
Title: Integrated Lifestyles Services- Consultation Feedback and final proposals

Lead director: Ruth Tennant

Useful information

■ Ward(s) affected: all

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1. Summary

In February this year the Executive approved outline proposal to develop a new integrated lifestyle service following a period of review and a number of earlier papers on these service. These proposals were also shared with an informal meeting for members of the Health and Heritage, Culture, Leisure and Sports Scrutiny Commissions.

This was followed by a period of public consultation which lasted for 8 weeks and was supported by focus groups specifically looking at areas of the proposal which it was felt would benefit from more in-depth insight (weight management, volunteer role and digital services).

The response to the public consultation is detailed in this paper. This response has informed the final proposal for Integrated Lifestyle Services. These proposals have been endorsed by the Executive, pending feedback from Health Scrutiny.

Key themes emerging from the consultation were;

- Support for a shift to integrated lifestyle services with a single booking function
- Support for retaining some specialist staff within this model
- Support for volunteers to be involved in services, as long as sufficient training and support is in place
- Support for greater use of digital services to be developed as long as face to face help continues to be available for people who need it most.

In light of this the proposed new model will;

- Bring staff from a range of existing services (stop smoking service, active lifestyle



City Mayor

- scheme, healthy lifestyle hub) together in an integrated team
- Train all staff to deliver brief advice around a range of healthy lifestyles topics but retain subject level expertise
- Development of a comprehensive volunteer training package and recruitment of a co-ordinator post to support this aspect of the service
- Digital services- utilise existing resources such as 'One You' tools and monitor the reach of these services in relation to inequalities

2. Recommendations

- Scrutiny Commission members are asked:
- To note the themes emerging from public consultation and their impact on the proposed model
- To note the associated savings to be achieved
- To note the risks associated with the implementation of this service and proposed mitigations
- To feedback comments on the proposed model to the Executive.

3.

3.1 Background

LIFESTYLE SERVICES – THE CURRENT PICTURE

The city council is currently responsible for a number of lifestyle services (see below) at a total cost of £1.768m in 2017/18. These aim to reduce preventable ill-health in adults, particularly cardio-vascular disease and preventable diabetes, by acting early to support people to make lifestyle changes which will reduce the risk of them going on to develop these conditions.

Since 2015, there have been a number of changes made to our lifestyle services. This has included:

- Focusing weight management on highest risk groups and ceasing funding for Weight Watchers where there is now evidence that people will pay for this themselves.
- Reducing expenditure on smoking, reflecting reductions in demand for the service predominately as a result of increased use of e-cigarettes
- Reducing waiting times and improving retention rates for the Active Lifestyle scheme.

These changes have reduced overall expenditure on these services from £2.2 million in 2016/17 to £1.8 million in 2017/18.

The service review and informal community & stakeholder consultation carried out as part of this review showed:

- Lack of integration and fragmentation between the different lifestyle services
- 'Gold-standard' but high-cost 1-1 support in several of these services
- Lack of on-line or digital provision resulting in high referrals to 1-1 services
- Under-utilisation of other local resources such as existing volunteering schemes, outdoor gyms, community exercise programmes provided by professional sports clubs.
- Potential for improved integration with other council services, particularly adult social care
- Strong support for a single integrated lifestyle where people can tell their story once and which offers an easy point of referral for GPs and other health/ care professionals.
- Continued need for early intervention to reduce high levels of preventable heart

disease, diabetes in working-aged adults in the city, particularly in the most deprived parts of the city

- Significant scope to develop existing lifestyle services to also tackle low level mental health and social isolation
- Under-utilised potential to increase referrals to specialist alcohol treatment services (Turning Point)
- Potential to introduce charging for elements of the service in line with leisure centre pricing.
- Emerging evidence from other parts of the country which have already moved to integrated services of good outcomes

Further changes to lifestyle services are proposed for 2 reasons. Firstly to ensure services are continually improving and the client experience is improved. Secondly in order to meet spending review targets further efficiencies to services are required.

Lifestyle services will contribute £1.35 million towards the current spending review. This level of saving cannot be achieved without significant changes to services and whilst this presents opportunities for greater integration and more innovative working there are inevitably considerable challenges in ensuring services continue to deliver high quality and achieve positive health outcomes.

Proposed changes are part of a broader ongoing piece of work across the division of Public Health and Sports Services to transform services to be focussed on health and wellbeing. This work includes a programme of activities around developing the council's leisure centre offer to improve and modernise leisure services to ensure they are inclusive and well utilised. The integrated lifestyle service will also support work aimed at utilising community assets such as parks, outdoor gyms and walking/cycling to increase physical activity and support positive mental wellbeing.

