Commissioning for Social Value
Social Value Strategy and Action Plan 2014

14 May 2014

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1. Introduction

This strategy sets out NHS Liverpool Clinical Commissioning Group’s (LCCGs) approach to implementing the Public Services (Social Value) Act 2012. It recognises the potential to support NHS Liverpool CCG goals, the legislative and ethical imperatives to address social value and that a phased approach to implementation will be taken, which seeks to continuously improve effectiveness.

This strategy defines LCCGs first approach to embedding social value and is intended to guide and communicate our commitment to local NHS staff, patients and public, providers, partners and other stakeholders. Simply, for LCCG:-

Creating Social Value means increasing the social, economic and environmental wellbeing of the people we serve.

Setting out a Social Value strategy is the start of a long term process which supports LCCG objectives and will be a cornerstone of implementing the local health system’s transformation agenda, Healthy Liverpool. It enables LCCG to meet legislative requirements for Social Value and environmental protection in ways which promote improved health outcomes.

This strategy takes forward a number of the recommendations made in the LCCG Health Inequalities Action Learning Group report “All Equal All Different”, Liverpool Mayoral Health Commission and the Marmot review on Health Inequalities. It also addresses LCCG commitment to the Sustainable Development Strategy for the Health, Public Health and Social Care System 2014-2020. This describes the vision for a sustainable health and care system and the challenge to continually improve health and wellbeing and deliver high quality care now and for future generations within available financial, social and environmental resources.

The Marmot Review of Health Inequalities, Fair Society Healthy Lives, 2010, set out the following overarching policy goals as the central
principles to guide all policy interventions to reduce health inequalities and which this strategy adopts:-

- Create an enabling society that maximises individual and community potential.
- Ensure social justice, health and sustainability are at the heart of all policy-making.

Social Value presents a useful framework for LCCG to achieve its goals and meet commitments as set out below…

### Strategic and corporate opportunities to…

- Reduce health inequalities
- Improve health outcomes
- Increase value from commissioning investment
- Use commissioning influence to improve health outcomes

### Legislative and corporate requirements

- Public services (social value) Act 2012
- Climate Change Act
- Civil Contingencies Act
- CCG Assurance re Capability and organisational health and Domain 4(e) Environmental & social sustainability
- NHS Sustainability Strategy Nationally

### Social Value for LCCG should…

- Reflect and deliver CCG Vision, objectives and values and support improved health outcomes
- Influence local health economy, Healthy Liverpool, acting as one
- Take a phased approach (as set out in section 2).
- Provide leadership for a city wide approach

Social value presents an effective framework to:-

- Commission in new ways which maximise health outcomes and value from investments and support local economic and environmental goals
- Bring Liverpool CCG closer to its population and achieve meaningful engagement and shared decision making with patients
- Understand, track, report and continuously improve impact

A strategic approach to social value embeds the desired outcomes in all policy and practice and if applied effectively, the benefits for wellbeing, reduced health inequalities, and managing future demand for NHS services, could be significant.
2. Developing a Social Value Approach

Social Value for LCCG must reflect and help deliver LCCG’s vision, values and objectives, support better health outcomes and the ambitions of Healthy Liverpool.

Context for Social Value

During 2013 engagement took place with various partners regarding development of a social value approach. There is support for a collaborative approach across the local NHS economy and discussions are also underway with LCC and other partners with the ambition of a city wide approach widely supported, with the NHS as key players in development of this.

Meanwhile there is a duty and opportunity to define some social value requirements which can be incorporated into strategic and commissioning and procurement policies and practices and begin the journey to achieving greater social value.

Social value is defined in the Public Services (Social Value) Act 2012 as “economic, social and environmental wellbeing”. Placing this at the heart of LCCG strategy and practice will take time and mechanisms for ensuring this is done in a meaningful way will necessarily develop as the Healthy Liverpool plan takes effect.

