

**DECISION TO PROCURE AND AWARD A CONTRACT TO DELIVER A REMODELLED  
HEALTHY LIFESTYLES SERVICE FROM 1 JANUARY 2017**

<b>Cabinet Date</b>	20 April 2016
<b>Public Health and Communities</b>	Cllr Andrew Gravells
<b>Key Decision</b>	Yes
<b>Background Documents</b>	Consultation Report: 'Living a healthy life in Gloucestershire'
<b>Location/Contact for inspection of Background Documents</b>	<p><i>Background Documents are available on the Gloucestershire County Council (GCC) website <a href="http://www.gloucestershire.gov.uk">www.gloucestershire.gov.uk</a></i></p> <p>Or by request from Sue Weaver, Lead Commissioner (Health Improvement) Email: <a href="mailto:sue.weaver@gloucestershire.gov.uk">sue.weaver@gloucestershire.gov.uk</a></p> <p>Tel: 01452 328615</p>
<b>Main Consultees</b>	<ul style="list-style-type: none"> <li>• General public</li> <li>• Current service users</li> <li>• Existing service staff</li> <li>• Individuals representing range of protected characteristics</li> <li>• Stakeholders and key partners e.g. Gloucestershire Clinical Commissioning Group (GCCG), District Councils</li> <li>• GCC commissioners</li> <li>• GCC elected members (including shadow Cabinet members for Public Health and Communities).</li> </ul>
<b>Planned Dates</b>	<ul style="list-style-type: none"> <li>• Publish OJEU notice to tender services – 1<sup>st</sup> June 2016</li> <li>• Award contract – 1<sup>st</sup> October 2016</li> <li>• Current contracts expire – 31<sup>st</sup> December 2016</li> <li>• New contract in place – 1<sup>st</sup> January 2017.</li> </ul>
<b>Divisional Councillor</b>	All divisions
<b>Officer</b>	<p>Sue Weaver, Lead Commissioner (Health Improvement)</p> <p>Email: <a href="mailto:sue.weaver@gloucestershire.gov.uk">sue.weaver@gloucestershire.gov.uk</a></p> <p>Tel: 01452 328615</p>

<p><b>Purpose of Report</b></p>	<p>To seek Cabinet approval to undertake a competitive tender process to award a contract to deliver healthy lifestyles information and support across Gloucestershire from 1<sup>st</sup> January 2017.</p> <p>This service will be concerned with the prevention and management of the following lifestyle behaviours:</p> <ul style="list-style-type: none"> <li>• Smoking</li> <li>• Physical inactivity</li> <li>• Excess alcohol consumption</li> <li>• Poor diet (linked, along with inactive lifestyles, to overweight and obesity).</li> </ul>
<p><b>Recommendations</b></p>	<p>It is recommended that Cabinet authorises the Director of Public Health:</p> <ol style="list-style-type: none"> <li>1) To implement the proposed new model for healthy lifestyles provision.</li> <li>2) To conduct an EU compliant competitive tender process for the award of a 7 year 6 month contract (for an initial term of 5 years and 6 months with the option to extend for a further 2 years) with an estimated total value of £12.5 million for the delivery of an integrated healthy lifestyles service.</li> <li>3) In consultation with the Lead Cabinet Member, to award the contract to the preferred provider once the competitive tendering process is completed. In the event that the preferred provider is unable or unwilling to enter into that contract with the Council, then the Director of Public Health is authorised to enter into such contract with the next willing highest place and suitably qualified provider.</li> </ol>
<p><b>Reasons for recommendations</b></p>	<p>The proposed new model for healthy lifestyles sets out the strategic direction that the Council takes in ensuring local people have access to information and support to enable them to live a healthy lifestyle. It is informed by the feedback received during public consultation and will involve working with partners and stakeholders to implement the approach.</p> <p>The proposed tender and subsequent contract award will allow for continued delivery of healthy lifestyles information and support as part of the Council's statutory duty to improve the health and wellbeing of the population and reduce health inequalities.</p>

<b>Resource Implications</b>	<p>The investment required to implement the recommendations within this report will be within existing budget allocations and will come from the Public Health grant.</p> <p>The total value of the contract for the proposed integrated healthy lifestyles service will not exceed £12.5 million over the full 7 years 6 months contract term.</p>
------------------------------	---

