

Health Overview and Scrutiny

Date:

21st June 2017

Title: Lifestyle Services Review: Background

Lead director: Ruth Tennant Director of Public Health



City Mayor

Useful information

- Ward(s) affected: All
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- Report version number: 1

1. Summary

The city council funds a range of public health services as part of its responsibility to improve health in the city. This includes a number of lifestyle services, including stop smoking, weight management and physical activity programmes. These services account for around 11% of divisional spend or £2 million each year. A rolling programme of review of public health services is underway. This includes a review of lifestyle services which is the focus of this paper.

Leicester has high levels of disease related to lifestyle factors e.g. cardiovascular disease and respiratory disease. Levels of smoking, physical inactivity and poor diet are also high. There is clear evidence that outlines the health (and other) benefits of stopping smoking, increasing physical activity, eating healthily and losing weight. There is also research evidence behind many interventions aimed at supporting people to stop smoking, lose weight and increase physical activity levels.

A range of lifestyle services are commissioned or provided by public health in the city. Nationally there is a drive towards developing integrated lifestyle services or wellness services. This is recognition of the fact that many people do not have only one risk factor for developing poor health but have multiple risk factors. In addition, integrated services are expected to be more efficient.

A further context for the discussion regarding lifestyle services is the need to make significant savings to this budget by 2019/20. Debate is therefore needed to inform the decision making about where savings are made, the scope of the new integrated service and prevention priorities.

2. Recommendations

To consider the information presented about the current lifestyle services provided in the city and the savings to be made by 2019/20.

To consider the questions posed at the end of the report regarding the future direction of lifestyle services and prevention priorities.

3. Supporting information

3.1 Background

3.1.1 Context

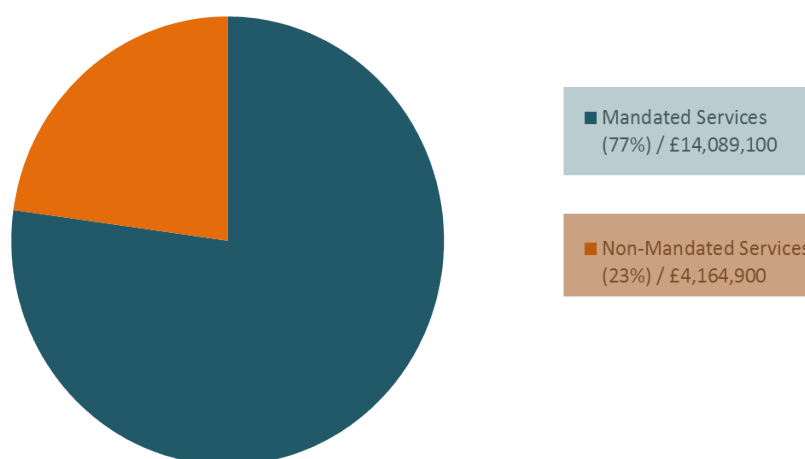
Since 2012 local councils have had a responsibility to take steps to improve and protect public health with a grant given to all upper tier councils to support this. Certain responsibilities are mandated:

- Open access sexual health services, including contraception
- Elements of the 0-19 Healthy Child Programme, which includes the city's health visiting & school nursing service and the national child weight management programme.
- The NHS Health-checks programme which screens adults for preventable illnesses including heart disease and diabetes.
- Oral health prevention and promotion
- Taking steps to protect the health of the public

