

MUNICIPAL YEAR 2017/18 REPORT NO. 67

MEETING TITLE AND DATE:
Cabinet 18th October
2017

REPORT OF:

Ray James
Executive Director of
Health, Housing and Adult
Social Care

Agenda – Part: 1

Item: 11

**Subject: Prevention and Early Intervention
Contract Awards**

Wards: All

Key Decision No:4555

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1. EXECUTIVE SUMMARY

The HHASC Service Development Team is commissioning of new Prevention and Early Intervention contracts. This will replace the existing HHASC Voluntary Sector funding. The commissioning process was structured as follows:

- Coproduction and engagement events held with stakeholders in January 2016
- Six outcomes agreed from those workshops –
 - *Helping People Continue Caring - £350,000 value*
 - *Supporting vulnerable adults to remain living healthily and independently in the community including avoiding crises - £270,000 value*
 - *Supporting people to improve their health and wellbeing/improving self-management - £130,000 value*
 - *Helping Vulnerable Adults to have a voice - £170,000 value*
 - *People recover from illness, safe and appropriate discharge from hospital - £120,000 value*
 - *Increased and improved information provision - £220,000 value*
- One contract will be awarded for each outcome
- Contract length 3 years (plus 2 years plus 2 years based on performance)
- Partnership/consortium bids have been strongly recommended
- Outcome based workshops were held in July 2016 and provided a chance to meet others interested in each outcome and work together. These sessions were chaired by the Lead Commissioner and the Institute of Public Care and will look at forming successful consortiums as well as the outcomes themselves.
- Support around London Tenders Portal, tender process and consortium building provided from May 2017
- Specifications published in June 2017
- Tender closing date 21st August 2017
- New services commissioned by 1st December (2017/8 financial year)
- In addition, each lead partner of the successful bid will be offered additional funding of a maximum £10,000 for leadership costs (as part of the strategic funding for Age and Disability).
- Year 2: Give access to CareFirst (or equivalent) to Lead Partner to provide monitoring information on service delivery and clients.

2. RECOMMENDATIONS

2.1 To approve the Prevention and Early Intervention funding tender award of the following:

Outcome One: Helping People Continue Caring to Enfield Carers Centre (consortium lead) to the value of £348,985

Outcome Two: Supporting vulnerable adults to remain living healthily and independently in the community including avoiding crises to Age UK (consortium lead) to the value of £270,000

Outcome Three: Supporting people to improve their health and wellbeing/improving self-management to CommUNITY Barnet to the value of £129,241

Outcome Four: Helping Vulnerable Adults to have a voice to Enfield Disability Action to the value of £165,000

Outcome Five: People recover from illness, safe and appropriate discharge from hospital to Greek and Greek Cypriot Community of Enfield (consortium lead) to the value of £120,000

Outcome Six: Increased and improved information provision to CommUNITY Barnet to the value of £212,425

2.2 To agree contract length of 3 years (plus 2 plus 2 dependent on performance)

2.3 To approve exploring the option of using council information systems and equipment to the Lead Provider of each outcome area

And that Cabinet is asked to give approval to Officers to:

2.4 Agree funding to organisations that previously received funding but submitted unsuccessful bids, to support them to develop alternative sustainable models providing preventative services.

2.5 To set aside funds to support the above and enable a time limited grants programme, to support VSC organisations to develop self-sustaining projects.

2.6 Require that services recognise the specific needs of BME residents

3. BACKGROUND

For 2017/8 the HHASC Care Service Development Team is commissioning a new programme of preventative support in Enfield. This is a central part of Enfield's response to the Care Act and the commitment to improve preventative and early intervention services and ensure the changing needs of the Enfield population are met. It is acknowledged that earlier support benefits service users, carers and can provide significant cost-savings to statutory services.

HHASC Service Development Team is now progressing with the commissioning of new Prevention and Early Intervention contracts. This will replace the existing HHASC Voluntary Sector funding and notice has been given to those currently receiving funding.

Much of this commissioning spans both health and social care, and enabling Enfield Council and Enfield Clinical Commissioning Group (CCG) in the integration of prevention and early intervention services to benefit the community as a whole. This joint approach is highlighted by the inclusion of CCG commissioners in the planning and tender process.

3.1 Key Drivers for Change

Enfield Council's Corporate Plan, the Health and Wellbeing Board's Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment are the key drivers for the strategic direction which all partners across Enfield are working towards. Partners have developed joint plans to support reductions in duplication and to better manage demand

The Care Act 2014 and the Health and Social Care Act 2012 set out clear aspirations for the voluntary sector as a provider of health and social care services, a source of support for commissioning and a partner in supporting prevention and wellness of vulnerable people.

