Health and Wellbeing Scrutiny Commission

Date: 23rd August 2018

Title: Integrated Lifestyles Services- Final proposals

Lead director: Ruth Tennant

Useful information

- Ward(s) affected: all
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1. Summary

This report presents a final proposal for a new model of delivery for lifestyle services in Leicester City. This follows an extensive programme of work looking at the continued need for such services, performance of current services, evidence of alternative models, required efficiency savings as a result of reductions in the national public health grant and the views of staff and the general public.

In February this year the Executive approved outline proposals to develop a new integrated lifestyle service following a period of review and a number of earlier papers on these services. These proposals were also shared with an informal meeting for members of the Health and Wellbeing Scrutiny Commission and Heritage, Culture, Leisure and Sports Scrutiny Commissions in March 2018. Key dates in the development of these proposals are shown below (previous papers and slides attached as appendix A);

21st June 2017 – Paper presented to Health and Wellbeing Scrutiny Commission meeting with an explanation of the current services and need to review this offer.

8th February 2018- Paper presented to Executive outlining initial proposals for an integrated service and plan for public consultation.

7th March 2018 – verbal update at the commission meeting to explain there will be an informal meeting later that month.

21st March 2018 – Informal briefing session for Health and Wellbeing Scrutiny Commission and Heritage, Culture, Leisure and Sport Scrutiny Commission members outlining the proposed model going out to public consultation.

City Mayor

21st June- Consultation feedback presented and proposals for model and next steps approved by Executive.

5th July 2018 – Paper brought to Health and Wellbeing Scrutiny Commission meeting following the consultation. Content largely deferred until August meeting.

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) took place in summer 2018.

The response to the public consultation is detailed in this paper. This response has informed the final proposal for Integrated Lifestyle Services. These proposals which have been endorsed by the Executive are presented here for feedback from Health and Wellbeing Scrutiny Commission along with a final delivery model.

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 scheme, healthy lifestyle hub) together in an integrated team with single point of access
- Train all staff to deliver brief advice around a range of healthy lifestyles topics but retain subject level expertise
- Develop a comprehensive volunteer training package with sufficient support to ensure the development of this aspect of the service where it is appropriate
- Digital services- utilise existing resources such as 'One You' (https://www.nhs.uk/oneyou/) tools and monitor the reach of these services in relation to inequalities ensuring that we maximise the potential benefits whilst maintaining face-face services for those that need it most

2. Recommendations

Scrutiny Commission members are asked:

- To note the recommended new model
- To feedback comments on the proposed model to the Executive

It is proposed that regular updates on the development and implementation of an integrated service will be shared with the health scrutiny commission.

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 £1.8m 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 the universal Weight Watchers service
- Reducing expenditure on smoking, reflecting reductions in demand for the service predominately as a result of increased use of e-cigarettes
- Reducing waiting times for the Active Lifestyle scheme.

These changes have reduced overall expenditure on these services from £2.2 million in 2015/16 to £1.8 million in 2017/18.

Below is a summary of current services and their performance (more detail is available in appendix B).

Current services			
Service	**Need**	**Cost**	**Local uptake & impact**
Smoking cessation	21% smoking prevalence	£972k	Approx. 1,500 smokers quit each year with the service, including 175 pregnant women. Overall quit rate of 54% (higher than national rate and comparators) Decline in numbers largely as a result of e-cigarettes. Service focuses on 1-1 support.
Healthy lifestyles hub	31% of adults physically inactive *(higher than national rate)* 55% adults obese or overweight (20% obese)	Up to £300k (+£100k NHS)	c 5000 referrals each year from GPs 80% referred to at least one lifestyle service
Health trainer service			c 900 clients per year set a personal health plan. 80% of clients fully or partially achieve their health plan
Active lifestyle scheme (exercise referral)	31% of adults physically inactive (higher amongst those with long-term conditions)	£175k	c. 1,800 attend programme.

Weight management – targeted BME/ long-term conditions	See above	Up to £229k (payment per case)	450 clients per year complete programmes. 1 in 4 achieve and maintain clinically significant weight loss (5%) up to at least 12 months.
Total		£1.7million	

A review of existing services was accompanied by public engagement in 2016. This involved community development staff engaging with 290 people. A high response was received from east Leicester, particularly the Belgrave area. 57% of responders were "White British" and 27% Asian. There was a good mix of age groups responding and 60% of responses came from females.

Main findings from the review included;

- 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 as identified by measures included in Leicester's health profile around smoking, diabetes etc
- Significant scope to develop existing lifestyle services to also tackle low level mental health and social isolation which are addressed by services beyond those which explicitly focus on these issues[1][2]. This approach supports work taking place across Leicester in relation to Making Every Contact Count (MECC) and the potential for services such as those within the proposed model to have a positive impact on 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

Some key themes emerged from the public engagement which informed current proposals;

- When people were asked how the services should be delivered, a key finding was that people want local people to get involved and lead. It was suggested that local people need to be involved in running groups in local areas as they identify with them and a local person is likely to understand the needs of the community.
  "Letting local people step forward to get the qualifications to lead the groups. They are known in the community and get people into the building; they also have an understanding of the people."
  "Local people being given the chance and up skill them and professional support. Local people can sometimes relate better to people in the community as they are on the same page"
- Some people said they preferred groups as 1-1 is either *"too embarrassing"* or they

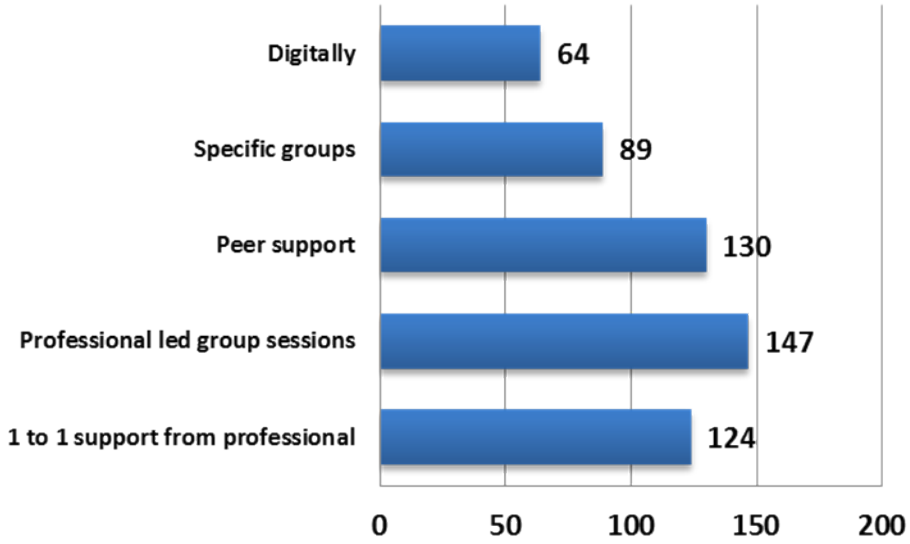
[1] https://www.scie.org.uk/publications/briefings/briefing39/index.asp

[2] https://www.ageuk.org.uk/documents/en-gb/for-professionals/evidence_review_loneliness_and_isolation.pdf?dtrk=true

enjoy the social side of groups. However, some preferred 1-1 as they would be reluctant to speak in a group.

- Both peer support and professionally-led groups were most popular options for delivery of lifestyle services.
- Overall people want a range of channels for the service to be delivered through for different aspects e.g. groups for physical activity and internet for advice and food information.

The chart below shows the way in which people indicated they would like to receive services;



This earlier work informed proposals for changes to lifestyle services which are underpinned by two primary drivers namely a desire to ensure services are continually improving and keeping up to date with emerging evidence along with a necessity make further efficiencies as a result of year-on-year reductions in the nationally-allocated public health grant.

A number of options were considered when looking at service changes within lifestyle services although they are essentially variations on 4 available options which are briefly discussed below;

- Cessation of all services
- Cessation of some services
- Reduction of existing services
- Shift to an integrated model

Cessation of some or all services

The local authority is responsible for improving the health of the local population and evidence based lifestyle interventions play a key role in meeting this responsibility. The cessation of some/all services would allow the council to meet short-term efficiencies but would risk long term negative health impacts. These impacts would be felt across the health

and social care system and because of this cessation of services was deemed an unacceptable option by the Executive.

Positives	*Negatives*
Achieves additional savings	Long term negative health impacts
	System wide consequences
	Reputational damage

Reduction of all services within existing model

Efficiency savings made in recent years have already seen the existing services make changes to their offer to reduce costs whilst still delivering a population based approach. A reduction across all services as they currently operate would enable teams to continue to focus on their area of expertise but would not improve integration across these services.

