



**REPORT TITLE:** Procure and Award a Contract to Deliver an Adults Healthy Lifestyles Service

<b>Cabinet Date</b>	21 <sup>st</sup> June 2023
<b>Cabinet Member</b>	Councillor Mark Hawthorne, Leader of the Council
<b>Key Decision</b>	Yes
<b>Purpose of Report</b>	<p>To seek Cabinet approval to conduct a competitive procurement process for the delivery of an Adults' Healthy Lifestyles Service from 1st April 2024.</p> <p>To delegate authority to award the contract to the preferred tenderer to the Director of Public Health in consultation with the Cabinet portfolio holder for Public Health.</p>
<b>Recommendations</b>	<p>That Cabinet delegates authority to the Director of Public Health, in consultation with the Cabinet portfolio holder for Public Health.</p> <ol style="list-style-type: none"><li>1. Conduct a competitive procurement process in respect of a contract for the supply of an Adults' Healthy Lifestyles Service. The proposed contract shall continue for an initial period of five years and include options to extend its term for two further periods of not more than two years on each of its fifth and seventh anniversaries.</li><li>2. Award such contract to the preferred tenderer.</li><li>3. Determine whether to exercise the option to extend the term of such contract for a further period of not more than two years on the expiry of the initial five-year term.</li><li>4. Determine whether to exercise the option to extend the term of such contract again for a further period of not more than two years on its seventh anniversary.</li></ol>

<p><b>Reasons for Recommendations</b></p>	<p>Smoking, excess alcohol, poor diet (linked also to obesity) and physical inactivity are linked to the major causes of premature death and disability in the UK i.e., cancer, heart disease, stroke, respiratory disease and liver disease. These lifestyle factors are more prevalent in our most disadvantaged populations and contribute to health inequalities, reduced healthy life expectancy, and increased demand on health and care services.</p> <p>Lifestyle behaviours can be modified and can help people significantly reduce their risk of disease and achieve long-term health and wellbeing, as well as promoting independence, and contributing to health and social care and wider system efficiencies.</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 duties to improve the health and wellbeing of the population and reduce health inequalities.</p> <p>Feedback from the stakeholder consultation on this matter has indicated a high level of support for the proposed service model. Most respondents agreed with the proposals to focus investment on supporting individuals and communities with the greatest need; to provide a more targeted and flexible weight management offer, and to work more collaboratively with communities.</p> <p>The proposed new contract will replace the current Healthy Lifestyles Service contract following its expiry on 31<sup>st</sup> March 2024. The scope of the new services will differ from those currently provided.</p> <p>There has been an increase in primary care weight management support for adults. Therefore, it is proposed to remove the universal weight management offer, currently provided by Slimming World, and deliver a range of more targeted support for those who are underserved by the other available offers.</p> <p>There is a shift both locally and nationally towards working in different ways with communities, using co-production and strengths-based approaches to tackling health inequalities. The proposed new Service will place more emphasis on working collaboratively with communities and enabling them in a more formal way to deliver healthy lifestyles support.</p> <p>The proposed approach aligns with the Council's Levelling Up commitments, and ambitions around delivering social value and enabling communities.</p>
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<b>Resource Implications</b>	<p>The proposed maximum 9-year contract for the Adults Healthy Lifestyles service (if the Council elects to exercise both of its two-year extension options) will have a total maximum value of c. £10,374,480. This is based on a budget of up to £1,152,720 per annum.</p> <p>The investment required to deliver the recommendations within this report will be met within existing resources from the Public Health Grant.</p>
<b>Background Documents</b>	<p>Cabinet Decision to <a href="#">Procure and Award a Contract to Deliver Healthy Lifestyle Services</a> 20<sup>th</sup> April 2016</p> <p>Extension of the Healthy Lifestyles Service Contract 2<sup>nd</sup> March 2021 <a href="#">Decision - Healthy Lifestyles Service plus two years extension (gloucestershire.gov.uk)</a></p> <p>Consultation on Healthy Lifestyles Service provision from April 2024 <a href="#">Decision - Consultation on Healthy Lifestyles Service provision from April 2024 (gloucestershire.gov.uk)</a></p>
<b>Statutory Authority</b>	Health and Social Care Act 2012
<b>Divisional Councillor(s)</b>	Countywide
<b>Officer</b>	<p>Name: Sue Weaver  Tel. no: 01452 321685  Email: <a href="mailto:sue.weaver@gloucestershire.gov.uk">sue.weaver@gloucestershire.gov.uk</a></p>
<b>Timeline</b>	<ul style="list-style-type: none"> <li>• Invitation to Tender published and issued – July 2023</li> <li>• Tender evaluation and moderation – September to October 2023</li> <li>• Contract awarded – November 2023</li> <li>• New service begins – 1st April 2024</li> </ul>

