



Bristol Health & Wellbeing Board

Proposed procurement of a Behaviour Change for Healthier Lifestyles Service for Bristol	
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Report for discussion and agreement	

1. Purpose of this Paper

This paper sets out proposals for the procurement of a Behaviour Change for Healthier Lifestyles Service for Bristol. It aims to highlight the proposed scope and emerging potential models for such a service, and links with the wider council and local health and care services.

The work is at an early stage and this paper aims to inform regarding the current position and proposals, prior to more detailed work to define options for a service model. This will be brought back to the Health and Wellbeing Board at a later date for decision to go out for formal consultation.

2. Healthy lifestyles

In Bristol every year approximately 819 people die prematurely through preventable disease such as heart disease, diabetes, certain cancers and respiratory conditions.

Bristol City Council, like many other councils throughout the country, faces a big challenge to meet the rising costs of health and social care. There is robust evidence recognising the importance of good health and wellbeing in reducing levels of chronic disease and premature death and placing a priority on investing in prevention.

In addition, the burden of ill-health is not distributed equally, with people from more disadvantaged backgrounds developing long term conditions about ten years earlier than those from more affluent backgrounds. Tackling inequalities through targeted prevention, intervening early when risks are identified and taking action when long term conditions are identified is critical.

2.1 Lifestyle risks to health

Lifestyle behaviours such as smoking, physical activity levels and diet are a major influence on health, wellbeing and life expectancy. There is overwhelming evidence that changing health-related behaviours can have a major impact on the largest causes of early death and disability.

There are 4 key modifiable lifestyle behaviours which contribute to the 4 preventable diseases that lead to 48% of the early deaths in Bristol (early death is death before the age of 75 years).

These are:

- Unhealthy diet
- smoking
- physical inactivity
- excess alcohol consumption.

These behaviours lead to:

- cardiovascular diseases
- cancers
- respiratory diseases
- liver disease

These contribute to almost half of the early deaths in the city. Modifying these lifestyle risk factors is likely to significantly reduce the harm and early deaths associated with these conditions, and reduce the inequality in health outcomes across the city.

The greater the number of unhealthy lifestyle behaviours the greater the risk of ill health and early death. Evidence suggests that the most vulnerable and disadvantaged are more likely to have higher risk lifestyles across several behaviours, resulting in higher risks for ill health. The strong and persistent link between deprivation and ill health underlines the importance of tackling the underlying determinants of unhealthy behaviours as well as the behaviours themselves.

Many individuals who want to make changes to their lifestyle to improve their health are able to do so without support. However, the evidence is clear that people who are motivated to make changes and who receive the right level of support significantly increase their chances of achieving and sustaining behaviour change.

Although support can come from family and friends it is often professional support that is sought and trusted. Support may be required over a period of time to embed long term behavioural change such as stopping smoking or changing eating habits.

2.2 Public health work to support prevention through healthier lifestyles

Local authorities have a responsibility for public health as leaders of the public health system, enabling the broader determinants of health that impact on people's health and wellbeing to be addressed, such as people's local environment, transport, housing and employment. These wider environmental factors are estimated to influence between 15% and 43% of our health. Approaches to prevention need to address and take account of these wider determinants and to focus in areas and communities where need is highest.

Approaches to prevention with individuals include a wide range of activities or interventions aimed at reducing risks to health and wellbeing, and the impacts of disease.

Primary prevention aims to prevent a condition or disease developing e.g. through promoting healthier behaviours;

Secondary prevention aims to reduce the impact of a condition that has already occurred – this can include early detection and management, and lifestyle programmes to improve healthier behaviours and slow progression of the condition;

Tertiary prevention aims to reduce the impact of long term illness e.g. through rehabilitation programmes and long term condition management programmes, to maximise capacity for living well.

Individual-level interventions aimed at changing health-damaging behaviours are complemented by interventions at a **population, community and organisational** level, such as campaigns for raising awareness and prompting behaviour change.

The proposed integrated healthy lifestyle service will work with and support individuals, for primary and secondary prevention of preventable ill health through behaviour change.

3. Commissioning healthy lifestyles support services

The contracts for a number of current public health services that support individual behaviour change for healthier lifestyles come to an end in 2017. This provides an opportunity to review the future delivery of healthy lifestyle services in Bristol.

There are currently different contracts for each of the commissioned lifestyle services. This means that there has been no holistic approach to behaviour change, taking account of the wider determinants (where people live, work).

A behaviour change for healthier lifestyles service will need to provide the right people with the right information, advice and support, in an accessible and engaging format and style for them. It will need to be flexible and dynamic to respond to differing needs and emerging technology, and provide support at various levels including potentially a more targeted, intensive offer to those in greatest need.

Potential strategic objectives are:

- To empower, enable and motivate people who want to be able to take control of their own health and wellbeing and change their behaviour
- To deliver an integrated holistic approach to healthy lifestyles services
- To make more effective use of the available assets across this system, including the capacity of existing services and communities to support healthy lifestyles
- To deliver behaviour change support appropriate to the needs of our diverse population

The lifestyle services commissioned by the Council constitute only a part of the total investment in promoting healthier lifestyle in Bristol. In addition, many people make positive lifestyle choices and changes without any external support at all.

