

Cabinet Report – 27 April 2016

Authority to award a contract for the provision of Lifestyles Service 2016/17

| | |
|----------------------------|---|
| Portfolio: | Councillor Rose Martin, Public Health and Wellbeing |
| Related portfolios: | Councillor Towe – Learning Skills and Apprenticeships |
| Service: | Economy and Environment Directorate - Public Health |
| Wards: | All |
| Key decision | Yes |
| Forward plan | Yes |

1 Summary

- 1.1 On the 16th December 2015 Cabinet approved the redesigned Lifestyle Service (described in Appendix A and paragraph 3.2 of this report) and approved the commencement of a procurement process for the Lifestyle Service with a Contract start date of 1st July 2016.
- 1.2 This Cabinet report seeks approval for the award of a contract for provision of Lifestyles Services, following the conclusion of the procurement process.
- 1.3 This is a key decision because the Contract will implement service changes, affecting more than two wards in the borough of Walsall that were the subject of a previous Cabinet Report on 16th December 2015 (Appendix B).
- 1.4 The Contract will have a positive and sustained impact on the Council's agreed purpose and priorities. In particular improving the lives and life chances for everyone who lives and works in the Borough of Walsall by ensuring the delivery of a more integrated lifestyles service. Delivering a new integrated lifestyle services with a tiered approach to universal and targeted support will:
 - a) Improving emotional health and well being
 - b) Increase sustained employment
 - c) Reduce the risk of long term conditions
 - d) Promote healthy weight and increase physical activity

Recommendations

Following consideration of the confidential report in the private session of the agenda, Cabinet approve the following recommendations:

- 2.1 That Cabinet approve the award of a contract for Lifestyle Services, for an initial term of two years and nine months to MyTime Active, to commence service delivery from the 1st July 2016 until 31st March 2019, with the option to extend the initial term by a further two consecutive twelve month periods, from 1 April 2019.
- 2.2 That Cabinet delegate authority to the Director of Public Health, in consultation with the Portfolio Holder for Public Health and Wellbeing, to enter into a new contract to deliver Lifestyles Services, by using the most appropriate procedures and to subsequently authorise the sealing of any deeds, contracts or other related documents for such services.

3 Report detail

3.1 Lifestyle Services in Walsall

- 3.1.1 The economic burden of unhealthy lifestyles in Walsall is substantial. The health service is experiencing the spiralling costs of treating ill health. Social care services are also struggling to meet the increasing costs of providing services for residents who have lost their ability to live independently and employers are bearing the costs of high sickness absence rates and low productivity. Most importantly the people of Walsall are experiencing poorer health and quality of life than those who live in most other areas of the country, and many have their lives cut short by entirely preventable illnesses.
- 3.1.2 The wider determinants of health include social, economic and environmental conditions that influence the health of individuals and populations. Lack of income, inappropriate housing, unsafe/ unhealthy workplaces and poor access to healthcare are some of the factors that affect the health of individuals and communities, many of which impact on residents living in Walsall. For example, 26,000 residents are out of work and rely on benefits. Good education, well planned infrastructure and support for healthy living can all contribute to healthier communities.
- 3.1.3 The procurement process has been informed by national policy, local needs assessment, evidence, knowledge gained from other neighbouring procurement exercises and a comprehensive consultation process involving stakeholders, partner agencies and service users. The service design for the Contract has reflected the consultation comments and recognises the need to offer emotional health and wellbeing to all service users at universal and targeted support.
- 3.1.4 During development of the new Lifestyles Service Model it was considered appropriate to add the option to allow for additional extension periods to the Contract stated in the 16th December 2015 report.

3.2 New Lifestyles service model

- 3.2.1 Integration of services (Appendix A) will enable efficiencies to be gained and a more seamless approach from the service users' point of view by:

- a) Prime contractor model
- b) Delivering services from a single access point, in one appointment if appropriate thereby minimising the number of separate appointments/contacts which need to be made
- c) Improved use of staff resource
- d) Use of a one patient management system
- e) Promoting opportunities for increase number of residents through self management and on –line web based support
- f) Prioritise services to those with the higher health risk factors

3.2.1 The Contract will reduce health inequalities and promote equity, increase sustained employment, improve the management of mental health and musculoskeletal issues, promote healthy weight and increase physical activity within a smaller financial envelope.

3.3 The Procurement Process

3.3.1 Tenders were sought for the delivery of the redesigned model for a Lifestyles Service using an open procurement process which commenced on 3rd February 2016. A Contract Notice was issued to alert the market to the tender in accordance with Public Contract Regulations 2015 and the Council’s Contract Rules. In addition, the opportunity was posted to the Council’s e-tendering portal, “In-tend”.

3.3.2 The Council received six tender submissions.

3.3.3 The tender evaluation model used a combination of price and technical merit/quality. The overall weightings used were Price 10% and Technical Merit/Quality 90%. Bidders were required to complete a technical questionnaire which sought to test their understanding of the service requirements as well as their capacity and capability to deliver the service in the future.

3.3.4 The tender was evaluated by a range of partners including senior officers from Walsall Council’s Public Health team, Procurement team, representation from Department of Work and Pensions and Walsall Clinical Commissioning Group.

3.3.5 Following evaluation against the advertised criteria and on consideration of the outcome of the evaluation it is recommended that the contract is awarded to MyTime Active, at a total cost of £2,027,679.32 for the period 1st July 2016 until 31st March 2019.

