

<b>Report to:</b>	Cabinet	<b>Date of Meeting:</b>	Thursday 21 <sup>st</sup> June 2018
<b>Subject:</b>	Procurement of the Living Well Sefton Service		
<b>Report of:</b>	Director of Public Health and Wellbeing	<b>Wards Affected:</b>	(All Wards);
<b>Portfolio:</b>	Cabinet Member - Health and Wellbeing		
<b>Is this a Key Decision:</b>	Yes	<b>Included in Forward Plan:</b>	Yes
<b>Exempt / Confidential Report:</b>	No		

### Summary:

The purpose of this report is to seek approval to complete a tender exercise to re-procure the Community Programme of the Living Well Sefton Service (LWS) which is due to expire on the 31<sup>st</sup> March 2019. The procurement exercise will be an enhancement of the current service and will include;

- An LWS service enhancement to incorporate delivery of the Health Check programme in line with its revised budget reduction
- A formal alignment of Early Intervention and Prevention Level 3 (EIP3) outcomes linked to current models of delivery
- An enhancement of the current LWS delivery model to extend the provision and emphasis of financial advice and support, in line with increased demands of local people, for welfare advice and signposting due to public sector reform.
- A revised re- procurement would involve one single community contract. This would complement the current Stop Smoking contract (expires 31<sup>st</sup> March 2019 with option for 3 x 1 year extensions) and the existing internal Active Sefton SLA.

A procurement exercise based on a lead provider would ensure effective coordination, robust performance management, appropriate sub-contracting and governance arrangements to support this revised and enhanced model.

### Recommendation(s):

1. That the Director of Public Health be authorised to conduct an OJEU Light Touch Regime tender exercise for the LWS to run for a period of three years from 1<sup>st</sup> April 2019 with the option of two further one-year extensions.
2. That the exercise includes an ability to build into the procurement, a scoring

criteria for the successful lead provider to clearly demonstrate how community providers would deliver the model using the voluntary, community and faith sector (VCF). Procurement Services will support Public Health to develop the scoring criteria to ensure this is done effectively and appropriately, and will be based on MEAT (Most Economically Advantageous Tender) taking into consideration a balance between quality and cost. Once the scoring criteria have been developed, formal approval of weighting will be sought from Cabinet Member.

3. To note, a comprehensive early intervention and prevention service (LWS) remains in Sefton and incorporates the Health Check programme.
4. To agree that the current contracting position will change, where multiple contracts will be replaced with one single prime community contract, which will sub-contract health and well-being services from the VCF.
5. The basis of evaluation of the tenders as set out in this report be approved; and the Director of Public Health, in consultation with the Cabinet Member for Health and Wellbeing, is given delegated powers to award the new contract to the highest scoring bidder(s) in accordance with the approved basis of evaluation and to report on the outcome to the Cabinet Member.

### **Reasons for the Recommendation(s):**

The LWS is enhancing its operating model to enable services to work collectively to ensure that local residents get all of the information and support they need to improve their health and make lasting behaviour change. Continued investment in the programme beyond the original contract period of April 2019, will ensure the key outcomes of EIP3, which includes developing community resilience and reducing dependency on services, are optimised.

This community approach will be able to influence early intervention, referral triage when appropriate, increased low-level and self-support, inclusion, connection, cross-partner and individual ownership, choice and control. This will be enhanced by the incorporation of Health Checks into the LWS. (It is worth noting, for completeness, that the Health Check Programme has already been absorbed into the LWS (8th January 2018), Health and Wellbeing Cabinet Member Meeting, Agenda Item 11 - Living Well Sefton).

In line with EIP3 outcomes, the LWS will continue to develop a robust social prescribing programme; increase capacity building through Making Every Contact Count (MECC), and roll out a fully developed behaviour change programme available to all partners. In addition, the LWS will support the development of innovation and local entrepreneurial opportunities through the community grants scheme, and extend the model across health, social care and housing.

The LWS will build on the emerging community need for information and financial advice via welfare support mentors. As the impact of welfare reform and Universal Credit is realised, the LWS is well positioned in community settings to offer advice and support to people affected. Mentors will be trained to offer additional financial support across wider LWS providers with a dedicated CAB trained advisor to support the wider LWS providers.

