

CABINET - 16 OCTOBER 2018

<u>DEVELOPMENT OF INTEGRATED LIFESTYLE SERVICES FOR</u> LEICESTERSHIRE – OUTCOME OF CONSULTATION

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PART A

Purpose of the report

1. The purpose of this report is to advise the Cabinet of the outcome of the consultation exercise on the remodelling of lifestyle services and to seek the Cabinet's approval for the redesign of lifestyle services.

Recommendations

- 2. It is recommended that:
 - a) The results of the public consultation on the delivery of integrated lifestyle services be noted;
 - b) That the proposed model for the new integrated approach to lifestyle services and remodelled weight management service, set out at paragraph 30, be approved;
 - c) That the Director of Public Health, following consultation with the Cabinet Lead Member, be authorised to implement the new integrated approach to lifestyle services and remodelled weight management service on the basis outlined in paragraph 30 of this report.

Reasons for recommendation

- 3. The County Council has a statutory responsibility to take appropriate steps to improve the health of the people who live in Leicestershire, including the provision of health improvement information and advice, and behaviour change support services.
- 4. Multiple unhealthy behaviours that contribute to ill health such as poor diet, smoking etc. often cluster in the same populations. An integrated approach will enable services currently offered separately to be more co-ordinated and therefore more effective. Developing services to utilise newer, and potentially wider-reaching, digital and telephone-based methods will also complement the Council's existing stop smoking and First Contact Plus services that have successfully adopted these approaches.

Timetable for decisions (including scrutiny)

- 5. On 30 May 2018, the Health Overview and Scrutiny Committee considered and supported the proposed model for integration of lifestyle services with a remodelled weight management component.
- 6. Subject to the Cabinet's approval, implementation of integrated lifestyle services including the remodelled weight management component would commence in September 2019.

Policy Framework and Previous Decisions

- 7. At its meeting on 17 June 2016, the Cabinet considered the outcome of an independent review of Early Help and Prevention (EHAP) services and approved the EHAP strategy arising from that review. The proposed new model for integrated lifestyle services is within the scope of that review and strategy and will form part of the prevention offer in Leicestershire as set out in the Target Operating Model for prevention in the EHAP review.
- 8. At its meeting on 22 February 2017, the County Council approved the Medium Term Financial Strategy 2017/18-2020/21 which included savings targets from the review of early help and prevention services.
- 9. At its meeting on 9 March 2018, the Cabinet agreed to consult on the draft service model for the delivery of integrated lifestyle services and proposed savings of £65,000.

Resource Implications

- 10. Establishing more integrated lifestyle services with a re-modelled weight management component is expected to achieve a £65,000 per annum contribution to the MTFS savings target from 2020/21. The total remaining budget for the weight management service will be £198,000.
- 11. As part of the service remodel, it is likely that Transfer of Undertakings (Protection of Employment) Regulations 1981 (TUPE) will apply. The purpose of TUPE is to protect employment rights when employees transfer from one business to another. Potential redundancy costs have been estimated and have been included in a cost benefit analysis. These are not considered to be excessive in relation to the level of savings generated and would therefore be funded from the corporate contingency.
- 12. Development costs of approximately £43,500 are expected to be incurred in 2019/20 and will be met from the departmental reserve.
- 13. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

<u>Circulation under the Local Issues Alert Procedure</u>

14. This report has been circulated to all Members of the County Council.

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PART B

Background

- 15. There is strong evidence for investing in prevention to reduce health inequalities and reduce future health and social care demand. Reducing unhealthy behaviours is predicted to prevent up to 80% of diseases such as heart disease, stroke and Type 2 diabetes, as well as a third of cancers.
- 16. The County Council currently commissions a number of services (for example, weight management support and targeted physical activity interventions), as well as providing some in-house services (for example, smoking cessation) all of which are aimed at preventing diseases by tackling key lifestyle risk factors smoking, physical inactivity, and poor diet. These services currently operate separately, however approximately 25% of the adult population engages in combinations of 3 to 4 such unhealthy behaviours, meaning that many people will be targeted twice or more by different public health interventions.
- 17. A more coordinated, integrated approach to lifestyle services will mean that people accessing one service could also be offered other lifestyle advice where appropriate, thus improving access and avoiding duplication of effort. It is expected that this approach will also be more cost-effective than commissioning lifestyle services in isolation.
- 18. The recent implementation of First Contact Plus and the new stop smoking service, Quit Ready, has shown that the way the public want to access health improvement advice and support is changing. These services have reported good outcomes through the increased use of phone, text and online support. The proposed changes to improve integration of lifestyle services and remodel the way that weight management services are delivered will build on what has been learnt through these programmes and make greater use of such digital approaches.

