

Report for: Cabinet Member for Health, Social Care, and Wellbeing

Title: **Award of a contract for the Integrated Lifestyle Change Programme (known as One You Haringey)**

Report authorised by: Will Maimaris, Director of Public Health

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Ward(s) affected: All

**Report for Key/
Non-Key Decision:** Key Decision

1. Describe the issue under consideration

- 1.1. The Haringey integrated health improvement/wellness service, named as One You Haringey (OYH) is the Council’s core community integrated preventative lifestyle change programme that brings together adult weight management, physical activity, smoking cessation, community-based NHS Health Checks and alcohol reduction services with “community capacity building” training. The aim is to reduce health disparities in Haringey residents.
- 1.2. The current contract expires on 31 January 2024 and a procurement process has been undertaken to ensure that a new contract is in place to meet the Council’s requirements.
- 1.3. This report details the outcome of an open tender process and seeks approval to award contract for the Provision of the Integrated Lifestyle Change programme to the successful tenderer in accordance with Contract Standing Orders.
- 1.4. The contract shall run for a period of four (4) years, commencing from 1 February 2024 to 31 January 2028, at annual cost of £539,975, with an option to extend for a further period/ periods of up to a total of four (4) years. The aggregated total cost of the contract will be £4,319,800 including the proposed extension period.

2. Cabinet Member Introduction

- 2.1. Not applicable.

3. Recommendations

- 3.1. The Cabinet Member for Health, Social Care, and Wellbeing, in pursuant to Contract Standing Order (CSO) 16.02 (Cabinet Member decision between meetings of the Cabinet) grants approval to award a contract for the Provision of the Integrated Lifestyle Change programme to the successful tenderer

(identified in Appendix 1 - Part B (exempt information) of this report), in accordance with CSO 9.07.1 (a).

- 3.2.** The contract shall run for a period of four (4) years, commencing from 1 February 2024 to 31 January 2028, at a maximum annual cost of £539,975, with an option to extend for a further period, or periods, of up to a total of four (4) years at a maximum total cost of £4,319,800 including the proposed extension period.

4. Reasons for decision

- 4.1.** It is a mandatory requirement that key elements of this service are commissioned from the Public Health Grant. There is a clearly identified need within Haringey for these services to improve health outcomes for local people, including tackling health inequalities that exist in particular groups and local areas. The programme contributes to the prevention of cardiovascular disease (CVD) which is associated to preventable risk factors such as smoking, obesity, physical inactivity, excess alcohol consumption and low level of NHS health check uptake and hence people live with undetected conditions such as high blood pressure and high cholesterol. The programme also includes an extensive, specialist smoking cessation service for pregnant women. (Further detail on the programme is provided in paragraphs 6.1, 6.2, 6.3, 6.4 and 6.5). Therefore, the decision ensures that the council's money is spent on the things that are needed most and vital to the council and residents.

- 4.2.** The decision to award a contract to the successful tenderer is also based on the conclusion of a competitive procurement process and is made according to the outcome of the Most Economically Advantageous Tender.

- 4.3.** The recommended bidder has local knowledge and links to community groups along with experience on engagement and lifestyle improvement services and can work with residents to help them stay healthy and prevent illness, reducing the need for hospital services and improving management of chronic conditions.

- 4.4.** The recommended bidder submitted a strong tender that clearly demonstrates expertise and commitment to providing the appropriate and relevant care and support to local residents. Furthermore, they demonstrated that they are investing more in social value - provide training and employment opportunities for local people and reduce carbon emissions and waste as well as supporting local community initiatives.

- 4.5.** Furthermore, the decision proposed contributes to the reduction of carbon emissions, energy usage and responds to climate change adaptation (the risks and impacts in a changing climate) as indicated in section 9 of this report.

5. Alternative options considered

- 5.1. Do Nothing** - The Council could choose to no longer commission this service. It has been concluded that not providing these prevention services would be damaging to residents, especially those from economically disadvantaged groups. The service includes an extensive, specialist programme including

smoking cessation for pregnant women as well as reaching residents living in the most deprived areas of the borough, whose lifestyle behaviour's is an important factor in their increased risk of developing a range of long-term conditions including cardiovascular disease which is the second top cause of mortality after cancer in Haringey. Furthermore, the service includes the National Health Service (NHS) Health Check programme, which is a mandated service, so helps to identify risk factors for chronic diseases earlier which otherwise remains undiagnosed.

