

Supporting Information and Impact Assessment

Proposal:	Lifestyle Services
Executive Lead:	Councillor Derek Mills
Director / Assistant Director:	Caroline Dimond

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Section 1: Background Information

1.	<p>What is the proposal / issue?</p> <p>The original proposal was to substantially redesign the Torbay Lifestyle Services from April 2017 which is currently commissioned by Public Health and provided by the Torbay and South Devon NHS Foundation Trust.</p> <p>The proposed budget for 2017/18 was £90,000.</p> <p>Following consultation the proposal has changed to reduce the proposed savings from £345,000 (original proposal) in 2017/18 to £119,000 in 2017/18. The proposed budget for 2017/18 is now £316,000.</p> <p>Lifestyle Services include:</p> <ul style="list-style-type: none"> • Stop smoking services • Adult weight management services • Children’s weight management services • Services to address sedentary (inactive) behaviours in adults and children • Exercise referral for cardiac rehabilitation. <p>Part of this proposal is to retain a residual budget to commission a digital and self-help support service to the population and, potentially retain some specialist provision for those most at risk of a preventable life-limiting disease (e.g. for those who want to stop smoking).</p> <p>Access to most Public Health Lifestyles programmes will be restricted or ceased. This has the potential to impact on a broad range of the population, some of which will be living in our most deprived communities.</p> <p>In order to minimise these potential impacts the remaining service will aim to work directly with those who need services most. Through a digital and self-help service we could provide support, information and advice to people on how they can improve their own health without using specialist services</p>
2.	<p>What is the current situation?</p> <p>In Torbay, lifestyles related health issues are generally worse than the average. Torbay has:</p>

	<ul style="list-style-type: none"> • Higher levels of smoking • Higher levels of smoking in pregnancy • More overweight and obese adults • More overweight and obese young children (age 4-5) • Average levels of inactive adults <p>Source: Public health Outcomes Framework, Public Health England</p> <p>The current service comprises of the following programmes:</p> <p><u>Stop Smoking Service:</u></p> <p>The Stop Smoking Service currently commissions GPs to provide stop smoking services for their patients and prescribe medication as required. The service also provides training and support to pharmacies across Torbay who also provide stop smoking services for their customers.</p> <p><u>Adult weight management service and Children’s weight management service:</u></p> <p>These weight management services take referrals from a range of services to support people to maintain or return to a healthy weight. This service is provided as part of a tiered set of services aimed at preventing significant weight related health issues in the future.</p> <p>Other services provided include:</p> <ul style="list-style-type: none"> • Services to address sedentary (inactive) behaviours in adults and children: • Exercise for recovery from cardiac surgery. <p>This service has recently been redesigned to increase the number of Torbay residents engaging with the services, including the number who complete the intervention. The redesign has also involved including screening for:</p> <ul style="list-style-type: none"> • Emotional health and wellbeing • Dental health • Alcohol consumption. <p>However, while the numbers have increased, they not yet at the scale required by the current contract.</p> <p>There is some evidence to indicate that investment in preventative services to increase healthy life expectancy will have a positive impact on the incidence of long-term conditions and as a result, will help to avoid increases in demand for health and social care services in the future.</p>
<p>3.</p>	<p>What options have been considered?</p> <p>Public Health have undertaken a prioritisation process reviewing all of the commissioned services according the evidence base, need, impact of service, reach into target population, impact on health inequalities and whether there is any statutory requirement to provide the service. In this process Lifestyles services generally score lower than other commissioned services and</p>