## Background

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 local authorities could take, including providing services to promote healthy living.
2. The major causes of premature death in the UK are cancer, heart disease, stroke, respiratory disease and liver disease. These conditions are all linked to the following four lifestyle risk factors.
  - Smoking
  - Excess alcohol
  - Poor diet (linked also to obesity)
  - Physical inactivity
3. These behaviours are responsible for 40% of disability adjusted life years (years lost due to ill-health, disability or early death) in the UK. Yet for many people, they can be modified by a change in lifestyle and can help people significantly reduce their risk of disease and achieve long-term health, as well as reducing health and social care and wider system costs.
4. The human costs of smoking, drinking too much alcohol and an unhealthy diet are widely known, with consequences ranging from heart disease and type 2 diabetes through to many cancers. Multiple unhealthy behaviours have a cumulative effect on health and health inequalities. Someone in mid-life who smokes, drinks too much, exercises too little and eats poorly is four times as likely to die over the next 10 years than someone who does none of those things. Importantly, there is a growing body of evidence that an active, non-smoking lifestyle in middle age, with a healthy BMI, linked to good cardiovascular health, can reduce dementia risk in later life. Given the ageing population this carries major implications for future health and social care pressures.
5. There is a range of things that impact on health inequalities e.g., socio-economic factors, such as income, deprivation, specific characteristics such as sex, ethnicity or disability and socially excluded groups, for example, people experiencing homelessness. Those that experience the worst health outcomes are more likely to smoke, drink in excess, and have a poor diet and are less physically active, which increases the likelihood of obesity.
6. The existing Healthy Lifestyles Service contract, that supports people to make positive lifestyles behaviour changes across these behaviours, expires on the 31<sup>st</sup> of March 2024.

## Population Needs

7. Gloucestershire has an ageing population and we are also seeing more people living with disabilities and other long-term conditions in all age groups (Council Strategy, 2022). This

presents an opportunity to provide healthy lifestyles support to help increase the number of years people remain in good health and retain their independence. It also brings the challenge of ensuring lifestyles services are accessible and responsive to those with the greatest need, including older people.

8. The proportion of adults living with obesity in Gloucestershire is 25% compared to 25.3% for England (20/21). Smoking prevalence in adults is 13% (2021) which is the same as England; 70.2% of adults were recorded as 'physically active' (2020/21) compared to 65.9% in England and consumption of '5-a-day' in adults is 57.6% (2019/20) compared to 55.4% in England. According to 2018-19 estimates by PHE, there were around 5,509 adults with probable alcohol dependence in the county. However, for some populations within the county the prevalence of these risk factors is significantly higher, with many people engaging in more than one unhealthy behaviour. These factors contribute to the 11.2 years loss of healthy life expectancy for a male living in one of our 10% most deprived neighbourhoods, compared to a male living in one of the 10% least deprived areas.

#### The impact of lifestyle-related risk factors on Covid-19 outcome

9. Evidence published during the peak of the Covid-19 pandemic showed a strong link between lifestyles and the severity of Covid-19. For example, people with obesity<sup>1</sup> and those who smoked<sup>2</sup> were more likely to have severe illness or to die.

#### The costs of unhealthy lifestyles

10. Tobacco, alcohol, physical activity and obesity also come with a wider social and economic cost. According to the Kings Fund, unhealthy lifestyles cost the NHS billions of pounds every year. Smoking costs £5.2 billion, obesity £6.1 billion, alcohol £3.5 billion and physical inactivity £1.1 billion. The impact on wider society costs e.g., productivity and social care will increase these figures significantly.
11. In Gloucestershire, smoking is estimated to cost the county £159.66 million per year including healthcare, social care, productivity and fire costs (Ash Ready Reckoner 2022).
12. The overall cost of obesity to wider society is estimated at £27 billion. UK-wide NHS costs attributable to excess weight are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year (*Public Health England, Health Matters Obesity and the Food Environment 2017*).

