

## Recommissioning Behaviour Change Services

- To: Adults and Health Committee
- From: Executive Director, Adults, Health, and Commissioning
- Electoral division(s): All
- Key decision: Yes
- Forward Plan ref: KD2025/006
- Executive Summary: This report is seeking the Committee's approval for re-commissioning the Behaviour Change Services. It outlines the current Service and the provisional changes to service delivery that will be finalised when a number of research and consultation processes have been completed. The outcome is to secure Committee approval for recommissioning a place-based service delivery model.
- Recommendation: The Committee is asked to approve the following recommendations:
- a) To re-commission for Cambridgeshire residents only an integrated behaviour change service through the Provider Selection Regime competitive regulations for seven years, with contract break options at 3,5 and 6 years at a total value of £12,470,397 at 2024/25 prices including Integrated Care Board funding. Inflationary uplifts will be applied as considered appropriate and in line with the Council's Business Plan across the life of the contract.
  - b) To develop a place-based commissioning and financial model following completion of the four areas of work described in paragraph 3.11 and to bring the finalised model back to the Adults, Health, and Commissioning Committee in March 2025, prior to commencing the procurement.
  - c) To delegate authority for awarding and executing the contract for providing the Behaviour Change Service starting 1<sup>st</sup> October 2025 to the Executive Director Adults, Health, and Commissioning in consultation with the Chair and Vice-Chair of the Adults and Health Committee for a total of 7 years, with the option of breaks at Years 3, 5 and 6.

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# 1. Creating a greener, fairer, and more caring Cambridgeshire

- 1.1 Ambition: The proposed commissioning approach will support the Council's net zero carbon emissions ambitions through the adoption of a place-based approach to service delivery. This will mean that service users will be able to access services locally and not have to travel. In addition, any commissioned services will be expected to provide a digital option for accessing services, if appropriate.
- 1.2 Ambition 2: Any commissioned provider will need to demonstrate how their service will contribute to ensure that staff and service users are safe when travelling. If service delivery involve staff travelling environmentally sustainable options should be adopted.
- 1.3 Ambition 3: The commissioned services will have delivery targets for increasing uptake of the service in areas of deprivation and specific population groups that have low uptake and poorer health outcomes than other areas and the wider population.
- 1.4 Ambition 4: The Behaviour Change Services are focused upon supporting and enabling people to adopt healthy behaviours that will help prevent them from having poor health.
- 1.5 Ambition 5: The Behaviour Change Service recognises that people health related behaviours are influenced by their socio-economic circumstances. If help is required with a service user's socio-economic circumstances the Service will seek to advise and signpost to appropriate support.
- 1.6 Ambition 6: The Behaviour Change Services support people who are not in work because of a health condition and alongside helping them to improve their health the Services will refer people not in work to other forms support that will support them to find employment.
- 1.7 Ambition 7: The Behaviour Change Services are targeted at adults that often have families with children and young people. Improving the health behaviours of parents/carers will impact on the health and wellbeing of children and young people who live with them and will help them to thrive.

## 2. Background

- 2.1 Behaviour Change Services are commissioned to support improvements in health outcomes and reduction in health inequalities in Cambridgeshire. Improving health outcomes is complex and requires influencing health related behaviours, the environments in which people live and the socio-economic determinants of their health.
- 2.2 Historically overall residents of Cambridgeshire have experienced relatively good health outcomes but there are some people who experience poor health and there are some significant health inequalities.
- 2.3 Overall, in Cambridgeshire as nationally, life expectancy and healthy life expectancy for both men and women rose between 2001 until approximately 2011, when growth appeared to stall for most areas with no improvement over the last ten years.

There are inequalities in life expectancy between different areas which are linked to deprivation. Fenland has the lowest life expectancy which is significantly lower than the England average. Data is not available for Healthy Life Expectancy at district levels, but given the variations seen for life expectancy we would expect to see the same differences for healthy life expectancy.

- 2.4 Health behaviours affect health outcomes and those that have the most impact are diet, physical activity, smoking, and alcohol. Although many of the rates are lower than national averages there are still significant numbers of people who are at risk through their health behaviours and there is significant variation between areas and groups of people.
- 2.5 A substantial proportion of adults and children are either overweight or obese in Cambridgeshire. Around 61% of adults are either overweight or obese but the rate in Fenland is 71%. Similarly at the Cambridgeshire level around 30% of 11-year-olds are overweight or obese yet in Fenland the figure is 40% and in Cambridge City the figure is 19%.
- 2.6 Smoking rates have improved significantly in recent years but again there is variation. The Cambridgeshire adult smoking rate in 2023 was 10.8% but in Fenland it was 24%. Smoking prevalence in groups such as routine and manual workers (RMWs) and those with poor mental health tends to be significantly higher. ([Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care](#))
- 2.7 There is robust evidence that adopting healthier behaviours is key to improving and preventing these poor health outcomes. The National Institute for Health and Care Excellence (NICE) provides wide ranging evidence for changing health behaviours These include individual approaches e.g. [Overview | Behaviour change: general approaches | Guidance | NICE](#) but also, environmental interventions e.g. [Overview | Physical activity and the environment | Guidance | NICE](#)

