Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

8 October 2018

Agenda Item: 6

REPORT OF DIRECTOR OF PUBLIC HEALTH

INTEGRATED WELLBEING SERVICE

Purpose of the Report

1. To describe the rationale, scope, model and funding of an Integrated Wellbeing Service (IWS) to support residents to address lifestyle risk factors relating to overweight, poor diet, physical inactivity, smoking, alcohol and improve mental wellbeing.

2. To seek approval for the service model, funding allocation, procurement approach and recommended contract duration, and permission to proceed with its procurement. Contract(s) to be awarded to the preferred provider(s) in August 2019 with a target launch date of 1 April 2020.

Information

Background and context

3. Since 1 April 2013, local authorities have been responsible for improving the health of their resident local population including arrangements to reduce the prevalence and impact of alcohol and other substance misuse. This responsibility, along with the overarching aim to increase healthy life expectancy and to do this fastest in areas where outcomes have previously been poor, is made explicit in the Council Plan 'Your Nottinghamshire, Your Future 2017-2021 and in ambition 6 'People are healthier'.

4. Evidence shows that for people in Nottinghamshire, the risk factors which contribute most to the onset of disability and the foreshortening of life include overweight and low physical activity, smoking, alcohol and drug use. These risk factors correspond to a burden of physical and mental ill-health and associated disability which is felt across the whole of Nottinghamshire, but particularly in least advantaged communities.

5. In line with this evidence and with the Joint Strategic Needs Assessment, Nottinghamshire County Council commissions services to reduce the prevalence and impact of these risk factors. These have generally been commissioned as separate services.

6. Noting that these services come to their natural end during the next two years and that the public health ringfence grant remains subject to year on year reductions, Committee considered

emerging evidence about the merit and potential scope of an Integrated Wellbeing Service in February 2018, and approved a recommendation that officers undertake preparatory commissioning work and align timescales, before returning to Committee to secure approval for further work.

7. Since March 2018, activity has focussed on:
    - recruitment of two fixed term posts and mobilisation of a team to support and coordinate delivery of the project
    - understanding the distribution and clustering of lifestyle factors across the county (see **Appendix 1**)
    - revisiting the evidence base for integrated wellbeing services (see **Appendix 2** for summary) and speaking with peer organisations about their experiences to date
    - some initial market testing to identify the likelihood of provider interest and capacity in delivering an Integrated Wellbeing Service (see **Appendix 3** for summary)
    - consultation with strategic stakeholders within the authority and across the local system to identify other services and capacity with which an IWS should work closely
    - an evidence review and mapping of social prescribing initiatives
    - consultation with residents (see **Appendix 4** for summary)
    - developing an outline model of an IWS which incorporates the findings emerging from these other activities (see **Appendix 5**)

Proposed service model

8. It is recognised that the term "Integrated Wellbeing Service" has been used to describe a range of different models and that there is no single model which is valid or optimal for all circumstances. A proposed service model for Nottinghamshire and the rationale for it is described in **Appendix 4**. In summary,

    a. Service scope and outcomes
        - It will address risk factors relating to overweight, poor diet physical inactivity, smoking, alcohol and mental wellbeing. The associated primary outcomes will relate to reductions in the prevalence of obesity and smoking.
        - The delivery of these outcomes has relevance to all areas in Nottinghamshire and the greatest opportunities are in communities whose health outcomes are currently poor. The Service will apply its resources universally and in proportion to need.
        - The Service will not incorporate alcohol or drug treatment which will be procured as a separate specialist Substance Misuse Service. The reason for this is that people requiring substance misuse treatment and support have multiple and complex vulnerabilities and often require more intensive and/or specialist clinical support. The Substance Misuse Service and its procurement is the focus of a separate paper.
        - The service will cover all age groups, providing family based opportunities and tailoring to age groups where appropriate (e.g. young people).

    b. What the Service will do
        - Provide a range of ways for residents to access information and/or support to achieve their goals for a healthier lifestyle. The consultation responses indicate that our residents prefer information and support to be shared face to face, but were willing to use the internet to access and gain information. The mixed delivery model will include telephone, internet-based, and face-to-face information and support.

