

Committee: Cabinet

Date: 18th January 2016

Wards: ALL

Subject: Award of Contract for Integrated Health Improvement, Stop Smoking and Weight Management Service.

Lead officer: Simon Williams, Director of Community and Housing.

Lead member: Cllr Caroline Cooper-Marbiah, Cabinet Member for Adult Social Care and Health.

Contact officer: Barry Causer, Public Health Commissioning Manager.

Recommendation:

- A) That Cabinet approves the award of a contract to Organisation A for the provision of an integrated evidence-based public health and clinical health service, on behalf of both the Council and Merton Clinical Commissioning Group, incorporating:
- i. a multicomponent tier two weight management service for adults;
 - ii. a multidisciplinary tier three weight management service for adults;
 - iii. a multicomponent tier two weight management service for children and young people;
 - iv. a stop smoking and harm reduction service for young people and adults;
 - v. a targeted behaviour change service, incorporating a network of health champions;
 - vi. a programme of training to front line workers to support the prevention agenda.

The contract will commence on 01 April 2016 and be for a period of three years with the option to extend for a further period of up to 24 months, subject to satisfactory performance, availability of budget and continued need at the discretion of the Council and the CCG. The maximum possible contract period would be no more than five years.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The purpose of this report is to seek the approval of Cabinet to award a contract for the provision of an integrated health improvement service, with multiple components.
- 1.2. The contract comprises six overarching elements
 - i. a multicomponent tier two weight management service for adults;
 - ii. a multidisciplinary tier three weight management service for adults, commissioned on behalf of Merton Clinical Commissioning Group;
 - iii. a multicomponent tier two weight management service for children and young people;
 - iv. a stop smoking and harm reduction service for young people and adults;
 - v. a targeted behaviour change service, incorporating a network of health champions;
 - vi. a programme of training to front line workers to support the prevention agenda.
- 1.3. This report makes a recommendation that Cabinet agrees to the award of contract to Organisation A.

2 HEALTH AND WELLBEING STRATEGY

- 2.1. The Merton Health and Wellbeing Strategy 2015/18 has a focus on supporting people to improve their wellbeing. It has a commitment to improve health and wellbeing and to reduce health inequalities across the borough.
- 2.2. This refreshed strategy takes a sharper focus on where we face the biggest inequalities and challenges for Merton residents and has five key themes: a best start in life; good health; life skills, lifelong learning and good work; community participation and feeling safe; and a good natural and built environment.
- 2.3. The Integrated Health Improvement, Stop Smoking and Weight Management Service directly relates to a number of outcomes that are identified in three out of the five strategic themes: best start in life; good health; and community participation and feeling safe, and seeks to deliver public health services that are cost-effective and based on the latest available evidence.
- 2.4. Merton Clinical Commissioning Group (MCCG) are key partners in the delivery of the outcomes of Merton's Health and Wellbeing Strategy and support the commissioning of this service as contributing towards those outcomes. The CCG will fully fund the clinically led multidisciplinary tier three weight management component of the integrated service. This contribution is valued at £300k per annum. Consequently, this contract award will also be ratified by the MCCG Governing Body on the 26th January 2016. The arrangements for transfer of MCCG's commissioning responsibility for this service to the Council will be included as part of the

