

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Adult Social Care and Public Health
Date:	27 January 2015
Title:	Public Health - Healthy Lifestyle Services Procurement and Approved List of Providers.
Reference:	6325
Report From:	Director of Public Health

Contact name: Dr Christine Jackson

Tel: 023 8038 3330 **Email:** christine.jackson2@hants.gov.uk

1. Executive Summary

- 1.1. The Decision Report, referenced 5128, titled Public Health Strategic Procurement Plan, which was given Executive Member approval on 20 September 2013 highlighted that further reports would be brought to the Executive Member for each of the tenders in the Strategic Procurement Plan.
- 1.2. The purpose of this paper is to seek approval to go out to tender and seek authorisation to spend for Public Health Tobacco Control services, Weight Management services, Health Trainers Services and NHS Health Checks which gives a combined total contract term value for the Healthy Lifestyle category of up to £24,380,000
- 1.3. This paper also seeks approval to waive Hampshire County Council Contract Standing Orders to enable the establishment of an Approved List of qualified providers for NHS Health Checks and Sexual Health Level 2 Services for a 5 year term and to waive the requirement to seek references.

2. Background

2.1. The Healthy Lifestyle category includes the following commissioned services:

- NHS Health Checks
- Tobacco Control Services
- Weight Management Services
- Health Trainers Services

- 2.2. A review of the procurement timeline has been necessary and it is proposed to put into place new contracts by way of procurement processes by 1 April 2016 for NHS Health Checks and 1 October 2016 for Tobacco Control, Weight Management and Health Trainers services.
- 2.3. Existing contractual arrangements will continue until 31 March 2016 for NHS Health Checks and 30 September 2016 for Tobacco Control, Weight Management and Health Trainers.
- 2.4. An Open or Restricted procurement process will be used in line with HCC best practice for Tobacco Control, Weight Management and Health Trainers services.
- 2.5. Approval is sought to use an alternative procurement process (Approved List) for NHS Health Checks.

Sexual Health Level 2 Services

- 2.6. These services are not part of the Healthy Lifestyle category. Tender and spend approvals have already been granted (Report Ref: 5128). This service is included here because approval is sought to use the same procurement process applying the same waivers to Contract Standing Orders as NHS Health Checks.

3. Contextual information

NHS Health Checks

- 3.1. This is a local delivery of a national programme which offers a free health assessment to apparently healthy adults between 40 to 74 years of age once every 5 years. It is a mandated Public Health service for the local authority to commission.
- 3.2. This service is currently commissioned from GP practices across Hampshire with a supporting contract with the Hampshire and Isle of Wight Practitioner and Patient Services Agency (PPSA). The PPSA has been providing a list of residents for each GP practice who are eligible for a health check while ensuring the list remains valid and sending the initial invitation.

Tobacco Control Services

- 3.3. Smoking remains the single most significant risk factor to avoidable ill health and premature mortality through a range of disease processes to that individual including cardio vascular disease (including vascular dementias), respiratory diseases and cancers. It also affects the growing fetus as well as children. This service is commissioned to reduce smoking prevalence with a focus on those at highest risk such as smoking in pregnancy and for people with established chronic diseases to mitigate the effects thereof. This intervention is one of the most evidence based, cost effective ways to

improve health and avoid the need for health and social care. It's outcomes are recorded nationally in the Public Health Outcomes.

- 3.4. This service is part of achieving the wider tobacco control strategy and is an important referral route for people to benefit from after accessing their NHS Health Checks.
- 3.5. Recent analysis across Hampshire suggests that fewer people are seeking to cease smoking at a time when we know that the proportion of our residents who are obese or overweight continues to increase. The relative benefits of addressing these significant issues for our residents and hence our economy is under consideration and the focus on interventions may consequently shift in due course and be reflected in the forthcoming Hampshire County Council Public Health Strategy.

