

Commissioning for Social Value Strategy

Governing Body meeting

6 October 2016

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Sponsor	Matt Powls, Interim Director of Commissioning
Is your report for Approval / Consideration / Noting	
Approval	
Are there any Resource Implications (including Financial, Staffing etc)?	
There are likely to be some resource implications. For example: staff training requirements, patient/public/stakeholder involvement and engagement, and staff time for delivery of the strategy.	
Audit Requirement	
<u>CCG Objectives</u>	
<p>2. To improve the quality and equality of healthcare in Sheffield</p> <p>3. To work with Sheffield City Council to continue to reduce health inequalities in Sheffield</p> <p>4. To ensure there is a sustainable, affordable healthcare system in Sheffield.</p>	
<u>Equality impact assessment</u>	
Commissioning with increased regard for social value has the potential to impact on reducing health inequalities and help the CCG meet Equality Act duties. Equality impact assessment(s) will be necessary as part of commissioning in this way.	
<u>PPE Activity</u>	
Patients, carers and the public will need to be involved in refining the social value approach set out in the strategy. This is noted in the delivery plan of the strategy in Appendix 1.	
Recommendations	
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Approve the Commissioning for Social Value Strategy. • Decide if the CCG should have an organisational standard setting the minimum percentage of each contract specified for social value. • Note and comment on the delivery plan (appendix 1 of the strategy). • Comment on governance and opportunities for strategy delivery through the CCG and in conjunction with other organisations (for example through the Sheffield Place Based Plan) 	

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1. Introduction

1.1. Governing Body agreed at the end of 2015 that NHS Sheffield CCG should develop and implement a Commissioning for Social Value Strategy and delivery plan in accordance with the Public Services (Social Value) Act 2012, and in order to reduce health inequalities.

1.2. This Governing Body paper:

- presents the NHS Sheffield Commissioning for Social Value Strategy;
- describes progress already made towards embedding a social value approach in the CCG; and
- presents a plan for delivery of the strategy (appendix 1 of the strategy).

2. Development of the Commissioning for Social Value Strategy

2.1. The Sheffield CCG Commissioning for Social Value strategy has been developed from the Liverpool CCG strategy as agreed at the December 2015 meeting of Governing Body. We have altered the structure used in the Liverpool strategy to give greater clarity over how addressing social value will help us to focus on ensuring the contracts we commission not only meet the health care provision we require, but also help us to contribute to reducing health inequalities in Sheffield by addressing the wider determinants of health.

2.2. The CCG's procurement team have been instrumental in development of the strategy and have already implemented some of the actions (more detail in section 3).

3. Progress with implementation of the Strategy's delivery plan

3.1. We are still in the early stages of delivering the strategy. The recent Director and Deputy Director restructuring has given clarity over leadership of implementation of the Social Value Strategy. Immediate next steps will be to ensure the delivery plan (appendix 1 in the strategy) is completed, and actions and impact monitored.

3.2. As mentioned in section 2.2, the procurement team have already taken steps to incorporate social value into their processes therefore the CCG is already compliant with the Public Services (Social Value) Act 2012.

3.3. The CCG contribution to the Social Value Act is now explicitly addressed in all procurement documentation throughout the procurement and contracting cycle. This has been in place for the last six months therefore has been a part of recent

CCG procurements – most notably the liaison psychiatry procurement. Further detail can be provided if required.

- 3.4. Once contracts are awarded, the social value commitments in the submissions are contractually managed as part of the original specification, for example through KPIs.
- 3.5. Currently the CCG has not set an organisational standard for social value. For example, the CCG could set a standard that requires all procurements to ensure that social value constitutes a minimum percentage of the marks available as part of the Invitation To Tender process. There are advantages and disadvantages to this. Not having an organisational standard means social value is left to the judgement of individual commissioning leads which could lead to variation in implementation. On the other hand, setting an organisation standard may mean less flexibility in how social value is used in contracts with differing aims and impacts.
- 3.6. Sheffield City Council is also looking to develop a social value strategy and is at an early stage of development with this. Their early work has been on hold since December 2015 but is about to recommence. We will continue to work with the Council on developing a Sheffield approach to commissioning for social value.