3.3.6 Given the specific commercially sensitive data of the tender evaluation information, a report detailing the evaluation criteria and the outcome of the evaluation appears in the private report.

4 Council priorities

4.1 In February 2015 the Council adopted the Corporate Plan 2015-2019, 'Shaping a Fairer Future'. The plan has been informed by intelligence from the 2011 Census, Index of Deprivation 2010 and the three key thematic needs assessments:

- a) Joint Strategic Needs Assessment (JSNA);
- b) Economic Needs Assessment; and
- c) Safer Walsall Community Safety Assessment.

4.2 The Corporate Plan priorities which these services will contribute to are listed below:

- a) Through the workplace programme delivering health related support to the local workforce will help staff to be more productive and improve their ability to sustain employment into older age.
- b) Improving Health and well being, including independence for older people – The proposed service has been developed to increase support to groups of residents who have the greatest potential to benefit;
- c) Creating Safe, Sustainable and Inclusive Communities. The proposed new service model will include more sustainable approaches to delivery through increased use of volunteers. It will also include support for improved self management (e.g. reading materials, online support) of lifestyle risk factors for people who require less intensive support.
- d) Improving Safeguarding, Learning and the Life Chances for Children and Young People. The Contract will support young children from the age of 2 years, who are identified as being overweight or very overweight through equipping parents with the skills, knowledge and confidence to provide healthy food. By targeting younger children, it is anticipated that the issue of overweight will be tackled before it becomes an entrenched problem.

4.3 The Public Health services referred to in this report will have a positive and sustained impact on the objectives and priorities as set out, and for the Health and Wellbeing portfolio generally, both through active engagement with Walsall residents and through partnership.

5 Risk management

5.1 The risks relating to both the procurement and service implementation have been actively assessed and managed as part of the tendering process.

5.2 Following the recent announcement by the national government of its plans to reduce grant allocations to local authorities for Public Health services, there is a potential risk to the Public Health budget in future years and any impact on services will need to be considered at the appropriate time, as necessary. In the case of a reduction in the funding available for the extension period(s) the Council will retain the right to vary the content of service specification and renegotiate the contract value in line with any budgetary reductions subject to

compliance with the Public Contract Regulations 2015.

- 5.3 Maintenance of service quality will be monitored and assured throughout the lifetime of the new contract by reporting of achievement of key performance indicators at regular contract meetings with the service providers who are appointed.

6 Financial implications

- 6.1 The total value of the Contract will be funded through the Public Health ring fenced budget as previously agreed by Council on 19th March 2014.
- 6.2 An extension to the contract will be funded through the Public Health budget and will not result in Public Health exceeding its ring fenced budget in the relevant period and would be managed in line with Council Contract Rules. In the case of a reduction in the funding available for the extension period(s) the Council will need to retain the right to renegotiate the contract value with the service provider subject to compliance with the Public Contract Regulations 2015.

7 Legal implications

- 7.1 This Contract was advertised in the Official Journal of the European Union (as detailed in paragraph 3.3.1) and an open procurement procedure was followed.
- 7.2 Legal Services will work with the relevant Council Officers to ensure that the correct duly completed contractual documentation will be entered into under the Council's Seal.

8 Property implications

- 8.1 No apparent implications for the Council's property portfolio

9 Health and wellbeing implications

- 9.1 The Council has a statutory duty to promote the health and wellbeing of its population. The Contract for which Cabinet approval to the award is being sought under this report has been designed based upon feedback from service users and upon knowledge of effectiveness from published research and from other geographical areas to ensure that the health of the population is maximised in the most efficient manner. The Contract supports the Corporate Plan priorities for the Council by ensuring that these services protect the most vulnerable in Walsall and reduce health and wellbeing inequalities, an explicit objective of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.

10 Staffing implications

- 10.1 No staffing implications have been identified.

11 Equality implications

11.1 The Equality Impact Assessment (EqIA) was undertaken and identified that there was no potential adverse impact on people with protected characteristics from the proposed service model; therefore no major change would be required. The EqIA attached at Appendix 2 of this report was considered by elected members at the Cabinet meeting on 16th December 2015 but is attached as a background paper to this report.

12 Consultation

12.1 Specific consultation was undertaken in preparation for the tender of the Lifestyles Service and the details of the findings were included in the Cabinet Report dated the 16th December 2015. In summary a wide range of service users and stakeholder organisations were consulted with 569 responses, the comments were noted and taken into consideration and there was general support for the proposed service model.

