



Nottingham City Council Commissioning and Procurement Executive Committee

Date: Tuesday, 30 May 2023

Time: 10.00 am

Place: Ground Floor Committee Room - Loxley House, Station Street, NG2 3NG

Councillors are requested to attend the above meeting to transact the following business

Director for Legal and Governance

Governance Officer: Mark Leavesley

Direct Dial: 0115 8764302

- 1 Appointment of Vice-Chair**
- 2 Apologies for absence**
- 3 Declarations of interests**
- 4 Minutes** 3 - 24
Last meeting held on 14 March 2023 (for confirmation)
- 5 Integrated Wellbeing Service: 2024 onwards - key decision** 25 - 176
Report of Corporate Director for People
- 6 Employee Wellbeing Services - key decision** 177 - 194
Report of Corporate Director of Finance and Resources
- 7 Dates of future meetings**
To agree to meet at 10.00am on the following Tuesdays during the 2023-24 municipal year:

<u>2023</u>	<u>2024</u>
11 July	09 January
12 September	13 February
10 October	13 February
14 November	09 April
12 December	

If you need any advice on declaring an interest in any item on the agenda, please contact the Governance Officer shown above, if possible before the day of the meeting

Citizens attending meetings are asked to arrive at least 15 minutes before the start

Citizens are advised that this meeting may be recorded by members of the public. Any recording or reporting on this meeting should take place in accordance with the Council's policy on recording and reporting on public meetings, which is available at www.nottinghamcity.gov.uk. Individuals intending to record the meeting are asked to notify the Governance Officer shown above in advance.

Nottingham City Council

Commissioning and Procurement Executive Committee

Minutes of the meeting held at Loxley House, Station Street, NG2 3NG, on 14 March 2023 from 10.00 am - 11.10 am

Membership

Present

Councillor Adele Williams (Chair)
Councillor Toby Neal
Councillor Linda Woodings

Absent

Councillor Cheryl Barnard
Councillor Sally Longford

Colleagues, partners and others in attendance:

Councillor Kotsonis - Portfolio Holder for Leisure, Culture and Planning
Nancy Cordy - Commissioning Manager, Children and Families
Eddie Curry - Head of Green Spaces and Natural Environment
Holly Fisher - Lead Procurement Officer
Roz Howie - Interim Director for Commissioning and Partnerships
Peter Ireson - Venue Director, Theatre Royal and Royal Concert Hall
Lee Kimberley - Head of Nottingham Catering
Mark Leavesley - Governance Officer
Jane Lewis - Community Safety Strategy Manager
Lisa Lopez - Public Health Commissioning Lead
Claire Moores - WhyNott Transport Manager
Steve Oakley - Head of Procurement
Robin Radford - Transport Service Manager

Call-in

Unless stated otherwise, all decisions are subject to call-in. The last date for call-in is 23/03/2023. Decisions cannot be implemented until the working day after this date.

63 Apologies for absence

Councillor Barnard) other Council business
Councillor Longford)

64 Declarations of interests

None.

65 Minutes

The Committee agreed the minutes of the last meeting held on 14 February 2023 as a correct record and they were signed by the Chair.

66 Vehicles and Transport Dynamic Purchasing System (DPS) for services including Social Care Transportation (including SEND Home-to-School), School Trips Transport and Council Staff Transportation - key decision

Claire Moores, Whynott Transport Manager, presented the report and stated the following:

- (i) as part of a transformation of the department and services, the Education Division sought authorisation to continue to procure transport for school travel. The main service areas utilising Social Care Transportation (including SEND Home-to-School), School Trips Transport and Council Staff Transportation services are Passenger Transport Service, Why Nott? Transport and the Theatre Royal and Royal Concert Hall;
- (ii) approval would enable establishment of a DPS (Dynamic Purchasing System) for the contracting and supply of transportation from external transport operators;
- (iii) Nottingham City Council's Passenger Transport Service was now part of the Education Department, but has always functioned as a specialised transport provider for SEND and Vulnerable Pupils, Adult Social Care and other Adult and Children's Services. Part of the home to school and adult day care specialised transport is provided internally by a fleet of 56 specially adapted passenger carrying vehicles. However, the majority of transport requirements were commissioned by a back office team from a range of local, private, specialised passenger transport operators and private hire operators. The value of the total contracts awarded in one year could be up to £3.7m, spread amongst a number of passenger transport operators and private hire operators that can provide the services within the Nottingham City area;
- (iv) Nottingham City Council's Why Nott? Transport, based in Curriculum and Enrichment, has a history of over 10 years of successfully supporting schools and Academies to access educational visits, school swimming and ice skating lessons. The service allows schools to secure the best price for their journey through a competitive process within a pool of pre-approved transport providers. The value of the total contracts awarded in one year could be up to £450,000, spread amongst a number of passenger transport operators and private hire operators that can provide the services within the Nottingham City area;
- (v) Theatre Royal / Royal Concert Hall presents around 675 performances each year, attracting audiences in excess of 600,000. The service area is looking for suppliers of private hire vehicles mainly, but not exclusively, to enable staff to get home after their shifts end. The need for this could be 7 days a week from about 10.30pm through to 6am the following morning, depending on the production playing. This service would also extend to journeys for visiting company and cast between the location that they are staying for the week/night, as well as press engagements at local radio and TV stations. The value of the total contracts awarded in one year could be up to £12,000, spread amongst a number of passenger transport operators and private hire operators that can provide the services within the Nottingham City area;
- (vi) the Council's updated Contract Procedure Rules (Article 18 of the Constitution) and the Public Contract Regulations 2015 (PCR's) stipulate that contracts should be aggregated where possible, in the event of multiple departments were procuring the same services, to maximise economies of scale and avoid dis-aggregation of contracts and risking breaching the PCR's. The service areas

named in this report all have similar requirements operationally, therefore, creating a Dynamic Purchasing System offers a compliant and flexible solution, enabling multiple departments to meet the council's Contract Procedure Rules and PCR's, while also satisfying the service requirements of the named service areas;

(vii) benefits of a collective Dynamic Purchasing System for each service are:

- enablement of new operator inclusion on to the DPS when required (subject to satisfying qualification criteria), which could also offset instability of losing suppliers and increases competition;
- suppliers can apply at any time once the DPS is 'live' or enabled. If unsuccessful on first application, suppliers can re-apply (unlike a closed framework arrangement);
- enabling competition for each requirement, supporting best value;
- a streamlined procurement process for buyers and suppliers, which may be helpful for new/smaller suppliers;
- all suppliers on the DPS have undergone a due diligence exercise, ensuring they meet the minimum criteria;
- the contractual framework supports quality assurance.

(viii) benefits to children and citizens of providing an amalgamated DPS for the above services are as follows;

- the Passenger Transport Service enables not just access to education for children with special educational needs, but some of the most vulnerable adults in the city are able to access day care services whilst also enabling independent living within their own home;
- passengers travel on transport that meets pre-approved standards with regards to safety and quality of service and are attended by staff that can meet the needs of all passengers through quality assurance;
- a range of inclusive learning can be accessed outside the classroom activities to enhance children's personal development, physical and mental health and life chances

(ix) benefits to schools and academies are that they can:

- evidence due diligence;
- secure best value through a competitive process;
- share vehicles with other schools to bring the costs down;
- receive support on a scale greater than the school alone should there be issues with quality;

- reduce the planning burden of providing inclusive learning outside the classroom experiences that contribute towards meeting CMO, National Curriculum and OFSTED Personal Development standards.
- (x) benefits to Nottingham City Council in relation to implementing this service are as follows:
- other local authorities that have introduced a DPS have been able to evidence significant savings in the procurement process;
 - use of the DPS allows competition in the local passenger transport market to be based on a fair and transparent vetting and bidding process;
 - supports the local authority's legal obligation to provide home to school transport for children with special educational needs;
 - supports school attendance and inclusion for SEN children;
 - facilitates a degree of control over the costs and quality of school swimming, ice skating and adventurous activity transport (which directly affects the booking volumes at Leisure Centres, NIC and NCC's Adventure Centres);
 - supports compliance with the Council's statutory duties with regards to Health and Safety in maintained schools;
 - supports maintained schools in offering an inclusive, broad and balanced curriculum that meets the requirements of the CMO, National Curriculum and OFSTED standards;
 - supports the council's financial governance processes;
- (xi) Passenger Transport Service and WhyNott? Transport currently works with the vast majority of operators in Nottingham through competitive tender. This approval will enable the establishment of a DPS for the contracting and supply of transportation from external transport operators to be put in place for 10 years;
- (xii) funding for the provision of these services are budgeted or have a transaction sold-service option within Adult and Children's Services and Education budgets, as well as Theatre Royal and Royal Concert Hall, underpinned by contractual arrangements which provide the tools to monitor (embedded to ensure that spend is in line with budgets and forecasting). In order to ensure effective and efficient implementation of the service following the development of the DPS, staffing resources will need to be considered;
- (xiii) in addition to the DPS system, the services seek to analyse improvements, for monitoring of contracts and further changes, and implementation to provide system links to process transactions, supporting further efficiencies surrounding procurement, ordering and payment solutions to make sure the automation and

processing provides a supportive mechanism between tender and confirmation, providing processing efficiency throughout the transaction in its entirety.

In response to a question from the Committee, it was stated that, in regards to:

- (xiv) **Crime and Disorder Implications** - the DPS supported the crime and disorder city-wide strategy by ensuring travel kept people safe with robust safeguarding and quality and assurance procedures applicable to all registered suppliers;
- (xv) **Social Value considerations** – the DPS supported the social values of pupils attending educational settings without excess travel, thereby reducing carbon footprints and enhancing learning outcomes and character development for the future in a safe and sustainable way.

Resolved to

(1) approve

- (a) **procurement of a 10-year Dynamic Purchasing System (with lots), subject to compliance with rules of the restricted procedure and subject to the provisions of regulation 34(5) of the PCR 2015 (regulation 34(5) and PCR 2015 Transportation Services, including Social Care Transportation (including SEND Home-to-School), School Trips Transport and Council staff transportation;**
- (b) **spend of up to £4.162m per annum within the Dynamic Purchasing System on the award of complaint call-off contracts;**

(2) delegate authority to the Corporate Director for People to:

- (a) **confirm economic operators/providers meet the selection criteria prior to being admitted to the specific Lots;**
- (b) **tender for, and award and sign off, call-off contracts as appropriate;**

(3) request that the Corporate Director for People ensures, where appropriate, social value and crime and disorder considerations are included in the Dynamic Purchasing System as part of the selection criteria for contracts.

Reasons for recommendations

- (i) Each of these services needs a flexible and compliant solution to meet their needs, and that meets all statutory and legislative requirements to mitigate any operational and reputational risk for the Council.
- (ii) The services provided by Passenger Transport Service and WhyNott? Transport are all well established and successful, both in terms of meeting service expectations and service continuity. For this reason, it would be recommended to amalgamate all of the named service areas under one overarching DPS as above.
- (iii) Authorisation is sought to procure transportation on the basis that all contracts awarded under the DPS can be held account under simultaneous terms and

conditions, as well as performance measurement. Alongside this, the services help to contribute positively to children and young people's learning, personal development and a number of elements of the Council Plan. Ensuring affordable best value, high quality safe, and transit by capturing 90% of the market operators within the DPS in the Nottingham area.

- (iv) The financial benefit associated with this can be addressed through the requirement for all providers on the DPS to commit to ensuring the efficient and effective running of all routes tendered for by making the Council aware of opportunities to amalgamate routes if services on certain routes are underutilised on assessment.
- (v) In order to comply with NCC financial procedures and CPR regulations, to support a further ten years of contracting with suppliers and enable a DPS contracting agreement for our operators which supports the Compliant Purchasing Agreements to raise purchase orders in the Fusion system.

Other options considered

- (i) The specialised passenger transport market is a niche business in the passenger transport market. Over many years we have been able to develop relationships with local specialised passenger transport operators but as the market has developed there is an opportunity for larger operators to price out smaller competitors. The development of a DPS specific to the needs of the Council ensures that all suppliers, regardless of size, can compliantly bid for contracts with the Council.
- (ii) Framework – the creation of a framework agreement means that any new entrants to the market cannot join the agreement, regardless of if another supplier leaves. A framework agreement can also only be in place for a maximum of four years, currently.
- (iii) Do nothing and continue to have separate contracts across the organisation – this option would not be compliant with the Council's updated financial regulations and the Public Contract Regulations (2015).

67 Approval to access and spend under the terms of Corporate Security Services Framework - key decision

Holly Fisher, Lead Procurement Officer, presented the report and stated the following:

- (i) approval was being sought to allow Council departments to call-off from the Corporate Security Services Framework to meet security requirements, including event security, staff shortages and cash in transit services;
- (ii) NCC, in collaboration with Mansfield District Council, established a framework agreement to meet the Authorities' varied security services requirements, including Manned Guarding, Cash Collection, Event Security, etc. The framework is available until 31 October 2026. NCC provided the legal and procurement resource to establish this framework, supported by technical expertise from Community Safety;

- (iii) to be awarded a place on the framework, suppliers went through a full procurement process and submissions were evaluated against the below criteria:

Quality - 70 %

- Management and Structure;
- Contract Mobilisation;
- Contract KPI delivery;
- Resource Plan;
- Customer Service;
- Experience;
- Supply chain management;

All providers had to score 'Satisfactory' or above to be on the framework;

Price - 30 %

Each department using the framework can award contracts separately, request specific Contract Purchase Agreements to manage budgets, and monitor spend under the framework.

Resolved to

- (1) approve that NCC departments can call-off from the Corporate Security Services Framework to meet security services requirements;**
- (2) delegate authority to the Director of Community Protection, or relevant service Director, to:**
 - (a) award call-off contracts to preferred suppliers;**
 - (b) create specific Contract Purchase Agreements, manage budgets and monitor spend under the framework and on contracted security services.**

Reasons for recommendations

The framework provides access to a PCR 2015 compliant process, through which purchasing authorities are linked to suppliers who have been quality assessed by various departments across both Nottingham City Council and Mansfield District Council.

Other options considered

- (i) Do nothing - continue to raise ad-hoc orders with various suppliers at time of demand without necessarily under-going a compliant or competitive procedure. This option has been rejected due to it not being compliant with contract procedure rules or best practice.
- (ii) Undertake a request for quote or full tender for each requirement (depending on value). This option has been rejected as risks needs not being met in a timely manner or with favourable rates, and a drain on resource.

- (iii) Undertake NCC specific framework creation exercise. This has been rejected as it would not have the economies of scale produced by the collaborative and existing framework, and would be a duplication of work.

68 DLUHC Grant for DVA Statutory Duty services - key decision

Jane Lewis, Community Safety Strategy Manager, presented the report and stated the following:

- (i) the Domestic Abuse Act 2021 places a statutory duty on Tier 1 local authorities as of 1 April 2021. Acceptance of the grant detailed in the report will enable Nottingham City Council to fulfil the functions of the statutory duty on Tier 1 Local authorities relating to the provision of support to survivors of domestic violence and abuse and their children residing within safe accommodation (the 'Statutory Duty');
- (ii) this Committee, at its October 2022 meeting, approved receipt of Department of Levelling Up, Housing and Communities (DLUHC) funding grant (the 'Grant Funding');
- (iii) a delegated decision has been completed to ensure the procurement of Community Based Services can be approved, and services delivered, from April 2023 whilst the Framework is being completed. A delegated decision was completed in May 2021 which included approval for 1xFTE NCC post to deliver the Statutory Duty. This report and both decisions ensure that the full ring fenced grant from DLUHC will be spent appropriately;
- (iv) approval is being sought to add this Grant Funding to the existing three 9-year refuge contracts, due to end in March 2028, to fund children's workers and support costs;
- (v) approval is also sought to align the Central Women's Aid refuge contract terms and conditions with the other 3 existing refuges contracts via the Grant Funding. This would ensure that the Central Women's Aid refuge was funded on an equitable basis with the others with the same break clauses in place. This would also facilitate NCC to be in a better position to re-procure all the refuges at the same time when the contracts end in March 2028;
- (vi) the budget includes a 3% cost of living increase previously proposed. This is in line with the cost of living increase awarded by DLUHC and will ensure that the services receive an increase in line with the amount allocated through the ring fenced DLUHC domestic abuse budget. It is anticipated that DLUHC will slightly increase the funding for services year on year.

Resolved to

- (1) approve expenditure of the grant funding for the delivery of services, under a compliant legal and procurement process, as detailed in appendix 1;**

- (2) delegate authority to the Corporate Director of Communities, Environment and Resident Services to award and sign off contracts and variations, in compliance with the Councils contract procedural rules, to deliver the refuge services to enable ongoing compliance with the Statutory Duty set out in the Domestic Abuse Act 2021.**

Reasons for recommendations

- (i) To enable delivery of the Statutory Duty as outlined in the Domestic Abuse Act 2021.
- (ii) To add the Grant Funding to the existing 9-year refuge contracts, due to end in March 2028. The funding is for children's workers and additional support costs for survivors in accommodation associated with each refuge under the hub and spoke model. Children and young people form the largest population in a refuge and range from 0 – 16 in age.
- (iii) The Domestic Abuse Act 2021 and Statutory Duty has defined children as survivors in their own right for the first time and so funding for these posts is core to the service that should be offered by refuge. Childrens Workers are identified in the Service Specifications of each refuge, however the funding for these posts was previously unstable and funded intermittently through the partnership. Funding the posts through the Statutory Duty Grant Funding creates stable and long term funding for services for these child survivors.
- (iv) The accommodation associated with the refuges was funded through a Home's England bid on behalf of NCH and NCHA. Each refuge has approx. 3 houses providing a hub and spoke model and increasing the bed spaces available for referral from Housing Aid and the Nottingham 24-hour crisis DSVAs helpline. The Statutory Duty Grant Funding shall also fund the additional support costs delivered by the refuge for the additional bed spaces.

Other options considered

- (i) DLUHC has indicated that failure to spend will result in reduction of future awards. Continuation of current services will ensure that support for the most vulnerable is provided in a recognised and timely manner.
- (ii) The Needs Assessment submitted to DLUHC sets out the requirement for additional refuge spaces. Tendering out the Central refuge service at this point may risk the delivery of the successful complex needs refuge for survivors with Severe and Multiple Disadvantage (SMD) at a time when SMD is a priority for the Health and Wellbeing Board and DSVAs is a priority for the Crime and Drugs Partnership.
- (iii) A review the option of delivering children's workers externally to refuge was undertaken in 2005 and in 2018 respectively and on both occasions it was concluded that for all the services that refuges offer to children including safeguarding, play, support to access education, health, child advocacy to work effectively, it was preferable and considered necessary for children's workers to continue to be integral to the refuge team.

69 Use of public health grant allocation 2023/24 - key decision

Councillor Woodings, Portfolio Holder for Adult Social Care and Health, introduced the report.

Nancy Cordy, Senior Public Health Strategy and Service Improvement Manager, presented the report and stated the following:

- (i) Nottingham City Council receives an annual public health grant allocation from the Department of Health and Social Care. The public health grant allocation for 2023/24 is still to be confirmed but is expected to be around £35m;
- (ii) the grant is ring-fenced and must only be used where the main and primary purpose is public health, and conditions set out a range of prescribed and non-prescribed public health activity against which public health grant expenditure must be reported;
- (iii) on average, people in Nottingham are less healthy than those in other parts of the East Midlands region, or when compared to the England average, and Nottingham's communities have wide ranging health and wellbeing needs, which vary significantly between different groups;
- (iv) the grant must be invested both eligibly and efficiently to address identified health and wellbeing needs and ensure the greatest possible positive impact on the health and wellbeing of Nottingham's people;
- (v) the report sets out the planned use of Nottingham's public health grant allocation 2023/24 for approval, alongside the public health commissioning framework, which shapes and guides the use of the public health grant.

Resolved to

- (1) approve the:**
 - (a) receipt of the public health grant allocation (estimated to be around £35m) for Nottingham City in 2023/24, and note the associated grant conditions and reporting requirements as detailed in the report;**
 - (b) allocation of public health grant funding to wider council services to enable the delivery of additional activity, which will contribute to improved health and wellbeing for Nottingham's residents, as set out in table 1 of the report;**
 - (c) refreshed Public Health Commissioning Framework, as detailed in appendix 1 to the report;**
 - (d) planned use of Nottingham's public health grant allocation in order to improve the health and wellbeing of Nottingham's population, in line with agreed relevant strategies and plans (both system-wide and internal Council) and in line with the refreshed Public Health Commissioning Framework;**

- (2) note the current public health reserve balance, and endorse the sustainment of the public health grant reserve at no less than 3% of the total value of the annual public health grant allocation.**

Reasons for recommendations

- (i) At the time of writing the public health grant allocations for 2023/24 have not been published. It is expected, in line with recent trends that the allocation will not be dissimilar to the previous year and it is therefore estimated that the value of the grant will be around £35m. The grant is ring-fenced for use on public health functions, meaning that the main and primary purpose of all spend from the grant is public health. The local authority circular published alongside the grant allocation sets out the conditions that apply to the grant, as well as the reporting requirements.
- (ii) The conditions in which people are born, grow, live, work and age have a profound influence on health and health inequalities. Local authorities have a key role to play in shaping these conditions, and as a consequence also have a key role in terms of improving the health and wellbeing of their local population (in line with statutory duties). Public health grant funding contributes to a range of wider council services (see table 1) in order to enable the delivery of additional activity which improves health and wellbeing. Arrangements are in place to ensure effective ongoing joint working and a review of contributions to provide assurance that all public health grant expenditure is eligible within stated grant conditions.
- (iii) The Joint Strategic Needs Assessment, published on Nottingham Insight, identifies the health and wellbeing needs of the local population. This has informed the Integrated Care Strategy, the Joint Health and Wellbeing Strategy for Nottingham, the Strategic Council Plan and the Public Health Divisional Plan. The Public Health Commissioning Framework sets out the principles and processes through which these Strategies and Plans, alongside other relevant drivers (including statutory duties and prescribed services) are translated in to commissioned services and activity. The planned use of the public health grant allocation in 2023/24 is assessed as being the most appropriate allocation of resource in order to ensure the delivery of prescribed and non-prescribed activity (as set out in public health grant conditions) as well as address the health and wellbeing needs of the local population, in line with agreed Strategies and Plans.
- (iv) Public health grant conditions state that any unspent annual public health grant should be carried forward into the next financial year as part of a public health reserve. In line with developing Council policy it is proposed to maintain a minimum public health reserves balance of no less than 3% of the annual public health grant allocation. This is to ensure that the public health grant reserve is able to resource unforeseeable pressures and risks without impacting on the General Fund / MTFP.

Other options considered

None.

70 Commissioning of Integrated Sexual Health Services for Nottingham - key decision

Councillor Woodings, Portfolio Holder for Adult Social Care and Health, introduced the report.

Roz Howie, Programme Director for Public Health, presented the report and stated the following:

- (i) the World Health Organisation (WHO) defines sexual health as a state of physical, mental, and social well-being in relation to sexuality. It is not merely the absence of disease, dysfunction, or infirmity. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence;
- (ii) sexual health is an important area of public health. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations. The government in 2013 set out its ambitions for improving sexual health in its publication, a framework for sexual health improvement in England. In December 2021, the government published an action plan towards ending HIV transmission, AIDS and HIV-related deaths in England 2022 to 2025. The government is committed to improving sexual and reproductive health (SRH) in England, including access to SRH services, and will set out plans to do so.
- (iii) sexual health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, men who have sex with men (MSM), trans community, young people, and people from ethnic minority backgrounds. Similarly, HIV infection in the UK disproportionately affects gay, bisexual and other MSM, and black African populations. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services. Despite the increased provision of remote and online services improving access for some, it should be recognised that some will be excluded or may be disadvantaged by these approaches (2020 data on internet access revealed 5% of the adult population of Great Britain had not used the internet in the last 3 months and 16% of the population does not use a smartphone for private use).
- (iv) offering a mixture of face-to-face and online services is required to meet the needs of different population groups. Services and modes of delivery should be designed to meet the needs of local populations and work to reduce inequalities in both access and health outcomes;
- (v) the consequences of poor sexual health are preventable and include unplanned pregnancies, infections including HIV, cervical and other genital cancers, pelvic inflammatory disease and infertility, psychological consequences, stigma, and poorer educational, social, and economic opportunities. There are notable inequalities in access and outcomes in relation to SRH which must be addressed if meaningful improvements in population outcomes are to be achieved;

- (vi) from April 2013, Local Authorities have been responsible for commissioning specialist integrated sexual health services (ISHs) including testing and treatment for sexually transmitted infections (STIs), the provision of HIV Prophylaxis (PrEP) and provision of the full range of contraception advice and provision;
- (vii) it is recognised that the specialist ISHS is only part of a range of the provision that will need to be provided to meet the sexual health needs of the local population. Services delivered by primary care, third sector and community-based organisations form an essential part of any local sexual health system. Local Authority (LA), NHS England and Improvement (NHSE/I) and Integrated Care Board (ICB) commissioners are expected to work collaboratively to map service user pathways and plan services according to population need. The need for NHS organisations and local authorities to work more closely and to collaboratively commission SRH services was restated in the green paper *Advancing Our Health: Prevention in the 2020s*;
- (viii) Health and Wellbeing Boards will play a key role in ensuring that the services and care their communities receive is seamless. They will undertake a joint needs assessment (JSNA) to identify the current and future health and social care needs of the local community as well as local assets. Based on this they will develop Joint Health and wellbeing strategies (JHWBs) to agree their joint priorities for local action. Both JSNAs and JHWBs will inform the ICB, NHS and LA commissioning. Sexual Health has a clear role to play in improving health and reducing health inequalities and therefore must be considered;
- (ix) the existing Integrated Sexual Health Service (ISHS) was commissioned by Public Health in Nottinghamshire County and Nottingham City Councils as it was deemed that there were several benefits to this approach, namely:
 - improving patient experience;
 - driving efficiency;
 - improving local partnerships;
- (x) a collaborative agreement was entered into between the two parties describing how the Councils will jointly work together and the roles and responsibilities of each partner organisation and to outline accountability arrangements, financial contributions, and dispute resolutions for the period April 2016-31 March 2024. This will be the approach again for recommissioning of the services for the period 1 April 2024 – 31 March 2031. A second collaboration agreement has been drawn up between Partner Organisations;
- (xi) the aim, through the recommissioning programme, is to secure the provision of open access, comprehensive sexual health services which meet the current and future sexual health needs of all our population, whilst addressing avoidable health inequalities. Subject to approval of the report, an ISHS will be commissioned to be delivered from April 2024 onwards.

Resolved to

- (1) approve spend of up to a total value of £31,956,785 from the ring-fenced Public Health Grant funding, conferred under s31 of the Local Government Act 2003, on commissioned ISHS's during the period 1 April 2024–31 March 2031;**
- (2) delegate authority to the:**
 - (a) Director of Public Health to enter into a second collaborative agreement with Nottinghamshire County Council for the recommissioning of ISHS's;**
 - (b) Director of Public Health, in consultation with the relevant Portfolio Holder, to agree the service model for commissioning of integrated sexual health services against the entire budget available, through applying the insight and commissioning recommendations developed within the strategic commissioning review;**
 - (c) Director of Public Health to undertake a joint competitive procurement procedure (to be led by Nottinghamshire County Council) for tendering of, evaluation, selection and approval and awarding the contracts for the services listed below:**
 - (i) comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally provided contraception;**
 - (ii) sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing;**
 - (iii) sexual health aspects of psychosexual counselling;**
 - (iv) specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention (through PreP pre-exposure prophylaxis), sexual health promotion and services in schools, colleges and pharmacies.**

Reasons for recommendations

- (i) A collaborative agreement was entered into between the two parties describing how the Councils will jointly work together and the roles and responsibilities of each partner organisation and to outline accountability arrangements, financial contributions, and dispute resolutions for the period April 2016-31 March 2024.
- (ii) This will be the approach again for recommissioning of the services for the period 1 April 2024–31 March 2029. A second collaboration agreement has been drawn up between Partner Organisations.
- (iii) All the funding for integrated sexual health services commissioned by Nottingham City Council sits under ring-fenced grant conditions (Public Health Grant), for which the Director of Public Health is accountable, and the resource must be stewarded in line with these conditions. The Director of Public Health is

the appropriate designate for approving the commissioning model in line with clinical governance standards to meet population needs.

- (iv) The current contract for integrated sexual health services ends March 2024, and the recommendations refer to spend approvals and reflect the procurement timeline and process to enable the contract to be awarded within the deadline.
- (v) A commissioning review of sexual health services in Nottingham and Nottinghamshire has been undertaken. This included a joint needs assessment, a number of pre-market engagement events and reviews of procurement options and provider models. The procurement exercise for new services needs to be completed by autumn 2023, to allow for service mobilisation in 2023/24 with a view to starting April 2024. Spend approval is being sought for commissioned services under a 3+2+2year contract.
- (vi) An option appraisal was undertaken to determine the most appropriate procurement route (see background information section - papers) therefore competitive procurement procedure with negotiation under Regulation 29 of the PCR 2015 was determined to be the best option (Recommendation 3).

Other options considered

None - as the current contracts cease on 31 March 2024, without re-commissioning there would be no commissioned services and a lack of provision, with Nottingham City Council neglecting its duty to in respect of these services and putting Nottingham at significant disadvantage for the delivery of integrated sexual health services for its residents.

71 Commissioning of Mental Health Re-ablement service - key decision

Councillor Woodings, Portfolio Holder for Adult Social Care and Health, introduced the report.

Lisa Lopez, Public Health Commissioning Lead, presented the report and stated the following:

- (i) the report sought approval to commission a Mental Health Reablement service to provide support to some of Nottingham's most vulnerable citizens with mental health needs;
- (ii) the service would provide support to citizens around physical and mental health, financial wellbeing, housing/tenancy issues and access to services to help them to develop coping strategies and remain living as independently as possible in the community;
- (iii) it would support citizens with complex support needs, including but not limited to those associated with drug use, alcohol use, offending and diagnosed or suspected alcohol-related brain injury, and prevent costs in other services such as health, including emergency health services, facilitate timely discharge from psychiatric wards and reduce the number of Delayed Transfers of Care (DTC);

- (iv) the Office of Health Improvement and Disparities has set out three key overlapping priority areas of public mental health across the life course:
- mental health promotion;
 - prevention of mental health problems and suicide prevention;
 - improving lives, supporting recovery and inclusion of people living with mental health problems.

The Mental Health Reablement Service has the potential to support the delivery of all three of these priorities, with a particular emphasis on improving lives, supporting recovery and inclusion within the community of people with mental health problems;

- (v) The Care Act 2014 requires local authorities to ensure that their citizens have access to services that prevent escalation of, and/or delay, the impact of their needs, and have access to a range of high quality, appropriate services. The service will support Nottingham City Council's statutory responsibilities in respect of this;
- (vi) Nottingham City is an outlier in not having commissioned a Mental Health Reablement Service. Such services are widely recognised for their preventative value and are common in other core and neighbouring cities. Nottingham City Council was to commission a Mental Health Reablement service in 2020, but due to budget pressures the contract was not awarded.

Resolved to

(1) approve:

- (a) **procurement of a Mental Health Reablement Service (as detailed in appendix 1) via a tender process, and award contracts for the services as appropriate, commencing 1 October 2023 for an initial term of 2 years, with an option to extend for a further 2 years (2+2);**
- (b) **total expenditure of £1,600,000 over the entirety of the contract for provision of Mental Health Reablement Services, noting that this will comprise of £800,000 from Public Health reserves for the first two years, followed by £100,000 per year from the Public Health Grant and £300,000 per year from Adult Social Care should the contract be extended for the following 2 years;**

(2) note that the:

- (a) **Director of Public Health has authority to approve the outcome of the procurement process and award the contract(s) to the provider(s) deemed most suitable;**
- (b) **Director of Legal and Governance, or their delegate, has authority to sign initial contracts and, should the option be used, agree an extension, subject to budget availability.**

Reasons for recommendations

- (i) The service will provide support to some of Nottingham's most vulnerable citizens with mental health needs, to enable them to remain independent in the community and to facilitate discharge from psychiatric wards. The proposed service is to provide timely, flexible, intensive, fixed-term support to increase citizens' independence and help them to manage or overcome social, practical, financial, emotional and health-related difficulties. The proposed service will support service users to develop coping strategies and the ability to manage periods of problematic mental ill health, directly addressing issues in citizen's lives that impact negatively on their mental health and wellbeing.
- (ii) Each citizen receiving support will have a personalised, strengths-based support plan which aims to promote and maximise independence by utilising support available through this service and other community-based resources, thus supporting recovery and enabling them to live as independently as possible. There are currently approximately 393 citizens within the Mental Health Pathway who would potentially benefit from a period of Reablement. This service is expected to have the capacity to meet the needs of this group of citizens.
- (iii) The service will prevent costs to other services such as health, including emergency health services, facilitate timely hospital discharge and reduce the number of Delayed Transfers of Care (DTOC). The proposed service will include in-reach into psychiatric units, and will work collaboratively with hospital colleagues in order to identify patients who would benefit from the reablement service; particularly where this would help to facilitate their discharge. This will support citizens to return home safely, provide support for a fixed period once they return home, and help to prevent avoidable re-admissions.
- (iv) The service will support Nottingham City Council's statutory responsibilities. The Care Act 2014 requires local authorities to ensure that citizens who live in their areas receive services that prevent their care needs from becoming more serious, or delay the impact of their needs; have access to the information and advice they need to make good decisions about care and support; have a range of provision of high quality, appropriate services to choose from; and have an individual care plan to meet their needs.
- (v) The Care Act legislates to improve citizen's independence and wellbeing. It makes clear that local authorities must provide or arrange services that help prevent citizens developing needs for care and support or delay citizens deteriorating so much that they would need more acute and ongoing care and support or be admitted to hospital. The service will address citizens' key support needs and so contribute to better mental and physical health. The service will support citizens towards greater independence, help to prevent escalation of need, and minimise risks / vulnerabilities.
- (vi) The recent Strategic Commissioning Review suggests that the proposed service will provide value for money when compared against other provision within the mental health pathway such as residential care or accommodation-based Care Support and Enablement. The service is to be jointly funded by Nottingham City Council Public Health and Adult Social Care budgets (see appendix 1) with the Public Health reserves being used to fund the service for the first 2 years, followed by 25% Public Health funding and 75% Adult Social Care funding in subsequent years. The service

is being commissioned as 'invest to save' with the initial Public Health funding providing the investment to implement the service, for it to generate savings in Adult Social Care and Health in subsequent years.

