

Lifestyles Service Review and Redesign: Commissioning Approach

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What does it encompass?

- Currently a universal offer:
 - NHS Health Checks (Mandated Service)
 - Smoking Cessation (Cabinet Indicator and PHOF indicator – Smoking prevalence)
 - Physical Activity (Be Active included in Leaders Policy Statement and PHOF indicator)
 - Weight Management (linked to NCMP and H&WB Strategy priority. Also PHOF indicator)
 - Health Trainers
 - Primary Care commissioning
- Need to move towards a targeted approach that reflects local and national priorities (but inc. online whole population approach)



What do we have to do?

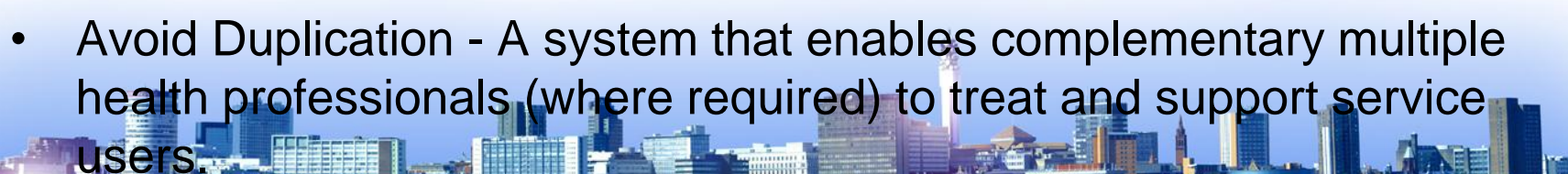
- Design a new system that aims to:
 - Improve Life expectancy through positive lifestyle choices
 - Reduce the number of years lived suffering from life limiting or chronic conditions
 - Promote and provide lifestyle opportunities in a effective and cost effective manner
 - Respond to multiple lifestyle risk factors
 - achieving maximum health and social gain
 - addressing local priorities including Homeless/Unemployed/Social isolation/District devolution and empowerment.
 - Recognise and commission in line with the differences in level and type of need across different priority groups
 - Develop a targeted approach to commissioning whilst reflecting the importance of universal proportionalism.



Our vision:

Residents of all ages have the capacity to live healthy lives by addressing the factors that influence their health and wellbeing, resulting in improved life expectancy and increased number of years lived free from life limiting conditions.

What do we want to achieve?

- Referral pathway - a simplified integrated lifestyles treatment system that address multiple lifestyle risks
 - Triage – A system that prioritise those with the greatest need whilst ensure access to services is efficient and effective
 - Online packages – access to services via online support and development of a outcome focused patient monitoring system.
 - Innovative Commissioning reflective of the latest evidence
 - Robust performance management process that drives quality and outcome.
 - Avoid Duplication - A system that enables complementary multiple health professionals (where required) to treat and support service users.
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Our priorities:

Public Health Outcomes Framework

Health and Wellbeing Strategy

Leaders Policy Statement

- Vulnerable People
 - Mental Health
 - LTCD
 - Domestic Violence
 - Unemployed
 - Homeless
 - Children and Families
 - Early Years and families
 - Older Adults - reduced risk of falls and dependency on social care
 - Social isolation, Housing and supporting people
- Better value for money
 - Achieve outcomes in PHOF, H&WB and Leaders policy statement
 - Evaluation of inhouse providers and national fact finding to influence new model



Influences

- Appropriate utilisation of Public health grant
- Birmingham City Council annual budget consultation and financial position
- Public Health Outcomes Framework, Leaders Policy Statement and H&WB Strategy
- Establishment of Birmingham's Health and Wellbeing Centres
- Existing contract end dates
- Outcomes of the needs analysis and business case



What is the current configuration?

Birmingham City Council spends in excess of £11million on Lifestyle services (28 contracts):

Lifestyles	Health Trainers	£1,017,544
	Physical Activity	£4,500,000
	Smoking Cessation	£2,950,000
	Weight Management	£1,767,000
	Health Checks	£1,055,000
Total Cost		£11,289,544

- Traditional developed in their silo's
- Limited cross topic integration
- Complexed and varied treatment pathway



What are the priorities?

- Need to establish / improve treatment pathways
- Develop an integrated system that addresses multiple risk
- Increase the uptake of NHS Health Checks in low uptake areas
- Improve referral rates to lifestyle services (inc a model to address priority populations) and associated maintenance.
- Address the emerging obesity epidemic (both children and adults)
- Reduce sedentary behaviour
- Reduce smoking prevalence
- Reduce health inequalities by prioritising those most in need



Where more needs to be done?

- Support the needs of the most vulnerable groups, their families, friends and communities
- Utilisation of technology in managing health, particularly if we are to maintain a universal offer
- Building interventions into day to day lifestyle opposed to targeted facility based interventions alone
- Develop a model that integrates with the wider detriments of health e.g. benefits housing etc
- Develop an options appraisal reflective of emerging targeted need and financial pressures:
 - Do nothing
 - Review current system and redesign based on a targeted approach
 - Decommission and only deliver the mandated services



Commissioning Scope

- Development of a new system that addresses multiple risk factors to improve health and well being (by autumn 2016)
- Development of a system that encompasses:
 - Health and Wellbeing Screening
 - Behavioural change
 - Physical activity
 - Smoking cessation
 - Weight management
- Development of a triage and referral system that ensures the most appropriate treatment and support is available at the time of need
- Commission a evidence based approach that targets those most in need
- Utilises technology to develop a online resource to support the wider population to improve their health and wellbeing (universal proportionism)



A New Model should:

- Incorporate a system of linked services with an integrated hub, supported through effective triage, which therefore maximises health gain from each client contact.
- Have an increased focus on populations with greatest need and can be treated or managed through lifestyle interventions
- Provide improved prevention through targeted service
- Maximise the role of Primary Care and other organisations that come into contact with those that would benefit from lifestyle services



Commissioning Approach

- Commission an effective Lifestyle system that reflects best evidence and the needs of priority groups
- Commission a system that addresses lifestyle multiple risk
- Collaborate with other stakeholders that can influence how service users access the system e.g.
 - 3rd sector
 - Supporting people
- Commission a value for money model, reflective of national standards
- Open and transparent procurement and tendering that enables the most appropriate organisations to be commissioned (inc. market stimulation and opportunity for collaboration).