	<p>therefore ongoing investment is considered to be less of a priority.</p> <p>Specifically, lifestyles services were not considered to have as high a priority due to:</p> <ul style="list-style-type: none"> • Other services managing many more vulnerable/complex clients, where the risk of disinvestment to individuals, other services and the communities is greater than the risk posed by reducing the lifestyles provision. • There is less evidence to demonstrate the positive impact lifestyles services have compared to other commissioned services. • The risk of removing more funding from other services to mitigate the impact on lifestyles services would increase the likelihood of those other services becoming unviable. This would have greater immediate consequences on individuals, communities and other services than the significant reduction in lifestyles services. • This service is considered to be more 'standalone' than other public health services and there is less risk of generating immediate, significant pressures in the wider health and social care system. • Public Health has a statutory requirement to commission other services either entirely or partially and therefore the ability to reduce these services under the terms and conditions of the grant is limited. <p>Given savings are also being proposed across services for more vulnerable and complex needs, it is appropriate to consider at this stage, this proposed reduction in lifestyles services.</p>
<p>4.</p>	<p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan 2015-19?</p> <p>This proposal supports the following principle of the Corporate Plan:</p> <ul style="list-style-type: none"> • Use reducing resources to the best effect
<p>5.</p>	<p>Who will be affected by this proposal and who do you need to consult with?</p> <p>There is the potential for the following to be affected by this proposal:</p> <ul style="list-style-type: none"> • Service users • The general population • Healthwatch • Torbay and South Devon NHS Foundation Trust (as a partner and service provider) • South Devon and Torbay Clinical Commissioning Group (CCG) • GP's
<p>6.</p>	<p>How will you propose to consult?</p> <p>Consultation will take place as part of the general consultation on the budget proposals. However, specific consultation will also be carried out on this</p>

	<p>proposal with service users and partners through a range of mechanisms.</p> <ul style="list-style-type: none"> • Focus groups • Dedicated on-line consultation relating to lifestyles services • Discussions with partner organisations
Section 2: Expected Implications and Impact Assessment	
7.	<p>What are the <u>expected</u> financial and legal implications?</p> <p>This proposal would generate financial savings to meet the council's financial requirements. However there may be financial liabilities associated with the significant reduction in this service i.e. any associated redundancy costs.</p>
8.	<p>What are the <u>expected</u> risks?</p> <p>As a result of this proposal, Torbay will be investing less in preventative services across Torbay and the potential consequences could be:</p> <ul style="list-style-type: none"> • Reduced ability to support those most at risk of long terms health risks in the future (diabetes, chronic obstructive pulmonary disease, cardiovascular disease etc.) • Exacerbate the above issues by failing to work with those most at risk of multiple poor lifestyle choices and behaviours, • Fewer smokers receiving help and support which will result in more long term cardiovascular and respiratory diseases, increasing the burden for health and social care services in the future, • Fewer adults, families and young people receiving interventions to manage and control their weight which will make it harder to counteract the increasing trend of Torbay residents who are overweight and obese. • People recovering from cardiac surgery may not receive specialist structured exercise training, education and psychological support and advice on risk factors, including long term maintenance of physical activity • Should new trends around poor lifestyle behaviours emerge, Torbay Council will be unable able to react and respond to these issues. • This service is currently a cornerstone of Torbay and South Devon NHS Foundation Trust's new model of care and core to future strategic health and social care plans for Torbay (the Torbay and South Devon Prevention Strategy and the Devon-wide Sustainable Transformation Plan (STP)) deleting this service, may compromise these developments. • Torbay will not be compliant with best practice (e.g. National Institute for Health and Care Excellence (NICE). This could be challenged by members of the public who require services that are no longer available. • Greater hospitals admissions due to poor health • Wider economic impacts and greater benefit dependencies if people are not able to work due to their health. • Existing services for weight management (adults, young persons and family) currently form part of wider integrated system (tiers) of