Other options considered

- (i) Do nothing - do not commission the services. Lack of preventative services for citizens who are not Care Act eligible is contributing to additional spend and pressure in Adult Social Care and elsewhere in the system, such as housing and health. This is particularly true for specialist services like the Mental Health Reablement service, where a significant proportion of potential service users are eligible for support under the Care Act.
- (ii) A key component of the Mental Health Reablement service is the hospital in-reach. This diverts citizens away from Adult Social Care, particularly where there is a housing need. The lack of this part of the service specifically is likely to mean that the level of delayed transfers of care (DTOC) are occurring, reducing the capacity on the acute wards. This is likely to mean significantly poorer outcomes for the citizen, as well as increased costs to the local authority and Health. Therefore, this option is not recommended.

72 Greenspace and Natural Environment Service Procurement Plan - key decision

Eddie Curry, Head of Greenspace and Natural Environment, presented the report and stated the following:

- (i) the Greenspace and Natural Environment Service provide a number of statutory duties in relation to allotments, biodiversity and burials (outlined in appendix A to the report) and deliver essential health and safety works, most notably in relation to Arborecultural and playgrounds works.
- (ii) approval is being sought to put procurement arrangements in place for a number of essential activities (detailed in appendix B to the report), including:
 - Arborecultural Services – Ash Dieback removal and planting programme, Arborecultural contractors, Inspections, Epicormics removal, traffic management;
 - Landscape Services – construction materials, contract gritting service salts, specialist vehicle hire;
 - Cemetery and Crematoria Supplies – burial chambers, memorial items and materials, storage and Crematoria servicing;
 - Grounds Maintenance Services – small plant and machinery, weed control and hedge cutting, IT systems;
 - Horticultural Supplies and Services – plants, trees and shrubs, turf, bedding plant bulbs, plugs, seeds and compost, ancillary items;
 - Single Supplier Contracts for Playgrounds and Parks – play area maintenance of branded spare parts that can only be purchased from the manufacturer of specific play areas and annual Green Flag awards from Keep Britain Tidy a specific national accreditation scheme;
 - Parks and Open Spaces – play area safety surfacing, landscape contractors and general works for fixtures and fittings repairs;

- Professional Services – signage, design, web.
- (iii) a forecast of planned work and reactive maintenance activity has been completed for a 4-year period and, to ensure continuity in procurement compliance for delivery in future years, new contracts and framework arrangements will be required to be put in place throughout the 4-year period.
- (iv) It was proposed that a number of procurement options be adopted to provide the most efficient and cost-effective route, (detailed in appendix B to the report), including:
- In-house delivery;
 - Call-off from existing NCC Frameworks or Contracts;
 - Accessing 3rd Party Frameworks such as ESPO & CCS where these are proven to offer Best Value;
 - Dynamic Purchasing system (DPS). Dynamic Purchasing System (DPS) is unlike a traditional framework for the supply of goods, works or services. A DPS is an electronic system which suppliers can join at any time. An 'open market' solution, a DPS is designed to give buyers access to a pool of pre-qualified suppliers;
 - Direct award for contracts only available from a single supplier in the case of Green Flag Awards, trade association memberships and specialist branded spare parts for playground equipment maintenance where only spare parts from specific manufacturers can be used;
 - Multiple quotations for different lots within one category;
 - Quotation;
 - Tender.
- (v) All procurement activity would be awarded through conducting processes in accordance with the Council's Contract Procedure Rules and requirements under the Public Contracts Regulations 2015. These processes would ensure the most suitable route to procurement was adopted, delivering Best Value.

Resolved to

(1) approve:

- (a) spend of £20.197m (as detailed in appendix B) in line with Councils' Medium Term Financial Plan (MTFP) approved budgets and capital spend approvals;**
- (b) procurement and subsequent award of contracts (as set out in appendix B) to a maximum value of £18.855m, in accordance with Public Contract Regulations and NCC Contract Procedure Rules**

(2) note that an exemption from Contract Procedure Regulations 18.55, for a direct award of £0.166m to single suppliers (as detailed in appendix B) has been approved by the Section 151 Officer;

(3) delegate authority to the Head of Greenspace and Natural Environment Service to call off from the frameworks, listed in appendix B, over a period of four years (2023/24–27/28).

Reasons for recommendations

- (i) Procuring contracts and frameworks will allow the Greenspace and Natural Environment Service to continue to compliantly deliver essential services including delivery of commercial contracts, statutory services and essential health and safety works.
- (ii) The identified benefits of putting these arrangements in place are:
 - Supports delivery of the council's behavioural expectations and core values which sets expectation for delivering on time, on budget and to agreed quality standards, as well as guaranteeing Best Value and the effective use of resources.
 - Ensures the Council complies with its duty of Best Value by going through a competitive process to evaluate price and quality.
 - Establishes a 4-year approach to procurement which will serve to ensure suitable and efficient procurement processes.
 - Ensures collaboration on procurement within the department and across the council to benefit from greater efficiencies and cost effectiveness.
 - Enables the delivery of external grant funded schemes in line with the timescales of the award, such as Natural England, Biodiversity.
 - Ensures value-for-money delivery model with no fixed financial commitment in the use of frameworks.
 - Delivers a highly flexible and responsive structure to award the most suitable route to market.
 - Delivers economies in accessing established third-party frameworks where viable.
 - Enables strong governance through a Service's Procurement Board to monitor performance and manage risk.
 - Enables the ability to develop relationships with a core set of framework and contract providers to the Council and ensure effective management through such relationships.

Other options considered

- (i) Not to let contracts - Not having compliant spend approval or procurement measures in place will adversely affect ability to engage with suppliers and contractors to deliver essential services. There would be no effective means to demonstrate compliance with financial and procurement regulations. This could lead to significant delays or interruptions in service delivery which could carry risk to life in the case of health and safety works, reputation damage and non-delivery of income targets.
- (ii) To not progress new contract and framework arrangements will jeopardise funding and Nottingham would lose out on the opportunity to invest in the City's greenspaces and natural environments.

73 Supply of catering at Theatre Royal and Royal Concert Hall - key decision

Councillor Pavlos Kotsonis, Portfolio Holder for Leisure, Culture and Planning, introduced the report.

Peter Ireson, Venue Director, Theatre Royal and Royal Concert Hall, presented the report and stated the following:

- (i) the Council engages CGC Events Limited, under a concession contract, at the Theatre Royal and Royal Concert Hall to provide the majority of catering services for customers attending the programme of events and the daytime offer in Yarn Bar. This excludes ice creams and confectionary, which are sold directly by the Council.
- (ii) the concession agreement provides a guaranteed income for the Council, whilst ensuring CGC Events Limited take on the operating risks.
- (iii) as well as contributing to the Council Plan Key Outcomes, the concession contract also contributes to the Council meeting its statutory duty around Best Value.
- (iv) the concession contract was last tendered in 2017 and awarded to CGC Event Limited for an initial 5 years, with the option to extend for up to an additional 5 years. By agreement, the parties chose to extend the contract for 18 months up to 30 June 2024. Hence there is now a requirement to undertake a full procurement process to secure a commercially viable and compliant solution for the Council from July 2024.

Resolved to

- (1) approve undertaking a procurement process, in accordance with the Concessions Contracts Regulations 2016, to secure a concession contract for the supply of catering services at the Theatre Royal and Royal Concert Hall for a 5-year duration, commencing July 2024, at a maximum cost of £6.4m;**
- (2) delegate authority to the Corporate Director of Communities, Environment and Resident Services to sign and award the contract to the successful concessionaire following completion of the tender process.**

Reasons for recommendations

- (i) The contract with the existing catering contractor expires on 30 June 2024.
- (ii) The approval requested in this report will allow the Council to initiate a tender process to secure a catering concession contractor and ensure continuity of catering provision and income for the Council, without the operating risk. This will allow Theatre Royal and Royal Concert Hall to offer the full catering service expected by customers, generating a significant financial contribution supporting the sustainable operation of the venue.

Other options considered

- (i) To grant a longer extension to the existing contract. This was discounted as it was felt that there is the need to test the market to provide assurance that the Council is receiving the optimum financial return and the highest quality provision for TRCH's customers.

- (ii) Consideration was given to taking the catering contract in-house, but was discounted as this would mean in-sourcing the inherent risks of a catering operation. Using an external catering contractor, who is able to benefit from economies of scale and dedicated business expertise, means that TRCH is able to receive a guaranteed return.

74 Exclusion of the public

The Committee agreed to exclude the public from the meeting during consideration of the remaining item in accordance with Section 100A(4) of the Local Government Act 1972, Schedule 12A, Part 1, Paragraph 3, on the basis that having regard to all the circumstances, the public interest in maintaining the exemption outweighed the public interest in disclosing the information.

75 Exempt appendix - Supply of catering at Theatre Royal and Royal Concert Hall

Resolved to note the exempt appendix to minute 73 above.

Subject:	Integrated Wellbeing Service (IWS) - 2024 onwards		
Corporate Director/ Director:	Catherine Underwood, Corporate Director, People Lucy Hubber, Director of Public Health		
Portfolio Holder:	Adult Social Care and Health		
Report author and contact details:	Matt Corder, Public Health Principal Matt.Corder@nottinghamcity.gov.uk		
Other colleagues who have provided input:	Vicky Lewis, Public Health Commissioning Officer Vicky.lewis@nottingham.gov.uk David Johns, Deputy Director of Public Health David.Johns@nottinghamcity.gov.uk		
Key Decision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Subject to call-in	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reasons: <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £750,000 or more taking account of the overall impact of the decision			<input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital
Significant impact on communities living or working in two or more wards in the City			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Type of expenditure:	<input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital		
Total value of the decision: Up to £23,750,000 (£2,375,000 per annum x 10 years)			
Wards affected: All			
Date of consultation with Portfolio Holder: 26 April 2023			
Relevant Council Plan Key Outcome:			
Clean and Connected Communities		<input type="checkbox"/>	
Keeping Nottingham Working		<input type="checkbox"/>	
Carbon Neutral by 2028		<input type="checkbox"/>	
Safer Nottingham		<input type="checkbox"/>	
Child-Friendly Nottingham		<input checked="" type="checkbox"/>	
Healthy and Inclusive		<input checked="" type="checkbox"/>	
Keeping Nottingham Moving		<input type="checkbox"/>	
Improve the City Centre		<input type="checkbox"/>	
Better Housing		<input type="checkbox"/>	
Financial Stability		<input type="checkbox"/>	
Serving People Well		<input type="checkbox"/>	
Summary of issues (including benefits to residents/service users):			
<p>Nottingham City Council is responsible for improving the health and wellbeing of the local population. This responsibility, along with the overarching aim to increase healthy life expectancy, is made explicit within Nottingham City Council's Strategic Plan 2023 - 2027 "People outcome – living well in our communities."</p> <p>The latest analysed data (June 2022), shows that healthy life expectancy for both men and women in Nottingham is significantly lower than the England average: with men living 5.7 years less in good health, and women 6.8 years less in good health. The risk factors which contribute most to the onset of disability and the foreshortening of life include smoking and tobacco, diet, nutrition, physical inactivity, and alcohol and drug use.</p> <p>Nottingham City Council commission services to reduce the prevalence and impact of these modifiable behavioural risk factors such as tobacco use, physical inactivity, and unhealthy</p>			

diet. Historically, these have been commissioned as separate services and delivered by multiple service providers. Contracts for these commissioned services are due to end 31 March 2024. A new offer of support is required to ensure health and wellbeing services meet the current and future needs of local communities and deliver Best Value.

From April 2024, the Council intends to amalgamate a range of health improvement interventions into one service model, referred to as an Integrated Wellbeing Service (IWS). The Council will seek to commission a prime provider model, which will be responsible for delivering the service functions in an innovative, dynamic, and flexible manner across Nottingham, ensuring Best Value with the following objectives:

- Maintaining and improving the health of Nottingham City residents;
- Preventing future ill-health and its negative impacts on the local population;
- Reducing future and existing pressures on local health and care services;
- Putting the service user at the centre of provision, in-line with the personalisation agenda.

The proposed Integrated Wellbeing Service will provide a single-entry point to health and wellbeing support for residents wishing to address lifestyle and behavioural factors (such as smoking or weight management) whilst considering support and signposting around the wider determinants such as emotional wellbeing and other factors that might be negatively impacting their health.

The service will take a life course approach to prevention of ill-health, valuing the health and wellbeing of both current and future generations. The service will recognise the significant role the wider determinants of health play, and help individuals receive the support they require and related to the conditions which people are born, live, learn and work.

This will follow a sensitive and responsive local needs approach by working 'with' rather than 'in' communities. To that extent, the service will take an asset-based approach built on local need. The behaviour change service will be required to link with and complement the existing offers in the community and provide additional resources to further develop healthy communities and environments locally.

Exempt information: None.

Recommendations:

1 Approve the expenditure of £23,750,000* of ring-fenced public health grant over the entirety of the contract (10 years), for the provision of the Integrated Wellbeing Service.

*This figure represents the investment from Nottingham City Council. Funding from external partners may be used in addition to Nottingham City Council funding to expand the future service offer.

2 Approve the procurement and award of the contract for the Integrated Wellbeing Service through an appropriate procurement process, commencing on 1 April 2024 for a five-year period, with an option to extend for a further five years i.e. 5 (+3 +2), for a maximum contract length of 10 years in total.

3 Delegate authority to the Director of Public Health to approve the outcome of the procurement processes and award contracts to the most suitable providers.

4 Delegate authority to the Director of Governance and Legal or their delegates to sign the final contracts and agree extensions based on performance and budget availability.

1. Reasons for recommendations

1.1. Health of the population

1.1.1. Recent data for Nottingham shows the need for a change of approach:

Healthy weight and physical activity

- One in four children has overweight or obesity when starting Primary School and that number becomes 2 in 5 amongst those starting Secondary School
- Almost seven in ten adults (66.9%) in Nottingham City are living with overweight or obesity and 28.4% of adults are living with obesity; significantly higher than the England average (63.5% and 25.3% respectively)
- Just under one in four (24.1%) adults in Nottingham are inactive, comparable to the England average
- Four of the top five largest causes of (preventable) death and non-communicable diseases in Nottingham are directly or in-directly related to diet and physical inactivity
- In 2019/20, Nottingham recorded 3,145 hospital admissions per 100,000 where obesity was a factor compared to a national rate of 1,869 admissions per 100,000; this is the 4th highest in England.

Smoking

- While smoking rates are lower than they have been, the last three years has seen rates remain steady with a prevalence of 19.1% in 2021; significantly higher than the national average (13.6%)
- Smoking is one of the largest causes of ill-health and early death in Nottingham. It has an impact on children and young people's lives through pregnancy to adolescence, with 13% of pregnant women smoking at the time of delivery. This is significantly higher than the national average of 9.1%
- Nottingham is due to miss the Smoke Free 2030 target currently by 10 years.

1.2. Benefits of the proposed approach

1.2.1. The proposed service will provide holistic health and wellbeing support to Nottingham's residents across the life-course. It will provide timely, flexible, and personalised support to enable residents to make positive and sustainable changes to health behaviours. This will include direct support alongside signposting to community or health and social care services. The service will provide support for residents who have a Nottingham City postcode and/or registered to a Nottingham City GP. The new service will benefit the wider health and care system. Living with obesity, being physically inactive, and smoking all add to health service costs as well as the cost of informal and formal social care.

- 1.2.2. In the proposed model, the Council contracts with a single organisation (or consortium) who have identified the best way to deliver services based on the needs of the local population. This may include the direct provision of services in combination with the sub-contracting of local providers. In the event of sub-contracting, the Council retains overall accountability for the commissioned service, while the prime provider holds each of the sub-contractors to account individually.
- 1.2.3. This approach has several advantages for the Council including clear and simple governance; access to external, subject experts; and best value. The model also provides the flexibility needed by providers to collaborate where it helps meet local need.
- 1.2.4. The model is currently out for consultation with Nottingham City residents and stakeholders. However, it will offer residents and health professionals making referrals, a simpler route into a variety of digital, telephone and face-to-face services with a recognisable Nottingham 'brand.' It will offer greater capacity and improved availability. Any provider will aim to ensure residents only have to tell their story once as they navigate the numerous services on offer.
- 1.2.5. The tender process will be used to ensure any service is designed for Nottingham residents and addresses local need. The social value providers can offer Nottingham City will also be scored as part of the tender process.
- 1.2.6. The service will support the Council's statutory responsibilities. The Care Act 2014 requires local authorities to ensure that residents who live in their areas receive services that prevent their care needs from becoming more serious, or delay the impact of their needs; have access to the information and advice they need to make good decisions about care and support; have a range of provision of high quality, appropriate services to choose from; and have an individual care plan to meet their needs. The Council (Public Health), also has a statutory responsibility to take steps to improve the health and wellbeing of the local population.

1.3. Commercial Oversight Board

- 1.3.1. The Commercial Oversight Board, made up of senior officers of the Council, have considered the Integrated Wellbeing Service and planned procurement.

The advice from the officers on that board is that the commercial strategy outlined for this service is the best option for the Council and recommend that the report proceed to Commissioning and Procurement Executive Committee. It is the professional opinion of the officers on this board that the proposed model provides the best outcomes for Nottingham citizens and will deliver Best Value.

- 1.4. Subject to approval by Committee, the next steps and key milestones are as follows:

Open tender process	Summer 2023 (date TBC)
Awarding of the contract	November 2023
Mobilisation	December 2023 – March 2024
Service goes live	01 April 2024

2. Background (including outcomes of consultation)

2.1. Benchmarking

- 2.1.1. In November 2022, Nottingham City Council took part in a benchmarking report undertaken by Lincolnshire County Council regarding Integrated Wellbeing Services. The benchmarking exercise targeted specific areas including eligibility, pathways, delivery model, relationships, performance, finance, and procurement approaches for a greater understanding on how other authorities operated and how lifestyle/ wellbeing services were being delivered. The locations chosen had a similar demographic (CIPFA nearest neighbours) or are neighbouring authorities.
- 2.1.2. As part of the benchmarking exercise, Lincolnshire County Council contacted a total of 37 local authorities. Out of those 37 authorities, 11 provided full responses to the benchmarking exercise, of those, nine stated that their current service was integrated.
- 2.1.3. The 11 authorities were asked what behavioural change interventions were included within their lifestyle/wellbeing service offer in their area. All 11 authorities included adult weight management, ten included smoking cessation, nine included physical activity and eight included brief emotional wellbeing advice as part of their lifestyle/wellbeing offer.
- 2.1.4. Amongst areas with an integrated service, cost, the views of elected members, and ease of access, were drivers behind the creation of services and the delivery models chosen. Five areas deliver their service in-house and six commission external providers which is the option Nottingham City is proposing.
- 2.1.5. The report showed that although the contract length for each authority varied, the maximum contract length tended to be between five and eight years. Seven authorities stated their payment mechanisms for the contracts were block contracts (fixed amount), including one authority with performance-related bonus payments. It is proposed that Nottingham City Council awards the contract for up to 10 years (5 +3 +2) providing continuity of service and continuous improvement plans alongside a commissioner request for ongoing Best Value reviews and Equality Impact Assessments (EIAs). The proposed payment structure will include a hybrid of block and payment by performance.
- 2.1.6. The report indicated an emphasis on delivering sequential and simultaneous interventions alongside a requirement for services to have a person-centred approach to deliver the correct intervention/s at the correct time for each service user. This will be achieved by personal goal setting using the SMART model, the holistic assessment, and the allocation of a 'wellbeing navigator' throughout the customer journey.
- 2.1.7. The report also indicated the importance of a wellbeing service making local connections with support services such as housing, sport and leisure, alcohol and drug use, mental health and voluntary community sector services and organisations in conjunction with primary and secondary care. This will be strongly recommended within the service specification.

2.1.8. The services most commonly available within the Integrated Wellbeing Services are, smoking cessation, weight management, NHS Health Checks, brief advice, and elements of physical activity.

2.2. Proposed Nottingham City model

2.2.1. In Nottingham City, it is proposed the service will contain a core offer:

- Stop smoking and tobacco service
- Targeted physical activity programme
- Eating and Moving for Good Health programme (Tier 1) - universal behavioural interventions for all ages i.e. prevention and reinforcement of healthy eating and physical activity messages
- Healthy lifestyle programmes (Tier 2) - lifestyle weight management services providing diet, nutrition, lifestyle, and behaviour change advice
 - Adult (18+) - community and digital based programmes
 - Children and family (5+) - school and community-based programmes

2.2.2. These programmes will be supported by additional functions within the scope of the service. These are currently subject to change but include:

- Health MOT programme
- Mental and emotional wellbeing programmes
- Alcohol use screening and brief advice
- Substance use screening and referral
- Gambling harms screening and referral
- Financial wellbeing conversation and referral
- Healthy conversations training (i.e. brief advice training for healthcare, schools, and community and voluntary sector)
- Social marketing (i.e. targeted campaigns with local information)

2.2.3. Finally, the service will also build in capacity for test and learn areas that consider innovative practice to meet emerging needs within our communities; for example, vaping cessation services for adolescents.

2.2.4. A continuous improvement programme will ensure that, within the financial envelope outlined in this paper, the service offer and models of delivery evolve to meet the changing needs of the local population.

2.3. Public and Community engagement

2.3.1. To ensure that proposals meet the current needs and expectations of the population, we are asking service users, strategic partners, and local services for their views. The Council are also keen to hear the views of the wider public, those who may wish to access health improvement services directly or support services in the future.

2.3.2. The feedback will help the strategic commissioning process to:

- Understand how services can be structured to best meet the needs of current and future service users across Nottingham
 - Achieve the best health outcomes possible with the funding available, and to understand how these outcomes can be met whilst ensuring Best Value
 - Identify the key issues around services, to agree what the priorities in Nottingham should be for the coming years
 - Gain a deeper understanding of how to best utilise and improve pathways and links between services.
- 2.3.3. Engagement and consultation on the Council's proposals will take place in two stages: stage 1 will inform the development of an Integrated Wellbeing Service model and stage 2 will refine and finalise an Integrated Wellbeing Service model.

2.3.4. Engagement and consultation activities to date include:

a) A public engagement survey

- *Target audience:* residents and partner organisations
- *Timeline:* 8 weeks (from 31st March 2023 to 30th May 2023)
- *Distribution:* Available in digital (Nottingham Engage Hub) and hard copies and shared with internal and external stakeholders (e.g. NCVS (Nottingham Community Volunteer Service), NHS, ICB (Integrated Care Board), SSBC (Small Steps Big Changes) and targeted groups (e.g. Reducing Harm group, ABBA, SMD (Severe Multiple Disadvantage) groups) and via social media channels
- *Responses:* As of 16th May 2023, 82 responses have been submitted and feedback is positive (64 responding as a member of the public and 18 responding on behalf of an organisation)
 - 68.3% strongly agree or agree that the vision supports the current and future needs of service users
 - 71.9% strongly agree or agree that the proposals will improve access to health improvement services
 - 70.7% strongly agree or agree that the proposals will cater for current and future health improvement service users' needs.

b) Soft market engagement

- *Target audience:* Prospective service providers
- *Timeline:* Online event held on 17th April 2023
- *Summary:* Approximately 60 service providers were present (a mix of local and national service providers, partners, and voluntary, community & social enterprise)

- Contact details were shared to enable connections between providers
 - A follow-up online survey was shared with those registered onto the event. Responses were anonymous
 - 20 attendees responded to questions related to their opinions around the proposed scope, potential barriers, contract length, finance, appetite to bid and any further comments
- *Responses:*
 - 61% felt the proposals to deliver interventions to approximately 10,000 individuals per year were about right
 - 89% felt the prospect of a total contract for up to 10 years was the right length
 - 80% felt the proposed budget per year was the right about
 - 95% indicated they would be keen to bid for the service and remaining 5% stated they required further information.

c) Stakeholder input

- Conversations have been held with the ICB, University of Nottingham, Nottingham CVS, other Nottingham City Council departments, and Nottingham University Hospitals to inform service and pathways design
- Opportunities for co-commissioning have been discussed
- Conversations will continue, including after the service has been awarded through continuous improvement.

3. Other options considered in making recommendations

- 3.1. *Continue to commission separate, individual health improvement interventions delivered across multiple service providers* - This does not currently allow the providers to holistically address multiple health and behavioural factors simultaneously. Participants are supported with a single aspect of their health rather than addressing wider determinants and contributing factors impacting negatively on their overall health and wellbeing which often does not lead to sustainable change. Service users are currently expected to fit into existing services in this model, with limited flexibility in the delivery of interventions. As the aim of this proposal is to increase capacity, individual services would also exceed the Public Contract Regulations 2015 (PCR) thresholds requiring open and competitive tenders for each service. Therefore, this option has been rejected.
- 3.2. *Commission a provider collaborative of local health and wellbeing providers, led by a single, lead provider (place-based provider alliance)* – the proposed service is above the PCR thresholds and thus requires a fair, open and transparent process to be undertaken that allows any economic operator (supplier) to participate. As such, legislation requires an open and competitive tender process which will include bids from a local collaborative.
- 3.3. *Provide the service in-house, through Nottingham City Council's Sport and Leisure department (supported by Public Health as required)* – This was explored as part of the development of the service model. Sport and Leisure colleagues have identified that they do not currently have the necessary skills

and resources to deliver the full range of interventions the Integrated Wellbeing Service intends to offer. Discussions showed that the capacity and capability gap was significant and would lead to increased costs and significant delay in service development and impact on health outcomes when compared to procurement. This was confirmed by the Commercial Oversight Board who concluded that the proposed model provides the best outcomes for Nottingham residents and will deliver Best Value. Therefore, this option has been rejected.

4. Consideration of Risk

- 4.1. There is a potential risk that a prime provider without an understanding of Nottingham's communities is awarded the contract. This is being mitigated by specific questions to assess bids within our procurement process and work to connect providers and local community organisations.
- 4.2. There is a risk that the service does not achieve the key performance indicators (KPIs). Mitigations include ensuring that the procurement process ensures providers demonstrate a successful track record. In addition, the Council has a robust governance structure to ensure progress against KPIs and, where necessary, require improvement plans be put in place.
- 4.3. There will be some risk associated with the cultural shift to an integrated model of service provision if there are a large number of sub-contracts, which may be challenging for service users and for the staff involved to implement the new approach.
- 4.4. Early evidence from other local authorities that have implemented an integrated model suggests that it can be less effective for some lifestyle change programmes, particularly smoking cessation, due to use of more generalist staff resulting in lower performance. More specialist staff capacity will be needed to respond to the volume of service users requiring support, particularly where there are complex/additional needs, which may result in lower outcomes achieved. Regular monitoring meetings will be arranged between commissioner and provider to mitigate these risks.

5. Best Value Considerations

- 5.1. The Council's internal Commercial Oversight Board (COB) have considered the Integrated Wellbeing Service and planned procurement. The Board advised that the commercial strategy outlined for this service is the best option for the Council and recommended that the report proceed to Commissioning and Procurement Executive Committee. It is the Board's conclusion that the proposed model provides the best outcomes for Nottingham residents and will deliver Best Value.
- 5.2. The procurement process will ask providers to consider social value and how the service can maximise its positive impact within Nottingham City communities. This will include engagement with local communities, employment opportunities for local people, and building local supply chains. Providers will be asked to monitor and evaluate their social value as the contract progresses.
- 5.3. Best Value is about being able to demonstrate that our proposals are economic, efficient, and effective, and fully consider the outcomes for local residents and service users:

- 5.3.1. **Effectiveness:** ensuring investment of public health funds delivers improvements in key public health outcomes, supported, and informed by evidence and intelligence. The specification will be informed by local engagement, backed up by local and national data in terms of health outcomes for Nottingham City and evidence based best practice and guidelines for the delivery of interventions. The Integrated Wellbeing Service will support the delivery of the Joint Health and Wellbeing Strategy 2022-2025 priorities of Eating and Moving for Good Health and Smoking and Tobacco Control as well as being aligned to the eight principles. The Key Performance Indicators (KPIs) and patient recorded outcome measures will reflect not only the throughput of the service by address the ‘So What’ question showing the full extent of the impact the service has on residents.
- 5.3.2. **Efficiency:** the service offer and delivery model will be regularly reviewed to ensure that the Council is using its resources well and productively, minimising waste and duplication and will seek a framework and delivery plan by the provider to continuously improve and deliver on improved outcomes throughout the contract. There will also be a commissioner request for the provider to undertake regular equity reviews.
- 5.3.3. **Economy:** the strategic allocation of ring-fenced public health grant and other grant funds to eligible service provision to support delivery of key outcomes, in line with population need, commissioning framework and national guidance. This has been informed by the benchmarking report and speaking with other local authorities that commission an integrated service, as well the analysis of local and national data informing the need for an improved offer for Nottingham City regarding physical inactivity, smoking and tobacco control and the level of those living with overweight and obesity. Economic modelling by NICE has been used to inform the overall budget for the service using a cost per participant model for the programmes.
- 5.3.4. **Compare:** see section 2.1 regarding benchmarking report across 11 local authorities, in addition to professional conversations regarding current integrated lifestyle/wellbeing services with Nottinghamshire County Council, Luton Borough Council, and Buckinghamshire County Council. **Consult:** see section 2.3 detailing public and stakeholder engagement. **Compete:** see section 9.8, there will be an open competitive tender process with weighted evaluation of responses. **Challenge:** The proposed delivery model has been benchmarked against others (see section 2.1) and the service specification will have input from local professionals, key stakeholders, and residents.
- 5.3.5. The pricing ranged across the 11 local authorities benchmarked, between £300,000 and £3,000,000 per annum, with an average cost per participant ranging from £141 to £425. If agreed, the budget for the Nottingham City service would equate to an estimated cost per participant of £216 (10,800 resident interactions).
- 5.3.6. Best Value will be secured by commissioning the service through a fair and transparent competitive procurement process, managed through East Midlands procurement portal, Due North. Notification will be issued to potential providers through the portal to ensure that they are aware of the upcoming tender and generate market interest and competition.

6. Finance colleague comments (including implications and value for money/VAT)

- 6.1 For reasons outlined by the report author, this decision seeks approval to approve expenditure and procurement of £23,750,000 from the Public Health grant, towards an Integrated Wellbeing Service from 1st April 2024 for five-year option to extend for three, then a further two years.
- 6.2 The annual cost of this decision is £2,375,000.

Integrated Wellbeing Service (IWS)	Budget per annum	Total 5 years	Total (5 + 3 years)	Total (5 + 3 +2 years)
Public Health Grant		£11,875,000	£19,000,000	£23,750,000
TOTAL	£2,375,000	£11,875,000	£19,000,000	£23,750,000

- 6.3 The maximum cost of this decision is £23,750,000 and is incorporated within the expenditure of Public Health Medium Term Financial Plan and in line with Public Health priorities. If Public Health funding were to reduce in future years, the service would need to realign services within the revised available funding limit ensuring that no financial pressure arises. The service will need to ensure they consider the best value framework when awarding the procurement contract and that there is an appropriate exit strategy.
- 6.4 Once the decision is approved, a budget virement will be posted to realign the budgets, supporting budget managers to robustly monitor the budget.
- 6.5 The actual costs associated with this decision will require regular monitoring to form appropriate financial accounting and an audit trail to support robust forecasting. Any decisions taken will need to be captured against this decision value to ensure it is not exceeded. This information will also be used for internal/external reporting purposes as required. If there are any changes to the proposal in this decision, further approval would be required.

Tracey Moore, Commercial Business Partner – 28 April 2023

7. Legal colleague comments

- 7.1 There are no specific legal implications arising from this decision at this stage. It is noted that the services are to be contracted through open and compliant procurement processes, and the service specification will be developed in due course. Legal will continue to assist with the development of the contract and schedules as required.

Benita Meehan, Contracts and Commercial Solicitor – 17 May 2023

8. Procurement colleague comments

- 8.1 This decision to approve the procurement of an Integrated Wellbeing Service is supported by the Procurement Team, who will manage the open competitive tendering process. Market engagement has recently been undertaken and will feed into the final service model. The service specification and procurement process will ensure inclusion of social value benefits in delivery of the contract.
- 8.2 Consideration was given to the proposal at the Commercial Oversight Board on 24 April 2023, where it was approved to proceed to Commissioning and Procurement Executive Committee.

9. Social value considerations

- 9.1 The Integrated Wellbeing Service will adapt a life course approach, which will accommodate delivery to facilitate the changes in needs and opportunities of different age groups. It will appreciate that individual's health behaviours depend on the characteristics and attitudes of the individuals, alongside the wider contexts and environments in which they live. Health improvement interventions can prevent and manage conditions such as coronary heart disease, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers and have positive effects on wellbeing, mood, sense of achievement, relaxations, and release from daily stress.
- 9.2 The service will enable the development of social capital by providing space for people to interact, develop skills and build local community capacity. By providing opportunity for social contact and effective and structured activity this can also act as an alternative to antisocial behaviour.
- 9.3 The specification will request active engagement and co-creation with local people so that the Integrated Wellbeing Service is seen as a community resource and the activities reflect the needs and priorities and to determine access and flexibility of service so that support is accessible and relevant to the whole community.
- 9.4 In 2020, Sport England commissioned economists at the Sport Industry Research Centre at Sheffield Hallam University to quantify the economic and social return on investment for sport and physical activity. The findings of this report show that for every £1 spent on community sport and physical activity in England, an economic and social return on investment of £3.91 is generated. Considering physical health benefits, mental wellbeing uplifts and economic development – the contribution was found to benefit some £85.5 billion to the English economy and society. The report details exactly how sport and physical activity adds value - from the prevention of 900,000 cases of diabetes and 30 million fewer GP visits due to improved health, as well as helping to deliver stronger and safer communities with fewer crime incidents, and the 285,000 jobs that community sport supports.
- 9.5 The specification will also encourage that recruitment of staff for the service are local Nottingham City residents that reflect the demographics and communities within the city, for example, employing local residents or target groups such as young unemployed people.
- 9.6 The service will include an emphasis on, building local supply chains, procuring with the voluntary, community and social enterprise (VCSE) sector, working with schools and young people, requiring the provider to pay a living wage and minimising negative environmental impact.
- 9.7 The Council use social value to ensure local suppliers/providers and residents are front and centre within the tender process and service specification, this has proven successful over the last nine years it has been implemented.
- 9.8 The tender process will include a question on social value with a minimum weighting of 10% applied to the evaluation criteria. This will include consideration of whether providers are committed to paying staff Real Living

Wage (RLW). This is a standard question in the Supplier Questionnaire, and we will also include a statement within the specification under the Social Value section to say that we will encourage providers to pay the RLW.

