

Open Report on behalf of Derek Ward, Director of Public Health

Report to:	Councillor Mrs P A Bradwell OBE, Executive Councillor for Adult Care, Health and Children's Services
Date:	Between 12 - 19 October 2018
Subject:	Integrated Lifestyle Support Services
Decision Reference:	I016508
Key decision?	Yes

Summary:

The Council currently commissions a range of services for prevention and management of unhealthy lifestyles. These services are commissioned to address single lifestyle issues or with a particular intensive focus, such as smoking cessation, NHS Health Checks and alcohol treatment services.

The conclusion of the current Local Stop Smoking Service provides an opportunity to develop a more holistic approach which supports people with multiple unhealthy behaviours to improve their health and wellbeing through the commissioning of an Integrated Lifestyle Support (ILS) service.

Alongside smoking, obesity has been identified as the single most significant public health challenge facing society. Being overweight or obese increases the risk of developing chronic diseases such as type 2 diabetes; heart disease; stroke and some cancers with a consequent demand on health and care services.

The ILS service will provide adults in Lincolnshire with high quality accessible information and direct support focusing on the four lifestyle behaviours with the greatest impact on health and wellbeing:

- Smoking of tobacco
- Physical inactivity
- Obesity (food, nutrition and a healthy weight) and
- Excess alcohol consumption.

This report seeks to present the case for commissioning an Integrated Lifestyle Support Service (ILS) focused on improving levels of physical activity, reducing weight and BMI, quitting smoking and drinking within safe limits; and the proposed model for procurement and delivery of the service .

Recommendation(s):

That the Executive Councillor:

1. Approves the commissioning of an Integrated Lifestyle Support service, and the undertaking of procurement to establish a contract, to be awarded to a single provider of a county-wide service effective from 1 July 2019.
2. Approves the scope of the commissioned service as set out in paragraph 2.7 of the Report.
3. Delegates to the Executive Director of Adult Care and Community Wellbeing, in consultation with the Executive Councillor for Adult Care, Health and Children's Services, the authority to determine the final form of the contract, to approve the award of the contract and entering into the contract, and any other legal documentation necessary to give effect to the said contract.

Alternatives Considered:

1. Negotiate a revised contract with the current provider

The Council has an existing contract for Local Stop Smoking Services, which will form part of the scope of the proposed Integrated Lifestyle Support Service. This contract contains provision to extend through to 31 March 2020. However this is not considered to be a viable option for the following reasons:

- a. In incorporating wider behavioural support services, the associated changes to the contract scope would constitute a substantial modification within the interpretation of Public Contract Regulations 2015 and as a consequence would fall outside of the conditions required for a lawful contract modification.
- b. The current service provider has indicated that they are exiting the Public Health services market at the end of the current agreement

2. To do Nothing

Lincolnshire County Council has a statutory duty under the Health and Care Act (2012) to protect and promote health and to reduce health inequalities. Addressing smoking prevalence is the single most effective way of discharging the Public Health duty, alongside obesity, which is also a major public health challenge. The option to do nothing is not in alignment with the Governments vision to create a "Smokefree Generation" and ceasing delivery of the Local Stop Smoking Service will bring a risk of reputational damage to the Council.

Any short-term savings realised by Lincolnshire County Council would soon become insignificant compared with the greater long-term social

and health care costs associated with continued smoking, physical inactivity, obesity and excess alcohol consumption, and the associated long-term negative impact on health to both the NHS and Lincolnshire County Council.

3. To re-commission and procure a stop smoking service in isolation

Clustering of risky behaviours is most common for tobacco smoking and hazardous alcohol use, and tobacco smoking and poor diet. This is followed by poor diet and physical inactivity and poor diet and hazardous alcohol use. Interventions targeting a moderate number of health risk behaviours (two to three) are more effective than those targeting only one, or those tackling more than three behaviours.