Background papers

Appendix A: Lifestyles Services Model of Care

Appendix B: Cabinet Report 19th March 2014

Appendix C: Outcome of Public Health Lifestyle Service Consultation -EqIA

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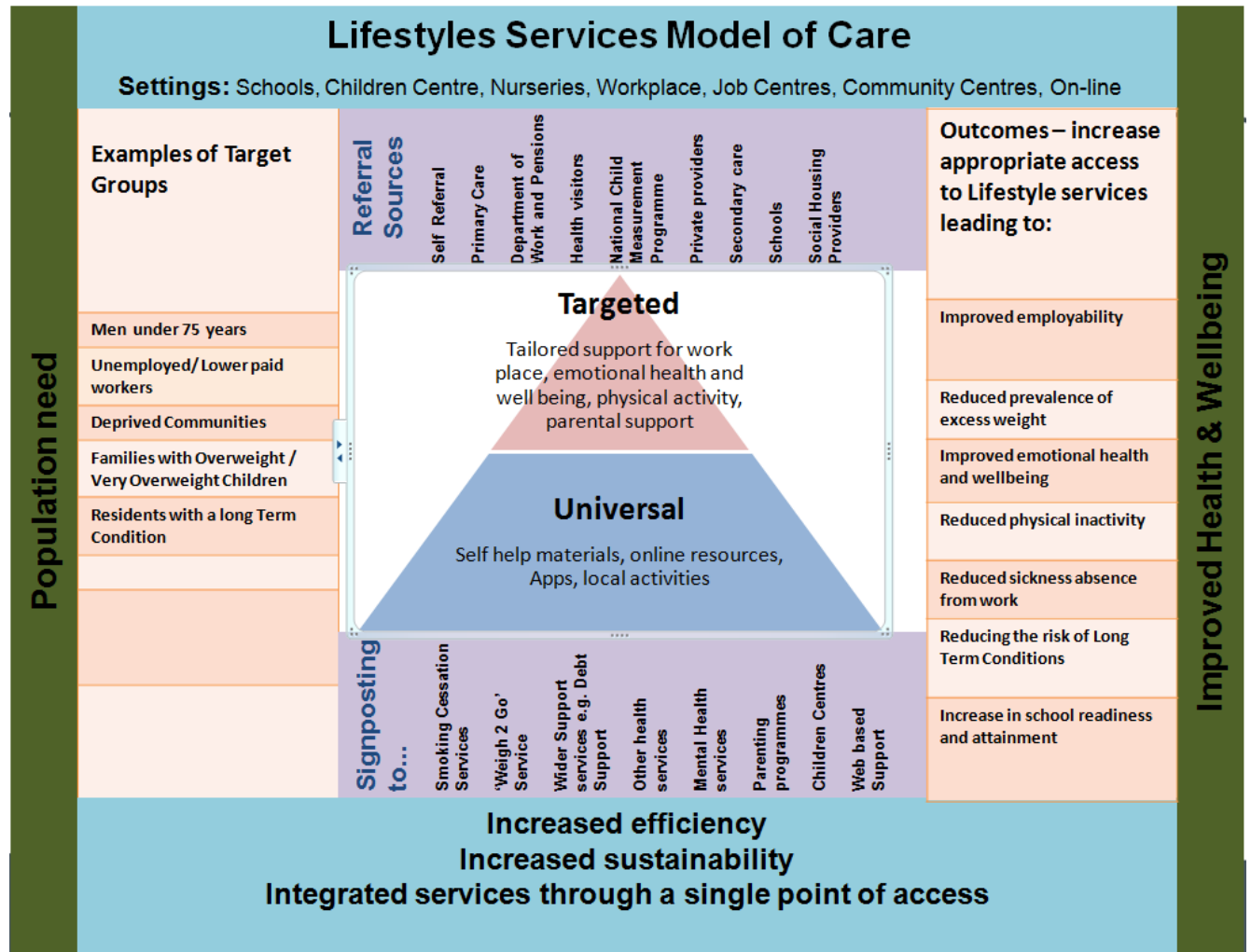
27 April 2016



Councillor Rose Martin
Portfolio Holder Health & Wellbeing

27 April 2016

Appendix A: Lifestyle Services Model of Care



Cabinet – 19 March 2014

Award of Public Health contracts 2014/15

Portfolio: Councillor Zahid Ali, Portfolio Holder Public Health & Protection

Related portfolios: Councillor Rachel Andrew, Portfolio Holder Children's Services

Service: Public Health

Wards: All

Key decision: Yes

Forward plan: Yes

1. Summary

This report seeks approval for the extension of existing contracts or to award new contracts for Public Health services exceeding £500,000 for either one or two years (as indicated in Table 1) to ensure continuity of services until the timetable for re-procurement of these services can be completed.

2. Recommendations

- 2.1 That Cabinet approve the extensions or award of the contracts set out in Table 3 for the periods indicated either one or two years, until either 31 March 2015 or 31 March 2016 to allow time to undertake a retendering process.
- 2.2 That Cabinet delegate authority to the Director of Public Health in consultation with the portfolio holder to vary the existing contracts or enter into new contracts for Public Health Services as set out in Table 1 of this Report by using the most appropriate procedures and to subsequently sign or authorise the signing or sealing of any deeds, contracts and other related documents in relation to such services, provided that the total value remains within the Council's Public Health funding allocation for 2014/15.

3. Report detail

- 3.1 In order to discharge Public Health responsibilities that transferred to local authorities on 1 April 2013, the Council has received a ring-fenced Public Health grant. The financial value and conditions attached to such grants are set out in a Local Authority Circular (LAC(DH)(2013)1). The categories for reporting local authority Public Health spend are set out in Annex C of the Local Authority Circular and attached at **Appendix A** for information. The Council's allocation for 2014/2015 is £15,827,300.

- 3.2 This Report updates Cabinet about progress for in-year management of Public Health contracts and proposals for contracts and competitive tendering in 2014/15.