4. Next steps

- 4.1. A delivery plan is incorporated into the strategy in appendix 1. This sets out the steps the CCG needs to take now to securely embed social value as an approach. The delivery plan will be owned by the whole organisation and monitored to ensure delivery.
- 4.2. To maximise opportunities for social value we also need to work alongside our commissioning partners in embedding a social value approach. Some of this has been started by making it more explicit, for example in the Terms of Reference of the Active Support and Recovery Programme Board. However there is much more we could do as a city, for example in contracts offered through the Sheffield Place Based Plan.

5. Recommendations

5.1. The Governing Body is asked to:

- Approve the Commissioning for Social Value Strategy.
- Decide if the CCG should have an organisational standard setting the minimum percentage of each contract specified for social value.
- Note and comment on the delivery plan (appendix 1 of the strategy).
- Comment on governance and opportunities for strategy delivery through the CCG and in conjunction with other organisations (for example through the Sheffield Place Based Plan)

Paper prepared by: Gilly Brenner, Specialty Registrar in Public Health, Susan Hird, Consultant in Public Health, Victoria McGregor-Riley, Deputy Director of Transformation and Delivery

On behalf of: Matt Powls, Interim Director of Commissioning

September 2016

Commissioning for Social Value Strategy

Governing Body meeting

6 October 2016

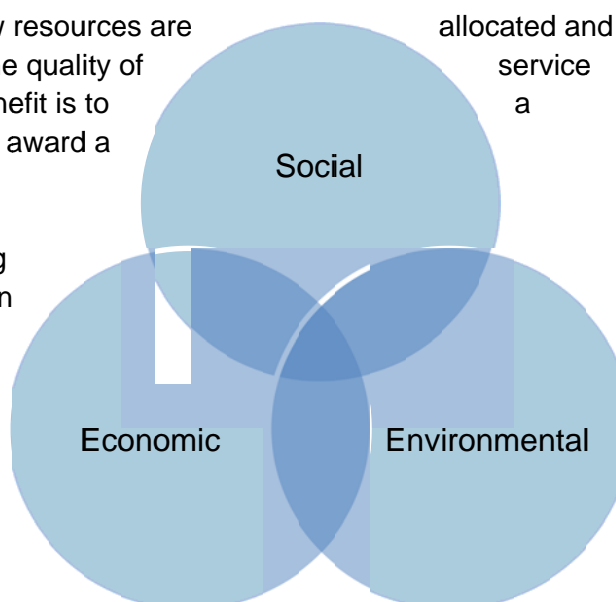
1. Introduction

1.1. This strategy sets out NHS Sheffield CCG's approach to commissioning for social value.

1.2. The Public Services (Social Value) Act 2012 requires all public bodies in England and Wales to consider how the services they commission and procure might improve the economic, social and environmental wellbeing of the area. It asks public bodies to consider the ways that they could most benefit society as part of each decision made.¹

1.3. Social value is a way of thinking about how resources are used and requires consideration beyond the quality of and price, to look at what the collective benefit is to community when a public body chooses to award a contract or deliver a service.

1.4. Therefore this strategy is about maximising the impact that the services we commission and procure can have beyond their main intended purpose. This is important because it gives us the opportunity to reduce health inequalities and improve health outcomes for our population through means other than those directly commissioned in our services.



