

Redesign of Lifestyle support services	
Portfolio:	Health
Outcome:	<ul style="list-style-type: none"> <li>• People are able to make informed choices and look after themselves</li> <li>• People who need support get it</li> </ul>
Project SRO:	Donna Sager
Project Lead:	Alison Leigh

## 1. Executive Summary

As part of the ongoing process of Growth and Reform across the Council this business case proposes a course of action to realise £400k savings from the Public Health budget. The changes proposed involve working with a currently contracted service provider to reduce contract values. These negotiations would in the first instance try to negotiate a revised value focussing on a number of key service elements that have been determined as being critical. This includes specialist smoking cessation primarily in our deprived communities where the number of people smoke is significantly higher than in other areas of the Borough, smoking cessation for pregnant women who smoke and those with mental health needs who smoke, a training offer to ensure that front line workers in primary care are able to offer basic intervention to support smoking cessation, a family weight management programme for children who are obese and finally a reduced weight management programme for adults.

In addition, although not related to the contract, we are proposing a reduction in the Food and Health budget of 10k.

This proposal will align and is interdependent with the Stockport Together development of a new neighbourhood approach to preventative services which is based in primary care designed to improve the mental and physical wellbeing of people with long term health condition(s), and provide better support so that people are able to maintain good health, personal wellbeing, independence and achieve their self-determined goals.

Consultation on the lifestyle services proposals began on the 20th November 2017 and ended on the 22nd December 2017. The questionnaire was placed on the Councils Have Your Say webpage alongside supporting information explaining the proposals in order to assist participants in making an informed decision. In addition to this, the questionnaire was available on electronic touchscreen kiosks placed in libraries across the borough.

In order to support the consultation and encourage feedback, a range of communication methods have been used. These have included social media messages, a press release, the Council website, Facebook advertising and a Stockport Review Extra article. We also requested that our partners including Stockport Homes, CCG and community groups share our messages via their communications channels.

Links to the consultation alongside an explanatory note were sent to the following: ABL, Healthwatch, Stockport CCG, Greater Manchester Health and Social Care Partnership, Stockport NHS Foundation Trust, Stockport LMC, the BMA, Stockport Neighbourhood Care, Viaduct, Heads of Service – SMBC, Stockport Family, Life Leisure, CGL, Stockport Homes.

Presentations / discussion also took place

- Joint Commissioning Board (29th November 2017)

- Stockport Together Behaviour Change working group (a range of providers and interested parties.)
- Discussion was also held with Tim Ryley, Director of Strategy & Governance NHS Stockport CCG

The key findings of the consultation indicate that whilst there were concerns about the impact of making cuts in lifestyle services, there was broad agreement (either strongly agreed or tended to agree) over the areas which should be prioritised if we are to provide services at a reduced cost.

- 75% said we should continue to provide a service for pregnant smokers;
- 63% said we should continue to provide a service for smokers living in priority areas;
- 73% said we should continue to provide a smoking training offer to front line staff;
- 69% said we should continue to provide a family weight management service;
- 57% said we should continue to provide a targeted services around adult weight management;
- 55% agreed with the proposal to stop cook and taste sessions.

The consultation also found that 85% of respondents were aware of websites and services that can support people make healthier lifestyle choices and 50% had used them.

Concerns raised included the scale of the cuts, how such services are essential (noting the importance of prevention), that services should be available for all and not targeted and that these cuts could affect the most disadvantaged. It was also highlighted that apps and online support are not suitable for everyone, and that the nature of support is important (e.g. group based, community focussed, practical based services are the best).

## 2. Case for Change

Significant financial pressures have been caused by the cuts in the element of business rates retention which is attributable to the level of public health grant. This would have been paid had the grant not been abolished in Greater Manchester. As such we need to re-profile our work areas and secure efficiencies. The development of the Stockport Together Healthy Communities and Neighbourhood business plan have provided an opportunity to explore how public health programmes and services are delivered. There is scope for a new model of service delivery that is based in neighbourhoods, linking in with the integrated leadership teams in primary care and aligning the assets of local communities to promote health and self-care and to support communities to be more resilient. Ideally transformational funding would build on the existing budgets and there is a danger that cuts in existing services could damage the effectiveness of the Stockport Together proposals and hence create financial difficulties for the future.

In relation to the proposal outlined in this Business Case there are no legislative or policy changes within the council requiring such changes to be achieved. The priorities the services are working towards are still valid. However as outlined above we need to make savings and our redesign proposal attempts to ensure that the new service is delivered in a more targeted way and ensures there is cohesion with the new developments outlined in the Stockport Together Neighbourhood Business case.

