

PLYMOUTH CITY COUNCIL

Subject: Health Improvement Service Contract Award
Committee: Cabinet
Date: 27th June 2017
Cabinet Member: Councillor L Bowyer
CMT Member: **Ruth Harrell (Director of Public Health)**
Author: **Sarah Lees (Consultant in Public Health)**
Contact details Tel: 01752 398605
Email: sarah.lees@plymouth.gov.uk
Ref: PEO/16118
Key Decision: Yes
Part: I

Purpose of the report:

The Public Health Outcomes Framework 'Healthy lives, healthy people: Improving outcomes and supporting transparency', sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected. The framework concentrates on two high-level outcomes (life expectancy and healthy life expectancy) to be achieved across the public health system.

Public health interventions by nature deliver improvements in outcomes over extended periods, usually some years and sometimes decades. To understand progress in the shorter term, a series of indicators are provided, grouped in 4 domains:

1. Improving the wider determinants of health
2. Health Improvement
3. Health Protection
4. Healthcare public health and preventing premature mortality

Domain 2: Health Improvement is the focus of this service and the objective is to help people to live healthy lifestyles, make healthy choices and reduce health inequalities. The work of the Health Improvement Service will largely be focused around this domain, although the work will also contribute to specific elements of activity in all domains.

In order to secure a provider for this service the Council has undertaken a competitive procurement in accordance with the Public Contract Regulations 2015 and Council Standing Orders.

This report describes the key stages of the procurement process and seeks approval from Cabinet for contract award.

For reasons of commercial confidentiality further details of the process and outcome are included within a separate Part 2 report.

The Corporate Plan 2016 – 19:

The Health Improvement Service will support Plymouth to deliver an outstanding quality of life which is enjoyed by everyone through addressing three of the four key corporate objectives:

- **PIONEERING Plymouth**

The new service will be a system leader, working with a collaboration of providers that have an interest and ability to improve the current system to ensure that evidenced based approaches are being used across the system, to meet the needs of individuals and achieve targets across the whole population. It will use new technology appropriately in its universal offer to deliver health improvements to a wide range of people who prefer to access information in this way, whilst targeting other means of support to those who need it

- **GROWING Plymouth**

The service will develop the whole city health improvement workforce and ‘up skill’ across a range of front line staff to improve the quality of provision, using the Make Every Contact Count approach. This will improve access through people and networks, allowing the health improvement service to be more targeted and specialist

- **CARING Plymouth**

This service supports the Plymouth public health 10 year programme, ‘Thrive Plymouth’ which focuses health improvement on the 4 health behaviours that cause 54% of the deaths in the city, whilst ensuring that mental health has parity with physical health. Another key strategic aim is to reduce the health inequalities that result in a gap in life expectancy between our most deprived and least deprived communities.

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land:

The service contract value is £1.1 million following a full year reduction of £69,000 on the previous contract, which is required as a contribution to the reduced public health grant allocation. It is not proposed to make further savings given the growing demand for health improvement and prevention, and the ambition of the Wellbeing Strategy and Sustainability and Transformation Plan to move resources within the health and care system towards prevention.

However, we will expect the provider to increase the number of people supported by the service over the life of the contract which adds value to the contract.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:

This service will contribute towards the delivery of an integrated system for population health and wellbeing. It specifically supports the delivery of the Wellbeing Strategy focus on promoting healthy and happy communities and a radical upgrade in prevention.

Equality and Diversity

An Equality Impact Assessment has been undertaken. This service takes a population wide approach to primary prevention. However, we know that giving every child the best start in life is crucial to reducing health inequalities across the life course. In addition, Thrive Plymouth, supported by this service, has a target population each year. In 2015-16 it was school children and in 2016-17 it is people in midlife.

Recommendations and Reasons for recommended action:

To award a contract for a Health Improvement Service to a single provider for a period of 3 years with the option to extend for a further 3 x 1 years.

Evaluation of the Invitation to Tender response indicates that they:

- Have a good understanding of the demographic make-up of Plymouth and the key health indicators and factors and groups of interest, including geographic areas where poorest outcomes are experienced.
- Demonstrate good awareness of the Thrive Plymouth 10 year plan
- Will be using their access to over 3000 users of their services to understand need and to target health improvement directly to users of health and social care services.
- Are committed to putting Wellbeing at the centre of their strategic approach in everything they do
- Use national Information Standards and the national Public Health England 'One You' digital strategy and tool
- Demonstrate a clear understanding of uses of digital technology to improve customers' health literacy and raising awareness, whilst identifying the barriers and mitigations associated with use of digital technology
- Have good experience of community development and assets based approaches
- Have a clear understanding of vision for the Health and Wellbeing Hubs and will work with partners to build capacity and capability to deliver health improvement interventions in hubs context
- Have good mechanisms to ensure quality and safety of their services including using the customer and stakeholder voice
- Will develop their workforce appropriately to ensure continual improvement

Alternative options considered and rejected:

Extend Existing Contracts

Plymouth City Council's Contract Standing Orders do not allow the existing contracts for health improvement services to be extended.

