



**Report of Chief Officer/Consultant in Public Health (Long Term Conditions/Cancer; Older People; localities/Primary care)**

**Report to Director of Public Health**

**Date: 17<sup>th</sup> March 2021**

**Subject: To seek authority to procure a Locality Community Health Development and Improvement Service in line with Contract Procedure Rules (CPRs) 3.1.6**

Are specific electoral wards affected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name(s) of ward(s): Wards that fall in the most deprived 10% in terms of Indices of Multiple Deprivation (IMD): Burmantofts and Richmond Hill; Gipton and Harehills; Killingbeck and Seacroft; Chapel Allerton; Moortown; Roundhay; Beeston and Holbeck; Middleton Park; City and Hunslet; Farnley and Wortley; Armley; Bramley and Stanningley; Kirskstall and Hyde Park and Woodhouse.	
Has consultation been carried out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will the decision be open for call-in?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If relevant, access to information procedure rule number:	
Appendix number:	

**Summary**

**Main issues**

- Leeds City Council commissions a Locality Community Health Development and Improvement Service (known as Better Together) to use community health development approaches to improve health and wellbeing. The current contracts were put in place in April 2017 for three years with the option to extend for a further two years. The contracts will enter the final year of the available extension in April 2022 and it is necessary to take a decision regarding future provision.

**Best Council Plan Implications** (click [here](#) for the latest version of the Best Council Plan)

The Locality Community Health Development and Improvement Service contributes to a number of the priorities specified in the 2020-2025 Best Council Plan:

**Inclusive Growth**

- Supporting businesses and residents to improve skills, helping people into work and better jobs
- Targeting interventions to tackle poverty in priority neighbourhoods

## Health and Wellbeing

- Reducing health inequalities and improve the health of the poorest fastest
- Supporting healthy, physically active lifestyles
- Supporting self-care, with more people managing their own health in the community

## Safe, Strong Communities

- Being responsive to local needs, building thriving, resilient communities

## Resource Implications

- The total value of this decision is £5,764,416 - a 5 year contract with the option to extend for a period of up to 36 months (£720,552 per annum). This sum is available from the Public Health budget
- Opportunities to scale up delivery through additional funding from other sources – for example the CCG - will be sought.
- Officer time will be necessary in order to undertake the procurement and future contract monitoring. This will be met through existing capacity from within the Public Health team and the Adults and Health Commissioning team.
- It is acknowledged that in light of the Council's current financial situation efficiencies may be required in the future on this contract and these would be the subject of a contract variation or reflected in the final contracting documentation. Any change to the budget will in turn impact the service specification and be discussed with the provider.

## Recommendations

The Director of Public Health is recommended to:

1. Approve authority to proceed with a competitive procurement process, as outlined in this report and in line with Contract Procedure Rules (CPRs) 3.1.6, to procure a suitable provider/s to deliver a new Locality Community Health Development and Improvement Service for a period of 5 years commencing 01 April 2022 (with an option to extend for a period of up to 36 months in any combination) with a maximum budget of £720,552 per annum (£5,764,416 for the overall contract period).
2. Note that a further report to approve the contract award which will be a direct consequence of this key decision will be submitted for approval at the end of the procurement process and will therefore be a significant operational decision at most which will not be subject to call in.

### 1. Purpose of this report

- 1.1 This report is seeking the authority in line with Contract Procedure Rules (CPRs) 3.1.6 to enter in to a competitive tender process to procure a new Locality Community Health Development and Improvement Service from 1<sup>st</sup> April 2022.

## 2. Background information

### Existing Services

- 2.1 Leeds City Council commissions a Locality Community Health Development and Improvement Service (known as Better Together) to use community health development approaches to improve health and wellbeing.

The service was commissioned in 3 lots on an area basis:

- Lot 1: East North East (ENE) Leeds – Feel Good Factor lead (with Shantona, Space 2, Touchstone and Zest). Contract value: £349,700 per annum
- Lot 2: South and East (SE) Leeds – Health For All lead (with Asha and Hamara). Contract value: £227,800 per annum
- Lot 3: West North West (WNW) Leeds – Barca-Leeds. Contract value: £143,052 per annum

- 2.2 The Better Together service uses community health development approaches to strengthen individual and community resilience and improve health and wellbeing. Better Together aims to reduce health inequalities by primarily focusing on addressing social determinants of health. There is a secondary focus on promoting healthy lifestyles and protecting health within communities. It uses an outreach approach to identify people who will most benefit from engaging with the service. It then works with individuals and communities to identify local needs and ensure appropriate support and interventions.

