

Cabinet Paper

Date of Meeting: 22 September 2015

Report of: Heather Grimbaldeston

Subject/Title: Cheshire East Integrated Lifestyle & Wellness Support System'

Portfolio Holder: Cllr Janet Clowes Cllr Rachel Bailey

1. Report Summary

- 1.1. This report presents a programme of targeted early and universal interventions aimed at supporting residents to change their lifestyle. This is the start of a programme to change the root causes of ill health and illness. It will contribute to greater health, wellbeing and alignment to greater economic advantage and prosperity in our communities. The implementation of the programme will be aligned to the needs of communities within Wards offering local, flexible and responsive services.
- 1.2. The focus of the programme is on reducing the impact of premature death and disability for children and families and communities. Reducing the risk of disease (e.g. cancer, cardiovascular or respiratory disease) will have a positive impact on health but also on employment, poverty and social isolation within the most disadvantaged communities.
- 1.3. The programme will deliver support to change behaviour including smoking, nutrition, diet, physical activity and positive sexual health choices (including advice and support to prevent unwanted teenage pregnancy).
- 1.4. We will ensure that we listen to the voice of children and young people and support them so that they can enjoy better health now and in the future.
- 1.5. The service/s will be linked into existing social care, children's and leisure services to ensure that joined up support is available. Importantly, we recognise that addressing the needs of children and young people are fundamental to successfully tackling the root causes of disadvantage for future generations.
- 1.6. The programme will deliver health improvements for residents and help with the Councils' and local NHS overall plan to reduce demand and maintain longer-term financial stability. The programme will also offer up opportunities to work with the NHS for shared benefits and shared funding.
- 1.7. The programme for the integrated 'Lifestyle and Wellness Support System' (LWSS) is set out in two phases: Phase 1: We will create a limited Lifestyle Area Fund (formerly Public Health Transformation fund) to enable rapid in-year change in our commissioned services to meet the immediate needs of

our local residents. This will also address some required recommissioning of current service (e.g. Smoking Services) and the development of a sustainable approach to the delivery of an Integrated LWSS

- 1.8. Phase 2: We will secure an 'Integrated' LWSS focusing on 'Place' and 'Communities' delivered through a *dynamic* innovative methods of commissioning services that allows eligible members of the public to access services that fit their individual needs and circumstances. The LWSS can be used to target a whole community for 'Place Based Support', improving lifestyle and wellness through prevention, early intervention, and making services more integrated and accessible. The geographical areas of greatest need are based on the detailed health profiling work undertaken by Public Health Intelligence. (Appendix B).
- 1.9. This approach would allow other commissioners (including Council and NHS commissioners) to collaborate in the LWSS, therefore offering a positive opportunity for greater integration and alignment of commissioning and support services going forward. This approach would also allow wider services to be added to the LWSS at a later stage.
- 1.10. To this end the programme will be developed collaboratively with the 'community hubs' team and the Directors of Adults, Children's services and Communities. For both phase 1 and phase 2, the procurement process and the decision making panels will include full representation from the communities involved as well as the Directors of Adults, Children and Communities (or their nominated representatives).

2. Recommendation

- 2.1. That Cabinet notes the information contained within this paper, setting out our short and medium term approach to securing an integrated LWSS for our residents.
- 2.2. The programme will be developed collaboratively with the 'community hubs' team and the Directors of Adults, Children's services and Communities. For both phase 1 and phase 2, the procurement process and the decision making panels will include full representation from the communities involved as well as the Directors of Adults, Children and Communities (or their nominated representatives).
- 2.3. That Cabinet grants the necessary delegated authority to the Portfolio Holder for Adults, Health and Leisure and the Portfolio Holder for Children and Families, and the Director of Public Health and to the Chief Operating Officer to:.

2.3.1. Undertake the award of grant funding for Phase 1

and

- 2.3.2. Undertake the procurement and award of contracts to successful providers under Phase 2 (para 1.6 and 1.7) for the integrated LWSS.

3. Other Options Considered

These include re-tendering existing service specifications. These would not provide the improvement in outcomes and deliver services based on the needs of our residents.