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<sup>1</sup> Public Health England (2020) (Excess Weight and Covid 19, Insights from new Evidence)  
<https://www.gov.uk/government/publications/excess-weight-and-covid-19-insights-from-new-evidence>

<sup>2</sup> Smoking and COVID-19 outcomes: an observational and Mendelian randomisation study using the UK Biobank  
<https://thorax.bmj.com/content/77/1/65>

## Commissioning Context

13. Since the commissioning of the current Healthy Lifestyles contract in 2017, the context in which a Healthy Lifestyles Service must operate has evolved as follows.

- There is a renewed focus on ‘prevention’ and health inequalities both nationally and locally as a result of the Covid-19 pandemic and cost of living rises, both highlighting and deepening existing inequalities.
- The Council’s Building Back Better Strategy and Levelling Up agenda aim to reduce the healthy life expectancy gap for those living in the 12 local Lower Super Output Areas (LSOAs) that fall within the 10% most deprived nationally. Meanwhile the emerging Integrated Care Partnership strategy will focus on improving the health and wellbeing of the Core20Plus population, which includes those living in the 31 local Lower Super Output Areas (LSOAs) that fall within the 20% most deprived nationally, and with an additional focus on ethnicity and race.
- The Hewitt Report (published April 2023)<sup>3</sup> positions prevention, population health management and tackling health inequalities as the key to sustainable solutions to improving population health and reducing pressure on the health and care system.
- Prevention and health inequalities are key themes throughout the new Integrated Care System strategy, with a range of ambitions that are dependent on people adopting healthier lifestyles.
- Local and national strategy is shifting toward working in different ways with communities through co-production and strengths-based approaches to developing services to tackle health inequalities.
- NHS England’s (NHSE) Long-Term Plan includes specific action on prevention, including strengthening and systemising the provision of stop smoking and weight management support. To this end NHSE have commissioned a range of primary care weight management support for adults, including the NHS Digital Weight Management Programme for people with raised blood pressure or diabetes and the National Diabetes Prevention Programme, a lifestyle change programme for those with ‘pre-diabetes’. The Digital Weight Management programme is currently underutilised in Gloucestershire, with referral rates among the lowest in the country.

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<sup>3</sup> <https://www.gov.uk/government/publications/the-hewitt-review-an-independent-review-of-integrated-care-systems>

- Public Health commissioners are working closely with NHS Gloucestershire Integrated Care Board colleagues and clinicians to develop more flexible integrated weight management support, moving away from 'one size fits all' offers to a menu of support that is better equipped to meet the needs of those facing the greatest challenges to achieving a healthier weight.
- In the absence of any substantive weight management support for children and young people with obesity, a proportion of the healthy lifestyles budget has been invested into a separate contract for a new countywide weight healthier lifestyles service for children and families, which will be introduced into parts of the county from May 2023, and extended across the county over the forthcoming year.

### The current Service

14. The current Healthy Lifestyles Service has been operating since 2017. The contract for the provision of this Service expires on the 31<sup>st</sup> of March 2024. The annual contract value is £1,435,320.

15. It delivers the following:

A single point of access to lifestyle information and support to make a lifestyle change which includes:

- Digital support
- One to one coaching
- Weight management on referral (currently provided by Slimming World),
- Targeted support for expectant mothers to improve / maintain healthier lifestyles during pregnancy and up to the child's second birthday.

16. A Schools Peer Support Programme has been developed and is delivered in secondary schools. It is designed to increase pupils' resilience and increase their ability to reduce risk-taking behaviours such as smoking, drugs and alcohol use.

17. A Workplace Health Award programme is available to all local businesses in the country and supports them to improve their employees' health and well-being by working with them to develop and implement workplace health policies and initiatives. To date, 102 organisations are currently working towards, or have achieved, the award including the Council and other local 'anchor institutions'.

18. Training in health coaching and making every contact count (MECC) is available for health and care colleagues, and the voluntary and community sector, to enable them to deliver healthy lifestyles support within their day-to-day interactions with individuals.

19. The Service provides a digital, social media and communications function and supports national healthy lifestyle campaigns, such as 'Stoptober' and 'Dry January'.

20. The Service has also been testing more bespoke weight management support, co-produced with groups whose needs are not met through other provision e.g., South Asian

women, and those with a long history of weight cycling and / or mild to moderate anxiety and depression. These programmes have demonstrated positive results.

21. The Service operates with 'proportionate universalism' for its behaviour change pathways. This means that, while the service is open to all adults, those with the greatest need receive a higher level of support, including those living within more deprived areas, people with disabilities, those with mental health problems and those from ethnic minority groups.

