

**DMPC Decision – PCD 991**

**Title: Occupational Health Contract Uplift**

**Executive Summary:**

This decision requests uplifting the contract value for the Optima Occupational Health (OH) contract. The current rate of spend on this contract is higher than originally anticipated and the contract value needs to be uplifted to reflect the actual expenditure. In addition, new services are planned to be offered through this contract to support police officers and staff.

The Directorate of Audit, Risk and Assurance (DARA) Optima contract review audit in 2019 noted that the volume budgets should be updated to reflect the actual volume being delivered where the MPS is satisfied that the variance is due to a genuine increase in volume or additional service being delivered by Optima Health. It was also recognised that the management information available at the time of going out to tender was insufficient to cover the full scope of the service required. Additionally, since the contract started, there has been more widespread awareness of the occupational health service with a number of proactive service delivery/support campaigns including destigmatising mental health issues which has further increased demand.

This paper seeks to address this position in contract volume to uplift the current contract value for the provision of occupation health services to MPS to reflect the current service provision. Approval is therefore sought to uplift the contract value from £34,000,000 to £52,861,805 to cover both business as usual and new services.

This paper is not seeking additional monies. This is based on using the service funding allocated for FY 21/22 as the new baseline.

**Recommendation:**

The Deputy Mayor for Policing and Crime is recommended to:

1. Approve uplifting of the contract value for Provision of Occupation Health Services to MPS from £34,000,000 to £52,861,805 covering both Business as Usual (BAU) and New Services. Funding for this has already been allocated and budgeted for by the MPS' Finance Department.

**Deputy Mayor for Policing and Crime**

I confirm I have considered whether or not I have any personal or prejudicial interest in this matter and take the proposed decision in compliance with the Code of Conduct. Any such interests are recorded below.

The above request has my approval.

**Signature**

A handwritten signature in black ink, appearing to read "Paul Hinder", written over a light grey horizontal line.

**Date**

**14/06/2021**

## **PART I - NON-CONFIDENTIAL FACTS AND ADVICE TO THE DMPC**

### **1. Introduction and background**

- 1.1. For Business as Usual (BAU) Services, the current OH (Occupational Health) contract with Optima Health is maturing and predicted levels of demand are different to those submitted in the tender-stage forecast, with the majority now increased. The original volumes baselined in the contract were underestimated, partially due to the lack and accuracy of Management Information (MI). Also, within this contract there has been unprecedented growth in demand for this core service.
- 1.2. Since commencement of this contract in 2017, demand for OH referrals as well as face to face counselling have doubled. This increase in demand for services is also due to a better understanding of OH process through better engagement with business groups and the embedding of the MPS strategic aims for the wellbeing of its people. Another contributing factor has been the Government's initiative to recruit more officers. Optima Health have proactively responded to change their operating model so that they can meet the service levels required. In addition, Optima have responded dynamically during numerous operational incidents (Terrorist, Grenfell Tower fire and COVID-19) to provide vital operational support to officers and staff.
- 1.3. In October 2018, People and Training Board agreed the MPS Health and Wellbeing Strategy 2019-2021. The strategy informs the priorities and activities to improve the physical and mental health of those who work in the MPS.
- 1.4. The strategy recognised a number of improvements, which include:
  - In a changing dynamic and a challenging environment, the MPS need to adapt and better support the wellbeing and health needs of its officers and staff;
  - The MPS needs to better equip managers and leaders at recognising the good effects of work, not just the ill effects, and to look at what people can do rather than what they cannot do; keeping people in work where practicable.
- 1.5. As a consequence, the workplace wellbeing services needed to move to a more proactive health model with a focus on developing services and support mediums better designed to support the unique needs of those undertaking police work in the MPS. The proactive delivery of improved psychological screening for high risk roles and beyond to support officers and staff is an example.

### **Current Model**

- 1.6. To achieve this the current Occupational Health (OH) service delivery model via its outsourced partner, Optima Health will be maintained. With the continuation of delivering BAU Services, a range of new psychological and physiological services have been further developed. There is a clear evidence base that indicates that regular exposure to policing work has an impact on both psychological and physical health.

