

## Slough Borough Council

<b>Report To:</b>	<b>Cabinet</b>
<b>Date:</b>	18 <sup>th</sup> November 2024
<b>Subject:</b>	Re-procurement of Integrated Health and Wellbeing Service
<b>Lead Member:</b>	Councillor Ishrat Shah (Equalities, Public Health and Public Protection)
<b>Chief Officer:</b>	Tessa Lindfield, Executive Director of Public Health, and Public Protection
<b>Contact Officer:</b>	Kelly Evans, Deputy Director of Public Health
<b>Ward(s):</b>	All
<b>Key Decision:</b>	YES
<b>Exempt:</b>	Public with exempt Appendix 3 under paragraph 3 of Schedule 12A Local Government Act 1972 – Information relating to the financial or business affairs of the Council and Bidders.
<b>Decision Subject To Call In:</b>	YES
<b>Appendices:</b>	Appendix 1: Integrated Health and Wellbeing Service Specification  Appendix 2: Integrated Health and Wellbeing Service Model  Appendix 3 Final scores awarded to the tenderers (Exempt)

### 1. Summary and Recommendations

The purpose of the report is to seek Cabinet approval to award the Integrated Health and Wellbeing Service (IHWS) to Solutions 4 Health following a Competitive Process procurement in accordance with The Health Care Services (Provider Selection Regime) Regulations 2023. The current contract is set to expire on 31st March 2025 with the new contract due to commence on 1st April 2025.

## **2. Recommendations:**

Cabinet is recommended to:

- (a) Approve the outcome of a Competitive Process in accordance with The Health Care Services (Provider Selection Regime) Regulations 2023 for the procurement of the IHWS;
- (b) Approve the award of the contract to Solutions 4 Health to commence from 1<sup>st</sup> April 2025. The contract will be for a period of five years, with an option to extend for a period of up to 24 months at a value of £700,000 per annum, and total contract value of £4,900,000 over the seven-year contract period;

### **2.1. Reason:**

- 2.1.1 Continuity of Care: Awarding the contract ensures the continuation of vital health and wellbeing services, preventing any disruption in support for residents.
- 2.1.2 Targeted support for vulnerable groups: The redesigned service model will specifically address the needs of high-risk populations, promoting health equity and improving community health outcomes.
- 2.1.3 Alignment with the Slough Borough Council Corporate Plan: The approach supports the Council's strategic priority to promote health equity and improve community health outcomes.
- 2.1.4 Evidence-Based Practices: The redesigned service model will incorporate effective practices and robust monitoring mechanisms, ensuring accountability and adherence to best practices.

### **1.1.1 Commissioner Review**

Commissioners have reviewed this report and have no specific comments to add.

## **3. Report**

- 3.1 The Council's Corporate Plan (A Fresh Start 2023 – 27) includes 3 strategic priorities, one of which is 'a town where residents can live healthier, safer and more independent lives.' The IHWS plays a crucial role in improving the health and independence of residents through various programs such as falls prevention, smoking cessation, weight management, and NHS health checks. Addressing these key health issues, the IHWS contributes to reducing the burden of chronic diseases on health and social care services and supports residents in leading healthier, more independent lives.

- 3.2 In Slough, the prevalence of key behavioural risk factors is significantly higher than the national average, contributing to a substantial public health burden. Smoking rates in the adult population has been historically above the national average, although more recent data suggest that the prevalence has been of smoking has significantly dropped from 15.2% in 2022 to 8.3% in 2023. However, there are significant inequalities across key groups with an even higher prevalence among adults with long-term mental health conditions. Physical inactivity affects 30.7% of adults in Slough, further contributing to the risk of developing chronic conditions. Obesity is also a major concern, with 58.2% of adults classified as overweight or obese, and only 18.9% meeting the recommended daily intake of fruits and vegetables, compared to 31% nationally. Excessive alcohol consumption adds to the health burden, with Slough recording an alcohol-related mortality rate of 84.2 per 100,000 people, much higher than the national average of 60.3 per 100,000. These factors, including smoking, poor diet, and inactivity, are driving the high prevalence of preventable diseases such as cardiovascular disease, diabetes, and cancer in the area. The IHWS has proven essential in addressing critical health issues, such as falls prevention, smoking cessation, and weight management, which are vital for reducing the prevalence of chronic diseases among residents. By continuing to invest in this service, the Council will enhance its efforts to support residents in leading healthier lives, thereby contributing to the overall well-being of the community.
- 2.3 Furthermore, the IHWS plays a crucial role in bridging health inequalities, especially within deprived areas of Slough. Over 50% of current service users residing in high-deprivation zones, the service is instrumental in providing targeted support to those who need it most. This alignment with the corporate goal of promoting equitable health outcomes reinforces the importance of re-procuring the service, ensuring that vulnerable populations continue to receive the necessary health interventions to improve health outcomes.
- 2.4 The redesign of the IHWS is informed by a recent comprehensive service review, which identified significant areas for improvement. The revised service model aims to enhance outreach and engagement, implement effective behaviour change techniques, and establish robust data collection practices. Addressing these gaps, the IHWS will not only maintain its successful track record but also adapt to the evolving health needs of Slough's residents, ensuring continuous improvement in service delivery.
- 2.5 Lastly, the integrated approach of the IHWS, which encompasses collaboration with local health organisations, community groups, and the voluntary sector, is essential for delivering comprehensive care. Fostering these partnerships, the service can enhance its reach and impact, ultimately contributing to the Council's strategic priorities and the overarching goal of building a healthier Slough for all its residents.

