Re: Consultation response on Health Service Procurement bill

Platfform is the charity for mental health and social change.

We are a platform for connection, transformation and social change. We're driven by the belief that a strengths-based approach is the foundation to sustainable wellbeing for everyone. We do not believe that people or communities are "broken" or in need of fixing.

Our work takes a trauma informed approach to understanding mental health and emotional distress, and we see the current mental health, and wider health, social care and public sector systems as no longer fit for purpose. Based on illness and deficit models, they deny people the hope and agency to heal.

Overall approach

Platfform supports the proposed aims of the legislation, noting the Health minister's written statement of 13/2/22 introducing the bill. We note that the legislation is a 'skeleton' piece of legislation, that provides the minister with regulation making powers over procurement. As such we think the scrutiny of this legislation should focus on how the minister would intend to use these regulation making powers – and whether there may be opportunities here to address some of the challenges faced by providers of health and 'well-being' services.

Platfform works in five Welsh health board areas, and fifteen local authorities, with over 120 projects and services that spans inpatient settings, crisis services, homelessness and floating tenancy support, supported housing, community well-being, counselling, community mental health teams, specialist child and adolescent mental health schools and youth centres. This work puts us in the position of having considerable experience of working with both the NHS and Local government, and being aware of the challenges that both commissioners and providers can face.

In summary, some of the challenges we face include, but are not limited to

- Silo-thinking and short termism. Many public sector bodies are only responsible for their budget, and in a climate of reducing costs can sometimes take decisions that -rather than save money – shift the costs to other public sector bodies or future generations. For example, even within the NHS specialist services are commissioned and financed by WHSSC, but the responsibility for financing the community healthcare services that could reduce and prevent the need for such specialist

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services lie with local health boards and local authorities. This can create an incentive for the over-use of specialist services as it transfers responsibility to another board, and also delay transfers of care back to those services for the same reason. This is a particular challenge in Mental Health services.

- Contract uplifts. There is an inconsistent approach towards dealing with inflation across multi-year contracts. Some of our commissioners have provided uplifts to us that have assisted us to help staff tackle the cost of living, but others have not and the Welsh Government does not intend to have a national policy on this.
- Non service related aspects being part of 'quality'. Although 'quality' has become more important over cost considerations in many contracts, we are seeing non-service related aspects form part of that 'quality' consideration without appropriate funding. An example is that for some contracts, a significant portion of the quality score is based on our carbon reduction plan, which although important, cannot be funded within the contract being tendered for and can mean we don't achieve cost recovery. Given that health boards don't themselves know what their emissions are or have detailed plans themselves, it creates the perception that social responsibilities are being pushed down to charities so that a box can be ticked.
- Co-production. Platfform believes that contracts should be co-produced following wider discussions of the services that should be provided. We would welcome involvement in service design at far ealier stages, and before contracts are put out to tender. Unfortunately, some providers mistake 'co-production' for 'consultation on a specific model' rather than seeking views at an ealier stage. This has led to occasions when we have decided not to bid for contracts as we don't believe the services they would lead to would be consistent with our values.
- Procurement timelines rarely being met. When you're an existing provider of a contract that's being retendered as it ends March 31st, you submit the tender response over Christmas, and undergo the interview stage in Jan/Feb. If (and in our experience it often does) the procurement timeline slips we have to continue delivering the service beyond March 31st (and for 4-5 months in one case), paying our staff/bills in good faith that we'll be reimbursed for those costs without knowing if we've been successful in retaining the contract – with no communication about how long this will go on.
- This has an impact on our duty as employers to consult with staff who are in potential redundancy or TUPE situation as our timeline for consulting in accordance with employment best practice is compromised – similarly if we have vacancies in a project which is ending within the next month or so, and we've retendered for it but don't know if we're successful or not, we struggle to recruit due to the uncertainty.
- Stress for staff. The general insecurity faced by Staff on contracts that potentially could come to an end effects the service. Staff have to

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continue working with high levels of distress and support people with poor mental health whilst themselves being placed in a stressful situation. This isn't just a trivial matter, it effects the morale of staff and the ability of staff to be 'present' and listen – which in particular is a crucial part of a relationally healthy service.

- Transition plans. In other scenarios where the contract is project-based, rather than a core part of the Health offer, we have to undergo project wind-down activity if a contract is ending, telling people that the service won't exist anymore and not taking referrals on, only to re-start activity when a project is given a last minute 6-12month extension. This clearly has a big impact on people we support but also staff who may have started looking for other jobs/have left by then. This also effects situations in which we win contracts. Sometimes we win contracts that are existing services delivered by other organisations, but those organisations have stopped taking referrals since the outcome decision. But in the transition of providers families or individuals are added to a waiting list for our service but can't be picked up until the new contract start date (GDPR etc) so our contracts start with a huge backlog and families have gone 2-3 months without access to a service. We think this should be factored into the procurement plan as this will always happen if a transition phase isn't figured into plans.

(we are able to provide more details and examples of the above if the committee wishes)

We feel it would be useful for the committee to explore some of these issues whilst scrutinising the minister, seeking views on whether the Welsh Government intends to address them through regulations that would follow the passage of this legislation.

The committee may also consider whether the legislation requires amending to ensure that the regulations that follow address some of the issues, or whether the proposed process for development of these regulations would provide an opportunity for stakeholders to influence them.

We would welcome the opportunity to discuss further.

PLATFORM