Consultation has taken place to gain the views of staff and the public on proposals for lifestyle services in order to help refine proposals aimed at improving quality and reducing costs.

3.2 Consultation feedback

171 people completed the consultation (online and paper) over an 8 week period between April and June. The consultation was promoted via citizenspace and the standard council media channels. In addition the CCG, VAL and a wide range of community groups were proactively contacted and encouraged to participate.

It should be noted that whilst 171 people responded to the consultation many questions were answered by low numbers of people. It is not possible to draw conclusions about the representativeness of those who completed the consultation or participated in focus groups. It is also important to note that over 50% of responses came from staff/people in a professional capacity. A breakdown of response rate by question is available.

In addition to the online consultation a number of focus groups were held during the consultation period with a specific focus on exploring the issues of weight management services, the role of digital resources and the involvement of volunteers in a new service. Below is a brief summary of the consultation and focus groups responses;

- Overall support for a shift towards integrated services with responses suggesting this would make services more user friendly
- A single booking system was well received
- There was support for group based sessions with people seeing this as a means of extra support. Whilst most people did not respond to this question (<30%) there was less support for stop smoking services than weight management, diet/physical activity
- A recognition that there was not a 'one size fits all' and that 1:1, group based and online

had a role to play

- The key features affecting sessions included time location and cost. Friendly staff was cited as the biggest factor determining how successful sessions would be
- People expressed a desire for sessions to be offered at evenings and weekends
- A wide range of settings were seen as suitable with leisure centres (61), community centres (41), parks and outdoor (38) spaces being most popular
- Strong support for developing a more extensive walking programme with people suggesting guided and group walks as a good idea
- The increased use of volunteering was generally supported although there were concerns that this should not be used a mean to replace qualified staff
- There were concerns about an integrated service having a generic member of staff and responses were in favour of retaining specialist staff
- Regarding online services there was some concern via the consultation and focus groups about a complete shift to digital services and potential risks of exclusion
- Whilst there were limited responses to questions relating to wider services such as housing and debt management there was generally support for this especially as a signposting function
- Greater use of community assets was also mentioned
- There was a number of comments relating to the role of wider determinants such as takeaways, advertising and sustainable travel

Based on the consultation feedback including areas of concern for those responding, the following considerations will be reflected in the final model for integrated lifestyle services.

- Retention of some specialist staff e.g. specialist smoking advisors but seek to ensure all staff are trained to provide low level brief advice across a range of healthy lifestyle topics
- A move to implement group based sessions gradually whilst investigating their effectiveness locally rather than an immediate shift to default group sessions in all services e.g. stop smoking
- It is not the intention of the new service to make a wholesale shift online but rather to ensure the council is utilising the potential for digital services to support self-care. The new service will ensure that digital services help to effectively manage demand without marginalising those with limited access/capability
- A Leicester-wide lifestyle service will encompass differences in delivery across communities to reflect differing community needs and assets
- Volunteering within the new service will be well supported by a volunteer co-ordinator and training package. Furthermore the nature of volunteering will vary across behaviour change topic, for example volunteers may be more active in a walking programme than stop smoking services
- Digital services will become more prominent in our lifestyle services without replacing a face to face offer. Initially the digital offer will provide a safe and trustworthy source of information on healthy lifestyles with details of accredited apps and resources.
- Digital services will also explore 'light touch' interventions for those with capacity to enable better use of resources. A text reminder service will also be investigated. Any use of digital services will pay due regard to their impact on inequalities.
- Evaluation to consider the effectiveness of changes such as group based sessions and single booking system (available online and by phone) on health outcomes, inequalities, cost effectiveness and customer satisfaction

3.5 Next steps

Public consultation has shown support for proposals to shift lifestyle services towards an integrated model with a single hub function and booking system whilst retaining professional expertise in different topic areas. A single hub and case management system will allow more holistic support for clients and reduce the opportunities for duplication and/or gaps between

services.

An increased role for volunteers and an extended programme of walking will be included as will a shift to support more community based activities including existing sessions and outdoor gyms. As part of a shift to maximise digital services an online platform will bring together safe and reliable health information and existing apps and online support such as the couch to 5k app.

Discussions have taken place with local NHS partners to ensure services are embedded in clinical pathways and health professionals make appropriate referrals. This work will continue to ensure a joined-up approach to supporting healthy lifestyles in Leicester City.