1.7. The core OH expenditure is split between three service levels; bronze (core / essential), silver (specialist) and gold (highly specialist and linked to current health needs). The table below summarises core baseline OH and specialist services:

Service	What it means
Health screening and health surveillance	Health checks for new and existing officers and police staff, ongoing checks (surveillance) for those in higher risk roles (e.g. firearms, forensics, indecent images of children)
Sickness absence including management assessments and case management	Advice and support to managers and staff relating to workplace ill health or absence. Advice and support regarding Equality Act matters. Complex case conference support and rehabilitation advice / recommendations
Post incident support programmes	Physical and psychological support / assessments following a high profile event or incident e.g. post shooting incident.
Counselling	Face to face or telephone counselling through a self-referral process.
Physiotherapy	Assessment and short interventional treatment sessions to address workplace related musculoskeletal health problems or injuries.
Functional capability assessments	Assessing fitness for task using complex and tested assessment criteria which is helpful for an officer following injury and wanting to get back to work.
Workplace assessments	Assess individual work areas or work stations where health concerns are raised. Make recommendations to reduce the risk of workplace poor health.
Psychological support and short interventional therapy sessions	For Psychological Screening, example cognitive behaviour therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR)
Telephone support and advice from a duty nurse specialist	Support and guidance for managers and specific groups for advice on work related health matters.
Workplace immunisations	A Hepatitis B vaccination programme for all new Police Officer recruits
Major Incident Support	Assessment, support and, where indicated, early non-prescribed treatment for officers and staff following a major event using evidence based practice. This has continued to be a key integrated element of support to operational incidents in London.

- 1.8. The vision is for a healthy, well equipped, well supported and well led workforce, who all contribute to a culture of wellbeing and believe they work somewhere they are able to thrive. Expansion into a far more preventative and educational wellbeing support has been delivered. To support delivery of this, work continues with implementing an ambitious health and wellbeing programme.

### **Next Two Years**

- 1.9. BAU Services continue to be monitored in relation to the contract. The performance of services is managed through appropriate management information (MI) data. For new services, appropriate monitoring mechanisms are put in place as the services are developed. This will be further supplemented by staff survey feedback and future health needs assessment, the results will measure the impact of intervention strategies and investment.
- 1.10. Whilst musculoskeletal (MSK) injuries are currently the primary cause of absence, it is expected that mental health related sickness and OH referrals will continue to grow. This is due to the promotion of the awareness of this sickness category and the confidence to seek support increasing. In addition, this financial year has seen further impact on delivery of COVID-19 occupational health support.
- 1.11. As part of the government drive to increase police officer numbers, it is anticipated that over the next two years the MPS will see an uplift of additional police officers, therefore demand for OH services is likely to go up even further. This growth in demand will be assessed and embedded in proposed forthcoming enabling strategies to provide a roadmap for future services.

### **New Services**

- 1.12. As part of the first New Services offer, the Employment Assistance Programme (EAP) was successfully launched in August 2019. The EAP provides a host of workplace and personal health, wellbeing and welfare support tools via a web link and over the telephone, 24 hours a day.
- 1.13. The new service will support all police officers and staff with access to emotional and practical support. The Manager's Advice Line (MAL) was also launched in January 2020.
- 1.14. Other new services either launched, or subject to a pilot now include:
- Self-referral MSK service;
  - Psychological monitoring programme, interventions therapies and enhanced counselling support mediums;
  - OH Specific Point of Contact service;
  - Met Mobile Wellbeing Service (Outreach Service);
  - A suite of courses from MIND network that continue to develop awareness and advice on symptoms, causes, recognition and interventions (courses are designed for various ranks and dependent on management responsibility). In addition separate suicide prevention awareness training (PIPS).

