




Key Decision Report

Decision maker(s) at each authority and date of Cabinet meeting, Cabinet Member meeting or (in the case of individual Cabinet Member decisions) the earliest date the decision will be taken	Full Cabinet Date of decision: 6 October 2014	
	Cabinet Member for Adult Social Care and Public Health Date of decision (i.e. not before): 18 September 2014 Forward Plan reference: [insert]	
	Cabinet Member for Adults and Public Health Date of meeting or formal issue: TBC	
Report title (decision subject)	CONTRACT AWARD: HEALTH TRAINER SERVICE	
Reporting officer	Christine Mead- Tri-Borough Public Health Behaviour Change Commissioner	
Key decision	Yes	
Access to information classification	Open. A separate report dealing with the procurement process and its outcome is on the exempt part of the Cabinet agenda.	

1. EXECUTIVE SUMMARY

Tenders have been sought for Health Trainer Service to support residents to make lifestyle changes to improve their health and reduce their risk of developing cardiovascular disease and long term conditions in line with Public Health commissioning priorities. The report proposes that each of the three Councils enters into a contract with the recommended provider to deliver this service.

2. RECOMMENDATIONS

2.1 For Westminster City Council

Approval to award a framework agreement for three years, with the option to extend for one further year, to the recommended provider was approved at Tri Borough CAB on 4th August 2014.

To call off of the framework agreement and enter into a contract for three years from 1st January 2015, with the option to extend for one further year (subject to performance), with the recommended provider at a three year contract cost of £1,884,750.

2.2 For the Royal Borough of Kensington and Chelsea

To call off of the framework agreement and enter into a contract for three years from 1st January 2015, with the option to extend for one further year (subject to performance), with the recommended provider at a three year contract cost of £1,238,550.

2.3 For the London Borough of Hammersmith and Fulham

To call off of the framework agreement and enter into a contract for three years from 1st January 2015, with the option to extend for one further year (subject to performance), with the provider recommended in the exempt report at a three year contract cost of £2,261,700.

3. REASONS FOR DECISION

To improve the health of Tri-borough residents and to reduce health inequalities.

The outcomes of the health trainer service are lifestyle changes including weight loss, increased physical activity, reduced alcohol and smoking, and healthier diets. All of these changes contribute to reducing cardiovascular disease and cancers which account for the majority of preventable early deaths.

4. BACKGROUND

4.1 The Health Trainer service supports residents to make lifestyle changes to reduce smoking, reduce obesity, increase physical activity, eat healthier diets with more fruit and vegetables, improve health and wellbeing and reduce their alcohol consumption.

4.2 Health Trainers work with all residents but have targets that 75% of their clients must come from the two most deprived quintiles of deprivation. Health Trainers

are recruited from the communities they work in, to make sure they reflect the local population and to build on the relationships they have within their local communities.

- 4.3 Health Trainers developed through a national programme based on evidence about how to support effective behaviour change. They are trained and qualified to engage with people to support the motivation needed to make sustained changes in behaviour. The service will follow up with service users at 3 months and 12 months to support sustained behaviour change.
- 4.4 Health Trainers also support the development of the local economy. Nationally 56% of health trainers come from the top two quintiles of deprivation in the areas they work in. The health trainer service provides employment to local residents at an entry level position, to support local employment opportunities.
- 4.5 The outcomes of the Health Trainer service are in health improvement. People who use the service to develop and complete personal health plans report on average a 20% improvement for clients from quintile 1 and 30% improvement for clients from quintile 2 in their reported health state.
 - 63% choose to work on improving their diet
 - 57% report eating more fruit and vegetables
 - 53% report reducing the amount of fried, fatty food and snacks.
 - Clients on measurement demonstrate a 4% reduction in BMI
 - 19% choose to work on increasing their physical activity
 - 8% choose to work on general wellbeing issues, relating to low mood and depression
 - 2% chose to work on alcohol reduction; the outcome is a reduction of 45% in the number of units of alcohol consumed each week.
 - 23% clients were referred on to other services
- 4.6 For LBHF, 1,560 residents each year will be supported to develop and achieve Personal Health Plans, and 1,794 residents between the ages of 40 and 74 will receive health checks.
- 4.7 A high quality, evidence based, service has been sought to reduce the health inequalities in the area through supporting residents to make healthy lifestyle choices. The service will do this through:
 - Assessing and supporting residents readiness for change
 - Developing Personal Health Plans, based on each individual's identified goals and motivation
 - Supporting the goals identified in the plans with regular meetings
 - Signposting to other services
 - Delivering health checks, a standardised national check of BMI, blood pressure, cholesterol, blood glucose, physical activity, alcohol intake, dementia for people between the ages of 40-74 who do not already have a

long term condition. The results quantify the level of risk of developing cardiovascular disease in the next 10 years.

