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**A separate report is submitted in the private part of the agenda in respect of this item, as it contains details of financial information required to be kept private in accordance with Schedule 12A of the Local Government Act 1972. The grounds for privacy are that it refers to the identity, financial and business affairs of an organisation and the amount of expenditure proposed to be incurred by the Council under a particular contract for the supply of goods or services.**

Health and Social Care Scrutiny Board (5)  
Cabinet

5 April 2017  
11 April 2017

**Name of Cabinet Member:**

Cabinet Member for Public Health and Sport – Councillor K Caan

**Director Approving Submission of the report:**

Director of Public Health

**Ward(s) affected:**

All

**Title:**

**Modernising Public Health Children's and Lifestyles Services**

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**Is this a key decision?**

Yes – this relates to financial matters in excess of £1,000,000 in a financial year and will have an impact on city-wide services.

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**Executive Summary:**

Coventry City Council commissions a range of services that aim to prevent poor health by improving childhood health and supporting behaviour change among at risk groups. We are proposing that these individual services are integrated to provide:

1. A Family Health and Lifestyle Service: supporting children, young people and their families. This service will include Health Visiting and School Nursing and will be an integral element of the developing family hub model. Through this service we want to systematically reduce health inequalities including supporting the reduction of childhood obesity, families to be more physically active, improving childhood development and readiness for school and reducing infant mortality.
2. An Integrated Adult Lifestyles Service: supporting adults at greatest risk of poor health including those who display multiple lifestyle behaviours like obesity, low levels of physical activity and poor diet, smoking as well as other at risk groups like people with mental health conditions.

The proposal to integrate the services is based on what local Coventry people want from our services, following consultation with the general public, service users and wider stakeholders and the latest evidence about what works to improve quality and outcomes

In order to properly develop an integrated approach for the Family Health and Lifestyle Service a significant amount of re-design is required. It is therefore recommended that the contract will run for five years with two 24 month extensions available. It is also proposed that the service is procured via a competitive tender with dialogue (an approach where tenderers work in partnership with the contracting authority to develop a suitable solution to the service specification and requirement – at the point where the contracting authority is confident that one or more of the solutions presented are sufficiently developed to meet its needs and requirements, tenderers are then invited to submit competitive bids). This procurement approach is innovative and, while it is planned for the proposed contract to be operational during Summer 2018, permission is being sought to extend existing contracts for up to 6 months until 30 September 2018 to allow for robust process.

The proposed contract for the Integrated Adult Lifestyle Service would be operational by 1 April 2018 and will be procured through a standard competitive tender. The contract will run for five years with two 24 month extensions available.

#### **Recommendations:**

Health and Social Care Scrutiny Board (5) is recommended to:

- (i) Endorse the recommendations set out below to Cabinet
- (ii) Identify any further comments or recommendations for Cabinet to consider

Cabinet is recommended to:

- (i) Consider any additional recommendations or comments from Health and Social Care Scrutiny Board (5)
- (ii) Approve the proposal to extend current contracts which will be integrated into the new family health and lifestyle service for up to six months,
- (iii) Approve the proposal to commission a family health and lifestyle service and authorises the commencement of a procurement process via a competitive process with dialogue in line with the proposed model and timescale
- (iv) Delegate authority to the Director of Public Health and the Section 151 Officer following the procurement process to award to the successful bidder and implement the contract for a family health and lifestyle service
- (v) Approve the proposal to commission an integrated adult lifestyle service and authorise the commencement of a tender process to procure in line with the proposed model and timescale
- (vi) Delegate authority to the Director of Public Health and the Section 151 Officer following the procurement process to award to the successful bidder and implement the contract for an integrated adult lifestyle service

**List of Appendices included:**

Appendix 1: Appendix 1: Family Health and Lifestyle Service – summary health needs and evidence base

Appendix 2: Integrated Adult Lifestyle Service - summary health needs and evidence base

**Background papers:**

None

**Has it been or will it be considered by Scrutiny?**

Yes – Health and Social Care Scrutiny Board (5) - 5 April 2017

**Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?**

Yes – The matter has been considered by the Council's Procurement Board at their meeting on 16 February 2017

**Will this report go to Council?**

No

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**Report title: Modernising Public Health children’s and lifestyles services**

**1. Context (or background)**

- 1.1 Local Authorities are responsible for improving the health of their local population and coordinating local efforts to protect the public’s health and wellbeing. The health and wellbeing of a person is heavily shaped by experiences during childhood and lifestyle choices made in adulthood. Public Health interventions targeting families and promoting healthy lifestyles improve health outcomes, reduce health inequalities and have a significant role in the wider range of City Council priorities including educational attainment, identifying early signs of abuse/neglect and reducing social care demand.
- 1.2 The period from conception, pregnancy, and the first two years of a child’s life is the most important period in brain development. What happens in the first two years shapes a child’s intellectual, social and emotional health and wellbeing. For example, a child’s development score at just 22 months can serve as an accurate predictor of educational outcomes when they are 26. Problems that occur in the first two years can be extremely hard to undo later and at a significant cost to the public sector.
- 1.3 It is estimated that 40% of premature deaths are attributed to lifestyle behaviours – primarily, whether a person smokes, eats healthily, does enough physical activity or drinks alcohol below recommended limits. The largest proportion of Disability Adjusted Life Years result from tobacco smoking, high blood pressure, high body mass index, physical inactivity and alcohol use above the recommended limits.
- 1.4 The responsibility for Public Health services from birth to 19 years rests with the local authority and includes a range of mandated provision, such as health reviews at birth, 6 months, 1 year and 2 – 2½ years. These checks enable early problems to be detected. Height and weight measurement at ages 4-5 years and 10-11 years are also mandated.
- 1.5 Further, Local Authorities are mandated to provide the NHS Health Check programme, aimed at delivering Health Checks to people aged 40-74 years once every 5 years.
- 1.6 Currently, the City Council commissions a range of services supporting child health and promoting lifestyle behaviour change. The City Council also directly delivers some services, including family weight management and infant feeding support. These services are outlined below.

	<b>Service</b>	<b>Provider</b>	<b>Description</b>
1	Health visiting	Coventry and Warwickshire Partnership Trust (CWPT)	Health Visitors help to empower parents to make decisions that affect their family’s health and wellbeing through the provision of parenting support, expert information and advice, health assessments and interventions for babies, children and families. Health visitors also have a significant role in safeguarding children.
2	Family Nurse Partnership	CWPT	FNP is an intensive nurse-led prevention and early intervention programme for vulnerable first time young mothers, 19 years and under.

