

Bristol Behaviour Change for a Healthier Lifestyle Programme Service Specification

DRAFT – in progress

1. Purpose

This document sets out the requirements for a city wide Behaviour Change for Healthier Lifestyles Programme, which is accessible to all, whilst having a strong locality focus. It will offer support to people in Bristol to encourage them to make changes to their lifestyle behaviours to improve their health outcomes, and reduce their risk of developing conditions such as cancer, diabetes and heart disease.

The document should be considered in conjunction with the Bristol Behaviour Change for Healthier Lifestyles Commissioning Strategy which provides the background and evidence to this service specification.

In providing the services under this Programme, all providers must consider and comply with their obligations under the Law, including the Equality Act 2010.

2. Introduction

2.1 Changing health related behaviour requires a range of strategic approaches combining individual (all ages), community and population level interventions, and takes into account other determinants of health such as people's personal circumstances, neighbourhood, and work opportunities. The Bristol Behaviour Change for Healthier Lifestyles Programme will be focused on support for individual behaviour change as one part of this bigger picture.

2.2 The Bristol Behaviour Change for Healthier Lifestyles Programme moves away from the traditional approach of lifestyle services being commissioned separately and focused on a single issue, to an integrated holistic approach that informs, guides and supports people to change their lifestyle behaviour.

2.3 The programme will seek to connect, motivate, empower, enable and support people, to help and encourage them to change the four key lifestyle behaviours that lead to preventable ill-health, specifically tobacco smoking, healthy eating, physical activity and excessive alcohol consumption.

2.4 Evidence suggests that lifestyle risk factors can cluster and in England, more than 25% of adults have three or more risk factors. People with multiple risk factors tend to come from more deprived backgrounds¹.

2.6 Models of support provided by traditional lifestyle services have largely focused on face-to-face interventions. Advances in digital technology and use of the internet and social media mean that many individuals may benefit from, and /or prefer to use

¹ The Kings Fund. *Clustering of unhealthy behaviours over time. Implications for policy and practice.* 2012

remote and self-management support to change their behaviour. Incorporating self-management options within the programme, where appropriate, means face-to-face resource can focus on those with higher or more complex needs. This is in keeping with the Marmot principle of proportionate universalism².

3. Aims and Objectives

3.1 Aim

To design and deliver an integrated Behaviour Change for Healthier Lifestyles Programme which will:

- Contribute to actively reducing early ill-health (from childhood and throughout life), health inequalities and early deaths in Bristol from conditions that are largely preventable through healthier lifestyles.
- Provide behaviour change information, guidance and support for reducing harm from smoking, unhealthy diet, physical inactivity and excess alcohol.
- To increase the numbers of people who are changing their lifestyle behaviours, and in particular are physically active, eat a healthy diet, do not smoke, drink sensibly and have a healthy weight.
- Deliver the NHS Health Checks programme for Bristol.

3.2 Objectives of the Programme

- To provide a high quality, evidence based Behaviour Change for Healthier Lifestyles Programme to support individuals and families to change health related behaviours and choices.
- To provide a locality focus that is visible, and works collaboratively with local communities in the North, Central and South of Bristol through Locality Teams.
- To enable easy and equitable access to appropriate, high quality information, guidance and support for healthier lifestyles for all ages and cultures, taking account of lay and local wisdom about barriers and change where possible³.
- To offer and provide a range of information, guidance and support options, with support that is proportionate to individual needs and circumstance. Programme options available to individuals and families will include support for self-management through digital media, telephone contact, web-chat, email, texting and instant messaging and video capability (eg using Skype, hangouts etc) and face to face support in community settings through Locality Teams.
- To facilitate, support and encourage self-help and self-management, maximising use of digital technology via use of the Hub.
- To develop and maintain a central digital media website and App (the 'Hub') which shall act as a central accessible point of entry for the programme, and a source of information, advice, support and signposting to local services and sources of lifestyle change support.
- To meet the behaviour change needs of population groups and individuals with multiple lifestyle risks and those likely to have poorer health outcomes.

² Marmot, M. *Fair Society, healthy lives: The Marmot Review*. 2010

³ NICE Public Health (6) Guidance; Behaviour Change: General Approaches, 2007

- To consider the impact of wider determinants of health and where appropriate to connect people with other services that address these wider determinants.
- To deliver the NHS Health Checks programme for Bristol, including inviting eligible people, delivery of Health Checks, and support to address health related lifestyle behaviours
- To ensure that staff delivering behaviour change support are appropriately trained, skilled, and competent.
- To develop, implement, manage and review a programme-wide customer data management system for the effective and accurate recording of the delivery of all services, data capture, analysis and performance reporting, review and changes.
- To ensure that people with multiple lifestyle risk factors, who wish to change their lifestyle behaviour are supported to do so, in the most appropriate and effective way for them.
- Works with families, and in partnership with, amongst others, the Public Health Community Health Improvement teams, Schools/Colleges, Early Years settings and others who work with individuals and families to motivate them and get them ready to change their lifestyle behaviour, and build local and community resilience, and legacies from this involvement.
- Uses a 'strengths based' and interests based approach that looks at the person not the condition, acknowledges and builds upon the strengths, skills, interests, capacities and support networks of local people.
- Encourages social interaction and a reduction in social isolation, supporting people to build self-esteem and confidence.
- Connects to effective evidence based programmes to improve people's emotional and mental wellbeing including the 'Thrive Bristol' programme.
- Ensures that all aspects of the service it provides to members of the public is fully accessible to all protected equalities communities and that people with a learning difficulty are supported to change their behaviour.

4. Programme Requirements

4.1 The programme will provide high quality and accessible information and support, available to all residents of Bristol to help them adopt and maintain healthier lifestyles focusing on the four lifestyle behaviours that have the greatest impact on health and wellbeing:

- Smoking
- Physical inactivity
- Excess alcohol consumption
- Poor diet (linked, along with inactive lifestyles to overweight and obesity).

4.2 The programme will maximise the use of digital technologies and support and facilitate self-help.

4.3 The programme will be suitable for all ages, and encourage a whole family approach to behaviour change.

4.4 The programme will assess people's (individual and families) level of need and motivation to change their behaviour using an evidence-based approach, such as the Com-B Behaviour Change Model.

It will deliver a range of evidence based behavioural change interventions, for example, brief interventions, motivational interviewing, coaching, goal setting, monitoring and feedback with the individual for smoking, alcohol, physical activity and healthy weight.

It will provide high quality support, working with the individual to best meet their needs and if appropriate maintain contact over an extended period.

The programme will connect people and families to local community assets and services, such as local voluntary programmes, groups and commercial services to support healthier lifestyles, and will provide up to date local information on current activities and events available, to which people can be signposted to support their behaviour change.

The programme should be supported by a clear behaviour change strategy and targets, and manual of intervention approaches, including innovative approaches which recognise individual and families with different needs, aspirations and motivation.

4.5 The Programme will promote and deliver the NHS Health Checks programme for eligible residents of Bristol (age 40-74 or from age 30 for specific targeted groups).

4.6 The programme will include a behaviour change for healthier lifestyles digital/telephone 'hub', as a usual first point of contact with the programme, and locality behaviour change teams.

The hub will offer information, guidance, support, self-help options, and signposting through both digital and telephone media.

Locality behaviour change teams will provide all face to face support, including group support for specific lifestyle behaviours and individual support where needed.

The programme shall provide a city wide programme, that shall maximise the use of digital technologies, and which is enhanced with robust face to face support within local communities, tailored to meet the needs of people in Bristol.

4.7 City wide Behaviour Change Hub description

The city wide behaviour change Hub will act as a first point of contact for the Behaviour Change for Healthier Lifestyles Programme, through digital and telephone contact routes. It will be accessible to any Bristol resident, of all ages, including families, who are seeking advice, information and /or support to achieve healthier lifestyles, in a way that they wish to receive it. The Hub service is likely to be predominately web-based and must be age appropriate (particularly for children and young people), and also encompass the needs of our equalities communities.

The provider will:

- Develop an innovative, interactive digital website platform and App which shall encompass the use of the newest software and technology throughout the Contract Term to promote and support self-management.

