

**One You Cheshire East  
(Integrated Lifestyle Service)**

**2019 to 2022**

**(with the option to extend for 2x 12 month periods to 2024)**

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Definitions

Definitions within this service specification are defined below:

|  |  |
| --- | --- |
| **Term** | **Definition** |
| Commissioner(s) | The commissioning organisation and lead is Cheshire East Borough Council. The Commissioners include authorised representatives of the Council including the Contract Manager and Commissioning Manager. |
| Lead Provider (also referred to as the Provider) | Responsible for the management, coordination, provision and delivery of the Service via an integrated pathway. As such, the provider is also responsible for sub-contracting to other providers to ensure full delivery for the defined population group. |
| Making Every Contact Count | A brief intervention that enables approach enables health and care workers (and other individuals) to engage people in conversations about improving their health by addressing risk factors such as alcohol, diet, physical activity, smoking and mental wellbeing. |
| National Centre for Smoking Cessation and Training (NCSCT) | Organisation established to support the delivery of smoking cessation interventions provided by local stop smoking services, support the NHS and Local Authorities to deliver effective evidence-based tobacco control programmes, and deliver training and assessment programmes to stop smoking practitioners and other health care professionals |
| NRT (Nicotine Replacement Therapy) | A medically-approved way to take nicotine by means other than tobacco. Helps people give up tobacco by allowing gradually decreasing does of nicotine. |
| One You | A national information campaign run by Public Health England |
| One You Cheshire East | A service provided in Cheshire East which is commissioned by Cheshire East Council |
| Provider Partners | Refers to the partners of the Provider (if any) that shall be providing the Service in this specification in collaboration or partnership with the Provider |

# Introduction and Context

## Introduction and Summary

Cheshire East Council launched the One You Cheshire East service in 2016. This was the Council’s first commission of an integrated lifestyle service, and aimed to improve the life expectancy and healthy life expectancy of residents through a series of lifestyle programmes. This re-commission aims to refine this model further by building on the successes and learning of this approach in partnership with a lead provider. This includes by delivering programmes modified to take account of recent evidence, fresh emphasis on innovation, more targeted marketing, facilitation of community assets, the incorporation of brief mental wellbeing advice, and use of a ‘Making Every Contact Count’ approach.

As a result of this commission, incidence of disease **including heart disease, stroke, diabetes, cancer and dementia will be reduced in the long-term. In addition to this, local people will have improved mental wellbeing, greater long term independence, improved health literacy and reduced sickness absence. It will also have a meaningful impact on the demand for statutory services within the area, particularly adult, children and young people’s social care and health services.**

## Service Vision

The vision for the service is that:

*“Local residents are supported with information and advice, signposting and evidence based lifestyle programmes, in a way which creates meaningful improvements to their long term health outcomes. It will also reduce the gap in health inequalities between parts of the Borough and will improve health outcomes for specific target groups (such as those of protected characteristics). The service will be person centred and will also complement the broader social care and health system.”*

## Overall Aims and Purpose of the Service

A range of lifestyle related factors can influence an individual’s health; both in terms of their life expectancy, but also their healthy life expectancy – the period of years spent in good health.

The purpose of One You Cheshire East is to have a significant impact on these measures by providing information, advice, and support which equips individuals with the ability to achieve and maintain positive lifestyle change. This will in turn reduce demand on statutory services as a result of local people living well for longer. This includes health services (due to reduced need to address health issues such as cardiovascular disease) and social care (through people having increased capability to live independently).

Of further importance, is the impact of the service in reducing the gap in health inequalities within the Borough as a result of these lifestyle factors. This is a significant issue locally, with life expectancy being 10 years lower for men and 9 years lower for women in the most deprived areas of Cheshire East than in the least deprived areas.

## The Commissioners

Cheshire East Council is commissioning the One You Cheshire East service, with this work being conducted in partnership withEastern Cheshire Clinical Commissioning Group and South Cheshire Clinical Commissioning Group, as well as Public Health England.

## National and Local Policy

The Cheshire East Council Corporate Plan (2016-2020) consists of 6 priority outcomes. The most pertinent of these in relation to One You Cheshire East is Outcome 5 ‘People Live Well and For Longer’.[[1]](#footnote-2)

This is supported by the Cheshire East Commissioning Plan[[2]](#footnote-3) which describes how Cheshire East Council as a developing, commissioning council intends to shape services locally from 2018-20. Of particular relevance in the plan is its emphasis on prevention including whole population measures aimed at improving health. This includes commitment to a range of commissioning principles including: partnership working, quality assurance, value for money, listening to local residents, using outcomes that matter and maximising social value.

Additionally, the Health and Wellbeing Strategy identifies the following outcomes which are pertinent to One You Cheshire East:

* Outcome One: Create a place that supports health and wellbeing for everyone living in Cheshire East (this includes the sub-objective; Our local communities are supportive with a strong sense of neighbourliness);
* Outcome Two - Improving the mental health and wellbeing of people living and working in Cheshire East (this includes the sub-objectives: our children, young people and adults have improved emotional wellbeing and mental health thanks to a focus on prevention and early support; People do not feel lonely or isolated);
* Outcome three: Enable more people to Live Well for Longer (this includes sub-objectives in relation to: Alcohol and Substance Misuse, Smoking, Physical activity, Healthy Eating).

See the Strategy for further information[[3]](#footnote-4).

It should also be noted that partnership work is taking place within Cheshire East to deliver services closer to people’s homes alongside a neighbourhood development approach. This is particularly pertinent to the work of Primary Care Networks. There is an expectation that the provider will work with these networks to use this intelligence to target service provision in the most effective way.

In addition to this, the following reports/documents are also pertinent to the delivery of One You Cheshire East:

* Prevention is Better than Cure  
  <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf>
* Director of Public Health Annual Report

[www.cheshireeast.gov.uk/council\_and\_democracy/your\_council/health\_and\_wellbeing\_board/health\_and\_wellbeing\_board.aspx](https://www.cheshireeast.gov.uk/council_and_democracy/your_council/health_and_wellbeing_board/health_and_wellbeing_board.aspx)

* NHS Long Term Plan  
  [www.cheshireeast.gov.uk/council\_and\_democracy/your\_council/health\_and\_wellbeing\_board/health\_and\_wellbeing\_board.aspx](https://www.cheshireeast.gov.uk/council_and_democracy/your_council/health_and_wellbeing_board/health_and_wellbeing_board.aspx)
* Joint Strategic Needs Assessment   
  [www.cheshireeast.gov.uk/council\_and\_democracy/council\_information/jsna/jsna.aspx](http://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/jsna.aspx)
* Cheshire East Pharmaceutical Needs Assessment   
  [www.cheshireeast.gov.uk/pdf/council-and-democracy/health-and-wellbeing-board/cheshire-east-pna2018-final.pdf](http://www.cheshireeast.gov.uk/pdf/council-and-democracy/health-and-wellbeing-board/cheshire-east-pna2018-final.pdf)
* Cheshire East ‘Tartan Rug’   
  [www.cheshireeast.gov.uk/council\_and\_democracy/council\_information/jsna/jsna.aspx](http://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/jsna.aspx).
* Cheshire East Greenspace Strategy

[www.cheshireeast.gov.uk/planning/spatial\_planning/research\_and\_evidence/green\_space\_strategy.aspx](http://www.cheshireeast.gov.uk/planning/spatial_planning/research_and_evidence/green_space_strategy.aspx)

* Cheshire East Rural Action Plan

[www.cheshireeast.gov.uk/council\_and\_democracy/council\_information/media\_hub/media\_releases/cheshire-east-unveils-rural-action-plan.aspx](http://www.cheshireeast.gov.uk/council_and_democracy/council_information/media_hub/media_releases/cheshire-east-unveils-rural-action-plan.aspx)

## Statutory Requirements

The Council has a statutory responsibility to improve the health of the population under the Health and Social Care Act 2012. The One You Cheshire East integrated lifestyle service is a primary means by which this is achieved. In addition to this, there are also key indicators that relate to this in the Public Health Outcomes Framework. This can be viewed at <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>.

## Population Need

The Borough of Cheshire East is a mix of rural and urban environments, covering an area of over 1,100km2 with a population of 372,700 people. The Borough contains a number of relatively affluent towns and villages with pockets of deprivation, mainly in the towns of Crewe and Macclesfield.

Around 22% of the Borough’s population is over 65 and 3% are over 85. Like most other areas, the Borough has an ageing population although the pace of growth in the over 65 and over 80 cohorts is greater than that of the North West and for England and Wales. For example, between 2001 and 2011 in Cheshire East there was a 26% increase in residents aged 65 and over compared to 15% in the North West and 20% in England and Wales. A similar pattern is seen for residents aged 85 and older where there was a 35% increase over the same time period compared to 20% for the North West and 24% for England and Wales.

Looking to the future, the total population is expected to grow by 3.9% to 2028 with a 22.4% increase in the 65 and over population and a 52.1% increase in people aged 80 and over. This equates to an increase of 19,644 people aged over 65 and an increase of 12,875 people aged 80 and over. This will put more pressure on statutory services without high quality preventative support available.

Average life expectancy for the Borough is high at 83.7 years for females and 80.3 years for males. This is shown over time in Graph 1. Despite plateauing since the 2012-14 period, this remains slightly higher in Cheshire East than the England average which is 83.1 (women) and 79.6 (men). Healthy Life Expectancy in Cheshire East on the other hand has been subject to more variation over the same period (in part due to how the statistics were compiled) but has risen since 2014-16. However, this still means that on average a male resident can expect to live 13.4 years with a disability or in poor health, while a female resident can expect more years with a disability or poor health at 13.6 years.

The main reasons for mortality in Cheshire East include cancer (cause of 26% of deaths), diseases of the circulatory system (25%), Dementia and Alzheimer’s Disease (15%), liver disease (2%), diabetes (1%)[[4]](#footnote-5). A useful source of further information in relation to the health of the population of Cheshire East is the Public Health Outcomes Framework[[5]](#footnote-6).

Figure : Life Expectancy at Birth in Cheshire East and Healthy Life Expectancy[[6]](#footnote-7)

Further detail on population need is provided for each of the relevant programme areas in Section 3.

**Health Inequality**

Differences in socioeconomic conditions (e.g. education, employment status, income level, gender and ethnicity) influence people’s behaviours and lifestyle choices, their risk of illness and their actions taken to deal with illness when it occurs. This can result in health inequalities between groups or individuals.[[7]](#footnote-8)

This is a significant issue locally, with life expectancy 10 years lower for men and 9 years lower for women in the most deprived areas of Cheshire East than in the least deprived areas. This link is exhibited in the ‘Cheshire East Tartan Rug’ which shows the status of each ward for a range of health indicators (including ones directly relevant to lifestyle) [[8]](#footnote-9). However, this is even more explicit in Charts 2-4 which show the direct association between multiple deprivation score for wards in Cheshire East and lifestyle indicators. Additionally, this link is supported by a range of studies, for instance, showing the correlation between neighbourhood deprivation and smoking and consumption of 5 a day[[9]](#footnote-10).

One You Cheshire East offers a significant opportunity to narrow the gap in health inequalities locally by providing individuals with advice and support which can treat some of the primary causes of differences in lifestyle behaviour. This includes; health literacy, access to appropriate services, peer support, as well as the feeling of control an individual has over their life and behaviour.

But is it also important to understand that focusing solely on the most disadvantaged in the Borough will be insufficient to reduce health inequalities. To reduce the steepness of the social gradient in health locally, actions must be universal, but with an intensity proportionate to the level of disadvantage.[[10]](#footnote-11)

Figure : Relationship between Income Deprivation and Smoking - CEC Wards

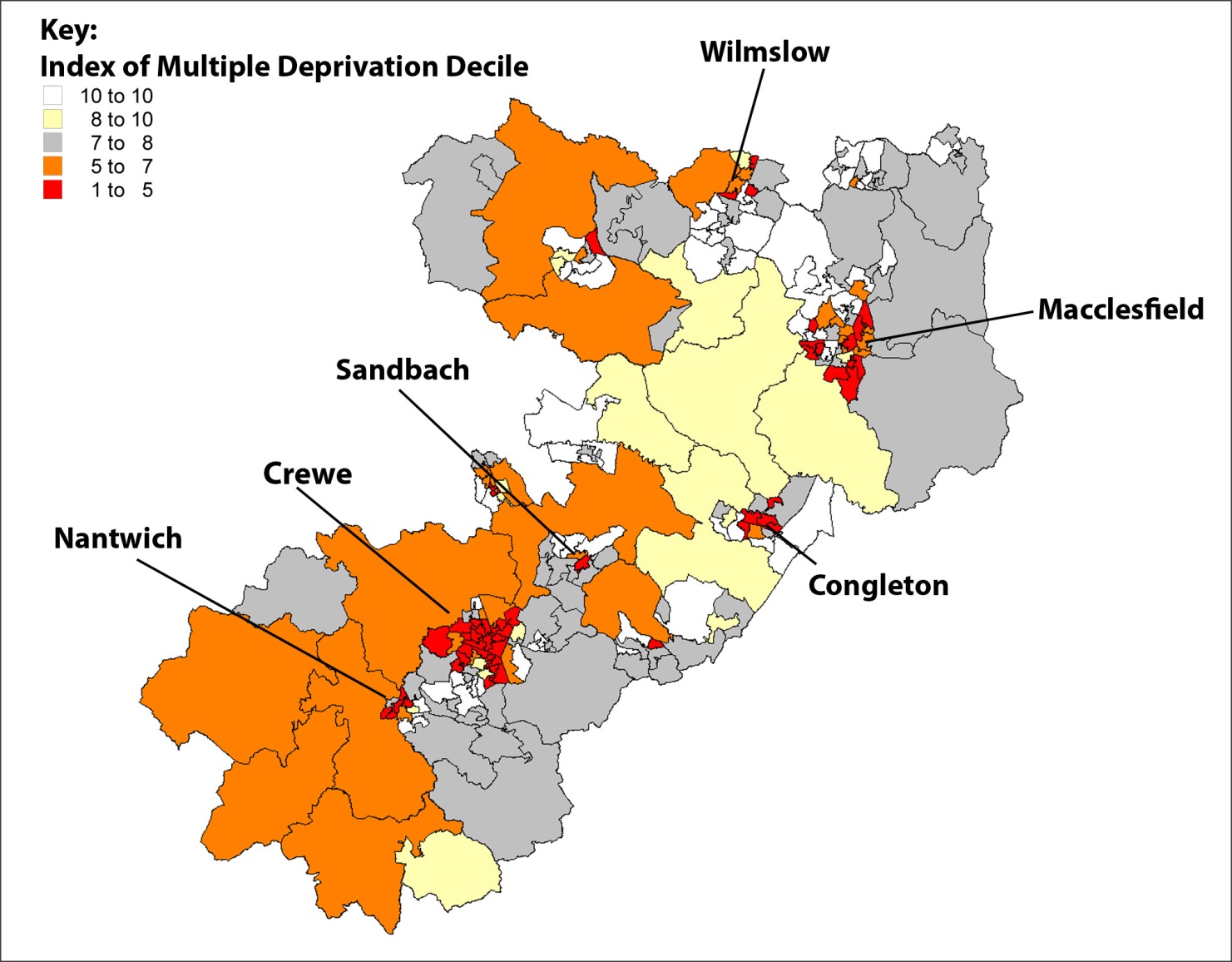
Figure : Relationship between Income Deprivation and Healthy Eating - CEC Wards

Figure : Relationship between Income Deprivation and Adult Obesity - CEC Wards

Figure 5 below shows the pattern of deprivation across Cheshire East. Eighteen of Cheshire East’s 234 Lower Layer Super Output Areas (LSOAs) are among the 20% most deprived in England, according to the most recent (2015) Index of Multiple Deprivation (IMD), which is up from sixteen in the previous (2010) IMD. Most (thirteen) of these eighteen areas are in Crewe, though there are others in Macclesfield (two) and in Alsager, Congleton and Wilmslow (one each). Six LSOAs, all of them in Crewe, rank among England’s top (most deprived) 10%.

One of these is in the top (most deprived) 5% nationally, though it is outside England’s top 4% (most deprived). Many of the Borough’s other towns and larger settlements – Handforth, Knutsford, Middlewich, Nantwich and Sandbach – each have a single LSOA that is outside England’s most deprived 20% of LSOAs, but inside its most deprived 30%. Several Crewe LSOAs and one in Macclesfield also fall within this range. Poynton is the only Cheshire East town whose LSOAs all lie outside England’s most deprived 30%. This is illustrated by Figure 5 below.

Figure : Deprivation in Cheshire East by Multiple Deprivation Decile



## Service Demand

Participation data for One You Cheshire East is shown below. Data tables are presented both for users starting programmes and users completing programmes. It is of note that participation is determined by a range of factors: including duration of programme, effectiveness of marketing/ outreach/ professional referrals, population need, eligibility criteria, as well as individual motivation and recognition of the need to make change.

Separate tables are shown for smoking including ‘quit dates set’ and ‘four week quits’. In addition to this, data is provided on the Nicotine Replacement Therapy (NRT) Voucher Scheme, and community smoking to give a picture of the level of current activity.

