

CABINET	DATE 23 January 2019	ITEM NO 6
TITLE Live Well Greenwich Infrastructure	WARD (S) All	
CHIEF OFFICER Director of Health and Adults Services	CABINET MEMBER Adults Social Care, Health and Anti-Poverty	
DECISION CLASSIFICATION: - Key - Non exempt	FINAL DECISION To be made at this meeting on the recommendations in this report	
- 28 Days' notice Issued? Yes		

1. **Decision required**

This report makes the following recommendations to the decision-maker:

1.1 The decision maker/s is requested to:

- Agree to SLA funding to Charlton Athletic Community Trust (CACT) for £227,500 over 3 years for the delivery of social prescribing across the borough. This funding is in association with the Department of Health who will contribute £297,500 over the 3 years.
- As a consequence of the SLA funding, agree to the direct award under contract standing order 11.2 for the delivery of Greenwich Live Well Infrastructure to Charlton Athletic Community Trust (CACT) for £1,845,000 over 3 years (inclusive of the SLA funding of £227,500)
- The contract will commence in April 2019 until March 2022.

2. **Links to the Royal Greenwich high level objectives**

2.1 This report relates to the Council's proposed high level objectives as follows:

- A Healthier Greenwich
- A Safer Greenwich
- A Great Place to Grow Up
- A Cleaner, Greener Greenwich
- Economic Prosperity for All

- A Great Place to Be

- 2.2 The work delivered under the Live Well Infrastructure contract is being designed to deliver on six of the Council's proposed high level objectives and supports action at population, community and individual levels. It will support the intentions of the Council's Third Sector Commissioning Framework 2019-2023 as well as leveraging in additional resource to the Third Sector through the DHSC grant.
- 2.3 In August 2016, the **Health and Wellbeing Board** approved a new whole system approach to prevention - Live Well Greenwich. This is now one of the core priorities of the refreshed strategy currently under development. The prevention approach aims to unite efforts across organisations to maximise opportunities for prevention through existing strategies, infrastructures and services. The proposal set out in this paper will support delivery of the Health and Wellbeing Board's priority at a population and community level through engagement and individual level through tailored support.
- 2.4 Live Well Greenwich is strongly supported by **NHS Greenwich CCG**. It's recently published Commissioning Strategy: Transforming our Health and Social Care System; 2018-22, sets out prevention as one of its four core priorities. "Our first priority is to prevent illness and enhance wellbeing and healthy living, in collaboration with the Royal Borough of Greenwich, the Health and Wellbeing Board." Live Well Greenwich is clearly identified as one of the core ways by which this priority will be delivered.

3. Introduction and Background

- 3.1 In Greenwich, whilst people are living longer, a large number of these years are spent living in poor health often with multiple chronic diseases. Many of these diseases are preventable through lifestyle changes but the underlying circumstances within which unhealthy lifestyle choices are made are complex and varied. Many interconnected factors contribute to the decisions people make about their behaviour and their ability to make healthy choices, including their background, their environment, and their social and economic circumstances. This complexity means we need a new way to tackle the problem of chronic ill-health. To effectively prevent complex chronic health problems in the long term, we need to recognise the role of social, economic and environmental factors and how each of these interacts. This requires the whole system working together to deliver prevention at scale. Live Well Greenwich is this system.

- 3.2 The individual elements of Live Well Greenwich – Live Well Coaching - has been informed by local insight with users of the Adult Social Services Contact Assessment Team and frequent users (>12 times per year) of general practice. The insight research identified that social isolation, housing and financial worries were the most frequently expressed additional needs for which clients made contact with services and for which additional support was required.
- 3.3 Evidence suggests that high users of general practice services are likely to see the most benefit from social prescribing services such as Live Well Greenwich. Social prescribing is the mechanism for signposting and referring people with non-medical sources of support within the community. However, it is recognised that the time and capacity available within primary care to address broader health and wellbeing needs is limited. By co-locating a large part of the face to face element of the programme within General Practice enables an enhanced direct relationship with primary care. This will facilitate the improved identification of those most vulnerable who may benefit from the service.
- 3.4 Live Well Greenwich Infrastructure provides the mechanism by which individuals are connected to a range of community based support/services building upon what is more commonly known as social prescribing. The infrastructure links to a broader range of initiatives/support including our 24 hour on line facility (Greenwich Community Directory) and our Voluntary and Community services (VCS). The focus on insight led engagement within local communities directly aligned with the infrastructure as part of the programme is a core element of the revised specification with a focus on empowering individuals and communities and increasing participation is a core element of the programme.
- 3.5 RBG Public Health are developing a robust evaluation and monitoring framework for this programme of work to ensure impact for Greenwich residents and social return on investment can be assessed.