- Create a bespoke website platform for children and young people, which is age appropriate and interactive. The website should be capable of providing on-line coaching and support for children, young people and their families to address lifestyle choices and issues, particularly focusing on healthy weight.
- Ensure it is user –friendly, easily accessible, easy to navigate and have the right look and feel/brand to attract and engage people to encourage them to make use of the programme.
- Ensure the content has a local focus.
- Provide a single point of access for information and resources, including:
 - Pregnant women
 - Breastfeeding and breastfeeding support
 - Healthy Start – including weaning
 - Emotional health and wellbeing including stress management
 - Information for parents and children about the National Child Measurement Programme
 - Information about the NHS Health Checks programme
 - Food and nutrition (including maintaining a healthy weight)
 - Physical activity
 - Reducing harm from smoking.
- Deliver self-assessment of motivation to change and direct people to relevant and appropriate on-line behaviour change programmes / toolkits / apps / self-monitoring aids.
- Provide a section for Health Professionals – detailing current guidance and information on lifestyle factors/signposting into the Programme /training etc.
- Provide links to other current and updated sites and particular pages within those sites e.g. NHS Choices, Change4Life, skills development, adult learning, Bristol Information, Advice & Guidance (IAG) (welfare and debt); adult education and skills; volunteering opportunities; housing and employment support; Improving Access to Psychological Therapies (IAPT); Leisure Services; Bristol Youth Links, community services, Bristol Social Prescribing.
- Provide an option for individuals / families to contact the programme for additional support. This must include a telephone contact but also provide the option for assisted support to enable digital access and use of; web-chat, email, texting, instant messaging and video capability e.g. skype, hangouts, etc. ie. 'digital support'.
- Identifies those who wish to make changes to their lifestyle but need more intensive support than that offered through the digital support services and telephone services, and connects people with one of the three locality teams.
- Provide access to trained lifestyle coaches
- The programme shall provide 24 hour, seven day a week access through the website and extended office hours (8am-8pm / Monday-Friday), and a minimum of one weekend a month, telephone access in which residents must be able to contact a trained health coach if they wish.
- Connect people to local activities through for example, providing the location, times, information, etc. on community activities, including private, public and voluntary services within their local community.

- Manage and deliver the NHS Health Check programme for Bristol, including maintaining and updating a database of eligible individuals, inviting people to a Health Check and reporting on activity and outcomes from this activity.
- Actively target and support people with the highest health needs to access and use the programme (for example, Black, Asian & Minority Ethnic groups (BAME), and areas of deprivation in quintiles 3, 4, & 5), people with mental ill-health and people with Learning Difficulties.
- Provide a data base function.
- Follow people up on a regular basis in order to track, record and review outcomes.
- Ensure that there is a digital Hub gateway incorporated to ensure that those referred through the Hub to locality teams are residents of Bristol.

4.9 Locality Behaviour Change Teams (Locality teams)

Locality Teams will:

- Provide a local presence for the Bristol Behaviour Change for Healthier Lifestyles Programme and provide face-to-face support for those who need it. They will work collaboratively with local communities, particularly in deprived areas of the city, helping identify their own health needs and aspirations, and linking to local assets and services. Providers will develop an offer that is appropriate to diverse needs across localities with a presence in each of:
 - Central and East
 - North,
 - South

Locality behaviour change team providers will demonstrate local knowledge and expertise of working with diverse local communities and community leaders at a very local level in Bristol (or equivalent), particularly among communities with high health needs. They will demonstrate understanding of the differences between the localities and the population groups within the different geographical areas and knowledge applicable to working with people in Bristol who have multiple lifestyle risk factors and those likely to have poorer health outcomes to support them in achieving healthier lifestyles.

The Locality Teams will work closely with the Public Health Community Health Improvement Teams and others who work with individuals and families to get them ready to change their behaviour, and support them in overcoming the barriers to changing their Health –related lifestyle behaviour.

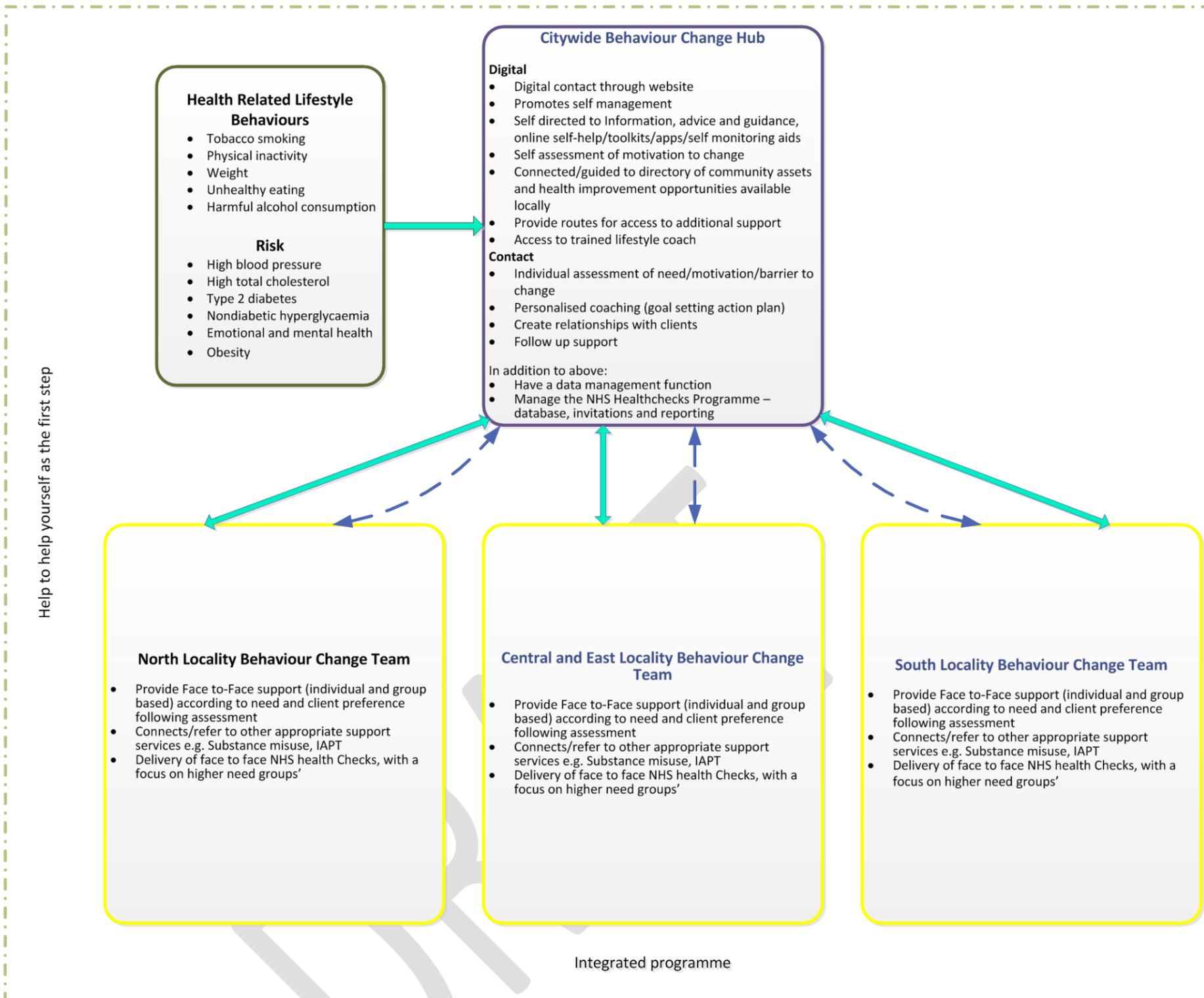
Locality Teams shall:

- Provide face to face support to individuals and groups according to need and preference following an initial assessment through the Hub.
- Provide personalised support / coaching to enable people to access the digital support offered through the Hub if appropriate.
- Provide access to group support for stop smoking/smoking harm reduction, weight management, healthier eating, physical activity, and individual support as appropriate for those with greatest needs.