Positives	*Negatives*
Achieves savings targets	Considerable reduction in frontline services
Provides a degree of continuity	Challenging to address multiple behaviours and provide a holistic service
	Limited scope for innovation
	No reduction of management costs achievable through integration

Shift to an integrated model

The shift to an integrated model would enable efficiency targets to be met but beyond this it also allows a holistic approach to improving people's health. Removing duplication of some functions such as admin and management provides clear savings whilst forging a single team who will, over time, become upskilled to provide a more comprehensive and rounded support package.

Positives	*Negatives*
Allow the council to meet efficiency targets	More 'change' for staff than other options, including potential reductions in staffing
Facilitate a holistic approach to providing support	Requires new systems to be trialled and embedded
Allows more sophisticated analysis of effectiveness	Period of inevitable transition and some reduction in frontline services

Adopting the proposed model of an integrated service will see lifestyle services meet a cumulative target of £1.35 million since 2015/16. 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 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 the proposals for lifestyle services in order to help refine proposals aimed at improving quality and reducing costs. This builds on previous engagement carried out in 2016.

3.2 Consultation feedback

171 people completed the consultation (online and paper) over an 8 week period between April and June 18. The consultation was promoted via Citizenspace and the standard council media channels. In addition the Clinical Commissioning Group, Voluntary Action Leicester and a wide range of community groups were proactively contacted and encouraged to participate. Costs of the consultation included £35 for printing of plus the associated staffing costs. The main staffing resource was a public health speciality registrar who is funded nationally by the NHS.

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; more detail is available in appendix C and the final consultation summary is included as appendix D.

- 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*

*Factors beyond the scope of lifestyle services but related to the wider determinants of health including sustainable travel and takeaways have been shared across the public health team to ensure they are considered in the relevant areas of work; specifically the healthy places team.

3.3 Impact of the consultation

Many of the themes emerging from this consultation support the earlier public engagement and offer a degree of confidence in the validity of these responses for example around the use of volunteers and the need to offer both group and 1:1 support. 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 specialist staff

A clear message emerged that people valued the role of the specialist advisor. The proposed new model will retain specialist staff but seek to ensure all staff are trained to provide low level brief advice across a range of healthy lifestyle topics. A more holistic service will be achieved through the introduction of a single 'front door' and case management system alongside the numerous benefits both to services and efficiencies of bringing staff together in a single team.

Group based sessions to be introduced alongside continued 1:1 sessions

Differences existed in people's views of group based sessions. Many feeling that groups were appropriate, especially for some activities such as weight management, but there was a recognition that this wouldn't be appropriate for everyone and as such the new service will continue to offer 1:1 support for some people alongside more group, phone and online services. The introduction of group based sessions will be gradual and accompanied by a comparative evaluation to understand effectiveness and efficiency compared to 1:1 sessions.

Digital services

Similarly there were positive views in relation to digital services and an acknowledgement that this was very much the direction of travel for many services. There was however some concern around a 'digital divide' and the potential for a wholesale shift to online services to disadvantage particular groups. 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. 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.

Volunteering to be developed alongside the new model

Volunteering was another area where people were supportive as long as this was not a

means of replacing qualified and experienced staff. Volunteering within the new service will be well supported by a volunteer co-ordinator and comprehensive 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. Volunteers are actively engaged by the council at present in a variety of means including within parks and museums. There are further opportunities within services to promote healthy lifestyles including those around food growing. A focus on volunteering is intended to both support lifestyle services and provide opportunities for local people rather than to replace staff. A dedicated resource will be required within the new structure to support volunteers and develop long term sustainability as well as exploring where volunteers can support healthy lifestyle services such as acting as a role model within weight management or a peer mentor when using outdoor gyms.

One size doesn't fit all

Whilst the proposed new service will standardise a great deal in terms of service access, delivery and monitoring it was clear from the consultation feedback that a single, uniform offer across the city would be sub-optimal. As such the new service will seek to explore how best to deliver service in individual communities and reflect the different assets across different areas. Working with communities will be essential in ensuring this is effective.

Access

Service users currently access lifestyle services via health professionals and are contacted by phone to conduct assessments and make appointments etc. This will continue although health professionals will now have a single service to refer into and clients will have additional options in terms of self-referral by phone/online.

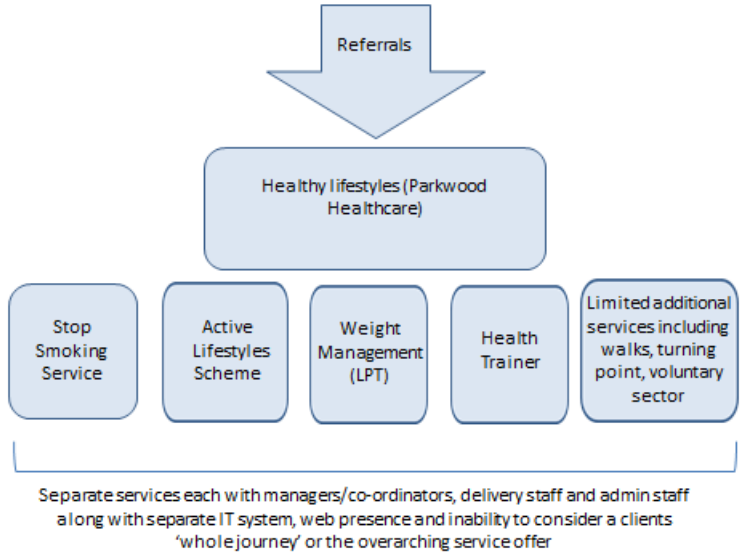
Below is shown an example of the existing model and the proposed new model for lifestyle services which should be viewed in light of the comments above relating to the impact of public consultation on delivery.

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 (DHAL) 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 commercial weight management programmes.

Current model:



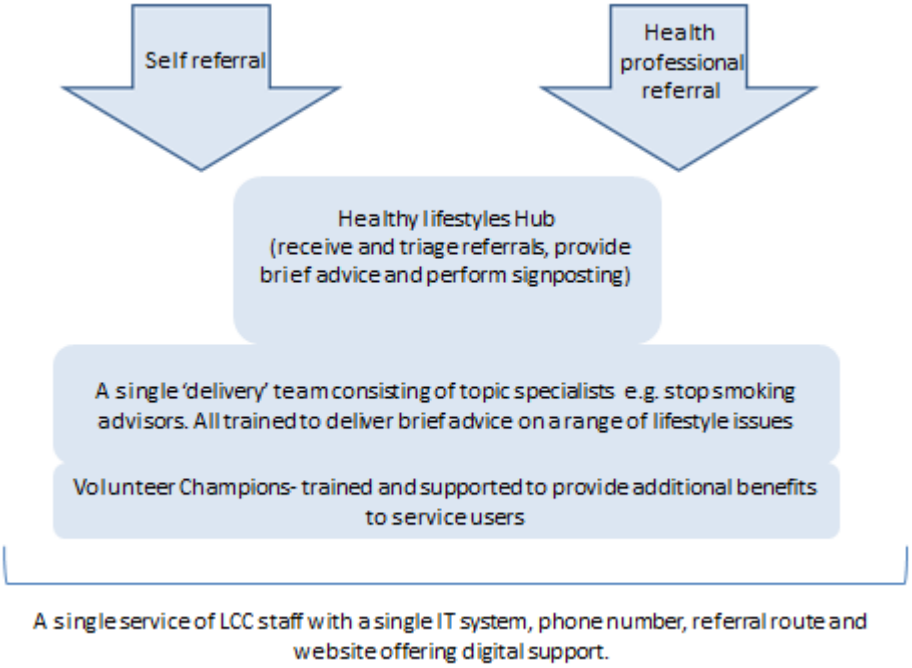
THE PROPOSED NEW SERVICE

Over the next 2 years, the proposed new service would replace our current services with a single integrated service, provided in-house.

The new service will:

- Provide access to good quality on-line information, using existing accredited websites as a first point of contact
- Provide phone-based support for people who cannot access information on-line or who need more specific support
- Sign-post people to a range of local facilities including outdoor gyms, community sports activities, including community activities run by partners such as LCFC and volunteering opportunities
- Provide a reduced level of group-based and 1-1 support for people with higher levels of health need

Future model:



3.4 How the new service will work

The integrated lifestyle service will have a single manager responsible for all staff although co-ordinator posts will be required to provide support around specific aspects of the service. A central pool of hub staff will form part of a multidisciplinary delivery team.

Single point of entry and hub function
The integrated model will consist of a single point of entry which can be accessed by either web or phone and enable referrers, including GPs and other health and care professionals, and potential clients to gain swift, easy access to lifestyle services. This retains the existing means of accessing the services but enhances the self-referral options.