Weight Management

- 3.6. Adult weight management (weight reduction) services are commissioned as part of a pathway of inter-connected community weight management services. Tier 1 is provided in primary care and is aimed at people with a Body Mass Index of 25-30 (overweight). Tier 2 services are offered to those unsuccessful at initial attempts at weight loss and who are clinically obese. In Hampshire these are currently provided through professional referral to community based weight loss services. Tiers 3 and 4 are specialist clinical weight management services, including bariatric surgery, commissioned by NHS organisations. Tier 2 services are commissioned to reduce obesity, reducing avoidable ill health and are one of a number of interventions to support people who have accessed NHS Health Checks to achieve Public Health Outcomes.
- 3.7. The aim of the Public Health commissioned weight reduction service is to provide an evidence-based Tier 2 Weight Management service that will support people who are clinically obese to reduce their weight to a level that will improve their health and reduce their risk of obesity related ill-health in the future. The service will assist people to maintain weight loss in the long-term. A key element will be the provision of a multi component service which supports people in effectively making lifestyle modifications through behavioural change strategies to increase physical activity levels and improve eating behaviour and the quality of their diet.

Health Trainers Service

- 3.8. This service is aimed at reducing health inequalities by directly addressing the needs of specific disadvantaged communities and groups and enabling behaviour change.
- 3.9. The service model workforce needs to reflect the diversity and needs of the community. Workers use an evidence-based client-centred, guiding approach to enhance motivation to change behaviours, primarily across a number of key priority lifestyle issues (e.g. smoking, obesity, physical activity, mental health, sexual health and substance misuse). They also enhance access to

existing services for clients by providing practical support. This will improve take up and outcomes of a range of health/lifestyle services and wider services that impact health such as education, training & employment.

- 3.10. In addition, this work is underpinned by commissioning a robust model of Volunteer Health Trainer Champions across Hampshire to provide support to access services, to identify opportunities for help, and raise awareness of health and lifestyle issues especially in the more deprived communities across Hampshire.

General

- 3.11. Report 5128 primarily enabled the continuation of all Public Health commissioned services that transitioned across by the Health and Social Care Act 2012 from Hampshire Primary Care Trust (PCT) which ceased to exist after 31 March 2013.
- 3.12. This report gave the approval to spend and approval to procure School Nursing Services and the Sexual Health category of services (including Level 2 Enhanced Services). The Healthy Lifestyle category of services is the next phase of the strategic procurement programme.
- 3.13. This report also aligned contract end dates including the Healthy Lifestyle category of services. This enables services in a category to be procured together helping to realise benefits of scale and alignment.
- 3.14. The contract term of up to 5 years is expected to be exercised as an initial 3 year term with possible extension periods of up to 2 years giving a total contract term of up to 5 years.

4. Approved List of Qualified Providers

- 4.1. Executive member approval is sought for the establishment of Approved Lists of qualified providers for the NHS Health Checks up to £7,035,000 and Sexual Health Level 2 Services up to the value of £10,131,035, a waiver of *Contract Standing Orders to enable establishment of Approved Lists* for longer than 3 years and a waiver of requirement under Contract Standing Orders to seek references. The proposal is that the lists will be advertised in OJEU and on the Council's In Tend system but the process will not include an open or restricted tender process. Any provider of the relevant services could apply to be included on the Approved List subject to their meeting qualification criteria. Qualified providers are likely to include GPs and Pharmacies but would not be limited to such providers.
- 4.2. A tender process is not considered appropriate as this could result in a large number of unnecessary risks and a very real chance of the services completely failing (e.g. GP buy in and Pharmacy participation). Other considered risks are negative publicity and the reputation of The Council (over bureaucratic, unnecessary and cost of tender outweighs potential levels of business on offer), not meeting the requirements of Best Value and ultimately not meeting the needs of our residents.

The list will have a 6-monthly window of opportunity for new providers to apply and annual due diligence will be carried out to ensure that all providers on the Approved List continue to meet the mandatory requirements of inclusion e.g. valid insurances and certified competencies. Any provider failing to continue to meet these requirements will be removed from the list.

