


<p style="text-align: center;"><b>London Borough of Hammersmith &amp; Fulham</b></p> <p style="text-align: center;"><b>CABINET</b></p> <p style="text-align: center;"><b>9 MAY 2016</b></p>	
<p style="text-align: center;"><b>CONTRACT RENEWAL REPORT FOR COMMUNITY CHAMPIONS PROGRAMMES FOR HAMMERSMITH AND FULHAM</b></p>	
<p><b>Report of the Cabinet Member for Health and Adult Social Care – Councillor Vivienne Lukey</b></p>	
<p><b>Open Report</b></p> <p>A separate report on the exempt part of the Cabinet agenda provides exempt financial information.</p>	
<p><b>Classification – For Decision</b></p> <p><b>Key Decision – Yes</b></p>	
<p><b>Wards Affected:</b> Wormholt and White City, College Park and Old Oak, Shepherds Bush Green</p>	
<p><b>Accountable Director:</b> Liz Bruce, Executive Director for Adult Social Care and Health</p>	
<p><b>Report Author:</b> Christine Mead Behaviour Change Commissioner Public Health</p>	<p><b>Contact Details:</b> Tel: 020 7641 4662 E-mail: cmead@westminster.gov.uk</p>

## 1. EXECUTIVE SUMMARY

- 1.1. This report seeks agreement from Cabinet to waive the application of the Council's Standing Orders (CSO) to approve the modification of the three existing contracts for a further period of three years, with amended terms, for the provision of Community Champion projects to incumbent providers, for the period of the three years from 1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2019. The details of each award are listed in Appendix 1 (as set out in the exempt report on the exempt Cabinet agenda).
- 1.2. The rationale for this award is that existing projects are being successfully delivered and will be further developed through partnership links with Hammersmith and Fulham Clinical Commissioning Group (HFCCG) and

Housing Associations, including an extension of outcomes and a saving to Public Health budgets while maintaining project viability. Partnership agreements are in development in each location to create a local Health and Housing Partnership Group who will collectively support and develop the Community Champions projects.

- 1.3. There are very limited numbers of community organisations in each of the neighbourhoods who would be able to deliver a community champions project, so there would be no competitive advantage gained by going out to tender while there would be a risk of destabilising the trust and capacity of the existing organisation delivering the project.

## **2. RECOMMENDATIONS**

- 2.1 That approval be given for a retrospective waiver of the Council's Standing Orders (CSO) and that approval be given to extend the term of the three contracts to the existing service providers, as set out in Appendix 1 (in the exempt report on the exempt Cabinet agenda), from 1st April 2016 to 31st March 2019. The maximum lifetime value of each of the 3 contracts will not exceed £589,148 (see Appendix 1), the threshold where Schedule 3 contracts would be subject to competition under the Public Contracts Regulations 2015.
- 2.2 To approve the modification of the existing contract to Old Oak Housing Association as set out in Appendix 1 (in the exempt report on the exempt Cabinet agenda) to provide for an extension of the term of the contract for a further period of three years effective from 1 April 2016 for a contract value of £40,000 per annum, aggregate £120,000 over three years.
- 2.3 To approve the modification of the existing contract to Urban Partnership Group as set out in Appendix 1 (in the exempt report on the exempt Cabinet agenda) to provide for an extension of the term of the contract for a further period of three years effective from 1 April 2016 for a contract value of £45,000 per annum, aggregate £135,000 over three years.
- 2.4 To approve the modification of the existing contract to White City Enterprise as set out in Appendix 1 (in the exempt report on the exempt Cabinet agenda) to provide for an extension of the term of the contract for a further period of three years effective from 1 July 2016 for a contract value of £45,000 per annum, aggregate £135,000 over three years.

## **3. REASONS FOR DECISION**

- 3.1. The decision to modify and renew existing sovereign contracts is considered to be the optimum solution in order to:
  - achieve continuity for residents in the existing Community Champions neighbourhoods, so that the networks and relationships with community services and local residents which have been developed by the providers in the last two years are extended further extended further

- develop, during this contract term, a new service model through partnership support from housing providers and the Clinical Commissioning Group, both in kind and financial
- work with existing providers to increase the reach of the Community Champions across the whole community
- enable existing providers to work with residents to develop a sustainable model to take community projects forward after the three year contract, e.g. develop social enterprise, develop crowd sourcing funding for specific projects
- to continue to achieve outcomes to residents including improved physical health, healthy eating and weight reduction; improved mental wellbeing; reduced isolation; increased social cohesion and community safety; improved knowledge of local services
- to continue to achieve outcomes for local services including reduced care needs for health services through prevention of long term conditions including diabetes, lifestyle related cancers, and cardiovascular diseases; reduced health and social inequalities, improving access to services; economic contribution from volunteers moving from benefits to paid employment; increasing citizenship and further volunteering.