Reasons for Recommendation:

1. Scope and potential benefits of proposed service

An effective Integrated Lifestyle Support Service can become a fundamental part of the preventative care and support system in Lincolnshire and play a significant role in reducing the burden on the overall healthcare system. By providing appropriate interventions addressing the four lifestyle behaviours with the greatest impact on health and wellbeing, it will help to decrease the need for longer-term and higher cost social care and health services, and reduce pressure on an already overburdened system.

2. The recommendation addresses and supports statutory requirements under the Health and Care Act (2012), which places specific duties on the county council to protect and promote health and reduce health inequalities, and under the Care Act 2014 for Local Authorities to enable access to services that contribute towards preventing or delaying the development of health and care needs.

3. The alternatives considered have been deemed unsuitable in delivering the required outcomes of the service.

Background

1. Strategic Drivers

1.1. Legislation, National and Local Policies

1.1.1. Nationally the drive is towards preventing illness, tackling unhealthy behaviours and helping people to remain in good health for as long as possible. The unprecedented increase in the demand for health and care services escalates the need to look for prevention opportunities. The Wellbeing Commissioning Strategy sets out the council's intentions to

provide interventions which reduce risks to health and tackle the impact of disease across primary, secondary and tertiary levels; an approach supported by the Lincolnshire Joint Health and Wellbeing Strategy which emphasises prevention and early intervention, delivering transformational change by and shifting the focus away from treating ill health and disability towards prevention and self-care.

- 1.1.2. The Health and Care Act (2012) places specific duties on the county council to protect and promote health and reduce health inequalities. Smoking cuts life expectancy by 10 years and is the biggest cause of premature mortality, with around 80,000 deaths in England each year. Smoking reduction services are the single most effective way of discharging the council's duty to tackle poor health.
- 1.1.3. Care Act (2014) emphasises the need for prevention as a way of promoting wellbeing; preventing, reducing or delaying need; providing information and advice where appropriate. The introduction of an ILS service supports the council to meet its duties under the Care Act to prevent, delay or reduce the development of needs for care and support.
- 1.1.4. Further analysis of strategic and policy drivers for the services are contained in the Commissioning Plan at Appendix A.

1.2. **Level of Need**

- 1.2.1. It is estimated that around 80% of deaths from major diseases, for example cancer and heart disease, are attributable to lifestyle factors such as smoking, excess alcohol consumption, lack of exercise and an unhealthy diet.
- 1.2.2. In Lincolnshire, smoking amongst adults is significantly higher than the national average (17.7% in 2016) accounting for 106,000 smokers, the third highest in the East Midlands and the highest of its nearest 16 statistical neighbours; accounting for 4,023 deaths and 17,299 potential years of life lost due to smoking.
- 1.2.3. All four of Lincolnshire's CCGs rank within the top five in the East Midlands for obesity prevalence, an estimated 27% of the population having a BMI over 30, accounting for 168,000.
- 1.2.4. A quarter of Lincolnshire's adult population is considered physically inactive (24.5%), significantly higher than nationally, the second highest in the East Midlands and the highest amongst Lincolnshire's 16 statistical neighbours, accounting for 132,000 adults inactive in the county.
- 1.2.5. Although alcohol consumption is broadly in line with national figures and the third lowest in the East Midlands, nearly a quarter (22.1%) of adults in Lincolnshire in 2011- 2014 were drinking over 14 units of alcohol a week, accounting for 132,000 adults.

