

Bristol Behaviour Change for Healthier Lifestyles Programme

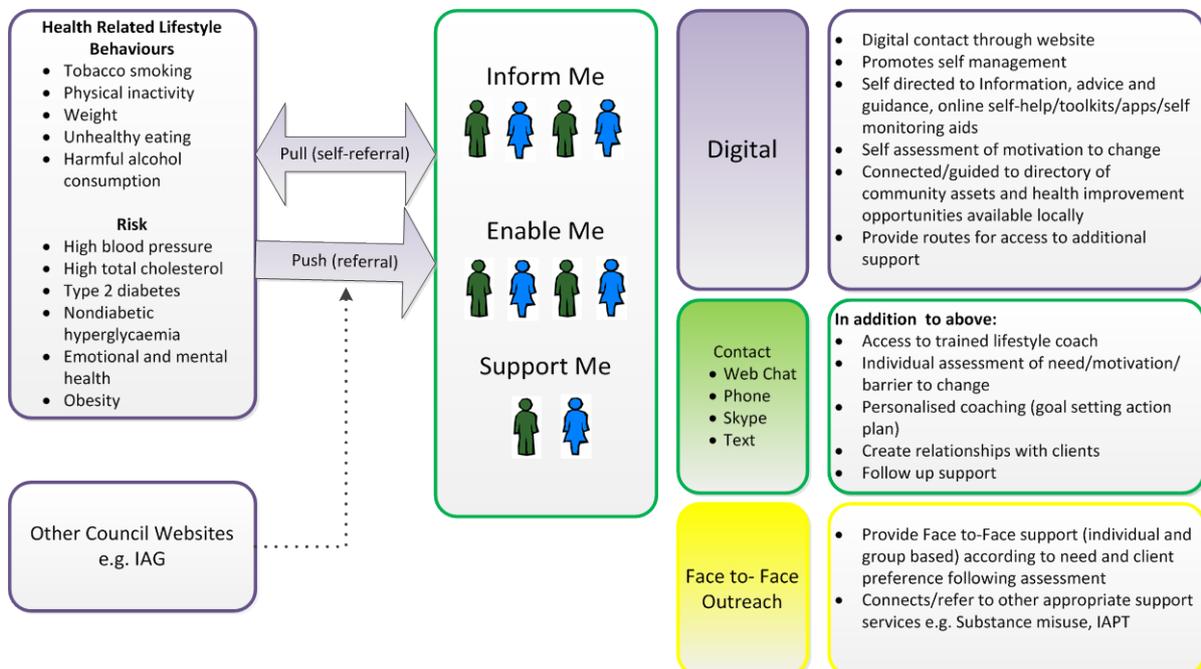
Options for procurement lotting arrangements

1. What are the key aims of the programme?

- Integrated support for individual / family behaviour change (including children and young people) rather than focussed on a single lifestyle issue.
- Provide a service for all, with a level of support proportionate to individual need:
 - Help to help yourself – maximising use of digital technology
 - Telephone support
 - More intensive face to face support through local groups/individual support for those with highest needs wishing to change their health related behaviours
- To have a presence in local communities and connect effectively with local community assets.

2. What was the agreed service model for the new programme?

The following service model was agreed and put out for consultation:



The behaviour change programme also includes inviting adults in Bristol aged 40-74 for a face to face **NHS Health Check**, delivery of these health checks, and reporting activity to PHE (Health checks are a mandated LA responsibility).