3.1 Reasons for Recommendation

- 3.1.1 Investing in early intervention and prevention will have health benefits and also wider economic benefits from healthier more productive communities. This approach supports the Council's Outcome 5 – 'People live well and for longer' described as local people of all ages have healthy lifestyles and access to good culture, leisure and recreational facilities. It helps to fulfil the Authority's duty to take steps to improve the health of the people in its area
- 3.1.2 The Lifestyle Area Fund will target eleven small areas (see section 3.2.4). The Community Hub developments are also focusing on these areas as a priority. An established process for grant funding will be refined to involve those involved in the community hubs in the identified areas.
- 3.1.3 There is already an established process for grant funding that can be refined to achieve this first phase, the purpose and section 3.2.4 explains this further.
- 3.1.4 Children and Adults' lifestyles are influenced by many factors, including life chances, educational attainment, employment, stable accommodation and family support. There are aspects of lifestyles that can negatively impact on all our residents' health and wellbeing. These include drinking excessive alcohol, smoking, unhealthy diet, and not exercising regularly, all of which affect health and quality of life and increase the risk of dying at a younger age.
- 3.1.5 The Director of Public Health has highlighted the magnitude and distribution of these factors in her Annual Public Health Reports: "Living Well for longer in Cheshire East 2012-2013" and "Looking to the future: The Health and Wellbeing of Children and Young People in Cheshire East 2013-2014".
- 3.1.6 The implementation of the Integrated lifestyle and Wellness service will help to tackle the significant health inequalities experienced by residents across Cheshire East. The recommendations will also help fulfil the Councils' requirements under the Health and Social Care Act 2012 and reflects the current evidence and policy on delivering services that are universal and proportion to the needs of residents (i.e. Fair Society, Healthy Lives: The Marmot review)
- 3.1.7 These factors often manifest themselves as multiple unhealthy behaviours, and therefore approaches to behaviour change need to be flexible and tailored to children's and adults needs. Hence we will commission a second phase of the 'Integrated Lifestyle and Wellness Support System' locally to

provide a choice of help, advice and support in a range of ways. We will procure services using a 'dynamic purchasing system', this will provide a sustainable, flexible, integrated model for contracting with all successful service providers. Overall, we can create a real opportunity to make a significant difference in Cheshire East for residents with multiple lifestyle risks, whilst also ensuring access by other residents to lifestyle and wellness support in the borough.

3.2 Full programme of Targeted and Universal 'Integrated Lifestyle and Wellness Support services

3.2.1 Phase 1

The Lifestyle Area Fund will align to the developing Community hubs and offer lifestyle advice and access into locally commissioned opportunities for residents to improve the following outcomes:

- Increased physical activity
- Increased levels of healthy eating
- Reduced levels of obesity
- Reduced smoking prevalence
- Reduced levels of harmful and binge drinking
- Improved emotional health and wellbeing

3.2.2 Phase 2

The second phase of the 'Integrated Lifestyle and Wellness Support System' will provide support to enable residents to live well for longer, by supporting them to address the factors that affect their health and wellbeing earlier and or through preventative behaviour change. The range of components will include:

- Assessment and Co-ordination of help, advice and support;
- Lifestyle and Wellness support [initially Physical Activity, Holistic Lifestyle Coaching, Alcohol Harm Reduction, Tobacco Control & Stop Smoking, Healthy Eating, NHS Health Checks, some Sexual Transmitted Infection testing and treatment, and access to Public Health funded Contraception Services];
- Performance reporting and monitoring together with a payment system for providers of the support services

3.2.3 What outcomes will it deliver?

The full programme integrated 'Lifestyle & Wellness support System' will focus on:

Improving

- People's lifestyle choices
- Physical activity

- Access to lifestyle and wellness support by people who have serious mental illness
- Access to support to maintain independence
- Access to preventative wellbeing services
- People feeling empowered to self-manage their long-term condition
- Lifestyle before, during and after pregnancy for women
- The number of families who benefit from a healthy lifestyle and environment
- Case finding for diabetes and high blood pressure

Reducing

- The number of adults and children who are overweight and obese
- Smoking in adults and children
- Misuse of alcohol and a reduction in levels of harmful drinking
- People requiring treatment for sexually transmitted infections and Emergency Hormonal Contraception
- Injuries due to falls in people over 65yrs

PH Outcome Indicators we will focus on (and Cheshire East's current national ranking) are:

- Use of outdoor space for exercise/ health reasons (third best decile)
- Social Isolation (fourth best decile)
- Smoking status at time of delivery (sixth best decile)
- Smoking prevalence – 15 year olds (not yet available)
- Smoking prevalence – adults (fourth best decile)
- Diet (third best decile)
- Physical activity – adults (sixth best decile)
- Excess weight in 4-5 and 10-11 year olds (second best decile)
- Excess weight in adults (fourth best decile)
- Alcohol related admissions to hospital (third best decile)
- Self reported wellbeing (second best decile)
- Premature death in people with mental illness (fourth best decile)
- Injuries due to falls – in people over 65yrs (fourth best decile)
- Take up of NHS Health Checks (fourth best decile)
- Recorded diabetes (fifth best decile)

Indirect benefits

- Economic benefits

- Employment, reduction in health related absenteeism, workforce productivity benefits

Note: Definition of Decile - On an equal scale of 1 to 10, where 1 is the best and 10 is the worst, a decile represents one-tenth of the areas in England.