The Better Together service covers all ages, where appropriate, but primarily focuses on people aged 16+. The service is only delivered in the 10% most deprived neighbourhoods nationally within Leeds, as identified in the Index of Multiple Deprivation 2015 (IMD). It performs well in the 1% priority neighbourhoods.

The 4 key outcomes are:

- Building social capital (the networks of relationships among people who live and work in a particular community)
- Increasing resilience/reducing dependency of individuals and wider community
- Reducing health inequalities through work on the wider determinants of health
- Promoting and supporting healthier lifestyles and protecting health

- 2.3 A detailed analysis of the information collected during the first three years of service delivery has taken place to determine the ongoing need for this type of provision.

The key findings are:

- Better Together is performing well – meeting and exceeding key performance indicators
- Annually, across the three contracts, over 30,000 people in the 10% most deprived communities have been engaged through the outreach element of the service. Of these, 4,500 people have joined Better Together groups.

- While the service is successfully engaging with people in the 10% most deprived neighbourhoods, there remain some neighbourhoods where services continue to find it difficult to engage – this is an ongoing challenge.
- Better Together is a key part of the Healthy Living system in Leeds alongside Forward Leeds, One You, Active Leeds, Mentally Healthy Leeds, Your Space and Social Prescribing. Strong links have been made with commissioners of these services to ensure connected and effective services.
- Better Together puts the community at the heart of the work delivered – groups are formed based on needs identified during outreach and engagement and then local residents are supported to co-produce the development and maintenance of groups.

2.4 Better Together providers have been able to rapidly and effectively re-purpose delivery to respond to the needs of the most vulnerable citizens during the pandemic. In addition to offering online groups and one-to-one telephone support in place of face to face activities, they played an important role in the community hub work – co-ordinating and supporting local hubs to make sure that people who needed support received it. The success of this work is testament to the community facing nature of the service and the strong links with local communities that they have developed.

## Service Review

2.5 A review has been undertaken by officers from Public Health and Adults and Health Commissioning and has included consultation with service users, wider members of the community, current providers, the CCG and other Healthy Living Service providers. The outcome of the reviews will inform a future commissioning model which is being developed to effectively and efficiently meet identified need and demand. The review and subsequent procurement process provide an opportunity to ensure that services in Leeds are able to deliver and respond effectively to changes in need and demand

2.6 In addition to the end of the current contracts, the review was prompted by – and any future service will be informed by - a number of national and local key drivers, including:

- Public Health Outcomes Framework (national)
- Health Equity in England: Marmot review 10 years on (national)
- Leeds Health and Wellbeing Strategy (local)
- Inclusive Growth Strategy 2018-23 (local)

These key strategies, policies and documents provide the strategic context within which a future procurement will take place.

2.7 Consultation

A range of stakeholders including current service users, current providers, community members, the CCG, other healthy living service providers were

consulted on current and future provision. The overwhelming response from stakeholders was that there remains a need for this provision. Many respondents felt that the cumulative impact of austerity, Brexit and Covid-19 is resulting in an even greater need for this type of support.

A key strength identified was the proactive way in which the service goes out into the community to speak to community members about what they want and need. This isn't a service that relies on referrals from other agencies – it tries to reach people who are not engaging with any services and to help them take the first steps towards improving their health and wellbeing. This will often result in people finding out about other healthy living services such as Active Leeds or One You and being able to continue their healthier living journey with those services once they have been supported through Better Together.

The importance of the preventative element of the service was also highlighted, particularly in terms of developing and maintaining good mental health. In addition to the skills people are learning and/or the physical activities they are involved in through the service, overwhelmingly participants talked about the friends and connections they had made as being of great benefit.

Key factors that were identified as being strengths of the current model that would be important to maintain in a future service were:

- Outreach – the importance of a service proactively going out into communities and the recognition that a long-term approach is needed to build trusted relationships in some neighbourhoods.
- Based in communities: local projects delivered by local organisations who have a thorough understanding of the communities in which they work.
- Caring staff: passionate, committed staff who are able to build trusted relationships with the people they support.
- Strength/asset based support: importance of having an approach that works on people's and community strengths and assets.
- Strong partnerships/relationships – recognition that working in partnership with other services can lead to enhanced outcomes for people.
- Flexibility and range of activities – being able to respond quickly and creatively to provide the support that people are identified.

2.8 The consultation highlighted the importance of commissioning services that are aligned with, and work alongside, existing local arrangements including Primary Care Networks, Local Care Partnerships and Community Committees. The need for these pathways and close working arrangements with other health care providers will be highlighted in the specification.

