

Report for: Cabinet 15th December 2015

Item Number: 22

Title: Award of Contract for an Integrated Health Improvement (Wellness Service) 2016-19

Report

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Ward(s) affected: ALL – but with particular focus in the east of the borough.

Report for: Key Decision

1. Describe the issue under consideration

- 1.1** This report details the outcome of an open tender process for the award of a contract to provide an integrated lifestyle behaviour change programme, 'Live Well, Be Well', for Haringey residents aged 18 and over. The new integrated programme brings together: Stop Smoking Services, community NHS Health Checks, Health Trainers & Health Champions, Weight Management and aspects of physical activity programmes. These services were formerly commissioned separately. This report recommends the award of a new contract in line with Contract Standing Order (CSO) 9.06.1 (d) following an open tender process.

2. Cabinet member introduction

- 2.1** Health Improvement services became the responsibility of Haringey Council in April 2013, following the transfer of Public Health functions to local authorities. The tendered service in this report has been commissioned from the Public Health Grant.
- 2.2** The award of this contract will enable the Council to achieve the priorities set out in the Corporate Plan 2015-18, in particular Priority 2: 'Enable all adults to live healthy, long & fulfilling lives'; and the cross-cutting themes of 'Prevention and early intervention. It will also help the Council achieve the refreshed priorities contained in Haringey's Health & Wellbeing Strategy 2015-18, namely: Priority 1 'Reducing Obesity' and Priority 2 'Increasing Healthy Life Expectancy'.
- 2.3** I welcome the outcome of this procurement process. The new contract will align the integrated service outcomes to the Council's Corporate Plan and Health & Wellbeing Strategy, and release the savings required as part of the Medium Term Financial Strategy.

3. Recommendations

- 3.1** Cabinet agrees the award of the contract for the integrated lifestyle behaviour change programme, 'Live Well, Be Well' for Haringey adults to Reed Momenta the successful tenderer in accordance with Contract Standing Order (CSO) 9.06.1(d).

3.1.1 That the contract is awarded for a period of three years from 1 April 2016 for a value of £1,500,000, with an option to extend for a further period or periods of up to two years, for an additional value of up to £1,000,000 for the full two further years.

4. Reasons for Decision

4.1 This decision has been informed by the level of health need identified through the Haringey Joint Strategic Needs Assessment, evidence of what interventions work to address the need and recognition of the Council's strategic aim to reduce inequalities, (see paragraphs 6.4 & 6.5 below and the attached Equalities Impact Assessment in appendix 4).

4.2 The recommendations as outlined above in 3.1 and 3.2 are based on the provider that scored the highest on a most economically advantageous (MEAT) basis and therefore would offer the best value to the Council in terms of quality and price.

4.3 As a result of the procurement exercise, which was carried out in accordance with the Procurement Code of Practice, it is now recommended that the successful tenderer be awarded a contract as outlined in 3.1 – 3.2 in accordance with CSO 9.06.1(d).

5. Alternative options considered

5.1 The option to continue with the existing model of commissioning and resourcing the four individual health improvement services was considered. However, given the reduction in the Council's budget of approximately £70m over the next three years, this was not considered to be the most cost-effective approach.

5.2. Evidence from several local authorities across the UK demonstrates a move towards the commissioning of integrated behaviour change programmes, which are also known as 'wellness' services. The main benefits of integration have been shown to include: a) easier access - an all-in-one service with a range of support available via one access point and one provider/consortium makes it easier for residents to access help and b) health gains can be maximised by addressing multiple risk factors together, either simultaneously or sequentially ^{1,2,3} c) more cost-effective. An economic case for prevention, with examples of smoking and physical activity, is illustrated in figure 1, Appendix 2.

5.3 In order to retain the good practice achieved to date we looked at evidence of effectiveness from integrated lifestyle behaviour change programmes across the UK. A model which would retain aspects of all four programmes into a new integrated model of delivery for Haringey residents was decided upon. This can be seen at Appendix 1.

6. Background information

¹ Michie et al. Low-income groups and behaviour change interventions: a review of intervention content, effectiveness and theoretical frameworks. J Epidemiol Community Health 2009;63:610–622.

² Brown et al. Systematic review of school-based interventions that focus on changing dietary intake and physical activity levels to prevent childhood obesity: an update to the obesity guidance produced by the National Institute for Health and Clinical Excellence. Obes Rev. 2009 Jan;10(1):110-41

³ Buck & Frosini. Clustering of unhealthy behaviours over time. King's Fund, 2011.

