

Nottingham City Council

Commissioning and Procurement Executive Committee

Minutes of the meeting held at Loxley House, Station Street, NG2 3NG, on 30 May 2023 from 10.02 am - 10.33 am

Membership

Present

Councillor Audra Wynter (Chair)
Councillor Jay Hayes
Councillor Corall Jenkins
Councillor Linda Woodings

Absent

Councillor Cheryl Barnard

Colleagues, partners and others in attendance:

Jacqueline Armand	-	Employee Wellbeing Manager
Matt Corder	-	Public Health Principal
Lucy Hubber	-	Director of Public Health
David Johns	-	Deputy Director of Public Health
Mark Leavesley	-	Governance Officer
Vicky Lewis	-	Public Health Commissioning Officer
Steve Oakley	-	Head of Procurement

Call-in

Unless stated otherwise, all decisions are subject to call-in. The last date for call-in is 08 June 2023. Decisions cannot be implemented until the working day after this date.

1 Appointment of Vice-Chair

Resolved to appoint Councillor Barnard as Vice-Chair for the 2023-24 municipal year.

2 Apologies for absence

Councillor Barnard - leave

3 Declarations of interests

None.

4 Minutes

The Committee agreed the minutes of the last meeting held on 14 March 2023 as a correct record and they were signed by the Chair.

5 Integrated Wellbeing Service: 2024 onwards - key decision

Councillor Woodings, Portfolio Holder for Adult Social Care and Health, introduced the report.

The report was jointly presented by Lucy Hubber (Director of Public Health), David Johns (Deputy Director of Public Health) and Matt Corder (Public Health Principal). The following was stated:

- Nottingham City Council was responsible for improving the health and wellbeing of the local population. This responsibility, along with the overarching aim to increase healthy life expectancy, was made explicit within the Council's Strategic Plan 2023-27 'People outcome – living well in our communities';
- the latest analysed data (June 2022) showed that healthy life expectancy for both men and women in Nottingham was significantly lower than the England average: with men living 5.7 years less in good health, and women 6.8 years less in good health. The risk factors which contributed most to the onset of disability and the foreshortening of life included smoking and tobacco, diet, nutrition, physical inactivity and alcohol and drug use;
- Nottingham City Council commission services to reduce the prevalence and impact of these modifiable behavioural risk factors, such as tobacco use, physical inactivity and unhealthy diet. Historically, these had been commissioned as separate services and delivered by multiple service providers. Contracts for these commissioned services were due to end 31 March 2024 and a new offer of support was required to ensure health and wellbeing services met the current and future needs of local communities and delivered Best Value;
- from April 2024, the Council intended to amalgamate a range of health improvement interventions into one service model, referred to as an Integrated Wellbeing Service (IWS). The Council would seek to commission a prime provider model, which would be responsible for delivering the service functions in an innovative, dynamic and flexible manner across Nottingham, ensuring Best Value with the following objectives:
 - maintaining and improving the health of Nottingham City residents;
 - preventing future ill-health and its negative impacts on the local population;
 - reducing future and existing pressures on local health and care services;
 - putting the service user at the centre of provision, in-line with the personalisation agenda;
- the proposed IWS would provide a single-entry point to health and wellbeing support for residents wishing to address lifestyle and behavioural factors (such as smoking or weight management) whilst considering support and signposting around the wider determinants, such as emotional wellbeing and other factors that might be negatively impacting their health;
- the service would take a life-course approach to prevention of ill-health, valuing the health and wellbeing of both current and future generations. The service would recognise the significant role the wider determinants of health play, and help individuals receive the support they required and related to the conditions which people are born, live, learn and work;
- this would follow a sensitive and responsive local needs approach by working 'with' rather than 'in' communities. To that extent, the service would take an

asset-based approach built on local need. The behaviour change service would be required to link with, and complement, the existing offers in the community and provide additional resources to further develop healthy communities and environments locally.

Resolved

- (1) to approve the procurement and award of a five-year contract, commencing on 1 April 2024, with an option to extend for a further five years (5+3+2), up to a maximum 10 years in total, for an Integrated Wellbeing Service, at a maximum total cost of £23,750,000;**
- (2) to delegate authority to the Director of:**
 - (a) Public Health to approve the outcome of the procurement process and award contracts to the most suitable providers;**
 - (b) Governance and Legal, or their delegates, to sign the final contracts and agree extensions based on performance and budget availability.**

Reasons for recommendations

1. Health of the population

Recent data for Nottingham showed the need for a change of approach:

1.1 Healthy weight and physical activity

- One in four children was overweight or obese when starting Primary School and that number became 2 in 5 amongst those starting Secondary School;
- Almost seven in ten adults (66.9%) in Nottingham City were living with overweight or obesity and 28.4% of adults were living with obesity; significantly higher than the England average (63.5% and 25.3% respectively);
- Just under one in four (24.1%) adults in Nottingham were inactive, comparable to the England average;
- Four of the top five largest causes of (preventable) death and non-communicable diseases in Nottingham were directly or in-directly related to diet and physical inactivity;
- In 2019/20, Nottingham recorded 3,145 hospital admissions per 100,000 where obesity was a factor, compared to a national rate of 1,869 admissions per 100,000; this was the 4th highest in England.