- 4.3. There are no guarantees of business with any provider included on the list. The procurement process is to establish the list. The award of business for the relevant services will be given to only those providers on the list and post the procurement process.
- 4.4. The Approved List will be published and accessible at all times (e.g. on the Councils websites and appendices to formal letters and general communications).

Hampshire County Council Contract Standing Orders provide for the re-establishment of an Approved List every 3 years. The proposed contract term is up to 5 years on the basis of an initial term of 3 years with the option to extend for a further 2 years. This is in line with other Public Health contracts and is considered appropriate given the nature of the services, the market, strategic procurement plan and way in which the Approved Lists would be managed. The proposed contract term also provides an adequate amount of stability, scope for improvement programmes and a positive move away from a cycle of continual procurement activity. It is also expected to appeal to the market place and increase initial buy in which is a key objective in commissioning these services.

- 4.5. The List term will dictate the duration of the individual provider term. This means that providers applying at the start, and assuming they meet the ongoing due diligence and do not wish to be removed from the list, would remain on the list for the entire duration e.g. up to the full 5 year term. A provider applying to be added to the list at the last 6 monthly window of opportunity would have a maximum term of 6 months. No individual provider term will extend beyond the Approved List term. This approach also allows for flexibility should the provider market be changed by external factors or legislation.
- 4.6. It is not proposed that financial checks are carried out prior to inclusion on the List. Contractual terms and conditions provide the Council with the scope to ask for this information if required throughout the life of the contract.
- 4.7. Services are paid for on activity undertaken and the coverage of providers is currently and expected to be extensive. It is considered that there is no financial risk to the Council.
- 4.8. A waiver to the requirement under Contract Standing Orders to seek references is sought. In consideration of the market place which is predominantly General medical practices and Community Pharmacies it is not considered appropriate. Under the Council's contractual terms and conditions this information can be requested at the Council's discretion at any point throughout the term of the contract. Due to the nature of the process (any qualified provider) it is recognised that private companies may have all the mandatory competencies to join the list and therefore no references would be

sought from these providers also. It is recognised that these providers will have met statutory quality and professional standards to be providing their services.

- 4.9. It is not considered the list will be restrictive or discriminatory in that any qualified provider will be awarded a place on the list and there is the ongoing 6 monthly window of opportunity where new providers can apply to be added to the list (undertaking the same process as those providers already on the list). The length of the term (up to 5 years) will therefore not discriminate against any qualified provider from joining the list over the entire term of the list. We do not anticipate that this represents a significant risk to the Council in terms of workload, rather it allows for the occasional loss of or addition of providers across the county.
- 4.10. The planned and phased approach to procuring these services is intended to maximise economies of scale, reduce costs and improve efficiencies throughout the supply chain while improving outcomes for the residents of Hampshire.

5. Finance

- 5.1. These services are funded from the core Public Health specific grant, and the proposed annual maximum contract values are contained within the available budget allocation.
- 5.2. The maximum annual contract value for each service, and aggregated value over the period of the contract term (3 years plus extensions of up to 2 years, i.e. a total maximum contract term of 5 years), is set out below:
- NHS Health Checks – Contract value up to £1,407,000 per annum (an aggregated total contract value of up to £7,035,000)
 - Tobacco Control Services - Contract value up to £3,131,000 per annum (an aggregated total contract value of up to £15,655,000)
 - Health Trainers Services - Contract value up to £165,000 per annum (an aggregated total contract value of up to £825,000)
 - Weight Management - Contract value up to £173,000 per annum (an aggregated total contract value of up to £865,000).
- 5.3. The Public Health specific grant is reviewed by the Department of Health (DH) on an annual basis, and as such there is a possibility that the overall grant allocation for 2015/16 will reduce in future years. However, Public Health will take account of the recurring financial commitment for these services when proposing any changes to future budget allocations.

