

Authority to directly award contracts in respect of the Family Healthy Living Programme

Date: 26th July 2023

Report of: Deputy Director of Public Health

Report to: Director of Public Health

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

Leeds City Council commissions the family healthy living programme which delivers services promoting healthy weight for children and families by providing physical activity and healthy eating sessions along with developing children's and parents' skills and confidence to lead a healthy life. The current contracts expire on 31st March 2024 and approval is therefore being sought to directly award new contracts in respect of these services.

The proposal in this report directly contributes to the Best Council Plan's overarching vision of reducing health inequalities.

Recommendations

The Director of Public Health is recommended to:

- a) Approve the direct award of the contract to Health for All (Leeds) Ltd for the provision of the family healthy living programme for a period of 3 years commencing on 1st April 2024 (with an option to extend for a period of up to 24 months in any combination) in the sum of £261,576 (£87,192 per annum) in accordance with Contract Procedure Rule (CPR) 9.5. The value of the contract if the full extension period was to be utilised would be £435,960 which would be subject to a separate decision at the appropriate time.
- b) Approve the direct award of the contract to Dance Action Zone Leeds (DAZL) Ltd for the provision of the family healthy living programme for a period of 3 years commencing on 1st April 2024 (with an option to extend for a period of up to 24 months in any combination) in the sum of £247,338 (£82,446 per annum) in accordance with CPR 9.5. The value of the contract if the full extension period was to be utilised would be £412,230 which would be subject to a separate decision at the appropriate time.

- c) Approve the direct award of the contract to LS-TEN Ltd for the provision of the family healthy living programme for a period of 3 years commencing on 1st April 2024 (with an option to extend for a period of up to 24 months in any combination) in the sum of £59,724 (£19,908 per annum) in accordance with CPR 8.3. The value of the contract if the full extension period was to be utilised would be £99,540, which would be subject to a separate decision at the appropriate time.

What is this report about?

- 1 Following the unsuccessful procurement to commission a single contract to deliver the family healthy living programme, contract arrangements were put in place on 1st October 2017 with Dance Action Zone Leeds (DAZL) Ltd ('DAZL'), Health for All (Leeds) Ltd ('Health for All') and LS-TEN Ltd ('LS-TEN') to deliver the programme. When these contracts expired, further contract arrangements were put in place on 1st April 2020 with the three providers via a direct award. It was agreed a direct award should be made due to the previous unsuccessful procurement of a collaborative integrated family healthy living programme and to ensure the continuous development of an integrated approach. From 2020, the scope of these contracts was extended to include the three providers as part of the city-wide group of facilitators to deliver the 5-12 HENRY model. The three organisations have completed the full HENRY training and are now delivering this parent course to families. HENRY is the leading national charity in providing a healthy start for children aged 0-12 years and Public Health has a contract. HENRY has developed a highly effective, proven approach to supporting family lifestyle behaviour change through a robust training process.
- 2 A review of the current need for this service in the city has been undertaken (Appendix 1), led by a project team consisting of officers from Adults & Health Commissioning, Public Health and Procurement and Commercial Services (PACS).
- 3 The review included a thorough desktop review of the current local and national evidence base and local population needs brought together into a Needs Assessment and Evidence Review Report. The review has determined that there remains a need for this provision and that it is considered of benefit to the city.
- 4 The service scope will stay largely unchanged since the review found no significant case for alteration. Therefore, the service will continue to:
 - provide a variety of community-based programmes which offer physical activities and healthy eating interventions to support children and families to achieve a healthy weight.
 - enable families to establish a combination of physical activity and healthy eating patterns to achieve a healthy weight.
 - deliver the HENRY healthy families growing up parent programme and to participate at the Leeds family healthy living programme partnership.
- 5 Approval is being sought to directly award three separate contracts for a period of 3 years plus an extension of up to 24 months (to be taken in any combination). This is because:

- it would demonstrate commitment to city health priorities.
- this is a preventative service which reduces the burden on the wider health system
- it provides stability to the provider/s and service users and reduces disruption to service delivery and access.
- continuity of partnership working arrangements and pathways can be maintained thus improving overall outcomes for individuals.
- staff recruitment and retention will be easier because of longer terms of employment, greater job security and opportunities for development.

