



**REPORT TITLE: Consultation on Healthy Lifestyles Service Provision from April 2024**

<b>Dates between which decision will be taken</b>	Earliest date: 2 December 2022 Latest date: 16 December 2022
<b>Cabinet Member</b>	Cllr. Mark Hawthorne – Leader of the Council
<b>Key Decision</b>	Yes
<b>Purpose of Report</b>	The existing Healthy Lifestyles Service contract expires in March 2024. In order to inform future service provision, we are seeking authorisation to conduct a public and wider stakeholder consultation exercise on draft proposals for a new Healthy Lifestyles Service model from April 2024. The consultation will be used to influence any future service delivery model and what it provides.
<b>Recommendations</b>	That the Leader of the Council approves the commencement of a consultation on a new Healthy Lifestyles Service to run between January 2023 – March 2023.
<b>Reasons for recommendations</b>	Approval from the Leader of the Council will allow GCC to gain local insight and views on future provision. We are proposing to undertake a period of consultation, using the methods outlined in paragraph 22, with a wide range of stakeholders including health and care professionals; voluntary sector organisations; user representative groups, as well as potential service users (priority groups from the general public). This will enable us to test our draft principles, priorities, and proposed direction of travel to inform the future service delivery model and procurement.
<b>Resource Implications</b>	Officer time, small budget for consultation events and materials. These will be resourced through the Public Health ringfenced grant.
<b>Background Documents</b>	<ul style="list-style-type: none"><li>- ICM Decision (04/12/2015): <a href="#">Consultation on Commissioning for Healthy Lifestyles</a></li><li>- Cabinet Decision (20/04/2016): <a href="#">Procure and Award a Contract to Deliver Healthy Lifestyle Services</a></li></ul>
<b>Statutory Authority</b>	None
<b>Divisional Councillor(s)</b>	All

<b>Officer</b>	<b>Any representations should be sent to:</b>  Name: Sue Weaver (Head of Commissioning – Health Improvement) Tel. no: 01452 328615 Email: <a href="mailto:Sue.Weaver@gloucestershire.gov.uk">Sue.Weaver@gloucestershire.gov.uk</a>  <b>By 5pm on 1 December 2022</b>
<b>Timeline</b>	We will open the consultation in mid-January 2023 and allow 12 weeks for responses. Consultation will close in mid-March and the results analysed and produced in a report ahead of June Cabinet.

## Background

1. The lifestyle behaviours known to have the biggest impact on disability free life expectancy and health inequalities are smoking, excess alcohol, poor diet, and physical activity - linked to obesity. The Council currently commissions an Integrated Healthy Lifestyles Service (the 'Service') to support people to prevent and manage these health behaviours as part of its range of measures to deliver its statutory duty to improve the health and wellbeing of the local population.
2. Individual lifestyles are influenced by the wider social and economic circumstances in which people live<sup>1</sup>. This means that for a lifestyles service to be effective in supporting people to make sustainable changes, it should be part of a range of integrated support to help address their social and economic barriers to change. Embedding support within communities, and connecting individuals to people, activities and offers available within their neighbourhoods, is a key part of this approach.
3. The current Service provides the following:
  - One-to-one behaviour change / coaching support for adults (18+) to:
    - Stop smoking (aged 12+)
    - Manage or reduce weight
    - Increase physical activity
    - Reduce alcohol
  - Universal 'weight management on referral' (12 weeks Slimming World membership)
  - Targeted, bespoke weight management interventions for specific groups e.g., South Asian women's group; enhanced psychologically informed support for adults requiring more intensive support
  - Targeted lifestyles support for 'first 1001 days' (pregnancy to child's 2nd birthday)
  - Primary prevention programmes including Gloucestershire Workplace Health Award
  - Training others to deliver brief interventions and stop smoking support.
4. The contract for the provision of this Service will expire in March 2024.
5. Since the commissioning of the initial contract in 2017, the context in which the Healthy Lifestyles Service must operate and the ways in which the population needs present have developed and changed.
  - Health inequalities are increasingly recognised as a local and national priority with both the Covid-19 pandemic and cost of living both highlighting and deepening existing inequalities
  - At the same time, local and national strategy has increased the emphasis on working in different ways with communities through co-production, community

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<sup>1</sup> [Health Equity in England: The Marmot Review 10 Years On - The Health Foundation](#)

development and strengths-based approaches to developing and delivering services to tackle health inequalities