6. Performance

- 6.1. Services will be developed in line with the Hampshire County Council Performance Framework which is in line with the Public Health Outcomes Framework (see Appendix C)

- 6.2. Commissioning will be informed by evidence based care pathways and partnership strategies including Hampshire Smoke Free Tobacco Control Strategy 2012 – 2015, Hampshire Healthy Weights Strategy, Hampshire Health and Wellbeing Strategy and Children's Trust Children and Young Peoples Plan.
- 6.3. The procurement of these services will help ensure continued improvement in service outcomes and enhanced performance measures including standardised contracts and specifications focused on outcomes.
- 6.4. The contract term will help deliver a continuous delivery of improvement throughout the life of the contract building stronger partnerships which is expected to deliver better outcomes for our residents.
- 6.5. All contracts are performance managed in line with HCC processes.
- 6.6. Delivery will be against specifications for each service which will be defined by the various strategies and ultimately the PHOF.
- 6.7. The approach is in line with the aims set out within the HM Government White Paper Healthy Lives, Healthy People: Our strategy for public health in England (2010). It also helps to deliver the Hampshire Joint Health and Wellbeing Strategy, as well as supporting the 5 year plan published by NHS England.

7. Consultation and Equalities

- 7.1. The use of stop smoking Services is changing with a marked local and national reduction in the number of people accessing services. A review of the need and current service model is in progress which will include Stakeholder Engagement in March 2015. Subsequent to this service delivery processes will be confirmed to enable the residents of Hampshire to access effective, accessible and appropriate services. Equality Impact Assessments as summarised in Appendix B have been carried out for Weight Management, Tobacco Control Services, NHS Health Checks and Health Trainers services all of which identified positive impacts on persons with protected characteristics.
- 7.2. Positive impacts were identified for age (Health Checks), pregnancy/maternity (Tobacco Control Services) and disability (weight management) all of which are results of targeted provision as determined by assessed need.

8. Sexual Health Level 2 Services

- 8.1. Approval is also sought for the waivers to Contract Standing Orders requested in this report to also be applied to these services.
- 8.2. Approval to tender and spend has already been granted (Report 5128). It is considered important that a standardised procurement process is agreed across all services and procured at the same time.
- 8.3. Services within Sexual Health Level 2 are: Long Acting reversible Contraception (LARC), Chlamydia Testing and Treatment and Chlamydia Testing.

8.4. Annual contract value for these services is £2,026,207 giving total maximum value of £10,131,035 over contract term of 5 years.

9. Recommendation(s)

9.1. That the Executive Member for Adult Social Care and Public Health give approval to go out to tender and seek authorisation to spend for the Public Health 'Healthy Lifestyle' procurement category with a combined total value of up to £24,380,000 (3 years plus extensions of up to 2 years giving a total maximum contract term of 5 years)

- NHS Health Checks - £7,035,000
- Tobacco Control Services £15,655,000
- Health Trainers Services £825,000
- Weight Management - £865,000

9.2. That the Executive Member for Adult Social Care and Public Health give approval to waive Contract Standing Order 5.7 and approve the establishment of an Approved List of qualified providers to procure NHS Health Checks and Sexual Health Level 2 Services for a term of up to 5 years on basis of initial term of 3 years with option to extend for up to a further 2 years (3+1+1).

9.3. That the Executive Member for Adult Social Care and Public Health give approval to waive the requirement to seek references under Contract Standing Order 5.9d.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	yes
Maximising well-being:	yes
Enhancing our quality of place:	yes
OR	
This proposal does not link to the Corporate Strategy but, nevertheless, requires a decision because:	

Other Significant Links

Links to previous Member decisions:		
<u>Title</u> Public Health Strategic Procurement Plan and Approvals	<u>Reference</u> 5128	<u>Date</u> 20 September 2013
Direct links to specific legislation or Government Directives		
<u>Title</u> Public Contracts Regulations 2006 (as amended)		<u>Date</u> 31 January 2006

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

IMPACT ASSESSMENTS

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

This appendix represents a summary of Equality Impact Assessments for Healthy Lifestyles Procurement projects. Full Impact Assessments for each project will be available on <http://www3.hants.gov.uk/equality/equality-impact-assessments/cx-pu-eqimpact-cx.htm> following executive member decision.

