

Health Improvement Service – Active Lives, Healthy Weight Services

Consultation report – 2019

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Lancashire

County
Council





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Contents

1.	Executive summary	3
	1.1 Key findings	3
2.	Introduction	6
3.	Methodology	7
	3.1 Limitations.....	8
4.	Main findings – public	8
	4.1 Use of the Active Lives, Healthy Weight services	8
	4.2 The proposal for the Active Lives, Healthy Weight services	14
5.	Main findings – organisations	18
6.	Main findings - workshops	22
7.	Other responses	25
	7.1 Lancaster City Council.....	25
	7.2 West Lancashire Borough Council	25
	7.3 ABL Health	26
	7.4 Nigel Evans MP	37
	7.5 University Hospitals of Morecambe Bay NHS Foundation Trust.....	37
	7.6 Morecambe Bay Integrated Care Partnership	37
	Appendix 1 - demographics public consultation	38

1. Executive summary

This report summarises the response to Lancashire County Council's consultation on Active Lives, Healthy Weight (ALHW) services.

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019. In total, 1,625 completed questionnaires were returned for the service users/general public consultation (1,496 online questionnaires and 129 paper questionnaires). For the organisation consultation 135 completed questionnaires were returned.

Consultation workshops with service users, service providers and partner organisations were held between 11 March and 20 March 2019. There were 4 workshops:

1. Health and Wellbeing Partnerships
2. District Council Health Leads
3. Clinical Commissioning Groups
4. Active Lives, Healthy Weight Service Providers

During the consultation period we received further feedback on our proposal in the form of letters/emails from Lancaster City Council, West Lancashire Borough Council, ABL Health, Nigel Evans MP, University Hospitals of Morecambe Bay NHS Foundation Trust and Morecambe Bay Integrated Care Partnership.

1.1 Key findings

1.1.1 Findings from the public consultation

1.1.1.1 Use of Active Lives, Healthy Weight services

- About three-quarters of respondents (74%) said that they have used one of the Active Lives, Healthy Weight services.
- Respondents who have used an Active Lives, Healthy Weight service said they used it to achieve a healthier life style and get fit (41%), to lose weight (32%) and to help with an ongoing medical condition (18%).
- Of those respondents who have used an Active Lives, Healthy Weight service, over nine-tenths (92%) said that they found the service very helpful.
- Respondents were asked how they would prefer to find out about opportunities to be more active in their area. Respondents most commonly said that they would like to find out about opportunities to be more active in their area by email (39%) and social media (33%).
- A third of respondents (33%) said that they currently use digital technology to improve their activity levels, a quarter of respondents (25%) said that they would consider using digital technology to improve their activity levels. However, about a third of respondents (36%) said that they would not consider using digital technology and about one in twenty respondents (6%) said that they don't know if they would use it.

- Respondents who said that they wouldn't consider, or don't know if they would consider, using digital technology to help improve their activity levels were then asked why they say this. The most common responses to this question were that they prefer human interaction for this type of help (44%) and they don't know how to use digital technology and they don't want to learn (25%).

1.1.1.2 The proposal for Active Lives, Healthy Weight services

- About three-tenths of respondents (28%) agree with our proposal for Active Lives, Healthy Weight services and about three-fifths of respondents (60%) disagree with it.
- The most common reasons for agreeing or disagreeing with the proposal were some people won't use, or be able to use, the proposed service (27%) and they like the mentorship and group atmosphere (23%).
- The most common responses to how this proposal will affect respondents were that they will exercise less or go back to old habits (27%) and it wouldn't affect them (12%).
- Respondents were then asked if there is anything else they think we need to consider or that we could do differently. The most common response to this question was don't change the service (23%).

1.1.2 Findings from the consultation with organisations

- About a sixth of respondents (16%) said that they agree with our proposal for Active Lives, Healthy Weight services and about three-quarters of respondents (74%) disagree with it.
- The most common reasons for agreeing or disagreeing with the proposal were that they don't think that targeted users will attend the proposed service (35%) and the current service works well (27%) and changing the criteria will lower uptake of the service (26%).
- Respondents were then asked how our proposal would affect their services and the people they support. In response to this question respondents were most likely to highlight how the service helps people with their own health management (33%) and that it will have a negative impact the physical and mental health of service users (26%).
- Respondents were then asked if there is anything else they think we need to consider or that we could do differently. The most common responses were: rather than a catch all, tailor individual needs (18%), this is a false economy (16%), reconsider proposal (15%), consolidate existing similar services into one (15%) and change will have a negative impact on vulnerable people (15%).

1.1.3 Findings from the consultation workshops

- Existing Active Lives, Healthy Weight providers have developed expertise that will be lost and the services may become unviable.
- The longer term benefits of the programme (which are not always immediately felt) have not been fully recognised and there will be long term cost implications to the authority in terms of increased Social Care need in future.

- The proposal to utilise public open spaces may not be practical because such spaces are not always seen to be safe or accessible to all.

1.1.4 Other responses

- In addition to receiving responses to the consultation questionnaires and feedback at the workshops, we received further feedback on our proposal in the form of letters/emails from Lancaster City Council, West Lancashire Borough Council, ABL Health, Nigel Evans MP, University Hospitals of Morecambe Bay NHS Foundation Trust and Morecambe Bay Integrated Care Partnership.

DRAFT

2. Introduction

Lancashire County Council, like many councils across the country, is going through financially challenging times. This is as a result of funding not keeping pace with the increasing demand and cost of services being delivered. We need to continue to look at ways of reducing costs to help balance the books for future years. This means that we have to consider changes to some of the services we currently provide, as we do not have the resources to continue to deliver what we have done in the past. These changes were considered by our county councillors and we are now looking to consult on what impact the proposals may have.

Our proposal

We are proposing to change how we provide public health lifestyle services in order to achieve savings yet continue to deliver positive outcomes for the people we support. In particular, we are proposing to change how we provide three types of service, which are drug and alcohol rehabilitation, stopping smoking and physical activity/healthy weight. We are proposing to increase digital support for behaviour change and health improvement through promotion of websites and apps. We are also suggesting delivering services based more on local needs.

Since April 2016, we have delivered the Active Lives, Healthy Weight service for people who are classed as inactive, to help them to change their routine behaviours and to incorporate physical activity into their daily lives. Active Lives Healthy Weight also supports people who are overweight but not obese to lose weight

The programmes are free to participants and are delivered over a 12 week period. They are delivered under different names in local communities, such as Up and Active, Active Lives, Your Move, Active West Lancs.

We propose to stop offering specific physical activity and healthy weight programmes which currently target those people exercising for less than 30 minutes three times per week and/or with a Body Mass Index (BMI) of between 25 and 34.9. However, we are proposing to develop a programme for everyone in Lancashire, promoting the use of the county's existing assets to increase physical activity, in particular in open and green spaces. This would be through activities such as walking, running and cycling in urban, coast and countryside locations, as well as using purpose built leisure facilities.

3. Methodology

For this consultation, we asked the public, staff and partner organisations to give their views. An electronic version of the consultation questionnaire was available online at www.lancashire.gov.uk. Paper copies of the consultation questionnaire were available by request.

We promoted the consultation via social media, a press release and panels on relevant pages of the county council website. The consultation was promoted internally to staff via a link to the press release on the intranet and to county councillors via C-First (the councillors' portal). A stakeholder email from the Chief Executive was sent to Chief Executives of district and unitary councils, health, Clinical Commissioning Groups and MPs. We made providers aware of the consultation during one of our join quarterly meetings. We emailed the link to the consultation directly to providers and they helped promote the consultation to service users and other partner organisations. District Council Leads were also informed of the consultation during a quarterly meeting.

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019. In total, 1,625 completed questionnaires were returned for the service users/general public consultation (1,496 online questionnaires and 129 paper questionnaires). For the organisation consultation 135 completed questionnaires were returned.

The service users/general public questionnaire introduced the consultation by outlining what the Active Lives, Healthy Weight service currently offers and then outlining how the service is proposed to work in future. A brief summary of the proposed timescales was also given along with more detail about how to take part in the consultation.

The main section of this questionnaire included ten questions. It covered four main topics: use of the Active Lives, Healthy Weight services, finding out about opportunities to be active, using digital technology and views on the proposal. The questions about the proposal asked respondents: how strongly they agree or disagree with the proposal; why they agree or disagree with the proposal; how the proposal will affect them; and if respondents think there is anything else that we need to consider or that we could do differently.

The remaining questions asked respondents for information about themselves. For example, if they are a deaf person or have a disability. This information is presented in Appendix 1.

The questionnaire for organisations introduced the consultation by outlining what the Active Lives, Healthy Weight service currently offers and then outlining how the service is proposed to work in future. A brief summary of the proposed timescales was also given along with more detail about how to take part in the consultation.

The main section of this questionnaire included four questions focused on eliciting respondents' views on the proposal. The questions were: how strongly do you agree or disagree with the proposal; why do you agree or disagree with the proposal; how would the proposal affect their organisation; and if they think there is anything else that we need to consider or that we could do differently. Respondents were also asked

which organisation they were responding on behalf of and what their role is within their organisation.

In this report respondents' responses to the open questions have been classified against a coding frame to analyse the qualitative data. Coding is the process of combining the issues, themes and ideas in qualitative open responses into a set of codes. The codes are given meaningful names that relate to the issue, so that during close reading of responses it can be seen when similar issues relate to a similar code. As the analysis process continues the coding frame is added to and refined as new issues are raised by respondents. All responses to open questions are then coded against the coding frame, and can be subsequently analysed as quantitative or qualitative data.

During the consultation period also we received feedback on our proposal in the form of letters/emails from Lancaster City Council, West Lancashire Borough Council, ABL Health, Nigel Evans MP, University Hospitals of Morecambe Bay NHS Foundation Trust and Morecambe Bay Integrated Care Partnership. This feedback is presented in full in this report.

3.1 Limitations

The findings presented in this report cannot be assumed to be fully representative of the views of people who use the Active Lives, Healthy Weight service. Neither can they be assumed to be fully representative of the population of Lancashire. They should only be taken to reflect the views of people who were made aware of the consultation, and had the opportunity and felt compelled to respond.