- Since the inception of the service in 2017, there has been an increase in the range of support offered in other parts of the local system to encourage and enable people to live healthier lifestyles (see paragraph 12).
  - Similarly, capacity, capability, and opportunities to support healthy lifestyles either already exist, or could be developed and enhanced within communities. e.g., peer support, cooking skills, parenting support, gardening skills.
  - The availability of these additional offers, and potential to work more closely with communities and existing or future services e.g., family hubs, has informed our commissioning options.
6. The current service was the first time Gloucestershire commissioned an integrated service for healthy lifestyles. Overall, this service performs well. Outcomes for our stop smoking pathways are recognised as among the best in the country and outcomes for weight management are in line with national outcomes.
  7. However, we recognise areas for improvement and opportunities to adapt our offer in the light of changing circumstances outlined above. There is scope to improve access, experience, and outcomes for those facing the greatest health inequalities. There is also scope for better integration with existing health and care services and local communities.
  8. Based on early engagement with key system partners and stakeholders, community groups and internal colleagues, we are looking to conduct a countywide consultation to inform the future direction for a service. This would serve our statutory obligations under the Equality Act 2010 to consult on service changes which could impact protected characteristic groups, whether positively or negatively. Additionally, the insights gathered will form a key part of our considerations of any future service provision, including how the service can maximise opportunities to reduce health inequalities.

## **Engagement**

9. Between June and September 2022, we undertook an engagement exercise with people from a range of protected characteristics including older people; those with long-term conditions; those from different ethnic and religious groups and those from the LGBT + community. This took the form of informal conversations to understand what the key barriers and enablers were in making healthier lifestyles choices, and accessing lifestyles-related support, and what was important to people in making these choices.

## **Key themes from engagement**

- People did not always feel comfortable asking for help from services. Mental health issues and feelings of loneliness can make it challenging for those who want to improve lifestyles and reach out for support.

- Friends, family, and community were important to supporting people to look after their wellbeing and maintain 'good habits' as well as providing opportunities to meet socially. Sometimes a lack of support and 'issues' at home can be a barrier to getting out and 'doing things'
- Some groups were not aware of the current service but would find it difficult to access it, or participate in other offers, due to health conditions
- Accessibility for those living with a physical or learning disability. Service offers need to be tailored and targeted appropriately
- Costs of services/opportunities to be physically active can be a barrier to participation, and healthy food too expensive to buy regularly
- Transport can be a barrier because of cost or availability
- The need for better understanding of cultural, religious, and differing health needs to ensure people feel that services were appropriate and welcoming to them.
- Language barriers and lack of interpreters can make services inaccessible for some people.

### **Comments from wider stakeholders**

10. During this time discussions also took place with community leaders, those working with, or representing people, from across protected characteristics groups.
  - Providers and commissioners need to have continuous engagement with communities (and those that work /represent them) and be proactive ensuring services are reaching and serving those who need them most
  - Commissioners need to actively monitor contracts to ensure access to services is representative of the population
  - Opportunities for better integration and or understanding of what is 'out there' – services could be better at signposting to other providers to offer a more holistic approach to people's needs – 'how can we work better together'
  - There was enthusiasm for continued discussion and engagement on healthy lifestyles.

### **Proposed Direction of Travel**

11. GCC is reviewing its strategic direction around the delivery of weight management services and has taken the decision to prioritise investment into Children and Young People's weight management support in line with the Integrated Care System priorities for 'the best start in life' and addressing health inequalities. This direction of travel is supported by the data, which shows that there has been a significant increase in the numbers of children and young people that have obesity post Covid-19.
12. Since the universal weight management on referral offer (provided by Slimming World) was introduced in Gloucestershire, there has been an increase in the provision of weight management services for adults available within the NHS. Along

with a new strategic direction in the NHS Long Term Plan, the NHS now provides a range of weight management offers including:

- The NHS Digital Weight Management Programme, which supports adults living with obesity who also have diabetes or raised blood pressure, to manage their weight and improve their health
  - The National Diabetes Prevention Programme (NDPP) which identifies people at risk of developing type 2 diabetes and refers them onto a nine-month, evidence-based lifestyle change programme to manage their weight, eat more healthily and be more physically active
  - The NHS 12-week Weight Loss Plan App to support people to eat healthier, be more active, and lose weight.
  - The Enhanced Weight Management Service offer in primary care which requires participating GP practices to assess patients and ensure that everyone living with obesity is offered support for weight loss
  - Offers of personalised care training and social prescribing have also expanded within the NHS alongside the on-going offer of exercise on referral.
13. The universal weight management on referral offer (provided by Slimming World) is not targeted and evidence from the uptake data shows that the offer is not consistently taken up by those with the greatest need. Given this, and the growth in weight management support across the local system, we are proposing to decommission the universal weight management on referral offer. However, our intention is to continue to provide targeted bespoke support for those groups of adults who have the greatest need.
14. The proposed consultation process will explore stakeholder views on this proposed change and future Service offer, and how any potential impact on people with protected characteristics and those at increased risk of health inequalities can be mitigated.