- 6.1.** In April 2013, Public Health assumed the commissioning responsibility for health improvement services transferred from the NHS to local authorities, in accordance with the Health and Social Care Act 2012.
- 6.2** The strategic necessity on Haringey Council to make the required financial savings over the next three years presented the Council with the opportunity to take stock and re-consider its commissioning priorities in the medium to long term, including existing health improvement service contracts. The Consultation on the Council's future commissioning priorities included consideration of the impact that the required financial savings would have on the current individually commissioned health improvement services. (For further details, on the impact and mitigation of the changes proposed to health improvement services in Haringey, see pages 18 & 22, in the EQIA, in Appendix 4 below).
- 6.3** There is a large inequality in life expectancy and healthy life expectancy in Haringey. Premature mortality and poor health disproportionately affect people on lower incomes. For example, a boy born in the poorest areas of Tottenham is expected to live 6.6 years less than a boy living in the most affluent parts of Haringey. The main contributing factors to this inequality are smoking, physical inactivity and poor diet, obesity, alcohol and diabetes.
- 6.4.** Reducing health inequalities is a key strategic aim of the Council's Corporate Plan 2015 – 18. Whilst there is evidence that individual health behaviour interventions can achieve results⁴, as is the case for smoking interventions, there is also evidence to show that we need to target services in the community, in order to ensure that we reduce inequalities. It is therefore the Council's intention to adopt a targeted, proportionate, and tailored approach to reducing health inequalities, while taking into account residents' wider social circumstances, by linking health improvement services to other support services such as CAB, employment advice etc. This is the approach that has been taken in the development of this integrated service, which will also be linked to the future development and promotion of the new information, advice and guidance (IAG) service.
- 6.5** The Council has deliberated on how to achieve its strategic aim of reducing health inequalities in Haringey, against a background of the significant financial savings to be made over the next three years. By commissioning a new and innovative 'integrated wellness service', linking it into the new Information, Advice and Guidance Services (IAG) and embedding health improvement in a service that is already offering employment help in the borough, it is proposed that this will go some way to mitigating the impact of a reduced financial envelope, and reduced numbers of adult residents accessing health improvement services.
- 6.5.1** Further examples of the action that the Council intends to take in order to mitigate the impact of the required savings include: ensuring that the integrated service targets areas of deprivation and tailors services that are proportionate to need. The integrated service will be expected to reach people (especially in the east of the borough) who are more vulnerable to the effects of, for example, smoking or poor diet, including pregnant women, or patients with COPD (Chronic Obstructive Pulmonary Disease). In order to achieve this, the integrated service will be flexible,

⁴ NICE (2014) [Behaviour change: individual approaches - guidance](#) NICE public health guidance 49.

National Institute for health and Care Excellence

responsive and understand the factors that will maximise the benefits for priority groups.

- 6.5.2** Other ways in which we are transforming our approach to improving lifestyle health behaviours include: an increase in the training of frontline staff in prevention and lifestyle behaviour change, such as Making Every Contact Count (MECC) and Motivational Interviewing. All Council staff in customer services, adult social care, housing and education will be encouraged to take part. MECC training will also be promoted to staff in voluntary and community organisations, as well as employees within the local healthcare sector, including primary care and NHS Trusts. Empowering local people and groups to take care of their own health is important. In view of this the Council will continue to encourage the integrated wellness service to continue with the recruitment and training/skills development of Health Champions in the east of the borough. And Public Health and the Regeneration Team are employing a 'Well London Co-ordinator', in order to facilitate health improvement/wellness events, and to train local people in key health skills, thereby encouraging them, and their neighbours, to take charge of their own wellbeing.
- 6.5.3** In addition, Public Health is supporting the Council's development of 'healthy public policy', and the move to be a 'health promoting' Council, with health a specific consideration by services such as alcohol licensing, parks and leisure, planning and transport. The Council is committed to reducing health inequalities by developing and implementing strategies that tackle the wider determinants of health, including housing, employment, and education.
- 6.5.4** Applying 'best practice models' of public health evidence and influence in these areas will be key to ensuring that public health and wellbeing is everyone's business, (see EQIA pages 18, 20 & 22, in Appendix 4 below). It is on this basis, that the Council is encouraged to endorse the recommendations set out in paragraph 3 above.

6.6 Procurement Process

- 6.6.1** A Meet the Buyer event was held on 18th June 2015. This event was intended to communicate and share information with potential providers to help them understand commissioning intentions and offer opportunities to network and forge partnerships.
- 6.6.2** The procurement process started with the placing of a contract notice in the Official Journal of the European Union (OJEU) on Haringey Council's website, and the CompeteFor portal. In addition, the advert was circulated by Haringey Association of Voluntary and Community Organisations (HAVCO) by email to its membership, approximately 750 contacts representing 500 voluntary and community groups in the Borough.
- 6.6.3** The Invitation to Tender (ITT) and supporting documents were placed on Delta (e-tendering portal), where following a registration process, the potential tenderers could access the tender documents and submit their proposals electronically. By the closing date of 4th September 2015, six bids had been received for the 'Live Well, Be Well' integrated service.
- 6.6.4** The tenders were evaluated using the Most Economical Advantageous Tender (MEAT) which included a split of 55% Price and 45% Quality as set out in the ITT documentation.

6.7 Outcome of the Tender Evaluations

6.7.1 The table below details the outcome of the tender evaluations and respective scores of the tenders. (See also para. 1.1 of the Exempt information report).