#### Key strengths of the current Service

- The single point of access to multiple lifestyle support is popular with members of the public and professionals.
- The Service has delivered excellent outcomes and service user experience for one-to-one stop smoking and weight management provision, benchmarking well against national provision.
- Proportionate universalism has been applied successfully across the one-to-one support offers, with 80% of those accessing this support being among those with greatest needs.
- Delivering a person-centred approach had enabled people to receive support that builds on their strengths and meets their individual needs.

#### Key challenges of the current Service

- In contrast to the other offers delivered by the Service, the update of the Slimming World offer has tended not to be by people with the greatest needs. In 2022/23 only 17.5% were from neighbourhoods within deprivation quintiles 1 and 2 (most deprived), none had a learning disability, and only 4.4% were from ethnic minority groups (who comprise 15.1% of our local population). Men were also underserved, representing only 14.9% of participants. This means that this intervention is potentially widening weight-related inequality.
- There is scope for better collaboration and integration with wider health and care services, other programmes and services supporting health and wellbeing, and with communities, to support individuals more efficiently and effectively.

#### Proposed Adults Healthy Lifestyles Service

22. Our ambition is to deliver a flexible, personalised approach to lifestyle change that is integrated and embedded in local communities and harnesses local assets and capabilities.
23. We will build on the foundations laid over recent years, and the feedback from communities and stakeholders, to create a service, which:



- **more ambitiously addresses health inequalities** - engaging and focusing a greater proportion of our support on those facing the greatest barriers to health and wellbeing,
- **is flexible and responsive to individual needs** - continuing to provide holistic, person-centred support, including support to access other sources of help, for example, cost of living support, advice re housing, work and skills,
- **is better integrated with other services and support** - working more closely with the public, voluntary and community sectors,
- **is codeveloped with, and embedded in, communities** - working more closely with communities where health inequalities are greatest, to explore how they may play a more formal role in delivering healthy lifestyles support to local residents,
- **is evidence based and continually learning and improving.**

24. The proposed new Adults Healthy Lifestyles Service will offer the following

1. A single point of access to one-to-one coaching support to make a lifestyle change e.g., increase physical activity levels, reduce alcohol, or lose weight
2. Specialised stop smoking support with nicotine replacement therapy for anyone wishing to quit
3. A range of weight management support. Moving away from offering universal weight management on referral (currently provided by Slimming World), we propose to offer a menu or targeted support that is co-designed with people who experience the greatest barriers to adopting a healthy lifestyle.
4. Targeted healthier lifestyles support for women during pregnancy and up to their child's second birthday
5. Training to enable community groups and organisations to support residents to live well
6. Information and resources about healthier lifestyles including advice and signposting to further sources of support.

25. The Workplace Health Award scheme and the third-party training offers, are low-cost, evidence-based, ways to embed healthy lifestyles support and will continue to be provided.

26. Discussions are underway with the Gloucestershire Healthy Living and Learning (GHLL) programme to explore scope for the Schools Peer Support Programme to be embedded in their delivery model.

#### Estimated service user pathways

27. The table below provides an estimate of the numbers of people that could receive support per annum from the Healthy Lifestyles service (HLS) across the pathways, based on 2022/2023 data.

<b>HLS Pathway</b>	<b>Est. No's on pathway</b>
Smoking	1455
Weight Management 1:1 coaching,	975
Targeted bespoke weight management group support	160 by yr. 5
Weigh & Go 'drop in' weight management support	500
Physical Activity	950
Alcohol	225
Workplace programme	50
Pregnancy 1001 days programme	400
<b>Total</b>	<b>4,715</b>

**N.B. Some service users will access more than one pathway during their support programme.**

### Value for money

28. A study<sup>4</sup> conducted in 2019 of a similar integrated service to the one proposed, estimated a social return on investment of £3.59 for every £1 spent. Their findings suggest that interventions aiming to improve wellbeing and tackle multiple behaviours can have a positive impact on health inequalities and provide broader social return on investment benefits.
29. The National Institute for Health and Care Excellence (NICE), states that smoking cessation is highly cost effective, estimating that for every £1 invested, £2.37 will be saved on treating smoking-related diseases and reduced productivity.
30. For weight management, NICE states that interventions are cost effective at a population level for people with excess weight (overweight or obese), provided the cost of the intervention does not exceed £500 per person.