### Current Service Delivery

- 2.8 Cambridgeshire County Council (CCC) currently commissions an integrated behaviour change service that is delivered across Cambridgeshire and Peterborough. Peterborough City Council (PCC) delegated authority to CCC to commission the service on its behalf. The new service will be recommissioned for Cambridgeshire residents only as both CCC and PCC will be adopting place-based model which is described later in this paper.
- 2.9 Integrated behaviour change service encourage and support sustainable positive health behaviours and usually provide the following types of interventions.
  - Providing information, advice, and guidance
  - Providing access to self-help tools
  - Delivering high quality, evidence-based lifestyle interventions
  - Ensuring effective referral pathways from key partners, such as Primary Care.
- 2.10 This is the current model in Cambridgeshire which includes primary prevention, secondary prevention, and treatment services. There are essentially three service tiers with different

providers delivering the various elements. All providers operate under the public-facing 'Healthy You' brand.

### Tier One Services: Primary Prevention

- 2.11 The Tier 1 Service is a universal service, with includes population level and targeted interventions. It includes a wide range of physical activity and healthy eating services that focus on prevention and early intervention which are delivered in the community.
- 2.12 They are delivered by the five district councils and Peterborough City Council. These function as a consortium led by Cambridge City Council and in partnership with the charity Living Sport, their contracts commenced in 2020 with a 3 year plus 1 plus 1 contract.
- 2.13 An important part of primary prevention is supporting the development of environments that support healthy behaviours. The Tier 1 Service works with broader initiatives in the local areas to support and maximise their impact, for example working with schools/workplaces to increase opportunities for active commuting to school and work.  
A fundamental dimension of the Tier 1 Service is its integration with all the other parts of the Service.

### Tier 2 Services

- 2.14 Everyone Health is private sector organisation and provides the Tier 2 services It provides the core service and has the highest value contract. Like the district contracts the service was commissioned in 2020 with a 3+1+1 contract due to end on 30<sup>th</sup> September 2025.
- 2.15 It has a focus on providing support to individuals for them to adopt healthier behaviours.
- The health trainer service provides users with behavioural change support and a number of specialist areas have been developed alongside the generic health trainers. These focus on specific behaviours or supporting specific groups that have a high level of risk-taking behaviours: alcohol, older people/falls prevention, mental health, Eastern European, carers and diabetes.
  - Tier 2 weight management services are provided that offer group support. Some activity is diverted into commercial weight management services, but these remain free to service users.
  - Stop Smoking services are delivered that includes providing specialist advice for other providers such as GP practices.
  - Outreach and workplace NHS Health Checks
  - Training: Behaviour Change Maintenance, Mental Health First Aid
  - National Child Measurement Programme (NCMP)

### Tier 3 Service: Adult Weight Management Services

- 2.16 Tier 3 Adult Weight Management services provide specialist assessment, treatment, and support for individuals, aged 18 or over, with severe and complex obesity. Two Tier 3 Adult Weight Management contracts are currently commissioned.

- Everyone Health delivers its own in-house service 'Fresh Start' and also sub-contracts with Cambridge University Hospitals (CUH – Addenbrookes) which is a specialist service that treats those with underlying complex clinical issues.
- Due to increased demand an additional Tier 3 service was commissioned in 2023 from the private sector organisation Morelife. This Tier 3 service provides virtual group, digital self-led and community programmes. Its contract started on the 1st September 2020 and will end on the 31st October 2025.

- 2.17 Co-ordination of all the different service elements is provided by Everyone Health across all tiers, and it operates a central triage system that service users can access.
- 2.18 Performance overall for all elements of the service provides evidence that it is effective in delivering positive behaviour change at levels that are comparable or above national benchmarks. It is recommended that the new service will include the delivery of these key service elements but through a different delivery model that is place based and will afford greater accessibility and service integration at local level.