#### **4. BACKGROUND**

- 4.1 Community Champions projects began seven years ago in White City as part of the Well London programme to develop groups of volunteers in deprived neighbourhoods across London to reduce health inequalities and improve health.
- 4.2 The White City project was one of the most successful across London, both in terms of the impact and development of the volunteers (16/18 of the first cohort went on into employment) and because of the reach across the community to residents of all ages and backgrounds. After five years the funding for the project was stopped, but the Residents Association had by then developed the resources, along with the development of the Big Local, to set up White City enterprise as a local organisation to take forward future work in White City.
- 4.3 Two further projects were commissioned, at Edward Woods and at Old Oak Estates, and these projects have both delivered for the past two years consistently above contract, in terms of the ability to attract, train and sustain volunteers, and the success of getting residents engaged with local activities and services.
- 4.4 Community Champions projects are commissioned to deliver on the following outcomes:

- 4.4.1 To increase Community Champions Programme intelligence and knowledge of residents' attitudes to health and wellbeing and access to services
- 4.4.2 To increase local residents' awareness, knowledge and take-up of local health & wellbeing services
- 4.4.3 To increase local residents' awareness, knowledge, attitude change and health seeking behaviour viz a viz specific health concerns and conditions as needed e.g.
- Maternity & children's services
  - cancer awareness (breast, bowel, lung etc)
  - cardiovascular disease (heart disease, stroke, diabetes)
  - mental and emotional health
  - physical activity
  - tobacco cessation
  - healthy eating / nutrition
- 4.4.4 To increase local residents' awareness and knowledge of the social determinants of health such as housing, education, training, employment and welfare reform
- 4.4.5 To increase community champions understanding, skills and competencies in health promotion and health improvement
- 4.4.6 To increase local awareness of Community Champions Project as a result of community events, campaigns, activities, web-site and newsletter distribution
- 4.4.7 To influence the work of Hammersmith and Fulham Clinical Commissioning Group, Hammersmith and Fulham Healthwatch, Public Health Services, local council services and Housing Association services and relevant local service providers and initiatives
- 4.5 The outcomes achieved by community champions projects, as measured through the Social Return on Investment Evaluation, include improved wellbeing, increased social cohesion, weight loss, increased physical activity, improved school readiness, increased employability and employment, improved knowledge of local services.
- 4.6 The plans for extending the three projects for a further three years are to further build the assets of the community in designing and running their own health and prevention programmes, and to link more closely with the prevention work in Adult Social Care, Housing and the CCG in order to support residents in maintaining healthy, active lives.
- 4.7 The three existing projects are part of building and co-creating the community champions programme which enables residents to both lead and deliver local activities which improve mental and physical health, as well as the sense of community in those neighbourhoods.