3 COMPONENTS OF THE INTEGRATED SERVICE

- 3.1. The Integrated Health Improvement, Stop Smoking and Weight Management Service (referred to as 'the integrated service') consists of a suite of preventive and treatment programmes to support residents to be healthy. These six distinct services were integrated due to the potential for innovation in delivery mechanism, overlap in approach to behaviour changes, the single point of access and the potential for financial efficiencies from a single management structure and back office functions.
- 3.2. The six components of the service are as follows-
 - 3.2.1 A multicomponent tier two weight management service for adults. This component focuses on diet and physical activity together and aims to identify people who are overweight in the attempt to prevent them from becoming obese and to reduce the incidence of severe obesity. It aims to encourage life long behaviour change and even if the Body Mass Index (BMI) is within a healthy range, encourages healthy lifestyle choices.
 - 3.2.2 A multidisciplinary tier three weight management service for adults. This component is fully funded by Merton Clinical Commissioning Group (MCCG) and is a multi-disciplinary clinically led service that supports residents who fit the inclusion criteria and have tried other weight loss services but have not achieved their goals e.g. commercial weight loss programmes, primary care support or tier two weight management services. It will also act as gateway to bariatric surgery within the NHS and support those patients who have had bariatric surgery post operation.
 - 3.2.3 A multicomponent tier two weight management service for children and young people. This component delivers evidence-based and accessible tier two lifestyle weight management services for children, young people and their families. It will assist children and young people between 2 and 18 years of age who are on or above the 91st centile to reach and maintain a healthier BMI and will have a particular focus on reducing the increasing trend in obesity levels from reception year to year six and also deliver a programme for children with special needs. This service receives referrals from a number of sources including school nurses and is directly linked to the mandated National Child Measurement Programme (NCMP).
 - 3.2.4 A stop smoking and harm reduction service for young people and adults. This component provides an evidence based stop smoking service, which is complimented by a harm reduction approach to support those residents that do not want, are not ready or unable to stop smoking in one step. Specifically the service will reduce health inequalities in relation to smoking, through targeted action aimed at key groups e.g. young people, pregnant women, routine and manual workers and BME groups.
 - 3.2.5 A targeted behaviour change service, incorporating a network of health champions. This component delivers a tiered programme of evidence-based behaviour change support to adult residents to lead a healthy lifestyle. Its primary target group for interventions are those residents who have been referred by primary care having undertaken an NHS Health Check, a mandated public health programme. The service also includes a

comprehensive outreach programme delivered by health trainers and volunteer health champions.

- 3.2.6 A programme of training to front line workers to support the prevention agenda. This component delivers a comprehensive, tiered and flexible programme of training for relevant front line staff who come into contact with children, young people and adults across Merton, to increase their knowledge and skills to provide brief advice and signposting around healthy lifestyles. The training will enable frontline staff to act as health champions within their own services and with the clients that they come into contact with, increasing early identification, provision of evidence-based advice and referral onto appropriate services.

4 PROCUREMENT PROCESS

- 4.1. The intention to procure the service was taken to the Council's Procurement Board in June 2015 where approval was given. At the same time approval was given by MCCG for their investment for the clinically led tier 3 weight management service.
- 4.2. The tendering process was carried out strictly in accordance with the council's Contract Standing Orders and in accordance with the Public Contracts Regulations 2015 and the EU Procurement Directive 2014/24/EU, using the restricted procedure and the following stages.
- 4.3. **Stage 1 (Pre –Qualification Questionnaire):** Organisations who express an interest are invited to submit a completed Pre-Qualification Questionnaire and supporting documents. Evaluation selects an agreed number of candidates (the highest scoring five) to proceed to the next stage.
- 4.4. **Stage 2 (Invitation to Tender):** The organisations selected at stage 1 are invited to submit detailed solutions, including financial information for evaluation.
- 4.5. **Stage 3 (Interviews and Clarification Questions):** Those organisations that responded to the Invitation to Tender are invited to Interview and sent formal questions of clarification.
- 4.6. **Stage 4 (Contract Award):** A preferred bidder is appointed to deliver the Services.
- 4.7. The tender was managed via the council's web based Electronic Tendering System Pro-Contract. The exercise was carried out and supported throughout by the Commercial Services Team and the Council's Legal Services to ensure a robust approach that adopted good practice.

5 ALTERNATIVE OPTIONS

- 5.1. This procurement exercise followed an independent review of the current health improvement and stop smoking service (delivered under the LiveWell brand) that showed that its impact against locally defined needs has been strong, 80% of those seen by LiveWell were from the east of the borough and hence from the areas with the highest health inequalities. The review recommended that weight management services should be integrated with health improvement and stop smoking in the newly procured service and that the overall service should have a single point of access, and maintain the strong outreach component of the existing service.
- 5.2. Public Health engaged with a number of other Local Authorities to explore alternative approaches, looking particularly at the latest available evidence, as well as feasibility and cost effectiveness to ensure that the service being procured is the most appropriate local solution which best meets needs, including in terms of cost and quality. It is our view that the proposed service fulfils each of these criteria, is affordable and good value for money.
- 5.3. Should Cabinet decide not to award the contract, the outcomes identified in the Health and Wellbeing Strategy will not be realised and a number of the mandated public health programmes e.g. NCMP and NHS Health Checks will be impacted by not having the appropriate support programmes to refer identified people in to. There will also be no gateway to bariatric surgery for Merton residents, who may be unable to access this treatment within the NHS.

