

Open Report on behalf of Glen Garrod, Executive Director of Adult Care and Community Wellbeing

Report to:	Councillor Mrs P A Bradwell, Executive Councillor for Adult Care, Health and Children's Services
Date:	07 June 2018
Subject:	WellFamily model pilot
Decision Reference:	I015932
Key decision?	No

Summary:

To seek approval to use an exception to the normal tendering route to procure a contract to pilot a service in a defined area of Lincolnshire that has been tested and independently evaluated elsewhere in England. The 'WellFamily' model is a 'single door' primary care NHS-based approach that provides early intervention to prevent escalation of issues and prevent crises from occurring. The model offers a recovery-focused comprehensive approach to ensuring anyone over the age of 16 receives appropriate holistic interventions, care and support with an emphasis on families with children. The service will be individually targeted, providing flexible practical and emotional support. The Service can be provided in a variety of community settings to help reduce the increasing pressures on primary care services, and also aims to reduce unnecessary hospital admissions.

Recommendation(s):

That the Executive Councillor approves the direct award of a contract to Family Action for the provision of a pilot WellFamily Service in Gainsborough.

Alternatives Considered:

1. To procure a similar service via an open tender route.

Reasons for Recommendation:

WellFamily is a unique model developed and delivered by Family Action. Family Action possesses knowledge and expertise in successfully tackling some of the most complex issues facing families. They are a leading provider of services to disadvantaged and socially isolated families through over 120 services based in communities across England.

The WellFamily model has been independently evaluated and has demonstrated health and wellbeing benefits that have implications for health and social care usage. The opportunities this service provider can offer, with regard to focused evaluation alongside a proven track record of positive outcomes and a unique understanding of the client groups, will support Lincolnshire County Council to test the potential benefits of the Well Family model within a target population within Lincolnshire..

Based on a review undertaken by the Public Health Intelligence Team, Family Action appear to be uniquely placed to work with the council to pilot this specific model. Other local Authorities' experience and outcomes from implementing the Well Family model has also been taken into account in proposing this pilot. Discussion with Family Action has confirmed that they can tailor their model to test key desired outcomes for Lincolnshire.

The value of this contract falls below the threshold for the application of the Public Contract Regulations 2015 for Social and Other Specific Services (currently £615,278). This proposal is to pilot and evaluate the unique WellFamily service in Lincolnshire, allowing comparison of outcomes with previous evaluations to inform future commissioning.

In the event that the outcome of pilot programme results in a decision to continue to commission a service based on the WellFamily model, any resulting contract(s) will be exposed to competition and procured in line with the Council's Contract Procedure Rules in order to ensure that the service delivers value for money in the longer term.

1. Background

There has been a steady increase in pressure on hospitals, measured by 'bed occupancy' since records began in 2010. For the last three years, the NHS reports that the average occupancy level has been above 90%. Since 1st December 2017, average occupancy has been 93.1%, compared to 91.9% over the same period last year. Over the first 6 weeks of winter this year on average 70% of hospitals have had a bed occupancy level over 92%. While primarily the focus has historically been on older adults usage of care beds, there have been several reports identifying the steady increase in the number of emergency admissions for the under 25s. The Nuffield Trust report a rise of 14% in emergency admissions for under 25s compared to a 20% increase for the population as a whole (Focus on: Emergency hospital care for children and young people; Keeble and Kossarova, April 2017).

There are a number of reasons why children, young people and their families access emergency care, and in many situations it is the best option for the individual. However, there are circumstances whereby individuals access emergency care due to a number of other factors: namely availability of alternative services (either perceived or actual) and the demand on existing service provision. The WellFamily model seeks to address a need for proactive interventions to families most likely to utilise crisis services and help them to navigate suitable alternative support that can be provided to the family unit as a whole. They can offer holistic assessments and both emotional and practical support to

individuals and families. They use a 'whole family' systematic approach. The Provider has developed a model whereby they offer the essential link between health and social care support, complementing the work of health colleagues while encouraging collaborative working across all sectors. Ultimately the service aims to empower and support the family to address health concerns at the right level, with the right services, at the right times.