6 The Public Health Programme Board members were consulted and have agreed that there is sufficient evidence to support a direct award to the three currently funded organisations, Health for All, DAZL and LS-TEN. The reasons for this are:

- The current providers of the Family Healthy Living Programme in the city are Health for All, DAZL and LS-TEN. All three organisations are vastly experienced at providing this type of service in the city.
- The previous recommissioning exercise in 2017 was unsuccessful following a detailed review of the tender submissions.
- Since 1st October 2017, Public Health Specialists working with Commissioning and Contract Managers have worked closely with the providers to ensure the services cover all aspects of the healthy living agenda, reflect the latest evidence base and service users are able to access both specialist weight management services and suitable physical activity/healthy eating sessions, particularly in more disadvantaged areas of the city. Contract monitoring of these new ways of working demonstrates successes including increased referrals between services and sharing of delivery venues.
- The current provision provided by the three organisations is dance, skateboarding, bike riding and multi skills game-based activities along with healthy eating and cooking sessions. The variety of activities delivered by the providers appeal to a diverse range of children and young people and shows the current provision works in delivering a successful family healthy living programme which is fully integrated in the city.
- The providers demonstrate wider benefits such as added social value to Leeds as they engage local communities into their activities and have trained and developed local participants who subsequently go on to run the programmes or take on paid roles within the organisation.
- Each of the organisations have spent years embedding themselves within the local communities across Leeds. Their time and commitment have meant that they are trusted and recognised within communities and engage extremely well with the targeted children. It takes a significant amount of time to build up the trust that these organisations have in the communities they work in.
- The services provide good value for money as the providers use this Council investment to lever further funding to enhance their healthy living work with local families and they jointly apply for additional funding.
- The services work closely together, sharing venues to enhance their offer to young people and increase awareness, support joint funding initiatives and the sharing of skills and knowledge between themselves and other partners.

- Despite the difficulties in engaging with schools, each provider has overcome this and successfully built-up positive relationships with local schools enabling them to deliver these activities. Schools recognise them as trusted and reliable organisations. Between the three providers they are working with 37 of the schools in the top ten highest child obesity rate areas as identified by the National Child Measurement Programmes. They also work with over 20 local partners delivering their activities at community venues, parks and in local neighbourhoods in the deprived wards.
- The three third sector providers have been through the full HENRY training and are now delivering the 5-12 HENRY healthy families growing up parent programme in communities.
- The three providers are engaging with targeted children and adapt their sessions to meet the needs of the children to ensure inclusivity. They continue to provide activities that are culturally sensitive and work with children living with obesity and in deprived wards proven by their high numbers of attendance.
- In 2021/22 (during COVID-19) the three providers delivered 110 outreach activities such as taster sessions, pop-ups, galas, health weeks and various other community events engaging with 5,200 children. They delivered 5,100 sessions with 4,500 different children across the following Leeds postcodes (LS6, LS7, LS8, LS9, LS10, LS11, LS12, LS13, LS14, LS15, LS16, LS17) providing a range of physical activities and delivering cooking, healthy eating sessions and lifestyle messages. They are working with the targeted children and families with 45% of children from ethnically diverse groups, 3.5% living with a disability and 3.8% children in care attending the sessions.
- There are no concerns with the current provision which would suggest that there would not be any meaningful risk with entering into a new contract with Health for All, DAZL and LS-TEN. They have consistently meet or exceed their contractual obligations and all three partners have engage with commissioners regarding ongoing service delivery and improvement.
- Recommissioning the Family Healthy Living Programme in the city would provide continuity and minimise disruption for those currently working with the service.

7 The Project Team has reviewed the key objectives of the current service and concluded they are still relevant to any service commissioned and they will therefore inform the review of the current service model and will guide the features of the specification. The main objectives are:

- To promote and support healthy weight in children and families by providing a variety of regular physical activity (multi-skills games), healthy eating and cooking sessions prioritising overweight children and young people aged 5-12 years old, and their families.
- To deliver the HENRY Healthy Families Growing Up Programme.
- To increase children and families awareness and knowledge of the importance of regular physical activity, eating healthily and maintaining a healthy weight.
- To improve children and families confidence, relationships and skills to adopt a healthy lifestyle through physical activity and healthy eating sessions.
- To take an active role in relevant health and wellbeing partnership groups and to link with the Leeds Integrated Healthy Living System including the Family Healthy Living Programme Partnership and Eat Well Forum.

- The project team have recommended no significant changes to the current service model, eligibility criteria, and referral routes

What impact will this proposal have?

- 8 The Family Healthy Living programme will continue to contribute to a range of key strategic initiatives in particular the key aims of the Best City Ambition which focuses on reducing health inequalities and those who are most likely to experience poverty improve their mental and physical health the fastest, people are living healthy lives for longer, and are supported to thrive from early years to later life.
- 9 The service also contributes to the Health and Wellbeing Strategy which aims to get more people, more physically active, more often; to live full, active, and independent lives; a Child Friendly City and the best start in life; and strong, engaged, and well-connected communities.
- 10 An Equality Diversity Cohesion Integration screening has been completed and is attached. There are no issues to be addressed.

How does this proposal impact the three pillars of the Best City Ambition?