4 Current contract arrangements

- 4.1 The Royal Borough of Greenwich Public Health department currently holds two contracts with CACT firstly to deliver the Live Well Line and secondly an outreach contract to deliver campaigns and outreach including large scale roadshows. Live Well Coaches in the community are delivered through the outreach contract These contracts were procured using the EU OJEU process in 2015.

- 4.2 These contracts have now been aligned to conclude with the award of this new Live Well Infrastructure Contract. The current annual value is £537,949.
- 4.3 Live Well Coaches based in primary care are currently employed by RBG on a sessional basis and has a value of £108,062 per annum from the Public Health budget.
- 4.4 CACT in partnership with METRO GAVS has successfully bid and been awarded £297,500 from DHSC to deliver Live Well Coaching across a further ten settings in the Borough as well as providing additional Live Well resources and co-ordination services. As a DHSC requirement of this bid, RBG Public Health agreed to match fund (£227,500 over the 3 years)
- 4.5 The new contract arrangements will combine the value of the two existing contracts, and the Live Well Coaches into one contract, at a total value of £615,000 per annum and includes the match funding amount to CACT / METRO GAVS which will utilise the additional £297,500 over 3 years, from DHSC providing additional capacity to the model.
- 4.6 If RBG does not award the contract to CACT, we will still have to honour the match funding agreement of £227,500 over 3 years, which will reduce the value of the contract which we put out to procure.

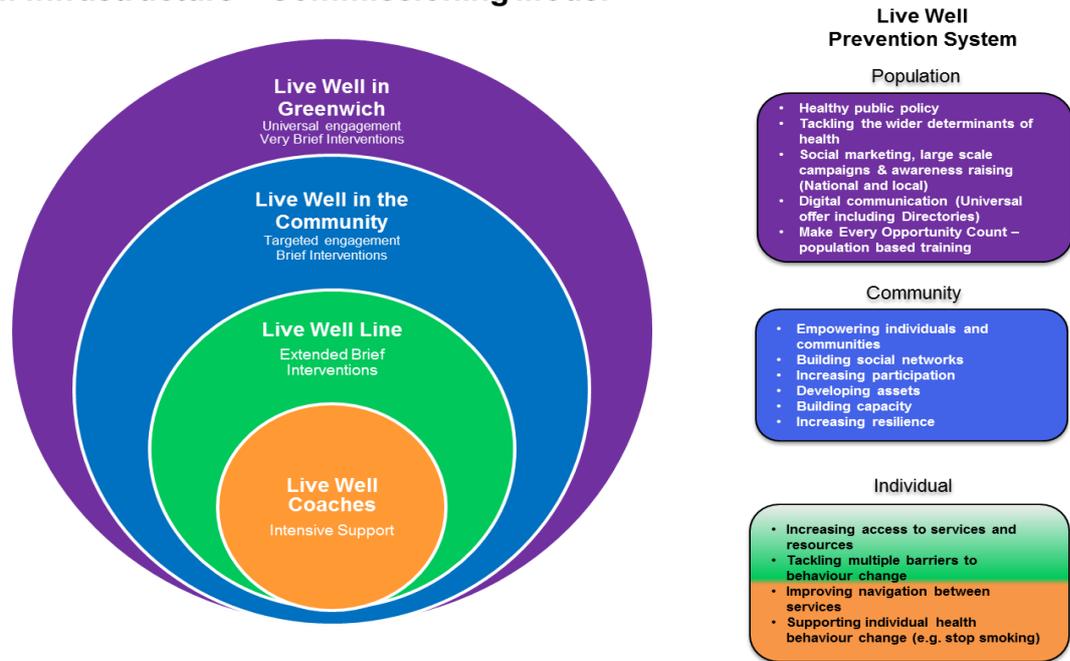
5. Proposed new contract arrangements

- 5.1 A stronger, strategic approach to public health commissioning is required to deliver better outcomes for the wider Greenwich population. Following a review of current service provision and commissioning arrangements, the Live Well Partnership Board recommended that the key components of the Live Well Infrastructure should be integrated and considered as a single contract encompassing community engagement, the Live Well Line and Live Well Coaching.
- 5.2 The infrastructure and in many respects this approach, is simply formalising through the contract delivery process how the programme is delivered in practice as a continuum of service from the roadshows and outreach through to Live Well Coaches. RBG Public Health has further taken the opportunity to review the service delivery and to refine and adjust the service specification to ensure value for money and a fit for purpose service. The provider will be expected to use a comprehensive data management system to track the client journey through the social prescribing system; consistent

with IG and GDPR regulations. With consent, data will be made available in the format required by RBG for monitoring and evaluation purposes.