## MAIN REPORT CONTENTS

### 1. Background

- 1.1 Under the terms of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) local authorities assumed the responsibility for providing public health services in 2013. This placed a new duty on local authorities to take such steps, as it considers appropriate, to improve the health of people in its area. The Act gives examples of health improvement measures that local authorities could take, including giving information, providing services to promote healthy living and providing incentives to live more healthily. As part of this role the Council's membership of Gloucestershire Health and Wellbeing Board (GHWB) contributes to protecting and improving health and wellbeing and reducing inequalities in health for residents of Gloucestershire. (The term 'health inequalities' refers to preventable differences in health outcomes between different groups of the population).
- 1.2 The top four modifiable lifestyle causes of disability-free life expectancy and health inequalities, are:
  - Smoking
  - Physical inactivity
  - Excess alcohol consumption
  - Poor diet (linked, along with inactive lifestyles, to overweight and obesity).
- 1.3 These unhealthy behaviours cluster in populations. While more affluent groups have changed their lifestyles over the last decade, this is not the case for those less well-off, many of whom engage in three or more unhealthy behaviours. In order to address these health inequalities, more effective ways must be found to enable people with three or more unhealthy behaviours to make sustainable lifestyle changes.
- 1.4 The Council currently commissions a range of services for prevention and management of unhealthy lifestyles. These services were mainly commissioned to address single lifestyle issues, such as smoking or weight. These services are effective but could offer more holistic support to enable people with multiple unhealthy behaviours to improve their health and wellbeing.
- 1.5 The contracts for these services come to an end in 2016 and early 2017, which means that if we are to continue to provide lifestyle support we must tender for this provision. This has given commissioners an opportunity to review how we provide this support, including options for integrating support across lifestyles behaviours.
- 1.6 The services commissioned by the Council constitute only a part of the total investment into healthy lifestyles provision in Gloucestershire. In addition, many people make positive lifestyle choices and changes without any external support at all. In considering our role in supporting healthy lifestyles, and our how we commission this support, we must consider the 'fit' of our offers within the wider health and wellbeing system.

## **2. Development of the strategic model**

- 2.1 A review of local lifestyles related need and provision has been undertaken over recent months, seeking to align our approach to Council policies for Active Individuals and Active Communities.
- 2.2 The strategic objectives of the healthy lifestyles review were:
- a) To deliver an integrated healthy lifestyles 'system' rather than separate services
  - b) To make more effective use of the available assets across this system, including the capacity of existing services and communities to support healthy lifestyles
  - c) To live within our means and offer good value for money.
- 2.3 Data on local health and wellbeing outcomes and current service uptake were used to identify a number of population groups among whom levels of need (or capacity to benefit from an intervention) are greatest, and who face the greatest barriers to adopting a healthy lifestyle. Timely interventions for these groups have the greatest potential to impact on local health inequalities and to prevent or delay the need for more costly services later on.
- 2.4 A number of pre-engagement events with the provider market a wide range of local stakeholders were undertaken during 2015. Focus groups were used to engage with representatives from groups of the population who face the worst health inequalities, including those with protected characteristics, for example people with a disability or a mental health problem. Previous consultations undertaken by the Council, which were relevant to healthy lifestyles, were also reviewed.
- 2.5 The published evidence of effectiveness was reviewed alongside an investigation of what other local authorities are doing in this area. Many have developed integrated healthy lifestyles services to better meet the needs of people with three or four unhealthy lifestyle behaviours.
- 2.6 The review identified a number of opportunities for improvement including:
- Better 'self-help' information and advice to stay active and healthy in the public domain. This should include signposting to local activities and support. Feedback suggests the current system is difficult for professionals and the public to navigate.
  - Better use made of existing assets and resources across the system, including the role that communities play in improving health and wellbeing.
  - Early action to prevent ill-health and identify risks; embedding healthy habits early in life, as well as 'treatment' for people with established unhealthy lifestyles.
  - More proactive and innovative approaches to engaging with those who experience the worst health outcomes to help stop lifestyle related problems escalating.
  - Flexible provision that is tailored to individuals' needs and circumstances, with specialised support being prioritised towards those in greatest need.

