



Document Type	Information Report
Programme	Public Health
Title	Taking a community development approach to addressing health inequalities
Audience for this document	
Programme Implementation Board, Joint Implementation Executive, North and West Shadow Executives	
Purpose of this document	
To brief members of PIB, JIE and North and West shadow executives on the plans for a community development approach to addressing health inequalities and to ask for them to endorse this.	

Document Control

Version History (please see version control guidance)			
Date	Version	Author	Brief Comments on Changes
20/8/20	V1	Chloe Gay	

Distribution (For Information, Review or Approval)	
Name	Resp⁽¹⁾

(1)Responsibility: I=Information, R=Review, A=Approval

Document Approval	
Date	Who



1. Introduction

Please provide a brief summary of the main points covered (use bullet points where possible).

- Cabinet approval was given to commission in a new community-based offer to address health inequalities, starting in April 2021, replacing the existing Social Wellbeing contract but at with a lower total contract value in response to re-prioritisation of the public health budget.
- This contract will have an extended reach to vulnerable groups at most risk of health inequalities and will focus on interventions that will have a positive impact on wider health and wellbeing.
- This paper is to update members on the proposed procurement and to seek endorsement to proceed with this new approach.

2. Background

Context (the what, why and how)

Public Health currently commission a Social Wellbeing service, which is a legacy from the Supporting People Adult Social Care contracts. The contract is held with Commsortia who subcontract to a number of Voluntary and Community Sector (VCS) providers, and this contract was transferred to the public health team from First for Wellbeing in September 2018.

In December 2019, Cabinet approved a one year extension to the contract between NCC and Commsortia with a total value of £1.3 million expiring at the end of March 2021, to use this year to plan for the end of the contract.

The current outcomes that the Social Wellbeing contract focuses on delivering are:

- a) removing or reducing the need for long-term social care interventions and reducing social isolation in older people, and
- b) delaying or preventing homelessness in vulnerable groups (including offenders, substance misuse, learning disabilities).

The service is split into two with a different specification for each objective. Within each there are a number of providers who deliver services to different groups, in different locations across the county and with variations on how these services are delivered.

This current contract is due to end on 31 March 2021. Cabinet approval was given in December 2019 for NCC to use an optional year extension to the current contract until March 2021 in order to decommission these services. Cabinet also gave approval to commission in its place a new community-based prevention offer from April 2021 that



has an extended reach to other more vulnerable groups who also experience health inequalities and that focuses on more 'upstream' interventions demonstrating a positive impact on wider health and wellbeing.

Public Health have been developing the proposals for the new service and are also conducting engagement to gain feedback on this new service. The engagement will end on 28 September and the report that goes to Cabinet will include the feedback, which will also be used to develop the procurement approach and service specification. This paper is to ask for endorsement of the procurement plans.

Any known risks (how likely are they)

There are a number of risks associated with the ending of the current contract. However, we cannot extend it any further due to procurement rules.

Risk, Cause and Effect	Inherent Risk Score (Likelihood x Impact = Inherent Risk Score)	What are the main controls in place that you rely on to manage the risk?
Reputational damage to the council for ending what has been historic funding of specific VCS organisations, therefore impacting on their viability, particularly when they have been key in providing support as part of the COVID response Cause: End of funding Effect: negative public perceptions/ media campaign criticising the council	9	Commsortia are working closely with providers to support them to plan for the end of the contract and look for alternative sources of funding. Furthermore there will be engagement with the market to allow them to think about how they can develop and bid for the new contract.
Impact on NASS clients and providers Cause: removing funding for services used by NASS/ clients of NASS Effect: Increased demand for NASS services	6	The current providers report that a very low number of their customers are currently NASS customers. PH are discussing the impacts with NASS and asking for involvement from NASS commissioners to mitigate impacts and look at taking a strategic approach to prevention across the county
Increased people who are homeless Cause: end of funding for the wrap-around support tied to specific accommodation (accommodation-based support) means that housing providers refuse to accept tenants with support needs Effect: less people have access to accommodation which will mean an increase in homelessness	9	PH are working with Chief Housing Officers Group and the housing cell to ensure that the new housing strategy and the recovery plans take into account the needs of people who are at risk of homelessness. The new contract will provide support to those who are homeless through addressing the wider



		health and wellbeing needs of those who are homeless
Impact on VCS/ providers Cause: reduction in funding Effect: services may close/ reduce their offer, which will have a knock on impact for referrers into those services and service users	12	Commsortia are working closely with providers to support them to plan for the end of the contract and look for alternative sources of funding. They will also be able to apply for the new contract if they want to.
Legal challenge Cause: decision making process around ending contract and that we are not fulfilling our duties under the care act to prevention deterioration in health or support the market for health and care Effect: judicial review	12	We have sought legal advice on the risk of challenge and they have advised it is low as long as we engage on new proposals Working with NASS to ensure we are adhering to the duties of the care act
Impact on service users Cause: reduced services to support people who are homeless/ older people Effect: impact on levels of isolation, mental health, access to support for wellbeing and health, impact on ability to find a secure home	12	PH are working NASS and CHOG to ensure that any impacts on service users are identified and mitigations are put in place. We are engaging with service users to ensure that any new services address needs, and there will be a focus on people who are isolated and homeless, with services designed to meet their health and wellbeing needs, albeit in a different way.
timing of changes to contracts Cause: NCC is moving to two unitaries in April 2021 Effect: the two new unitaries may have different views on how to address this and would like to proceed differently	6	Inform Future Northants of plans: via procurement route (done) and through implementation exec Boards

Perceived Benefits

There are a range of benefits to this new approach to addressing health inequalities, as compared with the existing contractual arrangements:

- Focuses on co-design and co-delivery
Working co-productively leads to improved outcomes for people who use services



and carers, and has a positive impact on the workforce.

- Outcomes-focused rather than activity-focused
A key part of phase 1 of the programme will be to identify what is important for communities and how we can best address and measure these outcomes.

The benefits to individuals and communities that this contract seeks to gain include the following:

- o Increased social connections
- o Improved neighbourhood environment
- o Improved community resilience
- o Increased in social capital in local communities
- o Improved health and wellbeing outcomes
- o Better engagement with communities, particularly those who do not traditionally engage with services.
- o Reduction in health inequalities

Costs involved

The new contract value will be £900,000 per year. This will be for the whole county. The budget split between North and West will be based on level of health needs and inequalities across the two unitary councils.

Impacts (who/what will be impacted as a result of this information)

The list of those impacted by this de-commissioning and re-commissioning are identified clearly in the risk register above.

3. Supporting information

Please see attached:

- Appendix 1: Proposal for new service

4. Conclusion

Please summarise the main points covered, including any next steps for action.

- Public Health are seeking endorsement to go out to tender for this new contract to address health inequalities.
- Engagement is taking place from 1st – 28th September and this feedback will be used to update Cabinet and also to develop the service specification.
- Once Cabinet approval is obtained, the procurement for this new service will launch in November, and the new service will start on 1st April.



FUTURE NORTHANTS