The potential social value to be generated requires consideration at all stages of the commissioning cycle; how services are designed and delivered to maximise social value, and therefore health outcomes, over the longer term. While the Social Value Act places a requirement to consider social value in commissioning and procurement, LCCG Governing Body has recognised the opportunity to adopt a broader, more strategic Social Value commitment which supports better outcomes.
Consequently a phased approach to introduction will be adopted as set out below.

**Phased Approach for Social Value**

### Phase 1
**Jan 2013**
- Review implications & begin dialogue
- Act in force 31st January 2013
- Engage with providers in VCSEs and NHS regarding social value definition
- Support city wide process looking at Social Value
- Develop draft approach for Governing Body steer

### Phase 2
**May 2014**
- First Social Value strategy considered by LCCG Governing Body
- Integrate within Healthy Liverpool, commissioning & procurement plans, policies , documentation
- Develop investment & grant aid strategy
- Engage more widely on approach

### Phase 3
**Dec 2014**
- Apply, test out and engage more widely
- Establish benchmarks and evaluation methodology
- Continue liaison with NHS providers and LCC and other partners on a city wide collaborative approach
- Build capacity with partners and providers for increasing social value

### Phase 4
**April 2015**
- Review, refine, improve and integrate with relevant emerging national and local plans
- Approve amended and longer term approach as required

### 3. Social Value Approach Aims and Objectives

Through our social value approach NHS Liverpool CCG aims to:

- Place Social Value at the centre of our thinking and policy, commissioning and practice
- Ensure the way LCCG invests and acts achieves maximum benefit to the population we serve now and in the future

Creating Social Value to Improve Health Outcomes by...

- maximizing impact of clinical services
- supporting non-medical solutions
- positively influencing social determinants of health
LCCG Social Value Objectives are to:-

- **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 rethink 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

These objectives align to the NHS Good Corporate Citizen tool which provides a means by which LCCG can measure progress. The above objectives are addressed in the action plan appended to this strategy. NHS Liverpool CCG will undertake the Good Corporate Citizen Assessment annually and report the results and progress in delivering the action plan, providing a comprehensive check on delivery against our aims.

4. **Social Value Aims into Practice**

The majority of LCCG influence and ability to affect positive outcomes and minimise harm comes through our strategic and commissioning decisions and our partnerships. These areas are therefore the focus for the social value approach through both clinical and non-
clinical means. Creating social value through our GP neighbourhoods and our NHS providers will be an important priority.

During 2013 engagement took place with a broad range of stakeholders to shape the core of the Social Value approach. This included NHS Trusts, community and voluntary organisations, social enterprises and networks and SMEs. Phases 2 and 3 of the approach propose wider consultation and engagement building on this start and developing capacity among partners to deliver social value.

The following tables summarise the social value goals LCCG wishes to achieve. Section 6 sets out how CCG objectives and outcomes can be met through the application of social value and defines the goals we are setting in social, environmental and economic terms. In these tables, the fifth and sixth columns suggest how we will apply our social value approach in procurement processes, and ask potential providers to demonstrate what social value they propose to achieve in working with us.

The measures in the social value framework all promote improved health and wellbeing and relate directly to LCCG objectives and outcomes. In a procurement context, those measures most relevant for the particular contract will be selected from this list for inclusion in the competitive process. The priority areas we are looking to address early in our approach are:

- Employment, Living Wage and Working Conditions
- Social isolation, prevention and patient empowerment / self-care
- Healthy food, physical activity and green space

In a competitive process providers will be required to set out how, over the lifetime of the contract they would propose to deliver the relevant social value outcomes. In most cases measures would be set out as part of the specification. Exactly how these are included / framed will be affected by the commissioning process and ensuring the appropriate legislative compliance.
**SOCIAL VALUE – ECONOMIC WELLBEING GOALS**