- Alongside these reactive elements, the Service will also initiate arrangements in each locality for engaging with individuals and communities with risk factors.
- It will proactively secure referrals from services provided by the NHS, district councils, statutory providers, community groups and private sectors or self referrals. This is important because we know that if we work closely with other services, we can make it easier and more attractive for residents to take up our offer of information and support.
- Users of the Integrated Wellbeing Service who would also benefit from other statutory (psychological therapies or housing advice, say) or voluntary sector services (a green space project to address loneliness, say) will be supported in getting linked to these services. This is important because some of the people to whom the Service is targeted will have a range of other needs for which information and support will be required from other providers.

c. How the Service will deliver
   - Functions *within* the Service to address overweight, poor diet, physical inactivity, poor mental wellbeing, and to identify alcohol use which is a risk to health may be consolidated. However, it is likely that individually focused telephone or face-to-face help to support people to stop smoking will be delivered by a specialist function within the Service. This is because current evidence indicates that delivering stop smoking support is more effective when it is delivered separately by specialist staff.
   - Outreach to residents and help them find the correct service (i.e. to address one or more of the person's specific risk factors) will be integrated. This is because these risk factors tend to cluster (see **Appendix 1**) and, instead of multiple public health commissioned services each seeking to identify and reach the same group of at-risk individuals, this function can be done once, navigating people into the most appropriate part of the service for addressing their priorities.
   - Establishing good arrangements for securing referrals from other services (and facilitating onward referrals to them, where appropriate) will be underpinned by effective partnership working with these other local service providers. This will help to ensure that arrangements to achieve good rates of uptake are oriented around the resident and improve access.
   - This partnership working will also ensure that the Integrated Wellbeing Service remains sensitive and responsive to the local needs. To that extent, it will be place- and asset-based (i.e. oriented to local needs).

9. From the perspective of an individual, the proposed service is intended to be different to the current service in regard to:

   - Easier access to behaviour change information and support because it will reside in one (not several) service.
   - Wider offer of support, digital, telephone and face to face, improving reach and availability outside of office hours.
   - Reduce the need for residents to share their story several times.
   - Longer period of community support when needed to maintain their lifestyle change.
   - Improved mental wellbeing focus of the lifestyle services.

10. From the perspective of other stakeholder and service providers, the proposed service is intended to be different to current arrangements in regard to:

- Referral to one service instead of multiple services.
- Improve the mental wellbeing pathway to the lifestyle services.
- Services to work with communities and not only in communities, to encourage service take up.

11. For Nottinghamshire County Council as the commissioner, the proposed service is intended to be different to current arrangements in regard to:

    - Improved value through a mixture of better outcomes and reduced overall cost.
    - More efficient contract management.
    - Invests in and works with communities, enhancing social capital.

Funding

12. The current PH budget available to invest in the Integrated Wellbeing Service is £2,630,000 per year. This is a combination of the Obesity, Tobacco and Workplace Wellbeing budget lines. This financial envelope will be used to develop a service across the county and across all age groups.

Procurement approach

13. It is recommended that officers approach the procurement using competitive dialogue. The competitive dialogue process is used when we are unable to describe detailed requirements with sufficient certainty or cannot assess without in-depth dialogue what the market can offer in terms of technical, financial or legal solutions. It may be highly beneficial in circumstances where greater flexibility is needed, e.g .for highly complex and risky projects where bidders will have a major role in defining the solution or where open or restricted procedure may not deliver the expected outcomes. Competitive dialogue allows organisations to negotiate proposed solutions with bidders, and this may help to open up the market by encouraging bidders to discuss possible solutions.

14. Several factors underlie this recommendation;

    a. The proposed service model represents a significant change of approach. It incorporates an emphasis not only on reactive face-to-face support (which is the preference of some providers) but also on ensuring that other forms of information and support are available and effective (e.g. telephone and digital), and on proactive partnership working (to establish effective arrangements for linking with other local services). Competitive dialogue provides the opportunity to ensure that these aspects are properly understood by the provider.

    b. Whilst Committee should feel confident that the intended outcomes of the proposed service are settled, it will be beneficial to make the definition of detail about the service subject to further discussion with the market. This is because further opportunities and considerations may be highlighted as discussions with potential providers develop. Competitive dialogue will enable officers to incorporate provider proposals and innovations.

    c. As officers better understand some of these opportunities and considerations, there may need to be trade-offs made between what is affordable and most desirable within the financial envelope. For example, there are likely to be heavy constraints about the

resource which the Integrated Wellbeing Service is able to devote to developing local community groups and other 'assets'. Competitive dialogue provides a more dynamic and better informed way to manage these trade-offs.

d. Competitive dialogue enables the authority to defer the decision about whether to contract wholly with a single provider, or with a lead provider who manages subcontracts for some elements of the service, or some other contracting arrangement. Subcontracting with small and medium local enterprises will also be able to be discussed to not exclude them from the process until their potential contributions can be assessed further.

Contract duration

15. It is recommended that the contract length should be up to 9 years, comprising an initial contract term of five years with options to extend by up to four years (i.e. 5+2+2).