10. Regard to the NHS Constitution

10.1 Local Authorities have a statutory duty to have regard to the NHS Constitution when exercising their public health functions under the NHS Act 2006. In making decisions relating to public health functions, we consider the NHS Constitution where appropriate and consider how it can be applied to commission services to improve health and wellbeing.

10.2 The Integrated Wellbeing Service fits with the aims of the NHS Constitution by working across organisational boundaries to deliver support across systems and pathways. It will provide best use of taxpayers' money, offering effective, fair, and sustainable use of finite resources. It will provide person-centred, strength-based care plans, putting the citizen at the heart of the service and supporting individuals to promote and manage their own health.

11. Equality Impact Assessment (EIA)

11.1 Attached as Appendix 1 (in draft form), and due regard will be given to any implications identified in it.

12. Data Protection Impact Assessment (DPIA)

12.1 Attached as Appendix 2 (in draft form), and due regard will be given to any implications identified in it.

13. Carbon Impact Assessment (CIA)

13.1 Attached as Appendix 3 (in draft form), and due regard will be given to any implications identified in it.

14. List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)

14.1 Lincolnshire County Council - Integrated Lifestyle Service Benchmarking Report (November 2022) – attached as Appendix 4

14.2 Public engagement survey – attached as Appendix 5

14.3 Soft Market Engagement survey – attached as Appendix 6

14.4 PowerPoint Presentation from Commercial Oversight Board – attached as Appendix 7

15. Published documents referred to in this report

15.1 [Nottingham City Council's Strategic Plan 2023-2027](#)

15.2 [Nottingham Insight](#) (local database)

15.3 [Nottingham Joint Health and Wellbeing Strategy 2022-2025](#)

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Equality Impact Assessment (EIA) Tool

Please ensure you have read the [guidance pages](#) prior to completing this tool

Document Control

Control Details:	
Title of EIA/ Decision (DDM):	Integrated Wellbeing Service (IWS)
Budget booklet code (if applicable):	
If this is a budget EIA please ensure the title and budget booklet code is the same as the title used within the budget booklet	
Name of author (Assigned to Pentana):	Vicky Lewis, Public Health Commissioning Officer
Department:	Health Improvement, Public Health
Director:	Catherine Underwood
Division:	Peoples
Contact details:	vicky.lewis@nottinghamcity.gov.uk 0115 876 4117
Strategic Budget EIA:	Yes
Exempt from publication:	No
Date decision due to be taken:	30/05/2023 - Commissioning & Procurement Executive Committee

Document Amendment Record

Version	Author	Date
V1	Vicky Lewis	XX/05/2023

Contributors/Reviewers (Anyone who has contributed to this document to be named)

Name	Title role	Date
Matt Corder	Public Health Principal	XX/XX/2023
David Johns	Deputy Director of Public Health	XX/XX/2023

Glossary of Terms

Term	Description
IWS	Integrated Wellbeing Service
EIA	Equality Impact Assessment - a systematic and evidence-based process, which verifies that Nottingham City Council policies and practices are equality proof and not discriminatory. This document is an EIA.
DDM	Delegated Decision Making – part of Nottingham City Council’s formal decision-making processes.

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Section 1 – Equality Impact (NCC staff/ Service users/ Citizen/ Community impact)

1. a. Brief description of proposal/ policy/ service to be assessed

Nottingham City Council is responsible for improving the health and wellbeing of the local population. This responsibility, along with the overarching aim to increase healthy life expectancy, is made explicit within Nottingham City Council’s [Strategic Plan 2023 -2027](#) “People outcome – living well in our communities”. The Plan states: “Nottingham will be a healthy, diverse and inclusive place, where people have the best possible chance of living long, independent and healthy lives. Our health is impacted by almost every aspect of our lives – our homes, our education, our employment, our local

environment and more. To live a good life, we all need support at some point. This means people being able to access care and support when it is needed”.

The latest analysed data (June 2022) shows that healthy life expectancy for both men and women in Nottingham is significantly lower than the England average: with men living 5.7 years less in good health, and women 6.8 years less in good health. The risk factors which contribute most to the onset of disability and the foreshortening of life include smoking and tobacco, diet, nutrition and physical inactivity, and alcohol and drug use.

The Council commission services to reduce the prevalence and impact of these modifiable behavioural risk factors such as tobacco use, physical inactivity, and unhealthy diet. Historically, these have generally been commissioned as separate services and delivered by multiple service providers.

Current contracts are due to end 31 March 2024. A new offer of support is required that ensures health and wellbeing services meet the current and future needs of local communities and deliver best value. Therefore, from April 2024, the Council intends to amalgamate a range of health improvement interventions into one service model, referred to as an Integrated Wellbeing Service (IWS).

The Council will seek to commission a single Provider, that will be responsible for delivering the service functions in an innovative, dynamic, and flexible manner across Nottingham, ensuring Best Value with the following objectives:

- Maintaining and improving the health of Nottingham City citizens
- Preventing future ill-health and its negative impacts on the local population
- Reducing future and existing pressures on local health and care services
- Putting the Service User at the centre of provision, in-line with the personalisation agenda.

The services that are within scope of Nottingham City Council’s IWS are:

- **Stop smoking service** – including development of a Cannabis Cessation offer and a Quit Vaping offer for young people
- **Targeted Physical activity programme**
- **Eating and Moving for Good Health programme (Tier 1)** - universal behavioural interventions for all ages i.e. prevention and reinforcement of healthy eating and physical activity messages
- **Healthy lifestyle programmes (Tier 2)** - lifestyle weight management services providing diet, nutrition, lifestyle, and behaviour change advice
 - Adult (18+) - community and digital based programmes

- Children and family (5+) - school and community-based programmes
- **Health MOT programme**
- **Mental and emotional wellbeing** - 5 ways to wellbeing programme
- **Alcohol use screening and brief advice**
- **Substance use screening and referral**
- **Gambling screening and referral**
- **Healthy conversations training** - brief advice for healthcare, schools, and voluntary care sector
- **Social marketing** i.e. targeted campaigns with local information

The Service will provide a single-entry point to health and wellbeing support for residents wishing to address lifestyle and behavioural factors (such as smoking or weight management) whilst considering support and signposting around the wider determinants such as emotional wellbeing and other factors that might be negatively impacting their health.

The Service will focus on taking a life course approach to prevention of ill health, valuing the health and wellbeing of both current and future generations. Addressing the wider determinants of health will help improve overall population health, individual wellbeing and the conditions which people are born, live, learn and work.

The Service will follow a community asset-based approach, by working 'with' rather than 'in' communities. The behaviour change service will link with and compliment the wider offers in the community and provide additional resources to further develop healthy communities and environments locally.

1. b. Information used to analyse the equalities implications

Recent data for Nottingham shows the need for a change of approach:

- Almost seven in ten adults (66.9%) in Nottingham City are living with overweight or obesity and 28.4% of adults are living with obesity; significantly higher than the England average (63.5% and 25.3% respectively)
- Just under one in four (24.1%) adults in Nottingham are inactive, comparable to the England average
- Four of the top five largest causes of (preventable) death and noncommunicable diseases in Nottingham are directly or in-directly related to diet and physical inactivity

- Nottingham recorded 3,145 hospital admissions per 100,000 where obesity was a factor compared to a national rate of 1,869 admissions per 100,000; this is the 4th highest in England
- 1 in 4 children has overweight or obesity when starting Primary School and that number is 2 in 5 when starting Secondary School
- The smoking rates in Nottingham have been reducing steadily with adult smoking prevalence of 16.5% but is still higher than the national average 13% in 2021
- Smoking is one of the largest causes of ill-health and early death in Nottingham. It has an impact on children and young people's lives through pregnancy to adolescence, with 13% of pregnant women smoking at the time of delivery. This is significantly higher than the national average of 9.1%
- Nottingham is due to miss the Smoke Free 2030 target currently by 10 years.

The service will provide holistic health and wellbeing support to Nottingham's citizens across the life-course. The proposed service is to provide timely, flexible, and personalised support to enable citizens to make positive and sustainable changes to health behaviours. The proposed service will support service users to develop new routines and healthy habits addressing health related needs in citizen's lives that impact negatively on their health and wellbeing. This will include direct support or signposting to community or health and social care services.

The creation of an integrated service will provide:

- Simplified access to support for citizens via a single point of entry
- One recognisable brand for Nottingham City's health improvement services
- The ability to take a more holistic view of an individual's needs and create a support plan that considers their personal barriers and reasons for change
- Streamlined referral routes for healthcare professional use
- Citizens can be supported for a range of needs in one place rather than being passed between services and only need to tell their story once
- Increased capacity to support the needs of the population Ability to provide community and school-based activity to promote positive health behaviours to all.

To help the Council make sure that proposals meet the current needs and demands of the population, we are asking service users, strategic partners, and local services for their views. The Council are also keen to hear the views of the wider public, those who may wish to access health improvement services directly or support services in the future.

The feedback will help the strategic commissioning process to:

- Understand how services can be structured to best meet the needs of current and future service users across Nottingham
- Achieve the best health outcomes possible with the funding available, and to understand how these outcomes can be met whilst ensuring Best Value
- Identify the key issues around services, to agree what the priorities in Nottingham should be for the coming years
- Gain a deeper understanding of how to best utilise and improve pathways and links between services.

Engagement and consultation on the Council's proposals will take place in two stages: stage 1 will inform the development of an Integrated Wellbeing Service model and stage 2 will refine and finalise an Integrated Wellbeing Service model. Activities to date include:

- A public engagement survey underway collecting views and local need from citizens and partner organisations via Nottingham Engage Hub (ongoing - survey is live for an 8-week duration, from 31st March 2023 to 30th May 2023)
- Soft market engagement online event with providers (17th April 2023)
- Input regarding service design from key stakeholders such as ICB, University of Nottingham, Nottingham CVS, Nottingham City Council, Nottingham University Hospitals (ongoing)

As part of the Integrated Wellbeing Service Commissioning Review, analysis of existing services and support took place.

As the Integrated Wellbeing Service provision is not currently in place, specific monitoring information is currently unavailable.

1. c. Who will be affected and how?

Impact type (NCC staff/ Service users/ Citizens/ Community)	Equality group/ individual	Positive	Negative	None	Reasons for your assessment (Including evidence)	Details of mitigation/ actions taken to advance equality	Details of any arrangements for future monitoring of equality impact (Including any action plans)
Page 45	People from different ethnic groups	X			Service specification includes requirement to provide evidence-based behaviour change interventions tailored to meet the specific health improvement needs of target groups or individuals with consideration given to their and cultural and ethnic background and make onward referrals to appropriate services	Requirement in service specification to identify ways of engaging people of all ethnicities, and especially ethnicities who are subjected to health inequalities and non-English speaking communities and those families who are relatively new to the UK health system	Activity monitoring related to engagement with IWS by ethnicity, refugee or asylum seeker services and by families who do not speak English and update the EIA and approach as a result
	Men			X	Provision of integrated wellbeing service is not likely to have a differential impact based on sex or gender		
	Women			X	As above		
	Trans			X	As above		
	Disabled people/ carers	X			Service specification includes requirement to provide evidence-based behaviour change	Requirement in service specification to identify ways of engaging people with	Activity monitoring related to engagement with IWS by disability

					interventions tailored to meet the specific health improvement needs of target groups or individuals with consideration given to their disability, mental health, and carer status and make onward referrals to appropriate services	disabilities and caring responsibilities with appropriate behaviour management interventions or necessary referrals	and carer status and update the EIA and approach as a result
Page 46	Pregnancy and maternity	X			Service specification includes requirement to provide evidence-based behaviour change interventions tailored to meet the specific health improvement needs of pregnant individuals and throughout early parenthood and make onward referrals to appropriate services	Requirement in service specification to identify ways of engaging with those supporting during pregnancy and early parenthood e.g. weight management and stop smoking interventions	Activity monitoring related to engagement with IWS with those supporting during pregnancy e.g. family nurse partnership, midwives/ health visitors
	Marriage/Civil Partnership			X	Provision of integrated wellbeing service is not likely to have a differential impact-based marriage/civil partnership status		
	People of different faiths/ beliefs and those with none			X	Provision of integrated wellbeing service is not likely to have a differential impact based on faiths/beliefs and those with none		
	Lesbian/ Gay/ Bisexual people			X	Provision of integrated wellbeing service is not likely to have a differential impact based on sexuality		

	Older			X	Service specification includes requirement to provide evidence-based behaviour change interventions tailored to meet the specific health improvement needs of older individuals and make onward referrals to appropriate services	Requirement in service specification to identify ways of engaging older people with appropriate behaviour management interventions or necessary referrals	
	Younger			X	Service specification includes requirement to provide evidence-based behaviour change interventions tailored to meet the specific health improvement needs of younger individuals and make onward referrals to appropriate services	Requirement in service specification to identify ways of engaging younger people with appropriate behaviour management interventions or necessary referrals	
Page 47	Other (e.g. looked after children, cohesion/ good relations, vulnerable children/ adults), socio-economic background. <i>Please underline the group(s) /issue more adversely affected or which benefits.</i>	X			Service specification includes requirement to provide evidence-based behaviour change interventions tailored to meet the specific health improvement needs to target/ prioritise and engage with the most deprived areas across Nottingham and make onward referrals to appropriate services		

1. d. Summary of any other potential impact (including cumulative impact/ human rights implications):

None known at this stage.

Section 2 – Equality outcome

Please include summary of the actions identified to reduce disproportionate negative impact, advance equality of opportunity and foster good relations. Please pull out all of the mitigations you have identified and summarise them in this action plan

Equality Outcome	Adjustments to proposal and/or mitigating SMART actions	Lead Officer	Date for Review/ Completion	Update/ complete
Eliminate unlawful discrimination, harassment, victimisation, and any other conduct prohibited by the Equality Act 2010.	<p>Procurement of service to include requirement for provider to give evidence of how they will do this.</p> <p>Contract review process to include equality impact report and notification immediately of any adverse incidents or complaints with regards Equality Act duties</p>	Matt Corder, Public Health Principal	Monitor on a quarterly basis for the entirety of the contract length	
Advance equality of opportunity between those who share a protected characteristic and those who don't	<p>Procurement of service to include requirement for provider to give evidence of how they will do this.</p> <p>Contract review process to include equality impact report the evidence of activity that contributes to this outcome</p>	Matt Corder, Public Health Principal	Monitor on a quarterly basis for the entirety of the contract length	

<p>Foster good relations between those who share a protected characteristic and those who don't</p>	<p>Procurement of service to include requirement for provider to give evidence of how they will do this.</p> <p>Contract review process to include equality impact report the evidence of activity that contributes to this outcome</p>	<p>Matt Corder, Public Health Principal</p>	<p>Monitor on a quarterly basis for the entirety of the contract length</p>	
<p>(Please add other equality outcomes as required – e.g. mitigate adverse impact identified for people with a disability)</p>				

Please note: All actions will need to be uploaded onto Pentana

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Section 3 – Approval and publishing

<p>The assessment must be approved by the manager responsible for the service /proposal.</p> <p>David Johns, Deputy Director of Public Health, Nottingham City Council</p>	<p>Date sent for advice:</p> <p>16/05/23</p>
<p>Approving Manager Signature:</p>	<p>Date of final approval:</p>

For further information and guidance, please visit the [Equality Impact Assessment Intranet Pages](#)
 Alternatively, you can contact the Equality and Employability Team by telephone on 0115 876 2747

Send document or link for advice and/ or publishing to: edi@nottinghamcity.gov.uk

PLEASE NOTE: FINAL VERSION MUST BE SENT TO EQUALITIES OTHERWISE RECORDS WILL REMAIN INCOMPLETE.

DRAFT

DATA PROTECTION IMPACT ASSESSMENT - INTEGRATED WELLBEING SERVICE (IWS) V1.0

Reference number: DPIA-(reference number to be determined)

Author: Vicky Lewis
Email: Vicky.lewis@nottinghamcity.gov.uk

DATA PROTECTION IMPACT ASSESSMENT

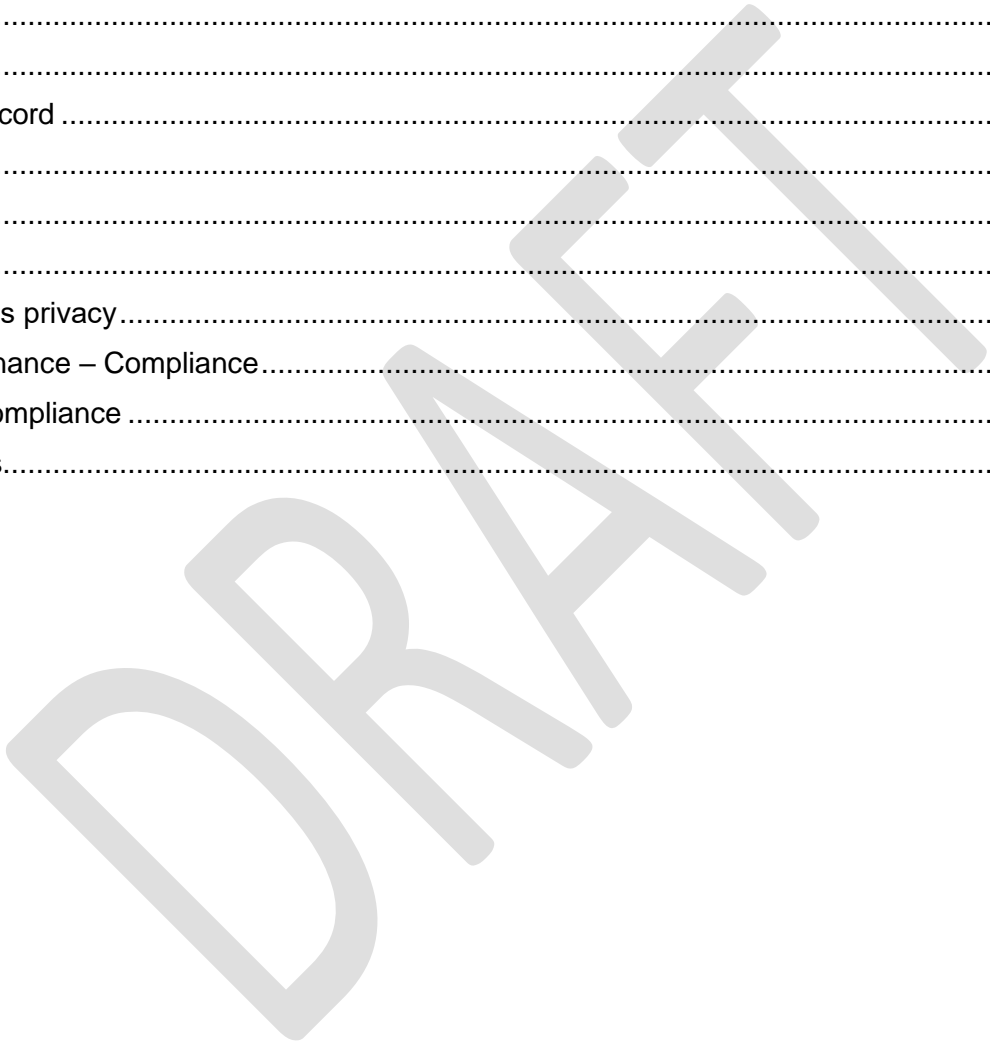
When to complete this template:

Start to fill out the template at the beginning of any major project involving the use of personal data, or, where you are making a significant change to an existing process that affects personal data. Please ensure you update your project plan with the outcomes of the DPIA.

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1. Document Control

1. Control Details

Author of DPIA:	Vicky Lewis, Public Health Commissioning officer
Owner of project:	Matt Corder, Public Health Principal
Contact details of Author:	Vicky.lewis@nottingham.gov.uk

2. Document Amendment Record

Issue	Amendment Detail	Author	Date	Approved
1.0	DPIA created	Vicky Lewis	15/05/23	

3. Contributors/Reviewers

Name	Position	Date
Matt Corder	Public Health Principal	

4. Glossary of Terms

Term	Description
<i>Please insert any abbreviations you wish to use:</i>	

Author: Vicky Lewis
 Email: jeremy.lyncook@nottinghamcity.gov.uk

2. Screening Questions

1. Does the project involve personal data? Yes	If 'Yes', answer the questions below. If 'No', you do not need to complete a DPIA but make sure you record the decision in the project documentation.
2. Does the processing involve any of the following data: medical data, ethnicity, criminal data, biometric data, genetic data, and any other special/ sensitive data?	Yes
2. Does the processing involve any systematic or extensive profiling?	No
3. Does the project involve processing children's data or other vulnerable citizen's data?	Yes
4. Does the processing involve decisions about an individual's access to a product, service, opportunity, or benefit that is based on any evaluation, scoring, or automated decision-making process?	Yes
5. Does the processing involve the use of innovative or new technology or the novel application of existing technologies?	No
6. Does this project involve processing personal data that could result in a risk of physical harm in the event of a security breach?	No
7. Does the processing combine, compare, or match data from multiple sources?	No
8. Does the project involve processing personal data without providing a privacy notice?	No
9. Does this project process data in a way that tracks online or offline location or behaviour?	No
10. Will the project involve using data in a way it has not been used before?	No
11. Does the project involve processing personal data on a larger scale?	Yes
12. Will the project involve processing data that might prevent the Data Subject from exercising a right or using a service or entering a contract?	No

If you answered 'Yes' to any two of the questions above, proceed to Question 3 below. If not seek advice from the DPO as you may not need to carry out a DPIA.

--

DRAFT

Project Title: Integrated Wellbeing Service (IWS) - 2024 onwards

Team: Public Health

Directorate: Peoples

DPIA Reference number: *(This will be allocated by the Information Compliance Team or the DPO and must be quoted in all correspondence)*

Has Consultation been carried out?

To help the Council make sure that proposals meet the current needs and demands of the population, we have asked service users, strategic partners, and local services for their views. We were also keen to hear the views of the wider public, those who may wish to access health improvement services directly or support services in the future.

The feedback has helped the strategic commissioning process to:

- Understand how services can be structured to best meet the needs of current and future service users across Nottingham
- Achieve the best health outcomes possible with the funding available, and to understand how these outcomes can be met whilst ensuring Best Value
- Identify the key issues around services, to agree what the priorities in Nottingham should be for the coming years
- Gain a deeper understanding of how to best utilise and improve pathways and links between services.

Engagement and consultation on the Council's proposals has taken place in two stages: stage 1 to inform the development of an Integrated Wellbeing Service model and stage 2 will refine and finalise an Integrated Wellbeing Service model.

Engagement and consultation activities to date include:

1) A public engagement survey collecting views and local need from citizens and partner organisations

- ongoing - survey is live for an 8-week period (from 31st March 2023 to 30th May 2023)
- Available in digital format (via Nottingham Engage Hub) and hard-printed copies
- Survey link has been promoted via Nottingham City Council's social media platforms
- Survey link has been shared with internal Public Health team and key stakeholders such as Nottingham's Community and Voluntary Sector, Nottingham and Nottinghamshire Health watch, NHS, ICB, SSBC and across targeted groups such as Health Improvement Steering Group, Reducing Harm Group and various Severe Multiple Disadvantaged groups

2) Soft market engagement with providers

- Online event 17th April 2023

- Approximately 60 service providers were present (a mix of local and national service providers, partners, and voluntary, community & social enterprise)
- Provided an opportunity to develop connections amongst service providers (including existing service providers)
- Contact details for all those registered were shared to facilitate and encourage dialog between service providers
- A follow-up online survey was shared with those registered onto the event and 20 responses were submitted. Questions related to the opinions around proposed scope, potential barriers, contract length, finance, appetite to bid and any further comments
- Responses were automatically anonymised to encourage honest feedback on the Council's IWS proposals
- Dialogue will enable officers to incorporate provider proposals and innovations within the final Service Specification

3) Input regarding service design from key stakeholders

- Conversations with ICB, University of Nottingham, Nottingham CVS, Nottingham City Council, Nottingham University Hospitals
- Discussed opportunities to co-commission
- Ongoing conversations

1. DDM attached?	Yes Commissioning and Procurement Executive Committee (CPEC) – 30th May 2023
2. Written evidence of consultation carried out attached?	Yes
3. Project specification/ summary attached?	Yes
4. Any existing or previous contract / SLA / processing agreement attached?	No – New service
5. Any relevant tendering documents attached?	No
6. Any other relevant documentation attached?	No

3. Project - impact on individual’s privacy

Issue	Questions	Examples	Yes/No	Initial comments on issue & privacy impacts
Purpose and means		Profiling, data analytics, Marketing. Note: The GDPR requires a DPIA to be carried out where there is systematic and extensive evaluation of personal aspects relating to individuals based on automated processing, including profiling, and on which decisions about individuals are based.		
	Please give a summary of what your project is about (<i>you can also attach or embed documents for example a project proposal</i>).			<p>Nottingham City Council currently commissions several separate contracts to individual service providers to deliver health improvement interventions across Nottingham.</p> <p>From April 2024, the Council intends to amalgamate a range of health improvement interventions into one service model, referred to as an Integrated Wellbeing Service (IWS). The Council will seek to commission a prime provider model, which will be responsible for delivering the service functions in an innovative, dynamic, and flexible manner across Nottingham, ensuring Best Value with the following objectives:</p> <ul style="list-style-type: none"> • Maintaining and improving the health of Nottingham City citizens • Preventing future ill-health and its negative impacts on the local population • Reducing future and existing pressures on local health and care services • Putting the service user at the centre of provision, in-line with the personalisation agenda. <p>In a prime provider model, the council contracts with a single organisation (or consortium) which then sub-contracts individual providers to deliver the required programmes and interventions within the service specification they can also deliver elements of the service themselves. The council retains overall accountability for the commissioned service, while the Service Provider holds each of the sub-contractors to account individually.</p> <p>The Service Provider takes responsibility for designing a delivery model and subsequent pathways that will most effectively meet the terms of the contract.</p>

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		It uses the terms of the sub-contracts to stimulate and incentivise the necessary behaviours and performance it wishes to see across other providers.
Page 60	<p>Aims of project</p> <p>Explain broadly what the project aims to achieve and what types of processing it involves.</p>	<p>The proposed Integrated Wellbeing Service will provide a single-entry point to health and wellbeing support for residents wishing to address lifestyle and behavioural factors (such as smoking or weight management) whilst considering support and signposting around the wider determinants such as emotional wellbeing and other factors that might be negatively impacting their health.</p> <p>The service will focus on taking a life course approach to prevention of ill health, valuing the health and wellbeing of both current and future generations. Addressing the wider determinants of health will help improve overall population health, individual wellbeing, and the conditions which people are born, live, learn and work.</p> <p>This will follow a sensitive and responsive local needs approach by working 'with' rather than 'in' communities. To that extent, the service will be place and asset-based i.e. tailored to local needs. The behaviour change service will be required to link with and compliment the wider offers in the community and provide additional resources to further develop healthy communities and environments locally.</p>
	<p>Describe the nature of the processing</p> <p>How will you collect store and delete data? Will you be sharing with anyone? You might find it useful to refer to a flow diagram or another way of describing data flows. What types of processing identified as likely high risk are involved? Who will have access to the project personal data, how is access controlled and monitored</p>	<p>The Service Provider will deliver the service on behalf of the Council, as commissioner. As part of service provision, it will be necessary for the provider to collect and store data relating to citizens. The Council and the Service Provider are both Data Controllers and Data Subjects shall be the citizens using the service, in line with UK General Data Protection Regulations (GDPR) and Data Protection Act 2018.</p> <p>In collecting Personal and Special Category Data, the Service Provider will be responsible for:</p> <ul style="list-style-type: none"> • Maintaining accurate records of Service User consent • Informing Service Users that consent can be withdrawn, prior to consent being give, and how to go about it

	<p>and reliability of staff assessed? Will data be separated from other data within the system?</p>	<ul style="list-style-type: none"> • Responding to: <ul style="list-style-type: none"> - subject access request (SAR) (as per Article 15 of the GDPR) - request to block, rectify or erase personal data relating to data subjects - request for disclosure from a 3rd party, where compliance with a request is required or purported to be required by law <p>Referrals into the service will be made directly to the Service Provider by:</p> <ul style="list-style-type: none"> • Health professionals • Support services • Self-referral <p>A process will be agreed against the Service Provider and the Council, as commissioner but ultimately, health professionals and support services will use a referral form to record citizen data which will be shared with the Service Provider.</p> <p>The Service Provider will use the information contained on the referral form to follow up and discuss with the citizen their needs and the outcomes they wish to achieve from receiving the service.</p> <p>The Service Provider will keep and store the referral information. The referral form is saved to the Service User's record on a robust IT/data management system.</p> <p>The Service Provider may decide that the citizens would benefit from additional support from within their organisation or from an external organisation. This would involve an onward referral from the Service Provider to the external organisation/provider.</p> <p>The Council requires the Service Provider to share the outcomes of the referral with Commissioners so that the impact of the service can be monitored, and improvement activities can be put in place if necessary.</p> <p>This will involve the Service Provider sharing anonymised referral information and outcome measurement information (this is a process which determines</p>
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whether desired outcomes agreed at the referral stage have been achieved and it would be a discussion that takes place between the citizen and the Service Provider).

To further determine what the wider outcomes of the service are, the Council may use the referral data and outcome data to link to wider system outcomes such as whether a hospital admission occurred while the Service User was being supported.

The Service Provider will keep and store the Service User's information on a robust IT/data management system to identify whether there were any linked outcomes for the Service User after a referral to the service was made.

The parties that will have access to the project personal data include:

- The referral organisation/worker who made the original referral
- The Service Provider
- The Council, as commissioners of the service
- The Service User

The Service Provider will be responsible for ensuring there is a robust IT/data management system to hold and process data for each individual Data Subject and kept in accordance with the requirements of Article 32 of the GDPR. The Service Provider shall collect, record, and store the Data Subject's relevant information, in a secure manner, which protects confidentiality. The Service Provider must have procedures in place to report misuse, loss, destruction, damage, or unauthorised access, suspected or otherwise, of information.

The Service Provider shall store the Data Subject's collected data until after the stipulated number of years after the end of the Contract Period (or as long a period as may be agreed between the Parties).

The Service Provider shall destroy the Data Subject's data either at the end of the retention period or at the request of the applicant, whichever is the sooner.

The Service Provider shall destroy the data it holds in relation to this specific service at the end of the above period in accordance with Data Protection legislation.

A record of the work carried out with the Data Subject shall be shared with the Data Subject in the event of a subject access request, by providing a printed record of the applicant's system data.

The Service Provider must provide clear information to Service Users accessing the Service on what data will be collected, by whom, the purpose, as well as how it will be collected, stored and destroyed, in line with the required retention period.

The Service Provider must not transfer any personal data outside the European Union or European Economic Area without the express permission of the commissioning authorities.

The Service Provider shall share statistical data with the Council for the purposes of monitoring of performance against the contract and informing future commissioning.

The Service Provider must develop a Privacy Notice as part of the Implementation Period and made easily available to Service Users (including on their website and in a written format) from the contract start date. The Council will work with the Service Provider to develop an Information Sharing Agreement during the Implementation Period.

A Third-Party Security Questionnaire will be completed by the Service Provider as part of the Invitation to Tender, this will identify the organisations Information Governance maturity for example the technical and organisational measures in place to protect the data being collected and processed as part of the Service.

The Service Provider will ensure that any Sub-contractors/Partners that process any personal data enters into a written agreement which gives effect to the same terms as set out in the Agreement and are subject to the same data protection obligations.

			<p>All organisations that have access to NHS patient data and systems must use the Data security and protection toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.</p> <p>The Service Provider shall ensure staff with authorised access to any Personal Data are aware of their obligations under the Data Protection Legislation to safeguard that information. The Service Provider's employees should have appropriate information governance training to enable them to undertake their duties confidently, efficiently, and lawfully.</p> <p>The Service Provider and its employees must be fully compliant with the UK's GDPR regulations.</p>
Page 64	<p>Privacy Implications</p> <p>Can you think of any privacy implications in relation to this project? How will you ensure that use of personal data in the project is limited to these (or "compatible") purposes?</p>	No	<p>Citizen data/information is being shared with the Service Provider may contain sensitive or personal medical information. The referral information will only be accessed by the Service Provider for the purposes of delivering the service.</p> <p>Information contained within the referral form will be specifically related to the citizen and their needs to enable the service provider to create a support plan and to ensure an appropriate volunteer is allocated to deliver the plan.</p>
	<p>New Purpose</p> <p>Does your project involve a new purpose for which personal data are used?</p>	No	<p>Improved referral pathway - referrals into the service will be made directly to the Service Provider by:</p> <ul style="list-style-type: none"> • Health professionals • Support services • Self-referral
	<p>Consultation</p> <p>Consider how to consult with relevant stakeholders: Describe when and how you will seek individuals' views- or justify why it's not appropriate to do so. Who else</p>	Yes	<p>I will be seeking the views of the Service Provider and key stakeholders (such as hospitals, GP's etc.) who will be able to provide advice about what citizen information needs to be included within the referral form.</p>

	do you need to involve in NCC? Do you plan to consult Information security experts, or any other experts?			I will be consulting with a member of the Council's Information Compliance team.
Individuals (data subjects)	Will the project:	Expanding customer base; Technology which must be used by individuals; Hidden or complex uses of data; Children's data		
	Affect an increased number, or a new group, or demographic of individuals (to existing activities)?		No	
	Involve a change to the way in which individuals may be contacted, or are given access to services or data? Are there any areas of public concern that you should factor in?		Yes	Improved referral pathway - referrals into the service will be made directly to the Service Provider by: <ul style="list-style-type: none"> • Health professionals • Support services • Self-referral
	Affect particularly vulnerable individuals, including children?		Yes	The service may be accessed by vulnerable service users with a range of physical or mental health/wellbeing issues.
	Give rise to a risk that individuals may not know or understand how their data are being used?		No	The Service Provider must provide clear information to Service Users accessing the Service on what data will be collected, by whom, the purpose, as well as how it will be collected, stored and destroyed, in line with the required retention period.
Parties	Does the project involve:	Outsources service providers; Business partners; Joint ventures		
	The disclosure of personal data to new parties?		Yes	The Service Provider may be required to make onward referrals, sharing the referral data with external agencies who can provide specific support for the citizen. E.g. local hospitals, GP's or other community or voluntary sector organisations or charities.