Tenderers	Quality Scores (max 450 points)	Price/Cost scores (max 550 points)	Total Score for quality and price	Contract price over 3 years	Contract price for 5 years
Reed Momenta	391	500	891	£1,500,000.00	£2,500,000.00
Company B	320	550	870	£1,363,338.00	£2,315,833.00
Company C	337	528	865	£1,421,202.00	£2,368,670.00
Company D	323	514	837	£1,460,018.00	£2,410,982.00
Company E	314	447	761	£1,845,129.00	£3,068,725.00
Company F	259	481	740	£1,560,000.00	£2,600,000.00

6.8 Key Performance Indicators and methods of measurement are integrated within the service specification and will be monitored through contract monitoring meetings and reports.

6.9 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.

6.10 Data will be collected nationally and reported via Public Health England on a quarterly basis, the provider will also report this data locally. Monitoring meetings with the provider will take place by the commissioning manager on a monthly basis. The purpose of monitoring meetings will be to ensure the outcomes set in the contract are achieved and that the Council is satisfied with the service.

7. Contribution to strategic outcomes

7.1 This service is directly linked to, (and will have an impact on achieving), the priorities set out in the Council's Corporate Plan 2015-18, in particular Priority 2: 'Enable all adults to live healthy, long & fulfilling lives' and the cross-cutting themes: Prevention and early intervention', 'A fair & equal borough', and 'Working Together with Communities'. It will contribute to achieving the refreshed priorities of the Health & Wellbeing Strategy 2015-18: Priority 1 'Reducing Obesity' and Priority 2 'Increasing Healthy Life Expectancy'.

8. Statutory Officers comments (Chief Finance Officer, Procurement, Assistant Director of Corporate Governance, Equalities).

8.1 Procurement

8.1.1 The recommendation is in line with the Procurement Code of Practice.

8.1.2 The winning bidder although not the lowest priced bid was the overall highest scorer in terms of the Quality/Price evaluation criteria agreed and published for this procurement project.

8.2 Finance

8.2.1 This report seeks approval to award the contract for the integrated lifestyle behaviour change programme, 'Live Well, Be Well' for Haringey adults, to Reed Momena.

8.2.2 The contract cost over three years will be £1,500,000 with an option for the Council to extend the contract for up to two additional years at a cost of £500,000 per year.

8.2.3 There is significant financial advantage in bringing together these related services into a single integrated contract. Currently similar activities are provided separately by several service providers at a total cost of £930,000. Therefore the proposed contract cost of £500,000 per year represents a saving of £430,000 each year. Service assessment is that this is being achieved through efficiencies, economies of scale/integration and reconfiguration of services.

8.2.4 Funding for the contract is provided by a ring fenced Public Health grant. The amount of annual grant is not guaranteed and subject to Government review therefore this commitment would need to be budgeted for by the Service in that context.

8.3 Legal

8.3.1 This report relates to services which are subject to the new Light Touch Regime under the Public Contract Regulations 2015. As such they are required to be advertised in the Official Journal of the European Union (OJEU) although there is greater flexibility in the tender procedure followed than under the standard EU tender regime.

8.3.2 The Council's Contract Standing Orders (CSOs) also apply to the procurement and the services have been tendered in accordance with CSO requirements. The open procedure provided under CSO 9.01(a) was followed.

8.3.3 The services tendered are valued over £500,000. As result, the decision to award the contract for the services is a Key Decision that must be included in the Forward Plan, which has been done, and must be taken at Cabinet level in accordance with CSO 9.06.1(d).

8.3.4 The Assistant Director of Corporate Governance confirms that there are no legal reasons preventing Cabinet from approving the recommendations in paragraph 3 of this report.

8.4 Equality

8.4.1 In recognition of its public sector equality duty, the Council is committed to using procurement and commissioning as strategic tools to help promote equality of opportunity.

- 8.4.2** It seeks to do this in two ways: firstly, by ensuring that chosen providers deliver for all sections of Haringey community, especially those who are most vulnerable and in most need of the services. In this respect, all the bidders were made fully aware that the various public health services support the delivery of a key element of the Council's equality objectives and one of the priorities in the Council Plan, (to reduce health inequalities and improve wellbeing for all). They were made aware that they will be expected to provide integrated health improvement services that will help deliver the priority to enable young adults, older people, and vulnerable groups, to exercise choice in availability and access to services.
- 8.4.3** Secondly, by ensuring that procurement and commissioning processes are as transparent as possible and that all those who may wish to do so have the opportunity to bid for Council contract. The process described in paragraph 8 of this report conforms to this requirement and is consistent with the Council's guidelines to help ensure that relevant equalities issues are identified and considered at key stages in procurement and commissioning. In respect of both service provision and the selection process used, this commissioning exercise supports the Council's performance on its public sector equality duty.
- 8.4.4** In addition to the above, an EqlA was completed, which compared current health improvement provision to that proposed by the setting up of a new 'integrated lifestyle behaviour change programme or wellness service'. In assessing the impact of these changes, the Council recognises that given the scale of savings to be achieved, even with more effective models of delivery, it is highly likely that the activity and scope of the current health improvement programmes will be reduced, resulting in a negative impact on deprived communities and people from BME backgrounds. Men and older people are also likely to be negatively affected.
- 8.4.5** In order to mitigate the impact of the Council's savings, the integrated service model will be required to target areas of deprivation and tailor services that are proportionate to need and prevalence. The integrated service will also be expected to reach people (especially in the east of the borough) who are more vulnerable to the effects of, for example, smoking or poor diet, including pregnant women, or patients with COPD (Chronic Obstructive Pulmonary Disease). In order to achieve this, the integrated 'Wellness service' will be flexible, responsive and understand the factors that will maximise the benefits for priority groups. A copy of the EqlA is attached in appendix 4 and available online at: <http://www.haringey.gov.uk/local-democracy/about-council/equalities/equality-impact-assessments/equality-impact-assessments-2015-16>