### 3. Project / Programme Proposal

#### 3.1 Project / Programme Vision

Approach: In the first instance we will try to achieve the savings in negotiation with the service provider. The current lifestyle service contract was awarded in October 2016 after a full and open procurement process. The current value of the contract is £733,000 per annum. It was funded to provide a comprehensive lifestyle service that provides behaviour change support to anyone living or working in Stockport across the following topics:

- Stopping smoking
- Weight management (adults) tier 2
- Physical activity
- Healthy eating
- Family weight management programme
- Motivating people to make lifestyle behaviour change through confidence building and practical support.

The general lifestyle service currently works predominantly with adults aged 18+. They provide initial assessments, 1-1 support and behaviour change group work programmes which run between 8 and 12 weeks (covering motivational work, support and practical elements). They have drop ins and clinics in community settings, work in Stepping Hill hospital, support Stockport employers with a work based lifestyle offer and provide lifestyle information at community events on request.

The company receive 191 referrals per month for lifestyle support equating to 2,292 referrals per year. 131 people start a lifestyle intervention each month (1,572 people per year) and on average 86 people complete the intervention each month (1,032 people per year). They currently operate in 10 community locations, as well as providing support in GP clinics and having a workplace offer (5 employers have confirmed their interest in taking this forward, a further 3 meetings with other employers are planned).

The family weight management service is for families with children and young people aged 5-17. After an initial appointment with the family, there is a 12 week programme covering nutrition and physical activity exercise as well as 1-1 appointments if this is more appropriate based on the needs of the individual family. After the group programme has been completed, the family attends monthly support groups.

The contract is the mainstay of our lifestyle services and any reduction must impact on the process of addressing the burden of obesity, alcohol and diabetes which is so much the major driver of NHS expenditure.

The reduced budget for this service has led to an assessment of the key components of the previous service delivery which need to be retained in order to ensure that health outcomes are not significantly impacted. It is intended that the new model will comprise of:

- the priority elements of the current lifestyle service which is the focus of this business case, (specifically smoking cessation support for our deprived areas, for pregnant women who smoke, for people with mental health needs who smoke, training provision on smoking cessation to GP practices and pharmacies and front line staff, a borough wide family weight management programme, and a weight management programme for adults in our deprived communities);

- the Mental Well Being Navigators and Self-care Service currently being developed as part of the Stockport Together proposals;
- the Stockport Healthy Lifestyles Website and Online self-care resources;
- START, the main point of contact for advice about lifestyles and support into services as appropriate.

The overarching vision is for the new lifestyle support to be fully integrated into individual neighbourhoods, delivered by skilled workers in a primary care setting. The proposed redesign of the contracted lifestyle service would support this model by focusing on targeted populations and working closely with the neighbourhoods.

In addition, although not related to the contract, we are proposing a reduction in the Food and Health budget of 10k. This funding was previously spent on ingredients, preparation of recipe cards and publicity for our cook and taste community events. These sessions were targeted at residents in our deprived areas to support them to develop cooking skills and being able to prepare healthy low cost meals. Wherever possible we will seek alternative funding such as community grants to continue such activities.

### **3.2 Scope**

There will be no staff within SMBC directly affected by this proposal.

There are a number of linked services to the overall model which are not in scope of this business case. These include those services being developed as part of the Stockport Together proposals and the central point of contact around lifestyles and support into services.

### **3.3 Delivery Model Options and Preferred Model**

The Stockport JSNA provides stark figures on the need for a lifestyle support intervention programme –22% of our population are obese; 32% of people in our deprived areas smoke, and 52% are not active enough.

We know that smoking, poor diets, low activity, and alcohol are major underlying causes of disease and disability and are the most significant drivers of health inequalities. JSNA data also shows that lifestyle behaviours cluster so that a third of adults have three or more lifestyle risks, and our system must therefore be responsive enough to deal with individual needs.

Whilst smoking rates in most areas of Stockport are falling (currently at 16%), the priority is inequality, as rates in deprived areas and certain vulnerable groups (such as those with mental health problems) remain more than twice the average.

More than 200 deaths a year in Stockport could be saved if every adult met the target of 5 x 30 minutes moderate activity a week.

