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Report title: Procurement of the Essex Community Wellbeing Service	
Report to: Cabinet	
Report author: Councillor John Spence, Cabinet Member for Health and Adult Social Care	
Date: 22 June 2021	For: Decision
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County Divisions affected: All Essex	

This report includes a confidential appendix which is **not for publication** because it includes information falling within paragraph 3 of Schedule 12A to the Local Government Act 1972 and the public interest in maintaining the exemption outweighs the public interest in releasing it.

1. Purpose of report

- 1.1 This report seeks agreement to procure a community wellbeing service that will deliver a cohesive and innovative model of wellbeing for residents which approaches the issues impacting wellbeing holistically and focusses on unmet need, a single point of access, equality and a digital offer. The Council has a statutory duty to commission health improvement services, including the NHS Health Checks programme. These services and a wide range of community wellbeing programmes are commissioned through multiple contracts and it is proposed that they are re-procured and awarded under one contract. The service will enable equality in access to support and improve outcomes and will meet the needs of the wider population and specifically target and support those with the greatest needs. This whole system approach to supporting the wellbeing of our communities is ambitious and will be one of the first of its kind in the UK.

2. Recommendations

- 2.1 Agree to procure a provider to deliver an integrated, countywide Essex Community Wellbeing Service for a period of five years, with the option to extend for a further two years.
- 2.2 Agree to undertake a competitive procurement exercise using a two-stage tender process, with bids to be evaluated on 60% quality of which 10% will be allocated to social value, and 40% price with agreement of the detailed evaluation criteria being subject to the approval of the Director, Wellbeing, Public Health and Communities.

- 2.3 Agree that the Cabinet Member, Adult Social Care and Health, is authorised to award the contract to the successful bidder following completion of the procurement process.

3. Summary of issue

Background

- 3.1 ECC are committed to improving the health of those they serve, as part of our strategy to ensure we have inclusive economic growth, help people get the best start and age well and help create great places to live and work, and do so while transforming the Council to achieve more with less.
- 3.2 The contract for the new service will include NHS health checks, physical activity promotion, weight management support for adults and children, mental health support, smoking cessation services, emotional wellbeing support, workplace wellbeing support for Essex businesses, community agents who will connect people with services which support wellbeing and coaches to support communities in tackling social isolation and loneliness. The service will include a single point of access and triage through a care navigation service, to enable residents to access the care and information which best meets their health and social care needs.
- 3.3 People who are overweight, who are lonely or who undertake low levels of physical activity live shorter lives and endure poorer health. Additionally, people in deprived communities often have more barriers to adopting healthy lifestyles.
- 3.4 A key challenge for all councils has been how to address the lifestyle choices that individuals make that impact on their health and to do so at significant scale. For example, with two thirds of Essex residents being overweight, and with 5% of people always lonely and 16% sometimes lonely, traditional commissioning of services delivered by professionals is not able to respond to this level of need. As we emerge from Covid, it is evident that many people have suffered a negative impact on their physical and mental health, including the adoption of less healthy lifestyles, and many of those who already experience the most significant inequalities have been most affected.
- 3.5 The service will approach wellbeing holistically rather than dealing with lifestyle risk factors, such as smoking or obesity, in isolation. It will better address all of the issues that impact on an individual's wellbeing via a single triage and aligned pathway approach, thus making it easier for residents to access the support they need and enabling them to increase their personal resilience. The new service aims to develop community-led projects, building cohesion and resilience, building on the lessons learned from the community Covid-19 response, where people supported the wellbeing of others in their local communities. It will also address the wider determinants of health, for example, social, economic and environmental factors which impact people's physical and mental wellbeing and their ability to make healthy lifestyle choices. This approach will help to surface

unmet need and to assist many more residents and their families to lead happier, healthier and more connected lives.