### **3.2 Options considered.**

An options appraisal was conducted and presented internally and to the Health and Wellbeing Board. The recommended option is option C.

#### **Option A: Do not reprocore the Service following the end of the current contract on 31st March 2025**

- 3.2.1 The IHWS has been crucial in delivering health and wellbeing services to residents, addressing key issues like smoking cessation, weight management, falls prevention and physical inactivity since 2020. The termination of the IHWS would leave a significant gap in preventative services for Slough residents.
- 3.2.2 Without the IHWS, there would be no specialised, integrated support available for addressing health inequalities and promoting healthy lifestyles.
- 3.2.3 Financially, while there would be immediate cost savings, this would be at the expense of long-term health and social costs due to lack of preventative health services leading to higher health and social care costs and reduced overall community wellbeing.
- 3.2.4 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: Reprocore the Service without any redesign**

- 3.2.5 Ensures residents continue to receive health and wellbeing services without interruption, maintaining the progress made in public health outcomes. Avoids the complexities and potential challenges associated with implementing a redesigned service model.
- 3.2.6 Continues to leverage the successes of the current service, which has demonstrated effectiveness in some areas, such as smoking cessation and engaging deprived communities.
- 3.2.7 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.

- 3.2.8 Ultimately, this option fails to incorporate best practices and innovative approaches from other local authorities, potentially limiting the service's impact and effectiveness. It is not recommended.

**Option C: Redesign and reprocure the Service following recommendations from the Service Review and consultation with residents (Recommended Option)**

- 3.2.9 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.
- 3.2.10 Emphasises preventive health measures, reducing the incidence of chronic diseases and long-term health and social care costs.
- 3.2.11 Strengthens collaboration with secondary care providers, schools, community organisations, and CVS, ensuring a broader reach and more comprehensive support for residents.
- 3.2.12 Utilises successful models from other local authorities, ensuring the service adopts the most effective strategies and interventions.
- 3.2.13 Establishes clear key performance indicators and robust data collection methods, improving accountability and performance monitoring.
- 3.2.14 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.
- 3.2.15 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.

## 4. Background

- 4.1. The Integrated Health and Wellbeing Service (IHWS) in Slough was established in April 2020, amalgamating various independently commissioned services under a single lead provider. The service was originally commissioned to deliver services including 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, 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.
- 4.2. 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.
- 4.3. 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 healthy weight programmes and 0-19 programmes.
- 4.4. 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.
- 4.5. 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.
- 4.6. The service (figure 1) has been redesigned following an extensive consultation with residents, engagement with stakeholders including the voluntary sector and health service. These series of engagement revealed the

need to enhance existing delivery and incorporate delivery of a more holistic service to meet the diverse needs of residents. This will include the delivery 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

- 4.7. These services will be tailored to meet the needs of vulnerable groups, ensuring interventions are effective and impactful.
- 4.8. 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.
- 4.9. 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.
- 4.10. 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 the needs of the community are met effectively.