- Better signposting to support around the wider determinants of health including: advice on debt, welfare, employment, housing and mental health and wellbeing.
- Sustained measures to develop environments and settings that make healthy choices easier e.g. supporting healthy schools and workplaces, and considering the health impact of planning decisions.

### 3. Strategic model for healthy lifestyles in Gloucestershire

- 3.1 The findings from our review were used to develop the proposed strategic 'model' for healthy lifestyles. The ambition for the remodelled offer is to deliver a joined up lifestyles 'system that enables individuals, families and communities to help themselves to adopt a healthier lifestyle. It aims to enable those who can self-care to do so, while delivering enhanced support for those in greatest need. A visual representation of the model is given in Appendix 1.
- 3.2 The model is built around the following guiding principles, which have been the subject of our recent public consultation 'Living a healthy lifestyle in Gloucestershire':
- Helping people to help themselves:** More emphasis on helping individuals and communities to help themselves and each other to live a healthy lifestyle (fostering self-care and independence).
  - Strengthening prevention:** Discouraging people from taking up an unhealthy lifestyle in the first place. For example, smoking prevention among school children and targeted obesity prevention for families.
  - Flexible person-centred support:** Support that is proportionate to an individual's needs and ability to help themselves.
  - Embedding lifestyles information and support:** This builds on the Making Every Contact Count model, enabling people to access lifestyles information and support in services they already use and from practitioners they already know and trust.
  - Integrated support across lifestyle behaviours:** Instead of separate arrangements for different lifestyles, these would be integrated, so providing holistic behaviour change support.
  - More emphasis on the best start in life:** Focusing on the critical first 1,000 days to limit immediate and avoidable health impacts and to achieve the best possible trajectory into older age.

## 4 Proposed Integrated Healthy Lifestyles Service

4.1 The proposed new service will be developed in line with the guiding principles outlined in Section 3. It will support the overall lifestyles 'system' by delivering elements of support that are not available elsewhere (e.g. specialised stop smoking support) and enabling other parts of the system to function more effectively (e.g. delivering training and support for front-line staff and volunteers involved in supporting healthy lifestyles).

4.2 The proposed service will:

- **Deliver information and support across the range of lifestyle behaviours** via a single point of access, which will include a single telephone number, email and website.
- **Deliver a lighter touch 'universal offer', which encourages people to self care if they can.** A 'universal offer' describes the minimum level of lifestyles information and support that is available to all. It will provide information and tools to support lifestyle change, including information on local services and community based activities. There will be a digital platform (website), which will be supplemented with telephone and face to face assistance where needed.
- **Provide enhanced behaviour change support for those in most need.** Enhanced support will be available across the specified lifestyles. This support will be prioritised towards those experiencing the worst health inequalities or barriers to adopting a healthy lifestyle. This will include access to community-based weight management groups for obese adults.
- **Have an increased focus on prevention,** delivering targeted interventions to help pregnant women, families with young children and young people to adopt a healthy lifestyle from the start – and to avoid taking up unhealthy behaviours such as smoking.
- **Deliver training for front-line staff and volunteers involved in supporting healthy lifestyles.** Members of the public have told us that encouragement they receive from front-line staff and peers is important in helping them to make and maintain behaviour changes. The lifestyles service will deliver training and resources to enable staff and volunteers to provide this support effectively.
- **Support the development of healthy places and settings,** for example healthy schools and workplaces, to help make healthy choices easier within people's daily lives.

## 5 Options

5.1 In arriving at the recommended option detailed in this paper, the following options were considered:

- a) To allow current contracts to expire and to disinvest in commissioned lifestyles services. This option was rejected as it carries the risk of Council failing in its statutory duty to improve population health and wellbeing and address health inequalities, as well as the risk of wider system costs, including local health and care services.