	<p>intervention for individuals to maintain or return to a healthy weight. This proposal would potentially result in there being no early help service (tier 2 intervention) to support the individuals before they become more obese. This could result in greater demand for specialist NHS services commissioned through the CCG.</p> <ul style="list-style-type: none"> • There may be a reduced capacity for the Stop smoking services to commission GP and to support pharmacies in the future. This may also impact on the access to prescription services for smokers. In the longer term this may create greater demand pressures on other health services.
<p>9.</p>	<p>Public Services Value (Social Value) Act 2012</p> <p>The (re)procurement of services is not relevant for this report.</p>
<p>10.</p>	<p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>The Torbay LA Public Health Team used a prioritisation matrix as an assurance that services were commissioned based on evidence, impact and effective efficiency.</p> <p>There is a significant volume of guidance, research and recommendations regarding Lifestyles services. For a number of these work streams, they are centralised in the form of national public websites such as:</p> <ul style="list-style-type: none"> • National Obesity Observatory http://www.noo.org.uk/ • National Centre for Smoking Cessation and Training http://www.ncsct.co.uk/ <p>There is also significant wealth of guidance for commissioners and providers of Lifestyles services available on the National Institute for Health and Care Excellence (NICE) website:</p> <ul style="list-style-type: none"> • https://www.nice.org.uk/guidance/lifestyle-and-wellbeing <p>Other applicable documents include:</p> <ul style="list-style-type: none"> • Local authorities improving oral health: commissioning better oral health for children and young people. An evidence-informed toolkit for local authorities. Public Health England • Start Active, Stay Active: A report on physical activity from the four home countries' Chief medical Officers. Department of Health. • 'Everybody active, every day' An evidence-based approach to physical activity. Public Health England • Public Health England Marketing Strategy • Change4life and social marketing
<p>11.</p>	<p>What are key findings from the consultation you have carried out?</p> <p>The combined Feedback from the general budget questionnaire, the public</p>

health budget consultation and the specific survey carried out in relation to Lifestyle Services are shown below:

Q12) Lifestyle Services

Do you support this proposal?	Number	Percent
Yes	251	40.7%
No	344	55.8%
No answer	21	3.4%
Total	616	100.0%

The respondents to the Lifestyle Services specific survey were made up as follows:

- 53 (26.6%) were people currently engaged with the service
- 50 (25.1%) were people who have previously used the service
- 47 (23.6%) responded due to another reason (mostly a professional who referred into the service)
- 39 (19.6%) were Torbay residents who have not personally used the service
- 6 (3%) were unsure what category of the above they fell into
- 4 (2%) were blank

The consultation also identified that (people may respond to more than one question therefore the percentages will not sum to 100%):

- 25 (12.6%) people/organisations responding have used the service to give up smoking
- 75 (37.7%) people/organisations responding have used the service to manage their weight
- 78 (39.2%) people/organisations responding have used the service to become more physically active
- 13 (6.5%) people/organisations responding have used the service to access advice around alcohol
- 51 (25.6%) people/organisations responding have used the service to seek support regarding emotional health and wellbeing
- 21 (10.6%) people/organisations responding have used the service to access some other type of support
- 76 (38.2%) of respondents have not used the service for any of the above issues

There was a broad range of individuals and organisations (statutory and non-statutory) who submitted written responses to the consultation on Lifestyles.

The replies from service users all indicate a positive experience from a valued service. For some groups there is significant strength of feeling of a perceived negative impact on their well-being should the service be reduced.

Concerns were raised regarding increasing health inequalities that may disproportionately affect those most at risk of poor health outcomes. Specific reference was made to difficulties in accessing alternative provisions, and the

appropriateness and desirability of a digital offer.

Face to face services were considered by some respondents to be key to elicit positive behaviour change. Suggestions were made that alternative face-to-face options be considered.

A small but sufficient number of respondents felt this service should not be funded through the local authority and that people should effectively manage their lifestyle behaviours themselves and/or that any provision should be self-funded/funded through the NHS.

Respondents considered the proposals to be a short term approach with long term impacts both in costs and health to the population and producing a reactive rather than proactive response.

Medical opinion was expressed that the evidence base behind elements of this service makes this provision worth keeping over others such as health checks.