## IHWS Schematic Overview

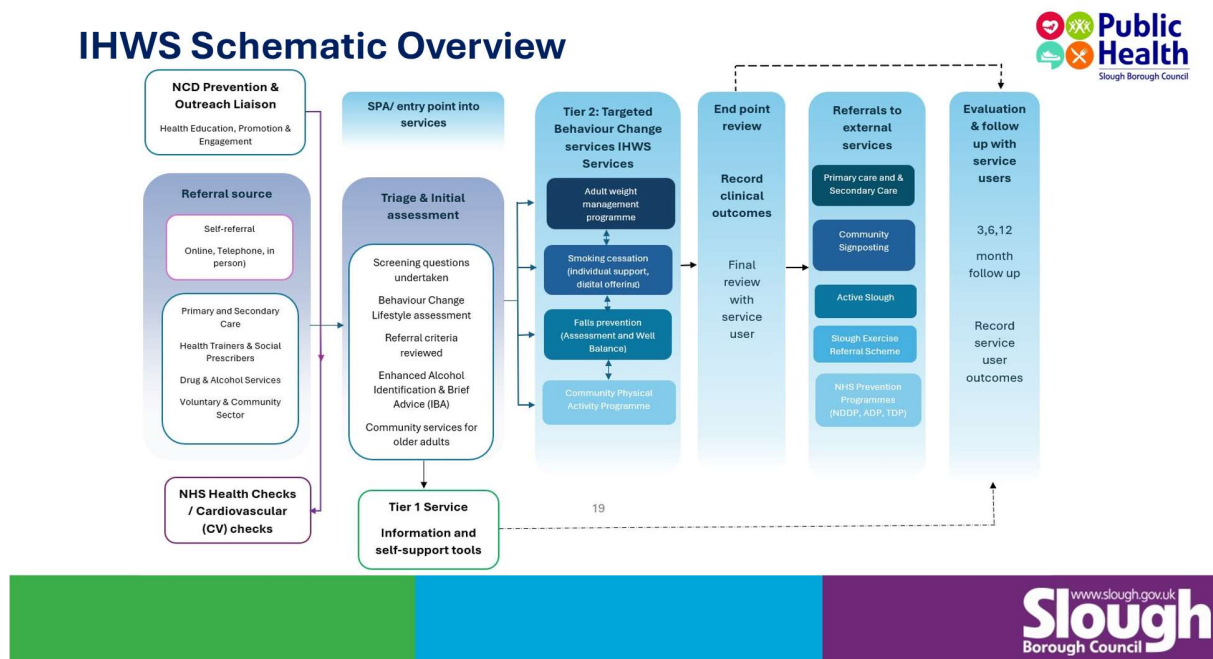


Figure 1: Schematic of the overall service model

### Why a Change is Needed:

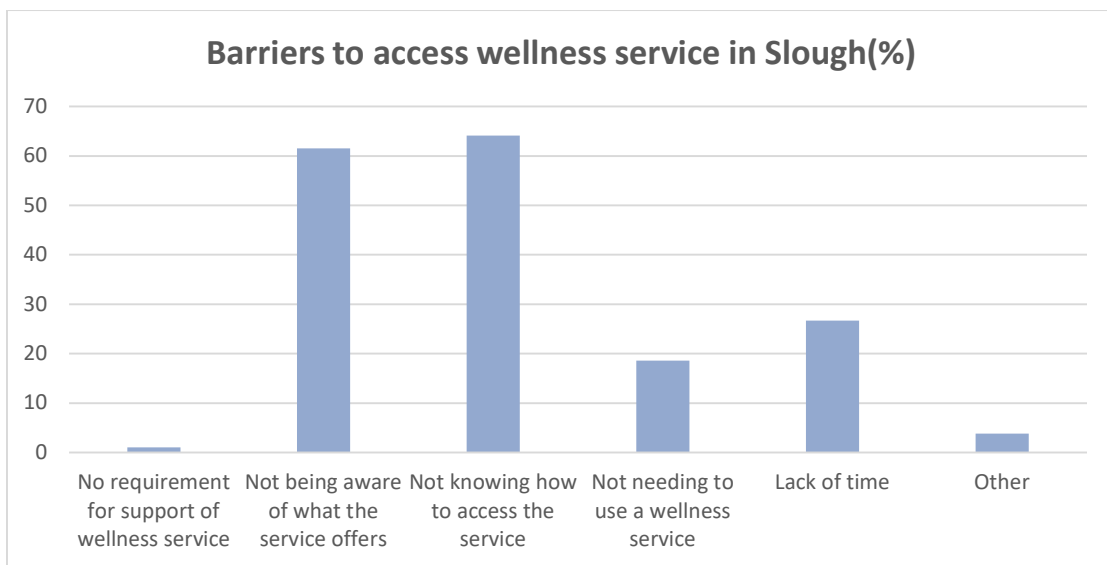
4.11. Given that findings from the review identified important areas for improvement, a change is essential to optimise the IHWS and better meet the health needs of Slough's residents. The redesign aims to:

- 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.