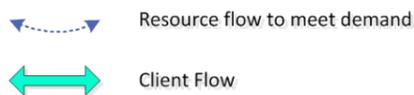
- Connect / signpost people to appropriate sources of support in their community.
- Provide support that is age appropriate for children and young people, particularly for weight management, healthy eating and increasing physical activity. This may be as a result of letters to parents following the National Child Measurement Programme.
- Deliver face to face NHS Health Checks, with a focus on higher need groups and populations.
- Support the hub to maintain an up-to-date 'directory' of local opportunities to support behaviour change.

4.8 Sustainable Community Assets

The Behaviour Change for Healthier Lifestyles Programme will have a role in contributing to and creating sustainable, healthy, thriving communities in Bristol. The programme will have the flexibility to identify funding from within its overall budget to support and enable local community groups to receive relevant lifestyle support. This may be used to lever in additional funding or used as a grant to sustain valuable local programmes. The utilisation of any budget for this purpose must be reported to the Commissioner. The programme will have a role in contributing to community capacity building and creating sustainable, thriving communities in Bristol, through working with the Public Health Community Development and Health Improvement teams.



Help to help yourself as the first step



5. Lifestyle Specific Support Requirements

5.1 Alcohol

The provider will focus on the adult population who are ‘increasing risk’ or ‘higher risk’ drinkers – individuals who are likely to develop alcohol-related health problems by drinking above the recommended limits for a number of years. Screening, brief advice and brief interventions, motivational support are the most effective method of preventing and reducing harmful drinking for this cohort⁴.

The Provider will:

- Offer a brief intervention consisting of assessing an individual's current alcohol consumption using the Audit-C (Alcohol Use Disorders Identification Test Consumption) screening tool.
- Develop innovative mechanisms to reach, motivate and support people (including young people) to reduce their drinking to be within safe recommended levels in line with Bristol Alcohol Strategy, 2016.
- Ensure individuals who have previously been referred to ROADS (Recovery Orientated Alcohol & Drugs Service) specialist alcohol support, but do not reach their eligibility criteria are encouraged to access the Bristol Behaviour Change for Healthier Lifestyles Programme.
- Refer individuals identified as requiring specialist support (alcohol-dependent or ‘chaotic’ drinkers) following assessment of eligibility to ROADS for alcohol treatment.
- Provide opportunistic screening for alcohol use among people accessing the programme through the various gateway routes e.g. via website, telephone or face-to-face.

5.2 Healthy Weight

Bristol has a city wide approach to Healthy Weight, with an aim to halt the year on year rise in obesity by 2022. Healthy Weight is one of the three priorities of the Health and Wellbeing Board, and Sugar Smart Bristol has been launched as part of this. The Bristol Behaviour Change for Healthier Lifestyles Programme will be linked directly to this approach and the provider will be invited to sit on the Steering Group for Healthy Weight. Healthy weight in this context includes food and nutrition (including growing and cooking from scratch), physical activity and participating in activity within communities.

The Provider will:

- Provide a range of support options for adults, children and young people, including families to achieve and maintain a healthy weight, and to include options appropriate to priority groups such as early years, BAME and pregnant women, and also shall take into account cultural needs. Where appropriate, this will include a focus on specific weight management activities. Maintaining a healthy weight is likely to include:
 - On-line coaching, personal / family based goal setting and monitoring.
 - A focus on Healthy Eating – Eatwell Guide; physical activity; growing and cooking food, adapted for specific groups of people, e.g.

⁴ NICE, PH24. Alcohol-use disorders: Prevention, guidance and guidelines. 2010

pregnancy and a range of different cultures and religions. <https://www.gov.uk/government/publications/the-eatwell-guide>

- A rolling programme which includes opportunities for increased movement through sport, activity, games; understanding food and nutrition, including providing opportunity for e.g. growing, cooking from scratch, budgeting, weaning advice.
- Emotional health and wellbeing, Sugar Smart, oral health and stress management should be an integral part of the programme.
- Provision of appropriate tools to support any weight loss programmes.
- Offer weight management interventions using the recommended evidence-based behaviour change techniques for inclusion in effective weight management interventions. This should include:⁵
 - Self-monitoring, promoting independence and self-management
 - Setting a target weight that is sustainable in the long term
 - Identify sources of ongoing social/community support once the programme has ended
 - Set goals to maintain new dietary behaviours and increased physical activity levels
 - Discuss and develop strategies to overcome any difficulties encountered such as barriers, relapse, weight regain
 - Identify dietary behaviours that will support weight maintenance and are sustainable in the long term
 - Promote ways of being more physically active and less sedentary which are sustainable in the long term
 - Encourage peer led groups for longer term support
- Maintain links and provide support to the National Child Measurement Programme (NCMP), Healthy Weight Nurses and Children's Community Health Partnership (CCHP).
- Ensure that children and young people who access the Programme as a result of the NCMP are offered an evidence based intervention⁶ to help them and their families (if appropriate) achieve and maintain a healthy weight see the Bristol Pathway <http://cchp.nhs.uk/sites/default/files/attachments/Bristol%20Care%20Pathway%20For%20Child%20Weight%20Management.pdf>
- Be aware of, and link with, local provision for weight management and physical activity support offered by specialised child and adult services.
- Make links with providers of physical activity provision e.g. Bristol City Council Leisure facilities, local walking groups.
- Encourage individuals and families who are assessed as eligible for specialist weight management support using an agreed obesity care pathway criteria to go to their GP for referral to specialist support.

5.3 Tobacco Harm Reduction/Stop Smoking

The programme will provide information and support for all Bristol residents wishing to make a quit attempt or cut down to quit, and will target priority populations who are

⁵ Public Health England Changing Behaviour: Techniques for Tier 2 Adult Weight management Services

⁶ Weight management: Lifestyle services for overweight or obese children and young people. NICE, 2013

known to have high smoking prevalence. The provider will be invited to be a member of the Tobacco Alliance Steering Group.

The provider will:

- Be responsible for delivering a comprehensive support programme for all smokers who wish to quit or reduce their harm from smoking, linking with other service providers as appropriate.
- Offer and provide a range of treatment aids including Nicotine Replacement Therapy (NRT), free electronic cigarette vouchers (Electronic Cigarettes⁷): and Champix (according to prescribing regulations).
- Adopt evidence based behaviour change techniques⁸, to support individuals who wish to stop smoking, and develop innovative mechanisms to help people to reduce their harm from tobacco.
- Ensure that children and young people who access the Programme are offered an evidence based intervention to help them and their families (if appropriate) be Smokefree. A particular focus will be on engaging vulnerable young people who smoke, or are more likely to take up smoking.
- Ensure the programme addresses health inequalities through proactive targeting and prioritisation of specific groups, working in collaboration with other service providers who treat groups where smoking prevalence is high, for example Black, Asian & Minority Ethnic groups (BAME) groups, those from lower socio-economic groups, pregnant women, people with mental health conditions in the community, ex-offenders, looked after children and care leavers, youth offenders, young people attending pupil referral units, those who are not in education training or employment (NEET) .
- Offer digital, telephone, face to face contact or group support as appropriate, and ensure accessibility of face to face support across a range of settings.
- Assess appropriate therapy, in conjunction with the individual, taking into account:
 - contra-indications and the potential for adverse effects
 - individuals personal preferences
 - availability of appropriate advice or support
 - likelihood that the individuals will follow the course of treatment
 - individuals previous experience of smoking cessation aids and support
- Provide motivational interviewing and harm reduction support for people not ready to quit, for example people using e-cigarettes.
- Provide appropriate advice and support for young people to quit smoking.
- Support people with relapse prevention to maintain a sustained quit attempt.
- Use carbon monoxide testing as a tool to support quitting or reducing tobacco and to confirm a client has stopped smoking (this could include a complete switch to e-cigarettes, with no tobacco smoking).
- Provide information to partners and families on creating and maintaining a smoke free home (linking to the training module available via <https://www.ncsct.co.uk/publication/secondhand-smoke-training->

⁷ A briefing for Stop Smoking Services (2016)

⁸ NICE (2006) PH 1, Smoking: Brief Interventions and Referrals.

