

Proposed Adults and Health Scrutiny Report: Response to the Consultation on the Redesign of Lifestyle Support Services

1. Executive Summary.

As part of the ongoing process of Growth and Reform the Council agreed at the meeting on the 14th November to consult on a proposal to make changes to its Public Health services in order to make £400k savings from the Public Health budget. This paper presents the results of the consultation and a revised Equality Impact Assessment. 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. Background

As part of the ongoing process of Growth and Reform the Council agreed at the meeting on the 14th November to consult on a proposal to make changes to its Public Health services in order to make £400k savings from the Public Health budget.

The proposals include working closely with one of our service providers of specialist lifestyle services to reduce our expenditure on a number of programmes.

At present in Stockport there are a wide range of services to support people make positive improvements to promote their health and enjoy healthier lives. These include services that support smokers to quit, provide support on losing weight and getting fitter, programmes that promote healthy eating and specific programmes for children and their families who are overweight or obese. The focus of such programmes is to motivate people to make lifestyle behaviour change through confidence building and practical support. We recognise that our lifestyle services are largely delivered through this contract and therefore a reduction will have some impact on the NHS with regards to obesity, alcohol and diabetes.

However as a result of the budget pressures we have had to review this provision and have therefore identified a number of key services that we feel it is essential to keep funding. These include:

- Specialist smoking cessation support primarily in areas of our community where the number of people who smoke is much higher than in other areas of the borough. Smoking cessation services will still be provided by GP practices;
- Smoking cessation support for pregnant women 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;
- A targeted reduced weight management programme for adults.

In considering this proposal it is important to note that the Stockport Together programme will be investing in preventative health care services based in local neighbourhoods and primary care. These include:

- Developing well-being and self-care support services that will provide one to one support for individual residents to improve their mental and physical wellbeing and maintain good health.
- Providing much more information and support on how to live a healthy lifestyle using web based platforms such as www.healthystockport.co.uk
- Promoting helpful apps such as the Walking app, Drinking tracker app, Days off drinking app and Stop Smoking app.
- Supporting more community groups to develop peer support and activities for people that promote good health and reduce isolation.

In addition to the above proposals, we also proposed a £10k reduction in the Food and Health budget. 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 develop cooking skills and be able to prepare healthy low cost meals. Wherever possible, we will seek alternative funding, such as community grants for these activities.

Members of the public were asked for their views on our proposals to make sure that the most specialised services are targeted at those residents who require the most support, and also ensuring that there is still general advice and information on healthy lifestyles for our residents.

3. Methodology

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 Health
- 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

4. Adults and Health Scrutiny Committee meeting (November 2017)

The proposals were presented to the Adults and Health Scrutiny Committee on 28th November 2017 where an emphasis was given on the 'must do' priorities outlined above. Assurance was given that the impact of these proposals on universal services would continue to be assessed. Scrutiny members provided the following comments:

- Concerns were expressed that reducing the scope of the weight management programme would result in focus on the Priority One areas, although there were a number of other areas where people were financially restricted and in need of help.
- Clarification was sought on what the financial implications of changing the contract would be. In response it was stated that discussions with the provider were ongoing and until they were concluded it was not possible to be certain of the implications.
- It was queried whether the focus of these services should be to help those in need, rather than those who have made/continue to make poor choices. In response it was stated that the Service based commissioning decisions on evidence of where interventions were most effective, such as with smoking cessation support. There were many people who choose to change their lifestyles for the better and were motivated to do so, and who never required support from services. It was therefore right to target those who were not able to make change without support. It was also commented that in developing these proposals, those services that were most essential have been identified for continued priority. It was further

commented that the Stockport Together programme may support some of the areas being given less priority by the Council.

- Concerns were expressed that, given the emphasis placed on prevention, the reductions in these services were as severe as proposed.
- Because of the pressures on the system to keep people out of hospital there had been insufficient priority given to supporting prevention and wellbeing in general.
- Further information was sought on the use of e-cigarettes as an aid for those seeking to reduce or stop smoking tobacco. In response it was confirmed that health care professionals were now advising their use in these circumstances. Councillors welcomed any efforts to reduce tobacco usage and smoking in general.