9. Use of Appendices

9.1 Appendix 1 Model of Health Improvement – including service delivery levels.

Appendix 2 Case for Prevention - return on investment.

Appendix 3 'Live Well Be Well' - service specification.

Appendix 4 Equality Impact Assessment.

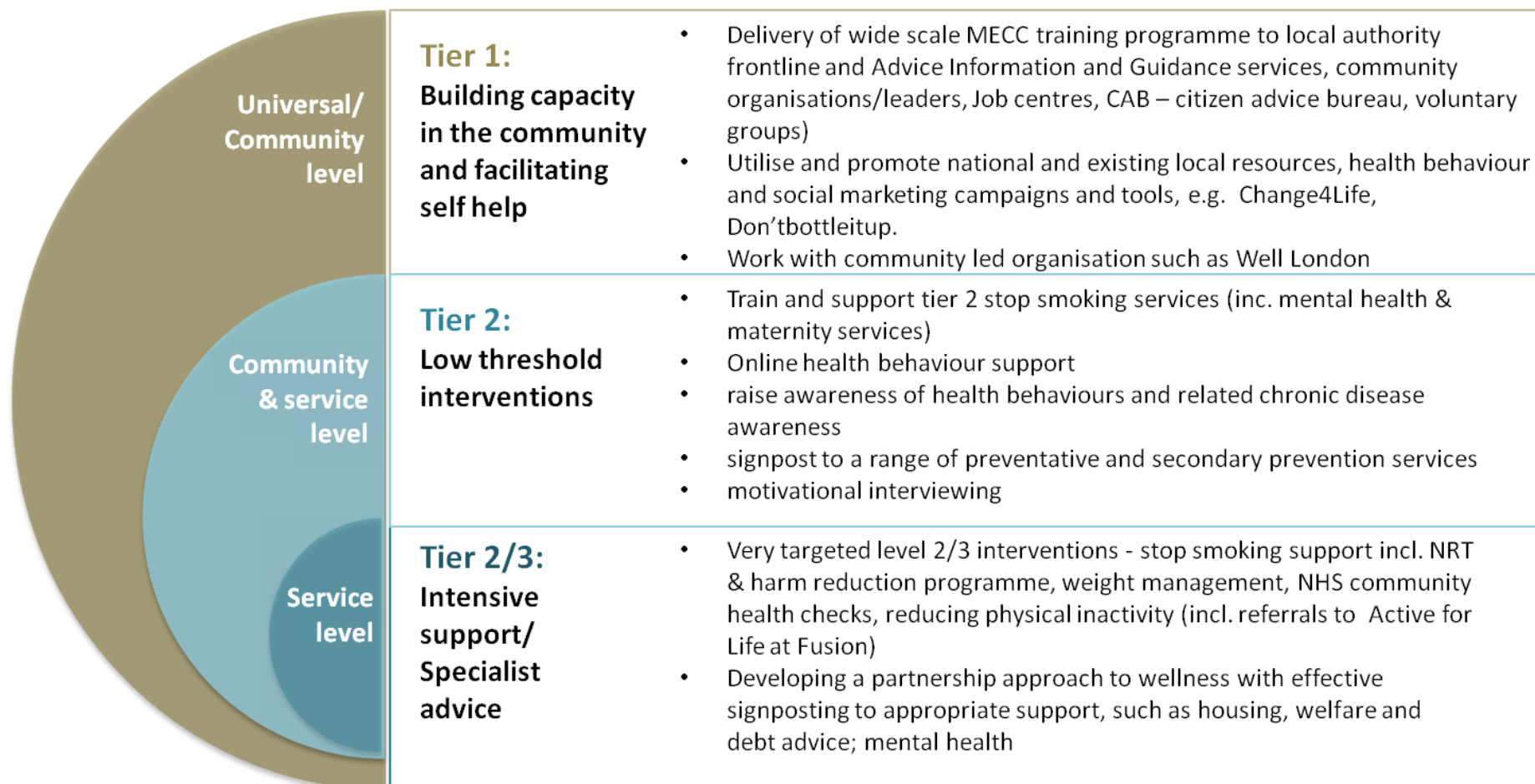
10. Local Government (Access to Information) Act 1985

10.1 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 categories: (identified in the amended schedule 12 A of the Local Government Act 1972 (3)):

(3) Information in relation to financial or the business affairs of any particular person (including the authority holding that information).