- 1.2.6. The higher levels of unhealthy behaviours contribute to increased levels of disease, disability and premature mortality and subsequent burdens on the health and care system. In Lincolnshire in 2016/17 there were:
- 17,363 people on the stroke disease register;
 - 32,874 people on the coronary heart disease (CHD) register;
 - 49,386 people on the diabetes register;
 - 128,785 people on the hypertension register.
- 1.2.7. Between 2014 and 2016, 1,775 people aged under 75 years died from cardiovascular diseases and more than two thirds of these were considered preventable.
- 1.2.8. The financial burden to the economy:
- Cardiovascular disease is estimated to cost the UK economy £29.1bn each year.
 - The average combined NHS and social care cost for each person that has a stroke is about £22,000 a year and £45,000 over 5 years.
 - The majority of dementia costs per year are due to informal care at £11.6bn (44.2%), with social care costing £10.3bn (39.0%) and healthcare cost £4.3bn (16.4%). The total cost is over £26bn.
 - Severely obese people are 3 times more likely to need social care than those of a healthy weight, with an estimated national cost to social care of £352 million.
- 1.2.9. The Council currently commissions a range of services for prevention and management of single lifestyle issues or with a particular intensive focus, such as smoking cessation, NHS Health Checks and alcohol treatment services.
- 1.2.10. Evidence suggests that many unhealthy behaviours such as smoking, poor diet, hazardous alcohol use and physical inactivity tend to cluster together. In England around a quarter of people are engaged in 3 or more of these behaviours, and only around 6% engage in none of them.
- 1.2.11. There is evidence that a number of behaviours cluster within individuals and that this may be related to socio-economic characteristics, therefore integrating services across health behaviours may not only reduce wastage by treating common underlying patterns but also reduce health inequalities.
- 1.2.12. Clustering of risky behaviours is most common for tobacco smoking and hazardous alcohol use, and tobacco smoking and poor diet. This is followed by poor diet and physical inactivity and poor diet and hazardous alcohol use. Interventions targeting a moderate number of health risk behaviours (two to three) are more effective than those targeting only one, or those tackling more than three behaviours.

2. Current Services

- 2.1. The Council currently commissions a local stop smoking service (LSSS). In 2015 the contract for the service was awarded to North51 to provide a smoking cessation service, covering a maximum period of 5 years. Their Quit51 stop smoking service operates a community model of provision encompassing a core service alongside engagement with a network of sub-contracted providers offering behavioural interventions linked with medication to support people to quit smoking.
- 2.2. Smoking cessation services are measured for outcomes based on the level of 4-week smoking quits (Carbon Monoxide validated and non-validated) going through the service, as outlined in the Public Health England guidance. The Lincolnshire's Tobacco Control Strategy 2013 - 2018 included an ambition to secure up to 7,000 4-week smoking quits annually in order to contribute to the reduction in smoking prevalence within the county.
- 2.3. Based on performance for the LSSS in 2017/18, 5,207 people set a quit date, resulting in 2,351 4 week quits, a quit rate of 44.2% (down on the previous year's performance of 48.6%). Performance against the council's 4 week quit maximum capacity of 3,169 quits was 74% for the smoking cessation service.
- 2.4. Bionical, the parent company of North51 have stated that they are exiting from the provision of public health contracts and as such following the end of the current contract will not be submitting a tender for the new service. Agreement has been given to extend the current LSSS contract to 30 June 2019 to allow sufficient time to procure a new integrated lifestyle based service.
- 2.5. In addition, the council also commissions the following services aimed at preventing and managing unhealthy lifestyles; NHS Health Checks and a Substance Misuse Treatment Service, which provides specialist structured interventions to people with higher levels of alcohol dependency. Whilst neither of these services is included within the scope of the Integrated Lifestyle Support (ILS) service, both will provide referral routes in and out of the ILS and therefore form key dependencies.
- 2.6. The council does not currently commission any services to address weight management, physical inactivity, obesity or lower level excess alcohol consumption.
- 2.7. The need to re-procure the LSSS has provided an opportunity to investigate a more holistic approach which supports people with multiple unhealthy behaviours to improve their health and wellbeing through the commissioning of an ILS service. The introduction of an ILS in Lincolnshire will provide high quality, accessible information and support to eligible adults to help them adopt and maintain healthier lifestyles. It will focus on the four lifestyle behaviours that have the greatest impact on health and wellbeing:

- Smoking of tobacco
- Physical activity
- Food, nutrition and a healthy weight
- Excess alcohol consumption.

