



Open Report on behalf of Martin Samuels, Executive Director – Adult Care and Community Wellbeing

Report to:	Executive
Date:	05 March 2024
Subject:	Integrated Lifestyle Service Contract Extension
Decision Reference:	I032097
Key decision?	Yes

Summary:

This report seeks authorisation for an exception to the Council’s Contract Regulations to enable a 12-month extension to the Integrated Lifestyle Service contract, plus 3 elements of additional delivery, with the current provider until the 30th June 2025. The total cost of this extension is £3,201,100.

Recommendation(s):

That the Executive:

1. approves the extension of the Integrated Lifestyle Service contract for a period of 12 months, from the 1st of July 2024 to the 30th of June 2025, at a value of £2,717,490.
2. approves the extension of the Child & Family Weight Management component for the same period, at a value of £265,610.
3. approves the extension of the Strength & Balance (Falls Prevention) component at a value of £160,000.
4. approves the extension of the Employee Challenge component for the same period, at a value of £58,000.
5. delegates to the Executive Director – Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care and Public Health authority to take all decisions necessary to give effect to the above extensions

Alternatives Considered:	
1.	<p>Cease delivery of an Integrated Lifestyle Service (ILS) from 30 June 2024.</p> <p>A discontinuation of the service would represent a decision to cease provision of prevention services targeting the most significant causes of ill-health & mortality in Lincolnshire.</p> <p>This would be expected to lead to more demand on Council and NHS services, greater long-term costs, and a decline in overall health & wellbeing of the population. Furthermore, this would risk a worsening of health inequalities in the Lincolnshire population.</p> <p>This would prevent Lincolnshire from being able to access £1.076m of additional government funding to improve smoking cessation as part of the ‘Smokefree Generation’ plan, as this funding is contingent on the council protecting current levels of expenditure on smoking cessation.</p> <p>This would also represent a significant reputational risk for the Council, as the ILS is the key primary-preventative service for the Integrated Care System.</p>
2	<p>Go out to tender for a replacement ILS contract</p> <p>The Council’s Public Health department is currently undertaking an exercise to map all the preventative services offered across the healthcare spectrum, to identify duplication and any gaps. There is considered to be a level of risk in progressing a new procurement for the ILS without analysis of this wider mapping programme, to ensure any future re-procurement specification avoids duplication and includes best potential coverage.</p> <p>It is recommended that the outcome of the wider preventative services review and the learning from longer delivery of the Child and Family Weight Management component and Falls Prevention elements are incorporated into the re-commissioning exercise for ILS.</p>

Reasons for Recommendation:

The ILS service is a key preventative service within Lincolnshire’s Integrated Care Strategy and considered a vital part of building back Lincolnshire’s health strongly after the pandemic.

The service focuses on the four leading risk factors impacting on health and wellbeing: smoking, obesity, physical inactivity, and excessive alcohol use with performance monitored through the achievement of individual outcomes linked to eight service key performance indicators (KPIs). The service has been independently evaluated and is

considered high performing compared to national benchmarks and comparator services.

The contract commenced on 1st July 2019 with a maximum duration of 5 years (3-year initial term plus a 2-year extension period) and is currently due to expire on 30th June 2024. Additional complementary elements of service delivery have been added during the contract term; a Child & Family Weight Management (CFWM) element in July 2022, a Falls Prevention Service in July 2023, and an annual Employee Challenge service for LCC staff and associated NHS partners. Collectively, these elements add approximately £480,000 to the overall annual contract value.

The Council's Public Health department is currently undertaking an exercise to map all the preventative services offered across the healthcare spectrum, to identify duplication and any gaps. There is considered to be a level of risk in progressing a new procurement for the ILS without analysis of this wider mapping programme, to ensure any future re-procurement specification avoids duplication and includes best potential coverage.

It is recommended that, in order to incorporate consideration of the outcome of the wider preventative services review and the learning from longer delivery of the CFWM and Falls Prevention elements into the re-commissioning exercise for ILS, an extension of 12 months to the current contract be granted (to include the retender process timeline) with the aim of a new contract being let and in place by the 1st July 2025. This will also ensure continuity of service delivery to residents during a period of additional service and system review prior to a re-procurement.

