Wellness Business Case

Executive Summary

1. A number of existing Public Health lifestyle service contracts end in March 2014. This document sets out the business case for re-commissioning services under one provider as an integrated Wellness Service.

2. Wellness is defined as a proactive, preventive approach that emphasises the whole person and which works to achieve optimum levels of physical, mental, social and emotional health.

3. Individuals who manage their lifestyles are healthier, more productive, have fewer absences from work, and make fewer demands for medical and social services.

4. Early intervention and prevention, keeping people healthy and out of acute and expensive urgent services, has direct financial advantage to the Council and longer term health and wellbeing advantages for residents.

5. The promotion of self-help, for those who are able to self-support, will be an important design feature of the proposed service.

6. In January, 2013, the shadow Health and Wellbeing Board supported the proposal to develop an integrated lifestyle service based on 'wellness' principles and agreed to the development of this business case.

7. A public consultation exercise was undertaken to ensure that resident needs were defined and were used to inform the design process for the Wellness Service (section 4).

8. A pre-market tender exercise has also been undertaken to inform the service design process (section 13.2).

9. The money required to establish the service is available from current budgets.

10. Four service delivery options are presented (section 7) and it is recommended that Option 3, to establish an integrated Wellness Service by bringing together existing lifestyle services under a single provider, be approved.

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Date: July 2013

APPENDIX A

1. Purpose of document

A number of existing Public Health lifestyle service contracts come to an end in March 2014. This document sets out the business case for re-commissioning services under one provider as an integrated Wellness Service, to:

- improve service outcomes and quality of service delivery for Luton residents
- place a greater emphasis on prevention and early intervention by promoting health and wellbeing rather than on diagnosing and treating illness
- empower individuals to maintain and improve their own health and remain independent for as long as possible
- support the Government's commitment to improving health and wellbeing, as set out in a number of recent publications [1, 2, 3, 4, 5, 6]
- achieve efficiency savings that will be re-invested into effectiveness gains

Wellness is defined as a proactive, preventive approach that emphasises the whole person and which works to achieve optimum levels of physical, mental, social and emotional health. Good nutrition, healthy weight, exercise, increased resilience and avoiding risk factors such as tobacco use and alcohol misuse, all play a role in wellness. Individuals who manage their lifestyles are healthier, more productive, have fewer absences from work, and make fewer demands for medical and social services.[7] The wellness approach goes beyond looking at single-issue, healthy lifestyle services with a focus on illness, and instead aims to take a whole-person and community approach to improving health. Further details are provided in section 3. (Proposed Wellness Service).

> Health is a resource for everyday life, not the objective of living.
>
> Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.
>
> Ottawa Charter for Health Promotion. World Health Organization, 1986

A review of wellness services carried out by the Liverpool Public Health Observatory concluded that the *majority of services reviewed....showed potential to give a return on investment and save future costs due to ill health. Some initiatives not only made savings in care costs, but improved quality of life, enabling individuals to live independently.* The report also found that wellness services could provide an effective response to frequent attendees in primary care by tackling the underlying causes of their visits. Many of the services, such as social prescribing (where patients are linked to non-medical facilities and services available in their wider community), had little or no cost in comparison to medical treatment.[8]

Early intervention and prevention, keeping people healthy and out of acute and expensive urgent services, has direct financial advantage to the Council and longer term health and wellbeing advantages for people.[9]

2. Background & business objectives

In January, 2013, The shadow Health and Wellbeing Board supported the proposal to develop an integrated lifestyle service based on 'wellness' principles and agreed to the development of a full business case which will be presented for approval prior to entering into a competitive tendering process.

Developing an integrated approach to the provision of healthy lifestyle services has been highlighted as a commissioning priority for Luton Borough Council,[10] and it is well documented that lifestyle issues contribute to poorer health outcomes in Luton:[11]

- The average life expectancy in Luton is 1.7 years less than the England average for females and 0.9 years less for males.
- The life expectancy gap between most and least deprived areas in Luton is 8.9 years for males and 6.4 years for women.
- Premature mortality (<75 years) from CHD is significantly higher than the England average.
- Diabetes mortality is significantly higher than the England average.

These issues are compounded by the fact that:

- There has been a silo approach to the commissioning and provision of health prevention services based on single issues e.g. smoking, obesity, alcohol. Currently services are provided by a range of organisations, in a variety of different locations, with individual contact numbers and different methods of access.
- Professionals and the public are often unaware of the full range of services on offer due to the complexity of navigating pathways through services. This is backed up by anecdotal evidence from GPs at a Stakeholder Meeting (28 March 2012) where a presentation