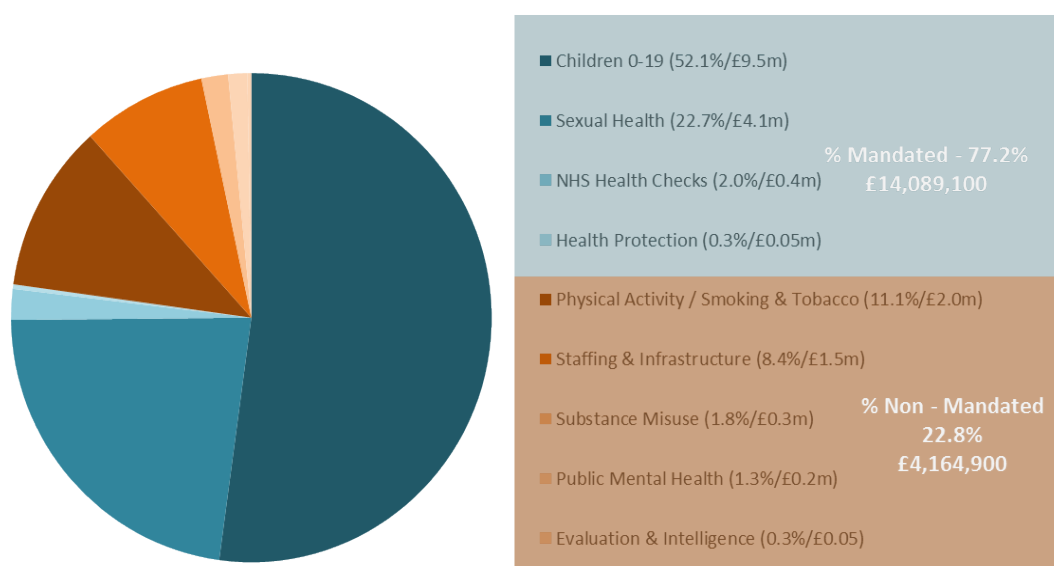
Other services are not mandated but councils are expected to demonstrate how they are using the grant to improve health outcomes locally and to report spend against a number of key areas including physical activity, obesity, smoking and mental health. Drug and alcohol treatment services are not mandated but councils are expected to consider the number of people using these services and local recovery rates in determining how the grant is used.

In 2016/17, mandated services accounted for 77% of divisional spend, or £15.3 million with non-mandated services costing £4.5 million (see table below). The council also spends a further £5.2 million on drugs and alcohol services (within Adult Social Care) and £3.4 million on sports and leisure service which has recently been brought under the Division of Public Health.

Mandated and non-mandated service spend



Spend by service area



This chart shows how spend is allocated to specific services. Lifestyle services (which includes services to reduce obesity, smoking and increase physical activity) accounts for 11% of divisional spend or just over £2 million each year in 2017/18.

Public Health Spending Reviews

Since May 2015, when in-year cuts to the public health grant were announced, there has been an annual reduction in the grant allocation. To meet this, there has been a rolling programme of spending reviews of public health services to achieve efficiencies (see below) across these services and to make sure that money is spent in a way that reflects the specific health challenges in the city and complies with statutory responsibilities.

Service area	Review
NHS Health-checks	Reviewed in 2017
Children's 0-19 services	Review in 2016: new service goes live July 2017
Drugs and alcohol (ASC)	Reviewed in 2015. New service went live in 2016.
Organisational Review of divisional staffing	Completed in March 2017
Sexual Health services	Review underway: new service to be recommissioned in January 2018.
Lifestyle services	Review underway

The rest of this paper focuses on our current lifestyle services.

3.1.1 Lifestyle services: the case for investment

Life expectancy, in particular, healthy life expectancy is significantly lower in Leicester than in England. Overall life expectancy for women is 81.8 years but only 57.8 years are spent in good health, compared with 64 years in England. Men live on average 77.3 years with 58.5 years spent in good health, compared with 63.4 years nationally.

Leicester has high levels of disease related to lifestyle factors e.g. cardiovascular disease, respiratory disease and diabetes. Estimates of the number of Leicester residents who have unhealthy lifestyle behaviours suggest that the situation is worse in Leicester compared to the national average for England. 21.5% of adults in Leicester smoke, 20% are obese and over 30% are inactive.

