

# The Commissioning of Birmingham Lifestyle Services

Consultation  
Document



May 2015

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Consultation Document:  
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## 1. Introduction

Birmingham has huge challenges to improve the health and wellbeing of the diverse population it serves. It also has the potential for making a real difference to prevent or delay the onset of citizens becoming ill by addressing key lifestyle risk factors which include obesity, smoking and physical inactivity and mental wellbeing. Individuals find lifestyle changes incredibly hard to prioritise, particularly if there are other underlying basic social needs or multiple issues that have not been addressed. We must therefore seek to address a person's needs collectively as opposed to addressing them individually, which increases duplication and makes it more difficult for them to navigate the health and social care system.

Commissioning effective lifestyles services is an essential element of improving the health and wellbeing of the Birmingham population and already has a significant impact on how public money is spent. It is said that smoking alone, is the UK's greatest cause of preventable illness, disability, early death and health inequalities. More health gains would be achieved by stopping all smoking than from an increase to the NHS budget of 50%<sup>[i]</sup>.

The Department of Health has estimated that if diets matched national nutritional guidelines, around 70,000 deaths in the UK could be prevented each year and that the health benefits would be as high as £20 billion each year [ii]. In 2013, the cost of physical inactivity for Birmingham alone was estimated to be over £20 million per year. The levels of inactivity in adults is nearly 80% and 25% of the children aged 10 or 11 are obese in the city. It is also no secret that approximately 80% of obese children become obese adults which is a significant lifestyle risk factor that is detrimental to our health and has the potential to increase reliance on social care.

Years of life lost is a definition used in health to measure premature death rates. The major causes of excess years of life lost (YLL) in Birmingham are infant deaths, coronary heart disease (CHD), lung cancer, alcoholic liver disease, chronic obstructive pulmonary disease (COPD), stroke and pneumonia. All these conditions have links with lifestyle risk factors and are considered preventable or at worst can have delayed onset if we are healthier. Therefore if we address lifestyle factors of the population this would have some effect on these conditions, subsequent health budgets, reliance on social care and improve the wellbeing of our population. This in turn has the potential to increase the likelihood of employability and improve independence.

With this in mind, it is important we provide appropriate support and advice to improve the overall health and wellbeing of our population, particularly for those citizens that are at greatest risk of dying younger and those that are reliant on social care. Our current lifestyle services are wide ranging and traditionally work within their own silos without wider consideration to address more complex needs. Initial reviews have highlighted that 65% of those using the services would benefit from a more holistic package of care. An example being the barrier to stopping smoking may be the weight a person would gain after quitting. Current services are not aligned to address these broader issues and would require referral to a number of separate services.

## 2. Our Current Services

This service redesign focuses on the current services commissioned within the Public Health lifestyle portfolio. These services are broad and include:

- **NHS Health Checks**

Provides a free health assessment for those that are aged between 40 to 74 years old and that are at risk of cardiovascular disease. Often this service provides a mechanism to refer into the lifestyle services outlined below but are primary care focused and do not engage those that do not access their GP or feel they have a underlying health need.

- **Stop smoking services**

Provides support for those that are ready to quit smoking and is offered in community settings, GP surgeries and Pharmacies.

- **Adult weight management services (Lighten Up)**

Supports those wishing to lose weight to access the most appropriate 12 week weight management programmes. This also includes a focus on those that are identified as overweight and obese during pregnancy.

- **Children's weight management**

Include:

- *First Steps*

Is parent focused but aims to address obesity of children under the age of 11years.

- *Next Steps*

Is a whole family approach but targets children aged between 11-16 years and includes both physical activity and healthy eating.

- *Food Dudes*  
Obesity prevention programme providing training and online support for all schools in Birmingham to address obesity through improving the environment, healthy eating and physical activity.
- *Community and school focused obesity prevention programmes*  
Promotes healthy eating as part of the schools and community obesity programme.
- **Health Trainers**  
Supports service users to make behavioural change across general lifestyles including weight management, physical activity, smoking and alcohol.
- **Wellbeing Service (formally Be active)**  
A free physical activity programme delivering activities across leisure centres, parks and community settings. This also includes Be active+ which provides specialist 12 week physical activity support for those with a Long term chronic condition.
- **Startwell**  
Training and support to early years professionals (Children centres and private, voluntary and independent settings). This includes advice, training and consistent communication about healthy eating and physical activity to improve the service they provide for children and their families.

### 3. Why do we need a Lifestyles commissioning strategy for Birmingham?

A new Lifestyle Strategy is required to enable us to plan how we spend public monies in the future for Birmingham citizens on better services to achieve the following:

- Securing services that meet current and future demand
- Securing services that are value for money and of the right quality
- Prioritising the types of services that are required to make a difference for Birmingham citizens and especially the most vulnerable

It will help decide how to balance the budget between those services we have to buy (statutory) and those we would like to buy (non-statutory) on behalf of Birmingham citizens.