3	Stop smoking in pregnancy	CWPT	This service reduces the risks of poor pregnancy outcomes like miscarriage, premature birth, low birth weight and infant mortality, by supporting women to stop smoking and maintain smoke free homes.
4	School nursing	South Warwickshire Foundation Trust	School nurses offer preventative health care for children, young people and families, reducing inequalities, improving children's health and wellbeing and maximising the educational attainment of children with existing health conditions. School Nurses also have a significant role in safeguarding children.
5	One Body One Life family weight management	Coventry City Council	This service reduces the risk of childhood excess weight by promoting family-based sustainable behaviour change around diet and physical activity.
6	Infant feeding team	Coventry City Council	This service provides breastfeeding support to increase the breastfeeding rate in Coventry, ensuring mothers and babies benefit from the significant health and social benefits of breastfeeding.
7	Mamta	Foleshill Women's Training	Mamta provides information and advice to women who are new to this Country or are from a black and minority ethnic group, around healthy pregnancies and how to look after the health of a baby. Support is delivered in a culturally sensitive way.
8	NHS Health Checks	CWPT	NHS Health Checks is a mandated service, delivering cardiovascular risk assessment to people aged 40-74 years every 5 years. It is a key opportunity to address lifestyles risks and identify and treat a range of long term conditions.
9	Stop Smoking Contracts (Framework / Harm Reduction / Data Systems / Smoking Medications)	CWPT, Ice Creates, University Hospital Coventry and Warwickshire, Coventry and Warwickshire MIND, North 51, Exec Lounge,	<p>These services delivering evidence-based stop smoking interventions, including psycho social support and access to medications. Evidence demonstrates smokers who access these services are 4-5 times more likely to quit than those who quit by themselves.</p> <p>The harm reduction service supports people with severe and enduring mental health conditions to cut down levels of smoking, with a view to supporting an eventual quit.</p> <p>Providers North51 (QuitManager) and Exec</p>

			Lounge (Pharmperform) deliver performance management and payment systems, including supporting the dispensing of Nicotine Replacement Therapy by community pharmacies.  Stop Smoking Services commonly use medications – NRT and Varenicline.
10	Lifestyle Advisors	Coventry City Council	Lifestyle advisors (previously known as health trainers) deliver a range of one to one lifestyle behaviour change interventions targeted at adults in greater deprivation.

1.7 Current contracts delivering these services are due to expire in March 2018.

1.8 Through analysing current need in Coventry, reviewing the evidence base and engaging with service users, stakeholders and the general public, Coventry City Council has developed the following guiding principles for reshaping and modernising these services in order to improve health and reduce health inequalities:

- Services supporting children’s health and wellbeing should
  - focus on family-centred service delivery and provide parenting support
  - be integrated with the developing model of family hubs
  - have a robust safeguarding approach including spotting the early signs of poor health and wellbeing, abuse and neglect
- More generally, services should be integrated to provide a more seamless delivery to:
  - reduce service users having to unnecessarily repeat information
  - provide more timely support (e.g. removing the need for multiple referrals to different services)
  - have greater focus on empowering local communities to do more for themselves and have clear parent or community leadership
  - demonstrate a culture of continuous improvement and commitment to staff wellbeing and development
  - better harness technology to deliver interventions and support coordination of care

## 2. Options considered and recommended proposal

2.1 Coventry is a rapidly growing city with an estimated population of 345,400; it is a comparatively young city with over 86,000 0-19 year olds, making up 26% of the population. It is also relatively deprived, with a higher proportion of children in low income families (23%), a higher proportion of residents living in neighbourhoods amongst the 10% most deprived in England (19%) and a higher rate of unemployment than when compared nationally (6.3%). In 2015, there were 4,517 births in Coventry and it is projected that the population will increase considerably in the coming years, with over an extra 1,000 births a year expected by 2021.

2.2 Coventry performs well in some health indicators during pregnancy and across the life of an infant, child and young person, for example, there is a high rate of mothers who start breastfeeding, low numbers of hospital admissions for tooth decay and high numbers of children receiving relevant vaccinations. There are however a large number of outcomes locally that are not as good as those seen nationally:

- Lifestyle choices of women prior to and during pregnancy – particularly smoking and levels of obesity – which can seriously impact on the health of a child and their development into adulthood, as well as impacting on the mothers' own health.
- While an above-average number of women start to breastfeed immediately after giving birth, the number who keep breastfeeding falls dramatically.
- A higher numbers of children attend Accident and Emergency and are hospitalised for injuries.
- Rates of childhood obesity at age 10-11 years are considerably higher than seen nationally
- School readiness and educational attainment (Key Stage 2 and GCSE attainment) are worse than seen nationally.

2.3 The 2016 Household Survey found 82% of adults interviewed either did too little exercise, ate too few portions of fruit or vegetables, smoked tobacco, or drank above recommended levels. People displaying multiple lifestyle risks are at the greatest risk and the survey identified that 29% had two unhealthy lifestyle behaviours and 6% had three. While there is evidence of improvement of lifestyle behaviours of people in Coventry in comparison to the national average, the health outcomes for many conditions most closely associated with lifestyle-related deaths remain worse than the national average, including:

- Mortality rates from cardiovascular disease (commonly related to poor diet, physical inactivity, smoking and alcohol)
- Respiratory disease (smoking)
- Preventable cancers (obesity, diet, alcohol and smoking)

2.4 Lifestyle choices are responsible for a considerable proportion of the burden of ill-health and prevention services can delay or reduce demand on a range of health and social care services. Further, the prevalence of unhealthy lifestyle choices is variable across the population, for example, evidence demonstrates that smoking prevalence among people with mental health conditions is considerably higher than among the overall population and that carers often report that caring for others leaves little time to focus on their own health.

2.5 The recommended proposal is to reshape the services listed in section 1.6 and commission two new services:

- a Family Health and Lifestyle Service (focussing on outcomes currently delivered via services 1-7 in the table at 1.6) which will be an integral element of family hubs. It is proposed that due to the complexity of the services to be delivered, that the Family Health and Lifestyle service is procured through a competitive process with dialogue; and
- an Integrated Adult Lifestyle Service (focussing on outcomes currently delivered via services 8-10 in the table at 1.6). The service model will strengthen links with adult social care and long term conditions pathways. This contract will be procured through a standard competitive tender process.