Respondents felt that the proposal will have a knock-on effect both in terms of time and cost to other parts of the system, including health services, other parts of the Council both in Torbay and South Devon.

Some respondents considered that the current proposals could ultimately result in people in Torbay receiving a differential service to those in South Devon.

There were concerns that proposal would mean that the service would become too small to be viable, and one response suggested that a similar service could be provided on lower pay grade staff. A comment was made that there would be an incumbent responsibility on the local authority to ensure a sufficiently trained, managed and accredited provision regardless of who provided the service.

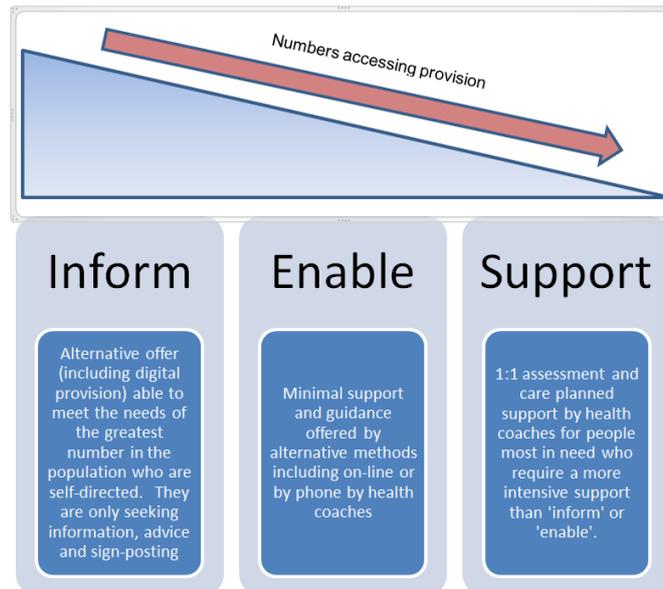
Comments made on the overall public health proposals include::

- It will damage the progress made on a 'joined up' approach to the provision of health and social care. The proposals will also be against the agreement that decisions made in one part of the system do not have unintended adverse effects in another part of the system and also on the shift from a reactive to a proactive approach to health and social care.
- It will have an adverse effect on the credibility of the community service model redesign and will damage the reputations of Torbay Council and Torbay and South Devon NHS Foundation Trust.
- A statement was made regarding the local authorities responsibility to continue to meet the conditions of the public health grant.
- Concerns were raised regarding the proposals potential impact on the aspirations of the Sustainability and Transformation Plans (STPs) with the NHS. A statement was made that Torbay should look to understand how other local authority areas which border Torbay are able to deliver services 'smoothly' without the same issues as Torbay.

12.

Amendments to Proposal / Mitigating Actions

A revised Lifestyles model will seek to provide services for three defined groups of the population – informally identified as ‘Inform’, ‘Enable’ and ‘Support’. This model does not differ significantly from the proposal already put forward, but the diagram below describes the offer and terminology used going forward.



As a result of the majority of the feedback and recommendations received from health professionals in Torbay, the amendment to this current proposal would be:

- To reduce the level of saving proposed to £119,000 resulting in a budget for this service for 2017/18 of £316,000.
- This would retain some Public Health funding to allow a transition during 2017/18 and 2018/19 to commission an alternative offer to include provision across the three groups identified:
 - Inform: Alternative information and advice provision (including digital and self-help support)
 - Enable: guidance and alternative support (e.g. telephone and on-line support)
 - Support: 1:1 assessment and care planned support by health coaches for people most in need who require a more intensive support.
- By increasing the funding for the service above what was originally proposed, more “enablement” and “support” will be able to be offered

