
Report to:	Cabinet	Date of Meeting:	1 October 2015
Subject:	Integrated Wellness Service Specification	Wards Affected:	(All Wards);
Report of:	Interim Director of Public Health		
Is this a Key Decision?	Yes	Is it included in the Forward Plan?	Yes
Exempt/Confidential	No		

Purpose/Summary

The purpose of this report is to ask Cabinet to endorse the draft service specification for the Integrated Wellness Service in order to progress the previously agreed procurement exercise in line with the defined timetable.

Recommendation(s)

Cabinet is asked to:

1. Approve the draft IWS service specification.
2. Delegate authority to the Director of Public Health to make any necessary future amendments to the service specification based on expert advice from finance, legal and commissioning officers.

How does the decision contribute to the Council's Corporate Objectives?

	<u>Corporate Objective</u>	<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		x	
2	Jobs and Prosperity		x	
3	Environmental Sustainability		x	
4	Health and Well-Being	x		
5	Children and Young People	x		
6	Creating Safe Communities		x	
7	Creating Inclusive Communities	x		
8	Improving the Quality of Council Services and Strengthening Local Democracy		x	

Reasons for the Recommendation:

The Integrated Wellness Service model will replace the previously contracted multiple lifestyle and wellbeing services into a single contract funded through the Public Health Budget. This will improve service user experience and enable a more efficient, centralised but person centred service offer.

The service specification has been developed in consultation with key commissioners and partners and based on provider and public consultation following service reviews. The service specification is evidenced based and has been designed to respond to the needs of the local population. Three components of the IWS model are included within this specification; IWS Hub, Stop Smoking Services and Community Resilience and Relapse Prevention. Other components of the IWS model are included within contracts outside of this specification.

Cabinet approved the proposed procurement process in July 2015 which will follow an OEJU Light-Touch Regime Open Procedure. As part of this arrangement the Director of Public Health has approved delegated authority to award the contract at the end of the procurement process. In accordance with the procurement process the Service will be implemented in April 2016 to run for a period of three years with the option of two further one-year extensions. The procurement timetable has been designed to ensure that service provision is available following the expiration of existing singular contracts.

Alternative Options Considered and Rejected:

The IWS contract will replace the several single contracts for components of the new IWS model. This is based on significant service review and consultation with the public, service users, providers and commissioners. Continuing to contract separately will not deliver the intended outcomes of the IWS or the agreed efficiencies that are associated with this integrated approach.

What will it cost and how will it be financed?

(A) Revenue Costs- Funding will be met within Public Health budgets available in relevant financial years

(B) Capital Costs- None

Implications:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

Financial

The new service specification will align services and resources resulting in efficiencies which will be achieved in 2016 onwards, as outlined in the budget process for 2016/2017, following the implementation of the Service in April 2016. The indicative ceiling price for this contract is no more than £1.6m.

The recently announced in-year cuts to Public Health Grant Funding for 2015/16 have still not been finalised but the potential budget reduction for Sefton Council will be approximately £1m - £1.3m (depending on the outcome of the consultation exercise over how cuts should be calculated). This reduction in Public Health funding and the

uncertainty of funding in 2016/17 onwards, combined with further austerity savings to be found in Public Sector Spending, means that there are serious risks as whether any new contractual agreements will be affordable in future years.		
Legal None		
Human Resources None		
Equality		
1.	No Equality Implication	<input checked="" type="checkbox"/>
2.	Equality Implications identified and mitigated	<input type="checkbox"/>
3.	Equality Implication identified and risk remains	<input type="checkbox"/>

Impact of the Proposals on Service Delivery:

The IWS model aspires to improve outcomes and experiences for service users whilst also streamlining and integrating services resulting in a more efficient and effective service directed at those local residents in most need of support.

What consultations have taken place on the proposals and when?

The Chief Finance Officer has been consulted and any comments have been incorporated into the report (FD.3805/15)

Head of Regulation and Compliance has been consulted and any comments have been incorporated into the report. (LD 3088/15)

Consultation and engagement activity took place during October and November 2013 and June to September 2015 to help review current provision and to identify ways to improve delivery of health improvement programmes.

The following methods were used:

- One-to-one interviews/meetings
- e-consult on-line surveys
- Focus groups
- CCG meetings
- E-bulletins
- Internal workshops
- Provider visioning event

In total, over 900 people have engaged with this process.