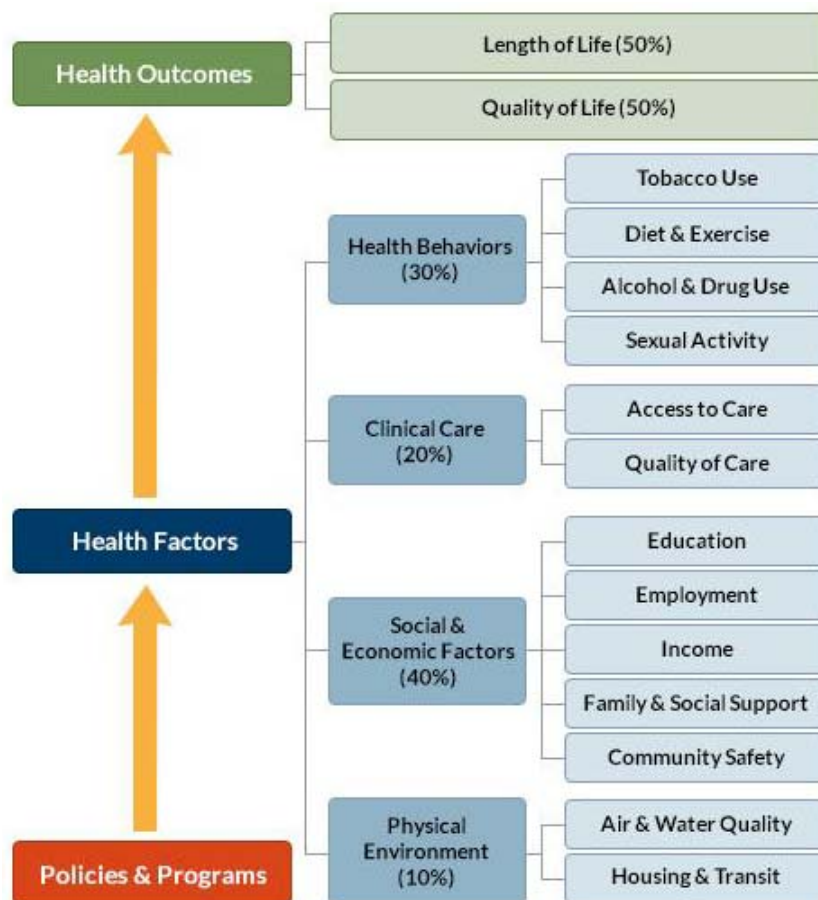
1.5. This document sets out:

- why it is important for the CCG to have an impact beyond healthcare services;
- how social value can contribute to reducing health inequalities;
- a Social Value Framework of priorities for social value commitments; and
- how Sheffield CCG will embed our approach to social value.

2. Making an impact beyond healthcare

2.1. There is broad consensus that health outcomes are attributable to health behaviours (estimated as 30%), clinical care (20%), social and economic factors (40%) and the physical environment (10%). The risk factors for poor health are concentrated in some populations more than others. Clinical care therefore accounts for only a small proportion of the influencers on an individual or population's health outcomes (length and quality of life). In order to 'make Sheffield healthier' we must work to influence and address more than just the health and care services that are provided.

¹ <https://www.gov.uk/government/publications/social-value-act-information-and-resources/social-value-act-information-and-resources>



<http://www.countyhealthrankings.org/our-approach>

2.2. What this means in practice, is setting expectations of both ourselves and our providers to also consider what can be done to support health and wellbeing beyond service provision.

2.3. The opportunities to impact on social value are broad and plentiful. The challenge is how to promote these practices and demonstrate their value in the commissioning and procurement process.

3. Why social value matters - reducing health inequalities

- 3.1. We have been specific in our strategic priorities and commissioning intentions about our intention to act to reduce health inequalities. Through focussing on social value, we have a potential to act on the social determinants of health and therefore to reduce health inequalities.
- 3.2. The Marmot review set out six policy objectives informed by evidence of what works to reduce inequalities in the social determinants of health.² These provide a useful framework on which to consider the various commissioning and procurement options which can add social value:
- i. Give every child the best start in life
 - ii. Enable all people to have control over their lives and maximise their capabilities
 - iii. Create fair employment and good work for all
 - iv. Ensure a healthy standard of living for all
 - v. Create and develop healthy and sustainable places and communities
 - vi. Strengthen the role and impact of ill-health prevention
- 3.3. Commissioning for social value is a tool that can be used to ensure the health services we commission contribute to these objectives and thereby support the reduction in health inequalities in our city. We have therefore organised the six Marmot objectives into a social value framework of measures in order to ensure we remain focussed on reducing health inequalities through this approach.
- 3.4. In a procurement context providers will be asked to demonstrate, as part of the competitive process, how they are contributing to social value, and where appropriate those measures most relevant for the particular contract will be highlighted. There will be a reasonable expectation of contributions to social value, particularly those that are relevant and proportional.
- 3.5. For example, low emission vehicles would be considered an important element to a transport contract provider, whereas increasing active transport amongst staff would be more appropriate for organisations with office-based employees.

4. NHS Sheffield CCG Social Value Framework

- 4.1. This framework sets out priority areas for commissioners and providers, embedding social value under the headings for the Marmot objectives, so as to maintain a focus on reducing health inequalities. Potential performance measures are given only as examples, since the opportunities to impact on social value are broad and plentiful and can be delivered in many innovative and diverse ways. Therefore this list is provided for inspiration rather than as an exhaustive list. The principle of implementing effort and change where greatest need is identified will best support a reduction in health inequalities.