- 4.8 The service will also work closely with employment services, carers services, health services, GP practices, libraries and community organisations. 50% of service users who are unemployed will be referred to employment services, and 50% of all service users will be referred to other services.
- 4.9 Health checks are a mandatory Public Health service, as are delivering services to people who have risk factors identified through health checks. Following a health checks, people who are overweight, inactive, have high cholesterol or high blood glucose will receive referrals where appropriate to the health trainer service.
- 4.9 Current provider performance across the Tri-borough area is variable. All three current providers are delivering Personal Health Plans according to contract, but only the service in Westminster is delivering health checks according to contract.
- 4.10 The three boroughs had different unit costs for personal health plans, ranging from £408 in RBKC to £462 in LBHF to £593 in Westminster. As all three services were able to deliver, the service went out to tender with a provisional budget based on the lowest rate.
- 4.11 The unit cost differences are due to historical legacy; the services began at different times in different Primary Care Trusts with different resources available and different procurement processes.
- 4.12 A Tri borough tender enabled an analytical review of what the level of need might be for a health trainer service. A decision was made to base the level of provision in each borough on the numbers of the population living in the top two quintiles of deprivation:

ONS census population in the two most deprived quintile based on national deprivation quintiles

National quintile	City of Westminster	Hammersmith and Fulham	Kensington and Chelsea	Tri-borough population
Most and second most deprived	105,874	129,877	73,212	308,963

- 4.13 This resulted in a calculation of the targets for delivering Personal Health Plans based on having 1 health trainer per 10,000 residents in the top two deprivation quintiles. This has resulted overall in an increase of the combined units of personal health plans and health checks of 160% over the current contracts.
- 4.14 Pre-tender research identified a limited supply market. To minimise the barriers to entry for voluntary sector organisations and maximise the limited competitive tension less onerous prequalifying criteria were set.

- 4.15 An engagement event was held prior to the tender to gather feedback from community organisations, current providers and potential providers to stimulate the market and to support the involvement of local community organisations.
- 4.16 A Multi Supplier Framework was not appropriate for this service because not only are there limited suppliers within the market but the service levels across the Tri Borough need to be consistent which is why the procurement is for a Single Supplier Framework Agreement. The Participating Authorities intend to access the Services by awarding contracts (Call-Off Contract) under this Framework Agreement which the successful Tenderer will enter into with the Authority. Current contracts developed differently in three separate Primary Care Trusts prior to the move from the NHS to local government and have different suppliers working to different service specifications. This Single Supplier Framework ensures consistency and standardisation of service.
- 4.17 Collaboration with other Local Authorities were considered but were not included in this procurement as they are at an earlier stage of the procurement process due to the transition from NHS to local government.
- 4.18 The tender was openly advertised and Pre-Qualification Questionnaires (PQQs) were received from seven organisations. Of the seven PQQs two failed to meet the required standard.
- 4.19 Details of the tender analysis are shown in the separate exempt report.

5. CONSULTATION

- 5.1 Consultation meeting with Cllr Robathan held on July 1 2014
- 5.2 Consultation meeting with Cllr Weale held on July 16 2014.
- 5.3 Consultation meeting with Cllr Lukey held on July 14 2014

6. EQUALITY IMPLICATIONS

- 6.1 An equality impact analysis was undertaken prior to tender and the findings integrated into the specification. The service has been designed to tackle health inequalities.

7. LEGAL IMPLICATIONS

- 7.1 This service has been commissioned by Westminster City Council on behalf of the Tri-borough Authorities. The service has been commissioned in line with the Local Authorities' new duties under the Health and Social Care Act 2012. Each

borough will enter into its own contract with the successful provider. Legal advice on the procurement process has been provided by Sharpe Pritchard.

- 7.2 Bi-Borough Legal Services will be available to assist the client department with preparing and completing the necessary contract documentation.
- 7.3 Implications for RBKC and LBHF completed by: Kar-Yee Chan, Solicitor (Contracts), 020 8753 2772.

8. FINANCIAL AND RESOURCE IMPLICATIONS

- 8.1 The budget for each contract will be held within the respective borough. The provider will be paid by the three boroughs separately. The budget holder for the project is Meradin Peachey, Tri-borough Director Public Health.
- 8.2 The proposed contract would be fully funded from the Public Health Grant, over the 3 years the apportionment is as follows;

Borough	14/15 Budget (1 qtr)	FY 15/16 Budget	FY 16/17 Budget	17/18 Budget (3 qtrs)	Total
LBHF	£ 188,475	£ 753,900	£ 753,900	£ 565,425	£ 2,261,700
RBKC	£ 103,213	£ 412,850	£ 412,850	£ 309,638	£ 1,238,550
WCC	£ 157,063	£ 628,250	£ 628,250	£ 471,186	£ 1,884,750

8.3 Contract Comparison

Below is a full year comparison between the existing contracts and the proposed replacement.