### **3. Main issues**

#### **The New Service Model**

3.1 Moving forward based on the findings of this review work and consultation, it is the Council's intention to procure a new Locality Community Health Development and Improvement Service. The key elements of this model will be:

Outreach (General): The Service will support people onto the first step on the healthy living journey. Key to this is an effective outreach function to understand the needs of individuals and communities and the barriers that can prevent people from accessing support. A variety of methods should be used to reach people.

Outreach (Health Protection): If a Health Protection incident occurs, the Service will work with the Council to respond and act in partnership to protect the communities they serve. The Service will mobilise and respond to threats to health e.g., during outbreaks speedily disseminate infection control messages. They will use community networks effectively to communicate messages to protect health.

Delivery of group activities: The information gained during outreach will inform the development of a range of group activities that are based on identified community need and address common health and wellbeing concerns. Local community assets (people, buildings, networks and financial and non-financial resources) will be used to increase engagement of specific communities.

Support to groups to become self-sustaining: In order for the Service to continue to have capacity to support new people, it is important that once groups have been set up, developed and supported to become established, resource can be moved to continue working with newly engaged people and develop new activities. This will involve supporting group members and volunteers to develop skills and build confidence to be able to continue the group with minimal ongoing support from the Service.

Support to individuals: Within the context of group delivery, there may be an element of focussed support for an individual.

- 3.2 The new service will be an important element of the Integrated Healthy Living System in Leeds, working collaboratively with a range of partners to ensure that there is no duplication of provision, that there are smooth referral pathways into and out of the service, and that joint-work is undertaken where appropriate to achieve the best outcomes for people using the service and to achieve best value for money. They will be important partners in relevant Local Care Partnerships.
- 3.3 There are no internal service providers that are capable of delivering the service specification therefore an external procurement exercise needs to be undertaken.
- 3.4 The new service will be closely managed to ensure robust contract performance monitoring takes place and value for money is being achieved for the Council.

### **Consequences if the proposed action is not approved**

- 3.5 Should the approval not be granted the current contracts will cease on 31<sup>st</sup> March 2022 and this would result in a significant service gap. The service is often the first step that people take towards addressing health needs. It contributes towards the strategic drive to improve the health of the poorest the fastest – there is a risk that the health inequalities gap would widen if this service is not continued.
- 3.6 In addition, with COVID-19 threatening to exacerbate health inequalities, there is increased need for an effective community health development and improvement

service. If this approval is not granted there is a risk that health equalities will continue to widen.

#### **4. Corporate considerations**

##### **4.1 Consultation and engagement**

4.1.1 A service review was undertaken including consultation regarding current services and developments with a wide range of stakeholders, including: current providers and service users; health commissioners; other healthy living service providers; wider community members; officers working in Locality Teams; faith leaders. The information collected during this process has highlighted the areas of the current service which work well and will need to be retained in the new service. It also highlighted changes in need which will be addressed in the new specification.

4.1.2 At Public Health Programme Board on 25<sup>th</sup> February, a number of potential delivery model options were discussed (Appendix 1). Programme Board agreed that a new service should be procured to ensure that community based support continues to be available, but that it should be procured in 4 lots (rather than the current 3), to allow the current largest lot (East North East) to be split into two more focussed geographical areas, allowing support to be more easily directed into natural communities with different needs.

4.1.3 Consultation has taken place with CCG commissioners to make sure that the service being procured will align with CCG strategic aims and allow closer working with existing health structures such as the Local Care Partnerships.

4.1.4 The Executive Member for Public Health is being briefed on the 11<sup>th</sup> of March.

##### **4.2.1 Equality and diversity / cohesion and integration**

4.2.1 An Equality, Diversity, Cohesion and Integration Screening Tool has been completed (see Appendix 2). The screening showed that a full Equality and Diversity Impact Assessment was not required as equality and diversity issues have already been considered as part of the re-commissioning process. The outcome of the screening will be taken into account when updating the specification for the new service.

4.2.1 Developing and maintaining good relationships with Faith and Community leaders is an essential part of the successful delivery of this service. The specification will include the requirement to build these relationships in order to make sure that it is reaching all communities and is aware of any barriers which might be preventing people from engaging with support.

4.2.2 Demographic information will be collected and analysed as part of the ongoing contract management of the new service to make sure that participation reflects local demographics and that under-represented groups can be identified and targeted engagement work can take place.