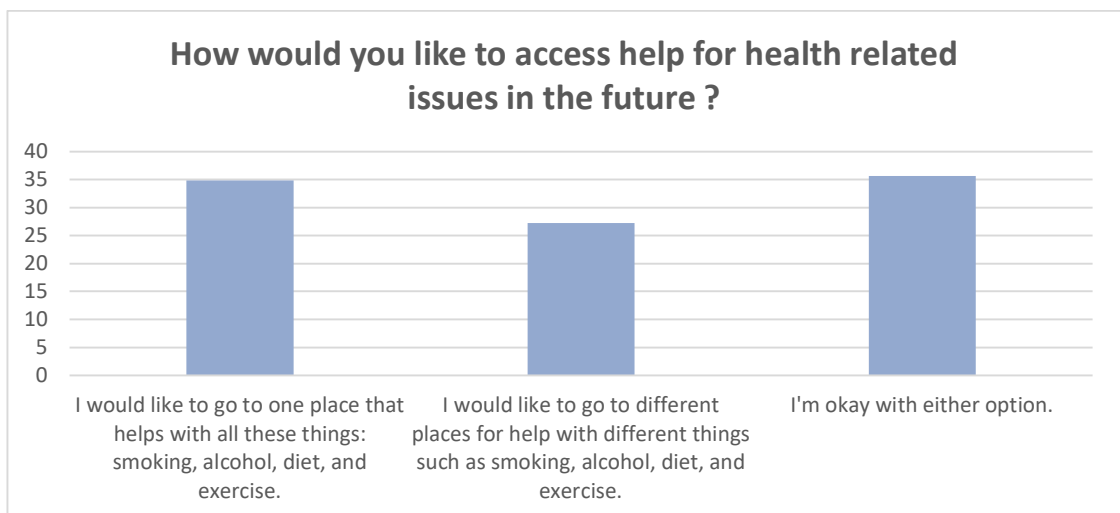
### Consultation and Views of Other Bodies:



- 4.12. A thorough review of the IHWS was completed in early 2024. This review analysed performance data, and a health equity audit was completed as part of the process. Service user feedback and engagement data were also incorporated. The review provided a detailed analysis of service performance, identifying key areas for improvement in the recommissioning process.
- 4.13. Barriers to accessing wellness services: A major barrier to accessing wellness services identified by the survey was a lack of awareness, with 64% of respondents not knowing how to access services and 61% being unaware of what is offered. Improving awareness and accessibility could significantly increase service uptake.



- 4.14. There was a notable preference for an integrated model over separated model.



- 4.15. 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

- 4.16. 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

- 4.17. 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.

#### Tender Process

- 4.18. A PIN notice was issued on Thursday, 16th May, on the Find a Tender Service, detailing a market engagement event scheduled for 10 AM to 12 noon on Monday, 24th June 2024. The market engagement event attracted 35 attendees, including representatives from Slough Borough Council (SBC).
- 4.19. The tender was published live on 22nd July 2024 at 1:26 PM, with a deadline for tender submissions set for 23rd August 2024 at 12 noon.
- 4.20. The tendering instructions outlined the weightings assigned to the relevant evaluation criteria. Quality scoring was allocated 80% of the overall score, while pricing was assigned 20%.
- 4.21. Tenderers were required to provide additional information detailing their proposed arrangements for contract performance, including but not limited to the service model, mobilisation plan, and relevant case studies.

#### Tender evaluation

- 4.22. Evaluation was conducted by a panel comprising five members from SBC and the ICB. All panel members independently reviewed the tenders and evaluated how well each proposal addressed the award criteria. The evaluation panel convened on 4th, 9th, and 10th September 2024 to moderate the scores for the questions each member was responsible for

assessing, which was chaired by the procurement lead. The award criteria and weighting used for the assessment are detailed below

4.23. The two highest-scoring bidders were invited to the next stage of the procurement process, which was a presentation held on Wednesday, 18th September. The presentation was an opportunity for the bidder to provide an overview of their tender and respond to specific clarification questions raised during the evaluation and moderation process. Following these presentations, a final moderation session was held on 19th September to agree on the final scores for the questions requiring clarification.

<b>Scoring - Quality Criteria</b>	
0	An answer to the question has not been provided or the Tenderer has not understood the requirements of the question and therefore the answer provided does not address the question. Note that in some instances, not responding to a question may result in your Tender being rejected and a fail mark awarded. Such questions will be identified within the Tender documents.
1	Proposal significantly fails to meet the standards required, contains significant shortcomings or is inconsistent with other proposals.
2	Proposal falls short of achieving expected standard in a number of identifiable respects.
3	Proposal meets the required standard in most material respects, but is lacking or inconsistent in others.
4	Proposal meets the required standard in all material respects.
5	Proposal meets the required standard in all material respects and exceeds some or all of the major requirements.