<table>
<thead>
<tr>
<th>Improve health outcomes for adults and children by reducing poor health associated with low income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Support <strong>employment</strong> of Liverpool residents to reduce experiences of poverty and hardship</td>
</tr>
<tr>
<td>2. Support a <strong>Living Wage</strong> and moves towards this to reduce low incomes</td>
</tr>
<tr>
<td>3. Support <strong>good working conditions</strong> to relieve health problems associated with employment</td>
</tr>
<tr>
<td>4. Support <strong>education, skills and training</strong> of Liverpool residents as a means to improve incomes and resilience as well as health literacy and participation.</td>
</tr>
<tr>
<td>5. Support a reduction in the effects of <strong>debt</strong> on physical and mental health.</td>
</tr>
<tr>
<td>6. Seek to maximise other <strong>investment</strong> in the local economy and communities</td>
</tr>
</tbody>
</table>

Low incomes, child poverty, income insecurity and inequalities are significant issues in Liverpool. Almost 40% of Liverpool households are living at or close to the poverty line, with an income of less than £17,279 and there is a 10 year gap in life expectancy across different parts of the city. These are both linked to poor physical and mental health.

People on low incomes are significantly more likely to experience poorer health outcomes compared to those on higher incomes, and research shows that a range of conditions have a strong relationship with deprivation, including: chronic respiratory disease, and alcohol related conditions, diabetes, heart disease and mental illness.

Through our Social Value approach we aim to ensure our actions and spend work as hard as possible to improve the economic wellbeing of our citizens in order to improve health.

Liverpool’s Joint Strategic Needs Assessment identifies economic wellbeing as one of the key health factors for the city.

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1 Liverpool JSNA, 2013
SOCIAL VALUE – SOCIAL WELLBEING GOALS

Improve health outcomes by creating an enabling society that maximises individual and community potential reducing poor health associated with social context

1. Reduce social isolation and associated health risks by including social contact as a valued outcome.

2. Support development of social capital in order to foster healthy communities in which participation is widespread.

3. Increase upstream prevention activity

4. Improve quality of life particularly for people with long term conditions

5. Increase public, patient and carer empowerment, health literacy and self-care by building these into everything LCCG commission.

6. Increase integration of services so patients are better and more easily supported

7. Reduce emergency admissions and readmissions which have negative impacts on patients and their carers.

The communities and social networks that people belong to in their lives have a significant impact on health and health inequalities.  

“Low levels of social integration, and loneliness, significantly increase mortality. Several longitudinal studies have shown that social networks and social participation appear to act as a protective factor against dementia or cognitive decline over the age of 65 and social networks are consistently and positively associated with reduced morbidity and mortality. There is strong evidence that social relationships can also reduce the risk of depression. Making resources available to address the association between poor health and poor social networks and break the cycle of deprivation can also decrease costs of health care”.  

1 in 5 people in Liverpool report low levels of wellbeing and close social connections are known to be the most important protective factor for wellbeing. Social isolation is now recognised as presenting comparable risks to obesity and smoking and those with stronger social relationships have a 50% increased likelihood of survival.  

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2 Fair Society Healthy Lives, Marmot, 2010
3 Fair Society Healthy Lives, Marmot, 2010
4 NW Wellbeing Survey, 2012
5 Foresight Report, New Economics Foundation
## Social Value – Environmental Wellbeing Goals

Improve health outcomes through approaches which reduce health inequalities and mitigate climate change, creating healthy places and communities now and for the future.

1. Improve access to and consumption of fresh, **healthy food** in order to support better mental and physical health and a local food economy.

2. Improve neighbourhood environments by increasing provision, access and quality of **green space** in order to improve mental and physical health.

3. Increase **active travel** (walking and cycling) in order to increase physical activity, reduce traffic emission related respiratory illness and carbon emissions.

4. Reduce carbon emissions in order to mitigate against **climate change** and its negative consequences for health and health inequalities.

5. Improve **housing** conditions and energy efficiency in order to reduce health conditions associated with poor housing and fuel poverty.