### The Procurement Process

31. It is proposed that the Council conducts a competitive tender process for the awarding of this contract in accordance with the requirements of the Public Contracts Regulations 2015. Bidders will be assessed based on eligibility, economic and financial standing, technical and professional ability, and social value proposals.
32. It is proposed that the Council awards a contract for an initial term of five years, with an option to extend its term for a further period of not more than two years on each of its fifth and seventh anniversaries. In recommending the contract length, officers have considered the need for stability following the transition and implementation period and

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<sup>4</sup> Visram, Walton, Akhter, Lewis, Lister 'Assessing the value for money of an integrated health and wellbeing service in the UK' - *Social Science and Medicine*, Volume 245, January 2020.

front-loaded costs, for which the provider will be liable. A contract break point is aligned to that of the recently commissioned children and young people's healthy lifestyles service, to provide the opportunity to integrate healthy lifestyles services at a future date if appropriate.

33. No Council staff are employed within the current Adults Healthy Lifestyles Service. However, there will be Transfer of Undertakings (Protection of Employment) Regulations ("TUPE") implications associated with the procurement of a new service. It is possible that a small number of posts may not transfer to a replacement provider, depending on the staffing structure of any new provider. All TUPE implications will be considered as part of the procurement process.
34. Subject to Cabinet approval, the Invitation to Tender (ITT) will be published in July 2023. Tender evaluation will take place during September and October, and a contract award will be made in November 2023. This allows for a comfortable mobilisation period before the new contract commences on 1<sup>st</sup> April 2024.

### **Options**

35. Option 1: Commission a revised version of the current Adult Healthy Lifestyles service model, from which we will move away from a universal weight management on referral offer to a range of more targeted bespoke support for those with greatest needs.
36. Given the increasing rise in childhood obesity and the impact this has, with many young people going on to live with obesity into adulthood, we have recognised a gap in provision in this area. Therefore, GCC has taken the decision to increase investment into children and young people's weight management. This option enables inflationary cost pressures to be managed within the available budget and accommodates an overall increase in investment across healthy lifestyles support for children and young people and adults. It makes more efficient use of budget in meeting the health needs of the population and targeting health inequalities. The Service will retain the capability to support people across lifestyle behaviours, impacting on health inequalities, as well as being aligned to the strategic direction of the Council and the Integrated Care System. Providing peer support training within communities aligns to the Levelling Up ambition and will offer a more sustainable and local solution to behaviour change.

### **Recommendation – Preferred Option**

37. The following options were considered but rejected:
38. Option 2: Offer no Adults Healthy Lifestyles services given that the Service does not include any mandatory/statutory requirements, hence would not lead to a breach of the council's statutory duties.
39. While this option would release funds for investment in other services it would leave the Council unable to respond to the challenge of increasing levels need and inequalities associated with unhealthy lifestyles. This presents the risks of worsening health outcomes

and health inequalities, with knock-on demand on health and social care services. Reputational risks to the Council are presented by not providing a service that, while not mandated services, it is the norm for local authorities to offer. De-commissioning the service conflicts with Council and wider system strategic priorities.

### **Recommendation – Disregard**

40. Option 3: Recommission the current Adults Healthy Lifestyles service model.
41. Whilst this option ensures continuity of provision for service users it would prohibit the reappropriation of investment into provision for children and young people. Since the inception of the Service there has been an increase in the number of adult weight management offers available to the population both digitally and across the NHS and wider system. Continuing to offer 'business as usual' would result in duplication of offers, inefficient use of resources, and the potential to widen health inequalities.

### **Recommendation – Disregard**

#### **Risks**

42. A detailed risk register has been created. The main risks associated with the project to date are summarised below:
43. Risk that inflationary pressures will impact the ability of the service to maintain activity levels – *MEDIUM*
44. The economic outlook means that there is a risk that inflationary pressures could affect what the Service can deliver in future years if the budget is not increased. Should this occur commissioners will work with the Provider to remodel the Service offers to maximise impact within available budget.
45. Risk of challenge to the procurement process – *LOW*.
46. The procurement process will be fully compliant with the Public Contracts Regulations 2015.
47. Risk that taking a targeted approach to delivery may mean that demand for the Service outstrips the ability to provide across the system – *MEDIUM*.
48. Commissioners will work the Provider and wider stakeholders including NHS colleagues to clarify the available offers and encourage a shift in referrals towards the currently underutilised NHS weight management programmes. Those that are not eligible for more intensive support will be signposted to other resources including the information and advice available via the Providers website.
49. Risk of market failure should providers be unwilling to bid within the proposed contract value, term and/or specification – *LOW*.