2.6 The issues caused by childhood health and lifestyle factors are complex and wide ranging, and impact on several City Council priorities and services. The Director of Public Health's 2016 Annual Report focuses on Childhood Obesity and the 2015 report looked at the city's future aspirations for its children and young people. These services directly contribute to the Council plan objectives through:

- Giving our children the best start in life
- Improving health and wellbeing



- Reducing health inequalities
  - Protecting our most vulnerable people
  - Delivering our priorities with fewer resources through making the most of our assets and empowering our citizens
  - Improving the quality of life for Coventry people and helping meet service needs across the Council and its stakeholders and partners.
- 2.7 Alternative arrangements were considered, such as maintaining separate services. However, early consultation indicates that integration of services is a priority for the people of Coventry. Separate services also reduces options to achieve financial savings.
- 2.8 Successful Early Intervention programmes have been shown to bring savings to many different agencies. Social Return on Investment studies show returns of between £1.37 and £9.20 for every £1 invested in the early years.
- 2.9 The National Institute for Health and Care Excellence (NICE) conclude that evidence-based lifestyle interventions are cost-effective. For example, a cost effectiveness study in Bury showed that over a lifetime a return of £9.35 is delivered for every £1 investment in smoking cessation services.
- 2.10 The range of services included in this procurement has been considered carefully. Service alignment (both strategic and operational) has determined which existing services will be brought together. Integrating child health services provides the opportunity to embed family-based approaches and mirrors the proposed arrangements with family hubs and maintaining frontline service capacity. Integrating adult lifestyle services provides the opportunity to make best use of mandated interventions like NHS Health Checks and gives better access to a broader range of provision more consistently. This integrated model will strengthen links with adult social care and long term conditions pathways. The viability of including other services, such as the young people's substance misuse service, within this procurement have been considered but is not preferred because of the specialist nature of these services and the limited market of potential providers.
- 2.11 A range of procurement approaches have been considered. A competitive process with dialogue is considered to be the best way of developing a service model for the Family Health and Lifestyle Service. The process to be followed will include a competitive 'shortlisting' of bidding providers who are then invited to take part in a number of waves of dialogue with the Council to inform the development of their proposals. All bidding organisations are provided with the same level and scope of dialogue to ensure fairness. Following dialogue, shortlisted bidders submit their proposals which are then evaluated. This process enables commissioners and potential bidders to explore and co-design a range of potential solutions to the service requirements before deciding on a preferred model and awarding the contract. This approach will also enable us to better explore how the service can become integrated in the emerging family hub model. While this procurement process is innovative for health and care contracts, it is more common within regeneration procurements in which the Council has expertise. Due to the timeframe for this process, it is proposed that the new service will come into effect during Summer 2018 and that existing relevant contracts are extended by up to 6 months with relevant break clauses as required to accommodate any slippage in the project.
- 2.12 The service model for the Integrated Adult Lifestyle Service can be more clearly specified and is considered appropriate for a standard competitive procurement process.
- 2.13 In order to understand the market interest and capacity for these procurements, significant efforts have been made to engage with the market. These have included 1-2-1 discussions

with approximately 15 providers interested in the Family Health and Lifestyles Service and 20 providers interested in the Adult Lifestyles Service. There has been good attendance at the two workshops for Family Health and Lifestyles and at the one workshop for Adult Lifestyles, with a range of service providers participating in the sessions. This engagement has helped establish a good common understanding of expectations and priorities and identified the existence of a marketplace for services of these types as well as highlighting various factors which will encourage organisations to bid for contracts (eg. contract length) which can be built into the procurement process.

- 2.14 These sessions have also highlighted a significant number of smaller organisations - often voluntary/third sector organisations and SMEs which offer specialist provision – which could form part of consortia bids. These organisations commonly report difficulties in engaging with ‘lead’ providers and as such, additional engagement with the market has included a workshop for interested organisations including opportunities for networking and support. In the next few weeks a series of sessions will be held for organisations interested in delivering all or part of these contracts to support partnership development and improved use of recognised tools for innovation.
- 2.15 Given the value of the contract, it is intended that it will be subject to robust monthly management meetings to review performance, provide oversight of costs and ensure clinical governance and safety. A performance management framework will be developed, to include monitoring and management of:
- Child/family and lifestyle outcome measures
  - Delivery of mandatory elements of the contract
  - Service quality
  - Service satisfaction from key partners (including schools and service user / public involvement)
  - Service development
- 2.16 Benchmarking and consultation carried out to date has identified Coventry’s key relevant public health outcomes measures, performance of existing providers and their current trends providing core data to underpin performance monitoring. The proposed dialogue process for the procurement of the family Health and Lifestyle service will further enable commissioners to test and develop a robust performance management framework.
- 2.17 Due to the length of contracts, it is proposed that the services – and the accompanying performance management framework - will be developed over time. The provider will be required to an agreed annual action plan to demonstrate how it develops the service and continuously seek service improvement. It is proposed that key stakeholders will be involved in the development of these action plans to ensure they are subject to robust challenge. The successful delivery of annual action plans will be rewarded through an incentive scheme valued at a minimum of 10% of the contract value.

### **3. Results of consultation undertaken**

- 3.1 Consultation has been held in various stages. In the first phase, views were gathered from service providers and service users about current provision and possible improvements. More in-depth work was held during the second co-production phase with a series of workshops and focus groups with stakeholders and service users. This included sessions with people with mental health conditions, looked after children, Black and Minority Ethnic parents and young people - to explore how services could be delivered differently. A period of formal consultation for the proposed commissioning of a family health and lifestyle service took place in January and February 2017 and included an online survey and

stakeholder and service user workshops. Similarly, formal consultation into the proposed commissioning of an integrated adult lifestyle service was held in March 2017.

- 3.2 In addition to the formal consultation workshops six additional sessions have been held for existing frontline employees working within the services included in the Family Health and Lifestyles procurement.
- 3.3 During the first two phases of consultation, issues which were felt to be most important to the general public and users of services included having a workforce which is knowledgeable and trusted, services which are non-judgemental, discrete and confidential and an approach which considers the health of the whole family. People stated closer integration of care, a greater identification and understanding of the root cause of problems, the ability to overcome language barriers, flexibility in the plan for the child and timely access to support, as important.
- 3.4 A formal consultation in relation to the Family Health and Lifestyle Service was held in February 2017 and included a survey and series of workshops. A total of 230 survey responses were received and 45 people attended the workshops. Overall, 76% of survey respondents felt the changes would have a positive impact on children and families in Coventry. Only four respondents (out of the 230) felt it would have a negative or no impact. The remainder said they didn't know or stated other. Respondents, when presented with the areas that the proposed service will focus on, felt they were very important. For example, respondents agreed that it was important that:
  - families are supported – where possible - by a small number of professionals who they can get to know well and who can support them through important transitions e.g. children starting school or moving from primary school to secondary (85% of respondents stated this was important)
  - all staff are able to spot the early warning signs of children who need or would benefit from support with their health and wellbeing (85%)
  - staff should be multi-skilled to support on a variety of issues including lifestyles (83%)

Similarly, when presented with the principles that will underpin the proposed service, the vast majority of responses felt they were very important.