Equality Impacts

13	Identify the potential positive and negative impacts on specific groups			
		Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
	Older or younger people	The 'new' service would employ a greater emphasis on informing and enabling people to access support and solutions which could include telephone and on-line provision with the aim to broaden the options and reach for residents to contact the service.	<p>The capacity of the service would be reduced and therefore the ability of any 'new' provision to meet the same number of individuals maybe restricted.</p> <p>As a new service model is developed it is anticipated that we would look to prioritise those in 'middle age' where the benefits of implementing health behaviour can be maximised.</p> <p>Older people maybe disadvantaged if they are not digitally enabled.</p>	Re-development of Adult and Children's Obesity Pathways – to include referral options and general advice via primary care.
	People with caring Responsibilities		The capacity of the service would be reduced and therefore the ability of any 'new' provision to meet the same number of individuals may be restricted.	
	People with a disability	The 'new' service will be expected to ensure:	The capacity of the service would be reduced and therefore the ability of any 'new'	

	<ul style="list-style-type: none"> • That the 'inform' and 'enable' components of any new system are responsive to the needs of those most vulnerable – in particular those with mental health conditions and learning disability. • That information is easily accessible e.g. digital components must be in an 'easy read' format • That the service has access to sign language services 	provision to meet the same number of individuals may be restricted.	
Women or men	Pregnant women are likely to be a target group for any stop smoking service due to the benefit to both mother and unborn child	The capacity of the service would be reduced and therefore the ability of any 'new' provision to meet the same number of individuals may be restricted.	
People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i>	There is no differential impact anticipated on this group, although any impacts will be closely monitored.		
Religion or belief (including lack of belief)	There is no differential impact anticipated on this group, although any impacts will be closely monitored.		
People who are lesbian, gay or bisexual	There is no differential impact anticipated on this group, although any impacts will be closely monitored.		

People who are transgendered	There is no differential impact anticipated on this group, although any impacts will be closely monitored.		
People who are in a marriage or civil partnership	There is no differential impact anticipated on this group, although any impacts will be closely monitored.		
Women who are pregnant / on maternity leave	Pregnant women are likely to be a target group for any stop smoking service due to the benefit to both mother and unborn child	The capacity of the service would be reduced and therefore the ability of any 'new' provision to meet the same number of individuals may be restricted.	
Socio-economic impacts (Including impact on child poverty issues and deprivation)	An improved 'inform' and 'enable' offer could access segments of the population not wishing to access traditional NHS based services.	<p>The capacity of the service would be reduced and therefore the ability of any 'new' provision to meet the same number of individuals may be restricted.</p> <p>Reduced prevention focus and service options for vulnerable groups – mitigated by recognition of these groups and specific measures (alternative delivery through voluntary/commercial sectors, effective communication and promotion of new options to reduce marginalisation).</p> <p>This proposal could either prolong or bring about worklessness due to earlier</p>	

		onset of long term conditions such as diabetes or respiratory disease. In mitigation, targeting the 'new' service at those most at risk could mitigate this to some degree.	
	Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	An improved 'inform' and 'enable' offer could access segments of the population not wishing to access traditional NHS based services, therefore reaching potentially hidden populations. This should provide better value for money.	A significantly reduced service could impact on public health outcomes regarding obesity, physical activity and levels of smoking. It is anticipated the 'new' service will reach communities with a different approach, potentially with effective reach which should mitigate some of the effects of the reduction.
14	Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above)	Overall reductions to public health services who work with vulnerable people may exacerbate the impacts for those who have worked with more than one service. This may be particularly relevant to: <ul style="list-style-type: none"> • Sexual health services and those accessing chlamydia screening services • Cuts to Substance Misuse services, in particular those who also smoke • Public Health Nursing and those who are parents and are engaged with Lifestyles services. 	
15	Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above)	<ul style="list-style-type: none"> • The new models of care in the health system locally, plus the emerging Sustainable Transformation Plan (http://www.southdevonandtorbayccg.nhs.uk/about-us/sustainability-and-transformation-plan/Documents/wider-devon-stp-sustainability-and-transformation-plan.pdf) putting prevention first, is expecting more from local public health services when capacity in the system is decreasing. 	