## 5. OUTCOMES FROM COMMUNITY CHAMPIONS PROJECTS

- Over the last year there have been 56 Community and maternity Champions volunteering on the project, some giving three hours a day and some giving three hours a month. 80% of the volunteers are not currently in employment and are using their volunteering to develop their skills and qualifications to support their future employment. Last year 15 champions were successful in either getting jobs or being accepted onto full time educational courses leading to specific professional qualifications. 82% of the volunteers are parents with children, 88% are from ethnic minority backgrounds, and 90% are in the age range of 25-44, all of which means that the volunteers on these projects are not 'typical' volunteers.
- Quotation from a champions:  
"As an individual, I'm respected as a Community Champion and seen as a real help and motivator. I work with people from different organisations which has helped people having problems with GPs, housing or schools. I really want to make my neighbourhood safer and healthier and so I am organising a meeting with Notting Hill Housing. This week I'm helping a neighbour who is being evicted. Being a Champion allowed me to put a smile on children's faces when I organised a trip to Brighton." (Edward Woods)
- "I became a Community Champion mainly from interest, and wanting to give something back to my local community. Community Champions live and work in the community with local residents and share and give health advice on a number of issues. As a health champion I did several courses and took part in a number of community events, from promoting Vitamin D for pregnant mothers and children to taking part in the community health survey s well as cooking on a budget courses. We also did some nationally accredited courses.....As a result of this I now have a career as Health Trainer and value so much the training and experience I had as a Community Champion – and of course the many friends I have made." (Old Oak)
- "I joined the team of Community Champions towards the end of 2014 with the expectation of supporting my local community in some way. How naïve was that? I have since gained confidence to approach and speak with members of my community by taking part in events like Dry January and the Community Research Training held at Parkview Health Centre, something I would have never said that I am capable of undertaking. Learnt about myself: I have good listening skills, am well informed about my area, am a good team player and a few other attributes. My participation in the courses has changed my behaviour towards others....being a Community Champion has unleashed something within me and given me a chance to explore my personal capabilities. I now have direction for what I want to do jobwise, where I want to go and the path to get me there. Not only do I feel that my contribution is worthwhile whilst working for my local community, but I actually know what I am talking about and am passionate about the work we are doing. The Community champions are a fun group of people who

truly represent our diverse population and I am proud to be a member.”  
(Parkview)

- Community Champions attended 222 days of training over the year, including amongst other courses, level 2 courses in Understanding Health Improvement and Understanding Behaviour Change, level 3 course in Health Trainer Certificate, Mental Health First Aid, CIEH courses in Food hygiene and Paediatric First Aid, Community Research, Walk Leader.
- 22 large community events took place, with 2483 residents attending them
- Over 100 weekly activity sessions took place, with an average of 15 residents attending each session. Activities included: health themed coffee morning, healthy eating, cooking on a budget, school lunch box, debt management, mental health, relaxation and sleep improvement, buggy walks, “Booty Camp”, Zumba, drop ins for expectant and new parents, community choir.
- 10 Public Health Campaigns ranging in length from one month to one year reached 1458 residents. Campaigns included: healthy eating, child oral health, eye health, Vitamin D, Dry January and monthly awareness campaigns on various cancers, heart health and children and salt.
- The external Social Return on Investment evaluation confirmed that on average each project engages with 200 people actively – they are involved in at least three of the weekly activity sessions – and reaches 1000 residents in their patch through campaigns and community events.

## **6. PROPOSAL AND ISSUES**

- 5.1 See Appendix 1 (in the exempt report on the exempt Cabinet agenda) for proposals to extend the existing contracts for the three projects at Edward Woods, Old Oak and Park View (White City).
- 5.2 As the value for each of the three contracts will be below £589,148 (see Appendix 1 in the exempt report on the exempt Cabinet agenda)) they did not need to be advertised in the Official Journal of the European Union and are not subject to the full extent of EU procurement rules.

## **7 CONSULTATION**

- 7.1 An extensive consultation process was undertaken during the scoping phase of the existing projects (in 2013). Local stakeholders were engaged in many aspects at these discussions and to ascertain whether they would be interested in getting involved in a Community Champions project.
- 7.2 Consultation was held with housing associations in terms of finding out what their resident engagement activities are, what could be joined together and what could be offered to tenants of other housing associations or council housing owned properties in terms of employment support, meeting rooms and promotion through resident communication channels.

## **8 EQUALITY IMPLICATIONS**

- 8.1 The Community Champions projects are designed to reduce health and social inequalities, and have been evaluated to demonstrate outcomes which support employment, health improvement, social cohesion, children's school readiness and knowledge and access to local services.
- 8.2 There is evidence from the Social Return on Investment (SROI) of behaviour changes of residents in terms of weight loss and increasing physical activity which reduces the likelihood of developing diabetes and heart diseases, as well as some lifestyle related cancers, thus reducing health inequalities.
- 8.3 There is evidence from the SROI of improved school readiness for children, which contributes to reducing educational inequalities.
- 8.4 There is evidence from the SROI of improved employability for the volunteers, which contributes towards reducing poverty and social inequalities.