## **Alternative Options Considered and Rejected:** (including any Risk Implications)

The implications of deciding not to procure replacement services would be;

- Contracts for Sefton's LWS will expire resulting in a lack of service provision for local residents. If permission is not granted, there will be no commissioned provision to support the EIP programme, particularly EIP3 where outcomes have been aligned to the LWS. In addition, delivery of the mandated Health Checks programme will be compromised as this has been included in the new LWS model.
- The LWS is the key delivery arm of EIP3 outcomes and is designed to reduce dependency on services by building community resilience. A longer term approach to building resilience will be also compromised and may have negative consequences with the emerging needs of vulnerable people following welfare reform.
- The current commission is comprised of separate contracts with a variety of providers. This could be more economically efficient, and does not play to the strengths of individual providers. The proposed new commission has significant potential to reduce management costs, identify service excellence via a single provider sub-contracting with VCF organisations and purchasing specialist services.
- An increase in residents with multiple unhealthy lifestyle behaviours such as smoking, over weight and obesity and low mental wellbeing.
- A potential increase in expenditure for adult social care services if prevention services do not exist.

## **What will it cost and how will it be financed?**

### **(A) Revenue Costs**

The current LWS budget of £2.33 million per annum, will be maintained and is based on historical spend. (This includes the VCF Community Programme, Active Sefton and Stop Smoking Service). This proposal seeks approval to re-procure the Community Programme which has a value of £941k in line with the current budget for 2018/19.

### **(B) Capital Costs**

None

## **Implications of the Proposals:**

### **Resource Implications (Financial, IT, Staffing and Assets):**

Significant savings within the Health Checks programme have been made against the budget line

<b>Legal Implications:</b>
<b>Equality Implications:</b>
There are no equality implications.

**Contribution to the Council’s Core Purpose:**

Protect the most vulnerable: Not Applicable
Facilitate confident and resilient communities: Yes
Commission, broker and provide core services: Yes
Place – leadership and influencer: Yes
Drivers of change and reform: Not Applicable
Facilitate sustainable economic prosperity: Yes
Greater income for social investment: Not Applicable
Cleaner Greener: Not Applicable

**What consultations have taken place on the proposals and when?**

**(A) Internal Consultations**

The Head of Corporate Resources (FD.5148/18.....) and Head of Regulation and Compliance (LD.4372/18....) have been consulted and any comments have been incorporated into the report.

**(B) External Consultations**

Consultation and engagement activity is planned during the summer to help shape the service specification.

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting

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**Appendices:**

There are no appendices to this report

## **Background Papers:**

### **1. Introduction and summary of service**

- 1.1. The LWS began in mid-2016 as Sefton Council looked to contract with a provider(s) to develop and operate a flexible, innovative and integrated Living Well Sefton Service (LWS) that focused on prevention and early intervention, and meet the needs of the people of Sefton. Sefton Council Public Health currently commissions the LWS to provide the service funded through the Public Health Grant, with an annual budget of £2.3m across the VCF, Active Sefton and the Stop Smoking Service for a contract period of 2 years plus one which was implemented in July 2016.
- 1.2. The LWS provides a range of free, person centred, interventions; using behaviour change techniques and motivational interviewing to tailor health, wellbeing and lifestyle support and interventions to the population of Sefton, delivered in the heart of our communities. It enhances and protects the health and wellbeing of the population of Sefton and improves the health of the poorest fastest. It is the key delivery arm of Sefton's Early Intervention and Prevention 3 Programme and combines, social, community and clinical services which are delivered in the heart of the community are easy to navigate and are closer to home.
- 1.3. Recent activity has focused on the need to support users and communities around issues of debt, welfare advice and mental health. Welfare reform is having a significant impact on Sefton residents. This is reflected in the numbers of people seeking financial advice and support. Over the 12 month period over a 1000 people have accessed CAB via LWS and a further 70 have received financial advice from trained LWS mentors. The roll out of Universal Credit is expected to further increase demand on the service.
- 1.4. The LWS aims to support people to live well by addressing the factors that influence their health, enabling them to be independent, resilient and support themselves and people around them. The service utilises evidence based behaviour change techniques, tailored support and interventions delivered in community venues across Sefton. LWS is also fully integrated with the clinical stop smoking service and the clinical weight management service.
- 1.5. Living Well Sefton is building on the work it has developed in its first year and is redesigning and maximising delivery to ensure it mirrors the outcomes outlined within EIP3. The LWS is committed to enhancing and protecting the health and wellbeing of the population of Sefton and improve the health of the poorest, fastest. The Service focuses specifically on health inequalities and on improving health and wellbeing outcomes for residents of the borough. As the programme moves into its next phase, it will remain one of the key delivery vehicles to ensure the overarching objectives of EIP3 are delivered. These include:
  - Enabling communities
  - Enabling the workforce