Published work / information:

Equality Impact Assessment

Background papers:
Health Improvement Service Specification

Title	Part I	Part II	Exemption Paragraph Number							
			1	2	3	4	5	6	7	
Equality Impact Assessment	YES									

Sign off:

Fin	djn17 18.40	Leg	MS/28 308	Mon Off	N/A	HR	N/ A	Assets	N/ A	IT	N / A	Strat Proc	HG/SPU/4 45CP/06I 7
Originating SMT Member Ruth Harrell Ruth Harrell													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

I. INTRODUCTION

This report outlines the background and rationale for the commissioning of a Health Improvement Service. It outlines the procurement process including the evaluation methodology and the evaluation process. It makes a recommendation to award the contract.

2. BACKGROUND

The Health and Social Care Act 2012 requires each local authority to 'take such steps as it considers appropriate for improving the health of the people in its area' and to work with Public Health England to 'have regard to the need to reduce inequalities between the people of England.'

The Care Act 2014 states that 'local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person'. The Care Act provides new and exciting opportunities to work across health and social care and address the key issues that undermine health and wellbeing. While some members of the population may require more targeted, intensive or specialist help, they should still have access to universal or primary prevention support, including accessing local social networks.

Health improvement is one of the 4 domains in the national Public Health Outcomes Framework. An important local context is the Plymouth public health 10 year programme, 'Thrive Plymouth' which focuses health improvement on the 4 health behaviours that cause 54% of the deaths in the city, whilst ensuring that mental health has parity with physical health. Another key strategic aim for health improvement in Plymouth is to reduce the health inequalities that result in a gap in life expectancy between our most deprived and least deprived communities.

The vision for the health improvement system is that: 'there is a joined-up health improvement system, with a commissioned service providing leadership to the rest of the system, which delivers a well evaluated programme of interventions that achieve improved health and wellbeing and reduce health inequalities across the city and that can be shared to build capacity across the system and meet the needs of a growing number of individuals'

This service will deliver an integrated health improvement service for the Plymouth local authority area that connects, empowers, enables and motivates Plymouth residents who wish to improve their health or that of those they care for to do so. Taking a whole-systems and life course approach the service will contribute to the improvement of the health and wellbeing of all residents of Plymouth and focus on improving the health and wellbeing of those people with the poorest health and wellbeing first. Services will need to meet the needs for all age groups and be delivered in range of ways and settings to best meet that need.

In brief the integrated service will cover;

- Helping people to stop smoking tobacco
- Helping people to minimise exposure to second hand smoke
- Helping people to eat healthily and to achieve and maintain a healthy weight
- Helping people to be more physically active
- Helping people to drink alcohol responsibly and safely
- Helping people to achieve and maintain good mental health and emotional wellbeing
- An outreach service to provide NHS Healthchecks to target population groups

Funding available for the Service:

	2017/18	2018/19	2019/20	2020/21
Total	£1,100,000	£1,100,000	£1,100,000	£1,100,000

3. PRE TENDER SELECTION CRITERIA

A competitive procurement was run as a one stage process incorporating a Supplier Questionnaire followed by a Tender evaluation.

The invitation to tender document was published electronically via the Procurement Portal (www.supplyingthesouthwest.org.uk) in accordance with the following timeline:

Activity	Date
OJEU Notice Published	8 th March 2017
Dispatch of ITT	9 th March 2017
Deadline for ITT Clarifications	29 th March 2017
Deadline for Responses to Clarifications	5 th April 2017
Return of ITT	12 th April 2017
Evaluation of ITT	11 th May 2017
Post Tender Clarifications	18 th May 2017
Tender Presentation	23 rd May 2017
Selection of successful Tenderer	27 th June 2017
Notification of successful Tenderer/Commencement of standstill period	30 th June 2017
Contract Award	24 th July 2017
Contract Start Date	1 st October 2017

The Supplier Questionnaire (SQ)

Providers were required to submit an SQ. Each one was assessed and scores were used to select which Providers were to be shortlisted for the next stage of the procurement.