1.2 Smoking

- While smoking rates were lower than they had been, the last three years had seen rates remain steady with a prevalence of 19.1% in 2021; significantly higher than the national average (13.6%);

- Smoking was one of the largest causes of ill-health and early death in Nottingham. It had an impact on children and young people's lives through pregnancy to adolescence, with 13% of pregnant women smoking at the time of delivery. This was significantly higher than the national average of 9.1%;
- Nottingham was due to miss the Smoke Free 2030 target currently by 10 years.

1.3 Benefits of the proposed approach

- The proposed service would provide holistic health and wellbeing support to Nottingham's residents across the life-course. It would provide timely, flexible, and personalised support to enable residents to make positive and sustainable changes to health behaviours. This would include direct support alongside signposting to community or health and social care services. The service would provide support for residents who have a Nottingham City postcode and/or registered to a Nottingham City GP. The new service would benefit the wider health and care system. Living with obesity, being physically inactive, and smoking all added to health service costs as well as the cost of informal and formal social care;
- In the proposed model, the Council contracts with a single organisation (or consortium) who had identified the best way to deliver services based on the needs of the local population. This may include the direct provision of services in combination with the sub-contracting of local providers. In the event of sub-contracting, the Council retains overall accountability for the commissioned service, while the prime provider held each of the sub-contractors to account individually;
- This approach had several advantages for the Council, including clear and simple governance; access to external, subject experts; and best value. The model also provided the flexibility needed by providers to collaborate where it helped meet local need;
- The model was currently out for consultation with Nottingham City residents and stakeholders. However, it would offer residents and health professionals making referrals a simpler route into a variety of digital, telephone and face-to-face services, with a recognisable Nottingham 'brand.' It would offer greater capacity and improved availability. Any provider would aim to ensure residents only had to tell their story once as they navigated the numerous services on offer;
- The tender process would be used to ensure any service is designed for Nottingham residents and addresses local need. The social value providers' offer to Nottingham City would also be scored as part of the tender process;
- The service would support the Council's statutory responsibilities. The Care Act 2014 required local authorities to ensure that residents who live in their areas receive services that prevent their care needs from becoming more serious, or delay the impact of their needs; have access to the information and advice they need to make good decisions about care and support; have a range of provision of high quality, appropriate services to choose from; and have an individual care plan to meet their needs. The Council (Public Health), also has a statutory

responsibility to take steps to improve the health and wellbeing of the local population.

1.4 Commercial Oversight Board

- The Commercial Oversight Board, made up of senior officers of the Council, had considered the Integrated Wellbeing Service and planned procurement;
- The advice from the officers on that board was that the commercial strategy outlined for this service was the best option for the Council and recommend that the report proceed to Commissioning and Procurement Executive Committee. It was the professional opinion of the officers on this board that the proposed model provided the best outcomes for Nottingham citizens and would deliver Best Value;
- Subject to approval by Committee, the next steps and key milestones were as follows:

open tender process	-	summer 2023 (date TBC)
awarding of contract	-	November 2023
mobilisation	-	December 2023–March 2024
service goes live	-	01 April 2024

Other options considered

1. *Continue to commission separate, individual health improvement interventions delivered across multiple service providers* - This does not currently allow the providers to holistically address multiple health and behavioural factors simultaneously. Participants are supported with a single aspect of their health rather than addressing wider determinants and contributing factors impacting negatively on their overall health and wellbeing which often does not lead to sustainable change. Service users are currently expected to fit into existing services in this model, with limited flexibility in the delivery of interventions. As the aim of this proposal is to increase capacity, individual services would also exceed the Public Contract Regulations 2015 (PCR) thresholds requiring open and competitive tenders for each service. Therefore, this option has been rejected.
2. *Commission a provider collaborative of local health and wellbeing providers, led by a single, lead provider (place-based provider alliance)* – the proposed service is above the PCR thresholds and thus requires a fair, open and transparent process to be undertaken that allows any economic operator (supplier) to participate. As such, legislation requires an open and competitive tender process which will include bids from a local collaborative.
3. *Provide the service in-house, through Nottingham City Council’s Sport and Leisure department (supported by Public Health as required)* – This was explored as part of the development of the service model. Sport and Leisure colleagues have identified that they do not currently have the necessary skills and resources to deliver the full range of interventions the Integrated Wellbeing Service intends to offer. Discussions showed that the capacity and capability gap was significant and would lead to increased costs and significant delay in service development and impact on health outcomes when compared to procurement. This was confirmed by the Commercial Oversight Board who concluded that the proposed

model provides the best outcomes for Nottingham residents and will deliver Best Value. Therefore, this option has been rejected.