	The involvement of sharing of personal data between multiple parties?		Yes	It could involve the sharing of data between multiple parties – as per the answer to the above question.
Data categories	Does the project involve:	Special personal data; Biometrics or genetic data; Criminal offences; Financial data; Health or social data; Data analytics: Note: the GDPR requires a DPIA to be carried out where there is processing on a large scale of special categories of data or of data relating to criminal convictions and offences		
	The collection, creation or use of new types of data?		Yes	It will involve collection of information from the citizen to determine whether the service has helped them to achieve personal goals and outcomes. This will be recorded on a separate form to the referral form.
	Use of any special or privacy-intrusive data involved? <ul style="list-style-type: none"> • Political opinions • Religious beliefs or philosophical beliefs • Trade union membership • Genetic data • Biometric data • Sexual life • Prosecutions • Medical data • Criminal data (Criminal data processing, i.e. criminal convictions, etc. also has special safeguards under Article 10)		Yes	<p>Some medical data/information relating to specific medical conditions which would need to be considered by the Service Provider in order to assess the individual and deliver support effectively e.g. if the Service User had spent recent time in hospital following a fall and was recovering from a broken bone then mobility may be reduced and the support provided would need to be appropriate for the citizens recovery.</p> <p>Nottingham City Council is committed to equality of opportunity. Equalities monitoring allows us to ensure that everybody is receiving the services that they are entitled to. Although some of this data is not mandatory for the Service User to provide to Service provider, demographic information (such as ethnicity, gender, religious beliefs and sexual orientation), will be requested to enable the Council to monitor equal opportunities, with the ultimate aim to improve access to services.</p>

	New identifiers, or consolidation or matching of data from multiple sources? (For example a unique reference number allocated by a new management system)		Yes	The only identifier will be the Service User's unique reference number (if they have one) for the Service Provider to review the performance of the service to determine whether outcomes for the citizen were achieved.
Technology	New solutions:	Locator or surveillance technologies; Facial recognition; Note: the GDPR requires a DPIA to be carried out in particular where new technologies are involved (and if a high risk is likely)		
	Does the project involve new technology that may be privacy-intrusive?		No	

Data quality, scale and storage	Data:	New data		
	Does the project involve changes to data quality, format, security or retention? What are the benefits of the processing? i.e. will the new system have automatic retention features? Will the system keep the information in a safer format etc.?		No	
	Does the project involve processing data on an unusually large scale?		No	
Monitoring, personal intrusion	Monitoring:	Surveillance; GPS tracking; Bodily testing; Searching; Note: the GDPR requires a DPIA to be carried out where the project involves systematic monitoring of a publicly accessible area on a large scale		
	Does the project involve monitoring or tracking of individuals or activities in which individuals are involved?		Yes	Yes, the methodology requires regular discussion between Service Provider and Service User to track the Service User's progress in relation to agreed personal goals or outcomes. The Service Provider will share aggregated service data with the Council, as commissioner.
	Does the project involve any intrusion of the person?		No	
Data transfers	Transfers	Transfers outside the EEA		
	Does the project involve the transfer of data to or activities within a country that has inadequate or significantly different data protection and privacy laws?		No	

4. Legal Framework and Governance – Compliance

Ref.	Question	Response	Further action required (and ref. to risk register as appropriate)
1. Applicable laws and regulation			
1.1	Which data protection laws, or laws which impact data protection and privacy, will be applicable to the project?	<ul style="list-style-type: none"> • General Data Protection Regulation 2016/679 • UK General Data Protection Regulation • Data Protection Act 2018 • Human Rights Act 1998 	
1.2	Are there any sector-specific or other regulatory requirements or codes of practice, which should be followed?	<ul style="list-style-type: none"> • The Care Act 2014 	
2. Organisation's policies			
2.1	Is the project in compliance with the organisation's information management policies and procedures (including data protection, information security, electronic communications)?	Yes	

2.2	Which policy requirements will need to be followed throughout design and implementation of the project?	Data Protection Policy Information Security Policy Records Management Policy	
2.3	Are any changes/updates required to the organisation`s policies and procedures to take into account the project? Note: new requirements for “Accountability” under the GDPR, including record-keeping, DPOs and policies	No	
3. Training and roles			
3.1	Will any additional training be needed for staff in relation to privacy and data protection matters arising from the project?	Yes	<p>The Service Provider shall ensure staff with authorised access to any Personal Data are aware of their obligations under the Data Protection Legislation to safeguard that information.</p> <p>The Service Provider’s employees should have appropriate information governance training to enable them to undertake their duties confidently, efficiently, and lawfully.</p> <p>The Service Provider and its employees must be fully compliant with the UK’s GDPR regulations.</p>

5. Personal Data Processing Compliance

Ref.	Question	Response	Further action required (and ref. to risk register as appropriate)
1. Personal Data Processing			
1.1	Which aspects of the project will involve the processing of personal data relating to living individuals?	<p>The collection of personal data will take place during the referral process. Referrals into the service will be made directly to the Service Provider by:</p> <ul style="list-style-type: none"> • Health professionals • Support services • Self-referral <p>The processing of personal data will take place when the Service Provider is assessing the needs of the citizen and creating the personalised support plan or the onward referral.</p> <p>The outcomes of the support (including the outcomes for the Service User) will be recorded by the Service Provider and it is requested that this is then shared with Nottingham City Council, as commissioner.</p>	
1.2	Who is/are the data controller(s) in relation to such processing activities?	<ul style="list-style-type: none"> • Service Provider, externally commissioned by Nottingham City Council • Nottingham City Council, as commissioner 	
1.3	Who is/are the data processor in relations to such processing activities?	<ul style="list-style-type: none"> • Service Provider, externally commissioned by Nottingham City Council 	
2. Fair and Lawful processing - GDPR Articles 5(1)(a), 6, 9, 12, 13			

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 72</p>	<p>2.1 Which fair processing conditions are you relying on?</p> <p>GDPR: Article 6(1) (legal basis for processing) and, for sensitive personal data, Article 9(2).</p>	<p>6(1). Choose at least one of the following for personal data, usually (e)-(Cross out the rest)</p> <ul style="list-style-type: none"> a) Consent b) Performance of contract c) Legal obligation d) Vital interests e) Public interest / exercise of Authority <p>9(2) Choose at least 1 for special data-usually g (cross the rest out)</p> <ul style="list-style-type: none"> a) Explicit consent b) Employment / social security / social protection obligations c) Vital interests d) <u>Non-profit bodies</u> e) Processing made public by data subject f) Legal claims g) Substantial public interest h) Health, social care, medicine i) Public interest for public health j) Archiving, statistics, historical research <p>For any criminal Data Comply with Article 10 if it meets a condition in Part 1, 2 or 3 of Schedule 1.</p> <ul style="list-style-type: none"> • Employment, social security, and social protection • Health and social care purposes • Public health • Research <p>Substantial public interest:</p> <ul style="list-style-type: none"> • Statutory and government purposes • Equality of opportunity and treatment 	
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- Racial and ethnic diversity at senior levels of organisations
 - Preventing or detecting Unlawful Acts
 - Protecting the public against dishonesty etc
 - Regulatory requirements relating to unlawful acts and dishonesty etc
 - Journalism etc in connection with unlawful acts and dishonesty etc
 - Preventing fraud
 - Suspicion of terrorist financing or money laundering
 - Counselling
 - Safeguarding of children and of individuals at risk
 - Safeguarding of economic well-being of certain individuals
 - Insurance
 - Occupational pensions
 - Political parties processing
 - Disclosure to elected representatives
 - Informing elected representatives about prisoners
- Additional Conditions
- Consent
 - Vital interests
 - Personal data in the public domain
 - Legal claims
 - Judicial Acts

Note: different conditions may be relied upon for different elements of the project and different processing activities. Also, the scope of special category data is wider under the GDPR, and in particular includes genetics & biometric data, and sexual orientation.

2.2	How will any consents be evidenced and how will requests to withdraw consent be managed?		
Note: new requirements for obtaining and managing consents within the GDPR.			
2.3	Is the data processing under the project covered by fair processing information already provided to individuals or is a new communication needed (see also data subject rights below)?	Yes	<p>The Service Provider must develop a Privacy Notice as part of the Implementation Period and made easily available to Service Users (including on their website and in a written format) from the contract start date.</p> <p>The Council will work with the Service Provider to develop an Information Sharing Agreement during the Implementation Period.</p>
<p>Note: more extensive information required under the GDPR than under current law, and new requirements on how such information is provided. Also a general principle of “<i>transparency</i>”. It is important to assess necessity and Proportionality</p>			
2.4	If data is collected from a third party, are any data protection arrangements made with such third party?	Yes	<p>A Third-Party Security Questionnaire will be completed by the Service Provider as part of the Invitation to Tender, this will identify the organisations Information Governance maturity for example the technical and organisational measures in place to protect the data being collected and processed as part of the Service.</p> <p>The Service Provider will ensure that any Sub-contractors/Partners that process any personal data enters into a written agreement which gives effect to the same terms as set out in the Agreement and are subject to the same data protection obligations.</p>

			All organisations that have access to NHS patient data and systems must use the Data security and protection toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.
2.5	Is there a risk of anyone being misled or deceived?	No	
2.6	Is the processing “fair” and proportionate to the need’s and aims of the projects?	Yes	
2.7	Are these purposes clear in privacy notices to individuals? (see above)	Yes	<p>The Service Provider must develop a Privacy Notice as part of the Implementation Period and made easily available to Service Users (including on their website and in a written format) from the contract start date.</p> <p>The Council will work with the Service Provider to develop an Information Sharing Agreement during the Implementation Period.</p>

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3. Adequate, relevant and not excessive, data minimisation - GDPR Article 5(1)(c)

3.1	Is each category relevant and necessary for the project? Is there any data you could not use and still achieve the same goals?	Yes	
Note: GDPR requires data to be “limited to what is necessary” for the purposes (as well as adequate and relevant).			
3.2	Is/can data be anonymised (or pseudonymised) for the project?	Partly	The service provider needs to be able to make direct contact with the Service User and personal information will be a requirement of the referral process.

			As commissioner, the Council does not require the same level of personal data from the Service Provider to monitor outcome targets and receive case studies etc. Therefore, the Council will only request the required level of detail of Service Users (likely the monitoring data will be anonymised by the Service Provider when sent to the Council) as part of the quarterly monitoring meetings with the Service Provider.
4. Accurate and up to date - GDPR Article 5(1)(d)			
Page 76	4.1	What steps will be taken to ensure accurate data is recorded and used?	<p>The Service Provider will be responsible for ensuring there is a robust IT/data management system to hold and process data for each individual Data Subject and kept in accordance with the requirements of Article 32 of the GDPR.</p> <p>The Service Provider shall collect, record, and store the Data Subject's relevant information, in a secure manner, which protects confidentiality.</p>
For example: checks when receiving/sending information from/to third parties, or transcribing information from oral conversations or handwritten documents, any automatic checks on information not meeting certain criteria.			
	4.2	Will regular checks be made to ensure project data is up to date?	<p>Yes</p> <p>Quarterly monitoring meetings will be held between the Council and Service Provider, as a minimum.</p>
5. Data retention - GDPR Article 5(1)(e)			
	5.1	How long will personal data included within the project be retained?	The Service Provider shall store the Data Subject's collected data until after the stipulated number of years after the end of

Page 77			<p>the Contract Period (or as long a period as may be agreed between the Parties).</p> <p>The Service Provider shall destroy the Data Subject's data either at the end of the retention period or at the request of the applicant, whichever is the sooner.</p> <p>The Service Provider shall destroy the data it holds in relation to this specific service at the end of the above period in accordance with Data Protection legislation.</p> <p>A record of the work carried out with the Data Subject shall be shared with the Data Subject in the event of a subject access request, by providing a printed record of the applicant's system data.</p>
5.2	How will redundant data be identified and deleted in practice? Consider paper records, electronic records, equipment?		The Service Provider must have procedures in place to report misuse, loss, destruction, damage, or unauthorised access, suspected or otherwise, of information.
5.3	Can redundant data be easily separated from data which still need to be retained?		When the Service Provider is separating redundant data from data which needs to be retained, they will need to ensure paper records as well as online records are considered as part of the separation process.
6. Data subject rights - GDPR Articles 12 to 22			
6.1	Who are the relevant data subjects?		Data Subjects shall be the citizens using the service.

6.2	Will data within the project be within the scope of the organisation`s subject access request procedure?	Yes	Some information will be kept by the Service Provider only and therefore a request should be made to them as Data Controllers directly.
6.3	Are there any limitations on access by data subjects?	No	
6.4	Is any data processing under the project likely to cause damage or distress to data subjects? How are notifications from individuals in relation to damage and distress managed?	No	
6.5	Does the project involve any direct marketing to individuals? How are requests from data subjects not to receive direct marketing managed?	No	
6.6	Does the project involve any automated decision making? How are notifications from data subjects in relation to such decisions managed?	No	
6.7	How will other rights of data subjects be addressed? How will security breaches be managed?		These rights will be processed by the Information Compliance Team at Nottingham City Council. All breaches will be dealt with by the Information Compliance team and the Data Protection Officer.

7. Data Security - GDPR Articles 5(1)(f), 32

For example:

- **Technology:** encryption, anti-virus, network controls, backups, DR, intrusion detection;
- **Physical:** building security, clear desks, lock-leads, locked cabinets, confidential waste;
- **Organisational:** protocols on use of technology, asset registers, training for staff, pseudonymisation, regular testing of security measures.

Describe the source of risk and nature of potential impact on the individuals. Include associated compliance and corporate risks as necessary -What security measures and controls will be	Likelihood of harm	Severity of harm	Overall Risk
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incorporated into or applied to the project to protect personal data? Consider those that apply throughout the organisation and those which will be specific to the project. N.B Measures that are appropriate to the nature of the data and the harm which may result from a security breach	Remote, Possible or Probable	Minimal, Significant or Severe	Low, Medium or High
Technology: encryption, anti-virus, network controls, backups, DR, intrusion detection	Possible	Significant	Low
Incorrect data management	Possible	Significant	Low
Service User is unhappy to share personal data and referral information	Possible	Minimal	Medium
Service User information is shared inappropriately by the Service Provider	Possible	Minimal	Low

Identify measures to Reduce Risk- Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk that you have identified

Risk	Options to reduce or eliminate risk	Effect on risk Eliminated/ Reduced or Accepted	Residual risk Low/Medium/High	Measures approved Yes/No
Technology: encryption, anti-virus, network controls, backups, DR, intrusion detection	The Service Provider will be responsible for ensuring there is a robust IT/data management system to hold and process data for each individual Data Subject and kept in accordance with the requirements of Article 32 of the GDPR. The Service Provider shall	Risk reduced and accepted	Low	

	<p>collect, record, and store the Data Subject's relevant information, in a secure manner, which protects confidentiality.</p> <p>Details will be included within the Service Specification.</p>			
<p>Incorrect data management</p> <p>Page 80</p>	<p>The Service Provider must have procedures in place to report misuse, loss, destruction, damage, or unauthorised access, suspected or otherwise, of information.</p> <p>The Service Provider will use minimal paper records and pseudonymised where possible.</p> <p>Details will be included within the Service Specification.</p>	Risk reduced and accepted	Low	
<p>Service User is unhappy to share personal data and referral information</p>	<p>The Service Provider must provide clear information to Service Users accessing the Service on what data</p>	Risk reduced and accepted	Low	

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 81</p>	<p>will be collected, by whom, the purpose, as well as how it will be collected, stored and destroyed, in line with the required retention period.</p> <p>Service Provider employees will be appropriately trained/ experienced in discussing support needs and support options with Service Users and this would normally include discussing referrals and gaining consent to complete referral forms on behalf of Service Users.</p> <p>Details will be included within the Service Specification.</p>			
<p>Service User information is shared inappropriately by the Service Provider to other organisations/stakeholders</p>	<p>The Service Provider will be aware of referral pathways and all employees will be trained appropriately for handling personal data.</p>	<p>Risk reduced and accepted</p>	<p>Low</p>	

	Details will be included within the Service Specification.			
8. Data processors - GDPR Article 28 & direct obligations in other articles				
8.1	Are any data processors involved in the project?	No		
8.2	What security guarantees do you have?	N/A		
For example: specific security standards or measures, reputation and reviews				
8.3	Please attach the processing agreement			
For example: security terms, requirements to act on your instructions, regular audits or other ongoing guarantees Note: new requirements for the terms of contracts under the GDPR (much more detailed than current law).				
8.4	How will the contract and actions of the data processor be monitored and enforced?			Power to audit under the processing agreement
8.5	How will direct obligations of data processors be managed?			Under the processing agreement
Note: New direct obligations for processors under the GDPR, including security, data protection officer, record-keeping, international data transfers.				
For example: fair & lawful, lawful purpose, data subject aware, security, relevance.				
9. International data transfers - GDPR Articles 44 to 50				
9.1	Does the project involve any transfers of personal data outside the European Union or European Economic Area?	No		The Service Provider must not transfer any personal data outside the European Union or European Economic Area without the express permission of the commissioning authorities.
9.2	What steps are taken to overcome the restrictions?	N/A		
For example: Safe Country, contractual measures, binding corporate rules, internal assessments of adequacy Note: GDPR has similar methods to overcome restrictions as under current law, but there are differences to the detail and less scope for an "own assessment" of adequacy.				

10. Exemptions

10.1	Will any exemptions for specific types of processing and/or specific DP requirements be relied upon for the project?	No	
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For example: crime prevention, national security, regulatory purposes

Note: Exemptions under the GDPR to be assessed separately, and may be defined within additional EU or UK laws.

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6. Sign off and record outcomes

Item	Name	Date
Measures approved by: (project owner) This must be signed before the DP can sign off on the DPIA.		
Residual risks approved by: (If accepting any residual high risk, consult the ICO before going ahead)		
DPO advice provided: (DPO should advise on compliance, measures and whether processing can proceed)		
Summary of DPO advice:		
DPO advice accepted or overruled by		If overruled, you must explain your reasons
Comments:		
IT Security Officer: Where there are IT security issues		
IT Officer comments:		
SIRO Sign off: (For major projects)		
Consultation responses reviewed by:		
This DPIA will be kept under review by:		The DPO should also review ongoing compliance with DPIA

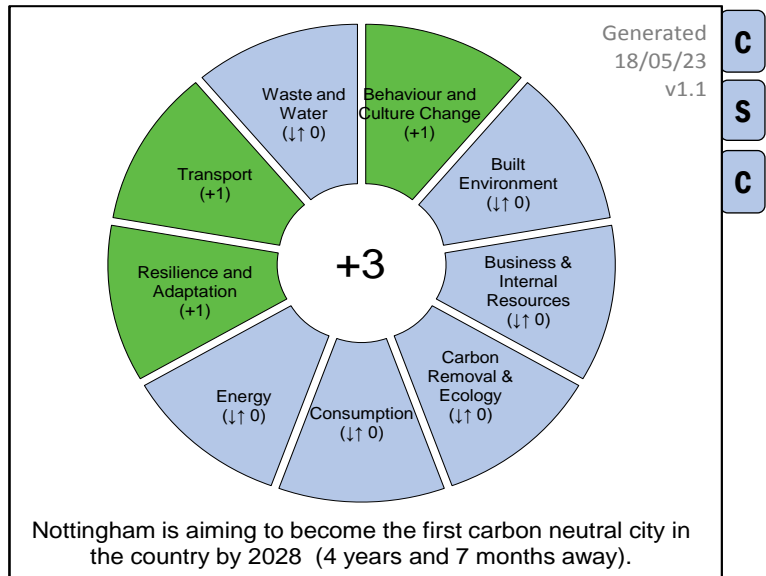
Carbon Impact Assessment Dashboard To

Report Name	Integrated Wellbeing Service
Report date	15/05/23
Report author	Vicky Lewis
Project Notes	From April 2024, the Council intends to amalgamate a range of health improvement interventions into one service model, referred to as an Integrated Wellbeing Service (IWS). The Council will seek to commission a prime provider
Export filename	<i>Integrated Wellbeing Service CIAD 15.05.2023</i>

Category	Impact
Behaviour and Culture Change	Communication & engagement
Behaviour and Culture Change	Wider influence
Behaviour and Culture Change	Working with communities
Behaviour and Culture Change	Working with partners
Built Environment	Building construction
Built Environment	Building use
Built Environment	Switching away from fossil fuels
Business & internal resources	Developing green businesses
Business & internal resources	Marketable skills & training
Business & internal resources	Sustainability in business
Business & internal resources	Material / infrastructure requirement
Carbon Removal & Ecology	Carbon storage
Carbon Removal & Ecology	Biodiversity & Ecology
Carbon Removal & Ecology	Bee friendly city
Carbon Removal & Ecology	Carbon offsets
Consumption	Food & Drink
Consumption	Products

Consumption	Services
Consumption	Local and low-carbon production
Energy	Local renewable generation capacity
Energy	Reducing energy demand
Energy	Improved energy storage
Resilience and Adaptation	Green / blue infrastructure
Resilience and Adaptation	Natural flood management
Resilience and Adaptation	Drought vulnerability
Resilience and Adaptation	Flooding vulnerability
Resilience and Adaptation	Heatwave vulnerability
Transport	Staff travel requirement
Transport	Decarbonising vehicles
Transport	Improving infrastructure
Transport	Supporting people to use active travel
Transport	Reduced need to travel
Waste and Water	Single-use plastic
Waste and Water	End of life disposal / recycling
Waste and Water	Waste volume
Waste and Water	Water use
Other	Other 1
Other	Other 2
Other	Other 3
Other	Other 4

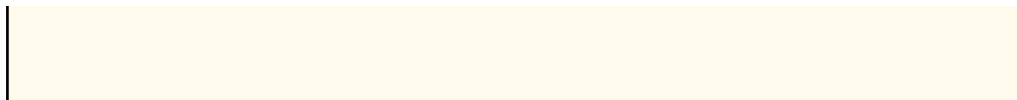
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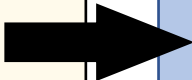
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Notes / justification for score / existing work (see guidance sheet or attached notes for more information)
No impact on climate change or climate-related issues. Neither positive nor negative.
We will discuss with the provider how their offices can be as environmentally friendly as is practicable. Likely to be in a various existing buildings across the city, very limited impact on
No expected impact on climate change or climate-related issues. Does not result in gains or costs to NCC in terms of relationships.
Social value is included in the service specification and tender questions. This includes environmental impact of the service. The provider's response will be evaluated as part of the tender process, and may have an impact on which provider we work with to deliver the service.
Specific details of the building can only be confirmed once the provider is identified. Likely to utilise existing buildings, and unlikely result in any building work.
Specific details of the building can only be confirmed once the provider is identified. Likely to utilise existings buildings, and unlikely to result in changes to existing recycling, water and lighting
Specific details of the building can only be confirmed once the provider is identified. Likely to utilise existing buildings, and unlikely to result in changes to existing fuel consumption.
No impact anticipated.
No impact anticipated.
We will discuss with the provider the potential for implementing incremental changes to established processes and supply chains, to improve environmental impact. Cannot be confirmed until provider
Specific details can only be confirmed once the provider is identified. Likely to utilise existing buildings, and unlikely to result in changes to use of existing infrastructure and resources. This service is being commissioned to provide health improvement interventions, so the provider is being selected on their ability to do so. Premises are likely to be in the city centre to support ease of
We will discuss with the provider the potential for building management practices to support carbon storage. Cannot be confirmed until provider is identified.
Specific details can only be confirmed once the provider is identified. Likely to utilise an existing building in the City centre, therefore unlikely to result in any impact on land or biodiversity.
Specific details can only be confirmed once the provider is identified. Likely to utilise an existing building in the City centre, therefore unlikely to result in any impact on having a bee-friendly city.
Specific details can only be confirmed once the provider is identified. Unlikely to result in any impact.
No food or drink are supplied explicitly as part of this service. Therefore no impact.
We will discuss with the provider the potential for implementing incremental changes to established processes and supply chains for any products used, to improve environmental impact. Cannot be confirmed until provider is identified.

<p>The service model integrates services which are currently commissioned separately, so has the potential to result in a single base, supporting reduced impact of businesses.</p> <p>The Service will focus on taking a life course approach to prevention of ill health, valuing the health and wellbeing of both current and future generations. Addressing the wider determinants of health will help improve overall population health, individual wellbeing and the conditions which people are</p>
<p>No direct production is involved in delivery of this service.</p>
<p>Specific details can only be confirmed once the provider is identified. Likely to utilise existing buildings in the City centre, therefore unlikely to result in any changes to energy generation</p>
<p>Specific details can only be confirmed once the provider is identified. Likely to utilise existing buildings in the City centre, therefore unlikely to result in any changes to energy use.</p>
<p>Specific details can only be confirmed once the provider is identified. Likely to utilise existing buildings in the City centre, therefore unlikely to result in any changes to capacity to store energy.</p>
<p>Specific details can only be confirmed once the provider is identified. Likely to utilise existing buildings in the City centre, therefore unlikely to result in any impact on land use.</p>
<p>Specific details can only be confirmed once the provider is identified. Likely to utilise existing buildings in the City centre, therefore unlikely to result in any impact on land use.</p>
<p>Specific details can only be confirmed once the provider is identified. Likely to utilise existing buildings in the City centre. Unlikely to be particularly affected by drought - the provider would need to make arrangements for access to drinking water for staff in the event of this being limited.</p>
<p>Specific details can only be confirmed once the provider is identified. Likely to utilise existing buildings in the City centre. Unlikely to be particularly affected by flooding unless a large area of the</p>
<p>Specific details can only be confirmed once the provider is identified. Likely to utilise existing buildings in the City centre. Likely to be average susceptibility to impact of a heatwave - the provider would need to make arrangements for staff and service users in this event.</p>
<p>Specific details can only be confirmed once the provider is identified. The service will have various locations across the City, therefore staff travel by public transport will be possible for many staff. The provider must minimise unnecessary staff and service user travel by offering virtual support as part of the service and promote sustainable modes of travel such as walking, cycling, public</p>
<p>Specific details can only be confirmed once the provider is identified. The service will have various locations across the City.</p>
<p>Specific details can only be confirmed once the provider is identified. The service will have various locations across the City.</p>
<p>Specific details can only be confirmed once the provider is identified. The service will have various locations across the City.</p>
<p>Specific details can only be confirmed once the provider is identified. The service will have various locations across the City.</p>
<p>This is not a product, it's a service. We will discuss with the provider the potential for limiting the use of single-use plastics. Specific details can only be confirmed once the provider is identified. Realistically, unlikely to result in changes to existing use of single use plastics.</p>
<p>We will discuss with the provider the potential for improving recycling of waste materials. Specific details can only be confirmed once the provider is identified. Realistically, unlikely to result in changes to existing volume or proportion of recycling.</p>
<p>We will discuss wastage with the Provider. Specific details can only be confirmed once the provider is identified. Realistically, unlikely to result in changes to waste volume.</p>
<p>We will discuss water use with the Provider. Specific details can only be confirmed once the provider is identified. Realistically, unlikely to result in changes to water use.</p>



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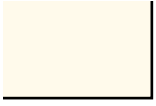
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Lincolnshire County Council – Public Health
Integrated Lifestyles Service (ILS)

Benchmarking report.

AGGREGATED FOR SHARING

Shirlene Hodgins – Public Health Officer

- 1.) Introduction
- 2.) Current - The Lincolnshire Integrated Lifestyle Service
- 3.) Methodology
- 4.) Integrated or separate
- 5.) Contracting arrangements
- 6.) Delivery model
- 7.) Eligibility, Referrals, and pathways
- 8.) Volumes and costings

DRAFT

1. Introduction

Lincolnshire County Council currently commission an Integrated Lifestyle Service (ILS) (also known as Integrated Health & Wellbeing Services, or ILHWS in some authorities), with the objectives of:

- 1.) Maintaining and improving the health of Lincolnshire citizens,
- 2.) Preventing serious future ill-health and its negative impacts,
- 3.) Reducing future pressures on health and care services.

Our service supports the local population to be more physically active, manage their weight, smoking cessation, and alcohol reduction, and is delivered by one countywide service provider.

Lincolnshire County Council's Public Health Division, in partnership with Commercial Services, are recommissioning the Integrated Lifestyles Service (ILS). The current ILS service is due to end on 30/06/2024.

As part of the commissioning process, we are required to undertake a benchmarking exercise, to enable us to understand what other authorities are currently offering to their local populations, what is working well and not so well.

This report includes narrative and findings from the benchmarking exercise undertaken by Public Health. We have taken the views from other commissioners of similar services to learn from their experiences and to inform the development of our own specification.

2. Current - The Lincolnshire Integrated Lifestyle Service

Lincolnshire County Council and the Lincolnshire Clinical Commissioning Group (CCG) jointly invest £2.7m annually (£2.2m and £0.5m respectively) into an integrated adult lifestyle service (ILS), delivered by Thrive Tribe, utilising the branding of One You Lincolnshire (OYL), to help people 'move more', 'be smoke free', 'eat well', 'lose weight' and 'drink less'.

The One You Lincolnshire Integrated Lifestyle Service went live in July 2019 with the smoking cessation service, and the TUPE of staff from the previous service, then from September 2019 for the remainder of the new service for weight management, physical activity, and alcohol reduction. <https://www.oneyoulincolnshire.org.uk>

The initial contract term is for three years ending in June 2022 with the option to extend for up to a further two years upon review. (Max end date June 2024)

3. Methodology

The benchmarking exercise targeted specific areas including eligibility, pathways, delivery model, relationships, performance, finance, and procurement approaches.

The locations chosen had either a similar approach to our current approach, a similar demographic (CIPFA nearest neighbours) or are neighbouring authorities.

As part of this exercise, we contacted 37 other local authorities (listed below), once to confirm contact details and inform them that we were carrying out the benchmarking exercise, then again, with the survey to complete.

Of the 37, we had full response from 12 authorities (highlighted in green) – Of the 12, 1 response (No17**) was from their Substance Misuse team which has not been counted due to it being Substance Misuse data only. No17 commission separate services, so we contacted them for a further response from the other lifestyle areas and had no response. *(We have added our own service details into the report for comparisons)*

Lincolnshire	19.
1.	20.
2.	21.
3.	22.
4.	23.
5	24.
6	25.
7.	26.
8.	27.
9.	28.
10.	29.
11.	30.
12.	31.
13.	32.
14.	33.
15.	34.
16.	35.
17.**	36.
18.	37.

We then selected 4 of the 11 areas where we felt a deeper dive would be of benefit to us, therefore, the report will be based on the initial 11 survey respondents as well as the 4 areas who participated in a second round of questions.

The 4 areas we wanted to speak to in further detail were:

- No 2
- No 5
- No 6.
- No 9

Of the 4 selected authorities, No 9 did not respond to the email invite or the suggested appointment, resulting in 3 authorities giving us further detail, changing the report review to 11 survey respondents and 3 participants in further questions.

The reasons we selected the 4 authorities for further information are listed briefly below:

- Have a similar approach to our current approach,
- A similar demographic (CIPFA nearest neighbours)
- Are neighbouring authorities.
- Have Integrated Services
- Use external providers.
- Commission services
- Deliver In House services.
- Same provider as Lincolnshire utilised.
- Delivery of other services such as falls prevention and health checks, as well as other unique elements such as housing health coaches etc.

4. Integrated or separate

Firstly, to understand other authorities models we asked whether their lifestyle services were integrated or separate discrete lifestyle services and their reasons for doing this.

- Out of the 11 responses, all areas commission **Lifestyle Services**.
- Out of the 11 Lifestyle Services, 9 stated that their service is **Integrated** (see below)

Lincolnshire County Council – (P/C/V)	No 6 (CS/V)	
No 2 (CS)	No 9 (P/CS)	
No 3 (CS/V)	No 11 (P/V)	No 13 (P/CS)
No 5 (EOA)	No 12 (P)	No 16 (EOA)

- The remaining 2 commissioners stated their service is *Separate*.