For the reasons above, this report seeks authorisation for an exception to the Council's Contract Regulations to enable a 12-month extension to the Integrated Lifestyle Service contract with the current provider until the 30th June 2025.

1. Background

- 1.1. Lincolnshire County Council (LCC) and the Lincolnshire Integrated Care Board (ICB) jointly invest £2.7m annually (£2.2m and £0.5m respectively) in an Integrated Lifestyle Service (ILS). The commissioned provider, Thrive Tribe, utilising the branding of One You Lincolnshire (OYL), supports adults in Lincolnshire to adopt healthier lifestyles and is specifically targeted at those with long term conditions.
- 1.2. The contract commenced on 1st July 2019 with a maximum duration of 5 years (3-year initial term plus a 2-year extension period) and is currently due to expire on 30th June 2024.
- 1.3. The service focuses on the four leading risk factors impacting on health and wellbeing: smoking, obesity, physical inactivity, and excessive alcohol use with performance monitored through the achievement of individual outcomes linked to eight service key performance indicators (KPIs). The service has been independently evaluated and is considered high performing compared to national benchmarks and comparator services.

- 1.4. Additional complementary elements of service delivery have been added to the core contract; a Child & Family Weight Management element, a Falls Prevention Service, and an Employee Challenge service for LCC staff and associated NHS partners. These elements add approximately £480,000 to the overall annual contract value.

Service Rationale: the Importance of an Integrated Lifestyle Service in Lincolnshire

- 1.5. The increase in health-related economic inactivity since 2020 has been estimated by the Office of Budgetary Responsibility to have added costs of £16bn to the national economy. Preventable illness, disease and death attributed to unhealthy behaviours, cost the NHS an annual £11bn, and are the focus of the national 'One You' (now known as Better Health) campaign. Initiatives aim to encourage people to take control of their health and address unfair differences in life expectancy.
- 1.6. Tackling unhealthy behaviours, particularly in middle age, enables people to enjoy significant benefits now and in later life. Government signalled its ambition in its manifesto commitment "to extend healthy life expectancy by five years by 2035", and to save more lives in its 10-Year Cancer Plan. The impact of the Covid-19 pandemic has seen a further increase in obesity, inactivity, and alcohol consumption, increasing the need for primary prevention services.
- 1.7. Public Health interventions have been found to have a return-on-investment ratio of 14.3:1 although not all these returns will translate into cashable savings, it is clear that without investment in prevention, costs to the system will further increase.
- 1.8. The government's plans to address health inequalities will be dependent on ensuring that those groups who experience poorer health are able to take up proactive & preventative healthcare services, as well as healthy lifestyles, at a greater rate than the 'worried well'. Currently this is often the wrong way round, with easier access to help for those whose health is the best. This means that addressing inequalities is intrinsically linked to ensuring preventative services are well targeted at those who need the most help.
- 1.9. Lincolnshire's Integrated Lifestyle Service is designed specifically to address 4 risk factors that significantly contribute to the overall ill health, and the inequalities in health, of the Lincolnshire population:

Smoking cessation

- 1.10. In November 2023 the government published 'stopping the start: our new plan to create a smokefree generation', announcing changes to the legal age of purchasing for tobacco and additional funding for local authorities. They have since followed this up with an announcement of planned legislation to ban the sale of disposable

vapes. Additional funding of £1.076m per annum is being provided to Lincolnshire County Council in order to support and boost existing smoking cessation activity.

- 1.11. Smoking is the single biggest contributor to inequalities in life expectancy and the biggest cause of preventable cancer. Rates of smoking in Lincolnshire adults (18+) continue to remain higher at 16.0% (2022) than both East Midlands and England averages. The proportion of new mothers smoking at time of delivery is higher than the national average, at 14.1%.

