

## Slough Borough Council

<b>Report To:</b>	Health and Wellbeing Board
<b>Date:</b>	17/09/2024
<b>Subject:</b>	Redesign and Recommissioning of Slough Integrated Health and Wellbeing Service
<b>Chief Officer:</b>	Tessa Lindfield, Director of Public Health
<b>Contact Officer:</b>	Kelly Evans, Deputy Director of Public Health Janet Ige Public Health Lead (Adults)
<b>Ward(s):</b>	All
<b>Exempt:</b>	NO
<b>Appendices:</b>	[Appendix 1- Schematic of service design

### 1. Summary and Recommendations

1.1. This report is to inform the Health and Wellbeing Board of the rationale and plan to redesign and recommission the integrated health and wellbeing service for five years (plus two years of possible extension) from 1<sup>st</sup> April 2025

#### Recommendations:

The Health and Wellbeing is recommended to:

- a) Note the rationale and plan to redesign and recommission the Integrated Health and Wellbeing Service for a period of five years (with a possible extension of two years) starting from 1st April 2025.
- b) Note the proposed new service delivery model outlined in the report, which aims to enhance the effectiveness and responsiveness of the Integrated Health and Wellbeing Service to better meet the evolving needs of the community during the new commissioning period

### Report

#### Introductory paragraph

1.2. The Council's Corporate Plan (A Fresh Start 2023–27) highlights three strategic priorities, one of which is fostering a town where residents can live healthier, safer and more independent lives. The Integrated Health and Wellbeing Service (IHWS) is central to achieving this, offering programmes that target falls prevention, smoking cessation, weight management, and general health assessments which can help residents remain healthier for longer.

1.3. The IHWS plays a crucial role in addressing health inequalities, particularly within deprived communities. Over 50% of service users are from high-deprivation areas,

ensuring that vulnerable populations receive the necessary support to lead healthier lives.

- 1.4. The IHWS, which is jointly funded by SBC and Frimley ICS Better Care Fund, enhances service delivery by partnering with health organisations, local businesses, and community groups. Collaborations with NHS Frimley and other stakeholders are vital for improving the uptake of services like smoking cessation and health checks, aligning with the broader goals of the Council.
- 1.5. Despite significant achievements, a recent review identified areas where the current service could be improved. These gaps have led to the decision to redesign and re-procure the service to optimise delivery and better meet the evolving needs of Slough's residents.
- 1.6. The rationale for redesigning and recommissioning the Integrated Health and Wellbeing Service stems from the need to enhance its effectiveness and responsiveness. The current service has shown success but requires improvements to address identified gaps, prioritise primary prevention, and strengthen stakeholder engagement. This redesign is essential for ensuring that the service continues to meet the health needs of Slough's diverse population while contributing to the Council's strategic priorities. The new service model will focus on optimising resources, expanding reach, and driving equitable health outcomes across the borough.

#### Options considered

- 1.1. An options appraisal was conducted and presented internally and to the East Berkshire Public Health leadership meeting. The recommended option is option C.

#### Option A: Do Not Re-procure the Service Following the End of the Current Contract on 31st March 2025

- 1.1.1. The IHWS has been crucial in delivering health and wellbeing services to residents, addressing key issues to maintaining health like smoking cessation, weight management, falls prevention and physical inactivity since 2020. The termination of the IHWS would leave a significant gap in public health services for Slough residents.
- 1.1.2. Without the IHWS, there would be no specialised, integrated support available for addressing health inequalities and promoting healthy lifestyles.
- 1.1.3. Financially, while there would be immediate cost savings, however this would be at the expense of long-term health and social costs due to lack of preventative health services leading to higher healthcare costs and reduced overall community wellbeing.
- 1.1.4. Current users of the IHWS, particularly those from deprived areas, would lose access to tailored health interventions, likely worsening health outcomes and widening health inequalities in the borough. Not re-procuring the Integrated Health and Wellbeing Service (IHWS) after the current contract ends would result in the discontinuation of all services provided under this programme. For this reason, this option is not recommended.