50. Market engagement indicates that there is a healthy market that is enthusiastic about, and able to provide the service offer that we are aiming to procure within the available budget.

51. Risk of delays in the procurement process, leading to a gap in service provision - *LOW*.

This risk will be mitigated by continuing to allocate appropriate resources to the project, robust project management and close engagement with the provider throughout the mobilisation period.

### **Financial implications**

52. The total value of the contract for the proposed adults healthy lifestyles service will not exceed £10,374,480 over the full 9-years contract term (if the council elects to exercise its extension options). This is based on a budget of £1,152,720 per annum.

53. Inflationary increases have been accommodated within the allocated budget and the Provider will be expected to manage within this envelope. In the event that inflation rises above expectations the contract will include clauses to review the contract value at the end of the initial five year term, stating that there will be an opportunity to renegotiate but no guarantee that the contract value will keep up with inflation. If inflation exceeds the available budget we would seek to work with the Provider to remodel the service offer.

54. The new service will be funded by the Public Health Grant.

### **Climate change implications**

55. We expect the climate change impact of this service to be minimal. However, there are elements that we plan to pursue in line with the council's sustainability goals:

56. The design and development of the procurement supports the achievement of the Council's net-zero ambitions through the provision of a mixed model of face to face, telephone and video/web or text support to minimise the need for car usage.

57. The Provider will use assets already in the local community such as community venues where possible.

58. The service offer will encourage adults and communities to live a healthier lifestyle including taking short journeys by walking or cycling, to incorporate physical activity into daily living.

59. The medium-term plan is to increase capacity in communities. This will deliver social value and sustainability by working with community and voluntary organisations that are local to the specific areas.

60. There will be a digital element to provision. Providers will be encouraged to consider how they can limit impact on the environment, for example by using energy efficient servers.

61. We will request a copy of the successful provider's Environmental Policy

## **Equality implications**

62. Has an Equalities Impact Assessment (EIA) been completed? Yes
63. An EIA has been completed which incorporates insights from stakeholder engagement and consultation exercises. The EIA did not identify any adverse impacts for individuals from a protected characteristic group arising from the proposal to commission a remodelled Adults Healthy Lifestyles Service. Rather the targeted approach of the new service should improve the accessibility of support; and our service model and the service requirements will require the provider to deliver inclusive support which meets diverse needs.
64. Groups with a protected characteristic may be at risk of poor physical health and some groups may also experience stigma or barriers to seeking help. Building on learning from the consultation and engagement, we will require the Provider to be culturally competent, and consider how they can best promote the service to reduce stigma and barriers to seeking support with a particular focus on protected characteristics and inclusion groups. This will include a requirement to address language barriers.
65. Cabinet Members should read and consider the Equalities Impact Assessment to satisfy themselves as decision makers that due regard has been given.

## **Data Protection Impact Assessment (DPIA) implications**

66. Following consultation with the Council's Information Management Service, a Data Protection Impact Assessment (DPIA) Checklist has been completed and it has highlighted the legal requirement for a DPIA, which will be completed to assess the data protection risks involved with this project and mitigate them.
67. During the contract period we will be collecting service user data, for more than 1000 individuals per annum. We will ensure that there are clear contractual clauses in place with the chosen provider to outline our requirements with regards to processing of personal and special category data. This will also include ensuring that the chosen provider adheres to, and is compliant with, all necessary security standards, and our Information Handling Standards for Contractors policy.
68. We will ensure that there is a full and adequate Privacy Notice in place for the service, to ensure we are transparent with service users on how their data is being processed and outlining their rights.

## **Social value implications**

69. The procurement exercise in respect of the proposed Adult Healthy Lifestyles service contract will include social value as one of the criteria that will be considered when evaluating tender submissions and will be worth a minimum of 10% of the evaluation score. GCC is committed to a performance and evidence-based approach to Social Value. Based on the National TOMs (Themes, Outcomes and Measures) developed by the Social Value Portal tool that the council uses to evaluate social value in delivery,

tenderers will be required to propose credible targets against which their performance will be monitored.