6. Minimise use of **hazardous substances** in order to protect health.

Creating and developing health promoting community environments will tackle the social determinants of health, health inequalities and reduce long term impacts of climate change which affect vulnerable communities disproportionately.

There is considerable evidence regarding the benefits of healthy eating to prevent and manage physical and mental health conditions\(^7\), of how green space increases physical activity, promotes good mental health and reduces health inequalities\(^8\) and that active travel is one of the most effective means of increasing physical activity\(^9\). The areas set out in this section align with the Marmot review recommendations for Healthy Places and Communities.

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\(^7\) Fair Society Healthy Lives, Marmot, 2010  
\(^8\) Fair Society Healthy Lives, Marmot, 2010  
\(^9\) NICE Public Health Guidance 41, 2012
5. Implications for Key Stakeholders

The following describes implications of LCCGs Social Value Approach for these four stakeholder groups:

### Patients and Public
- Better integration of non-medical and medical solutions for healthcare – addressing social determinants of health
- More support for preventive / lifestyle issues
- More support for taking more control in improving own health
- Partnership approach to improving health involving patient, carer, family, community and clinical teams
- Stronger VCSE support in community
- Increased opportunities to shape / deliver services where appropriate
- More efficient and patient centred services
- Improved environment

### Clinicians
- Listen/prompt patients/carers for social & economic barriers to health and consider how to support
- Open up a partnership dialogue with patients about what they want to achieve
- Discuss lifestyle recommendations and physical activity as part of every consultation / treatment
- Connect patients to social and peer support groups
- Form links with Voluntary and community organisations in your neighbourhood or specialty
- Consider how you can cut medicine waste?
- Could you cut energy use and waste in your practice / pathways?
- What can you buy locally and from smaller organisations?
- Include relevant social value approaches in contracts with your suppliers
- Discuss with LCCG how to continuously improve the social value framework

### Commissioners
- Build social value consideration in at the very start of the commissioning discussions...how could you maximise social value and heath outcomes at every stage?
- Involve patients & public & Voluntary Community and Social Enterprise organisations early in setting scope
- If a contract is to be let, consider if it can be broken into smaller contracts or lots to make it more accessible
- Decide what are the most important elements of the social value framework to include in a contract?
- Are there other ways that social value can be built and help deliver your objectives? Partnerships / connections etc...
- Get to know the VCSE organisations working in your field/ with your patients or at risk groups

### Providers
- Review the social value policy and its aims and decide how as a provider you deliver social value and how you may increase this
- Use the social value framework as a basis for your own organisation’s policy
- Include social value requirements in your own purchasing, tenders and contracts
- Include social value in organisation and staff development
- Reframe your proposals and practices to achieve more social value
- Measure your social value
- Discuss with LCCG how to continuously improve the social value framework