In charts or tables where responses do not add up to 100%, this is due to multiple responses or computer rounding.

4. Main findings – public

4.1 Use of the Active Lives, Healthy Weight services

Respondents were first asked if they have used one of the Active Lives, Healthy Weight services.

About three-quarters of respondents (74%) said that they have used one of the Active Lives, Healthy Weight services.

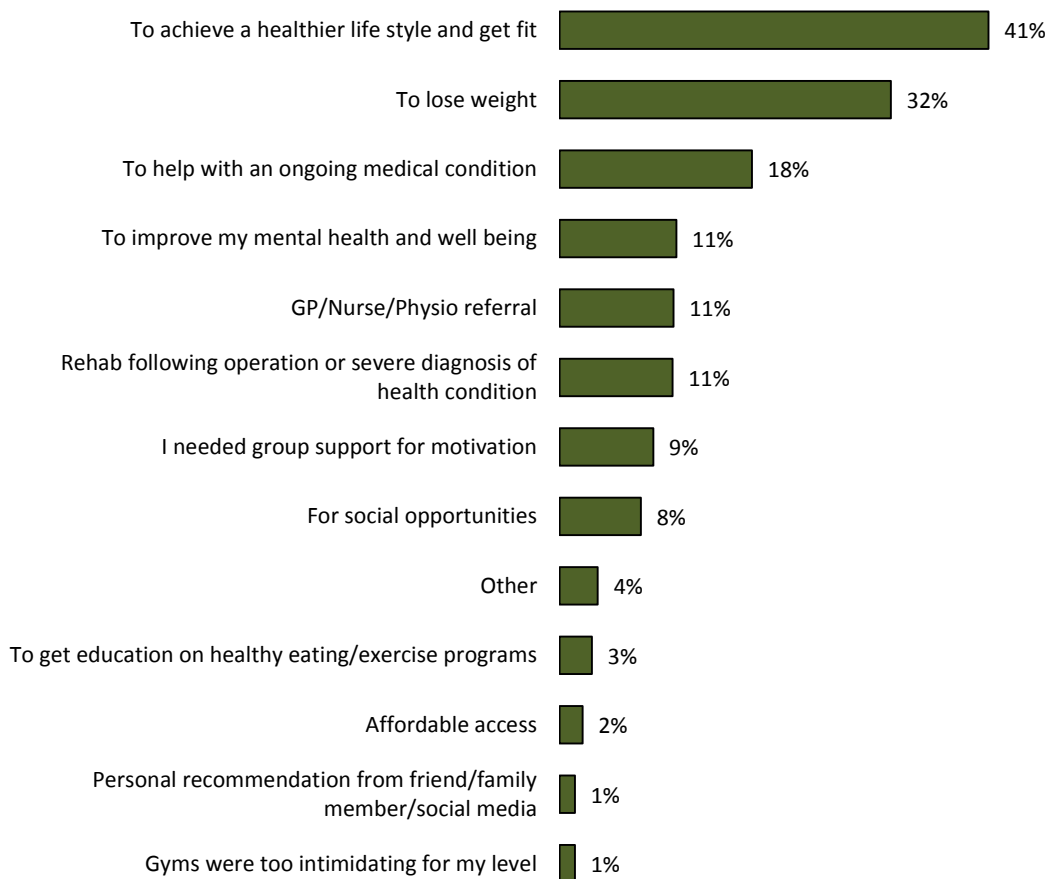
Chart 1 - Have you used one of the Active Lives, Healthy Weight services?



Base: all respondents (1,617)

Respondents who said that they have used an Active Lives, Healthy Weight service were then asked why they used the service. The most common responses to this question were to achieve a healthier life style and get fit (41%), to lose weight (32%) and to help with an ongoing medical condition (18%).

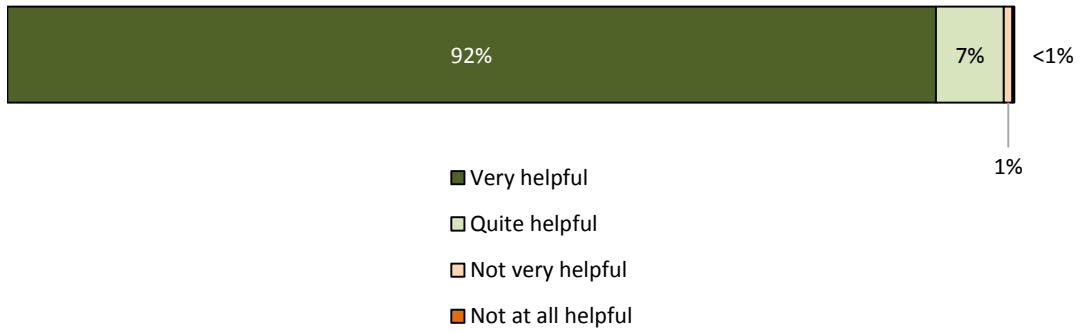
Chart 2 - Why did you use the service?



Base: respondents who have used one of the ALHW services (1,098)

Respondents who said that they have used an Active Lives, Healthy Weight service were then asked how helpful they found the service. Over nine-tenths of respondents (92%) said that they found the service very helpful.

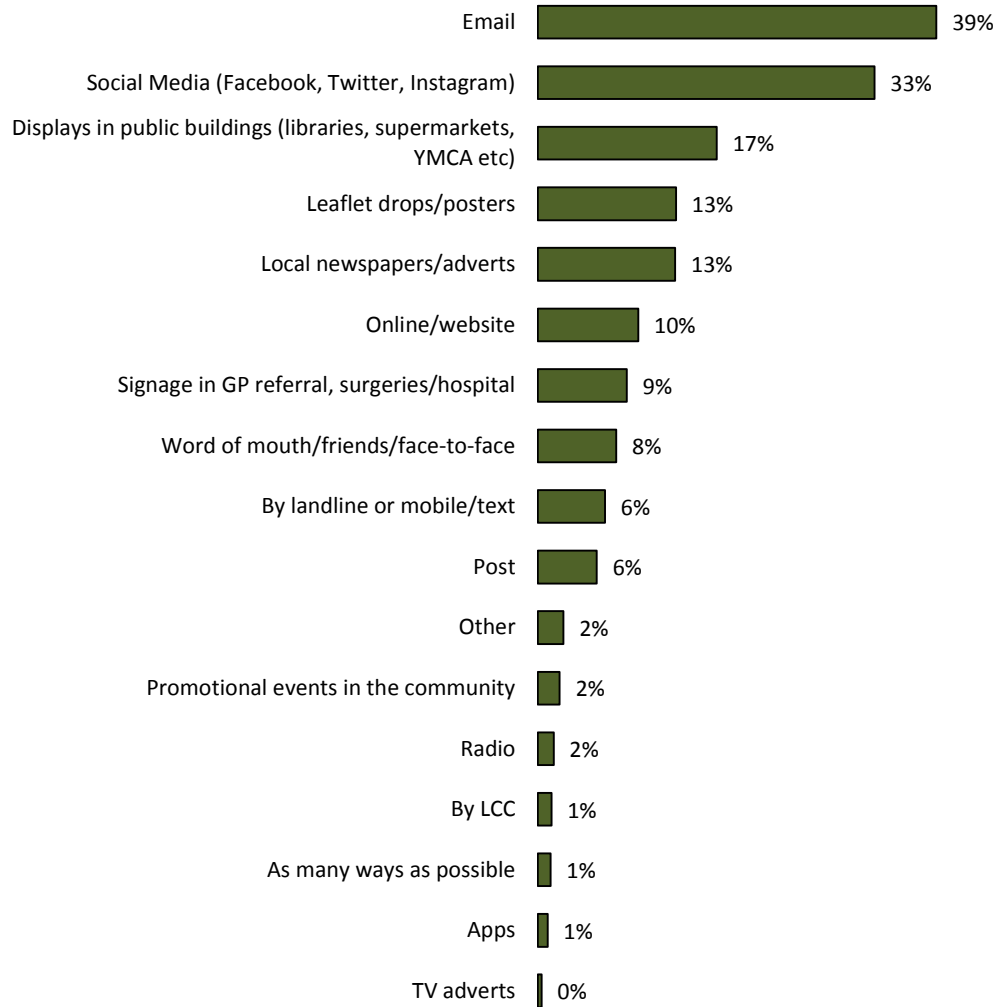
Chart 3 - Overall, how helpful did you find the service?



Base: respondents who have used one of the ALHW services (1,171)

Respondents were then asked how they would prefer to find out about opportunities to be more active in their area. Respondents most commonly said that they would like to find out about opportunities to be more active in their area by email (39%) and social media (33%).

Chart 4 - How would you prefer to find out about opportunities to be more active in your area?

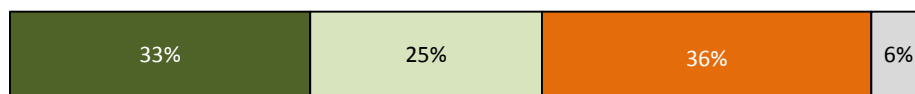


Base: all respondents (1,371)

Respondents were then asked if they would consider using technology to improve their activity levels.

A third of respondents (33%) said that they currently use digital technology to improve their activity levels, a quarter of respondents (25%) said that they would consider using digital technology to improve their activity levels. However, about a third of respondents (36%) said that they would not consider using digital technology and about one in twenty respondents (6%) said that they don't know if they would use it.

Chart 5 - Do you use, or would you consider using, digital technology to improve your activity levels, such as a health app on a smartphone or wearables like a fitness tracker?