Obesity

- 1.12. Rates of obesity in Lincolnshire are higher than the England average amongst both adults and children. In 2020/21, 67.6% of adults in the county were classified as overweight or obese. A quarter of Lincolnshire reception age children are overweight or obese, rising to over a third in Year 6. The associated health issues have made this a major priority in Lincolnshire.

Physical Activity

- 1.13. 1 in 5 of Lincolnshire adults are inactive, a recent analysis of Active Lives data for Lincolnshire shows, with a concerning overall trend of rising levels of inactivity since 2015, across all age groups, population types and socio-economic groups. We are not burning off enough of the calories that we consume. People in the UK are around 20% less active now than in the 1960s, and, if current trends continue, we will be 35% less active by 2030. The UK Chief Medical Officers' Physical Activity Guidelines (2019) recommends that adults should accumulate at least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling) each week. The Health Survey for England shows that only 67% of men and 55% of women do at least 150 minutes of moderate physical activity per week. The Active Lives Children and Young People Survey reported between September 2019 to July 2020 that only 44.9% of children aged between 5 and 16 met the physical activity guidelines of being at least moderately active for at least 60 minutes every day (47% of boys, 43% of girls).

Alcohol

- 1.14. Over 200 health conditions are linked to alcohol, including cardiovascular diseases and types of cancer. In England, more working years are lost to alcohol than to the ten leading causes of cancer death combined. The Institute of Alcohol Studies found that "changes in alcohol consumption during the COVID-19 pandemic resulted in a significant increased health and economic burden in England from the alcohol-related diseases studied" and warned "if drinking patterns do not revert to pre-COVID patterns, the disease burden would be far higher". Reducing alcohol intake can have huge health benefits, and has an important place in a healthy lifestyle approach:
 - Alcohol consumption can increase calorie intake by 250 calories a day through consumption of alcohol or poor food choices whilst drinking.

- Alcohol enhances relapse risk for those who have quit smoking (86% of smokers drink alcohol)
 - Alcohol reduction improves sleep quality, mood, energy levels and appearance. Alcohol disrupts natural sleep cycles, delaying entering REM sleep, creating negative impacts.
- 1.15. Preventing alcohol harm helps narrow socio-economic inequalities and contributes to the Government's 'levelling up' agenda, as well as reducing the alcohol-related workload for the NHS, meaning resources can be used elsewhere to benefit patients.

2. Service Performance

- 2.1. The service was affected by the Covid-19 pandemic, notably in relation to the number of referrals received from primary care and the ability for Thrive Tribe and its partners to deliver face to face provision. As a result, a self-referral pathway was introduced, with data reviewed at quarterly contract management meetings in relation to:
- The proportion received via the self-referral route
 - The proportion which are for smoking cessation (which has always been open to self-referral)
 - The proportion that have come as a result of a healthcare professional advising the individual to self-refer
 - How many have a long-term health condition
- 2.2. If referral data began to indicate a move away from those with long term health conditions and those advised by a healthcare professional, a dialogue between the Council and the provider would be initiated to discuss the continuation of the self-referral pathway.
- 2.3. Evidence is emerging that the ILS is increasingly well-known and embedded within clinical practice/referral pathways in Lincolnshire. Further service delivery under the current contract will strengthen this.
- 2.4. Despite the impact of the pandemic, the service has shown year-on-year increases in referrals and outcomes, meeting its KPI targets for outcomes for the first time at the end of contract year 4 (total outcome numbers to date are shown in the table below).