Competitive procurement of Public Health services

- 3.3 Public Health Walsall have committed to put all appropriate Public Health contracts out to competitive tendering within three years of transition to Walsall Council, that is, by 31 March 2016.
- 3.4 The purpose of competitive procurement is to ensure that contracts are awarded in a fair, open and transparent way to obtain 'Best Value' for the Council. The evaluation on the impact and effectiveness of EU public procurement legislation has shown that social and health services have specific characteristics which may make them inappropriate for the application of the regular procedures for the award of public service contracts. Public Health services are typically provided within a specific context, either service scope or individual user's needs, which vary widely due to different administrative, organisational and legislative circumstances. The Council should therefore apply significant discretion to organise the choice of procurement process and to secure the most appropriate service providers that meets the wider needs of the individual service user. Simply using a traditional procurement process where there is a lack of a range of appropriately qualified providers in the market to deliver the service will not deliver competition and may be an ineffective use of resources.
- 3.5 The Public Health contracts with a contract value exceeding £500,000 are shown in Table 1, below.
- 3.6 Cabinet is asked to approve the extension of these existing contracts or award of new contracts for these services as appropriate for a one or two year period (as set out in Table 1) and to approve for retendering of contracts for 2014/15.

Table 1: Public Health contracts exceeding £500k and timetable for competitive tendering

| Contract | Provider | Commissioner | Public Health Programme | Annual Value 2013/14 | Proposed contract duration | Timetable for retendering service | Approx Total value over proposed contract term* |
|---|--|-------------------------|--|----------------------|----------------------------|-----------------------------------|---|
| Open access substance misuse service | Addaction | Adrian Roche/Dave Neale | Substance Misuse | £1,100,892.00 | 1 year contract | 2014/15 | £1,100,892.00 |
| Adult Drug and Alcohol Treatment | Dudley and Walsall Mental Health Trust | Adrian Roche/Dave Neale | Substance Misuse | £1,966,850.00 | 1 year contract | 2014/15 | £1,966,850.00 |
| Healthy Child Programme (HCP) 5-19: School Nurses | Walsall Healthcare Trust | Uma Viswanathan | Children 5-19 | £1,292,993.00 | 1 year contract | 2014/15 | £1,292,993.00 |
| Healthy Weight Services | Walsall Healthcare Trust | Barbara Watt/Susie Gill | Nutrition, Obesity & Physical Activity | £512,420 | 2 year contract | 2015/16 | £1,024,840.00 |
| WISH - Sexual Health | Walsall Healthcare Trust | Barbara Watt | Sexual Health | £1,109,562.00 | 2 year contract | 2015/16 | £2,219,124.00 |
| WISH - Chlamydia screening | Walsall Healthcare Trust | Barbara Watt | Sexual Health | £184,507.00 | 2 year contract | 2015/16 | £369,014.00 |
| WISH - GUM | Walsall Healthcare Trust | Barbara Watt | Sexual Health | £1,043,525.00 | 2 year contract | 2015/16 | £2,087,050.00 |

* These figures will be subject to amendment as contract negotiations are not yet concluded

- 3.7 Further, in reviewing the full range of Public Health services, those in Table 2 below have been assessed jointly by the Council's Public Health commissioners and Procurement Team as meeting the criteria for direct contract awards because the suppliers hold exclusive rights of supply and no generic equivalent markets of suppliers exist or the services are integrated with existing service arrangements:

Table 2: Contracts assessed as meeting criteria for direct contract awards

| Service | Annual Value (£) | Explain for decision for 'single source' |
|--|-------------------------|--|
| Infection Prevention and Control Service | 338,780 | Integral to inpatient and community services provided by Walsall Healthcare Trust |
| Breastfeeding Service | 273,391 | Integral to Maternity Services provided by Walsall Healthcare Trust |
| GP Locally Enhanced Services contracts | 375,000 | Integral to range of services provided by GPs to residents in Walsall |
| Pharmacy Locally Enhanced Services contracts | 152,000 | Integral to range of services provided by Pharmacists to residents in Walsall |
| Food Dudes | 360,000 | Exclusive programme designed and delivered by Food Dudes |
| Dynamic Dudes (one year pilot) | 180,000 | New programme to provide behaviour change intervention around physical activity from the developer of Food Dudes programme |

The total value of the above services for 2014/15 is £1,625,000 which is about 10% of the total value of the ring-fenced Public Health allocation to the Council in 2014/15.

- 3.8 The timetable for the competitive tendering of the other Public Health contracts is shown in Table 3, below.

Table 3: Proposed timetable for competitive tendering of Public Health Contracts

| Year 1 – 2013/14 | Year 2 – 2014/15 | Year 3– 2015/16 |
|-------------------|--|-------------------------|
| Smoking cessation | Substance Misuse Services | Lifestyle services |
| | Level 2 & 3 weight management services | Mental Health Promotion |
| | Falls prevention | Sexual Health contracts |
| | Healthy Child Programme | |

3.9 In July 2013 Cabinet approved the process for the re-procurement of stop smoking services and in December 2013 Cabinet delegated the authority for the award of contracts to the successful bidders, so that these services have already been retendered and new Council contracts will commence on 1 April 2014.

3.10 All Public Health contracts include service specifications and performance indicators which are regularly reviewed to ensure that providers and Public Health Commissioners can demonstrate that these services deliver against:

- The needs of the people of Walsall as set out in the:
 - (i) Joint Strategic Needs Assessment, approved by the shadow Health and Wellbeing Board in June 2013; and
 - (ii) Health and Wellbeing Strategy approved by the Council on 20 May 2013
- The Public Health Outcomes Framework

Prior to agreeing contract values for 2014/15 the Commissioners responsible have engaged in contract negotiation with existing providers where modifications to service specifications, key performance indicators and contract values for 2014/15 have been agreed.