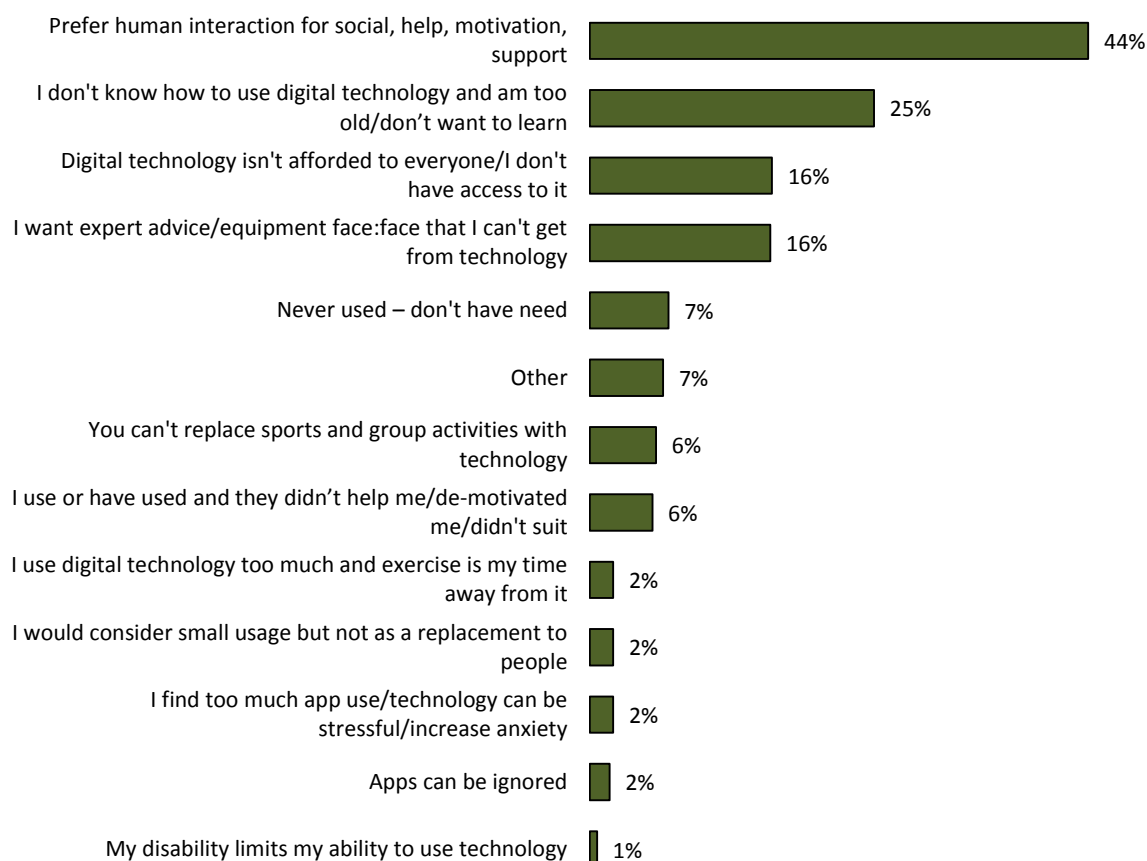
- Yes, I currently use digital technology to improve my activity levels
- Yes, I'd consider using digital technology to improve my activity levels
- No
- Don't know

Base: all respondents (1,595)



Respondents who said that they wouldn't consider, or don't know if they would consider, using digital technology to help improve their activity levels were then asked why they say this. The most common responses to this question were that they prefer human interaction for this type of help (44%) and they don't know how to use digital technology and they don't want to learn (25%).

Chart 6 - If 'no' or 'don't know', why do you say this?



Base: respondents who said that they wouldn't consider, or don't know if they would consider, using digital technology to help improve their activity levels (627)

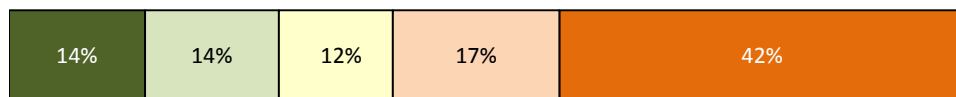
4.2 The proposal for the Active Lives, Healthy Weight services

Respondents were then asked how strongly they agree or disagree with the following proposal.

"To stop offering specific physical activity and healthy weight programmes which currently target those people exercising for less than 30 minutes three times per week and/or with a body mass index (BMI) of between 25 and 34.9. However, we are proposing to develop a programme for everyone in Lancashire, promoting the use of the county's existing assets to increase physical activity, in particular in open and green spaces. This would be through activities such as walking, running and cycling in urban, coast and countryside locations, as well as using purpose built leisure facilities."

About three-tenths of respondents (28%) agree with this proposal and about three-fifths of respondents (60%) disagree with it.

Chart 7 - How strongly do you agree or disagree with this proposal?

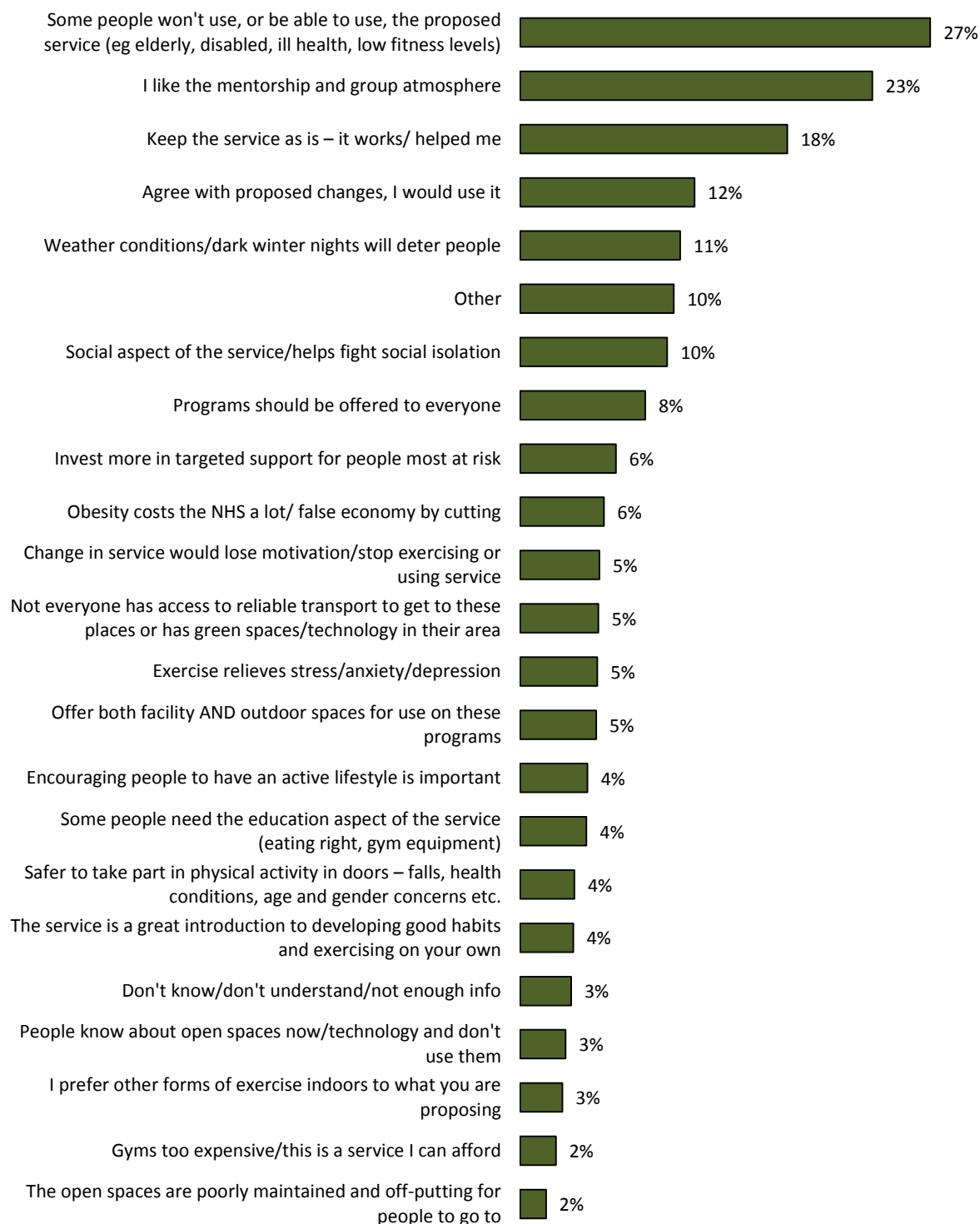


- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

Base: all respondents (1,612)

Respondents were then asked why they agree or disagree with the proposal. The most common responses to this question were that some people won't use, or be able to use, the proposed service (27%) and they like the mentorship and group atmosphere (23%)

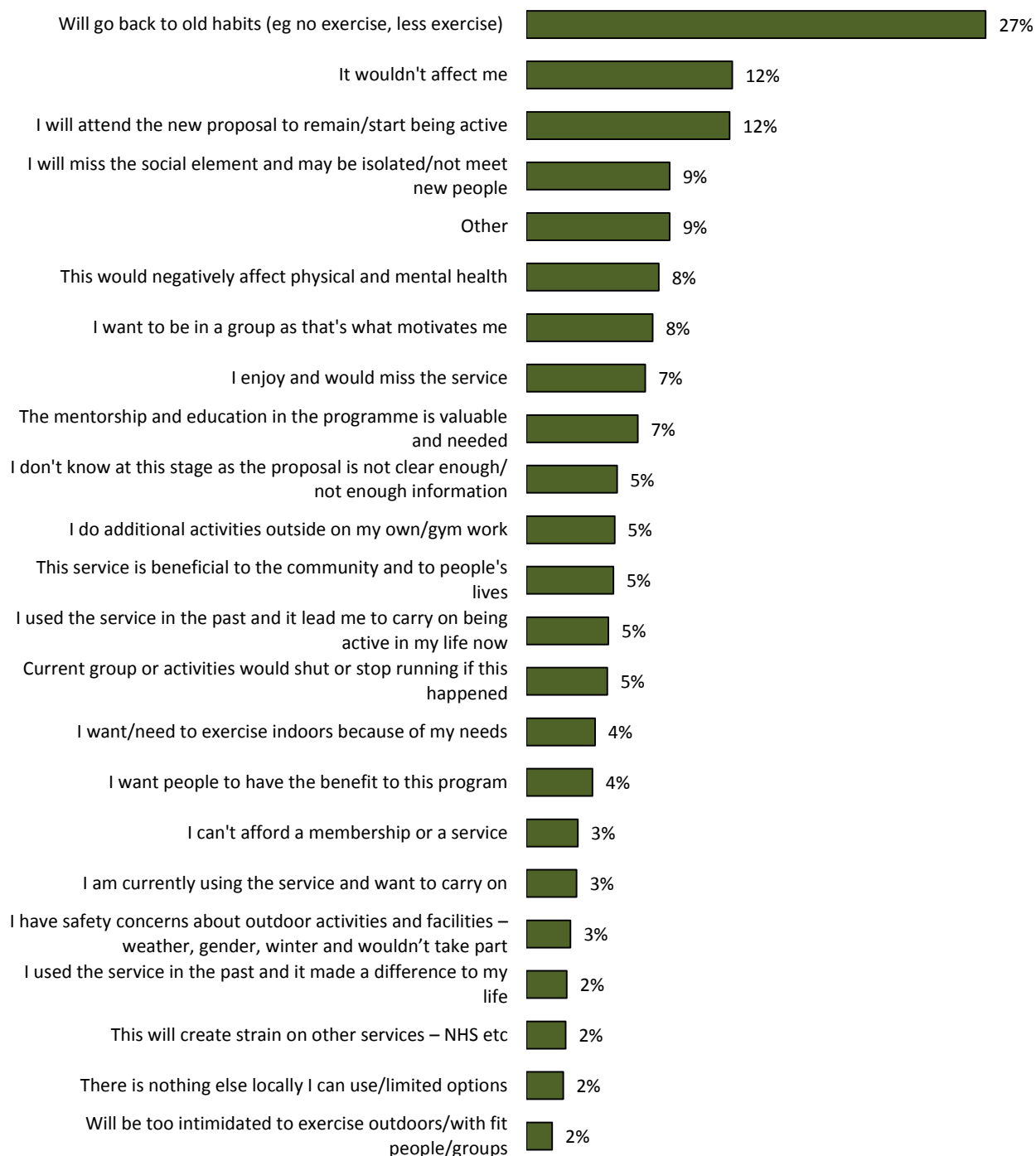
Chart 8 - Why do you say this?