Appendix 1 – Model of Health Improvement - including service delivery levels

The proposed delivery model and key components of the service are described in the figure below. It includes three tiers of support. Tiers 1 and 2 will focus on capacity building, and training & supporting other professionals to deliver health improvement. Tier 2/3 will form the main component of the service that will provide targeted intensive support and specialist advice to Haringey residents.



Adapted from Barnsley Council, 2014

Services outside of the contract BUT part of the Integrated Model include: NHS Health Checks by GPs, Pharmacy based Stop Smoking services, Leisure Services Active for Life programmes.

Appendix 2

Case for Prevention – return of investment



Return on investment

School-based public health interventions can be good investments. For example, smoking prevention programmes in schools can return as much as £15 for every £1 spent.

TheKingsFund

Local
Government
Association



Return on investment

Birmingham's Be Active programme of free use of leisure centres and other initiatives returned an estimated £23 in quality of life, reduced NHS use and other gains for every £1 spent.

TheKingsFund

Local
Government
Association

From: Kings Fund and LGA, 2014: [Making the case for public health interventions](#)

Appendix 3

Live Well Be Well – service specification

[S:\PH\PH\BunF\AllF\A\) Public Health Structure\00. Temp folder Marion\10. Integrated health improvement service\Tender docs\Live Well Be Well](S:\PH\PH\BunF\AllF\A) Public Health Structure\00. Temp folder Marion\10. Integrated health improvement service\Tender docs\Live Well Be Well)

Appendix 4

Equality Impact Assessment

Name of Project	Health Improvement	Cabinet meeting date <i>If applicable</i>	15 th December 2015
Service area responsible	Public Health		
Name of completing officer	Marion Morris	Date EqIA created	Update created September 2015
Approved by Director / Assistant Director	Jeanelle de Gruchy	Date of approval	

The Equality Act 2010 places a '**General Duty**' on all public bodies to have '**due regard**' to:

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity
- Fostering good relations

In addition the Council complies with the Marriage (same sex couples) Act 2013.

Haringey Council also has a '**Specific Duty**' to publish information about people affected by our policies and practices.

All assessments must be published on the Haringey equalities web pages. All Cabinet papers MUST include a link to the web page where this assessment will be published.

This Equality Impact Assessment provides evidence for meeting the Council's commitment to equality and the responsibilities outlined above, for more information about the Council's commitment to equality; please visit the Council's website.

Stage 1 – Names of those involved in preparing the EqlA	
1. Project Lead, Marion Morris, Head of Health Improvement	5. Senior Commissioner, Mia Moilanen
2. Equalities Inno Amadi	
3. Legal Advisor (where necessary)	
4. Trade union	
Stage 2 - Description of proposal including the relevance of the proposal to the general equality duties and protected groups	
<p>Summary</p> <p>As part of the Council savings plan⁵ Haringey Council is bringing together its several separate health improvement contracts under one integrated lifestyle programme – a ‘wellness service’ that aims to support adult residents (18+) to be more physically active, stop smoking, drink moderately and have a better diet. These health behaviours are closely linked to chronic disease: diabetes, respiratory disease and cardiovascular disease. The service, currently being tendered, incorporates stop smoking, NHS community health checks, health trainers & champions, weight management, and some physical activity programmes. The aim of the integration is to ensure an easy access for residents, improved pathways, as well to produce savings (41%: £528k out of the total health improvement budget).</p> <p>Background</p> <p>Premature mortality and poor health disproportionately affect people in lower socio-economic groups: A boy born in the poorest areas of Tottenham is expected to live 6.6 years less than a boy living in the most affluent parts of Haringey. Generally, men die younger and are less likely to access health services. Women live longer than men but the expected life span in good health is similar for both sexes, at below retirement age and significantly lower than the England average⁶. The main risk factors that impact on healthy life expectancy and result in early death are: smoking, alcohol use, high blood pressure/cholesterol, being physically inactive along with a poor diet – all of which that are more prevalent the more deprived the area or lower down the socioeconomic ladder people find themselves. In other words, linked to ‘conditions in which people are born, grow, live, work, and age’ (The Marmot Review, 2010 - external link). Accordingly, Haringey’s health improvement budget is focused on reducing health inequalities by decreasing these risk factors. Current programmes are predominately targeted in the east of the borough where there are higher rates of deprivation. Whilst ethnicity is not associated with poor health behaviours or poor mental health per se once socio-economic conditions are taken into account, black and minority ethnic groups form the majority of the targeted areas in Tottenham. Therefore BME groups are more likely to be disproportionately affected by any reduction in support for better nutrition, stopping smoking, mental health prevention programmes. Risk of chronic disease is higher with age, however since conditions such as diabetes and CVD can take years to develop, changes in preventative services are likely to impact on older people, current and future generations alike. Overall we expect the reduced financial envelope, for the programmes outlined above, will mean that a) the number of services currently provided will be reduced, and b) that fewer people will access these services. This is the premise on which the whole EqlA is based.</p> <p>The savings and the current services to be re-tendered cover the following:</p>	