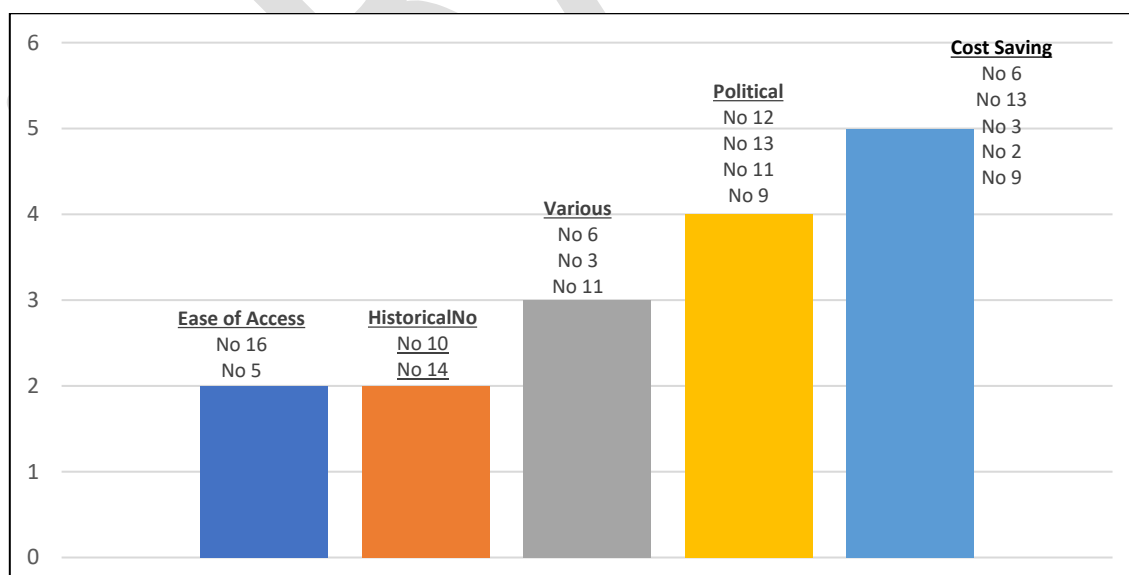
No 10 (H)	No 14 (H)
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As this question is fundamental to this service area, this benchmarking report will link each question back to this by indicated whether authorities' provision is integrated (ILS) or separate (SLS).

- When asked why these approaches were taken (*integrated / separate*), the responses could be grouped into the following reasons:
 - Political (P)
 - Cost Saving (CS)
 - Historical (H)
 - Ease of Access (EOA)
 - Various Reasons (V)

These are highlighted in the previous table against the relevant authorities and shown in the basic graph below.

- Cost saving and political reasons are the main reasons authorities opted to integrate services. The 2 authorities (No 10 and No 14) who remain as separate services both picked historical reasons as to, why they remain as they are.



5. Contracting arrangements

We wanted to know about the contract arrangements of services including do they have inhouse or external providers, as well as value and length of contract.

From these questions, we collated the following information:

- Out of the 11 responses, 5 deliver their services *inhouse* (See below)
 1. No 2 (ILS)
 2. No 3 (ILS)
 3. No 9 (ILS)
 4. No 10 (SLS)
 5. No 12 (ILS)
- The remaining 6 areas, commission external providers to deliver their services, 4 of which commission *1 provider* and 2 who commission *multi providers*. (See below)

Area	External Provider	Provider Name(s)
Lincolnshire County Council (ILS)	1 Provider	Thrive Tribe Ltd
No 5 (ILS)	1 Provider	*****
No 6 (ILS)	1 Provider	*****
No 13 (ILS)	1 Provider	****
No 16 (ILS)	1 Provider	****
No 11 (ILS)	Multi Providers	****
No 14 (SLS)	Multi Providers	****

- Of the 11 responses, 3 authorities did not disclose the value of their contracts. The non-responders included both authorities that had separate lifestyle services, so we did not get a cost comparison for integrated and separate. The non-responders. were:
 1. No 10 (SLS)
 2. No 11 (ILS)
 3. No 14 (SLS)

- The other 8 authorities stated that annually their current contract value is:

Authority	Current Contract Value (Annually)
Lincolnshire County Council (ILS)	£2.7 million (inc NRT)
No 2 (ILS)	£1 Million
No 3 (ILS)	£2.8 Million (inc NRT) Nicotine Reduction Therapy
No 5 (ILS)	£2 Million
No 6 (ILS)	£1.4 Million
No 9 (ILS)	£850k
No 12 (ILS)	£300k
No 13 (ILS)	£2.6 – 3 million
No 16 (ILS)	£600k for lifestyle element

We have analysed this further in the volume and costings section (8) below.

- Out of the 11 responses, 6 included the current contract expiry and 4 detailed their contract length including any extensions. The services which are delivered inhouse, do not have contract lengths or any extensions to disclose so will be N/A. This shows that although contract length varies, maximum contract length tends to be between 5 and 8 years.

Authority	Contract Length including extensions	Contract expiry
Lincolnshire County Council	3 + 2	30th June 2024
No 2 (ILS)	N/A	N/A
No 3 (ILS)	N/A	N/A
No 5 (ILS)	4 + 2	August 2023, but finalising an agreement to extend a further 8 months over the + 2 to end in March 2024
No 6 (ILS)	5 + 2 years	March 2024
No 9 (ILS)	N/A	N/A
No 10 (SLS)	N/A	N/A
No 12 (ILS)	N/A	N/A
No 11 (ILS)	No Info Given	December 2022
No 13 (ILS)	4 + 1 + 1 + 1 + 1 years	2028/29
No 14 (SLS)	No Info Given	March 2024
No 16 (ILS)	3 + 2 years	31 st March 2024

- **No 5** have a 4 + 2 contract which is due to end in August 2023, however, they are currently in the process of extending on top of the extension for a further 8 months by applying for a waiver to a lead member to take the contract to March 2024. We asked them about this in a 2nd round interview and why they are applying the extra 8 months (as they utilise the same provider – Thrive Tribe as **Lincolnshire**) and they explained that because they are Proposing different ways to make improvements to the service in the future, they would like feedback from public/stakeholders, so will be focussing on engagement for this, which they require more time. They are very happy with their current provider.
- **No 2** are an inhouse provider and explained that year on year they are financially unstable as they do not know what the budget will be each year. They cannot set up any kind of contracted period of monies because the service is a non-statutory service, however, the service they do deliver inhouse works well for them.
- **No 6** have the longest contract set out of the selected group with a 5 + 2 (7 years with extension), ending March 2024, and stated that a contract of this length gives great stability for services, especially when they are very happy with their service and provider. The provider is extremely flexible so will adapt with any type of change / improvement necessary.
- We asked about the payment mechanisms on the actual contracts and how providers or contracts whether in house or external are paid to deliver services. Out of the 11 respondents, 7 stated their payment mechanism was a **fixed amount (block rate)**, including 1 with **performance related bonus payments**. 4 were **not applicable (due to being in house)**. Further details below.
- Interestingly, **No 5** mentioned that they do not have penalties for not achieving contract volumes, but they do transfer unmet volume to the following year and **No 6** only pay for actual spend on the contract.
- **No 13** pay by Fixed amount (block rate) but are also Performance related where bonus payments are paid with a focus on certain outcomes being met (they must achieve 10000 outcomes per year.) They also have an agreed amount which can be withheld or drawn back if poor performance is reported to the commissioner.
- **No 2** explained that their budget allocation for their ILS varies each year so having an in-house service enables them to flex the service accordingly.

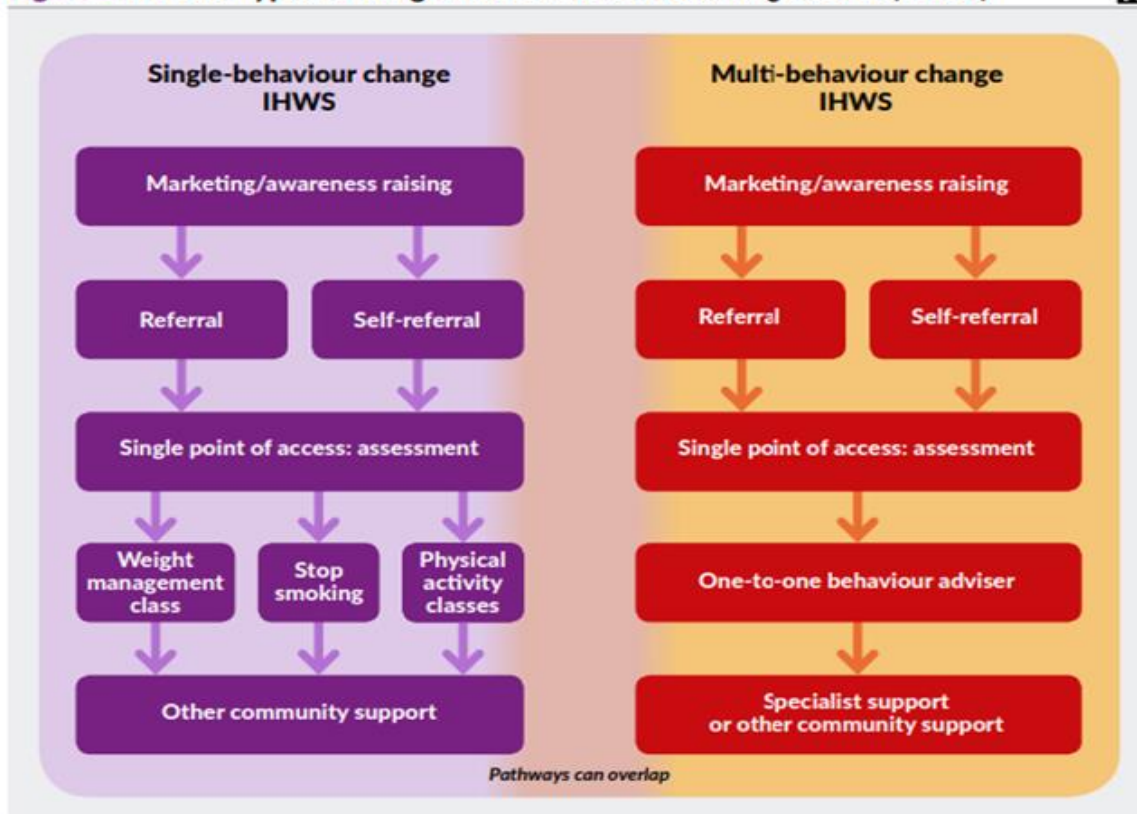
Authority		What is your payment mechanism?
Lincolnshire County Council (ILS)	External	Fixed amount (block rate)
No 9 (ILS)	In House	Not Applicable;
No 14 (SLS)	External	Fixed amount (block rate);
No 3 (ILS)	In House	Not Applicable;
No 6I (ILS)	External	Fixed amount (block rate). Commissioner only pays for actual spend up to the contract value per annum.
No 11 (ILS)	In House	Not Applicable;
No 13 (ILS)	External	Fixed amount (block rate) Performance related – bonus payments for targets met?
No 16 (ILS)	External	Fixed amount (block rate)
No 5 (ILS)	External	Fixed amount (block rate). Payment will be made in return for the delivery of a minimum level of activity as described within the service specification. Where underachievement has been identified, this activity has been added to the following financial year's target.;
No 10 (SLS)	In House	Not Applicable;
No 2 (ILS)	In House	Fixed amount (block rate) This does vary year on year depending on budget allocation.
No 12 (ILS)	External	Fixed amount (block rate)

6. Delivery model

Our Literature review showed us that Integrated Lifestyle services largely have either a single behaviour change or multi-change pathway (see the model diagram below).

Out of the 11 responses, 5 areas have a Single Behaviour change pathway only, and 5 areas a Multi Behaviour Change pathway only. **No 2** overlaps both (same as Lincolnshire)

Figure 2 The two types of integrated health and wellbeing service (IHWS) K



Single Behaviour Change ILHWS	Multi Behaviour Change ILWS
Lincolnshire County Council (ILS)	Lincolnshire County Council (ILS)
No 2 (ILS)	No 2 (ILS)
No 3 (ILS)	No 16 (ILS)
No 9 (ILS)	No 5 (ILS)
No 12 (ILS)	No 6 (ILS)
No 14 (SLS)	No 10 (ILS)
No 13 (ILS)	No 11 (ILS)

- We then asked whether their interventions are sequentially or simultaneously offered. 8 of the 11 respondents stated that they are both simultaneous and sequential like **Lincolnshire**, 2 are simultaneously and 1 area offers sequentially.

Lincolnshire county Council	No 9 (ILS)	No 9 (ILS)	No 9 (ILS)	No 9 (ILS)	No 9 (ILS)	No 9 (ILS)	No 9 (ILS)	No 9 (ILS)	No 9 (ILS)	No 9 (ILS)	No 9 (ILS)	No 9 (ILS)
Both	Both	Simultaneously	Both	Both	Both	Both	Both	Both	Both	Sequentially	Simultaneously	Both

- In short summary, there appears to be a strong emphasis on using both sequential and simultaneous interventions together, as well as strong evidence from conversations and responses that there is a requirement for services to have that person-centred approach. Each client/service user has different needs, and they require interventions at different points of their journey. Some responses went into detail around how they would ensure clients receive both interventions at a time that is right and almost bespoke to everyone:
 - **No 11** stated that 'goals are set by wellbeing workers appropriate to the individual, sometimes will vary on approach and who, where and what they work on. They support wellbeing alongside other services that support mental health or addiction.
 - **No 3** stated that a client led decision is made and, in most cases, sequentially. However, all WM clients are offered PA (around one third accept) and if a client wanted to stop smoking and lose weight at the same time they could (though advised SS first)
 - **No 6** stated that depending on what the person wants, most people will be on at least 2 pathways.
 - **No 5** stated that Interventions are discussed simultaneously with service users following their initial holistic health assessment to determine what intervention/ support would be most appropriate for them and then they would engage in each service sequentially.
 - **No 13** stated that interventions are delivered sequentially and simultaneously, it depends on the client (bespoke) It is client's choice following an initial assessment.
- When asking whether any of the authorities in the survey co-commissioned services with any other organisations, and what these relationships were like, of the 11 respondents, 9 answered no, 1 did not respond and **No 11** explained that they are an integrated wellbeing service that is funded out of the core public health budget... but they have, through national funding, commissioned services to help deliver the Tier 2 Weight Management programme. The Weight Management service is co commissioned and led by the programme lead within **No 11** Council.

- We then asked how the services link with other support services (such as housing support, wellbeing services, Voluntary Community Services (VCS) organizations, patient support groups, Healthwatch, etc.) Some commissioners were not confident that they had good links with other service provision in place. Those that did, explained that links were developed by:
 - Internal Public Health staff and/or provider staff undertaking an engagement or partnership development role to forge links with partners.
 - Attendance at existing voluntary and community partnership groups.
 - Setting up easy bespoke inward referral routes for partners such as an electronic gateway.
 - Setting up onward referral pathways.
 - Tapping into a community advice/first contact hub.
 - Locality working and networking across those localities.
 - Locating in community venues.
 - Co-locating services such as workers based in housing departments.

Examples of partners given were:

- Citizen's advice
 - GPs
 - Housing
 - Department of Work and Pensions.
- **No 5** were asked if the development of an ILS allowed for the formation of new partnerships. They explained that it is very important to build and sustain relationships with other partners for a holistic approach around the person. As part of the programme, over the years, they built such good relationships with the housing teams that they now have housing health and wellbeing coordinators located in 'one you' offices and within the districts housing teams, they work with housing teams to offer holistic support for the person.
- **No 6** explained that they have an Engagement manager employed within the contract to maintain and build relationships. They have always had good relationships with primary care, and even better relationships with acute settings in hospitals. They maintain good relationships with maternity and the team has good relationships generally. They also have good partnership working in the county as well as good relationships with LD supporters.
- The authorities were asked what elements their lifestyle services offer their local population. In **Lincolnshire** we offer Eat well/healthy weight, Drink less,

move more, Be smoke free and child weight management. Almost all other authorities offer healthy weight, move more and be smoke free (smoking cessation) but only 3 incorporate an alcohol reduction element and 2 offer a child weight management. Other elements that were frequently included (that Lincolnshire currently do not) were:

- Brief advice to improve emotional or mental wellbeing (8)
 - NHS Health Checks (3)
 - Falls prevention/strength and balance programme (5)
- **No 5** and **No 2** both deliver NHS Health check elements within their services. We spoke to both areas around this and asked how it works and obtained information from the **No 12** website on how they deliver Health Checks within their inhouse service.
 - **No 5's** commissioned service subcontracts 13 – 15 pharmacies across their area to deliver health checks. Their service also delivers health checks in clinics. They have a KPI for this and subcontracted pharmacies help reach a portion of the KPI.
 - **No 2's** service, which is in house, offer Health Checks (HC) through TCR (a database system) which can link into the main clinical systems to identify eligible people. They then send letters out on behalf of the practices. The resident is invited to have a HC with the service. Social media is used to advertise HC's. Some surgeries signpost etc. There are a handful of practices who opted out. It works well generally.
 - Health Checks are available at all but four of the GP practices in **No 12's area**. The team can also deliver health checks in workplaces. They also hold sessions in local community venues across the area.
 - **No 3's Service** have a separate Falls prevention part of the contract, where, on their website there is a lot of signposting to organisations such as Age UK's Strictly No Falling exercise classes which are focussed on strength and balance, as well as useful information on preventing a fall in the home, checklists, and risk factors to consider, links to their Falls Alert Service and other useful links to opticians to arrange eyesight tests etc.
 - **No 2** deliver a programme of work where there are chair-based exercise classes available for people who are in chronic pain, which helps with strength and balance as well as mobility etc.

- **No 9's** inhouse service offer a Falls Prevention Service for the over 65's, which is an evidence-based 24-week programme tailored to those who have previously fallen or worry about falling. It focusses on improving life quality by improving balance and stability for people to build independence in daily living without a fear of falling. The programme is delivered by qualified Healthy Lifestyle Advisors at various locations across the area and can be a self-referral or GP.
- **No 13's** Service offers a falls prevention element delivered by instructors. The highly skilled staff deliver and co-ordinate a range of falls prevention sessions, supporting anyone over the age of 55 who has mobility or stability challenges. It includes recorded exercise classes to view and repeat at home, live exercise sessions via Zoom with a fully trained instructor, clinics to speak to your Advisor, and ongoing telephone support. Referrals are usually self-referrals.
- **No 16** explained that the falls prevention services are not part of their contract, however Age UK do numerous programmes of work in the community for older people to prevent falls such as exercise classes and strength and balance. The No 16 website signposts the visitor to various support arms across the area, as well as links to NHS websites and videos.
- Below is a further breakdown of elements delivered by authority. The literature review identified several reviews on integrated lifestyle services by external partners. We have included some of the finding from that in this question:

	Info taken from Literature Review
	Info taken from Benchmarking

Authority	Smoking Cessation Service	Tobacco Control (wider Tobacco work)	Adult Weight Management	Child Weight Management	Workplace	Behaviour Change Risky Behaviour Triage	MECC	First Contact Plus	NHS Health Checks	Falls Prevention Strength & Balance.	Physical Activity	Alcohol Intervention & Brief Advice IBA	Brief Advice (BA) Emotional/ Mental Wellbeing	ASIST Training (Applied Suicide Intervention Skills Triage)	Health Trainer Service	Walk Programme	Fit 4 Surgery/GP Alliance	Cook 4 Life	Learning Disabilities Weight Management Smoking Cessation Services
No 2 (ILS)	In house		In house						In house	In house									In house
No 3 (ILS)	In house		In house							separate service	In house		Refer sign posting						
No 5 (ILS)																			
No 6 (ILS)					Healthy work place award														
No 9 (ILS)	In house		In house					In house		In house	In house		Refer sign posting			In house	In house		
No 10 (SLS)	In house		In house					In house											
No 12 (ILS)																			
No 11 (ILS)	In house		In house						In house		In house		Refer sign posting						In house
No 13 (ILS)																			
No 14 (SLS)																			
No 16 (ILS)										separate service									
Totals	10	1	11	2	1	3	1	2	3	5	9	3	8	1	1	1	2	1	1

- To learn from other commissioners' models, we asked them what is working well in service delivery. The answers are too varied to aggregate so are displayed all in the table below. **Table 1.**

There were some points within the 'what's working well' which we had an interest in such as a cooking service delivered by **No 12**

Interestingly, **No 12** have a cooking team who deliver a variety of cooking activities. These include cook and eat sessions, taster demonstrations and a one-day workshop. All activities provide individuals and families with the opportunity to learn –

- How to create meals that are delicious, nutritious, and affordable
- How to confidently cook meals from scratch
- How to understand basic nutrition, food labelling and portion sizes
- How to make healthier choices and improve health and well-being.
- Cook4Life activities are delivered in a fun, interactive and supportive environment in venues across **No 12** area.

Lincolnshire does have the Eat Well part of the One You Lincolnshire contract (under Lose weight element), which did include Cook & Eat sessions just prior to COVID and the contract starting, but these had to stop, as did most face 2 face sessions. When OYL returned the face-to-face groups shortly after covid-19 they were advised to not run the cook and eat sessions, due to concerns around transmission of the virus. They have, however offered live cook-a-longs on zoom, in the meantime, and are keen to offer more of these.

One You Lincolnshire provide clients with digital recipe books, and regularly recommend 'recipe of the week' on the private Facebook page. They also encourage clients to share their own recipes via the private social media page and WhatsApp group chat.

Within the MAN v FAT programme, the players also receive recipe ideas, and some of the meals are shared here <https://manvfat.com/recipes>

Within the OYL child weight management programme, they run, Gloji Energy and have cooking sessions, where the families make wrap pizzas and yoghurt bark for example, as well as taking part in food tasting sessions such as 'the fruit and vegetable bushtucker trial'.

- **No 2** target Learning disability groups, particularly around weight management and smoking cessation. They have a specialist LD advisor within the service trained to work with people who come into the service with a learning disability, which, again was interesting and a standalone service offered out of all the respondents.
With 80% of people with learning disabilities being overweight, the specialist advisor works with carers and the individual to develop a flexible plan that suits everyone's needs. It will include healthy eating advice and physical activity sessions that cater for all physical and emotional difficulties connected to learning disabilities, including the smoking cessation elements too.
- **No 2** also explained that they target Pregnant Women who smoke. Smoking rates are high in pregnancy, so training was identified for the midwives. The Advisor picks up referrals and ensures these are prioritised. They carry out work with hospital with respiratory consultants for direct referrals from secondary care, on the Smoking side and have good relationships with them.
- **No 6** explained that their provider often delivers beyond what is in the contract - quit rates are among the highest in the country for both the public and pregnant women, and overall outcomes are good. They believe this is down to the staff being regularly trained in MI (Motivational Interviewing) skills which impacts on outcomes, as well as the service regularly engaging with the system to remind them of the offer. They have a good working relationship in primary care and maternity. Having a single point of access means that people build up a relationship with the service and will come back for more support if needed.

With the target work for pregnant women, **No 6** have good relationships with Maternity. They currently do not do anything around preconception work. It is hard to engage people on this area at present. They are moving towards a model within the maternity system in the future.

No 6 also have a bespoke service for pregnant smokers who are overweight. They are supported to quit during pregnancy and quit smoking up to the child's 2nd birthday. They can be signposted to breastfeeding support, peer support, diet/nutrition support. The service will support the pregnant woman and her family with what's needed to lose weight etc. Barriers within lifestyle can be signposted onto relevant services. The coach will stay with the pregnant woman through pregnancy. They can then handover to another coach up to the 2 years after. This tends to work quite well, again, relationships being the strong point here.

1.	Please could you tell us what works well in your service delivery
No 9 (ILS)	Majority works well having integrated services is a good idea, however generic advisors would be a better option
No 13 (SLS)	No response
No 3 (ILS)	Health and Wellbeing MOT that allows holistic assessment of an individual both from health risks perspective but also some wider determinants. Anyone with 2 or more priority service areas has a 1:1 discussion with a member of staff to decide upon priorities. Excellent links with partner organisations. Being internal allows us to work well with other PH colleagues and support their work e.g., we are asking a Qs about gambling related harms of all clients at the present time. Stop smoking performing very well - quit rate of almost 70% and we will deliver TDT programme on an in-reach basis
No 6 (ILS)	We have an excellent, flexible and adaptable provider they often deliver beyond what is in the contract -quit rates are among the highest in the country for both the general public and pregnant women, overall outcomes are good, staff are regularly trained in MI skills and this impacts on outcomes, service regularly engages with the system to remind them of the offer - really good working relationships in primary care and maternity, Having a single point of access means that people build up a relationship with the service and will come back for more support if needed. The service operates with 'proportionate universalism' for its behaviour change pathways. While the service is open to all adults those with the greatest need receive a higher level of support
No 11 (ILS)	Focus on reaching vulnerable people from the most deprived wards of area, carry out a holistic wellbeing assessment and provide clients with TIME using a coaching approach to identify what and who matters to them. Support them to set goals and develop a wellbeing plan, monitor achievement of goals, and reassess wellbeing to empower independent action, Signpost, and broker additional support where necessary or provide further support with a view to enabling clients to take control of their personal wellbeing.
No 13 (ILS)	Positive outcomes for clients. Good relationship between commissioners and providers to develop service together. Strong emphasis on developing partnerships with wider system partners and being able to response to new priorities within the system along with meeting the contract outcomes.
No 16 (ILS)	Targeted lifestyle checks
No 5 (ILS)	Our current provider has performed very well throughout the duration of the contract, adapting quickly during the pandemic to be able to provide a fully digital/virtual offer. The provider has always been flexible in its approach and always willing to adapt delivery and pilot different approaches to maximise engagement and outcomes for residents. They have developed and delivered a range of face to face and digital weight loss/management programmes, to include Gloji and Man v Fat. Smoking cessation arm of service is one of the best performing in the Southeast.
No 10 (SLS)	Keeping them as separate entities and allowing for individuals to deal with one behaviour change process at a time. However, there is opportunity for this who want to tackle both weight management and stopping smoking simultaneously (few and far between)
No 2 (ILS)	Advisors trained in multiple areas allows for flexibility within the service and for the client. As the service is a Council service, clients can get free access to council leisure centres and council buildings such as libraries can be used at reduced rates for delivery. Only having the one service within the city makes it easier for the NHS/ referrers and enables strong relationships across primary and secondary care to be developed. NHS health checks work well by supporting some practices who have opted out of their own delivery but also allows for opportunistic checks to be delivered in areas of high need and workplaces etc. The service has put in place 'activation' sessions which clients are invited to which enables them to find out about what exactly the service offers, expectations etc. We feel this works well to ensure the right people are engaged from the service from the start. Also, most of our referrals are self-referrals - this really helps with those who are ready to change rather than feeling they have been told to by a clinician.
No 12 (ILS)	Smoking Cessation, Weight Management, Cook4Life, Increasing access to Physical Activity

- Regarding any improvements being made in relation to current service delivery, we asked if the commissioners could detail what they would like to improve and why. The responses can be summarised as:
 - **No 9, No13 and No12** stated they would like to see improvements in staffing and capacity as there is either not enough staff, high staff turnover and / or high sickness rates within their ILS services. **No 12** stated this can affect service delivery. **Lincolnshire's** service, along with the others tend to do well with staff numbers. In their interview, **No6** explained that their ILS service are always upskilling the staff to keep them highly driven and motivated in their roles and overall, they do well with staff capacity and job satisfaction.
 - **No14 and No11** gave no response to this.
 - **No 2 and No9** stated they would benefit from having more funding for their services, with **No2** explaining that there can be negatives to being an inhouse service with unstable finances year on year. Interestingly, both **No2** and **No9** are Inhouse services and quote the same around financial stability. Two further inhouse services (**No3** and **No10**) both stated no improvements were necessary as they are very happy with their service delivery. This is interesting as the latter two areas are the upper tier authorities of the lower tiers who stated they would like to see an improvement with finances.
 - **No 5** (who commission the same provider as Lincolnshire – Thrive Tribe) would like to adapt future service to ensure the public health budget is more cost effective and offers value for money with maximum outcomes being met for the residents. They will be seeking views on plans to move to a model where everyone accessing the service would still receive a health assessment and have access to online support programmes that would help them to make changes to their health-related behaviours, However, more intensive support (such as face-to-face support) would only be offered to people with higher needs or likely to face greater inequalities.
 - **No 6** state that they are constantly looking to improve services, ideally wanting to look at how they build capacity in communities so that they can also support behaviour change e.g.,

- Scope to improve access, experience, and outcomes for those facing the greatest health inequalities including people with disabilities and those from ethnic minority groups.
 - Scope for better integration with wider health and care services and with communities offer peer support training – also they know that some people that access Slimming World support can afford to pay for it, so this is not an effective use of resources.
- Generally, across the responses, Smoking quit rates are lower than usual, purely due to the impact of COVID and the services going digital. CO2 validation rates went down to near enough 0, as people could not go into their practice or surgery to conduct a test. Most commissioners have said that they are starting to improve with validation rates with some only back up to 50%, because surgeries are still not operating at 100% as they were post covid and some people and services remain digital. The national shortage of Champix has also been mentioned and is having an impact on outcomes. Vape machines are proving successful. An element of services nationally that maybe needs improvement or change.

7. Eligibility, Referrals, and pathways

- Looking at the “current eligibility criteria for the services in each area”, we found there was a whole raft of criteria set for people to access. **No 13** and **No 11** offer a universal service open to any adult residents. **No 5** also offers a universal service but have specific eligibility criteria for entering tier two provision that is like most authorities. Most authorities have set criteria for each pathway. These tend to be quite similar:
 - Weight management – A certain BMI is stipulated. This between 23.5 and 30 as outlined below:

Authority	Age	BMI	Other
No 3	18	25 + or 23.5 for BME	
No 13	18 +	30 +	
	Under 18	on the 91st centile (overweight)	
No 5	16 +	<p>A BMI of ≥ 30 (27.5 for individuals from Asian / South Asian / Chinese / Black African / Black Caribbean backgrounds)</p> <p>A BMI of >25 where the individual has accessed tier 1 support previously but not been successful in achieving a healthier weight).</p> <p>A BMI of <40 (-co-morbidities) or < 35 (+co-morbidities), unless pre-assessed and referred by their GP.</p>	<ul style="list-style-type: none"> •They do not have an eating disorder. •They have not previously accessed Tier 2 weight management services or self-funded sessions with a multi-component weight management provider in the 3 months prior to referral. <p>They are not pregnant or breastfeeding.</p>
No 9	Child and Adult	Different BMI criteria for different levels of support	
No 2		BMI 30+ (or 27.5 for black and Asian ethnicities)	
No 12		Follow NICE guidance	

- Smoking - must be a smoker and 12 years old or above.
- Drink less – must drink over 14 units a week.
- Move more – less than 30 minutes of moderate physical activity a week.

Some authorities had additional criteria to target their services to address health inequalities. This is explored below.

Authority	What measures are you taking to address health inequalities? (For example, to improve service uptake in areas of deprivation or among health inclusion groups)
No 9 (ILS)	Not all Eligibility criteria is targeted (WM is targeted based on BMI and ethnicity)
No 3 (ILS)	Eligibility criteria is not targeted but the commissioner outlined that they provide face to face clinics in areas of higher deprivation.
No 6 (ILS)	has a two-tier service. Only vulnerable groups and those in the 3 most deprived quintiles are offered 1:1 coaching. Everyone else is gets a light touch service (texts or signposting to other services). Currently everyone can access smoking and Slimming World. They target campaigns and social media etc towards our vulnerable groups and areas of deprivation
No 11 (ILS)	Eligibility is universal, however, the commissioner outlined that the service is based on proportionate universalism. Wellbeing service focuses and targets support in areas of disadvantage and concentrates on those in most need
No 13 (ILS)	Eligibility is universal, however, the commissioner outlined that they case Finding / mapping, working with PCNs to increase referrals, working in areas of deprivation / high prevalence areas targeted
No 16 (ILS)	Presence increased within higher deprivation areas
No 5 (ILS)	Eligibility is not targeted, however, the Service KPIs include: 50% of individuals accessing the service to live in IMD 1 and 2 wards.
No 10 (SLS)	Eligibility is not targeted, however, they prioritise and created adjunct services to increase equal access from the various population groups. Health Impact Assessment (HIA) carried out etc..
No 2 (ILS)	Eligibility is not targeted; however, delivery of the service and promotional health events always take place in areas of the city with greatest need.
No 12 (ILS)	Eligibility is not targeted but they state that they use the annual data to ensure reach to address health inequalities.

- On what measures are being taken to address health inequalities, (For example, to improve service uptake in areas of deprivation or among health inclusion groups) – We had 10 out of the 11 respond to this question, answers tended to be about either targeted eligibility criteria or targeting delivery in areas of higher deprivation areas?

- The origin of referrals into lifestyle services, all 11 areas responded with GP, Hospital, Self-Referral, Support Worker / Carer and 5 of those 11 areas also answered **other**.
- The 5 areas to answer other were **No 5** who stated some referrals also come from primary care and outreach, **No 13** stated some referrals come from specific pathways (e.g., MSK, pre op) Social Prescribing, Adult Social Care. **No 11** stated some are from Partner organisations e.g., Department for Work and Pensions. **No 6** stated they can receive referrals in from OT's, Physios, Midwives, Health Care Assistants social prescribers etc - any health professional, and **No 9** said that referrals come from Third sector, in house council referrals as well as the usual route in.
- Out of the 11 respondents, pregnant women who smoke were prioritised in 7 of them.

	Origin of Referral in	No of areas
	GP	11
	Hospital	11
	Self – Referral	11
	Support Worker / Carer	11
	Other	5

- We wanted to know if people are prioritised in any way at point of referral/triage, 10 of the 11 responses stated they did prioritise certain groups. 1 responder did not give this information. Groups include:
 - Pregnant / Pre & Post Natal women who smoke,
 - People with Learning Disabilities,
 - Mental Health service users,
 - Vulnerable groups,
 - Residents from areas of deprivation
 - BAME and Men's Weight Management

- We were interested to know if the services have any specific pathway/referral processes in place to ensure onward referral following people who have had an NHS Health Check, e.g., at their General Practice, of which, 9 of the 11 stated yes, they did have an onward referral process in place. The remaining 2 do not. Of the 9 who stated yes, 5 gave further information on this.
 - **No 3** stated that as part of the NHS Health checks training package, information about the referral process is included.
 - **No 2** have developed a leaflet which allows the health check measurements to be filled in as well as providing the patient with useful information from the health check. The clinicians delivering health checks are all or should be aware of the service, but patients are encouraged to be signposted rather than have a specific clinical referral (unless there is a need)
 - **No 5** explained that for Health Checks delivered by GPs, referral forms are in place within clinical systems to enable onward referral for healthy lifestyle support.
 - **No 16** added that the service works within Primary Care Networks, and referral pathways are agreed at this level.
 - **No 13** have referral pathways in place as part of MSK pre-op pathway, maternity weight management & Smoking cessation, various secondary care pathways for both smoking cessation and weight management.
 - **Lincolnshire** are constantly working with GP Surgeries (in particular the surgeries in areas of higher deprivation) to encourage referrals into the service where required. Meetings are often arranged with practice managers to engage them with the service and build connections. This is proving successful, and now the service is working with practices to encourage having health coaches in the surgeries to help identify people who have been picked up by the PCN's. Referrals are improving over time especially post covid.