Pathway	Total outcomes July 2019 – June 2023	Increase in outcomes achieved since 2019
Smoking (4-week quits)	9,655	+35%
Weight Management (losing 5% of body weight)	7,687	+712%
Physical Inactivity (increasing to 150 mins activity per week)	10,050	+505%
Alcohol Reduction (reducing to 14 units per week)	2,187	+348%

- 2.5. Key successes at the end of year 4 of the ILS include:
- Year-on-year increases in achievement against outcomes across all pathways as detailed above.
 - A high proportion of outcomes in weight management (43%) and physical activity (50%) coming from those on other pathways, with the majority of alcohol reduction outcomes being reached from those accessing other pathways (78%). These secondary outcomes are a direct result of the service offering integrated support across all pathways, which would not have been achieved if the 4 pathways were provided as standalone programmes.
 - Performance above targets across all pathways at the end of 2022/23.
 - 38% of those supported coming from the top 3 most deprived areas of Lincolnshire (or Lower Super Output Areas – referred to as LSOA).
- 2.6. An independent academic evaluation was commissioned and undertaken by the University of Lincoln to understand the impact and effectiveness of an integrated service in comparison to standalone support programmes. The evaluation concluded that performance was at or above the national average in all pathways as shown in the table below (year 4 data was not available at the time of evaluation).

Pathway	National Average 2020/21	Year 1	Year 2	Year 3	Year 4
Smoking (4-week quits)	51-59%	48%	60%	56%	60%
Weight Management (losing 5% of body weight)	30%	25%	34%	39%	41%
Physical Inactivity (increasing to 150 mins activity per week)	13-18%	41%	46%	42%	39%
Alcohol Reduction (reducing to 14 units per week)	10-30%	55%	67%	58%	65%

- 2.7. The evaluation concluded that integrated delivery potentiated better outcomes (specifically in relation to alcohol reduction and physical activity). The use of Health Coaches also increased the outcomes achieved, as did regular attendance on the programme. The report did identify that whilst Covid-19 didn't significantly impact outcomes, changes in the types of client were noted (meaning that health inequalities were affected), but more recent data returns have demonstrated improvements in the number of individuals supported who are from areas of high deprivation suggesting a return to expected delivery.
- 2.8. The ILS contract has been the subject of recent variations to incorporate important new service developments: a new Child and Family Weight Management (CFWM) service in July 2022 and a new Strength and Balance (Falls Prevention) service in July 2023.
- 2.9. The CFWM service is targeted at eligible overweight children from deprived communities in Lincolnshire and offers a holistic service for families including physical activity and behaviour change. Programmes commenced in September 2022 and identifying eligible existing cohorts of children was not possible due to the absence of National Child Measurement Programme (NCMP) data, meaning that any referrals into the service came through direct engagement with the schools which was challenging at the start and resulted in lower-than-expected numbers. Although delivery is beginning to increase in the second year, time is still needed to fully embed the programme in the county and understand impact and outcomes more fully to inform longer term commissioning decisions.
- 2.10. Key successes of the first year of the Child & Family Weight Management programme to date (December 2023) include:
- Quarterly increases in the number of extended brief interventions (EBIs) from 21 in Quarter 2 (July to September 2022) to 340 in Quarter 1 (April to June 2023). There was an expected reduction during the summer months (Quarter 2 2023/24), but numbers were 338% higher than during this period the previous year
 - Quarterly increases in the number of starters on the programme from 7 in Quarter 2 (July to September 2022) to 25 in Quarter 1 (April to June 2023). Again, whilst the numbers dropped during the summer holiday period, starters were 343% higher in 2023/24 than the previous year
 - 62% of children completing the course, with two-thirds of these coming from areas of high deprivation
 - 73% of children have reduced their BMI, and 61% have increased their physical activity as a result of the programme
 - 75% of parents reported increased physical activity as a result of the programme, with 70% reporting improved self-esteem following completion
- 2.11. The Strength and Balance service provides a programme of classes aimed at reducing the recurrence of falls for those who have recently fallen, preventing increased care needs, and enabling long term independence at home. This is a 24-

week programme, and as a result there is no completion or outcomes data from which to make commissioning decisions. Initial data is promising as it demonstrates a high uptake across the county, but as with the CFWM programme, the Council needs to be able to further monitor this new service in order to understand the impact and effectiveness in relation to falls prevention.

- 2.12. The length of the Strength and Balance programme means that there is limited outcome data as yet available, but interest in and take-up of the course is high. Key successes of the programme to date (December 2023) are:
- A total of 465 referrals received.
 - 158 individuals starting on 13 programmes across 10 Primary Care Networks.
 - Outcomes starting to be recorded from the earliest cohorts, including 75% improving their Timed Up & Go performance and 71% progressing through 3 or more resistance bands during their programme.