Tobacco use is the single greatest cause of preventable deaths in England. Half of regular smokers are killed by tobacco and half of these will die before the age of 70, losing an average 10 years of life. Obesity is a major public health issue and is associated with a range of health problems including type 2 diabetes, cardiovascular disease and cancer. Diet has a wider impact on health than the link with obesity. Even in the absence of obesity a poor diet is linked with a range of diseases including heart disease, strokes and some cancers. Oral health is also associated with diet. Physical inactivity is known to be the fourth leading cause of global mortality. In the UK, physical inactivity has been attributed to 11% of coronary heart disease cases, 19% of colon cancer cases, 18% of breast cancer cases, 13% of type 2 diabetes cases and 17% of premature all-cause mortality.

There are significant health inequalities in relation to smoking, obesity, physical inactivity and diet according to age, gender, ethnicity and socio-economic status. In particular, those living in the most disadvantaged areas have higher levels of smoking and obesity, are more likely to be inactive and have poorer diets.

There is a clear evidence base that outlines the health and wider benefits of stopping smoking, increasing physical activity, eating healthily and losing weight. There is also research evidence behind many interventions aimed at supporting people to stop smoking, lose weight and increase physical activity levels.

Poor health resulting from smoking, obesity and inactivity impacts not only on length of life but also length of healthy life. This translates into costs not only for the NHS but also ultimately for adult social care. Leicester has a younger care home population than in the rest of the country and preventable long-term conditions such as diabetes, COPD and CVD are more common in care home residents.

Lifestyle services are just one part of a complex picture about what needs to be done to improve people's health. National policy (such as the Sugar Tax, plain packaging for cigarettes and fiscal policy such as alcohol duty or taxes on cigarettes) is key. Patterns laid down at home or at school in the early years are also crucial. Making environments healthy – for example, through smoke-free hospitals, promoting healthier schools or encouraging people to use parks and open spaces to get more active is crucial and is an important part of the division's work programme, working with other parts of the council. People are aware of the health risks of smoking, obesity and physical inactivity, and many will make positive changes without external support.

But we also know that healthy behaviours tend to get picked up quicker by people in more affluent areas. For example, smoking rates have dropped faster in higher social groups and have remained much more static in lower socio-economic groups. The effect of this is to widen the health gap between social classes, placing further strains on other services including social care.

To address this, the lifestyle services and programmes that the city currently provides

focus on people who need this support most and are, in most cases, heavily targeted on people living in the more deprived parts of the city.

3.1.2 Lifestyle Services: what do we provide?

Our lifestyle services include smoking cessation, weight management, an exercise referral scheme, health trainer services and a healthy lifestyle hub. Although there is communication and some referral between services, integration is fairly limited. The first stage to address this has been the development of the healthy lifestyles hub which started delivering fully in April 2015. Nationally there is a drive towards developing integrated lifestyle services or wellness services. This is recognition of the fact that many people do not have only one risk factor for developing poor health but have multiple risk factors e.g. they smoke, drink excessively, have a poor diet and are inactive.

The review of lifestyle services needs to be considered within the context of a significant savings targets across the council and within the division. This includes a spending review target against these services of around half the current budget.

3.2 Current performance of lifestyle services

Smoking Cessation Services (Stop) (provider- public health, LCC)
(£970k, year)

The service

The service focuses on the following:

- providing an effective smoking cessation service particularly targeting those from disadvantaged communities, pregnant women and other vulnerable groups
- protecting children and young people from the impact of smoking through its smoke free homes work
- providing leadership to the tobacco control agenda in the city

The Stop Smoking Service offers proven behavioural support and medication to help smokers quit smoking. The length of treatment is 12 weeks and clients are encouraged to attend weekly/ fortnightly appointments with a specialist advisor for the duration of their treatment. This service is also offered by 16 pharmacies and 6 practice nurses that are trained and supported by the Stop Smoking Service.

A new less intensive service has been piloted in workplaces whereby clients are seen face to face at the assessment and offered nicotine replacement therapy or other support and then followed up at 4 weeks. This is working well particularly amongst those using e-cigarettes as their chosen aid to quitting.