- 3.5 Focus groups were held with professionals, parents and those from BME communities to look at how the principles could be applied to inform the specification. Users highlighted the need for culturally sensitive services when considering newly arrived communities, understanding the needs of the wider family providing support for all family members and ensuring services provide continuity of care. Attendees highlighted the importance of using apps to support the delivery of services and providing community focused services, enhancing health promotion and peer-to-peer work. Further workshops with frontline staff took place in March 2017.
- 3.6 Briefing sessions have been held with other stakeholders and professional groups, including Coventry and Rugby Clinical Commissioning Group, primary and secondary school headteachers, the Local Medical Council and paediatricians in relation to both procurements.
- 3.7 Formal consultation in relation to the Integrated Adult Lifestyle Service also took place in March 2017. This included an online survey promoted through the Council, partner agencies and providers and a consultation workshop attended by around 50 stakeholders. This consultation focussed on identifying key target populations who would receive the

most intense support under the new model of delivery. It also sought to identify the impact of key principles on which it is proposed the new model of delivery will be based, including

- integration
- continuous improvement
- addressing the root causes and providing access to wider support to overcome barriers to change (including, money and housing advice, etc)
- enabling self help
- better use of technology

3.8 The consultation period closed on 31 March and details of findings will be provided verbally at the meeting.

#### **4. Timetable for implementing this decision**

- The new contract for the Integrated Adult Lifestyle Service will commence 1 April 2018.
- It is anticipated that the new contract for the Family Health and Lifestyle Service will commence in Summer 2018.

#### **5. Comments from the Director of Finance and Corporate Services**

##### **5.1 Financial implications**

The funding for the revised services will come from existing Public Health grant.

##### **5.2 Legal implications**

The Council's statutory responsibilities for Public Health services are set out in the Health and Social Care Act which conferred new duties on local authorities to improve public health and to take such steps as they consider appropriate for improving the health of the people in their areas. Part 2 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (made pursuant to the Secretary of State's powers under Section 6C of the National Health Service Act 2006) makes provision for the steps to be taken by local authorities in exercising their public health functions.

The Council also has an obligation as a best value authority under section 3 of the Local Government Act 1999 to "make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness." Compliance by the Council with its own Contract Procedures and complying with the requirements of the Procurement Regulations in tendering for the services should assist to satisfy these requirements. However, the Council would also need to be satisfied that entering into the Contracts and the engagement of any successful bidder will also provide best value.

When considering its approach to contracting, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not (the public sector equality duty). Officers are expected to continuously consider, at every stage, the way in which procurements

conducted and contracts awarded satisfy the requirements of the public sector equality duty. This includes, where appropriate, completing an equality impact assessment which should be proportionate to the function in question and its potential impacts.

This report makes it clear that any procurement exercise undertaken and Contracts awarded in relation to these services will be undertaken pursuant to the Council's internal Rules for Contract, the Public Contracts Regulations 2015 as well as any associated legal requirements.

## **6. Other implications**

### **6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?**

Commissioning children's and lifestyle services will help local citizens live longer, healthier independent lives. It also contributes to the Council plan objectives through:

- Giving our children the best start in life
- Improving health and wellbeing
- Reducing health inequalities
- Protecting our most vulnerable people
- Delivering our priorities with fewer resources through making the most of our assets and empowering our citizens
- Improving the quality of life for Coventry people

### **6.2 How is risk being managed?**

There are a number of risks associated with re-commissioning a service of this size.

A risk register is maintained for each procurement and risks are proactively managed by the project group and programme board.

### **6.3 What is the impact on the organisation?**

A number of staff engaged in services to be procured are employed by the City Council and it is intended that these roles will be subject to Transfer of Undertakings (Protection of Employment) regulations.

Currently there are 19 staff members (approx 14.6wte) employed within the City Council's People Directorate delivering family weight management interventions and infant feeding support. It is proposed these staff transfer to the new provider of the Family Health and Lifestyle Service.

The Council also employs 10 staff (approx. 8.1wte) who deliver Adult Lifestyle Services. These staff will be expected to transfer to the new provider of the Adult Lifestyle service. These staff were transferred into the Council in 2013 from an NHS provider; the agreement to in-source these staff was gained on the proviso that it was a temporary arrangement and that they would be re-commissioned to an external provider within 2-3 years.

Affected Council staff have been encouraged to take part in the consultation. Workshops are being held specifically for frontline staff to understand how the current services operate

opportunities for development. Take-up of places at these staff workshops has, to date, been high and the sessions have been welcomed.

As corporate parents the Council has a responsibility to support children in care so that they go on to lead successful lives. The proposals to bring together these services will ensure there is better continuity for looked after children, and integration with the family hubs will ensure there is a robust early help offer in place. Through the universal elements of this service all families with children aged 5 and under should be seen in their own home, this enables them to identify early signs of abuse and neglect, and significantly contribute to the Councils safeguarding responsibility.

#### **6.4 Equalities / EIA**

Overall, it is anticipated that the proposed services will have a positive impact on the protected groups, where applicable, and on health inequalities in Coventry. The Family Health and Lifestyle service will deliver universal provision while targeting the more vulnerable and those at greater risk of poor outcomes. The Integrated Adult Lifestyle service will provide holistic, person-centred support for people with multiple needs. Both services will look at the root causes of health concerns and support people to make the changes they need to improve their health outcomes. Following the completion of formal consultation, an Equalities and Consultation Assessment will be completed for each of the two procurements to analyse the impact on populations with protected characteristics.

#### **6.5 Implications for (or impact on) the environment**

N/A

#### **6.6 Implications for partner organisations?**

Poor health and development of children and poor health of adults due to lifestyle behaviours impacts on a wide range of statutory and non-statutory organisations including schools, the health service, welfare providers and local employers. The provider(s) of future services will need to integrate into the Coventry health, social care and education systems and work with partners to develop relationships, share data and co-work with clients.

