



The points4life story

Manchester has amongst the lowest life expectancy rates in England and has severe health and deprivation problems. In 2009, the Department of Health, through its Healthy Communities Fund, supported NHS Manchester and Manchester City Council to test the feasibility of setting up an innovative loyalty card scheme to promote healthy lifestyles and help reduce health inequalities in Manchester.

The innovative loyalty scheme, known as points4life, aimed to offer incentives to encourage people to change their behaviour and become healthier. points4life members would be awarded points for making positive choices, such as participating in activities like walking, cycling or swimming or for buying healthy goods, such as fruit and vegetables or brown bread. The scheme included:

1. **Ongoing rewards:** by making healthy choices on a regular basis (including through small or frequent purchases) members would be able to earn points.
2. **Pledges:** by making a commitment to achieve a stated health goal members could get a specific reward from points4life.
3. **Money can't buy:** by shopping at partner retailers members could be entered into regular prize draws to win aspirational rewards.

This approach aimed to attract a broad mix of members by providing a range of rewards. Reducing health inequalities was a key goal.

Procurement process

The points4life team decided to procure an independent private sector provider to deliver the programme. It was envisioned that this would be the most effective way to harness the expertise, knowledge and experience of the private sector in managing a loyalty card scheme. Initially there were three private sector providers shortlisted to develop the solution and bid but two withdrew prior to bidding.

Throughout the procurement process, the points4life team faced significant challenges, including not being able to release upfront funding to help develop the scheme prior to entering into a contract for delivery of the programme.

After a lengthy process of contract negotiations, the final bidder decided to withdraw from the process in September 2010. Several reasons were cited, including the provider's concerns about the lack of guaranteed funding for the programme. This may have been avoidable if there was a more detailed specification of the points4life design within the original tender documents but the feasibility of this is questionable because of the innovative nature of the programme.

A 'Plan B' solution was developed following the withdrawal of the final bidder which retained many of the same key elements, but with a move towards a more 'public sector-focused' programme which did not rely on a private sector provider. One key difference between Plan B and the original procurement solution was that the focus shifted to working with smaller retailers, rather than large supermarkets.

Decision not to launch the programme

In November 2010 the points4life team informed the Department of Health and participating retailers that a public launch was no longer planned at this time. After a review of the 'Plan B' intervention, the points4life board concluded that it would *"not be possible for Manchester City Council to commit the considerable additional resources that would be required to launch this project successfully."*

There were several factors which contributed to this decision. Firstly, points4life encountered numerous difficulties with the procurement regime, which was not only overly complex and time consuming to work within, but also imposed restrictions as to how funding could be allocated, making it difficult for points4life to provide upfront funding to develop the solution prior to a full contract for delivery being agreed.

Secondly, there were considerable uncertainties about funding, which made it difficult for points4life to secure the commitment of the private sector provider to continue with the programme. For instance, the Department of Health could not guarantee that the funding for the third year of the programme would be made in line with the original agreement, which led to significant delays in negotiating the contract with the final bidder. The change in government, which occurred at a critical point in the development of the loyalty points solution and contract negotiations, also slowed decisions about funding.

Finally, uncertainty over future funding faced by Manchester City Council and NHS Manchester made it more difficult to commit dedicated funding to the programme.

Assessing impacts

points4life had a series of key objectives falling into four main categories, summarised by the LIFE acronym:

- **Lift motivation:** points4life aimed to motivate people to take responsibility for their health, make positive lifestyle choices and understand why this is important.
- **Improve health:** the aim was for people enrolled in points4life to improve their overall health.
- **Feasibility:** The programme aimed to test whether it is feasible to apply private sector loyalty card models to healthcare whilst reducing any negative environmental impact.
- **Equality:** points4life aimed to help tackle health inequalities by targeting services and health promotion to the communities with greatest need.

As points4life did not launch publicly it is not possible to assess the extent to which these factors were addressed. However, drawing on evidence from an independent evaluation, it is possible to make inferences about progress and potential.

The independent evaluation included a door to door survey with a random sample of 1005 people, five focus groups, interviews and discussion groups with stakeholders, a literature and document review and participant observation.

Lift motivation

Based on data collected through all of the evaluation methods, it is likely that points4life had the potential to motivate people to adopt more healthy lifestyles in Manchester. There was widespread recognition that points4life offered a much needed innovative solution to entrenched health problems and that what held many people back was the lack of motivation to change.

