DECISION-MAKER:			Health and Wellbeing Board				
SUBJECT:		••	Behaviour Change Update				
DATE OF DECISION:		ION:	25 th January 2017				
REPORT OF:			Director of Quality and Integration				
			CONTACT DETAILS				
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STATE	MENT OF	CONFIDI	ENTIALITY				
None							
BRIEF	SUMMAR	Υ					
		•	ate of the procurement of a new Pour Change Service in Southampton		ealth Grant		
RECOM	MENDAT	TIONS:					
	(i)		ve an update on progress relating to the award of the ur Change Service in Southampton				
(ii) To suppo Change S			ort the mobilisation and implementation of the Behaviour Service				
REASO	NS FOR	REPORT	RECOMMENDATIONS				
1.	The HWB is a statutory body with responsibility for health therefore may find oversight of this document useful and should be used as relevant by the HWB to inform its future work.						
ALTER	NATIVE C	PTIONS	CONSIDERED AND REJECTED				
2.	There are no alternative options the award of this tender meets EU regulations.						
DETAIL	DETAIL (Including consultation carried out)						
3.	It is well documented that the health of people in Southampton is generally worse than the England average (Health Profile 2015). Deprivation is higher than average and about 23.5% (9,800) children live in poverty. Life expectancy for men is lower than the England average and is 8.3 years lower for men and 4.9 years lower for women in the most deprived areas of Southampton than in the least deprived areas. In Year 6, 21.8% (427) of children are classified as obese, worse than the average for England, and 24.1% of adults are classified as obese. The rate of alcohol related harm hospital stays is worse than the average for England. Smoking rates are higher as is the rate of smoking related deaths. This briefing is to update the Health & Wellbeing Board on the progress of the procurement and award of						

	a new Public Health Grant funded Integrated Behaviour Change Service to address these issues.					
4.	A commissioning review undertaken of existing services by Public Health an ICU Commissioners showed that outcomes are limited in some areas and the commissioning across a range of small contracts is not the most efficient method of procurement. This supported the decision to recommission health improvement services to achieve an improved return on investment with a focus on evidence based approaches.					
5.	Benchmarking of services and initiatives from outside the area; Dorset, Birmingham, Gloucestershire, Suffolk, Stafford and Portsmouth, plus a series of stakeholder engagement events followed in the spring and summer to gain an understanding of views on health and wellbeing. The feedback and insight informed by best practice, determined the model of service required for Southampton.					
6.	The new service will play a key role in supporting health improvement and behaviour change across Southampton's health and care system. It will also support the delivery of Southampton's Health & Wellbeing Strategy to in reducing health inequalities across the city. It was clear from the feedback and the review that to achieve the strategic aims, the emphasis of the new Behaviour Change Service needs to have the following emphasis:					
	 An identifiable clear consistent model of service delivery 					
	 Careful targeting and reach into more deprived communities, families and individuals to allow more control over lifestyle whilst taking into consideration the wider determinants of health that impact well-being 					
	Reduction in health inequalities					
	 Utilisation of a range of different platforms: social media, online, digital, face to face, groups 					
	Widening the scope of Making Every Contact Count (MECC)					
	 Outreach and development of health communities and settings 					
	 Training and capacity development including accredited training for staff and volunteers 					
	Specialist Behaviour Change support					
	 Partnership working to support the delivery of relevant national strategies 					
	Workforce Development/Employment					
7.	A collaborative formed with SCA, NHS Solent and Southampton Voluntary Services have been awarded the contract for the new Behaviour Change Service and a Behaviour Change Implementation group has been convened to oversee and drive the mobilisation of the new Southampton Integrated Health Improvement and Behaviour Change Service.					
8.	ICU commissioners and Public Health have met with the new provider (without prejudice) to ensure the transition and commencement of the new service on 1 April 2017.					
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RESOURCE IMPLICATIONS							
<u>Capital/Revenue</u>							
9.	None						
Propert	Property/Other						
10.	None						
LEGAL	IMPLICATIONS						
Statuto	Statutory power to undertake proposals in the report:						
11.	None, see belo	N.					
Other L	egal Implication	<u>ıs</u> :					
12.	12. Capita continue to liaise with SCC Legal Department to progress the formal contract. SCA have declared the Certificate of Liability Insurance will be provided as per the levels required in the tender documents.						
POLICY	FRAMEWORK	IMPLICATIONS					
13.	None						
KEY DE	ECISION?	No					
WARDS	S/COMMUNITIES	AFFECTED:					
SUPPORTING DOCUMENTATION							
Append	dices						
1.	Behaviour Change Implementation Group Terms of Reference						
Docum	ents In Member	s' Rooms					
1.	None						
Equality	y Impact Assess	sment					
Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.							
Privacy Impact Assessment							
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.							
Other Background Documents							
Equality Impact Assessment and Other Background documents available for inspection at:							
Title of Background Paper(s)			Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)				
1.	None						