5.3 The proposed new model is represented diagrammatically below.

Live Well Infrastructure – Commissioning Model



5.4 A key priority of our new model is to increase access and activity in our most deprived areas and to target resources efficiently so that we reach the most vulnerable. We are requiring a significantly more targeted approach to engagement within the new model which will be insight led supported by community based activity; we will have fewer of the borough based roadshows which will be more targeted building on the experience of what works and run for a longer period of time . Delivery will be multi-level using a variety of different types of approaches including intensive face to face or telephone; community or digital based. Delivery will be based in a number of different community settings within the borough, including but not limited to general practice.

5.5 This service forms part of the Greenwich prevention approach to addressing the key challenges impacting on our populations' health including the impact of the welfare reforms programme. In the current climate, the need and demand for these services is expected to continue to increase., Although the Public Health Grant from central Government has been reduced, the Public Health team is committed to making best use of scarce resources by creating more efficient services. We intend to continue to and with this approach

intending to expand service provision; in terms of reach across the Borough and number of settings from which services will be delivered.

5.6 The services provided as part of the infrastructure within the new model are:

Live Well Infrastructure
Live Well in the Community - Universal, targeted and digital engagement to facilitate awareness raising, information giving and signposting opportunistically to a range of support and preventative services
Live Well Line - telephone support service universally available
Live Well Coaches– Intensive, face-to-face, time-limited, personalised one-to-one delivered in primary care and community based settings.

6. Direct Award

6.1. A proposal is made for a direct contract award to CACT to provide these services for a three-year period commencing April 2019.

6.2. Direct contract award is only considered in exceptional circumstances. This is felt to be justified; due to:

- The significant additional value (£297,500 over 3 years) brought into the local economy as a result of the DHSC award and the need to match fund as a requirement of this bid.
- The need to integrate resources and service provision to secure better efficiencies and deliver consistent quality of provision; this being precluded if the contract were not awarded to CACT
- To provide opportunities to test out and adopt new approaches as the new services are developed and evaluated. This would be a condition of the contract.
- The need to reduce duplication and confusion within the sector and for residents by the existence of multiple providers of the same services.
- Reduce competing demands within the local economy for GP and resident engagement in the development of services by the existence of multiple providers
- CACT having considerable experience and insight into these services (as reflected by their successful bid) but will be required to agree to specification changes as set down by RBG

- The opportunities to engage with a broader range of VCS organisations as part of the delivery model, the function being delivered through METRO GAVS

7. Available Options

7.1 The available options including pros and cons are set out in table one below:

Option	Description	Pros	Cons
Option A:	Commission the whole infrastructure through an open competition process.	Potential cost-saving. Potential fresh perspective	Risk of market duplication with service provided by CACT MetroGAVS with DH funding and another provider commissioned by RBG Reduced value for money as the DH bid increases funding available to the service. Potential lack of consistency of provision
Option B:	Align the contract timeframe with the DH bid and award a three year contract as a single tender action with a fully revised service specification.	Potential cost-saving. Increased value for money More streamlined delivery.	Risk of changes to the service not being fully implemented. Concern within the sector that other providers have not had the opportunity to bid.
Option C:	Do nothing option – service will cease		Loss of service provision and provision would only be under the DH bid – significantly lower levels of provision and the innovation in the Live Well Line would be lost.

8 Preferred Option and reasons for recommendation

The options have been considered as follows:

- 8.1 **Option B** is considered to be the preferred option – Direct Award to CACT. This will allow for continuous delivery of the Live Well Services under a new contract with revised service specifications which reflect the new requirements of the service. The provider will be required to demonstrate how they deliver against the revised service specification. During the 2015 commissioning round, a full EU process was used to procure CACT to deliver what are now known as Live Well Services. Although another provider may be able to also deliver to the service specification, a single tender action is preferred due to the additional value for money offered by aligning the contract with the DH grant. An additional £297,500 from the DHSC is effectively added to the contract through this process. The potential to deliver the programme at scale is therefore significantly increased. Direct award reduces the risk of having two competing social prescribing services within the borough. It further aligns with CCG Commissioning Strategy objectives. Option B enables a new model for delivery that will be collaboratively designed, co-produced and jointly implemented. This model will also create a new way of working that will relieve pressure from primary care and provide equitable access to a range of quality assured public health services that are sustainable, fit for purpose and can be grown over time to deliver new services and functions.
- 8.2 Option A was extensively considered. It is recognised that Option A could result in a new provider. Although this option could create competition and potentially create cost efficiencies, it is not considered desirable in the current contract round due to the DH grant awarded to CACT. However it is expected that at the end of the next funding round competitive tendering would be required.
- 8.3 Option C is not considered desirable. Significant development work has developed the Live Well Service infrastructure into an integrated system in conjunction with the CCG, the provider and other key partners within the borough. Evaluation of the pilot project was positive with Live Well Coaching delivering positive outcomes and valued by clients. Almost complete service reduction would significantly impact on local residents and compromise RBG's reputation nationally as one of the leaders in innovation around social prescribing. Evidence from elsewhere suggests that the impact of social prescribing on populations outcomes can be significant. Option C would lose this service from Greenwich. The DHSC grant does not provide sufficient infrastructure support in particular the Live Well Line which is one of the elements that make the Greenwich programme unique.