- 3.6 We require a response that has the ambition to deliver at scale in a way that no organisation has managed to date. Over the last three years, we have been piloting innovative approaches to this as referenced in this report. These pilots have required a different approach, working with and through communities, helping people to support each other to choose a healthy lifestyle and to improve wellbeing. Through these pilots we have already demonstrated that people attending Essex-based peer-led weight loss groups can lose a similar amount of weight to those attending national specialist-led diet programmes.
- 3.7 To enable this approach, we will commission a provider who can produce seamless, easily accessed lifestyle support linking with stakeholders including primary care, existing providers and voluntary groups and with communities and residents themselves.
- 3.8 This new commissioning of population wellbeing is better aligned to broader health outcomes and the wider system ambitions of improving the mental and physical health of our residents. It will be stringently monitored in terms of performance through a comprehensive suite of monthly trajectories and key performance indicators and robustly managed through a range of contractual levers, including financial penalties for under-delivery in key areas. A detailed description of the new model and how it has been developed is attached as Appendix A.
- 3.9 The new approach will help enhance ECC's key partnerships with NHS colleagues, including Integrated Care System (ICS) organisations which include, NHS Acute Trusts, Primary Care Networks, individual GP practices and pharmacies. Integration is key to the success of these partnerships and improving outcomes for residents. Having a single point of access for residents will both simplify the process for them and consequently increase the number of referrals made. This model will work alongside the existing Clinical Commissioning Group / ICS structure, but would be much more effective if the ICS worked on co-terminus boundaries, allowing better integration across care pathways although this is not possible at this stage.
- 3.10 Providers undertaking this contract will be expected to demonstrate how they are upholding and contributing to the themes of the Essex Climate Action Commission recommendations including a focus on low carbon transport, waste reduction and recycling, effective use of energy, sustainable land use and green infrastructure contributing towards the carbon neutral agenda and a more climate friendly approach to the built environment. In addition, the new Essex Wellbeing Service offer will see considerable channel shift to a digital offer where appropriate and therefore a reduction in travel. A key part of the model will also feature green and physical activity social prescribing that will contribute to the joint aims of both the service and the Essex Climate Action Commission.

- 3.11 GPs are commissioned by ECC to deliver approximately 80% of the NHS Health Check Programme and this arrangement will continue, enhanced with improved outcomes for patients via referrals to the new service.
- 3.12 Some public health services that are not part of the Essex Community Wellbeing service are sexual health services, drug and alcohol services and children and young people's wellbeing (excluding child weight management services). This is because they are clinically specialised, targeted and still have significant contract terms remaining. However, it will be explicit in the contract that the successful bidder will be required to develop effective working relationships with out-of-scope services to enable effective support for Essex residents.
- 3.13 Commissioners started work on the procurement in 2019. At this time, the various contracts and grant agreements were due to expire on 31 March 2021. However, due to the Coronavirus outbreak, the procurement was put on hold and existing contracts and grant agreements were extended until 31 March 2022. Work on the procurement recommenced in January 2021, with a planned contract start date of 1 April 2022.

The new Community Wellbeing Service

- 3.14 Early engagement with partners and stakeholders, including current and prospective providers, started in 2019 and included a second market engagement event held in April this year, where over 80 different provider organisations were present. This has helped inform the commissioners' aspirations for, and modelling of, the new Essex Community Wellbeing Service.
- 3.15 The new service has been designed to increase the number of people who are supported to live healthy lives, increase the time over which wellbeing outcomes are sustained, and deliver individual care plans which offer social, economic and emotional support and positively impact upon people's ability to adopt healthy lifestyle behaviours.
- 3.16 Covid-19 demonstrated the ability to implement change and innovation at pace and examples of best practice include the efficient mobilisation of the Essex Wellbeing Service, which included a single point of access for Adult Social Care pathways, the harnessing of volunteer support, and the use of digital approaches at scale. The new model will enable us to harness these innovative ways of working to deliver outcomes for the longer-term benefit of Essex residents.
- 3.17 In addition to the specialist professional support offered where needed, and building on the success of the community weight management project, the new community-based model will employ a social movement approach that encourages local people to help other local people, through programmes such as United in Kind Coaches, who encourage communities to kick-start their own micro initiatives, and through a broad training offer to the people of Essex to increase resilience in their communities.
- 3.18 The new model will build on the Council's work as part of the Strengthening Communities programme, including its current approach to reducing loneliness

and social isolation, which in turn includes the mobilising of the existing Essex Wellbeing Service which led to identifying, coordinating and deploying welfare support to those at greater risk from Covid-19. This collaboration has created a network of community infrastructure, co-ordinated through a central reporting system that is underpinned by a common aim and purpose.