6 Employee Wellbeing Services - key decision

Jacqueline Armand, Employee Wellbeing Manager, presented the report and stated the following:

- the Council was required to have in place a comprehensive range of occupational health services in order to be able to meet its common law and statutory duties of care for the health, safety and welfare of employees in their working environment, and to provide advice and medical assessments in relation to sickness management. This included, but is not limited to, the Health and Safety at Work Act 1974 and Health and Safety regulations;
- the benefit to service users was that by having effective wellbeing contracts in place, the Council can reduce sickness absence and improve service delivery by looking after their employee's health and wellbeing. This service should also mitigate the risks, as far as is possible, of staff making a successful claim against the Council for breach of the legal obligations referred to in the report;
- the Council currently had an Employee wellbeing service, which encompassed an internal Occupational Health Services and employing Occupational Health Advisors and wellbeing practitioners. Additional support to the service was currently provided through procured contracts for Occupational Health Physicians, Physiotherapy services and a comprehensive Employee Assistance Programme, which provided confidential counselling services for employees 24/7, 365 days per year;
- it was proposed that a procurement exercise be undertaken requesting tenders for each support service as outlined above. The services would support wellbeing of colleagues and help them remain in, or achieve a successful return to, work, which supports economic wellbeing;
- the services would also enable the council to meet the contractual obligations that it had to third parties, where it provided a full range of Occupational Health services;
- by having three distinct contracts, it was envisaged that this would attract smaller local suppliers to tender, driving local spend and jobs and achieving best value.

Resolved

(1) to approve:

- (a) the planned commercial strategy to secure Employee Wellbeing services, to commence from September 2023, as detailed in the report:**
- (b) a tender process for the services outlined for a term of 3 years, plus an optional 1+1 years (3+1+1, a maximum of 5 years), in accordance with the Council's constitution and legal requirements, including compliance with**

the Public Contract Regulations 2015, at a maximum total cost of £1,050,000;

- (2) to delegate authority to the Director of HR and EDI to approve the outcome of the tender process and award contracts to the successful bidders.**

Reasons for recommendations

1. The Council has three core Employee Wellbeing Contracts that provide a range of Occupational Health Services to all NCC Employees as well as academies, schools and two district councils (via a formal legal contract –see below for further details). These services support the Council by focusing on prevention, intervention and rehabilitation to enable colleague to remain fit for work.
2. It is recognised that a range of wellbeing initiatives can add value to attendance management; help improve performance and provide valuable support to managers and employees. Nottingham City Council is looking for a provider/s that can promote wellbeing and effect a reduction in sickness around the following:
 - Prevention – assisting the Council with fit for work type activities;
 - Early Intervention – bringing about an improvement in absence figures;
 - Rehabilitation – enabling a safe and prompt return to work.
3. To enable Employee Wellbeing to deliver key health and wellbeing support to our employees the following services are recommended:
 - Employee Assistance Programme – provides confidential support to colleagues 24/7 365 days a year. Providing advice and support on mental health issues, bereavement, financial and debt advice. As well as signposting to services and providing some therapy such as Cognitive Behaviour Therapy and Counselling;
 - Physiotherapy provision – early intervention for musculoskeletal conditions being suffered by employees. It includes assessment and treatment to keep employees at work or get them back as soon as possible;
 - Occupational Health Physician – Access to Occupational Health Physicians is critical to the service as they undertake complex case appointments, high level health surveillance assessments related to health and safety and ill health retirement options.

Other options considered

1. Consideration was given to the local impact of going out to tender for one supplier to provide all 3 services. However, by having three distinct contracts it is envisaged that this will attract smaller local suppliers to tender driving local spend and jobs.
2. An option of employing staff directly to deliver all aspects of the services outlined within the report was considered. Taking into account the current external provision NCC has in place and the evaluations undertaken of the service delivery, the ability to

use external provider's knowledge and expertise the opinion was that the most effective and beneficial option was to continue to procure the services.

7 Dates of future meetings

Resolved to meet at Loxley House at 10.00am on the following Tuesdays during the 2023-24 municipal year:

<u>2023</u>	<u>2024</u>
11 July	09 January
12 September	13 February
10 October	12 March
14 November	09 April
12 December	