6. Conclusions and Social Value Framework

LCCG acknowledge the potential for increasing social value achieved through its policy and practice and that achieving increased social value improves health outcomes. This strategy sets out our first approach and during 2014 will be refined as a result of feedback and application experience. LCCG look forward to working with patients, members of the public, providers, Liverpool City Council, VCSE and other partners to achieve our social value aims and towards a city wide approach to social value.
<table>
<thead>
<tr>
<th>Liverpool CCG Objective</th>
<th>Relevant Outcome Domains</th>
<th>Relevant Outcome ambitions</th>
<th>Liverpool CCG internal performance measure</th>
<th>Potential measures for suppliers</th>
<th>Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>To improve health outcomes</td>
<td>Preventing people dying prematurely</td>
<td>Secure additional years of life for people with treatable mental &amp; physical health conditions</td>
<td>LCCG investment in local economy through contract spend. Proportion of supply chain spend that is with Liverpool based businesses/SME/social enterprises/constituted community groups.</td>
<td>Proportion of supply chain spend that is with SMEs/social enterprises/constituted community groups</td>
<td>% of supply chain spend 0-10%/11-20%/ etc...</td>
</tr>
<tr>
<td>To maximise value from our financial resources and focus on interventions that will make a major difference</td>
<td>Improving quality of life of people with Long Term Conditions</td>
<td>Improving health related quality of life of people with LTCs/mental health</td>
<td>LCCG contribution to local people in employment</td>
<td>Number of FTE jobs created/sustained</td>
<td>Number of new FTE jobs/FTE sustained</td>
</tr>
<tr>
<td>To build successful partnerships which promote system working and integrated service delivery</td>
<td>Helping people to recover from episodes of ill health or following injury</td>
<td>Increasing the number of people having a positive experience of hospital care, GP care &amp; community care</td>
<td>LCCG reducing debt stress, low pay and poor working conditions.</td>
<td>Employees paid a Living Wage throughout the supply chain. No zero hours contracts in the supply chain Accreditation to workplace wellbeing charter Support for financial advice</td>
<td>0-79% / 80%+ 0-79% / 80%+ Accreditation – level attained – bronze 30, silver 60 gold 100 etc.</td>
</tr>
<tr>
<td>To hold providers of commissioned services to account for the quality of services delivered</td>
<td>Ensuring people have a positive experience of care</td>
<td></td>
<td>LCCG contribution to skills development and employment of local people</td>
<td>Number of (relevant) people supported into employment (relevant could mean to the procurement/priorities could be unemployed people, young people, disabled people etc ...)</td>
<td>Numbers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LCCG contribution to skills development and employment of local people</td>
<td>Number of work experience/apprenticeships/formal training opportunities provided</td>
<td>Numbers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Additional investment leveraged in to Liverpool communities</td>
<td>Amount of investment brought in to communities through grants, private sector investment and reinvestment of profits...</td>
<td>% of contract value</td>
</tr>
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<tr>
<td>To improve health outcomes</td>
<td>Preventing people dying prematurely</td>
<td>Secure additional years of life for people with treatable mental &amp; physical health conditions</td>
<td>Reduced social isolation / increased social capital</td>
<td>Increase in understanding of health issues, prevention and self-care among patients, staff, adults, service-users, carers, families and community eg literacy, peer support programmes, physical activity...</td>
<td>Proposal to achieve included? Baseline and tracking to be proposed.</td>
</tr>
<tr>
<td></td>
<td>Improving quality of life of people with Long Term Conditions</td>
<td>Improving health related quality of life of people with LTCs/ mental health</td>
<td>Increase in self-care</td>
<td>Number of patients/service-users finding/sustaining subsequent meaningful employment, training, voluntary roles</td>
<td>% finding... % sustaining at 12months... EQ5D scores</td>
</tr>
<tr>
<td></td>
<td>Helping people to recover from episodes of ill health or following injury</td>
<td>Reducing time spent avoidably in hospital - better &amp; more integrated care in the community</td>
<td>Reduced social isolation / increased social capital</td>
<td>Proportion and frequency of patients, service-users and other community members engaging in community/social activity and physical activity</td>
<td>% &gt; 1 pw % &gt; 1 pcm EQ5D scores Physical activity level</td>
</tr>
<tr>
<td></td>
<td>Ensuring people have a positive experience of care</td>
<td>Increasing the proportion of older people living independently at home following discharge from hospital</td>
<td>Reduced social isolation / increased social capital</td>
<td>Number of new volunteer roles created, and/or volunteer roles supported and sustained</td>
<td>Number created / sustained at 12 months</td>
</tr>
<tr>
<td></td>
<td>Treating and caring for people in a safe environment and protecting them from avoidable harm</td>
<td>Increasing the number of people having a positive experience of hospital care, GP care &amp; community care</td>
<td>Increase in self-care</td>
<td>Proportion of service-users/carers developing own care plans</td>
<td>% with active care plans in implementation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increasing the number of people having a positive experience of hospital care, GP care &amp; community care</td>
<td>Increase in patient involvement</td>
<td>Number of service-users and carers involved in design and delivery of services Provision /link to non-medical services which improve patient choice / experience/ outcomes</td>
<td>Number, scale score</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Making significant progress towards eliminating avoidable deaths in our hospitals.</td>
<td>Increase in integration of services</td>
<td>Number of sustained and meaningful relationships with other providers that support integrated care, including clinical and also social and economic parameters affecting health.</td>
<td>Number and description of proposal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reduction in emergency admissions and readmissions.</td>
<td>Reduction in attendances for urgent care by patients and service-users.</td>
<td>Baseline evidence and proposed target.</td>
</tr>
</tbody>
</table>