- Enabling our voluntary, communities and faith sector

- 1.6. The service has gained momentum and pace since its original commission and has developed an entirely new way of working for all partners. Early indications are demonstrating significant and positive successes, particularly with specific services within organisations. Despite the pressures of developing a new service, such as developing local insight, investing in infrastructure, staff recruitment, and developing new partnerships, the LWS has still managed to attract over 4,727 people over the last 12 months. Of those, 3,827 have completed a personal health plan and 650 have received a brief intervention.
- 1.7. The LWS also supports people managing long term health conditions, providing mental health support and smoking cessation. A community grants scheme designed to pump prime local initiatives now supports over 41 local projects, as well as a Making Every Contact Count programme (MECC) which has trained over a 1,000 partners and staff trained to date.
- 1.8. Social Prescribing is a key component of the programme and closer links with Primary Care have been identified to improve referrals to the programme. This has been delivered by Living Well Mentors supporting the work of GP practices within community venues in Bootle. To date, mentors have helped 46 clients in one practice alone with the service under demand for more appointments by more clients. As the EIP3 develops pace, the LWS is enhancing its operating model to enable services to work collectively to ensure that local residents get all of the information and support they need to improve their health and make lasting behaviour change. Continued investment in the programme beyond the original contract period of April 2019 will ensure the key outcomes of EIP3, which includes developing community resilience and reducing dependency on services, are optimised.
- 1.9. The current performance data from the VCF demonstrates some good progress, given the cultural and organisational shift the current VCF providers have been through over the last two years. The variance in performance data however, still raises questions about all providers working at an equal pace, thus it would make sense if the service moved into its next phase by playing to strengths, and working with the centres of excellence within each organisation. i.e. a single provider would act as host and sub-contract specialist services across the VCF.
- 1.10. If the community element of the LWS was managed by a single core provider who held a community contract and could demonstrate commitment to EIP3 outcome delivery, this would maintain community knowledge and 'corporate history' and minimise risk to the sector.
- 1.11. By sub-contracting, to purchase obvious centres of excellence e.g. specialist debt advice, bereavement services, MECC training etc., this would ensure both continuous delivery by local providers, whilst harnessing strengths and innovation within the community sector. In addition, specialist clinical services would be maintained and the internal provider, Active Sefton would be a key prevention team, rooted in the philosophy of EIP3, operating within the LA locality model.

- 1.12. Investment and training in the VCF would be secured and the local knowledge of communities by the variety of VCF providers would be preserved. The VCF would be in a position to bid as a central alliance, with a lead operator under a single contract, delivering on EIP3 outcomes.
- 1.13. In summary, the proposal is to continue to commission an integrated LWS, building on its successes and harnessing specific services as 'centres of excellence', focusing on the outcomes of EIP3 and responding to local need. This will be done via a single provider sub-contracting services within the VCF, rather than the organisations themselves. This would provide a strong VCF delivery programme with one management function.

## **2. Tender Method**

- 2.1. Re procurement of the LWS would involve; 1 single community contract, 1 Stop Smoking Contract, 1 internal SLA
- 2.2. The tender exercise will follow an OJEU Light-Touch Regime Open Procedure. Approval is requested for Chief Officer delegated authority to award the contract at the end of the tender process.
- 2.3. The evaluation will be based on MEAT (Most Economically Advantageous Tender) taking into consideration a balance between Quality and Cost.
- 2.4. The new contract will run for a period of three years from 1st April 2019 with the option of two further one year extensions. The contract will however include clauses that can be activated in the event the council needs to vary the contract or terminate the contract early.
- 2.5. It is the Council's intention for the contract to commence on 1st April 2019, however we wish to reserve the right to move the start date back by up to 3 months depending on the complexity of any potential TUPE transfers and/or contract implementation.

## **3. Summary**

- 3.1. Re-procurement of the LWS via a single provider and sub- contracting services via the VCF would maintain continuous delivery by local providers, whilst harnessing strengths and innovation within the community sector. This will be rooted in the philosophy of EIP3, operating within the Council locality model and would ultimately ensure the following;
  - Continuity with a successful internal incumbent Physical Activity provider
  - Continuity with a successful incumbent Stop Smoking provider
  - Ability to build into the procurement, a scoring criteria for the successful provider to clearly demonstrate how a potential provider would deliver the model using the VCF
  - A single provider building on current position and consolidating the successes of the current model

- A single community provider can sub-contract for specialist services within VCF organisations rather than the current position, where a whole organisation is commissioned. (e.g. a core provider sub-contracts a local community provider to deliver a loneliness service or a bereavement course)
- The core provider would be a single point of contact with the commissioners and deliver on a contract based on specialist delivery across the VCF
- More managerial direction in line with EIP3 outcomes
- Reduced management and admin costs
- Maintains stability and investment in Sefton VCF
- Works with organisational strengths
- Allows for wider partners to engage