As a consequence of above the new service model will include:

- Smoking cessation support for our deprived areas, for pregnant women who smoke and for vulnerable groups who smoke
- A physical activity and nutritional advice programme for obese children and their families.
- Training provision on smoking cessation to GP practices and front line staff

- A weight management programme for adults in our deprived communities
- The Mental Well Being Navigators and Self-care Service currently being developed as part of the Stockport Together proposals
- Stockport Healthy Lifestyles Website and Online self-care resources
- Point of contact for advice about lifestyles and support into services as appropriate

One of the critical elements of this new service offer is the importance of service users being signposted and supported to access other community support services which will include:

- Life Leisure PARiS and other specialist physical activity support
- Public Health mindfulness courses
- The Prevention Alliance
- ARC wellbeing programme
- Expert patient programmes
- Health Champion programmes
- The National Diabetes Prevention Programme
- Community groups
- Drug and alcohol services
- Specialist condition support groups –Breathe easy, diabetes support groups etc.
- Services promoted on the SMBC Community Directory

#### **4. Objectives and Benefits**

The primary objective is to streamline services, reduce duplication and ensure we get value for money across a range of all our lifestyle services. We need to ensure that the most specialised services are targeted at those residents who require the most support whilst ensuring that there is still general advice and information on healthy lifestyles to our residents.

##### **4.1 What do we want to achieve?**

Given the proposed resources that will be available we aim to maintain a level of lifestyle services which meets the needs of our most deprived residents and those with high levels of need but is delivered at a reduced cost to the Council. A service which is flexible enough to respond to future changes in demand.

##### **4.2 How will we know whether we've achieved this?**

When savings are released but residents retain access to lifestyle support in a primary care setting or other appropriate setting (e.g. hospital setting or community setting) and achieve positive outcomes.

##### **4.3 How will we measure this?**

We will measure this through waiting times for initial contact, availability of support and positive outcomes.

##### **4.4 When will we achieve this?**

The realigned service could be in place by April 18 but this is subject to contract negotiation and existing contractual requirements.

## 5. Initial Investment Return/Income Generation Analysis

	2017/18	2018/19	2019/20	2020/21
New Lifestyle Service Costs		533k*	333k	333k
Reduction in Food and Health Budget		10k	10k	10k
Financial Savings		210k	410k	410k

\*part year effect

## Key Timescales

Milestone Description	Date Expected	Output at Milestone
Professional advice from STAR procurement team sought	Nov 17	Contractual advice secured
Negotiations with current providers to work with SMBC	Dec 17	Negotiations completed
Review responses to the consultation. Consider any new options identified in the consultation to deliver the revised service model	Dec 17	New model confirmed
Agree scope & timescales	Dec 17	Agreed inclusions / exclusions and milestones
Decision by Cabinet following consideration of Consultation responses	Feb 2018	Approval to proceed with the new model
New lifestyle service contract model and pathways confirmed	Tbc	Model defined
Consult with staff on proposed models	Tbc	Staffing structure confirmed
Full implementation will be dependent on final agreement between all partners.	Tbc	Implementation plan completed.

## 6. Consultation and Engagement

A full report detailing the outcome of the consultation has been prepared and will be considered by the Adults and Health Scrutiny on the 16<sup>th</sup> January.

## 7. Interdependencies, Constraints and Risk

Risk Description	Risk Owner	Broad Risk Response	H/M/L
Adverse publicity and reputational risk of cutting of lifestyle services	DS	Benefits of the new service model will be shared.	<b>M</b>
Adverse impact on public health outcomes with an increase in the prevalence of poor lifestyle conditions and increase in preventable ill health.	DS	As the service model defined above indicates there will be a more targeted and primary care service delivery. However we will closely monitor outcomes and in particular those that impact on health inequalities.	<b>M</b>
During the transition time there is likely to be a reduction in performance and staff uncertainty	DS	Close monitoring of these services will take place	<b>M</b>
Additional pressures on primary care services and hospital attendances	DS	Close monitoring of these services will take place	<b>M</b>
The sum of the financial savings may not be achieved in full in 18/19 due to existing formal contractual arrangements.	DS	Revised financial schedule to be developed	<b>H</b>
The pace at which the new model develops does not realise efficiencies within the desired timescale.	DS	Early sign off of new model and senior leaders to champion and ensure organisational pace of change across the partnership.	<b>M</b>

9.

## Equality Impact Assessment

The updated Equality Impact Assessment is included below.

<b>Title: Redesign of Lifestyle services</b>	<b>Date: 27/12/17</b>
	<b>Stage: 2<sup>nd</sup> Draft</b>
	<b>Lead Officer: Dr Donna Sager</b>

### Stage 1: Do you need to complete an Equality Impact Assessment (EIA)?

Yes, an EIA is required as this proposal seeks to change the way a service is delivered for a reduced contract value.

The changes involve focussing on a number of key service elements that have been determined as being critical. This includes specialist smoking cessation primarily in our deprived communities where the number of people smoke is significantly higher than in other areas of the Borough, smoking cessation for pregnant women who smoke and those with mental health needs who smoke, a training offer to ensure that front line workers in primary care are able to offer basic intervention to support smoking cessation, a family weight management programme for children who are obese and finally a reduced weight management programme for adults.