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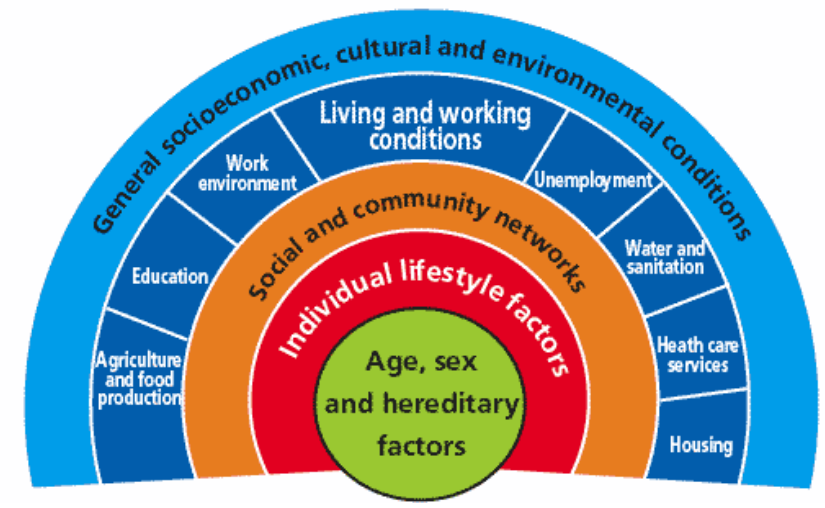
[1] Health and Social Care Act (2012)
[2] Dept of Health White Paper*: Healthy Lives, Healthy People: Our strategy for public health in England* (2010)
[3] Public Health Outcomes Framework *Healthy lives, health people: Improving outcomes and supporting transparency*
[4] Medical Research Council, *Lifelong Health and Wellbeing (LLHW)*
[5] Dept of Health, *Our health, our care, our say: A new direction for community services (2006)*
[6] Dept of Health, *Commissioning framework for health and well-being (2007)*
[7] From illness to wellness, NHS confederation briefing Oct 2011, issue 224
[8] Liverpool Public Health Observatory: *Wellness services – evidence-based review and examples of good practice*. Observatory Report Series No.76, Winters L, Armitage M, Stansfield J, Scott-Samuel A, Farrar A www.apho.org.uk/resource/item.aspx?RID=105856
[9] London Health Observatory. (2012). *Marmot Indicators for Local Authorities in England, 2012.* [Online] http://www.lho.org.uk/LHO_Topics/national_lead_areas/marmot/Documents/2012_PDF_LA_00KA.pdf
[10] Luton Borough Council, Health & Wellbeing Strategy, *A Healthier Future - Improving Health and Wellbeing in Luton* (2012-2017)
[11] Joint Strategic Needs Assessment (JSNA, 2011)

was made to senior representatives from LBC, Public Health and the CCG, to raise awareness of the concept of 'wellness' services and to secure buy in for moving towards this way of working.

- Those that do manage to access services are in some cases the 'worried well" and the more empowered members of the community who can navigate their way around the system. This contributes to the widening health inequalities gap, evidenced through the 2011 Health inequalities profile for Luton and the 2012-13 Annual Public Health Report:
    - The gap for life expectancy has shown increasing inequalities for females both compared with England and between the most and least deprived areas within Luton. Specific areas of concern are premature death from circulatory and respiratory disease.
    - The inequality gap for males has reduced compared to England as a whole, but has widened within Luton between the most and the least deprived areas.
    - The gap between the most deprived areas and the rest of Luton has widened for deaths related to smoking.
- The Marmot Review (2010) demonstrated that social and economic inequalities are key determinants of health, yet there is very little join up between prevention services and these wider determinants of health, in Luton.
- The current system is not financially sustainable as too many people are ending up with long term conditions and are reliant on on-going health and social care. The Wellness Service aims to reduce the impact of some of these factors at an avoidable early stage.

The link between lifestyle and wellness is well documented. Some of the wider social determinants of health that influence both health outcomes and health inequalities are shown in the diagram below.[12]



2.1 Current Lifestyle Services

Luton Borough Council currently offers 'lifestyle' services through a number of different service providers, in a variety of different locations, all with different access and registration processes. Residents do not get an integrated, tailored, intervention programme and can end up being signposted between services and dropping out of the system along the way.

Several existing lifestyle contracts end in March 2014, providing an opportunity to review and re-design service provision in this area. To date, there has been under investment in adult weight management and this proposal provides an opportunity to strengthen delivery around adult weight management outcomes and place greater emphasis on mental wellbeing which are identified as priorities in the JSNA[10].

An options appraisal of four potential delivery models was undertaken by the project team and the results are summarised in section 7 (Delivery Options and Recommendations). In addition, desk based research was undertaken between 2012 and 2013, by the Public Health team to identify best practice in wellness services (principally within the UK, USA and Australia). This was followed up by three visits to areas providing integrated models. The findings were used to establish a best fit solution that will adapt to meet the diverse and changing needs of Luton's residents.

3. Proposed Wellness Service

It is proposed to bring existing lifestyle services together and deliver an improved service to Luton residents under an umbrella wellness service with a single service provider. This service would primarily deliver preventative lifestyle advice, guidance and tailored interventions and would have clearly defined referral pathways through to services dealing with the wider determinants of health.

The service will improve customer access by operating through a single point of primary contact with multiple service delivery points around Luton, particularly in areas of identified need. An individual entering the service will have a holistic assessment to identify not only their health issues, but also the underlying social issues (e.g. housing, debt and unemployment) which may be contributing to poor health. A tailored programme of support will be prepared based on the needs of each individual, focussed on those with poorer health outcomes including BME communities; people with physical or learning disabilities and / or mental health issues and those living in the more socially deprived areas of Luton.

The service will be designed so that those people who *are* able to 'self-help' can access the information they need in a format that is appropriate for them[13]. Face to face contact will primarily be for people who require more support to make changes to their lives. There will be clearly identified referral pathways in place to and from other health services, as well as to advice and guidance services addressing the wider social issues to establish a partnership approach to wellness.