5.2. The Council could deliver the service in house – the Public Health team undertook an independent review to select an appropriate service delivery model with consideration to bring the service in house or re-tender it. The review has found that the programme would have a significant impact on the Council's ability to achieve good service levels and value for money if delivered in house. For example, the public health review shows that the estimated financial costs of completely insourcing the service is £1.2million per annum, exceeding current expenditure by £734,246 (140%) which is mainly linked to staff costs. The projected financial staff costs exceed the current budgetary allocation for the service by £547,000 per annum. This suggests that retendering can give the council with management space to focus on core departmental priorities and free up resources that can be deployed more effectively. Furthermore, retendering the service leverages greater scale and efficiencies from the market, where suppliers within that market are operating at scale who can draw on innovative new approaches and expertise which may not be available in the Council. The options were discussed with Commercial Board in December 2022 and agreed to go out to tender.

5.3. Extend existing contracts – Extension periods available within the existing contracts have been exhausted.

6. Background information

6.1. Prevention is one of the foundations of the Council's public health programme to reduce health disparities and early death that are linked to areas of deprivation and lifestyle related risks such as smoking, excess alcohol use, high blood pressure/cholesterol, physical inactivity, a poor diet, and obesity. Premature mortality and poor health disproportionately affect people lower down the socioeconomic scale where around 189,000 live in the three most deprived quintiles, compared to 80,000 in the two least deprived quintiles in Haringey. A main contributing factor to this inequality is lifestyle behaviours such as smoking, obesity, physical inactivity and excess alcohol consumption.

6.2. Cardiovascular disease (CVD) which is the 2nd top cause of mortality in Haringey after cancer. In 2020, the directly standardised mortality rate in the under 75 population from cardiovascular diseases was 90.2 per 100,000. This was significantly higher than the London and England averages, with 36.8 per 100,000 the mortality rate considered to be preventable.

6.3. CVD is largely preventable through lifestyle change, for example by stopping smoking, maintaining healthy weight, and being physically active etc. The evidence base for the benefits of following a healthy lifestyle show that 80% of

heart disease, stroke and type 2 diabetes cases and 33% of cancers could be prevented by following a healthy lifestyle¹.

- 6.4.** In Haringey, for example, 49% of the population are overweight or obese (OHID, 2021/22), 20% of adults aged 19+ are physically inactive (OHID, 2021/22). Smoking in adults (aged 18-64) in routine and manual occupations is increasing with 18% being active smokers in 2020 (as updated in 2022) which is a rise from 13% in 2019 (APS, 2020). Likewise, 5.4% of mothers are known to be smokers at the time of delivery out of all maternities with known smoking status which is higher than London average (4.5%) (OHID, 2021/22). Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother.
- 6.5.** Furthermore, 35% people out of those who are likely to have high blood pressure remain undiagnosed (PHE estimated prevalence, 2017) while around 34% people who are thought to have diabetes remain undiagnosed (PHE estimated prevalence 2020). Similarly, the uptake of health check offers is low with only 22% of offers uptake in 2022/23. The NHS Health Check is offered to everyone aged 40-74 to prevent premature death for example from CVD by checking for warning signs that risk of having CVD or its conditions is higher than average.
- 6.6.** The commissioning of health improvement services such as this Integrated Health Lifestyle Change Programme (e.g., One You Haringey (OYH) became the responsibility of Haringey Council in April 2013, following the transfer of public health functions to local authorities. OYH is the only preventative core community based integrated lifestyle change programme in Haringey that offers lifestyle improvement services such as adult weight management, physical activity, smoking cessation, community-based NHS health check, alcohol reduction services and community capacity building training (e.g., recruiting and training local people to become health ambassadors).
- 6.7.** Furthermore, as part of the council's commitment and in line with the current principles of the Haringey Deal, the OYH programme has undergone thorough redesign over the years which included broad engagement with residents, voluntary and community sectors. Based on the results of the engagement, the 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 multiple lifestyle behaviours. For example, one of our partner organisations stated *"if a participant has more than one area that they want to help improve, we are able to get them to access that fairly quickly and easily. They also may even have the same coach for two different areas that they're looking at. So, then it gives that continuity and consistency for the participant. It also makes it easier for having more of a one stop shop for those services that we offer*"
- 6.8.** The programme delivers evidence-based services which are informed and compliant with NICE guidelines and aligned with relevant OHID Standard Evaluation Frameworks. Recent evidence suggests that there may be gains in

¹ <https://www.england.nhs.uk/wp-content/uploads/2014/06/mecc-guid-booklet.pdf>

addressing multiple risk factors together, either simultaneously or sequentially. A moderate number of risk behaviours (two to three) targeted together result in the biggest improvements in outcome and can be effective and cost-effective^{2,3}.