This targeted approach also means that a universal service will not be available through this contract. However, this proposal will align with and is interdependent with the Stockport Together development of a new neighbourhood approach to preventative services which is based in primary care, designed to improve the mental and physical wellbeing of people with long term health condition(s), and provide better support so that people are able to maintain good health, personal wellbeing, independence and achieve their self-determined goals.

As the proposal is developed it will incorporate feedback from consultation and any changes to the proposed new service design. The full EIA will be available when this is completed.

### Stage 2: What do you know?

Consideration of the following information will be undertaken as part of this EIA:

- Borough wide demographics and needs
- Understanding of service uptake
- Consultation and engagement feedback

#### **1. Borough wide demographics and needs**



## Stage 2: What do you know?

Analysis from the Global Burden of Disease Study 2010 (published in The Lancet in 2012) shows that the underlying drivers of **early disease and disability are largely preventable**, smoking, poor diets, low activity, and alcohol are major underlying causes of disease and disability.

### In Stockport

- **26%** of adults have three or more lifestyle risk factors
- **16%** of adults smoke – although rates are falling
- **11%** of new mothers smoke at time of birth
- **25%** of adults drink unhealthily – rates are stable
- **52%** of adults are not active enough – rates are stable
- **22%** of adults are obese – rates are stable

### Smoking:

- Is the **biggest single lifestyle cause of poor health in Stockport** – however rates in most areas of Stockport are falling
- Priorities for smoking **focus on inequalities**, as rates in deprived areas and certain vulnerable groups (such as those with mental health problems) remain high, four times as many people in more deprived areas smoke than in the least deprived areas of Stockport.
- Although smoking is now the least common lifestyle risk behaviour overall, **those who smoke are much more likely to have other lifestyle risks**; a third of smokers have all four risk behaviours and only 2.5% have no other risks.
- The Kings Fund estimate that smoking **reduces life expectancy by 10 years** and costs the NHS £2.7 billion a year.
- There at least 2,900 **hospital admissions** each year in Stockport as a result of smoking and at least 1,4000 deaths. People in areas of higher deprivation are more likely to die of smoking attributable causes.
- 11% of **new mothers smoke at the time of delivery**. Smoking during pregnancy risks the health of the child as well as the mother. Again rates show a strong deprivation profile, with more than 30% of mothers in areas of high deprivation smoking during pregnancy.
- Pregnancy can motivate women to stop smoking, recent programmes to reduce rates of smoking in pregnancy in Stockport are helping and rates have been falling.
- Mortality rates for those with a **serious mental illness** are more than three times higher than the general population. This is linked to both the higher smoking rates and the deprivation profile of this population.

### Alcohol

- **Also remains a key concern**, although rates of consumption are no longer rising the impacts on health are still significant and are felt disproportionately in the most deprived areas.
- There are around 7,400 hospital admissions relating to alcohol each year, admission rates are higher in areas of increasing deprivation despite consumption patterns being more equal. In other words **people in deprived areas are more likely to suffer health impacts as a result of alcohol**
- On average, **130 deaths per year are alcohol related**; roughly two-thirds are men, one third women. Though numbers are variable, the trend is for a slight increase.
- On average, **1500 alcohol related crimes** are recorded every year in Stockport

### Physical activity

- Is a key priority for Stockport, the burden of disease study highlights activity / inactivity on its own as having a significant impact on health, aside from the indirect impact through weight management and blood pressure.

## Stage 2: What do you know?

- Levels of inactivity have remained steady for the past decade, however amongst those who are active the frequency of activity has increased slightly.
- Inactivity levels are high across Stockport.
- The Kings Fund estimate that inactivity causes **10% of the burden of chronic disease**, 17% of all cause mortality and costs the NHS up to £1.8 billion a year. Being active enough reduces the risk of most diseases by 30-40%.
- **More than 200** deaths a year in Stockport could be saved if everyone met the target of 5 x 30 minutes moderate activity a week.

### Obesity

- Nationally the latest Health Survey for England (2015) shows that 27% of men and 27% of women were obese.
- **Trend in obesity rose sharply in the 1990s, less steeply until around 2006, and has remained at a similar level since then.**
- The Kings Fund estimate that obesity **reduces life expectancy by up to 10 years**, and costs the NHS £4.2 billion a year
- Obesity increases with deprivation, especially for women.
- Obesity is the lifestyle risk factor which most commonly effects children, around 9.4% of reception aged children and 17.9% of year 6 children are obese.