### 3. Main Issues

#### New Service Model

- 3.1 Since the behaviour change services were last commissioned the strategic and commissioning landscape has changed considerably. The current focus is on developing place-based commissioning with models that integrate services at a local level.
- 3.2 A place-based service model will bring a range of benefits and opportunities for innovation. It will provide the opportunity to integrate internal local authority services, for example libraries along with local district/city and integrated care system services including GP practices. The development of community hubs affords another opportunity for local integration of services. Currently there is duplication of services, for example health trainers provide the same function as the NHS health coaches. This could be avoided through increased integration of these services which lends itself to a place-based model.
- 3.3 More generally place based services are developed locally to better address the needs of the local population, with improved use of local community assets and access to services for local residents. Addressing health behaviours demands exploring the barriers to behaviour change which usually reflect the local environment and socio-economic circumstances. A place-based model will enable organisations and communities working in these areas to collaboratively develop local solutions including local policies to address these wider issues. The commissioned place-based services would need to work closely with local partners alongside communities to elicit place-based changes that are broader than the current service scope such as working to improve the food environment/planning policy, access to physical activity opportunities.
- 3.4 There are inherent challenges in place-based models not least the identification of the geography of the model, what the needs are, what is currently in place and the funding

model. The preferred place geography for these services is district level because of the key policies affecting health behaviours, notably planning and physical activity opportunities (leisure services). However, the ongoing review of the current services, local needs and stakeholder engagement will shape the final recommended model.

- 3.5 The Tier 1 Prevention Services are already commissioned at district levels and partner working has been developed across the areas. A recent example of when place based working has been effective is where district leisure service teams have developed interventions in their own areas which have mitigated some of the demand pressures on the Tier 2 weight management services.
- 3.6 CCC is in the process of developing place-based working and commissioning for example through its Closer to Communities initiatives. This is mirrored in the strategic and operational direction of other partners and there are clear synergies with this re-commission.

### Local Authority Commissioning

- 3.7 The current service contract is for the provision of services across Cambridgeshire and Peterborough with the exception of the Tier 1 services which are already delivered at district level. CCC holds the contract on half of Peterborough City Council through a Partnering and Delegation agreement. Going forward PCC will be adopting a place-based model and consequently a shared service between CCC and PCC will not be commissioned. Services will be commissioned only for Cambridgeshire residents.
- 3.8 It is recommended that that the service(s) are funded for seven years with break options at years 3, 5 and 6 years. This contract length is based on anticipating that the place-based model will take some time to develop and embed at place levels. It will involve different partners, and time will be required to develop collaborative approaches.

### Service scope

- 3.9 As described above the current service delivers a wide range of services. Recent experience is that the current services have had to deal with inflationary cost pressures and very substantial increases in demand for weight management services. It will be necessary to prioritise services in the context of these pressures. It is also envisioned that the Tier 3 clinical weight management services would be commissioned at CCC level as it provides very specialist clinical services, and this would require the continuation of the central triage function.
- 3.10 Although the current service overall performs well, it is not configured to adopt a place-based model and the opportunities that this affords. Also given the extremely high levels of demand for weight management services it will be important to explore options for managing the demand.
- 3.11 Currently there are four areas of work that provide further information about areas for development and will inform the model that is commissioned. They will be completed by the end of January and will support the assessment of the current service and needs of the local population. The invitation to tender will be issued following final approval at the March 6<sup>th</sup> Adults and Health Committee.

**Needs Assessment.** A Behaviour Change Needs Assessment including an externally procured, independent qualitative report into the barriers, attitudes and access experiences of service users and service providers across Cambridgeshire and Peterborough is currently underway. The report will be available in January 2025.

**Service Evaluation.** An externally provided, independent evaluation review of the current *Healthy You* Integrated Healthy Lifestyle Service has been procured. The full report and recommendations will be available at the end of January 2025.

**Behavioural Insights Research.** Sheffield University has been commissioned to undertake behavioural insight research into the main health related behaviours. This work will not be completed until the spring of 2025 but currently there is sufficient insights from the research to inform the re-commission.

**Local Stakeholder Inputs:** Stakeholder holder views were sought at an event in December 2024. Representation from stakeholder organisations included CCC, the local NHS, district, and city local authorities and the VCSE. There are also ongoing discussions with specific partners to explore the opportunities and options.

## The Financial Model

- 3.12 The financial model for place-based services will require careful consideration of needs and existing services. It is recommended that a universal model is adopted with all service elements being delivered in each place. However, weighting would be used in areas where there are poorer health outcomes. For example, there are areas which have high rates of cardiovascular disease (CVD) and would benefit from an increased allocation for NHS Health Checks (identifies people with a high risk of CVD) along with higher targets for the key performance indicators.
- 3.13 The value of the commission over the full proposed seven-year contract is £12, 470,397. This currently includes over £1 million pounds of Integrated Care Board (ICB) funding for weight management services. This is currently being reviewed with the ICB in view of the increased demand and introduction of the new weight loss drugs.

## The Procurement Model

- 3.14 As this is a Public Health Service this service will be required to adopt the Provider Selection Regime (PSR) Procurement Regulations. These are the regulations used by the NHS and under which Public Health Services must be procured. There are a number of procurement options in the PSR regulations that include direct award and a competitive process. The direct award options were excluded as the re-commission did not meet the following direct award criteria.
- Direct award process A: where there is an existing provider for the services and that provider is the only capable provider.
  - Direct award process B: where people have a choice of providers, and the number of providers is not restricted by the Council.
  - Direct award process C: where there is an existing provider for the services and that existing provider is satisfying the original contract and will likely satisfy the proposed

new contract and the services are not changing considerably. Adopting a place-based model is categorised as a new service model.