3. Commissioning Review

- 3.1. The Council's Public Health department is currently undertaking an exercise to map all the preventative services offered across the healthcare spectrum, to identify duplication and any gaps. There is considered to be a level of risk in progressing a new procurement for the ILS without analysis of this wider mapping programme, to ensure any future re-procurement specification avoids duplication and includes best potential coverage.
- 3.2. Recommissioning work for a future ILS is already underway and includes:
- Updated benchmarking and literature review
 - Collection and analysis of post-Covid-19 data to improve KPIs to ensure they are fit for purpose and provide appropriate data from which to make inferences around service delivery and performance.
 - Further analysis on the self-referral pathway in relation to health inequalities, alongside more clarity on the role of digital technology in supporting service delivery.
 - Consideration of the interface with a future NHS Health Check Programme and upcoming recommissioning.
- 3.3. Extending the current contract will allow for an enhanced service and system review period and facilitate longer delivery of the CFWM and Falls Prevention elements. This will enable the Council to better determine the desired outcomes and shape of the future service, and selection of the best provider.

4. Legal Issues

Procurement Implications

The Council's Contract Regulations usually require variations to contracts not expressly within the scope of the original procurement to be considered for procurement of a new contract. However, the Contract Regulations do permit exceptions to be made, approved by the Executive where the value is above the relevant threshold for the application of the Light Touch Regime under the Public Contract Regulations (PCR) 2015, and where the decision is compliant with the Council's obligations under the regulations set out in the PCR.

The PCR permits the modification of contracts under Reg. 72(1)(e) where the modifications, irrespective of their value, are not substantial within the defined meaning. For the purposes of the regulations, a modification is considered substantial where one or more of the following conditions is met:

- a) the modification renders the contract or framework agreement materially different in character from the one initially concluded;
- b) the modification introduces conditions which, had they been part of the initial procurement procedure, would have –
 - i. allowed for the admission of other candidates than those initially selected,
 - ii. allowed for the acceptance of a tender other than that originally selected, or
 - iii. attracted additional participants in the procurement procedure
- c) the modification changes the economic balance of the contract or the framework agreement in favour of the contractor in a manner which was not provided for in the initial contract or framework agreement;
- d) the modification extends the scope of the contract or framework agreement considerably.
- e) where a new contractor replaces the original

In relation to the existing ILS contract, the proposed 1-year extension does not constitute a substantial modification as defined in the PCRs, on the following grounds:-

- a) the proposed 1-year extension is not "materially different in character" from the original contract, as it seeks to continue the same service (including service delivery, outcomes for residents and KPIs), between the same contracting parties, at the same cost rates.
- b) The modification does not introduce any new terms that would have allowed for the involvement of other candidates or the acceptance of another tender. It is highly unlikely that any potential bidder at the time of the original competition would have been attracted by a 6-year contract but not by the 5-year contract originally offered, so the proposed 1-year extension is not deemed substantial on these grounds.

- c) Although there is an increase in overall value of the contract, the provider will be required to perform services commensurate with the value of increased payments so the economic balance of the contracts will not change.
- d) The proposed 1-year extension seeks to increase the contract length by 20%, which is not considered 'considerable' in relation to the original 5-year contract term. The scope of the contract remains the same: the above points around seeking continuation of an existing service without modification to cost rates or service level expectations also apply here.
- e) This does not apply as the contracting parties remain the same.

The conduct of the new procurement process for the full re-tendering of the service, will occur during the extension period, with a newly commissioned service due commence with effect from 1 July 2025. Pre-procurement market engagement would also take place in advance of the procurement competition phase, demonstrating the opportunity of the new contract to providers in the market.

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.

The Integrated Lifestyle Service is a health-promoting service intended and designed to address health inequalities, including in groups that have protected characteristics.