#### **Report author(s):**

##### **Name and job title:**

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##### **Directorate:**

People

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Jane Fowles	Consultant in Public Health	People	9.2.17	1.3.17
Sue Frossell	Consultant in Public Health	People	9.2.17	14.3.17
Heather Thornton	Head of Strategic Support	People	9.2.17	1.3.17
Liz Gaulton	Acting Director of Public Health	People	9.2.17	21.2.17
Michelle Salmon	Governance Services Officer	Place	9.2.17	10.2.17
Gail Quinton	Executive Director	People	27.2.17	1.3.17
Pete Fahy	Director of Adult Services	People	27.2.17	1.3.17
John Gregg	Director of Children's Services	People	27.2.17	1.3.17
Lisa Commane	Director of ICT, Transformation and Customer Services	People	27.2.17	1.3.17
Kirston Nelson	Director of Education	People	15.3.17	20.3.17
<b>Names of approvers for submission:</b> (officers and Members)				
Mick Burn	Head of Procurement and Commissioning	People	9.2.17	1.3.17
Ewan Dewar	Finance Manager	Place	9.2.17	13.2.17 & 13.3.17
Rob Parkes	Commercial Lawyer	Place	9.2.17	24.2.17
Oluremi Aremu	Major Projects Lead Lawyer	Place	9.2.17	24.2.17 & 21.3.17
Barry Hastie	Director of Finance and Corporate Services	Place	9.2.17	21.3.17
Councillor K Caan	Cabinet Member for Public Health and Sport	-	13.3.17	14.3.17

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**Appendix 1: Family Health and Lifestyle Service – summary health needs and evidence base**

Coventry is a rapidly growing city with an estimated population of 345,400; it is a comparatively young city with over 86,000 0-19 year olds, making up 26% of the population. It is also relatively deprived, with a higher proportion of children in low income families (23%), a higher proportion of residents living in neighbourhoods amongst the 10% most deprived in England (19%) and a higher rate of unemployment than when compared nationally (6.3%). In 2015, there were 4,517 births in Coventry and it is projected that the population will increase considerably in the coming years, with over an extra 1,000 births a year expected by 2021.

**The importance of the health of children and young people**

The health and wellbeing of a person is heavily shaped by experiences during childhood. This period of growth from pregnancy through to later teenage years is a critical time for development and it is therefore a key aim of the city of Coventry that every child should be given the best start in life.

The responsibility for public health services from birth to 19+ years now rests with the local authority. This therefore offers the opportunity to align and integrate these services to improve ways of working, achieve efficiency and ultimately result in better health outcomes for the city.

**What are the health needs of children and young people in Coventry**

To help decide how best to arrange these services, we can assess measures of health for Coventry and compare to what is seen across England. This helps us to decide how well we are doing during the different stages of a child and young person’s life and if there are areas we need to concentrate on.

<p><u>Pre-conception and pregnancy</u></p> <ul style="list-style-type: none"> <li>• The number of women classified as obese during pregnancy and the number smoking at the time of delivery which can increase the risk of a baby dying or being born with complications.</li> <li>• The number of women breastfeeding at the 6-8 week check.</li> </ul>	<p><u>11-16 year olds</u></p> <ul style="list-style-type: none"> <li>• Self-harm are higher in Coventry than seen nationally.</li> <li>• Admissions to hospital for alcohol and more sexually transmitted infection diagnoses.</li> <li>• Children attending accident and emergency and being hospitalised for injuries.</li> <li>• Attainment at GCSE level</li> </ul>
<p><u>0-4 year olds</u></p> <ul style="list-style-type: none"> <li>• School readiness and the uptake of early learning places</li> </ul>	<p><u>16-19 year olds</u></p> <ul style="list-style-type: none"> <li>• Mothers who are teenagers</li> <li>• 16-18 year olds not in education, employment or training</li> </ul>
<p><u>5-11 year olds</u></p> <ul style="list-style-type: none"> <li>• Attainment levels at Key Stage 2 in reading, writing and maths</li> <li>• Overweight and obese children</li> </ul>	



## The evidence base for integration

There is a clear national policy direction towards integration of services<sup>1</sup>. However, how this is done and what is most effective is still emerging. By looking at what evidence is available and what others are doing we are able to identify key areas of focus/principles that are important.

Having systems in place to identify families who would benefit from additional support and to coordinate support from a range of agencies is a key requirement to maximise the utility of available services. Most areas are looking to continue to build on the Health Visiting/School Nursing approach of a progressive universal model, with provision of universal and targeted services. This involves interventions available to all but with a scale and intensity proportionate to the level of disadvantage<sup>2</sup>. While the effect of interventions on socioeconomic inequalities is difficult to demonstrate, a recent modelling study suggested an impact on school readiness<sup>3</sup>.

*In the early years, modelling work demonstrated that progressive universal interventions to improve 'school readiness' for the home to school transition could raise population levels of educational achievement by 5% and reduce absolute socioeconomic inequalities in poor academic attainment between the least and most disadvantaged groups by 15%.*

**Modelled estimated using data from the Avon Longitudinal Study of Parents and Children**

## Integration of services

Within Coventry, 0-19 youth services, early help and children's centres are currently being re-organised into "Family hubs" alongside other partners. Co-locating the public health services within the same locations may help facilitate access and bring professionals together, as demonstrated by an evaluation of Islington's Integrated Early Childhood Services<sup>4</sup>.

*"Co-location helped professionals to work together to provide a more streamlined service for the end user"*

**Islington's Integrated Early Childhood Service evaluation**

As outlined by the Royal College of Nursing<sup>5</sup>, effective integration of care during the early years will be achieved by ensuring that health visitors work closely with school nurses, social services, community groups, integrated teams and other specialist nurses who support children's mental and physical health in the community. Later on in the child's life, integration is also needed at the transition between children's and adults' health services, particularly for those population groups with specific needs.

## Whole family support with an assessment focussing on family assessment

Rather than focussing on individuals, a whole family support approach can be taken. This has been proposed in Greater Manchester to build on the Healthy Child Programme and ensure all agencies can track progress and meet the needs of families<sup>6</sup>.