- Most suitable provider process: where the Council is able to identify the most suitable provider without running a competitive process.

3.15 Consequently, the CCC Procurement team have advised that that this would be a competitive tender recommission and subject to PSR regulations.

3.16 In terms of procuring a place-based model the Procurement Team has advised that the six lots could be tendered. One for each of the districts/city and a sixth lot will for the Tier 3 weight management service including triage.

3.17 A market engagement exercise will be undertaken to ascertain the appetite of the market for the different lots.

### 3.18 Provisional Procurement timeline

Table 1 details the provisional timeline for governance and procurement processes.

Table 1: Governance and Procurement Provisional Timeline

Action	Date
Research and evaluation to determine new service model Needs assessment Evaluation of current service Behavioural insights research Local stakeholder input Service specification developed	October 2024 – February 2025
Initial Adults, Health, and Commissioning Committee approval for re-commissioning the service	January 29, 2025
Final Adults, Health, and Commissioning Committee approval for re-commissioning the service	March 8 <sup>th</sup> , 2025
Invitation to tender	March 17 <sup>th</sup> , 2025– 28 April 2025
Tender evaluation	May 1, 2025, May 26 <sup>th</sup> , 2025
Contract (s) award	June 16 <sup>th</sup> , 2025
Contract commencement lead time	June 17 <sup>th</sup> September 30 <sup>th</sup> , 2025
New Service (s) launch	October 1, 2025

4.

## Alternative Options Considered

- 4.1 The current Behaviour Change Services contracts ends on the 30 September 2025 and there are not any extension options that would enable it to be prolonged. Therefore, in line



with Procurement advice a competitive tender will be undertaken in line with the Provider Selection Regime for this type of service.

- 4.2 The current contract is held by CCC, but the Service is provided across Cambridgeshire and Peterborough. PCC delegated authority to CCC to enter into the contract on its behalf through a Partnering and Delegation Agreement. Both local authorities are pursuing the adoption of a place-based service delivery model which does not lend itself to one overarching contract across the two areas.
- 4.3 The adoption of a place-based model supports the Council's ambition for service delivery that is developed for local area or group. It also supports the system wide commitment to increased integration of services at place enabling a more efficient use of resources and addressing local needs through local engagement of communities and organisations.

## 5. Conclusion and reasons for recommendations

- 5.1 This paper recommends the re-commissioning of the Behaviour Change Services. This is necessary as the contract will end on 30 September 2025 and there are not any further extensions to the contract. The Service includes a number of prevention and treatment services with a focus upon behaviour change. Behaviour Change research and intervention methods are well evidenced for supporting people to adopt more healthy behaviours.
- 5.2 The recommendation for adopting a place-based model for delivery is that it is better able to meet local needs through using community assets, increase the integration of services with a more efficient use of resources and improve access to services by community members.

## 6. Significant Implications

### 6.1 Finance Implications

The financial implications are detailed in Section 3.5.

### 6.2 Legal Implications

This is a complex re-commission and will require potentially multiple contracts. We will work with Pathfinder Legal Services to fully explore any risks and ensure that these are addressed before progressing.

The Council shall instruct Pathfinder Legal Services Ltd to assist in advising and drafting the contract and provide support when needed.

### 6.3 Risk Implications

The adoption of a place-based model represents a new approach to commissioning services and there are potential risks related to finance and performance. The contract and

Section 75 must have strong requirements for early identification of any risks and a clear system for escalation and addressing them in collaboration with commissioners where appropriate.

## 6.4 Equality and Diversity Implications

The commissioning of this service will put equality and diversity requirements at the centre of the services and their consideration will be fundamental in the delivery model.

A completed Equality, Impact Assessment (EqIA) form ([Equality Impact Assessment Hub](#)) is attached as an appendix to this report.

## 6.5 Climate Change and Environment Implications

The proposed commissioning approach will support the Council's net zero carbon emissions ambitions through the adoption of a place-based approach to service delivery. This will mean that service users will be able to access services locally and not have to travel. In addition, any commissioned services will be expected to provide a digital option for accessing services, if appropriate.

Any commissioned provider will need to demonstrate how their service will contribute to ensuring that staff and service users are safe when travelling. If service delivery involves staff travelling, environmentally sustainable options should be adopted.

The procurement will include a quality question relating to carbon emissions. Carbon emission monitoring will be embedded into the service specification and contract and will be part of performance monitoring.

## 7. Source Documents

7.1 [Overview | Behaviour change: general approaches | Guidance | NICE](#)

7.2 [Overview | Physical activity and the environment | Guidance | NICE](#)