5. Public Consultation Feedback

5.1. The following responses were provided:

- Kiosk results - 15 respondents (not every respondent answered all questions)
- Online results – 48 respondents (not every respondent answered all questions)
- Individual written responses were received from
 - ABL
 - Stockport Foundation Trust Public Health Team
 - A member of staff
 - UNITE

The combined Kiosk and Online consultation responses are provided in the sections below.

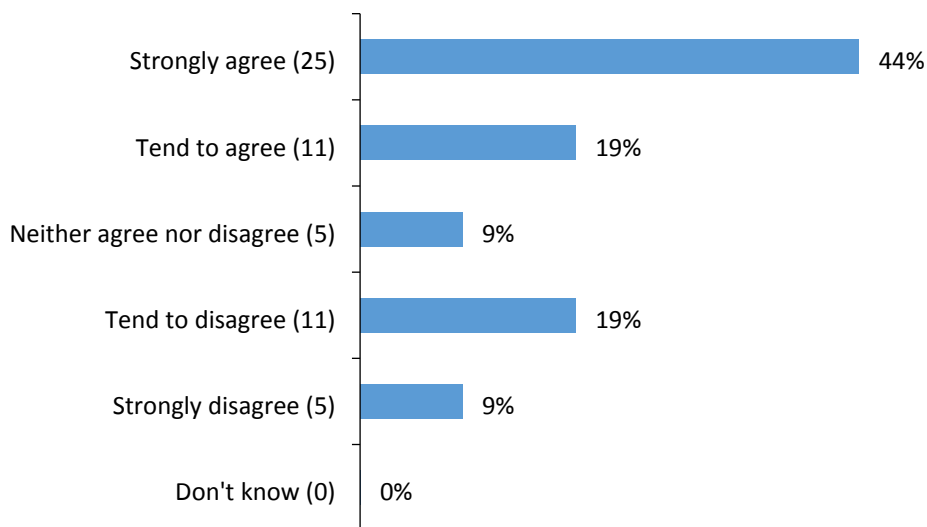
Demographic results

- There were a total of 63 responses to the kiosk and online consultation.
- Of those who responded to the question, a total of 39 (67%) identified as female, whilst 15 (26%) identified as male. 4 (7%) of those who responded selected 'prefer not to answer'.
- 11 (20%) respondents reported having a disability or a limiting long-term illness.
- The average age of the respondents was 49. The youngest respondent was 28 years of age, with the eldest being 79.
- In response to the question 'how would you define your ethnic group', 45 (79%) respondents selected 'White', 1 selected 'Asian or Asian British', 1 selected 'Black or Black British', 1 selected 'Mixed', 1 selected 'Other'. 7 respondents selected 'prefer not to answer'.
- 24 respondents defined their religion or belief as Christian, 1 respondent defined their religion or belief as Buddhist, 23 respondents selected 'no religion', 10 selected 'prefer not to answer' whilst 1 selected 'other'.
- Respondents came from a range of areas across Stockport (SK1 – SK8 postcodes were selected).

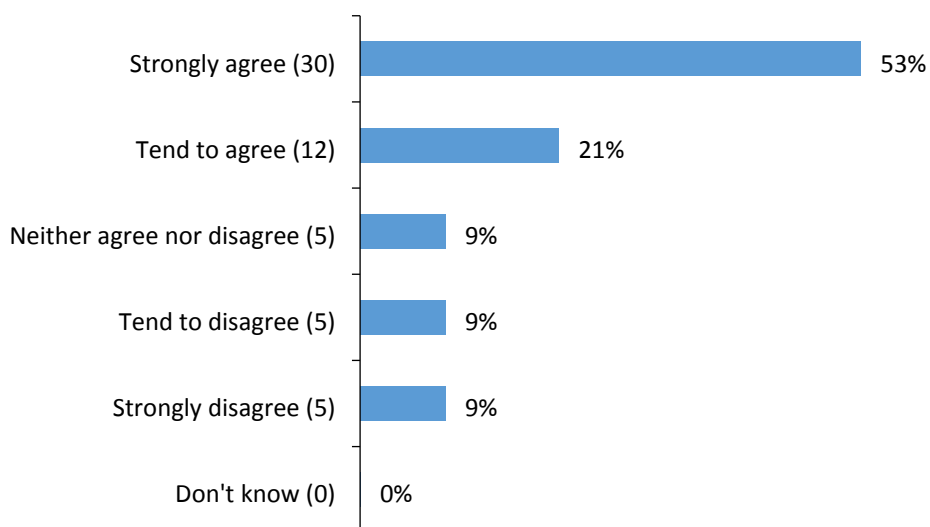
5.2. Results in detail from the online questionnaire