- 1.15. Work remains on going in relation to a new trauma peer support programme.
- 1.16. Psychological and MSK illness are the two highest causes of sickness absence. The MPS can improve and maintain good mental and physical health by earlier intervention through health surveillance and preventative advice. It is also known that most MSK symptoms can be tackled early through self-help and basic advice, before they become chronic and long term. It is strongly believed that investing in these areas will have a direct correlation with reduced sickness absence, greater personal resilience and operational capability.
- 1.17. The MPS also recognise the important relationship between wellbeing, operational capacity and capability. A more engaged and healthy workforce improves operational outcomes, productivity and the service to the public. Building on the health needs assessment and strategy, last year wellbeing questions were, for the first time, included in the annual staff survey. These new wellbeing questions track whether the MPS are equipping its managers to deal with health and wellbeing issues and giving its people the support they need.
- 1.18. It is also worthy of note that the workforce, and the general population, are becoming more confident to speak about mental health conditions. This increases demand for services, encourages those affected to seek support, recognises the long term impact of mental health for those in the emergency services and the need to build effective peer support.
- 1.19. The services provided are demand led, therefore control of the service volumes used is limited.

## **2. Issues for consideration**

- 2.1. This paper seeks to address the DARA Optima contract review audit in 2019 that noted that the volume budgets should be updated to reflect the actual volume being delivered where the MPS is satisfied that the variance is due to a genuine increase in volume or additional service being delivered by Optima Health. It was also recognised that the MI available at the time of going out to tender was insufficient to cover the full scope of the service required. Additionally, since the contract started, there has been more widespread awareness of the occupational health service with a number of proactive service delivery/support campaigns including destigmatising mental health issues which has further increased demand.
- 2.2. This paper seeks to address this position in contract volume to uplift the current contract value for the provision of occupation health services to MPS to reflect the current service provision.
- 2.3. This paper is not seeking additional monies. This is based on using the service funding allocated for FY 21/22 as the new baseline.

2.4. Additional supporting information is contained in the restricted section of the paper.

### **3. Financial Comments**

3.1. This paper is seeking approval for uplifting the contract value for Provision of Occupation Health Services to MPS from £34,000,000 to £52,861,805 covering both Business as Usual (increasing from £34,000,000 to £48,467,305, a 42.6% increase) and New Services to the value of £4,394,500.

3.2. This paper is not seeking additional monies. The full cost for the BAU and new services is already funded and allocated to the OH budget in the FY 21/22 baseline.

### **4. Legal Comments**

4.1. This uplift has been considered with regard to the requirements set out in the Public Contracts Regulation 2015 (as amended). Further information is contained in the restricted section of the paper.

4.2. Paragraph 4.13 of the Scheme provides that the DMPC has delegated authority to approve all unforeseen variations and extensions to contracts with an original value of £500,000 or above, when the variation or extension is greater than 10% of the original value and/or is for a period of more than 12 months.

### **5. Commercial Issues**

5.1. This paper seeks to address the position in contract volume to uplift the current contract value for the provision of occupation health services to MPS to reflect the current service provision.

5.2. Additional supporting information is contained in the restricted section of the paper.

### **6. GDPR and Data Privacy**

6.1. There are no immediate privacy implications arising from this report.

6.2. The project does not use currently personally identifiable data of members of the public, so there are no current GDPR issues to be considered. If the project uses personally identifiable data of members of the public at a later date DPIAs will be completed as needed.

### **7. Equality Comments**

7.1. There are no immediate equality implications arising from this report. The intention of this proposal is to benefit all those who work in the MPS no matter what their job role, social background, religious beliefs or other characteristics.

**8. Background/supporting papers**

8.1. Report.



**Public access to information**

Information in this form (Part 1) is subject to the Freedom of Information Act 2000 (FOIA) and will be made available on the MOPAC website following approval.

If immediate publication risks compromising the implementation of the decision it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary.

**Part 1 Deferral:**

Is the publication of Part 1 of this approval to be deferred? NO

If yes, for what reason:

Until what date: N/A

**Part 2 Confidentiality:** Only the facts or advice considered as likely to be exempt from disclosure under the FOIA should be in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a **Part 2** form – YES