² <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

Relevant priority area	Potential performance measure
1. Give every child the best start in life	
Support families to develop children's skills and access high quality early years' care	Employees able to access salary sacrifice childcare vouchers &/or high quality childcare provision
Support breastfeeding	Breastfeeding friendly environment and policy
Support early health interventions for children	Opportunities sought to raise awareness of importance of childhood vaccinations eg. flag records to routinely ask parents/ carers of 0-5 year old patients/ service-users if they are vaccinated Increase understanding of the importance of good dental hygiene and reduced sugar intake for children.
2. Enable all people to have control over their lives and maximise their capabilities	
Provide easily accessible support and advice for 16–25 year olds on life skills, training and employment opportunities	Increase understanding/ access to locally available training, volunteering and employment opportunities amongst patients/ service-users/ employees aged 16-25 years
Provide work-based learning, including apprenticeships, for young people and those changing jobs/careers	Number of patients/ service-users/ employees finding/ sustaining subsequent meaningful employment/ training/ voluntary roles
Increase availability of non-vocational lifelong learning across the life course.	Number of patients/ service-users/ employees supported to access meaningful learning opportunities
Support development of social capital in order to foster health communities in which participation is widespread	Proportion of patients/ service-users/ employees involved engaging in community/ social activity/ physical activity Support given to local community groups
Service support self-management for patients rather than develop patterns of dependence	Increase understanding of health issues, prevention and self-care amongst patients/ service-users/ carers/ employees/ communities eg. peer support programmes etc
Improve quality of life particularly for people with long term conditions	Proportion of patients/ service-users developing their own care plan
3. Create fair employment and good work for all	
Support employment of Sheffield residents to reduce experiences of poverty and hardship	Number of FTE jobs created / sustained

Make it easier for people who are disadvantaged in the labour market to obtain and keep work.	<p>Number of relevant people supported into training / employment (unemployed/ young/ disabled/ MSK/ LTC/ equality and diversity etc)</p> <p>Number of jobs created or adapted that are suitable for lone parents, carers and people with mental and physical health problems</p>
Support a living wage to reduce low incomes	<p>Employees paid living wage throughout the supply chain</p> <p>Fair trade and ethical sourcing practices</p>
Support good working conditions to relieve health problems associated with employment	<p>Implementation of guidance on stress management and the effective promotion of well-being and physical and mental health at work</p> <p>Consideration of shift work, zero hours contracts, rest breaks and flexitime arrangements on potential for impact on stress-related sickness absence</p> <p>Freedom to join a trade union</p>
4. Ensure a healthy standard of living for all	
Support a reduction in the effects of debt on physical and mental health	Support access to ethical, affordable credit
Seek to maximise other investment in the local economy and communities	Build capacity and competence in the supply chain
5. Create and develop healthy and sustainable places and communities	
Improve access to and consumption of healthy food in order to support better mental and physical health and the local food economy	<p>Increase in proportion of fresh, healthy, low carbon food supply chain, consumption by patients/ service-users/ employees</p> <p>Increase awareness of healthy food choices amongst patients/ service-users/ employees</p>
Improve neighbourhood environments by increasing provision, access and quality of green space in order to improve mental and physical health	Improvement in provision / access to high quality green spaces for patients / communities
Increase active travel (walking and cycling) in order to increase physical activity, reduce traffic emission related respiratory illness and carbon emissions	Decrease number of staff commuting to work in cars with only single occupant/ baseline and % increase in active travel, public transport and car sharing
Reduce carbon emissions in order to mitigate against climate change and its negative consequences for health and health inequalities	<p>Baseline and % reduction in carbon footprint</p> <p>Baseline and % reduction in energy use/ carbon emissions/ increased use of renewable energy</p> <p>Baseline and % reduction in waste/ increase</p>

