

Communities Committee

Report title:	Development of Healthy Lifestyle Service
Date of meeting:	5 September 2018
Responsible Chief Officer:	Tom McCabe – Executive Director, Community and Environmental Services
Strategic impact Under the Health and Social Care Act 2012, through the Director of Public Health, Norfolk County Council promotes health and health improvement for people living in Norfolk. This includes the provision of lifestyle behaviour change services such as stop smoking and NHS Health Checks. In the public health strategy a review of Healthy Lifestyle Services is proposed. The services will be redesigned to provide a more targeted service in line with the strategic intentions of Council's the local services strategy, and information and guidance strategy - key ambitions of Norfolk Futures.	

Executive summary

This paper proposes a comprehensive review and redesign of lifestyle and behaviour changes services commissioned and provided by Norfolk County Council. Current services are siloed, based on a medical model and do not sufficiently reflect the distribution of need across the county.

A range of services including stop smoking, physical activity promotion, weight management and the (statutory) NHS Health Checks will be included in scope covering a £3m budget, over 280 contracts, and over 1,500 annual financial transactions.

The vision is to develop a lifestyle behaviour change offer that is centred on individuals who may have several issues to address, and is based in communities. It will be targeted at areas of highest need. To respond to the changing environment, it is anticipated that benefits will include an affordable budget and alignment with Norfolk Futures strategies especially information advice and guidance, and local services strategy.

Recommendations:

- 1. To recommend a comprehensive review of the council's healthy lifestyle services to develop a modern, integrated, and affordable service offer for implementation in 2020.**

1. Proposal

- 1.1. A review of the County Council's current adult healthy lifestyle services offers is proposed. The aim is to redesign the service model to offer a new service that provides a single, targeted and person-centred approach.
- 1.2. Within the scope of this review are NHS Health Checks, weight management, physical activity and smoking cessation services. Also our digital offers: website, customer services and communications related to healthy lifestyles. Further discussions will be held to determine whether alcohol consumption, workplace health and mental wellbeing should also fall within the scope of the project.
- 1.3. The key strategic intentions are to:

- a) Deliver the Council's responsibilities to promote and improve health
- b) Design a modern health improvement service using new approaches and technologies, based on evidence and best practice
- c) Support the prevention agenda through activities that seek to influence behaviour
- d) Provide person-centred interventions that address multiple health behaviour change needs in a single client
- e) Provide targeted interventions to the areas of most need, to reduce health inequalities

2. Evidence

- 2.1. Norfolk has a complex and mixed picture of outcomes related to lifestyle. Overall our health outcomes are about average for England, however life expectancy is no longer increasing, the number of years lived in poor health is increasing, and there are marked variations in health outcomes across the county.
- 2.2. There is good international evidence that an individual's lifestyle, their diet, levels of physical activity, smoking and drinking habits can have a significant impact on their risk of long term health conditions and their life expectancy. In addition there is reasonable evidence that interventions are effective in supporting behaviour change, improving health outcomes, and reducing need for health and social care services.
- 2.3. In Norfolk there is opportunity to improve people's health through improved lifestyles. Our smoking rates for adults are better than the national average, but our rate of smoking in pregnancy is worse, as are smoking rates in some parts of the county. We are in line with national averages on physical activity, but worse on rates of excessive weight in adults.
- 2.4. Poor health related lifestyles are strongly associated with deprivation, and so there are marked health inequalities across the county. Furthermore lifestyle choices are inter-connected, leading to clustered risks in both areas and in individuals
- 2.5. Over recent years there have been other key changes in the needs for behaviour change services. For example in recent years there have been marked decreases in smoking prevalence and falling numbers accessing stop smoking services. New technologies such as increased use of digital information, digital support tools and apps, and increases in the use of e-cigarettes provide opportunities for changing service models.
- 2.6. However, our current lifestyle service offer is based on a traditional medical model with the majority of services based in healthcare settings especially GP practices. Services offer individual, behaviour specific, interventions such 'stop smoking' or 'weight loss' rather than starting with the individual, their complex range of needs, in their local community setting. As public health services modernise, 'integrated lifestyle services' that address the range of issues for an individual, have been developed in other areas.

3. Financial Implications

- 3.1. The current budget for the services within the scope of this review is about £3m. CIPFA benchmarking data from 2016/17 suggests that overall spend on health improvement is slightly lower than comparable county councils at 6.2% of our budget compared to a comparator average of 8.4%.
- 3.2. Within in this overall envelope there are some marked differences between areas. In Norfolk we see relatively low spend on uptake of NHS Health Checks by GPs, and conversely we have a higher than average proportion of spend on stop smoking.

- 3.3. The future budget envelope for these services has not yet been set and will be agreed as part of the 2020/21 budget. However, to be in a position to implement these large scale service redesign changes in two years' time, planning needs to start this year.

4. Issues, risks and innovation

- 4.1. This service design is a complex task relating to bringing together potentially 7 or more services, across over 280 individual contracts that require over 1,500 financial transactions a year. This will require careful project management, and is why a longish planning period of two years is proposed. As with all projects of this nature there is a risk that the project plan does not take into account:

- dependencies (out of our control)
- potential for slippage
- the level of dedicated resource required project tolerances (acceptable deviations or slippage from the plan) have not been defined

To manage this risk a member of the contracts team has been assigned to introduce project controls methods appropriate to the scale, context and complexity of the project. A Project Team has been established and broad timescales have been identified. If service re-procurement is required we will aim to award a contract by December 2019 with any new service being in place by April 2020.

- 4.2. The services provided are a significant source of income for providers, especially GPs and pharmacists and a move to a single community model will be associated with a loss of income for a large number of small providers. This is likely to be unpopular. At the same time a wider range of other stakeholders are not currently fully engaged by public health in our efforts to promote and improve healthy lifestyles including libraries, fire and rescue, customer services, district councils and the voluntary sector. To mitigate the impact a series of actions are proposed including:

- a thorough analysis of health needs across Norfolk
- literature, evidence and benchmarking reviews to ensure effective interventions based on best practice
- a comprehensive approach to stakeholder involvement through the review and design process

5. Background

- 5.1. Under the Health and Social Care Act 2012 the council is responsible for undertaking activities to promote and improve health led by the Director of Public Health. This general duty should be undertaken taking into account evidence on Public Health Outcomes for the population and is open to local interpretation. In addition, the council is specifically required to commission NHS Health Checks in accordance with national specifications.
- 5.2. The current services that are directly commissioned for adult health improvement are NHS Health Checks, weight management (Norfolk Slimming World on Referral), and stop smoking services in general practice, pharmacies, and through a community based specialist service. In addition, public health offers financial support to Active Norfolk, the County Sport Partnership, to enhance their physical activity offer.
- 5.3. The current contracting arrangements for lifestyle services are varied. For example, Slimming World is a fixed term contract (with an option to extend), NHS Health Checks are commissioned on a rolling Primary Care contract, and physical activity is covered by a grant arrangement between Public Health and Active Norfolk.
- 5.4. Public Health also addresses healthy lifestyle issues in other ways, for example through its workplace health contract, support for the council being a health-

promoting council, and in media campaigns (e.g. on blood pressure, stop smoking, and One You), and involvement in planning and active travel.

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

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