⁵ See [Building Stronger Haringey Together](#)

⁶ [Public Health Outcomes Framework 2015](#)

- **NHS and community health checks** (a mandatory service) – a screening programme for residents aged 40-74 which aims to identify and prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia.
- **Stop smoking support** currently provided by [Smokefreelife Haringey](#), Healthy Living Pharmacies and GPs.
- **Health Trainers and Champions** – a service which operates by recruiting Trainers and Champions from within Haringey's communities to provide 'support from next door' rather than 'advice from on high' on a range of lifestyle issues.
- **'Active for Life' (AFL)** programme which covers healthy walks; exercise on referral scheme and a rehabilitation programme which includes cardiac and stroke care, (not part of the re-tender but budget significantly reduced).
- **Weight management programme**, which is a targeted intervention aimed at supporting people who are obese and require help to manage their weight.

(Please note that the Public Health, mental health programme, which used to be part of the health improvement budget, (and the original EqIA Oct 2014) is dealt with a separate re-tender and EqIA).

In order to release savings, and minimise their impact, the Council's strategic approach is to bring current separate contracts together to form a new fully integrated lifestyle behaviour change programme. Thereby creating a 'one stop shop' model that would improve access; provide support to residents, including people with multiple risk factors; and proportionately target those groups in the population with prevalent risk factors. In support of the Council's proposals, a rapid review of current integrated models and best practice examples were investigated, and considered from across the country. The findings from the rapid review helped to inform the model and final content of the specification for the new integrated service. A full re-tender exercise is currently underway, with the aim of procuring and establishing a re-shaped and integrated prevention and lifestyle behaviour change programme from 1 April 2016.

The focus of the integrated service will be to concentrate its programme delivery in the east of the borough, targeted at those areas where poor health is more prevalent.

Stage 3 – Scoping Exercise - Employee data used in this Equality Impact Assessment

Identify the main sources of the evidence, both quantitative and qualitative, that supports your analysis. This could include for example, data on the Council's workforce, equalities profile of service users, recent surveys, research, results of recent relevant consultations, Haringey Borough Profile, Haringey Joint Strategic Needs Assessment and any other sources of relevant information, local, regional or national.

Data Source (include link where published)	What does this data include?
Not applicable	There are NO Haringey Council employees/posts directly affected by the tender process.

Stage 4 – Scoping Exercise - Service data used in this Equality Impact Assessment

This section to be completed where there is a change to the service provided

Data Source (include link where published)		What does this data include?		
JSNA – Health Improvement		Overview of risk factors, profile and prevalence and projected impact		
Service monitoring data		Service output and outcome data with current service user profiles		
Scrutiny review on Men’s Health		Evidence on Men’s health seeking behaviours – local and national research		
Public Health Outcome Framework		Local, regional and national data on public health outcomes, including smoking prevalence, obesity, rates of cardiovascular disease, mortality rates etc.		
Stage 5a – Considering the above information, what impact will this proposal have on the following groups in terms of impact on residents and service delivery: Positive and negative impacts identified will need to form part of your action plan.				
	Positive	Negative	Details	None – why?
Sex		√	The expected reduction in the scope/reach of the integrated service will impact on the health of men in certain socio-economic groups as the support for health behaviour changes is reduced. Current evidence shows that men are e.g. more likely to smoke but less likely to seek support or visit GPs for any health problems and most likely to benefit from health checks in the community and those not registered with their GPs. However, Haringey women generally live over 20 years of their later life in poor health – which is also linked to health behaviours that the current health improvement programme focuses on. Reductions in the resources available	

			to support these programmes has potential to exacerbate the risks to health, and already high levels of circulatory disease, cancer, and respiratory disease in women in Haringey, (least and most deprived quintiles in Haringey 2009-11).	
Gender Reassignment			There is no service user data available regarding this category. However, the new provider will be required to ensure equality of access to all protected characteristics and that this will be monitored as part of the new integrated service contract.	see over
Age		√	A reduction in the number of NHS health checks, being targeted at ages 40-74, is likely to have an impact on the number of older residents' access to screening and ultimately access to appropriate and timely care.	
Disability		√	Reductions in the availability of health improvement programmes will adversely affect the number of people with disabilities accessing these services. It could also exacerbate the number of people with long terms conditions in the east, e.g. a reduction in the availability of stop smoking services may lead to an increase in COPD and other long term chronic conditions.	
Race & Ethnicity		√	The health improvement programmes focus on deprived areas. Those areas are generally more diverse, thus	