Tobacco Control

The service carries out work with a wide range of settings and staffing groups to support them to reduce smoking rates. For example, stop smoking advisors support many settings e.g. UHL, LPT and care homes to develop smoking policies and become smokefree. Training is provided to help staff to give brief advice to smokers that they come into contact with and encourage them to stop and to accept referral into smoking cessation services.

A comprehensive smokefree homes programme has been developed in the city, led by

the smoking cessation team, with a range of partners involved e.g. children's centres, midwives, health visitors and the neonatal unit. The programme aims to raise awareness about the dangers of second hand smoke and to encourage people to sign up to a 'Step Right Out' pledge to keep their home smokefree for the benefit of family health.

The team carry out extensive marketing and awareness-raising regarding the consequences of smoking and offer support for smokers who wish to quit.

Performance

3718 smokers in Leicester set a quit date with Stop in 2015/16. Numbers using the service have risen from around 4,200 in 2006/07 to a peak of nearly 6,200 in 2011/12 but there has been a decline more recently primarily as a result of the increased use of e-cigarettes. Leicester achieves higher quit rates than many of our comparator authorities with 52% quitting at 4 weeks.

Smoking services have differing approaches to engagement. Leicester's service aims to engage as many smokers as possible even if a proportion of them do not seem highly motivated to quit initially. A high number of people set a quit date per 100,000 population and the number of successful quitters per 100,000 population is the highest amongst our comparator authorities. Some other smoking cessation services will only engage with clients that are very highly motivated to quit and may therefore achieve high quit rates but do not achieve as high number of quitters per 100,000 population. It is estimated that the service engages nearly 7% of Leicester smokers per year to set a quit date, anything over 5% is considered good penetration of the smoking population.

A Health Equity Audit of the smoking cessation service is undertaken regularly, this enables the service to review how effectively they are reaching their target population. The last audit has shown that the service is successfully targeting the most deprived areas of the city with the majority (87%) of clients coming from the most deprived areas of the city. The white population have the highest uptake of the service with 8% of white smokers setting a quit date. The lowest uptake of the service is found in Mixed and Black ethnic groups. The 4 week quit rate amongst BME groups however has increased considerably between 2014/15 and 2015/16 from 49% to 56%.

The smoking service sees over 200 pregnant women per year and achieves a quit rate of nearly 45%, comparable to the national average.

Leicester's service costs approximately £409 per quitter, which is lower than the East Midlands and national average.

The Stop Service has been accredited by the NCSCT (National Centre for Smoking Cessation and Training) which is a marker of quality. This confirms that interventions offered are based on the current evidence base and that staff are appropriately trained and supervised.

The service is providing leadership to other smoking cessation services on the use of e-cigarettes, including an understanding that e-cigarettes can be used both for harm reduction and abstinence. Stop is currently one of three services involved in a research trial of e-cigarettes, with more participation in research planned.

In relation to the Smokefree Homes programme, nearly 9000 people have pledged to make their homes smokefree and nearly 1800 frontline staff have been trained to deliver the message. An independent evaluation was carried out which reported that

the Step Right Out campaign was achievable for those signing up and motivated the majority of individuals (over 80%) who previously allowed smoking in their home, to stick to the pledge to keep them smokefree.

Healthy Lifestyles Hub (provider – Parkwood Healthcare Ltd)
(up to 400k/ year)

The service

The Healthy Lifestyle Hub consists of telephone-based assessment and advice from which clients can then be referred on to the appropriate lifestyle support service. Clients in need of support to address lifestyle risk factors (including smoking, poor diet, physical inactivity, alcohol misuse and obesity) will be referred to the hub by GPs, and other health and social care professionals. Appropriately trained staff assess the needs of each client, provide motivational support, identify key health goals and refer/ signpost clients into relevant lifestyle services. The hub has been running fully for nearly 2 years, but ran as a pilot for over a year prior to this. The hub is partly funded by the local NHS.