<b>ORIGINATING OFFICER DECLARATION</b>	<i>Tick to confirm statement (✓)</i>
<b>Financial Advice:</b> The Strategic Finance and Resource Management Team has been consulted on this proposal.	✓
<b>Legal Advice:</b> The MPS legal team has been consulted on the proposal.	✓
<b>Equalities Advice:</b> Equality and diversity issues are covered in the body of the report.	✓
<b>Commercial Issues</b> The proposal is in keeping with the GLA Group Responsible Procurement Policy.	✓
<b>GDPR/Data Privacy</b> <ul style="list-style-type: none"> <li>GDPR compliance issues are covered in the body of the report.</li> <li>A DPIA is not required.</li> </ul>	✓
<b>Drafting Officer</b> Craig James has drafted this report in accordance with MOPAC procedures.	✓
<b>Director/Head of Service:</b> The Chief Finance Officer has reviewed the request and is satisfied it is correct and consistent with the MOPAC's plans and priorities.	✓

**Chief Executive Officer**

I have been consulted about the proposal and confirm that financial, legal and equalities advice has been taken into account in the preparation of this report. I am satisfied that this is an appropriate request to be submitted to the Deputy Mayor for Policing and Crime.

Signature



Date 25/05/2021



# MOPAC

MAYOR OF LONDON  
OFFICE FOR POLICING AND CRIME

## Occupational Health Contract Uplift Paper

### MOPAC Investment Advisory & Monitoring meeting

#### Report by Nick Kettle on behalf of the Chief of Corporate Services

**Part 1 – This section of the report will be published by MOPAC. It is classified as OFFICIAL – PUBLIC**

#### EXECUTIVE SUMMARY

The DARA Optima contract review audit in 2019 noted that the volume budgets should be updated to reflect the actual volume being delivered where the MPS is satisfied that the variance is due to a genuine increase in volume or additional service being delivered by Optima Health. It was also recognised that the management information available at the time of going out to tender was insufficient to cover the full scope of the service required. Additionally, since the contract started, there has been more widespread awareness of the occupational health service with a number of proactive service delivery/support campaigns including destigmatising mental health issues which has further increased demand.

This business paper seeks to address this position in contract volume to uplift the current contract value for the provision of occupation health services to MPS to reflect the current service provision.

**This paper is not seeking additional monies.** This is based on using the service funding allocated for FY 21/22 as the new baseline.

#### Recommendations

1. The Deputy Mayor for Policing and Crime, via the Investment Advisory and Monitoring meeting (IAM), is asked to:
  - a. **Approve uplifting of the contract value for Provision of Occupation Health Services to MPS from £34,000,000 to £52,861,805 covering both Business as Usual (BAU) and New Services.**
  - b. **This paper is not requesting additional funds as this has already been allocated and budgeted for by the MPS' Finance Department.**

## Time sensitivity

1. A decision is required from the Deputy Mayor by 01/06/2021 or as soon as practicable. Although not time critical, this action is required to comply with a DARA Optima contract review audit recommendation.

## Introduction and background

2. For Business as Usual (BAU) Services, the current OH (Occupational Health) contract with Optima Health is maturing and predicted levels of demand are different to those submitted in the tender-stage forecast, with the majority now increased. The original volumes baselined in the contract were underestimated, partially due to the lack and accuracy of Management Information (MI). Also, within this contract there has been unprecedented growth in demand for this core service.
3. Since commencement of this contract in 2017, demand for OH referrals as well as face to face counselling have doubled. This increase in demand for services is also due to a better understanding of OH process through better engagement with business groups and the embedding of the MPS strategic aims for the wellbeing of its people. Another contributing factor has been the Government's initiative to recruit more officers. Optima Health have proactively responded to change their operating model so that they can meet the service levels required. In addition, Optima have responded dynamically during numerous operational incidents (Terrorist, Grenfell Tower fire and COVID-19) to provide vital operational support to officers and staff.
4. In October 2018, People and Training Board agreed the MPS Health and Wellbeing Strategy 2019-2021. The strategy informs the priorities and activities to improve the physical and mental health of those who work in the MPS.
5. The strategy recognised a number of improvements, which includes:
  - In a changing dynamic and a challenging environment, the MPS need to adapt and better support the wellbeing and health needs of its officers and staff;
  - The MPS needs to better equip managers and leaders at recognising the good effects of work, not just the ill effects, and to look at what people can do rather than what they cannot do; keeping people in work where practicable.
6. As a consequence, the workplace wellbeing services needed to move to a more proactive health model with a focus on developing services and support mediums better designed to support the unique needs of those undertaking police work in the MPS. The proactive delivery of improved psychological screening for high risk roles and beyond to support officers and staff is an adapt example.