Step 1: Digital Component

The new integrated service will have a significant shift in focus to enable maximisation of digital and web based support. This is not a shift of face to face services on line but a recognition that digital services do offer potential support to some clients which we should seek to embed as part of a wider offer. Digital services will give people personalised advice based on information that they submit and will become the default option for clients who have the means and capacity to utilise this medium. It is envisaged that the service will feature an attractive and easy to use public facing website with excellent functionality, including a secure access route for clinicians. This will allow a universal offer utilising NHS endorsed digital content such as the Public Health England 'One You' resource sand the

couch to 5k initiatives (https://www.nhs.uk/Livewell/c25k/Pages/couch-to-5k.aspx) and accredited sources of advice to support people to quit, including using e-cigarettes.

This will be supported by a case management system for people who need a higher level of support or advice. The digital package will be developed through the digital transformation board to ensure that this is effectively coordinated with the council's wider digital platforms including the current Liquid Logic system, MyChoice (adult social care portal).

The digital portal will also make it easier for a wider range of staff, including staff in housing, adult social care and the customer service centre to give basic health messages and point residents towards health advice and support. Basic training has already been given to some front-line staff but this would be accelerated as part of our proposals.

Step 2: Phone support & advice

For clients referred into the service (for example through the council's NHS Health-checks programme) an initial phone assessment would be undertaken. At this point, clients would be offered a range of options and motivational support to enable them to start to make changes to their lifestyle. All clients referred into the service will be followed up at 6 weeks and the case management approach adopted will allow longer term follow up.

A key element of the hub function will be assessing readiness to change using well established techniques in order to best support residents to access services which suit their needs. These skills will form part of a comprehensive staff training package which will also include ensuring staff are equipped to provide brief advice on onward referrals in relation to alcohol and mental health. Alongside staff training there will be period of engagement with partners including local GPs to ensure key stakeholders understand the importance of appropriate referral for residents who wish to make a change to unhealthy behaviours. By effectively screening people at the start of their journey, it is expected that uptake, retention, outcomes and customer satisfaction will be improved.

Clients will be referred into a wide range of services and initiatives within and beyond the in house lifestyle services. This will include existing initiatives in the community such as those provided by the voluntary sector e.g. Age UK programmes, conservation work, food growing programmes and community sports activities including community programmes provided by the community arms of the professional sports clubs as well as promoting outdoor gyms and LCC walking and cycling schemes.

The whole service will have a greater focus on mental wellbeing with all staff trained in mental health e.g. mental health first aid training. The service will also develop greater links with mental health organisations such as Leicestershire Action for Mental Health Project (LAMP) and establish referral/ signposting pathways.

Step 3: Lifestyle services

Following triage by the hub team clients either group or 1-1 support will be offered where appropriate:

Smoking Cessation support
The new service will promote accredited on-line resources to support people to quit smoking and offer phone based support. 1:1 and group sessions will be offered with evaluation undertaken to understand the effectiveness and efficiency of these different methods of delivery. The service will:

- Continue to provide 1-1 support for pregnant women, supporting wider objectives around reducing low birth weight babies and infant mortality.

- Provide group-based support and 1-1 support for vulnerable clients such a people with significant health problems or drug & alcohol dependency.

Group-Based Lifestyle Sessions
A team of lifestyle advisors will run group-based physical activity sessions incorporating healthy eating advice, motivational support and goal setting. Staff will work across leisure and community groups and facilities. The majority of individuals referred to this service, for example through an NHS health check, will either have a long term condition or be at increased risk of developing one. Targeted sessions for the inactive (with and without medical conditions) will also run in areas of highest need.

This will incorporate the existing Active Lifestyle Scheme that runs in the city's leisure centres. After a free introductory period of 12 weeks, charging will be introduced for this element of the service in line with existing leisure centre pricing structures and concessionary rates. This has been projected to reduce the revenue costs of the integrated lifestyle service over time.

Volunteering
Evidence supports the role of volunteering to reduce social isolation, promote community cohesion and improve both physical and mental health. The lifestyle service will coordinate a community activators programme, coordinated with existing council volunteer schemes such as the conservation and neighbourhood volunteering within parks and volunteering in museums.
This programme will:

- Deliver walking groups – this will enable the evidence based "walking for health" programme to continue in targeted areas of the city. Volunteers will be trained to run 12 week walking programmes and be supported by a volunteer co-ordinator to run weekly walking groups in 10 areas of the city (including the parks).
- Support volunteers to get basic qualifications in public health and physical activity plus training around services available across Leicester to enable effective signposting and support a holistic offer to residents
- Provide 1-1 buddying support to people attending group lifestyle sessions including weight management where the role of positive peer advocates has been recognised.

SERVICE LOCATION

The integrated service will operate across the city with a clear plan to deliver services in those areas where need is greatest. Whilst the hub team will be largely a 'back office' function there will be a digital and phone based 'front door' plus a range of access points in other setting such as leisure centres and GP practices. Group-based activities will operate in existing leisure centres, parks, outdoor gyms alongside classes in community venues with walking programmes offered across Leicester.

SERVICE IMPACT & EVALUATION

The new service model and associated costs are based on achieving the following high level outputs and outcomes: these will be subject to further development/ quantification.

Outputs

- 8000 referrals to service (via direct referral, community settings and digital component)
- 2000 users accessing digital support only
- 2000 given smoking support
- 3500 attending lifestyle group-based sessions in leisure centres and community

venues
- 500 residents taking part in a walking programme
- Minimum of 25 volunteers trained as walk leaders
- Volunteers trained as "activators" in the community
- Number of clients signposted to opportunities in the community

Outcomes
- 1000 4 week smoking quits including;
- 200 4 week smoking quits in pregnancy
- 2000 residents moving from inactive to active at 3 months
- 2000 residents measurably improving their diet e.g. increase in fruit and veg consumption

The service will also monitor:
- Weight loss at 3, 6 and 12 months
- Improvement in levels of mental wellbeing (measured using the validated WEMWBS tool)
- Improved client satisfaction
- Increased referrals into support services including alcohol and mental health services

All of the above will be quantified in total but also broken down by postcode so that services can be focused on areas with the poorest health outcomes. For example the service will aim to ensure 80% of those completing a health assessment will be from deprivation quintiles 1 and 2 (e.g. Eyres Monsell, New Parks, Saffron) along with the majority of those training as volunteers coming from these areas.

Lifestyle services have been criticised across England for a failure to provide robust, long term data on outcomes and supporting evaluation. The integrated service will address this by aligning the service to national guidelines on effective evaluation of integrated lifestyle services which is due to be released by Public Health England (PHE) in summer 2018.

Evaluation will consider two main priorities. Firstly the effectiveness of the various support interventions such as smoking cessation using validated smoking quits or physical activity interventions measuring change from inactive to active in line with national guidelines. Secondly ongoing evaluation will consider the effectiveness of integrating services. A single database will support this comprehensive evaluation.

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, contact number 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. Group and phone based services will be developed but face to face and 1:1 services will remain. 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 One You resource. Digital services will compliment rather than replace services.

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.

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 completed to explore the impacts of the proposal in greater detail and will be reviewed and updated as required. The initial assessment of the potential equalities impacts identified that changes could have a disproportionate negative impact on particular protected characteristic groups such as age, disability, race, pregnancy and maternity and gender reassignment. Therefore, in the equalities impact assessment, it has been identified that this disproportionate negative impact will be reduced or removed by ensuring that face to face, 1-1 and phone provision, for those who require it, is maintained. This has been built into the proposal.

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.

Hannah Watkins Equalities Manager ext. 37 5811

Appendix A- Previous reports/slides

Paper from scrutiny committee June 2017

Health and Wellbeing Scrutiny Commission

Date:

21st June 2017

Title: Lifestyle Services Review: Background

Lead director: Ruth Tennant Director of Public Health

Useful information

- Ward(s) affected: All
- Report author: Jo Atkinson, Public Health Consultant
- Author contact details: Jo.Atkinson@leicester.gov.uk
- 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:

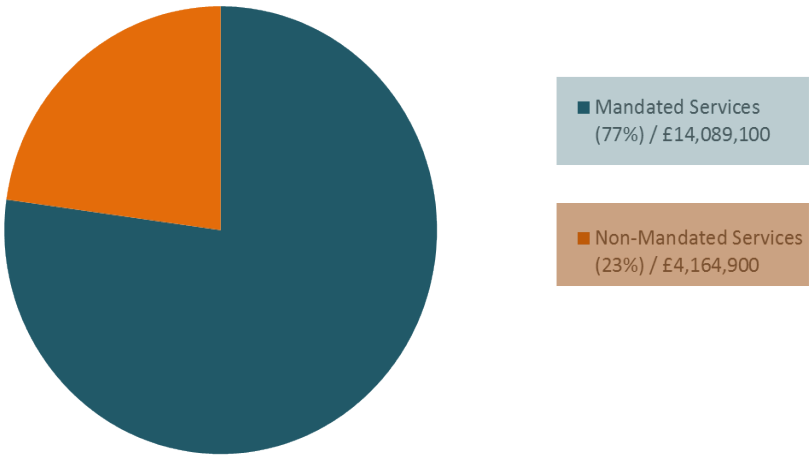
- Open access sexual health services, including contraception
- Elements of the 0-19 Healthy Child Programme, which includes the city's health visiting & school nursing service and the national child weight management programme.
- The NHS Health-checks programme which screens adults for preventable illnesses 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