Implementation Date for the Decision

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting

Contact Officer: Anna Nygaard
Tel: 0151 934 3153
Email: Anna.nygaard@sefton.gov.uk

Background Papers: None

1. Introduction

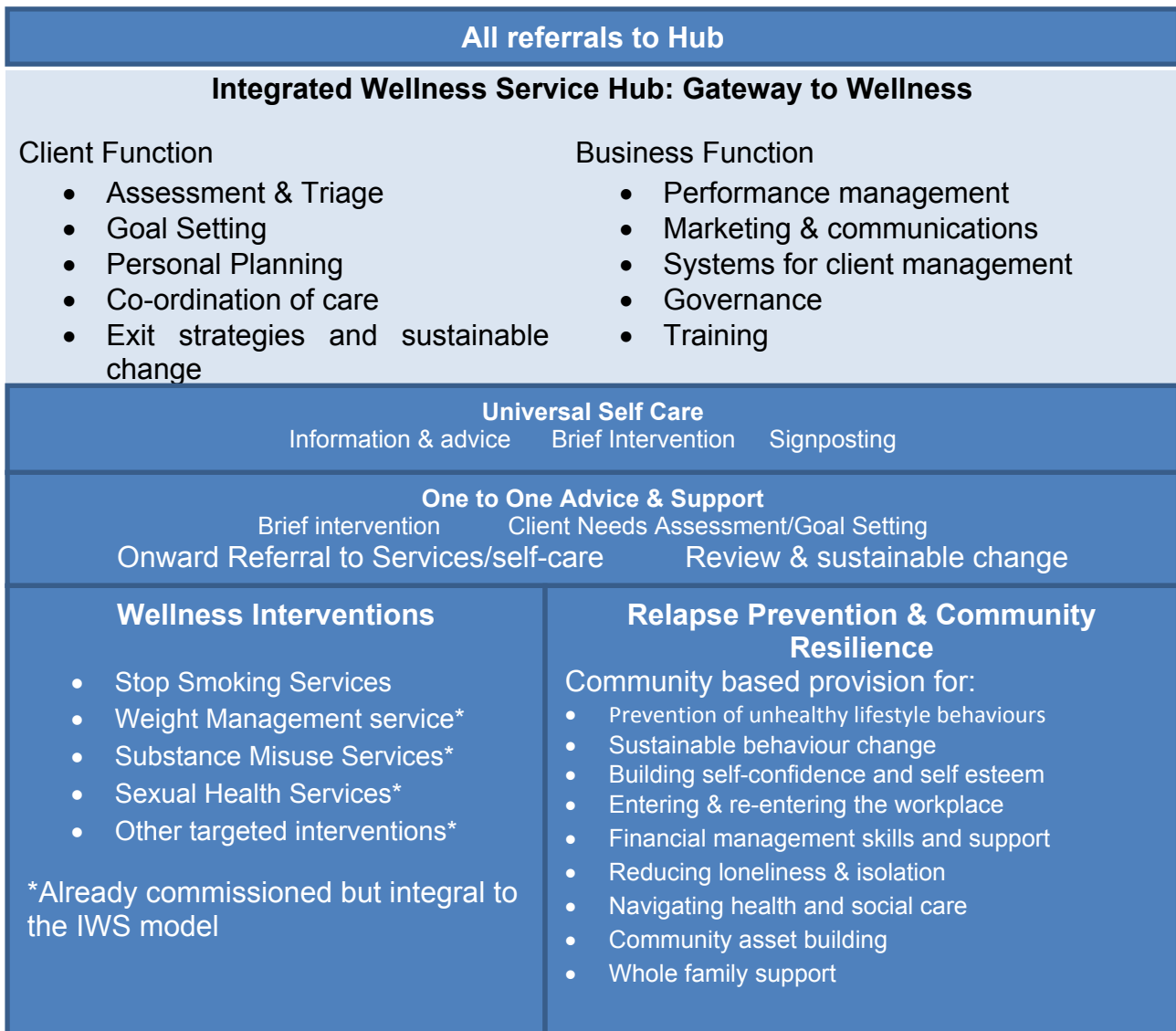
- 1.1 The Integrated Wellness Service model will replace the previously contracted multiple lifestyle and wellbeing services into a single contract funded through the Public Health Budget. This will improve service user experience and enable a more efficient, centralised but person centred service offer.
- 1.2 The service specification has been developed in consultation with key commissioners and partners and is based on provider and public consultation following a number of service reviews. The service specification is evidenced based and has been designed to respond to the needs of the local population. Three components of the IWS model are included within this specification; the IWS Hub, Stop Smoking Services and Community Resilience and Relapse Prevention. Other components of the IWS model are included within contracts outside of this specification.

1.3 *The Integrated Wellness Service*

The aim of the Service is to provide support to people to live well by addressing the factors that influence their health, enabling them to be independent and resilient and support themselves and people around them. The Service will provide person-centred, holistic and accessible wellbeing services which are flexible and creative, easy to access and navigate and responsive to the needs of local people. It will enhance and protect the health and wellbeing of the population of Sefton and improve the health of the poorest fastest.