4. Council priorities

In September 2012 the Council adopted the Marmot Objectives as objectives for improving Health and Wellbeing and reducing inequalities for the people of Walsall. These objectives have provided the framework for the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy, the Sustainable Communities Strategy, and “The Walsall Plan”. Existing and new Public Health expenditure for 2014/15 are planned against these priorities.

5. Risk management

- 5.1 Some Public Health contracts are demand-led, tariff based contracts where a cap on activity would result in an unacceptable impact on the health and wellbeing of individuals denied timely access to the necessary services. Commissioners responsible for these services will monitor activity closely and adjustments made through other parts of the Public Health allocation to ensure that overall expenditure does not exceed the total ring-fenced Public Health allocation.
- 5.2 Failure to deliver demonstrable improvements in Public Health against key national performance indicators might mean that the Council fails to achieve further uplifts in Public Health allocation in future years.

6. Financial implications

All Public Health contracts and other expenditure will be managed within the ring-fenced allocation of £15,827,300 for 2014/15.

7. Legal implications

- 7.1 The proposals set out in this Report take into account the Council's responsibilities for Public Health that are set out in the Health and Social Care Act 2012, the associated guidance and the conditions of the Public Health grant made to the Council for 2014/15.
- 7.2 All contractual arrangements must be procured in compliance with the Public Contracts Regulations 2006 (as amended), if applicable; and with the Council's Contract Rules.
- 7.3 The Council's Legal Services Team will need to work with Public Health Commissioners and the Procurement Team and to extend or vary any existing Public Health contracts and/or develop new contracts and review existing arrangements.

8. Property implications

None.

9. Health and wellbeing implications

Reducing inequalities is an explicit objective of Joint Strategic Needs Assessment, Health and Wellbeing Strategy and Council's Corporate Plan. Public Health contracts seeks to maximise improvement in health and wellbeing including narrowing the gap in outcome between the most deprived and least deprived in the Borough.

10. Staffing implications

There are no staffing implications for Council employed staff associated with this report.

11. Equality implications

Reducing inequalities is an explicit objective of Joint Strategic Needs Assessment, Health and Wellbeing Strategy and Council's Corporate Plan. Public Health contracts seeks to maximise improvement in health and wellbeing including narrowing the gap in outcome between the most deprived and least deprived in the Borough.

12. Consultation

None

Background papers

Towards a Health and Wellbeing Strategy: Joint Strategic Needs Assessment
Health and Wellbeing Strategy 2013-2016

Transition of Public Health Contracts. Report to Health Scrutiny and Performance Panel
18 December 2012

Transition of Public Health contracts. Report to Cabinet 12 September 2012.

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20 April 2016

Categories for reporting local authority public health spend

Prescribed functions:

- 1) Sexual health services - STI testing and treatment
- 2) Sexual health services – Contraception
- 3) NHS Health Check programme
- 4) Local authority role in health protection
- 5) Public health advice
- 6) National Child Measurement Programme

Non-prescribed functions:

- 7) Sexual health services - Advice, prevention and promotion
- 8) Obesity – adults
- 9) Obesity - children
- 10) Physical activity – adults
- 11) Physical activity - children
- 12) Drug misuse - adults
- 13) Alcohol misuse - adults
- 14) Substance misuse (drugs and alcohol) - youth services
- 15) Stop smoking services and interventions
- 16) Wider tobacco control
- 17) Children 5-19 public health programmes
- 18) Miscellaneous, which includes:
 - o Non-mandatory elements of the NHS Health Check programme
 - o Nutrition initiatives
 - o Health at work
 - o Programmes to prevent accidents
 - o Public mental health
 - o General prevention activities
 - o Community safety, violence prevention & social exclusion
 - o Dental public health
 - o Fluoridation
 - o Local authority role in surveillance and control of infectious disease
 - o Information & Intelligence
 - o Any public health spend on environmental hazards protection
 - o Local initiatives to reduce excess deaths from seasonal mortality
 - o Population level interventions to reduce and prevent birth defects (supporting role)
 - o Wider determinants

Equality Impact Assessment (EqIA) for Policies, Procedures and Services

| | | | |
|-------------------------|---------------------------|--|-----------|
| Proposal name | 175 Lifestyle Procurement | | |
| Directorate | Economy and Environment | | |
| Service | Public Health | | |
| Responsible Officer | Paulette Myers | | |
| EqIA Author | Susie Gill | | |
| Proposal planning start | August 2015 | Proposal start date (due or actual) | July 2016 |

| 1 | What is the purpose of the proposal? | Yes / No | New / revision |
|---|--|----------|----------------|
| | Policy | Yes | |
| | Procedure | | |
| | Internal service | | |
| | External Service | yes | Revision |
| | Other - give details- This is remodelling of lifestyle services | | |
| | | | |
| 2 | What are the intended outcomes, reasons for change? (The business case) | | |
| | 1.1 To facilitate efficiency savings options according to Council budgetary requirements and to commission an integrated lifestyle service to increase activity, be more cost effective and sustainable. | | |
| | 1.2 The procurement of a tiered approach of universal and targeted lifestyle support for adults and children in Walsall includes children's weight, physical activity, mental health and well being, workplace health, diet and nutrition and sustained behaviour change. | | |
| | 1.3 Exclusions from project include recently procured lifestyle services: Weight management for adults, smoking cessation and drugs and alcohol. | | |
| | 1.4 Redesigning the services will reduce health inequalities and promote equity, increase sustained employment, improve the management of mental health and musculoskeletal issues, promote healthy weight and increase physical activity within a smaller financial envelope. | | |
| | 1.5 Desired outcomes include: <ul style="list-style-type: none"> • Reduced ESA claimants (NOMIS) • Reduced ESA claimants - mental health • Reduced ESA claimants - musculoskeletal • Increase sustained employability • Reduce prevalence of excess weight in reception and year 6 children | | |