Name of project/proposal

Re-commissioning and procurement of Public Health Healthy Lifestyle services comprising of NHS Health Checks, Smoking Cessation, Weight Management and Health Trainers.

Purpose for project/proposal

NHS Health Checks is national mandated programme for adults aged 40- 74 that aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Services will be available to all members of the population within this age range in Hampshire who have not already been diagnosed with one of these conditions. Reprocurement using an Approved List of any Qualified

Provider will enable NHS Health Checks to be more easily accessible to eligible residents.

Smoking Cessation services for adults aged 18 years and over resident in Hampshire. A key element will be the provision of a service which supports smokers to stop smoking through the provision of evidence based behavioural change strategies and pharmacotherapies to stop smoking. This is in line with NICE 2008 Guidance for Smoking Cessation. Reprourement will enable the existing service to be modified in accordance with current reviews and consultations, and against a changing landscape in smoking behaviour locally and nationally.

Weight Management and Health Trainer services help to support patients in effectively making lifestyle modifications through the provision of behaviour change strategies to increase physical activity and improve eating behaviour and diet. Tier 2 Weight Management services will continue to be available to all residents. Health Trainer services will additionally support signposting and access to other health providers and will be available in areas where there is most need, e.g. in deprived communities and among disadvantaged groups. Reprourement will allow these services to incorporate the views and experiences of service users into service provision and to improve accessibility.

Consultation

Has a consultation been carried out? Yes/Planned

Consultation with current users and referrers of services has been ongoing. Further stakeholder engagement is planned. It is anticipated that a consultation will take place with staff and/or service users of Learning Disability and Mental Health teams to provide additional insight into how the experiences and views of these client groups can be incorporated into service provision.

Statutory considerations

Impact

Age	Low
Disability	Low
Sexual orientation	None
Race	None
Religion and belief	None
Gender reassignment	None
Sex	None
Marriage and civil partnership	None
Pregnancy and maternity	Low

Other policy considerations

Poverty	Medium
Rurality	None
Other factors	None

Geographical impact

All Hampshire

Equality Statement

NHS Health Checks will be available to all population groups equally across Hampshire with the exception of age. One of the main aims of the NHS Health Check programme is to help narrow health inequalities from the conditions covered by it and Public Health England and the Department of Health have determined that patients outside of this age range are at lower risk of developing these conditions, therefore the age restrictions will have only a low impact. There will be no impact on patients that have been excluded due to a previous diagnosis of one of the conditions covered by the Health Check because they will already be receiving care/treatment for these conditions.

Smoking Cessation services will be available to all population groups equally, but NICE Guidelines PH10 (2008) and NICE Quality Standard QS43 (2013) highlights that some population groups may have a greater need for access to stop smoking services, this includes pregnant women who smoke. Special consideration is given to women who are pregnant because of the impact of smoking on the health of both mother and baby before and following birth.

Weight Management services will have a positive impact for people living with mental and/or learning disability as the new services will incorporate any changes suggested as part of the consultation exercise to take place in 2015. At this stage it is predicted that any changes are likely to have low positive impact. The Health Trainer service is focussed on identifying and supporting individuals in populations / communities where there is significant disadvantage including poverty. Therefore the programme will have a positive impact on these people.

There will be no changes in the impact (positive or negative) to people who fall within the other protected characteristics for the reasons stated above. Coverage of service is across Hampshire and includes rural and disadvantaged communities. Providers will be required to ensure that they do not discriminate between or against service users and/or Carers on grounds of gender, age, sexual orientation, ethnicity, disability, religion or belief or any nonmedical characteristics. In addition, every reasonable attempt will be made by the Provider/s to provide appropriate assistance and make reasonable adjustments for service users/carers who do not speak, read or write English or who have communication difficulties. The commissioner of the service will continue to monitor the service provision to ensure equality of access.

