

Summary Sheet

Name and Date of Committee Meeting

Cabinet and Commissioners' Decision Making Meeting – 13 November 2017

Report Title:

Provision of Public Health Services - an Integrated Lifestyle & Behaviour Change Service (Integrated Wellness Service)

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

Teresa Roche, Director of Public Health

Report Author(s)

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Ward(s) Affected

All

Summary

This paper provides an overview and overall context for the design and commissioning of an Integrated Wellness Service model within Rotherham.

The following services are included in the Integrated Wellness Service model:

- NHS Health Checks Programme (statutory programme).
- Alcohol screening.
- Smoking Cessation Service.
- Smoking in Pregnancy.
- Single point of access (used for weight management services).
- Adult Weight Management Service.
- Health Trainer Service.

The Public Health Services listed support the delivery of the Health and Wellbeing Strategy, Public Health indicators in the Corporate Plan and The Public Health Outcomes Framework (PHOF). NHS Health Checks is a statutory Public Health function as specified in The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2012.

Recommendations

1. That the award of the contract for the provision of the Integrated Wellness Service to Parkwood Healthcare Ltd (for the period advertised in the specification of 3 years with the option of extending for a further two years on a year by year basis, contractually defined as 3+1+1 years) be noted.
2. That the significant change to the model of delivery of Public Health lifestyle and behaviour change services brought about by the awarding of the contract be noted.

List of Appendices Included

None

Background Papers

'Financial and service changes – proposals for consideration and public consultation prior to budget-setting for 2016/17'. Advisory Cabinet/Commissioners' Decision Making Report, 18th January 2016.

'Reductions to the Public Health Grant and initial proposals for the Council achieving the savings'. Cabinet/Commissioners' Decision Making Report, 6th June 2016.

Interim report on the consultation process for the future direction of Public Health resulting from further reductions to the Public Health Grant. Cabinet/Commissioners' Decision Making Report, 10th October 2016.

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Cabinet and Commissioners' Decision Making Meeting – March 2017

Council Approval Required

No

Exempt from the Press and Public

No

Provision of Public Health Services - an Integrated Lifestyle & Behaviour Change Service (Integrated Wellness Service)

1. Recommendations

- 1.1 That the award of the contract for the provision of the Integrated Wellness Service to Parkwood Healthcare Ltd (for the period advertised in the specification of 3 years with the option of extending for a further two years on a year by year basis, contractually defined as 3+1+1 years) be noted.
- 1.2 That the significant change to the model of delivery of Public Health lifestyle and behaviour change services brought about by the awarding of the contract be noted.

2. Background

- 2.1 Public Health transferred into RMBC in April 2013, bringing across from the Rotherham Primary Care Trust (PCT) contracts which have since been competitively tendered: alcohol treatment, weight management and smoking cessation. NHS Health Checks remained an internal NHS contract with Primary Care (GPs) and Health Trainers are provided by Public Health.
- 2.2 Lifestyle and behaviour change services commissioned by Public Health have been considered within the All Service Reviews (ASR) as part of the efficiency savings and combined with the findings from the Public Health consultation, has directed Public Health to commission lifestyle services in a different way. This direction of travel was endorsed by Cabinet within the June and October papers (see background papers).
- 2.3 Identifying an alternative delivery model for these services working in partnership with the Rotherham Clinical Commissioning Group (CCG) to review the care pathway for weight management which has been informed by the Public Health Consultation conducted in the autumn of 2016 in addition to the soft marketing consultation events with eligible providers in February 2017.
- 2.4 The vision of one Integrated Wellness Service across the Borough has been outlined to replace the range of existing, specialist services concentrating on single lifestyle issues. Service integration should achieve consistency of support, following a set of agreed principles based upon behaviour change and enabling reduced duplication of effort and delivery as well as shifting the culture towards prevention and early intervention. By adopting a strengths based approach the service can focus on the needs and goals of the individual. Integrated approaches are the direction of travel for the Council, CCG, wider NHS and other partners.
- 2.5 The primary objective of the Integrated Wellness Model is to reduce inequalities by targeting the areas of highest deprivation. This will be a service founded on the principle of universal proportionalism, so open to all the eligible population, with a focus on our defined communities to address inequalities. The Integrated Wellness Service will provide a person centred approach, via a single point of access that links within a wider wellness network. The current individual services to be included are:

- NHS Health Checks Programme.
- Alcohol screening.
- Smoking Cessation Service.
- Smoking in Pregnancy.
- Single point of access (for weight management).
- Adult Weight Management Service.
- Health Trainer Service.

2.6 Public Health established a Members Working Group and on 26 September 2016, an illustration of an Integrated Wellness Service was presented, outlining the evidence base and rationale and risks for transferring a range of lifestyle behaviour change services into a single service model. The model reflected an approach to deliver both improved outcomes and simplified single point of access experience for the people of Rotherham, whilst delivering efficiencies from the consolidation of several contracts into one. Cabinet approved the new model as part of ASR savings put forward within 'Reductions to the Public Health Grant and initial proposals for the Council achieving the savings', Cabinet/Commissioners' Decision Making Report, 6th June 2016.