	in % recycled Baseline and % reduction in prescribing and pharmaceutical waste
Improve housing conditions and energy efficiency in order to reduce health conditions associated with poor housing and fuel poverty	Improve advice and support for housing issues for patients/ service-users/ employees Improve integration of services, so that patients/ service-users can be referred to appropriate support/ services
Minimise use of hazardous substances in order to protect health	Baseline and % reduction of hazardous substances
Reduce social isolation and associated health risks by including social contact as a valued outcome	Number of new volunteer roles created/ supported/ sustained
Support community participation and action	Proportion of patients/ service-users/ employees involved engaging in community/ social activity/ physical activity Support given to local community groups
6. Strengthen the role and impact of ill-health prevention	
Prioritise prevention and early detection of cancer and cardiovascular disease	Patients/ service-users/ employees most at risk encouraged and supported to take up national screening and health check opportunities as appropriate
Increase upstream prevention activity	Staff trained to have 'healthy conversations' through Making Every Contact Count
Encourage everyone to 'eat well, move more, be smoke free, drink less (alcohol), check yourself, stress less and sleep better'	Increase in number of staff / patients / carers regularly engaging in physical activity etc Promotion and engagement with the Public Health England 'One You' campaign
Support smoking cessation and smokefree places	Designate premises including grounds as smokefree Number of patients/ service-users/ employees supported to stop smoking
Improve awareness and parity of esteem for mental health	Staff trained in Mental Health First Aid Increase in number of patients/ service-users/ employees aware of the importance of the five ways to wellbeing
Increase the public, patient and carer empowerment, literacy and self-care by building these into services	Number of patient / carers involved in design of services
Increase integration of services so patients are better and more easily supported	Number of sustained and meaningful relationships with other providers that support integrated care, including clinical,

	social and economic parameters affecting health
Reduce emergency admissions and readmissions which have negative impacts on patients and their carers	Reduction in attendances for urgent care by patients/ service-users

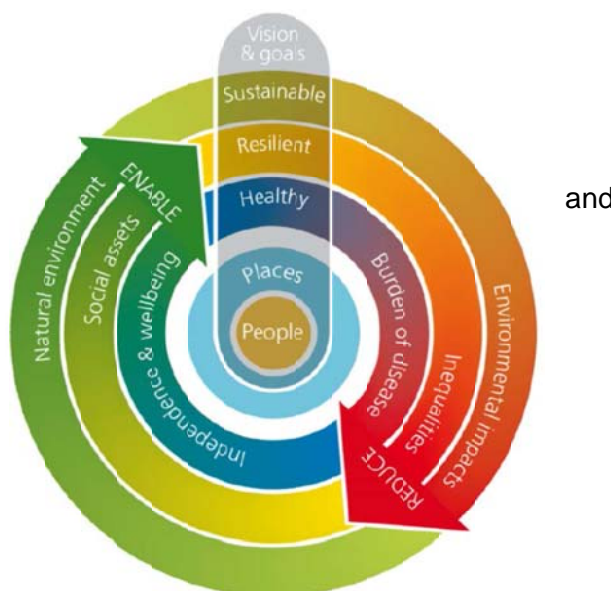
4.2. Providers will be required to set out how over the lifetime of the contract they propose to deliver the relevant social value outcomes. In most cases measures would then be set out as part of the specification and included as key performance indicators. Exactly how these are included / framed will be affected by the procurement and commissioning processes and ensuring the appropriate legislative compliance.

5. How NHS Sheffield CCG will embed our social value approach

Aim

5.1. Through our social value approach NHS Sheffield CCG aims to:

- Place social value at the centre of our thinking, policy, commissioning and practice, to ensure the way we invest act achieves maximum benefit to the population we serve now and in the future.
- Create social value to improve health outcomes by maximising the impact of clinical services, supporting non-medical solutions and positively influencing the social determinants of health.



Sustainable Development Strategy for the Health, Public Health and Social Care System 2014-2020

Social value approach objectives

5.2. In order to demonstrate our commitment to social value, as well as promoting and raising our expectations of our providers, we have set the following objectives for embedding a social value approach within our own organisation:

- **Commissioning, investment and procurement:** ensure that all commissioning and investment processes enable and achieve social value
- **Workforce:** engage CCG, GP practice and NHS Trust staff such that social value is widely understood, supported and delivered throughout the system
- **Models of care:** utilise frameworks of social value to help re-think models of care that achieve better health outcomes, effective resource use and are future proof
- **Resource use:** maximise efficient use of resources including buildings, energy, water, transport and waste such that social value is achieved

- **Adaptation and risk:** plan services and facilities with climate change, resource availability and price conditions in mind
- **Engagement:** work in partnership with stakeholders , including non-clinical providers and partners, to ensure a strong and effective social value approach that delivers better health outcomes
- **Governance, finance, monitoring and reporting:** put in place structures/systems that oversee the social value approach, align resources where appropriate, embed this into policy and practice and track the impact this is having

5.3. These objectives align to the NHS Good Corporate Citizen tool which provides a means by which the CCG can measure progress. How we intend to meet these objectives is set out in the delivery plan in Appendix 1.