- b) A 'steady state' option; to go to market for a traditional healthy lifestyles model, which includes universal face to face support for people who smoke, drink hazardous amounts of alcohol or are obese, and targeted health trainer and health promotion functions. This option was rejected as it fails to address the gaps and opportunities identified during our review. Furthermore, it would not allow the Council to realise the potential benefits of a more integrated model, including achieving the best possible value for money.
- c) To develop a remodelled healthy lifestyles offer, utilising a system wide approach to improve efficiency and outcomes. This model would enable the Council to meet its statutory duty to improve health and wellbeing and address health inequalities, while addressing the gaps and opportunities identified above.

5.2 The third of these options was identified as preferred and used at the basis for developing our strategic approach and service model, which was the subject of our recent public consultation.

## 6 Consultation Feedback

- 6.1 A 12-week public consultation was undertaken from 14<sup>th</sup> December 2015 to 6<sup>th</sup> March 2016 to seek views on the proposed strategic approach and guiding principles. An on-line and paper survey, including easy read versions, was augmented with closed focus groups, used to gather qualitative feedback from representatives of groups who face the worst health inequalities and those with protected characteristics. Consultation documents were developed with input from the Consultation Institute.
- 6.2 There were 391 respondents to the survey including: 54% healthy lifestyles service users; 2% family members of a service user; 3% staff from current lifestyles services; 12% health or care professional; 11% no response; and 20% 'others' (mostly members of the general public). Focus groups were attended by 60 participants.
- 6.3 The full Consultation Report with detailed findings is given in Appendix 2. However, there was general support for the guiding principles as follows:
  - **More emphasis should be placed on helping individuals and communities to help themselves and each other to live a healthy lifestyle.** Of those who responded to this question 93% agreed with this principle and 60% agreed that a digital platform is an appropriate first point of access to healthy lifestyles information and support. 90% agreed that the healthy lifestyles service should work with communities, building on existing capacity and support.
  - **More emphasis should be placed on helping to prevent people from taking up an unhealthy lifestyle in the first place.** Of those who responded to this question 90% agreed that there should be more emphasis on prevention. 92% agreed that healthy lifestyles services should work across key settings such as schools and workplaces to help make healthier choices easier. 87% agreed that priority should be given to supporting pregnant women and families with very young children to live a healthy lifestyle from the start.



- **More lifestyles support should be offered to those in greatest need and those who are less able to help themselves.** Of those who responded to this question 80% agreed with the principle. 82% agreed that enhanced support should be prioritised for the groups identified within the consultation document including pregnant women and families with young children, people with physical or mental health conditions, and people with disabilities.
- **Lifestyles information and support should be available across other services, for example, maternity and family support services, instead of being provided separately.** Of those who responded to this question 85% agreed with this principle and 86% agreed that front-line staff should be trained to deliver this support.
- **Preferred sources and locations for healthy lifestyles information and support:** Most popular sources of information and support on lifestyles changes were: 'doctor or nurse' (35% of respondents) or 'a lifestyles service' (22% of respondents). Other frequently preferred sources of support were trained peer supporters and community health trainers, both mentioned by 11% of respondents. The most frequently preferred location in which to receive lifestyles support was a GP practice (30%).

6.4 Free text comments received during the consultation were grouped under themes with the most frequently occurring themes summarised below. Further details are available within the Consultation Report in Appendix 2.

- **Access and accessibility:** including a range of preferred settings and locations, with the onus on places people already go; and the need to accommodate a range of physical, sensory and learning disabilities. While there was overall support for digital access, a number of respondents highlighted the limitations of this channel for some people. The Council will need to make provision for those without digital access or skills.
- **Balance of prevention and management:** Though there was strong support for help to prevent people from taking up unhealthy lifestyles, respondents felt it equally important to provide support to change established unhealthy behaviours particularly where there is evidence of a return on investment, for example stopping smoking.
- **Wider determinants of lifestyle choices:** A number of references were made to the factors that can get in the way of living a healthy lifestyle, including lack of motivation or confidence, poor mental health and wellbeing, lack of money or time, and unhealthy environments. Support around these issues is needed alongside lifestyle interventions. Respondents felt that a range of methods were necessary to engage people in considering lifestyle changes.
- **Capacity of staff and communities:** There was strong support in favour of health and social care staff, and other workers already involved in people's lives, having the knowledge to provide information on healthy lifestyles. The importance of training and support to ensure consistent quality, and the capacity of staff and communities to deliver this support must be taken into account.

