

Commissioning and Procurement Executive Committee – 30 May 2023

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](#)