It has been independently evaluated by the University of Lincoln and been found to have a net positive effect on health inequalities.

The service is designed to work with those who have long-term health conditions, including those who are disabled, and to work to improve their health.

Therefore, it is considered that the ILS is an important part of the council's commissioning programme that would be expected to have a positive benefit, weighted towards those groups in areas of higher socio-economic deprivation and from minority ethnic groups.

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

The Integrated Lifestyle Service is designed to directly address several of the key priorities in Lincolnshire's Joint Health & Wellbeing Strategy, and the Joint Strategic Needs Analysis.

Lincolnshire has significantly higher rates of smoking and obesity than the national average, and lower levels of physical activity.

Recent data released by the Office of Health Improvement & Disparities (OHID) shows 70% of Lincolnshire's adults are classed as overweight or obese, higher than the England value of 64.8%.

16% of Lincolnshire's adults smoke, and the proportion is higher in some groups and populations. Over 14% of Lincolnshire's new mothers are smoking at the time of delivery.

Rates of physical activity are lower in Lincolnshire than the England average, with 65% of adult classed as physically active, compared to 67% in England overall.

The Child & Family Weight Management pilot was created to address higher rates of childhood obesity in Lincolnshire than in other areas nationally, with 23% of children in

Reception overweight or obese, rising to over 37% on children in year 6.

This service directly addresses these factors and is thus the primary service commissioned to deliver on the Joint Health & Wellbeing Strategy priorities **Healthy Weight** and **Physical Activity**, as well as addressing significant key risk factors that are relevant to the **Dementia** priority.

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.

The Integrated Lifestyle Service is not designed to directly address crime and disorder but may have secondary benefits that contribute to improved rates of employment and economic wellbeing, via increasing the overall health and wellbeing of the population. This service is an important component part of an integrated care system which supports and enables people to stay in work, and in their homes, for longer.

5. Conclusion

The ILS is a key component of Lincolnshire's developing Integrated Care System, preventing ill-health, addressing inequalities, and reducing demand on health and care services. It is considered to be well performing and has been independently evaluated and found to be outperforming national averages and benchmarks.

The ILS also functions as Lincolnshire's community-based Stop Smoking Service, and as such protecting current expenditure on this service will allow Lincolnshire to access the government's Smokefree Generation funding, which is an additional £1.076m per annum, and which must be spent on smoking cessation work.

Extending the contract of the Integrated Lifestyle Service for a period of 12 months will enable a robust recommissioning process to take place, which will consider whether additional elements (Child & Family Weight Management, Falls Prevention, Employee Wellbeing) should be included in any future model.

Not extending the contract at this point will result in the service ceasing on 30th June 2024.

7. Legal Comments:

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

The decision is consistent with the Council’s procurement obligations for the reasons set out in the Report.

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

8. Resource Comments:

Finance can confirm there is £3.2m available in 2024/25 to fund the contract extension. The funding will be from the 24/25 Public Health Grant allocation plus use of reserves, allocated within the reserve plan

9. Consultation

a) Has Local Member Been Consulted?

Not applicable.

b) Has Executive Councillor Been Consulted?

Yes.

c) Scrutiny Comments

The decision will be considered by the Adults and Community Wellbeing Scrutiny Committee at its meeting on 28th February 2023 and the comments of the Committee will be reported to the Executive.

d) Risks and Impact Analysis

See body of report

10. Appendices

The following appendices are attached at the end of the report:	
Appendix A	Integrated Lifestyle Service Independent Evaluation

11. Background Papers

The following background papers as defined in the Local Government Act 1972 were relied upon in the writing of this report.

Document title	Where the document can be viewed
Lincolnshire County Council Contract and Procurement Procedure Rules (CPPRs)	https://www.lincolnshire.gov.uk/downloads/file/3195/cpprs-lincolnshire-county-council
Smokefree Generation Local stop smoking services and support: guidance for local authorities	https://www.gov.uk/government/publications/local-stop-smoking-services-and-support-additional-funding/local-stop-smoking-services-and-support-guidance-for-local-authorities

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