Current lifestyle services

19. The County Council currently commissions a Tier 2 weight management service (see Appendix A for definitions of Tiers) for people who are overweight or obese (based on their body mass index) and who also have existing, but well managed, long-term health conditions. This service is provided by Leicestershire Nutrition and Dietetic Service within the Leicestershire Partnership Trust. It offers face-to-face, mainly group-based support with integrated diet and physical activity plans and support is overseen by registered dieticians. The physical activity component is delivered through physical activity development officers in the seven district leisure services along with other targeted physical activity programmes funded by a grant from Public Health.

- 20. The County Council also directly provides the smoking cessation service, Quit Ready, which was brought in-house in 2017, and it operates First Contact Plus, a health information, advice and support service.
- 21. Access to and delivery of these services is not currently well integrated.

Scope of the service redesign

- 22. In June 2016, the Cabinet considered the outcome of an independent review of Early Help and Prevention (EHAP) services and approved the EHAP Strategy arising from that review. The provision of lifestyle services, helping people to make changes to unhealthy behaviours, forms part of the prevention offer in Leicestershire as set out in the Target Operating Model for prevention in the Early Help and Prevention Review. Through the EHAP review there is a need to deliver £65,000 savings by March 2020 from Adult Weight Management Services.
- 23. The scope of the project is to improve the integration of lifestyle services and review the service delivery model for adult weight management to bring it inline with approaches used in the stop smoking and First Contact Plus services and to be in line with the Target Operating Model approved by the Cabinet at its meeting in June 2016.
- 24. As per the guidelines from The National Institute of Health and Care Excellence (NICE), in order for weight management support to be effective, dietary changes should be supplemented with physical activity. As part of the contract, the Leicestershire Nutrition and Dietetic Service currently provides £15,000 to District Councils to run specific exercise programmes for people on the weight management courses and this will continue in the new re-modelled service.

Consultation

- 25. A countywide stakeholder consultation was carried out for seven weeks between 14 June and 5 August 2018 on the proposed changes to develop a more integrated approach to lifestyle services and remodel the adult weight management component. The consultation proposed having more coordinated access to lifestyle services, having more Tier 1 information advice and guidance available (to support people to self-manage their lifestyle behaviours) and to remodel the Tier 2 adult weight management service to have a more digitally-based and telephone-based delivery alongside face-to-face methods of support. The consultation process included engagement with key stakeholders such as local providers, Clinical Commissioning Groups and existing service users themselves. The Consultation report is attached at Appendix B.
- 26. In total, 90 responses were received. Demographic responses indicated that the majority of respondents were female (70%) and just over half (53%) were aged between 45 and 64 years. Just over a third of all responses (34%) were from current or previous users of lifestyle services and just under a third (31%)

were from interested members of the public. Amongst current or previous users of lifestyle services, the majority (94%) had accessed a weight management service in the last twelve months and just under half (42%) had accessed a physical activity service.

- 27. Responses were varied regarding the proposal to develop an integrated lifestyle service for adults. Further details at attached at Appendix B, however, key findings included:
 - a. Over half of respondents (56%) agreed with the proposal to develop an improved online offer but over half of respondents (56%) disagreed with the proposal to recommission the weight management service to include more digital and telephone support. When asked to explain their response, a common theme focussed on concern over the reduction in face to face support for weight management and over potential exclusion of people from digitally-based services.
 - b. When asked if there were any elements of the proposals they particularly liked, several respondents did indicate general support for an integrated approach. Although a digital offer was supported by some respondents, several showed support for online or telephone services only as an addition to face-to-face contact.
- 28. Overall the consultation indicated support for more access to self-help resources, for better integration of lifestyles services and for the move to a multi-modal model of weight management support. For example, information, advice and behaviour change support through digital and telephone modes whilst continuing to provide access to face to face, group-based methods.
- 29. On 30 May 2018, the Health Overview and Scrutiny Committee received a report on the proposed new model for integration of lifestyle services with a remodelled weight management component. Members supported the proposed new model and particularly, the proposals to improve access to weight management services, and questioned whether mobile phone applications could be used as part of the weight management service.