3.2.4 What funding will we be investing?

Phase 1: The Lifestyle Area Fund will target the eleven small areas (see section 5). The Community Hub developments are also focusing on these areas as a priority. An established process for grant fund will be refined to involve those involved in the community hubs in the identified areas.

There is already an established process for grant funding that can be refined to achieve this purpose and the section below explains this further.

Up to £400,000 has been identified to commission activities to improve lifestyles linked to the developing community hubs.

Eleven areas have been identified as facing the greatest health inequalities with residents having poor lifestyles and consequent health outcomes. These are:

- Bromley Farm – part of Congleton East Ward
- Colshaw Farm – part of Handforth Ward
- Crewe Central Ward
- Crewe East Ward
- Crewe North Ward
- Crewe South Ward
- Crewe St Barnabas Ward
- Crewe West Ward
- Lacey Green – part of Wilmslow Lacey Green Ward
- Longridge – part of Knutsford Ward
- Moss Rose – part of Macclesfield South Ward

We will use the Lifestyle Area Fund to kick-start improvements in lifestyle and wellness in these areas. At a later stage, through the 'Integrated Lifestyle and Wellness Support System', similar support will be accessible to all residents of the borough.

The Public Health Transformation Fund (now Lifestyle Area Fund) was specifically created to improve the health and wellbeing of residents in Cheshire East in 2014. It does this by funding time-limited community based projects, which offer innovative and intensive support to local people.

Since the fund was set up 13 different projects have been approved and funded to a total value of £1.074M. These cover a range of different sub areas such as social isolation, discharge from hospital and independent living; however, they all encompass an intention to improve mental wellbeing. The majority of

organisations involved are VCFS although public organisations have also been funded.

Cabinet gave approval for the fund to be established on 22nd July 2014 together with agreement that funding decisions would be delegated to a panel (chaired by the Portfolio Holder for Adults, Health and Leisure). A further recommendation was then agreed at a Portfolio Holder's decision meeting on 24th March 2015 (following a previous Informal Cabinet discussion) as it had become clear that the duration of some projects would extend past the 31/3/15 time period set out in the Cabinet paper, this was granted and projects do not exceed two years from the date of their commencement.

The requirements of the fund will be refined to focus: firstly on lifestyle outcomes; and secondly on the eleven small areas identified in section 3.

The membership of the panel will be refined to include representatives from those involved in the targeted community hubs and they will make recommendations for payment of funds with the final decision resting with the Portfolio Holders and Officers in accordance with paragraph 2.2.

Phase 2: Table 1 outlines the planned additional spending on Wellbeing services by year, the majority (excluding the mental health and prevention spend) will be delivered by the LWSS per year. This is in addition to the current £1.1m on existing lifestyle (Smoking, NHS Health Checks and Sexual health) services. We also expect to invest around £200,000 in start-up costs for an assessment centre but this to be funded out of a charge levied on each successful service provider. Each service provider will make a contribution to this central assessment service; this will be based on a proportional basis.

Table 1: Additional Integrated Wellbeing Service spending plans

| | Year | | |
|---|-----------------|-------------------|-------------------|
| | 2015/16 | 2016/17 | 2017/18 |
| Areas | | | |
| Obesity, Nutrition & Prevention | £400,000 | £800,000 | £750,000 |
| Smoking & Tobacco Control | £195,934 | £600,000 | £550,000 |
| Physical Activity (incl. Health Checks) | £217,335 | £585,000 | £535,000 |
| Sexual Health& Prevention | £141,410 | £500,000 | £500,000 |
| Totals | £954,679 | £3,485,000 | £2,335,000 |

All spending is aligned to Council and Public Health priorities with the allocation of Public Health spending designed to move the proportion of spend closer to optimal Disability Adjusted Life Year (DALY) targets [the DALY is becoming increasingly common in the field of Public Health and health impact assessment (HIA). It extends the concept of potential years of life lost due to premature death, to include

equivalent years of 'healthy' life lost by virtue of being in states of poor health or disability. In so doing, mortality and morbidity are combined into a single, common measure].

All resources available will be allocated to local areas using a variation of the national formula for allocation the public health grant to Local Authorities. This ensures that resources are directed to where they are needed and where they can have the maximum benefit to residents. It also guarantees that every resident benefits from funding and being able to access a service but that service is proportional to the needs of all residents across Cheshire East. Table 2 sets out the difference in funding over three years from 2015/16 to 2017/18 in different areas from the most in need to the least in need (area 1). This is based on nationally published mortality data.