Many local people expressed an interest in joining the scheme, and could see how it might help them achieve positive health outcomes. Residents spoke of points4life providing the right balance between giving a motivational 'push' to adopt more healthy lifestyles, while at the same time countering barriers such as the prohibitive price of healthy food and the difficulties faced in accessing affordable leisure facilities. However, there was awareness amongst the points4life team that the programme would only work if it was backed up by other processes to ensure that residents not only enrolled, but remained involved over the longer term.

To this end, points4life included a pledges scheme, which explicitly linked ongoing commitment to healthy lifestyles with increased incentives. A literature review supported the use of pledge approaches for sustaining commitment and motivation. The programme also intended to use the points4life website to provide other motivational information and to signpost members to sources of help and advice.

Improve health

points4life developed a clear set of targets for improving health outcomes. The targets were both holistic in their nature – covering a wide range of factors which can indicate health improvement – and measurable, as they could be tracked through established statistical data. It is not possible to assess whether the programme would have delivered on these targets but findings from a literature review suggest benefits from the programme's principles, design and approach to targeting different populations.

When presented with information about how the programme would work, residents were generally very positive about points4life, said that they could see themselves taking part, and were confident that the rewards were sufficient to encourage them to adopt more healthy lifestyles. In addition, other research has found that health improvements can arise from loyalty schemes and reward based approaches to behaviour change.

Feasibility

An overarching goal of points4life was to test whether it is feasible to apply private sector loyalty card models to healthcare. The points4life scheme was well designed, reflected good practice elsewhere and resonated with residents. Much of the necessary infrastructure, relationships and partnerships had been built to sustain the programme over the longer term. For instance, stakeholders from NHS Manchester, Manchester City Council and local community and partner organisations reported positive working relations and joint decision making.

Partnerships with private sector retailers were also found to be feasible. Two major retailers were willing to sign up to the programme, as was a national leisure centre operator.

However, there is less evidence to suggest that the change of 'complex' behaviours is sustained beyond the life of (or a member's involvement in) an incentive scheme. In order to improve long-term outcomes, literature advocates linking reward schemes with other types of interventions, such as programmes that increase self efficacy and other life skills. In other words, the loyalty scheme alone would be unlikely to encourage sustained behaviour change and health improvements, and instead partnerships with health professionals and self management support would likely add value. This issue was recognised in the design of points4life.

Equality

The points4life team were clear that some populations would need to be targeted more actively than others to ensure that they enrolled in equivalent or increased numbers. Informed by focus groups and market research with residents, the programme developed detailed plans to target disadvantaged and 'at risk' groups, for example, ensuring that additional effort was concentrated on recruiting retailers and leisure providers in disadvantaged areas to take part in the scheme. In addition, key targets aimed at reducing health inequalities for disadvantaged communities were set and embedded in the contractual agreements with the final provider.

Key lessons

Procurement and funding

The procurement regime posed significant challenges. The procurement regulations were very complex, difficult to negotiate and legalistic. This complexity led to delays in negotiations, and also required points4life to spend resources on external legal advice.

Furthermore, the procurement and funding regime did not allow the points4life team to guarantee funding to support the development of the programme prior to the contract being signed. This was a major stumbling block for points4life, as it became clear that developing the right solution for the programme would require significant upfront investment by the private sector provider, without guarantees of financial return; costs that in the end the final bidder was unwilling to bear.

Finally, while the overall financial envelope for the programme was substantial, there were significant delays encountered in ensuring that the funding could be guaranteed for the third year of the programme. In part this was a result of the change in government.

Key learning

Public sector procurement regimes contain huge complexities and these can pose significant barriers to those engaged in contracting large scale programmes with the private sector. It is important to build time and expertise from those experienced in procurement into plans for delivering similar programmes.

Finding the right scale

Some stakeholders believed that points4life would have been more successful if it was launched at the national level, enabling the programme not only to benefit from being associated with a national brand, but also from being able to influence key decision makers amongst the national retailers.

Others suggested that a local focus provided access to local networks and infrastructure (such as schools, GPs and local retailers), and knowledge about local issues and challenges. Even amongst those who were in favour of a locally based programme, there was a division between those who favoured piloting the programme at the city level (in this case Manchester) – giving the programme access to the support of city-wide organisations, including large retailers – and those who felt it should have been tested at a very local level, perhaps in a small number of neighbourhoods.

On balance, the evaluation tends to support a twin-track approach, with negotiations with large retailers happening nationally, but with real ‘proof of concept’ achieved through one or more small local pilots.