### **4.3 Council policies and the Best Council Plan**

- 4.3.1 The new service will support the delivery of key public health priorities and will help to deliver:
- Vision for Leeds 2011 – 2030
  - Leeds Health and Wellbeing Strategy 2016 – 2021
  - Best Council Plan 2020 – 2025
  - The NHS Five Year Forward View and NHS Planning Guidance
  - Leeds Inclusive Growth Strategy 2018 - 2023

#### Climate Emergency

- 4.3.1 The service specification will require the service to meet all legislation, guidance and good industry practice in environmental management and the objectives of the Council's sustainability policies. Officers will work with the service through the established contract management process to ensure the service is proactively seeking to minimise its carbon footprint and thereby support the Council in achieving its ambition to be carbon neutral by 2030.
- 4.3.2 Services will be delivered locally and be accessible by foot, cycle and public transport.
- 4.3.3 The service will include activities which have an environmental focus, for example gardening groups where members are encouraged to grow their own food and craft classes which make the most of recycled materials and this type of activity will be encouraged in the new service

### **4.4 Resources, procurement and value for money**

- 4.4.1 The costs for the Locality Community Health Development and Improvement Service contract will be met by Public Health revenue funding.
- 4.4.1 The Service will be subject to a competitive procurement exercise commencing June 2021. Value for money and efficiency savings through the scoping and service review and consultation work have been developed and embedded through all processes. A competitive procurement process will help the council to achieve value for money.
- 4.4.2 In light of the council's current financial situation, it is acknowledged that efficiencies will be a key requirement under the procurement exercise and also during the life of the contract to ensure value of money is maintained throughout its lifetime.
- 4.4.3 Discussions are ongoing with the CCG regarding a funding contribution to increase service capacity. The specification will reflect this possibility (subject to obtaining confirmation) and the delivery model will need to demonstrate that it can scale up or down as required to adapt to the changing financial landscape.
- 4.4.4 The new service will continue to be closely contract managed to ensure robust performance monitoring takes place and value for money is being achieved for the Council.



## **4.5 Legal implications, access to information, and call-in**

- 4.5.1 This is a Key Decision and therefore the decision is subject to call-in. It was published on the List of Forthcoming Key Decisions on 12 February 2021.
- 4.5.2 This report does not contain any exempt or confidential information under the Access to Information Rules.
- 4.5.3 The total contract value over the eight years including the possible extensions will exceed the procurement threshold for Health and Social Care which stands at £663,540. Whilst the service is not subject to the “full” regulations but to the “Light-Touch Rules Regime” under the regulations, there is still a requirement to advertise this opportunity via the council’s YORtender portal and the Find a Tender Service to ensure an open competitive tendering exercise
- 4.5.4 Advice has been sought from Procurement and Commercial Services throughout the duration of the review and procurement process and will continue to be sought through the competitive procurement exercise to contract award.
- 4.5.5 Subsequent decisions arising from this report, for example the decision to award the contract, will therefore be treated as a consequence of this Key decision and will therefore be treated as a significant operational decision at most which will not be subject to call in.

## **4.6 Risk management**

- 4.6.1 The work is being led by the Head of Public Health (Localities and Primary Care) with Adults and Health Commissioning and PACS, reporting up to the Consultant in Public Health (Older people, Long Term Conditions /Cancer, Localities/Primary Care). A small project team has been set up to oversee the re-commissioning process and ensure that the process adheres to the procurement regulations, as well as the council's Contract Procedure Rules.
- 4.6.2 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.
- 4.6.3 If this decision to procure a new Locality Community Health Development and Improvement Service is not approved, the current services will fall out of contract on 31<sup>st</sup> March 2022 causing significant risk to the Council and its providers. There is an evidenced need for these services and should they not continue to be delivered beyond the expiry of the current contract, this would result in significantly reduced numbers of people supported to improve their health and wellbeing.
- 4.6.4 A five month mobilisation period has been built into the procurement timetable to ensure that the service can be fully mobilised before the contract start date.

## **5 Conclusions**

- 5.1 A new Locality Community Health Development and Improvement Service is considered an important part of Public Health work. In order to ensure support

continues to be available a competitive tender process is required to ensure the new service can commence from the 1st April 2022. It is proposed that the contract will be for 5 years (with the option to extend for up to 36 months).

## **6 Recommendations**

The Director of Public Health is recommended to:

- i) Approve authority to proceed with a competitive procurement process, as outlined in this report and in line with Contract Procedure Rules (CPRs) 3.1.6, to procure a suitable provider/s to deliver a new Locality Community Health Development and Improvement Service for a period of 5 years commencing 01 April 2022 (with an option to extend for a period of up to 36 months in any combination) with a maximum budget of £720,552 per annum (£5,764,416 for the overall contract period).
- ii) Note that a further report to approve the contract award which will be a direct consequence of this key decision will be submitted for approval at the end of the procurement process and will therefore be a significant operational decision at most which will not be subject to call in.

## **7. Background documents**

N/A

## **8. Appendices**

8.1 Options Appraisal

8.2 Equality, Diversity, Cohesion and Integration Screening tool