Proposed New Service

- 30. Following the consultation the preferred model for improving integration of lifestyle services and remodelling the weight management component is as follows:
 - a. <u>Introduction of an integrated lifestyle service triage</u> This is a telephone-based triage service to improve access to services by developing personalised behaviour change plans and co-ordinate access to lifestyle services as necessary. Some people will need only one-off information, advice and guidance; others will need more support and for weight management would be referred to the in-house Tier 2 service;

- b. <u>Universal Tier 1 weight management support for all residents</u> The provision of online evidence-based information on healthy eating, nutrition and cooking that is consistent with NICE Guidelines;
- c. <u>In-house Tier 2 weight management service -</u> It is proposed that the adult weight management service will operate using a combination of online/web based information, telephone support, phone app, text and web-chat approaches and face to face groups for specific, targeted, service users to form an integrated and multi-component service. Access is by self-referral or GP referral to online information or to the existing First Contact Plus telephone service.

Conclusion

31. This paper sets out the new model for future provision of lifestyle services in Leicestershire with a preferred model for integrating lifestyle support services and provision of adult weight management support. This builds on the recently established stop smoking service Quit Ready, which is delivered inhouse and uses a telephone/digital approach as the main delivery mechanism and with First Contact Plus which provides broader support for residents. The model is consistent with the Target Operating Model for prevention.

Equalities and Human Rights Implications

- 32. As part of the development of the new integrated lifestyle service an Equality Human Rights Impact Assessment (EHRIA) (attached at Appendix C) has been undertaken to identify equality issues which need to be taken into account.
- 33. The EHRIA concludes that the proposed service has the potential to decrease inequalities in accessing services by offering tailored, individualised options. There will be some groups where the proposed Tier 1 and 2 services will not meet their needs because they need Tier 3 services and work will need to be undertaken with Clinical Commissioning Groups to ensure sufficient referral pathways and services are in place.
- 34. Actions to mitigate any potential discrimination will be implemented both during the design phase and in the delivery of the service. The EHRIA has identified that there are some clear groups who are at risk of inequalities and targeted referral, recruitment and monitoring of uptake will be necessary in order to assess whether the needs of these groups are being met.
- 35. The EHRIA has been considered by the Leicestershire Equalities Challenge Group (LECG) and a statement is attached at Appendix D. Of specific note, the group were keen that the Council does not operate its healthy lifestyle services in isolation of other organisations such as the NHS, voluntary sector and community groups to ensure uptake of services by people who may experience barriers to uptake. In response, the Council's Local Area Coordinators will be important in supporting access to services as outlined by the group. It was also noted that whilst LECG liked the model, that the concerns

from the consultation regarding the provision of peer support and opportunities for social interaction should not be overlooked and it may be that the voluntary and community groups can provide this. It is also worth noting that some face to face weight management support will continue to be offered.

Background Papers

Report to the Cabinet on 9 March 2018: Development of an integrated lifestyle service for Leicestershire -

http://politics.leics.gov.uk/ieListDocuments.aspx?Cld=135&Mld=5178&Ver=4

Report to the Health Overview and Scrutiny Committee on 30 May 2018: Remodelling of integrated lifestyle service provision - http://politics.leics.gov.uk/ieListDocuments.aspx?Cld=1045&Mld=5239&Ver=4

Appendices

Appendix A - Definitions of the Tiers of Weight Management Services

Appendix B – Integrated Lifestyle Service – Consultation Report

Appendix C - Equality and Human Rights Impact Assessment

Appendix D – Statement from the Leicestershire Equalities Challenge Group