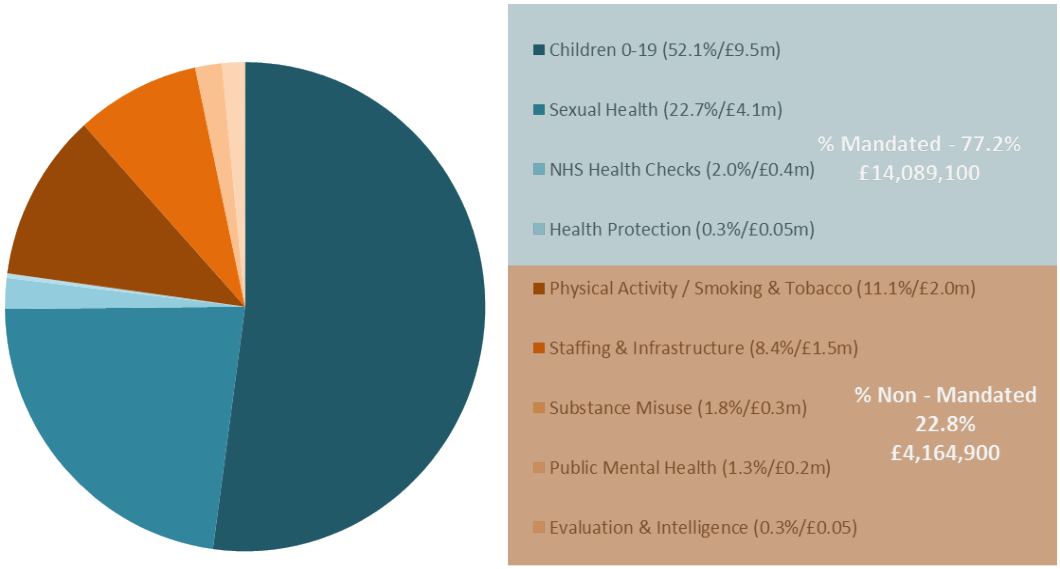
number of key areas including physical activity, obesity, smoking and mental health. Drug and alcohol treatment services are not mandated but councils are expected to consider the number of people using these services and local recovery rates in determining how the grant is used.

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[i]. 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[ii] [iii].

Tobacco use is the single greatest cause of preventable deaths in England[iv] [v]. 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[vi]. 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 [vii](Lee, 2012).

There are significant health inequalities in relation to smoking, obesity, physical inactivity and diet according to age, gender, ethnicity and socio-economic status [viii] [ix] [x] [xi]. 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 [xii].

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[xiii] [xiv] [xv] [xvi].

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 by16 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[xvii].

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 abstention. 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[xviii].

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[xix]. 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[xx] (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 meeting

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

Slides from informal scrutiny committee briefing March 2018

The need for redesigned lifestyles services are driven by savings targets and the desire to offer Leicester residents a more integrated service.

Spending on lifestyle services (obesity, smoking, diet and physical activity) was £2.2 million in 2016/17 and the proposals here see that reduce to £760,000 by 2019/20

It is recognised that residents want to 'tell their story' once, services will be integrated and designed to be more effective for people who have multiple lifestyle issues.

New services will be better targeted according to need, will be community based but shift to a 'digital by default' model with a reduction in 1:1 programmes.

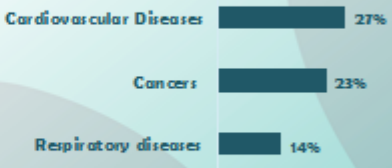
Significantly lower life and healthy life expectancy in Leicester shows a continued need for lifestyle services in the city.

Smoking & Alcohol

Sedentary lives

Unhealthy food

Main causes of death account for 2 out of every 3 deaths in Leicester



These poor lifestyle choices are linked to cardiovascular disease, cancers, respiratory diseases and other ill health.

Life expectancy differs across the city and is linked to inequality and deprivation.

What people die of has remained similar in Leicester for a number of years.

These conditions are responsible for the majority of deaths in under 75 year olds

The proposed new model will integrate services to promote and support healthy behaviours. The following 5 themes summarise the new service.

Targeted approach	Increased digital capacity	Group based activity	Community based	Supporting volunteers
To those in greatest need and least capacity to self help	Embracing the 'digital by default' approach to benefit most residents	A shift from intensive 1-1 support to more group/ peer based activities	More use of community centres, outdoor gyms and park/ local walks	Emphasis on developing community activators to support elements of the service.

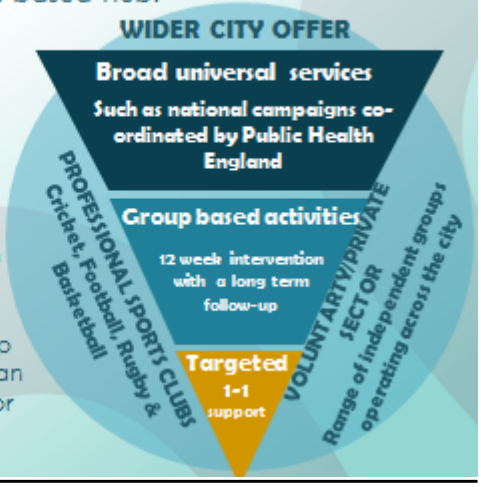
A single point of access to healthy lifestyle services will operate via a online/phone based hub.

Referrals to the hub will be accepted from partners such as GPs.

Self-referrals will also be accepted.

The hub team aim to understand the individuals needs and direct them to an appropriate service.

Group based and 1-1 support will last up to 12 weeks and following this clients can continue on a subsidised paid service or other free community scheme.



This approach is based on the best evidence following engagement with Public Health England and other local authority colleagues.

Local Authority integrated lifestyle services are found in areas such as Southampton, Derby and Coventry.

https://www.nhs.uk/oneyou/#S2uMlxTe88cX0E6v.97

Example journeys showing possible routes to integrated lifestyle services.

Following an NHS health check a client is referred to the hub.

Triage by the hub identifies that he resides in a deprived area and is currently unemployed. He would like to stop smoking and be more active

Client attends group based activities to help increase physical activity and receives phone based smoking cessation support.

Clients journey is monitored by the hub who help make a long term plan for maintaining healthy behaviours

Client is referred to the Couch to 5k scheme for further support and will receive a long term follow up at 6 and 12 months.

Example journeys showing possible routes to integrated lifestyle services.

A mother with three children would like to be more physically active.

During a visit to a leisure centre a member of staff informs the client of support offered via the hub.

Client is referred to a programme where there are child minding facilities during the exercise class.

Follow up from the hub discusses the session and signposts to other family friendly activity sessions.

At 12 months client is followed up to ensure programme is still meeting the families needs.

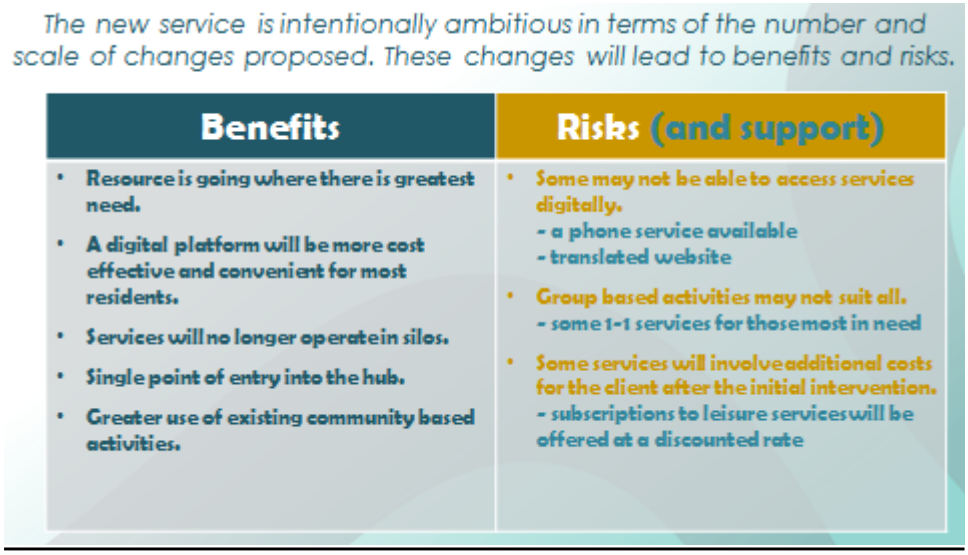
Example journeys below show possible routes to integrated lifestyle services.