<sup>1</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/198748/DEFINITIVE\\_FINAL\\_VERSION\\_Integrated\\_Care\\_and\\_Support\\_-\\_Our\\_Shared\\_Commitment\\_2013-05-13.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198748/DEFINITIVE_FINAL_VERSION_Integrated_Care_and_Support_-_Our_Shared_Commitment_2013-05-13.pdf)

<sup>2</sup><https://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-executive-summary.pdf>

<sup>3</sup><http://onlinelibrary.wiley.com/doi/10.1111/cdev.12309/full>

<sup>4</sup>[http://www.natcen.ac.uk/media/1201975/if21m-formative-evaluation\\_natcen-260216.pdf](http://www.natcen.ac.uk/media/1201975/if21m-formative-evaluation_natcen-260216.pdf)

<sup>5</sup>[https://www2.rcn.org.uk/\\_data/assets/pdf\\_file/0004/391837/004125.pdf](https://www2.rcn.org.uk/_data/assets/pdf_file/0004/391837/004125.pdf)

<sup>6</sup>[http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=2a49df73-c17e-426c-8b38-f3634f82e58a&groupId=10180](http://www.local.gov.uk/c/document_library/get_file?uuid=2a49df73-c17e-426c-8b38-f3634f82e58a&groupId=10180)

*“The partnership is bringing the best evidence on interventions into infant development to create a people-based model, rather than a building-based model, with regular screening of all children through a multi-agency eight stage assessment process”*

**Local Government Association – good practice in children’s centres (Greater Manchester)**

This is reiterated by the Royal College of Nursing<sup>7</sup>, who state health visitors must work across multi-agency and multi-disciplinary teams and local health organisations must pay sufficient attention to the support a family-centred team approach. However, to be able to be responsive to the full scope of a family’s health needs, all community nursing teams must have access to and be aware of the full range of services available locally. This was also mentioned in Islington’s Integrated Early childhood evaluation:

*“A centralised system to collate information about available specialist services was believed to be important to strengthening referral pathways”.*

**Islington’s Integrated Early Childhood Service evaluation**

### ***Consistent professionals***

The 2004 Children Act introduced a new statutory role of ‘lead professional’ to be the easily accessible contact for families where a child has extra needs for support. This builds on from evidence in primary care for continuity of care documented in a European overview of Child Health systems:

*“Continuity of care with the same general practitioner was one of the strongest predictors of lower total health care costs continuity of care may be highly valued by patients and be cost- effective”*

**European Observatory on Health Systems and Policies – European Child Health Services and Systems**

Health practitioners in Islington indicated that allocating a named link health practitioner to each of their early years setting, has enabled and encouraged practitioners to become more proactive in contacting each other.

### ***Traditional handover points removed for most vulnerable***

While there is traditionally a handover from the health visitor to the school nurse, an alternative would be to keep the same named healthcare practitioner to support an improved transition between services.

There are some examples of it being considered.

- In Wirral and Salford, as a result of the limited capacity of school nurses to work in primary schools, 0-19 locality based teams became established, with all new referrals being triaged, and allocation being based on the capacity and skills of the practitioner, and their knowledge and engagement with the family. For some families it has been considered more appropriate for the health visiting team to continue to support the family, even if the child has commenced compulsory education. This has been focussed mostly on SEND children.

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<sup>7</sup>[https://www2.rcn.org.uk/\\_data/assets/pdf\\_file/0004/391837/004125.pdf](https://www2.rcn.org.uk/_data/assets/pdf_file/0004/391837/004125.pdf)

- Solent: “We have a specialist Health Visitor team in Solent (Portsmouth and Southampton cities) that continue to be the lead professional until children with complex disabilities are aged 6. This is following feedback from families that all services seem to disappear at school entry just at the time they are needed most. Our specialist Health Visitor use the same records and public health (School Nurses) so it is easy to see who is working with them and feedback from families now is good. We just don’t have capacity in the Health Visitor workforce at the moment to deliver this universally.”

### **What Coventry people are telling us they want**

We have worked with Coventry people and professionals to look at how the services are currently working, how they could be improved, and what people think would help them to stay healthy. Some of the things you told us were important where:

- Knowledge and trust
- Non judgemental services
- Listening to the user
- Discretion and confidentiality
- Considering the whole families health
- Learning and education for staff
- Partnership working

When thinking about how services can best support family’s people told us they wanted the following to be taken into consideration:

- Involving the whole family
- Integration of care (bring services together)
- Understanding the root cause of problems
- Addressing language barriers
- Flexibility in the plan for the child
- Timely care

We were also told that use of technology (online, social media) was important and that family members and teachers would be the most likely people you would approach for help or advice. As well as what Coventry people and professionals have told us, we have also looked at what the evidence tells us will work, in terms of helping families stay healthy.

With all of the information we have collected, we have identified the ways of working, and really important areas we want this new service to focus on (in order to make a positive difference to the lives of Coventry families). Over the next few months we will work with organisations interested in delivering this service, to understand their precise ideas for how they would make a difference.

## Appendix 2: Integrated Adult Lifestyle Service - summary health needs and evidence base









### Adult lifestyle behaviours

40% of premature deaths are attributed to behavioural patterns. When considering the burden of disease for leading risk factors, the largest proportion of Disability Adjusted Life Years result from tobacco smoking, high blood pressure, high body mass index, physical inactivity, poor diet and alcohol use.

### Population

Coventry is a rapidly growing city with an estimated population of 345,400 and comparatively young, with an average age of 33. It is also relatively deprived, with a higher proportion of children in low income families (23%), a higher proportion of residents living in neighbourhoods amongst the 10% most deprived in England (19%) and a higher rate of unemployment than when compared nationally (6.3%).

Through the Coventry Household Survey, information on levels of lifestyle behaviour can be obtained and longitudinal data is available to assess the level of impact. While the proportion of adults smoking appears to be decreasing and an increase in physical activity, the indicator measuring a healthy diet appears to be showing signs of getting worse.

Indicator		2013		2016 data
		Value	Trend	
	Proportion of adults smoking	22%		19%
	Eating less than three portions of fruit and veg per day	33%		36%
	Exceeding daily alcohol unit recommendations 4+ days a week	6%		(1%) <sup>1</sup>
	Taking part in physical activity less than three times a week	31%		N/A <sup>2</sup>

<sup>1</sup>Daily units differed by gender for the 2016 survey.

<sup>2</sup>Information was available on the duration of physical activity rather than frequency in the 2016 survey.

### CMO lifestyle criteria

The recent lifestyle survey in 2016 found, when assessing against CMO criteria (see table at end of document for criteria), 82% of adults interviewed had at least one lifestyle factor with potential to impact on health. 47% had just one, 29% had two and 6% had three.