Basic referral data has also been included to show how referrals are currently being achieved.

Table ‑: Users Starting Programmes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2017/18** | | **2018/19** | | | |
|  | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** |
| Falls Prevention | 112 | 88 | 76 | 99 | 109 | 103 |
| Physical Activity | 486 | 589 | 643 | 488 | 476 | 721 |
| Healthy Eating | 30 | 72 | 133 | 138 | 86 | 149 |
| Weight Management | 66 | 148 | 149 | 118 | 92 | 115 |
| Fit for Birth | 6 | 8 | 4 | 13 | 7 | 12 |
| Family Weight Management | 27 | 26 | 18 | 26 | 11 | 14 |

Table ‑: Users Completing Programmes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2017/18** | | **2018/19** | | | |
|  | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** |
| Falls Prevention | 78 | 78 | 62 | 57 | 58 | 64 |
| Physical Activity | 329 | 359 | 427 | 459 | 359 | 370 |
| Healthy Eating | 43 | 60 | 81 | 120 | 98 | 57 |
| Weight Management | 39 | 64 | 98 | 113 | 94 | 59 |
| Fit for Birth | 1 | 0 | 4 | 2 | 5 | 2 |
| Family Weight Management | 9 | 15 | 14 | 7 | 19 | 5 |

Note: programme length impacts on the number of participants completing programmes   
e.g. falls prevention currently takes 24 weeks

Table ‑: Smoking Activity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2018/19** | **Q1** | **Q2** | **Q3** | **Q4** |
| **Community** | Quit Dates Set | 183 | 169 | 156 | 223 |
|  | Quits | 66 | 44 | 59 | 56 |
| **Specialist** | Quit Dates Set | 89 | 101 | 66 | 105 |
|  | Quits | 35 | 32 | 44 | 40 |

Table ‑: NRT Voucher Scheme

|  |  |
| --- | --- |
| **Period 2018-2019** | **Vouchers Claimed For** |
| Q3 | 236 |
| Q4 | 203 |

Note: currently only the specialist smoking provider uses the vouchers

Table 1-: Community Smoking Expenditure 2018/19

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q1** | **Q2** | **Q3** | **Q4** | **Total** |
| £2,532.00 | £2,700.00 | £3,314.00 | £3,934.00 | £12,480.00 |

Note: current community smoking provision is delivered by a number of pharmacies [[11]](#footnote-12)

Table ‑: Referrals Source (excluding smoking cessation) [Q1 17-18 to Q3 18-19]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Source** | **Physical Activity** | **Falls Prevention** | **Healthy Eating** | **Weight Management** | **TOTAL** | **%** |
| One You Providers | 986 | 248 | 63 | 184 | 1481 | 72% |
| GP | 237 | 57 | 4 | 48 | 346 | 17% |
| Physio | 65 | 42 |  | 4 | 111 | 5% |
| Social Care | 42 | 3 | 4 | 2 | 51 | 2% |
| Not Recorded | 14 | 5 | 5 | 2 | 26 | 1% |
| Mental Health Reablement | 11 | 0 |  |  | 11 | 1% |
| Dietician | 10 | 0 | 1 |  | 11 | 1% |
| Other | 8 | 3 |  |  | 11 | 1% |
| OT | 2 | 3 |  |  | 5 | 0% |
| **Total** | **1375** | **361** | **77** | **240** | **2053** | **100%** |

Note: this was recorded when the individual had made contact with the current provider of the above lifestyle programmes

## Engagement and Market Research

Cheshire East Council has conducted extensive engagement with the local community in order to understand how this service should be delivered in the future in order to meet local need. The following reports are appended for reference:

* One You Cheshire East Public Survey Report (Appendix 4)
* Health and Lifestyle Survey 2016 (Appendix 5)

Engagement has included:

* One You Cheshire East Participant Survey - A survey sent to previous attendees of One You Cheshire East to gain their feedback. A total of 260 responses received.
* A survey on the One You Service called “A Healthy Lifestyles Survey” sent to Cheshire East residents through the Council’s Digital Influence Panel and the general public via the Council’s website. A total of 522 responses received.
* A survey sent to relevant professionals (such as GPs, Midwives etc or who have an interest in the work of the service). A total of 13 responses received.
* A survey sent to 1000+ parents with National Child Measurement Programme letters. A total of 36 responses received.

**Key Findings**:

**One You Awareness and Marketing**

Awareness of One You Cheshire East was lacking among the general population of the Borough. Just fewer than 1 in 5 (19%) respondents had heard of One You in response to the public survey. There was also some lack of awareness reported by professionals which was fed back in the stakeholder survey. Past participants of One You also indicated that improvements could be made to the ease of finding out about the service.

This feedback suggests that further work is required to build the profile of One You Cheshire East locally. As such, a key requirement going forward will be to make One You more visible, particularly with those that could really benefit from it. Greater promotion, advertising and marketing of the service is needed to improve recognition and ease of access.

**How the Service Could be Improved?**

There were some consistent messages about how the service could be improved in the future and how some barriers could be removed. These included:

* Wider promotion and advertising
* Broadening access by delivering services in local neighbourhoods and community venues including areas of deprivation e.g. Connected Community Centres
* Greater flexibility of time and location of programmes (including evenings).
* Offering a “buddy” scheme to individuals who would benefit from additional support to access services
* Providing additional support for peoples’ mental wellbeing and associated impact on participation and behaviour change
* Considering accessibility by public transport and cost
* The importance of “follow up” for participants and offering a “personal approach” to ensure continued lifestyle change
* More support for children and young people on how to lead healthier lifestyles.

**Overall Comments**

Although awareness of One You was not high among the general population, comments received from those who had used the service and from professionals were very positive and appeared to have given lasting benefit and improved levels of health and wellbeing to participants. This is illustrated from a comment from a professional:

“*I think it is a brilliant service however it needs promoting to a greater extent so more people are aware of what is on offer, and take advantage of the opportunity*”.

## Key Challenges

There are a range of challenges to the successful delivery of the One You Cheshire East Service. These have been summarised below:

Local Delivery of the Service

* The need to target, persuade, and support local residents who would benefit from One You Cheshire East services, to ensure that sufficient numbers of people are accessing assistance
* The need to run an effective ongoing communications campaign so that there is strong public and professional awareness of the service, and issues around lifestyles
* Flexibility in service provision to take account of new national and local evidence, as well as the changing health and social care landscape
* The ability to contribute to a meaningful reduction in health inequality within the Borough by effectively targeting, in particular, areas of deprivation
* The ability to ensure the service fits within the local health and social care system so that it provides an effective complement to these services, and this also maximises service effectiveness.

Programme Delivery:

* Delivering healthy lifestyle programmes which have a tangible short and long term impact on the health and wellbeing of the individual
* The need to ensure that local residents are participating in lifestyle behaviours relating to physical activity, healthy eating and weight which are in keeping with Chief Medical Officer Guidelines or other relevant guidance or evidence.
* For the service to be sensitive and responsive to people of varying characteristics within the Borough including ethnic minorities, people with mental health conditions, people with learning disabilities, people with health conditions etc.

# High Level Service Outcomes

## Service Aims and Outcomes - Local, Public Health, National

The service and its programmes are being commissioned to have a positive effect on the following high level outcomes:

* Life expectancy
* Healthy Life Expectancy.

Impact on these measures will occur over the long term.

There are also a range of further outcomes which link with these. These include that local residents’ experience:

* Improved mental wellbeing/ mental health
* Improved health literacy and therefore knowledge of what living a healthy lifestyle is and the consequences of not doing so
* Improved ability to access health related assets within the community
* Improved ability to live independently for longer
* And that there are reduced pressures on local NHS and social care together with that of other public services.

In addition to this a range of outcomes will be positively affected that directly relate to programme delivery. Some key ones are listed below. However, this is expanded on in Section 3.0 onwards.

* Reduced levels of excess weight and obesity
* Decreased levels of smoking
* Increased levels of physical activity
* Improved prevalence of people eating a healthy diet
* Decreased risk of falling.

Strategic outcomes are detailed in the separate Performance Management Framework document.

## Service Principles

The service will be delivered to the following core principles:

*Evidence Based* – content and delivery of programmes should be strongly rooted in what has been proven to generate required outcomes. However, if evidence does not exist, the service should gather the appropriate intelligence to inform decision making. This evidence base may change over time, as such programme content will need to be malleable to take account of this.

*Effective over the Long Term* – the Service should support behaviour change in individuals which is effective both over the short and long term, in order to generate the required improvements in life expectancy and healthy life expectancy.

*Person Centred* – service provision should be tailored to the needs of individuals. This may lead to some individuals receiving additional support.

*Service User Involvement -* Participants should play an active part in guiding how the service is delivered through appropriate feedback mechanisms.

*Innovative* – service delivery should be innovative where appropriate, seeking to make the most of new opportunities to improve outcomes.[[12]](#footnote-13)

*Collaborative -* a strongly collaborative and partnership based approach with a wide range of stakeholders (particularly the Council and Health) will be crucial in ensuring that service effectiveness is maximised.

*Enabling* – the Service should enable individuals to make their own positive choices through the supply of information, support and tools which assist decision-making. As such, it should aim to educate rather than to preach, thereby improving population health literacy.

A*dherence* – delivery should maximise attendance at programme sessions (and related requirements e.g. exercise at home) in order to increase the likelihood of programme effect.

*Data driven -* Information should be effectively used to manage and plan the service. This includes tracking of short and long term outcomes achieved by participants, attrition rates and service user feedback.

## Service Values

The following Service values and approaches underpin the Service aims and ethos which the Provider is to adhere to:

* Openness and trustworthiness
* A commitment to quality
* Dignity and respect
* Collaboration
* Communication
* Personalisation
* Compassion and empathy towards all Service Users
* Providing support for individuals or groups facing greater social or economic barriers
* Third sector engagement
* Community engagement
* Market development

## Social Values

The Provider will be expected to identify targets within their model aligned to one or more of the following social value objectives:

* **Promote employment and economic sustainability** – tackle unemployment and facilitate the development of skills;
* **Raise the living standards of local residents** – working towards living wage, maximise employee access to entitlements such as childcare and encourage Providers to source labour from within Cheshire East;
* **Promote participation and citizen engagement** – encourage resident participation and promote active citizenship;
* **Build the capacity and sustainability of the voluntary and community sector** – practical support for local voluntary and community groups;
* **Promote equity and fairness** – target effort towards those in the greatest need or facing the greatest disadvantage and tackle deprivation across the borough;
* **Promote environmental sustainability** – reduce wastage, limit energy consumption and procure materials from sustainable sources.

The Provider will undertake Cost Benefit Analysis (CBA) for their identified social value targets, which will be monitored through the contract monitoring process. Benchmarking for CBA will be undertaken by the Provider once the contract has been awarded.

# Service Requirement and Deliverables

## Service Model

The One You Cheshire East Service will be delivered by a single lead Provider. This Provider will be responsible for a range of functions which are summarised below:

* Marketing, outreach, relationship management with professionals (and potential use of risk stratification)
* Screening, signposting and risk assessment of individuals
* Delivery of programmes in relation to Weight Management, Physical Activity and Falls Prevention, Smoking (specialist and community), Mental Wellbeing (brief intervention), Alcohol Harm Reduction as well as Innovation Projects.
* Case management of participants and tracking of outcomes via an appropriate IT system.

There is an expectation that providers may utilise sub-contracting/ partnership arrangements to deliver the service. This will, in particular, ensure localised service delivery takes place. This is particularly relevant to smoking cessation and innovation projects.

**This contract will be for 3 years with the option of two further extensions of one year.**

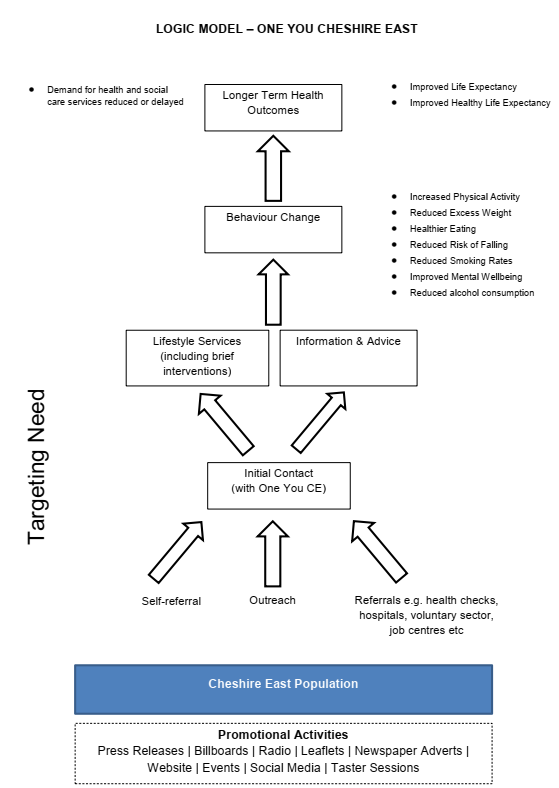
A key aspiration is that the One You Cheshire East Service is integrated into the wider community. This means utilising and building on existing community based assets which can augment the wider impact of the service.

The Logic Model shown in Figure 6 gives a high level summary of how the One You Cheshire East services will achieve long term health outcomes for Cheshire East residents.

Delivery principles include:

* Prioritisation of programme participation to those with particular lifestyle need whilst ensuring capacity is fully utilised.
* Support is available from the service across the Borough, but particularly in areas of deprivation
* Innovation informs future delivery through robust evaluation
* A range of providers have the opportunity to contribute to service delivery
* The population has improved awareness around healthy lifestyles through effective marketing and relationships with stakeholders.

Figure : One You Cheshire East Logic Model



## Operational Service Model Requirements/ Service Areas

The One You Cheshire East service will consist of the following components:

1. **Promotion and Relationship Development**
2. **Screening**
3. **ICT infrastructure**
4. **Lifestyle Programme Delivery**
   1. Physical Activity
   2. Weight Management
   3. Falls Prevention
   4. Maternal Health
   5. Family Weight Management
   6. Mental Wellbeing (brief advice)
   7. Alcohol Harm Reduction (brief advice)
5. **Smoking Cessation** 
   1. Specialist Smoking Provision
   2. Community Smoking Provision
   3. Administration of the Nicotine Replacement Therapy Voucher Scheme
6. **Innovation Fund**
   1. Oversight of an innovation fund

## Component A: Promotion and Relationship Development

## Generating Referrals

An essential requirement for the successful delivery of One You Cheshire East is to generate sufficient numbers of referrals to the service. This can be achieved by four key means (as illustrated by the Logic Model). These are:

1. Marketing of the service to residents (particularly to solicit self-referral);
2. Use of outreach in the community to raise awareness of the programme with local residents and to identify those who might benefit/wish to participate in the service
3. Referral to the service by professionals
4. Use of health data to identify individuals who would benefit from One You (also known as ‘Risk Stratification’).

The resource devoted to each of these elements, should be determined by analysis of their cost-effectiveness including their ability to generate referrals of individuals who are eligible, motivated and, in particular, in desired target groups.

Groups that the service will target include:

* People/ groups likely to be eligible for One You Cheshire East services or who would benefit from lifestyle related advice.

As well as:

* + People in areas of deprivation
  + People from protected characteristic groups. This includes: people from ethnic minorities, people with physical disabilities, people with learning disabilities
  + Patients with health conditions; including cardiovascular disease, respiratory disease, diabetes, mental health, autism, those waiting for cancer or joint surgery, adults with autism, adults with substance misuse issues [[13]](#footnote-14).
  + People from other groups which have known issues related to lifestyle (e.g. teenage girls and physical inactivity[[14]](#footnote-15))
  + Carers.

Fundamental in this work will be giving clarity to the public and professionals over:

* What the One You Cheshire East service offers
* Where the service is run and at what times
* The expertise of staff delivering the service
* How the service is accessed
* How it integrates with other pathways (e.g. obesity).

### **Marketing of the Service**

The Service Provider will be required to devise and work to a credible and detailed communications and marketing plan which will encompass both marketing of the service, and health promotion of lifestyle issues (related to each programme area). This will clearly describe activities for the promotion of the Service, as well as local external facing campaigns. A primary objective will be to generate sufficient referrals to the screening function and associated lifestyle programmes. This will include directly marketing the service to the public and to relevant professionals (linking in with 3.4.4).

The communications and marketing plan should include targets and feedback mechanisms in order to evaluate the success of marketing tactics. For instance, if a campaign is run using social media, the number of clicks generated as a result should be captured and reviewed. Therefore, preference should be given for marketing tactics that can be measured. This means the marketing plan should be reviewed in an iterative fashion, building on what works and discarding what does not. This will presented at each Contract Management Meeting. Marketing tactics may include: leaflets, social media, web adverts, posters, events, press releases, newspaper adverts, billboards, bus advertising, promotional giveaways (e.g. pens), campaigns using community pharmacies etc.

The communications and marketing plan should target segments of the population with specific tactics likely to solicit awareness/ uptake from them. It may also be necessary to customise this to each programme. For instance, the weight management programme may need to be promoted to overweight/obese men in a way that differs markedly in the way it is directed at women, in order to achieve sufficient engagement.