A woman who wants to get more active and has been feeling isolated and lonely contacts the service.

Hub triage identifies that client is employed and lives alone in an area of low deprivation. She is keen to access physical activity and meet new people.

Client is directed to local community walks and supported to attend volunteer training.

Long term follow up shows that client has trained as a 'community activator' and is leading walking groups in her local area.



Appendix B- Current services and feedback

Smoking Cessation Services (Stop) (provider- public health, LCC)
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 by16 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.

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

Performance

2753 smokers in Leicester set a quit date with Stop in 2017/18. 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 54% 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.

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 almost 200 pregnant women per year and achieves a quit rate of nearly 45%, comparable to the 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 abstention. 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[xxi].

Healthy Lifestyles Hub (provider – Parkwood Healthcare Ltd)
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 is partly funded by the local NHS (100k through the Better Care Fund).

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 85% 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[xxii]. 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 2017/18, over 65% 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.

Adult weight management

Targeted and enhanced service (provider - Leicestershire Partnership Trust)

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

Over 150 participants have taken part in the targeted weight management programme in 2017/18, with 69% completing at least 60% of the sessions and 75 adults maintaining 3% weight loss after 12 months.

Nearly 250 participants took part in the enhanced weight management programme in 2017/18, with 74% completing at least 60% of the sessions and 100 adults maintaining 3% weight loss after 12 months.

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)
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 4500 referrals per year, plus 200 referrals per year for Heart Smart. Retention rates on the programme increased dramatically in 2017 with 56% of those referred attending their first appointment. 74% of these attended the subsequent appointment. Increasing numbers of clients attended group-based sessions such as walking football, group circuit sessions and other classes for Active Lifestyle Scheme clients.

Appendix C 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 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 some support for this with some 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.

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 comparted 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 the 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 top adults with learning difficulties
  - All groups said that any website needed to be as appealing, functional and accessible as more commercial sites
  - 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 be most likely to access a website on a smartphone rather than PC and so anything offered on line 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

Appendix D Final consultation summary

Question : Are you responding to this survey as...
status
a member of the public
a current (or past) user of services
a member of staff / in a
professional capacity
Not Answered
0 89
Option Total Percent
a member of the public 46 26.90%
a current (or past) user of services 36 21.05%
a member of staff / in a professional capacity 89 52.05%
Not Answered 0 0%
Question : What is your postcode? (home or work, as appropriate)
Postcode
There were **164** responses to this part of the question.
Page 3
Question : Is English your first language?
English
Yes
No
Not Answered
0 159
Option Total Percent
Yes 159 92.98%
No 8 4.68%
Not Answered 4 2.34%
translate
Yes
No
Not Answered
0 163
Option Total Percent
Yes 2 1.17%
No 6 3.51%
Not Answered 163 95.32%
Question : Do you smoke cigarettes?
smoke
Yes
No
Not Answered
0 148
Page 4
Option Total Percent
Yes 19 11.11%
No 148 86.55%
Not Answered 4 2.34%

Question : Have you used any of these services in Leicester in the last three years? (please tick all that apply)
services accessed
Smoking cessation (Stop smoking)
Exercise referral (Active lifestyle scheme in a city leisure centre)
Healthy lifestyles hub
Health trainers (Get Healthy)
Weight management - free of charge, i.e: weightwatchers on referral, DHAL (Diet, Health and Activity in Leicester) or LEAP (Lifestyle, Eating and Activity Programme)
Not Answered
0 128
Option Total Percent
Smoking cessation (Stop smoking) 19 11.11%
Exercise referral (Active lifestyle scheme in a city leisure centre) 14 8.19%
Healthy lifestyles hub 7 4.09%
Health trainers (Get Healthy) 6 3.51%
Weight management - free of charge, i.e: weightwatchers on referral, DHAL (Diet, Health and Activity in Leicester) or LEAP (Lifestyle, Eating and Activity Programme) 17 9.94%
Not Answered 128 74.85%
Question : We are looking to have one team providing the whole range of lifestyle services, rather than having separate services.
lifestyl hub comments
There were **72** responses to this part of the question.
Question : Which of these might you use if they were available?
service options - Stop smoking support
online booking
online support
apps (phone or computer)
phone / txt support
Not Answered
0 143
Page 5
Option Total Percent
online booking 12 7.02%
online support 8 4.68%
apps (phone or computer) 10 5.85%
phone / txt support 16 9.36%
Not Answered 143 83.63%
service options - Diet / physical activity sessions
online booking
online support
apps (phone or computer)
phone / txt support
Not Answered
0 120
Option Total Percent
online booking 33 19.30%
online support 20 11.70%

apps (phone or computer) 24 14.04%
phone / txt support 20 11.70%
Not Answered 120 70.18%
service options - Weight management advice / support
online booking
online support
apps (phone or computer)
phone / txt support
Not Answered
0 123
Page 6
Option Total Percent
online booking 26 15.20%
online support 19 11.11%
apps (phone or computer) 23 13.45%
phone / txt support 21 12.28%
Not Answered 123 71.93%
Question : Have you used websites or apps in the past to improve your health?
previous web / app use
Yes
No
Not Answered
0 90
Option Total Percent
Yes 16 9.36%
No 65 38.01%
Not Answered 90 52.63%
previoisu web / app details
There were **14** responses to this part of the question.
Question : Would you use group based support for the following, if it were available? (please tick all that apply)
group support choices
Stop smoking support
Diet / Physical activity sessions
Weight management advice /
support
Not Answered
0 120
Option Total Percent
Stop smoking support 11 6.43%
Diet / Physical activity sessions 40 23.39%
Weight management advice / support 35 20.47%
Not Answered 120 70.18%
group session comments
There were **61** responses to this part of the question.
Question : Which features would make the services more welcoming for you?
service preferences
There were **69** responses to this part of the question.
Question : Would it be difficult for you to access lifestyle services support online?
no online access
There were **66** responses to this part of the question.
Page 7
Question : Which of these might you attend to increase your physical activity / lose weight? (please tick all that
apply)

sessions might attend
Beginners running group
Exercise classes (e.g. aerobics /
Zumba / spinning / circuits)
Lower intensity exercise classes
(e.g. body conditioning / aqua
aerobics / chair-based exercise)
Family exercise sessions
Gym based exercise
Outdoor gyms
Sports based activities
Swimming
Walking groups
Yoga / Pilates
Not Answered
0 96
Page 8
Option Total Percent
Beginners running group 19 11.11%
Exercise classes (e.g. aerobics / Zumba / spinning / circuits) 40 23.39%
Lower intensity exercise classes (e.g. body conditioning / aqua aerobics / chair-based exercise) 31 18.13%
Family exercise sessions 18 10.53%
Gym based exercise 29 16.96%
Outdoor gyms 14 8.19%
Sports based activities 16 9.36%
Swimming 40 23.39%
Walking groups 34 19.88%
Yoga / Pilates 39 22.81%
Not Answered 96 56.14%
Question : Where would you most like to access physical activity sessions? (please tick all that apply)
physical activity access points
At home (for example, DVD,
YouTube)
Community centres
Leisure centres
Parks and open spaces
Outdoor gyms
None
Other
Not Answered
0 94
Option Total Percent
At home (for example, DVD, YouTube) 23 13.45%
Community centres 41 23.98%
Leisure centres 60 35.09%
Parks and open spaces 37 21.64%
Outdoor gyms 16 9.36%
None 2 1.17%
Other 2 1.17%
Not Answered 94 54.97%
Other location
There were **5** responses to this part of the question.
Page 9

Question : Where would you prefer to receive advice and support on stopping smoking (if applicable)
smoking advice preference
Community centre
Health centre / GP practice
Online support
Pharmacies
Phone-based support
Other
Not Answered
0 131
Option Total Percent
Community centre 17 9.94%
Health centre / GP practice 29 16.96%
Online support 7 4.09%
Pharmacies 14 8.19%
Phone-based support 7 4.09%
Other 3 1.75%
Not Answered 131 76.61%
Other smoking support
There were **8** responses to this part of the question.
Question : 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?
encourage walking suggestions
There were **52** responses to this part of the question.
Question : Would you be interested in attending healthy lifestyle sessions where you could bring a friend or family member?
family / friends attend also
Yes
No
Not Answered
0 94
Option Total Percent
Yes 50 29.24%
No 27 15.79%
Not Answered 94 54.97%
family / friends attend comments
There were **18** responses to this part of the question.
Page 10
Question : We would like to train local volunteers to help others in the community improve their health. What are your views on...
community walks comment
There were **48** responses to this part of the question.
physical activity session comment
There were **46** responses to this part of the question.
community volunteers - further comments
There were **23** responses to this part of the question.
Question : Do you have any other thoughts on how healthy lifestyle services could be improved in Leicester that we haven't asked about already?
Further comments
There were **33** responses to this part of the question.