NICE (2013) PH10 Stop Smoking Services. Guidance and guidelines.

[module.php](#) and relevant updates and upgrades) to support a quit attempt, acknowledging the role of interpersonal relationships and situational issues that are connected to cigarette use.

- Actively promote tobacco control campaigns

6. NHS Health Checks Programme Requirements

The NHS Health Check programme aims to prevent heart disease, stroke, type 2 diabetes and kidney disease, and raise awareness of dementia, both across the population and within high risk and vulnerable groups.

It includes 3 components: (1) risk assessment, (2) risk awareness and (3) risk management.

The NHS Health Check programme is a statutory public health service in England. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74, once every 5 years.

The provider will be responsible for offering NHS Health Checks to eligible individuals and delivery of a programme of Health Checks for the eligible population in Bristol, and reporting activity and outcomes to the commissioner.

The provider will:

- Offer a face to face NHS Health Check to all eligible Bristol residents over a 5 year period (approximately 25,000 people will be offered a check annually).
- Prioritise and target offers to population groups where the burden of ill health related to cardiovascular diseases is highest.
- Deliver NHS Health Checks to eligible people through a face to face consultation with a competent person, including the 3 components of cardiovascular risk assessment, risk awareness and risk management. Health Checks delivered will be consistent with current NHS Health Check Best Practice Guidance⁹, and include and record all the specific assessments, measurements, and risk calculations as set out in the guidance.
- Offer health checks in a range of settings, including in workplaces, (in agreement with the commissioner) and in line with the Equality Act 2010, to ensure accessibility for a wide range of people and maximise take up among groups with the greatest need.
- Ensure specific information and data is recorded on NHS Health Checks, as set out in the national guidance.
- Ensure robust and timely arrangements for data from NHS Health Checks to be forwarded to the individual's General Practitioner. Ensure staff carrying out NHS Health Checks are appropriately trained and qualified, in line with the NHS Health Check competence framework. <http://www.healthcheck.nhs.uk/document.php?o=664>
- Implement and report on a quality assurance programme to ensure a high quality and safe service is provided, in line with national NHS Health Checks programme standards. <http://www.healthcheck.nhs.uk/document.php?o=547>

⁹ NHS Health Check Best Practice Guidance, Public Health England

- Secure continuous improvement in the numbers of people having an NHS Health Check.
- Submit information to the commissioner on the number of health checks offered and the number of Health Checks completed each quarter.
- Develop and maintain relationships with local General Practices.
- Ensure data flows between various parties, including the provider and General Practices adhere to the Data protection Act, The Law and information governance, as set out in the Best Practice Guidance.
- Work with the commissioner to access NHS Digital eligibility data if this cannot be made available through General Practices. The provider will be responsible for costs incurred for initial data transfer and updating.

7. Programme Wide Requirements

7.1 Information Governance

- Provide a robust information governance system, which has the capability to collect accurate, standardised and comparable routine data to measure outcomes and impact in accordance with the Data Protection Act (1998), and the requirements for the new General Data Protection Regulation (GDPR) May 2018.
- The information governance system must be capable of obtaining clear documented consent for personal data to be used for Hub and service purposes, and shared appropriately.
- Work with the Commissioner to develop a reporting dashboard capable of presenting accurate, complete and timely activity and outcome data which can be used to inform and review programme development.
- The Provider will secure clearly documented consent for all information use to and information to be shared with the Council and the individuals General Practitioner (GP) where appropriate.
- Equalities monitoring should be in place across the whole programme.
- Take into account the new Accessible Information Standard to ensure people have information they can understand.

7.2 Clinical Governance

- Ensure all staff are trained and competent for their roles in line with national guidance where appropriate. Key personnel must be identified and curriculum vitae supplied setting out the services they shall be required to supply under the contract.
- Ensure a policy is in place to cover supervision, training and management of staff; incident reporting; updating resources in keeping with national recommendations.
- Link with the Bristol City Council Clinical Governance Group to update and ensure best practice.
- Ensure that appropriate structures are in place with which to ensure that the obligations required to be met by the Provider in providing the services and the quality of the Programme supplied are met, maintaining high standards of care within a culture of continuous learning and improvement.
- Provide clarity on any exclusion criteria in consultation with commissioners.

- The provider will be required to have an up to date Safeguarding Policy for adults and children. It will comply with the Safeguarding Vulnerable Groups Act 2006 and the Police Act 1997, and will include checks of staff or individuals who are employed by the Provider. Compliance with safeguarding standards should be reviewed with the Commissioner at regular intervals and any issues of non-compliance must be addressed at the earliest opportunity.
- Use of term clinical governance does not imply that all staff delivering the services under the programme have to be health professionals.

7.3 Performance Monitoring and Evaluation

Performance management of the Programme will be based on the Public Health Outcomes Framework and behaviour change outcomes relating to the four key lifestyle behaviours, smoking, healthy eating, physical activity, alcohol consumption and the delivery of NHS Health Checks to the eligible population.

The provider will be expected to demonstrate that the Bristol Behaviour Change for Healthier Lifestyles programme is reaching population groups where need is the greatest.

Equalities monitoring will be required to evidence the accessibility of the service and the outcomes achieved.

On-going evaluation of the programme will be required, with the ability to provide evidence to assure commissioners of the performance, standard and quality of the programme including evidence of the individual/family:

- Goal setting by the individual/family.
- Monitoring the individual/family behaviour.
- Receiving feedback from the individual/family, including satisfaction reviews at 12 weeks, 26 weeks and 52 weeks after the date of the behaviour change intervention or NHS Health Check.

The Commissioner and Provider will be expected to develop a working relationship to ensure continued learning and development as the programme model evolves through a co-design and co-production approach during the contract period.

The Provider will explore external research grant opportunities and upon receipt of prior written agreement by the Commissioner, submit appropriate grant /research applications which will help support external evaluation of the programme.

7.4 Equipment

The Provider must provide and maintain at its own cost, all equipment necessary for the delivery of the Programme and must ensure that all equipment is fit for purpose. All equipment used must be standardised, calibrated and tested on a regular basis in accordance with manufacturer's recommendations e.g. weighing scales, carbon monoxide monitors.

Where appropriate the provider must participate in regular quality assurance of testing equipment.

7.5 Technology Requirements

It is recognised that the delivery of innovative services as required for the success of this Programme, promoting self-care, shall have at its core a specialist IT system, which shall be accessible to the public via Apps and websites, and which the council shall require Administrative Access rights to the data captured within the Hub and the ability to produce reports on various elements of the programme.

A central element of the Hub shall be an overarching Data Management System that shall record all requisite data and provide requested reports of all individual / family journeys that have been taken as part of this Programme. The Hub services shall be subject to a Service Level Agreement, with Key Performance Indicators required to be met.

Where specialist systems are used to deliver Behaviour Change or Self-care support, sufficient relevant and current information in those systems must be captured and transferred into the overarching CRM element of the system so that a total view of the Programme delivery, or particular aspects of it, at individual level is available to the Council.

Throughout the Contract Period the provider shall ensure that all Hub hardware and software used in the provision of the Programme is up- to-date, updated, upgraded and patched (as appropriate) at no additional cost to the council, and that regular maintenance of the hardware and software, as well as emergency maintenance protocols, are in place and complied with.

Data that is published on the Hub should be regularly reviewed and updated, at least once a week.

All the software and hardware used in the provision of the Hub and used to provide and support the Programme must ensure:

- It is compliant with the new General Data Protection Regulation (GDPR), May 2018.
- Comprehensive data capture, storage and retrieval is managed in an effective and efficient manner.
- Information and data provided during individual / family assessments and reviews shall be recorded within the Hub and securely stored, including consents.
- Engagement with individuals / families is effective e.g. individuals are well informed; asking the same question more than once is to be avoided.
- Information recorded on one aspect of the Hub can be combined with the data available on activities and pathways to support decisions made by Behaviour Change for Healthier Lifestyles staff, to ensure that the provider delivers evidence based behavioural support.
- Prompts are forwarded to relevant staff to ensure that they undertake an agreed activity in a timely way e.g. review appointments; individual follow up.
- Individual / family facing sections of the Hub are engaging, secure and easy to use for people of all abilities including children and young people, those with visual impairments, those with learning difficulties.
- Ensure the platform meets the needs of our equalities communities and young people.
- Pathways for each element of the Programme are relevant, accessible and up to date.