### Mental Wellbeing

- 1 in 4 adults in the UK will suffer from a mental health condition in any given year – in Stockport this equates to 56,300 adults
- Over 60% of the prevalent population remain unidentified or not seeking treatment and any analysis of this group is difficult as by their very definition they are unknown to services.
- There are approximately 28,000 over 18's in Stockport with below average mental wellbeing.
- The risk of low mental wellbeing appears to be at the beginning of adulthood and at the very end of life
- There is a clear deprivation profile for wellbeing, with rates in the most deprived areas more than double those in the least deprived.

## 2. Service uptake

Data from the Lifestyle Service (including smoking, physical activity, healthy weight) has been analysed. This includes details of protected characteristics, where data is available from the provider.

Current Service Demand - Primary Reason for Referral in Quarter 2 2017/18

Primary Referral Reason	Service Users
Stop Smoking	261
General Wellness/Well-being	87
Weight Management	171
Increase Physical Activity	11
Blank	43
<b>Totals</b>	<b>573</b>

The largest number of referrals has been for Stop Smoking, followed by weight management.

**Stage 2: What do you know?**

Demographic data for Quarter 2: 1<sup>st</sup> July – 30<sup>th</sup> September 2017 shows that service works with more women than men, and uptake is highest in younger adulthood (18-34). Rates of use are highest in areas of deprivation, suggesting that the services are already targeted to priority clients.

<b>Gender</b>	<b>July-Sept 17</b>	<b>Rate per 100,000</b>
Female	424	285.9
Male	145	101.9
Not recorded	4	-
<b>Totals</b>	<b>573</b>	<b>197.2</b>

<b>Age</b>	<b>July-Sept 17</b>	<b>Rate per 100,000</b>
Less than 18	16	25.7
18-24 years	83	409.5
25-34 years	118	337.8
35-44 years	77	205.9
45-54 years	83	193.2
55-64 years	87	245.2
65+	69	120.7
Not recorded	40	
<b>Totals</b>	<b>573</b>	<b>197.2</b>

<b>Postcode</b>	<b>July-Sept 17</b>	<b>Rate per 100,000</b>
SK1 – Central	43	374.4
SK2 – Davenport / Offerton	82	264.8
SK3 – Edgeley / Adswood	74	251.7
SK4 – Heatons	42	112.7
SK5 – Reddish / Brinnington	113	364.1
SK6 – Marple / Werneth	37	68.8
SK7 – Hazel Grove / Bramhall	38	88.7
SK8 – Cheadle	61	97.3
Non Stockport	29	
Blank	54	
<b>Totals</b>	<b>573</b>	

Data from the Family Weight Management (Food, Activity, Balance Service) has also been analysed. This includes details of protected characteristics where data is available from the provider.

Demographic data for Quarter 2: 1<sup>st</sup> July – 30<sup>th</sup> September 2017

<b>Gender</b>	<b>July-Sept 17</b>
Female	11
Male	11
<b>Totals</b>	<b>22</b>

<b>Ages</b>	<b>July-Sept 17</b>
5-11 years	8
12-17 years	12
Not recorded	2

**Stage 2: What do you know?**

<b>Totals</b>	<b>11</b>
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<b>Postcode</b>	<b>July-Sept 17</b>
SK1	1
SK2	0
SK3	3
SK4	4
SK5	2
SK6	5
SK7	1
SK8	4
SK9	1
Not recorded	1
<b>Totals</b>	<b>22</b>

**3. Consultation and engagement feedback**

As outlined in the main body of this report.

**Stage 2a: Further Data and Consultation**

Not applicable at this stage.

**Stage 3: Results and Measures**

All service users will still be able to access some form of support via the new model which includes the Stockport Together neighbourhood approach to preventative services, primary care provision and self-help/web based resources. In addition, the proposal includes targeted interventions for those who are most at risk and where there is most need. This includes smokers who are pregnant, smokers who live in priority areas and smokers with mental health needs. It also includes the continuation of a family weight management programme and a more targeted adult weight management programme for those living in priority areas.

The redesign of the services to limit any impact with regard to protected groups, particularly our residents in deprived areas, women in relation to smoking and pregnancy, women in our deprived areas accessing support for weight management, and younger people in our deprived areas has been a considered and evidence based decision and this is something that we will closely monitor. Alongside the reduction in universal services we are working closely with Stockport Together and in particular Viaduct, GP Federation. Their investment in a new mental well-being and self-care service will be available across all neighbourhoods and again this will be an additional service for the protected groups.

**Stage 4: Decision Stage**

This EIA will accompany the proposal through the decision making stages.