Question : 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
Yes
No
Only in certain circumstances
Not Answered
0 98
Option Total Percent
Yes 40 23.39%
No 14 8.19%
Only in certain circumstances 19 11.11%
Not Answered 98 57.31%
wider advice comments
There were **29** responses to this part of the question.
Question : Please provide your details if you would like to join the focus group.
Name
There were **15** responses to this part of the question.
Contact number
There were **15** responses to this part of the question.
Page 11
Question : Ethnic background:
Ethnicity
Asian or Asian British:
Bangladeshi
Asian or Asian British: Indian
Asian or Asian British: Pakistani
Asian or Asian British: Any other
Asian background
Black or Black British: African
Black or Black British: Caribbean
Black or Black British: Somali
Black or Black British: Any other
Black background
Chinese
Chinese: Any other Chinese
background
Dual/Multiple Heritage: White &
Asian
Dual/Multiple Heritage: White &
Black African
Dual/Multiple Heritage: White &
Black Caribbean
Dual/Multiple Heritage: Any other
heritage background
White: British
White: European
White: Irish
White: Any other White
background
Other ethnic group:
Gypsy/Romany/Irish Traveller
Other ethnic group: Any other
ethnic group

Prefer not to say
Not Answered
0 90
Page 12
Option Total Percent
Asian or Asian British: Bangladeshi 1 0.58%
Asian or Asian British: Indian 21 12.28%
Asian or Asian British: Pakistani 2 1.17%
Asian or Asian British: Any other Asian background 1 0.58%
Black or Black British: African 0 0%
Black or Black British: Caribbean 1 0.58%
Black or Black British: Somali 0 0%
Black or Black British: Any other Black background 0 0%
Chinese 0 0%
Chinese: Any other Chinese background 0 0%
Dual/Multiple Heritage: White & Asian 0 0%
Dual/Multiple Heritage: White & Black African 0 0%
Dual/Multiple Heritage: White & Black Caribbean 0 0%
Dual/Multiple Heritage: Any other heritage background 1 0.58%
White: British 44 25.73%
White: European 3 1.75%
White: Irish 1 0.58%
White: Any other White background 2 1.17%
Other ethnic group: Gypsy/Romany/Irish Traveller 0 0%
Other ethnic group: Any other ethnic group 0 0%
Prefer not to say 4 2.34%
Not Answered 90 52.63%
If you said your ethnic group was one of the 'Other' categories, please tell us what this is:
There were **0** responses to this part of the question.
Question : Age:
Age
under 18
18 - 25
26 - 35
36 - 45
46 - 55
56 - 65
66+
Prefer not to say
Not Answered
0 91
Page 13
Option Total Percent
under 18 0 0%
18 - 25 1 0.58%
26 - 35 11 6.43%
36 - 45 16 9.36%
46 - 55 23 13.45%
56 - 65 18 10.53%
66+ 6 3.51%
Prefer not to say 5 2.92%
Not Answered 91 53.22%
Question : Disability
Q7

Yes
No
Prefer not to say
Not Answered
0 90
Page 14
Option Total Percent
Yes 19 11.11%
No 55 32.16%
Prefer not to say 7 4.09%
Not Answered 90 52.63%
Disability detail
A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
A mental health difficulty, such as depression, schizophrenia or anxiety disorder
A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches
A social / communication impairment such as a speech and language impairment or Asperger's syndrome / other autistic spectrum disorder
A specific learning difficulty or disability such as Down's syndrome, dyslexia, dyspraxia or AD(H)D
Blind or have a visual impairment uncorrected by glasses
Deaf or have a hearing impairment
An impairment, health condition or learning difference that is not listed above (specify if you wish)
Prefer not to say
Not Answered
0 142
Option Total Percent
A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy 10 5.85%
A mental health difficulty, such as depression, schizophrenia or anxiety disorder 8 4.68%
A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches 6 3.51%
A social / communication impairment such as a speech and language impairment or Asperger's syndrome / other autistic spectrum disorder 1 0.58%
A specific learning difficulty or disability such as Down's syndrome, dyslexia, dyspraxia or AD(H)D 5 2.92%
Blind or have a visual impairment uncorrected by glasses 2 1.17%
Deaf or have a hearing impairment 0 0%

An impairment, health condition or learning difference that is not listed above (specify if you wish) 0 0%
Prefer not to say 7 4.09%
Not Answered 142 83.04%
Other disability
There was **1** response to this part of the question.
Page 15
Question : Sexual orientation. Do you consider yourself to be ...
sexuality
Bisexual
Gay / lesbian
Heterosexual / straight
Prefer not to say
Other (please specify)
Not Answered
0 93
Option Total Percent
Bisexual 2 1.17%
Gay / lesbian 3 1.75%
Heterosexual / straight 57 33.33%
Prefer not to say 15 8.77%
Other (please specify) 1 0.58%
Not Answered 93 54.39%
Other sex
There were **0** responses to this part of the question.
Question : What is your gender identity?
Gender
Male
Female
Other (e.g. pangender, non-binary
etc)
Prefer not to say
Not Answered
0 95
Option Total Percent
Male 23 13.45%
Female 47 27.49%
Other (e.g. pangender, non-binary etc) 1 0.58%
Prefer not to say 5 2.92%
Not Answered 95 55.56%
Other gender
There was **1** response to this part of the question.
Page 16
gender ID same as birth
Yes
No
Not Answered
0 118
Option Total Percent
Yes 51 29.82%
No 2 1.17%
Not Answered 118 69.01%
Question : How would you define your religion or belief?
religion
Atheist

Bahai
Buddhist
Christian
Hindu
Jain
Jewish
Muslim
Sikh
No religion
Prefer not to say
Any other religion or belief (please
specify)
Not Answered
0 95
Page 17
Option Total Percent
Atheist 6 3.51%
Bahai 0 0%
Buddhist 1 0.58%
Christian 24 14.04%
Hindu 9 5.26%
Jain 0 0%
Jewish 0 0%
Muslim 9 5.26%
Sikh 4 2.34%
No religion 12 7.02%
Prefer not to say 10 5.85%
Any other religion or belief (please specify) 1 0.58%
Not Answered 95 55.56%
other religion
There was **1** response to this part of the question.
Question : We are looking to have one team providing the whole range of lifestyle services, rather than having
separate services.
lifestyl hub comments
There were **87** responses to this part of the question.
Question : What are your views on group based support, and do you envisage any problems delivering this type
of support?
group session staff comments
There were **84** responses to this part of the question.
Question : We plan to improve our digital offer and to utilise technology to a greater degree (e.g websites, apps,
etc)
staff digital comments
There were **87** responses to this part of the question.
Question : We plan to train / support local volunteers who would like to help others in their community improve
their health.
staff volunteer comments
There were **86** responses to this part of the question.
Question : Do you have any further comments on lifestyle support services?
staff further comments
There were **65** responses to this part of the question.

Appendix E: EIA

Equality Impact Assessment (EIA) Template: Service Reviews/Service Changes

Title of spending review/service change/proposal	Integrated Lifestyle Service
Name of division/service	Public Health
Name of lead officer completing this assessment	Ryan Swiers
Date EIA assessment completed	12/06/18
Decision maker	
Date decision taken	

EIA sign off on completion:	**Signature**	**Date**
Lead officer		
Equalities officer		
Divisional director		

Please ensure the following:

(a) That the document is understandable to a reader who has not read any other documents, and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy, but must be complete.
(b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.
(c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

1. Setting the context

Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?

Proposal

It is proposed that several existing services including stop smoking and active lifestyles which currently operate as separate services are combined and form a single integrated lifestyle service. This is in line with emerging evidence and will provide a single point of entry for lifestyle services across the city and enable a person centred approach to be adopted. Currently services are provided by a combination of external providers and in-house delivery. It is proposed that the integrated lifestyle service will become an in-house service. This may involve TUPE of some staff and the reductions planned to meet spending review targets will necessitate a reduction in staff numbers in some areas of the service.

Changes proposed are driven to some extent by corporate savings targets and reductions in the national ring-fenced public health grant. However the changes proposed are also in recognition that residents want to 'tell their story' once and that integrated support is more effective for people who are often addressing multiple lifestyle issues.

A new service will include the integration and redesign of existing key prevention programmes and have scope to provide a broader range of services through a single point of access. The focus of the service here represents the minimum provision to make a significant impact on health, specifically cardio-vascular disease and preventable diabetes which are the biggest health challenges in the city.