Base: all respondents (1,383)

Respondents were then asked that if this proposal happened, how would it affect them. The most common responses to how this proposal will affect respondents were that they will exercise less or go back to old habits (27%) and it wouldn't affect them (12%).

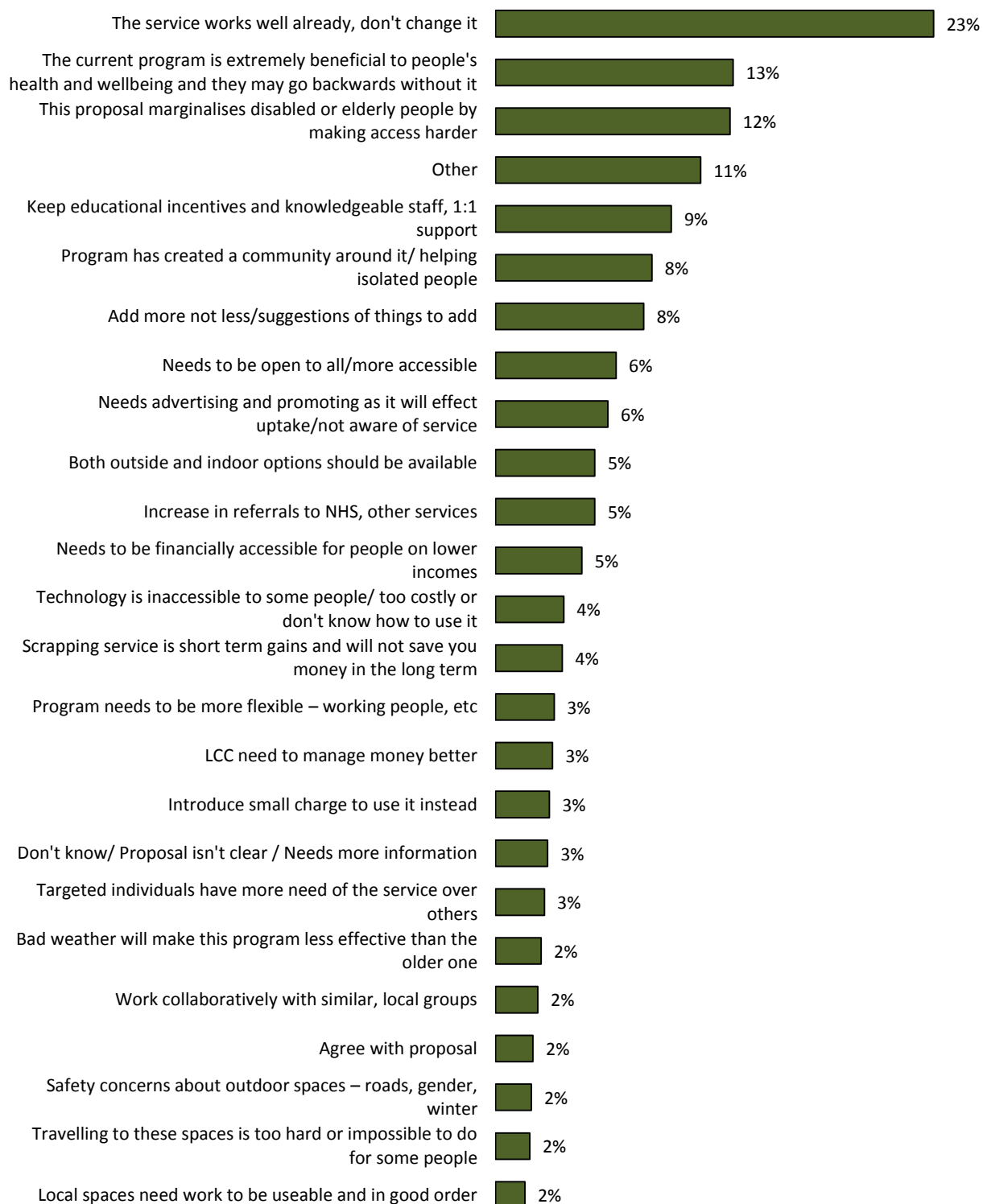
Chart 9 - If this proposal happened, how would it affect you?



Base: all respondents (1,373)

Respondents were then asked if there is anything else they think we need to consider or that we could do differently. The most common response to this question was don't change the service (23%)

Chart 10 - Thinking about our proposal, is there anything else you think we need to consider or that we could do differently?



Base: all respondents (1,157)

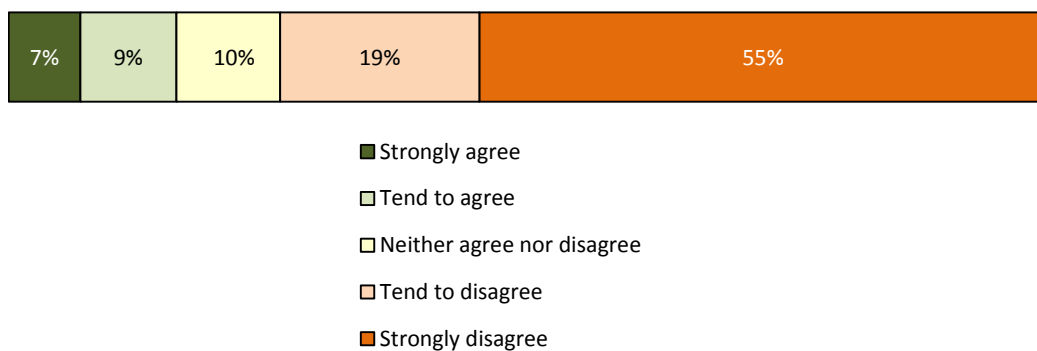
5. Main findings – organisations

Respondents were asked how strongly they agree or disagree with the following proposal.

"To stop offering specific physical activity and healthy weight programmes which currently target those people exercising for less than 30 minutes three times per week and/or with a body mass index (BMI) of between 25 and 34.9. However, we are proposing to develop a programme for everyone in Lancashire, promoting the use of the county's existing assets to increase physical activity, in particular in open and green spaces. This would be through activities such as walking, running and cycling in urban, coast and countryside locations, as well as using purpose built leisure facilities."

About three-quarters of respondents (74%) said that they disagree with the proposal and about a sixth of respondents (16%) said that they agree with it.

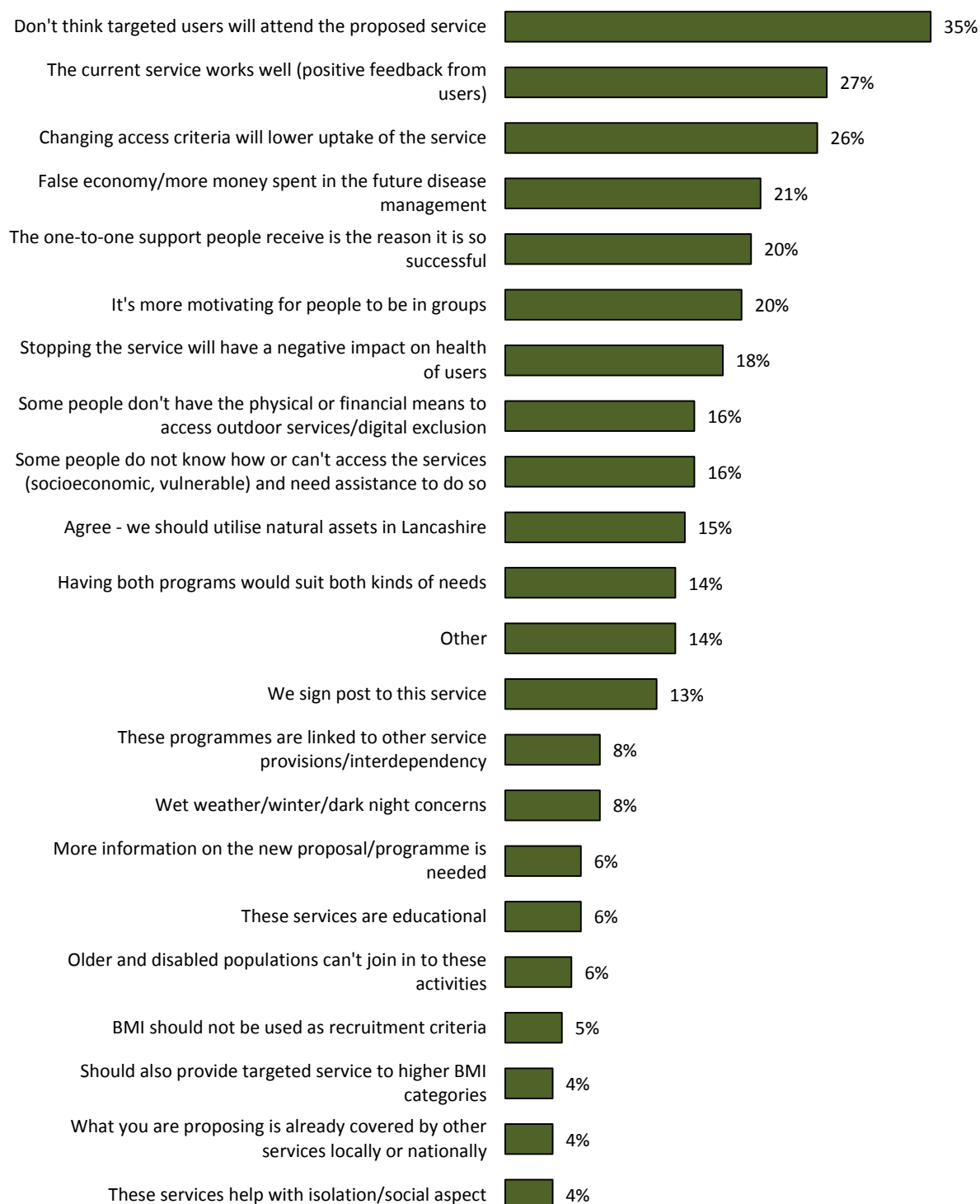
Chart 11 - How strongly do you agree or disagree with this proposal?