8.4 It is therefore recommended that Option B – Direct Award to CACT should be adopted as the approach aligns commissioning with population outcomes whilst adding significant additional capacity within the Borough via the DHSC grant. In addition, Option B will enable the support for the VCS embedded within the DHSC grant to be aligned to the Live Well Programme and the Council’s core objectives.

9 **Next Steps:**

9.1 The approach proposed has been developed in conjunction with the Live Well Partnership Board which includes members from Health Watch, SE London Chamber of Commerce, NHS Greenwich CCG; Greenwich Inclusion Project; METROGAVS as well as cross Council representation at Senior Level. The proposal was agreed in principle at their meeting on 13th June and confirmed at their meeting on 17th October and they will form the strategic reference group for delivery of this work going forwards.

9.2 The approach has been agreed in principle by NHS Greenwich CCG at the Governing Board Executive and will be taken to each of the four GP syndicates as part of the programme development.

9.3 Subject to Cabinet approval; RBG Public Health will then enter into contract negotiation with CACT. The provider will be required to provide evidence about how they intend to deliver against the revised service specification and KPIs. The proposed go live date for the contract will be 1st April 2019.

10 **Cross-Cutting Issues and Implications**

Issue	Implications	Sign-off
Legal including Human Rights Act	8.5 This report is asking members to approve a contract award to Charlton Athletic Community Trust (CACT) in accordance with the provisions of Regulation 32 (1) (b) (iii), for delivery of the Live Well Infrastructure at a contract value of £1,845,000 for three years of which RBG is contributing £227,000 to make up the grant funding.	Cynthia Erove Senior Lawyer – Regeneration and Procurement. 26/11/18

	<p>8.6 The procurement process and contract award of this contract falls under the PCR 2015 because the contract value is above the relevant threshold (£615, 278) for a Light Touch Regime Service.</p> <p>8.7 The approval sought is recommended.</p> <p>8.8 The approval of the procurement process and contract award has no legal or Human Rights Acts implications.</p> <p>8.9 The approval of these contract awards has no legal or Human Rights Act implications.</p> <p>8.10 All contracts must be in writing and signed by or on behalf of the Chief Officer.</p> <p>8.11 In accordance with the provisions of CSO 24.1 all contracts over £50,000 must be made under seal or signed by two officers nominated by the Chief Legal Officer.</p> <p>8.12 Chief Officers must keep a register of all contracts awarded and record the matters set out in the schedule.</p> <p>8.13 In accordance with provision of Regulation 7 of the Openness of Local Government Bodies Regulations 2014, The decision-</p>	
--	---	--

	<p>making officer must produce a written record of any decision which falls within paragraph (2). A decision falls within this paragraph if it would otherwise have been taken by the relevant local government body, or a committee, sub-committee of that body or a joint committee in which that body participates, but it has been delegated to an officer of that body either—</p> <p>(a) under a specific express authorisation; or</p> <p>(b) under a general authorisation to officers to take such decisions and, the effect of the decision is to—</p> <p>(i) grant a permission or licence;</p> <p>(ii) affect the rights of an individual; or</p> <p>(iii) award a contract or incur expenditure which, in either case, materially affects that relevant local government body's financial position.</p> <p>(3) The written record must be produced as soon as reasonably practicable after the decision-making officer has made the decision and must contain the following information—</p> <p>(a) the date the decision was taken;</p> <p>(b) a record of the decision taken along with reasons for the decision;</p> <p>(c) details of alternative options, if any, considered and rejected; and</p> <p>(d) where the decision falls under paragraph (2) (a), the names of any member of the relevant local government body who has declared a</p>	
--	--	--

