

Appendix 1: Service Model Options

Model	Description	Advantages	Disadvantages
As is (No Change)	Healthy Lifestyle programmes continued to be commissioned with the current Provider (NELFT) alongside additional community programmes	<ul style="list-style-type: none"> • Good relationship with Providers (NELFT and Community Providers) • NELFT have established relationships with local primary care and pharmacy services 	<ul style="list-style-type: none"> • Limited opportunity for innovation • May be difficult to achieve savings • Previous reductions have led to fewer front line staff • Difficult to justify in procurement terms
Individual Services	Healthy Lifestyle programmes are procured on an individual basis (eg. smoking, weight management) with the expectation of a variety of providers being awarded contracts	<ul style="list-style-type: none"> • Healthy competition to ensure the best provider chosen • Competitive pricing and specialisms • Standalone providers allows for easy decommissioning of specific services • Community services could be targeted more effectively • Autonomy of services 	<ul style="list-style-type: none"> • Increased data collection resource • Potential loss of provider relationships with primary services, pharmacies • Duplication of usage (by Service Users) and management/administration costs • Several procurement processes and contract awards, and more contract management.
Lead Provider Service	Lead Provider delivers a Healthy Lifestyle programme through a Single Point of Access/Referral (and shared data) with services delivered through primary care, outreach and direct commissioning of community programmes to meet specified outcomes	<ul style="list-style-type: none"> • Potentially lower cost contract as each section supports the other (resource sharing) and absorbs potential losses • Only one organisation to manage • Can specify local services and supports community providers • Data returns from one source • One procurement process • Single Point of Access/Referral, supporting appropriate service 	<ul style="list-style-type: none"> • Potential for higher company overheads and reduction on staffing levels – though this can be managed through commissioning and management process • Dependent on the provider, may lose relationship with primary care, pharmacies.

Model	Description	Advantages	Disadvantages
		allocation, data sharing and monitoring. <ul style="list-style-type: none"> • Ability to provide a more holistic service to users who have multiple needs. • Fairly scalable in terms of moving budget figures 	
All Inclusive Service	One provider responsible for direct delivery of all services (possibly with some commissioning through LESs (Locally Enhanced Services) with primary care. Using an internal health trainer type model to provide outreach.	<ul style="list-style-type: none"> • One service so management is simple • Costs easy to trace and manage service users • There may be savings in overheads • Control is potentially better 	<ul style="list-style-type: none"> • Service difficult to disaggregate if failing in part • May miss some potential opportunities in commissioning of specialist providers • Impact on local organisations may be negative.

Overall, the Lead Provider model is most likely to deliver the mix of services the Council requires, at a cost effective price.