In light of significant financial reductions, we have encouraged a consortium approach to this funding stream, in order to ensure better use of resources and avoid duplication. The successful consortia will work in partnership with Enfield Council, Enfield CCG and other community organisations. We expect each lead partner to adopt a champion and strategic role in the promotion of the services offered and to lead to reduce inequalities in terms of age and disability.

3.2 The Voluntary and Community Sector

This funding stream will replace the existing Voluntary and Community Sector grants held within HHASC Adult Social Care Commissioning.

Enfield Council recognises the exceptional contribution that our vibrant Voluntary and Community Sector (VCS) bring to our Borough. It is recognised that the VCS can, and does, reach parts of the community that traditional Council and Health services cannot reach, and can be more flexible and innovative in their approach.

Enfield has a diverse and well established Voluntary and Community Sector, accommodating over 650 voluntary organisations, community groups, faith groups, sports clubs, and uniformed groups across the borough. The Council recognises the unique position of local voluntary and community groups in supporting residents, and the value of this sector in contributing to the capacity and cohesion of the community.

Services currently funded are diverse, but broadly focus on providing information, advice, guidance and advocacy services, in addition to preventative and day care services across the borough.

The Council remains committed to supporting the VCS to continue to thrive. However the demographics and needs of Enfield have changed over the current funding period and it is essential that our funding streams are targeted towards areas most in need. Enfield Council is now operating with increasingly reduced resources and it is essential that local funding is used effectively and efficiently. With this in mind, Adult Social Care is now commissioning using an outcome based approach with the focus on prevention and early intervention.

3.3 Resources

The budget for this funding stream has been reduced by £500,000.00 in 2017/8.

In addition, Service Development Managers will each have two lead outcomes to work with over the first year of the contract to ensure the service is being delivered appropriately. A smaller number of contracts makes this more manageable and therefore the Service Development Managers are able to provide highly quality support.

3.4 Co-Production and Outcome Development (January-July 2016)

Two consultation events were held, in partnership with Enfield Voluntary Action, in January 2016 where the sector was asked for its views over areas for investment and commissioning. From those workshops the following outcomes for recommissioning were agreed:

Outcome Areas:

Outcome areas determined from the partnership workshops in January and February 2016 with representation from the local authority, health, the mental health trust and the voluntary sector.

Six outcomes emerged from the workshop. These outcomes represent one contract to be commissioned:

1. Helping People Continue Caring

Outcomes:

- recognised and supported as an expert care partner
- enjoying a life outside caring
- not financially disadvantaged
- mentally and physically well, treated with dignity
- children will be thriving, protected from inappropriate caring roles.

2. Supporting vulnerable adults to remain living healthily and independently in the community including avoiding crises

Outcomes:

- People feel happy and healthy and able to maintain a good standard of wellbeing
- People have choice of appropriate activities with promote wellbeing
- People are able to live independently and safely in the location of their choosing for longer
- People feel settled and secure in their accommodation choices
- People are less likely to access primary and secondary care services
- Reduced hospital admissions
- Reduced admissions to residential care homes

3. Supporting people to improve their health and wellbeing/improving self-management

Outcomes:

- Increased confidence and ability to self-manage health conditions
- Increased opportunity and people accessing monitoring of health conditions in non-medical settings
- Increased ability, confidence and skills for self-care – e.g. healthy eating, exercise, peer support
- Increased education and information around preventative and self-care
- Helping Vulnerable Adults to have a voice
- People recover from illness, safe and appropriate discharge from hospital
- Increased and improved information provision

4. Helping Vulnerable Adults to have a voice

Outcomes:

- People feel empowered and skilled to advocate on their own behalf and on behalf of family members
- People feel supported to challenge and complain when appropriate
- People are more confident and able to use online channels to contribute to consultations and engagement
- Increased satisfaction and engagement with services
- Increased involvement in decisions about care and care planning
- Increased support for those facing barriers to services

5. People recover from illness, safe and appropriate discharge from hospital

- People feel consulted, involved and supported through the discharge process
- Increased awareness of services available to support recovery
- Reduced hospital readmission
- Increased recovery times
- Carers feel confident to continue to care
- More people in contact with support service before and after discharge
- Reduced number of complaints