3. Key Issues

- 3.1 As the number of people living with long term conditions increases, a new innovative approach is required to ensure there is sustainable access to support health improvement. The wellness approach will help users access appropriate support at the earliest opportunity, focusing on their health and lifestyle needs.
- 3.2 Access to lifestyle behavioural support is being made simpler and easier to navigate by users by the introduction of a single point of access (SPA) and digital offer for assessment and advice thus enabling and encouraging people to become more proactive in looking after themselves, and use services more appropriately. The service provider will work in a person-centred, motivational and holistic way. There is evidence to show that this is a more effective way to increase self-efficacy and sustain behaviour change.
- 3.3 Service integration should achieve a consistency of approach and support, follow an agreed set of principles based on prevention, enabling the service to reduce duplication of effort and reduce the clients need to repeat their 'story' and needs. This is an opportunity for commissioners to shift culture around health towards prevention and early intervention.
- 3.4 The service will be expected to offer added value through the use of the Making Every Contact Count (MECC) approach, increasing social value and the use of volunteering and peer mentoring approaches.
- 3.5 Reducing health inequalities is a key outcome for this service, some stretch key performance indicators with equity premium payments attached have been included to target our communities of greatest need.

When service performance is above 35% a 1% increment (Equity Premium Payment) is paid.

If performance reaches 40% or above the full value of the premium is paid (at a 5% cap).

This will be achieved by targeting clients from the 7 wards of greatest deprivation, as universal proportionalism is being applied as a principle, all eligible residents could access the services across the Borough.

The 7 wards that are well above the Rotherham Local Authority Index of Multiple Deprivation (IMD) score (28.3), a higher score equates to a more deprived rate.

- Rotherham East (55.4)
- Rotherham West (41.9)
- Wingfield (41.1)
- Valley (39.1)
- Boston Castle (37.5)
- Rawmarsh (36.5)
- Maltby (36.4)

Targeting clients from these wards would be one-third of wards numerically (7 of 21) and 35% of population aged 18 or over (Mid-2015 Population Estimates, Office for National Statistics).

3.6 There are a number of potential models of best practice currently in use for this type of service provision, based on the expectation of intervention that is increased according to identified need, rather than the current 'one size fits all' approach. This approach enables the service to engage with and support a high number of clients remotely and deliver brief interventions where appropriate whilst still offering high levels of support to those with the greatest levels of need. Those who can, will be encouraged to self-manage their health behaviours whilst being provided with remote and virtual support, or through brief interventions. Those whose needs are greater may get a more intense and face to face service offer. One such model is based around three levels of service defined as 'Inform me, Enable me or Support me', and is proposed within the Integrated Wellness service Specification.

- 'Inform Me' supports service users to support themselves with an increased reliance on telephone, digital and assisted digital support thereby reducing face to face support.
- 'Enable Me' increases the level of support and provides brief intervention and the use of new technologies to support service users.
- 'Support Me' provides the more traditional intensive face to face support for those identified through the initial assessment as those with the required levels of motivation and readiness for change and:

Who require multiple lifestyle behaviour change

OR

Those within the 7 targeted wards of highest deprivation

OR

Those who have previously accessed and successfully completed an Enable Me intervention

OR

Those directly referred for a specific behaviour change programme by a recognised health professional on the basis of clinical need
 OR
 Those that meet eligibility criteria for a specific pathway (e.g Health Checks)

- 3.7 In order to deliver the new specification, a digital transformation of service will be required to reduce the reliance on intensive face to face support, whilst providing suitable alternative methods of support such as assisted digital technology, phone, web and app support.
- 3.8 Transforming Public Health lifestyle services by commissioning a new Integrated Wellness Service with a reduced envelope will achieve the relevant ASR (PH04) efficiencies of 25% proposed by Public Health.

4. Options considered and recommended proposal

- 4.1 The procurement process, assessment and tender scoring process have followed the relevant Council policies and best practice have been adhered to during this process, including the completion of any declaration of interest and confidentiality agreements.
- 4.2 The scoring panel consisted of a representative from RMBC Procurement, Public Health, Public Health England and Rotherham CCG. The process for independent scoring was adhered to and the individual results amalgamated.
- 4.3 The scoring summary for the Integrated Wellness Service is illustrated below.