It supports the process of buying services by clearly outlining the:

- Reasons for procurement (the process of acquiring goods and services) and remodelling (defining what services we want)
- Current and future needs for lifestyles services in Birmingham
- Proposed integrated lifestyles services model
- Approach to commissioning

## 4. Why are we changing the current model?

Improving access to lifestyles services in Birmingham is an essential element of improving the public's health given that these services would individually and collectively have a significant impact on the health and well-being of our citizens. We need to make improvements to the way we currently offer and deliver Lifestyle services by:

- Services are currently being offered to everyone universally; this is not demonstrating value for money and do not address the needs of the diverse Birmingham population. We will be introducing a more targeted approach to those with the greatest need, as these groups have been identified as higher health risk factors and therefore higher costs to public funds.
- Reducing the complexity of accessing services by treating multiple health issues with one simpler access point and introduction of care plans that are able to address the multiple issues a person may be experiencing.
- With the advances in technology and more citizens using it we are looking to offer an on line services to support the new treatment model.

## 5. Future Needs and what our Service Users have told us

Birmingham is an increasingly diverse city and has an emerging under-represented population accessing lifestyle services; particularly in relation to black and minority ethnic (BME) communities, the lesbian, gay, bisexual and transgender communities (LGBT), vulnerable adults, men, children and those that do not access primary care.

Early findings from engagement exercises and service reviews suggest that we need to improve access for those citizens that disconnect with lifestyle services; particular

vulnerable groups (outlined in section 7) that demonstrate reduced life expectancy and inequalities, but would benefit from lifestyle related interventions.

The initial Lifestyles Engagement Survey highlighted that:

- More promotion of services was key to improving the health and wellbeing of citizens
- GPs were not always aware of the all the services available
- There is a large isolated population that do not access primary care or current services that we need to support
- The schools programmes excludes those that do not fall within a priority ward despite the large levels of obesity across the city
- Variation in quality, consistency and choice available across the city
- There is a need to tailor services to suit different demographics
- Citizens were in favour of using web based resources
- Web based resources may be unsuitable for specific populations e.g. older citizens and those with learning difficulties

Any future model needs to recognise the interrelationship between the challenges that citizens face in life whilst ensuring we make the healthier choices the easier options. Instilling healthy lifestyles from a younger age plays a key role in this, but we must not underestimate the need to ensure the service and support we offer are reflective of the citizens we serve. Services need to be tailored to meet the needs of the diverse population, whilst remaining accessible in a timely manner. The consultation will seek to confirm this.

## 6. What is our approach to commissioning the Lifestyles Service?

The outline model has been explained below; however in commissioning the new services we have a responsibility to secure the highest quality outcomes at the best possible price within the budget available. Quality will be measured not only from the defined outcomes or standards, but also by using feedback from those using or not using the service. The approach will also incorporate broader national policy (e.g. Public Health Outcomes framework, clinical guidelines and Social Value Act) and local drivers (e.g. The Birmingham Business Charter for Social Responsibility and the living wage, Leaders Policy Statement, Health and wellbeing Strategy and Obesity Strategy). Equally, any commissioning decisions made will be supported by an evidence base with a clear rationale as to why services were purchased.

An open and competitive process will be undertaken in both financial and quality terms to ensure transparency of decision making and value for money. The consultation process will help inform the final commissioning strategy and the subsequent tender(s) that will be procured. Stakeholders will be encouraged to help inform the development of the new system and ensure it meets the demands and expectations of those with the greatest need.

## 7. What are we intending to commission to tackle Lifestyles and how?

The new approach goes beyond looking at single lifestyle risk factors and aims to take a whole-person and community approach to improving health by introducing an integrated lifestyles programme. This approach will simplify the referral pathways via a single access point; this will be known as the 'Lifestyles Hub'. It will assess and support citizens to access the most appropriate services, as part of a holistic lifestyles programme. These may include programmes such as weight management, physical activity and stop smoking. These programmes will need to address the barriers that prevent citizens making healthy lifestyle choices; such as access to appropriate local facilities, times when programmes are offered, childcare or cost to participate.

Location, accessibility and appropriateness of facilities or programmes are fundamental to ensure that citizens access the support available. To enable us to achieve this we need to provide a range of location options that help to remove some of the barriers citizens face when trying to access support. This may mean that citizens access one facility for all the services they receive or attended multiple locations that address their individual needs. The aim of the consultation is not only to identify the most appropriate model, but also seek to understand where citizens would access to receive the support to enable them to lead a healthier lifestyle.

