# External support for Programme Evaluation

# Guy's & St Thomas' NHS Foundation Trust

# Specification

# Ref: CF-2181400D0O000000rwimUAA

**SmartTogether Procurement**

Serving Guy's & St Thomas' NHS Foundation Trust, Lewisham and Greenwich NHS Trust, Great Ormond Street Hospital for Children NHS Foundation Trust, South London and Maudsley NHS Foundation Trust

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# 1.    Overview

The Authority has a requirement for External support for Programme Evaluation, given the scale of investment and breadth of focus it is critical that we have a robust approach to evaluation. It is anticipated that a multi-year evaluation approach will be required. This specification is seeking support for an initial work package for Year 1 of the programme.

We value the recommendations from suppliers with expert knowledge in research and evaluation of large-scale transformation programmes and specific population health interventions to support our partnership to:

1. Co-produce (with key stakeholders including people with lived experience in our communities) an evaluation framework and agreed approach for intervention-level evaluation, which can be readily embedded and used for monitoring progress and impact.
2. Undertake a process and impact evaluation using the co-designed evaluation framework for specific interventions.
3. Identify further requirements to support effective evaluation, including a toolkit/training to support delivery teams to embed learning and evaluation at intervention-level.
4. Establish a baseline position against an agreed set of outcome indicators, by working with SEL ICS data analytics colleagues and aligning to SEL ICS' population health management approach and outcomes working group.
5. Provide a year one report on progress and initial impacts.

We welcome and encourage proposals from more than one supplier working in partnership.

# 2. Key Statistics

### 2.1.    Introduction

We require expertise in process and impact evaluation for a series of Vital 5 initiativies to ensure that the Vital 5 program has:

- An agreed core set of outcome indicators, to establish a baseline and to be monitored over the next 5 years.
- A report on the first year of the Vital 5 initiatives, summarising activities and interim findings on outputs/process metrics where feasible.
- A Theory of Change and Evaluation Framework which provides an agreed approach on intervention-level evaluation.
- A proposal for further evaluation at intervention level including a toolkit/training to support delivery teams to:
  o embed robust efficacy evaluation for novel interventions;
  o understand the process of implementation and its impact on outcomes; and
  o understand appropriateness, efficiency and sustainability of interventions.

This support will be delivered over a 6-month period throughout financial year 2024/25. Given the scale of the Vital 5 programme, it is anticipated that this will form part of a multi-year evaluation programme.

### 2.2.    Context

The Vital 5 programme is a joint programme between South East London Integrated Care System (SEL ICS) and King's Health Partners (KHP) which is investing £4 million (recurrently for 5 years) to address five risk factors that have a major impact on population health and are leading causes of health inequity:

- **Tobacco dependence**: leading cause of premature death and ill health[i], rates 2.5 times higher in people of lower SES[ii].

- **Hypertension**: second biggest known risk factor for disease[iii], 30% more likely in those living in deprivation[iv].
- **Alcohol misuse:** biggest risk factor for death, ill-health and disability among 15–49-year-olds in the UK[v], harmful effects far greater for those living in deprivation[vi].
- **Obesity:** responsible for more than 30,000 deaths each year in the UK and an average life expectancy loss of 9-years [vii], substantially elevated in deprived or minoritised ethnic groups[viii].
- **Mental illness**: 1 in 6 people each week experiencing anxiety or depression[ix], more likely for those living in deprivation[x].

The Vital 5 programme aims to improve population health by collectively tackling these five major drivers of health inequality through evidence-based interventions focused on:

1. **Prevention:** people are able to lead the healthiest and longest life possible.
2. **Detection:** people know their Vital 5 status, through accessible and engaging screening.
3. **Self-management and wellbeing:** people know how to live in the best heath they can, care for themselves and access support from their community.
4. **Active management and treatment:** people can access pathways of care and intervention that proactively meet their needs, reducing variation and inequity.

The working assumption is that the following interventions, which are currently being implemented, or are in development, will require evaluation support as part of this initial work package:

- Anxiety and depression screening and pathway improvement within one long term condition pathway

- Piloting a pulmonary rehab mental health pathway for anxiety and depression

- Roll out across south east London of a culturally appropriate Tier 2 weight management service called Up Up

- Understanding the effectiveness and sustainability of a Tier 3 children and young people's weight management service in Greenwich and Lambeth

- Prevention Proof of Concept: we are currently testing the provision a wider prevention offer at three sites within south east London which already offer either vaccinations or Vital 5 health checks as a proof of concept for the wider Population Health and Equity Programme. We are seeking to compare provision, engagement, and impact across two different population groups, with the view to scale across the ICS footprint. Interventions at these three sites will include using patient level data to target the Core20Plus5 population and test tailored interventions to target these groups in relation to the Vital 5, develop inter-disciplinary model of service delivery, use existing assets (staff, communities, and buildings).