3. Market and Stakeholder Engagement

- 3.1. A process of market and stakeholder engagement has been undertaken to test whether the service proposed and described in section 4 is viable, affordable, deliverable and attractive potential providers. A PIN notice was published and a questionnaire issued to responders' that described the principals of the proposed service, covering scope, structure, demand, and budget. This was followed up with a market engagement event.
- 3.2. In both cases, feedback was sought on the market's likely interest and capacity to undertake such a service, and their preferred approach to a number of important issues impacting on the commercial model, including contract duration, coverage, mobilisation, performance management and payment mechanism. This information was used to support and inform the development of the commercial approach described below.
- 3.3. Further description and analysis of the market and stakeholder engagement undertaken is contained in the Commissioning Plan at Appendix A.

4. Commercial Approach

4.1. Proposed Contract Scope

- 4.1.1. The countywide ILS will provide a service to an individual for up to 12 months, which may include: information, sign posting, goal setting, action planning and support tailored to the client's needs. The service will be designed to change and promote sustainable lifestyle change and behaviours. This will be enabled through access to stop smoking services, extended brief interventions for alcohol, diet and nutrition, and physical activity. Individuals should be navigated to and/or provided an integrated package of service provision. The service will offer continuation activities from within local communities to build upon community resilience and prevent relapse.
- 4.1.2. A diagram illustrating the proposed delivery model is shown in Appendix B.
- 4.1.3. The service will target eligible adults aged 18 and over. They will be referred into the service through a single point of contact via the following pathways:
 - People with long term health conditions, will be accepted where their GP or other health or care professional believes a lifestyle change will improve their condition.
 - At risk adults who have undertaken a NHS Health Check for CVD Prevention
 - People, who might require, in future, support for smoking cessation and/or weight management prior to surgery.

- Eligible carers identified through primary care or a carer's assessment.
- People who smoke and seek help to stop, particularly pregnant women.
- The Lincolnshire County Council workforce with any of the above.

4.1.4. Estimates on the scale of behaviours within the proposed criteria show the potential size of the target group is substantial. The service is looking to deliver 10,000 behavioural change outcomes per year – this can be multiple outcomes for one individual. Cost and demand analysis has been undertaken, supported by the market and stakeholder engagement process, and this indicates that the level of desired outcomes is achievable with the indicative service throughput and within the constraints of the available budget (described in more detail at Appendix A).

4.1.5. The outcomes and measures to be delivered by the service are;

- Reduction in obesity prevalence (measure: 5% weight loss).
- Increased participation in physical activity (measure; moving from inactive to active).
- Reduction in smoking prevalence (measure: 4 weeks quit status).
- Increased number of people drinking sensibly (measure: less than 14 units per week or reduce alcohol consumption by 50%).
- People supported from areas in Lincolnshire that have the greatest need.
- Percentage of people supported to eat five portions of fruit and vegetables on a 'usual' day.
- Percentage improvement in self-reported wellbeing.

4.2. **Contract Structure**

4.2.1. A single provider model for a countywide service with a single point of contact is proposed. A requirement to develop networks and a partnership approach to ensure that all of the components of the ILS are delivered using all appropriate means, will also enable the service to be flexible and responsive to needs geographically.

4.2.2. The core service aim will be to deliver high quality; evidence based behavioural support interventions to the local eligible population. The Service Provider will be required to work in collaboration with the Council and the NHS to tailor and deliver its services.

4.3. **Payment and Performance Management**

4.3.1. An affordable service that meets the Council's obligations in carrying its duties is essential. The proposed annual funding for the service is £2.75m (as described at para 5.4) and the final cost of the service will be determined via competition.