8. Volumes and costings

- When we looked at the volumes, costings and contract values, the answers came back as more approximate and were not broken down in depth. Each area answered in a different way, with 5 areas not responding fully at all, so the information below is not 100% accurate, but gives us an idea for comparisons. I have included a snapshot of what each area answered for more detail as well as the approx. cost per head from the information given.
- We asked how much they pay annually for their contract or service as well as the approximate number of people being supported in the services provided within this cost annually, including those accessing physical activity, weight management, smoking cessation, and alcohol reduction. As stated, the breakdowns were not clear. Some authorities gave full numbers, and some tried to breakdown.
- To try to compare costs across authorities, we have taken the total annual cost and divided this by the number of people the authorities stated they have supported annually. This gives us a very loose cost per head figure. Costs per head are averaging in between £141 and £425 across the respondents. This does have limitations in that we are not comparing like for like. Because of the nature of the service, there is a possibility of double counting people who accessed more than one pathway.
- Lincolnshire's** current contract is £2.7million annually supporting approx. 9331 people each year, making this cost approx. £289 per head.

Authority	Total annual cost	Approx Number of people supported annually from the cost	Approx Cost per head
Lincolnshire County Council	£2.7 million (inc. NRT)	9331	£289
No 2	£1 Million	2,350	£425
No 3	£2.8 Million <i>(Inc Nicotine Reduction Therapy)</i>	11,889	£235
No 5	£2 Million	5576	£358
No 6	£1.4 Million	4400	£318
No 9	£850k	6000	£141
No 10	No Info Given	2650	No Info Given
No 11	No Info Given	No Info Given	No Info Given
No 12	£300k	No Info Given	No Info Given
No 14	No Info Given	No Info Given	No Info Given
No 13	£2.6 - £3 Million	9172	£283 - £327
No 16	£600k	No Info Given	No Info Given

- We asked the Public Health data analyst team to gather some data from the National Spend and Outcomes Tool (SPOT), *(which is designed to help local commissioners improve the health and wellbeing of local populations and reduce geographical health inequalities via better information about value for money)* on the spends and outcomes for each of the areas who responded to us against **Lincolnshire** as well as the CIPFA*** areas to analyse.
- The team explained that they had recently carried out an exercise where a full SPOT analysis report had been written for Greater Lincolnshire. Some of the findings are explained below. All data from the SPOT tool was updated to the financial year 2019/20, with outcomes data being available in PHE Fingertips up to 30th September 2021.
- The overall summary report from the analyst team explains that Lincolnshire is in line with national averages for overall public health spending and outcomes, i.e., there are no other possible or probable outliers.
- Lincolnshire performs worse in outcomes than average (without being an outlier) in most categories – including health improvement, except for tobacco control.
- Spend per head of population in Lincolnshire on tobacco control has fallen, a trend matched by CIPFAs, the East Midlands and England overall. Spend in Lincolnshire dropped below CIPFA and East Midlands level in 2019/20.
- For more information, listed below is the benchmarked areas as well as the CIPFA areas.

CIPFAs***	Benchmarking Areas
Lincolnshire	Lincolnshire
Cumbria	No 2
Derbyshire	No 3
Devon	No 5
Essex	No 6
Gloucestershire	No 9
Lancashire	No 10
Leicestershire	No 11
Norfolk	No 12
North Yorkshire	No 14

Nottinghamshire	No 13
Somerset	No 16
Staffordshire	
Warwickshire	
Worcestershire	

- The separate information we received was broken down into the last available data (as described above) for:
 - Physical Activity (spend vs percentage of people who are physically active), CIPFA and benchmarked areas.
 - Obesity (spend vs percentage of people over 18 classified as obese) CIPFA and benchmarked areas.
 - Smoking (spend vs Smoking prevalence – Current smokers (APS)). CIPFA and benchmarked areas

- We can see the comparisons across the selected areas visually against Lincolnshire for both CIPFA areas and the BENCHMARKING areas. (6 Charts and further observations below)

1. Physical Activity Spend & Outcomes CIPFA areas.

Devon has the least percentage (17%) of physically inactive adults and within the lower spend range.

2. Physical Activity Spend & Outcomes BENCHMARKED areas.

No 6 has the lowest percentage (19%) of physically inactive adults and within the lower spend range.

3. OBESITY Spend & Outcomes CIPFA areas.

Devon has the lowest percentage (60.2%) of adults classified overweight or obese and within the lower spend range.

4. OBESITY Spend & Outcomes BENCHMARKED areas.

No 6 has the lowest percentage (61.2%) of adults classified overweight or obese and within the mid spend range.

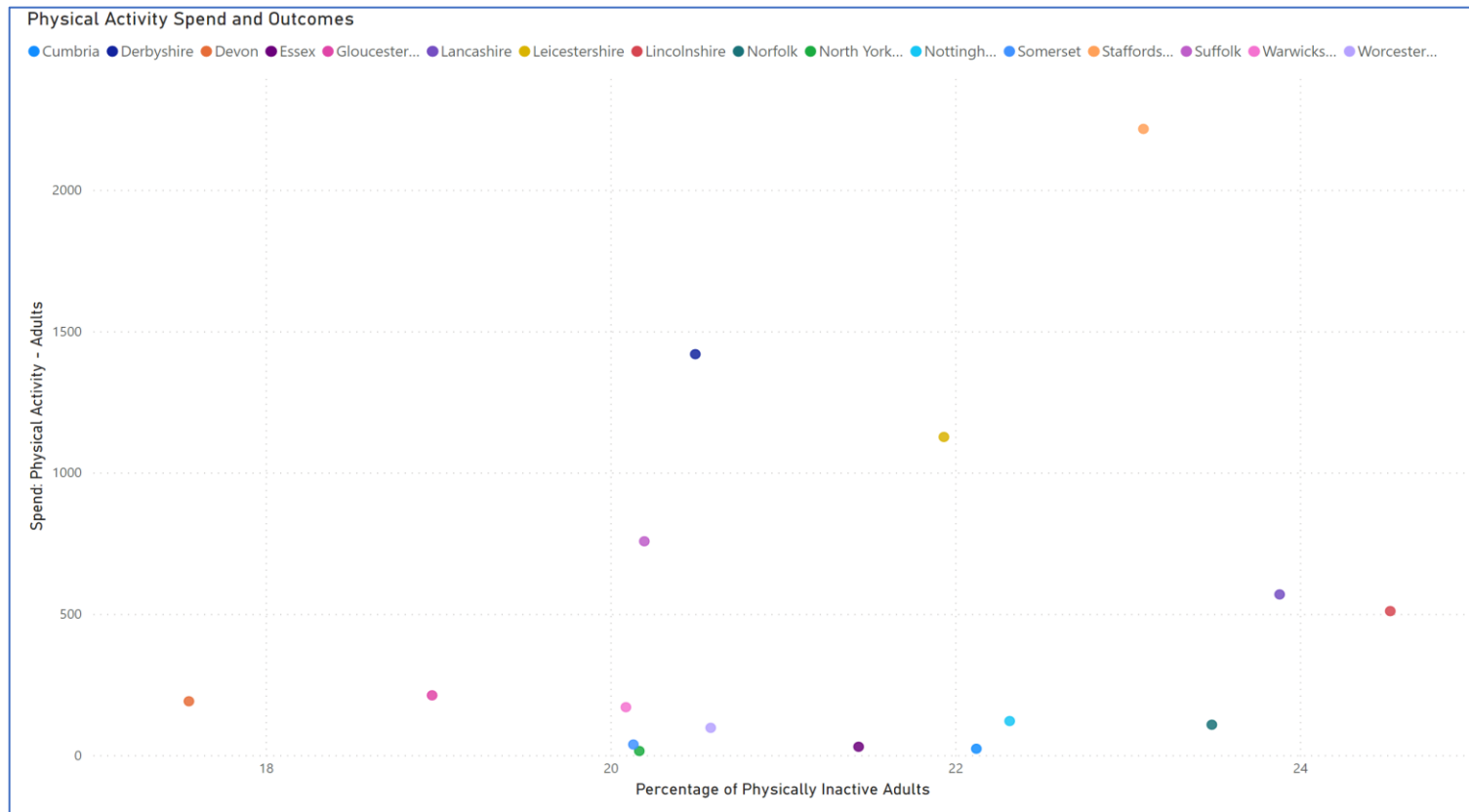
5. SMOKING Spend & Outcomes CIPFA areas.

Worcestershire has the lowest percentage (10.9%) smoking prevalence in adults and within the lower spend range.

6. SMOKING Spend & Outcomes BENCHMARKED areas.

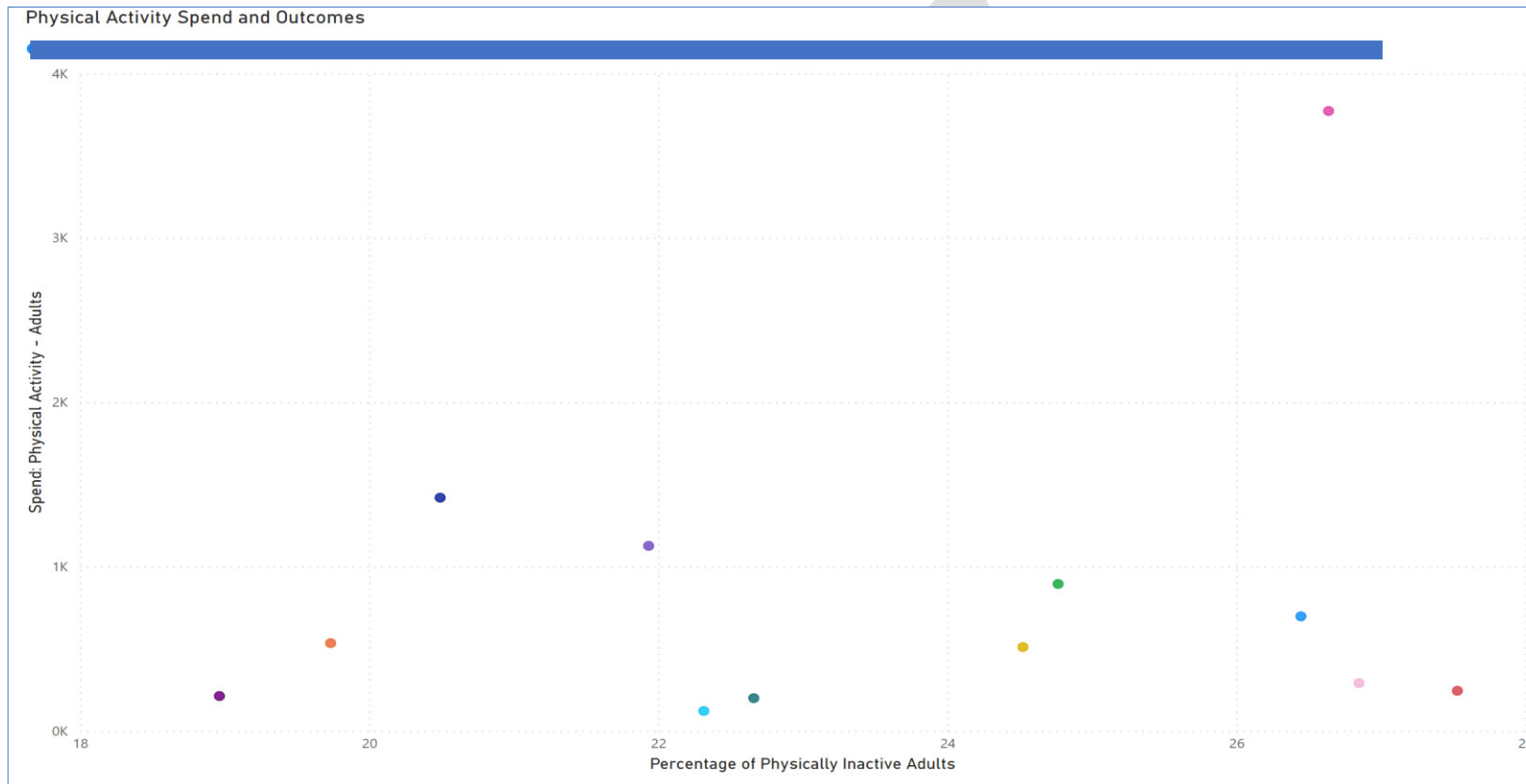
No 16 has the second lowest percentage (12%) smoking prevalence in adults and 3rd lowest spend.

1.) Physical Activity Spend & Outcomes CIPFA areas.



Staffordshire has the greatest spend and is at the higher end of percentage (23%) of physically inactive adults, but not the highest. **Lincolnshire** has the highest percentage (25%) of physically inactive adults and mid-range with spends. **Devon** has the least percentage (17%) of physically inactive adults and within the lower spend range. **Norfolk** has the lowest spends and mid-range percentage of physically inactive adults (20%) approx.

2.) Physical Activity Spend & Outcomes BENCHMARKED areas.



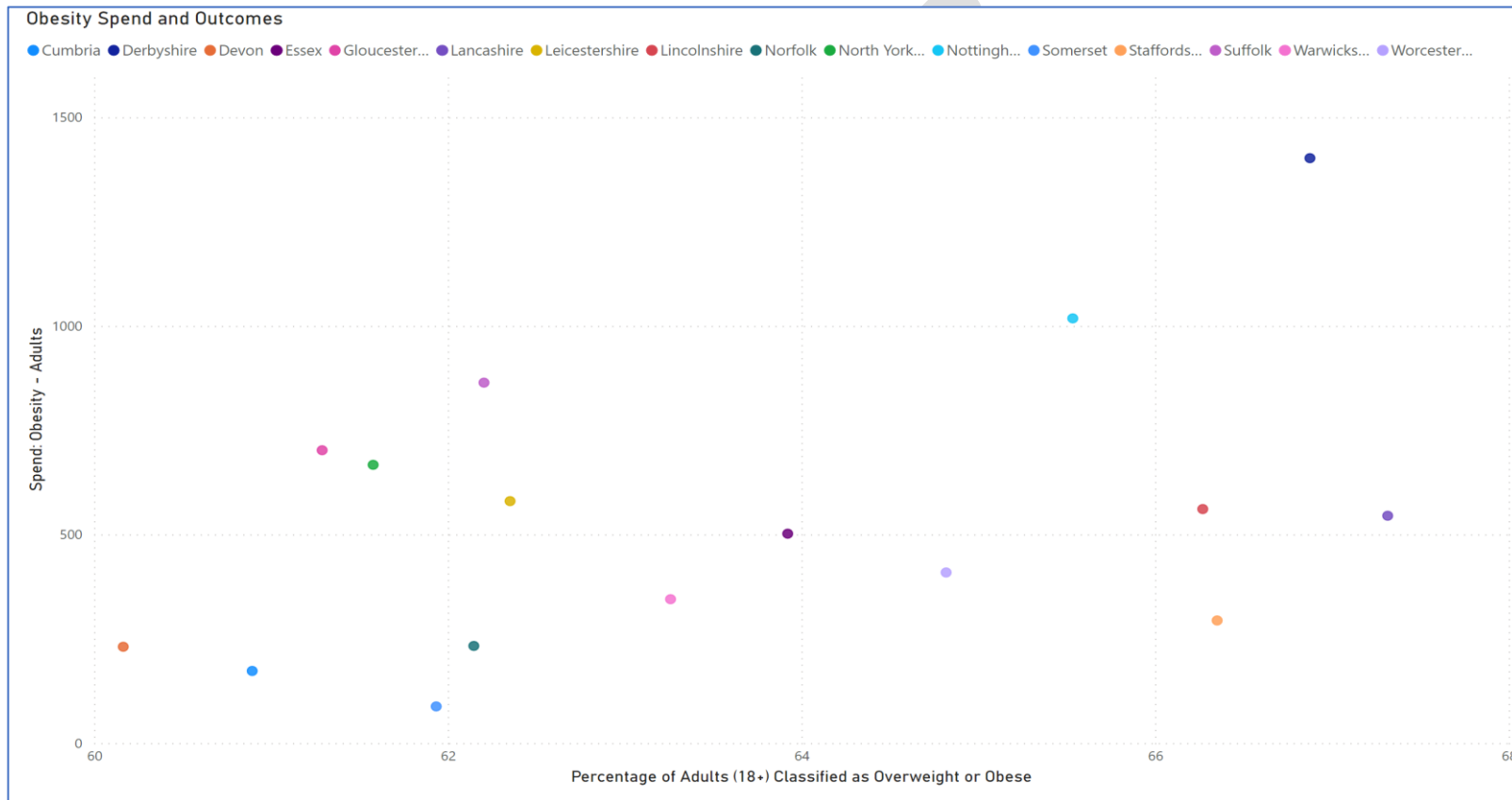
No 9 has the greatest spend and is at the higher end of percentage (26.5%) of physically inactive adults, but not quite the highest.

No 11 has the highest percentage (27%) of physically inactive adults and at the lower end with spends.

No 6 has the lowest percentage (19%) of physically inactive adults and within the lower spend range.

No 13 has the lowest spends and mid-range percentage of physically inactive adults (22.5%) approx.

3.) OBESITY Spend & Outcomes CIPFA areas.



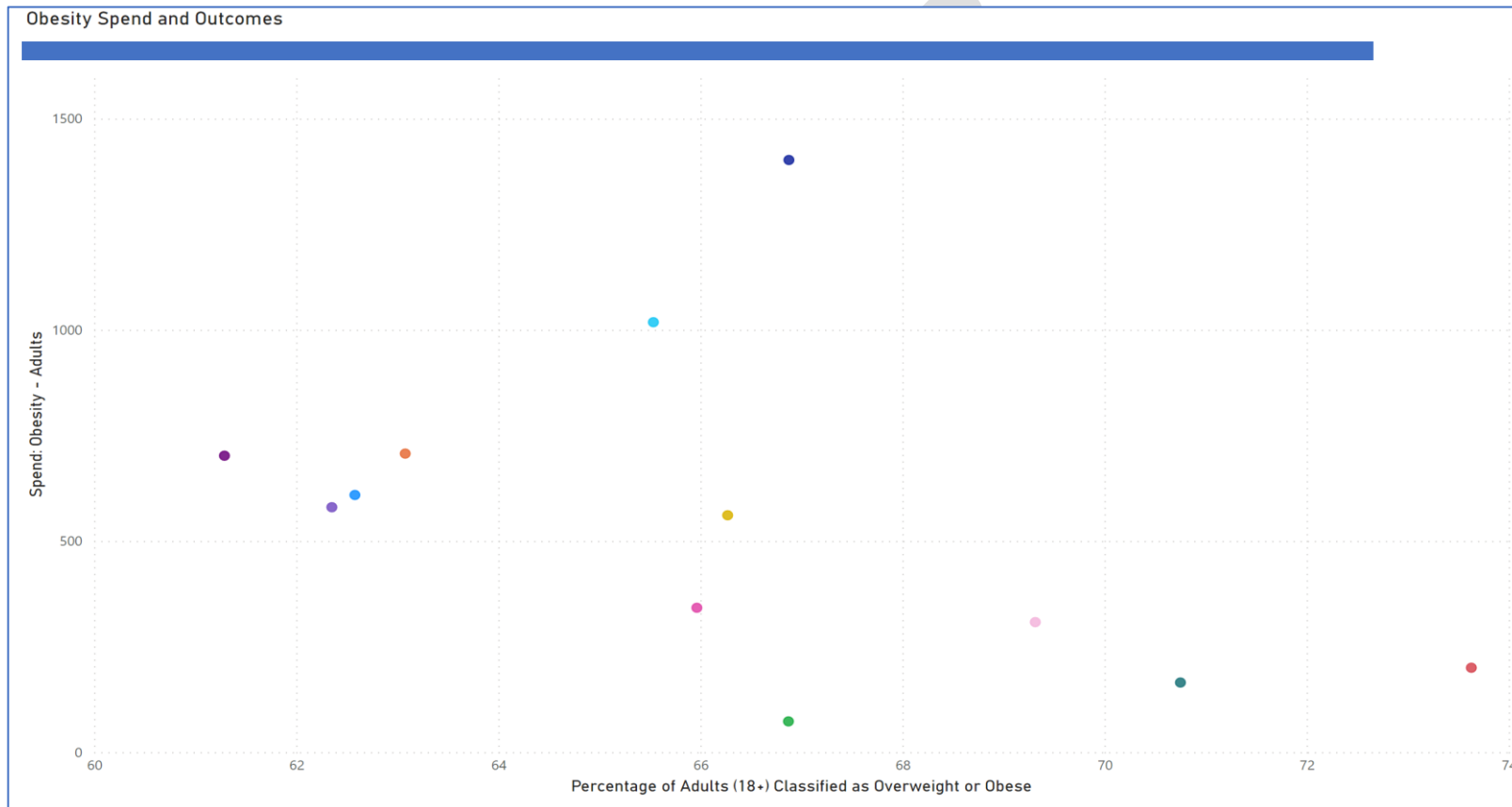
Derbyshire has the greatest spend and is at the higher end of percentage (67%) of adults classified overweight or obese, but not quite the highest.

Lancashire has the highest percentage (67.5%) of adults classified overweight or obese and average with spends.

Devon has the lowest percentage (60.2%) of adults classified overweight or obese and within the lower spend range.

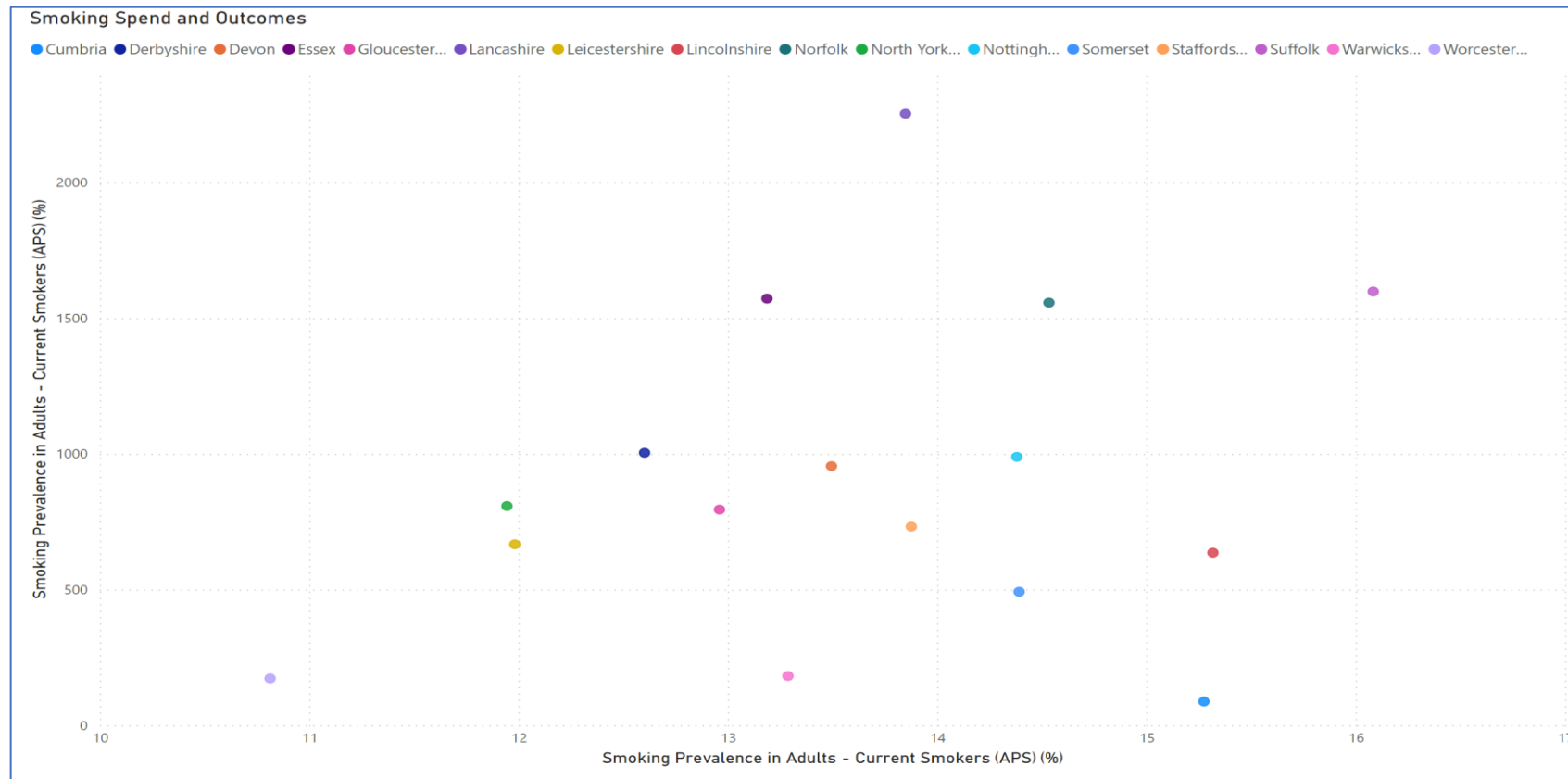
Cumbria has the lowest spends and at the lower end of percentage of adults classified overweight or obese (61.8%) approx.

4.) OBESITY Spend & Outcomes BENCHMARKED areas.



- No 3** has the greatest spend and is in average range (67%) of adults classified overweight or obese
- No 11** has the highest percentage (73.9%) of adults classified overweight or obese and in the lower range with spends.
- No 6** has the lowest percentage (61.2%) of adults classified overweight or obese and within the mid spend range.
- No 14** has the lowest spends and at the mid-range of percentage of adults classified overweight or obese (66.9%) approx.

5.) SMOKING Spend & Outcomes CIPFA areas.



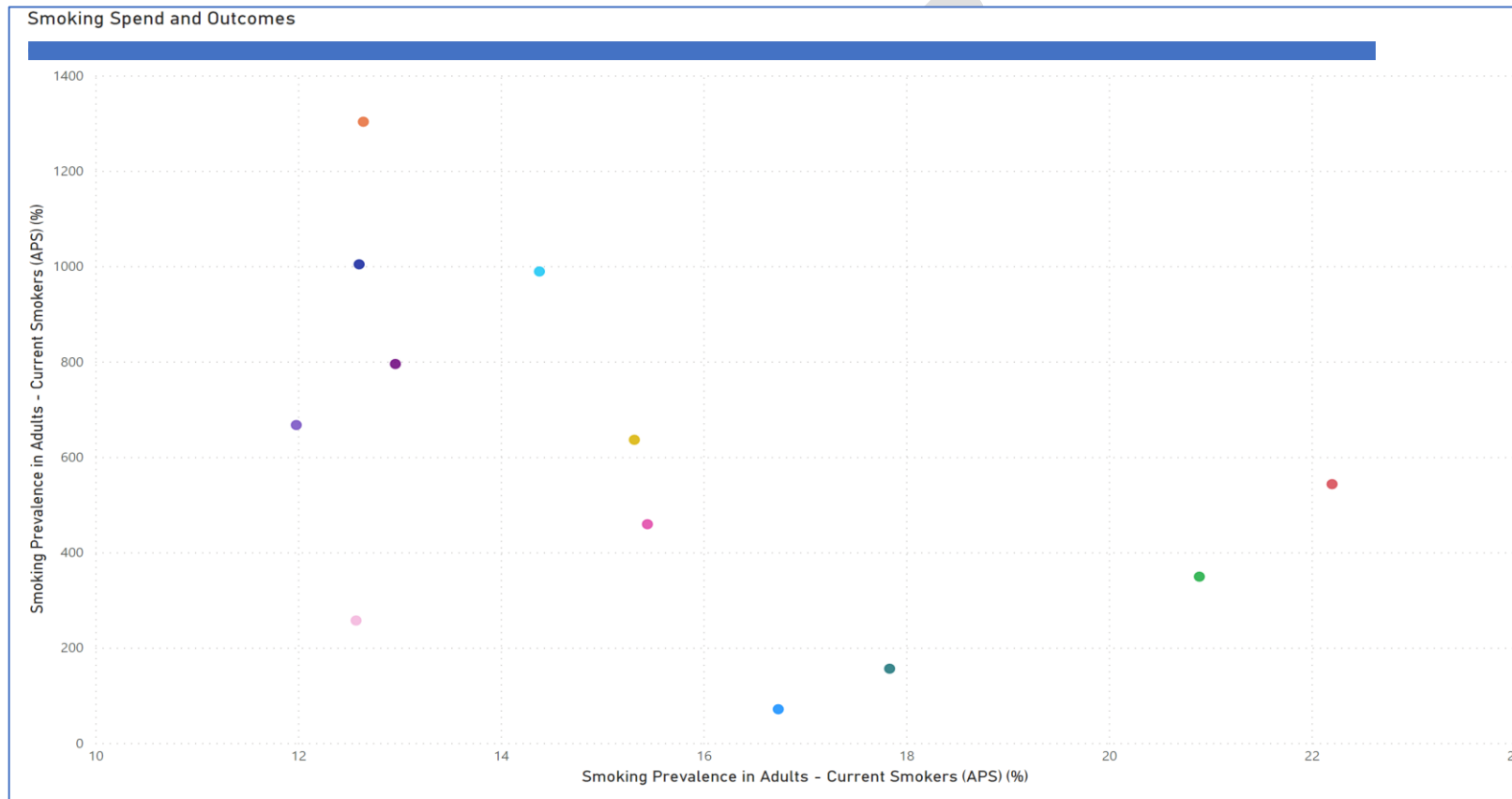
Lancashire has the greatest spend and has a mid-range percentage (13.8%) smoking prevalence in adults (APS%)

Suffolk has the highest percentage (16.1%) smoking prevalence in adults and in the higher range with spends.

Worcestershire has the lowest percentage (10.9%) smoking prevalence in adults and within the lower spend range.

Cumbria has the lowest spends and at the higher range of smoking prevalence in adults (15.2%) approx.

6.) SMOKING Spend & Outcomes BENCHMARKED areas.



- No 5** has the greatest spend and is in the lower range (12.8%) smoking prevalence in adults (APS%)
- No 11** has the highest percentage (22.2%) smoking prevalence in adults and in the mid-range with spends.
- No 10** has the lowest percentage (12%) smoking prevalence in adults and within the mid-high spend range.
- No 2** has the lowest spends and mid-range smoking prevalence in adults (16.4%) approx.

There are some caveats with the above costing information in the fact that all the areas who have responded have:

- Different demographics
- Different contract values
- Different volumes of people being supported.
- Different types of services
- Different support periods

So, the range of costs are not consistent. A proportion of people could have also come through more than one pathway and be receiving more than one area of support at the same time. A key caveat is that since the COVID pandemic, we do not know the balance of people supported digitally and/or face 2 face, which could affect numbers overall.

The figures calculated are therefore only approximate but do show that Lincolnshire are average against all other areas.

Additional learning from other commissioners

- We found that most respondents were on a similar timeline to us with their lifestyle service and evaluations were incomplete or disrupted due to the covid-19 pandemic.
- Commissioners told us ...
 - How services adapted well in the COVID pandemic, with most areas quickly adapting to the situation by moving to virtual services for example.
 - How covid impacted outcomes and referral uptake (with some areas noting higher referral uptake due to the eligibility criteria being widened)
 - Services were being seen as more preventative (since the criteria were widened, and self-referral online was possible)
 - Some of the services including face to face elements had to be stopped during the pandemic, which did affect outcomes, for example, in the smoking cessation services, the CO validation part could not operate at all, impacting nationally.
 - Generally, commissioners were finding that people in the communities wanted to **prevent** longer term illness should they contract the virus, by getting support to stop smoking, lose weight etc (which these elements, we know, have a higher risk factor to facing longer term effects post covid),

- That the areas delivering services inhouse, were not as financially stable as those who commissioned external providers with longer term contracts but had no plans to transition commissioning external providers due to costs and political reasons.
- Lincolnshire currently do not target some of the mentioned elements which appear to do well in other areas, such as Learning disability Groups, working hand in hand with housing teams, and delivering health checks within the ILS service.
- Some sub-contracting work with organisations isn't necessarily the best option for people who wanted to lose weight for example. A commissioner told us that they were reviewing the benefit of providing access to a nationally available weight management programme, as there have been identified challenges around providing it free without means testing, as well as issues around services being perceived as gender specific.

Conclusion

The work undertaken within the benchmarking exercise has enabled us to understand how other areas operate and how services are delivered.

Overall, there are some great pieces of work being delivered within the communities and across the country, with all areas (whether they deliver in house or external providers) offering weight management and smoking elements as a basis.

Lincolnshire are mainly on a par with provision across the country, for example,

- Our core pathways are the same as the others.
- We have similar delivery mechanisms (offering both simultaneous and sequential pathways)
- Our eligibility criteria are like most, within the key elements of services, which is:
 1. Weight management –BMI over 30 and over 25 BAME populations
 2. Smoking - must be a smoker and 12 years old or above.
 3. Drink less – must drink over 14 units a week.
 4. Move more – less than 30 minutes of moderate physical activity a week.
- We adapted very well when in the COVID pandemic just as other areas did.

Lincolnshire very much runs like two of our neighbouring top tier authorities with similar volumes supported and similar costs per head.

Interestingly, half of the respondents deliver their services inhouse and do not commission external providers, which allows them to flex their budgets as well as service delivery. This allows the authorities to work even closer with their own

inhouse teams such as housing. We found there was a lot of positive aspects to inhouse delivery.