[12] Dahlgren & Whitehead, 1991

[13] Luton Borough Council's Prospectus 2013-2016

3.1 Wellness Service Aim

The aim for Luton's Wellness Service is *"to reduce health inequalities through better service integration and through moving resources towards prevention and early intervention and away from avoidable treatment and care".*

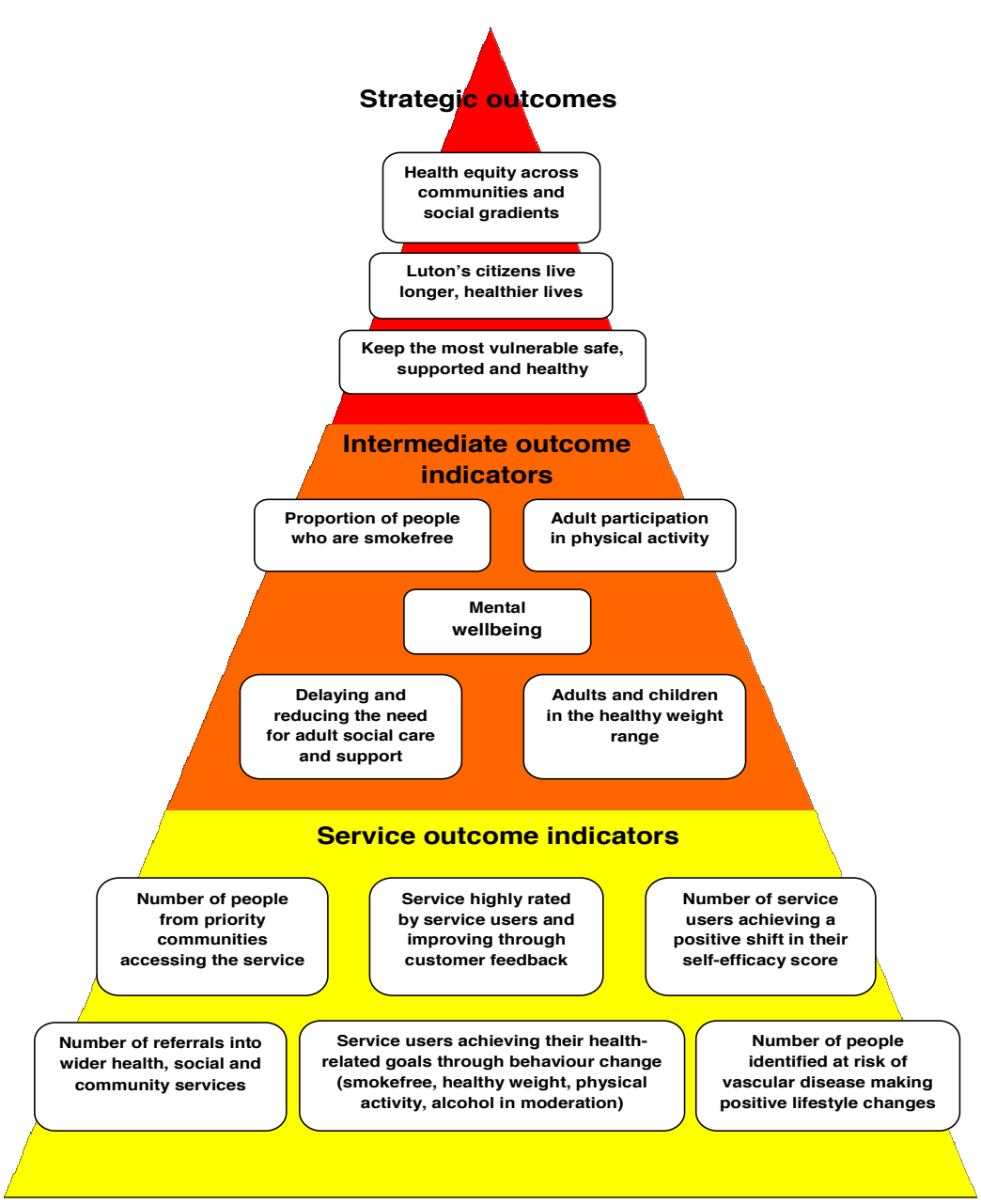
3.2 Wellness Service Strategic Outcomes

The Wellness Service will divert people from primary and secondary healthcare services towards prevention pathways, helping to contain rising healthcare costs. It will empower people to live their lives to the fullest possible potential by enabling people to increase control over their health through making changes to their lives.

The Wellness Service will contribute to the following strategic outcomes, to:

- Create health equity across communities and social gradients
- Assist Luton's citizens to live longer healthier lives
- Keep the most vulnerable safe, supported and healthy

The intermediate and service level outcome indicators are shown in the outcomes triangle overleaf.



3.3 Wellness Service Strategic Objectives

The objectives of the Wellness Service are to:

- provide a person centred, integrated, single point of access wellness service which includes:
    - Diet and nutrition
    - Physical activity
    - Weight management (for adults and children)
    - Tobacco/smoking cessation
    - Alcohol
    - Mental wellbeing
    - NHS Community Health Checks
    - Volunteer Community Health Champions
- provide an holistic assessment of individuals to identify their needs, support them through behaviour change and monitor their progress,
- proactively tackle health inequalities through working with a range of diverse communities where the needs are greatest and the health is poorest,
- develop links with other services and organisations to provide an integrated approach to wellbeing and clear referral pathways to:

- other preventative / treatment services such as mental health; sexual health; drugs and alcohol
- primary healthcare services (e.g. GPs)
- social health services (e.g. debt, housing and benefits crisis services)

- promote and market the service including the delivery of wider health promotion campaigns (national and local) and training frontline staff in brief interventions.