6 CONSULTATION UNDERTAKEN

- 6.1. As part of the independent review of the current LiveWell service undertaken in June 2015, a number of interviews took place to gather the views of professional stakeholders with direct involvement in the LiveWell services. Overall the LiveWell Service was perceived to be making a positive contribution towards the health and wellbeing of those residents in need of access to health improvement and stop smoking services. It was felt that LiveWell offers a service that addresses the diverse needs of BME communities in Merton and concentrates its efforts in the east of the borough where the need is greater.
- 6.2. There is a strong sense that LiveWell respond well in helping people to address the risk factors that are associated with health improvement such as weight management. LiveWell facilitates access to a range of physical activities as well as improving health eating.
- 6.3. In May 2014, Merton Clinical Commissioning Group (CCG) conducted a community services survey with its GP practice membership. All staff were invited to respond to the survey concerning community teams and services, and the LiveWell Service was included in this survey. In total, 60 responses to the survey were received, of which 49 were fully completed. The Community Services Survey Report was published in August 2014. The feedback about the LiveWell Service was positive where residents were in contact with LiveWell, and where there was a physical presence of the LiveWell, through clinic provision. Comments included:

(i) “Brilliant service but probably not advertised enough within general practice”

(ii) “Our surgery has a LiveWell clinic and it has revolutionised the way we manage patients and how they feel. A brilliant service worth its weight in gold”

(iii) “I strongly support their services and their staff, very positive feedback from patients”

7 TIMETABLE

7.1. The timetable for contract signature (which is subject to democratic procedures) is as follows:

Cabinet Decision	18 th January 2016
Merton CCG Governing Body ratification	26 th January 2016.
Call-In deadline	26 th January 2016
Notification of Preferred Bidder	27 th January 2016
End of 10 day stand still period	8 th February 2016
Contract Signature	1 st April 2016

8 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

8.1. Following the spending review in November 2015 the Public Health grant has been reduced and following detailed examination of the commitments, savings and future plans the expenditure associated with the contract award can be contained within the public health grant.

8.2. Bidders were asked to make efficiency savings throughout the lifetime of the contract. In addition, termination and variation clauses will be built into the contract from Year 2 to allow flexibility for further savings going forward from 2017/18.

9 LEGAL AND STATUTORY IMPLICATIONS

9.1. The procurement process has been undertaken in accordance with the council’s Contract Standing Orders, the council’s Procurement Strategy, the Public Contracts Regulations 2015.

Legal Services were consulted and provided advice and assistance, where necessary, throughout the tendering process. The final contracts documentation will be issued upon the expiration date of the standstill procedure.

10 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

10.1. There are not expected to be any human rights issues from the programme.

- 10.2. Service User Analysis is undertaken on a regular basis on the existing LiveWell service for the programme and is used to help inform priorities and reduce health inequalities. The analysis will be continually revisited and updated throughout the programme and especially at suitable decision points.
- 10.3. Community and other key stakeholder groups will be engaged as part of the programme and any implications will be managed with the relevant officers in the Council.

11 CRIME AND DISORDER IMPLICATIONS

- 11.1. There are not expected to be any crime and disorder issues from the programme.

12 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 12.1. All risks, assumptions, issues and dependencies are being actively managed as part of the programme.
- 12.2. There are not expected to be any Health and Safety implications.

13 CONFIDENTIAL APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT.

- 13.1. A. Organisation to whom it is recommended to award the contract
- 13.2. B. Evaluation of Integrated Service Bids.
- 13.3. C. Financial Implications.

14 BACKGROUND PAPERS

- 14.1. The following documents have been relied on in drawing up this report but do not form part of the report
- The Council's Contract Standing Orders
 - Merton Health and Wellbeing Strategy 2015/18.