- Health and Wellbeing Inclusive Growth Zero Carbon

- 11 The family healthy living programme directly contribute to the Health and Wellbeing pillar:
 - ensuring children in all areas of the city have the best start in life and enjoy a healthy, happy, and friendly childhood

What consultation and engagement has taken place?

Wards affected: City Wide

Have ward members been consulted? Yes No

- 12 Public Health Programme Board was consulted on 20th April 2023.
- 13 The Executive Board Member for Adult Social Care, Public Health and Active Lifestyles will be briefed on 18th July 2023.
- 14 PACS have been consulted about the procurement approach.

What are the resource implications?

- 15 It is requested that the overall amount allocated for the three contracts is £189,546 per annum in order to meet the identified need. This is the same amount as the current arrangement and is broken down as follows:
 - Health for All (Leeds) Ltd - £87,192 per annum
 - Dance Action Zone Leeds (DAZL) Ltd - £82,446 per annum
 - LSTEN Ltd - £19,908 per annum
 This is £947,730 for the overall contract period should the full extension be taken up. There is provision in the budget for this service.
- 16 It is recognised that the Council is in a challenging financial position. However, it is important that child obesity levels remain key Public Health priorities.

- 17 The third sector providers have proved good value for money, as they utilise Council funding as a platform for attracting other sources of funding, and thus deliver higher levels of activity than we could otherwise achieve within the funding envelope.
- 18 It should also be noted that each of the providers will submit a Due Diligence document, method statement responses and Service Cost Analysis Form (SCAF) for evaluation to ensure minimum required standards are met and the price is within the budget before contract award
- 19 The new service will be closely contract managed to ensure robust performance monitoring takes place and value for money is being achieved for the Council.

What are the key risks and how are they being managed?

- 20 A small project team comprising of Adult and Health Commissioning Team, Public Health, and PACS has been set up to oversee the re-commissioning process and ensure that the process adheres to the Public Contracts Regulations 2015 (PCRs), as well as the CPRs.
- 21 A risk register has been established as part of the re-procurement process and this will continue to be managed and updated. Significant risks will be reported to the Public Health Programme Board.
- 22 If this decision to reprocure a Family Healthy Living service is not approved, the current services will fall out of contract on 31st March 2024 causing significant risk to the Council and its providers. There is an evidenced need for this service, and should it not continue to be delivered beyond the expiry of the current contract, this would result in people being without support, and increases in child obesity levels and health inequalities across the city.
- 23 Requirements relating to information governance and the processing of personal data will be included in the specification and monitored through contract management processes including a Quality Management Framework.

What are the legal implications?

- 24 The decisions contained in this report are treated as a Significant Operational Decision as the value of each individual contract does not exceed the value of £500,000. The combined decisions are included in one report for the purposes of transparency in that the decision maker has an overall awareness of the linked decisions.
- 25 This report does not contain any exempt or confidential information under the Access to Information Rules.
- 26 Subsequent decisions arising from this report, for example the decision to utilise the contract extension, will therefore be treated as a consequence of this Significant Operational Decision.
- 27 Awarding individual contracts directly to Health for All, DAZL and LS-TEN without competition could leave the Council open to a potential challenge from other providers, to whom this contract could be of interest, that it has not been wholly transparent. However, for the reasons stated in section 5 above, it is considered that such a challenge risk is low. Although there is no legal obstacle preventing the use of CPR 9.5, the above comments should be noted when making the final decision.
- 28 The provision of the services is considered to fall under social and other specific services and therefore fall under the 'Light Touch Regime' (LTR). As the value of each of the 3 proposed contracts falls below the relevant LTR threshold (£663,540 inclusive of VAT),

the proposed contracts are not required to be procured in accordance with the PCRs, provided that the Council is satisfied that it is getting best value for money.

- 29 The proposed direct appointment has been assessed against the provisions of the Subsidy Control Act to ensure that no unlawful subsidy is provided, and it is not a subsidy on the grounds that it is not economic activity.

Options, timescales and measuring success

What other options were considered?

- 30 There is the option of ending the provision once the current contract expires. However, there is an evidenced need for this service.
- 31 Undertaking a competitive procurement process was considered, but for the reasons outlined in paragraph 5, it was considered that there would be no benefit to taking that approach.

How will success be measured?

- 32 The contract will include a Performance Framework for the purpose of monitoring service delivery and outcomes.

What is the timetable and who will be responsible for implementation?

- 33 If approval is given, the intention is to commence the process in August 2023 and subject to the approval to award the contract will be sought in January 2024, with the new contract commencing on 1st April 2024.

Appendices

- Appendix 1 - Health Needs Analysis and Evidence Review

Background papers

- Equality Diversity Cohesion Integration Impact Screening