The provider will take account of Service User experiences in the review of the marketing strategy. They will also work proactively with others involved in related projects, to ensure communication coherence. As such, marketing should build on national campaigns and promotions including those run by Public Health England and the NHS. In particular, there will be a need to align with:

* One You [national programme]
* Change 4 Life
* NHS National Calendar of Campaigns
* Local initiatives facilitated by the Cheshire East Wellbeing Network.

These initiatives may change over the term of the contract.

It should be noted that a specific marketing plan will need to be developed as part of mobilisation and re-launch of the service. This will include for residents, current users, and professionals involved in programme delivery.

### Marketing for Audience Need

Communication methods and materials will need to be suitable for a variety of audiences – children, young people, adults, families, parents, partners, carers, professionals, general public, businesses – providing timely and straightforward information and guidance accounting for language and a range of literacy levels.

### Marketing Oversight

The Council’s Communications Team will require oversight of the marketing plan and major marketing activities. This will include:

* Promotion and publicity of the service to any public body or public individual.
* PR media relations activity including media enquiries and statements to be led by Cheshire East Council Communications in partnership with the provider. This will also be planned within the communications and engagement plans for the service.
* Approval of materials to be used in universal promotion of the service
* Approval of major strategies/plans targeted at groups of individuals.

### Marketing Staff

Staff delivering marketing of the service should have appropriate expertise/qualifications in order to do this proficiently. They will also receive support from other marketing practitioners in order to inform their work (e.g. they may be supported by a larger marketing team).

### One You Cheshire East Branding

The branding of the service follows that of the national One You Public Health England campaign. This allows synergies between the national and local programmes, increasing awareness around healthy lifestyles and consistency of messages and eliminating the expense of developing a separate branding scheme. As part of this, conformity will be required to national One You brand guidelines. This will require links to be made with Public Health England’s One You Marketing Team.

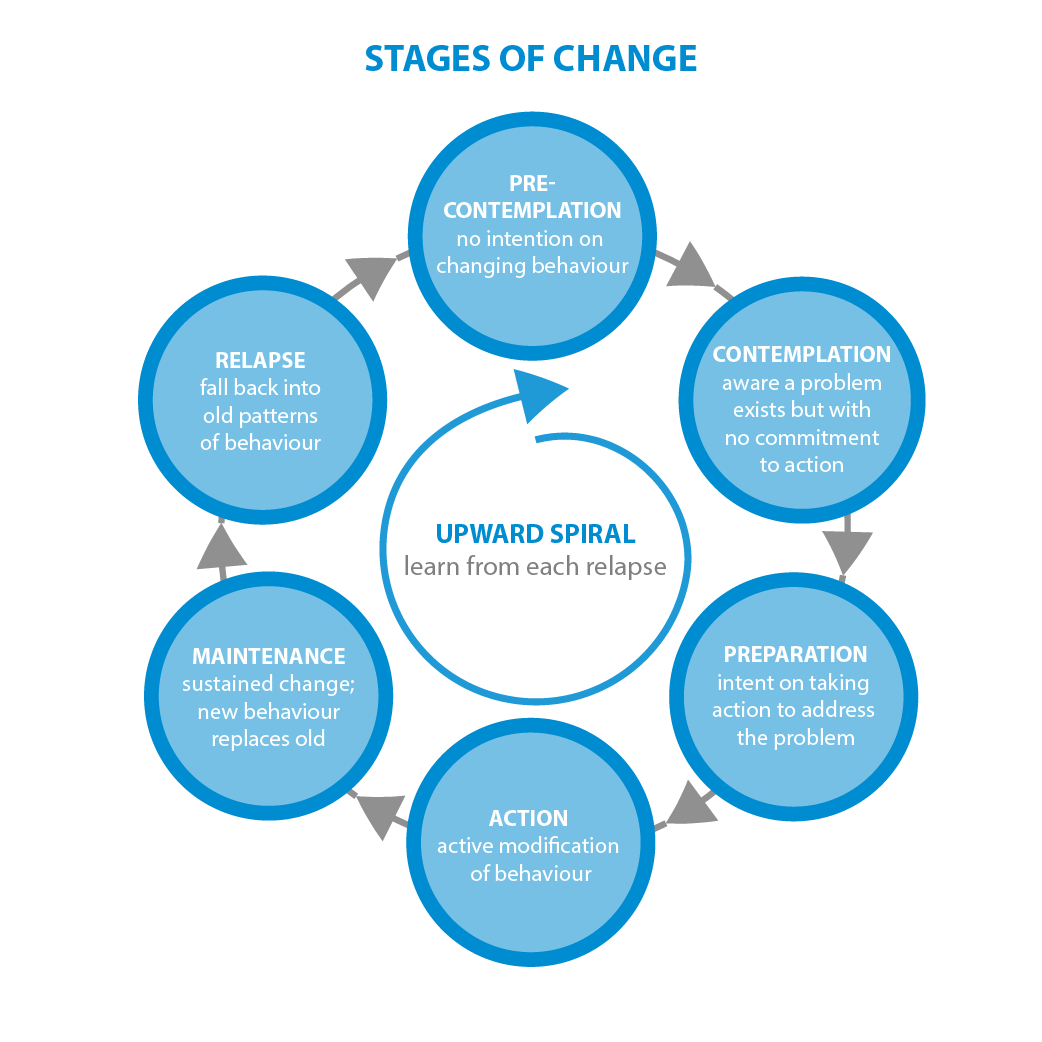
### Service Branding

Cheshire East Council must own any name, logo, brand image or design created as an identity for the service and programmes (with the exception of any materials used under licence, such as some photography, and national One You related resources).  Any brand application, logo, visual ID must comply with Cheshire East Council brand protocol where this is applicable.

### Outreach in the Community

Community outreach has the potential to reach a cohort of individuals who are not accessed easily by other approaches. It also provides an important means in which individuals can be taken on a journey resulting in lifestyle change by engaging them in dialogue. One way of considering this journey is illustrated by the Stages of Change Model below [[15]](#footnote-16).

Figure : Stages of Change Model



As part of generating referrals of the right amount and from the right locations, staff may be deployed at key locations in the Borough in order to connect with and identify individuals who would benefit from One You Cheshire East services. This will include points where individuals with relevant needs regularly meet, or interact with services e.g. Connected Community Centres, libraries, voluntary sector service points, events, local groups etc. Engagement by staff should be an active rather than a passive approach (e.g. expecting participants to approach a stand) in order to maximise opportunities for awareness raising and resulting referrals.

It is crucial for this work to be carefully appraised in order to maximise value. For instance, it may be felt that it is not cost effective to place staff regularly at GP Practices, when practice staff themselves or new Social Prescribing Link Workers could generate appropriate referrals themselves. There are also staff in key roles within the Borough who may also effectively form part of an outreach function (see 3.4.8 below). As such, a key requirement will be for the provider to evaluate the support required for this function.

Outreach should extend to supporting individuals to participate in screening and to also attend programmes. This could be achieved through a variety of means such as the use of supportive conversations or messages to help with motivation, as well as practical advice to address barriers such as information on transport or when a programme is likely to be run in that area.

It is also important that there is a One You Cheshire East presence at events relevant to the aims of the service (e.g. Crewe and Nantwich Health and Wellbeing Fayre). This will raise awareness of the service locally and act as a source of referrals. These will be identified by the Provider themselves, although the Commissioner will also mandate attendance at specific events. Attendance will be required for these events at weekends and evenings dependent on scheduling.

### Referrals by Professionals

There are a wide range of professionals that can refer into the One You Cheshire East service. These include the following (this list is not exhaustive):

* GPs + practice staff (including Social Prescribing Link Workers)
* Community Nurses
* Pharmacies (particularly Healthy Living Pharmacies)[[16]](#footnote-17)
* Voluntary sector organisations e.g. Stroke Association
* Other commissioned services (such as Pathfinder Cheshire East)[[17]](#footnote-18)
* Housing Associations
* Schools
* Local Authority staff (including Local Area Coordinators, Community Development workers)
* Acute Care Staff (including midwives, dieticians)
* Other staff within the wider health and social care system
* Employers
* DWP
* Faith groups
* Healthwatch Cheshire East[[18]](#footnote-19)
* Cheshire Fire and Rescue e.g. via safe and well checks
* Connected Community Centres
* Staff from other relevant commissioned services e.g. substance misuse service
* Midwives and maternity services
* 0-19 service (including health visitors)

Note: the health and social care landscape is constantly changing so there will be a need to adapt to maximise opportunities that this brings about.

It should be emphasised that one of the key referral pathways will be via NHS Healthchecks.[[19]](#footnote-20) This is a service which is commissioned by the Council via GP practices, where patients receive blood pressure, cholesterol and weight checks and asked about aspects of their lifestyle.

Managed effectively, referrals from professionals can create a significant flow of people into the lifestyle service. However, to succeed in this, the following actions must be conducted on an ongoing basis:

* Implementation of a fast and effective referral mechanism for professionals.
* Training/support to professionals over the referral process (e.g. such as producing a simple one page guide to making a referral).
* Awareness raising amongst professionals of the One You Cheshire East service with use of a range of marketing tactics. Particular emphasis should be had on the positive impact that the service can have on individuals and how it can improve their own work capacity in the medium term.
* Relationship building with professionals. This can be carried out in a range of ways e.g. phone calls, emails, newsletters, events and attendance at staff meetings, and will aim to reinforce messages and generate long term support for the aims of the service.
* Analysis of referral data from professionals, with follow up with the appropriate organisations/staff when referral numbers are lower than expected.

It is important to note that research has shown that for adults experiencing health events or “teachable moments,” such as a doctor recommendation about health can be the catalyst for long-term changes in diet and physical activity [[20]](#footnote-21). As such these opportunities should be utilised where practicable. Although, there should also be recognition that a behaviour change intervention may not always be appropriate due to personal circumstances.

In addition to this, referral by professionals should also take account of someone’s motivation and willingness to change to ensure that a referral is more likely to lead to participation.

### Making Every Contact Count

‘Making Every Contact Count’ is a nationally recognised approach to behaviour change, which aims to maximise the many interactions that people have with other people, to support them in making positive changes to their physical and mental wellbeing/mental health.[[21]](#footnote-22)

The One You Cheshire East service will utilise this approach to service delivery, through the Provider giving the appropriate training, tools and support to individuals that enables them to refer to the Service and provide brief advice on lifestyle issues relevant to each programme within the service.

Work is already taking place within Hospital Trusts and the Council in order to put this in place locally, but links will be made by the Provider to build further on this initiative. This includes by developing this approach within the wider community and using it as an additional means of achieving lifestyle change.

A key area of focus will be the community and voluntary sector, as well as people within the community who have regular suitable interactions with the public (e.g. bar staff, hairdressers, A&E volunteers).

In order to deliver this, the following actions will be required:

* Marketing of the approach to the community and ‘incentivising’ participation in some way. For example, by creating One You Cheshire East champions, and utilising positive stories from participants.
* Development of appropriate materials/resources to facilitate referrals
* Information materials provided to support people delivering brief advice (note: there are national resources which can be adapted for this purpose).
* Holding of training sessions (including use of a ‘train the trainer’ approach). This may also make use of e-learning.
* Key contact(s) provided to support these individuals with appropriate referrals.
* Repeated engagement with those involved to give momentum to this initiative.

The National ‘Making Every Contact Count’ website should be used as a reference source for how implementation should take place. [[22]](#footnote-23) However key elements will include:

* Gaining buy-in from leaders within organisations
* Planning (which is likely to mean a co-production approach with appropriate stakeholders)
* Putting appropriate infrastructure in place to support the process
* Gauging readiness of individuals to participate
* Implementing training
* Review and Evaluation (including recording of impact e.g. referrals, brief advice given)

A local website has been launched in the Cheshire and Merseyside region which also contains useful tools (such as for evaluation and training).[[23]](#footnote-24)

### Health Optimisation

As part of current delivery of the One You Cheshire East service, a health optimisation pathway is in place with health professionals which aims to ensure that individuals receive appropriate lifestyle support before undergoing routine or non-urgent operations. This support will increase the likelihood of positive health outcomes by reducing the risk caused by negative lifestyle behaviours e.g. smoking on post-operative recovery. The provider will be expected to continue to manage this pathway including; publicising it with health professionals, and measuring resulting referrals. Link work will be required with CCGs to ensure this approach works successfully.

### Risk Stratification

It is a requirement for the provider to explore the utilisation of health data as a means to proactively identify individuals who would benefit from One You Cheshire East Services. For instance, those registered as having excess BMI on the GP client record system EMIS. This method has the potential to be an extremely effective way to target individuals with lifestyle needs, for instance, as it reduces the need for awareness raising and screening.

A number of barriers would have to be overcome for implementation. These include: the need to influence a large number of GP Practices, issues around data confidentiality, and a requirement to alert patients of their eligibility (e.g. via a letter, an alert on EMIS, email etc.). The Provider will address these in implementation.

## Demand Management

Crucial in successful delivery of referral functions, is to ensure that effective demand management takes place. This will ensure supply of participants to lifestyle programmes is commensurate with the capacity of these programmes.

Conducting this successfully will require an agile approach, in order to increase referrals when demand is moderate, or to reduce them when demand exceeds capacity (for instance, to take account of seasonal fluctuations in demand). Moreover, it will also be vital to ensure that this demand management approach takes place for geographic areas, as programmes in some locations will be more popular than others.

To successfully implement this, programme delivery in itself will need to be flexible. For instance, to build up demand in a town until this is sufficient for a programme to be delivered there[[24]](#footnote-25); or to run additional programmes in a town when demand is high.

Over time, it may be necessary to adjust referral criteria so that referrals better fit programme capacity. However, this will only take place with agreement of the Commissioner. Similarly, whilst capacity figures have been given as part of the tender process, the Commissioners would expect to work with the Provider so that delivery flexes to local need (where appropriate).

### Referral Follow-Up

Use of emails, texts and phone calls should be undertaken to ensure that individuals who have expressed an interest/or been referred by a professional are given further opportunity to attend a session. An audit trail should exist to validate that measures to chase theses leads have been carried out. These channels should also be employed to remind individuals of appointments.

## Component B: Screening, Signposting and Information and Advice

Individuals should undergo screening for lifestyle services before they gain admission to programmes. The screening will establish if their health need falls within agreed criteria.

All core services will be free of charge[[25]](#footnote-26), and will be eligible to people resident within the Borough of Cheshire East. Criteria will also enable asylum seekers and people from travelling communities to be able to access the Service.

Screening of individuals will take place in ways as flexible as possible in order to promote participation in programmes. This will include via the telephone or face to face contact. The provider will also examine the application of web based screening. However, it is expected that online appointment booking will be implemented.

A key element of screening will be to establish the motivation of participants to undertake programmes for their full term. Participants who are identified as lacking the required motivation level will be given information, advice and signposting as a first step in the behaviour change process, with the offer of returning at a later date when the individual feels more able to take part.

Individuals may contact the service with a clear idea of the programme that they wish to participate in. As such, screening should be conducted in a way that does not unduly impede a participant from fulfilling this wish (providing they are eligible). However, screening should also be used as an opportunity to identify if individuals may be eligible for other lifestyle programmes (e.g. smoking cessation) and to conduct brief advice although mental wellbeing and alcohol. See Figure 8 for a summary of this process.

### Signposting

A key element of the screening process will be the use of signposting to relevant lifestyle related services/ activities or groups within the community. It may also involve redirection of the individual to a health professional, information source or a web app. This may occur in three chief instances:

* An individual is ineligible for a lifestyle programme but wishes to find other means to obtain lifestyle support.
* An individual is eligible for a lifestyle programme but is unable/ unwilling to take up the programme offer.
* An individual has needs which cannot be met solely by the One You Cheshire East Service.

Screening will provide an opportunity to signpost to a wider set of services than available through One You Cheshire East. This will include signposting to mental wellbeing related services (for instance, those aimed at social isolation[[26]](#footnote-27) or IAPT services). It may also mean signposting to commissioned services relevant to lifestyle e.g. the substance misuse service. Use of the Live Well Cheshire East website will be essential to performing this task successfully.

In cases where an individual is unlikely to have time to take up the offer of a service, the possibility of signposting them to ‘electronic interventions’ should be explored. These may exist online or in app stores, or alternatively there is the possibility of funding apps as a supplement to programmes. Note: in terms of the latter, it will important to test whether outcomes can be delivered by this channel to justify long term investment in this medium.

There may also be opportunities for onward signposting during programme delivery. This includes for services within and outside of the One You Cheshire East commission. For instance, prompted by information volunteered or behaviour observed by programme staff (e.g. smoking).

### Risk Assessment

A fundamental of delivery is to ‘do no harm’ to participants. Achieving this means conducting a comprehensive risk assessment on a person before they are admitted to a programme. This should assess their physical and mental capacity to take part, so that it is unlikely to damage their short or long term health.

Conducting this effectively is likely to mean working through a checklist with individuals including taking observations such as blood pressure and heart rate (this will also link with the NHS Healthcheck process). Negative assessment will mean alternative action needs to be taken, for instance, onward referral to a GP for further evaluation.

