People Keeping Well in their Community Briefings
July 2015
Purpose of Today

• Brief attendees on the People Keeping Well in their Community part of the Better Care Fund
• Share the timetable for the initial tender of People Keeping Well in their Community
• Time for Questions
• Time for networking
Agenda

• Presentation
• Questions and Answers
• Networking time
Background

• Sheffield has one of the country’s most ambitious Better Care Fund programmes. All commissioning will be completed jointly between Sheffield City Council and the Clinical Commissioning group.

• People Keeping Well in their Community is strand 1 of Sheffield’s Better Care Fund and is focussed on community based prevention activity that can help to prevent and delay people needing to access health and social care services.

• Through the feedback of Sheffield people, experience of work in Sheffield and national evidence the PKW Outcomes Framework has been devised.

• How the outcomes are delivered will be determined by local partners / providers working together with local people to decide what will work best in their area.
The Big Picture: City to Citizen

Evidence would suggest clusters of 3 or 4 GP practices covering populations of around 20,000 people. At this level we would expect to see key workers for people with high support needs, integrated assessment and care management teams, capitated budgets(?) for area. Strong local partnerships between VCF, members, GPs etc – with community wellbeing budgets for investment in local activities, infrastructure etc.

“GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care (MSCP)... would employ hospital consultants, have admitting rights to hospital beds, run community services, and take delegated control of the NHS budget” NHS5YV
<table>
<thead>
<tr>
<th>Function</th>
<th>Outcome</th>
<th>Outcome Indicator examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Stratification</td>
<td>Targeting of people (including children and young people) at moderate to high risk of declining health and wellbeing is informed by comprehensive risk stratification.</td>
<td>Improved wellbeing re the 5 Ways to Wellbeing: Connect, Be Active, Take Notice, Keep Learning and Give. People know what is going on locally. They access up to date local information. Individuals are more aware of community based activities that could help them.</td>
</tr>
<tr>
<td>Local Inform &amp; Advise</td>
<td>People at risk take responsibility for their own health and wellbeing through being better informed, advised and guided about the opportunities and options available to them.</td>
<td>Suggested Indicator Maintenance and improvement in independence, health and wellbeing reported by people identified as being at moderate to high risk of hospital admission.</td>
</tr>
<tr>
<td>Sort and Support</td>
<td>People at risk remain independent and well through proactive encouragement and support to engage in activities and one off ‘fixes’ that contribute to their health and wellbeing.</td>
<td>Improved wellbeing re the 5 Ways to Wellbeing: Connect, Be Active, Take Notice, Keep Learning and Give</td>
</tr>
<tr>
<td>Community Asset Development</td>
<td>People at risk have a wide range of good quality community activities from which to choose to support healthy lifestyles.</td>
<td>Maintenance and improvement in independence, health and wellbeing reported by people identified as being at moderate to high risk of hospital admission. Number of people attending activities in a community</td>
</tr>
<tr>
<td>Self Care – Wellness Plan</td>
<td>People at risk are actively engaged with developing their own Wellness Plan and can describe the medical and non-medical choices they have made.</td>
<td>Suggested Indicators Increase in take up of vaccinations by at risk groups. Increase in annual health checks for those at risk. Increase in the take up of self-care programmes by those at risk.</td>
</tr>
<tr>
<td>Life Navigation</td>
<td>People who don’t have anyone to help them navigate the health and social care system and daily life issues, are enabled to maximise their choice and control in managing their day to day lives.</td>
<td>Suggested Indicators Reduction in missed appointments (DNAs). People report positively on quality of life and clarity about how to seek help to navigate the health and social care system and daily life issues.</td>
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Medium-term plan

• The ultimate aim is that there will be a combined pot of money to deliver all the outcomes in an area. These would be delivered by a group of providers, engaging with local people, in all areas of the city

• Market testing has indicated that some preparation needs to be done before the above approach could work in Sheffield

• Therefore we will be supporting partnership development over the next few years
Plan for the next year

• To encourage organisations to work together and step towards tendering all of the PKW outcomes the Better Care Fund will tender for just the Local Inform & Advise and Community Asset Development outcomes.

• Tender two of the PKW outcomes – ‘Local Inform & Advise’ and ‘Community Asset Development’

• Briefing potential providers now

• Invitation to Tender to be launched in September

• Submissions by Christmas

• Selection and contract award early 2016

• Start delivery in April 2016
Outcomes Based Commissioning

• In the past the public sector has often commissioned services based on a specification that stipulates how a provider should work with the people the service is aimed at and can be unintentionally restrictive and sometimes stifle innovation and be too focused on outputs and not quality

• Where appropriate we want to be more ambitious with outcomes based models
Outcomes Based Commissioning

Outcomes

The **change that occurs** as a result of an activity (e.g. improved well-being of training participants)

Certain projects might lead to chains of linked outcomes…

<table>
<thead>
<tr>
<th>Activity</th>
<th>Example output</th>
<th>Outcome 1</th>
<th>Outcome 2</th>
<th>Outcome 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luncheon club</td>
<td>group activities, including exercise sessions</td>
<td>as a result residents were fitter</td>
<td>as a result they fell less</td>
<td>as a result they ended up in hospital less</td>
</tr>
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</table>

Sometimes it takes years for outcomes to take place – for example, slowing the rate of climate change – but there may be observable changes along the way. You may have heard this described as distance travelled, intermediate outcomes, or a chain of events.
### Outcomes Based Commissioning