We found that strong relationships with system partners have positive impact on delivery and outcomes in some areas.

Examples of this are:

- No 6 are working particularly close with their maternity and hospital smoking cessation services, as well as having some of the best smoking quit rates in the country.
- No 5 have developed strong relationships with their housing teams and deliver work jointly to people in need through co-locating in housing team offices.
- No 2 target Learning disability groups with a special LD support worker in the team
- No 2 have close relationships with the local City Football club who undertake activities with local children within the child weight management element.

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Integrated Wellbeing Services Consultation – Written version

***** Written responses will be inputted to an online survey and stored electronically – See information below for data protection information**

Survey closes on 30th May 2023 and results will be published on the Nottingham City Council Engagement Hub

Please ask if you need help with the form.

Nottingham City Council are re-designing and re-commissioning services to help residents access a range of health improvement services to promote and restore health and wellbeing, referred to as an Integrated Wellbeing Service (IWS).

Nottingham's IWS will provide a single-entry point to health and wellbeing support for residents wishing to address a lifestyle behaviour (such as smoking, weight management etc.) whilst considering support and signposting around factors such as mental wellbeing, financial wellbeing, loneliness and other issues that might be negatively impacting their health.

Thank you for taking the time to help shape Nottingham's Integrated Wellbeing Service.

Please note that an asterisk (*) indicates that the question must be answered. You will need to complete all required questions before you can move on to the next page or submit the survey.

How will we use your responses?

- Responses will be inputted to an online version of the survey, viewed and analysed to help design our Integrated Wellbeing Service
- Please do not disclose any personal identifiable information outside of the future contact questions
- Responses will be held for a maximum of 12 months
- View the full Privacy Notice here - www.nottinghamcity.gov.uk/privacy-statement or ask the person doing the survey.

1. In what capacity are you responding to this consultation?

- I am a member of the public, giving my views as an individual
- I am responding on behalf of, or as a representative of, a business or organisation

Which business or organisation are you responding on behalf of? (if applicable)

2. Which of the following describe you? (Tick all which apply)

- I am a local resident
- I am a service user
- I am a service provider
- I am a service partner
- Other, please specify

3. Please tell us the first half of your postcode (e.g. NG1). If you are completing this consultation on behalf of an organisation, please use your work postcode.

4. How likely would you be to use a free, personalised service in Nottingham which considered your physical, emotional, and social wellbeing to support you in making positive behavioural changes to improve your health and wellbeing.

- Very likely
- Likely
- Unsure
- Unlikely
- Very unlikely

5. If possible, please explain the reason(s) for your answer (500 characters max)

6. Are there any barriers that currently make it difficult for you to prioritise both your physical and mental wellbeing? (Tick all which apply)

- Poor or deteriorating health
- Increasing age
- Disability
- Recent injury, illness, operation and/or other medical reason
- Mental health – anxiety, depression, stress
- Loneliness or lack of social contact
- Too tired and/or no energy
- Loss of job, redundancy, loss of income and/or home
- Less income, too expensive or can't afford
- Change of job and/or different commute
- Lack of time due to work commitments, working longer hours and/or longer commuting
- Pregnancy, looking after baby or child, having a family and/or other caring commitments
- Less free time or lack of time for other reasons
- Prefer to spend time doing other activities
- Not enough opportunities, inadequate facilities and/or nowhere to go in my area
- No real barriers
- Other, please specify

The proposed services that are currently within scope of Nottingham City Council's Integrated Wellbeing Service are:

- **Stop smoking service**
- **Targeted Physical activity programme**
- **Healthy weight programme (Tier 1)** - universal behavioural interventions for all ages i.e prevention and reinforcement of healthy eating and physical activity messages.
- **Healthy lifestyle programmes (Tier 2)** - lifestyle weight management services provide diet, nutrition, lifestyle, and behaviour change advice:
 - **1. Adult (18+)** - community and digital based programmes
 - **2. Children and family (5+)** - school and community-based programmes
- **NHS Health Checks** to address inequalities and gaps in current provision
- **Mental and emotional wellbeing** - 5 ways to wellbeing programme
- **Alcohol screening and brief advice**
- **Substance use screening and referral**
- **Gambling screening and referral**
- **Healthy conversations training** - brief advice for healthcare, schools, and voluntary care sector
- **Social marketing** i.e targeted campaigns with local information

7.Excluding hospital and GP services, are there any services/support in addition to the above list that could help you become or remain in good physical and mental health?

- Yes
- No

8.Please explain the reason(s) for your answer to question 7. (500 characters max)

9.Have you previously accessed any of the following health improvement services in Nottingham? (Tick all which apply)

- Stop smoking services (i.e. StubIt! or NewLeaf)
- Adult weight management services (i.e. free Slimming World, free Weight Watchers and free Oviva)
- Children’s and young people’s weight management services (i.e. CityCare)
- No, not interested
- No, but only because I did not know that the health improvement service/s existed in Nottingham
- No, but only because I did not know how to access the health improvement service/s in Nottingham
- No, not necessary
- Other, please specify

10.What factors might discourage you from accessing free health improvement services in Nottingham? (Tick all which apply)

- Time constraints
- Work and/or family commitments
- Anxiety over accessing support
- Lack of disabled facilities
- Poor health / limited ability
- Requirements to travel to service that isn’t locally accessible to me
- There are no reasons why I might be discouraged
- Other

11.If you wanted to access free health improvement services, please rank the following delivery methods in order of importance to you. (1 being the most important and 10 being the least important)

Rank	Service
	Face to Face Sessions
	Virtual Online Sessions (Video call via ZOOM or TEAMS)
	Group Sessions
	Telephone Call
	Text Message
	Email
	Online Live Chat via Website
	Website
	Smartphone App
	Social Media (Facebook, Twitter etc.)

12.In addition to the options listed above, are there any other delivery methods we need to consider? (500 characters max)

13.If you wanted to access a free service in person, what considerations are important to you? (Tick all which apply)

- Easily accessible by public transport including bus, tram, train
- Local walking and/or cycle networks
- Secure cycle/scooter storage
- On-site car parking facilities
- Local electric vehicle charging infrastructure
- Wheelchair and/or pushchair/ buggy access
- Child friendly environment including private feeding area, changing facilities and children’s play area
- None of the above
- Other

14.If you wanted to access a free service in person, what would be your preferred modes of travel? (Tick all which apply)

- Walk
- Bicycle
- Scooter
- Wheelchair
- Bus
- Train
- Tram
- Motorbike/moped
- Car/ van
- Other

15.If in-person services were available, how far would you be willing to travel?

- Less than 0.5km (0.3 miles)
- 0.5km – 1km (0.3 - 0.6 miles)
- 1km – 2km (0.6 - 1.2 miles)
- 2km – 3km (1.2 - 1.9 miles)
- Over 3km (1.9 miles)
- Not applicable (I do not live in Nottingham)
- Other

Nottingham City Council currently commissions several separate contracts to individual service providers to deliver health improvement interventions across Nottingham. From April 2024, the Council intends to amalgamate a range of health improvement interventions into one service model, referred to as an Integrated Wellbeing Service (IWS). The Council will commission a delivery partner, that will be responsible for delivering the IWS functions in an innovative, dynamic, and flexible manner across Nottingham.

Nottingham’s Integrated Wellbeing Service will provide a single-entry point to health and wellbeing support for residents wishing to address a lifestyle behaviour (such as smoking, weight management etc.) whilst considering support and signposting around factors such as emotional wellbeing that might be negatively impacting their health. More information regarding the proposals can be viewed by downloading our PowerPoint presentation here: <https://www.nottinghamcity.gov.uk/media/3376859/iws-powerpoint-presentation-for-public-consultation-v2.pptx>

16.I confirm I have read/been shown Nottingham City Council's Integrated Wellbeing Service Proposals

Yes

No

17.To what extent do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree
The vision of the proposed Integrated Wellbeing Service in Nottingham supports current and future service users' needs					
The proposed Integrated Wellbeing Service will improve access to health improvement services in Nottingham					
The proposed Integrated Wellbeing Service will cater for current and future health improvement service users' needs in Nottingham					

18.Do you have any further comments relating to Nottingham City Council's Integrated Wellbeing Service proposals? (500 characters max)

Future contact

We are always looking for the opportunity to discuss public health services with people, therefore we would like to be able to contact you in the future. If you are happy for us to do this, please provide your contact details below

19.How would you prefer to be contacted?

- Email
- Phone call
- Text SMS
- I do not wish to be contacted in the future

20.Name

21.Telephone number

22.Email address

Equalities monitoring

Nottingham City Council is committed to equality of opportunity. Equalities monitoring allows us to ensure that everybody is receiving the services that they are entitled to. You do not have to provide the information requested, but it would help us greatly if you did.

23.Which of the following best describes you?

- Male
- Female
- Non-Binary
- Trans
- Prefer not to say
- Other

24. Which of the following best describe you?

- Asian / Bangladeshi
- Asian / Indian
- Asian / Other Background
- Asian / Pakistani
- Black / African
- Black / Caribbean
- Mixed / Other Background
- Mixed / White and Asian
- Mixed / White and Black African
- Mixed / White and Black Caribbean
- Other Ethnic Group
- Other Ethnic Group / Arab
- Other Ethnic Group / Chinese
- Traveller / Irish
- Traveller / Romany Gypsy
- White Other Background
- White / British
- White / Gypsy or Traveller
- White / Irish
- Prefer not to say

25. Which of the following best describes you? (if you are unsure please visit www.gov.uk/definition-of-disability-under-equality-act-2010)

- I consider myself to be disabled
- I consider myself to not be disabled
- Prefer not to say

26. Which of the following best describes you?

- Bisexual
- Gay
- Heterosexual / Straight
- Lesbian
- Prefer not to say
- Other

27. Which of the following best describes you?

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

None

Prefer not to say

Other

Thank you for completing the survey.

IWS Market engagement survey

Thank you for attending Nottingham City Council's online Market Engagement Workshop regarding the proposed Integrated Wellbeing Service on Monday 17th April 2023.

As discussed in the workshop, responses will be anonymised and will not be shared with competitors, unless stated otherwise.

Please note: there is not be a requirement to answer all, or any question/s, nor any limit on the number of words for each response.

To download our PowerPoint slideshow from the workshop please click the link below <https://www.nottinghamcity.gov.uk/media/3377003/iws-pp-for-provider-engagement.pdf>

To view our privacy notice please click here: <https://nottinghamcity.gov.uk/privacy-statement>

1. Organisation type

- Lead provider (local to Nottingham)
- Lead provider (national)
- Delivery partner (local to Nottingham)
- Delivery partner (national)
- Voluntary, community & social enterprise (local to Nottingham)
- Voluntary, community & social enterprise (national)
- Other

2. Based on your experience regarding Integrated Wellbeing/lifestyle Services and/or single health improvement interventions, are there any programmes, services or support missing from Nottingham City Council's proposed current scope?

3. Are there any services/programmes in the proposed scope that offer a difficult prospect to deliver? (please tick all that apply)

- Stop smoking service
- Targeted physical activity programme
- Healthy weight programme (Tier 1) - universal behavioural interventions for all ages i.e. reinforcement of healthy eating and physical activity messages
- Healthy lifestyle programmes (Tier 2) - lifestyle weight management services provide diet, nutrition, lifestyle, and behaviour change advice

- NHS Health Checks to address inequalities and gaps in current provision
- Mental and emotional wellbeing - 5 ways to wellbeing programme
- Alcohol screening and brief advice
- Substance use screening and referral
- Gambling screening and referral
- Healthy conversations training - brief advice for healthcare, schools, and voluntary care sector
- Social marketing e.g. targeted campaigns with local information

4. Please explain why you have selected these options

5. As a provider, how do you see the prospect of a total contract for up to 10 years?

- Too long
- The right length

6. Please tell us why

7. Based on the Nottingham City population of circa 323,000, how do you view the proposals throughout the IWS contract of approx. 10,000 individuals receiving support per year?

- Not enough
- About right
- Too many

8. Please tell us why

9. Based on what is being asked, how do you feel about the proposed budget of £2.2m per year?

- Not enough
- About right

10. Please tell us why

11. Based on what you know so far, in what capacity are you interested in bidding for the service in Nottingham City?

- As the sole provider
- As a delivery partner

- As the lead provider, with potential sub-contracts
- Interested in bidding, but unsure on the model
- Unsure, further information required
- Not interested

12. Please explain your response

13. Do you have any further comments relating to Nottingham City Council's Integrated Wellbeing Service proposals?

14. Do you wish for your responses to this survey to remain anonymous?

- Yes
- No

15. Organisation name

16. Name

17. Job role

18. Email address

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Integrated Wellbeing Service

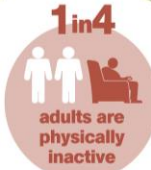
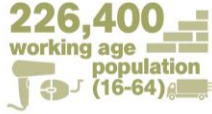


Languages spoken in the City



7.8% of households have no members who speak English as a main language

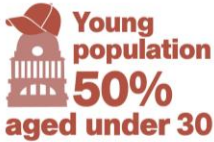
School Census Jan 2021



Sport England 2019/20



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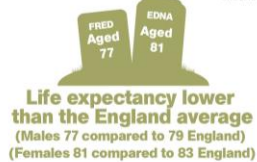
Census 2021



ONS 2016-20



ONS 2020



*8th out of 317 Districts

Indices of Deprivation 2019



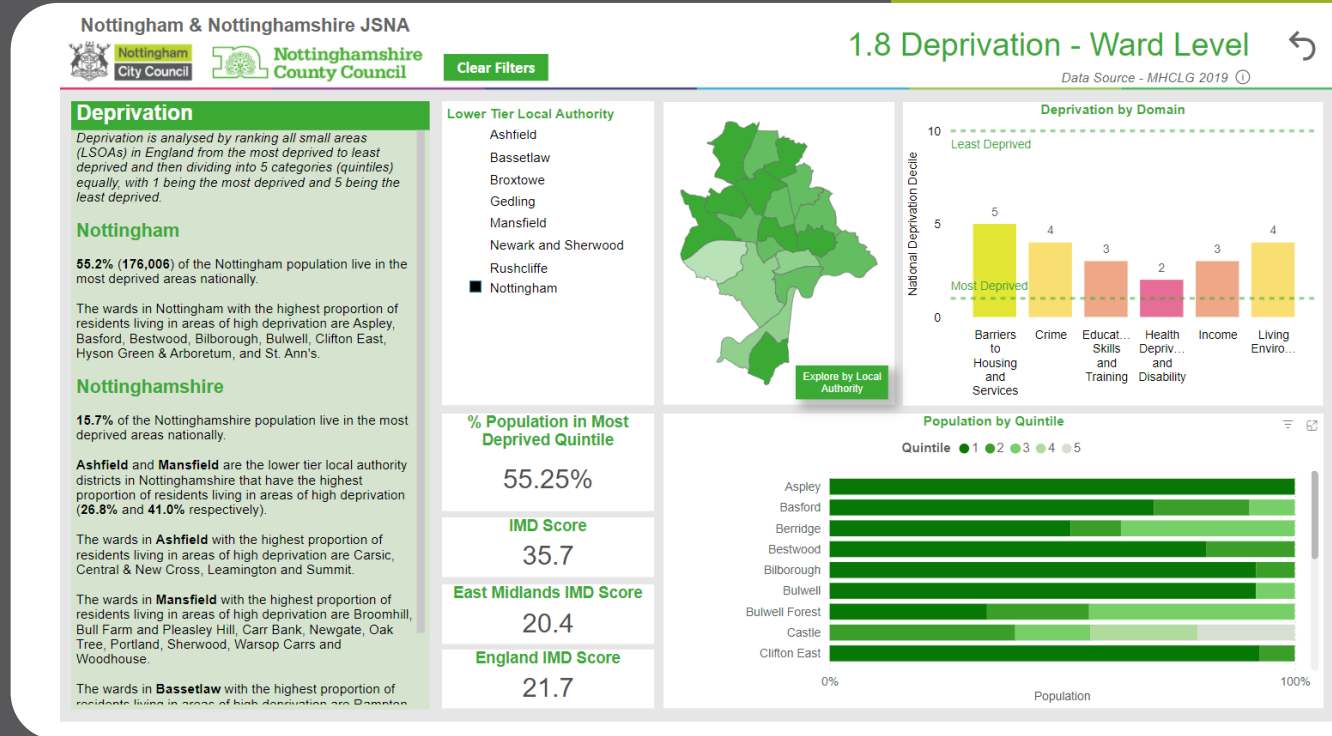
Residential Properties (LLPG) 2021

NOTTINGHAM

Index of Multiple Deprivation Nottingham

- 55.2% (176,006) of the Nottingham population live in the most deprived areas nationally

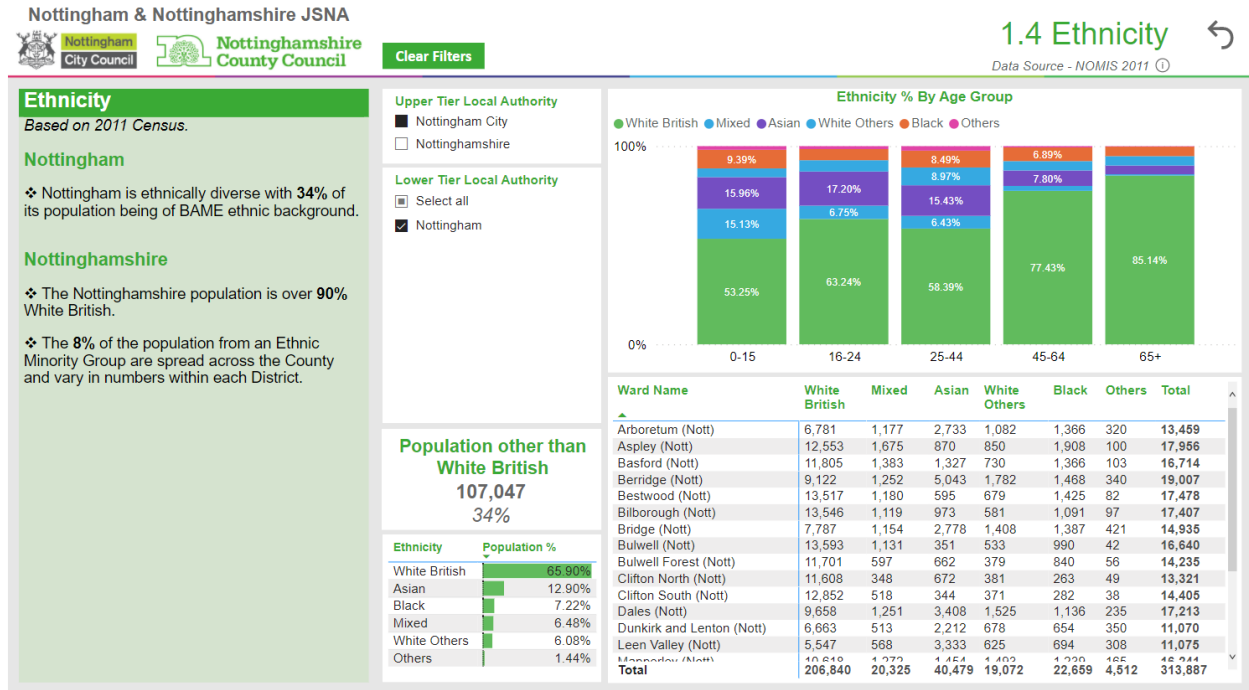
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Ethnicity Nottingham

- 55.2% (176,006) of the Nottingham population live in the most deprived areas nationally
- Nottingham is ethnically diverse with 34% of its population being from Black, Asian and other ethnic minority groups

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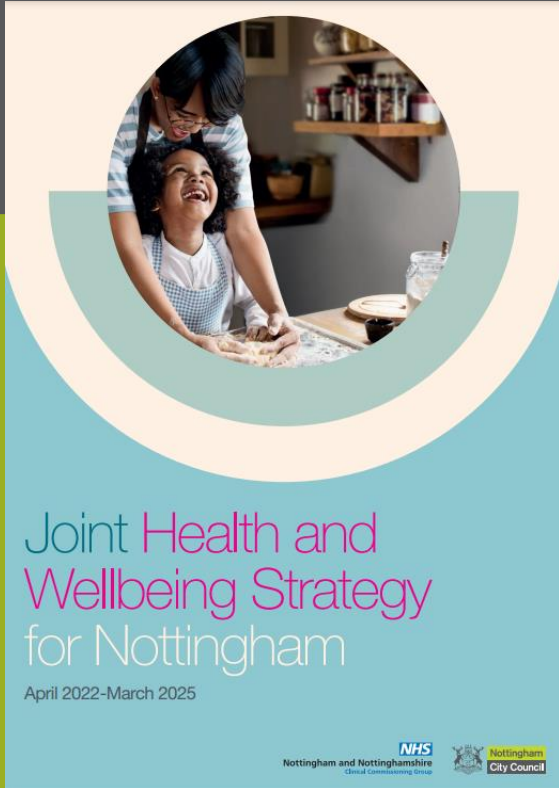


Joint Health and Wellbeing Strategy Nottingham

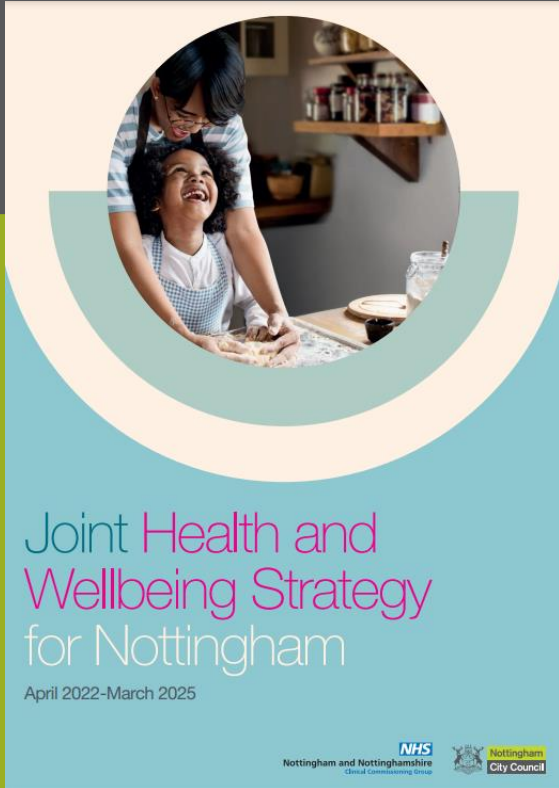
David Johns, Deputy Director of Public Health

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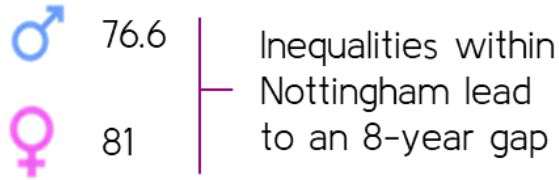
<https://www.healthynottingham.co.uk/>



Joint Health and Wellbeing Strategy **Nottingham**



LIFE EXPECTANCY

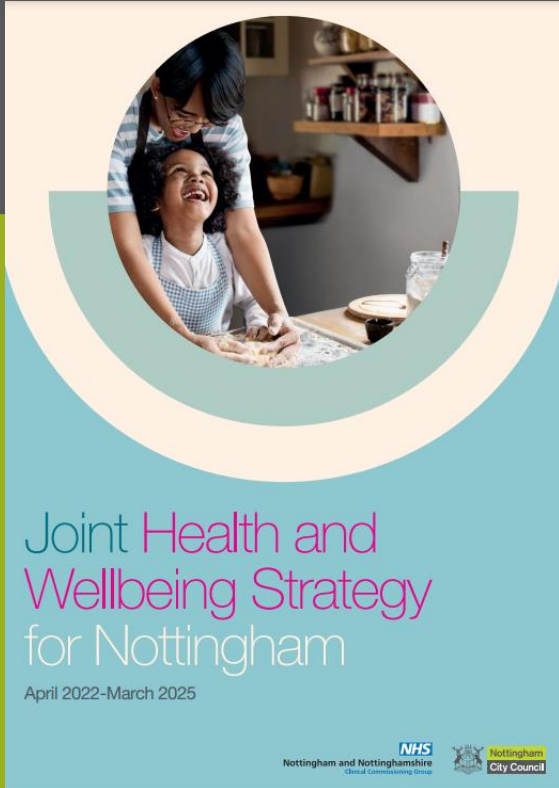


HEALTHY LIFE EXPECTANCY



People in Nottingham City spend 25-30% of their life in ill-health.


Joint Health and Wellbeing Strategy **Nottingham**



Top 10 causes of death in Nottingham City:


1	Ischaemic heart disease
2	COPD
3	Stroke
4	Lung cancer
5	Lower respiratory infections
6	Alzheimer's disease
7	Colorectal cancer
8	Breast cancer
9	Prostate cancer
10	Cirrhosis


Joint Health and Wellbeing Strategy **Nottingham**



Joint Health and Wellbeing Strategy
for Nottingham

April 2022-March 2025

 Nottingham and Nottinghamshire
Clinical Commissioning Group

 Nottingham
City Council

Top 10 risk factors leading to poor health and death in Nottingham City:

1	Tobacco
2	High body mass index
3	High fasting plasma glucose
4	Dietary risks
5	High systolic blood pressure
6	Alcohol use
7	High LDL cholesterol
8	Occupational risks
9	Drug use
10	Child and maternal malnutrition

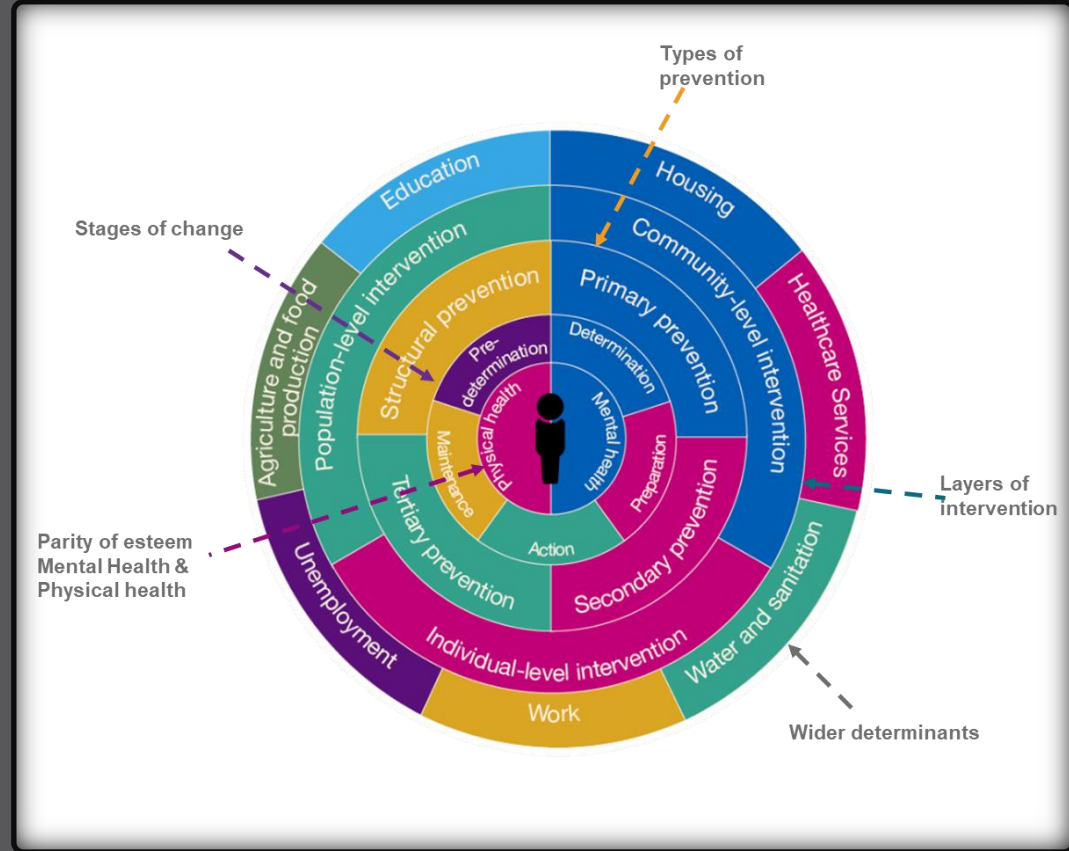
Joint Health and Wellbeing Strategy **Nottingham**

<https://www.healthynottingham.co.uk/>



Joint Health and Wellbeing Strategy for Nottingham

April 2022-March 2025



Understand me and listen

'If I found time to go to see the GP he wouldn't understand me and I wouldn't understand him so what's the point?'

One size doesn't fit all

'You cannot slice a person up to fit services!'

Accessing services is difficult

'They treat illness with drugs but forget about everything else. I have no access to mental and wellbeing services, physiotherapy'

....and expensive

'I can't afford the bus fare to get across the city for an appointment'

Give me information I can understand

'English is not our first language so we don't like talking to others and are conscious that we don't understand the system'

My culture and religion are important

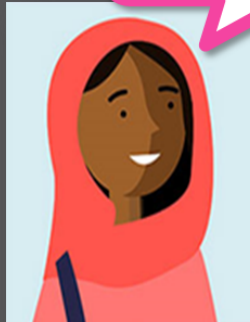
'I can't talk to my parents about this because you can't talk about this issue in my community'

...and there are reasons that I won't use them

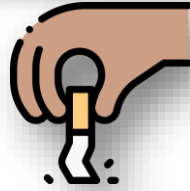
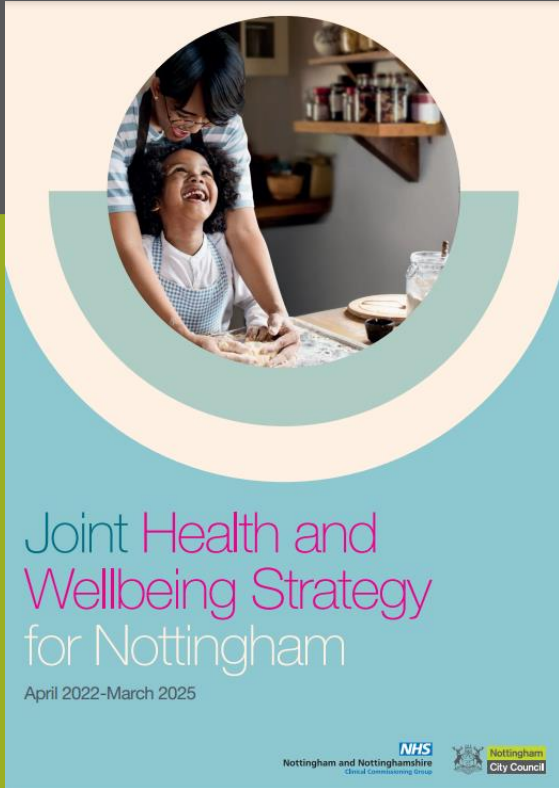
'I don't trust services as they do not understand my culture and religion'

Health is not my first priority

'Health is the last thing I think about. I am trying to keep a roof over my head, feed my family and get a job'



Joint Health and Wellbeing Strategy **Nottingham**



Smoking & Tobacco Control



Eating & Moving for Good Health



Severe Multiple Disadvantage



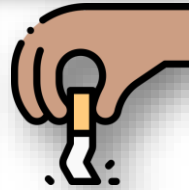
Financial Wellbeing

Joint Health and Wellbeing Strategy **Nottingham**



Joint Health and Wellbeing Strategy for Nottingham

April 2022-March 2025



Smoking & Tobacco Control



A SMOKE-FREE NOTTINGHAM

OUR LONG TERM SMOKING & TOBACCO CONTROL VISION FOR NOTTINGHAM CITY

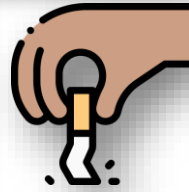
Programme lead: David Johns, Deputy Director of Public Health, Nottingham City Council
Programme manager: Swathi Krishnan, Public Health Manager (Smoking & Tobacco), Nottingham City Council
Executive Sponsor: Hugh Porter, Clinical Director, Nottingham City Place Based Partnership

Joint Health and Wellbeing Strategy **Nottingham**



Joint Health and Wellbeing Strategy for Nottingham

April 2022-March 2025



Smoking & Tobacco Control

Nottingham is currently predicted to miss the smoke-free 2030 ambition by 10 years. (Source: LGA Research and Information Team)

17%

OF ADULTS ARE
CURRENT SMOKERS

(Source: Annual Population Survey)

13%

OF PREGNANT
WOMEN ARE
SMOKERS AT THE
TIME OF DELIVERY

(Source: NHS Digital)

3,039

HOSPITAL ADMISSIONS
WHOLLY OR PARTIALLY
ATTRIBUTED TO
SMOKING

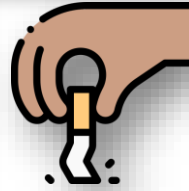
(Source: NHS Digital for 2019/20)

Joint Health and Wellbeing Strategy **Nottingham**



Joint Health and Wellbeing Strategy for Nottingham

April 2022-March 2025



Smoking & Tobacco Control

VISION

The Alliance has a clear, shared ambition to see smoking amongst adults reduced to 5% or lower by 2035 across Nottinghamshire and Nottingham City.

Further to this, we want to make the harms of smoking a thing of the past for our next generation such that all of those born in 2022 are still non-smokers by their 18th birthday in 2040

Joint Health and Wellbeing Strategy **Nottingham**



Joint Health and Wellbeing Strategy for Nottingham

April 2022-March 2025



Smoking & Tobacco Control

01 HELPING VULNERABLE GROUPS TO QUIT SMOKING

Have a comprehensive offer of support for anyone who wish to give up smoking and ensure that our most vulnerable communities have equity of access and outcomes.



02 EFFECTIVE REGULATION OF TOBACCO PRODUCTS

Work together to reduce the access to illegal tobacco and have a city and county where the retailer environment promotes good practice around illegal sales of tobacco and/or vaping product



03 CREATING SMOKEFREE PLACES AND REDUCING EXPOSURE TO SECONDHAND SMOKE

Increase the number of smoke free places and reduce exposure to secondhand smoke. Particularly amongst children and young people.