## Component C: ICT Infrastructure

The requirement to have an effective ICT system allowing recording and reporting of data will be fundamental to the successful operation of the service. This will include in:

* Recording of new entrants into programmes (likely to include contact details, programme to be participated in, relevant outline health data)
* Recording of detailed health data related to the participant at staged intervals to allow monitoring of progress over time. This will include; before, during and after the programme, and for long term follow-up.
* Recording of screenings carried out (this will include data on how they found out about the service, contact details for participants, signposting that has occurred).

Data recording will be sufficient to allow; performance indicators to be reported on, the service to be managed; and to create appropriate intelligence to inform future service development. This will include in relation to referral generation.

The maintenance of a One You Cheshire East website will be required as part of this contract. This website will also contain the functionality to take referrals. However, the site will also integrate with the Live Well Cheshire East website. This means that One You Cheshire East will provide core lifestyle information but Live Well Cheshire East will be used to give the details of the locations of programmes. It is expected that the Provider will be given the ability to update entries directly on the Live Well service directory, which is a function they will be required to use.

Relevant information will be shared with other agencies such as the Local Authority, GPs, when consent has been granted by the participant. This should be in line with the Department of Health's information governance and data protection requirements.[[27]](#footnote-28)

### Data Flow

It is expected that the Provider will inform relevant health services of an individual’s participation in a programme (as well as relevant data captured, providing the individual has given consent). This will mean, in particular, informing GP Practices of interventions (such as smoking cessation quit attempts). This will allow the feedback loop to be closed, and will give health care professionals awareness of progress, allowing them to further support the individual over the behaviour change.

## Component D: Programme Delivery

The One You Cheshire East Service will offer the following programmes.

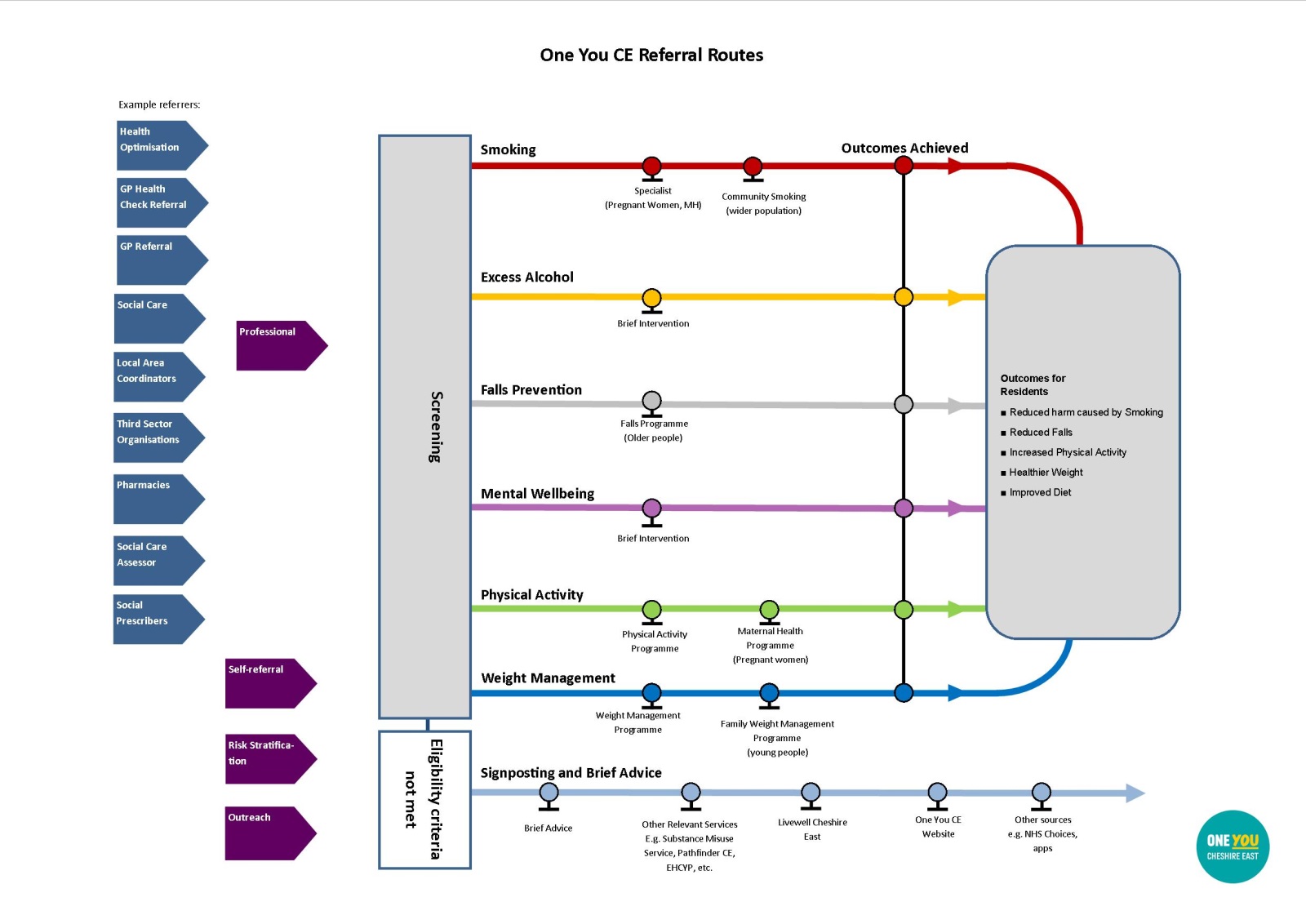
* Physical Activity
* Weight Management
* Falls Prevention
* Maternal Health
* Family Weight Management
* Mental Wellbeing (brief intervention)
* Alcohol Harm Reduction (brief intervention).

Guidelines for each of these programmes are given in 3.9 to 3.16. However, it is expected that detailed content would be developed by the provider using staff with appropriate expertise (e.g. a registered nutritionist or dietician, physical activity and behaviour change expert etc.).

Characteristics of programmes are summarised in Appendix 2. Figure 8 provides a high level summary of service pathways.

Note: programme delivery is aligned around current Council responsibilities for Public Health. If these changed during the course of the contract, then the Council would work with the Provider to redesign the service accordingly. Please see the NHS Long Term Plan as background.[[28]](#footnote-29)

Figure : One You Cheshire East - Referral Pathways



## Falls Prevention Programme

### Background

Half of people aged 80 and over, and one out of every three people aged over 65, will suffer at least one fall each year. [[29]](#footnote-30) They are also the most common cause of death from injury in those aged 65 and over. [[30]](#footnote-31)

Falls are a key reason for ambulance calls outs. Approximately 10% of United Kingdom ambulance service calls are to people over 65 who have fallen. About 60% of cases are taken to A&E. [[31]](#footnote-32) As such, they are also a major reason for hospital admission. Falls are estimated to cost the NHS £2.3BN a year.[[32]](#footnote-33)

In immediate terms, a fall can lead to fractures and prolonged time spent lying on the floor. However, there are a number of more persistent effects on the individual including pain, injury (e.g. bruising or fractures) and anxiety (including fear of falling).

As such, a fall can result in an increased use of medical services, as well as usage of social care. It is estimated that there are 255,000 falls related emergency hospital admissions per year for older people in England.[[33]](#footnote-34) As such, they have been identified as the key risk factor in an individual losing independence and going into long term care.

A hip fracture is a common fracture sustained as a result of a fall. These are estimated to make up 25% of fractures from falls in the community, and can lead to complex medical and rehabilitation needs. NICE estimate that 10% of people with a hip fracture will die within one month, and a third over a 12 month period.[[34]](#footnote-35)

Fear of falling can lead to general loss of confidence in an individual to participate in the community and to be independent. This can lead to social isolation and increased frailty as a result of decreased physical exercise.

### Population Need

There were 2,041 emergency admissions for falls in residents 65+ (2017/18) in Cheshire East. This has risen from 1,679 in 2011/12 [[35]](#footnote-36). There were also 504 people aged 65+ who sustained a hip fracture (2017/18).[[36]](#footnote-37)

22,885 people were predicted to have a fall in 2017/18 and this is expected to increase to 24,452 in 2020 as a result of the ageing population.[[37]](#footnote-38) Currently, 86,900 people are estimated to be aged 65+ (2018) [[38]](#footnote-39). See Section 1.7 for further information about changing demographics.

### Outcomes

* Older people to have reduced risk of falling
* Reduced rate of falling
* Decreased fear of falling
* Improved Mental Wellbeing
* Improved ability to self-care and age well
* *Reduced admissions to hospitals as a result of falling*
* *Reduced rate of fractures*

Note: indicators in italics are desired outcomes but are likely to be harder to evidence

### Programme Characteristics

For a falls prevention programme to be provided to people at risk of falls within Cheshire East which will adhere to either the OTAGO or FaME approach. The programme will ensure that individuals undergo exercise for 3 hours a week and that exercises consist of a high challenge to balance (this would be expected to incorporate home exercises). [[39]](#footnote-40) The programme will last for 26 weeks. A description of these approaches is given below:

### Otago

This programme was developed by the Otago Medical School in New Zealand and consists of leg muscle and balance exercises and a walking plan. The programme consists of three sets of 30 minutes of exercise each week along with a walk at least twice a week. Home visits are undertaken by an instructor with exercises shaped around the needs of the individual. Participants are assessed for inclusion by a Physiotherapist. Note: a modified Otago programme delivered in a group setting would be accepted.

### FaME

The FaME programme was developed in Canada, for older adults who can access group sessions. This consists of strength building exercise for the lower and upper body (using resistance bands), boosting general agility and fitness, and improving balance.

In addition to this, programme content will also cover:

* Adapting the home environment to minimise hazards (including drive and garden) and to reduce the risk of falls
* The importance of maintenance to reduce long-term risk either through home exercises or via a follow on programme.

Follow on will be provided as part of programme delivery. Given that the effect of a falls intervention has been estimated to only last 18-24 months [[40]](#footnote-41), this will be crucial to ensure that risk for participants is reduced over the long term.

### Eligibility Criteria

1. *Initial Screening*

Criteria for referral by professionals will be aligned with that of the Cheshire East Falls Prevention Group recommendation. This is as follows:

For those 65+:

1. Has an individual had 2 or more falls?

2. Presented with an acute fall within the last 12 months?

3. Has difficulty walking or with balance?

This criteria has been designed to be as simple as possible for a range of professionals to use to identify those at risk.

There is also scope for the use of broader criteria related to specific health conditions for those under 65. For instance, conditions linked to increased risk of falls include osteoporosis, stroke, Parkinson’s, arthritis, orthostatic hypotension, low systolic or diastolic blood pressure etc. This will be achieved via the establishment of relevant pathways from health services.

1. *Secondary Screening*

Secondary screening will take place with by a One You Cheshire East staff member. A key part of this will be assessment by the member of staff that it is safe for the individual to participate in the programme (including any home exercises). This will be conducted under the ‘do not harm’ principle. It may be necessary to revisit this assessment during the course of programme delivery.

At the moment, there is no gold standard approach for identifying high risk individuals who would most benefit from an intervention. However, it is suggested that secondary screening takes place via a combination of a Timed Up and Go Test and the BERG Balance Scale. [[41]](#footnote-42) The level set for participants will need to be sufficient to ensure that the capacity of falls prevention programmes is filled but preference is given to those at increased risk.

### Onward Referral

All individuals undergoing secondary screening will be given a Cheshire Falls Prevention Leaflet where this has not already been obtained (copies to be supplied by the Local Authority).

Individuals whose physical capabilities are sufficient that a falls prevention programme is unsuitable for them, should be considered for the physical activity programme, providing they meet standard eligibility criteria. Individuals deemed ineligible should be signposted to services based within the community and given additional information and advice.

Individuals who attend the programme/ or are considered too frail to attend, should be provided with additional information and advice where useful and relevant. This will consist of:

* Referral onwards to their GP Practice for a multifactorial intervention.
* Referral to the Council’s home repairs and adaptations service (currently known as Care and Repair) for advice on living aids/ home adaptations
* Referral for Assistive Technology. It should be noted that provision includes a falls pick up service.

### Inward Referrals

The service should have the capability to take referrals from a range of professionals (as in 3.4). However, those of particular relevance include:

* Social care assessors/ Social workers
* Occupational Therapists
* Care and Repair
* Cheshire and Merseyside Fire and Rescue Service (through Safe and Well Checks)
* GP Practices (including GPs + relevant staff)
* Community Nurses
* Fracture Liaison Services.

### Relevant Guidance/Documents

* Cheshire East Falls Prevention Strategy
* Fracture Consensus Statement

[www.gov.uk/government/publications/falls-and-fractures-consensus-statement](http://www.gov.uk/government/publications/falls-and-fractures-consensus-statement)

* Right Care Falls and Fragility Fractures Pathway

[www.england.nhs.uk/rightcare/products/pathways/falls-and-fragility-fractures-pathway/](http://www.england.nhs.uk/rightcare/products/pathways/falls-and-fragility-fractures-pathway/)

* NICE Clinical Guidance CG161

[www.nice.org.uk/guidance/CG161](http://www.nice.org.uk/guidance/CG161)

* Falls Quality Standard QS86

<https://www.nice.org.uk/guidance/qs86>

### Other Considerations

* There is no clear link between deprivation and prevalence of falls. However, where restriction is required due to participant numbers, prioritisation should still be given to known areas of deprivation.
* Attendance by the Provider at the Cheshire East Falls Prevention Group (chaired by a Commissioner from Cheshire East Council) will also be required.

## Physical Activity

### Background

Insufficient physical activity accounted for about 2.4% of all deaths in England in 2017. In addition to this, physical inactivity is estimated to cost the UK economy £7.4 billion annually, including about £1 billion to the NHS.[[42]](#footnote-43)

Regular physical activity is proven to help prevent and manage diseases such as heart disease, stroke, diabetes and breast and colon cancer. It also helps reduces risk of hypertension, excess weight and obesity and can improve mental health, quality of life and wellbeing. [[43]](#footnote-44) The benefits are greatest as a result of regular physical activity sustained over a lifetime, ideally meeting (as a minimum) the UK physical activity guidelines.

These guidelines recommend that adults achieve a minimum of 150 minutes of moderate intensity activity, linked with at least two muscle-strengthening activities and efforts to minimise sedentary behaviour every week. Moderate activity can be achieved through simple activities, such as; brisk walking, cycling, gardening, housework, as well as sports and exercise. The accumulative effect can be achieved with as little as a series of ten minute bouts of activity during the week.

Note: exercise intensity refers to the rate at which the activity is being performed at. This will vary between people depending on their level of fitness and their experience at performing the activity. It is commonly measured using a rating known as Metabolic Equivalents or METs; with 1 MET being defined by the energy expenditure for sitting quietly. As such, it is simple means of expressing the energy cost of physical activities as a multiple of this resting metabolic rate.[[44]](#footnote-45)

Examples of moderate intensity exercise (3-6 METS) including walking, yoga and gymnastics. Examples of high intensity exercise (greater than 6 METS) includes jogging, walking up hill, cycling more than 10mph, tennis or football. See the CDC Guide for further information.[[45]](#footnote-46)

### Outcomes

* Increased physical activity; including strength training (in line with Chief Medical Officer Guidelines)
* Improved mental wellbeing/mental health (as a result of participation in physical activity)
* Improved health-related quality of life
* Reduced levels of excess weight and obesity
* Improved ability to self-care and age well

### Population Need

Cheshire East has significantly higher participation in physical activity in comparison to the North West, with 67.8% of residents physically active. However, there is still a significant segment of the population of 22.1% (or circa 65,500 people) who do less than 30 minutes activity a week with associated risks to both short and long term health.[[46]](#footnote-47)

The amount of physical activity that individuals undertake dips as people age. This is illustrated by Table 3‑1: both for England and Cheshire East. There are also differences between genders. For instance, national research has shown that men are more likely to do higher intensity exercise than women, are more likely to participate in team sports. Use of such intelligence will be crucial in targeting individuals who would most benefit from this service.

Table ‑: Levels of Activity by age (at least 150 minutes a week) [[47]](#footnote-48)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Aged 16-34* | *Aged 35-54* | *Aged 55-74* | *Aged 75+* |
| England (Nation) | 71.30% | 65.70% | 58.90% | 34.50% |
| Cheshire East | 90.20% | 74.60% | 59.70% | - |

### Eligibility Criteria

All residents 18+ who are regularly undertaking less than half an hour of physical activity per week will be eligible for the One You Cheshire East physical activity programme.

However, preference should be given to individuals who also have medical conditions such that they would benefit from participation. This would include: myocardial infarction, stroke, chronic heart failure, COPD, depression, low back pain and sciatica, chronic fatigue syndrome. The primary way that this will be achieved is via effective pathways (particularly from primary and secondary care services).

### Programme Characteristics

The physical activity programme will be delivered as a one to one intervention between and an appointed ‘health coach’. This coach will work with individuals to give professional guidance on physical activities that can both fit into the individual’s everyday life (such as walking, cycling, swimming or dance) and are tailored to people’s individual preferences and circumstances [[48]](#footnote-49). This would encompass all aspects of the Chief Medical Officer guidelines: both in terms of exercise duration and intensity, and its strength component.