- 1.4 The IWS is the central component of Scheme 1 of Sefton's Better Care Fund and will promote self-care, wellbeing and prevention linked to the other schemes which include Virtual Ward and Care Closer to Home (Scheme 2) and Intermediate Care and Reablement (Scheme 3). The IWS will also be developed in conjunction with the Well North programme which is focused on targeted, geographic areas within Sefton.

1.5 Integrated Wellness Service Model – Diagram



1.6 The IWS will contribute to achievement on the following outcomes:

- Reduction in the prevalence of multiple, unhealthy behaviours in Sefton. The level of reduction should be greater in parts of Sefton with higher prevalence the Sefton Strategic Needs Assessment and Lifestyle survey will be used as a baseline
- Increase self-reported wellbeing in Sefton.
- Reduced demand on high-cost public services e.g. reduced demand on reduced A&E attendances, reduced GP medical prescriptions, fewer social care referrals, etc.

1.7 *The Integrated Wellness Service Specification*

The Integrated Wellness Model has a number of components; the draft specification consists of three of these components, which are as follows:

Service Component Specifications	Appendix
Integrated Wellness Service Hub	1
Stop Smoking Service	2
Community Resilience and Relapse Prevention	3

1.7.1 Integrated Wellness Service Hub

The IWS Hub will be a universal, single point of access service which will assess, triage and co-ordinate all referrals and ongoing management of clients on the basis of need. This may include signposting for self-management through to targeted interventions.

1.7.2 The IWS Hub contributes to tackling inequalities in health through promoting and supporting people to develop healthier behaviours and lifestyles in the context of their own local communities. It focuses on engaging with individuals in communities and offering them practical support to change their behaviour to achieve their own choices and goals and achieve greater personal resilience stability.

1.7.3 The service will be responsible for:

- Assessment of client needs and appropriate management e.g. risk stratification
- Marketing the service to clients and professionals
- Ensuring ease of referral across IWS services and other community services that support successful behavior change
- Co-ordination of care ensuring a seamless pathway across IWS services
- Performance data and evaluation
- Develop sustainable behavior change plans for clients
- Assessment of client needs and appropriate management e.g. risk stratification
- Managing the IWS model information and clinical governance e.g. person specific data.
- Building capacity across organisations through training e.g. MECC to change behaviours and cultures in the workforce e.g. ensuring prevention is endemic in health services and social care.

1.7.4 Stop Smoking Service

The purpose of stop smoking services is to reduce the number of smokers. This will be achieved by access to high quality, evidenced based stop smoking interventions within local community settings across Sefton. The service will offer free help and advice to all smokers who live or registered with a GP in the borough of Sefton.

1.7.5 This service will be delivered in line with Department of Health guidance and NICE guidance.

1.7.6 The interventions will:

- Be equitable for all smokers
- Offers effective evidence based treatments
- Supports people to stop smoking at four weeks
- Supports people to maintain a sustained quit attempt and monitor people at 6 months and 12 months
- Achieves high levels of service user satisfaction with the service.

1.7.7 Community Resilience and Relapse Prevention

The IWS model uses a 'strengths based' approach that acknowledges and builds upon the strengths, skills, capacities and support networks of people to live healthy lives alongside the assets within the local community. The purpose is to develop:

- Local provision which enables sustainable behaviour change for those exiting lifestyle interventions from the IWS e.g. community based relapse prevention.

- Work with local communities experiencing health inequalities to develop opportunities which will increase individual and community resilience to enable and maintain positive health and wellbeing based on needs of local communities enhancing what is already available. Examples include but are not limited to:
 - Prevention of unhealthy lifestyle behaviours
 - Building self-confidence and self esteem
 - Entering and re-entering the workplace
 - Financial management skills and support
 - Reducing loneliness and isolation
 - Navigating health and social care
 - Community asset building
 - Whole family support

1.8 Procurement Process

Cabinet approved the proposed procurement process in July 2015 which will follow an OEJU Light-Touch Regime Open Procedure. As part of this arrangement the Director of Public Health has approved delegated authority to award the contract at the end of the procurement process. In accordance with the procurement process the Service will be implemented in April 2016 to run for a period of three years with the option of two further one-year extensions. The procurement timetable has been designed to ensure that service provision is available following the expiration of existing singular contracts.

1.9 The new service specification will align services and resources resulting in efficiencies which will be achieved in 2016 onwards, as outlined in the budget process for 2016/2017, following the implementation of the Service in April 2016. The indicative ceiling price for this contract is no more than £1.6m.

1.10 The procurement timetable is as follows:

1st April 2016	Contract start date
January 2016	Award contract and seal contracts
December 2015	Commence mandatory standstill period
December 2015	Preferred bidder selected
December 2015	Interviews
November to December 2015	Tender evaluation
November 2015	Tender response deadline
October 2015	Advertise in OEJU and on the Chest