The following sections of the SQ contained mandatory questions, the responses to which were either reviewed and treated as pass or fail criteria, or were evaluated and awarded a score:

SQ Section	Section Title	Question Type	Weighting (%)
Section 1	Potential supplier information, Bidding Model and Contact Details & Declaration	Information only	NA
Sections 2 & 3	Grounds for mandatory exclusion and Grounds for discretionary exclusion	Self-certification Pass/Fail	NA

SQ Section	Section Title	Question Type	Weighting (%)
Sections 4 & 5	Economic and Financial Standing and Guarantees	Self-certification Pass / fail	NA
Section 6	Technical and Professional Ability	Scored	15%
Section 7	Modern Slavery Act 2015: Requirements under Modern Slavery Act 2015	Self-certification Pass/Fail	NA
Section 8	Additional Questions		
8.1	Insurance	Pass/fail	NA
8.2	Compliance with equality legislation	Pass/fail	NA
8.3	Health and safety	Pass/fail	NA
8.4	Timescales	Pass/fail	NA
8.5	Data Protection	Pass/fail	NA
8.6	Quality Management	Pass/fail	NA
8.7	Disputes	Scored	5%
8.8	Business Capability (a) Main activities (b) Experience of delivering similar services (c) Collaborative working and community development approaches (d) Management capacity and capability (e) Evaluation (f) Business continuity	Scored 5% 15% 15% 10% 15% 5%	65%
8.9	Social Value	Scored	10%
8.10	Safeguarding	Scored	5%

These weightings and the scoring methodology for each section were published in the documentation.

The overall threshold (minimum) score for this Supplier Questionnaire was **68**

4. TENDER EVALUATION METHODOLOGY

The project evaluation weightings were agreed prior to despatch of the tender documentation and were published in the ITT:

Award Criteria	Weighting (%)	Sub Criteria (%)
Financial	0	Price
Technical	90%	Purpose 10%
		Financial Sustainability 4%
		Service details and key tasks 28%
		Performance 10%
		Quality Requirements 5%
		Management and Operation 5%
		Implementation 8%
		Panel Presentation – System leader role 20%
Proposed contracts, collaborations and partnerships	10%	

5. SUMMARY OF TENDER QUESTIONNAIRE EVALUATION

1: Price

The council did not evaluate price as tenderers were required to utilise 100% of the total budget of £1,100,000 per annum, as this was a fixed price tender.

2.1 Technical Response

The completed tender was evaluated by a team of individuals / stakeholders with various skill sets from across the business, in order to ensure both transparency and robustness, as follows:

Sarah Lees	Consultant in Public Health, Plymouth City Council
Rachel Silcock	Commissioning Officer, Plymouth City Council
Lynne Kilner	Commissioning Manager, Clinical Commissioning Group
Dan Preece	Advanced Public Health Practitioner, Plymouth City Council
Bernadette Smith	Senior HR and OD Business Partner, Plymouth City Council
Louise Kelley	Sports Development Manager, Plymouth City Council
Karlina Hall	Commissioning Officer, Plymouth City Council
Julie Frier	Consultant in Public Health Medicine, Plymouth City Council
Phil Bees	Product Portfolio Manager, Plymouth City Council

The tender was evaluated to identify the extent to which the tenderer had the ability, experience, and capacity to deliver the service. The technical response was evaluated to identify how well the tenderer would meet the service specification requirements.

2.2 Financial Response:

The response to financial sustainability section was evaluated to identify any risks and to ensure that the full-cost recovery price/offer was sustainable. This was assessed by:

Phil Bees	PCC Product Portfolio Manager, Plymouth City Council
Kerry Malton	Senior Technical Accounting Officer, Plymouth City Council

Helen Foote Finance Business Partner, Plymouth City Council

3: Panel Presentation

The tendering organisations gave a presentation to a panel consisting of:

Sarah Lees	Consultant in Public Health, Plymouth City Council
Rachel Silcock	Commissioning Officer, Plymouth City Council
Julie Frier	Consultant in Public Health Medicine, Plymouth City Council
Dr Ed Parry-Jones	General Practitioner and Clinical Lead for Long Term Conditions, CCG
Karen Marcellino	Manager Healthwatch and Headcount

6. RECOMMENDATIONS

That there is approval to award the contract to the winning submission for a period of three years with the option to extend for a further three years in annual increments (Consideration of any contract extension would be subject to a future officer delegated authority decision).