Support should be provided for a 12 week period. This contact will consist of a 1-2 hour session delivered at the start and end of the programme, with additional face to face meetings occurring dependent on the individual’s needs. There will also be regular weekly contact during the course of the 12 weeks, including telephone based support, emails and texts.

A combination of physical activities run by the provider, as well as those available in the community should be offered to the individual. For instance, an individual could be facilitated to join a local walking group, jogging group or dance club; or to take up aerobic exercise classes run by the service.

Advice on diet and weight may also augment support from the health coach. But onward referral to other programmes within the system will also be required where relevant. Interventions should emphasise that it may be necessary to undertake moderate intensity exercise or 60–90 minutes (cumulative exercise) a day for individuals who have been overweight/ obese to avoid re-gaining weight.

### Referrals

Secondary screening for physical activity should be carried out before an individual takes part in the programme to validate their eligibility. This should be carried out using a validated tool such as the General Practice Physical Activity Questionnaire – GPPAQ [[49]](#footnote-50). This stage will also be used to establish that an individual is in an appropriate condition to take part.

There are a wide range of referral routes relevant for physical activity (see 3.4.4). However, key amongst these will be referral by health professionals including due to an NHS Healthcheck, GP Consultation or as a result of receiving primary or secondary support.

Of additional note, is the importance of referring individuals aged 65+ who are unsuitable for the Physical Activity Programme to the Falls Programme where appropriate.

### Relevant Guidance/Documents

* Exercise Referral Schemes – PH54

[www.nice.org.uk/guidance/PH54](https://www.nice.org.uk/guidance/PH54)

* Cochrane Review - Interventions for promoting physical activity  
  <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003180.pub2/epdf/full>
* Active Lives Survey  
  <https://www.sportengland.org/research/active-lives-survey/>

## Weight Management

### Background

Obesity poses one of the greatest public health challenges for the 21st century.[[50]](#footnote-51) Between 1993 and 2011, the proportion of adults in England who were overweight (including obese) increased from 58% to 65% in men and from 49% to 58% in women. Similarly, the proportion of people categorised as obese rose from 13% in 1993 to 24% in 2011 for men and from16% to 25% for women.[[51]](#footnote-52) In an OECD report, the UK was assessed as having the 6th highest obesity rates internationally.[[52]](#footnote-53)

Obesity occurs when energy intake from food and drink consumption is greater than energy expenditure through the body’s metabolism and physical activity over a prolonged period, resulting in the accumulation of excess body fat. The core issue is a biological system that struggles to maintain the correct energy balance and therefore body weight. This system is not well adapted to the modern world, which has created new conditions, such as an altered diet and environment. [[53]](#footnote-54) However, the causes of obesity are complex, including both behaviour and genetics, and as such require multifactorial solutions.[[54]](#footnote-55)

The impact of obesity is known to be significant on life expectancy.[[55]](#footnote-56) It is a risk factor for a range of conditions such as: high blood pressure (hypertension), type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis , sleep apnea and breathing problems, some cancers (endometrial, breast, colon, kidney, gallbladder, and liver), low quality of life, mental illness such as clinical depression, anxiety, and other mental disorders, body pain and difficulty with physical functioning. [[56]](#footnote-57) In addition to this many obese people face multiple forms of prejudice and discrimination because of their weight.[[57]](#footnote-58)

The impact of obesity in economic terms is also significant. Health problems associated with

overweight or obesity cost the NHS more than £6 billion a year.[[58]](#footnote-59) Being overweight or obese also impairs the productivity of individuals and increases absenteeism.[[59]](#footnote-60)

Overweight and obesity are terms that refer to excess body fat which is calculated by body mass index (BMI) and waist circumference (WC). In adults, having a BMI of 25-30 is classified as being overweight, and having a BMI of 30 or more is classified as obese. The National Institute for Health and Clinical Excellence (NICE) recommends the use of BMI in conjunction with waist circumference as the method of measuring excess weight and obesity and determining health risks.

Visceral fat around the waist rather than the hips, means higher risk of heart disease and type 2 diabetes. This risk goes up with a waist circumference that is greater than 35 inches for women, or greater than 40 inches for men.

### Outcomes

Primary:

* Reduced levels of excess weight and obesity

Secondary:

* Improved physical activity
* Improved dietary habits
* Less time spent being inactive
* Improved mental wellbeing
* Improved health-related quality of life
* Reduced prevalence of obesity-related comorbidities
* Improved ability to self-care and age well

### Population Need

In Cheshire East, 59.4% of adults were classed as overweight or obese 2016/17. This is slightly lower than the figure for England at 61.3%, and for the North West at 63.3%, but still equates to nearly 6 in 10 people.

In England, men are more likely than women to be overweight or obese. However, obesity levels among women are slightly greater (26.6%) than those of men (25.7%). It should also be noted that these proportions vary by age. The 16-24 age band is the only group where women are more likely to be overweight or obese than men.

In the Borough of Cheshire East, the highest levels of obesity are in Crewe and in particular the Crewe 6 wards [[60]](#footnote-61). This is followed by Congleton and Holmes Chapel and SMASH (this consists of Sandbach, Middlewich, Alsager, Scholar Green and Haslington). However, it should be noted that obesity prevalence varies with area deprivation in women but not in men: 38% of women in the most deprived areas were obese, compared with 20% of women in the least deprived areas.[[61]](#footnote-62)

### Programme Characteristics

The Weight Management Programme will be multi-component and include, diet, physical activity and behaviour change components. It will be a tier 2 weight management service[[62]](#footnote-63), although the service more generally will incorporate tier 1 elements through health promotion to the population.

The programme will last 12 weeks, with a weekly session, and will emphasise the health benefits for adults who are overweight or obese of losing even a relatively small amount of weight and maintaining it over a life-long period by sustaining positive lifestyle behaviours (including dietary habits and physical activity). A key part of implementation will be realistic goal setting with the individual (for different programme stages), with tone of delivery being respectful and non-judgemental due to the stigma that people overweight or obese may feel or experience. Regular weigh-in should be used as an opportunity to monitor and review progress toward individual goals.

The service will predominantly be delivered to groups but will also feature elements of individual support for individuals. Further details about these components are listed below:

* Behaviour Change - The programme should embed best practice behaviour change techniques. These are vital for both active weight loss and healthy weight maintenance. The ‘Changing Behaviour: Techniques for Tier 2 Adult Weight Management Services tool’ can be used to identify appropriate techniques on how to implement this in practice.[[63]](#footnote-64)

Further to this, the programme should include an element of low level psychological support to enable individuals to understand, and take action on the influences on their behaviour. This may include onward signposting to other relevant services as required (e.g. the Improving Access to Psychological Therapies Service).

* Diet - Dietary approaches within the weight management programme should follow government guidelines on healthy eating as detailed in the Eatwell Guide. The guide shows the proportions of the main food groups that form a healthy, balanced diet. As part of this, specific food items should not be prohibited, however, specific dietary targets should be agreed. This includes the importance of a diet both low in fat and low in saturated fat.[[64]](#footnote-65) However, dietary advice should be appropriate to the cultural needs of individuals (including individuals of different religions or cultures or those who are vegan or vegetarian).

A further important element of this component will be ensuring that individuals are equipped with practical skills such as shopping, cooking skills, understanding food labels, food budgeting and knowing what constitutes an appropriate portion of food.

* Physical Activity –The service will include some support around physical activity. However, activity will need to be discussed which is appropriate to the needs and wishes of the individuals, and will form part of conversations around calorific balance. Please see this programme section for further details.

Programme instructors should also discuss the effort and commitment needed to lose weight and prevent weight regain, the benefit of making use of long-term support (see 3.20), and any previous weight management strategies that the individual has tried (including positive and negative experiences and barriers).

As such, delivery will be supportive, empathetic and inclusive to ensure that any weight related anxiety/depression is not exacerbated. It will offer a range of weight management options to people who want to lose or maintain their weight, or are at risk of weight gain. This will help them decide what best suits their circumstances and what they may be able to sustain in the long term. As such, there will be flexibility in format, with the intention of encouraging enhanced engagement from target population groups including men.

Good social bonds will be fostered between instructors and participants to increase accountability and motivation to change and maintain healthy diet and exercise behaviours. This is also known to be important for inspiring repeat attendance.

Any problems that individuals are having adhering to the programme should be discussed sensitively with solutions sought. Where this is not possible, re-attendance at a later date should be offered or signposting to appropriate alternative services including those based in the community.

### Inward Referral

Referral should occur from a range of sources as part of a system-wide approach to preventing and managing obesity and its associated conditions. However, it will be particularly important to raise awareness of this service with; General Practice staff including those conducting NHS Health Checks, pharmacists, health visitors, dieticians, other staff relevant to the health optimisation approach, pharmacies, health visitors, fertility clinics, those providing support for people with type 2 diabetes and food banks.

To facilitate this process, both professionals and the public should clearly understand what the programme will involve.

### Onward Referral

Participants should be referred to their GP in appropriate circumstances, for onward referral. This might include for specialist weight management or other relevant services, such as the substance misuse service.

It is also important to refer participants on to other One You Cheshire East programmes where applicable. For instance, an individual attending the Weight Management Programme may also benefit from Falls Prevention or Physical Activity classes.

### Eligibility Criteria

Initial referral to the weight management programme will be via a person’s BMI (which should be 25 or over). There will be no upper limit to the BMI of individuals that can be referred. However, secondary screening should involve measurement of waist circumference (using recognised thresholds) as BMI can lead to inaccuracies in individuals who are highly muscular.[[65]](#footnote-66) The process of measurement should be conducted with sensitivity.

Screening should also verify that an individual is motivated, address any issues that the individual might have with participation, and establish any barriers likely to reduce their likelihood of benefiting from the programme.

Separate BMI thresholds will apply for people from BME groups (black African, African‑Caribbean and Asian family origin) in line with evidence. In these cases, a BMI of 23 indicates increased risk and 27.5 for high risk.

BMI eligibility criteria may be revised over time dependent on demand. However, in the short term, particularly those with a high BMI (30 or above) in particular should be targeted. It will also be important to stimulate referrals of people with obesity related conditions such as type 2 diabetes, high blood pressure, high cholesterol, arthritis, heart disease or sleep apnoea.

Providing an individual is motivated, people should be allowed to repeat the programme. This would be a maximum of twice a year, or three times within three years.

Any individual who is overweight or obese who declines support at the secondary screening phase should be encouraged to re-engage with the service at a later date and provided with information over how to make gradual, short term changes to their dietary habits and physical activity levels.

### Relevant Guidance/Documents

* NICE Guidance PH53  
  [www.nice.org.uk/guidance/ph53](https://www.nice.org.uk/guidance/ph53)
* NICE Quality Standard 111

[www.nice.org.uk/guidance/qs111](https://www.nice.org.uk/guidance/qs111)

* Cheshire East JSNA  
  [www.cheshireeast.gov.uk/pdf/social-care-and-health/excess-weight-in-children.pdf](https://www.cheshireeast.gov.uk/pdf/social-care-and-health/excess-weight-in-children.pdf)
* Developing a specification for lifestyle weight management services  
  <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142723/Weight_Management_Service_Spec_FINAL_with_IRB.pdf>

## Family Weight Management

### Background

The number of children who are overweight or obese has risen significantly over time across England. Overweight and obese children are likely to stay obese into adulthood and more likely to develop diseases such as diabetes and cardiovascular diseases at a younger age.[[66]](#footnote-67) In addition to this overweight young people are more likely to suffer psychosocial problems which may be influenced by bullying and stigmatisation. [[67]](#footnote-68)

The issue of excess weight is exacerbated in more deprived areas, with children aged 5 and from the poorest income groups being twice as likely to be obese compared to their most well off counterparts, and three times as likely by age 11.[[68]](#footnote-69)

Abnormal BMI cut-offs in children are determined by on growth charts, as the amount of body fat changes with age and differs between boys and girls. [[69]](#footnote-70)

### Outcomes

* Reduced prevalence of children/young people classified as overweight and obese
* Increased physical activity by children and young people
* Improved mental wellbeing/ mental health of children and young people
* Improved ability to self-care and live well

### Population Need

Cheshire East has had lower rates of excess weight than England for both year groups since 2009/10, but saw a rise in 2017/18, with the reception rate coming close to the England rate. In 2017/18, 21.6% of reception children and 30.2% of Year 6 children were either overweight or obese. Of these, 8.4% and 16.5% respectively were classified as obese. There has been no real change over time in the proportions of children in each weight bracket – overweight, underweight, healthy weight, obese. However, this conceals differences across smaller areas in Cheshire East.

Some areas have at least 4 in 10 children with either overweight or obesity compared to just over 1 in 10 in other areas The areas of highest need are Alsager, Crewe, Macclesfield and Middlewich.

### Programme Characteristics

Whilst excess weight is the central mechanism for identifying eligible individuals for the programme; content should relate to physical activity (also including reducing sedentary behaviour), diet and weight. This will need to be tailored to the needs of each child or young person in a person centred way.

The programme will adopt a family approach as specified in NICE guidance, where parents as well as the young person are given support in relation to relation to their need. This is required due to the important relationship between the family setting and the lifestyle of the young person. This will assist all parties in adopting a healthier lifestyle although particular focus should be on the needs of the young person(s).

Key elements of the programme will be:

* Providing the young person with physical activity sessions
* Delivering advice on how to achieve behaviour change
* Providing advice on calorific balance
* Ensuring sessions are child or young person friendly
* Ensuring all the family are motivated to change.
* Offering separate support to both parents and to children as part of overall programme delivery [[70]](#footnote-71) [[71]](#footnote-72).

Support will need to be provided carefully due to the sensitive nature of the subject both for the parent and the child/ young person. This includes not creating or exacerbating any mental health/anxiety related issues in the young person/ child.

Content of programmes should be taken from that specified for relevant programme areas. This includes, in particular, the weight management section.

The programme will consist of a total of 26 hours of contact [[72]](#footnote-73). This could be delivered across a 13 week period.

### Referrals

The key means that referrals have been achieved to date to this programme is via the National Child Measurement Programme (which features child measurement at school in reception (ages 4-5), and year 6, (ages10-11)). This entails a letter being sent to parents of children of excess weight inviting them to participate with the One You Cheshire East Service.

However, there are other opportunities to increase the number of referrals obtained. This includes via engagement with schools nurses, schools in general and GPs. Additionally, there may also be referrals from the Healthy Child Programme. All engagement should be conducted sensitively to avoid stigmatising children/ young people or alienating parents.

A useful potential strategy may be to conduct outreach work in schools via a series of sessions with parents in order to generate interest in participation. An initiative such as this will need to complement the Council’s Healthy Child Programme and can only be conducted with the individual cooperation of schools.

### Eligibility Criteria

The following criteria applies to the Family Weight Management Programme:

* At least one child/ young person in a family must be above a healthy weight
* This child/ young person should be aged less than 18 years and be aged 4 and over.
* Family members who are motivated and wanting to achieve lifestyle change.

Note: the term family encompasses any adult responsible for caring for a child/young person on a day to day basis.

Re-entry will be possible into the programme 6 months after completion. This can happen up to 4 times over 3 years.

### Relevant Guidance/Documents

* NICE Quality Standard 94, Obesity in children and young people: prevention and lifestyle weight management programmes   
  [www.nice.org.uk/guidance/qs94](http://www.nice.org.uk/guidance/qs94)
* Cochrane Review - Diet, physical activity and behavioural interventions for the treatment of overweight or obese children from the age of 6 to 11 years  
  [www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012651/full](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012651/full)

### Other Considerations

It should be recognised that the most successful programmes are part of an overarching strategy to tackle obesity locally amongst young people. This may include initiatives such as reviewing nutritional quality of food in schools, physical activity in schools etc. [[73]](#footnote-74) The provider will be expected to link in with any future local obesity strategy; although there is no agreed timescale for this at the present time.

## Mental Wellbeing

### Background and Programme Characteristics

The Mental Wellbeing Programme will not be akin to the main programmes within this service, in that it will not require a sustained intervention with an individual. Instead, it relates to giving people who are being screened for One You Cheshire East services brief advice.

This brief advice will be based on the ‘5 Ways to Wellbeing’ model which was developed by the New Economics Foundation. This offers five simple ways that an individual can improve their mental wellbeing, namely: ‘connect, be active, take notice, keep learning and give’. Wellbeing has been defined as, “how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole.”[[74]](#footnote-75)

This intervention will also consist of information materials to complement the support, together with signposting to appropriate local services likely to assist an individual to boost their wellbeing. This may include services directly within One You Cheshire East but is likely to involve services within the wider community. For instance, the Council currently commissions the Cheshire East Pathfinder Service aimed at socially isolated people. There are also soon to be General Practice based Social Prescribers.

There are various ways of asking screening individuals for this intervention. One potential means is the use of the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS). This would require a threshold score to be set which might lead to the brief intervention. However, the screening will act as a tool for conversation rather than a process to be followed slavishly.