## Option B: Reprocure the Service Without Any Redesign

- 1.1.5. Ensures that residents continue to receive health and wellbeing services without interruption, maintaining the progress made in public health outcomes. This avoids the complexities and potential challenges associated with implementing a redesigned service model.
- 1.1.6. Continues to leverage the successes of the current service, which has demonstrated effectiveness in some areas, such as smoking cessation and engaging deprived communities.
- 1.1.7. However, this option does not address the gaps and areas for improvement identified in the recent service review. Issues such as inconsistent engagement, limited outreach and health education, lack of robust definition for key performance indicators, inadequate use of evidence from behavioural science to improve engagement and inadequate digital integration would persist and limit the success of the service.
- 1.1.8. Ultimately, this option fails to incorporate best practices and innovative approaches from other local authorities, potentially limiting the service's impact and effectiveness and is not recommended.

## Option C: Redesign and Reprocure the Service Following Recommendations from the Service Review and consultation with residents (Recommended Option)

- 1.1.9. Addresses the identified gaps and inefficiencies, leading to a more effective and responsive service. This includes better engagement strategies, diversified referral pathways, and stronger digital integration.
- 1.1.10. Emphasises preventive health measures, reducing the incidence of chronic diseases and long-term health and social care costs.
- 1.1.11. Strengthens collaboration with secondary care providers, schools, community organisations, and CVS, ensuring a broader reach and more comprehensive support for residents.
- 1.1.12. Utilises successful models from other local authorities, ensuring the service adopts the most effective strategies and interventions.
- 1.1.13. Establishes clear Key Performance Indicators and robust data collection methods, improving accountability and performance monitoring.
- 1.1.14. While there may be initial costs associated with the redesign and implementation, these are likely to be offset by long-term savings from improved health outcomes and more efficient service delivery.
- 1.1.15. Option C is the recommended option. Redesigning and re-procuring the IHWS aligns with the Council's vision and corporate priorities by optimising service delivery, emphasising primary prevention, enhancing outreach and engagement, and incorporating best practices. This strategic approach will

ensure the continued improvement of health outcomes for Slough's residents, addressing health inequalities, and fostering a healthier community.

## Background

- 1.1. The Integrated Health and Wellbeing Service (IHWS) in Slough was established in April 2020, amalgamating various independently commissioned services under a single lead provider, Solutions 4 Health (S4H). The service was originally commissioned to deliver services weight management support and oral health promotion for children and young people in addition to providing NHS Health checks, smoking cessation support, alcohol brief advice, falls prevention and physical activity promotion, weight management intervention, and referrals to community services. The initial contract, which began in April 2020, was extended for the final year of possible extension and is set to end on 31st March 2025.
- 1.2. Since the start of the contract term, one element of the service called Active Movement was decommissioned in 2022. This was a consequence of that part of the service not being effective in meeting its outcomes i.e. in getting our residents active nor being taken up within Slough Schools. Consequently, the initial contract value of £720,000 reduced to £622,000.
- 1.3. Following a recent review of the service, the child weight management and oral health element of the service is also to be decommissioned by the end of September 2024. These elements will be re-commissioned separately to align with the other child weight management and 0-19 programmes.
- 1.4. The change to the service delivery including the removal of the child weight management and oral health after six months resulted in a cost of £570,179 for the final year of contract. However, an additional investment of £43,941 has been invested into the service to expand the tobacco control service included in the IHWS. This investment is funded by the Department of Health Local Stop Smoking Services and Support Grant 2024-2025 to expand tobacco control service and increase the number of service users setting a quit date. This would result in an overall cost of service of £614,120 for 2024/2025.
- 1.5. While the IHWS has achieved notable successes, including high engagement from deprived communities and positive health outcomes in areas such as smoking cessation, a comprehensive service review completed in early 2024 identified several areas for improvement. These include inconsistent engagement across some programmes, limited outreach and referral pathways, and limited use of behaviour change techniques to improve success rate. Additionally, the service review highlighted the need for more robust data collection and clearer Key Performance Indicators (KPIs) to ensure accountability and continuous improvement.
- 1.6. The service (figure 1) has been redesigned to deliver a wide range of programmes including
  - Health education and outreach
  - Smoking cessation
  - Adult weight management

- Falls prevention
  - Alcohol advice service
  - NHS and cardiovascular Health Checks
  - Physical activity promotion
- 1.7. These services will be tailored to meet the needs of vulnerable groups, ensuring that interventions are effective and impactful.
  - 1.8. Community-based support will be a cornerstone of the IHWS, with health services provided in accessible community settings. Coordinated efforts with local health organisations, community partners, and the voluntary sector will ensure the delivery of holistic care.
  - 1.9. High engagement and uptake are critical success factors for the IHWS. This requires successful outreach and engagement strategies that increase participation from target populations, particularly high-risk groups. Effective marketing and communication will be essential to raising awareness and promoting the services offered.
  - 1.10. The quality and effectiveness of services are paramount. Adherence to best practice guidelines and evidence-based approaches will ensure that the IHWS delivers high-quality care. The service specification has been developed in consultation with health care professionals and residents to ensure that the service adheres to best practice. Continuous monitoring and evaluation will help to maintain and improve service standards, ensuring that the needs of the community are met effectively.