Base: all respondents (130)

Respondents were then asked why they agree or disagree with the proposal. In response to this question respondents most commonly said that they don't think that targeted users will attend the proposed service (35%) and the current service works well (27%) and changing the criteria will lower uptake of the service (26%).

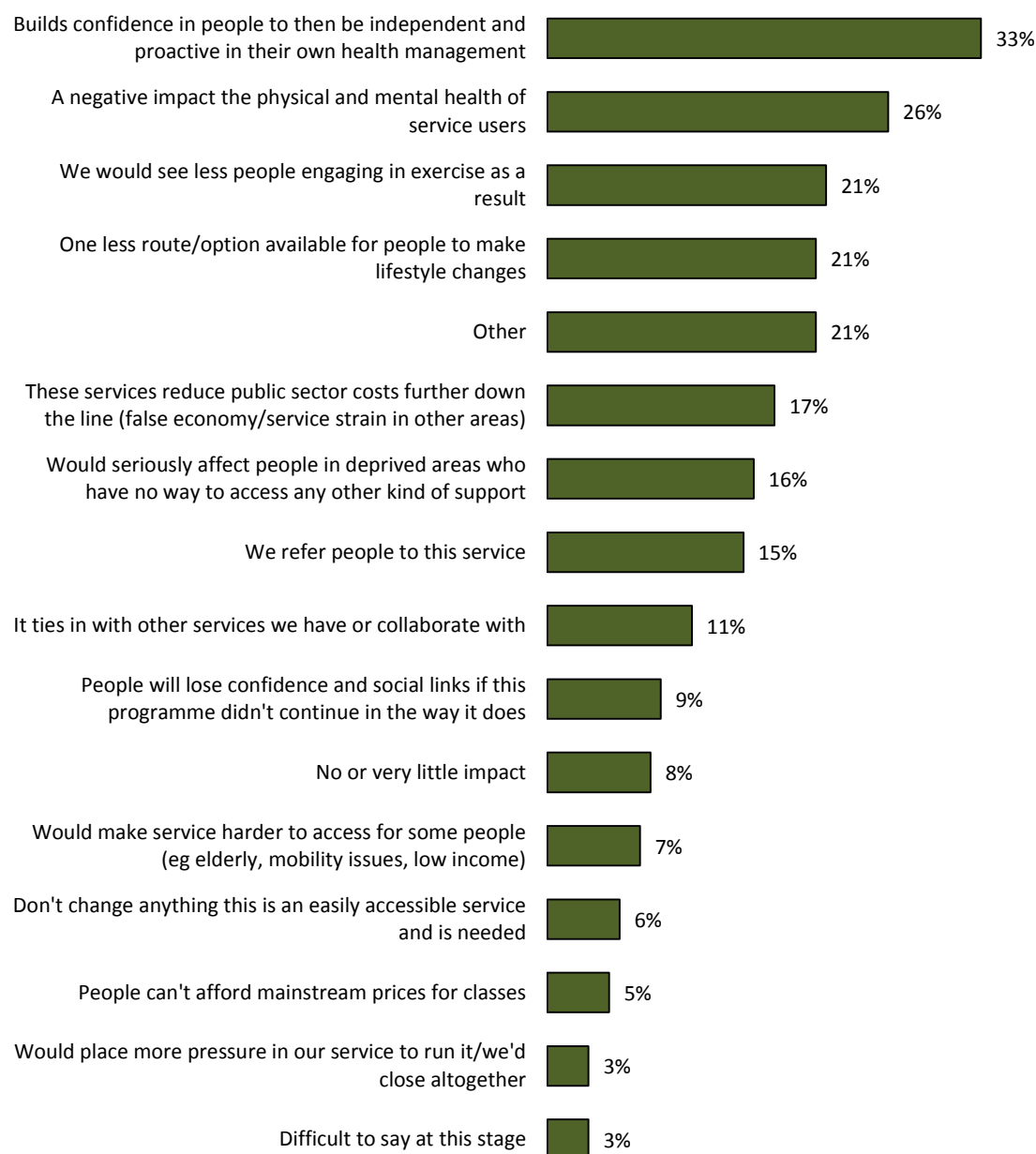
Chart 12 - Why do you say this?



Base: all respondents (127)

Respondents were then asked how our proposal would affect their services and the people they support. In response to this question respondents were most likely to highlight how the service helps people with their own health management (33%) and that it will have a negative impact the physical and mental health of service users (26%).

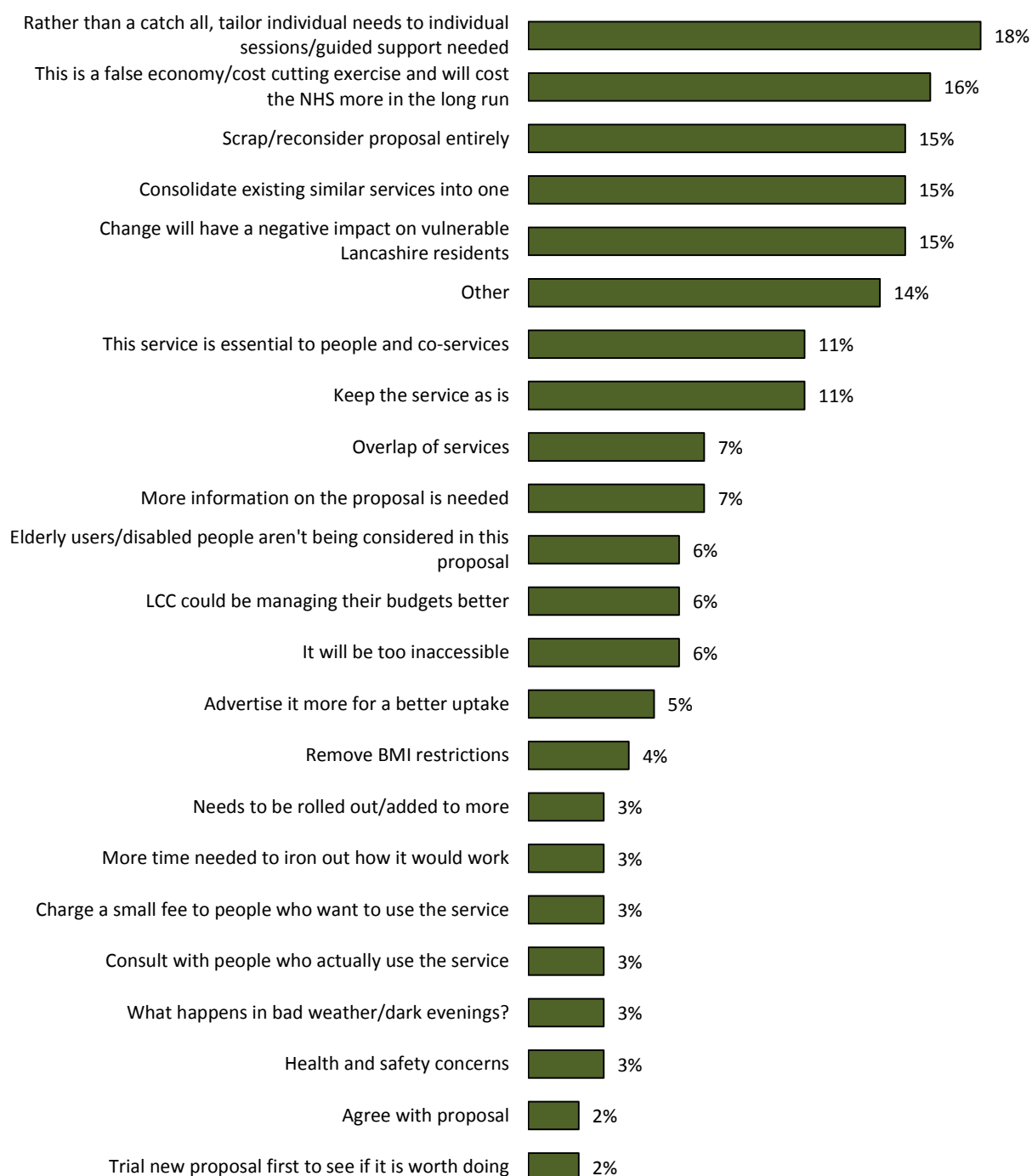
Chart 13 - How would our proposal affect your services and the people you support?



Base: all respondents (126)

Respondents were then asked if there is anything else they think we need to consider or that we could do differently. The most common responses were: rather than a catch all, tailor individual needs (18%), this is a false economy (16%), reconsider proposal (15%), consolidate existing similar services into one (15%) and change will have a negative impact on vulnerable people (15%).