(NCMP)

- Increase fruit and vegetables consumption in children and adults
- Increase physical activity in children and adults
- Supporting the most vulnerable families to provide the best start in life for children (0-5yrs)
- Improve educational attainment at all key stages

Estimated Net Saving

| 2016 / 2017 | 2017 / 2018 | 2018 / 2019 | 2019 / 2020 | Implementati Investment c |
|-------------|-------------|-------------|-------------|------------------------------|
| £260k | | | | |

3 Who is the proposal potential likely to affect?

| People in Walsall | Yes / No | Detail |
|-------------------|------------|--|
| All | | Walsall population |
| Specific group/s | Yes | People with a long term health conditions, residents of working age, unemployed , peopled working in small and medium sized enterprises ,families with overweight or very overweight children, men aged 40-74 years, deprived communities |
| Council employees | Yes | Exemplar programme is looking to develop healthy workplace practices across some of the larger employers, including Walsall Council. |
| Other | | |

4 Summarise your evidence, engagement and consultation.

The economic burden of unhealthy lifestyles in Walsall is substantial. The health service is experiencing the spiralling costs of treating ill health, Social Care is struggling to meet the increasing costs of providing services for residents who have lost their ability to live independently and employers are bearing the costs of high sickness absence rates and low productivity. Most importantly the people of Walsall are experiencing poorer health and quality of life than those who live in most other areas of the country, and many have their lives cut short by entirely preventable illnesses.

Lifestyle factors such as diet, physical activity, alcohol, smoking and drug use are key determinants of health and wellbeing and are linked individually or in combination to a wide range of health and social consequences. These factors follow a social gradient; those who live in the most deprived areas of the borough are most likely to adopt the most risky lifestyle behaviours. To bring about real improvements in health and wellbeing and reduce health inequalities will require changes in both individual behaviours and in

the physical and social environment of Walsall.

The wider determinants of health have been described as 'the causes of the causes'. They are the social, economic and environmental conditions that influence the health of individuals and populations. Lack of income, inappropriate housing, unsafe/ unhealthy workplaces and poor access to healthcare are some of the factors that affect the health of individuals and communities, many of which impact on residents living in Walsall. For example, 26,000 residents are out of work and rely on benefits. Similarly, good education inspired public planning and support for healthy living can all contribute to healthier communities.

The Walsall Lifestyle Survey 2012 helps estimate the proportion of adults whose health could be improved through lifestyle changes. For example, the vast majority of residents do some form of physical activity but only a minority do it frequently enough to achieve health benefits. Half of residents eat fresh fruit and vegetables on a daily basis, but just one in eight has the recommended 5 portions a day.

Walsall Council 2014 budget consultation

A number of proposals for lifestyle services were also consulted on in 2014 in the Budget Booklets surveys. These surveys were sent out to all known stakeholder, interest groups and service providers setting out which services are proposed to have a reduced budget in 2015/16 and the alternative services the subsequent funds will be invested in as part of the "transformation" fund. In addition, where meetings schedules have allowed Public Health representatives have presented the proposed cuts and transformation fund proposals to local professional groups and stakeholder groups e.g. Local Medical Council and Health Watch.

Health Trainer Service

In addition an independent consultant on behalf of Public Health has held a series of focus groups to capture the views of service users across a cluster of related Public Health services where cuts are proposed. Adult Healthy Weight Services were clustered with Health Trainers and Healthy Workplace Services.

The focus group took place at Darlaston Health Centre and targeted users of the Health Trainers service. It comprised of eight participants: six women and two men. One woman had learning difficulties and was accompanied by her mum. All were white, ages between 22 and 67 years. The discussion was recorded and lasted over two hours.

All in the group had or previously had, serious health problems primarily as a result of being overweight (all in group had diabetes; two had heart conditions; two women had ongoing depression). Key findings:

- Relationships and establishment of trust between Health Trainers and those signing up to the service crucial in enabling people to maintain healthier behaviour and lifestyles; the mix between formal and informal support works well (mentoring; encouragement to meet target weight loss; group/peer support in meet-ups)

- All said that 'traditional' efforts to improve health had failed; most had spent years dieting but found process not successful when undertaken alone - group support considered vital.
- All in the group considered themselves to be in a 'high risk' category of developing long-term illness if the support of health trainers is not available; also meeting up at Health Centres enables signposting to other services (stopping smoking; counselling etc) which means that broad service to improve health and lifestyle can be accessed without promotion outside of Centre.
- The group understand the economic context and the overlap between local government and a local health service. They also recognise that Walsall has a significant problem in terms of the levels of obesity which, if left unchecked, will go on to develop into more complex (and more expensive to deal with) conditions such as diabetes, heart conditions and severe mental health problems.
- The group felt that there is a knock-on effect with this service in that a wider community becomes receptive to healthy behaviour and lifestyle messages - group participants talk to and support partners, family members and neighbours about lifestyle and act as conduits to local health, preventative and support services.
- The consensus was that had this service not existed, or if it was reduced on a vast scale, most would revert back to previous behaviours, with a likely deterioration in both physical and mental health. There was no specific indication from people with protected characteristics that the proposal would have an adverse impact.