## IHWS Schematic Overview

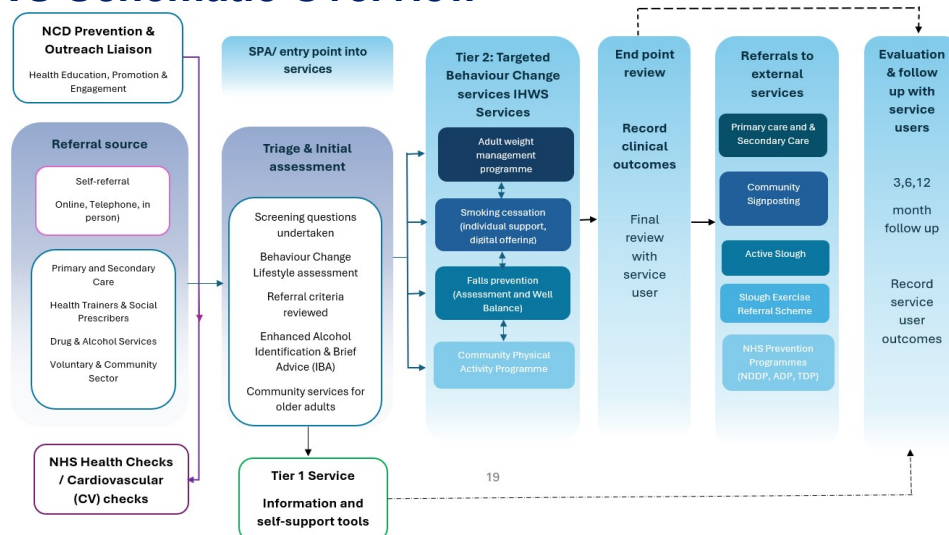


Figure 1: Schematic of the overall service model

## Why a Change is Needed:

- 1.11. Given that findings from the review identified important areas for improvement, a change is essential to optimise the IHWS and better meet the health needs of Slough's residents. The redesign aims to:
- Integrate data from public consultations and resident engagement to develop service that meets the needs of our population.
  - Improve engagement and uptake across all programmes, particularly for groups with historically low participation rates.
  - Expand and diversify referral pathways to ensure broader access to services, including harder-to-reach populations.
  - Strengthen the use of digital platforms to enhance service delivery and accessibility.
  - Prioritise preventive health measures to reduce the long-term burden of chronic diseases.
  - Establish robust data collection methods and clear KPIs to monitor and report on service performance effectively.

## Consultation and Views of Other Bodies:

- 1.12. A thorough review of the IHWS was completed in early 2024. This review analysed performance data and conducted an audit of the equality impact assessment. Service user feedback and engagement data were also incorporated. The review provided a detailed analysis of the service's performance, identifying key areas for improvement in the recommissioning process.
- 1.13. Community input has already been integrated into the redesign. Members of the co-production network, including residents and stakeholders, were actively engaged, ensuring the redesigned service reflects the community's needs.

## Public Consultation

- 1.14. A public consultation launched on 16th May 2024 received 393 responses, indicating a positive preference for an integrated model. Feedback focused on service accessibility and key health issues important to residents. Three focus group discussions with around 30 residents and local stakeholder groups highlighted issues like service awareness and accessibility improvements. All these engagements informed the service design.

## Clinical Reference Group

- 1.15. A Clinical Reference Group met twice to discuss the service model and provide feedback. This group, including clinicians and healthcare experts from all the primary care networks in Slough, offered expert advice on clinical outcomes and guided the development of the redesigned service specification.