The proposed new model will integrate services to promote and support healthy behaviours but will also see considerable changes in both the individual service level activity and the overall focus of lifestyle support

The aim of the integrated lifestyle service is to support local people to make positive changes to their lifestyles and ultimately improve their health and well-being. The service will play a part in ensuring health outcomes in the city improve and inequalities in health reduce. The support offered will be in line with the best available evidence and will ensure resources are distributed equitably and are reflective of the varying level of need across Leicester City and within vulnerable communities.

The proposed new service can be summarised by the following shifts in emphasis;

A) More targeted approach- currently some lifestyle services have broad inclusion criteria meaning that support may be provided free of charge to residents who have capacity to pay and the new service will cap all support to a maximum of 12 weeks free of charge and have high targets around

engagement of those in greatest need with least capacity to self-help.

B) More digital capacity- it is recognised that digital platforms represent new opportunities for behaviour change services and whilst concerns remain around applicability of this offer to some groups this is seen as an appropriate intervention level for some residents which should be maximised.
C) More group based activity- traditionally lifestyle services have been delivered through intensive 1:1 sessions; the new model will explore greater use of group based interventions increasing efficiency and building a culture of peer support.
D) More community focussed interventions- some aspects of the existing services such as physical activity have tended to focus on a gym based service and whilst this will continue to be offered for those whom it is deemed appropriate (based on a range of factors including preference, location, capability and suitability of instructors) there will be a shift towards community asset based activity (community classes, outdoor gyms, walks etc)
E) More emphasis on developing community 'activators' - a volunteer component to the programme will be developed enabling the provision of walking groups in target areas of the city and enabling the whole lifestyle programme to be supported by a growing number of trained and well supported volunteers.

Reasons for change

The rationale for change comprises 4 key considerations; current performance, local services operating in silos, a national move towards integration and self-help in line with emerging evidence of positive effect and budget constraints.

The new service also needs to be seen in the context of wider work to improve health through the physical environment across the whole city, for example, promoting active travel, cycling, increased use of outdoor spaces, embedding health in the Local Plan. Local Plans set out a vision and a framework for the future development of the area, addressing needs and opportunities in relation to housing, the economy, community facilities and infrastructure – as well as a basis for safeguarding the environment, adapting to climate change and securing good design. These measures will help drive incremental change across the whole population, with the new service providing more intensive support to people who most need this

Intended change

Existing adult lifestyle services will be redesigned and integrated into a new programme. Smoking cessation services will be downsized significantly and therefore achieve fewer quits. The adult weight management service primarily targeted at BME groups and those with long-term conditions will be recommissioned on a short term basis to trial alternative approaches to deliver this service in a cost effective way. The grant to Leicestershire and Rutland Sport will be reduced. The proposed service is detailed in section 3.5 below. A considerable focus will be on both the community and voluntary sector to support physical activity and other positive lifestyle changes along with a greater emphasis on a digital lifestyle offer. It is proposed that all services will be delivered in-house which will involve decommissioning of external services, possible TUPE arrangements for some roles and an organisational review for internal staff. The digital platform may be provided by an external provider although this will be directed by the digital

transformation board.

2. Equality implications/obligations Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.	
	Is this a relevant consideration? What issues could arise?
Eliminate unlawful discrimination, harassment and victimisation How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic	The proposed service changes aim to be inclusive and meet the needs of all those likely to need healthy lifestyle support from the council. The service will provide a universal offer across the city with more targeted services and greatest levels of support directed at those areas and groups with greatest need.
Advance equality of opportunity between different groups How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).	A shift to an enhanced digital offer is expected to increase equity, although any adverse effects will be mitigated by the continued availability of phone and face to face services as required. Factors in lifestyle services which can exacerbate inequalities include access and cost. The service will be offered in locations across the city in a variety of settings in addition to self-help resources. The service provided is free and so there will be no barriers to access arising from cost. However, once a service user moves on from the service they may choose to engage with other services to maintain their helathy lifestyle which do charge. cost is a consideration with some leisure services although a price point has been selected which is felt sufficient to increase 'value' placed on services without becoming an additional barrier. Subsidisation is offered where this remains the case. There are also options which are free of charge for people who wish to maintain a healthy lifestyle but are unable to meet the cost of some leisure services.
Foster good relations between different groups Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?	The service is designed to enhance relations both within the local authority and with external partners in addition to making the experience of residents and partners more co-ordinated and straightforward. The focus on supporting community groups and volunteering is expected to support community cohesion.

	Engagement with other council services who have volunteers is currently underway to understand how to best attract a diverse range of volunteers from a diverse range of backgrounds and characteristics in order to ensure that the proposal fully supports the aim of fostering good relations between those who share a protected characteristic and those who do not.

3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.

Those currently enrolled on existing lifestyle programmes affected by these changes will continue to receive the existing service. It is planned that the proposed changes will be implemented from April 2019.

The scope of those affected by the changes will expand as more people will be able to access support services, albeit the delivery of these services will largely shift away from 1:1 interventions in the longer term where evidence supports this locally.

4. Information used to inform the equality impact assessment

What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.

Performance data has shown that the lifestyle services have mixed performance. Currently all services are tasked with reducing health inequalities which results in a disproportionate level of provision based on area deprivation and/or health condition. This approach of 'proportionate universalism' will continue within any new service. This means that there will continue to be higher levels of provision where there is greater need identified. Performance indicators which currently exist such as targeting those from areas of highest deprivation, the unemployed or people with specific conditions/circumstances including diabetes/pregnancy will remain. Information has been considered from a range of sources including the following;

- Local service data for lifestyle services
- Engagement with other local authorities on the development of integrated services

Both of these exercises have demonstrated that integrated services can help reduce barriers to services and ensure service users do not suffer a disjointed offer but have their health considered holistically. It has also shown that such a shift can be financially beneficial without having a negative impact on outcomes.

Consultation has taken place over an 8 week period which included a number of focus groups targeted at vulnerable groups and those likely to be negatively affected and/or those who may not otherwise engage with consultation. The findings of this consultation exercise have been considered in final proposals. It is also recognised that existing services could do more to monitor protected characteristics and this will

be factored into the news service to allow greater consideration of equity in the future.

5. Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders? What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

- 171 people completed the survey (30 paper copies, 141 online) and there were no requests for any other accessible formats. The consultation was promoted via the council website and social media, Clinical Commissioning Group, Healthwatch, Voluntary Action Leicester and through direct targeting to current and former service users. In addition local community groups were informed as were elected ,members and other partner organisations such as be active Braunstone and the local sports partnership. The themes which emerged below were consistent across respondents with no clear relationship between concerns and protected characteristics.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

6. Potential equality Impact

Based on your understanding of the service area, any specific evidence you may have on service users and potential service users, and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts.

Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).

Protected characteristics	**Impact of proposal:** Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape the potential impact of the proposal?	**Risk of negative impact:** How likely is it that people with this protected characteristic will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	**Mitigating actions:** For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the action plan at the end of this EIA.
Age[3]	This service is aimed at adults aged 18+. Concern exists around the capacity	Negative impact is difficult to quantify. The digital platform is only one element of the new service and evidence[4] [5]suggests that older	The digital platform will be designed to ensure it is easy to use as possible and uses plain English in order to minimise the likelihood of excluding

[3] Age: Indicate which age group is most affected, either specify general age group - children, young people working age people or older people or specific age bands

[4] Technology and Older People Evidence Review, Age UK (https://www.ageuk.org.uk/documents/en-gb/for-professionals/computers-and-technology/evidence_review_technology.pdf?dtrk=true)

	of some groups including older residents to fully engage with the proposed digital platform. Many older people have long term conditions which could be positively impacted by lifestyle services including those which promote self-help. Group based activities will be more prominent in the new service and concern exists around the appropriateness of some mixed age groups for example with relation to physical activity.	people are increasingly IT literate. Group based sessions which are inappropriate due to age mix could prevent older people attending. In addition the nature of some exercise classes can be seen as prohibitive to some older people. Having said this, group sessions may also have a positive impact in terms of social interaction. This may help to reduce loneliness and isolation which some older people may experience and could have some benefits in terms of participants' mental health and wellbeing.	people based on age. The digital transformation board will have oversight of this and testing is planned with various service user groups. Phone based support will also be available for residents of any age. The city council provide digital offers in their libraries, customer service centre and other key locations. City Council staff can signpost to appropriate services with VCS organisations where people require support to become IT proficient. Customers will be able to access pc and the internet at these various locations. Group based sessions will be delivered with groups which are appropriate to participate together and at a level which is safe and appropriate. Some degree of mixed age and ability is to be expected and staff involved in delivery will have the relevant skills and experience to manage this.
Disability[6]			Where an individual is referred to the