- Referrals and messages sent and received can be passed securely between all parties involved in requesting, delivering and receiving the service.
- Information analysis and reporting of data is done in an intelligent and useful way.
- Availability of timely information to inform any need to change approaches at individual and strategic level.
- Utilise an online ordering facility for leaflets and other resources.
- Flexibility and ability to adapt to changes in needs, based on, amongst others, Customer insight.
- Maximise appropriate use of social media.
- Provide an online lifestyle risk assessment/stratification website/app capturing baseline data.
- Ensure that the Hub services can be accessed and available on all commonly used forms of hardware and software, including PC, laptop, mobile phones, tablets etc.
- Software licensing costs will be covered by the provider.

A fuller specification can be found in Appendix 2

7.6 Staff Development and Training

The programme provider will be responsible for the recruitment, training and clinical governance of all staff supplying the services under the Bristol Behaviour Change for Healthier Lifestyles Programme. All staff and contractors providing, for example, training, individual/family assessments and interventions must have an appropriate level of competence to deliver the relevant parts of the programme, and must adhere to professional guidelines if they are registered with a governing body. Competencies will be agreed with the commissioner.

The Provider will:

- Ensure staff are trained, competent and experienced to engage with individuals and families of varying needs to assess their motivation for change and deliver brief interventions to enable them to stop smoking, increase physical activity levels, reduce alcohol consumption, or improve their diet.
- All staff should be skilled in the engagement and retention and in delivering face to face and group interventions tailored to the needs of individual. They will be trained and competent in behaviour change theory, motivational strategies, and communication techniques in order to encourage sustainable health behaviour change.
- Ensure staff are competent to work with people of all ages and cultures who live in areas of greatest need, including those with physical and learning disabilities and mental health problems.
- Ensure staff are able to communicate in an appropriate manner with children and young people of all ages and their families.
- Provide training for staff in weight management (children and adults) including the National Child Measurement Programme and follow up.
- Provide Level 2 stop smoking training for staff in accordance with guidance (NICE, PH10, National Centre for Smoking Cessation and Training (NCSCCT)).

- Ensure appropriate staff are trained, competent and supervised in the delivery of NHS Health Checks, in line with the NHS Health Checks competency framework. *(insert link)*. To include:
 - Use of the Global Physical Activity Questionnaire (GPAQ)
 - QRISK tool and communicating results of cardiovascular risk estimation
 - Ensure staff are competent in the dementia assessment part of the health check
 - Ensure staff are trained in the use of the Audit C Alcohol tool and in brief interventions to support people to reduce their alcohol intake.
- Ensure staff are trained in Equalities, Adult Safeguarding, Children Safeguarding as mandatory.
- Ensure staff are adequately supervised and receive an annual appraisal. Any development need identified during the appraisal should be documented in a personal development plan and reviewed on a regular basis.
- Any qualified health professionals working within the Service will have training, professional qualifications and Continual Professional Development (CPD) in line with the national professional body relevant to the profession.
- Ensure that all training provided is regularly updated. Records of all training provided by provider staff under this Programme shall be retained within the Hub.
- There shall be a Complaints procedure set out to deal with any dispute or complaint regarding the Programme Services. Where a complaint has been received regarding a member of the provider's staff, the Council may at its absolute discretion ask that the staff member involved is removed from providing the Programme services and replaced with a similarly trained, experienced and competent staff member.

7.7 Communications and Marketing

7.7.1 The Provider shall develop a Marketing Strategy encompassing the latest digital technologies that builds on the data collection outlined above.

The provider shall develop a brand that is marketed across the city. IPR for the Bristol Behaviour Change for Healthier Lifestyles programme brand will be assigned to the council.

The Provider will be required to collect individual's information, analyse and segment the data and have ongoing models to continually assess individual's experiences, views and needs. Ensuring mechanisms are in place to continually gather intelligence and insight from individuals will be critical.

The Marketing Strategy will build on the objectives outlined in the programme design to drive individual and stakeholder engagement in the programme, to develop the brand and digital technologies including the use of multiple platforms and use of different marketing tactics as appropriate.

Effectively targeted marketing has the ability to reach people at their trigger points when they are most likely to consider making a change. The Provider will be required to continually market the programme through effective channels and tactics to ensure the public can access the Programme at their convenience and that

appropriate stakeholders e.g. midwives, schools are encouraged to signpost to the Programme.

Marketing approaches will be both universal – the population of Bristol, and in addition, tailored to those in greatest need. Children and young people will require an approach that is appropriate to culture, age and ability.

Good relationships across community, voluntary, NHS and Local Authority providers will be essential to the individuals/families experience and achieving the behavioural outcomes. The Provider will be expected to market The Bristol Behaviour Change for Healthier Lifestyles Programme in a range of ways, and develop a brand that becomes easily identified and trusted in all areas of the city.

7.7.2 The Provider will utilise and locally deliver national campaigns that address the 4 key lifestyles (smoking, diet, inactivity and excess alcohol) run by for example, Public Health England e.g. *Start4life*, *Change4life*, *One You*, *Know your Numbers*. The provider will also support and engage in local campaigns led by Public Health Bristol e.g. *This Bristol Girl Can*, *Sugar Smart Bristol*. The provider will particularly focus on local delivery of campaign messages in a way that is appropriate across the diverse communities in Bristol.

The provider will provide and distribute resources and information to ensure a variety of agencies including Bristol City Council, the NHS and other voluntary and statutory agencies receive up-to-date relevant information and resources to support behaviour change campaigns. This will include downloadable leaflets and hard copies where appropriate and necessary, as well as items such as models and kits for use in face to face behaviour change support in group settings.

The provider will ensure all material is compliant with the Law, is of high standard, quality assured and accessible e.g. where first language is not English, those with learning difficulties, visual impairments.

7.8 Social Value

Social value is about ensuring that the commissioner achieves value for money and maximises the benefits to, and positive impact on society, the economy and the environment from the way this Programme is provided. Bristol City Council, like other public bodies, is required by Law (Public Services (Social Value) Act 2012) to consider how the services they commission and procure might additionally improve the economic, social and environmental well-being of the area.

The provider should deliver benefits and outcomes (social value) which go beyond the explicit specification requirements (including service objectives and outputs) of this tender and contribute to building the capacity, capability, skills, assets and resources of Bristol's communities.

This might include volunteering, training, work experience and apprenticeships.

7.9 Implementation

The Provider will attend a monthly Implementation Steering Group meeting and provide updates on progress against key milestones and any risks or issues relating to implementation. This group will act in an advisory capacity and will not be a decision making body.

7.10 Contract monitoring

The contact will be monitored and the Provider's Hub shall be required to provide the Council with monthly reports, and reviewed quarterly and annually by the Council's commissioning lead.

The provider will be required to obtain the following monitoring information (*to be developed*) and be able to report it to the commissioner as and when required.

7.11 On-going Programme Development

It is acknowledged that the programme will need to develop and evolve during the life of the contract. Critical to the long-term success of the programme is a real commitment from the Provider to work collaboratively with the Commissioner and other key partners as part of an ongoing co-design and co-production of the Programme. The provider must show that the services being provided are flexibly being tailored to meet the needs of communities in Bristol. The Provider must build on the current insight and commit to a continued programme of evolution which includes capturing insight and clients' views.

The programme will continue to increase its relationship with the community and test and evaluate new innovative approaches to contribute to ensuring and enabling a strong and thriving community base so the Programme is able to connect people to local health and wellbeing opportunities. The programme will test different approaches to ensure they have a presence within communities as part of this process, particularly in the most deprived parts of the city.

It is expected that the programme will develop in its capability to respond to increased demand, as a result of stakeholder engagement, marketing of the Programme, and the Programme brand becoming recognised by Bristol residents and professionals.

A Review of the Bristol Behaviour Change for Healthier Lifestyles programme will be conducted annually, with the opportunity for amendment of the specification / contract by mutual agreement.