## **9 LEGAL IMPLICATIONS**

- 9.1 The contracts which are the subject of this report fall within Schedule 3 of the Public Contracts Regulations 2015 (the Regulations) i.e contracts which relate to social and other specific services.
- 9.2 In respect of the three contracts recommended for extension, these would also be subject to Regulation 72 of the Regulations (modification of contracts during their term). In certain circumstances contracts may be modified under Regulation 72 (1) (b) or (e) provided that certain requirements are met. It is recommended that a contract award notice is placed in OJEU advising of the modification of these contracts.
- 9.3 In respect of the three contracts recommended for extension, a waiver of Contract Standing Order (CSO) 12.3 (competition requirement requiring quotations/tenders) is requested. Cabinet has power to approve the waiver under CSO 3.1. Subject to approval of the waiver, Cabinet may approve the award the contract, as allowed under CSO 12.
- 9.4 Normally a request to extend a contract would be made to the Cabinet Member. As the value of the extension is above £100,000, approval is sought from the Cabinet.

Implications verified/completed by Margaret O'Connor, Solicitor, Legal Department.

## **10 FINANCIAL AND RESOURCES IMPLICATIONS**

- 10.1 The individual contract prices are listed in Appendix 1 (in the exempt report on the exempt Cabinet agenda).

- 10.2 The contract prices are within the planned Public Health budget, and meet the criteria for use for the ring fenced Public Health grant.
- 10.3 Through partnership agreements, savings have been identified while maintaining substantial levels of partnership project investment. The savings are identified in Appendix 1 (in the exempt report on the exempt Cabinet agenda) for the existing contracts.
- 10.4 Implications verified/completed by Richard Simpson, Finance Manager, Public Health Department.

## **11. IMPLICATIONS FOR BUSINESS**

- 11.1 This procurement allows local organisations delivering the project to actively engage with other local businesses and service providers to build up a network of local working partnerships. It is also intended that the project will employ local people to both manage the project and the local Champions.
- 11.2 When delivering activities, campaigns and events the project aims to work with other local individuals, groups and businesses, ensuring that benefit and economic gains from this programme stays local.
- 11.3 Implications verified/completed by Antonia Hollingsworth, Principal Business Investment Officer, Economic Development Learning & Skills, Planning & Growth.

## **12. RISK MANAGEMENT**

- 12.1 The Public Health Department remain responsible for service related risk. The Department maintains a risk register that is reviewed quarterly and where risks escalate they may be included in the Shared Services Risk Register. Market Testing, achieving best value at lowest possible cost to the local taxpayer is a key corporate risk, risk number 4 on the Shared Services risk register. The risk of extending existing contracts has been accepted by Public Health to enable sustained delivery of the service, business continuity risk number 6 on the register, whilst strengthening the building of local social capital in the three existing projects. Re-tendering would mean starting again, possibly with a new provider who would have to start to build new networks.
- 12.2 The development of Health and Housing Partnerships is intended to minimise risk in the long term by creating a supportive funding and development group around each Community Champions project which will sustain it in the future.
- 12.3 Implications verified by Michael Sloniowski, Shared Services Risk Manager telephone 020 8743 2587.



### **13. PROCUREMENT AND IT STRATEGY IMPLICATIONS**

- 13.1 Approval for the existing service arrangements for current Community Champions projects expires in March 2016. Normally, under the Council's Contracts Standing Orders, a competitive tendering exercise would be run to select providers for new contracts.
- 13.2 Under the Public Contracts Regulations 2015 (PCRs), which came into force on 26th February 2015, all of the services required from the Community Champions are defined as "Social and Other Specific" services and fall under the Light Touch Regime. A mandatory competition would only be required if a contract value exceeds £589,148.
- 13.4 If the existing contracts can be modified under Regulation 72 of the PCRs for the period of time needed by the service department to ensure service continuity, this course should be taken. If, however, it is not permissible under the PCRs to modify and extend the contracts for the period of time needed, the Interim Head of Procurement supports the award of new interim contracts to run for a period of no more than 36 months, with options allowing earlier termination as and when the Council requires.
- 13.5 A balanced approach to this risk should be taken. Given the nature of the supply market for the local Community Champions contracts, the service department believe this risk is low.
- 13.6 Provision exists within Contracts Standing Orders for these to be waived if the appropriate body, in this case Cabinet, believe the waiver is justified, given the nature of the supply market, and in the Council's interests.
- 13.7 Implications verified and completed by Tim Lothian, ASC Procurement Manager, 020 8753 5377.

#### **LOCAL GOVERNMENT ACT 2000** **LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Location</b>
1.	None		

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#### **List F Appendices**

Appendix 1: Part B (as set out in the exempt report on the exempt Cabinet agenda).