### High risk lifestyle criteria (see table at end of document for criteria)

When using criteria to identify those with lifestyle behaviours putting them at higher risk (see table at end of document for criteria), 57% of adults had at least one high risk lifestyle factor, with a higher proportion of adults with just one high risk factor (39%). When compared to CMO criteria, while diet was still the most common single risk factor, this dropped to only 63% of those with a high lifestyle risk, with 33% smoking and 33% low levels of physical activity. When considering combination of high risk factors, the highest combination was split between smoking and diet and low levels of physical activity and diet (11%), with 3% just smoking and low levels of physical activity. Again very few had alcohol consumption as a risk.

## **The evidence base for integration**

While the available interventions and services have a considerable evidence base, there is flexibility around how adult lifestyle services like Stop Smoking Services, NHS Health Checks and Health Trainers are organised. By integrating the services, there is the opportunity to provide a linked up family-centred approach to improve efficiency and target multiple lifestyle risks.

This evidence review looked at what evidence was available with respect to integration of targeted adult lifestyle services.

### How to do outreach

It is key to reach people who wouldn't otherwise access health services. Individuals with the most to gain from lifestyle services are those who are less likely to engage with healthcare in general including registering with a GP. In contrast, they are more likely to engage with services relating to housing, employment and debt management (reflected in Local Authority services and databases)<sup>8</sup>. This should be considered when developing routes of access to the service, with particular consideration of deprived areas as socio-economic status is a strong and consistent predictor of risk clusters. As well as clustering of behaviours, there will also be clustering within households; those living with a smoker, drinker or drug user are more likely to report those negative health behaviours themselves.

### Engaging with other services

A study found that while deprivation was associated with difficulties in promoting, providing and accessing self-management support in the elderly, at the same time, in areas with high levels of social and ethnic diversity there was often a wide range of small scale services available. This implies that coordination between services is needed. General Practice may be particularly pertinent to include in developing this coordination, particularly for older people as they are considered to be key to their care and self-management<sup>9</sup>.

### Use of online tools

Public Health England have a One You<sup>10</sup> online campaign, following on from the family focused Change4Life campaign. It targets adults in mid-life following ethnographic research highlighting adults do not often realise that many of the behaviours considered "normal" can impact on health. The online platform follows research showing 80% of the target audience own a smart phone and 40% use Facebook daily. There is the possibility of tailoring this to focus on a local approach as seen in Hounslow<sup>11</sup>.

### Making Every Contact Count

Making Every Contact Count is an initiative to encourage conversations based on behaviour change methodologies and to empower healthier lifestyle choices, exploring the wider social determinants that influence all of our health. A series of case studies of how it has been implemented is available on their website<sup>12</sup>.

### Health Checks

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<sup>8</sup>[https://www.birminghambeheard.org.uk/people-1/the-commissioning-of-birmingham-lifestyles-service/supporting\\_documents/Lifestyles%20Needs%20Assessment.pdf](https://www.birminghambeheard.org.uk/people-1/the-commissioning-of-birmingham-lifestyles-service/supporting_documents/Lifestyles%20Needs%20Assessment.pdf)

<sup>9</sup>[http://www.netscc.ac.uk/hsdr/files/project/SDO\\_FR\\_08-1715-161\\_V01.pdf](http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1715-161_V01.pdf)

<sup>10</sup><https://publichealthmatters.blog.gov.uk/2016/03/14/the-one-you-campaign-a-week-in-review/>

<sup>11</sup><https://oneyouhounslow.org.uk/>

<sup>12</sup><http://www.makingeverycontactcount.com/MECC%20In%20Action/Implementing%20MECC/CaseStudies.html>

The mandated NHS Health Check also provides an opportunity to identify and refer at-risk people into locally commissioned health improvement and treatment programmes<sup>13</sup>. Many local authorities are using the NHS Health Check to target individuals or communities at increased risk by focusing efforts among socio-economically disadvantaged communities and using proactive outreach programmes to get into those communities who are less likely to attend their general practice.

Introduction of health checks for people with learning disabilities<sup>14</sup> typically leads to: (1) the detection of unmet, unrecognised and potentially treatable health conditions (including serious and life threatening conditions such as cancer, heart disease and dementia); and (2) targeted actions to address health needs. Few studies have investigated the extent to which the provision of Health Checks leads to short, medium or long term changes in health status in this population group. Regardless of this, identification opens up the possibility of people with learning disabilities and experiencing the level of health gain available to the general population from whatever health procedure is instigated.

### Citizens Advice Bureau

The Citizens Advice Bureau is utilised in some areas. It has been found that by connecting patients to professional advice on benefits, health services professionals contribute to addressing one factor that may cause psychological stress in their patients and improve the context in which they live<sup>15</sup>. Such activity may reduce the number of consultations with and prescriptions from GPs. In the Wirral<sup>16</sup>, the Citizens Advice Bureau are commissioned to provide low level help and support for mild to moderate mental health problems. Referral of this type is particularly successful where the services are readily accessible – for example, Citizens Advice Bureaux situated in GP surgeries<sup>17</sup>. However, challenges were reported in implementing the approach around lack of support from local GPs<sup>18</sup>. Furthermore, as acknowledged by Birmingham<sup>19</sup>, to ensure appropriate access to all, there should be a reduced reliance upon healthcare based referrals across all services as this creates a natural bias in those accessing and will not help address inequalities.

### Workplace

In Coventry, the PHE endorsed Workplace wellbeing scheme is in operation in some organisations<sup>20</sup>. This is a voluntary self-assessment scheme to support the wellbeing of the workforce which will ultimately result in reduced sickness absence, improved productivity and reduced staff turnover. An example of this is offering of Health Checks in the workplace in Coventry and Warwickshire Partnership Trust.

### **How best to integrate services**

There is limited evidence around the effectiveness of integration of lifestyle services. A systematic review found combined diet and physical activity promotion programs are effective at decreasing diabetes incidence and improving cardiometabolic risk factors in persons at increased risk<sup>21</sup>, however wide variation in diet and physical activity promotion programs limited

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<sup>13</sup>[http://www.local.gov.uk/documents/10180/6869714/L15-28+Health+check\\_10.pdf/d35d76ca-ec50-4ee0-8e32-b051f6eb9bf1](http://www.local.gov.uk/documents/10180/6869714/L15-28+Health+check_10.pdf/d35d76ca-ec50-4ee0-8e32-b051f6eb9bf1)

<sup>14</sup>[https://www.improvinghealthandlives.org.uk/uploads/doc/vid\\_7646\\_IHAL2010-04HealthChecksSystemicReview.pdf](https://www.improvinghealthandlives.org.uk/uploads/doc/vid_7646_IHAL2010-04HealthChecksSystemicReview.pdf)

<sup>15</sup> UCL Institute of Health Equity. Working for Health Equity: The Role of Health Professionals.