The Provider will be encouraged to make active links with the academic establishments in Bristol (University of Bristol, University of the West of England (UWE)), to maximise the potential of participating in relevant research proposals and outcomes from research projects.

8. Financial information

The total maximum budget available for the delivery of the programme is £1,585,173 per annum, (through an agreed schedule of payments across the year). (*payment plan to be developed*)

DRAFT

Appendix 1: Outcomes

Outcomes Measures

The Provider will be expected to demonstrate how they will contribute to the relevant Public Health Outcomes. They will work collaboratively with the Commissioner to agree SMART key performance indicators, and performance thresholds following award of the contract. Once agreed, the contract will reflect the agreed key performance indicators.

Relevant Public Health Outcomes Framework (PHOF)

- Average number of portions of fruit consumed daily at age 15
- Average number of portions of vegetables consumed daily at age 15
- Mortality rate from causes considered preventable
- Under 75 mortality rate from cardiovascular diseases considered preventable
- Under 75 mortality rate from cancer considered preventable
- Under 75 mortality rate from liver disease considered preventable
- Under 75 mortality rate from respiratory disease considered preventable
- Smoking prevalence in adults- current smokers
- Smoking prevalence in routine & manual occupations
- Smoking prevalence at aged 15 years – current smokers, occasional smokers, regular smokers
- Excess weight in adults
- Percentage of physically active and inactive adults – active adults
- Percentage of physically active and inactive adults – inactive adults
- Child excess weight in 4-5 and 10-11 year olds
- Admission episodes for alcohol-related conditions – male/female/persons
- Cumulative percentage of the eligible population aged 40-74 offered an NHS
- Self-reported wellbeing, people with a low satisfaction score
- Self-reported wellbeing, people with a low wellbeing score
- Self-reported wellbeing, people with a low happiness score
- Self-reported wellbeing, people with a high anxiety score.

Programme Outcomes (to be agreed with the provider)

Alcohol

- A reduction in reported alcohol use among people accessing the programme, and wishing to reduce their alcohol intake.
- A reduction in adults drinking above safe recommended limits.

Emotional and Mental Wellbeing

- Improved mental/emotional wellbeing (using an evidence based self-reported measurement of wellbeing tool), linking to Thrive.

Healthy Weight

- Reverse the trend in proportion of children classified as overweight or obese
- Reverse the trend in proportion of adults classified as overweight or obese
- Reverse the trend in proportion of adults and children in BAME groups and those living in quintiles 3,4 and 5 classified as overweight or obese
- Increase in the number of adults and children eating 5 portions of fruit a day
- Increase in the number of adults and children eating 5 portions of vegetables a day

- Increase in the number of children and young people reported to eat breakfast
- Decrease the percentage of adults and children who are physically inactive
- Increase the numbers of children and adults meeting the recommended physical activity levels
- Reduction in the proportion of children identified as overweight or obese through the National Child Measurement Programme
- Increase the number of adults in a healthy weight range
- Increase in the percentage of people using outdoor space for exercise or health and wellbeing

Smoking

- Reverse the trend in smoking prevalence among current smokers
- Reverse the trend in smoking prevalence among routine and manual workers
- Reverse the trend in smoking prevalence among young people
- Reverse the trend in smoking prevalence among pregnant women (smoking at the time of delivery)
- Proportion of people in locally agreed priority groups who are smokefree or reduce the harm from tobacco
- Reduce the % of people with mental ill-health who are smokefree

NHS Health Checks

- Increase of the uptake particular in areas of high preventable cardio-vascular disease mortality.
- Increase the number of adults in priority groups being supported to change lifestyle behaviours through NHS Health Checks

Potential Programme Key Performance Indicators (to be co-designed with the Commissioner and Provider)

Digital Offer

- Number and % of people all ages accessing the digital hub
- Number and % of children and young people accessing the digital hub
- Number and % of families accessing the digital hub
- Number and % of individuals setting a behaviour change goal in relation to:
 - Smoking
 - Healthy weight
 - Alcohol use
 - Physical activity
- Number and % of families setting a behaviour change goal in relation to:
 - Healthy weight
 - Physical activity
- Number and % of people accessing an intervention on the digital hub
- Number and % of people being offered a NHS Health check via the digital hub

Contact

- Number and % of people all ages receiving telephone contact
- Number and % of people of all ages utilising the digital support services
- Number and % of children and young people receiving support following telephone contact

- Number and % of individuals setting a behaviour change goal in relation to:
 - Smoking
 - Healthy weight
 - Alcohol use
 - Physical activity
- Number of individuals / families accessing the digital hub following telephone contact
- Number and % of people being offered a NHS Health check

Face to face

- Number and % of people all ages receiving face to face support
- Number and % of children and young people receiving face to face support
- Number and % of individuals setting a behaviour change goal in relation to:
 - Smoking
 - Healthy weight
 - Alcohol use
 - Physical activity
- Number and % of families receiving face to face support setting a behaviour change goal in relation to:
 - Healthy weight
 - Physical activity
 - Support to stop smoking
- Number and % of people receiving a face to face intervention
- Number and % of people being offered a NHS Health check
- Number and % of people taking up the offer of an NHS Health check

Alcohol

- Number and % of people who completed audit tool
- Number and % of people who screened positive (5 plus)
- Number and % of people give a brief intervention (those scoring 8-19)
- Number and % of people signposted to general practice (those scoring 20 plus)

Healthy Weight

Reported by age and demographic.

Children:

- Increase in children and young people reporting eating 5 A DAY
- Increase in physical activity (use a validated tool)
- Increase in self-esteem (validated tool such as Edinburgh and Warwick)
- Increase in children and young people reporting eating breakfast
- Reduce children and young people who report eating no portions of fruit and veg

Adults

- Number of people accessing weight management support
- Number of people setting a weight management goal
- Number of people increasing their physical activity as part of their weight management goals
- Number of people achieving a % weight loss from initial weight in following groups:

- 0.5 – 3%
- 3.1 – 5%
- >5%
- Number of people attending a range of community activities supporting weight loss by individual activity
- Follow up at 12, 26 and 52 weeks to review % weight loss (within agreed ranges) and/or weight maintenance
- Number of people accessing support to maintain weight
- Number of people who have successfully lost weight with a plan for weight maintenance
- Proportion of people eating 5 portions of fruit or vegetables per day

Increased Physical Activity

- Number and % of people by age and demographic accessing the Behaviour Change for Healthier Lifestyles programme
- Number and % of people by age and demographic who scored active, moderately active or inactive
- Number and % of people by age and demographic who are moderately active or inactive who were supported to increase their physical activity
- Number and % of people taking up new opportunities to be physically active
- Number and % of people participating in utilising outdoor leisure facilities as a result of the Behaviour Change for Healthier Lifestyles programme
- Number and % of people participating in utilising indoor leisure facilities as a result of the Behaviour Change for Healthier Lifestyles programme
- Number and % of people who have started or increased walking as a result of the Behaviour Change for Healthier Lifestyles programme
- Number and % of people who have started or increased cycling as a result of the Behaviour Change for Healthier Lifestyles programme
- Number of people who have a recorded outcome of follow up at 12, 26 and 52 weeks related to physical activity

Smoking and Harm Reduction

- Proportion of people setting a quit date by demographic area
- Number of pregnant women setting a quit date
- Number of people setting a quit date by deprivation quintile and priority group
- Number of people setting and achieving harm reduction goals
- Number of people achieving their goal as specified
- Proportion of people who are Smokefree at 12, 26 and 52 weeks
- Number of children and young people (12 years +) who are identified as vulnerable e.g. NEET's, PRU, Children in Care and care leavers, Youth Offenders etc
- Number of parents accessing stop smoking support

NHS Health Checks

- Number, % and demographic of NHS Health Checks offered in total
- Number % and demographic of NHS Health Checks offered to priority populations
- Number of opportunistic NHS Health Checks

- Number and % of health checks converted to actual check by demographic and population group
- Number and % of people who did not attend their health check following invitation by demographic area
- Number and % of people who have had a previous health check (5 years prior)
- Number and % of people setting a goal as a result of an NHS Health Check
- Number and % of people who have made lifestyle changes as a result of their previous health check (5 years prior)
- Number and % of those offered a NHS Health checks receiving a NHS Health Check
- Number and % offered in a workplace setting
- Number and % of above converted to an actual check
- Number of people signposted to clinical follow-up as a result of an NHS Health Check
- Number of people followed up to check they have received clinical input following signposting from an NHS Health Check.