Provider anonymised reference	Safeguarding Score	Quality Score	Price	Total Score	Rank	Minimum quality threshold score of 288 met?
Supplier 1	50	216	195	461	4th	No
Supplier 2	50	384	206	640	1st	Yes
Supplier 3	50	296	194	540	2nd	Yes
Supplier 4	50	284	197	531	3rd	No

- 4.4 Based upon the results illustrated in 4.3, the Director of Public Health will award the Integrated Wellness Service contract to **Parkwood Healthcare Ltd.**

5. Consultation

- 5.1 Public Health carried out a Public and Stakeholder consultation in the Autumn of 2016 in relation to the existing commissioned lifestyle services and Public Health funding reductions.
- 5.2 Two market testing and consultation events for the Integrated Wellness Service were held in February 2017 and included a range of national and local stakeholders plus other service providers to consider the possible options available to inform the development on the service model.

6. Timetable and Accountability for Implementing this Decision

- 6.1 Work will commence immediately to ensure a seamless delivery of the services in the interim period and, during the transition and mobilisation over to the new service provider.
- 6.2 As part of the implementation process, a communications strategy will be developed with a clear timeline for notifications and implementation by the new provider.
- 6.3 The Integrated Wellness Service tender has identified the provider to which the tender should be awarded via means of an open Invitation To Tender (ITT). The outcome presented to Cabinet and Commissioners' Decision Making meeting (13th November 2017) for the service to commence April 1st 2018.

7. Financial and Procurement Implications

- 7.1 The contract has been advertised in accordance with public contracts regulations 2015 and EU Public Procurement Legislation via the YORtender portal closing on 4th August. The tender has been advertised for 35 days, due to the timelines required to achieve an April 1st 2018 start date for the service. This could not be extended to 45 days without impacting upon the process of returning the paper to Cabinet for approval and impacting upon the mobilisation period.
- 7.2 The budget for the service as stated in the tender was in the region of £754,000 per annum (after budget efficiency savings), and a suggested term of 3 years with option to extend for a further two years, each on a year by year basis.
- 7.3 Budget efficiencies in line with the budget setting process have been made on this contract to the value of 25%. At this stage, it is not expected that further efficiencies will be made against this contract.

8. Legal Implications

- 8.1 Public Health have agreed with RMBC Legal Services the formal Terms & Conditions for Public Health commissioned services.

9. Human Resources Implications

- 9.1 TUPE (Transfer of Undertakings (Protection of Employment) Regulations) will apply for the following services:

Existing Contract	Provider	Number of staff affected
Weight Management Service	Places for People	8 staff
Smoking Cessation Service	Smoking Cessation Service	10 staff
Health Trainer Service	Public Health RMBC	3 staff

There are no TUPE implications for NHS Health Check and Smoking in Pregnancy. The providers will manage the TUPE process as part of the mobilisation plan.

- 9.2 Appropriate consultation will need to take place with trade union colleagues and staff regarding the TUPE transfer.

10. Implications for Children and Young People and Vulnerable Adults

- 10.1 The service will provide access in all of Rotherham's communities for residents aged 18 years and over.

11. Equalities and Human Rights Implications

- 11.1 Equalities and Human Rights implications are incorporated into the Councils procurement processes. Compliance with best practice procurement ensures these requirements are achieved.

12. Implications for Partners and Other Directorates

- 12.1 Public Health have involved existing providers of the Public Health Grant reduction proposals from which the concept of an integrated lifestyle service derives, and have informed the CCG, Local Medical Committee (LMC) and Local Pharmaceutical Committee (LPC) of any decision that would impact on elements of service delivery.
- 12.2 With regard to GP provision the CCG and NHS England are the main commissioners of these services. Public Health has continued to involve them in the future service modelling discussions.

13. Risks and Mitigation

- 13.1 EU regulations state a 10 day standstill period is required upon notification of the preferred bidders. If any provider believes they have been treated unfairly through the procurement process or, that the process is deemed unsatisfactory, they have the opportunity to submit a challenge during this standstill period. If an objection is received, no provider can be appointed until the challenge is fully investigated and resolved.
- 13.2 Parkwood Healthcare Ltd although experienced in providing similar services is not part of the existing local health system. They will bring innovation and a digital transformation to the service, but it marks a change of direction from the existing local providers and systems. Parkwood will need to establish strong local partnerships with existing local providers, particularly Primary Care, for whom they may in part rely on for receiving and sending referrals. This change and establishment of new systems and pathways carries a degree of risk, particularly in the first 12 months of service. Mitigation will be in the form of support from key partners including Rotherham CCG in ensuring that existing services engage in constructive dialogue with the incoming provider on systems and pathways.

13.3 A parent company guarantee has been obtained as part of the tender evaluation process to provide mitigation against any possible non delivery of the contract.

14. Accountable Officer(s)

Director of Public Health – Teresa Roche

Approvals obtained on behalf of:-

	Named Officer	Date
Strategic Director of Finance & Customer Services	Judith Badger	24/10/2017
Assistant Director of Legal Services	Stuart Fletcher	24/10/2017
Head of Procurement (if appropriate)	Clair Brierley	11/10/2017
Head of Human Resources (if appropriate)	N/A	

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<http://moderngov.rotherham.gov.uk/ieDocHome.aspx?Categories>