	<p>conflict of interest in relation to the decision.</p>	
<p>Finance and other resources including procurement implications</p>	<p>The report requests Members to agree to award a contract, in accordance with CSO 11.2, to CACT for the delivery of the Live Well Infrastructure services.</p> <p>The re-aligned contract will include the Live Well line and Outreach services (currently delivered by CACT) as well as the Live Well coaches (currently RBG sessional staff).</p> <p>Awarding CACT a negotiated contract without competition will allow PH to benefit from the £297,500 (over 3 years) of DHSC funding that the organisation has secured for social prescribing. It will also enable PH to work with CACT towards achieving more efficient and effective delivery of Live Well services by ensuring there is continuity of service and by reducing the risk of duplication.</p> <p>The period of the of the contract is 3 years from 1 April 2019 – 31 March 2022 and the total estimated value of the contract is £1,845,000 (including the £227,500 match funding). The annual value of the contract is expected to be £615,000, which is approximately £31,000 less the combined annual cost for the existing Live Well service contracts (£646k for Live Well line, Outreach and Live Well coaching services).</p> <p>The cost of the contract will be met from budgets within Public Health. The</p>	<p>Samina Yasir Senior Principal Accountant 26/11/18</p>

	<p>PH services are funded by the ring-fenced PH grant.</p> <p>Going forwards, PH commissioners will need to closely monitor and review contract performance against the KPIs and also start to explore the provider market and available procurement options to ensure that the delivery of these services, whether through CACT or an alternative provider, continues to achieve value for money over the long-term..</p>	
Equalities	<p>Live Well Greenwich infrastructure aims to identify, target and support the most vulnerable people in the borough, reduce health inequalities and contribute towards the prioritisation of social prescribing as outlined in the Mayor of London’s Health Inequality Strategy.</p> <p>There is increasing evidence regards social prescribing as a means of addressing complex health, psychological and social issues presented in primary care, as well as its potential to reduce health inequalities.</p> <p>It is envisaged that there will be no negative impacts.</p>	<p>Jackie Davidson Assistant Director of Public Health</p>
Risk management	<p>This exemption aims to reduce the risk of duplication and confusion within the sector and for residents by the existence of multiple providers of the same services.</p> <p>It also aims to reduce competing demands within the local economy for GP and resident engagement in the</p>	<p>Jackie Davidson Assistant Director of Public Health</p>

	<p>development of services by the existence of multiple providers.</p> <p>CACT has considerable experience and insight into these services (as reflected by their successful bid) but will be required to agree to specification changes as set down by RBG.</p> <p>The partnership with METRO GAVS will support a number of other VCS organisations to engage (with funding) with the Live Well Programme thus reducing risk of lack of wider engagement of the VCS sector.</p>	
<p>Health and wellbeing</p>	<p>Social Prescribing is a way of linking patients (presenting in primary care) with sources of appropriate, non-medical support in the community, usually provided by voluntary and community sector organisations. A review of the evidence (1) found that:</p> <ul style="list-style-type: none"> • Suitable referrals to social prescribing initiatives are vulnerable and at risk groups such as: people with mild to moderate depression and anxiety; low income single parents; recently bereaved older people; people with long term conditions and frequent attendees in primary and secondary care • Social prescribing has been described as having the potential to improve mental health outcomes, reduce demand on statutory services, improve community wellbeing and resilience and reduce social exclusion • Prescribed activities run by existing schemes have included arts and creative activities, physical activity, learning and volunteering 	<p>Jackie Davidson Assistant Director of Public Health</p>

	<p>opportunities and courses, self-care and support with practical issues such as benefits, housing, debt and employment</p> <ul style="list-style-type: none"> • It is now widely understood that wider social, economic and environmental factors have a significant influence on people's health and wellbeing. Specifically, recent research suggests that: • As little as 20% of health outcomes are attributable to clinical care and the quality of that care • Health behaviours account for 30% of influences • Physical environment accounts for around 10% • By far the most important influences on our health and wellbeing however, are socioeconomic factors - 40% of all influence <p>Social prescribing can help address some of these wider determinants of health by linking patients in primary care with sources of support in the community.</p>	
--	---	--

Report Author: Aideen Silke, Head of Live Well
 Tel No. 020 8921 5333
 Email. Aideen.silke@royalgreenwich.gov.uk

Report Author: Jackie Davidson, AD Public Health
 Tel No. 020 8921 5043
 Email. Jackie.davidson@royalgreenwich.gov.uk

Reporting to: Steve Whiteman, Director of Public Health
 Tel No. 020 8921 5514
 Email. steve.whiteman@royalgreenwich.gov.uk

Chief Officer: Simon Pearce
 Tel No. 020 8921 2233
 Email. simon.pearce2@royalgreenwich.gov.uk