General Council consultation

Walsall Council has received 112 responses for Public Health overall through the Budget Booklet questionnaire. Of which 23 responses related to the Health Trainer Service. 16 (70%) of respondents fully support the budget proposal, 4 (17%) supported with concerns / amendments and the remaining 3 (13%) do not support the proposed budget reductions. Comments included;

“Remove service completely” and “This is a very short sighted proposal. Health trainers will have more impact if they help before they have become morbidly obese.”

Summary of consultation

There was no indication from people with protected characteristics that the proposal would cause adverse impact.

Providers did not think the proposal would affect people with protected characteristics

Mental Health

Each of the current providers in the population mental health contract portfolio have had a face to face meeting with the commissioner who has explained the proposals and encouraged them to 'have their say' via the questionnaire distributed with the Council's overall budget savings proposals and subsequently, via email, through the public health

transformation questionnaires.

Feedback, to date, from the questionnaires show 41% who fully support the proposals and 41% who do not support them. 18% support with concerns/amendments.

On Dec 1st 2014, service users of sexual health/GUM, drug and alcohol and community mental health services were invited to attend a public health commissioned focus group run by M.E.L Research. All comments were collated by organisation running the focus group and fed back.

Below are a selection of some of the statements received through the consultations undertaken:

- Community Mental Health - this is only just starting to be acknowledged as an genuine issue within the community, especially BME community, would it be possible to hold back reduction in this service for another 12 months to enable a little more community progress to be made
- I generally support the report but would like less investment in drugs/alcohol rehabilitation as it has limited benefit and more in Mental Health Services especially elderly Dementia care as we have an ageing population in Walsall
- I think by cutting services to the vulnerable we will create problems which will be more costly to resolve
- Most proposals will have an impact on health in the future so although making saving now may result in greater costs later. services are needed by the people of Walsall those indicated expansion in services would have minimal affect on overall health in the majority the population rather than the cuts proposed which would have an effect of more of the population
- As before I would like the whole MH commissioning and providing community to look at the impact these cuts would have on the services further downstream and not to look at making efficiencies in isolation
- We need to invest in Mental Health Services and reduce money spent on Drugs & Alcohol rehabilitation that has limited positive outcomes

Workplace

Built into Public Health approach for consultation, including chamber of commerce. Also included independently led focus group consultation with working age residents (9/12/14), focus group, potential service users of working age 22 -67)

Feedback: No concerns raised regarding PH7

Comments: None received regarding PH7

Service specific consultation through a focus group with male residents of working age (21/11/14, focus group, potential service users of working age 39 -59).

Feedback: All fully support PH7 proposal

Comments:

- “may not affect me but may impact on people I know”

- “got to look after older people and children, basically everyone”

Lifestyle Services Pre consultation September 2015

This process began with a pre consultation exercise, conducted on 9th September with over 60 residents. The pre consultation priority groups included unemployed (working age) parents in deprived wards and older people (over 65's) through interviews, groups and questionnaires filled in independently. Key findings from the pre- consultation included:

- a) The physical activity service has been the most accessed service and one which people would consider accessing to improve their health
- b) One to one provision is preferred
- c) Development of a healthy weight service for young children 0-12years focusing on physical activity and diet and nutrition is welcomed
- d) Children's healthy weight services should be offered during school hours
- e) Development of services to improve health and enable employment is welcomed, along with increase opportunities for volunteering
- f) Employment and Health advice offered together were identified as most useful in helping unemployed residents
- g) Unemployed residents preferred to receive employment and health information in a job centre.

Main consultation 9th– 30th November 2015

The Public Health team received 569 responses to the consultation document of which 476 were from residents and 93 from stakeholders. The breakdown of results is as follows:

Responses- demographics

- There were slightly higher proportion of females (73%) responding to the online residents lifestyle survey than males (27%)
- Just over a fifth (21.7%) of all respondents were from WS2 postcode sector which covers communities such as Alumwell, Bentley, Birchills/Reedwood, Pleck and Walsall Central
- The greatest proportions of respondents were within the 34-54 age group (44.8%) with the second highest being in the 55-64 age group
- Just over three quarters of respondents were White British (79%), 12% Asian, 5% Black African, Caribbean or Black British with the remainder from mixed and other

ethnic groups

- The largest percentage of respondents indicated their religion/belief as Christian (57%) followed by no religion or belief (29%)
- Over a third of respondents (34%) classed their health as less than good
- Over a half of the respondents were either employed or in training (58%), 11% were unemployed or unable to work due to sickness and 20% were retired

Responses included

- At least 90% of respondents either agreed or strongly agreed with each of the target groups identified to focus on improving their health and well being. The top 2 target groups supported were residents with medical conditions (95%) and residents who are out of work due to poor health (94%)
- Almost all respondents supported a single access point (94%) and the majority felt it was important or very important for residents to be encouraged to take more responsibility for their own health and well being (99%)
- One to one, groups and internet based support were highlighted as the most preferable means of support

Below are a selection of some of the statements received in relation to receiving effective support:

- I. *“Information about opportunities in my local area, covering all types of providers. An interactive website would be useful, with links to relevant information and tweets etc that I can follow depending on if I want more info.”*
- II. *“Gardening-Growing your own vegetables”*
- III. *“I have attended one of the courses and found it very valuable in educating myself”*

- Respondents felt the most useful areas of support would be emotional health and wellbeing for themselves and general advice on keeping healthy for their family

Other comments included:

“Emotional well-being on a much wider basis than 'stress management; knowledge of mental health conditions, informal and formal support.”