### **Guiding principles of the new service**

15. As part of our strategic review and early thinking, we have developed a set of guiding principles for any new service which are provided below.
- Do no harm - tackle stigma and take steps to build confidence and self-care skills
  - Create an offer that is ambitious in tackling inequality through 'proportionate universalism' and tailored approaches for those with the greatest capacity to benefit

- Personalised care - develop a model, which is accessible, flexible, culturally competent and takes into account the social, economic, and environmental context in which people are trying to make a lifestyle change
- 'System not service' - work with programmes, services, and communities to create a range of integrated support, and connect people to activities and offers within their community
- Provide a high quality, evidence-based offer, which supports people to make sustainable behaviour change and provides value for money
- Take a strength's based, co-design approach to continuous improvement, which utilises the skills, assets and expertise of communities, service users and wider stakeholders
- Deliver an offer that builds capacity within communities and the wider system and utilises opportunities to secure wider social, economic, and environmental benefits

## **Consultation**

16. The consultation will involve:

- Building on the early engagement feedback provided above to gain further insight and understanding of the barriers and enablers for people to engage in healthier lifestyle behaviours, particularly for those protected characteristics identified in the Equality Impact Assessment that are either underrepresented in the current service or where healthy lifestyles data are limited.
- Testing our draft principles and proposed direction of travel, as outlined above, to inform the future delivery model and service procurement
- Sharing our early thinking on what a new service model could look like and gathering views on this.
- Gauging interest from stakeholders on how they could collaborate with us to develop any new service.

## **Options**

17(a) Option 1: To not undertake any consultation.

17(b) Option 2: To undertake an inclusive consultation, as described above.

## **Risks**

18. Option 1: To not undertake any consultation.
19. The Council will not be able to demonstrate compliance with its statutory duties under the public sector equality act (2010).
  - Reputational damage as service users and wider stakeholders will not be given the opportunity to comment on draft proposals, which include the potential removal of universal weight management support, which will impact on service provision across multiple wards.
  - Missed opportunity to ensure that our proposed approach can ensure that resources are effectively allocated to local needs, maximise existing assets, and provide best value for money.
20. Option 2: To undertake an inclusive consultation
21. Risk that the consultation process is not fully inclusive and does not reach those groups that are currently underrepresented in healthy lifestyles services. This risk will be mitigated by the council ensuring that a range of methods are used to ensure that all stakeholders can participate, including an online and paper-based survey, (including an easy read version), stakeholder meetings and focus groups with protected characteristics and/or dimensions of inequality (e.g., rural/urban, socioeconomic vulnerability and health inclusion groups).
  - Any public consultation will have resource implications for the council e.g., officer time.
  - Consultation will require careful management of public and stakeholder expectations and provides an opportunity to understand public and stakeholder perspectives.

## **Financial implications**

22. Any financial implications of the proposed consultation are expected to be minimal and accommodated within the Public Health ring fenced grant.

## **Climate change implications**

23. No implications for tackling climate change have been identified. The consultation will be available digitally for residents and stakeholders to respond to and paper copies will only be used where necessary.

## **Equality implications**

24. Has an Equalities Impact Assessment (EIA) been completed? Yes
25. The Cabinet Member should read and consider the Equalities Impact Assessment in order to satisfy themselves as a decision maker that due regard has been given.



### **Data Protection Impact Assessment (DPIA) implications**

26. No implications for data protection have been identified. The consultation will be run via the council's existing digital platform for consultation surveys.
27. A DPIA is not legally required for the consultation process however there is a need for relevant privacy information to ensure that individuals are informed about how their data will be used. A privacy statement will be included using the Information Management Service template specific to forms and surveys to ensure that GCC can meet the principle of lawfulness and transparency under UKGDPR.

### **Social value implications**

28. An inclusive consultation process should help commissioners to identify opportunities for delivering social value in the future commissioning and delivery of any Healthy Lifestyles Service.

### **Consultation feedback**

29. Not applicable to this decision.

### **Officer recommendations**

30. Option 2 – Give authorisation to conduct a public and wider stakeholder consultation exercise on proposals for a new Healthy Lifestyles Service model from April 2024.

### **Performance Management/Follow-up**

31. A report on the analysis and interpretation of the consultation responses will be produced. The report will be available via the County Council website or by request.