4. Services considered in scope

Services considered to be potentially in scope for a Behaviour Change for Healthier Lifestyles Service are:

- NHS Health Check programme - to enable the population to stay healthier for longer by identifying and reducing the risk of developing preventable conditions, particularly cardiovascular and related conditions. Contracts held with Primary Care and Social Enterprises
- Stop Smoking Service – to reduce the prevalence of smoking among young people, adults and pregnant women. Contracts held with Primary Care, Pharmacies, Children’s Centres, and a variety of Community Interest companies and Social Enterprises.
- Adult Weight Management on Referral – to reduce the rates of overweight and obesity among adults. Contracts currently held with Slimming World and Weight Watchers, United Hospitals Bristol (community dietetic led service to support more complex weight management cases) and a variety of targeted small projects, including Fit Club and Fans4Life.

- Alcohol Brief Interventions – to reduce harm from alcohol. Contract currently held with Primary Care. Expected to include some of the work on harmful drinkers currently provided by ROADS
- Children and family Weight Management programme – to reduce the rates of childhood obesity. Contract currently held with Alive N Kicking
- LiveWell Hub – digitalised information, signposting and referral point. Currently being developed and provided by public health
- Specific initiatives/campaigns related to the healthy lifestyles within scope including support for Food for Life in schools.
- Public health delivery of training for healthy lifestyle provider staff e.g. stop smoking services

There will be a continuous iterative review process during the next few months to ensure that each of the individual elements is suitable for inclusion in the scope of the Integrated Lifestyle Service.

5. Developing an Integrated Lifestyle model

Potential models for the proposed behaviour change for healthier lifestyles service are currently being explored. The innovative, dynamic and flexible service will offer levels of support appropriate to need, with a strong focus on enabling self-care, and will include informing and signposting, and single interventions through to higher intensity programmes over a number of sessions.

The service will primarily focus on initiating and sustaining behaviour change that will impact on future ill-health and premature mortality, and will take account emotional health and wellbeing when delivering change interventions.

It is likely that the service will be divided into three personas:

- Inform me – high use of digital technology for self-motivated individuals
- Enable me- requiring additional support
- Support me –support by phone or face to face contact

It will be consistent with evidence based guidance on behaviour change (NICE Guideline PH 49, Behaviour Change : Individual approaches. Jan 2014).

The provider / providers will be expected to focus their efforts in the most deprived areas of Bristol, whilst having access to a universal offer. The service specification will be outcome focused with trajectories for on-going improvement, enabling the provider(s) to be innovative and creative in their approach.

In considering our role in supporting healthy lifestyles, and how we commission this support, we must consider the 'fit' of our offers within the wider health and wellbeing system. The proposed service will need to link effectively with services such as BCC Information, Advice and Guidance, Care Direct and Well Aware.

A stakeholder event was held in September as a discovery and market warming event to explore options and issues in developing an integrated healthy lifestyle service for Bristol. It provided opportunity to listen to the experience of setting up integrated lifestyle services in other areas, and will directly inform the new service.

6. Procurement process

6.1 Timescale

- Integrated Healthy Lifestyle Service stakeholder event - September 2016
- Development of potential models and commissioning plan
- Health & Wellbeing Board for approval prior to formal consultation.
- Services specification will be drawn up and approval will be sought to proceed with the procurement.
- The aim is to be in a position to go out to tender by October 2017
- Procurement process complete by April 2018
- The proposed duration of this contract is 3 years plus 2 years plus 2 years.

6.2 Current Contracts and Expenditure

Current yearly expenditure for services that are considered in scope for the proposed Behaviour Change for Healthier Lifestyles Service for Bristol are shown in table 1 below:

Table 1: Yearly cost envelope for the Integrated Healthy Lifestyle Service

Service	Bristol
	£
NHS Health Checks (incl non-pay)	400,000
Weight Management on Referral	100,000
Adult Specialist Weight Management Service	205,772
Stop Smoking Delivery - primary care (incl non-pay)	294,500
Stop Smoking Delivery - community grants	45,000
Alcohol Brief Interventions	5,000
Child weight management services	220,000
Delivery of Livewell Bristol Hub and Community Health Improvement Support	319,247
Current Total	£1,589,519

It is inherent that there will be a 10% saving delivered by the new service.

6.3 Governance Arrangements

A Project Steering Group with agreed Terms of Reference has been established.

Options for procurement on a wider footprint have been explored with neighbouring authorities, however neither wished to be part of this commissioning process.

7. Recommendations

The Health and Wellbeing Board is asked to agree to the proposed development of a Behaviour Change for Healthier Lifestyle Service, including services currently considered in scope.

The Health and Wellbeing Board is asked to consider the following questions:

- 1) What else could be included in this service?
- 2) How would the CCG and other organisations wish to contribute to the Behaviour Change for Healthier Lifestyles Service?

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