The proposed Lifestyles hub will be designed to meet the needs of the individual target groups identified and could involve a range of approaches to assess citizens including face to face, telephone or web based. The assessment will ensure those with the greatest need will have access to the most appropriate programmes in an effective and timely manner. It would also seek to manage multiple lifestyle risk factors within an individual care plan as opposed to the current model that results in multiple referrals into different services that do not address an individual's multiple needs.

Those with the greatest need include:

- Unemployed
- Homeless

- Early years, children and families
- Older citizens
- Long term chronic disease
- Citizens living with mental health
- Citizens living with learning disabilities
- Citizens effected by domestic violence
- Ex-offenders
- Those recovering from addiction
- Carers

Additionally, the new model will include web-based support for the whole population whilst providing advice and guidance for those exiting more intensive services aimed at those with the greatest need outlined above. The web based support tool will provide a range of web based information, advice and applications to help the whole population improve their health and wellbeing. This will include signposting to local services and opportunities e.g. physical activity opportunities in leisure centres or parks and weight management services. It may also provide citizens with web based applications that will support them to become more active, stop smoking or lose weight. These will be accessible without referral and aim to support those citizens that do not need the intensive support that face to face services may offer. They will also enable citizens to gain appropriate advice, support and guidance within environments convenient to the individual.

Our strategic vision is to have a City where residents of all ages have the capacity to live healthy lives by addressing factors that influence their health and wellbeing. To achieve this, Birmingham will develop an integrated lifestyle service that supports citizens in making informed, healthy, lifestyle choices and enables access to appropriate, high quality services in a timely manner. The new model will seek to achieve the following outcomes:

- Reduce levels of obesity in school aged children
- Reduce levels of obesity in adults
- Reduce number of citizens smoking
- Increasing the number of adults that are physically active



- Improve mental health and wellbeing
- Increase the number of citizens using parks and green spaces
- Support older citizens to remain active to reduce the risk of falls
- Increase health screening and advice to support citizens to make healthier choices
- Support citizens to live a healthier life to reduce risk of developing long term conditions
- Support citizens to live a healthier life to help them live independently
- Support citizens to live a healthier life to improve employability
- Support citizens to live a healthier life to avoid or reduce the need of social care

## 8. Summary

The model, subject to the outcomes of consultation would:

- Make access to services easier by addressing the barriers that citizens face
- Address multiple lifestyle needs of individuals within a single care package.
- Tailor an offer to reflect the needs of the diverse targeted population.
- Recognise and respond to the underpinning issues (wider determinants including poor housing, unemployment, debt etc) that often reduce the likelihood of an individual engaging with lifestyle services and increase the risk of relapse should they attempt a change.
- Although universal and therefore open to the general population, specific groups including those outlined as having the greatest need will be prioritised and as such will receive the greater level of support.
- Introduce an assessment process that will ensure an appropriate level of care will be provided to those in need in a timely manner.
- Create an information platform that will ensure that both the public and professionals are aware of the services available to support their needs to improve their health.

- To develop a service that enables multiple professionals to support the citizens without duplication.
- To offer services that will have the greatest impact to address needs within the funding available.

**The diagram below provides an overview of the proposed model:**

# PATHWAY INTO LIFESTYLE SERVICES

ACCESS

## SELF HELP

- Online Support
- Self Help Support
- Local Activities
- Over counter Medicines

## REFERRALS FROM SERVICES

- To include (but exhaustive)
- High Priority Services
  - GP
  - Primary Care
  - Pharmacy
  - Support Services
  - Voluntary Services
  - Social Services

High Priority Target Groups

Further help needed

### Health Checks

GPs monitor & identify those eligible for health checks, referring where health issues are identified

### High Priority Target Groups

Unemployed  
Homeless  
Ex-Offenders  
Mental Health & Learning Disabilities  
Domestic Violence  
Older People  
Early Years, Children & Families  
Those recovering from substance misuse  
Long term chronic disease Carers

ASSESSMENT

## LIFESTYLE HUB

Telephone



High Priority Group Outreach

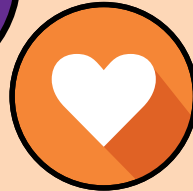


Triage based at well being centres and outreach posts

On-Line



Well-Being Centre Open Access



### Complete Health Assessment

Online survey  
Telephone Assessment

### Complete Risk Assessment

Complex Needs  
Risk level

### Assessment Support

INTERVENTION



Step down for on-going support and self managed intervention(s) complete

On Going Support

Lifestyle Packages

Advice Services (housing fuel poverty, employment, ect)

Community Activities



Step up for further and /or more complex interventions where appropriate

Additional Intervention(s)

### Monitoring and Measurement

Follow ups  
Patient progress  
Data collection

### Retention

Motivation  
Reminders  
Subscribe to newsletter

### Service Improvement

Feedback  
Trend analysis  
Cost analysis

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[birminghambeheard.org.uk](http://birminghambeheard.org.uk)