This mental wellbeing intervention will need to be conducted in appropriate circumstances. This will be:

* The individual has volunteered participation
* The individual conducting the screening has the appropriate training and time to provide the intervention.

All staff involved in screening directly under the One You Cheshire East Service contract will be expected to provide this support. However, in addition, this could be provided under the ‘Making Every Contact Count’ approach. The brief intervention is expected to take between 3-5 minutes.

It should also be noted that mental wellbeing relates to all programme areas of One You Cheshire East so Commissioners would expect some low level mental wellbeing support to be provided as part of these programmes.

### Outcomes

* Improved mental wellbeing/ mental health
* Improved ability to self-care and age well

Note: we are not expecting follow up to take place as part of this intervention. As such, the outcome is not something that we intend to evaluate directly against (with the exception of signposting).

### Referrals

Referrals should not be specifically sought for this service. Instead this intervention relates to making use of an opportunity to provide additional low level support.

### Eligibility

Anyone 18+ is eligible for this intervention providing they volunteer participation.

### Relevant Documents

* New Economics Foundation – 5 Ways to Wellbeing [www.gov.uk/government/publications/five-ways-to-mental-wellbeing](http://www.gov.uk/government/publications/five-ways-to-mental-wellbeing)
* CHAMPS  
  [www.champspublichealth.com/collaborative-service-legacy/measuring-outcomes](http://www.champspublichealth.com/collaborative-service-legacy/measuring-outcomes)
* CHAMPS – Discussing Mental Wellbeing During Interventions

[www.champspublichealth.com/writedir/1b81Discussing%20wellbeing%20during%20brief%20interventions.pdf](http://www.champspublichealth.com/writedir/1b81Discussing%20wellbeing%20during%20brief%20interventions.pdf)

## Maternal Health

### Background

There are a range of lifestyle related factors that can affect the health of an unborn child during pregnancy. For instance, foetal alcohol syndrome affects neurological development, growth, and the child’s facial appearance. It can also cause a range of other conditions such as a weak immune system, epilepsy, as well as height and weight issues.[[75]](#footnote-76)

Women who smoke whilst pregnant are not only at risk of developing smoking-related diseases but are also more likely to experience major complications during pregnancy. Every year maternal smoking is associated with up to: 5,000 miscarriages, 300 stillbirths, 2,200 premature births and 19,000 babies to be born with low birth weight.[[76]](#footnote-77)

The UK Chief Medical Officer recommends that 150 minutes of moderate intensity activity is carried out a week by pregnant women. This benefits labour as well as helping women to regain shape after birth [[77]](#footnote-78). However, most pregnant women are not meeting Physical Activity guidelines. [[78]](#footnote-79) The effect of this can include heavier less lean babies: with higher birth weights and childhood obesity both being strong predictors for adult obesity [[79]](#footnote-80).

Physical activity should also be complemented by the consumption of a healthy diet (as indicated by the Eat Well plate) as a further means of addressing unhealthy weight gain. Excess BMI can increase the risk of complications in pregnancy such as high blood pressure, gestational diabetes, thrombosis and shoulder dystocia [[80]](#footnote-81). It has also been hypothesized that the pregnancy state may trigger the development of obesity through the retention of gestational weight gain. Eating the right diet is complemented by the ‘Healthy Start’ programme for qualifying individuals e.g. for those receiving income support.[[81]](#footnote-82)

Pregnancy provides a useful and pertinent opportunity to capitalise on the increased contact that pregnant women have with health professionals in order to engender positive behaviour change. This benefits pregnancy outcomes and long-term chronic disease risk [[82]](#footnote-83).

It should be noted that if a pregnant woman is obese before conception, this will have a greater influence on her health and the health of her unborn child, than the amount of weight she may gain during pregnancy. That is why it is important, when necessary, to help women lose weight before they become pregnant. Other One You Cheshire East Programmes can assist with this.

### Outcomes

* The Mother maintains a healthy weight over the course of pregnancy (as a by-product of physical activity) and following pregnancy
* The Mother conducts moderate intensive physical activity for 150 minutes on average over the course of pregnancy
* The Mother eats a balanced diet to provide the nutrition required for the unborn child, and to support maintaining a healthy weight
* Safer outcomes for Mothers and babies
* Improved Mental Wellbeing
* Improved ability to self-care and live well

### Population Need

In Cheshire East, there were 882 premature births (less than 37 weeks gestation) over the 2015-17 period which is related as ‘similar’ to other Local Authorities in the Public Health Outcomes Framework. Incidence of low birth weight of term babies was 2.36% in Cheshire East in 2017. This was also rated as ‘similar’ to other local authorities.

It is also of note that there is a strong association between smoking prevalence and socio-economic status, with women in routine and manual jobs being almost three times as likely to smoke during pregnancy than those in managerial and professional roles (and it is also high in those unemployed) [[83]](#footnote-84). As such, there is a particular need to target Mothers in areas of deprivation within the Borough, including Crewe and Macclesfield.

### Programme Characteristics

The Maternal Health programme will offer holistic lifestyle related support to women before and after pregnancy. This should help women to feel positive about the benefits of health-enhancing behaviours, whilst also recognising that social contexts and relationships may also influence their behaviour.

As such, the programme should assist women to make simple changes to their lifestyle over time. As well as identifying and planning situations that might undermine the changes women are trying to make, through explicit 'if–then' coping strategies to prevent relapse. This support should complement and not duplicate the services provided by other health professionals. This includes GPs, Hospital Consultants, midwives, health visitors, dieticians.

Support will be multi-component and will be based on the following:

Prenatal:

* Physical Activity - Support will include help for pre-natal women to be physically active during pregnancy with a target of staying fit rather than reaching peak fitness. NICE suggests that activities such as cycling, dancing, swimming or brisk walking and strength conditioning exercise are safe and beneficial. However, assistance should be tailored to the needs and wishes of the women. It should be noted that whilst weight loss should not be an outcome sought from programme delivery, it may come about as an indirect result of increased physical activity.[[84]](#footnote-85)
* Healthy Eating – Mothers will be given regular healthy eating advice based around the Eatwell Plate and supporting materials. However, they should not be advised to lose weight during pregnancy due to harm to health of the unborn child.
* Smoking – Support will be provided by a specialist stop smoking advisor. This might be offered after an initial consultation where a range of issues exist, or through direct referral if this is the sole issue requiring referral.
* Alcohol (only pre-birth) – a brief intervention should be offered around alcohol which should provide information relating to harm to the unborn child. Where need is sufficient, referral should be made to the pregnancy liaison element of the Cheshire East Substance Misuse Service.
* Mental Wellbeing – mental wellbeing related support should be provided in line with programme requirements.

It is particularly vital that appropriate risk assessment is conducted for this programme. This includes ensuring that the women does not engage in inappropriate physical activity whilst pregnant. It will also need to take account of any other medical diagnosis such as pre-eclampsia.

Antenatal:

Eligible mothers will be offered an initial one to one session of lifestyle related advice including over physical activity. This should be tailored to their needs through an initial session but may result in them joining mainstream programmes. Emphasis in this onward referral should be given to using locations with facilities appropriate to the Mother e.g. with nearby crèche, provision for breastfeeding etc.

Note: programme content will be shared with the Provider(s) of the Healthy Child Programme to ensure consistent messages are delivered.

### Referral

Opportunities such as the 6–8 week postnatal check, the antenatal health visit by health visitors (together with other appointments), should be used as valuable referral points for women who are eligible. However, additional approaches (which should be flexible) should also be tried to engage hard to reach groups.

### Eligibility Criteria

The programme will provide specialist support to women who are pregnant and for those up to 12 months after giving birth who:

* Smoke
* Are physically inactive (conducting less than half an hour’s exercise a week)
* Whose BMI is 25 or above (after pregnancy)

### Relevant Guidance/Documents

* NICE Guidance PH11

[www.nice.org.uk/guidance/ph11](http://www.nice.org.uk/guidance/ph11)

* NICE Guidance PH27

[www.nice.org.uk/guidance/ph27/chapter/1-Recommendations](http://www.nice.org.uk/guidance/ph27/chapter/1-Recommendations)

## Alcohol Harm Reduction

### Background

Harmful drinking is when a pattern of alcohol consumption leads to increased risk of health problems. These include non-communicable diseases such as cardiovascular disease, liver disease, bowel cancer, liver cancer, mouth cancer, breast cancers. Due to the scale of these issues, the World Health Organization (WHO) places alcohol as the third biggest global risk for burden of disease [[85]](#footnote-86).

Current Chief Medical Officer recommendations are that men and women should not regularly drink more than 14 units of alcohol a week, and to spread this drinking evenly over 3 or more days. Guidance also stresses the importance of alcohol free days and that drinking any amount of alcohol on a regular basis increases risk to health. According to the Health Survey for England, 18% of men and 14% of women are drinking at increased or higher risk of harm. [[86]](#footnote-87)

Locally, approximately 11,000 older people drank more than the recommended amounts in Cheshire East. This means costs in the Borough to the local NHS, police, social services and local employers, of more than £136m, or £369 per person [[87]](#footnote-88).

### **Outcomes**

* Unhealthy consumption of alcohol is reduced
* Improved mental wellbeing/ mental health
* Improved ability to self-care and age well

### Programme Characteristics

Like mental wellbeing, support for alcohol harm reduction will be offered as brief advice. It is important that participants are given a choice of whether to go through this process rather than having mandatory screening for alcohol consumption.

The initial stage of the Audit-C tool should be used to screen for alcohol usage.[[88]](#footnote-89) This should be followed by the second stage if the score is 5 or more. This screening should act as a mechnism for conversation rather than a process to be followed slavishly.

Where an individual is classified as having increasing risk or higher risk they should be given structured brief advice. This should use a recognised, evidence-based resource using a concise version of the behaviour change approach referenced in section 3.19.

Therefore, it will encompass, brief discussion around:

* The harms caused by alcohol and reasons for changing behaviour (including health and wellbeing)
* Barriers to change
* Practical strategies to reduce consumption of alcohol
* Involve goal setting.

Emphasis should be on talking about change rather than providing facts about alcohol or telling people what to do.

This process will be a brief intervention, of 3-5 minutes in duration. Training on brief advice is offered via the e-learning for Healthcare website.[[89]](#footnote-90) This type of intervention may also be used in the ‘Every Contact Count’ approach.

In cases where an individual requires further support due to the Audit-C score being 20 and above (indicating dependence), the individual should be referred on to the Substance Misuse Service (operated by CGL) for further support.[[90]](#footnote-91)

### Relevant Guidance/Documents

* NICE Guidance CG115

[www.nice.org.uk/guidance/cg115/ifp/chapter/Harmful-drinking-and-alcohol-dependence](https://www.nice.org.uk/guidance/cg115/ifp/chapter/Harmful-drinking-and-alcohol-dependence)

* NICE Guidance PH24

<https://www.nice.org.uk/guidance/ph24>

* NICE - Screening and Brief Interventions

<https://pathways.nice.org.uk/pathways/alcohol-use-disorders/screening-and-brief-interventions-for-harmful-drinking-and-alcohol-dependence.pdf>

* NICE – Quality Statement QS11

[www.nice.org.uk/guidance/qs11](http://www.nice.org.uk/guidance/qs11)

## Component E: Smoking Cessation

### Background

Tobacco is the leading cause of preventable death in the world. Around half of all life-long smokers will die prematurely and on average, cigarette smokers die 10 years younger than non-smokers. Tobacco smoking is the most important risk factor for lung cancer: 72% of lung cancer cases in the UK are caused by smoking.[[91]](#footnote-92) Smokers are almost twice as likely to have a heart attack compared with people who have never smoked.[[92]](#footnote-93)

484,700 hospital admissions in England were attributable to smoking in 2016/17, together with 77,900 deaths. 20% of all deaths in men caused by smoking, 12% of all death in women [[93]](#footnote-94).

Even seemingly ‘low’ levels of smoking can be harmful. One study concluded that people who smoke between 1 and 4 cigarettes a day have a significantly higher risk of dying early than non-smokers.[[94]](#footnote-95)

Of further note, is that smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and increased risk of miscarriage, premature birth, still birth, low birth-weight and sudden unexpected death in infancy.[[95]](#footnote-96) Smoking during pregnancy also increases the risk of infant mortality by an estimated 40%.[[96]](#footnote-97)

‘Towards a Smoke Free Generation’ (issued by the Department of Health) sets out the national ambition to reduce smoking rates in a number of key areas by 2022. These include to:

* Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less.
* Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.
* Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less.
* Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less.

Cheshire East Council is committed to achieving a significant reduction in each of these areas in the context of local prevalence rates (as shown in the Local Tobacco Control Profile). [[97]](#footnote-98) This includes significant progress with a range of indicators including general smoking prevalence which is currently at 16.4% and smoking status in pregnant women at the time of delivery which is currently 11.4%.

In the UK, around 1 in 4 (25.9%) people in routine and manual occupations smoke, compared with 1 in 10 people (10.2%) in managerial and professional occupations.[[98]](#footnote-99)

Smoking prevalence amongst people with a mental health condition is substantially higher than in the general population. Since the mid 1990’s, smoking in the general population has fallen from around 27% to 19% by 2014. By contrast, smoking rates among people with mental health conditions remained high, with it estimated to be at around 40% throughout the past 20 years. The strength of this association tends to rise with increasing severity of mental disorder, with the highest smoking prevalence amongst psychiatric inpatients. [[99]](#footnote-100)

People aged 25 to 34 make up the highest proportion of current smokers (19.7%).[[100]](#footnote-101)

### Outcomes

* Reduced levels of smoking within Cheshire East
* Reduced harm caused by cigarette use
* Reduced prevalence of tobacco smoking for identified at risk groups.   
  [This includes people within the LGBT community, children and young people, people with mental health conditions, people who misuse substances, women who are pregnant, ethnic minorities (including Eastern European migrants within the Borough), routine and manual workers, people with health conditions caused or made worse by smoking, people with a smoking-related illness, people in custodial settings]
* Improved mental wellbeing/ mental health
* Improved ability to self-care and age well

### Population Need

Smoking prevalence in Cheshire East is recorded as 16.4% in the Public Health Outcomes Framework. This is higher than the rate both in England (14.9%) and the North West (16.1%), and equates to 51,070 people in total.

Smoking status at time of delivery is 11.4% is rated as ‘better’ than other Local Authorities although is still higher than the English average of 10.8%.

The rate of individuals with mental health conditions who smoke is 23%. This is superior to both the North West (29.9%) and the England average (27.8%).

A disease clearly correlated with smoking is lung cancer. The adjusted rate of deaths from this disease were 46.3 in Cheshire East for the 2015-17 period. This compares with 69.7 in the North West and 56.3 in England.

### Programme Characteristics - Specialist Smoking

The specialist smoking service will provide a tailored smoking cessation service to individuals who are pregnant and those with mental health conditions.

Doing this effectively will require positive and sustained relationships with appropriate clinical services. This includes in primary and secondary care, and will include maternity and mental health services (including community services), respiratory services, youth and teenager pregnancy services, drug and alcohol services, outpatient and pre-admission clinics (including people with health conditions caused or made worse by smoking), pharmacies, fertility clinics, contraceptive services, and ante- and postnatal services . It also includes health and social care practitioners responsible for the care of people after compulsory admission to hospital under the Mental Health Act. Note: this list is not exhaustive and there will be a need to work with all organisations that contribute to the tobacco control agenda including Public Health England. Note: appropriate links should also be made with closed institutions. This includes prisons and mental health units.

Successful delivery will need to be achieved via a regular presence in appropriate settings (including local hospitals) in order to have the ability to offer timely and intensive support to individuals. This may include for outpatient visits or inpatient stays.

A key part of the relationships with these services will be a requirement to work with them collaboratively to ensure best practice around smoking (including practice advocated by NICE) is implemented locally. This will include:

* Ensuring effective and timely identification and referral of patient’s/Service Users who smoke. In the case of pregnant women: this includes use of Carbon Monoxide assessment by midwives, and referral of all women who smoke (including those who smoke lightly or infrequently), have stopped in the last 2 weeks or have a CO reading indicative of smoking, to the stop smoking service.
* Ensuring that all frontline healthcare staff are trained to offer very brief advice on how to stop smoking
* Ensuring that hospitals offer appropriate pharmacotherapies to patients and that this is complemented by medium term support from the One You Cheshire East smoking cessation service.
* Ensuring all midwives who deliver intensive stop-smoking interventions (one-to-one or group support – levels 2 and 3) are trained to the same standard as an NHS stop-smoking adviser
* Work takes place with local acute trust smoking cessation leads (with attendance at group meetings where appropriate).

In addition to this the provider will need to:

* Ensure effective recording systems are in place on records including when interventions have taken place
* Take measurements of exhaled carbon monoxide are used during each contact, to motivate and provide feedback on progress.
* Alert the person's healthcare providers and prescribers to changes in smoking behaviour because other drug doses may need adjusting.
* Make sure that all women who have been referred for help are telephoned (other forms of contact may be used in addition to this) as part of the process of getting them to a smoking intervention. Follow up should occur through two calls and a letter if initial contact cannot be made. Information material should be sent to those opting out of continued contact.
* Pregnant smokers are visited in their own homes if this is their preferred route of engagement, or at a alternative venue to a clinic.
* Consider the risks in relation to NRT for pregnant women when providing advice. See NICE Guidance PH26 for further information.