Chart 14 - Thinking about our proposal, is there anything else you think we need to consider or that we could do differently?



Base: all respondents (100)

6. Main findings - workshops

During March 2019, separate workshops were held with 4 groups: -

- Health and Wellbeing Partnerships – 11 March 2019
- Clinical Commissioning Groups – 11 March 2019
- District Council Health Leads – 18 March 2019
- Existing ALHW service providers – 20 March 2019

6.1 Key themes

Key themes to come out of these workshops were generally similar

- Existing contract providers have developed expertise that will be lost and the providers themselves may become unviable.
- The longer term benefits of the programme (which are not always immediately felt) have not been fully recognised and there will be long term cost implications to the authority in terms of increased Social Care need in future.
- The proposal to utilise public open spaces may not be practical because such spaces are not always seen to be safe or accessible to all.

6.1.1 Benefits of existing contract and impact of cessation

Support and guidance to users of the service

In the term of the existing contract, provider staff have developed expertise and have been an important factor in getting inactive people to become active by breaking down perceived barriers, and encouraging participation.

Impact on communities and social isolation / exclusion

Many service users have found the service to be as much a social support as a programme to be more active. Vulnerable and learning disadvantaged especially benefit from a supported service with a supportive member of staff. Many users of Active Lives, Healthy Weight service see it as social and it serves to reduce social isolation.

Leisure services (current providers)

Cessation of service may affect the sustainability of Leisure Centres, leading to redundancies and loss of an area of expertise.

Links to other services

Active Lives, Healthy Weight is a referral gateway both inwards and outwards - without it there will be a gap and pathways will break down. Some pathways that disappear may have direct impact on Primary Care, including higher medication usage.

Open space – barriers

The proposal to move to increased use of outdoor spaces is considered impractical because:

- a) North West England is not ideal year-round climate for outdoor activity;
- b) Outdoor space is not always seen to be safe, so this could be a barrier.
- c) Local authorities will see increased open space maintenance costs from increased usage

Prevention – the long term impact

Active Lives, Healthy Weight is a prevention programme and the savings generated to partners, including the NHS, are considered to be significantly in excess of the cost. Loss of these services does not align with NHS Long Term Plan. Clinical Commissioning Groups could be a key partner going forward.

6.1.2 Impact of the proposal

Open space utilisation

It was considered that use of outdoor open space should be complementary to leisure centre provision rather than instead of it. There is an opportunity to work with district councils, but services will require staffing to maximise benefits and signpost. The scope of activities need to appeal to all, rather than simply an offer of open space to use, with no support infrastructure.

Physical and mental health and wellbeing

Increased activity has a wide impact on the individual, including physical and mental health and wellbeing. However, measurement of impact is difficult. Clinical Commissioning Groups could be key partners going forward.

Exercise can be seen as more effective than medication in addressing mental health conditions. However, people with poor mental health may need support to engage and maintain activity levels.

6.1.3 Alternatives to the proposal

Partnership

Closer collaboration with partners including Clinical Commissioning Groups, Active Lancashire, and district councils will be beneficial. District councils and a number of other national, regional and local agencies provide and maintain a range of public open spaces. Active Lancashire can also help develop opportunities and potentially identify supplementary sources of funding; Clinical Commissioning Groups are responsible for provision of cardiac rehabilitation services, which have synergy with current Active Lives, Healthy Weight services.

Community assets

It is important to understand the assets that currently exist within communities, and ensure that these are supported and utilised effectively.

Funding

Alternative sources of funding for physical activity / healthy weight support could be considered, such as personal health budgets. Currently Active Lives, Healthy Weight services are provided free of charge to participants. However providers could consider charging for their support and / or bidding for alternative sources of funding.

Digital engagement

The importance and uptake of digital support for physical activity and healthy weight is increasing, although it is recognised that digital interventions may not be accessible to the whole population.

Timeline

There was strong representation from providers requesting a further year extension, to allow for succession planning and identification of alternative funding opportunities.

7. Other responses

In addition to receiving responses to the consultation questionnaires and feedback at the workshops, we received further feedback on our proposal in the form of letters/emails from Lancaster City Council, West Lancashire Borough Council, ABL Health, Nigel Evans MP, University Hospitals of Morecambe Bay NHS Foundation Trust and Morecambe Bay Integrated Care Partnership.

7.1 Lancaster City Council

With regard to the: Wellbeing Service; Active Lives, Drug/Alcohol Rehabilitation Service and Stop Smoking Service, there is an overwhelming concern for residents in the District that would be affected. Member feel that if these services were cut, there would be an increase in demand on social care work/resources, consequently creating a false economy for the County Council. There would also likely be cost implications for other services in the District such as GPs and associated health services. Members have suggested that some of these services combine to avoid them being cut all together. By having the same management/programme, some of the health services could potentially save money and provide a better all-round service for users in the District.

7.2 West Lancashire Borough Council

The following is designed to provide feedback of the proposal to reduce funding for the Active Lives Healthy Weight programme along with and possible solutions.

As you are aware GP referral programmes are proven to be amongst the most simplistic, effective, measurable ways of facilitating behaviour change. Furthermore the target groups are the least likely to become sufficiently active without high levels of support and encouragement.

Whilst I fully support the use of the outdoors, as the manager of the West Lancashire Parks and Countryside Service, it is difficult to establish from the proposed alternative model as to how people will be provided with the level of encouragement and support required to sustain participation in physical activity, not to mention the challenges that seasonality would add.

I do however think that there are steps that can be taken to make the programme more sustainable as follows, which will require detailed consideration and additional time :-

- 1) Exercise on Prescription - **means tested charging** – this could potentially work along the same lines as a prescription for medicine – if you pay for prescribed medicine can you pay for prescribed exercise.
- 2) **Incremental / Phased introduction in charges** -- research suggests that providing things for free can reduce the value placed upon them – Plus traditionally people lose interest in gyms roughly around the three month mark, which is when the free Gym cuts out. Payment / subscription can serve as an incentive.

- 3) **Staff Training** – Leisure Operators (both in house and outsourced) value GP referral schemes as a source of introducing new members. The same operators also value the existence of fitness instructors as a means of member retention. It is possible to provide top up training for existing fitness instructors to enable them to carry out GP referral, thus increasing the number of people able to fulfil this function. Also in many cases the people employed to deliver GP referral are also employed to work in the fitness facilities. In other local authorities GP referral staff carry out the mandatory NHS Health Check programme.
- 4) **Sharing Best Practice** - Having reviewed the outputs within your consultation document, if the statistics are reliable, it is evident that there are varying degrees of performance across the patch, with some local authorities achieving higher outcomes with far less money. Are there lessons to be learnt that would help others.
- 5) What is the relationship, if any, with the **Local Delivery Pilot** in the East of the County in relation to significant investment (10M) into PA and what does this mean in terms of sharing best practice, learning and equity.
- 6) Could **Active Lancs** help with the identification of solutions and best practice. Local authorities across the country will have faced similar challenges and through the County Sports Partnership national network and connections with Sport England there may be solutions that have been identified elsewhere.
- 7) West Lancashire are soon to commission **new facilities and contracts**. What opportunities does this present to approach things differently.

In conclusion the above, plus other possible solutions, may well help to bridge the proposed gap, however it will require time and as such as a minimum I would suggest that a further plus 1 would be needed in my view.

7.3 ABL Health

I am writing to you to register my concerns about Lancashire County Council's proposal to remove Lancashire's Active Lives and Healthy Weight Service.

As the provider of Central Lancashire's Active Lives and Healthy Weight Service, ABL Health is extremely passionate about ensuring local people have the very best access to health services in order to lead healthier, happier lives for longer; a commitment we are sure is shared by Lancashire County Council.

The current proposals to remove specific physical activity and healthy weight services will have a detrimental, significant long-term effect on the health of the Central Lancashire population and on the local economy; which is clearly not a desirable outcome for any local stakeholder.

These services play a significant role in supporting people to engage in physical activity and learn how to manage their weight. Without these early interventions, many

will be at risk of becoming obese and having to face health related problems associated with obesity further down the line.

Obesity is the biggest public health crisis in this country and continues to worsen, with 70 per cent of adults expected to be overweight or obese by 2034. As the number of people living with related medical conditions like cancer and type 2 diabetes continues to rise so does the financial cost. On top of the £6.1bn cost to the NHS, there is also a £27bn cost to the wider economy and a £325m cost to social care services, with severely obese people being over three times more likely to need social care than those who are a healthy weight. 16million working days are lost due to obesity-related sickness, which leads to less productivity and negative outcomes for local economies. Mental health issues related to obesity can also lead to people becoming more isolated and leading a poorer quality of life.

These rising costs to both health and the public purse are exactly the reason why there is now a drive towards early intervention and prevention rather than continuing to react to the growing crisis. Removing key services contributing to this agenda will only exacerbate the problem whilst maintaining them will allow Lancashire to enjoy a healthier community and a more vibrant economy further down the line.

The proposed new service appears to have no provision for any 1-2-1 support for people wishing to make positive change to their lives, which is a key part of the service that our trained, experienced lifestyle coaches provide. It is also unclear what resource will be available to professionally facilitate any group activities or events within local parks, green spaces and leisure facilities. Any involvement of the voluntary and community sector would require significant funding for training and support to ensure the quality of service and skill level is appropriate.

Since we launched our service in June 2016, we have engaged with more than 11,500 adults; helping thousands increase their physical activity, improve their wellbeing, lose weight and enjoy other benefits related to this such as reduced blood pressure. On top of this, we have engaged with over 2,600 children, supporting them to make healthier choices which is essential if we are to combat the obesity crisis moving forwards. The potential savings to the public sector that we have made to date are around £2,250,397. If you add this to the impact of the four other providers in Lancashire, it is clear that we cannot afford to lose these dedicated services.