**Current Model**

7. To achieve this the current Occupational Health (OH) service delivery model via our outsourced partner, Optima Health will be maintained. With the continuation of delivering BAU Services, a range of new psychological and physiological services have been further developed. There is a clear evidence base that indicates that regular exposure to policing work has an impact on both psychological and physical health.
8. The core OH expenditure is split between three service levels; bronze (core / essential), silver (specialist) and gold (highly specialist and linked to current health needs). The table below summarises core baseline OH and specialist services:

Service	What it means
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Post incident support programmes	Physical and psychological support / assessments following a high profile event or incident e.g. post shooting incident.
Counselling	Face to face or telephone counselling through a self-referral process.
Physiotherapy	Assessment and short interventional treatment sessions to address workplace related musculoskeletal health problems or injuries.
Functional capability assessments	Assessing fitness for task using complex and tested assessment criteria which is helpful for an officer following injury and wanting to get back to work.
Workplace assessments	Assess individual work areas or work stations where health concerns are raised. Make recommendations to reduce the risk of workplace poor health.
Psychological support and short interventional therapy sessions	For Psychological Screening, example cognitive behaviour therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR)

Telephone support and advice from a duty nurse specialist	Support and guidance for managers and specific groups for advice on work related health matters.
Workplace immunisations	A Hepatitis B vaccination programme for all new Police Officer recruits
Major Incident Support	Assessment, support and, where indicated, early non prescribed treatment for officers and staff following a major event using evidence based practice. This has continued to be a key integrated element of our support to operational incidents in London.

9. The vision is for a healthy, well equipped, well supported and well led workforce, who all contribute to a culture of wellbeing and believe they work somewhere they are able to thrive. Expansion into a far more preventative and educational wellbeing support has been delivered. To support delivery of this, work continues with implementing an ambitious health and wellbeing programme.

### Next Two Years

10. BAU Services continue to be monitored in relation to the contract. The performance of services are managed through appropriate MI data. For new services, appropriate monitoring mechanisms are put in place as the services are developed. This will be further supplemented by our staff survey feedback and future health needs assessment, the results will measure the impact of our intervention strategies and investment.
11. Whilst musculoskeletal (MSK) injuries are currently the primary cause of absence, it is expected that mental health related sickness and OH referrals will continue to grow. This is due to the promotion of the awareness of this sickness category and the confidence to seek support increases. In addition, this financial year has seen further impact on delivery of COVID-19 occupational health support.
12. As part of the government drive to increase police officer numbers, it is anticipated that over the next two years the MPS will see and uplift of additional police officers, therefore demand for OH services are likely to go up even further. This demand in growth will be assessed and embedded in proposed forthcoming enabling strategies to provide a roadmap for future services.

### New Services

13. As part of the first New Services offer, the Employment Assistance Programme (EAP) was successfully launched in August 2019. The EAP provides a host of workplace and personal health, wellbeing and welfare support tools via a web link and over the telephone, 24 hours a day.

14. The new service will support all police officers and staff with access to emotional and practical support. The Manager's Advice Line (MAL) was also launched in January 2020.
15. Other new services launched include:
  - Self-referral MSK service;
  - Psychological monitoring programme, interventions therapies and enhanced counselling support mediums;
  - OH Specific Point of Contact service;
  - Met Mobile Wellbeing Service (Outreach Service);
  - A suite of courses from MIND network that continue to develop awareness and advice on symptoms, causes, recognition and interventions (courses are designed for various ranks and dependent on management responsibility). In addition separate suicide prevention awareness training (PIPS).
16. Work remains on going in relation to a new trauma peer support programme.
17. Psychological and MSK illness are the two highest causes of sickness absence. The MPS can improve and maintain good mental and physical health by earlier intervention through health surveillance and preventative advice. It is also known that most MSK symptoms can be tackled early through self-help and basic advice, before they become chronic and long term. It is strongly believed that investing in these areas will have a direct correlation with reduced sickness absence, greater personal resilience and operational capability.
18. The MPS also recognise the important relationship between wellbeing, operational capacity and capability. A more engaged and healthy workforce improves operational outcomes, productivity and the service to the public. Building on the health needs assessment and strategy, last year wellbeing questions were, for the first time, included in the annual staff survey. These new wellbeing questions support track whether the MPS are equipping our managers to deal with health and wellbeing issues and giving our people the support they need.
19. It is also worthy of note that, the workforce, and the general population, are becoming more confident to speak about mental health conditions. This increases demand for services, encourages those affected to seek support, recognises the long term impact of mental health for those in the emergency services and the need to build effective peer support.
20. The services provided are demand led, therefore control of the service volumes used is limited.