- 3.19 The new model will include focus on a digital-first, citizen-led model of civic infrastructure, building on online communities' work to date and use of social media channels, as well as face to face and other forms of support.
- 3.20 This approach has the potential to substantially increase the scale of Essex residents engaged and being supported, but also to ensure a localised approach, shaping health and wellbeing support to reflect and respond to the differing social, cultural and economic needs across Essex.

Consultation and engagement

- 3.21 There has been early engagement with prospective and current providers, including a number of market engagement events. There has also been ongoing consultation with other stakeholders, including Clinical Commissioning Groups, voluntary sector representatives, and other commissioners for Children and Families, Adult Social Care, Mental Health and Learning Disabilities.
- 3.22 Feedback from Essex residents was captured via different survey methods, including social media, and from current service users. This has provided further insight into what residents want from the new service, and why people do and do not engage with existing services. Consultation with the public will be a continuous element of contract delivery.

Procurement process and contract

- 3.23 A competitive procurement exercise will be undertaken, using a two-stage tender process. Stage one invites bids from the open market where any organisation(s) who wants to submit a bid can do so. As part of the evaluation process, bidders will be scored against their responses to the Standard Selection Questionnaire (SSQ). The bidders who achieve the four highest scores will be taken through to stage two.
- 3.24 At stage two, bidders will be evaluated on the basis of 60% quality and 40% price. This is a departure from the Council's usual balance of 70% price and 30% quality and reflects our desire to optimise the quality of the new service. It is proposed that 10% of the quality weighting will be allocated to social value evaluation criteria which will allow ECC to promote social value within the procurement, and in doing so improve community cohesion and supply chain resilience and capacity. Criteria could include employment opportunities targeted at those groups and areas that would find access to employment difficult, and supporting local small and medium enterprises. Bidders will also have the opportunity to participate in the Accelerated Payment Rebate Scheme offered by the Council. Participation in this scheme will be optional and will not be scored as part of the procurement.

- 3.25 The contract will be with a single lead provider who will work with a number of delivery partners to deliver the whole range of services. This model has been proven to work well in respect of the Essex Sexual Health Service and is a model suited to bringing together a range of health improvement services, aligning and simplifying pathways for residents, ensuring they can access the support they need. For this reason, this is the recommended approach for this contract although this is a new approach for these services and the lead provider will need to build the relevant connections and sub-contract services to ensure that this model is deliverable.
- 3.26 The cost element of the procurement will take the form of a capped cost. Whilst no additional top-down savings are prescribed in this new contract, there is a strong expectation that providers will find significant economies of scale and efficiencies of operation, whilst maintaining the highest standards of quality and effectiveness. The evaluation criteria will assess bidders on their ability to deliver innovation in addressing the wider determinants of lifestyle behaviours, the sensitive identification of need through a robust triage process, the ability to realise delivery at scale over a longer duration than traditional services, and realisation of digital potential for wellbeing support.
- 3.27 Monitoring of performance will require a balance of short-term process measures that can be informed over a short time, and longer-term outcomes and therefore the contract will require both quantitative and outcomes based performance measures and targets in terms of total numbers receiving support and sampled outcomes measures within an identified sample. There will also be contractual mechanisms to modify performance measures, if agreed, if more suitable ones can be generated. This is important because of the innovative and aspirational nature of some of the outcomes and performance measures in the specification.

Staffing and resource implications

- 3.28 The staff engaged in delivering the existing services are employed by external providers. The new contract will also be procured from external providers and the incoming and outgoing contractors will need to manage the transfer of staff where necessary, in accordance with the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE). Current providers will be expected to provide accurate TUPE information and prospective bidders will be expected to conduct their own due diligence to check the accuracy of the information provided.