Performance

Over 5000 referrals per year are made to the healthy lifestyles hub, the majority of which are made by practice nurses in GP practices. Since the contract started in April 2015 the service has worked hard to engage with GPs and other relevant organisations in order to ensure appropriate referrals. The service has ensured appropriate uptake of the service from clients in the most disadvantaged areas, BME groups and men. The hub refers over 80% of clients to at least one lifestyle service.

Health trainer service – (provider – Parkwood Healthcare Ltd)

The Health Trainer service provides a more intensive support service for clients who need additional help to achieve and support behavioural change. If it is apparent during the initial contact, or at the 6 week follow up, that the client requires additional support, a referral to the Health Trainer service can be made for those clients that meet the eligibility criteria. In order to be eligible people must come from one of the most disadvantaged areas of the city and have multiple and complex risk factors that require more intensive support to address. Health trainers should come from the local communities, they are “lay workers” often without qualifications but are trained for approximately 6 months in order to carry out the role.

Health Trainers take their clients through a staged process: lifestyle assessment, decision making and goal setting, personal health planning, referral and review. The minimum period of contact agreed with an individual client will be three months and the maximum period should be 12 months. A maximum of 6 ‘contacts’ per client is recommended as the purpose of the health Trainer Service is to encourage independence. The most common reasons for accessing the service are to improve diet, increase physical activity and lose weight.

Performance

The health trainer service has been running in Leicester since 2010 and was formally evaluated in 2013. The service was meeting its targets and out-performing the national data set. Economic analysis of the service suggested that the service was cost-

effective. Over 900 clients set a personal health plan per year. During 2016/17, over 60% of clients achieved/ partially achieved their personal health plan.

The service is accessing the appropriate clients i.e. those from the most disadvantaged areas and BME groups. Targets relating to weight loss, increasing fruit and vegetable consumption and increasing physical activity levels have also been achieved. User satisfaction with the service is good, with 94% of those completing surveys rating the service as very good or good.

Probation Health Trainer Service (provider – Inclusion Healthcare)
(75k/ year)

The service

The Probation Health Trainer service follows a similar model to the community health trainer service described above. However, the health trainers are all ex-offenders who consequently have a clear understanding of the needs of the offenders that they support. Health trainers often start as volunteers in order to gain experience, then get the opportunity to apply for paid positions.

Probation Health Trainers take their clients through the same staged process as community health trainers i.e. lifestyle assessment, decision making and goal setting, personal health planning, referral and review. Clients accessing the service commonly receive support with registering with GPs and dentists, accessing drug, alcohol and mental health services, accessing benefits and housing advice and are provided with advice and support to stop smoking, eat more healthily and become more physically active.

Performance

Initial assessments were carried out for 536 clients in the city in 2015/16. Nearly 400 clients developed a personal health plan with nearly 90% achieving their targets. 56 clients were supported to register with GPs and 69 to register with dentists.

Adult weight management

Targeted and enhanced service (provider - Leicestershire Partnership Trust)
(up to 230k per year)

The targeted weight management service is aimed at those who do not normally engage with commercial weight management services e.g. Weightwatchers/ Slimming World e.g. men, some BME populations, people with mental health conditions and people with learning difficulties. The service operates in a range of settings that are accessible to the targeted client groups.

The enhanced service is dietician-led and supports people with a BMI of 30+ (obese) or (BMI 28+ for South Asians) with significant health issues(e.g. heart disease, diabetes and those that are morbidly obese (BMI 40+).

Both programmes are 12 weeks long and include healthy eating advice and physical activity interventions. It is based on a behaviour change model and includes motivational support and support to maintain weight loss long term.

Performance

In 2015/16, 439 people attended the weight management programmes, with over 80% completing the programmes. 60% achieved a weight loss of at least 3% of their body weight by the end of the 12 week programme, with over 20% achieving a 5% weight loss. The appropriate groups i.e. BME groups and men are being successfully targeted. Rates of weight loss are good compared to national rates and satisfaction levels with the service are high.