4.24. The final scores awarded to the tenderers are detailed in Appendix 3. Officers recommend awarding the contract to the highest scoring provider, our preferred supplier.

## **5. Implications of the Recommendation**

### **5.1 Financial implications**

5.1.1 The proposed cost of the contract per annum is £700,000 and over 7 years is £4,900,000. The procurement aims to implement one contractual arrangement which will be jointly funded by the ring-fenced Public Health grant and Better Care Fund.

### **5.2 Legal implications**

5.2.1 Section 12 of the Health and Social Care Act 2012 requires each local authority to take such steps as it considers appropriate for improving the health of the

people in its area. Furthermore, under the Health and Social Care Act 2012, responsibility for commissioning and monitoring the programme passed to local authorities. Local authorities have a legal responsibility to offer an NHS Health Check to 100% of their eligible population once every five years.

5.2.2 The procurement undertaken, as described in this report, was carried out in accordance with Regulation 11 of The Health Care Services (Provider Selection Regime) Regulations 2023 (PSRs 2023)

5.2.3 Under PSRs 2023 the prescribed procedure and mandatory requirements for procuring under the Competitive Process are summarised below:

- i) Advertising: The publication of a contract notice (CN);
- ii) Conducting the procurement in conformance with the information provided in the CN and the published selection criteria taking into account the key criteria and applying the basic selection criteria;
- ii) Time limits imposed by Contracting Authorities on suppliers in accordance with the PSRs 2023.

5.2.4 The procurement process is compliant with PSRs 2023, the UK public sector procurement principles and the Council's Contract Procedure Rules.

5.2.5 The Council must maintain an audit trail documenting the procurement process undertaken and how the award decision was arrived at.

5.2.6 Once awarded, the Council should enter into a written contract with the other party and record the contract in the Contract Register. The Council will also need to publish the award of the contract in accordance with Regulation 11 of the PSRs 2023.

### 5.3 Risk management implications

Risk assessment Table.

Risk	Mitigations	Residual risk assessment
Risk of Service disruption during transition: Potential disruption during the transition period from the current contract to the newly procured service.	-Establishing a robust mobilisation period starting in December 2024 to ensure a smooth transition to new contract	Low

Risk	Mitigations	Residual risk assessment
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> <li>- Establishment of a clinical reference group to guide the development of evidence-based service specifications.</li> <li>- Findings from the consultation, feedback from the co-production network and clinical reference group underpinned the service design</li> <li>-Plan to evaluate service via performance report and provider satisfaction survey during contract management</li> </ul>	Low
Financial risk of increased costs: Costs associated with the redesigned service may exceed the budgeted amount.	<ul style="list-style-type: none"> <li>- Detailed financial planning and budgeting to ensure the service remains within the allocated budget.</li> <li>- Regular financial monitoring and reporting.</li> </ul>	Low

#### 5.4 Environmental implications

5.4.1 One of the core components of the IHWS is the promotion of physical activity and healthy lifestyles. 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.

#### 5.5 Equality implications

5.5.1 A health equity audit of service was conducted as part of the service review. The findings of the audit 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.

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

## **5.6 Corporate Parenting Implications**

### **5.7 Procurement implications**

- 5.7.1 Subject to the approval of the Procurement Board, the new bidder will be awarded the contract in response to Cabinet's decision to approve the recommended bidder with a start date of 1st April 2025.

### **5.8 Workforce implications**

### **5.9 Property implications**

No direct property implications arising from this report.

### **5.10 Health and wellbeing implications**

- 5.10.1 The overarching aim of this provision is to increase access to health services and reduce health inequalities amongst adults and older people in Slough. This means the service should have direct positive implications for the health and wellbeing of local residents and will be measured on its success in this area.

### **5.11 Social Value**

The Public Services (Social Value) Act 2012 requires the Council when procuring services must consider how the procurement might improve the social, economic, and environmental wellbeing of the area. The purpose is to ensure products and services are sourced and produced responsibly; to maximise resource and energy efficiency in the manufacturing and supply of goods and services in order to minimise environmental impacts; and to deliver outstanding value for money over the entire lifetime of the contract.

As part of the tender process, providers were required to demonstrate their commitment to social value in delivering this service. A method statement on social value accounted for 3% of the overall evaluation, as part of the quality score.

## **6 Background Papers**

None