How far do you agree or disagree that we should commit to keeping the following areas which make sure that services are still available for people in our deprived communities?

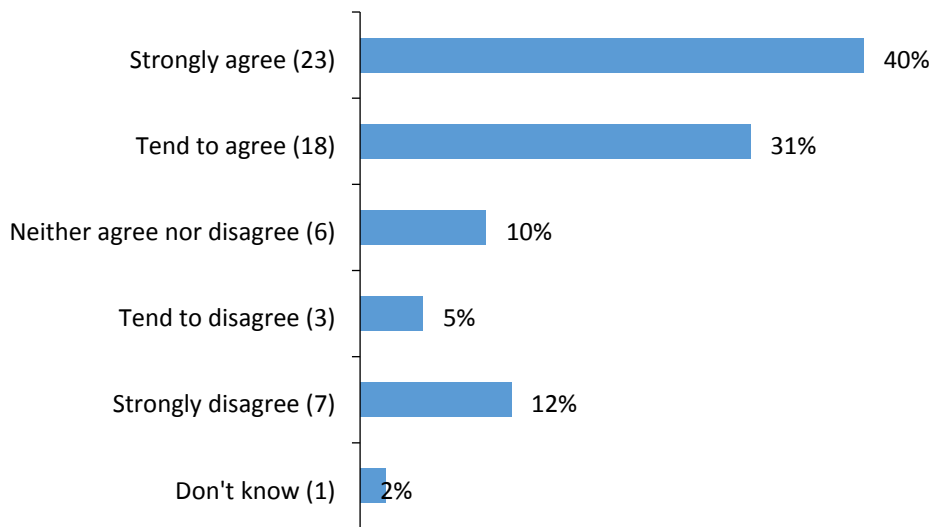
Specialist smoking cessation support primarily in areas of our community where the number of people who smoke is significantly higher than in other areas of the borough. Smoking cessation services will still be provided by GP practices.



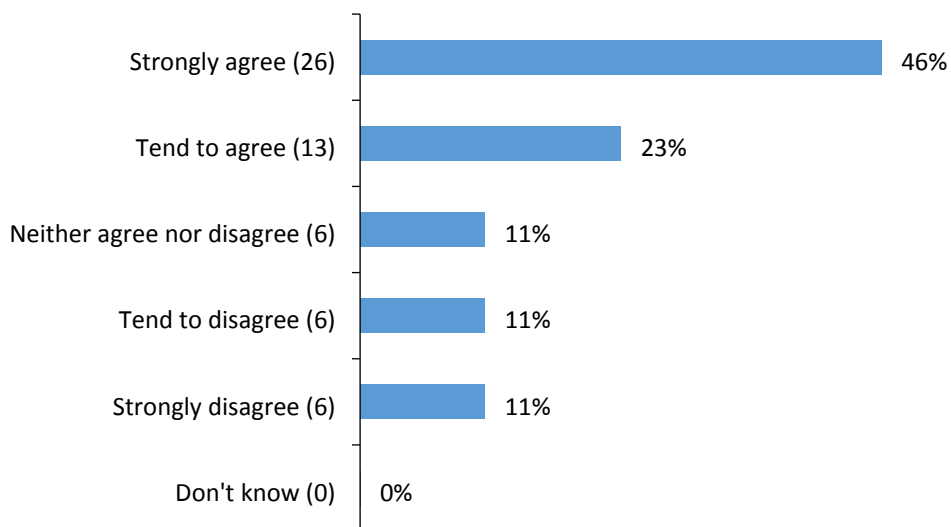
*How far do you agree or disagree that we should commit to keeping the following areas
- Smoking cessation support for pregnant women who smoke*