04 PREVENTION AND ENGAGEMENT WITH CHILDREN AND YOUNG PEOPLE

Prevent children and young from starting to smoke in the first instance and break generational smoking patterns





Joint Health and Wellbeing Strategy **Nottingham**



Joint Health and Wellbeing Strategy for Nottingham

April 2022-March 2025

 Nottingham and Nottinghamshire Clinical Commissioning Group





Eating & Moving for Good Health



EATING & MOVING FOR GOOD HEALTH OUR LONG TERM VISION FOR NOTTINGHAM CITY

2022/23 update

Programme lead: David Johns, Deputy Director of Public Health, Nottingham City Council
Programme manager: Ruth Bell, Public Health Manager (EMGH), Nottingham City Council
Executive Sponsor: Louise Bainbridge, Chief Executive at Nottingham Citycare Partnership



Joint Health and Wellbeing Strategy **Nottingham**



Eating & Moving for Good Health

VISION

“It is our ambition in Nottingham to be a city that makes it easier for adults, families, children and young people to eat and move for good health.”

This means achieving lasting changes to the food, physical activity and social environment.



Joint Health and Wellbeing Strategy for Nottingham

April 2022-March 2025

Joint Health and Wellbeing Strategy **Nottingham**



Joint Health and Wellbeing Strategy for Nottingham

April 2022-March 2025



Eating & Moving for Good Health



1: Ensuring all Early Years Settings, Schools and Academies are enabling eating and moving for good health



2: Supporting healthy choices in pregnancy and helping children and adults achieve and maintain a healthy weight



3: Promoting physically active lives and building active and green environments



4: Creating a local environment that promotes healthy food choices



5: Promoting a sustainable food system that tackles food insecurity

Current Picture



Adult weight management

Five services:

- In-person group based
- Digital only
- 3 x local sports clubs (new)



Stop smoking services

One service:

- 1:1 stop smoking service
- E-Cigarette pilot (Lung Health Checks)



Children's weight management

Early years provision only:

- Breastfeeding peer support, weaning education etc.
- No 5y+ service

Contracts are due to end **31 March 2024.**



Our Aim

- Re-designing and re-commissioning services which encourage partnership working and integration
- Improved health and wellbeing outcomes
- Identifying and addressing inequalities and inequities
- Connections with wider trends in health and social care, housing, finance etc.
- Holistic support to address lifestyle behaviours and wider determinants of health
- Focus on personalised, life course approach to the preventing of ill health
- Considering all elements of health – physical, emotional, social and personal wellbeing
- Ensuring overall “Best Value”

Our Vision

From April 2024, the Council intends to amalgamate a range of health improvement interventions into one service model, referred to as an Integrated Wellbeing Service (IWS).

The Council will seek to commission a single delivery partner, which will be responsible for delivering the service functions in an innovative, dynamic, and flexible manner across and for Nottingham

The service will ensure **Best Value** and maintain a focus on **Continuous Improvement** with the following objectives:

- Maintaining and improving the health of Nottingham City citizens
- Preventing future ill-health and its negative impacts on the local population
- Reducing future and existing pressures on local health and care services
- Putting the service user at the centre of provision, in-line with the personalisation agenda.



CURRENT

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Proposed scope

(our interpretation of an IWS)

- **Stop smoking service** – including development of a Cannabis Cessation offer and a Quit Vaping offer for young people.
- **Targeted Physical activity programme**
- **Eating and Moving for Good Health programme (Tier 1)** - universal behavioural interventions for all ages i.e. prevention and reinforcement of healthy eating and physical activity messages
- **Healthy lifestyle programmes (Tier 2)** - lifestyle weight management services providing diet, nutrition, lifestyle, and behaviour change advice
 - **Adult (18+)** - community and digital based programmes
 - **Children and family (5+)** - school & community-based programmes
- **Health MOT programme**
- **Mental and emotional wellbeing** - 5 ways to wellbeing programme (TBC)
- **Alcohol use screening and brief advice**
- **Substance use screening and referral**
- **Gambling screening and referral**
- **Healthy conversations training** - brief advice for healthcare, schools, and voluntary care sector
- **Social marketing** i.e. targeted campaigns with local information

Access



- Dedicated telephone number
- Available 7-days a week
- 8.00am - 8.00pm (suggested operating hours)



- Face to face conversations
- City based locations
- Outreach, events and high footfall areas



- Referrals from health professionals
- Referrals from support services
- Self-referral
- Feedback where appropriate



- Self-sign up via website
- Virtual consultations
- Digital support and information
- Dedicated website and social media channels

Starting point (single point of access)

STEP 01

Holistic assessment and initial data collection



STEP 02

Assess readiness for behaviour change

STEP 03

Identify individual needs and priorities



STEP 04

Goal and target setting

STEP 05

Co-designed personal plan



STEP 06

Allocation of personal wellbeing coordinator/navigator

The Approach

- Balanced and realistic
- SMART goals



- Informed by health professionals
- Expert advice, support and guidance

Page 17 of 29

- Innovative support
- Solution focussed

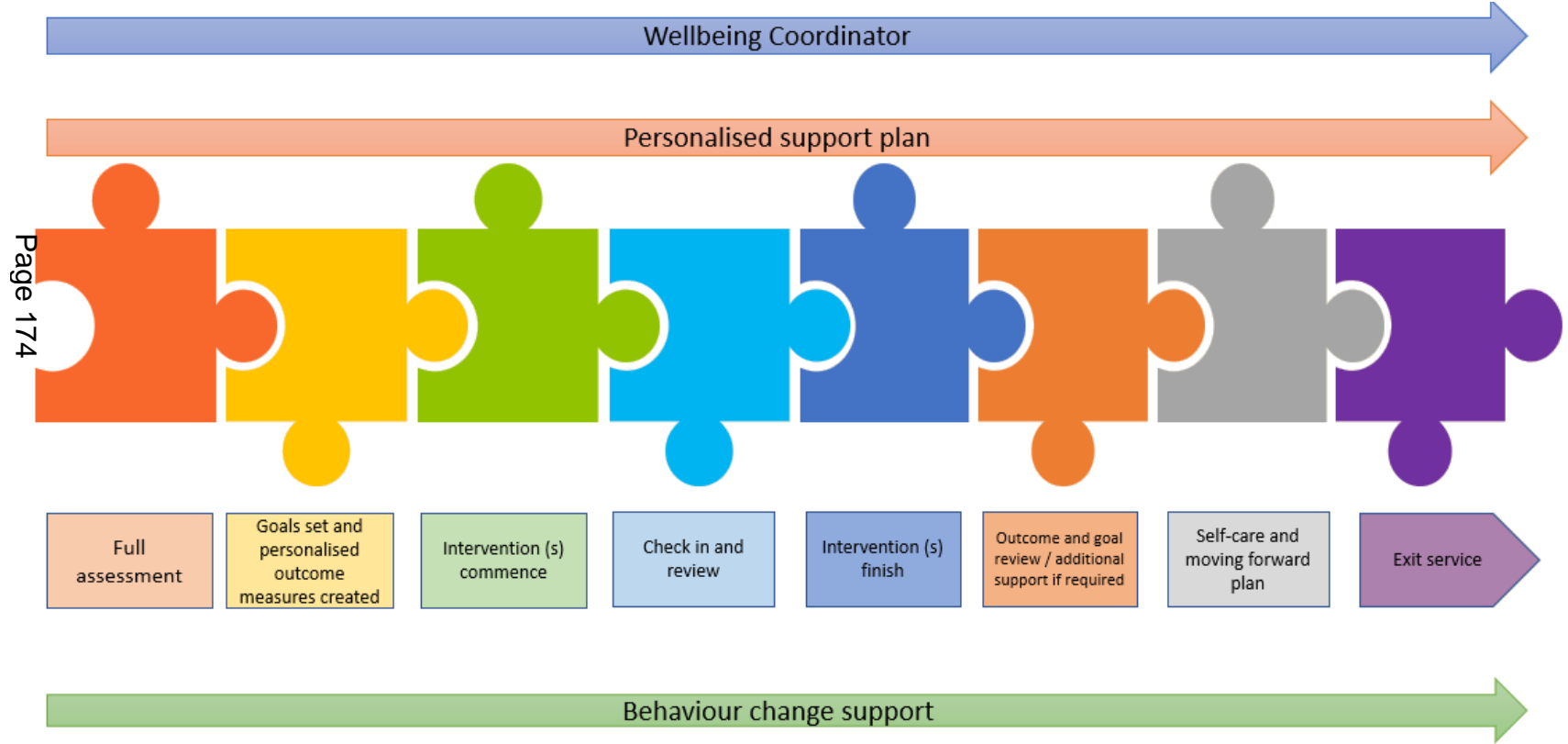


- Meet the needs and goals of the individual
- Consideration taken for external determinants

- Person centered
- Tailored and personalised
- Co-designed



Customer Journey



Details

Please note: Subject to change

CONTRACT LENGTH:

5 years (+3+2) = 10 years in total

FUNDING:

Current budget is circa £2.2m per year

Timeline

April - May 2023

Continued consultation via Citizens Panel, Youth Panel, Healthwatch (TBC), SSBC Parents Forum (TBC)

May 2023

Approval process - Council Procurement & Executive Committee (CPEC)

Summer 2023 (date TBC)

Open tender process

Oct - Nov 2023

Awarding of the contract

Dec 2023 - March 2024

Mobilisation





Thank You



Nottingham

City Council

Subject:	Employee Wellbeing Service contracts		
Corporate Director: Director:	Ross Brown, Finance & Resources Richard Henderson, HR & EDI		
Portfolio Holder:	Finance and Resources		
Report author and contact details:	Jacqueline Armand, Employee Wellbeing Manager Jacqueline.armand@nottinghamcity.gov.uk 0115 876 2563		
Other colleagues who have provided input:	Tania Clayton Pérez – Senior Commercial Business Partner Anthony Heath, Senior Solicitor, Contracts and Commercial Louise Dobson, Lead Procurement Officer Steve Oakley, Head of Procurement		
Key Decision	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Subject to call-in <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reasons: <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £750,000 or more taking account of the overall impact of the decision			<input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital
Significant impact on communities living or working in two or more wards in the City			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Type of expenditure:	<input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Capital		
Total value of the decision: £1,050,000			
Wards affected: All			
Date of consultation with Portfolio Holder: TBC			
Relevant Council Plan Key Outcome:			
Green, Clean and Connected Communities	<input type="checkbox"/>		
Keeping Nottingham Working	<input checked="" type="checkbox"/>		
Carbon Neutral by 2028	<input type="checkbox"/>		
Safer Nottingham	<input type="checkbox"/>		
Child-Friendly Nottingham	<input type="checkbox"/>		
Living Well in our Communities	<input checked="" type="checkbox"/>		
Keeping Nottingham Moving	<input type="checkbox"/>		
Improve the City Centre	<input type="checkbox"/>		
Better Housing	<input type="checkbox"/>		
Serving People Well	<input checked="" type="checkbox"/>		
Summary of issues (including benefits to citizens/service users):			
<p>The Council is required to have in place a comprehensive range of occupational health services in order to be able to meet its common law and statutory duties of care for the health, safety and welfare of our employees in their working environment and to provide advice and medical assessments in relation to sickness management. This includes and is not limited to the Health and Safety at Work Act 1974 and Health and Safety regulations.</p> <p>The benefit to service users is that by having effective wellbeing contracts in place the Council can reduce sickness absence and improve service delivery by looking after their employee's health and wellbeing. This service should also mitigate the risks, as far as is possible, of staff making a successful claim against the Council for breach of the legal obligations referred to in the report.</p> <p>The Council currently has an Employee wellbeing service which encompasses an internal Occupational Health Services (OHS). Employing Occupational Health Advisors and wellbeing practitioners. Additional support to the service is currently provided through procured contracts</p>			

for Occupational Health Physicians (OHPs), Physiotherapy services and a comprehensive Employee Assistance Programme which provides confidential counselling services for employees 24/7 365 days per year.

It is proposed that a procurement exercise is undertaken requesting tenders for each support service as outlined above. The services will support wellbeing of colleagues and help them remain in, or achieve a successful return to work, which supports economic wellbeing.

The services will also enable NCC to meet the contractual obligations that it has to third parties, where NCC provides a full range of Occupational Health services.

By having three distinct contracts it is envisaged that this will attract smaller local suppliers to tender driving local spend and jobs and achieve best value.

Exempt information: None

Recommendations:

1. To approve the planned commercial strategy to secure Employee Wellbeing services from September 2023, as detailed in the report.
2. To approval going out to tender for the three services outlined, for contracts of 3 years plus optional extension periods of 1+1 years, in accordance with the Council's constitution and legal requirements, including compliance with the Public Contract Regulations 2015.
3. To delegate authority to the Director of HR and EDI to approve the outcome of the tender and award contracts to the successful bidders.

1. Reasons for recommendations

- 1.1 The Council has three core Employee Wellbeing Contracts that provide a range of Occupational Health Services to all NCC Employees as well as academies, schools and two district councils (via a formal legal contract –see below for further details). These services support the Council by focusing on prevention, intervention and rehabilitation to enable colleague to remain fit for work.
- 1.2 It is recognised that a range of wellbeing initiatives can add value to attendance management; help improve performance and provide valuable support to managers and employees. Nottingham City Council is looking for a provider/s that can promote wellbeing and effect a reduction in sickness around the following:
 - Prevention – assisting the Council with fit for work type activities;
 - Early Intervention – bringing about an improvement in absence figures;
 - Rehabilitation – enabling a safe and prompt return to work.
- 1.3 To enable Employee Wellbeing to deliver key health and wellbeing support to our employees the following services are recommended:
 - Employee Assistance Programme – provides confidential support to colleagues 24/7 365 days a year. Providing advice and support on mental health issues, bereavement, financial and debt advice. As well as signposting to services and providing some therapy such as Cognitive Behaviour Therapy and Counselling;

- Physiotherapy provision – early intervention for musculoskeletal conditions being suffered by employees. It includes assessment and treatment to keep employees at work or get them back as soon as possible;
- Occupational Health Physician – Access to Occupational Health Physicians is critical to the service as they undertake complex case appointments, high level health surveillance assessments related to health and safety and ill health retirement options.

2. **Background (including outcomes of consultation)**

- 2.1 The Employee Wellbeing Service has supported employees with the use of procured specialist services to date. Due to the contracts now coming to an end a tender exercise is required. The service provision aims to enhance our Occupational Health provision and provide valuable support and advice to employees and managers to help prevent sickness absence and support early returns to work
- 2.2 Provision of Occupational Health Physician services is necessary to support our Occupational Health service delivery. Undertaking complex case appointments, high level health surveillance assessments to diagnose Hand arm vibration as required by health and safety legislation and Ill Health retirement opinions. It is important to have access to a range of Occupational Health physicians to enable all of the above to be completed.
- 2.3 The Physiotherapy service provides early intervention for musculoskeletal conditions being suffered by our employees. It includes assessment and treatment in order to keep employees at work or get them back to work as soon as possible. They also provide professional functional capacity assessments to advise if an employee can continue to do their job role and if adjustments are required.

Musculoskeletal and back injuries account for the largest proportion of employee sickness absence. In order to reduce sickness absence, the Musculoskeletal Support and Rehabilitation programme, based upon early intervention, is seen as a valuable tool to improve the health and wellbeing of employees. Currently waiting lists for physiotherapy treatment are around 12 weeks in Nottingham and delays in being seen can have a dramatic impact upon an employee's recovery and return to work. The service is required to provide an early intervention programme, giving access to suitable advice and treatment, to employees who have musculoskeletal injuries or conditions. Providing treatment of the injury and/or condition, as well as providing rehabilitative exercises and advice, to enable the employee to reduce the risk of the injury reoccurring and to manage a chronic injury better. Supporting and aiding employees with their recovery from these injuries and conditions and remain fit and active both in and outside of work.

- 2.4 The Employee Assistance Programme (EAP) is a service that provides a confidential counselling and support service to our employees. The service requirements are to have experienced and professional advisors who are there 24 hours a day, 7 days a week and 365 days a year to answer calls from our employees. This confidential service advises on mental health issues, bereavement, financial and benefits advice and signposting, provision of online, face to face and telephone support, and counselling and Cognitive Behaviour Therapy. The service provision that we wish to procure needs to be

able to offer psychotherapist appointments for staff where reports are provided to managers, as well as neurodiversity assessments and workplace needs assessments.

- 2.5 Consultation has taken place with a number of interested parties including the Trade Unions, meetings have taken place with managers and staff regarding the OH service completed in early 2022, and Human Resources and Equality and Diversity management team. Feedback has been taken into account when considering the services to be procured.

3. **Other options considered in making recommendations**

- 3.1 Consideration was given to the local impact of going out to tender for one supplier to provide all 3 services. However, by having three distinct contracts it is envisaged that this will attract smaller local suppliers to tender driving local spend and jobs
- 3.2 An option of employing staff directly to deliver all aspects of the services outlined within the report was considered. Taking into account the current external provision NCC has in place and the evaluations undertaken of the service delivery, the ability to use external provider's knowledge and expertise the opinion was that the most effective and beneficial option was to continue to procure the services.

4. **Consideration of Risk**

- 4.1 As the Council is required to have in place a comprehensive range of occupational health services in order to be able to meet its common law and statutory duties of care for the health, safety and welfare of employees in their working environment and to provide advice and medical assessments in relation to sickness management there is a risk of not meeting these requirements without the specialist services being procured.
- 4.2 An important part of occupational health delivery is concerned with how work and the work environment can impact on workers' health, both physical and mental. It also includes how workers' health can affect their ability to do their job. In health and safety law, there are things NCC must do to make sure workers' health is not adversely affected by their work and that workers are medically fit to carry out their work safely.

This includes:

- Implementing statutory health or medical surveillance when necessary;
- ensuring workers are medically fit to undertake the role required.

The services outlined within this report will ensure continued compliance.

- 4.3 As the Employee Wellbeing Service provides an Occupational Health service to Mansfield DC and Ashfield DC through a legal contract, (which commenced in November 2022 and continues for 2 years with an option to extend), there is a risk of breaching this if the Council cannot provide all of the services that have been contracted.
- 4.4 The above risks can be mitigated by procuring the services outlined within this report and successfully operating those services in accordance with terms of the contracts.

5. Best Value Considerations

5.1 Various options were considered taking into account the number of appointments that have been utilised over the past 12 months and demands for the services, including.

- a redesign of the Employee Wellbeing team and providing In house provision and direct employment of clinicians to fulfil the specialist services. Through tendering the services, the contracts will evidence best value using the most economically advantageous tender. Whilst the Council could provide some of the services the range and depth of service required can only be achieved through dedicated specialist provision;
- reduction of the service provision, however this would risk a breach of legal obligations for third party provision and increase the risk of claims from our own employees. In addition, the service receives income which would be reduced if these services were not available from September 2023;
- consideration of having one provider for all services instead of 3 distinct specialist contracts covering each of the key areas above. Whilst it is possible that suppliers can provide more than one part of this service evidence has shown that contracts for separate elements has improved quality.

6. Finance colleague comments

6.1 The decision seeks to retender the EAP, Physiotherapy, and OHP contracts within the Wellbeing service impacting from Sep 2023 onwards on a 3+1+1 basis in order to retain Best Value on the provision of these services.

6.2 These services are either:

- currently internally recharged to NCC services; or
- externally charged to outside bodies as part of the cost recovery model within Employee Wellbeing.

6.3 Therefore, any increase to the base cost of these services as detailed in the report will need to be passed on to service users through internal or external recharging.

6.4 The revenue impact on the MTFP is summarised as per **Table 1**:

Table 1: MTFP Impact of Proposal					
Wellbeing Budget breakdown	2023/24			2024/25	
	Current Budget	Proposed MTFP Changes	Revised Budget	Proposed MTFP Changes	Revised Budget
Employee Costs	0.316	0.000	0.316	0.000	0.316
Running Costs	0.013	0.000	0.013	0.000	0.013
EAP	0.043	0.013	0.057	0.013	0.070
Physio/OHP	0.062	0.039	0.101	0.039	0.140
Income (external & internal)	(0.304)	(0.053)	(0.356)	(0.053)	(0.409)
Resource Allocation	0.130	0.000	0.130	0.000	0.130
<i>Assumptions</i>					
Pay award impact in 23/24 and future years not accounted for					

- 6.5 An income review should be undertaken to correctly allocate revised MTFP income targets to appropriate subjectives to assist forecasting and general budget management within the service.
- 6.6 The impact of any increased cost through this decision will be met within NCC through the means of internal recharging, i.e. any cost increase related to the new service providers will pass on to internal Wellbeing service users.

Tania Clayton Pérez, Senior Commercial Business Partner – May 2023

7. **Legal colleague comments**

- 7.1 This report seeks approval of the commercial strategy described, including the procurement of service providers.
- 7.2 The references to legal duties in the paper is noted and the Council must continue to be aware of, and comply with the various legal duties it is under as an employer and the provider of services to 3rd parties pursuant to formal contractual arrangements.
- 7.3 In undertaking the procurement process, as described, the process must comply with the Public Contract Regulations 2015 and the Council's own constitution. Legal Services will provide legal support for the procurement process including the development of suitable contractual arrangements.

Anthony Heath, Senior Solicitor, Contracts and Commercial - 16 May 2023

8. **Procurement Colleague Comments**

- 8.1 This report seeks approval to go out to tender for three individual contracts to encourage local suppliers to bid with contracts being set up for 3-years with two 1-year extensions.
- 8.2 Procurement Team will work alongside the client team to ensure tenders are undertaken in a compliant manner and in keeping with CPRs working to achieve best value and the delivery of effective contracts that support the organisation going forward.

Louise Dobson, Lead Procurement Officer - 17 May 2023

9. **Other relevant comments**

- 9.1 The proposed tender process for the three services will be supported by Procurement to ensure best value for Nottingham City Council. It is anticipated that the three separate contracts and term of contract provides the best commercial strategy for these services.

Steve Oakley, Head of Procurement - 15 May 2023

10. **Crime and Disorder Implications (If Applicable)**

- 10.1 Not applicable.

11. Social value considerations (If Applicable)

11.1 Not applicable.

12. Regard to the NHS Constitution (If Applicable)

12.1 Not applicable.

13. Equality Impact Assessment (EIA)

13.1 An EIA is attached.

14. Data Protection Impact Assessment (DPIA)

14.1 A DPIA finalised copy will be available once we have completed the tender specifications, which influence the DPIA.

15. Carbon Impact Assessment (CIA)

15.1 A CIA is attached, which shows there is no impact.

16. List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)

16.1 Commercial Strategy document.

17. Published documents referred to in this report

17.1 None

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Employee Wellbeing Services CPU 5012-5014

**Commercial
Strategy**

Service Area	Service / Commercial Hub Leads	Total Contract Value	Forecast Budget Savings	Supporting Papers
HR Equality and Inclusion	Employee Wellbeing- Jacqueline Armand Category Manager Products - Paul Ritchie	£1,050,000	Income generation of £35,000 per annum with a £5000 per cost to manage the contracts	<Attach paper(s) here>
What The Council Is Proposing To Spend Money On And Why?				
<p>The Council has three core Employee Wellbeing Contracts that provide a range of Occupational Health Services to all NCC Employees as well as academies, schools and two district councils. These services support the Council by focusing on prevention, intervention and rehabilitation to enable colleague to remain fit for work. It is recognised that a range of wellbeing initiatives can add value to attendance management; help improve performance and provide valuable support to managers and employees. Nottingham City Council is looking for a provider/s that can effect a reduction in sickness around the following:</p> <p>Prevention – assisting the Council with fit for work type activities Early Intervention – bringing about an improvements in absence figures Rehabilitation – enabling a safe and prompt return to work</p>				
Specification / Service Level Options				
<p>To enable Employee Wellbeing to deliver key health and wellbeing support to our employees through three distinct services:-</p> <ul style="list-style-type: none"> • Employee Assistance Programme – provides confidential support to colleagues 24/7 365 days a year. Providing advice and support on mental health issues, bereavement, financial and debt advice. As well as signposting to services and providing some therapy such as Cognitive Behaviour Therapy and Counselling. • Physiotherapy provision – early intervention for musculoskeletal conditions being suffered by employees. It includes assessment and treatment to keep employees at work or get them back as soon as possible • Occupational Health Physician – Access to Occupational Health Physicians is critical to the service as they undertake complex case appointments, high level health surveillance assessments related to health and safety and ill health retirement options. 				

Proposed Route To Market	Service Outcomes To Be Achieved	Proposed Commercial Model	Social Value Benefits To Be Achieved	Value for Money	Identified Risks / Issues
Open tender for three contracts	Delivery of a range of services to support Employee Wellbeing and reduce sickness absence	<p>Three distinct specialist contracts covering each of the key areas above.</p> <p>Whilst it is possible that suppliers can provide more than one part of this service evidence has shown that contracts for separate elements has improved quality.</p>	<p>The services will support wellbeing of colleagues and help them remain in ot return to work. Which supports economic wellbeing.</p> <p>By having three distinct contracts it is envisaged that this will attract smaller local suppliers to tender driving local spend and jobs</p>	<p>Through tendering the services the contracts will evidence best value using the most economically advantageous tender.</p> <p>Whilst the Council could provide some of the services the range and depth of service required can only be achieved through dedicated specialist provision.</p>	<p>This service receives significant income which would be reduced if these services were not available from September 2023</p>

Employee Wellbeing Services CPU 5012-5014

Commercial
Strategy

What Decision(s) Is The COB Being Asked To Make?

Approve the planned commercial strategy to secure Employee Wellbeing services from September 2023

Next Steps For Governance (i.e. Operational Executive Decision / Portfolio Holder Decision / Key Decision)

Key Decision scheduled for Commissioning and Procurement Executive Committee on 30th May 2023

Specific Recommendations Being Taken To The Decision Making Board Above

Approval to go to market and seek tenders for the three services outlined for contracts of 3 years plus extension periods of 1+1 years.
Delegate authority to the Director of HR and EDI to approve the outcome of the tender and sign the subsequent contracts

Commercial Hub Recommendations And Points To Consider

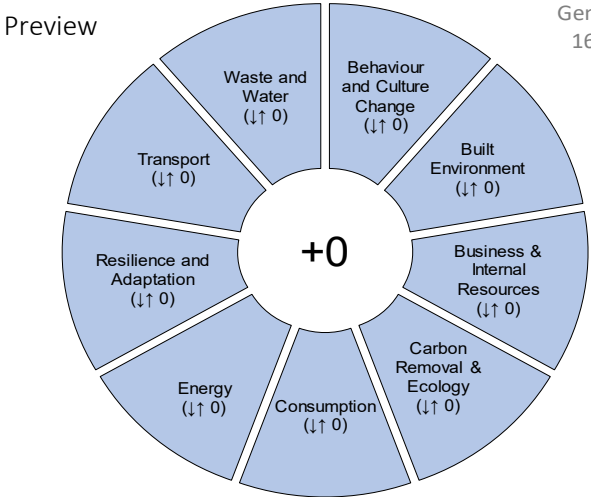
It is recommended that the Commercial Strategy is approved. Key procurement points are:
The current model of provision has proven its benefit to the council hence why this is being maintained in the proposed new contracts
Separate contracts will ensure specialist local suppliers can provide the service ensuring local accessible provision to all colleagues at best cost to the Council
Social value will be delivered through improving economic wellbeing of the council employees by supporting them to remain in or return to work wherever possible
Income from the service provided to other councils and schools needs to be reviewed regularly to ensure it is covering the cost of the service
An exemption to award a contract until September 2023 has recently been approved to extend the existing arrangements whilst this tender is completed

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Carbon Impact Assessment Dashboard Tool (v1.1)

Generated
16/05/23
v1.1

Report Name	Employee Wellbeing contracts
Report date	30.05.2023
Report author	Jacqueline Armand
Project Notes	Tender of 3 contracts for wellbeing services. Physiotherapy, occupational health physicians and employee assistance programme. To support the current in house Employee wellbeing Services
Export filename	<i>Employee Wellbeing contracts CIAD 30.05.2023</i>



Nottingham is aiming to become the first carbon neutral city in the country by 2028 (4 years and 7 months away).

Category	Impact	Notes / justification for score / existing work (see guidance sheet or attached notes for more information)
Behaviour and Culture Change	Communication & engagement	no impact
Behaviour and Culture Change	Wider influence	no impact
Behaviour and Culture Change	Working with communities	no impact
Behaviour and Culture Change	Working with partners	look to ensure providers follow climate change values
Built Environment	Building construction	no impact
Built Environment	Building use	no impact
Built Environment	Switching away from fossil fuels	no impact
Business & internal resources	Developing green businesses	no impact
Business & internal resources	Marketable skills & training	no impact
Business & internal resources	Sustainability in business	no impact
Business & internal resources	Material / infrastructure requirement	no impact

Carbon Removal & Ecology	Carbon storage	no impact
Carbon Removal & Ecology	Biodiversity & Ecology	no impact
Carbon Removal & Ecology	Bee friendly city	no impact
Carbon Removal & Ecology	Carbon offsets	no impact
Consumption	Food & Drink	no impact
Consumption	Products	no impact
Consumption	Services	no impact
Consumption	Local and low-carbon production	no impact
Energy	Local renewable generation capacity	no impact
Energy	Reducing energy demand	no impact
Energy	Improved energy storage	no impact
Resilience and Adaptation	Green / blue infrastructure	no impact
Resilience and Adaptation	Natural flood management	no impact
Resilience and Adaptation	Drought vulnerability	no impact
Resilience and Adaptation	Flooding vulnerability	no impact
Resilience and Adaptation	Heatwave vulnerability	no impact
Transport	Staff travel requirement	Providers to consider travel requirements for delivering service
Transport	Decarbonising vehicles	no impact
Transport	Improving infrastructure	no impact
Transport	Supporting people to use active travel	no impact
Transport	Reduced need to travel	consideration is given to reducing people travelling into the City to deliver and attend appointments when not necessary
Waste and Water	Single-use plastic	avoidance of use of single use plastic through medial provision service
Waste and Water	End of life disposal / recycling	all equipment at end of life is recycled
Waste and Water	Waste volume	all electronic data to be required instead of paper copies of documents
Waste and Water	Water use	none

Equality Impact Assessment Form (Page 1 of 2)

Title of EIA/ DDM: Employee Wellbeing Contracts

Name of Author: Jacqueline Armand

Department: HR and EDI

Director: Richard Henderson

Service Area: Employee Wellbeing

Strategic Budget EIA Y/N (please underline)

Author (assigned to Covalent): Jacqueline Armand

The Council is required to have in place a comprehensive range of occupational health services in order to be able to meet its common law and statutory duties of care for the health, safety and welfare of our employees in their working environment and to provide advice and medical assessments in relation to sickness management. This includes and is not limited to the Health and Safety at Work Act 1974 and Health and Safety regulations.

The Council currently has an Employee wellbeing service which encompasses an internal Occupational Health Services (OHS). Employing Occupational Health Advisors and wellbeing practitioners. Additional support to the service is currently provided through procured contracts for Occupational Health Physicians (OHP,s), Physiotherapy services and a comprehensive Employee Assistance Programme which provides confidential counselling services for employees 24/7 365 days per year.

It is proposed that a procurement exercise is undertaken requesting tenders for each support service as outlined above. The services will support wellbeing of colleagues and help them remain in, or achieve a successful return to work, which supports economic wellbeing. The services will also enable NCC to meet the contractual obligations that it has to third parties, where NCC provides a full range of Occupational Health services.

Each tenderer will be asked to provide an Equality policy and procedure, both for their own employees, and for the service provision. Any successful provider will need to be able to show that their policies, procedure and practices are fair and do not present barriers or disadvantage to any protected groups from participation.

Tenderers will be scored on their response to an Equality and Diversity question within the specification

Information used to analyse the effects on equality:

- All Equality and Diversity policies and procedures
- Breakdown of employee numbers by gender , disability , ethnic origin – if recorded (not identifiable information)
- Current delivery of services to employees
- Employee Assistance programme (current provider) general data showing take up of the service
- Consultation with Trade Union representatives

	Could particularly benefit X	May adversely impact X	How different groups could be affected (Summary of impacts)	Details of actions to reduce negative or increase positive impact (or why action isn't possible)
People from different ethnic groups.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>It is noted that the provision of services proposed will positively impact on all equality groups and is relevant to each element of the general duty.</p> <p>The continued addition of these services will continue to support NCC's Equality and diversity policy. Ensuring that all providers enforce equality and diversity both as an employer and service provider.</p> <p>Working with NCC to develop and deliver core services to help employees with sickness absence, neurodiversity issues and signposting to support services where required.</p> <p>Providers will be monitored on their provision and a clear and robust complaints procedure will be put in place. written agreements. This also introduces what the next steps are if a dispute over reasonable adjustments arises.</p>	<p>The tenderers will be asked to meet various EDI requirements and ensure that protected characteristics are covered in all provision as part of their service. This will include the need to make all services accessible to all groups and provision of adjustments where requested.</p> <p>Communication of the new services will be planned and made available in different formats.</p>
<u>Men</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<u>Trans</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<u>Disabled people or carers.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pregnancy/ Maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<u>People of different faiths/ beliefs and those with none.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<u>Lesbian, gay or bisexual people.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<u>Older</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<u>Younger</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, vulnerable children/ adults). Please underline the group(s) /issue more adversely affected or which benefits.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Outcome(s) of equality impact assessment:

- No major change needed
- Adjust the policy/proposal
- Adverse impact but continue
- Stop and remove the policy/proposal

Arrangements for future monitoring of equality impact of this proposal / policy / service:

The Equality Impact Assessment and provision will be reviewed throughout the contract. If any trends emerge these will be analysed and appropriate steps taken, potentially including a full review of service being delivered.

Approved by (manager signature):

Jacqueline Armand
Employee Wellbeing Manager
jacqueline.armand@nottinghamcity.gov.uk ext.62563

Date sent to equality team for publishing

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