- **Whole family and life course approaches:** While the importance of prioritising support towards early life was acknowledged, respondents wanted this to be in the context of whole family approaches, and for support to also be available to adults and older people with lifestyle related problems.
- **Flexible support allocated on a case-by-case basis** based on an assessment of an individual's needs, rather than prioritising population groups for enhanced support.

6.4 This feedback has been brought together to develop the service model and procurement approach. Stakeholders including intended service user will be involved in the development and implementation of the new service, to ensure needs are met. Provision will be made for people who do not have the access or skills to use digital resources; this will include telephone and face to face opportunities, as well as assistance to use digital resources where appropriate.

## 7 Procurement and Implementation

- 7.1 An EU compliant Procurement Procedure will be undertaken in accordance with the 'Light Touch' regime under the Public Contracts Regulations 2015. A Procurement Strategy on Healthy Lifestyles will be sent to Commercial Assurance Board for endorsement prior to issuing the Invitation to Tender. Applicants will be assessed on the basis of eligibility, economic and financial standing, technical and professional ability. The assessment will contain pass/fail elements and assess historical information relating to the robustness of the bidder including financial assessment. Applicants eligible to proceed will have their tenders evaluated against quality and financial criteria and a strong track record of customer service.
- 7.2 An initial contract term of 5 years and 6 months is proposed (including a 3 month mobilisation period). This will include the option to extend for a further 2 years (pending the relevant Cabinet decisions) if the provider is performing well against key outcomes and delivering value for money, and if sufficient funding is available. In recommending this contract duration officers have considered the commercial viability of the contract, the need for stability in provision following transition and implementation, and front-loaded set up and transition costs for which the new provider will be liable.
- 7.3 The maximum initial contract value is £1.73 million per annum. Consideration has been given for the need for flexibility within the contract term to allow for future uncertainty and to accommodate additional investment, for example by partner organisations. It is proposed that the contract value is fixed for the first 2 years and 6 months, with the provision to increase or decrease this each subsequent year alongside a variation to the service specification and performance indicators.
- 7.4 The inclusion of an additional six months enables the contract terms to be aligned to future financial years i.e. ending on 31<sup>st</sup> March rather than 31<sup>st</sup> December.
- 7.5 Subject to Cabinet approval, the Invitation to Tender (ITT) will be published in early June 2016. Bids will be evaluated during late July and August 2016 and a

recommendation to award will be made by October 2016. This will allow for a three month mobilisation period before delivery commences on 1st January 2017.

- 7.6 Research and past experience indicates it will take six months to a year to fully implement the remodelled service once a provider is in place. While service continuity for stop smoking support and the adult weight management on referral service will be maintained over the transition period, other elements of the service will be phased in over the implementation period. This will enable these functions to be co-produced with the commissioner and key stakeholders, including intended recipients, thereby ensuring the ultimate offer can meet their needs. It is our intention to work with the new provider to convene joint stakeholder group to inform and oversee this process.
- 7.7 Alongside the procurement public health leads will continue to utilise a range of other commissioning channels and partnership opportunities to strengthen lifestyles support within available resources, for example, embedding health and wellbeing impact in wider policies and plans.

## **8 Risk Assessment**

- 8.1 Risk of market failure should providers be unwilling to bid within the proposed contract value. This risk is being mitigated by the proposed contract term, which the market has indicated to us would be attractive.
- 8.2 Risk of delays in the procurement process, or the mobilisation period being too short leading to a break in some elements of provision from the inception of the contract. This risk will be mitigated by appropriate allocation of resources, robust project management and close engagement with the provider during the mobilisation period. Continued provision of stop smoking and weight management support will be prioritised from the start of the new contract. New functions, including self-care packages, will be co-produced with the new provider and stakeholders and phased in during the first two years of delivery.
- 8.3 Reputational risks associated with the new service model, which will result in individuals with lower levels of need being diverted to lighter touch support including self-care resources, peer support networks and community activities. This risk will be mitigated through close engagement with the provider and stakeholders, and the ability to flex pathways in response to customer feedback and outcomes.