Key learning

Piloting programmes of this nature at the sub national or local level may not be sufficient for securing the involvement of major private sector organisations which often take decisions at the national level.

Communication and marketing

Effective communication and marketing are vital to secure buy-in and engagement from target groups. points4life developed a clear plan for its marketing campaign that targeted the right stakeholders at the right time. The programme team understood that the time and skills required to undertake effective marketing for a programme of this scale were significant, and hired a full time post.

The team used a range of tools and data sources, including the results of the evaluation and market research, to help them gain a better sense of what residents wanted, the efficacy of different components of the programme, and how particular groups could best be targeted.

Key learning

Marketing plans need to be based on sound evidence of the needs, aspirations and communication preferences of different communities. High quality research with residents and population segmentation can help to enhance the quality of marketing strategies.

Early development of a marketing plan enables interest in the programme and brand recognition to build up over time. This has to be balanced against resource implications and the risk of building enthusiasm too early.

The use of Web 2.0 and other social media technologies could have provided a cost effective way of keeping stakeholders informed about and interested in the programme on an ongoing basis.

Designing the right solution

The points4life team succeeded in developing a workable way of using a loyalty card scheme to promote healthier behaviour. In arriving at this point, points4life made good use of available information, research and data, including results from an independent formative evaluation. The team also followed a process which enabled them to build the design of the solution iteratively, testing and reflecting on emerging designs with different audiences.

Key learning

Consideration needs to be given to the timescales required to bring all necessary partners on board. For example, large retailers need sufficient time to plan changes across their stores, and technological integration and alignment with broader initiatives are likely to require lengthy lead-in times.

Undertaking effective, targeted stakeholder and user engagement in developing the solution is vital, to ensure the design is viable and to gain buy-in to the initiative from key deliverers. points4life on the whole did this well; engagement took place with stakeholders who were critical to delivery of the programme as well as those whose support was necessary to drive it forward and communicate messages about it.

In order to achieve longer-term behaviour change, a 'holistic' intervention is recommended: incentives should be supported with activities designed to increase members' self efficacy and life skills, such as education programmes.

It is important to pitch the levels and thresholds of loyalty programme rewards appropriately to the target groups, in order to have the desired impact on health inequalities – in particular, taking account of existing activity and eating patterns.

It is important to draw on evidence from a range of sources in developing innovative programmes, to gain insights into the key features of an effective solution. In developing a loyalty scheme it is important to offer a range of rewards (including 'aspirational' rewards), to ensure that rewards are offered periodically and to allow flexibility in redemption methods.

Offering a wide range of rewards is important so that members experience freedom and flexibility; these have been shown to induce loyalty. For example, offering high value or aspirational rewards can encourage earning and redemption.

Periodic rewards have been shown to be more successful than one-off rewards. It is important to carefully balance the number of reward opportunities or 'divisibility' so that members are rewarded often enough to remain motivated, but still develop high levels of commitment over time.

Skills and capabilities

points4life was a highly complex and experimental initiative, which required involvement from technical providers and the private sector. points4life recognised this complexity early on and invested significantly in building a team with the necessary skills and capabilities, including knowledge of procurement and contract management, marketing, communications and stakeholder engagement, public health and evaluation.

points4life also benefited from having a strong and engaged programme board who were able to provide the support and links to other parts of the health and social care system.

Key learning

Programmes of this scale and complexity require a dedicated team of experts, supported by a strong and engaged programme board that can support links and buy in from key stakeholders.

Monitoring and evaluation

Robust external evaluations can add a great deal of value. The decision by points4life to recruit an evaluation expert to sit within the core points4life team, recruit a multi-disciplinary evaluation team, and to ensure that there were strong formative evaluative elements, was rewarded by points4life having access to high quality research at critical points during the programme.

Key learning

It is beneficial for complex programmes of this nature to invest time and effort into developing the appropriate measures and indicators for monitoring impact. As with this project, it can be helpful to ask external evaluators to aid in mapping out the potential range of measures which need to be incorporated into monitoring frameworks.

Developing a programme impact model can be a useful way of helping stakeholders to more clearly articulate and understand the impact of interventions on different services and stakeholders.

Programme metrics should capture progress in relation to inputs, outputs, activities, outputs and short and long term outcomes.

Schemes of this nature benefit from beginning evaluation from the outset so that useful information is collected to inform programme design.