			disproportionately affecting the health of people from black and minority ethnic groups. For example, 88% of the people seen by health trainers were non white British, similar to community health checks with 89%. The expected reduction in the service will inevitably adversely affect BME communities, mitigated by the fact that the reduced service will continue to target Tottenham and deprivation across the east of the borough.	
Sexual Orientation		√	<p>There is no service user data available regarding this category. However, the new provider will be required to ensure equality of access to all protected characteristics and that this will be monitored as part of the delivery of the new integrated service contract.</p> <p>However, given the scale of savings, even with more effective models of delivery, it is highly likely that activity and scope of these programmes will be reduced, with a negative impact on deprived communities. People from BME backgrounds, Men, and older people are also likely to be negatively affected.</p>	
Religion or Belief (or No Belief)		√	There is no service user data available regarding this category. However, the new provider will be required to	

			<p>ensure equality of access to all protected characteristics and that this will be monitored as part of the delivery of the new integrated service contract.</p> <p>The link below shows the composition of Haringey Wards, by religion, as recorded in the 2011 Census. Six Wards in the east of the borough show significant proportions of residents recorded as 'Muslim', in the 2011 Census. Any reduction in currently commissioned health improvement programmes, in relation to the prevention of CVD/CHD, is likely to have a negative impact in this religious group – see <i>section 2.4 Religion, in</i> http://www.haringey.gov.uk/council-and-democracy/about-council/facts-and-figures/statistics/haringey-census-statistics.</p>	
Pregnancy & Maternity		√	Any reduction in stop smoking support for pregnant women will have a negative impact on health in maternity and newborn babies.	
Marriage and Civil Partnership			There is no service user data available regarding this category. However, the new provider will be required to ensure equality of access to all protected characteristics and that this will be monitored as part of the delivery of the new integrated service contract.	see over

			However, given the scale of savings, even with more effective models of delivery, it is highly likely that activity and scope of these programmes will be reduced, with a negative impact on deprived communities. People from BME backgrounds, Men, and older people are also likely to be negatively affected.	
Stage 5b – For your employees and considering the above information, what impact will this proposal have on the following groups: Positive and negative impacts identified will need to form part of your action plan.				
	Positive	Negative	Details	None – why?
Sex			See over	There are no directly employed Council staff affected by the procurement of an integrated wellness service. Haringey Council will ensure that the Equal Opportunities/Staff policies of potential bidders will be reviewed as part of the tender process.
Gender Reassignment			See over	
Age			See over	
Disability			See over	
Race & Ethnicity			See over	
Sexual Orientation			See over	
Religion or Belief (or No Belief)			See over	
Pregnancy & Maternity			See over	
Marriage and Civil Partnership			See over	
Stage 6 - Initial Impact analysis			Actions to mitigate, advance equality or fill gaps in information	
The purpose of the Council's current health improvement programmes (2015-16) is to reduce health inequalities, which are closely linked to socioeconomic inequalities. Accordingly the focus of activity has been in the deprived parts of the borough, especially in the east of the borough where the majority of residents are from black and minority ethnic backgrounds. Given the scale of savings, even with more effective models of delivery, it is highly likely that activity and scope of these programmes will be reduced, resulting			<ul style="list-style-type: none"> In order to mitigate the impact of the Council's savings, the service model will be required to target areas of deprivation and tailor services that are proportionate to need and prevalence. The integrated service will also be expected to reach people (especially in the east of the borough) who are more vulnerable to the effects of, for example, smoking or poor diet, including pregnant women, or patients with COPD (Chronic Obstructive Pulmonary Disease). In order to achieve 	

in a negative impact on deprived communities and people from BME backgrounds Men and older people are also likely to be negatively affected.

this, the integrated 'Wellness service' must be flexible, responsive and understand the factors that will maximise the benefits for priority groups.

The core activities and outcomes of the service will include:

- Improve levels of healthy weight in adults
- Reduce physical inactivity and sedentary behaviour
- Reduce the number adults who drink alcohol over the recommended limits
- Reduce smoking prevalence among priority groups
- Reduce health inequalities by reaching and improving outcomes for priority groups in areas where the needs are greatest and health is poorest
- Increase capacity in the community to look after and take control over their own health.

An example of ways in which the Council is planning to mitigate the impact of its savings plan on health improvement, is to encourage the new Provider of the integrated wellness service, to continue the Health Champions scheme. One way of achieving this is to propose that the recruitment and training/skills development for Health Champions is maintained across the east of the borough. Another option might be that Public Health develops a specific toolkit, whereby any project that is engaging with the community (in for example: Noel Park and Myddleton Road etc) could encourage residents to become health champions. Local Councillors in these areas could also be encouraged to utilise their Ward budgets to assist with the recruitment and training of Health Champions. By investing in prevention activities that are proportional to need, the Council believes that savings can be achieved further down the line in adult social care by reducing the number of people living with long term conditions.