Social Value: Increase Social Wellbeing and Capacity for Healthy Communities
<table>
<thead>
<tr>
<th>Liverpool CCG Objective</th>
<th>Outcome Domains</th>
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<td>To improve health outcomes</td>
<td>Preventing people dying prematurely</td>
<td>Secure additional years of life for people with treatable mental &amp; physical health conditions</td>
<td>Increase in self-care Improved patient experience Increased population skills / employment</td>
<td>Increase in proportion of fresh, healthy, low carbon food supply chains and consumption by staff, service-users and communities.</td>
<td>% supply chain fresh food, 24hr. Proposals for programmes and measures.</td>
</tr>
<tr>
<td>To maximise value from our financial resources and focus on interventions that will make a major difference</td>
<td>Improving quality of life of people with Long Term Conditions</td>
<td>Improving health related quality of life of people with LTCs/ mental health</td>
<td>Improved quality of life for people with LTCs including mental health Increased Self Care Access to green space Improved patient experience</td>
<td>Improvement in provision/access to high quality green space for patients and communities.</td>
<td>PH indicator – description of quality / hectares GI Strategy – increase in access / quality</td>
</tr>
<tr>
<td>To build successful partnerships which promote system working and integrated service delivery</td>
<td>Helping people to recover from episodes of ill health or following injury</td>
<td>Increasing the proportion of older people living independently at home following discharge from hospital</td>
<td>Improved patient experience Liverpool CCG contribution to carbon reduction</td>
<td>Reduction in energy use / carbon emissions / increased use of renewable energy</td>
<td>CO2 emissions / energy kwh / renewables</td>
</tr>
<tr>
<td>To hold providers of commissioned services to account for the quality of services delivered</td>
<td>Ensuring people have a positive experience of care</td>
<td>Treating and caring for people in a safe environment and protecting them from avoidable harm.</td>
<td>Improved quality of life for people with LTCs/ respiratory conditions/ Avoidance of unnecessary time spent in hospital/admissions Reduction in exceedences of air quality standards in Liverpool Carbon reduction</td>
<td>Reduction in goods/staff/patient transport emissions Increase in staff / patients /service-users walking and/or cycling regularly</td>
<td>Co2 and NOx generated and phased reduction Increase in physical activity Baseline and % increases</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reduction in people living in poor quality housing</td>
<td>Increase in advice and support for housing issues</td>
<td>Plans to address Numbers of referrals and improvements</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Maximise value and reduce carbon emissions</td>
<td>Reduction of waste/cost through application of waste hierarchy</td>
<td>Tonnes generated and % to landfill, clinical, recycling...</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Maximise value and reduce carbon emissions Improved medicine management</td>
<td>Reduction in prescribing and pharmaceutical waste</td>
<td>Baseline and % reduction per pa</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Protecting people from avoidable harm</td>
<td>Reduction in use of hazardous substances</td>
<td>Baseline and % reduction</td>
</tr>
</tbody>
</table>

Social Value: Better Environmental Wellbeing to Improve Health Outcomes Now and for the Future
### Key Actions to meet the Commissioning Objective