Public Health services have an overarching remit to reduce health inequalities and as such, have an positive impact on poverty, one of the wider determinants of health.

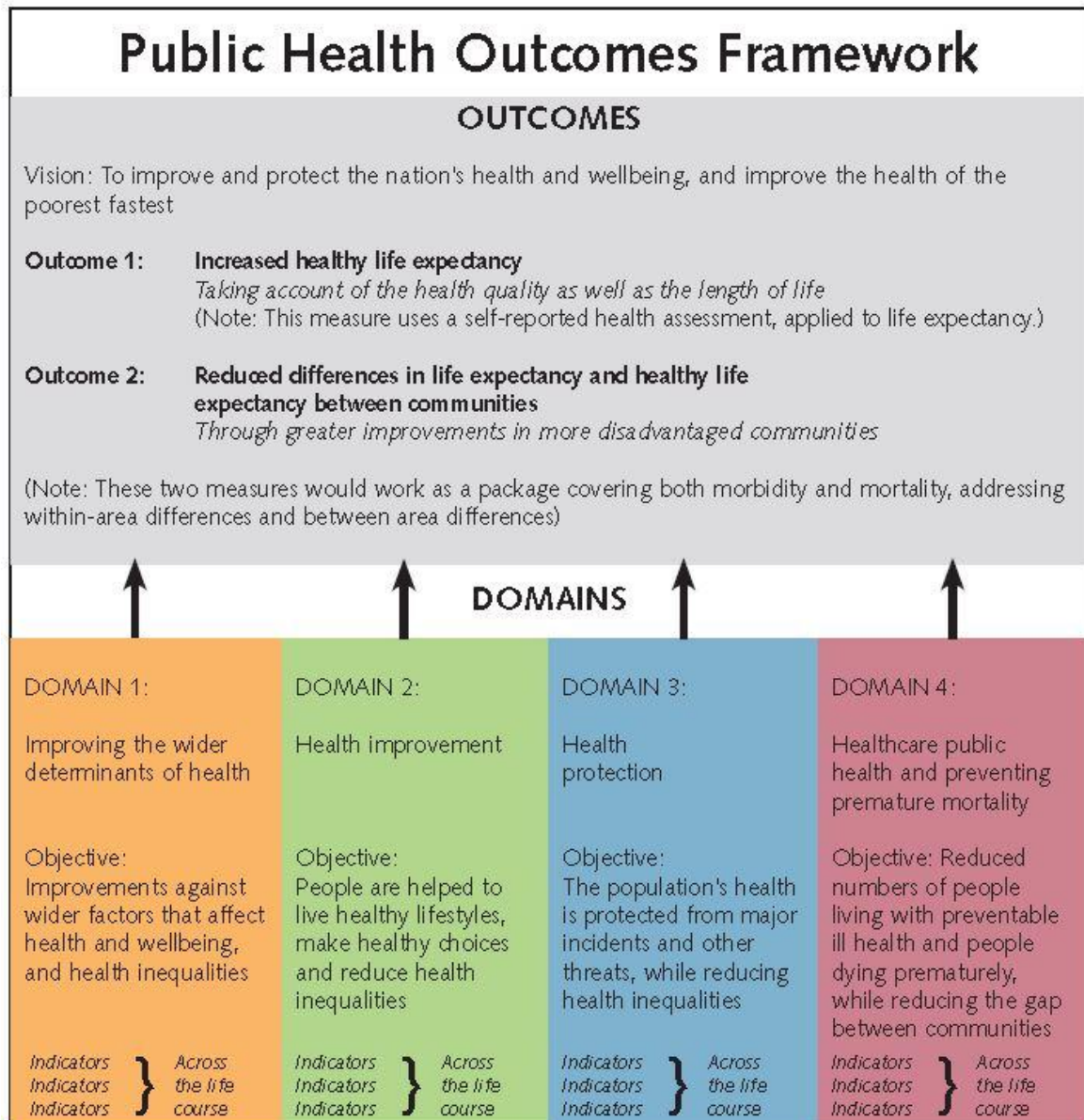
2. Impact on Crime and Disorder:

- 2.1. Health Trainers will work in deprived communities, including target provision for offenders within probation services to promote behaviour change and healthier lifestyles, therefore there will be a positive impact on Crime and Disorder.
- 2.2. Smoking Cessation, Weight Management and Health Checks will not have an immediate impact on crime and disorder.
- 2.3. Public Health interventions, by definition, are considered to improve and protect the public's health and are designed to support Hampshire residents to live safely with improved health and health outcomes.

3. Climate Change:

- 3.1. There is no direct impact on climate change.
- 3.2. Consideration of climate change and its impacts on the population and its current and future public health forms part of the evidence informing interventions to improve and protect the public's health.
- 3.3. Services will aim to reduce the impact on climate change and increase accessibility for residents through provision from locations that are easily accessible by foot and by public transport.

Appendix C - Public Health Outcomes Framework



1 Improving the wider determinants of health
<p>Objective</p> <p>Improvements against wider factors that affect health and wellbeing and health inequalities</p>
<p>Indicators</p> <ul style="list-style-type: none"> • Children in poverty • School readiness • Pupil absence • First-time entrants to the youth justice system • 16-18 year olds not in education, employment or training • Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation • People in prison who have a mental illness or a significant mental illness • Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services • Sickness absence rate • Killed and seriously injured casualties on England's roads • Domestic abuse • Violent crime (including sexual violence) • Re-offending levels • The percentage of the population affected by noise • Statutory homelessness • Utilisation of green space for exercise/health reasons • Fuel poverty • Social isolation • Older people's perception of community safety
2 Health improvement
<p>Objective</p> <p>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p>
<p>Indicators</p> <ul style="list-style-type: none"> • Low birth weight of term babies • Breastfeeding • Smoking status at time of delivery • Under 18 conceptions* • <i>Child development at 2-2½ years (under development)</i> • Excess weight in 4-5 and 10-11 year olds* • Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years • Emotional well-being of looked after children • <i>Smoking prevalence – 15 year olds (placeholder)</i> • Self-harm • Diet • Excess weight in adults • Proportion of physically active and inactive adults • Smoking prevalence – adult (over 18s) • Successful completion of drug treatment • People entering prison with substance dependence issues who are previously not known to community treatment • Recorded diabetes • Alcohol-related admissions to hospital • Cancer diagnosed at stage 1 and 2 • Cancer screening coverage • Access to non-cancer screening programmes • Take up of the NHS Health Check Programme – by those eligible* • Self-reported wellbeing • Falls and injuries in people aged 65 and over

3 Health protection
<p>Objective</p> <p>The population's health is protected from major incidents and other threats, while reducing health inequalities</p>
<p>Indicators</p> <ul style="list-style-type: none"> • Fraction of mortality attributable to particulate air pollution • Chlamydia diagnoses (15-24 year olds)* • Population vaccination coverage • People presenting with HIV at a late stage of infection • Treatment completion for Tuberculosis (TB) • Public sector organisations with board-approved sustainable development management plan • Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies*
4 Healthcare public health and preventing premature mortality
<p>Objective</p> <p>Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.</p>
<p>Indicators</p> <ul style="list-style-type: none"> • Infant mortality • Tooth decay in children aged 5 • Mortality from causes considered preventable • Mortality from all cardiovascular diseases (including heart disease and stroke) • Mortality from cancer • Mortality from liver disease • Mortality from respiratory diseases • Mortality from communicable diseases • Excess under 75 mortality in adults with serious mental illness • Suicide rate • Emergency readmissions within 30 days of discharge from hospital • Preventable sight loss • Health-related quality of life for older people • Hip fractures in people aged 65 and over • Excess winter deaths • Estimated diagnosis rate for people with dementia

Full policy papers, *Public Health Outcomes Framework 2013 to 2016*, are available from: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>