effective use of IT systems to store and disseminate relevant information.
3. Maintain database of information for all LINK, members, participants and contacts
4. Co-ordinate diaries of staff and take responsibility for the organisation of LINK meetings
5. Maintain list of LINK meeting venues and room bookings.
6. Take notes/minutes of meetings when requested to ensure accurate notes/minutes/letters/emails are sent out appropriately.
7. Support liaison between Host staff and LINK participants.
8. Act as a contact point for all enquiries/requests from LINK members and the public either by telephone, email or face-to-face, and deal with accordingly during agreed office hours.
9. Prioritise workload to ensure deadlines are met.
10. Support LINK meetings in the absence of the Development Worker or Contract Manager in B&NES.
11. General office duties, to include photocopying, filing, post, distribution log and any other duties commensurate with the post.
12. Involvement in producing newsletters, LINK publicity materials and bulk mailouts.
13. Operate within Data Protection Legislation and LINK Confidentiality Policy
14. Undertake other duties appropriate to the post as directed.

## Job Description

**Job Title: LINK Co-Ordinator/Development Worker**

**Responsible to: Contract Manager**

**Base:** Bath

**Hours:** 18.5 per week

### **Job Summary:**

The post holder will be responsible for the promotion of the LINK to people and organisations throughout Bath and North East Somerset, and for the recruitment and development of Members of the LINK. He/she will also assist the LINK in the understanding of health and social care issues and the development and carrying out of its work programme.

The post holder will also be responsible for co-ordinating the LINK's work plan and to ensure provision of effective administrative support for BANES LINK.

### **Main Responsibilities:**

- to support involvement and consultation with residents of Bath & North East Somerset for the purposes of developing and promoting the LINK.
- to recruit individuals and groups to participate in the LINK, and to develop and maintain public awareness of the LINK and its activities.
- to carry out all work with close attention to equalities and accessibility issues, and to promote diversity in the LINK membership, work and public engagement.
- to ensure a representative spread of involvement and the involvement of traditionally "hard-to reach" groups within the community through "outreach" work and other innovative techniques of engagement.
- to identify training and development needs of LINK Members, and to develop ways of meeting these needs.
- to work with the LINK members and the Host team to identify realistic objectives in respect of workplan projects, and to assist with the prioritisation of this work.
- to research background information as necessary, and gather information to inform projects and LINK activities.
- to assist the Contract Manager in the support and monitoring of LINK project work.
- to work with the Contract Manager to develop engagement tools (including questionnaires for surveys). and to collate, analyse and interpret data and the findings from the LINK's work.
- with the assistance of the Administrator, to organise meetings and events on behalf of the LINK, such as LINK workshops and public health initiatives.
- to develop good working relationships with the relevant NHS Trusts, B&NES Primary Care Trust, Bath & North East Somerset Council and the statutory regulators of health and social care, as well as other appropriate statutory and

voluntary agencies and groups.

- to develop and maintain own knowledge base on national and local health and social care issues and activities.
- to assist in the research for and production of newsletters, bulletins, and other information, and to develop the LINK's marketing and publicity materials (including leaflets and posters).
- to work with the LINK team in the production and delivery of public presentations on the LINK and its work.
- to help the LINK to increase understanding and knowledge of local health and social care issues.
- to ensure effective use of IT systems to disseminate relevant information, and to make a major contribution to the promotion, monitoring and updating of the LINK web site.
- to identify and develop public involvement opportunities on behalf of the LINK.
- to undertake other duties related to the LINK as necessary or at the direction of the Contract Manager.
- Provide line Management for the LINK Administrator and Assistant Development Worker, to ensure effective Administration is provided for the LINK contract.
- Set up office systems and ensure effective use of IT for storing and disseminating relevant information, including record keeping and maintaining database of information for all LINK contacts
- Prioritise workload to ensure that own and team deadlines are met.
- Operate within Data Protection Legislation and LINK Confidentiality Policy



## Job Description

**Job Title** B&NES LINK Contract Manager

**Location:** Bath

**Hours:** 18.5 per week

### **Main Purpose of Job:**

To provide the strategic lead function for the B&NES LINKs, including management of staff, work planning and service delivery.