A comprehensive evaluation will accompany the new service to consider the effectiveness of the model overall and the separate elements within in.

Weight management

Feedback in relation to weight management services was broadly similar to that regarding other aspects of the proposed model. Respondents favoured group sessions and recognised that online support could be helpful as could volunteers to support sessions.

Targeted weight management services will continue within the integrated lifestyle service from April 2019 although the provider will continue to be externally commissioned. At present these services are provided via the Diet, Health and Activity in Leicester (DAHL) and Lifestyle, Eating and Activity Programme (LEAP) groups. The consultation has supported the existing view that some groups derive significant benefit from bespoke services above and beyond mainstream weight management programmes.

The proposed new service has a 'go-live' date of April 2019.

4. Financial, legal and other implications

4.1 Financial implications

By 2019/20 the Lifestyle Services will achieve their full savings target although this will require use of reserves for a short period until the plans are fully implemented.

Rohit Rughani
Principal Accountant

4.2 Legal implications

The preferred option is to integrate the Lifestyle services. Under the preferred option – there are no proposed decommissioning but a reduction to some of the services for which a consultation has taken place.

Following consultation, the product of the consultation must be taken into account in the final decision and the responses need to be fed into the decision making process.

In relation to the recommissioning of these services, the design and the running of any procurement should be in accordance and compliance with the Council's Contract Procedure Rules and the Public Contracts Regulations 2015.

Assistance must be sought from and work directly with the Council's procurement team(s) in consultation with legal services to drive the procurement process in compliance with the regulations, internal rules and in order to ensure the desired outcomes are achieved in the

most efficient way.

There is mention of a Digital Offer – this may also require input from IT/Procurement team.

Any reduction to any of the current arrangements should be in accordance with the provisions of the contracts to ensure smooth terminations and in alignment with the proposed procurement of the new Integrated Service.

Previous legal advice has been provided but it is re-iterated that the the Council must comply with Statutory Best Value Guidance (<https://www.gov.uk/government/publications/consultation-principles-guidance>) which means that the where there is an SME organisation (which may be the case in smaller services) then the guidance requires the Council to give 3 months' notice to terminate the current contracts, this is regardless of the contractual provisions.

The implications arising from this report are based on the preferred option as suggested within the report should the option change, legal services will need to be consulted to identify associated legal risks. Ongoing support should be sought from legal services as and when required.

Mannah Begum, Solicitor (Senior) - (Commercial Property and Planning Team
Legal Services)

A number of changes are envisaged in the report which have potential staffing implications.

Where staff are employed by the Council and it is proposed that there will be an organisational review the Council's organisational review policy should be followed.

If there is a decision to out-source any of the services going forward, there is the potential for the TUPE Regulations to apply. The TUPE Regulations are also likely to apply should there be a decision to bring any of the services back in-house.

Further employment legal advice should be sought once a decision on the model for service delivery has been made.

Paul Atreides
Head of Law

4.3 Climate Change and Carbon Reduction implications

A key element of the integrated lifestyle service will be to encourage physical activity and promote walking and cycling which will positively impact on climate change and carbon reduction. Fewer 1:1 sessions is also likely to lead to a reduction in travel, including single occupancy car journeys, for staff and residents

The reduction in 1:1 sessions and greater focus on group sessions, held in local venues, is likely to reduce travel by both clients and council staff, leading to a reduction in city-wide and council carbon emissions.

In addition, a key element of the integrated lifestyle service will be to encourage physical activity and to promote walking and cycling. This may lead to some clients adopting these active travel options for regular journeys previously made by car or bus – again contributing to reduced city-wide carbon emissions.

Duncan Bell, Senior Environmental Consultant.

4.4 Equality Implications

When making decisions, the Council must comply with the Public Sector Equality Duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

In doing so, the council must consider the possible impact on those who are likely to be affected by the recommendation and their protected characteristics.

Protected groups under the Equality Act 2010 are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

The report outlines proposals to bring existing lifestyle services together into one integrated service.

The key changes which are likely to have an impact on those who use the services are potential changes to the time and location of sessions, a shift towards group sessions as opposed to 1-1s and the provision of a digital platform. An Equality Impact Assessment has been commenced to explore the impacts of the proposal in greater detail. The initial assessment of the potential equalities impacts has identified that the changes may have a disproportionate negative impact on particular protected characteristic groups such as age, disability, race, pregnancy and maternity and gender reassignment. It has been identified that this disproportionate negative impact can be reduced or removed by maintaining face to face, 1-1 and phone provision for those who require it.