## 3. Delivering a 'Net Zero' National Health Service

The NHS needs to respond to the health emergency that climate change brings, which will be embedded into everything we do now and in the future.

More intense storms and floods, more frequent heatwaves and the spread of infectious disease from climate change threaten to undermine years of health gains. Action on climate change will affect this, and it will also bring direct improvements for public health and health equity. Reaching our country's ambitions under the Paris Climate Change Agreement could see over 5,700 lives saved every year from improved air quality, 38,000 lives saved every year from a more physically active population and over 100,000 lives saved every year from healthier diets.

The NHS embarked on a process to identify the most credible, ambitious date that the health service could reach net zero emissions. Two clear and feasible targets emerge for the NHS net zero commitment, based on the scale of the challenge posed by climate change, current knowledge, and the interventions and assumptions that underpin this analysis:

- For the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032.
- For the emissions we can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

Delivering a net zero NHS has the potential to secure significant benefits across the population, and particularly for vulnerable and marginalised populations, addressing existing health inequalities. These benefits will only be fully realised through public participation, involvement and engagement with those communities as this work goes forward, having regard to the need to reduce health inequalities and taking into account the public sector equality duty.

As a key priority, we will work to reduce air pollution and improve local environments, thereby supporting the development of local economies in geographical areas of deprivation. Air pollution disproportionately affects people in these areas, many of whom are already at risk of poorer health outcomes.

Direct interventions to decarbonise the NHS
- Reducing emissions from hospital estates and facilities
- Electrification of the NHS transport fleet
- Cycling, walking and shifting modes of transport
- Decarbonising the supply chain
- Food, catering and nutrition
  - Medicines
  - Reducing emissions from inhalers and anaesthetic gases

## 4. South East London Integrated Care System Green Plan
**Guidance: See the** ICS Green Plan Here

The South East London Integrated Care System in its "Green Plan 2022-2025" has adopted the following commitments in its plan. We would expect Suppliers to be able to address at least one or more of these commitments in their proposals:

- We will make carbon reduction and sustainability part of our core business.
- We will work to improve air quality in South East London.
- We will reduce and decarbonise our travel and transport.
- We will optimise and reduce emissions from our estate in line with the national target of 80% reduction by 2032.

- We will review our existing and develop new models of care to reduce their environmental impact and improve social value.
- We will use digital transformation to improve the sustainability of healthcare without compromising the quality of our care and exacerbating inequalities in access to care.
- We will reduce the environmental impact of our medicines through optimisation of prescribing, use of low-carbon alternatives, and appropriate disposal.
- We will use our supplies more efficiently, consider low-carbon alternatives, and collaborate on the decarbonisation of our suppliers.
- We will ensure all our inpatients have access to sustainable healthy food, and for food waste to landfill to be eradicated.
- We will mitigate the risks of climate change and ensure climate change does not impact on the ICS's ability to deliver core services and manage population health.
- We will contribute to the improvement of and equal access to South East London's green and blue spaces.

[i] https://ash.org.uk/resources/view/smoking-statistics

[ii] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2019#characteristics-of-current-cigarette-smokers-in-the-uk accessed 02/02/023

[iii] https://www.gov.uk/government/publications/health-matters-combating-high-blood-pressure/health-matters-combating-high-blood-pressure accessed 02/02/023

[iv] https://www.gov.uk/government/publications/health-matters-combating-high-blood-pressure/health-matters-combating-high-blood-pressure

[v] https://www.rsph.org.uk/about-us/news/guest-blog-alcohol-attributable-deaths-and-hospital-admissions-in-england-when-the-information-changes.html

[vi] Bellis, M. A., Hughes, K., Nicholls, J., Sheron, N., Gilmore, I., & Jones, L. (2016). The alcohol harm paradox: Using a national survey to explore how alcohol may disproportionately impact health in deprived individuals. *BMC Public Health*, *16*(1), 1–10. https://doi.org/10.1186/s12889-016-2766-x

[vii] https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2

[viii] https://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/overweight-and-obesity#ref-4

[ix] McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016). Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014. The true prevalence is likely to be much higher, as APMS excludes people in hospitals, prisons, sheltered housing, or homeless/ rough sleeping.

[x] https://ash.org.uk/resources/view/smoking-and-mental-health

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Health Foundation (2020) https://www.health.org.uk/publications/long-reads/inequalities-in-health-care-for-people-with-depression-and-anxiety