Community Engagement

- Number of people reporting increased motivation to participate in and engage with community opportunities for healthier lifestyles
- Number of people who feel they are better informed and equipped to manage their own health and wellbeing
- Number of people reporting that they have better access to, and are more engaged with, community activities which meet their needs
- Number of families reporting they are more engaged with community activities for healthier lifestyles
- Number and % of people who felt enabled, through support available to take up opportunities that are available
- Number and % of those setting an action plan achieved their behaviour change goals

Data Collection

Data required to monitor the KPIs will be broken down into at least (but not limited by) the following:

- Gender
- Ethnicity
- Age group
- Postcode
- Setting (school, library etc)
- Protected characteristics
- Priority population group

Appendix 2: Draft Data Management System and Website Functionality (to be reviewed by IT)

1. Introduction

1.1. Document Purpose

This specification provides a functional description of the Data Management System required to record and support client data throughout the Bristol Behaviour Change for a Healthier Lifestyle programme and Website Functionality so that the intended audience has a clear understanding of the high level requirements.

1.2. Audience

The primary audience for this document is the service provider.

1.3. Overview of Requirement

We require the service provider of the City Wide Hub to have a data management system with a proven track record of working effectively across a number of organisations.

2. Functionality

2.1. Basic Functionality

- 2.1.1. The system must be able to record and store standard client details as described in Appendix II and II.
- 2.1.2. The application must display current client name, Date of Birth and reference number whenever the personal data is shown.
- 2.1.3. The system must create a unique reference number for each client that is entered on to the system.
- 2.1.4. The system must be able to record the client's journey from referral, showing all the contact and outcomes of each one.
- 2.1.5. The system must be adaptable with the ability to be responsive in accommodating required changes within the agreed timeframe and all testing completed and signed off.
- 2.1.6. The system must include an integrated function allowing internal and external providers to receive and send referrals, including functionality for external agencies and individuals to make referrals into the system using a secure web-form.

2.2. General Usability

- 2.2.1. The system should be easy to use, menu driven with shortcut keys and familiar technology.
- 2.2.2. Through consistency in screen layout there must be a 'common look and feel' for the application generally. The use of standard function keys must be consistent at all levels.
- 2.2.3. The system must provide the ability to print screen dumps, reports and client notes.
- 2.2.4. The system must support full and flexible diary management, appointment scheduling and attendance outcomes.
- 2.2.5. The system must support triggered alerts for required follow ups.

- 2.2.6. The system must support SMS options and offer email.
- 2.2.7. The system should have the facility to attach documents, emails and other relevant info to the client record.
- 2.2.8. The system should have the ability to create and store templates for repeated use, for example common letters.
- 2.2.9. The application must be anglicised for data items, reference number, post code, date and time formats.
- 2.2.10. The system must be designed so that one piece of information is only entered once.
- 2.2.11. The system has to comply with the Equality Act 2010 and the s.149 public sector equality duty.
- 2.2.12. The system must be able to have customisable data views so as to support individual groups and ways of working e.g. individual caseload, team views etc.
- 2.3.13. The system must support an online shop and ordering service with shopping basket facility for provision of leaflets and resources.

2.3. Technical Functionality

- 2.3.1. The system must be web based.
- 2.3.2. The database should comply with Open Database Connectivity standards.
- 2.3.3. The service provider must provide details of the server structure and the system architecture provided to run the system with resilience.
- 2.3.4. The service provider must demonstrate successful transfer over N3 security network¹⁰.
- 2.3.5. The system must provide archive and back up facilities.
- 2.3.6. The system must provide the ability to add fields locally within an agreed process and link to reporting.
- 2.3.7. The system must respond with clear and consistent error messages when an error is encountered, suggesting corrective action and informing the user how to leave the system or how to continue in addition to logging an error. The system must provide alerts for major system events.
- 2.3.8. The system must have an inbuilt function for handling and merging duplicate clients.
- 2.3.9. A quick entry screen for adding multiple client data at one location is preferable (i.e. at an outreach event with the local community).
- 2.3.10. On screen data labels must be agreed at the system start up and any future alterations need to be possible via a controlled process.

3. Data Protection and Security

- 3.1.1. The provider must adhere to current European data legislation, and must be hosted within the EEA, a list of these countries can be found using the link <https://www.gov.uk/eu-eea>
- 3.1.2. It is compliant with the new General Data Protection Regulation (GDPR), May 2018.

¹⁰ <http://n3.nhs.uk/TechnicalInformation/N3NetworkSecurity.cfm>

- 3.1.3. The system must be resilient to hacking and responsive to emerging security risks.
- 3.1.4. Remote access to the system must be via the secure network and the host site firewall with appropriate authorisation.
- 3.1.5. The system software must allow for different levels of user privilege, differentiating between various applications users and system management roles including the option for accessing the system on a read only basis. Individual users will then be assigned to this user type.
- 3.1.6. The system must ensure that any identifiable client information is encrypted during transmission over insecure networks.
- 3.1.7. The system must allow local configuration and management of password functions e.g. reset and expiry setting at system administrator level.
- 3.1.8. A thorough audit log must be accessible for all changes made to client records held on the system. The system must provide a comprehensive audit trail. Every transaction must be date, time and user-id stamped.
- 3.1.9. Letters and documents that are created on or stored on the system must be held within a secure application database. The provider must supply details of their system.
- 3.1.10. Use of the system must comply with the Bristol Data Sharing Protocol and client consent process see Appendix I.

4. Performance and System

- 4.1.1. The system must provide restore capability with a maximum outage of half a day.
- 4.1.2. The system must adhere to the following bug fixing downtimes: if the whole system is down (100%) it should be treated as a top priority and fully restored within a maximum of 0.5 of a working day from notification, if the majority of the system is down (75%) it should be fully restored within a maximum of 1 working day, if half system down (50%) or less than half of the system is down it should be fully restored within a maximum of max 2 working days. During any system downtimes it is the system provider's responsibility to ensure the Commissioner and system users are fully up to date and informed of actions being taken to address any issues.
- 4.1.3. The system must have comprehensive backup facilities.
- 4.1.4. It is not expected that the number of concurrent users making enquiries or updating client records will exceed 50. However, the system should be capable of accommodating more users at no additional cost to the council.

5. Hardware Interface Requirements

- 5.1.1. The System must be compatible with current, and commit to future, leading industry standard products and operating systems for the life of the contract.
- 5.1.2. The System must have a Web Browser user interface and meet with the national e-GIF standards, ensuring efficient use of WAN links and bandwidth.
- 5.1.3. The system provider is required to provide full details of the physical and logical environment required for the proposed hardware installations.

- 5.1.4. The system must be capable of being used on remote entry devices (for example Laptop, Tablet or other devices as they come onto the market), and must enable robust record locking to maintain data security and integrity, and appropriate security measures.
- 5.1.5. The System must ensure that in the event of a connection or hardware failure the user is informed of which data items have been lost.
- 5.1.6. Performance of the system must not be negatively affected by the use of any data services.
- 5.1.7. Data services must be available independently to any direct user access.

6. Reporting

- 6.1.1. The system must support export to third party systems for more complex analysis of data for example Excel, CSV or Crystal Reports. Appropriate views/data extract will be required for more complex analysis.

6.2. Reporting and Printing

- 6.2.1. The system must provide an integrated report generator that can be used by staff without specialist IT skills and be supported and maintained at no additional cost to the Council. The report generator must have the capabilities to enable publishing of approved reports to users. The report generator must enable an unlimited number of reports on all data fields on the system in line with security profiles and have the ability to export to other data formats including Excel.
- 6.2.2. The system must produce text, tabular and graphical reports.
- 6.2.3. Reporting must encompass all provision of summary data capture from activity and where appropriate include the ability to “drill down” into data.
- 6.2.4. The system must support service level performance reports and be adaptable to encompassing any future additions to these and local service targets.
- 6.2.5. The system must allow for the creation of new reports and modifications to existing reports to support new fields.

