

North Tyneside Health & Wellbeing Board Report Date: 29 October 2015

ITEM 8

Title: Social Value Act,
developing a policy for
North Tyneside

Report from : North Tyneside Council

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1. Purpose:

The purpose of this report is to present the Board with a draft policy, which is aimed at considering Social Value in all procurement activity, in order to ensure that added benefits can be developed and secured from all statutory sector funding spend across North Tyneside.

This work has been supported by the Health and Wellbeing Board who were the catalyst for securing additional support from the Institute for Voluntary Action Research (IVAR) through the Department of Health which has supporting the bringing together of a wide group of stakeholders to develop this policy.

2. Recommendation(s):

The Board is recommended to:-

- a) Request that all Statutory Organisations that are members of the Health and Wellbeing Board make arrangements for their organisation to agree to:
 - apply the policy set out at appendix one;
 - include Social Value in all procurement exercises, or set out why they have not included Social Value as a statement in the tender documentation;
 - raise awareness of the benefit of Social Value with their organisation;
 - raise awareness of the benefit of Social Value with providers/ potential providers; and
 - identify and promote a named contact within their organisation who will be the Social Value champion.
- b) Monitor progress in terms of the adoption of this policy and receive updates on the added benefits gained for residents as a result of including Social Value priorities in all procurements.

3. Policy Framework

This item relates to all of the objectives within the Joint Health and Wellbeing Strategy 2013-18, but in particular:

- To continually seek and develop new opportunities to improve the health and wellbeing of the population.
- To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough.
- To build resilience in local communities through focused interventions and ownership of local initiatives to improve health and wellbeing.

It will contribute to the following joint priorities:

- Improving the Health and Wellbeing of Families
- Improving Mental Health and Emotional Wellbeing
- Addressing premature Mortality to Reduce the Life Expectancy Gap
- Improving Healthy Life Expectancy

4. Information:

The Public Services (Social Value) Act 2012 requires commissioners to consider securing economic, social, or environmental benefits when buying services above the OJEU threshold.

In 2013 the CCG, Age UK and North Tyneside Council secured external funding to support the development of Social Value in North Tyneside. The result of this work is a draft policy that has been co-produced and developed by a wide stakeholder group including; members of the Community and Voluntary Sector; Social Enterprise; North Tyneside Council; the CCG; and Public Health England.

The draft policy is attached as appendix one and sets out an approach for Social Value for North Tyneside. The Policy contains an agreed definition of what Social Value means for North Tyneside and presents a number of agreed Social Value priorities and how they can be measured. It is recognised that the use of these measures will vary, dependent upon the procurement, however the priorities provide a framework for commissioners across the sector to draw on and to ensure that we derive maximum value from all commissioning activity.

The Health and Wellbeing Board was the initial catalyst for this project and they are now being asked to continue to champion Social Value by agreeing to take forward the policy and commit to include a Social Value clause in all procurements, or state clearly why it is not relevant.

The policy sets out a list of social priorities and ways of measuring these. This takes account of the Joint Strategic Needs Assessment and the Our North Tyneside Plan.

As part of any procurement exercise the priority areas will be reviewed and the most appropriate priority(ies) selected.

5. Decision options:

The Board could:

Option One:

Decide not to support the implementation of a Social Value Policy for North Tyneside.

Option Two:

Support the implementation of a Social Value Policy but ask for further work to take place.

Option Three:

Support the policy in principle but ask that they have more time to discuss the implications of the policy within their organisations.

Option Four:

Agree to the recommendations set out in section 2 and ask all members of the Health and Well-Being to sponsor a commitment by their organisation to adopt this policy.

Option four is the preferred option.

6. Reasons for recommended option:

The Social Value Act gives organisations an opportunity to embed the added value that can be achieved by building in a social clause into all goods and services purchased by the Statutory Sector. By adopting this across North Tyneside we will be taking a lead both regionally and nationally to maximising benefits of their combined spending power for residents of North Tyneside.

Members of the Health and Wellbeing Board have been involved in the stakeholder events and helped with the development of the policy.

Should the Health and Wellbeing Board decide not to support the adoption of this policy then organisations will develop their own policies that may result in an adhoc and uncoordinated approach. It is also likely that many opportunities to embed Social Value within procurement exercises will be missed.

7. Appendices:

Appendix one – Social Value Act – a policy of the Statutory Organisations in North Tyneside

8. Contact officers:

Felicity Shoesmith - Community and Voluntary Sector Liaison Manager, North Tyneside Council Tel: 643 7071

Lisa Goodwin – Chief Officer, VODA Tel: 643 2626

Sheila Watson - Strategic Commissioning Manager, Adults and Older People, North Tyneside Council Tel: 643 7007

John Matthews - Clinical Chair, NHS North Tyneside Clinical Commissioning Group, Tel: 293 1142

9. Background information:

The following background documents and sources have been used in the compilation of this report and are available from the author:-

<http://www.socialenterprise.org.uk/policy-campaigns/policy/delivering-social-value>

North Tyneside Health & Social Value programme notes, records and slides

North Tyneside JSNA & Health and Well Being Strategy

Communities Count: Four Steps to Unlocking Social Value

<http://www.socialenterprise.org.uk/advice-services/publications/communities-count-the-four-steps-unlocking-social-value>.

Social Value hub <http://socialvaluehub.org.uk/> (including charters/policies from other regions and cities)

www.sduhealth.org.uk/focus

10 Finance and other resources

The aim of the policy is to ensure that Social Value is built into all procurements. The principles of the Act are clear and, as social value is about maximising the impact of public expenditure to get the best possible outcomes, there should be no conflict with the requirements to deliver Value for Money.

11 Legal

Adoption of this policy will support the Authority and other contracting authorities in complying with the requirements of the Public Services (Social Values Act) 2012.

12 Consultation/community engagement

Four action learning events took place over the course over an 8 month period and included representation from the approximately 15 voluntary, community and social enterprise sector organisations in addition to those from North Tyneside Council, North Tyneside CCG, The Cabinet Office, Public Health England, Social Enterprise UK and Anthony Collins solicitors.

The events focused on building consensus of priorities and taking action to report into the group. This was supported by learning opportunities namely from Anthony Collins and Halton Borough Council Procurement.

All those who have been part of the sessions have been consulted on this framework.

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

The Social Value policy focuses on reducing health inequalities and the principles set out following the Marmot report from the Institute of Health Equity.

15 Risk management

This policy will allow the Council and other Statutory Organisations to comply with the Public Services (Social Values Act) 2012.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Director of Public Health

Chair/Deputy Chair of the Board

Chief Finance Officer

Head of Law & Governance