3.4 Wellness Service Critical Success Factors and Design Principles

It is expected that the service procured will meet the following critical success and design principles:

- Meeting local needs – address inequality issues by focussing on BME communities; people with physical or learning disabilities and / or mental health issues and those living in areas of socio-economic deprivation.
- Self-help – this will be critical for those who are able to help themselves and will be supported principally through web access from the service's home site.
- Brand – develop a brand for wellness in Luton that has high affinity and recognition amongst potential service users
- Service Levels - meet the key performance indicators as set out in the contract.
- Capacity - provided by an experienced and capable provider who has sufficient capacity to deliver the service required within the required timescales.
- Quality - delivered to a high quality and satisfying all regulatory requirements.
- Effectiveness - achieve high standards of management and governance.
- Good Practice - expected to show a commitment to innovation and demonstrate good practice.
- Value for Money - affordable and provide value for money

3.5 Market evaluation / Timing of Proposal

This proposal is well timed in terms of:

1. Public Health transfer to Luton Borough Council and the Council having a new responsibility to improve health and reduce health inequalities.
2. Establishment of the Health and Wellbeing Board and approved health and wellbeing strategy that sets out to reduce health inequalities through better service integration and through moving resources towards prevention and early intervention and away from avoidable treatment and care.
3. The new Health and Wellbeing Strategy for Luton signals a move towards a 'wellness' approach and includes a priority to re-commission an integrated healthy lifestyle (wellness) service
4. Focus on partnership working (with the Clinical Commissioning Group and VCS)
5. A significant number of lifestyle-related Public Health contracts coming to an end in March 2014 and must be re-tendered.
6. Luton's JSNA[10] identifying a number of health and wellbeing priorities, including:
   - Reducing obesity, smoking and alcohol related harm
   - Reducing variation and improving outcomes in general practice
   - Promoting independent living
   - Improving mental wellbeing
7. The Ernst & Young Review - *Whole Systems Integration of Health and Social Care*. Service re-commissioning will need to be cognisant of the outcomes from this review.

4 Public Consultation Exercise

4.1 Process

A public consultation exercise was undertaken between 10th April and 10th May 2013 to ensure that resident needs were defined and informing the design process for the Wellness Service.

The identified target groups (i.e. BME communities; people with physical or learning disabilities and / or mental health issues and those living in the more socially deprived areas of Luton), were contacted to ensure they had an opportunity to respond to the survey.

This was achieved through attendance at Ward Decision Days, distributing questionnaires through the library, Healthwatch, Children's Centres and the Voluntary and Community Sector as well as direct contact through appropriate service providers including MIND, Age Concern and the Luton Irish Forum.

A follow-on consultation was organised specifically with service users, through the Stop Smoking and exercise on referral programmes, to increase the number of responses from service users. In total (between the two consultations) there were 332 responses, of which 61% were service users.

4.2 Results

For the initial public consultation, a total of 281 responses were received. 86 respondents expressed an interest in taking part in a further consultation to help develop the service.

The results are summarised below:

- Most of the respondents live in Luton and rate their health as being good, fairly or very good (67%).
- The top 3 health topics indicated as being most important to them are - exercise and fitness (64%), healthy eating (63%) and losing weight (41%).
- 67% of all respondents are most likely to contact/visit their GP practice or health/medical centre to get information about making healthy life choices followed by using internet/online (49%) and thorough family/friends (29%).
- 66% are most likely to make contact in person
- 57% of all respondents have not contacted/visited or been referred by their GP to any of the listed wellness services in Luton and 40% don't know or are not sure how easy or difficult it is to access wellness services in Luton
- Most respondents do not access any wellness services in Luton primarily because they feel they do not require advice or support of wellness services at present (50%) followed by not being aware of what these services offer (42%).
- Respondents would be more likely to access wellness services in Luton if they receive a referral from their GP/healthcare professional (72%), if they get practical advice that fits their lifestyle (38%) and if the services offered are close to where they live (34%).

The results of the survey are perception based evidence and provide a good evidence base for consultation with service users (43%) and non-service users (57%) to help to understand:

- which services interest them
- which services they are currently accessing
- why they are not currently accessing wellness services in Luton, and
- what would encourage them to access services in the future

The key findings from the initial exercise were:

1. There appears to be a general lack of awareness of wellness services in Luton.
2. GPs have a significant role to play in raising awareness of wellness services and referring / signposting patients.
3. There appears to be a positive shift towards people seeking health information online.
4. The demographic profile of respondents is fairly well represented for age, ethnicity, disability, religion/faith/belief, employment status and sexuality.
5. There is an imbalance in gender with an over representation of female respondents. This is to be expected as we know that women are twice as likely to access health services as men[14]

For the follow-on consultation with service users, 51 responses were received with 68% of respondents having used the Stop Smoking service in the last 12 months, and 28% having used the Exercise on Referral programme.

1. Again, GP practices were identified as an important entry point to services.
2. Two thirds of users who responded accessed services in person (65%) followed by telephone (47%).
3. There was a general lack of knowledge about services other than the one being accessed.

It is important to note that the number of responses returned for the second consultation does not constitute a statistically significant sample size.

5 Drivers for Change

There are a number of national and local drivers for change including:

- Health and Social Care Act (2012) gives local authorities the responsibility for improving the health of their local populations.
- Public Health White Paper*: Healthy Lives, Healthy People: Our strategy for public health in England* (DH, 2010) aims to create a 'wellness' service and to strengthen both national and local leadership.
- The Public Health Outcomes Framework *Healthy lives, healthy people: Improving outcomes and supporting transparency* sets out a vision for public health and the outcomes and the indicators to demonstrate how well public health is being improved. Indicators include: smoking prevalence, prevalence of adult and childhood obesity, diet, physically active and inactive adults, alcohol related admissions to hospital.
- Lifelong Health and Wellbeing (LLHW) is a major national initiative established to meet the challenges and opportunities of an ageing population by moving resources into prevention and early intervention and away from avoidable treatment and care.
- Government spending review and value for money.
- Luton's Sustainable Community Strategy (2008-2026), includes commitments to "promoting healthy living and tackling the key risk factors which affect health", "focusing on prevention and early intervention" and "improving mental health services".
- Luton's Prospectus priority – supporting and protecting the vulnerable.
- Joint Strategic Needs Assessment (JSNA, 2011)
- Health & Wellbeing Strategy (2012-2017)
- Alcohol Strategy (2012-2015)
- Tobacco Free Luton Strategy (2010-2015)
- Healthy Weight Strategy (2009/10 – 2013/14)
- Luton's Early Intervention Strategy (2011) – prevention and early intervention.