Active Lifestyle Scheme (provider – Sports Services, LCC)
(175k/ year)

The service

The exercise referral scheme is for Leicester City residents, with specific health problems, who need a GP referral qualified exercise instructor to undertake an assessment and recommend a personalised exercise plan. Clients are followed up at 6 weeks, 3, 6 and 12 months and offered further assessment and support. The service has been redesigned during 2016 and in collaboration with the CCG the referral criteria have been refined, so those with multiple risk factors for heart disease, stroke and type 2 diabetes are prioritised. Patients with a lower level of risk or who are sedentary and inactive but otherwise in good health are directed to universal provision.

The separate Heart Smart group is the end stage of the cardiac rehabilitation pathway, and is operated as a closed group just for people who have had a cardiac event. The main referral route is from the UHL cardiac rehabilitation pathway.

Performance

The service receives approximately 4000 referrals per year, plus 200 referrals per year for Heart Smart. Retention rates on the programme have increased dramatically with 70% of those referred attending their first appointment. 82% of these attended the subsequent appointment. Increasing numbers of clients are also attending group-based sessions such as walking football, group circuit sessions and other classes for Active Lifestyle Scheme clients.

Food for Life Programme in schools - (provider – Soil Association)
(75k in 2017/18)

The service

Food for Life Programme has been running in schools since April 2015. All schools in the city will be offered the opportunity to take part in the programme over the 3 year contract period. This offers face to face support to schools to adopt a whole school approach and create a positive food culture. Training courses are provided to give teachers the confidence and capacity to offer practical cooking, food growing and develop farm links. Training supports the curriculum and helps promote knowledge of healthy eating amongst pupils, parents and the wider community. Other courses are designed to support school cooks and lunchtime supervisors and develop the pupil voice.

Schools work towards Food for Life awards which are an independent endorsement for schools that serve nutritious, fresh, sustainably sourced food and support pupils to eat well and enhance their learning with cooking, food growing and farm links.

Performance

There are nearly 70 schools enrolled onto the Food for Life programme currently, 6 have already achieved the bronze award. Food for Life has supported the City Catering service to achieve the Bronze Catering Mark Award for school meals and are working towards the Silver award. City Catering supply bronze standard meals to 79 schools in Leicester City.

Food for Life in the City work in partnership with the Leicestershire Nutrition and Dietetics Service. They work with schools and parents to improve lunch boxes. They have also run cook and eat programmes in schools targeted at those most in need and involve both pupils and parents. In the previous academic year, 151 teachers and support staff received training from Food for Life.

Food for life have a clear evidence base regarding their impact e.g. they can demonstrate:

- an average increase in uptake of school meals of 13% after 2 years
- pupils in food for life schools are twice as likely to eat 5 or more portions of fruit or vegetables per day
- there is a £3 social return on investment for every £1 invested
- FFL catering mark Gold menus have up to 47% lower climate impact than standard school menus
- research evidence points towards FFL's potential to contribute helping close the gap for disadvantaged children in terms of their health and academic attainment (NFER, 2011)

Evaluation is currently being carried out to ensure that these outcomes have also been demonstrated locally.

School-based physical activity programme - (provider - School Sport and Physical Activity Network)
(67k/ year)

The service

The aim of the commissioned service is to target inactive children in primary schools and encourage them to become more active. The team deliver a range of physical activity sessions and training for school staff. Delivery includes: physical literacy sessions in primary schools, physical activity sessions within Change4Life clubs, balanceability (balance bike training), extension of the WISPA project to target year 5 and 6 girls and whole school training on Klmbles (a music and movement programme) and physical literacy and training on playground supervision for lunchtime supervisors and young leaders.

In addition the service works with schools and offers advice and support regarding how best to increase physical activity levels, meeting Ofsted requirements and best use of the school sport premium.

Performance

There is a clear set of performance targets and the service is delivering on all of these.