- 4.3.2. A full Payment by Results (PbR) payment mechanism for behavioural support, as adopted in the current LSSS contract is intended to incentivise and reward positive performance, but has proved to be unsustainable for the provider.
- 4.3.3. It is therefore proposed that the payment mechanism for the new contract should focus on a core or block payment related to delivery of core contract activity, with the addition of performance related payment linked to the delivery of contract outcomes. This will allow the provider greater financial viability but retain an incentive to drive improvements in the delivery of the outcomes and the performance of the contract. The pharmacotherapy costs component will remain an activity-based payment for the products supplied.
- 4.3.4. A clear governance, reporting and monitoring structure will be incorporated that will allow for efficient coordination of activities as well as gateways to enable any new initiatives to be introduced.
- 4.3.5. Contract performance will be driven through a performance framework linked to manageable, measurable and achievable targets aligned to the agreed key performance indicators. In this way the provider will be accountable against the required minimum activity expectations and the qualitative outcomes. The detail of the payment and performance mechanism is being finalised based on analysis of feedback from the Market and stakeholder Engagement, but it is anticipated that service credits will be levied where performance falls short.
- 4.4. **Contract Commencement and Duration**
- 4.4.1. An extension to the Local Stop Smoking Service Contract of 6 months has been agreed to allow for the procurement and effective mobilisation of the new contract, which will commence on 1 July 2019.
- 4.4.2. The proposed contract term is three years with options to extend by up to a further two years (3+1+1). Evidence from market engagement feedback suggests that this is an acceptable term for the arrangement and would provide sufficient financial assurance for the provider.
- 4.5. **Tender Process**
- 4.5.1. The Procurement will be undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under "Light Touch Regime" utilising a Restricted Procedure method. The ultimate decision as to which provider is awarded the single provider status will be based on their evaluation performance.
- 4.5.2. The Invitation to Tender (ITT) evaluation will focus on service quality and the capability of the provider and any organisations they may wish to form sub-contracting arrangements with to deliver the required work and quality outcomes across the county set against clearly defined financial budgetary controls.

4.5.3. The Invitation to Tender Document will include the following:

- A specification that is clear in scope, interpretation and expectations;
- Full terms and conditions;
- Appropriate award and evaluation criteria;
- A realistic, appropriate and robust performance management framework; and
- An emphasis on partnership working and effective referral/signposting mechanism.

4.5.4. Provisional Tender Timeline

Issue the ITT	5 November 2018
Evaluation period	28 January 2019 to 15 February 2019
Standstill period	11 March 2019 to 21 March 2019
Contract Award	25 March 2019
Mobilisation period	14 weeks
Go Live	1 July 2019

5. Procurement implications

- 5.1. Under the Public Contracts Regulations (PCR) 2015 activities relating to social care are generally dealt with under a 'Light Touch Regime' (LTR) which conforms to the general principles of the EU Procurement Directive but does not impose any strict procedural requirements. Training services are also captured under this regime.
- 5.2. While this regime allows for a much greater degree of flexibility as well as unique exceptions it does not mean the Council is free to award contracts without any regard to competition
- 5.3. The threshold at which LTR contracts must be formally competed for is procurements is €750,000 or approximately £640,000.
- 5.4. The financial envelope for the Lincolnshire Integrated Lifestyle Support Services is £2,750,000 per annum. The Council currently spends £1,250,000 annually on a stop smoking service, and will commit a further £1m from the public health grant (3% of the budget). In addition Lincolnshire Clinical Commissioning Groups (CCGs) have committed to provide a further £500,000 through a Section 256 Agreement.
- 5.5. Procuring the service will allow:
- The Council to ensure the funding provided to the Provider is part of a legally compliant and effective commercial arrangement

- A clear governance and reporting structure that will allow for efficient coordination of activities as well as gateways to enable any new initiatives
- The provider to operate with greater clarity with regard to outcomes, objectives, and the agreed scope of work.

- 5.6. Subject to the maximum available budget, the final cost of the service to be determined via competition.
- 5.7. It is the intention to issue a OJEU Notice for publication on 5 November 2018 and a Contract Award Notice will be issued on any award to a successful bidder.
- 5.8. To verify that there will be sufficient competition within the procurement, a Prior Information Notice was published on 12 April 2018. This initiated the process of pre-tender market engagement and enabled us to use a questionnaire to support the development of the specification. Suppliers were also invited to a Market Engagement day held on the 15th August 2018.
- 5.9. In carrying out this procurement the Council will ensure the process utilised complies fully with the EU Treaty Principles of Openness, Fairness, Transparency and Non-discrimination.
- 5.10. The procurement process shall conform with all information as published and set out in the OJEU Notice.
- 5.11. All time limits imposed on bidders in the process for responding to the OJEU Notice and Invitation to Tender will be reasonable and proportionate.
- 5.12. The Procurement will be carried out in line with the provisional timetable summarised at paragraph 4.5.4.

