

Health and Adults Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 05 November 2020

Report Title: Delivery of One You Cheshire East (integrated lifestyle services)

Portfolio Holder: Cllr Jill Rhodes (Public Health and Corporate Services)

Senior Officer: Mark Palethorpe, Executive Director People

1. Report Summary

1.1. The new contract for the 'One You Cheshire East' integrated lifestyle commenced in November 2019 following a recommissioning process. This report provides an update on performance since this date.

1.2. This service aims to improve the long-term health of the people of Cheshire East whilst also reducing health inequality. This addresses Corporate Outcome 5 – People Live Well and For Longer and is also key to the Council meeting its responsibility to take appropriate steps to improve the health of the population under the Health and Social Care Act. This primary prevention approach is also fundamental to the Commissioning Strategy; 'People Live Well, For Longer'.

1.3. The commissioning of the service addressed the following question:

“How can we improve the long term health of the population of Cheshire East through a lifestyle service which offers effective interventions, maximises uptake and ensures strong value for money?”

2. Recommendations

2.1. The Committee is asked to note the report and to endorse the delivery approach of One You Cheshire East

3. Background

- 3.1. One You Cheshire East is an integrated lifestyle service which offers four principal lifestyles programmes to residents: smoking cessation; weight management; physical activity and falls prevention. These target the leading lifestyle factors that affect long term health and life expectancy amongst residents in the Borough. As such, they are associated with increased risk of cardiovascular disease (e.g. heart disease and strokes) and some cancers, together with impaired mental health/wellbeing. There is also evidence linking them with reduced risk from the ill-effects of COVID-19¹. Additionally, the service also offers smaller scale interventions related to mental wellbeing, pregnant woman and alcohol harm reduction.
- 3.2. People who smoke, live less than ten years on average than non-smokers. As such, getting a smoker to quit is a simple means to have a substantial positive impact on the long-term health of an individual. It also has established short term benefits such as boosting the immune system and improving circulation. The current Cheshire East smoking rate is estimated to be 13.9%², with a long-term national target set by the Department of Health of 5%³.
- 3.3. Falls are the most common cause of death from injury in the over 65s. They are also the most likely reason that an individual ends up going into long term care. As such, provision of strength and balance classes has relatively short-term benefits on the health of an older person, as well as helping to delay or prevent individuals from requiring health or social care services in the future⁴. There were 2,257 emergency hospital admissions due to falls in people aged 65+ in 2018/19⁵.
- 3.4. Obesity is known to have a significant impact on a person's health, for instance, research has found that life expectancy from age 40 years is 4.2 years shorter in obese men, and 3.5 years shorter in obese women⁶. In Cheshire East, 64.9% of adults are classified as overweight or obese⁷. Furthermore, 31.3% of adults in Cheshire East are undertaking less than the level of exercise recommended by the Department of Health's Chief Medical Officer of 150 minutes each week⁸.

¹ World Health Organization, Information Note, COVID-19 and Non-Communicable Diseases, 2020

² Public Health Profiles, Smoking Prevalence in Adults 18+ Annual Population Survey, 2019

³ Towards a Smoke Free Generation, Department of Health, July 2017

⁴ Cheshire East Falls Joint Strategic Needs Assessment, 2020

⁵ Public Health Profiles, Emergency Hospital Admissions Due To Falls In People Aged 65+, 2018/19

⁶ Adult Obesity Causes & Consequences, [https://doi.org/10.1016/S2213-8587\(18\)30288-2](https://doi.org/10.1016/S2213-8587(18)30288-2)

⁷ Public Health Profiles, Percentage of Adults Classified as Overweight or Obese, Active Lives Survey, 2018/19

⁸ Public Health Profiles, Percentage of Physically Active Adults, Active Lives Survey 2018/19