“Fitting all this in with a working lifestyle..”

- Just over two thirds of respondents preferred to access healthy lifestyle support through GP surgeries and just under half of the respondents preferred Leisure and Community centres
- The majority of respondents agreed or strongly agreed with the proposal to train

volunteers to support sessions (81%) and to charge a fee to take part in some physical activity sessions (70%).

- Almost half of the respondents (46%) stated they were interested in volunteering as a way to improve their health well being.

Stakeholder responses

Public Health received feedback from over 93 stakeholders which included:

- 1) Purely Nutrition (PhunkyFoods) Ltd
- 2) Walsall Council
- 3) Accord Group
- 4) The Streetly Academy
- 5) Reed in Partnership
- 6) Department for Work & Pensions
- 7) NHS Walsall CCG
- 8) Walsall CAB
- 9) Jobcentre Plus
- 10) Department for Work and Pensions
- 11) Job Centre Plus
- 12) Walsall Voluntary Action
- 13) Walsall Housing Group
- 14) Manor Farm Community Association
- 15) West Midlands Fire Service
- 16) Walsall Local Pharmaceutical Committee
- 17) Harding pharmacy

- At least 90% of stakeholders either agreed or strongly agreed with each of the target groups identified to focus on improving their health and well being. The top target group supported were residents with medical conditions.
- Almost all stakeholders supported a single access point (94%) and the majority felt it was important or very important for residents to be encouraged to take more responsibility for their own health and well being (99%)
- One to one, groups and internet based support were highlighted as the most preferable means of support

Other comments received included:

- I. *“Good advice and support from professionals and volunteers already in contact with local people. Better promotion of national campaign. Better use of community reps and volunteers to provide peer support”*
- II. *“Targeting populations through existing social networks such as local voluntary groups (church groups, clubs, tea groups etc. and supporting them to support healthier behaviours. Weight management support, physical activity, health information DVD's / talks. Rather than trying to target individuals to come to new groups.”*

- Just over two thirds of stakeholders preferred their service users to access healthy lifestyle support through GP surgeries and just over a third of the respondents preferred Community centres and place of work.
- 79% of stakeholders agreed or strongly agreed with the proposal to train volunteers to support sessions and activities.
- The majority (90%) of stakeholders either agreed or strongly agreed with proposal to train local people to support / lead sessions and activities.
- 62 % of stakeholders either agreed or strongly agreed with proposal to charge a fee to take part in some physical activity sessions and 38% either disagreed (35%) or strongly disagreed (3%)

When stakeholders were asked where there anything else you think we should consider when delivering lifestyles services other comments included:

“Other partner agencies and the service, skills and resources they may have available. We are all trying to reach the same goal - keeping people safer and healthier and in their own homes for longer. Let's work more collaboratively to reach these people and share resources somehow”

Summary and Conclusion

The majority of responses to the consultation were in favour of the proposal There have been no consultation responses that have indicated any potential adverse impact, for people with protected characteristics from providers and consultees.

5 How may the proposal affect each protected characteristic or group? The affect may be positive, negative or neutral.

| Characteristic | Affect | Reason | Action needed Y or N |
|----------------|----------|--|-------------------------|
| Age | Positive | Increased targeting of services will ensure service supports those in greatest need. | N |
| Disability | Positive | Increased support to those who are | N |

| | | | | |
|----------|--|---|--|----------------------------|
| | | | disabled Walsall residents | |
| | Gender reassignment | Neutral | No foreseen impact | N |
| | Marriage and civil partnership | Neutral | No foreseen impact | N |
| | Pregnancy and maternity | Neutral | No foreseen impact | N |
| | Race | Positive | Increased targeting of services will ensure service supports those in greatest need. | N |
| | Religion or belief | Neutral | No foreseen impact | N |
| | Sex | Positive | Male dominated workplaces will be targeted due to poorer health outcomes | N |
| | Sexual orientation | Neutral | No foreseen impact | N |
| | Other (give detail) | | | |
| | Further information | | | |
| 6 | Does your proposal link with other proposals to have a cumulative affect on particular equality groups? If yes, give details below. | | | (Delete one) Yes |
| | This lifestyle services model works in a complementary way to supports people with other key services to improve their health and to achieve their goals i.e. the service would refer people into 'healthy weight' and smoking cessation programmes. | | | |
| 7 | Which justifiable action does the evidence, engagement and consultation suggest you take? (Bold which one applies) | | | |
| | A | No major change required | | |
| | B | Adjustments needed to remove barriers or to better promote equality based on response from consultation | | |
| | C | Continue despite possible adverse impact | | |
| | D | Stop and rethink your proposal | | |

Action and monitoring plan

| Action Date | Action | Responsibility | Outcome Date | Outcome |
|-------------|--------|----------------|--------------|---------|
| | | | | |
| | | | | |
| | | | | |

Update to EqlA

| Date | Detail |
|-------------------------------------|---|
| 3 rd December 2015 | The lifestyles EqlA was updated following completion of Public Health's Lifestyle Services consultation (9th until 30th November 2015) and feedback results were added. |
| | |