Implications

The evaluation identified a number of important implications for organisations interested in developing large scale loyalty card and health improvement schemes focusing on behaviour change. These can be divided in terms of implications for organisations in the Manchester region, lessons learned for others running or planning behaviour change initiatives and implications at national level.

Implications for local stakeholders

- This evaluation has produced important evidence about the aspirations, views of and challenges facing **different communities** in relation to making healthy lifestyle choices. These findings should be fed into strategic discussions about future health improvement, equalities and social inclusion strategies.
- The desire for a solution like points4life is strong so NHS Manchester and Manchester City Council could periodically review whether there is a case for creating a **similar programme** in future.
- Target audiences thought that badging the programme under the banner of NHS Manchester and Manchester City Council gave more credibility. It is important for the **backing of public sector bodies** to be visible in future health improvement programmes and initiatives.
- While points4life was limited in the time and resources available to develop the solution, the programme could have benefited from working earlier on **contingency plans** for the delivery of the solution if, as ended up being the case, the contract negotiations with the final bidder did not continue. The Plan B option held significant merit, and the chances of this succeeding would have been enhanced if this solution was developed, at least in draft form, earlier in the programme.
- The learning from this evaluation should be widely disseminated across Manchester City Council, NHS Manchester and other participating organisations to ensure that the wide variety of **information, statistics and survey data** is used to its fullest potential in local planning.

Implications for other programmes

- Initiatives need to consider the most advantageous organisational form. points4life set up an arms-length **social enterprise**, providing greater operational freedom.
- Consideration needs to be given to the **timescales** required to bring all necessary partners on board, acknowledging long lead in times.
- The points4life team benefited from designing an interactive, staged and **consultative approach** to developing the solution. Sufficient time needs to be built in to ensure sufficient market research, design sessions and consultation with stakeholders.
- Forging links with several major retailers is likely to prove challenging, with fierce competition between stores. **Identifying one or two partners** to engage with may prove more successful and easier to manage. Consideration should be given to how these stakeholders could influence decisions, gain access to information and be encouraged to jointly own the programme, for example through inclusion in governance structures.
- Having a **core team** of experts to drive forward programmes of this nature is beneficial, including those with experience of contract management, procurement and marketing. Having a team that is dispersed, spread over several organisations and without the ability to commit full time to programme development, is unlikely to work well.
- Being open and responsive to the views of **stakeholders** is key. Stakeholders need to be consulted at appropriate times: too early and initial enthusiasm may wane and plans may change prior to programme launch; too late and it will be difficult to achieve buy-in and ensure stakeholder views help to shape the programme. Tools should be found to encourage ongoing engagement with stakeholders to keep them involved.
- Implementing an **equality impact assessment** at an early point in the programme can build a better understanding of how equalities can be secured through programme design.
- Consultation with a wide range of communities and individuals, in settings which they are comfortable with and using formats they can engage with, is important in ensuring **potential users** can inform programme design. Consider engaging specialists with language skills and / or community engagement skills and links to assist with this as needed.
- Interviews and focus groups found that **older people** may be less interested in health programmes. The older age group reported lower levels of responsibility for and control over their health. Targeted work with this group is needed to make future health improvement programmes appealing and accessible and to reduce health inequalities.

Implications for national stakeholders

- It would be helpful for national government to consider how **procurement** regimes can be simplified to make it easier to commission large scale innovative programmes through the private sector.
- Consideration needs to be given to how **funding** for schemes of this type can be provided upfront to enable detailed technological and complex loyalty schemes to be prototyped prior to the process of contracting a long term provider. This would enable commissioners to attract and secure the involvement of private providers in developing the solution, without requiring these organisations to invest in prototyping at the risk of significant financial loss.
- This kind of scheme requires significant investment by private providers so **guarantees** of long term funding to cover the total contract for delivery should be clearly specified and legally binding from the outset.
- Prior to establishing interventions which rely heavily on the involvement of the retail sector, the Department of Health or other stakeholders could explore how national retailers can be encouraged to support schemes that require significant investment and involvement at the local level. It is possible that a **sponsorship** approach, enabling large organisations to be sponsors of innovative programmes like points4life at the national level, would provide the necessary benefits – in brand profile and national reputation – to encourage retailers to sanction the involvement of their subsidiaries in locally based schemes.
- The **partnerships** that are critical for success should be mapped at the outset, with any risks and challenges identified at an early stage. Identifying ‘what’s in it for them’ in respect of each of the partners can help to tailor programme messages and secure buy-in.