6. Increased and improved information provision

- Improved access to information, advice and guidance
- Improved ability to make informed choices about health and wellbeing
- Reduced social isolation through online support and social networks
- Improved confidence and ability to access online information and use online resources to enhance health and wellbeing
- Reduction of barriers to access information

Service Model:

- Physical information hub
- Hub and spoke model
- Outreach service to reach all parts of the community
- Online directory of community services
- Support to those to access online information and support
- Partnership with statutory services
- Accessibility – language, sensory impairment

3.5 Coproduction and Support Offer (July 2016 onwards)

In July 2016 sessions were run by LBE and the Institute of Public Care on each outcome – to seek opinions and to introduce the new funding structure. LBE also took feedback to see what could be improved. The sessions evaluation write up is attached as an accompanying document. As part of these sessions, IPC presented some training on forming consortia.

In 2017 training has also been provided on the London Tenders Portal to prepare organisations for the tendering processing.

National Council for Voluntary Organisations (NCVO) has also provided a day long training on Consortium Building for VCS organisations in Enfield.

Individual confidential support has been offered to all applicants from the Institute of Public Care.

3.6 Tender Period

The tender period has run from 19th June to 21st August. This included a Suitability Questionnaire (SQ) and an Invitation to Tender (ITT) document.

Clarification meetings were scheduled and completed on the 29th and 30th August.

3.7 Contract Length

Contracts will be offered on a 3 year basis with the possibility of extension by 2 + 2 years dependent on performance.

As this is a new way of working we would expect that a bedding in period will be necessary.

3.8 Contract Values

Contracts were offered up to a maximum value of the amounts detailed below:

Outcome 1	Helping People Continue Caring	£350,000.00
Outcome 2	Supporting vulnerable adults to remain living healthily and independently in the community including avoiding crises -	£270,000.00
Outcome 3	Supporting people to improve their health and wellbeing/improving self-management	£130,000.00
Outcome 4	Helping Vulnerable Adults to have a voice	£170,000.00
Outcome 5	People recover from illness, safe and appropriate discharge from hospital	£120,000.00
Outcome 6	Increased and improved information provision	£220,000.00

4. ALTERNATIVE OPTIONS CONSIDERED

There were three options available to the HHASC Service Development Stream

1. Continue to fund existing contracts with a percentage reduction across all organisations to provide the £500,000 saving
2. Tender a number of contracts with specified deliverables
3. Tender fewer contracts in a consortium, outcomes based approach.

5. REASONS FOR RECOMMENDATIONS

Option three was decided by a steering group including representatives from Service Development, Public Health and the CCG.

It was not viable to continue with the contracts as was (option one) due to the services no longer delivering what was required by LBE, the CCG or the residents of Enfield.

Option 2 was dismissed as too prescriptive and would also result in a large number of contracts which would require additional staff capacity to manage and monitor effectively.

Option three was chosen for the following reasons:

- Outcomes Based commissioning allowed organisations/ consortium's to be innovative and creative – the strength of the VCS is to offer different support based on the needs of their clients. The VCS is often forward thinking and identifies new ways of working effectively.
- Flexible approach to service provision
- The consortium approach actively encouraged partnership working between VCS organisations which results in less duplication and better value for money
- Fewer contracts means Service Development Managers are able to provide meaningful and high quality support and monitoring

6. COMMENTS OF THE EXECUTIVE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

6.1 Financial Implications

Under Part 2 of this report

6.2 Legal Implications

- 6.2.1 The Council has a duty under section 1 of the Care Act 2014 (the "Care Act") to promote individuals' wellbeing (as defined in the Care Act). The Council has a further duty under section 2 of the Care Act to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will contribute towards preventing, delaying or reducing the development by adults and carers in its area of needs for care and support. Section 4 of the Care Act requires the Council to establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and carers.