## **3. Implications of the Recommendation**

## 1.7. Financial implications

- 3.1.1 The procurement aims to implement one contractual arrangement which will be jointly funded by the Public Health grant and Better Care Fund.
- 3.1.2 The financial implications arising from the delegation of authority are limited to the total of £3,500,000 over 5 years (plus £1,400,00 for possible extension of 2 years)

## 1.8. Legal implications

- 1.8.1. Section 2B of the National Health Service Act 2006 (2006 Act) (the “2012 Act”) requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area.
- 1.8.2. The proposed commissioning of the Integrated Health and Wellbeing Service falls under the Light Touch Regime of the Public Contracts Regulations 2015 as it exceeds the threshold of £663,540.
- 1.8.3. The Council is subject to legal requirements to ensure fair competition for all contracts irrespective of value and is subject to obligations under Law to ensure contracts are awarded having regard to the need to avoid any action that is discriminatory, improper or which distorts competition.
- 1.8.4. Under Regulation 72 (1) (b) of The Public Contracts Regulations 2015 (PCR) variations to contracts are permitted to accommodate additional services by the original contractor, which have become necessary but were not included in the initial procurement, where a change of contractor cannot be made for economic reasons and would cause significant inconvenience or substantial duplication of costs for the council. Any increase in price must also not exceed 50% of the value of the original contract.

## 1.9. Risk management implications

<b>Risk</b>	<b>Mitigations</b>	<b>Residual risk assessment</b>
Risk of Service Disruption During Transition: Potential disruption during the transition period from the current contract to the newly procured service.	<ul style="list-style-type: none"><li>- Detailed transition planning and early engagement with potential providers to ensure continuity.</li><li>- Clear communication with current service users.</li><li>- Establishing a robust mobilisation period starting in October 2024 to ensure a smooth handover.</li></ul>	Medium
Risk of Non-Alignment with Stakeholder Expectations: Redesigned service may not fully align with the expectations and needs of stakeholders.	<ul style="list-style-type: none"><li>- Extensive public consultation launched on 16th May 2024.</li><li>- Engagement with the co-production network and focus group discussions.</li></ul>	Low

	- Establishment of a clinical reference group to guide the development of evidence-based service specifications.	
--	--	--

### 1.10. *Environmental implications*

1.1.1. One of the core components of the IHWS is the promotion of physical activity and healthy lifestyles. By encouraging residents to adopt active modes of transportation such as walking and cycling, the service can contribute to reducing the reliance on car use, thereby decreasing greenhouse gas emissions and contributing to improved air quality. This initiative not only supports public health objectives by reducing the incidence of lifestyle-related diseases but also aligns with the broader environmental goals of the Council.

1.1.2. By encouraging people to give up smoking, the service can contribute to improving air quality and reduce pollution from disposal of cigarette butts.

### 1.2. *Equality implications*

1.2.1. An equality impact assessment of service was conducted as part of the service review. The findings of the equality assessment revealed that the current IHW service is available across the whole community, responsive to gender and or culturally specific need and is serving a diverse population. The new service model was underpinned by the principle of equality and proportionate universalism

1.2.2. The findings of the review also set out recommendations and specific actions which was incorporated into the redesign of the service specification. These include implementation of targeted outreach strategies to better engage underrepresented groups, and expansion of support for routine and manual workers, individuals from high deprivation areas, and those with mental health issues.

### 1.3. *Procurement implications*

3.6.1 A range of different options were considered for both the model and procurement route, including maintain separate services, single provider (all elements) and either tender or bring the service in-house

#### Recommended Service Model Option – Single Lead Provider

3.6.2 A Single Lead Provider will deliver an integrated health and wellbeing programme through a Single Point of Access/Referral targeted outreach, community clinics, primary care sites, to meet specified outcomes.

This has the following advantages:

- Single Point of Access/Referral, supporting appropriate service allocation, data sharing and monitoring.
- Ability to provide a more holistic service to users who have multiple needs.



- Greater potential for lower cost contract as each section supports the other (resource sharing) and absorbs potential losses
- Only one organisation to manage
- Data returns from one source
- One procurement process
- Relatively scalable to meet future budget changes

3.6.3 Regarding the procurement options, the value determines the need to go out to a full open procurement exercise, using the “Light Touch” rules. Officers initially considered whether any element of the service could be brought inhouse; however, alongside the extensive timescale to undertake the insourcing exercise, additional procurement activity would be required for some directly commissioned community services, together with an IT system to manage client assessment and referral. Delivery of savings are less achievable through this route.

3.6.4 It was therefore agreed to put the service through an open market tender to ensure the opportunity for savings and innovation.

#### **4. Background Papers**

None