6. Public Services (Social Value) Act 2012

- 6.1. The Public Services (Social Value) Act came into force in January 2013. Under the Act the Council must before starting the process of procuring a contract for services consider two things. Firstly, how what is proposed to be procured might improve the economic social and environmental wellbeing of its area. Secondly, how in conducting the process of procurement it might act with a view to securing that improvement. The Council must only consider matters that are relevant to the services being procured and must consider the extent to which it is proportionate in all the circumstances to take those matters into account. In considering this issue the Council must be aware that it remains bound by EU procurement legislation which itself through its requirement for transparency, fairness and non-discrimination places limits on what can be done to achieve these outcomes through a procurement.
- 6.2. An effective Integrated Lifestyle Support Service will have the potential to reduce the burden of disease e.g. respiratory, cardiovascular, cancer to help relieve the pressure on acute hospitals, care homes and the wider health

system. The effects can be felt in the short term through reduced activity in primary care, fewer outpatients and emergency admissions to hospitals for people who have lost weight, stopped smoking and reduced their alcohol consumption. Furthermore there is a direct relationship with adult smoking and children smoking behaviour, a reduction in adult smoking contributes to a decline in children's smoking rates. Consideration will be given through the design of the procurement as to how wider social value can be obtained – e.g. through apprenticeships or the use of local service providers.

- 6.3. Under section 1(7) of the Public Services (Social Value) Act 2012 the Council must consider whether to undertake any consultation as to the matters referred to above. The service and the value it delivers are well understood. This is not a statutory service and it is unlikely that any wider consultation would be proportionate to the scope of the procurement.

7. Legal Issues:

Equality Act 2010

Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, have due regard to the need to:

- * Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- * Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- * Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation

Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:

- * Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic
- * Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it
- * Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it

involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.

Compliance with the duties in section 149 may involve treating some persons more favourably than others.

The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision making process.

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| 7.1 | The key purpose of the service is to support people with weight management, to stop smoking, to be more active, to eat well and reduce their alcohol intake. |
| 7.2 | Smoking is linked to health inequalities and people who smoke the most tend to come from characteristic groups those from e.g. LGBT, pregnant women and long term health and disabilities. The providers' ability to provide services which advance equality of opportunity will be considered in the procurement and providers will be obliged to comply with the Equality Act. |
| 7.3 | An Impact Assessment has been completed and copy of it is appended to this report at Appendix C . It is emphasised that whilst the core model of the current LSSS will change to include multiple intervention opportunities, the client journey will not be adversely affected and the service will remain open to all groups regardless of protected characteristic. |
| 7.4 | There is a risk that a change of provider will impact on persons with a protected characteristic arising out of the employment impact on staff. The staff employed by the current provider will be affected by the end of the current contract. Mitigating factors will relate to the legal protections that will be in place through TUPE, if it applies, and general employment laws. The contract that will be entered into will also contain clauses requiring the contractor to comply with the Equality Act. |
| 7.5 | In these circumstances it is open to the Executive Councillor to conclude that having considered the duty it considers that if appropriate steps are taken to keep matters under review and address issues as they arise through the procurement process that any potential there is for differential impact or adverse impact can be mitigated. |

8 Joint Strategic Needs Analysis (JSNA and the Joint Health and Wellbeing Strategy (JHWS)

The Council must have regard to the Joint Strategic Needs Assessment (JSNA) and the Joint Health & Well Being Strategy (JHWS) in coming to a decision.