Borough	Existing Contracts Value Full Year (full target) £000's	Proposed Contract Value Full Year £000's
LBHF	400	754
RBKC	295	413
WCC	298	628
TOTAL	993	1795

8.4 Effects on Forecast

The increase in Health Trainers expenditure has been budgeted for, below shows the effect of the new contract against budget.

Borough	14/15 Budget £000's	14/15 Forecast £000's	15/16 Budget £000's	15/16 Forecast £000's
LBHF	494	450	772	754
RBKC	325	324	416	413
WCC	406	335	656	628
TOTAL	1,225	1,109	1,844	1,795

The 2014/15 agreed budgets include $\frac{1}{4}$ at the pre-tender estimated cost of the new contracts and $\frac{3}{4}$ of the existing contracts. 2014/15 estimated savings against budget arise from both the proposed contract coming in under budget and estimated under spend on the existing contracts due to underperformance of existing suppliers.

2015/16 savings are the difference between the pre-tender estimated cost of the Health Trainers service and the proposed contracts. Subsequent budgets would reflect the contractual actual cost of the service.

- 8.5 A Parent Company Guarantee is required from Turning Point which will be obtained prior to calling off any of the contracts from the Framework Agreement.
- 8.6 Implications confirmed by Rachel Wigley, Tri-borough Director of Finance - Adult Social Care. Tel. 020 8753 3121

9. VALUE FOR MONEY

- 9.1 The development of this model by the Department of Health was based on a cost benefit analysis of multiple interventions which support different aspects of behaviour changes such as losing weight, stopping smoking, increasing physical activity. The health trainer model is based on the evidence of what works best to support sustained behaviour change, and includes the following elements: peer trainers; an understanding of behaviour change theory, models of change and motivational interviewing; goals set by the service user; goal setting that is SMART; ongoing support over a period of time to succeed in changing behaviour; links with other people to support ongoing behaviour change. All of these elements enhance the likelihood of achieving successful change above an individual setting out on their own to change their behaviour through their own will power.
- 9.2 In the Health Trainer Half Year Review report, April-Sept 2013, Richard Shircore, Royal Society of Public Health, www.rsph.org.uk the following key findings were identified in respect to health trainer services:

- The data supports the notion that the methodology and deployment of HT is well suited to the challenge of improving the health behaviours of those in greatest need of assistance.
- These services are an important strategic and tactical asset in reducing health inequalities.
- Besides immediate, tangible gains, this workforce has an almost unique ability to leave a legacy with their clients in terms of improved health awareness and understanding which has longer term benefits.
- Recruitment continues from Quintile 1 indicating that the service is holding true to its original concepts.
- Results demonstrate an excellent capacity to engage with clients in the lowest socio-economic Quintile 1. Many in this quintile being the most difficult to engage with in respect of health issues.
- Services have a strong track record in demonstrating an ability to positively improve clients' health behaviour and are actively engaging with some of the most important modifiable determinants' of health such as: food, diet, eating, alcohol, mental health and resilience.
- The role of the Data Collection and Reporting Service (DCRS) in collecting and making Public Health data available is a valuable asset that should be more fully exploited.
- This half year review also demonstrates that the HTS is continuing to operate to its original specifications of using local people in deprived areas to be a primary change agent. For those commissioners concerned with reducing health inequalities the way HTS operate is much more likely to be effective than simple campaigns focusing on topics.

9.1 The new contracts will mean an increase in costs. This is because they represent an increased investment in Health Trainers, with increased outcomes measured by the number of health checks and personal health plans delivered. This is shown in the table below.

	Previous contract Volume	Proposed contract Volume
WCC	1,130	2,838
RBKC	1,080	1,806
H&F	852	3,354
Total	3,062	7,998

9.2 However, the new contracts provide better value for money measured by lower unit costs. The average unit cost saving in the new contracts compared to the current unit cost across the Tri- borough is over 22%, with a saving range from 16.5% in RBKC to 27.5% in H&F.

Cost per unit	Previous contract	Proposed contract	Saving per unit	% saving per unit
WCC	£279	£221	£58	20.8%
RBKC	£273	£228	£45	16.5%
H&F	£309	£224	£85	27.5%
Average	£288	£224	£64	22.2%

9.3 The benefits of the health trainer service are an investment in positive and sustained health outcomes focusing on areas of greatest health inequality. National evaluation reveals sustained improvement in all areas the service addresses: losing weight, increasing activity, eating healthier diets, reducing alcohol, reducing BMI, increasing self- efficacy and self- confidence.

9.4 The service also contributes to the local economy as it is based on recruiting, training and employing people from the areas they will work in, making good use of peer networks and increasing local employment. This is based on social marketing principles as well as an understanding that to reduce health inequalities what is required is to engage local people on their own terms in improving their own health.

Meradin Peachey
Director of Public Health

Local Government Act 1972 (as amended) – Background papers used in the preparation of this report

Note: Report to Westminster City Council Gate Panel

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