6.3. Data

- 6.3.1. The system provider must deliver a system and application program that is fully date compliant. British Summer Time changes must be achieved without extra system downtime.
- 6.3.2. Where appropriate the system must incorporate validation rules/plausibility checks at data entry to ensure high levels of data quality.
- 6.3.3. The system must use automatic data formatting on all data input screens, where required.
- 6.3.4. Where a coded entry is made, the system must always display the decoded equivalent
- 6.3.5. The system should allow user-defined defaults for all appropriate data entry fields, e.g. current date, yes, no, don't know, blank etc.
It must be possible to print a complete listing of all data held on file for any identified client in a single function and report.

7. Training

- 7.1.1. The system must have a training environment that mirrors the local live environment in configuration and functionality throughout the life of the system.
- 7.1.2. The training system must be locally configurable.
- 7.1.3. Any software upgrades and/or releases must be accompanied by detailed release notes prior to implementation. If appropriate, training must be provided and the training system must be updated in a reasonable time frame.
- 7.1.4. The system must have all relevant implementation documentation including a comprehensive User Manual (in plain English) in an electronic format. The service provider must include a full list of all documentation that they will provide with the complete solution.
- 7.1.5. The system provider must supply training for system users. On selection a detailed plan will be developed by the system provider to describe the specific training details. A 'Train the Trainer' approach is required.

8. Support

- 8.1.1. When changes to the system are made there must be a clear sign-off process in place for any changes.
- 8.1.2. The system provider must offer a staffed Helpdesk/Helpline to respond to queries and error reporting from Monday – Friday 9am – 5pm. All calls must be logged and an overview of the issues and outcomes should be provided at regular intervals, as agreed. The system must have a tracking function for issues raised with the helpdesk and an 'out of hours' fault reporting mechanism (e.g. email, voice recording).
- 8.1.3. The system must have an online help function.
- 8.1.4. There must be an account manager provided throughout the length of contract at no additional daily charge.

9. Service Levels

9.1. System Hours

- 9.1.1. The system should be routinely available 24 hours a day, 7 days per week. The majority of the system users will access the system between 8am – 7pm and it is expected that any major upgrades where possible will take place outside of these times.

10. Website Functionality

10.1. Integrated System

- 10.1.1. All of the functionality is fully integrated, which means that you only have to learn one system and it is designed specifically to work as an “integrated system” should – reliably.

10.2. Easy to use content management system

10.2.1. The website should be designed specifically so that non-technical people can create and edit all of the content on the website. It should be possible to create web pages, image galleries, forms, interactive programmes and any other content that is appropriate to the specification

10.3. Mobile Responsive website

10.3.1. The service provider must develop a “responsive” website which allows the webpage to change shape based on the size of the device that is viewing it, so that it may be viewed on other devices such as mobile phones.

10.4 E-Marketing system

10.4.1 The e-marketing function should allow an unlimited number of marketing initiatives to be sent to specific segments of your database of clients. There must be no limit to the number of e-newsletters, promotions, shopping cart (for resources/leaflets) or other marketing initiatives and no additional costs for using this function. The system must allow the provider to create automated e-marketing campaigns that support the online engagement objectives.

10.5 Search Engine Optimisation

10.5.1 The website system must allow easy optimisation of specific pages on your website and to ensure that the entire site is optimised for search engine visibility.

10.6 Forms/Surveys

10.6.1 The website should enable the service provider to create an unlimited number of online forms or surveys by using a Content Management System. These may be enquiry forms, customer feedback forms, or competitions so the functionality will enable the provider to capture information and use that information to create reports or analyse performance at a number of levels. Form responses can be sent to anyone that needs to see them and information submitted via forms must be captured in the data management system.

10.7 Social Media Integration

10.7.1 Social Media will be an important aspect of the online profile for the provider. The website system must cater for the seamless integration of social media platforms to the website, such as, Facebook, Instagram or Twitter. If the website is used to constantly interact with service users using Facebook, Twitter, LinkedIn and other social networks you should show those conversations to be carried over to your website. There should be ‘hang-outs’

and chat rooms available to encourage peer support and self-help for the different activities.

10.8 Photo Galleries

10.8.1 The website should have the facility to host a photo gallery which must be accessible to iPhone and iPad viewers, for example using an HTML5 based option. This should contain high quality photos that are regularly reviewed and appropriate to the viewer.

10.9 Interactive Commenting System

10.9.1 The system must allow for more interaction than simple commenting. It should invoke a sense of camaraderie among site visitors while providing as much interaction as possible.

11.1 Usability

11.1.1 The website is designed to be easily accessed and easy to use by a wide range of Bristol residents but essentially those that are identified as 'Inform me' or 'Enable me' personas. It needs to take into account the range of different cultures and abilities of those accessing the website, including people using screen readers.

11.1.2 The information available on the website must have credibility and be quality assured as are any additional links taking people to external websites. It must include evidence based information and be updated regularly.

11.1.3 The website must consider that people do not read detail but tend to scan information expecting instant gratification when they find what they are looking for. Young people in particular will expect interactive elements to the website.

11.1.4 The website will have a recognised brand and look which will draw residents in to look for help with lifestyle issues. It should provide sufficient information for people to know how to deal with the specific lifestyle issue they are interested in, directing them to local support groups where appropriate, and providing an opportunity to identify and record their own goals.

11.1.5 The website should offer an opportunity to ask questions by the user through 'live chat' with times specified when this is available.

Appendix A - Bristol Data Sharing Protocol

Information Sharing Protocol

Introduction

For the purposes of clarity, 'Bristol Behaviour Change for a Healthier Lifestyle' refers to all services commissioned by Bristol City Council Public Health Team within this contract. This protocol sets out reasons and standards for information sharing between workers.

Rationale

The success of integrated service provision relies on the ability to share information in order to provide clients with the best possible support and services; and to enable service changes for clients, in response to shared information. It can be extremely beneficial to clients if workers from different agencies are able to communicate with one another about the client's journey.

Procedures

Where a client has consented - workers should communicate about them, provided that information is provided or sought on a 'need to know' basis, guided by the following. Information sharing should take place when:

- ❑ It is in the best interests of the client
- ❑ It includes changes made and can include
 - a client not attending appointments
 - a client's behaviour having changed;
- ❑ It helps to provide or improve a service e.g. communicating information about changes
- ❑ NB It is strongly recommended that personally identifiable information is not sent via email because this is not a secure medium.

Clients in Bristol Behaviour Change for a Healthier Lifestyle' programme will have signed, giving their informed consent to allow information about them to be shared with others involved in their journey. This is **not limited** to sharing information with Bristol Behaviour Change for a Healthier Lifestyle' providers - clients can also give informed consent to their information being shared with other relevant providers.

Sharing Information

Where clients have given their informed consent, workers may share information. This information should be within the guideline bullet points above and usually should not include irrelevant or sensitive detail.

The informed consent of the client should always be sought if they have not previously agreed to the sharing of their information with the requesting organisation.

- A secure fax machine is one where only authorised people will have access to it i.e. it is not an open plan office.
- Personal information should not be transmitted over email/internet unless it is known to be securing (i.e. at least password protected). The "By Fax" diagram should be followed for secure email/internet information sharing. If email is used then it should only include a client's initials.

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APPENDIX B – Data Sharing and Security Requirements

Introduction

This document describes the user access security requirements that the new case management system must provide.

The high level over-arching requirement is two-fold:-

- That the new system will operate within a multi-agency environment where, with appropriate client consent, data will be shared across agencies.
- That the new system will provide varying user profiles/access rights allowing different sets or layers of an individual client's data to be accessed.

In this way the system should be capable of providing a wide range of access rights, from basic client data look up/read only, through limited change/update for a specific services, e.g. needle exchange, to full and total access, across the whole of the Bristol Behaviour Change for a Healthier Lifestyle' programme.

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