Service description

The WellFamily model has been developed by Family Action. Tailored models have been implemented across the country by family action to meet the needs of the local communities. This includes a single door primary care NHS-based approach that provides early intervention to prevent escalation of issues and prevent crisis from occurring, to being based directly within hospital and other primary care settings, with the ability to take referrals directly at the point of need. The service provides a wide range of support so that users with complex problems do not need to deal with multiple agencies. The service tackles the social problems underpinning medical referrals, offering help at an early stage to prevent more serious problems developing. Eligibility is targeted at adults over the age of sixteen, registered with a GP and will focus on families with children who have high levels of need. Access to the service will be through direct GP referral or identification that the patient falls within the target group by interrogation of GP records and systems (EMIS/Systemone). Typically presenting problems will include: feelings of depression; anxiety and isolation; relationship issues; mental health and wellbeing; drugs and alcohol; violence at home; housing and accommodation issues; parenting support; family finances and bereavement and social isolation.

The service provides recovery-focused and holistic interventions which include a mix of individually targeted and flexible practical and emotional support interventions to promote health and social wellbeing.

Key interventions provided by the service include:

- Advice and information regarding housing, debt, welfare benefits or employment support
- Counselling for emotional problems including anxiety, depression, bereavement and relationship difficulties
- Promotion of leisure, social and physical activities and volunteering opportunities
- Signposting and referral to other services
- Carer and peer support
- Evaluation

The WellFamily model fits into the planned integrated Neighbourhood Care Team model of delivery which is already being developed in Lincolnshire.

Service outcomes

The WellFamily service uses a number of well-validated outcome measures to assess the effectiveness of its interventions. There is converging evidence that the WellFamily service achieves a clinically significant impact on clients' wellbeing in

terms of anxiety and depressive symptoms and improved social adjustment. It demonstrates recovery in terms of mental health, financial status, self-care and physical health, social networks, work, education and training, relationships, independent living and addictive behaviour. These outcomes support several key health and social care policy outcomes included in the NHS, Adult Social Care and Public Health outcomes frameworks.

The independent evaluation of WellFamily service in Hackney identified the most frequently achieved outcomes (identified using the 'Recovery Star' measure), which included:

- Avoidance of the need for a hospital admission
- Access to appropriate family interventions
- Changes leading to a reduction in mental distress

Cost effectiveness

The model aims to improve outcomes for families and provide financial benefits, including preventing the escalation of mental health issues-which contribute to savings for example:

- CaMHS nurse - £41 an hour, £4409 per case
- GP appointment - £31 for 10 minutes, £41 per prescription
- A&E attendance - £2100 per emergency admission

Indicative modelling of potential cost savings to health and social care economy undertaken by the independent evaluation of the WellFamily service showed that if every WellFamily attender had just one less GP appointment per year, the service would be cost neutral to the health economy. However, outcome, interview and survey data suggests the impact is much greater across health and social care services, suggesting net cost savings to the health and care economy of over £113.07 per client.

An analysis of the social care model in Hackney, undertaken by Bristol University, suggests a Social Return on Investment (SROI) of £5.96 for every £1 invested across the health and social care economy. The high return observed was attributable to WellFamily having:

- Specialist services available to meet growing demand and different client needs
- Strong business model with clear processes for successful client intervention
- Outcomes duration likely to be long term with lasting changes in quality of life
- Value in the work conducted with other institutes such as schools

The overall cost of the project is estimated to be £14,916 per month to pilot a service for residents of the Gainsborough area who are GP registered. The pilot is proposed for 16 months to allow full evaluation of outcomes at a total cost of approximately £239,000.

There is potential for any savings achieved to be re-invested in the service to support sustainability of the project.

Should an evaluation of the outcomes of the pilot programme result in a decision to continue to commission the service, the associated contract(s) will be exposed to competition and procured in line with the Council's Contract Procedure Rules. This will ensure that the service delivers value for money in the longer term.

The value of the proposed contract falls below the threshold for the application of the Public Contract Regulations 2015 for Social and Other Specific Services (currently £615,278).

However, the Council must consider whether the contract is likely to be of cross-border interest – i.e of interest to a contractor in another EU member state. This has been considered and given the subject matter of the contract, its highly localised nature, its limited duration and its value it is not considered that it would be of interest to a contractor in another member state.