<table>
<thead>
<tr>
<th>Action</th>
<th>By Whom</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dialogue with commissioners and key providers regarding social value outcomes based commissioning</td>
<td>SV lead Contracts team GB lead</td>
<td>First phase Spring 2014 &amp; Ongoing</td>
</tr>
<tr>
<td>2. Address procurement process to remove unnecessary barriers for any organisations and consider smaller contracts or lots</td>
<td>Contracts team SV lead Commissioners</td>
<td>Spring 2014 and ongoing</td>
</tr>
<tr>
<td>3. Embed social value in commissioning, investment planning and procurement systems and publish commissioning and procurement plan to enable potential new providers to prepare</td>
<td>Commissioners Contracts team</td>
<td>Summer 2014</td>
</tr>
<tr>
<td>4. Develop approaches to secure social value through whole supply chains and raise awareness of local supply chains</td>
<td>SV lead and Contracts Team</td>
<td>Summer 2014 and ongoing</td>
</tr>
<tr>
<td>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</td>
<td>SV lead GB lead</td>
<td>Spring 2014 and during 2014</td>
</tr>
</tbody>
</table>
Key Actions to meet the Workforce Objective

<table>
<thead>
<tr>
<th>Action</th>
<th>By Whom</th>
<th>By When</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Promote LCCG approach and embed social value into appropriate CCG communications.</td>
<td>Communications SV lead</td>
<td>Spring 2014 and ongoing</td>
</tr>
<tr>
<td>2. Devise development and training programme for CCG staff and member practices and NHS Trusts where appropriate</td>
<td>HR SV lead</td>
<td>Summer 2014</td>
</tr>
<tr>
<td>3. Delivery programme for development and training</td>
<td>HR SV lead</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4. Co-ordinate NHS economy approach as part of Healthy Liverpool and linked to health ambassadors</td>
<td>HR / Procurement / SV lead</td>
<td>Ongoing</td>
</tr>
<tr>
<td>5. Examine potential for and pilot interns / volunteer placements / CCG staff visiting VCSE organisations to build social value through skills exchanges</td>
<td>HR SV lead</td>
<td>Summer 2014</td>
</tr>
</tbody>
</table>
• utilise frameworks of social value to help rethink models of care that achieve better health outcomes, effective resource use and are future proof

### Key Actions to meet the Models of Care Objective

<table>
<thead>
<tr>
<th>Action</th>
<th>By Whom</th>
<th>By When</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify the non-medical services and means to build social value in GP transformed routine neighbourhood development</td>
<td>SV and NHD leads</td>
<td>September 2014</td>
</tr>
<tr>
<td>2. Fully integrate social value and working with VCSE sector into self-care strategy, integrated care agenda and Primary Mental Health Care</td>
<td>SV lead, Head of Strategy</td>
<td>September 2014</td>
</tr>
<tr>
<td>3. Work with GPs and commissioners and NHS Trusts to identify models of care which achieve greater social value, link with every contact counts.</td>
<td>Primary Care Commissioners SV lead</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4. Integrate social value into developing programmes for technology in health care</td>
<td>SV lead Mi lead</td>
<td>December 2014</td>
</tr>
<tr>
<td>5. Develop evaluation approaches regarding delivery of social value through models of care particularly health economics of non medical models</td>
<td>SV lead Research lead</td>
<td>March 2015</td>
</tr>
</tbody>
</table>
### Key Actions to meet the Resource Use Objective

<table>
<thead>
<tr>
<th>Action</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Establish resource use and carbon emissions baseline for LCCG own operations</td>
<td>SV lead Property Services</td>
<td>November 2014</td>
</tr>
<tr>
<td>2. Establish carbon reduction targets for LCCG to comply with NHS implementation of Climate Change Act</td>
<td>SV lead and GB lead</td>
<td>January 2015</td>
</tr>
<tr>
<td>3. Set out improvement plan for LCCG based principles of reducing demand for resources, reducing waste of resources, reusing or using renewable resources where possible and reducing impact of resources used.</td>
<td>SV and GB lead</td>
<td>January 2015</td>
</tr>
<tr>
<td>4. Review approach to resource use in including social value in contracts</td>
<td>SV and contracts team</td>
<td>December 2014</td>
</tr>
<tr>
<td>5. Co-ordinate activity with GP practices and NHS Trusts where there are efficiencies from doing so</td>
<td>SV lead / Head of Primary Care / contracts</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Adaptation and risk