- 6.2.2 Section 2B of The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) requires local authorities to take such steps as they consider appropriate for improving the health of the people in its area. Such steps may include providing grants to voluntary sector organisations.
- 6.2.3 Section 111 of the Local Government Act 1972 permits local authorities to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of their functions. The Council has a general power of competence under section 1(1) of the Localism Act 2011 to do anything that individuals may do, provided it is not prohibited by legislation and subject to Public Law principles. The recommendations in this report will enable the Council to fulfil its duty under the Care Act and the National Health Service Act 2006.
- 6.2.4 Paragraphs 3.4 and 3.5 of this Report outline the consultation process that has been used in this process. The Council must conscientiously consider the product of the public consultation.
- 6.2.5 As the anticipated contract values exceed £250,000 and/or the contracts will have a significant impact on the local community in one or more wards, this is a Key Decision and the Council must comply with the Key Decision procedure. It has been confirmed that approval from the Procurement and Commissioning Board has been obtained.
- 6.2.6 A tender process was undertaken as described in paragraph 3.5 of this Report. The Council must conduct the evaluation and award of contract process in a fair, transparent, proportionate and non-discriminatory manner. The Council must comply with all requirements of its Constitution and Contract Procedure Rules ("CPRs"). The Council must comply with its obligations of obtaining best value, in accordance with the Local Government (Best Value Principles) Act 1999. The Council must keep a clear audit trail of its decision to award the works to its chosen contractor, in order to demonstrate that best value has been and will continue to be obtained for the Council.
- 6.2.7 All legal agreements arising from the matters described in this Report must be approved in advance of contract commencement by the Assistant Director of Legal and Governance Services. Contracts whose value exceeds £250,000 are required to be executed under seal.

Officers should be mindful of the requirement to obtain a performance bond or parent company guarantee for every contract exceeding £250,000 in value, except where the relevant Director and the Director of Finance Resources and Customer Services consider this to be unnecessary.

6.3 Property Implications

To be sought, if appropriate, following award

6.4 Human Resources Implications

If as a result of the award of contracts there is a service provision change between providers, Transfer of Undertakings (TUPE) regulations would apply.

7. KEY RISKS

Current identified risks are:

- Some previously funded organisations will not be successful in this tender process
- This may increase dissatisfaction for the Council within these organisations
- Small community groups may be disadvantaged

We have mitigated such risks through the following actions:

- By agreeing funding to organisations that previously received funding but submitted unsuccessful bids, to support them to develop alternative sustainable models providing preventative services.
- To set aside funds to support the above and enable a time limited grants programme, to support VCS organisations to develop self-sustaining projects.
- Require that services recognise the specific needs of BME residents
- We have also pledged to provide support to organisations to seek other funding and to develop income generation techniques. We will work with Enfield Voluntary Action to review the need for additional workshops and training on fundraising, business model development and training.

8. IMPACT ON COUNCIL PRIORITIES

8.1 Fairness for All

A consortium approach should result in easier and more equal access to services. For example, Outcome 6 for Information Provision

highlights the requirement to make information accessible to those who may face barriers – such as language, disability or age.

8.2 Growth and Sustainability

By providing contracts of significant value and length, LBE are providing security and sustainability to the local voluntary and community sector.

8.3 Strong Communities

The Voluntary Sector is one of Enfield's strengths, providing support to our many specific communities where statutory provision uptake is limited. Such organisations also provide a cost saving to statutory service budgets by supporting people within their community and ensure health and wellbeing are maintained and/or improved. These organisations also help prevent social isolation of some of our most vulnerable residents by providing social activities, information and face to face contact.

9. EQUALITIES IMPACT IMPLICATIONS

An Equalities Impact Assessment was completed at the beginning of the review of this funding stream. It highlighted a risk to smaller organisations within the Borough. With this in mind, the HHASC Service Development Team make transitional funding available to organisations who were unsuccessful in bidding for the new contracts in order to support organisations to develop and deliver new and more sustainable models of support.

A further Equalities Impact Assessment will be carried out once the contracts are awarded and the Service Model is known. With Outcomes Based Commissioning the Service Model is not confirmed until contract award. We anticipate that there will be some organisations that have been previously funded which will no longer be funded. Support will be in place around alternative income generation and fundraising. There will also be an amount of funding in place to ensure the transition from Council funding to a service model focused on innovative service delivery and reduced reliance on Council funding.

Support will also be offered to organisations who wish to start charging those receiving Direct Payments.

10. PERFORMANCE MANAGEMENT IMPLICATIONS

Performance Management and KPIs will be agreed jointly at the beginning of each contract. Further into the contract (possibly from Year 2) we propose to give access to CareFirst (or any potential replacement information management system) to record activity and

customers, meaning that monitoring information can be run by London Borough of Enfield at any time rather than only receiving quarterly monitoring reports. This also frees up time of the organisations/consortiums to deliver more front facing work rather than monitoring administration providing better value for money.

11. PUBLIC HEALTH IMPLICATIONS

Prevention and Early Intervention are key to the outcomes for the Public Health team. This funding stream will provide grassroots, community support to Enfield residents and compliments the work of the Public Health team. Once awarded, the lead partner will be expected to contact and collaborate with key members of the Public Health team and promote their services to their customers.

Background Papers

None