- 3.5. The name 'One You Cheshire East' derives from national Public Health England 'One You' branding. This offers the key advantage of exploiting awareness from the national Public Health England campaign, as well as allowing use of pre-established marketing materials. Cheshire East Council were one of the first Local Authorities in the country to adopt this approach.
- 3.6. Recommissioning of the service was undertaken in conjunction with a project group which included Public Health, Clinical Commissioning Group and Healthwatch representation. Additionally, an extensive consultation exercise was conducted with a range of health professionals (via a survey plus event), users of the service (258 survey responses), and members of the public (544 survey responses).
- 3.7. Following an open and competitive tender process, required to be in compliance with the Council's Constitution and the 2015 Public Contracts Regulations, the One You Cheshire East contract was awarded to 'Reed Wellbeing' in 2019. This process happened later than expected due to clarifications sought by a provider unsuccessful in the process.
- 3.8. The work of the service has been severely impacted by the COVID-19 (Coronavirus) epidemic and consequent restrictions imposed by Government. This makes it problematic to judge progress against service outcomes since contract commencement in November 2019. Nevertheless, use of innovation has been a clear plus of recent service delivery.
- 3.9. Smoking cessation has been delivered remotely by One You staff, but support which complements this delivered by Pharmacists has been limited due to the pressures from their core work. The Physical Activity programme has been delivered via closed Facebook sessions, with up to 5 classes per week (available live and pre-recorded) plus cookery sessions and blog postings. Weight management was similarly delivered by remote sessions with additional individualised online support. Exploration also took place of delivering falls prevention classes by other means. However, no method was found to operate the programme at a satisfactory risk level during this period.
- 3.10. Programme take up during the April-June 2020 period (the latest data available) was as follows:
- Physical activity 125;
 - Smoking cessation 206;
 - Weight Management 518 participants.

3.11. There are a number of key performance indicators used to measure the outcomes of programmes. These are drawn from National Institute for Health and Care Excellence (NICE) guidance. These show:

- Physical Activity - 96% of people have moved from inactive to active;
- Weight Management – 81% of people have achieved a 3% weight loss;
- Smoking Cessation – 70 Smoking Quits were achieved.

It should be noted that this data relies on feedback from participants because validation by the provider themselves has not been possible (due to it requiring face to face contact).

3.12. Prior to the COVID-19 period, the following work had been completed: recruitment to fill vacant roles including a new Health and Wellbeing Manager; a range of meetings were held with local stakeholders such as GP Practices to upgrade referral processes; communications work took place to raise public awareness of the service including via social media.

3.13. Additionally, programmes began running with members of the public. These saw the following participation (Jan-March 2020 period):

- Physical activity – 125;
- Falls Prevention – 49;
- Weight Management – 518;
- Smoking Cessation – 155 participants.

3.14. These figures are impressive for weight management and smoking cessation given historic activity levels and would have provided a good platform to build from. It should be noted that programmes take a number of weeks to complete. For instance, the falls prevention programme is 26 weeks.

3.15. At the moment, the Senior Commissioning Manager and Contract Manager are working in partnership with the Provider to progress how service delivery can be normalised despite the ongoing COVID-19 infection risk. This is heavily informed by Government guidance. This will involve smaller, socially distanced classes taking place. A COVID-19 risk assessment will also be completed for each participant.

4. Implications of the Recommendations

4.1. Legal Implications

4.1.1. There are no specific legal implications but the COVID-19 Pandemic serves to underline the need to build innovation and flexibility into contracts of this nature in order that the service can respond to rapidly changing demand within the scope of the contract.

4.2. Finance Implications

4.2.1. There are no financial implications or changes required to the Medium Term Financial Strategy as result of this report paper

4.3. Policy Implications

4.3.1. There are no direct policy implications

4.4. Equality Implications

4.4.1. An Equality Impact Assessment was produced when this service was recommissioned

4.5. Human Resources Implications

4.5.1. There are no human resource related implications

4.6. Risk Management Implications

4.6.1. A risk management process was followed when the service was recommissioned which ensured that cost and quality criteria were met.

4.7. Rural Communities Implications

4.7.1. The lifestyle services are available in a range of locations including in rural areas

4.8. Implications for Children & Young People/Cared for Children

4.8.1. The service provides support for children or young people with excess weight.

4.9. Public Health Implications

4.9.1. One You Cheshire East is fundamental to how the Council meets its statutory public health duties. There is an extensive range of evidence to demonstrate the impact that lifestyle services (such as smoking cessation services) can have both on life expectancy and also in terms of the general health of the local population.

4.10. Climate Change Implications

4.10.1. Provision of lifestyle services in a more localised manner reduces travel required by residents to access services

5. Ward Members Affected

5.1. All wards

6. Consultation & Engagement

6.1. Extensive consultation took place when this service was recommissioned.

This included with a range of stakeholders including past participants, residents, Clinical Commissioning Groups, GPs and other professionals to ensure that the service addressed local need effectively, including with use of strong referral pathways.

7. Access to Information

7.1. The following documents were fundamental to the recommissioning process:

- Joint Strategic Needs Assessment
- People Live Well for Longer Commissioning Plan
- Cheshire East Council Corporate Plan

8. Contact Information

8.1. Any questions relating to this report should be directed to the following officer:

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