<table>
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<tr>
<th>Outcome</th>
<th>Outcome Indicator</th>
<th>Activity</th>
<th>Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in people, communities, the economy and/or the environment</td>
<td>Ways of knowing if change has occurred and measuring the extent</td>
<td>Things that you do, or that you procure to meet outcomes</td>
<td>Direct results of the activity – the quantifiable summary of the activity</td>
</tr>
<tr>
<td>e.g. Improved employability</td>
<td>e.g. improved reporting of self confidence</td>
<td>e.g. Training for young people</td>
<td>e.g. Trained 16 young people to NVQ level 2</td>
</tr>
</tbody>
</table>
The Tender

• We will invite proposals from providers and in the bid they will indicate what patch(es) they will cover. We recommend a patch size of 20k-30k people.
• We anticipate funding for 4 or 5 partnerships, however any other partnerships that form we will support as we move towards the city-wide model.
• We are particularly interested in consortium / partnership bids that make best use of locally available resources including smaller organisations.
• Organisations can bid for more than one area but must be able to demonstrate local intelligence in their bid.
• The contract will be for 2 years with the option to extend.
# Provisional Tender Timetable

<table>
<thead>
<tr>
<th>Stage in Procurement Process</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue of Invitation to Tender + advert placed on: <a href="http://www.sheffield.gov.uk/contracts">www.sheffield.gov.uk/contracts</a> (mandatory) and <a href="http://www.yortender.co.uk">www.yortender.co.uk</a> (e-tendering)</td>
<td>September 2015</td>
</tr>
<tr>
<td>Deadline for submission of tenders</td>
<td>December 2015</td>
</tr>
<tr>
<td>Evaluation of tenders</td>
<td>January 2016</td>
</tr>
<tr>
<td>Notification of result of evaluation</td>
<td>January 2016</td>
</tr>
<tr>
<td>Award decision</td>
<td>March 2016</td>
</tr>
<tr>
<td>Anticipated contract start date</td>
<td>April 2016</td>
</tr>
</tbody>
</table>
The Tender

**Outcome**

**Local Inform & Advise**

People at risk take responsibility for their own health and wellbeing through being better informed, advised and guided about the opportunities and options available to them.

**Outcome Indicator**

Improved wellbeing re the 5 Ways to Wellbeing: Connect, Be Active, Take Notice, Keep Learning and Give.

People know what is going on locally. They access up to date local information.

Individuals are more aware of community based activities that could help them.

**Activity**

Things that you do to meet outcomes

* e.g. an activity that identifies ‘community connectors’ and given information to share with local people they are in contact with

**Output**

Direct results of the activity – the quantifiable summary of the activity

* e.g. 12 community connectors identified and 6 trained in Healthy Chats
The Tender

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<th>Outcome</th>
<th>Community Asset Development</th>
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<tr>
<td>Indicator</td>
<td>People at risk have a wide range of good quality community activities from which to choose to support healthy lifestyles.</td>
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<table>
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<tr>
<td>Things that you do to meet outcomes</td>
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<tr>
<td>e.g. local people come together to design and deliver an activity that meets the needs of isolated people in their community</td>
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<tr>
<td>Direct results of the activity – the quantifiable summary of the activity</td>
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<td>e.g. x number of sessions and people feedback that it has had a positive effect on their wellbeing</td>
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Contract Arrangements

• Due to the complex nature of communities we welcome consortium bids that represent a partnership of equals who bring different assets, expertise and connections to the table to help reach as many people as possible
• In a partnership bid we would anticipate one partner being the main contact point for contract management
• Gives smaller organisations more opportunities than a traditional ‘one winner-takes-all’ arrangement
• Helps to combine a range of assets and expertise through a partnership
A **consortium** is an association of two or more individuals, companies or organisations with the objective of participating in a common activity or pooling their resources to achieve a common goal. Within the consortium, each participant retains separate legal status and the consortium’s control over each participant is generally limited to activities involving the joint endeavour, particularly the division of profits. A consortium is formed by contract.
Consortium Advantages

• Easy to establish as there are no formal procedures that must be followed. Most consortiums are formed in writing by the execution of a consortium agreement / Memorandum of Understanding. In addition, no capital is required to create the consortium.
• Members of the consortium can change their contractual agreement at any time to suit changed circumstances
• The consortium can be set to expire on a given date or on the occurrence of certain events without any formal requirements
• The consortium is not directly subject to taxation; however the individual members are
• The cost of running a consortium is generally lower to that of a joint venture
Take Away

• Copy of presentation
• Contacts of organisations working in your area you may want to make links with
• Useful Contacts
• All tenders are advertised on www.yortender.co.uk – please make sure you are registered on the site in order to receive opportunities
• Please fill in the exit questionnaire as this will help to inform the tendering process
Useful Contacts

• Lorraine Jubb, Strategic Commissioning Manager, Sheffield City Council  
  Lorraine.Jubb@sheffield.gov.uk 07867644449

• Rachel Dillon, Locality Manager, Sheffield Clinical Commissioning Group  
  rdillon@nhs.net 07540721747

• Amy Claridge, Commissioning Officer, Sheffield City Council  
  Amy.Claridge@sheffield.gov.uk 0114 2057122

• Amelia Stockdale, Assistant Commissioning Officer, Sheffield City Council  
  Amelia.Stockdale@sheffield.gov.uk 0114 2057141
Useful Reference Info

- Health & Wellbeing Data for Sheffield
- All tenders are advertised on www.yortender.co.uk
- Joseph Rowntree Foundation
- Campaign to End Loneliness
  http://www.campaigntoendloneliness.org/loneliness-research/
- New Economics Foundation – 5 Ways to Wellbeing
  http://www.neweconomics.org/projects/entry/five-ways-to-well-being
- Think Local Act Personal
  http://www.thinklocalactpersonal.org.uk/Browse/Building-Community-Capacity/