If the council was to implement the proposal, our current services would cease to operate. Unlike some of the other providers of the active lives and healthy weight service, we don't manage any of Central Lancashire's leisure centres; instead our strength has always been that we utilise, via partners, a variety of facilities in the heart of our communities so we are accessible to clients wherever they live. The people we currently support, some of whom are vulnerable and have complex health conditions, will no longer be able to get the dedicated 1-2-1 support that they need to achieve their goals on their doorstep. This very local, personal support will disappear. We have also successfully grown attendance to our early intervention and prevention activities such as Xplorer events in parks, health walks and health MOT activities, engaging with around 23,000 people. Through all our services in Lancashire, there is the potential for us to support another 30,000 people by April 2021 and this opportunity would be lost if the service is cut.

Put simply, if the proposal goes ahead, there would be a loss of vital support for local people struggling with their health and a significant reduction positive public health outcomes. There would also be a loss of jobs for local people employed by ABL and a longer term effect to the local economy.

We understand the financial challenges being faced by Lancashire County Council, and its ongoing journey to find new ways of delivering services that continue to provide real value for money. Rather than cutting funding now that will result in serious consequences for local people and the public purse further down the line, we are asking the council to reconsider solutions that will instead end up saving money long term whilst allowing vital services to continue to operate; for example an integrated lifestyle service or some streamlining of service delivery where there may be duplication in skills and commissioned contracts.

We are urging commissioners to, at the very least, continue to fund the service for an additional year as per the original contract, in order to work with providers to look at implementing more sustainable activities for local people so that there is a positive legacy after March 2021. We already have strong, effective relationship with partners not just in Central Lancashire but with the other Active Lives and Health Weight Services across Lancashire; and we would come together to look for solutions, which may have to include securing other funding streams.

We have worked with Lancashire County Council for the past three years and are well aware of its commitment to providing quality public health services; and are asking the council to consider the long term effects on local people and the economy of the council itself if this vital service is removed in a matter of months.

I would like to finish by drawing your attention to the words of one of our clients, who lost eight stone with the help of ABL lifestyle coaches so he could be a kidney donor for his son.

He said: "When my doctor told me I had to lose weight I did try by myself, but it was only when I was in a group and in front of Sarah (lifestyle coach) that I was able to focus and achieve my goals. If there had been nobody to egg me on and no camaraderie in the group, I wouldn't have had any motivation. That motivation and encouragement is all part of what you get from ABL. You also need the expertise – qualified lifestyle coaches know when to tell you to back off or work harder -and I relied on Sarah. I'm living proof that you need that support to achieve your goals.

"When the council put the new gym equipment in the local park, ABL ran some starter sessions that were really popular – but I can guarantee once those sessions ended very few people continued utilising the equipment. You might have the physical resources, but you need people like the coaches at ABL to drive others to get involved.

"The service that ABL gives to the community is tremendous and it is wrong if this disappears."

7.3.1 ABL Health, Active Lives Healthy Weight: Impact Report March 2019

7.3.1.1 Introduction

The Active Lives Healthy Weight Service has been running since June 2016. Funded by Lancashire County Council, ABL Health provides the service in Central Lancashire for residents who wish to be more active, improve their health and/or lose weight. In December 2018, Lancashire County Council announced potential cuts to service from April 2020.

This report intends to outline the impact the service has had on the community in Central Lancashire, the wider benefits of the service, and the potential cost savings to public health and the local authority since it commenced in 2016.

Over the past 20 years obesity has become a major health issue. Obesity and all its related problems present a significant economic cost to both the individual and the wider community. More broadly, obesity has a serious impact on economic development. The overall cost of obesity to wider society is estimated at £27 billion. The impact of physical activity and sedentary lifestyles are estimated to cost the UK as much as £1.2 billion a year (PHE, 2017).

7.3.1.2 Executive Summary

As the number of people living with related medical conditions like cancer and type 2 diabetes continues to rise so does the financial cost. On top of the £6.1bn cost to the NHS, there is also a £27bn cost to the wider economy and a £325m cost to social care services, with severely obese people being over three times more likely to need social care than those who are a healthy weight. 16 million working days are lost due to obesity-related sickness, which leads to less productivity and negative outcomes for local economies. Mental health issues related to obesity can also lead to people becoming more isolated, claiming more benefits and leading a poorer quality of life (PHE, 2017).

Obese clients who change their lifestyles and lose weight will benefit from a longer and better quality of life. Nearly two thirds of adults (63%) in England were classed as being overweight (a body mass index of over 25) or obese (a body mass index of over 30) in 2015. 20 million adults in the UK are physically inactive, putting them at a significantly greater risk of heart and circulatory disease and premature death (PHE, 2017).

Public health is a shared responsibility with poor lifestyle choices costing local authorities and the NHS money. These benefits, though well recognised, are difficult to quantify in financial terms. Thus, for this paper, cost savings have been estimated and we have made some reasonable but very conservative assumptions.

Research indicates that if levels of obesity could be reduced by 1% every year from the predicted trend between 2015 and 2035, £300 million would be saved in direct health and social care costs in the year 2035 alone (Obesity Health Alliance, 2017).

This paper outlines the estimated cost savings to the public purse which are generated as an outcome of the ABL interventions delivered in Central Lancashire from **June 2016 to the present**. The paper focuses on the savings brought about through:

- a reduction in weight loss through targeted community weight management interventions,
- an improvement in psychological state and well-being through interventions, reducing and/or preventing medication and support services in the future,
- an improvement in the numbers of individuals becoming physically active
- an improvement in high blood pressure resulting in reduction in medications and future complications.

7.3.1.3 Highlights

- A total of 11,866 referrals have been managed in the service since June 2016, 2,985 for targeted community weight management and 8,881 for physical activity
- 7,618 clients increased their physical activity levels
- 2,041 clients participated in a weight management intervention
- The average weight loss of clients who completed the 12-week intervention including targeted physical activity was 4.3kg (3.2%)
- 23,639 engaged in early intervention and prevention activities
- 388 clients achieved a significant reduction in blood pressure readings, which is 73% of clients with pre/post measurements for blood pressure taken
- 2,381 clients recorded improved well-being scores following intervention
- 2,116 children increased their physical activity levels

7.3.1.4 Central Lancashire

Central Lancashire has a population of just under 360,000, which is 25% of the total Lancashire population. The population growth has exceeded the country average over the past 10 years. During the next decade the number of children aged 0 to 15 in the County will rise and then decline. The working age population is predicted to start to decline within five years and the older population will continue to increase. This has substantial implications for health and social care budgets in the future (Lancashire County Council, 2017).

The average life expectancy across the patch is 78.5 years for Men and 82.1 years for Women. The Healthy Life Expectancy for Lancashire is 63.6 but it varies significantly across the patch. However, in general it is consistently below retirement age, indicating degrees of ill health among the working-age population (Lancashire County, 2017).

7.3.1.5 Assumptions

The paper recognises that not all patients showing improvements to physical activity levels, lower blood pressure or improved psychological well-being will no longer require ongoing NHS clinical support, which would result in cost savings to local authorities. To reflect this, figures presented in the paper have been modelled at a percentage of total potential savings in each of these areas to reflect assumed cost and savings. Please note, throughout this paper, pre-and post-figures are only

included for adults and children clients who have completed both pre-and post-measurements. This number may vary with the number of completers.

7.3.1.6 Obesity

Nearly two thirds of adults (63%) in England were classed as being overweight (a body mass index of over 25) or obese (a body mass index (BMI) over 30). It is estimated that obesity is responsible for more than 30,000 deaths each year. On average obesity deprives the individual of an extra nine years of life. We spend more each year on the treatment of obesity and diabetes than we do on the police, fire service and judicial system combined (PHE, 2017).

Indicator	Number of ABL clients
Average weight loss per client (%)	3.2%
Completers achieving any weight loss	76% of completers
Completers achieving $\geq 5\%$ weight loss	20% of completers

Table 1 – summary of weight loss

Assumption	Number of ABL clients	Estimated cost saving
Clients who participated in a weight loss in a 12 week intervention	2,041	-
Annual estimated cost to the UK per person to treat obesity (McKinsey, 2005)	-	£642
Annual cost saving to the NHS if 50% of participants <u>no longer</u> required any further treatment for their weight	1,020	£654,400

Table 2 – Cost savings by improvements to weight

As mentioned previously, ABL are aware that some of those accessing the service will still need some level of weight intervention outside of the service, however in most cases it will be reduced and in many cases no longer needed. Therefore, to be conservative, we have used the rational that only 50% of those having the intervention no longer need support. In reality the savings are probably much higher.

7.3.1.7 Well-being Measures

Approximately 1 in 4 people in the UK will experience a mental health problem each year. In England 1 in 6 people report experiencing a common mental health problem. 1 in 8 adults with a mental health problem are currently receiving treatment (Mind, 2017).

Assumption	Number of ABL clients	Estimated cost saving
Clients (completers) who improved psychological measures during the 12-week intervention	2,381	-
Annual estimated cost to the UK per person to treat mental health conditions (Anxiety UK)	-	£1,833
Annual cost saving to the NHS if 35% of successful completers <u>no longer</u> required any further treatment for their mental health conditions	833	£1,526,889

Table 3 – cost savings by improvements to psychological welfare

As mentioned previously, ABL is aware that some of those accessing the service will still need some level of psychological support outside of the service, however in most cases it will be reduced and, in many cases, no longer needed. Therefore, to be conservative, we have used the rationale that only 20% of those having the intervention no longer need support. In reality, the savings are probably much higher.

7.3.1.8 Physical inactivity

39% of UK adults are physically inactive, putting themselves at a significantly greater risk of heart and circulatory disease and premature death. Around 11.8 million women and 8.3 million men are insufficiently active. The North West has the highest proportion of people who are not meeting the Government's physical activity recommendations (PHE, 2017).

Being inactive is linked to poor health and a multitude of associated health conditions. The costs analysis considers lack of activity in relation to five disease areas; heart disease, stroke, breast cancer, colon cancer and diabetes mellitus.

Linked health conditions that were not costed for include functional health, obesity, mental health and musco-skeletal health.

Assumption	Number of ABL clients	Estimated cost saving
Annual cost saving per person through increasing levels of physical activity (PHE, 2016)	-	£8.17
Number of clients increasing levels of physical activity	7,618 clients	
Annual cost saving to the NHS if 50% of successful completers <u>remain physically active</u>	3,809	£31,119

Table 4 – cost savings by introduction of physical activity.