### **Consultation Feedback**

70. A public and stakeholder consultation was carried out, in line with the Council's Consultation Protocol, from 31<sup>st</sup> January to the 16<sup>th</sup> of April 2023. Its purpose was to seek views on the strategic approach and proposed service model, to ensure that service users were involved in any service changes early, and to take account of their views and anticipate any potential challenges and opportunities.
71. The consultation consisted of an anonymous survey available online, in hard copy, and as an 'easy read' version. The survey comprised separate questionnaires for the general public; Voluntary, Community and Social Enterprise Organisations (VCSE); and for public sector stakeholders. It was promoted via key stakeholders, a press release to local media outlets, targeted social media and posters in libraries and children's centres.
72. In addition to the online survey, commissioners conducted a range of focus groups and discussions with stakeholders, focusing on gathering feedback from groups experiencing inequalities.
73. A brief overview of the responses is provided below. More detailed information can be seen in Appendix 1 as well as in the accompanying consultation report.

#### Respondents

74. 271 individuals responded to the survey: 191 from the general public, 65 from public sector organisations, and 15 from VCSE organisations.
75. Focus groups were held with, individuals with learning disabilities; older people; a mother with toddlers' group; ethnic minority community members; and people from the LGBTQ+ community. Discussions were also held with professionals working with rural communities, people with learning disabilities, pregnant women, and mothers with young children, as well as current Service provider staff.

#### Targeting health inequalities

76. The majority of responses across all three surveys agreed or strongly agreed with the principle of reducing health inequalities by focusing this resource on supporting individuals and communities facing the greatest challenges to living a healthy lifestyle. The main reasons respondents gave for disagreeing with the principle, was that support should be available to everyone, as weight and lifestyle problems occur in every community.

#### Targeted weight management support

77. The majority of responses across all three surveys agreed or strongly agreed with the proposal to offer more targeted weight management support to people who face the

greatest challenges to managing their weight, rather than continuing to provide universal support. The majority of focus group participants also agreed with this proposal.

#### Community collaboration

78. The majority of responses across all three surveys agreed or strongly agreed with the proposal to work with community organisations in areas of greater need to enable them to play a more formal role in providing healthy lifestyles support to residents. All focus group participants supported this proposal. The main issue raised by those who disagreed with this principle was concerns over expertise and capacity within local communities.

#### Barriers to healthy lifestyle change

79. The consultation respondents cited the main barriers to making lifestyle changes as: lack of self-confidence, time pressures, accessibility issues, not knowing what support is available, accessibility issues for people with learning disabilities, language barriers and challenges faced by those living in rural areas.

#### Enablers to healthy lifestyle change

80. The following factors were cited as the most important in delivering healthy lifestyles support: flexible timings and local venues; friends and family support; non-judgemental personalised support; and competent, skilled provider staff. The public sector, stakeholder representatives and VCSE respondents emphasised the need for the provider to be culturally competent.

#### Demographics

81. The consultation collected information on the demographics and protected characteristics of respondents and sought views on any specific equality considerations. This has informed the Equality Impact Assessment.

#### **Officer recommendations**

82. Discussion has taken place with support services, including but not limited to, legal, procurement and finance. Their advice has informed the recommendations set out below.
83. That Cabinet delegates authority to the Director of Public Health, in consultation with the Cabinet portfolio holder for Public Health:
1. Conduct a competitive procurement process in respect of a contract for the supply of an Adults' Healthy Lifestyles Service. The proposed contract shall continue for an initial period of five years and include options to extend its term for two further periods of not more than two years on each of its fifth and seventh anniversaries.
  - 2 Award such contract to the preferred tenderer;



- 3 Determine whether to exercise the option to extend the term of such contract for a further period of not more than two years on the expiry of the initial five-year term; and
- 4 Determine whether to exercise the option to extend the term of such contract again for a further period of not more than two years on its seventh anniversary.

**Performance management/follow-up**

84. The service contract will be monitored by Gloucestershire County Council commissioners, in line with arrangements set out in the service specification and terms and conditions.
85. This will include quarterly 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 reduction in weight, smoking quit rates, increased physical activity, and associated impact on health and wellbeing partnership working and collaboration with communities, a range of quality measures and equality considerations, and social value measures.

## **Appendix 1 – Additional information on consultation and engagement**

### Engagement

1. Between June and September 2022, commissioners engaged with people from a range of protected characteristic groups including, older people; people with long-term conditions; people from different ethnic and religious groups; and those from the LGBT + community. This aim was to understand the key barriers and enablers to making healthier lifestyles choices. Findings were as follows:
2. Participants told us that the things that enable them to make lifestyle changes include, having friends or family members to participate with and keep them motivated; opportunities to meet socially; and having a service that is accessible and affordable.
3. Participants advised that the things that can get in the way of making lifestyle changes include, a lack of accessible and affordable transport; loneliness and isolation; mental health issues; other health conditions that would limit their ability to participate; and cultural, religious and language issues.