- 6.9.** The model, measured by service outputs and outcomes, demonstrated its effectiveness. For example, 51% of individuals who set a smoking quit date achieved a 4-week quit which is a national indicator Haringey is comparable to the national 4 week quit rate. What is especially good is that the majority of Haringey quits were from lower socio-economic groups including those involved in routine and manual labour, those who have never worked or were long-term unemployed and those with “intermediate occupations”.
- 6.10.** Haringey is not also exceptional to adopt this approach. The independent reviewer also conducted four case studies of councils (Hounslow, Luton, Southwark and Newham) with similar demographic profiles to Haringey to learn about their delivery model and their experience by interviewing the public health officers and reviewing service level data. Two out of four local authorities currently provide integrated lifestyle services while Southwark Council has a vision of turning the Healthy Lifestyle Hub into a single point of access and Newham Council is in the process of bringing all lifestyle services integrated using a digital hub called “JOY” from April 2023.

7. Procurement Process:

- 7.1.** The procurement process was carried out in line with the Public Contract Regulation 2015 and the Council’s code of practice and in accordance with the Invitation to Tender (ITT) documents with the opportunity was advertised, and bidders treated equitably in a transparent process.
- 7.2.** A ‘Market Engagement’ event was held on 28th February 2023. The purpose of the event was to communicate and share information with potential providers to help them understand the commissioning intentions and offer opportunities to network and forge partnerships.
- 7.3.** The ‘Market Engagement’ event indicated that this is a specialist service and the nature of the market for this type of service is limited. Therefore, the ‘Open’ tendering process was selected as the most efficient route to market.
- 7.4.** The tender process started on 12th April 2023 with placing a contract notice in Find a Tender Service (FTS), Contract Finder and Haringey’s Procurement and Contract System (HPCS) Portal. Also, organisations who had attended the Market Engagement event were informed of publication of contract notice.
- 7.5.** The Invitation to Tender (ITT) and supporting documents were uploaded on HPCS (e-tendering portal) where following a registration process, the potential tenderers can access the tender documents and submit their tenders electronically. By the closing date of the tender (17th May 2023), 15

² The Kings Fund. Clustering of unhealthy behaviours over time. Implications for policy and practice.2012

³ National Centre for Smoking Cessation and Training (NCSCT), August 2016: Integrated health behaviour (lifestyle) services: a review of the evidence.

organisations had registered their interest on HPCS portal. Out of 15, 3 organisations submitted the tender (see Appendix 1 - Part B (exempt information) of this report).

- 7.6.** The tender was evaluated using the Most Economically Advantageous Tender (MEAT) with a split of 60% quality (inclusive 10% social value) and 40% price. The tender evaluation criteria and weighting were set out in the tender documents and clarified during the tendering process.
- 7.7.** The evaluation panel was comprised of 3 evaluators from the Council's Public Health Service and a representative from a community service provider. A bidder with the highest scores is selected and recommended for award.
- 7.8.** The table below details the outcome of the tender evaluations and respective scores of the tenders. Further information about the tender evaluation (such as name and contract value) is contained in Appendix 1 - Part B (exempt information) of the report.

Tenderer	Quality Score (out of 60%)	Price Score (out of 40%)	Total (out of 100%)	Raking based on total scores achieved
Company 1 Successful Tenderer recommended to award the contract	45.75	40.00	85.75%	1
Company 2	45.08	39.67	84.75%	2
Company 3	43.55	39.63	83.18%	3

- 7.9.** The recommendation is based on a robust evaluation process following a competitive procurement process. The recommended Company 1's submitted tender was comprehensive and included well-chosen comparable examples, a good understanding of the contract's risks and challenges, and a good understanding of how to add social value to resident.