- plan services and facilities with climate change, resource availability and price conditions in mind

Key Actions to meet the Risk and Adaptation Objective

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1. Review recent NHS adaptation planning guidance and environment agency wizard and address as appropriate</td>
<td>SV GB lead</td>
<td>December 2015</td>
</tr>
<tr>
<td>2. Better understand and report the risks associated with resource depletion and climate change such as energy price rises / insecurity, increased incidents of flooding, heatwave etc.</td>
<td>SV / risk leads</td>
<td>February 2015</td>
</tr>
<tr>
<td>3. Include with risk register as appropriate (Annual Governance Statement and Civil Contingencies Act compliance)</td>
<td>Risk lead</td>
<td>February 2015</td>
</tr>
<tr>
<td>4. Understand and report implications for NHS service provision eg equipment temperature tolerance, uniforms, mental health implications, risks for most vulnerable/least resilient communities and individuals</td>
<td>SV lead</td>
<td>February 2015</td>
</tr>
<tr>
<td>5. Develop an adaptation plan to appropriately to manage these changing risks and implications</td>
<td>SV lead</td>
<td>June 2015</td>
</tr>
</tbody>
</table>
• work in partnership with stakeholders to ensure a strong and effective social value approach that delivers better health outcomes

Key Actions to meet the Engagement Objective

<table>
<thead>
<tr>
<th>Action</th>
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<th>By When</th>
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</thead>
<tbody>
<tr>
<td>1. Promote LCCG approach and embed social value into appropriate CCG communications and engagement activity</td>
<td>Communications SV lead</td>
<td>Spring 2014 and ongoing</td>
</tr>
<tr>
<td>2. Provide leadership in the Liverpool NHS economy and the city for social value particularly continuing liaison to develop city wide approach to procuring social value in order to achieve maximum effectiveness and simplification for providers and suppliers.</td>
<td>GB SMT Commissioners SV lead</td>
<td>2015</td>
</tr>
<tr>
<td>3. Continue to provide NHS leadership for social value by working with city partners in seeking a strategic approach to a more sustainable Liverpool and placing health equalities at the heart of this, examples include Sustainable Food City, Nature Connected and Liverpool Green Partnership.</td>
<td>SV lead And others</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4. Engage with staff, patients and Liverpool’s third/social sector and providers/suppliers in reviewing and refining the approach (link to VCSE strategy)</td>
<td>SV lead and others</td>
<td>Ongoing</td>
</tr>
<tr>
<td>5. Continue strong links with relevant national, regional and local networks of expertise including Sustainable Development Unit and Centre for Sustainable Healthcare.</td>
<td>SV lead / GB lead</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Key Actions to meet the Governance Objective

<table>
<thead>
<tr>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>1. Ensure statutory and NHS policy commitments are met by CCG</td>
<td>SV lead / SMT / GB</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2. Establish Social Value monitoring mechanisms, utilise NHS Good Corporate Citizenship framework</td>
<td>SV lead</td>
<td>December 2014</td>
</tr>
<tr>
<td>3. Regular reporting to External Affairs committee and Governing Body as appropriate (at least annually)</td>
<td>SV lead / Head of Primary Care</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4. Continuously investigate new avenues to increase social value –and how these can be included in future Social Value approaches</td>
<td>All CCG staff</td>
<td>Ongoing</td>
</tr>
<tr>
<td>5. Explore potential for ‘triple bottom line’ in accounting</td>
<td>Finance</td>
<td>December 2014</td>
</tr>
</tbody>
</table>