16. The primary rationale for this is that the scale of change in terms of service delivery and establishing effective partnership working with other local services will require a long period before the service(s) is fully mobilised. A shorter duration contract may provide insufficient stability for a provider workforce required to engage in significant organisational change and development. A further consideration is that the public health team no longer has the capacity to undertake largescale reprocurement on a more frequent basis.

17. There will be a break clause included to manage the risk of further reductions to the ring fenced Public Health budget.

Next steps and subsequent Committee involvement

18. Subject to approval by Committee, the next steps and key milestones are as follows:

November 2018	Invitation to tender
January 2019	Selection of services
February 2019	Invitation to participate in competitive dialogue
March – May 2019	Competitive dialogue sessions
August 2019	Award contract
October 2019 – March 2020	6 months mobilisation
April 2020	Service live and operational

19. A recommendation about the award of contracts to the preferred provider(s) will be brought to Committee in 9 September 2019.

Other options considered

20. We have considered the following options as ways to deliver the service;

21. **Integrated service that includes substance misuse recovery and treatment services and smoking.** This option was discounted as most clients who use the stop smoking service would not require support from the substance misuse service. The support needs for the different audiences are different and the lack of similarities may reduce the likeliness of stop smoking service users attending an integrated service.

22. An **integrated wellbeing service that is fully delivered by inhouse** staff. This has been considered in case there was not a market.

23. The **funding envelope** allocated has been reviewed and the service scope and expectations have been tailored to what is possible. If it was smaller it would further impact on the service scope and approach, reducing the face to face delivery.

24. **Competitive tender** option was considered and discounted due to the rigid process and the additional risks that may arise due to the new approach that is being followed. The flexibility in the competitive dialogue approach was preferred.

25. A **shorter contract** duration was considered and discounted due to the insufficient stability generated. The new model requires time to develop and embed the new IWS model, for a provider workforce required to engage in significant organisational change and development. A further consideration is that the public health team no longer has capacity to undertake largescale reprocurement on a more frequent basis.

Reasons for recommendations

26. Emerging evidence and findings from preparatory work completed to date indicates that procuring the proposed service model will provide an effective way to reduce the prevalence and impact of risk factors relating to overweight, physical activity, smoking, alcohol, and for improving mental wellbeing.

Statutory and Policy Implications

27. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Crime and Disorder Implications

28. We have considered the links with the Office of the Police and Crime Commissioner, whose officer is a member of the Strategic Advisory Group for the Commissioning Intentions Programme.

Data Protection and Information Governance

29. All information collected as part of the consultation has been stored in line with the data protection principles.

Financial Implications

30. The Service is contained within budget and met from the Public Health grant. We are aware the Public Health Grant may change, therefore we have keep service developments to the agreed budget envelope that is affordable for this service.

Human Resources Implications

31. No HR implications as this is a commissioned service.

Human Rights Implications

32. No known human rights implications, service functions will still be provided and available to the communities across the County.

Implications in relation to the NHS Constitution

33. No known NHS Constitutional implications. Further conversations are taking place with NHS Stakeholders across the County.

Public Sector Equality Duty implications

34. We have considered the equality implications of the consultations reach and completed an Equality Impact Assessment on the process. The document has been uploaded onto the Council's publicised page. http://www.nottinghamshire.gov.uk/jobs-and-working/equality/completed-equality-impact-assessments-eqias

Smarter Working Implications

35. No smarter working implications.

Safeguarding of Children and Adults at Risk Implications

36. No additional safeguarding implications.

Implications for Service Users

37. Service users will receive a new service offer which is integrated and coordinated. This should improve the information and support available to residents across the county.

Implications for Sustainability and the Environment

38. The service model is working within local communities, responding directly to communities needs which will be more sustainable long term.

RECOMMENDATIONS

1) To understand the rationale, scope, model and funding of an Integrated Wellbeing Service to support residents to address lifestyle risk factors relating to overweight, poor diet, physical inactivity, smoking, alcohol and improve mental wellbeing.

2) To approve the service model, funding allocation, procurement approach and recommended contract duration, and permission to proceed with its procurement. Contract(s) to be awarded to the preferred provider(s) in August 2019 with a target launch date of 1 April 2020.

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Director of Public Health

For any enquiries about this report please contact:
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Constitutional Comments (LMC 10/09/2018)

39. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report.

Financial Comments (KS 10/09/2018)

40. The financial implications are contained within paragraph 23 of the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Commissioning Intentions paper – February 2018 – Adult Social Care and Health Committee.

Electoral Division(s) and Member(s) Affected

- All will be effected.