Support and advice should also be offered to people who smoke and live in the same household as someone who is using acute, maternity or mental health services. This includes partners, parents, other family members and carers.

See the Community Smoking section for a description of how the intervention should take place. Although it should be noted that support will need to be more intensive with these specialist groups. This will include providing support even to those pregnant women who stopped smoking two weeks prior to their maternity booking appointment.

### Programme Characteristics - Community Smoking

The provider will be expected to deliver interventions to people within the entire community. A key requirement in delivering this, is ensuring geographic coverage in densely populated areas is achieved. This includes the availability of an intervention on a regular basis in all major settlements within Cheshire East (population 5,000 and above). This is likely to entail service delivery by a range of providers (such as pharmacies) through a sub-contracting arrangement. It could also make use of Connected Community Centres. Particular attention should be given to achieving greater range of service provision in areas of deprivation.

The approach will follow a tiered model of delivery. This will be:

1. Providing support via an intervention to those motivated to change
2. Providing brief advice and medication to individuals who prefer to self-help
3. Advice and information to individuals not yet ready to stop/reduce their smoking behaviour. This will include leaving the offer open of support in the future.

This is explained in more detail below.

1. Support via an Intervention

Interventions will follow the format suggested by the National Centre for Smoking Cessation and Training (NCSCT). This will include:

* Weekly support for at least the first 4 weeks of a quit attempt (that is, for 4 weeks after the quit date) or 4 weeks after discharge from hospital (where a quit attempt may have started before discharge)
* Discussing current and past smoking behaviour with the individual and developing a personal stop smoking plan with them as part of a review of their health and wellbeing.
* Advising on types of stop smoking pharmacotherapies and how to use them, their safety and adverse effects, with an offer to arrange and supply. These should also be available as a means of harm reduction.
* Providing advice on the harm caused by smoking and second-hand smoke
* Offering intensive behavioural support
* Use of text messaging/emails to support behaviour change.

Support may be provided on a one to one or group basis, with the latter involving weekly group based sessions facilitated by stop smoking practitioners. It should be particularly noted that this approach has been identified as the most effective way of achieving high conversion rates.[[101]](#footnote-102)

However, a tailored approach should take place according to the preferences and needs of the individual. This may result in some variation in intervention approach where necessary. However, an intervention will last between 15 minutes – 30 minutes (individual) or 1 to 2 hours (group).

It is expected that these types of interventions achieve a successful quit rate of at least 35% (CO validated rate) at 4 weeks (based on everyone who starts treatment). Success should be defined as not having smoked (confirmed by carbon monoxide monitoring of exhaled breath) in the fourth week after the quit date.

1. Brief advice and medication to individuals who prefer to self-help

A brief intervention will also be available as part of the ‘Making Every Contact Count’ approach but may also be offered by referrers. This brief intervention will follow the format within the NCSCT publication ‘Very Brief Advice’ [[102]](#footnote-103), and will supported by suitable information materials available in a range of locations, including those, in particular, frequented by priority groups.

Materials should inform over the dangers of tobacco smoking (including whilst pregnant and through second hand smoke), and the pharmacotherapies available to individuals to help them quit. The intervention should also allow the individual to access pharmacotherapies, although appropriate safeguards will be required for this process. They should also relate how additional smoking related support can be accessed including NRT (even if the individual wishes to self-help) and include 'why to' and 'how to' quit messages that are non-judgemental, empathetic and respectful (for example, testimonials from people who smoke or used to smoke). Please refer to NICE Guidelines PH45 for full guidance on the required contents of information materials.

1. Advice and interventions to those not ready

This will follow the same format as ii). But will contain additional messages about how an individual can re-engage with the service again when ready. This process will be made straightforward.

### Harm Reduction (relating to community and specialist smoking services)

As a first priority, individuals should be encouraged to quit. However, a harm reduction approach should be taken (including use of NRT) if the individual is not ready or unable to stop smoking in one step (this includes for temporary abstinence). See NICE Guidance PH45 for further information. As such, smoking cessation services will give help to people to cut down. But should also stress that the health benefits from smoking reduction are unclear and thus stopping outright should be preferred.

Behavioural support provided should include an initial appointment and follow up appointments. This may be provided for up to 6 weeks until (and preferably before) a quit date is set.

### Delivery Methods

In general, smoking cessation advice is expected to be provided using face to face support. However, support should also be available over the telephone and via email/internet. This should offer a rapid, positive and authoritative response to individuals. Facilitation may be made of national resources where useful and appropriate e.g. NHS Pregnancy Smoking Helpline as well as smoking apps.

### Training/ Incentivisation of Community Smoking Providers

The provider will be responsible for ensuring individuals (including in the Lead Provider and any other providers or partners delivering a standard length intervention i.e. not brief advice) deliver smoking cessation services that meet appropriate standards. This will include supporting staff with continuous professional development and knowledge updates. It is also required that staff have completed and passed the recognised NCSCT course, and receive support and information in relation to:

* Wider Tobacco Control agenda
* The use of NRT
* The use of Varenicline (Champix)
* Use of e-cigarettes
* Psychological methods of behaviour change – social cognition models, goal planning and principles of habitual behaviour change
* Relapse prevention
* Harm reduction
* Effects of smoking on individual health, on the family and local communities
* The treatment and support of clients with mental health issues, young people and disadvantage communities
* Effective customer service, delivering person centred service
* Appropriate use of harm reduction

Auditing/ performance management will be required of providers in order to achieve the necessary number of interventions and quit rates. Providers whose quit rate falls below the expected level of 35% will be given additional support (with measures taken if there is continued under achievement).

It is also expected that providers will be incentivised to achieve smoking related outcomes. This includes in relation to quits and targeting of high risk groups (e.g. routine and manual workers, unemployed).

### Payment to Community Smoking Providers

Payments to community smoking providers will need to be made out of the total contract value and are likely to involve formal subcontracting arrangements. The provider will be responsible for the administration and management around this. They will also be fully responsible for monitoring budget and ensuring there are sufficient funds to make payments.

The current value of payments is included in Appendix 3. However, it is expected that tariff payments will be revised upwards (using a benchmarking process) to incentivise improved delivery.

### NRT Voucher Scheme Administration

The provider is required to administer the local NRT voucher scheme. This process currently involves the specialist smoking cessation provider giving out NRT vouchers as part of a smoking cessation intervention. Pharmacists are then reimbursed for pharmaceutical and administration costs. Given the changed way that the service will operate, there will be a requirement to modify how the NRT voucher scheme functions to ensure effective delivery in the future. This may see additional providers being able to give out vouchers. Information on the current prices for this is provided in Appendix 3 as background. The Council would expect to review these payment levels in conjunction with the provider in the first 12 months of the contract. The Council will make the final decision on payment levels. Currently all Cheshire East pharmacies are part of thevoucher scheme.

The contract value will fund all of the service elements in relation to smoking cessation (workforce, accommodation and related costs including CO monitors). However, prescription costs as part of the voucher scheme will be paid on an itemised basis. As such, the provider will need to keep accurate records of activity (including an audit trail). NRT payments will be paid on a quarterly basis and will be paid within 30 days of records being submitted.

### Provision of Pharmacotherapies

A range of licensed nicotine-containing products (as a full course) will be available via the service to people who smoke, as part of smoking cessation support. This should take into account individual preference and level of dependence. As an example, patches could be offered with gum or lozenges. Bupropion and Varenicline (only to be provided as part of a behavioural support) should also be made available. Individuals should be encouraged to set a quit date as part of provision.

NRT should be considered for all individuals over the age 12 who are smoking and are dependent on nicotine.

These products will be supplied via the operation of a voucher scheme by the provider in conjunction with pharmacies within the community. There will be a need to ration/cap provision should the cost of service provision exceed a ceiling level relative to the budget. This will be set by the Commissioner on an annual basis. In year 1, this figure will be £180K.

Note: Varenicline is currently paid for separately by the Council via a payment transfer to Clinical Commissioning Groups. Future development will mean that administration of vouchers for this (including use of a Patient Group Direction - PGD) is incorporated into this service. This would occur in the same way as the Nicotine Replacement Therapy (NRT) voucher scheme and would be expected to be delivered at no additional cost for administration by the Provider. However, the total cost for this including administration by pharmacists/medication costs would continue to be covered by the Council.

### E-cigarettes

People interested in using e-cigarettes as a quitting aid should be informed that evidence is still developing in this area although it is currently felt to be substantially less harmful to health than smoking tobacco but is not risk free. It should also be explained that many people find them useful as a tool for quitting smoking and although these products are not licensed medicines, they are regulated by the Tobacco and Related Products Regulations 2016.

### Outreach

A key additional requirement will be the ability for the service to conduct outreach in a range of settings to appropriate audiences. This will either be at the request of the Commissioner or will be as a result of identification by the service itself. Examples of where this might take place includes work within a specialist or mainstream school setting or promotional work at a key employer of routine and manual workers. This may follow a format which differs from the standard process of support.

### Referral

Referrals should be taken from a range of sources as covered by section 3.3. This includes self-referral via the screening process, self-referral by direct engagement with a smoking cessation provider or referral via a professional or One You Cheshire East champion e.g. GP or member of the voluntary sector.

The NCSCT offer a national online referral system for smoking cessation. This provides one option to achieve the efficient booking of appointments online. However, discretion is given to the provider for the use of another system with this functionality, particularly as required across the spectrum of programmes.

### Data Recording

As part of reporting on smoking cessation services and operation of the NRT voucher scheme, providers will be expected to use the PharmOutcomes system. It is also required that quarterly national smoking cessation returns will be submitted by the service to Public Health England.

### Eligibility Criteria

The service will be available to any Cheshire East Borough resident who is a smoker and motivated to quit/reduce harm caused by cigarettes. In addition to this, smokers from the age of 12 upwards who wish to stop will be offered medicinal and behavioural support.

An individual may re-apply to this programme a maximum of three times within a 12 month period.

### Relevant Guidance/Documents

* NICE PH48 - Smoking: acute, maternity and mental health services  
  [www.nice.org.uk/guidance/ph48](https://www.nice.org.uk/guidance/ph48)
* NICE Guidance PH45 - Smoking: harm reduction  
  [www.nice.org.uk/guidance/ph45/chapter/1-Recommendations#recommendation-1-raising-awareness-of-licensed-nicotine-containing-products](https://www.nice.org.uk/guidance/ph45/chapter/1-Recommendations#recommendation-1-raising-awareness-of-licensed-nicotine-containing-products)
* NICE Guidance PH14 - Smoking: preventing uptake in children and young people  
  [www.nice.org.uk/guidance/ph14](http://www.nice.org.uk/guidance/ph14)
* NICE Guidance NG92 - Stop smoking interventions and services  
  [www.nice.org.uk/guidance/ng92](http://www.nice.org.uk/guidance/ng92)
* NICE Guidance: Smoking: supporting people to stop, 2013 (QS43)

[www.nice.org.uk/guidance/qs43/chapter/Introduction](http://www.nice.org.uk/guidance/qs43/chapter/Introduction)

* NICE Guidance: Varenicline for Smoking Cessation (2007) NICE Technology Appraisal Guidance (TA123)  
  [www.nice.org.uk/guidance/ta123](http://www.nice.org.uk/guidance/ta123)
* NHS Centre for Smoking Cessation and Training (NCSCT): [Local Stop Smoking Services, Service and Monitoring Guidance 2014](http://www.ncsct.co.uk/publication_service_and_delivery_guidance_2014.php)
* NICE Guidance: How to stop smoking in pregnancy and following childbirth, 2018 update (PH26)  
  [www.nice.org.uk/guidance/ph26](http://www.nice.org.uk/guidance/ph26)
* NHS Centre for Smoking Cessation and Training (NCSCT) Standard Treatment Programme: [www.ncsct.co.uk/](http://www.ncsct.co.uk/)

## Component F: Support for Innovation

As part of delivery of One You Cheshire East, it will be important to conduct innovative work tailored to meet the needs of target groups within the population or to tackle particular lifestyle issues disclosed by local intelligence (e.g. those of protected characteristics, people in areas of deprivation, other groups such as school children who may not be reached effectively by core services).

The service will allocate a proportion of the contract value annually for this work. The exact percentage will be agreed by the Commissioner annually, but in the first year of the contract it will be £50K. It is expected that the provider will use this funding to sub-contract work to other providers. This would include local community groups, the voluntary sector as well as GPs and pharmacies, with the amount per project depending on the initiative. Outcomes of this work will be carefully measured to establish success and any requirement to continue to fund these projects (as such they may be used for pilot work). They will also provide data on outcomes that will complement that of the main programmes.

Projects should be identified through dialogue with the Commissioner, who will authorise spend. The Commissioner may choose to mandate that spend is spent on certain lifestyle projects.

## Further Programme Requirements

## Behaviour Change

A core requirement of the One You Cheshire East Service is to achieve improved health outcomes for individuals. The primary way that this will be achieved is through sustained behaviour change by individuals. This will require an appropriate behaviour change model to be used. Key examples include the Stages of Change Model [[103]](#footnote-104), Theory of Planned Behaviour[[104]](#footnote-105) etc.

Key elements of this approach will be: agreeing goals for behaviour/outcomes and further goals if these are met, coping strategies, encouraging and supporting self-monitoring of behaviour, utilisation of social support, building on what participants themselves say. Giving those participants feedback on progress will also be important.

It is expected that the approach of each programme will be carefully documented so that it can be replicated by other staff. This will include documenting the mechanism of action and how the approach can be tailored to meet individual need. The latter is likely to include:

* The participants' physical and psychological capability to make change
* The context in which they live and work
* Their motivation level
* Any specific needs with regards to age, sexual orientation, gender identity, gender, culture, faith or any type of disability.

It should also include plans to prevent relapse and to maintain long term lifestyle behaviour change. See NICE Guidance PH49 on Behaviour Change Nice PH49 for further information.

Support for behaviour change will be given using motivational messages through a variety of medium including face to face, text, phone, email or social media (in appropriate circumstances). This should have the objective of increasing motivation and therefore adherence. Peer support may also help this work.

## Maintenance/ Follow Up

Progress of participants should be monitored once they leave the programme. This should be conducted via an email/text/phone call or meeting at 6 months and at 12 months. However, the aim should be both to maximise the opportunity for data capture, as well as encouraging positive lifestyle behaviour (via further advice/support). Performing this task is essential in order to gauge the longer term impact of programmes.

### Taster Sessions

A counterpart to outreach within the community will be the running of taster sessions relevant to all programme areas. This also includes in relation to healthy eating.

The aim of these taster sessions will ultimately be to generate participation in evidence based programmes. However, they may also be used as an initial step in building the health literacy and interest of population segments locally, particularly where needs are distinct. As such, it would be apt to target areas of deprivation, people of protected characteristics etc, using methods aimed at engaging.

Data gathered will include; participation, sign-up to programmes, completion of programmes.

This type of outreach should happen alongside the work of other projects to make the most of opportunities occurring locally e.g. health and wellbeing events.

### Long Term Maintenance

It will be required as part of programme delivery that support is offered to participants to assist with medium term adherence to behaviour change. This might take place immediately after a programme is completed although some aspects will also be pertinent during participation. This will include:

* Peer support – which could be delivered by a variety of mechanisms including online, group meetings, signposting to support groups, buddying (where a friend, volunteer, or staff member attends a session with an individual). This should be tailored to the needs and wishes of participants and may differ for programmes.
* Follow-On Programmes – the offer of follow on programmes for participants is important to maintaining their behaviour change over the long term. These will be available for each programme within the service but would sit outside of the One You Cheshire East Service and might be funded by participants themselves.   
    
  These programmes will be delivered either directly by the Provider or accessed by signposting to another provider. However, they would be designed to offer longer term assistance and will be i) evidence based ii) aligned with present programme locations iii) have sufficient capacity to take participants.
* Incentives – participants could be offered inducements which would assist with maintenance of lifestyle. This might include reduced membership of follow on sessions or other incentives.
* Signposting – there may be additional programmes offered by the wider community which are appropriate to maintaining the individual’s behaviour change. Note: links should also be made with the Council’s Community Development Officers, as some participants may want support to develop their own sessions.
* Phone calls/ texts/ emails/ meetings – Follow up with individuals should take place 6 months after the completion of a programme. This should be aimed to check if an individual has maintained their behaviour change (include data capture) and will include the offer of a one-off meeting or phone call to provide further advice. It may be complemented by further reminders around follow-up programmes.
* Action plans – as part of programme delivery, participants should have well-rehearsed action plans (such as 'if–then' plans) that they can easily put into practice if they relapse. This may be complemented by changes to their physical environment e.g. disposing of unsuitable foods etc.

It is expected that support will be available at regular intervals over a 12 month period from programme completion.