Although mitigating actions have been identified, there are some benefits gained from group work and online provision in terms of peer support, socialisation and ease of access which should be accessible to and inclusive of people with protected characteristics. The ways in which group sessions and the digital platform can be made as accessible and inclusive as possible, will require consideration throughout the future development of the proposals. In particular, engagement with service user groups will be key to ensuring that the digital offer is accessible.

The equality impact assessment, consultation results, further engagement with service users and equality monitoring information should continue to be used in the decision making process, in the further development of the proposals and their implementation and in order to identify any unexpected equalities implications which arise and mitigate for these.

The implications arising from this report are based on the preferred option. Should the option change, the equalities implications of the alternative proposal will need to be considered. Ongoing support should be sought from the equalities team as and when required.

The report also suggests that implementing the proposals will require an organisational review of certain services. Where staff are employed by the Council and it is proposed that there will be an organisational review, the Council's organisational review policy should be followed in order to ensure that equalities implications of the review are fully taken into account.

Appendix A- Consultation feedback

171 people completed the consultation (online and paper) over the 8 week period. It should be noted that whilst 171 people responded to the consultation many questions were answered by low numbers of people. The breakdown of response rate by question is available in the summary report attached as appendix A. Over 50% of responses came from staff or people in a professional capacity. Below is a brief summary of the responses received;

We are looking to have one team providing the whole range of lifestyle services rather than having separate services. What are your views on this? (72 people answered this question)

- Overall there was support for this proposal with responders noting that this was a good idea and would make services more user friendly
- Comments showed that people appreciated that unhealthy behaviours often clustered and having an integrated service would help in these cases although it was also mentioned that tackling multiple behaviours can be problematic
- There were concerns about creating a generic staff member to tackle all unhealthy behaviours and the risks of losing subject expertise with people stressing the need for specialist staff to be retained
- A single booking system was seen as a positive step
- There were concerns about a new service losing a degree of personalisation that currently exists in separate services
- It was also noted that a new service should offer greater flexibility in terms of appointment times/days/venues

Greater use of online booking/support, apps, phone/text support in relation to stop smoking services and diet/physical activity and weight management services

- There was some support for all of the above in the 3 services listed although there were very limited responses to these questions (84% did not answer)

Healthy Lifestyle Apps used previously

- Only a small number of responders indicated that they had used a website/app to improve their health with couch to 5k being the most commonly cited (53% did not answer)

Group based support for stop smoking services and diet/physical activity and weight management services

- 70% of responders did not answer this question. 86 individuals did with 11 saying they would attend stop smoking support in a group, 35 would attend group based weight management and 40 would attend diet/physical activity sessions offered in a group.
- The key things people mentioned were about group sessions was that access should be good and a range of times should be offered
- Comments were generally positive about the benefits of group sessions although some people were clear that they would not attend these sessions
- Cost, time and location were mentioned but friendly staff was the most common response in terms of what would be important about these services

Features that would make services more appealing

- Good accessibility
- Face to face sessions
- Evening and weekend sessions
- Friendly staff
- No/low cost

Greater use of online services

- There was limited support for this with concerns expressed about the risks of some people being excluded (>70% did not answer this question)

Which of these might you attend to increase your physical activity / lose weight?

- There was support for a wide range of activities including home based, running and outdoor gyms, yoga/pilates with the most popular being walking (35), swimming (40) and exercise classes (40)

Where would you most like to access physical activity sessions?

- A wide range of settings was given with leisure centres (61), community centres (41), parks and outdoor spaces (38) being most popular

Where would you most like to access stop smoking sessions?

- Very limited responses (23%) but some support for health centres and community centres

Walking is a free and simple way for many people to improve their health and wellbeing. Do you have any thoughts on how we could encourage people to walk more?

- There was strong support for this with a range of positive comments
- Group walks and guided walks were especially popular
- Walks to work, lunchtime walks and walks with pets were also mentioned
- Having a range of times and venues for walks was important
- Having details on walks and routes available via apps/website was also mentioned

Would you be interested in attending healthy lifestyles sessions where you could bring a friend or family member?