## **9 Officer Advice**

- 9.1 Officer advice is for Cabinet to agree the recommendations set out in this report.

## **10 Equalities considerations**

- 10.1 A Due Regard Statement has been completed for this decision and accompanies the report. Consideration of the likely impact of the recommended approach indicates that there will be no disproportionate impact on those with protected characteristics provided

these recommendations are implemented in line with the proposals detailed within the Due Regard Statement.

- 10.2 Assessment of the likely equalities impact of implementing the recommendations within this report indicates that there would be no disproportionate negative impact upon those with protected characteristics.
- 10.3 The level of variation in the consultation feedback when broken down by the protected characteristics of respondents was generally low. However, views on the use of digital means of access, other issues around access and preferred sources and locations for support did vary across protected characteristics and this feedback has been taken into account in developing the service specification.
- 10.4 Cabinet Members should read and consider the Due Regard Statement in order to satisfy themselves that due regard has been given.

## **11 Performance Management and Follow-Up**

- 11.1 The service contract will be monitored and managed by the GCC Commissioning Team, in line with arrangements set out in the service specification and terms and conditions.
- 11.2 This will include monthly contract monitoring meetings and quarterly reporting against agreed key performance indicators (KPI's). These KPI's will deliver a balanced scorecard, monitoring performance across a range of areas including: positive lifestyle behaviour change and associated impact, a range of quality measures, detailed customer on what is working well and what needs to improve, and equality considerations.

<b>Report Title</b>	<b>Decision to procure and award a contract to deliver a healthy lifestyle service from 1 January 2017.</b>
<b>Statutory Authority</b>	Health and Social Care Act 2012
<b>Relevant County Council policy</b>	Enabling Active Communities Gloucestershire Health and Wellbeing Strategy
<b>Resource Implications</b>	<p>The investment required to implement the recommendations within this report will be within existing budget allocations and will come from the Public Health grant.</p> <p>The total value of the contract for the proposed integrated healthy lifestyles service will not exceed £12.5 million over the full 7 years 6 months contract term.</p>
<b>Sustainability checklist:</b>	
Partnerships	Partner organisations have been engaged with through formal consultation and ongoing engagement, for example via the Healthy Individuals Clinical Programme Group, mental health stakeholder group.
Decision Making and Involvement	Stakeholders including current service staff and service users have been involved in pre-engagement exercises and in formal consultation.
Economy and Employment	No impact.
Caring for people	Service users involved in formal consultation.
Social Value	Opportunities to add Social Value indemnified through a workshop will be incorporated into the invitation to tender, service specification and monitoring arrangements.
Built Environment	No impact.
Natural Environment' including Ecology (Biodiversity)	No impact.

Education and Information	Service users will be signposted to support around education, training and employment where applicable.
<b>Tackling Climate Change</b>	Carbon Emissions Implications? Positive/ <b>Neutral</b> / Negative Vulnerable to climate change? Yes/ <b>No</b> / Maybe
<b>Due Regard Statement</b>	Has a Due Regard Statement been completed? Yes Yes - considerations included in main body of report  A copy of the full Due Regard Statement can be accessed on GLOSTEXT via <a href="http://glostext.gloucestershire.gov.uk/uuCoverPage.aspx?bcr=1">http://glostext.gloucestershire.gov.uk/uuCoverPage.aspx?bcr=1</a>  Alternatively a hard copy is available for inspection from Jo Moore, Democratic Services Unit, e-mail: <a href="mailto:jo.moore@gloucestershire.gov.uk">jo.moore@gloucestershire.gov.uk</a> .
<b>Human rights Implications</b>	None
<b>Consultation Arrangements</b>	A 12 week public consultation was undertaken from 14 <sup>th</sup> December 2015 to 6 <sup>th</sup> March 2016, seeking feedback on the proposed strategic approach and guiding principles which will underpin the future commissioning of healthy lifestyles information and support.  The consultation involved a questionnaire survey (both on-line and hard copy, including easy ready formats). The survey was augmented by closed focus groups utilising semi-structured interviews, with representatives from groups with protected characteristics. A total of 391 people responded.

# Appendix 1

Figure 1 below provides an illustration of the proposed healthy lifestyles system delivery model.