Satisfaction amongst those attending training is high, both school staff and pupils

attending young leaders training.

Contribution to Leicestershire and Rutland County Sports Partnership (LRS)
(45k/ year)

The service

The council has a partnership agreement with the County Sports Partnership which outlines the support and priorities which are key to ensuring that the Sport and Physical Activity offer across the city is cohesive and robust and that the work that LRS do is in keeping with the identified priorities as determined by City colleagues.

County Sports Partnerships (CSPs) work across the sporting landscape, actively supporting partners to increase participation in sport and physical activity. LRS brings additional strategic support and expertise to Leicester. LRS have led and supported the development of successful bids bringing additional resource, introductions to other partners and their projects such as Street Games and The Dame Kelly Homes Trust. LRS have built on the early years physical activity research previously undertaken in Leicester, and supported the production of resources and training for purposeful physical play in early years settings.

Performance

A detailed action plan is reported against to the LeicesterShire and Rutland Sport board quarterly. Leicester City Council is represented on the board by the Sports Development manager.

Nationally LRS is considered to be a high performing CSP and many of its initiatives, products and services are now being rolled out nationally.

The effectiveness of CSP can be considered in relation to some of the projects it has led on and/or delivered. One local example is Get Healthy, Get into Sport, a Sport England funded project aimed at getting inactive people more active. The local project in New Parks and Greenhill (in Coalville, Leicestershire) has achieved targets, within budget.

LRS bring additional resource through externally funded programmes, partnership projects and contribution in kind. LRS calculate that for every pound invested in LRS by Leicester City Council there has been a minimum of £17 partner funding.

Support to Food Growing Projects - (providers - Saffron Acres and British Trust of Conservation Volunteers (BTCV))
(20k/ year)

The Service

A food growing support programme has run for the past 2 years and has been extended for a further year. The two voluntary sector organisations commissioned support small scale growing projects in schools, early years' settings and in the wider community. The aim is to develop knowledge, skills and resilience in new and existing groups.

Additionally for the past 2 years £1000 grant per ward has been available to small groups to bid for to enable them to start growing. Further grants will be available in 2017/18. Additional grants have also been awarded to schools, early years' settings

and other community growing projects to fund equipment and other growing resources.

Performance

Over 90 packages of support have been provided. The Get Growing Grant scheme has funded over 30 community groups and an evaluation process is being developed to identify value and benefit of this programme.

Food growing courses and bespoke training has been offered and delivered to community groups. Over a quarter of food growing projects funded by the Get Growing grant programme are now part of the It's Your Neighbourhood award scheme.

3.3 Next Steps

Workshops, one of which is focussed on prevention and lifestyle services, are being conducted during June/ July to engage with key stakeholders in discussions about the future shape of our lifestyle services before proposed options are taken to the Executive in the Autumn.

Scrutiny members are requested to consider the following questions which will also be discussed at the workshops this summer:

- What is the role of the public sector in prevention? To what extent should the state intervene?
- In the context of a reducing budget for prevention, what are the priorities? Should the public sector pay for people to be supported to e.g. stop smoking or lose weight or should individuals have to pay?
- Should we prioritise early years investment over support for adults?
- Should individual support only be available to certain disadvantaged or high risk groups? If so, which groups should we focus on?
- Should we continue to develop more integrated lifestyle services so that people can access advice and support in one place?

4. Details of Scrutiny

21st June 2017 meeting of Health and Wellbeing Scrutiny Commission

5. Financial, legal and other implications

5.1 Financial implications

None yet – to be considered when preparing options for the future of lifestyle services

5.2 Legal implications

None yet – to be considered when preparing options for the future of lifestyle services

5.3 Climate Change and Carbon Reduction implications

None yet – to be considered when preparing options for the future of lifestyle services

5.4 Equality Impact Assessment

N/A

5.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

N/A

6. Background information and other papers:

None

7. Summary of appendices:

None

8. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

No

9. Is this a “key decision”?

No