<sup>16</sup><http://bmjopen.bmj.com/content/6/1/e009887.full>

<sup>17</sup><http://onlinelibrary.wiley.com/doi/10.1046/j.1365-2524.2000.00249.x/abstract>

<sup>18</sup>[http://www.turning-point.co.uk/media/23685/citizen\\_advisors\\_final\\_report.pdf](http://www.turning-point.co.uk/media/23685/citizen_advisors_final_report.pdf)

<sup>19</sup>[https://www.birminghambeheard.org.uk/people-1/the-commissioning-of-birmingham-lifestyles-service/supporting\\_documents/Lifestyles%20Needs%20Assessment.pdf](https://www.birminghambeheard.org.uk/people-1/the-commissioning-of-birmingham-lifestyles-service/supporting_documents/Lifestyles%20Needs%20Assessment.pdf)

<sup>20</sup><http://www.local.gov.uk/documents/10180/7632544/16-37+Health,%20work+and+health+related+worklessness+-+a+guide+for+local+authorities/4fa4645d-461c-4ac5-8fa9-322269285557>

<sup>21</sup><http://dx.doi.org/10.7326/M15-0452>

identification of features most relevant to effectiveness and evidence on clinical outcomes and in children was sparse.

A smoking reduction intervention for economically disadvantaged smokers which involved personal support to increase physical activity appears to be more effective than usual care in achieving reduction and may promote cessation. The effect does not appear to be influenced by an increase in physical activity<sup>22</sup>. Smokers who report starting a quit attempt in the last week also report lower alcohol consumption, including less frequent binge drinking, and appear more likely to report currently attempting to reduce their alcohol consumption compared with smokers who do not report a quit attempt in the last week<sup>23</sup>.

### General model structure

One of the key recommendations in the 2013 Coventry DPH report was to develop a 'single point of access' for lifestyle services which is integrated with council customer contact points, including the call centre. This is similar to seen in other areas<sup>24</sup>. In Derby, the integrated lifestyle service is comprised of a generic "hub" where referrals are received and clients and their families offered the support of a health champion/trainer who is skilled in working with them to maximise motivation and develop an individualised change plan, referring then to specialist services as required through a modular programme of interventions. Similarly in Nottingham a single point of access hub provides a referral point for patients aged 18 years and over with one or more lifestyle risk factors, and a pathway into other commissioned services and community-based support to help clients change behaviour.

The other approach taken is development of wellness service<sup>25</sup> to consider the wider determinants of health and wellbeing in addition to healthy lifestyles. This often still has a single point of access hub but then provides a holistic assessment of individuals to then triage them to services in areas such as healthy lifestyles, wellbeing, employment and welfare. A key review<sup>26</sup> of Wellness Services produced in 2010 argued services considering the socioeconomic determinants of health will be the most effective way to reduce inequalities. The majority of services reviewed, that considered costs, were found to be cost-effective and have shown the potential to bring a return on investment and to save on future costs of ill-health through early intervention.

Learning from recent feedback from City of York Council's consultation<sup>27</sup> on their integrated wellness service may apply to model development in Coventry and includes clearly describing clear objectives and target groups, appropriate budgets and timeframes for establishing the service and full acknowledgement of existing work within the community and voluntary sector in the city.

### Integration with 0-19 family lifestyle services

There is a wealth of studies showing a relationship between parents' lifestyles<sup>28</sup> and that of their children in terms of what they eat, how they eat it and their activity levels. This provides a good rationale for encouraging parents to model healthy behaviours. In Hammersmith and Fulham<sup>29</sup>, family healthy weight care pathways have been developed for 0-4 and 5-19 year olds. While the pathway follows up identification of children above a healthy weight, the focus is on the family. In

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<sup>22</sup><http://ntr.oxfordjournals.org/content/18/3/289>

<sup>23</sup><http://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-3223-6>

<sup>24</sup><http://www.nottinghamshire.gov.uk/dmsadmin/Document.ashx>

<sup>25</sup><http://www.kingsfund.org.uk/sites/files/kf/chris-mcbrien-elspeth-anwar-knowsley-poster-mar13.pdf>

<sup>26</sup>Liverpool Public Health Observatory. Wellness Services – Evidence based review and examples of good practice.

<sup>27</sup>[https://www.york.gov.uk/downloads/file/8911/integrated\\_wellness\\_service\\_-\\_consultation\\_report\\_26\\_january\\_2016pdf](https://www.york.gov.uk/downloads/file/8911/integrated_wellness_service_-_consultation_report_26_january_2016pdf)

<sup>28</sup>[http://www.noo.org.uk/uploads/doc/vid\\_4865\\_rudolf\\_TacklingObesity1\\_210110.pdf](http://www.noo.org.uk/uploads/doc/vid_4865_rudolf_TacklingObesity1_210110.pdf)

<sup>29</sup><https://www.lbhf.gov.uk/health-and-care/public-health/family-healthy-weight-care-pathways-and-toolkit>

Chester West and Cheshire council<sup>30</sup>, feedback from the consultation on their integrated wellness service mentioned allowing young people access to the same services as adults allow them to prevent them developing risky lifestyle choices which would continue into adulthood.

An option to consider how adult targeted lifestyles links in with the family lifestyle services is by integrating into one access point. A recent consultation in Walsall<sup>31</sup> on their lifestyle service highlighted that they plan to address support for families within a single access point for lifestyle services, focusing on families as a high priority group where there is need.

### Staff qualifications

A review on lifestyle advisors found insufficient evidence to either support or refute the use of lifestyle advisors to promote health and improve quality of life, and thus uncertainty about the interventions' cost-effectiveness<sup>32</sup>. However levels of acceptability appeared to be high, with lifestyle advisors acting as translational agents, sometimes removing barriers to prescribed behaviour or helping to create facilitative social environments. Interventions that used moderate or no technical training of lifestyle advisors tended to be the most successful.

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<sup>30</sup><https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=we>

<sup>31</sup>[http://cms.walsall.gov.uk/index/health\\_and\\_social\\_care/public\\_health/public\\_health-consultation.htm](http://cms.walsall.gov.uk/index/health_and_social_care/public_health/public_health-consultation.htm)

<sup>32</sup>[http://www.journalslibrary.nihr.ac.uk/\\_data/assets/pdf\\_file/0009/64755/FullReport-hta15090.pdf](http://www.journalslibrary.nihr.ac.uk/_data/assets/pdf_file/0009/64755/FullReport-hta15090.pdf)