Appendix 1: Social value strategy delivery plan

NOTE: the lead Director responsible for delivering the strategy is the Director of Commissioning and Performance. Colleagues from across the CCG will need to lead on delivering particular actions, including but not limited to comms and engagement, OD, PMO, procurement, contracting, and commissioning leads.

Priority level:

- High = delivered within 3 months
- Medium = delivered within 6 months
- Low = delivered within 12 months

Action	Priority level	Owner
Commissioning, investment and procurement: ensure that all commissioning and investment processes enable and achieve social value.		
1. Include information regarding social value outcomes based commissioning to potential providers throughout the procurement process.	High	
2. Embed social value in commissioning, investment planning and procurement systems.	Medium	
3. Address procurement process to remove unnecessary barriers for any organisations and consider smaller contracts or lots.	High	
4. Develop approaches to secure social value through whole supply chains and raise awareness of local supply chains.	Low	
5. Identify models for investing in programmes which deliver health outcomes and high social value and are not suitable for competitive tender processes, such as supporting community assets.	Medium	
Workforce: engage CCG, GP practice and NHS Trust staff such that social value is widely understood, supported and delivered throughout the system.		
1. Engage staff in social value and the NHS Sheffield CCG social value approach, such as through FIKA and learning lunch.	High	
2. Ensure social value is embedded into staff training as appropriate, such as in the MALTS programme.	High	
3. Make links with other local commissioners (Sheffield City Council and STP partners) to ensure common understanding of social value for key providers.	High	
4. Identify training opportunities to share social value approach with GP practice staff and STP partners.	Medium	

Models of care: utilise frameworks of social value to help rethink models of care that achieve better health outcomes, effective resource use and are future proof.		
1. Identify the non-medical services and means to build social value linked to locally provided primary care services	Medium	
2. Work with GPs, commissioners and NHS trusts to identify models of care which achieve greater social value, including Every Contact Counts	Medium	
3. Include social value in evaluation of services and programmes	Low	
Resource use: maximise efficient use of resources including buildings, energy, water, transport and waste such that social value is achieved.		
1. NHS Sheffield CCG to establish its own resource use and carbon baseline	Medium	
2. Establish carbon reduction target to comply with NHS implementation of Climate Change Act	Medium	
3. Update Sustainable Development Management Plan (SDMP), setting out action plan to maximise opportunities to deliver financial savings through positive environmental impacts http://www.sduhealth.org.uk/policy-strategy/engagement-resources/financial-value-of-sustainable-development.aspx	Medium	
4. Coordinate activity with GP practices and NHS trusts where there are efficiencies in doing so	Low	
5. Review approach to resource use (including social value) in contracts	Medium	
Adaptation and risk: plan services and facilities with climate change, resource availability and price conditions in mind.		
1. Review risk register and risk reporting for risks associated with resource depletion, climate change (eg energy prices) and increased incidents of flooding, heatwave etc	Medium	
2. Include in SDMP any actions required to manage these changing risks and implications	Low	
Engagement: work in partnership with stakeholders, including non-clinical providers and partners, to ensure a strong and effective social value approach that delivers better health outcomes.		
1. Promote the NHS Sheffield CCG social value approach and embed in appropriate communication and engagement activity	High	
2. Engage with staff, patients, providers and voluntary/community sector in reviewing and refining the approach	High	

3. Develop links with relevant national, regional and local networks of expertise, including Sustainable Development Unit and the Centre for Sustainable Healthcare	Medium	
Governance, finance, monitoring and reporting: put in place structures/systems that oversee the social value approach, align resources where appropriate, embed this into policy and practice and track the impact this is having.		
1. Ensure statutory and policy commitments are met by NHS Sheffield CCG	High	
2. Establish social value monitoring mechanism for the CCG, ensuring governance of this action plan and commitment to ongoing improvement, such as by using the NHS Good Corporate Citizenship framework	Medium	
3. Regular reporting to Clinical Executive and Governing Body as appropriate (at least annually)	Medium	
4. Explore potential for reporting social value in accounting and financial reports, such as social return on investment of contracts, or additional KPIs met by contracts through social value commitments	Medium	