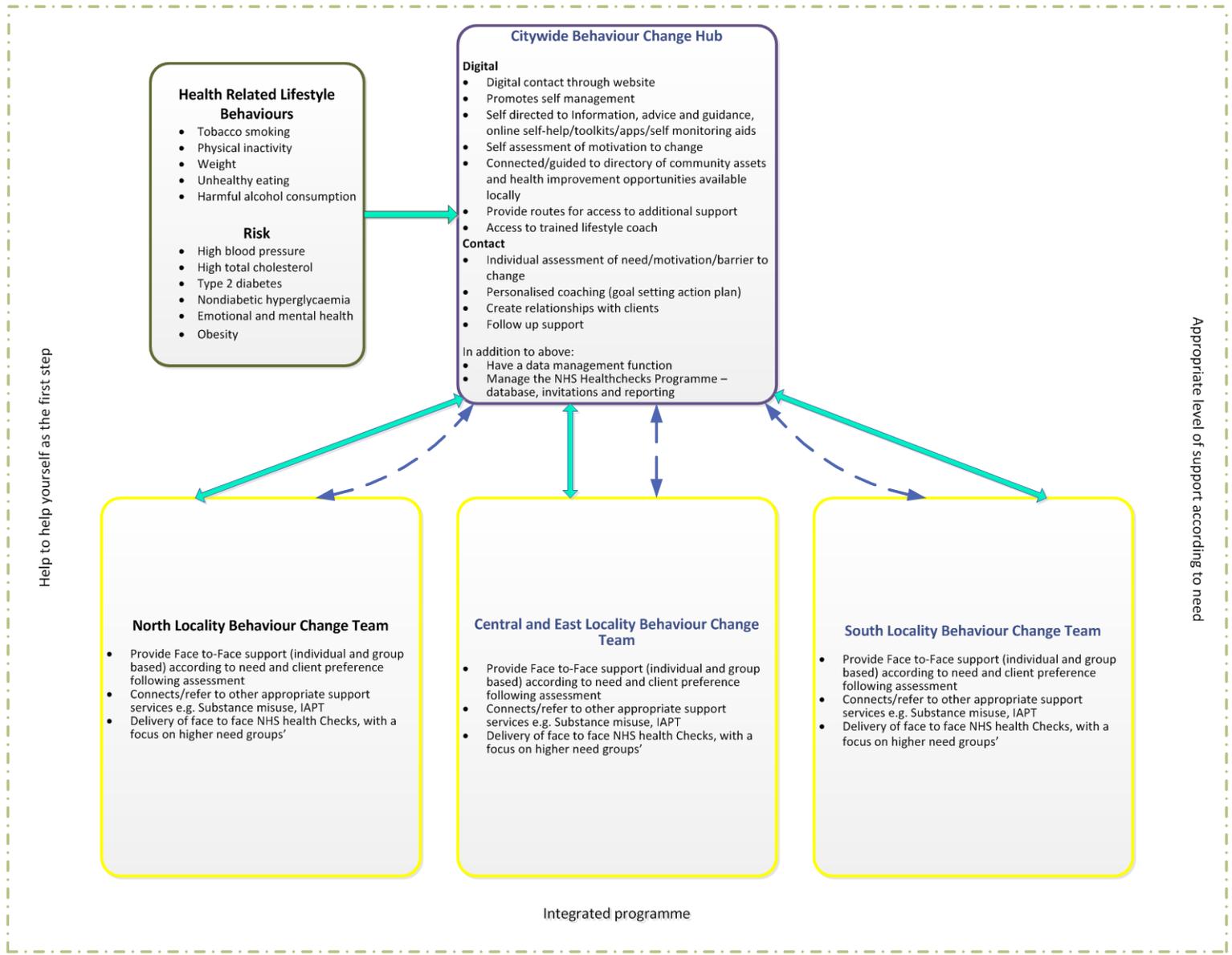
3. What has the consultation told us?

- The vast majority of consultees supported the above programme model, with support proportionate to need.
- In terms of lotting arrangements, responses were split across the three options –
 - a single lot for the whole programme,
 - one lot for behaviour change programme with a separate lot for the NHS health Checks element,
 - geographically based lots
- The Care Forum, Southmead Development Trust, Wellspring and Knowle West Healthy Living Centre and Wellspring supported the second option rather than a geographically based model
- There was a strong focus throughout in support of a programme that included a locality focus, with 93% of respondents supporting a model which provides different levels of support according to needs
- The majority – 86% felt the ratio of 80% quality and 20% price in the evaluation was correct, and there was a range of comments regarding equalities, including the balance between digital and face to face service provision.

4. How might the service model work, taking account of consultation findings?

The consultation found strong support for the service model proposed above, and for maximising the use of digital technologies. It also highlighted the need for strong face to face support in local communities.

A proposed model for the programme, building on the original service model, is found below, assuming an integrated programme coordinated by the city wide hub.



