

REPORT TO THE HEALTH AND WELLBEING BOARD

H&WB – 14.04.15

Be Well Barnsley

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1. Purpose of Report

1.1 To provide SSDG with an update on the commissioning of an Integrated Health & Wellbeing Service for Barnsley

2. Recommendations

2.1 Health and Wellbeing Board members are asked to:-

- Note the progress to date on the re-commissioning of an Integrated Health & Wellbeing Service know as Be Well Barnsley (BWB)
- Note the contribution BWB will make to supported the outcomes defined in the Health & Wellbeing Board Strategy 2014/19

3. Introduction

3.1 In February 2014, BMBC Cabinet approved the development of an integrated wellbeing service for Barnsley, provisionally entitled: '*Be Well Barnsley*' and agreed to re-commission the three existing lifestyle contracts as a single service with one lead provider.

3.2 The current contracts for the Stop Smoking Service, Weight Management Service and the Health Trainer Service are all due to end by the 31st October 2015. In February 2015 BMBC approached the market to commission an innovative service provider to design and deliver a suite of accessible lifestyle interventions that will support the people of Barnsley to make healthy and sustainable lifestyle change.

3.3 The aim of the service is to reduce health inequalities through better service integration using both tailored interventions and a community asset based approach to maximise prevention and early intervention and move away from avoidable treatment and care.

- 3.4 The service will support overweight and obese adults and their families to lose weight and learn how to maintain a healthier weight through better food management and increasing physical activity; it will support adults and young people to stop smoking and promote harm reduction where appropriate; it will also promote mental well-being and build emotional resilience for a range of low-level mental health conditions, offer brief intervention for alcohol management, and signpost people to a range of both internal to Barnsley Metropolitan Borough Council [BMBC], and external agencies for a range of wider lifestyle issues including debt, welfare, housing, advocacy etc.
- 3.5 From April 2015 the service will become an integral component of BMBC's Stronger, Safer and Healthier Communities Directorate, support Barnsley's Clinical Commissioning Group [CCG] to achieve objectives around prevention and condition management and facilitate a reduction in health inequalities between different parts of the Borough and the Borough and the rest of the country.

4. Be Well Barnsley

- 4.1 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. Individuals who manage their lifestyles are healthier, more productive, have fewer absences from work, and make fewer demands for medical and social services.
- 4.2 The service specification has been drafted and will be published as part of the invitation to tender in late March. The service will contribute to the following outcomes defined in the 2014/19 Health & Wellbeing Board Strategy:
- To improve the health related quality of life for people with one or more long term conditions, including mental health
 - Lifestyle choices (health improvement)
 - To reduce the smoking prevalence in all ages, with a focus on smoking during pregnancy and at time of delivery
 - To reduce excess weight and obesity prevalence in 4-5 year olds and 10-11 year olds.
 - To reduce the harmful effects of drinking excess levels of alcohol.
- 4.3 The service will focus on:
- Diverting people from primary and secondary healthcare services towards prevention pathways. It will empower people to live healthier lives through positive and sustainable lifestyle change and increase their potential by enabling people to increase control over their health and well-being.

- Improving customer access by operating through a single point of contact with multiple service delivery points in GP practices and community venues across the Borough, particularly in areas of identified need.
- Providing a holistic needs assessments to deliver structured interventions and make referrals to universal and specialist services as appropriate e.g. mental health, drug and alcohol services, as well as referring into services providing advice and guidance on wider social issues including employment, debt and housing.
- Offering a tailored programme of support based on the needs of each individual, focussed on those with poorer health outcomes including people with physical or learning disabilities and/or mental health issues and those living in the more socially deprived areas.

5. Procurement Approach

5.1 The method of procurement for the project is Competitive Negotiated Procedure with a contract notice submitted to the Official Journal of the European Union on 11th February 2015. The contract period is 3 years plus an option to extend for two further periods, each for 1 year.

5.2 A full electronic tender process commenced with the publication of the Pre-Qualification Questionnaire (PQQ) on 12th February 2015. The PQQ will require potential providers to demonstrate financial soundness, experience and capability to deliver the service.

5.3 The table below outlines the high level timescales to ensure the new service is available from 01st November 2015.

Activity	Date	Progress
OJEU Publication	Early February 15	Complete
Return of PQQ's	Mid-March	In progress
Invitation to Tender	Late March 15	On Track
Tender Return	Late April 15	On Track
Negotiation Process	Mid May 15	On Track
Best and Final Offers	Early June 15	On Track
Tender Award	Early July 15	On Track
Contract Commences	01 st November 15	On Track

6. Conclusion/ Next Steps

- 6.1 The closing date for providers to submit the PQQ is 16th March 2015. The evaluation team will then assess the submissions and invite successful providers to tender for the service.
- 6.2 Following the procurement process an update report will be presented to SSDG advising members of successful bidder and providing information on the service model and mobilisation timescales.

7. Financial Implications

- 7.1 The annual cost of the three existing lifestyle contracts is £1.7m. Integrating the three contracts into a single contract with a single provider with a proposed contract value of £1m will release up to £700k to be reinvested to delivering Public Health Outcomes the Borough.

8. Consultation with stakeholders

- 8.1 In developing the model and specification for the service a full equality impact assessment has been undertaken as well as engagement and consultation with:
- Service Users;
 - Partners;
 - Providers; and
 - Equality & Diversity Team.

9. Background Papers

- 9.1 Background papers relating to the service are available to view by contacting the Public Health Directorate, PO Box 634, Barnsley, S70 9GG.

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