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| 8.1 | The new Joint Health and Wellbeing Strategy (JHWS) for Lincolnshire, agreed by the Lincolnshire Health and Wellbeing Board in June 2018, has a strong emphasis on prevention and early intervention, with a clear aim to |
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deliver transformational change which shifts the focus from treating ill health and disability to prevention and self-care.

8.2 The ILS will support a number of these themes and priorities and so will be an important part of ensuring the delivery of the aims and objectives of the JHWS. The overarching themes of the JHWS are to:

- embed prevention across all health and care services;
- develop joined up intelligence and research opportunities to improve health and wellbeing;
- support people working in Lincolnshire through workplace wellbeing and support them to recognise opportunities to improve their health and wellbeing;
- harness digital technology to provide people with tools that will support prevention and self-care;
- ensure safeguarding is embedded.

8.3 This is in line with Health in All Policies (HiAP - Public Health England, 2016), which advocates a collaborative and systematic approach to ensure health and wellbeing considerations are incorporated into local policy making. The approach is based on the recognition that many of the most pressing health and care challenges, for example the increase in people living with chronic and long term illnesses, an ageing population, and growing health inequalities, are highly complex and often linked to wider social, cultural and economic determinants of health.

8.4 The ILS will address this through targeting people with multiple behavioural factors which place them at heightened risk of developing long term complex illnesses linked to their lifestyle.

9. Crime and Disorder

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area

9.1 In commissioning a service that delivers positive outcomes for individuals by addressing the lifestyle behaviours with the greatest impact on health and wellbeing, the Integrated Lifestyle Support Service may contribute indirectly to the achievement of obligations under section 17.

10. Conclusion

- 10.1 An effective Integrated Lifestyle Support Service can become a fundamental part of the preventative care and support system in Lincolnshire and play a significant role in reducing the burden on the overall healthcare system. By providing appropriate interventions addressing the four lifestyle behaviours with the greatest impact on health and wellbeing, it will help to decrease the need for longer-term and higher cost social care and health services, and reduce pressure on an already overburdened system.
- 10.2 The conclusion of the current Local Stop Smoking Services contract means a procurement process needs to commence in 2018. Developing a service scope, payment, and performance management mechanism informed by extensive market engagement will help to ensure a sustainable service that will provide vital support to people with a range of health related outcomes in Lincolnshire.
- 10.3 The focus of the procurement will be to establish a single provider for the county that will be able to fully meet the quality requirements set out by the Council, guarantee that they are able to properly meet demand, manage the wider subcontractor market effectively as appropriate, and ultimately to strengthen the market for delivery of preventative health and care services in Lincolnshire.

Legal Comments:

The Council has the power to enter into the proposed contract.

The decision is consistent with the Policy Framework and within the remit of the Executive Councillor.

Resource Comments:

This report seeks to present the case for commissioning an Integrated Lifestyle Support Service (ILS) focused on improving levels of physical activity, reducing weight and BMI. I can confirm that the Council has a budget of £2.750m to fund the service from a range of sources including existing stop smoking service (£1.250m), existing funds available via the Public Health Grant (£1.000m) and a commitment from Lincolnshire Clinical Commissioning Groups to provide £0.500m per annum. I can also confirm that current commissioning intentions and delegated approvals recommended within this report meet the criteria set out in the Councils published financial procedures.

Consultation

Has The Local Member Been Consulted?

N/A

Has The Executive Councillor Been Consulted?

Yes

Scrutiny Comments

This report will be considered by the Adults and Community Wellbeing Scrutiny Committee on 10 October 2018. The comments of the Committee will be reported to the Executive Councillor prior to reaching her decision.

Has a Risks and Impact Analysis been carried out?

Yes

Risks and Impact Analysis

Attached at Appendix C

Appendices

These are listed below and attached at the back of the report:
Appendix A – Commissioning Plan
Appendix B – Delivery Model Diagram
Appendix C – Equality Impact Assessment

Background Papers

Document title	Where the document can be viewed
The documents referred to in the Commissioning Plan in Appendix A	Public Health

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