 Resource flow to meet demand
 Client Flow

5. Appraisal of lotting options

- A single lot approach was proposed by the project group, and taken to the wider steering group. A 4 lot approach was proposed by the wider steering group, as a means to ensure smaller community sector organisations had the opportunity to bid and the needs of the most deprived communities were met.
- Further advice was taken on this with legal and procurement colleagues, and legal advice was strongly against separating in to 4 lots.

Appraisal of these 2 options against both aims of the programme and wider council aims are set out below:

Programme/wider council aim	Single lot - with collaboration	4 separate lots: digital hub, plus 3 x locality services
An integrated behaviour change programme	Facilitates a joined up service through a single contract for whole behaviour change programme which meets the needs of communities.	Fragmentation and loss of ability to move seamlessly with the behaviour change programme to different level /locality for support.
Flexible and responsive to need	Single contract allows flexing of resources and staff between the hub and localities, and between localities, to meet needs and demand	Individual contracts and resources for each of the 4 lots limits opportunity to flex resources to meet people's needs. Variation in programme quality within each of the 3 localities. Diverse provision in line with range of local population needs still required within localities.
Support proportionate to individual need	Allows for a mainstream approach to individual /family behaviour change with localisation and more intensive support in high need areas.	Ensures localisation at 3 locality level.
Presence in local communities, linking to community assets	Collaborative commissioning under lead provider arrangement with clear locality	Ensures presence in local communities across 3 localities

and meeting community needs	specifications to ensure presence, visibility in local communities and expertise	
Take account of market potential	Open to wide range of bidders through collaborative arrangements	Open to wide range of bidders
Efficient use of council resources	Cost efficient. Simplifies commissioner/provider relationship - Single procurement, single contract	Higher cost for same level of service delivery 4 procurements, 4 contracts to manage, 4 sets of liabilities and potential disputes. Requires additional council resource for contract management, reducing resource available for face to face service delivery
Delivery of the council responsibility for the NHS health checks programme, including inviting people, delivering checks, increasing uptake, reporting to PHE.	Clear responsibility for NHS health checks programme across the city with lead provider. Single data management system for invitations, activity monitoring and reporting. Allows for flexing resource across localities to increase uptake	Fragmented responsibility, duplicate data management, administration and risks. No single system for sending invitations.
Encouraging involvement of SMEs and community organisations	Specification for locality teams to be set out in overall spec for a single lot, including requirement for local knowledge and expertise in working with diverse local communities (Lead contractor arrangement doesn't exclude smaller organisations)	Specification for a hub with 3 locality teams will encourage involvement of SMEs and community organisations. Risk working in isolation within their own area to their individual contract.
Ability to TUPE existing Public Health staff	11 public health employees have been identified for possible TUPE, including The Learning disabilities team, the Resource and information Team and the existing Hub staff. A single provider will enable staff to resource areas of the model, appropriate to skills, knowledge and needs of the system.	Employees will be identified for a specific lot (contractor), which does not offer flexibility according to need of the employee or community.

6. Suggested way forward and proposed risk mitigation

1 lot, with collaboration, and actions as below to ensure participation of smaller community organisations.

To date we have encouraged our voluntary and community groups to collaborate with each other and other organisations at a Market Development Day, which included a 'speed dating' element, and a request that interested parties work together in advance of the formal procurement process beginning.

- The service specification will be structured to protect the locality element and encourage smaller community sector organisation to bid in a collaborative way. We will draft a locality team specification within the overall specification, that clearly sets out our expectations and requirements for locality teams. It will state clearly that the provider/lead provider must have appropriate knowledge and expertise for delivering this contract to Bristol City Council (either through themselves or a collaborative arrangement, or both).
- These requirements will be strongly weighted in the tender evaluation process.
- We have extended the period for preparation of bids, to support development of collaborative bids.
- The procurement process is based on an open procedure, which means we will provide the equivalent of a shopping list, and the supplier will provide a pricing for the list. We will require a project plan, a structure, and pricing.
- We will expect a presentation/interview as part of the tender evaluation process, which will enable us to discuss with the provider how they will meet the needs of local populations, particularly where needs are highest.
- Our Bidder Day in September will make these intentions very clear.

We are aware of several local community organisations that are having collaborative conversations.

Sally Hogg, Viv Harrison

18/8/17

Amended 5/9/17 after review by BCC procurement officer