6 Service Benefits

6.1 Strategic benefits to Luton borough Council:

[14] Men's Health forum 'Challenges and Choices: Improving health services to save men's lives. 2009

- Improved service delivery to customers, in keeping with corporate priorities
- Mid to long-term savings through prevention and early intervention
- Long term cost avoidance of expensive treatment and ongoing social care
- Reduction in expenditure on short and long term care for Luton residents
- Improved health outcomes for Luton residents, defined through a reduction in obesity, smoking and alcohol related harm and improved mental wellbeing
- Improved cost-effective commissioning of health-related advice and guidance services with clearer outcomes for customers and commissioners alike
- Service efficiencies through rationalisation of duplicated service provision (administration)
- Joined up, cost-effective service provision

There are also benefits to the customer and wider partner organisations

6.2 Cost effectiveness

The Liverpool Public Health Observatory review of wellness services concluded that the *majority of services....showed potential to give a return on investment and save future costs due to ill health. Some initiatives not only made savings in care costs, but improved quality of life, enabling individuals to live independently.* The report also found that wellness services could provide an effective response to frequent attendees in primary care by tackling the underlying causes of their visits. Many of the services (such as social prescribing where patients are linked to the non-medical facilities and services available in their wider community) had zero cost when compared to medical treatment.[15]

An assessment of the cost-effectiveness of public health interventions was conducted in 2012 by the National Institute for Health and Clinical Excellence (NICE)[16]. Reviewing NICE public health guidance from 2006-2010, they concluded that the majority of the 200 cost-effectiveness estimates for public health interventions were cost effective and represented good value for money. These include interventions around smoking cessation, increasing physical activity including exercise on referral programmes and preventing harmful drinking.

In 2009, the Eastern Region Public Health Observatory (ERPHO)[17] published high level indicative cost savings which are estimated to accrue from tackling the significant public health issues of obesity, vascular risk and smoking.

Health Checks determine a person's risk of developing diabetes, heart or kidney disease or having an event such as a heart attack or stroke over the next ten years. By reducing risk through interventions targeted at those people at highest risk, it is possible to prevent or delay the onset of disease and disability. The table below shows the potential cost benefit of providing the Health Checks programme. The community Health Checks are an important opportunity to engage with people who would not normally visit their GP or attend for a Health Check.

% Population at risk of vascular events (>2% pa)	% Likely uptake of screening	Costs of screening (£1000s)	Events over next 5 years	Savings (£1000s) if programme reduces risk by:		
				25%	40%	60%
10	7	247	726	44	218	450

ERPHO predicted that it will cost Luton £6.4 million per year more to treat obesity in 2015 than it did in 2007. Through increased investment and a sustainable weight management programme delivered through the Wellness Service, it is possible to realise the savings in the table below[18].

	Year 1 impact of savings £'000	Year 2 impact of savings £'000	Year 5 impact of savings £'000	Year 10 impact of savings £'000	Year 20 impact of savings £'000
GP consultations & prescriptions	19.51	23.48	19.51	19.51	19.51
Obesity related surgical intervention avoided	5.70	5.70	5.70	5.70	5.70

[15] Liverpool Public Health Observatory: Wellness services – evidence-based review and examples of good practice. Observatory Report Series No.76, Winters L, Armitage M, Stansfield J, Scott-Samuel A, Farrar A www.apho.org.uk/resource/item.aspx?RID=105856
[16] Owen, L., Morgan, A., Fischer, A., Ellis, S., Hoy, A. and Kelly, M. P. (2012). The cost-effectiveness of public health interventions. J. Public Health 34(1): 37-45.
[17] Eastern Region Public Health Observatory: Investing in public health for PCTs - medium term strategies (Update - final) Flowers J, Evans S, Walford H. 2010 http://www.erpho.org.uk/download.aspx?urlid=20940&urlt=1

[18] Cost savings calculated using the NICE costing templates (2006/2010) and the 'Computer Modelling the Health and Economic Outcomes of the Weight Watchers GP Referral Scheme' study.

Ongoing savings for reduced expenditure on diseases related to overweight and obesity	15.47	25.52	45.63	86.61	163.94

The wider cost of tobacco to Luton is over £57 million per year. The Wellness Service has a role to play in reducing tobacco use through health promotion campaigns and by providing a Stop Smoking Service. Costs calculated through the Mott McDonald economic model show a net savings on investment in Stop Smoking Service over a five year period of approximately £85,000. The ERPHO report estimated a £60,000 saving on smoking related secondary care admissions with every 1% drop in smoking prevalence (based on an annual 1% drop over a six year period).

The current configuration of services is expensive. It is estimated that approximately 25% of each service budget is spent on overhead costs (management staff, rent, utilities, administrative support etc). Efficiency savings can be made by bringing services together under one provider.