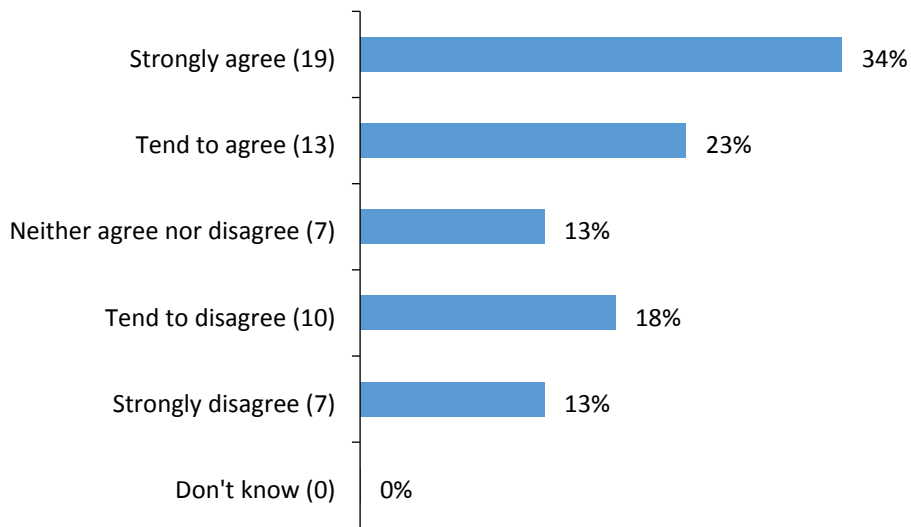
How far do you agree or disagree that we should commit to keeping the following areas
- A training offer to ensure that front line workers in primary care are able to offer basic intervention to support smoking cessation



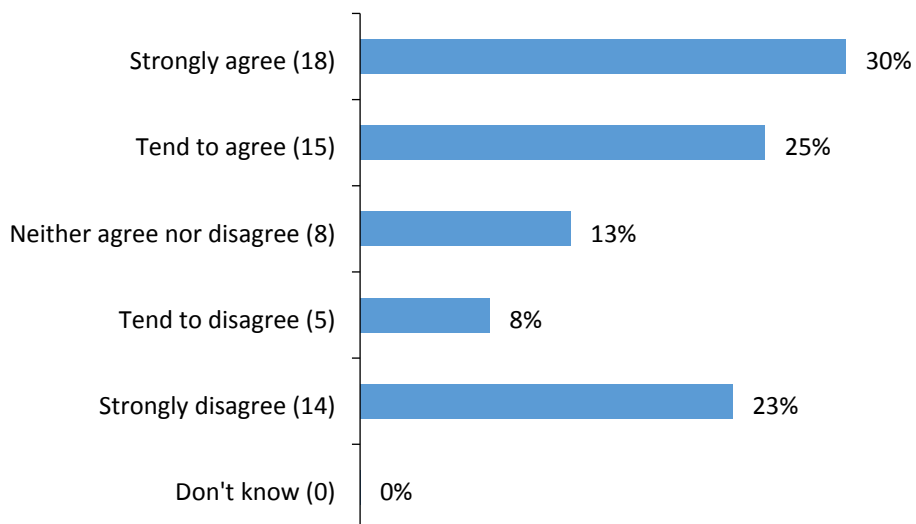
How far do you agree or disagree that we should commit to keeping the following areas
- A family weight management programme for children who are obese



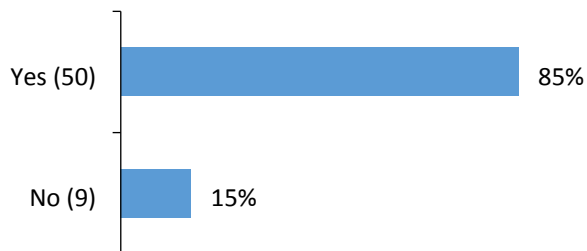
*How far do you agree or disagree that we should commit to keeping the following areas
- A targeted reduced weight management programme for adults*



How far do you agree or disagree that the Council funded budget for cook and taste sessions should stop?