Transition and Contract Management

- 7.10.** Key Performance Indicators and methods of measurement are integrated within the service specification and will be monitored through contract monitoring meetings and reports.
- 7.11.** Contract monitoring meetings will be held monthly for the first six months and quarterly thereafter. The purpose of monthly monitoring meetings will be to examine the implementation of the service, monitor delivery of the service at an operational level and to foster partnership working to facilitate early resolution of problems and/or issues.
- 7.12.** The provider will commence a pre-mobilisation period in October 2023 for a period of over 3 months, before service commencement on 1 February 2024.

8. Contribution to strategic outcomes

- 8.1.** The One You Haringey service contributes to the Council Corporate Delivery Plan 2022/23 and 2023/24, in particular, Theme 4: Adults, Health and Welfare under Healthy and Fulfilling Lives. The delivery plan speaks of a Haringey ‘where all adults are able to live healthy and fulfilling lives, with dignity, staying active and connected in their communities’.

9. Carbon and Climate Change

- 9.1.** The integrated lifestyle improvement programme will, directly or indirectly, contribute to reduce greenhouse gas emissions, depletion of natural resources and our vulnerability to the harmful effects of climate change. The programme promotes active travel, healthy eating (less meat or dairy products consumptions), stopping smoking and alcohol reduction. However, while the health effects of lifestyle improvement on individual level are now well established, the impacts on the environment are less appreciated. For example, active travel such as walking and cycling lowers travel-related lifecycle CO₂ emissions. On the other hand, calculation of the environmental impact of a single smoker over their lifetime: a person smoking a pack of 20 cigarettes per day for 50 years is responsible for 1.4 million litres of water depletion⁴. And with an [EAT-Lancet Commission report](#) revealing that our food choices could account for almost half of our emissions by 2050⁵.
- 9.2.** The decision proposed contributes to the reduction of carbon emissions, energy usage and respond to climate change adaptation (the risks and impacts in a changing climate).

10. Statutory Officer Comments

10.1. Finance

- 10.1.1.** The proposed contract has a value of £4,319,800 over 8 years. The annual value is £539,975. An annual allocation from the Public Health Grant of £357,000 and £200,000 from the adults commissioning budget have been earmarked to meet the cost of this contract.

10.2. Procurement

- 10.2.1.** The report relates to service provided under this contract are considered Health and Social Care services and are therefore subject to Light Touch Regime under the Public Contracts Regulations 2015 (PCR). As such, if valued at or above a threshold of £663,540, they are required to be advertised in the Find the Tender Service (FTS), although there is greater flexibility in the tender procedure followed than under the standard PCR tender regime.

⁴ Cigarette Smoking: An Assessment of Tobacco’s Global Environmental Footprint Across Its Entire Supply Chain - <https://pubs.acs.org/doi/epdf/10.1021/acs.est.8b01533>

⁵ https://eatforum.org/content/uploads/2019/07/EAT-Lancet_Commission_Summary_Report.pdf

- 10.2.2. The Open tender process has been undertaken in a compliant manner and contract notice was published on FTS and Contract Finder in line with the PCR guidance.
- 10.2.3. The competitive procurement process adopted, and outcome is in line with Contract Standing Orders 9.01.1, 9.01.2(a) and 9.07.1 (a) and 16.2 and code of practise.
- 10.2.4. The procurement process ensured best value for the Council; bids returned were within the budget envelope provided.
- 10.2.5. Contract monitoring will be undertaken by the Public Health commissioning team throughout the duration of the contract. Key performance indicators and outcomes are captured in the contract document to ensure contract performance targets are met, outcomes are realised, and service delivery risk mitigated as well as, foster partnership working and the sharing of expertise.
- 10.2.6. The recommendations in this report are based on the outcome of the procurement following a robust evaluation process therefore Strategic Procurement have no objection to this award.

10.3. Legal

- 10.3.1. The Head of Legal and Governance (Monitoring Officer) has been consulted in the preparation of this report.
- 10.3.2. The services are above the threshold where the tender requirements set out in the Public Contracts Regulations 2015 (PCR 2015) apply (Schedule 3 services subject to a 'light touch' regime).
- 10.3.3. The Council has followed an open tender process which is a compliant process for the purpose of the PCR 2015.
- 10.3.4. The award is a Key Decision and would normally be approved by Cabinet in accordance with CSO 9.07.1 (d) (contracts valued at £500,000 or more). In between meetings of the Cabinet the Leader may take any such decision or may allocate to the Cabinet Member with the relevant portfolio (CSO 16.02).
- 10.3.5. The Head of Legal and Governance (Monitoring Officer) confirms that there are no legal reasons preventing the Cabinet Member for Health, Social Care and Wellbeing from approving the recommendations in this report.