7 Delivery options and Recommendations

7.1 Delivery Options

Four possible service delivery models were included in the options appraisal exercise:

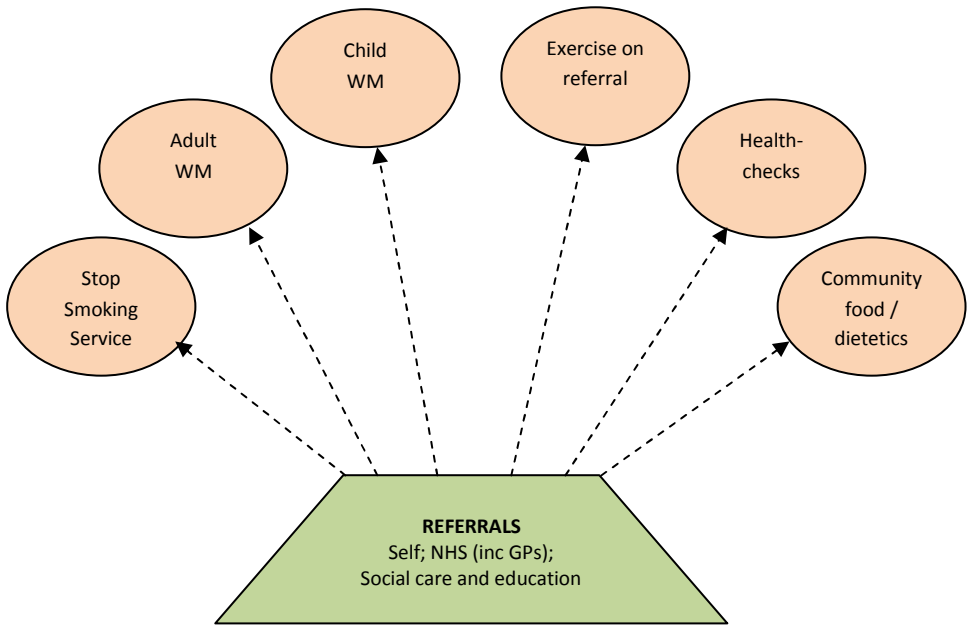
1. Maintain current service provision under several providers (no change option)
2. Establish a virtual Wellness Service under a single provider
3. Establish an integrated Wellness Service by bringing together existing lifestyle services under a single provider. This would Include a virtual service alongside face to face service provision
4. Establish a fully integrated service under a single provider by incorporating a wider range of health services e.g. mental health, sexual health, drug and alcohol services

7.2 Details of options and recommendations

The four options service delivery models are covered in sections 7.2.1 to 7.2.4.

7.2.1 Option 1 - Maintain current service provision

This model is the existing model but with the Health Trainer programme removed as shown below:



Advantages	Disadvantages
No additional cost – potential for £124k cost saving or re-investment into other services	Silo services with multiple contact numbers and referral pathways
No change to contact numbers and referral pathways	Inefficient use of officer time in managing separate contracts (client side)
Relationships well established with existing service providers	Expensive in terms of administrative service overheads (delivery side)
	Does not improve access for those most in need - potential to increase inequalities
	Does not provide one holistic assessment of need
	Does not meet the key principles in the Health and Wellbeing Strategy – integration; efficiency; wider determinants of health

RECOMMENDATION: Reject

- This model is not in line with the key principles in the Health and Wellbeing Strategy.
- This model fails to address the wider determinants of health.

7.2.2 Option 2 - Establish a virtual Wellness Service

This option involves establishing a standalone, online Wellness Service with no face to face contact. Health education can be effectively delivered online for those groups who have access to the internet. It is important to recognise, however, that the Wellness Service will go beyond education to support people to change their behaviour. There is mixed evidence to show the effectiveness of this through a standalone, virtual-delivery model.

Advantages	Disadvantages
Single point of contact	No face to face contact for those who need support to change behaviour so limits client choice
Addresses the need for self-help and Channel Shift	Risk of increasing health inequalities amongst some groups
No cap on access	Potential to remain a sign-posting/referral service leaving a gap in provision for lifestyle interventions
	Mixed evidence to show the effectiveness of health interventions delivered online. Internet-based therapy for mental health has shown some success, but the field is less developed for weight management and physical activity. Conversely, the evidence for face to face and telephone intervention for smoking cessation is rated highly effective (A) with online intervention receiving a lower rating (B).
	Reliant on good access to internet and skills to access services.

RECOMMENDATION: Reject

- This model has the potential to widen health inequalities by excluding groups that do not access the internet, for example due to age or disability. The Office for National Statistics found in their 2012 survey of adults in Great Britain that: 'Approximately, one in five households (22%) indicated that they did not have the Internet due to a lack of computer skills. Further barriers included equipment costs and access costs being high at 15% and 14% of households without Internet access respectively.'[1] As of the quarterly update (Q1 2013), 14% of adults have never used the internet.
- This model denies face to face access for those who need support to change their health behaviours.