7.3.1.9 High Blood Pressure

Diseases caused by high blood pressure are estimated to cost the NHS £2 billion annually (NHS England, 2016). It is one of the biggest factors for premature death and disability, accounting for over 12% of all GP visits in England.

Assumption	Number of ABL clients	Estimated cost saving
Annual estimated cost to the NHS per person to treat high blood pressure (NHS England, 2016)	-	£149
Number of clients who improved their blood pressure during intervention	388	
Annual cost saving to the NHS if 50% of clients with improvements to blood pressure <u>no longer</u> require treatment	194	£28,906

Table 5 – cost savings by improved blood pressures

As mentioned previously, ABL are aware that some of those accessing the service will still need some level of treatment outside of the service, however in most cases it will be reduced and in many cases no longer needed. Therefore, to be conservative, we have used the rational that only 50% of those having the intervention no longer need support. In reality the savings are probably much higher.

7.3.1.10 Children and Young People

The service has engaged and delivered interventions to 2,641 children and young people with over 80% of those interventions being completed. As a result, 2,116 children have increased physical activity levels and reduced or maintained their body mass index (BMI).

The children and young people's work being delivered by the ABL Central Lancashire team incorporates food and nutrition, exercise and mental health information with an overall objective to get children moving more and understanding the importance of making healthy lifestyle choices. Working with children and young people means we have adapted information to use age appropriate language and we have utilised interactive resources and tools. We have enabled children and young people to look at how information relates to them and we have made our sessions fun.

One of the interventions we offer is FAB (food, activity balance). The programme which consists of 12 one-hour sessions, includes healthy eating information and interactive tasks, together with a physical activity element. In Central Lancashire this has been delivered in community settings for families and children referred to the service and delivered directly into schools. We also offer Move and Groove, which is an exercise-based programme with activities that are physically active and fun. Our Move and Groove Programmes have been delivered directly in schools across Central Lancashire.

Assumption	Number of ABL clients	Estimated cost saving
Annual cost per person to the NHS from being physically inactive (PHE, 2016)	-	£8.17
Number of children increasing levels of physical activity	2,116 clients	
<i>Annual cost saving to the NHS if 50% of successful completers <u>remain physically active</u></i>	1,058 clients	£8,643

Table 6 – cost savings by children’s increase in physical activity.

7.3.1.11 Summary of potential savings

Service delivery element	Estimated cost saving to the NHS
Clients undertaking a weight loss intervention	£654, 840
Clients responding positively to psychological interventions	£1,526,889
Clients introducing physical activity	£31,119
Clients reporting improvements in blood pressure	£28,906
Children increasing physical activity	£8, 643
Total potential savings to date as an impact of ABL’s interventions in Central Lancashire since June 2016 to March 2019	<u>£2,250,397</u>

Table 7 – summary of overall cost savings

7.3.1.12 Partnerships

Since the start of the Active Lives & Healthy Weight Service in 2016, ABL has developed numerous partnerships and links with public, private and voluntary and community sector organisations. Developing these relationships has given the Central Lancashire team an opportunity to widen the appeal and service offer, as well as developing a flexible approach to meet the needs of local people.

These links have enabled targeted interventions for existing groups, workplace health sessions, exit routes for primary care services, and helped community champions facilitate their own groups, to name but a few.

Without the support, advice and specialist knowledge of the Active Lives and Healthy Weight Service, many clients, groups and organisations would not have been able to either take control of their own health, or to facilitate others in achieving the lifestyle changes needed to make Central Lancashire a healthier place.

Some examples of the partnerships/links we have developed are:

- Referrals into Active Lives, Health Weight (exit route for rehab clients) from Cardiac Rehab, Heartbeat, Pulmonary Rehab, Stroke Association, Falls Prevention Team, Mind Matters
- Use of gym facilities and exit route for Active Lives, Health Weight clients – GLL, South Ribble Leisure Centres (Serco), Heartbeat, Active Nation
- Delivery of Workplace Health- Chorley Council, Lancashire Teaching Hospitals, Eric Wright Group, Runshaw College, Lancashire Police, Lancashire County Council, HMRC
- Active Lives, Health Weight delivery to service users (Children) - Inspire Youth Zone
- Joint session delivery (walking football)/joint working – Lancashire Football Association, Active Lancashire, Preston North End in the community – Promotion of Active Lives, Health Weight Service and Preston North End in Community service
- Food, activity balance (FAB) and Move & Groove for both primary and secondary age children in a number of schools in the region

7.3.1.13 Wider impacts

The number of personal independence payment claims (PiPs) has almost doubled in Great Britain between February 2015 to February 2016, increasing by 98%. The numbers have risen by the greater percentages in Lancashire of 126.5% (Lancashire County Council, 2016). The service could have an impact by getting people more active and improving residents' health. Assuming it is possible to engage 20% of those claiming the payments this could create savings depending on level of payment of between £96,000 to £620,000 (Lancashire County Council, 2016).

7.3.1.14 Unmet Service Need

The service so far has only supported around 3% of the Central Lancashire population in targeted interventions and 7% in early intervention and prevention activities. Based on the current service intake for the proposed life of the service, which was until April 2021, there is potential to support another 10,000 service users in targeted interventions adults and children (just under 3% of the population) and another 1,000 in early intervention and prevention (5% of the population).

7.3.1.15 Conclusion

There have been 11,566 people referred to the service over a two-and-half year period, and a further 23,000 engaging in early intervention and prevention activities led by ABL Health, demonstrating a clear need for the service in Central Lancashire. The cost savings to the public purse so far have totalled over £1.3 million impacting on mental health, physical activity levels and blood pressure not to mention the decreases in weight loss and obesity levels. The service has also engaged 2,641 children supporting them to make healthier choices and improving the health of future generations. As ABL is not a leisure centre provider, the clients attracted to the service are often new to exercise or haven't engaged in exercise for some time. Cutting a service that delivers substantial health improvements within the local community and

cost savings to the local authority and the NHS would be detrimental to the Central Lancashire footprint.

Finally, it is well recognised that the culture of an area has a strong influence on the behaviours and choices of individuals. There is a profound risk that reducing funding aimed at active lives and healthy weight will transmit a negative message about the value of positive changes in behaviour and that this will undermine the effects of the great work that has been delivered to date.

7.3.1.16 Bibliography

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7.4 Nigel Evans MP

I am contacting you following my receipt of the attached report regarding ABL Health and the Lancashire's Active Lives and Healthy Weight Service, which I understand are under threat of cancellation if Lancashire County Council were to proceed with cutting the service. It is clear that obesity is now a national epidemic with around 70% of adults expected to be overweight or obese by 2034, ABL Health currently provide services to stem the obesity crisis in Lancashire by intervening early and providing professionally organised fitness events and activities for those who are overweight.

Since the launch of the service in June 2016, more than 11,500 adults have engaged with the service as well as 2,600 children – they estimate that the saving on the public purse during this period stands at £2,250,397. Services such as these create an essential framework for people to begin losing weight and losing this would be of detriment to Lancashire. ABL are perfectly placed to alleviate the issue of obesity in Lancashire with their strong network of partnerships, professional infrastructure and the effectiveness of the service delivery.

I would be grateful for your comments on the attached impact report from ABL Health.

7.5 University Hospitals of Morecambe Bay NHS Foundation Trust

SC609 Health Improvement Services – the proposal to reduce service offer in this area is very likely to increase cost pressures in the longer term. This proposal is at odds with the prevailing strategy for improving population health to drive sustainability of health and social care services. Any reduction in service provision for substance misuse is likely to result in immediate increase in pressures on emergency and community pathways and the reduction in support for smoking cessation and weight management support will have a long term health impact on individuals and result in corresponding increased impact on health and social care services.

7.6 Morecambe Bay Integrated Care Partnership

We understand that the Active Lives service was commissioned to encourage activity within a range of different groups of people to support weight loss, increased activity and the associated social support this generates; improved mental health and well-being and general health. The total funding is £2 million, equating to approximately £170k - £180k per borough area. The intention was always to move from a programme in years 1 and 2 which was about a 12 week programme, not means tested and then moving in year three to more community based approaches. We understand that the council plan is to reduce the funding to this element to £500k across the County and continue to develop community services.

The discussion at the meeting on the 11th March identified a number of possible areas to explore to ensure that activity remains something that is supported, but using natural ways of exercising and local resources. We also discussed the fact that the CCGs across Lancashire are currently starting a process of developing a plan for how Tier 3 and 4 services for obesity will be commissioned; we suggested that public health

colleagues should be part of that process to ensure that we develop together a set of service which encompasses all weight issues.

Appendix 1 - demographics public consultation

Table 1 - Are you...?

	%
A Lancashire resident	97%
An employee of Lancashire County Council	4%
An elected member of Lancashire County Council	0%
An elected member of a Lancashire district council	0%
An elected member of a parish or town council in Lancashire	0%
A member of a voluntary or community organisation	12%
Other	5%
A Lancashire resident	97%

Base: all respondents (1,613)

Table 2 - Are you...?

	%
Male	23%
Female	76%
Other	<1%
Prefer not to say	1%

Base: all respondents (1,617)

Table 3 - Is your gender identity the same as the gender on your original birth certificate?

	%
Yes	97%
No	<1%
Prefer not to say	2%

Base: all respondents (1,603)

Table 4 - What is your sexual orientation?

	%
Straight (heterosexual)	89%
Bisexual	1%
Gay man	1%
Lesbian/gay woman	1%
Other	<1%
Prefer not to say	8%

Base: all respondents (1,601)

Table 5 - What was your age on your last birthday?

	%
Under 16	<1%
16-19	<1%
20-34	9%
35-49	21%
50-64	32%
65-74	27%
75+	8%
Prefer not to say	3%

Base: all respondents (1,614)

Table 6 - Are you a deaf person or do you have a disability?

	%
Yes, learning disability	1%
Yes, physical disability	12%
Yes, sensory disability	4%
Yes, mental health disability	6%
Yes, other disability	5%
No	74%
Prefer not to say	4%

Base: all respondents (1,588)

Table 7 - Which best describes your ethnic background?

	%
White	95%
Asian or Asian British	<1%
Black or black British	<1%
Mixed	<1%
Other	<1%
Prefer not to say	4%

Base: all respondents (1,601)