2. Legal Issues:

Equality Act 2010

Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, have due regard to the need to:

- * Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- * Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- * Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation

Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:

- * Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic
- * Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it
- * Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding

Compliance with the duties in section 149 may involve treating some persons more favourably than others

The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision making process

The WellFamily service is based upon the principle of equity of access to services. Its aim is to reduce inequalities in health, education and life outcomes.

The target population of Gainsborough chosen for the pilot within Lincolnshire was based upon deprivation and health care usage indicators, as well as local knowledge held by the Public Health analyst team, Public Health CCG leads and Public Health Locality Leads. Existing primary care services and development of neighbourhood teams in this area were taken into account, including the ability of WellFamily to bring added value to those most in need within the population.

The service will not affect those with protected characteristics (age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation) differentially. The nature of the service makes it more likely that adults and children with additional vulnerabilities or increase risk of adverse outcomes will benefit most.

Findings from this initial pilot will be evaluated as the project develops to inform future commissioning of services in this and other geographical areas.

Joint Strategic Needs Analysis (JSNA) and the Joint Health and Wellbeing Strategy (JHWS)

The Council must have regard to the Joint Strategic Needs Assessment (JSNA) and the Joint Health & Well Being Strategy (JHWS) in coming to a decision

The WellFamily model supports the aims of the existing JHWS to **ensure all children have the best start in life by:**

- Improving education attainment
- Improving Parenting confidence and ability to support their child's healthy development through access to a defined early help offer
- Reduce Childhood obesity
- Ensure children and young people feel happy, stay safe from harm and make good choices about their lives particularly children who are vulnerable or disadvantaged.

It also supports the themes selected as priorities in the forthcoming refreshed JHWS; namely children's and adults' mental health, housing, carers, physical activity and obesity, plus the cross cutting theme of safeguarding.

The JSNA demonstrates the need to target services towards families living in the most deprived areas of Lincolnshire in order to reduce health and social inequalities particularly where families are more likely to struggle with mental health, housing problems, substance misuse for example.

Crime and Disorder

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area

The WellFamily service has previously demonstrated positive outcomes for clients including mental health, financial status, self-care and physical health, social networks, work, education and training, relationships, independent living and addictive behaviour.

This pilot will evaluate these impacts within a target population that is more likely to experience the associated problems that often sit alongside misuse of drugs and alcohol, such as mental health problems, violence in relationships, housing and debt problems, for example.

3. Conclusion

Using a direct award of this contract will enable this unique model of integrated support and social prescribing to be tested in Lincolnshire, comparing outcomes to those expected based upon previous published evidence. This will inform future commissioning and targeting of services.

Should an evaluation of the outcomes of the pilot programme result in a decision to continue to commission this or a similar service, the associated contract(s) will be procured in line with the Council's Contract Procedure Rules and the Public Contract Regulations 2015.

4. Legal Comments:

The Council has the power to enter into the contract proposed. The proposed direct award is consistent with the Council's procurement obligations for the reasons specified in the Report.

The decision is consistent with the Policy Framework and within the remit of the Executive Councillor

5. Resource Comments:

The budget for this is to come from the Community Wellbeing investment plan (utilising the Public Health previous years unspent Grant reserve) which set aside £150k per year over 3 years.

The total contract value for the initial pilot is £239,000.

6. Consultation

a) Has Local Member Been Consulted?

No

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

This has not been considered by a scrutiny committee.

d) Have Risks and Impact Analysis been carried out?

Yes

e) Risks and Impact Analysis

See the body of the Report

8. Background Papers

The following Background Papers within the meaning of section 100D of the Local Government Act 1972 were used in the preparation of this Report.

Document title	Where the document can be viewed
Department of Health and Concordat signatories, 2014. Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis (February 2014)	Public Health Division
England, N.H.S., 2016. Five year forward view (2014).	Public Health Division
England, N.H.S., 2016. The Five Year Forward View for Mental Health (2016).	Public Health Division
Longwill, A., 2014. Independent evaluation of Hackney WellFamily service. <i>Improving Health and Wellbeing UK</i> .	https://www.family-action.org.uk/content/uploads/2014/07/WellFamily-Evaluation-Executive-Summary.pdf
Analysis of Emergency Care usage in Gainsborough locality.	Public Health Division

Gainsborough Neighbourhood team profile.	Public Health Division
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