Are you aware of websites and services that can support people make healthier lifestyle choices and have you ever used them?



I have used healthy lifestyle websites and services



5.3. Emerging Themes from the Qualitative Responses

There were 22 open ended responses; 3 from the kiosks and 19 from the online. The key themes arising from these responses included:

Those people who did not agree with the proposals commented that

- Deprivation and the cuts will significantly affect the most disadvantaged, those in poverty and those with poor health literacy, who need the most support
- Apps, online support and social media are not for everyone – especially the elderly, those people in deprived areas, those people who need additional support to make healthy lifestyle choices
- Prevention is better than cure – such cuts will only lead to more demands on the NHS, on GPs and a less healthy population
- Services should be available for all and not targeted
- Group based, community focussed, practical based services are the best, with programmes such as healthy walks and cooking skills very important

Other comments included

- Need to ensure that any decisions are evidence based
- People should take responsibility for own lifestyle choices, people know how to improve their health, avoid nannyng patronising services
- Effectiveness of such services, the level of engagement for those people in most need, and the success rates were questioned

5.4. Responses from individual organisations

4 responses were provided in full.

Stockport NHS FT Public Health Team provided comments specifically on the potential impact this proposal may have for patients who attend the hospital as either inpatients or outpatients, noting their serious concerns that reducing the offer of behaviour change support will impact negatively on health outcomes and health inequalities across Stockport.

- They supported completely the retention of the targeted services outlined in the proposal, commenting that smoking remains the most important preventable cause of ill health and health inequalities and we cannot support any reduction in services that are effectively delivering smoking cessation support. This is particularly important in our pregnant women.
- They were in agreement with the proposal that the Council funded budget for cook and taste sessions should stop. In relation to the use of websites and apps they expressed concerns that people who are less digitally literate will not be able to access these services, potentially widening inequalities. People who have low levels of activation are less likely to achieve successful behaviour change through a digital route.
- The response also noted that referral or admission to hospital is an opportunity to address unhealthy behaviours to improve health. Without a dedicated health trainer resource at the hospital, asking people about their behaviours (the making every contact count agenda) will not translate to behaviour change unless patients are activated and internally motivated. They noted that they would welcome the opportunity to design a service to support the Foundation Trust reduce unhealthy behaviours and improve health.
- In support of the retention of a stop smoking service in the Foundation Trust, the response noted that it would be seen as an important continuation of an existing programme which supports NICE guidance PH48 in offering stop smoking support to pregnant women at the onset of their pregnancy the benefits of which include fulfilling the health inequalities element of the provider offer; convenient onsite location for staff and expert advice from the stop smoking midwife.
- The response noted that the impact of the absence of a stop smoking advisor within the general acute Trust areas would be significant and further staff training would need to be implemented to ensure the important messages regarding smoking cessation are related to patients. Maintaining the referral pathway to stop smoking services is essential as the wards and departments rely on the existing electronic referral process in gaining access for patients as part of their health promotion screening and the lack of support from the service would be a massive loss to the Trust.
- The lack of weight management service offer for the Trust would also have an impact on the referral pathway, especially given the increasing numbers of patients who are admitted to hospital with obesity related illnesses e.g. diabetes type 2 and cardiovascular disease and who currently have the offer of help and support in making positive behaviour changes via a Making Every Contact Count conversation with staff, which could be seen as meaningless if there is no offer of support to back it up and would discourage staff even more to carry out weight screening.
- Finally the response noted that the health of our staff is of paramount importance and reducing the lifestyle offer may have consequences for staff accessing behaviour change services

ABL: the current provider.