[5] Office for National Statistics, Internet Users, UK 2018, statistical bulletin (https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2018)

	Group based sessions may not always be appropriate for those with disabilities. Access to some community settings may also be an issue for those with disabilities.		service who has additional access requirements, reasonable adjustments will be made to enable them to participate in the session. Where there are barriers to access which cannot be mitigated for, we will offer alternative 1-1 provision. When agreeing community venues and settings consideration will be given to accessibility.
	Individuals with disabilities may find it more difficult to engage with the digital elements of the service.	The digital platform may not support those with disabilities and group activities may also be difficult for individuals to participate in.	The digital platform will be designed to be inclusive. Where referrals are made by other professionals into the service it is expected that additional support will be provided and consideration given to the appropriateness of the activities on offer. There are various organisations such as Citizens Advice Leicestershire (CITAL), Mind, Vista and other specialists who provide services for individuals with disabilities, and customers are generally able to seek help through specialist support in addition to lifestyle services. We will ensure that our services are able to support those with a range of

[6] Disability: if specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness or health condition.

			disabilities and where this is highlighted as lacking we will take action to address this.
Gender Reassignment[7]	Group based activities may be problematic for trans men and trans women due to stigma	Currently there is no evidence to support that this protected characteristic is likely to be negatively impacted, although stigma is still recognised as a significant concern.	Where available we will ensure staff are appropriately trained to be sensitive to issues related to gender reassignment. More broadly staff will be compliant with training around bullying and harassment.
Marriage and Civil Partnership	At this stage none known	Currently there is no evidence to support that this protected characteristic is likely to be negatively impacted.	If any need arises, we can control standard of staff training to factor equality requirements
Pregnancy and Maternity	Some universal and group based sessions may be inappropriate for pregnant women.	This high risk group may not engage with inappropriate services.	Where this is recognised as a specific concern in relation to appropriateness of intervention specialist sessions will be provided eg 1:1 stop smoking services
Race[8]	People who do not speak English as a first language. May find access to the services difficult.	Limited access to digital resources may mean that level of intervention is ineffective.	A range of language options will be provided on the digital platform and any information materials will also be offered in different languages. This will be available via the online site but also where a need has been identified by staff or by the healthcare professional who has referred into the service. Where appropriate service users may

[7] Gender reassignment: indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.

[8] Race: given the city's racial diversity it is useful that we collect information on which racial groups are affected by the proposal. Our equalities monitoring form follows ONS general census categories and uses broad categories in the first instance with the opportunity to identify more specific racial groups such as Gypsies/Travellers. Use the most relevant classification for the proposal.

	Currently some services target certain ethnic groups.	Reduction in services specific to some groups may affect uptake and subsequent outcomes	be signposted to ESOL provision. Service users are triaged and where language needs are identified which would make it more difficult for someone to benefit from group sessions, 1-1 provision would be offered and the city council's translation and interpretation policy followed. Work underway with partners to ensure that some culturally specific services are provided. An example of this is ensuring that future weight management services are mindfulof the challenges of providing these services to the south Asian community.
Religion or Belief[9]	There may be some circumstances where a mixed sex group session would not be appropriate provision for an individual based on the religious beliefs or cultural requirements. Dietary advice provided may be inappropriate due to religious, ethical or cultural differences in diet.	 Advice given may be ineffective or insensitive to religious, ethical or cultural beliefs.	Where this is identified by an individual, they will be offered 1-1 provision. If there is a need identified in the future, there may be the possibility to introduce single sex provision. If any need arises, we can control standard of staff training to factor equality requirements

[9] Religion or Belief: If specific religious or faith groups are affected by the proposal, our equalities monitoring form sets out categories reflective of the city's population. Given the diversity of the city there is always scope to include any group that is not listed.

Sex[10]	At this stage none known	Currently there is no evidence to support that this protected characteristic is likely to be negatively impacted.	Staff will be trained in equality and diversity along with bullying and harassment. Sessions may be provided in single gender settings where this is required.
Sexual Orientation [11]	At this stage none known	Currently there is no evidence to support that this protected characteristic is likely to be negatively impacted.	Staff will be trained in equality and diversity along with bullying and harassment.

Summarise why the protected characteristics you have commented on, are relevant to the proposal?
The primary concerns relate to accessibility of the digital platform and appropriateness/inclusivity of group activities.

Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?
Currently there is no evidence to suggest that the protected characteristics of……..are negatively affected by the changes. However, we will continue to monitor as the proposed changes are implemented, and should any disproportionate negative impact become apparent we will identify mitigating actions to reduce or remove the impact.

7. Other sources of potential negative impacts

Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include: other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.

Yes- factors which may lead to further negative impacts include changes to government policy, additional savings targets and other changes to internal/external services which may affect some groups disproportionately. The service manager is responsible for keeping a risk register.

8. Human Rights Implications

Are there any human rights implications which need to be considered (please see the list at the end of the template), if so please complete the Human Rights Template and list the main implications below:

[10] Sex: Indicate whether this has potential impact on either males or females

[11] Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LGBT communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

N/A

9. Monitoring Impact

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

The planned reporting system will allow consideration of access, patient journey and outcome based on a number of characteristics including those covered by this report (where information is reported by the individual).

Performance management arrangements will specifically make reference to equalities requirements and responsibilities and in the event that there is evidence to suggest that should those with protected characteristics are adversely affected by the new service, action will be taken swiftly.

10. EIA action plan

Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Ensure EIA is kept up to date and relevant	Repeat this exercise at 6 monthly intervals and share with equalities team.	Service Manager	April 2019 onwards
Assess equality of access by the various routes into services	A single IT system will allow sophisticated analysis of which groups access which elements of the service by different means and their 'journeys' when engaged. For example the service would be able to assess if older people access group or 1:1 support predominantly. Equalities team to be involved in the design of IT system to ensure equalities can be considered in a meaningful way.	Service Manager	August- October 2018
Performance measures to	Performance indicators maintained which	Service Manager	April 2019 onwards

capture equality/equity	ensure a focus on providing services which promote equality but also greater equity in line with evidence around those with poorer health outcomes. Examples include specific targeting of pregnant women by the smoking service. These measures will be developed by the service manager and can be shared with the equalities team.		

Human Rights Articles:

Part 1: The Convention Rights and Freedoms

Article 2: Right to Life
Article 3: Right not to be tortured or treated in an inhuman or degrading way
Article 4: Right not to be subjected to slavery/forced labour
Article 5: Right to liberty and security
Article 6: Right to a fair trial
Article 7: No punishment without law
Article 8: Right to respect for private and family life
Article 9: Right to freedom of thought, conscience and religion
Article 10: Right to freedom of expression
Article 11: Right to freedom of assembly and association
Article 12: Right to marry
Article 14: Right not to be discriminated against

Part 2: First Protocol

Article 1: Protection of property/peaceful enjoyment
Article 2: Right to education
Article 3: Right to free elections

[i] Public Health England. APHO Health Profiles Leicester 2016
[ii] *Leicester Health and Wellbeing Survey 2015.* Available at: http://www.leicester.gov.uk/your-council/policies-plans-and-strategies/health-and-social-care/data-reports-and-information/leicester-health-and-wellbeing-survey-2015/
[iii] Sport England, Active People Survey 2015
[iv] PHE. Tobacco Control: JSNA Support Pack - Key data sources for planning effective tobacco control in 2016-17, Leicester
[v] PHE. Comprehensive local tobacco control: why invest?
[vi] Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. *BMJ.* 2004 Jun 24;328(7455):1519
[vii] Lee, 2012
[viii] NICE (2013) Public Health Guidance 46 - Assessing body mass index and waist circumference thresholds for intervening to prevent ill health and premature death among adults from black, Asian and other minority ethnic groups in the UK
[ix] Rimmer J, Wang E, Yamaki K, Davis B (2010) Documenting Disparities in Obesity and Disability. *Technical Brief No. 24*

[x] National Obesity Observatory (2010) – *Health Inequalities*. Available at https://www.noo.org.uk/NOO_about_obesity/inequalities
[xi] Everybody active, every day – an evidence-based approach to physical activity – Public Health England 2014: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374914/Framework_13.pdf
[xii] *Leicester Health and Wellbeing Survey 2015.* Available at: http://www.leicester.gov.uk/your-council/policies-plans-and-strategies/health-and-social-care/data-reports-and-information/leicester-health-and-wellbeing-survey-2015/
[xiii] NICE (2013) Public Health Guidance 10 – Stop Smoking Services
[xiv] National Centre for Smoking Cessation and Training (2014) Local Stop smoking Services and Delivery Guidance
[xv] NICE (2015) Public Health Guidance 43 – Obesity Prevention
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