### Consultation

4. Following on from the engagement outlined above, a public and stakeholder consultation was carried out, in line with the Council's Consultation Protocol, from 31<sup>st</sup> January to the 16<sup>th</sup> of April 2023. Its purpose was to seek views on the strategic approach and proposed service model, to ensure that service users were involved in any service changes early, and to take account of their views and anticipate any potential challenges and opportunities.
5. The consultation consisted of an anonymous survey available online, in hard copy, and as an 'easy read' version. The survey comprised separate questionnaires for the general public; Voluntary, Community and Social Enterprise Organisations (VCSE); and for public sector stakeholders. It was promoted via key stakeholders, a press release to local media outlets, targeted social media and posters in libraries and children's centres.
6. In addition to the online survey, commissioners conducted a range of focus groups and discussions with stakeholders, focusing on gathering feedback from groups experiencing inequalities.

### Respondents

7. 271 individuals responded to the survey: 191 from the general public, 65 from public sector organisations, and 15 from VCSE organisations. 60% of the general public responded as someone who might use the healthy lifestyle service, or had done so in the past.
8. Focus groups were held with, individuals with learning disabilities; older people; a mother with toddlers group; ethnic minority community members; and people from the LGBTQ+ community. Discussions were also held with professionals working with rural communities, people with learning disabilities, pregnant women, and mothers with young children, as well as current Service provider staff.

### Targeting health inequalities

9. 65% of general public respondents agreed or strongly agreed with the principle of reducing health inequalities by focusing this resource on supporting individuals and communities facing the greatest challenges to living a healthy lifestyle; 80% of public sector respondents agreed or strongly agreed and 87% of VCSE respondents, agreed or strongly agreed. The main reasons respondents gave for disagreeing with the principle, was that 'support should be available to everyone, as weight and lifestyle problems occur in every community'.

### Targeted weight management support

10. 61% of general public respondents, 69% of the public sector professionals and 67% of VCSE respondents either strongly agreed or agreed with the proposal to offer more targeted support weight management support to people at who are at greatest risk or face the greatest challenges to managing their weight, rather than continuing to provide universal support. The majority of focus group participants also agreed with this proposal, on the grounds that a targeted offer would be more beneficial for communities facing greater challenges. Some respondents were concerned about the proportion of people who maintained their weight loss after attending the current universal programme. However, those who had achieved good outcomes after participating in the current offer were not in favour of the proposal.
11. The NHS, including primary care colleagues are key stakeholders in this area. The Local Medical Council (LMC) and Integrated Care Board Operational Executives recognised the greater need to focus on health inequalities via a more targeted offer, and to better utilise the other offers available, such as the NHS Digital Weight Management programme.

### Community collaboration

12. 70% of general public respondents either agreed or strongly agreed with the proposal to work with community organisations in areas of greater need to enable them to play a more formal role in providing healthy lifestyles support to residents. 84% of public sector respondents either agreed or strongly agreed and 80% (12 responses) of VCSE respondents either agreed or strongly agreed. All focus group participants supported this proposal. Consultees emphasised that communities are trusted and accessible places, with local knowledge and understanding of needs, and that they can reach the marginalised groups through the existing links and relationships. The main issue raised by those who disagreed with this principle was concerns over expertise and capacity within local communities.

### Barriers to healthy lifestyle change

13. The general public identified the following barriers to making lifestyle changes: lack of self-confidence, time pressures, accessibility issues, the costs of healthy eating and physical exercise, and not knowing what support is available. Public sector and stakeholder

representatives, and VCSE respondents, also cited health inequalities relating to the communities they serve; limited support for older adults; accessibility issues for people with learning disabilities; language barriers; and challenges faced by those living in rural areas. These considerations will inform the design and promotion of the new service.

#### Enablers to healthy lifestyle change

14. The general public identified the following factors as important in delivering healthy lifestyles support: flexible timings and local venues; friends and family support; family friendly activities; non-judgemental personalised support; and competent, skilled provider staff. The public sector and stakeholder representatives and VCSE respondents emphasised: cultural competency relating to the communities served: consideration of cultural values, such as the meaning of food for different cultures; services being co-produced and delivered by people from different cultures. These considerations will inform the design and promotion of the new service.

#### Demographics

15. The consultation collected information on the demographics and protected characteristics of respondents and sought views on any specific equality considerations. This has informed the Equality Impact Assessment