The current provider registered concerns over the proposals providing the evidence base behind their comments. Their full response is available on request but key concerns included

- The costs of not addressing smoking, obesity and physical activity and the future cost for the Council in reducing public health investment and the serious health consequences for Stockport residents
- The professional advice from the DPH on the impact on the health of individuals and the need to ensure communities are as healthy as possible to support an increase in life expectancy rates.
- The rates of obesity in children in Stockport and the need to prevent these children from continuing this trend in to adulthood
- The impact on health inequalities particularly in relation to smoking prevalence and the providers supported the rationale of focusing services onto target populations where the most impact remains to be made.
- The importance, and their success in delivering evidenced-based, effective and personalised interventions for effective weight management service.
- Their service focus on holistic assessment, tailored interventions, personalised approaches, bespoke services led by dedicated, trained professionals which has resulted in around 200 people being referred every month for specialist, one to one lifestyle support including those with long term conditions
- The substantial £400,000 cut to the services would have a negative impact on the level of direct support they are able to give to residents, slowing down the rate at which they are able to help the borough become a healthier and happier place. Severe cuts like this at such an early stage of the commissioned contract would also have implications for the service as a small provider in terms of managing associated costs such as those related to redundancy.
- A case study of a successful intervention was provided
- Finally the service urged the council to allow them to continue carrying out our important work to improve the health of Stockport's communities without holding back the necessary funding to do this as effectively as possible. After all, they are ultimately helping to save lives.

Staff member comments.

The staff member noted that cutting the Food and Health budget will leave a significant gap in support available, that a website was not adequate to boost skills and confidence in cooking, that alternative funding was not guaranteed, and that it would impact on staff delivering this programme and questioned why weight management service (for which there are alternatives) is a priority over cooking skills.

UNITE.

UNITE wishes to emphasise the importance of prevention, the fact that every £1 spent on public health saves the NHS on average £14, the ruling group's manifesto commitment to invest in public health, and the Council's longstanding commitment to a holistic transformational change.

6. Recommendations

Adults and Health Scrutiny Committee is asked to consider the results of the public consultation around the Redesign of Lifestyle Support Services and the revised EIA. The Cabinet Member for Health continues to believe that these are the options with the least impact, and that prevention and early intervention remains our focus. However an unavoidable reduction of financial resources within the Portfolio means we have to prioritise on the most important areas, about which there is clear agreement. Our number one priority continues to be reducing health inequalities and if similar alternative provision is available for some services that we currently provide, then we need to explore further to maximise our impact. We recognise the point about health apps not being for everyone and we are committed to providing a range of resources that can be accessed by all. It is critical that we continue to work with our NHS providers in Stockport Together to maximise the effectiveness of remaining resources.

Further Information:

The full draft business case for Inclusive Growth and Reform Programme: Adult Social Care and Public Health Budget Proposals agreed by Cabinet on 14th November 2017 can be found at <http://democracy.stockport.gov.uk/documents/s128249/Cabinet%20-%20Growth%20and%20Reform%20Programme%20-%20ASC%20Proposals.pdf>.

Further details of the proposals were presented at the Adult Social Care and Health Scrutiny Committee on 28th November 2017. [Agenda for Adult Social Care & Health Scrutiny Committee on Tuesday, 28th November, 2017, 6.00 pm - Stockport Council](#) (Item 6; appendix 5)

Equality Impact Assessment

The updated Equality Impact Assessment is included below.

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

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

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.

Stage 2: What do you know?

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
Totals	573

Stage 2: What do you know?

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

Demographic data for Quarter 2: 1st July – 30th 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.

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

Age	July-Sept 17	Rate per 100,000
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	
Totals	573	197.2

Postcode	July-Sept 17	Rate per 100,000
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	
Totals	573	

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: 1st July – 30th September 2017

Gender	July-Sept 17
Female	11
Male	11

Stage 2: What do you know?

Totals	22
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Ages	July-Sept 17
5-11 years	8
12-17 years	12
Not recorded	2
Totals	11

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

3. Consultation and engagement feedback

As outlined in the main body of this report.

Stage 2a: Further Data and Consultation

If you feel that the data and past consultation feedback you have is not sufficient to properly consider the impact before a decision is made then you may wish to supplement your evidence base with more data or further consultation. This should be proportionate to the scale of the decision and will depend on the gaps in your current understanding

Not applicable at this stage.

Stage 3: Results and Measures

As a result of what you have learned in Stage 2 what will you do to ensure that no group is unfairly and unlawfully impacted upon as a result of the proposed change(s)?

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.