Table 2: Different levels of resource allocation based on different needs

| Level | Amount | Difference |
|--------------|---------------|-------------------|
| 1 | £71,975 | £0 |
| 2 | £86,067 | £14,093 |
| 3 | £102,920 | £30,945 |
| 4 | £123,072 | £51,098 |
| 5 | £147,170 | £75,196 |
| 6 | £175,987 | £104,012 |
| 7 | £210,446 | £138,471 |
| 8 | £251,652 | £179,678 |
| 9 | £300,927 | £228,952 |

This placed based budget ensures that resource are allocated to each different area across Cheshire East. Appendix A (encl.) shows the amount we are intending to spend by Ward across **all** the service areas combined - Obesity, Nutrition & Prevention, Smoking & Tobacco Control, Physical Activity (incl. Health Checks) and Sexual Health & Prevention. The recommendations in this paper take account of this required funding shift, as well as addressing the health needs of specific geographical areas.

The work outlined within this report includes re-commissioning and additional service commissioning from the Public Health Budget, which is in line with having all transferred Public Health services from the PCT to the Council reviewed and re-commissioned by 31/3/16.

The overall funding for Phase 1 and Phase 2 of the programme is indicative and will be reviewed in line with the priorities that follow from the Solving Root Causes programme. The total funding will not exceed the values stated and will be allocated to the Wards set out in Appendix A. There may be modest virement between Council Wards depending on the changing health needs of residents

3.2.5 In advance of the establishment of the *LWSS*, the Lifestyle Area Fund will provide time limited funding to bring forward early implementation of services for lifestyle and wellness support for residents living in the targeted areas (see

section 5) in order to ensure compliance with Council reprourement requirements.

- 3.2.6 The integrated 'Lifestyle and Wellness Support System' will mean we will invest in giving real choice to our residents over the support they access through the system. The *LWSS* will have support categories within it that service providers can seek to deliver against either singularly or across multiple categories once they have been approved to join the *LWSS*
- 3.2.7 The Council approves and / or rejects providers who bid to provide services as part of *LWSS* against clear criteria that meet our quality requirements such as staff skills/training and qualifications / registration, track record, and ability to serve on a 'Placed Based' local area approach.

4 Background/Chronology

- 4.2 Local health profiles have highlighted areas in Cheshire East that have significant differences in health and wellbeing compared to other parts of the Borough. These must be addressed together with a renewed focus on early intervention and prevention if we are to secure sustainable improvement in the future economic prospects of the area as a whole.
- 4.3 The Public Health budget has been reviewed to ensure that spending plans are clearly aligned to the needs of residents. This process has identified the need to allocate or increase spending on obesity, smoking, physical activity, mental health and prevention. The proposals in this paper take account of these requirements as well as addressing the needs of particular areas.
- 4.4 As well as highlighting the 'where' and 'what' this paper looks at 'how' we can move rapidly to changing our commissioned services to meet the future needs of residents. It is proposed that we will fully implement an integrated 'Lifestyle and Wellness Support System' (*LWSS*) for all lifestyle services during 2016.

5 Wards Affected and Local Ward Members

- 5.1 Support will be accessible to all residents of the borough at a later stage, through the 'Integrated Lifestyle and Wellness Support System'.
- 5.2 By providing a more integrated approach to these arrangements, we can create a very real opportunity to make a significant difference in Cheshire East for residents with multiple lifestyle risks, whilst also ensuring access by other residents to lifestyle and wellness support elsewhere in the borough.

5.3 Eleven areas have been identified as facing the greatest health inequalities with residents having poor lifestyles and consequent health outcomes. These are:

- Bromley Farm – part of Congleton East Ward
- Colshaw Farm – part of Handforth Ward
- Crewe Central Ward
- Crewe East Ward
- Crewe North Ward
- Crewe South Ward
- Crewe St Barnabas Ward
- Crewe West Ward
- Lacey Green – part of Wilmslow Lacey Green Ward
- Longridge – part of Knutsford Ward
- Moss Rose – part of Macclesfield South Ward

6 Implications of Recommendation

6.2 Policy Implications

6.2.1 The proposal will deliver improvement in health and wellbeing and make a significant contribution to reducing health inequalities

6.3 Legal Implications

6.3.1 The Lifestyle Wellbeing Support Service is being commissioned in two distinct phases.

6.3.2 **Phase 1:** The Lifestyle Area Fund involves the award of grant funding. There are no legal issues preventing award of grant funding. However, the awards need to be carefully managed to ensure that no issues arise at the time that grants are made. In delivering the objectives of the Fund, care must be taken to ensure that when funding is provided it is truly a grant. Any attempt to monitor output or apply terms and conditions could, dependent on the value, inadvertently create a service contract that may breach public procurement rules. Essentially, the terms of the grant should set out the purpose of the grant, what it can be allocated to and only claim back, suspend or withhold funding in accordance with the circumstances outlined in the grant agreement.