10.4. Equality

- 10.4.1. The OYH programme has been reviewed and undergone thorough redesign over the years which included broad engagement with residents, voluntary and community sectors and 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 equitably to change their lifestyle behaviour.
- 10.4.2. The council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act.
 - Advance equality of opportunity between people who share protected characteristics and people who do not.
 - Foster good relations between people who share those characteristics and people who do not.
- 10.4.3. The three parts of the duty apply to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty. Although it is not enforced in legislation as protected characteristics, Haringey council treats socioeconomic status as a local protected characteristic.
- 10.4.4. As part of the tender documents, a service specification and method statement questions were developed, including questions on equalities. Each bidder submitted responses to the method statement questions, in line with the specification. Each shortlisted bidder was invited to make presentation on their overall service delivery approaches and the evaluators had opportunities to ask questions as well as asking for written clarifications on any areas of concerns (including on equalities). Then, a team of evaluators assessed each application and selected a bidder that has achieved the highest average score on method statement responses, price and social value. The following question was used to assess equalities considerations:
- Please describe how you would ensure everyone, within those most at risk group and protected characteristics, can access interventions on an equal footing to address issues of inequalities in user experience, including barriers linked to cultural diversity (e.g., language issue), place/location, and time of provision? We are expecting your answer to include details of, for example:
 - how you respond to language and cultural barriers (e.g., religious or other related issues).
 - How you respond to clients who are unable to access your service in the normal working hours (i.e., 9am-5pm)?
 - how you respond to clients who have special needs?
- 10.4.5. The programme will affect all Haringey residents who access the Integrated Lifestyle Change programme known as One You Haringey services; among whom older people, men, Black and Asian minority ethnic, and those with pre-existing health conditions, pregnant women and those from low-income households, particularly in wards in the east of the borough, are overrepresented.
- 10.4.6. Therefore, the objective of the proposed decision is to support adult residents to be more physically active, stop smoking (including children aged 12 and over), drink moderately, and eat healthily. It is expected that this will lead to improved health outcomes for all service users, in particular, people in lower socio-economic status, pregnant women, older people, Black and Asian minority ethnic residents and those with pre-existing health conditions.
- 10.4.7. One You Haringey is delivered flexibly within a variety of settings, which ensures access to varied groups including those who are homeless and housed in temporary accommodation and people with disabilities. Service

users will be offered a choice of in person/face to face, remote (telephone or videoconferencing), or digital (self-management) provision.

- 10.4.8. The programme will have greater promotion, with involvement of the Public Health Communications Team, using various platforms including websites (including the council and the voluntary sector websites), social media, print media using top spoken languages in Haringey to ensure the messages are reached to various community groups.
- 10.4.9. The programme will be supported by staff members and volunteer health ambassadors who will be recruited from local diverse community groups and trained so that they can act as a bridge to connect the service to diverse groups.
- 10.4.10. As such, the decision will help to reduce the health inequalities in groups, which is closely linked to socioeconomic disadvantage, which is particularly persistent people who live in deprived parts of Haringey. The proposed decision, therefore, represents a measure to address a known inequality that disproportionately affects these groups.
- 10.4.11. The provider will be obliged to have due regard for the need to achieve the three aims of the Public Sector Equality Duty as stated above. Appropriate contract management arrangements will be established to ensure that the delivery of the One You Haringey service does not result in any preventable or disproportionate inequality.
- 10.4.12. The One You Haringey service will be monitored quarterly on aspects including protected characteristics such as ethnicity, postcode details (deprivation) to identify any inequalities in service provision that may arise, and to inform future equalities analysis.

1. Use of Appendices

- 1.1. Appendix 1 – PART B Exempt Information

2. Local Government (Access to Information) Act 1985

- 2.1. This report contains exempt and non-exempt information. Exempt information is contained in the exempt report and is not for publication. The exempt information is under the following category: (identified in the amended schedule 12 A of the Local Government Act 1972 (3)) information in relation to financial or the business affairs of any particular person (including the authority holding that information).