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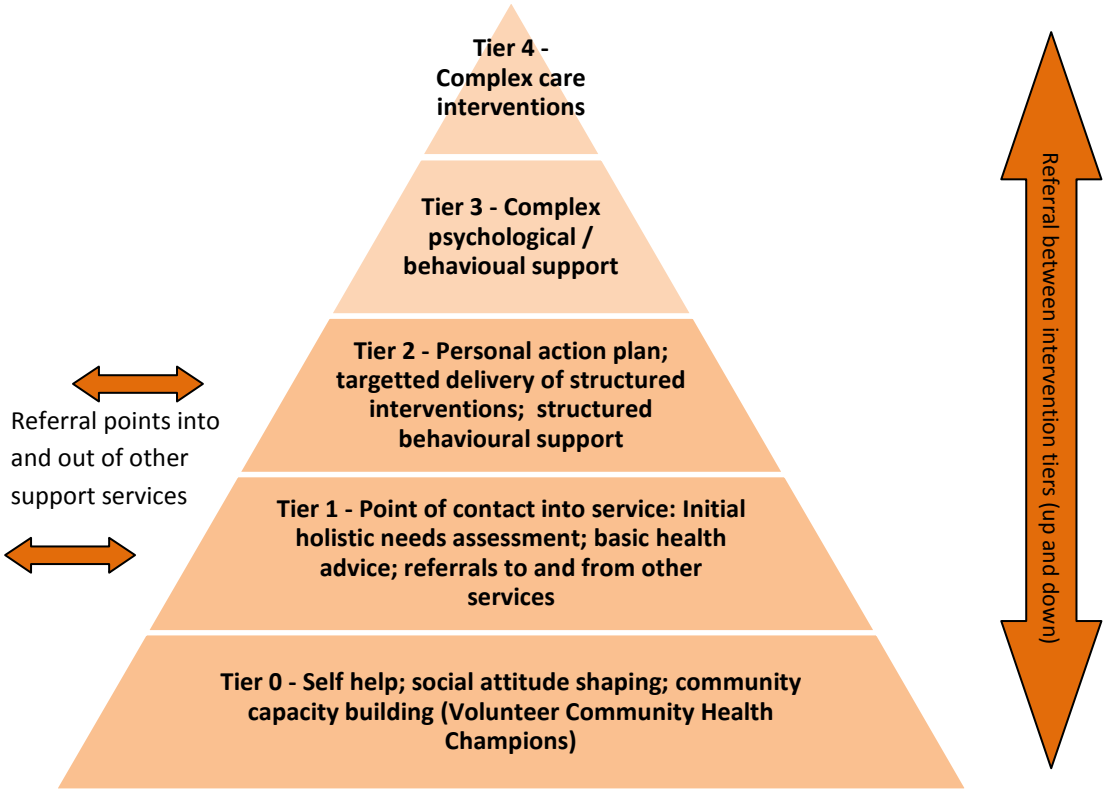
7.2.3 Option 3 - Establish an Integrated Wellness Service by Bringing Together Existing Lifestyle Services Under a Single Provider

This option brings together integrated wellness services under one service provider with both face to face and on-line service delivery. It provides an holistic service offering by bringing together physical, social, emotional and mental wellbeing.

The Wellness Service would operate in Tiers 0 to 2 in the diagram below. The pyramid layout depicts how services will work together and how the total number of interventions reduces as you move up through the pyramid (below).



Tier 0 services – this tier will actively build capacity within communities to reduce unhealthy behaviours and increase levels of self-care through support of volunteer health champions and peer support. It will also increase community awareness of key messages through the delivery of local and national campaigns and promote the self-help principle for those that are able to.

Tier 1 services – this tier will provide points of access into the service for those that are require more personalised support (telephone, web, face to face). It will provide holistic needs assessments and deliver brief intervention services and referrals to other services as appropriate e.g. drugs & alcohol; sexual health and mental health services as well as services providing advice and guidance on wider social issues including employment, debt and housing.

Tier 2 services – this tier will provide structured interventions e.g. stop smoking, weight management and referral to other services, as above.

Tier 3 & 4 services will not be covered in the Wellness Service but through structured referrals to more complex support and treatment services

Advantages	Disadvantages
Single point of contact	Requires a strong marketing campaign to bring customers into the service
Provides holistic assessment of health and wellbeing needs together with any underlying social issues impacting on health	Requires a significant effort to implement
Provides face to face contact for those who need support to change behaviour	
Meets the key principles in the HWBS	
No additional cost - more effective use of existing funding to strengthen the range of services provided	
Reduced service overheads (both client and delivery side)	
Addresses the need for self-help and Channel Shift	

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RECOMMENDATION: Accept

- This model meets the key principles of the health and Wellbeing Strategy, for greater integration; improved efficiency; reduction in health inequalities and addressing the wider determinants of health.
- This model provides a single point of contact for customers through both face to face and virtual delivery vehicles.

7.2.4 Option 4 – Fully integrated service incorporating health and social services

This option establishes a fully integrated service under a single provider by incorporating a wider range of health services (mental health, sexual health, drug and alcohol services) and services addressing the wider social issues (debt, housing, employment). Tier 1 and 2 referred services (in option 3) are now incorporated into the delivery model.

Advantages	Disadvantages
Brings together early intervention and prevention services around mental health; sexual health and drug and alcohol services	These services are already commissioned using integrated models with clearly defined referral pathways in place. Bringing the prevention and early intervention elements of these services under the new Wellness Service would be confusing for both the public and professionals
Single point of contact	This model could potentially overlap with integrated advice and guidance services being planned by Luton Access
Addresses the need for self-help and Channel Shift	Some of these wider services are commissioned by different parts of the health and social care system and cut across organisational budgets
Provides face to face contact for those who need support to change behaviour	To bring together the wider health services will take much longer (politically and practically) than the timeframe allowed for this project
	Some of the health services proposed for integration are presently mid-contract

RECOMMENDATION: Reject

- The additional health services are already commissioned using integrated models and this option would impact on their integrated delivery.
- To separate off prevention and early intervention activities into a Wellness Service could be confusing for health professionals and existing customers of these services.

8 Impact of non delivery

Non-delivery of this integrated service would mean that the maximum health benefits for service users would not be achieved. Fewer residents would access services and there would be an expected increase in health inequalities. Long term smoking, obesity and inactivity related outcomes would all be compromised, resulting in increased costs to the public sector.