### **Reporting Structure:**

**You report to:** Divisional Manager

**Those that report to you:** LINK staff and volunteers of LINK

### **Key Tasks and Responsibilities:**

#### **Management:**

- To be responsible for planning and implementing the work of the LINK team in line with the requirements of the organisation, contract manager and the LINK governance structures;
- To develop and ensure the implementation of processes, protocols, policies and partnership agreements as required by the LINK membership;
- To develop and support the governance arrangements for the LINK;
- To be responsible for monitoring and reporting against the operational plan for the LINK, reporting to the governance structures as agreed;
- To manage the process of mapping engagement activities and developing engagement mechanisms to meet the LINK needs;
- To develop and manage a communications strategy and implement information sharing processes.

#### **Strategic Work:**

- To develop and support the LINK to have a high profile within the community and amongst service providers;
- To develop strategic relationships with statutory and VCS partners;
- To liaise with appropriate individuals and organisations such as NHS bodies, Councils, Overview and Scrutiny Committee and strategic partnerships;
- Support the LINK to implement transparent and accountable work practices  
e.g. overseeing the governance structures, managing membership, dealing with complaints and ensuring standards are met;
- To promote the work of the LINK throughout the area, and to encourage engagement from all sections of the community;
- To effect relationships through partnership building with senior strategic managers in the statutory sector;

- To liaise with partners to effect change in organisations and service delivery;
- To attend diverse partnerships and forums to promote the work of the LINK;
- To work with a diverse range of stakeholders, to manage conflict and competing interests;
- To complete presentations and reports to a variety of audiences.

***Financial:***

- To manage the budget for the LINK in line with organisational policy and contractual obligations;
- To work with the management team and LINK governance structure to review and plan expenditure;
- To complete reports and monitoring information as required.

***General:***

- To be responsible for the day to day management and supervision of the LINK support staff;
- Develop and oversee a volunteer recruitment and support programme and ensure staff/volunteers are supported and appropriate training available;
- Ensure there is adequate induction and support for staff, LINK members, the network itself and volunteers;
- To work with volunteers and empower all members of the community to engage with the LINK;
- To analyse complex information and be informed by relevant legislation and specific guidance in relation to LINK;
- To produce quality written reports, presenting accessible information to a diverse audience;
- To work to combat all forms of discrimination, and to ensure that the principles of equal opportunities are implemented in all work undertaken on behalf of the Company and LINK;
- To work as a member of management team adhering to all policies and procedures, and to contribute to the development of policy and good practice within the Company;
- To work flexible work patterns if necessary in response to the needs of the LINK membership and other partners. This may include weekend and evening working;
- To carry out the above duties, and any other duties commensurate with the responsibilities of the post which may reasonably be required, in a manner which actively supports and promotes Company's aims and policies;

## **APPENDIX 5 - Abbreviations and Definitions used in this document**

The following abbreviations and terms are used throughout this document:

B&NES -	Bath & North East Somerset
(The) Council -	Bath & North East Somerset Council
CQC -	Care Quality Commission
Healthwatch B&NES -	Healthwatch B&NES always refers to the B&NES Local Healthwatch unless stated otherwise
HWB -	Health and Wellbeing Board
ITT -	Invitation to Tender
JHWS -	Joint Health and Wellbeing Strategy
JSNA -	Joint Strategic Needs Assessment
LINK -	Local Involvement Network
NHS -	National Health Service
PALS -	Patient Advice and Liaison Service
PCT -	Primary Care Trust
Social Enterprise -	A body is a social enterprise if it is a 'business with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or in the community'. (Department of Health). No restriction is imposed on the nature of the incorporation (e.g. it might be a Company Limited by Guarantee, Community Interest Company, Industrial and Provident Society, etc.).
TUPE -	Transfer of Undertakings (Protection of Employment)
VCS -	Voluntary and Community Sector