Whilst it is envisaged that the 'scope' of the new integrated service

will be reduced, it is the Council's intention to mitigate the impact of the savings, by re-focusing the delivery of health improvement activity. This will include an increase in the training of frontline staff, in prevention and lifestyle behaviour change programmes, such as Making Every Contact Count (MECC), and Motivational Interviewing. All Council staff in customer services, adult social care, housing and education will be encouraged to take part. MECC training will also be promoted to staff in voluntary and community organisations; as well as employees within the local healthcare sector, including primary care and NHS Trusts.

Public Health will also further develop its approach to 'healthy public policy', with the aim of influencing and facilitating change in health behaviours through other sectors, such as licensing, parks and leisure, planning and transport.

Public Health is also committed to focusing on developing and implementing strategies that tackle the wider determinants of health, including housing, employment, and education, by considering the conditions in which these health inequalities exist and where risk factors are most concentrated. Applying 'best practise models' of public health evidence and influence in these areas will be key to ensuring that public health and wellbeing everyone's business.

Empowering local people and groups to take care of their own health is also important. In recognition of this, Public Health, in conjunction with the Council's Regeneration Team is employing a 'Well London Co-ordinator'. The purpose is to facilitate health improvement/wellness events, and to train local people in key health skills, thereby encouraging them - and their neighbours - to take charge of their own wellbeing.

Whilst the Council recognises that reductions in services may have a negative impact on health inequalities, the specification of the new

	<p>integrated service is clearly focussed on outcomes for priority groups. Quarterly outcome monitoring and larger scale evaluation is also built into the service specification. This should enable the Council to determine the full impact of savings on groups from protected characteristics, and put in place improvements that the newly integrated service can have in improving access and pathways between programmes, and ultimately outcomes – thereby maximising health and wellbeing for all. In order to assess the impact and benefit of the newly established integrated wellness service, Public Health could undertake a user survey after the first year.</p> <p>The overall impact of the integrated wellness service, including the new activities aimed at reducing smoking, obesity, and chronic disease, whilst improving rates of physical activity will be monitored as part of the ongoing evaluation of the Health and Wellbeing strategy, the Haringey Council Corporate Plan, and the Haringey CCG performance monitoring process.</p>
Stage 7 - Consultation and follow up data from actions set above	
Data Source (include link where published)	What does this data include?
<p>Consultations relating to this were done as part of the overall Council savings plan as well as Health and Wellbeing strategy. See: Investing in Our Tomorrow consultation report 29 September 2014 to 10 November 2014.</p> <p>Haringey Corporate Plan – Building a Stronger Haringey Together 17 December 2014 to 17 January 2015. http://www.haringey.gov.uk/council-and-democracy/policies-and-strategies/building-stronger-haringey-together</p> <p>Health and Wellbeing Strategy 26 January - 30 March 2015. Health and Wellbeing Strategy 2015-18 Consultation</p>	<ul style="list-style-type: none"> Some key examples of the health and wellbeing priorities received by residents included the following: a) respondents supported a shift towards prevention and early intervention; b) a large proportion felt they could improve their diet (42%) and exercise more (35%); c) respondents also felt that health checks should take place in the community, e.g. supermarkets; d) joined up working and easier access to GPs were also raised. The data and outcomes from the consultations undertaken opposite suggest the need for further consultations of this kind, but while this was considered, the Council recognises that Haringey lacks a body of regular service users to consult.

	However, the Council is committed, and will continue to engage and involve local residents in the commissioning of its services.
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Stage 8 - Final impact analysis

The aim of the Council's current health improvement programmes (2015-16) is to reduce health inequalities, which are closely linked to socioeconomic inequalities. Accordingly the focus of activity has been in the deprived parts of the borough, especially in the east of the borough where the majority of residents are from black and minority ethnic backgrounds. Given the scale of savings, even with more effective models of delivery, it is highly likely that activity and scope of these programmes will be reduced; resulting in a negative impact on deprived communities and people from BME backgrounds. Men and older people are also likely to be negatively affected.

- In order to mitigate the impact of the Council's savings, the service model will be required to target areas of deprivation and tailor services that are proportionate to need and prevalence. The integrated service will also be expected to reach people (especially in the east of the borough) who are more vulnerable to the effects of, for example, smoking or poor diet, including pregnant women, or patients with COPD (Chronic Obstructive Pulmonary Disease). In order to achieve this, the integrated 'Wellness service' must be flexible, responsive and understand the factors that will maximise the benefits for priority groups.
- In support of this approach, Haringey Council will ensure that an impact and equalities assessment will be part of the quarterly outcome monitoring of the new Provider – with larger scale evaluation built into the service specification and contract of the integrated service; whilst the impact of prevention activities to reduce smoking, obesity and improve rates of physical activity, together with reductions in chronic disease in different groups, will be monitored as part of: the Council's Corporate Plan; the Health and Wellbeing strategy; and the Haringey CCG performance indicators.

Stage 9 - Equality Impact Assessment Review Log

Review approved by Director / Assistant Director

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Date of review

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Stage 10 – Publication

This EqlA will be published in accordance with the Council's policy.