4. Policy Context

- 4.1 The procurement of the Essex Community Wellbeing Service model will deliver against the Council's organisational strategic aims and priorities, namely:
- a. Enable inclusive economic growth: Help people in Essex prosper by increasing their skills;

- b. Help people get the best start and age well: Enable more vulnerable adults to live independently of social care; and improve the health of people in Essex;
- c. Help create great places to grow up, live in and work: Help secure stronger, safer and more neighbourly communities;
- d. Transform the Council to achieve more with less: Develop the capability, performance and engagement of our people; and reimagine how residents' needs can be met in a digital world.

4.2 This proposal will also support the Council in meeting the overarching objectives of the Public Health Outcomes Framework (2019 – 2022), namely:

- a. Improvements against wider factors which affect health and wellbeing and health inequalities;
- b. People being helped to live healthy lifestyles, make healthy choices and reduce health inequalities
- c. The population's health being protected from major incidents and other threats, whilst reducing health inequalities;
- d. Reduced numbers of people living with preventable ill health and people dying prematurely, whilst the gap between communities is reduced.

5. Options

- 5.1 **Option 1: Proceed with the re-procurement** – For the reasons set out above, it is recommended that the Council undertakes a procurement process to appoint a single lead provider for the Essex Community Wellbeing Service.
- 5.2 **Option 2: Do nothing and let the current contracts cease** - This option is not recommended. The existing contractual arrangements for delivery of services will expire on 31 March 2022. The Council has a statutory public health duty to commission the NHS Health Checks programme for the residents of Essex, as well as the responsibility for commissioning health improvement services, including weight management support.
- 5.3 **Option 3: Re-procure existing services on a piecemeal basis** – This option is not recommended and does not take account of the evidence that individual behaviours need to be tackled by taking account of people's overall life circumstances, rather than focusing exclusively on an individual's behaviour in isolation. Furthermore, the commissioning of different providers to deliver different but inextricably linked services acts as a disincentive to working in collaboration with each other.

6. Financial implications

- 6.1 There is an expectation that by combining contracts in the manner proposed under the recommended option, efficiencies and savings will be delivered. However, until the tenders are evaluated this is not guaranteed and the precise value of any potential savings will not be known. With tender evaluation criteria

being evaluated using 60% quality and 40% price, providers are expected to bid competitively on price alongside submission of a high-quality bid.

- 6.2 The confidential appendix contains further information on the financial implications of the procurement.

7. Legal implications

- 7.1 Public Health Services fall within “social and other specific services” within Schedule 3 of The Public Contracts Regulations 2015.
- 7.2 Section 7 of Chapter 3 of the Regulations requires ECC to publish its intention to award a contract for social and other specific services by either a Contract Notice or a Prior Information Notice (subject to conditions relating to the contents of both the Contract Notice and Prior Information Notice).
- 7.3 Regulation 76 of the Regulations states that Contracting Authorities will determine the procedure to be followed to award the contract, but that such process must at least be sufficient to ensure compliance with the principles of transparency and equal treatment of economic operators.
- 7.4 Regulation 67 of the Regulations sets out how evaluation criteria are to be established. The Council must select evaluation criteria that will help it establish the most economically advantageous tender. Regulation 67 also allows the Council to consider social aspects of a tender in assessing quality, provided that they are relevant and proportionate to the contract and linked to the subject matter of the contract.
- 7.5 The Council, as a Public Health Body, has a statutory duty to undertake the NHS Health Checks Programme by virtue of regulations 4 and 5 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
- 7.6 Section 12 of the Health and Social Care Act 2012 places a duty on the Council, as the Public Health Authority, to take appropriate steps to improve the health of people living in Essex. The services to be included within the Community Wellbeing Service are one of the ways in which the Council is able to discharge this duty.

8 Equality and Diversity implications

- 8.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful.

- (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
- (c) Foster good relations between people who share a protected characteristic and those who do not, including tackling prejudice and promoting understanding.

8.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c), although it is relevant for (a).

8.3 The Equality Impact Assessments indicate that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

9 List of appendices

Appendix A - Description of the New Commissioning Model

Appendix B – Confidential Appendix

Appendix C – Equality Impact Assessments

10. List of background papers

None declared