6.3.3 There is a small risk that State Aid could apply to the grants being made. However, it is understood that these grants are unlikely to exceed the threshold of 200,000 euros. Assistance under this amount is regarded as “de minimis” and unlikely to distort competition. However, “de minimis” payments over the last three years should be taken into account so when a grant is awarded the recipient should be made aware that the funding qualifies as de minimis aid and they will need to check that they have not received similar aid which means it would cumulatively exceed the threshold for State Aid.

- 6.3.4 The award of funding should be subject to grant agreements (as per the previous Transformation Fund awards) and Legal Services advice must be sought.
- 6.3.5 **Phase 2:** The Wellbeing Service, which will be procured via contracts for services.
- 6.3.6 The appointment of suppliers for these services must adhere to the Public Contracts Regulations 2015 and an EU compliant procurement process must be undertaken with the assistance of the Procurement Unit and Legal Services.
- 6.3.7 The procurement of these health related services will fall within the “Light touch regime” (with the possible exception of the assessment/ICT support and finance/payment support if they are procured separately). If the assessment process is procured separately as a health related service (rather than purely ICT support) then it is envisaged it will be awarded to a single provider for a longer contract period in line with the Public Health spending plans. Procurement under the Light Touch Regime will allow a more flexible approach as there are fewer procedural rules to follow.
- 6.3.8 It is currently envisaged that procurement of the service providers will commence with the issue of a Prior Information Notice (PIN) which will also be the call for competition. Tenderers will be invited to respond to the PIN and express an interest in joining a “select list” of suppliers for a period of 12 months at a time. The suppliers will join the list on the basis of a common set of terms and conditions and remain on it for the 12 month period (subject to their continuing to comply with minimum qualification requirements). When services are called off they will be on the basis on the common terms and conditions. The length of each call off contract remains to be determined but must be managed within the contract value set out in the PIN.
- 6.3.9 Due consideration will be given during the procurement process of any implications arising from the potential transfer of staff pursuant to the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) and the potential application of Fair Deal guidance.
- 6.3.10 The contents of paragraph 7.4 are noted, which suggests that Equality Impact Assessment is in the process of being conducted which will inform the consultation and engagement work and the final service specification. None

6.4 Financial Implications

- 6.4.1 Funding will come from the Public Health Grant. The funding values are indicative and will be reviewed in line with the priorities that follow from the Solving Root Causes programme. The total funding will not exceed the value stated

6.5 Equality Implications

6.5.1 This is currently underway as part of a wider consultation and engagement programme.

6.6 Rural Community Implications

6.6.1 None

6.7 Human Resources Implications

6.7.1 None

6.8 Public Health Implications

6.8.1 This programme of lifestyle and behavioural support will help to improve life expectancy, reduce level of disability and reduce health inequalities

6.9 Other Implications (Please Specify)

6.9.1 None

7 Risk Management

7.2 The Lifestyle Area Fund investment, agreed through a Cabinet Decision would enable projects to commence and run beyond March 2016. This would be funded non recurrently from the PH budget 2015/16 and is within the spending and investment plan

7.3 The timeframe for implementing the shorter and medium term 'Integrated Lifestyle and Wellbeing Support System' is challenging. However, utilising the *dynamic contract model* approach offers the leanest method of securing better support for residents in relation to their health and wellbeing and that of their family and local community.

8 Access to Information/Bibliography

- 8.2 Cabinet has approved the Transformation Fund, and round four bids were subject to a Portfolio Holder Decision as these will run beyond March 2016.

<http://moderngov.cheshireeast.gov.uk/ecminutes/documents/b8927/Public%20Health%20Transformation%20Fund%20-%20amended%20report%20and%20appendices%2022nd-Jul-2014%2014.00%20Cabinet.pdf?T=9>

http://moderngov.cheshireeast.gov.uk/ecminutes/documents/s40041/Transformation_fund%20cabinet%20paper%20rev16-03-15.pdf

Appendix A Spending Plan by Electoral Wards in Cheshire East

Appendix B Attached - Ward Based analysis of need.

Appendix C Attached – *Dynamic Contract Model* framework

9 Contact Information

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