- There was some support (49) for this option with people suggesting that extra support can be helpful

Greater use of local volunteers to help others improve their health

- Respondents were generally supportive of this and it was seen as a good idea
- It was a clear message however that volunteers should be well trained and supported
- There was also a view that this should support and not replace the role of the health professional

Other comments

- Limited additional comments but some consistency existed such as the need to ensure sessions are run in the evenings and the role of cycling be embraced as part of encouraging healthy lifestyles
- Greater use of community assets was also mentioned

- There was a number of comments relating to the role of wider determinants such as takeaways, advertising and sustainable travel

Do you think we should provide advice and guidance on where people can get help with things such as housing, debt management, etc? - wider advice support

- 57% of people did not answer this question. Of those that did there was generally support with some concerns raised. Comments suggested this should mainly be about signposting. 2 people said no.

3.3 Focus group feedback

5 Focus groups were held over a 3 week period. In total approximately 70 people were involved in these groups which comprised current and former service users along with general members of the public. Specific sessions were held for members of the South Asian population and for adults with learning difficulties. The sessions were led by 2 members of the public health team who used a broad question template to act as a guide and both independently recorded responses which were triangulated shortly after the sessions. Focus groups were not recorded in an effort to encourage participants to speak candidly and as such the notes taken were reflected back to the group during and afterwards to ensure what had been captured was a fair and accurate record of the discussion.

Whilst the discussions in the various groups were understandably different there was a considerable degree of consistency in responses. As such the key themes which emerged are shown below and where this was not consistent across the groups this is also shown.

- Overall proposal to shift to an integrated team
 - Generally a positive response to a shift towards greater integration
 - Consistent concerns about the risk of diluting professional expertise if a generic health advisor was the end goal
 - Supportive of a single team being responsible for appointment booking and having a named contact who had oversight of their journey
 - It was suggested in all of the focus groups that whilst a Leicester wide service was relevant there should be a more local offer to reflect the different needs/assets of various communities/wards
- What matters most to you about lifestyle services
 - The things that came out of all groups was the importance of the staff involved; they must be knowledgeable, empathetic and above all friendly
 - Access was also cited as a major factor with all groups suggesting that having services available in a range of settings at various times was important
- Weight Management
 - A strong feeling that group sessions were the preferred method of delivery. A recognition that some people may prefer 1:1 sessions but overwhelmingly it was felt that the benefits of a group were significant when addressing this issue.
 - The expertise of qualified staff was felt to be very important. Service users cited commercial services they had used where the advice and resources provided was at a lower level
 - The application of information in practical advice was felt to be vital e.g. advice on reading food labels
 - It was acknowledged that a service which had a specific focus on the South Asian diet and was tailored towards this audience had several benefits compared to a generic offer
 - Service users felt that the most beneficial change the council could make to the service would be to offer it for longer

- The groups explained that they agreed there was a place for greater support to be offered at distance either via phone or a digital channel but that this could not replace the face to face element for them
- Digital Services
 - There was a recognition in all groups that the internet was somewhere most people initially looked for advice/info on healthy lifestyles but that there were challenges in knowing which information was safe and trustworthy
 - In light of the above there was support for a single website for lifestyle service which would provide reliable information
 - Significant concern in all groups but especially when talking to adults with learning difficulties about a shift from face to face services to online. All groups were worried that as a means of saving money the council would be gradually putting all existing services online
 - Concerns also around access and the IT literacy in all groups but again especially when talking to adults with learning difficulties
 - All groups expressed concerns about a 'council' website; explaining that they felt it would not be as appealing, functional or accessible as more commercial sites. Examples were given about current council services online and issues service users had faced with them
 - There was a clear message that any digital platform should be available in a range of languages and feature lots of images with information kept clear and concise
 - Text reminders were felt to be a useful service
 - Online services have a role in long term maintenance of behaviour change through the use of online groups/forums
 - The 'maps' function was seen as useful with the ability to search by postcode and get easy access directions mentioned as a positive
 - Some attendees mentioned that they would likely access a website on a smartphone rather than PC and so anything offered online needed to operate well via this medium
 - The 'chat' function received both positive and negative feedback
 - Online groups were felt to have a place especially when exiting face to face services as part of a tapered reduction in support
- The role of volunteering in lifestyle services
 - A positive response to increased use of community centres, groups and greater role for local health champions
 - There was however much concern over the role volunteers would play with all groups. It was a very clear message that people felt there was a role for volunteers but this should be in support not replacement of a qualified health professional
 - Ensuring sufficient training and support was in place for volunteers was highlighted as crucial
 - Volunteers and peer mentors were seen as having particular use at entry and exit point of services
 - Issues around reliability and accountability were also flagged when using volunteers to 'deliver' sessions
 - It was recognised that volunteers may be more appropriate in some aspects of an integrated service than others e.g. walking groups