9 Proposed funding source

The Wellness Service will be funded from existing budgets (£924,000) together with a proposed re-investment of £100k, realised through efficiency savings from re-commissioning sexual health services. A proposal has been submitted to the Public Health growth fund to re-invest the £100k in the Wellness service to strengthen adult weight management and an increased focus on mental wellbeing.

The service establishment budget of £1.024m (see 10.2) will be used to fund a new outcomes focussed, integrated service with a customer-centric focus at its core and not simply to replicate existing services.

10 Cost and timescales

10.1 Project set-up costs (financial year 2013/14 – costs are within current budgets)

Item	Budget
Communications & marketing	£2,500.00
Consultation	£1,000.00
Pre-market engagement - provider meetings	£500.00
Travel / transport	£500.00
Total	**£4,500.00**

10.2 Service establishment budgets (for re-tendering exercise)

Service / Programme	Cost of current provision
Stop Smoking Service	£400,000

Health Trainers (re-investment budget)	£124,000
Child Weight Management Service (CWM)	£148,600
Slimming on referral (AWM)	£58,000
Exercise on referral	£30,000
Community food programme / dietetics	£89,000
NHS Community Health Checks	£75,000
Sexual health services (re-investment of savings)	£100,000
Total	**£1,024,600**

A total service delivery budget of £1,024,600 is proposed to enable a broader scope of integrated services to be incorporated into the newly designed and commissioned Wellness Service. This includes £124,000 from the Health Trainers budget which will be re-invested to deliver different service outcomes, and £100,000 of savings from the re-commissioning exercise of sexual health services. The £100,000 would be used to strengthen adult weight management services as currently there is limited provision to support adults to lose weight. Approximately 26% of the adult population are obese which costs the NHS alone an estimated £30 million per year[19]. The costs to the wider economy in Luton are considerably higher due to lost productivity through absence from work.

It is proposed that service set up costs are included within the total service budget, identified above (i.e. no additional set-up costs are required). In order to assist the new service provider with up-front service establishment costs, it has been proposed that the first contract payment could be paid in advance.

It is anticipated that the new contract will be awarded in February 2014 for a service commencement date in mid May 2014. This allows for a three month lead-in time to the new service.

11 Resource requirements

11.1 Service Provider

The service provider resource requirements will be established during the competitive tender process, taking into account the service establishment budget identified above. Potential service providers will be asked to detail (through their service delivery model) how they will deliver services and what resources they will employ to deliver the specified outcomes.

11.2 Client Services (for 2014/15 onwards)

The client service resource requirements will be more intensive in Year 1 while the service is being established. In year 1 a public health improvement manager will manage the contract as well as provide support to ensure relationships are established and referral pathways are in place. Once the service is set up the amount of officer time required to support the new provider and manage the contract will be significantly reduced, to 0.2 FTE. Under the current arrangements, officers are managing five separate contracts which is time consuming and expensive, taking up approximately 1 full time equivalent (FTE) or £40,000 per annum.

The costs associated with officer support time are within current budgets.

	Year 1	**Cost**	**Years 2-5**	**Cost**
Officer support and contract management	0.4 FTE	£16,000	0.2 FTE	£8,000
Travel and subsistence costs		£500		£500
Advertising and promotion		£2,000		£0

[19] Healthy Weight Healthy Lives Toolkit, October 2008

12 Governance

The Wellness project board is chaired by the Project Sponsor with representation from LBC (project / workstream leads and service specialists); the Clinical Commissioning Group and Healthwatch.

The Wellness project board reports through the Health Inequalities Delivery Board to the Health & Wellbeing Board and Executive, as appropriate.

The project has close links with Luton Access; the proposed CCG Integrated Care Hub; the Ernst & Young Review - *Whole Systems Integration of Health and Social Care.*

13. Procurement approach and methodology

13.1 Procurement process

Re-commissioning requires an OJEU tender process. Early involvement and advice has been taken from LBC Procurement & Shared Services Team.

13.2 Pre-market tender exercise

Prior to the issue of Invitations to Tender, a pre-tender market engagement process with potential suppliers, including members of the voluntary and community sector in Luton, was undertaken to assist in developing the service specification documentation.

Some of the potentially valuable design features that came from this exercise included:

- Designing the model on an asset based approach to improving health and wellbeing rather than the usual deficit based approach.
- Placing greater emphasis on the social model of health rather than on the medical model.
- Working with the business sector to access large numbers of people e.g. supermarkets, workplace, and job centres.
- Delivering services from faith centres, mosques and football clubs.
- Training staff to combine cognitive behavioural therapy (CBT) and motivational techniques with strong subject matter knowledge.
- Use of a structured case management approach and using case management software to track outcomes together with a comprehensive evaluation framework.
- Establishing strong links with the voluntary sector for sub-contracting or referral into their specialist areas.

13.3 Decommissioning existing services

Notice will be given to existing service providers within their contract terms. Provision will be made to extend essential services (Child Weight Management and Stop Smoking) for up to 6 months. TUPE may apply to some services (Stop Smoking, Health Trainers and Child Weight Management) and a review of potential TUPE implications is included in the project timetable.

13.4 Project timetable

27th August 2013	Full Business Case to Executive
Early September 2013	OJEU tender notice issued (45 days)
Mid September 2013	Information day for bidders
Late October	Evaluate tender submissions
Late November	Interviews and Presentations
Early December	Award Contract
Jan – March 2014	Set up period
1st April 2014	Contract start date

14. Stakeholder communications strategy

For the period up to implementation of the new service, a Communication Strategy has been prepared to ensure stakeholders are engaged with the development of the new service.

Thereafter, marketing and promotion of the service will become the responsibility of the service provider. This will feature in the tender exercise as an essential criterion.