## Issues for consideration

21. This paper seeks to address the DARA Optima contract review audit in 2019 that noted that the volume budgets should be updated to reflect the actual volume being delivered where the MPS is satisfied that the variance is due to a genuine increase in volume or additional service being delivered by Optima Health. It was also recognised that the MI available at the time of going out to tender was insufficient to cover the full scope of the service required. Additionally, since the contract started, there has been more widespread awareness of the occupational health service with a number of proactive service delivery/support campaigns including destigmatising mental health issues which has further increased demand.
22. This business paper seeks to address this position in contract volume to uplift the current contract value for the provision of occupation health services to MPS to reflect the current service provision.
23. **This paper is not seeking additional monies.** This is based on using the service funding allocated for FY 21/22 as the new baseline.
24. Additional supporting information is contained in the restricted section of the paper under Decisions Required section.

## Contributes to the MOPAC Police & Crime Plan 2017-2021<sup>1</sup>

25. This contributes to the MOPAC Police & Crime Plan 2017-2021 by:
  - a. Ensuring robust health and wellbeing services for officers and staff will ensure a healthier workforce to better serve the needs of the people of London.
  - b. Maintaining the health needs of officers and staff ensures that they remain physically and psychologically equipped to meet the policing challenges they face.

## Financial, Commercial and Procurement Comments

26. This business paper seeks to address this position in contract volume to uplift the current contract value for the provision of occupation health services to MPS to reflect the current service provision.
27. **This paper is not seeking additional monies.** This is based on using the service funding allocated for FY 21/22 as the new baseline:

**Uplifting of the contract value for Provision of Occupation Health Services to MPS from £34,000,000 to £52,861,805 covering both Business as Usual (BAU) and New Services.**

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<sup>1</sup> [Police and crime plan: a safer city for all Londoners | London City Hall](#)

28. Additional supporting information is contained in the restricted section of the paper under Financial and Commercial section.

### **Legal Comments**

29. This uplift has been considered with regard to the requirements set out in the Public Contracts Regulation 2015 (as amended). Further information is contained in the restricted section of the paper under the Legal section.

### **Equality Comments**

30. There are no immediate equality implications arising from this report. The intention of this proposal is to benefit all those who work in the MPS no matter what their job role, social background, religious beliefs or other characteristics.

### **Privacy Comments**

31. There are no immediate privacy implications arising from this report.
32. The paper does not use currently personally identifiable data of members of the public, so there are no current GDPR issues to be considered. If the paper uses personally identifiable data of members of the public at a later date DPIAs will be completed as needed.

### **Real Estate Implications**

33. There are no immediate Real Estate implications arising from this paper.

### **Environmental Implications**

34. There are no immediate environmental implications arising from this paper.

### **Background/supporting papers**

35. No additional background/supporting papers

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**Part 2 – This section refers to the details of the Part 2 business case which is NOT SUITABLE for MOPAC Publication.**

1. The Government Security Classification marking for Part 2 is:

**OFFICIAL-SENSITIVE [COMMERCIAL]**

Part 2 of Occupational Health Contract Uplift Paper is exempt from publication for the following reasons:

- Exempt under Article 2(2)(a) of the Elected Local Policing Bodies (Specified Information) Order 2011 (Data Protection Section 43 - Commercial Interests).

The paper will cease to be exempt until 7 years following the end of the contract, with the contract ending at the latest in March 2026.