

COMMISSIONING INTEGRATED WELLNESS SERVICES

REPORT OF THE CHIEF EXECUTIVE

1. PURPOSE OF THE REPORT

- 1.1 The report will provide Members with an overview of a programme of reform work related to the commissioning of integrated wellness.

2. BACKGROUND

- 2.1 Health inequalities in Sunderland have been apparent for many years. Recently, the NHS made significant investment in “staying healthy” or “wellness” programmes such as physical activity, stop smoking, weight management and alcohol. Responsibility for commissioning these programmes transferred to local government as part of the transfer of public health responsibilities on 1 April 2013. Prior to transfer, it had been identified that in spite of significant investment we had not seen the step change in health outcomes that had been anticipated.
- 2.2 Engagement with local communities and service audits have demonstrated that many experience barriers in identifying and accessing services. In addition, recent research has shown that many people in Sunderland have multiple lifestyle risks. Finally, there is some concern that the fragmented nature of commissioned services does not offer best value for money. It has therefore been agreed by the Health and Wellbeing Board that a more integrated approach should be taken to the commissioning of these services going forward.

3. CURRENT POSITION

- 3.1 The strategic approach and underpinning principles of the new delivery model have been agreed by the Health and Wellbeing Board. This included working closely with communities to understand barriers and opportunities for people to make healthy choices in their lives so that services developed would be aligned to the needs, assets and values of local communities so that we begin to approach a co-design and eventually a co-production model.
- 3.2 At the beginning of the year a research company was commissioned to undertake engagement work with communities in all five areas of the City and the report of this work has now been received. The services likely to undergo change as a result of these findings have been identified and we are now beginning to build the new service model.

4. NEXT STEPS

- 4.1 The Health and Wellbeing Board have agreed to have oversight of this development. The current timescales are that the procurement process is likely to begin in January 2014 with new services to be delivered from October 2014. Before that stage, however, the key work in defining the shape of services and the specifications to underpin these will take place. As part of this process there will be a stakeholder event in November 2013 which it is hoped will have representation from Elected Members so that they can influence the services to be commissioned.

5. CONCLUSION

- 5.1 The report and presentation will provide members with an outline of the concept and approach and seek the Committee's views on how they would like to continue to be briefed on progress during the consultation and implementation.

6. RECOMMENDATION

- 6.1 That Members;
- (a) consider and comment on the report and presentation; and
 - (b) Consider commissioning the Public Health, Wellness and Culture Panel to be consulted in more detail on the concept and approach to Integrated Wellness on behalf of the Scrutiny Committee.

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