### Flexibility of Provision

Content of programmes should include flexibility for it to meet the needs of differing groups. For instance, there may be a need to deliver the weight management programme for men in a way which differs to that of women, in order to achieve engagement of this population segment. However, this should not contravene the requirement to ensure that an evidence based approach is followed. It is also required that programmes should also meet all relevant NICE guidance (unless divergence is agreed by the Commissioner).

## Additional services/ Service Development

The Council will work with the Provider during the term of the contract to respond to any changes in legislation, requirements or best practice relating to service provision. As part of this, the Council may wish to develop more comprehensive mental wellbeing/mental health services as part of One You Cheshire East service provision. This will be subject to further discussions with the Provider.

## Mobilisation

The Council require the Provider to carry out certain initial Services prior to formal commencement of the Service. These initial Services or Mobilisation Services will include (but not be limited to) the following actions:

* Transition planning
* Identified key contacts
* Service delivery model
* IT implementation and data transfer
* Recruitment
* Management and staffing structure
* Set up including locations and resources
* Communication and engagement plans
* Governance arrangements and agreements
* Robust planning, risk and project management
* Records management
* Handover of materials/ equipment to be arranged from existing provider. This includes the One You Cheshire East website and leaflets.

In preparation for the period of mobilisation, the Provider shall provide a detailed mobilisation plan identifying what actions they intend to achieve in relation to the requirements set out within this Specification. The Commissioner will require this plan for review and approval at the point of contract award.

The Provider is required to allocate project management support for the critical transition from the current service to the newly commissioned service.

These Mobilisation Services will be performed from the Mobilisation Date as detailed in the Agreement and will need to be completed by the formal Commencement Date of the Agreement.

A communication plan is also required that sets out a robust approach to the transition management for wider professionals, current Service Users, potential Service Users and other key stakeholders including elected members and governance groups.

During the mobilisation period, a programme of meetings will be arranged with the current commissioned Provider and the other relevant partners to review roles, responsibilities and working practices.

# Service Standards and Delivery

## Exclusions

The Provider has the right to refuse service provision to the Service Users / potential Service Users:

1. Who are unsuitable for support under the conditions of this service specification (including eligibility criteria)
2. For any unreasonable behaviour unacceptable to the Provider[s], its staff, and other relevant individuals, in line with the Provider[s] agreed Policy (e.g. acceptable behaviour) accepted at the point of contract award.

Where a person is excluded from the service, the Provider[s] must;

* Following a verbal explanation (if practicable), write to the individual within 2 working days outlining the actions they are taking and the reasons for such actions
* Under ii - Write to the Commissioner outlining the actions they are taking and the reasons for such actions.

Advise the individuals that they have the right to challenge the service[s] decision through the relevant complaints procedure. However, this may not result in re-admission to a programme.

## Location and Access to Services

All accommodation used by the service will be of a standard that ensures a comfortable, hospitable welcome that will create an atmosphere of value and respect. The Service needs to provide a private space for consultations so that all information exchanged between practitioner and Service User remains confidential.

## Operating hours

The Service will run programmes that will operate 7 days of the week (excluding Bank Holidays) and will include evening service provision. Service delivery times will aim to maximise opportunities for individuals to take part.

A telephone line will be provided which will operate from Monday to Friday from 9am-5pm, with answerphone availability when an individual is not able to respond immediately. This will take enquiries, referrals and may involve screening of potential participants. This will be complemented by a general email address which will also be responded to on a timely basis (for potential participants) (within 2 working days).

## Waiting times and prioritisation

Waiting times should be minimised as far as possible for individuals. This includes firstly in relation to screening but also secondly in relation to programme take up. Table 2 below gives maximum waiting times for each programme. However, the expectation is that in general, programme waiting times will be less than this.

In cases where a delay is unavoidable, expectation management should occur including letting a person know when they are likely to begin a programme. Full contact details should be taken of individuals, to allow follow up to occur to that person when a place is available (whether by phone, text, email or post). The individual will also be given health promotion advice and signposted to other relevant services. It should be emphasised that any delay in commencement may increase the risk of the individual changing their mind about programme participation.

|  |  |
| --- | --- |
| **Programme** | **Maximum Waiting Time** |
| Physical Activity | 2 weeks |
| Falls Prevention | 6 weeks |
| Weight Management | 4 weeks |
| Smoking Cessation | 3 days |

## Accommodation/ Premises

Delivery of the service will require use of a wide range of sites across the Borough. This will include regular locations, as well as those used more infrequently as demand requires. Outreach work (including taster sessions) should be even more expansive with opportunities for it to reach areas which are more rural, or to target specific areas where there is recognised need.

As a minimum, the following locations will be served by each One You Cheshire East programme (as specified under Component D) on a regular basis.

* Macclesfield
* Crewe
* Congleton
* Nantwich,
* Wilmslow,
* Knutsford
* Poynton

But service provision will not be limited to these locations. Note: additional requirements exist for community smoking (as specified in 3.16).

Particular emphasis should be had on focussing provision on areas of deprivation (for instance, where lack of transport may hinder individuals taking up the programme). This may result in a programme being offered at more than one location within a town. An important way of achieving reach (particularly in areas of need) is by the use of Connected Community Centres. [[105]](#footnote-106)[[106]](#footnote-107) These centres are diffused across the Borough and offer an important hub for local service provision.

There are also opportunities to use green-space within the Borough and other assets which may complement certain programmes e.g. outdoor gyms.[[107]](#footnote-108)

## Service Interdependencies

As part of the transition phase for the delivery of this contract, clear working arrangements should be established with:

* The Local Authority
* CCGs within the boundaries of Cheshire East
* Primary and Secondary Care

The Provider should note that there may well be other significant interdependencies and therefore this is not restrictive. Section 3.3 should also be referred to which show the full network of links required.

## Equality Of Access To Services and Rural Geography

The Provider will ensure that access to services by individuals, considers the needs of specific groups to ensure that disadvantage does not occur. The Provider will need to demonstrate their understanding of the population and geography of Cheshire East to inform their marketing and service delivery approaches. This applies equally to the specific needs of distinct ethnic groups, gender, age, disability, and sexuality as it does for our towns, villages and rural populations. Provider understanding of modes of transport and transport routes, acceptable service delivery locations for families, adults and communities will be vital in ensuring flexible, mobile, and outreach service delivery, at accessible times, and in locations that best meets need.

The provider will ensure that the needs of Service Users / patients from under-represented groups and priority groups are fully considered in the planning and delivery of service arrangements, these groups are as follows:

* Young people
* Ex-service personnel
* People with a Learning Disability
* Lesbian, Gay, Bisexual, Transgender
* Black and Minority Ethnic Groups
* Where a referral is made by an Independent Domestic Abuse Advisor or an Independent Sexual Violence Advisor or via the Sexual Assault Rape Centre;
* Those who make themselves vulnerable e.g. Homelessness, Drug / Alcohol use, and sex workers;
* Those who are involved in Family Focus or Complex Dependency Programmes.

Please note that this list is not exhaustive and may not apply in full in some service delivery locally *(as agreed by the Commissioner).*

Interpretation services for non-English speaking people, hearing impaired/deaf or blind must be a part of the services provided.

## Using Information Technology

The use of new technology in the provision of the new service for Service User records, making appointments, appointment reminders, will be delivered in a way that supports the new service delivery model reflecting how Service Users now access information and services.

The Provider will provide evidence based, innovative services whilst maximising both physical and virtual service access options through the use of new technology. Service information will be maintained and accessible via the services web page, and via smartphone application. Leaflets and other forms of information such as contact cards will be provided.

There may also be use of devices such as fitness trackers and heart rate monitors in order to serve and motivate participants and to achieve a more accurate measure of outcomes.

# Workforce

## Workforce Requirements/ Structure

Staff recruited to work within the service should be competent, appropriately skilled and trained to enable them to offer independent, impartial, concise, information, advice and guidance in relation to One You Cheshire East and its programmes.

The Provider must demonstrate effective continued professional development to ensure that staff and volunteers are up to date with relevant national and local evidence and guidance in relation to One You Cheshire East. Employed staff and volunteers should undertake a range of training, and competencies to ensure that they are equipped with the necessary skills to support them in their role.

The Provider will ensure that good communication and impartiality is embedded throughout the whole of the Service, for staff and volunteers. The Provider will assure the Commissioner that robust arrangements are in place for the assessment of workforce skill mix, qualification, continued professional development, and structured supervision and appraisal. The Provider will submit an audit, ongoing training schedule and attendance as part of the contract monitoring process.

### Volunteers

The involvement of volunteers in appropriate circumstances in service provision should increase the range and capacity of the programme. The provider will explore how this can be integrated into service delivery, with appropriate support for the individuals involved. A key element of volunteer work is in the ‘Making Every Contact Count’ approach. This is detailed in 3.4.4.

## Workforce Management

The Provider will ensure that individual and volunteer supervision is viewed as an important contribution towards continued professional development and that supervisors have the appropriate level of training to supervise staff delivering specific interventions.

## Recruitment

The Provider shall ensure that staff are recruited who are appropriately qualified, competent, experienced and are confident to support the residents in Cheshire East. Workforce development, training, and supervision appropriate to the individual staff members must be available to ensure a high quality and safe service.

The Provider is responsible for ensuring that it employs staff with the following consideration:

* Staff have a range of skills and competencies for supporting the wide range of Service User needs and that staff so far as is possible reflect the diversity of society including any disability, age, religion, racial origin, sexual orientation, culture and language and generally comply with the Equality Act.
* The Provider must develop clear, written job descriptions and person specifications for all posts to be established for this service. The Provider may be required to supply copies of these documents to the Council and is expected to take reasonable note of any observations which the Council has.
* The Provider must put in support mechanisms that provide staff with regular supervision, training and development. Other supports services, for example, mentoring, counselling and buddy scheme should be on offer to staff.

## Mandatory Training

Staff delivering One You Cheshire East programmes should have an appropriate level of qualifications and training to deliver this in an effective and evidence based manner. This will include (this list is not exhaustive):

* General – all staff delivering programmes should have completed a ‘Understanding Health Improvement’ course.
* Falls Prevention – training to be completed on OTAGO or FaME approaches (for instance by completion of an OTAGO exercise leader course). Particular attention should be paid to ensuring that TUG and BBS are conducted to a good standard with measurement achieving consistency with colleagues.
* Weight Management – an appropriate level of dietary qualification will be required e.g. Nutrition for Health (Level 2), together with training on skills in related areas such as food budgeting and meal planning.
* Physical Activity Instructors will be on the Register of Exercise Professionals (or equivalent) at level 3 or above.
* Smoking – completion of Stage 2 NCSCT Smoking Cessation qualification and Level 3 Smoking Cessation Training
* Physiological Checks – staff should have appropriate training to carry out appropriate physiological observations such as weight, height, waist circumference, blood pressure, heart rate etc.
* Signposting – staff conducting signposting work will have a good idea of other resources available locally and will be able to navigate Live Well Cheshire East with ease.
* Behaviour Change – staff will have knowledge of behaviour change/maintenance techniques and how they can be utilised within the structure of the programme.
* Mental Health – staff should have completed Suicide Prevention Training and Mental Health First Aid courses.
* Management – desirable for managerial staff to have Management/Leadership qualifications
* Risk Assessment - Training should encompass the ability to conduct a risk assessment to establish if an individual is safe to begin/to continue to participate in a One You Cheshire East programme or associated activity.

Refresher training should also be provided to ensure standards are maintained.

## Workforce Development

The provider will ensure that staff receive regular training and professional development. This includes on the knowledge and skills required to deliver the programmes but also the wider skills required to ensure that the service delivers to high standards of quality including around customer care.

This includes having good interpersonal skills and emotional intelligence so that they are able to deal with a range of people in a respectful, non-judgemental, person-centred manner including those of protected characteristics in a sensitive manner. When working with groups, they should be able to elicit group discussions, provide group tasks which promote interaction, bonding and mutual support.

Staff should be supported to identify gaps in their knowledge, confidence or skills with training and information on offer to assist with this.

Staff performance should be assessed at regular intervals through verbal and written feedback with a view to improving the capabilities of staff and effectiveness of programmes. Action planning may be utilised as part of this process.

## Identification

All staff delivering services or support under this contract must display clear identification to members of the public. This should show their organisation’s name and their personal name.

## Travel/ Use of vehicle

The Provider needs to be flexible and will offer support to meet a range of Service User needs. This may include on rare occasions a home visit which may require the staff member travelling to the person’s home. However, it should be noted that where possible the service should be delivered in accessible community based settings.

## Vetting of Staff

The Safer Recruitment and selection of Staff, and Volunteers must be robust and the Provider will ensure that all staff who delivery services directly to the public are satisfactorily checked through the Disclosure and Barring Service (DBS) and consideration is given to the Update Service. Staff should also be advised that all Service posts are exempt from the Rehabilitation of Offenders Act 1984 and therefore all convictions, spent or otherwise, must be declared and that an enhanced DBS check will be carried out by the Provider.

If these checks reveal information which would make the person unsuitable for work with children or vulnerable adults the Provider shall not employ or otherwise use such persons in any way.

The Provider will obtain a minimum of two written references for each member of staff employed at the Service, one of which must be from a previous employer.

## Absence Management

Arrangements for covering staff absences must be factored into the core staffing capacity and the Service should not be reliant on staff working overtime, or the use of agency staff other than for exceptional unplanned staff shortages.

The Provider shall ensure that sufficient resources of trained and competent staff are available to cover all vacancies, holidays or staff sickness which may arise. The Provider will also be expected to manage any changes to working patterns brought about by the European Working Time Directive and ensure that the staffing structure is Working Time Directive compliant.

# Service Improvement

## Service Feedback, Engagement and Co-Production

Engagement and co-production with stakeholders (particularly Service User engagement and co-production) must be a core principle within the One You Cheshire East Service. Engagement and co-production must be embedded within the service practice to ensure that Service Users feel valued and listened to. The Provider must demonstrate how engagement and co-production has contributed to service development and improvement. The Provider must engage with Service Users as follows:

* The design, development and improvement of the service (co-design)
* The evaluation and review of service performance and pathways (co-evaluation)
* The delivery of services e.g. peers, champions and volunteers (co-delivery)

## Continuous Service Improvement/ Innovation

The Council’s vision is one of partnership and a collaborative approach to service design and delivery. As such, whilst the Council has defined an outline approach to the delivery of the One You Cheshire East service, this is not a static model, and instead one that will develop over time as evidence from Provider delivery informs service development. It will also be affected by legislation, policy and emerging best practice.

As such, the provider must continually make use of intelligence/research to understand how delivery can be refined in order to improve standards and generate further service efficiency. A key complement to this is use of innovation (including use of technology) to establish more effective ways that outcomes could be addressed.

Key measures for improvement will be:

* Participation in programmes
* Conversion rate of a referral leading to programme participation
* Location where participants live and the corresponding deprivation level
* User satisfaction with programme
* Attrition rate for each programme
* Outcomes achieved at end of a programme.
* Longer term outcomes achieved by programmes.

## Maximising Funding Opportunities

Additional funding opportunities may arise which complement the outcomes required under the One You Cheshire East Service Contract. In such cases, the Council will be keen to discuss these opportunities with the provider as a means of achieving added value for residents. However, new projects should not be at the cost of core service delivery including performance measures. The Council must also be informed if the provider intends to tender/bid for any opportunities which require a link with the One You Cheshire East Services.

# Contract Management and Quality Assurance Standards

## Quality Specific Standards

The Provider is expected to have in place robust governance framework and supporting processes, which ensure that it is compliant with appropriate legal requirements and standards. We would expect the governance framework to include but not be limited to the following:

* Communication between Service Users, families, parents/carers and staff (including managers and clinicians)
* Communication between staff across wider services, including clinicians and managerial staff
* Effective reporting and monitoring mechanisms for issues of concern whether relating to the Service Users, or people connected or employees
* Service User recording
* Service IT / data recording and storage systems
* Incident reporting and health and safety matters
* Child Protection & Adult Protection – Safeguarding
* Reporting and monitoring of incidents and accidents to staff, volunteers and Service Users;
* Health & Safety Inspection, and fire safety
* Complaints and Compliments management for paid staff, volunteers and Service Users
* Service User engagement and co-production
* Records Management
* Equality of opportunity in service provision, recruitment and employment
* Occupational health
* Information sharing and Information Security
* Policies relating to confidentiality of information
* Codes of conduct for staff and Service Users.

All appropriate policies and protocols must be in place following contract award and prior to the service mobilisation phase being completed. The Commissioner would expect to receive information and assurance that these are current and in place [including with sub contracted services]. Clear and routine review arrangements to maintain effective governance would also be expected. Service Users must be made aware of the range of policies which may impact upon their support and be given access to them should they wish.

### Quality Assurance

The Provider is required to complete quality assurance checks in relation to Service delivery to ensure that outcomes are being met and that contract compliance is achieved.

1. The Provider will have quality assurance processes which clearly includes the standards and indicators to be achieved and monitored on a continuous basis by the Provider to ensure that the Service is delivered in accordance with the best interests of the Service User
2. The quality assurance processes will include the standards required, the method of attaining the standards and the audit procedure
3. The quality assurance processes will analyse feedback and measure the success of the Service in meeting the requirements set out in this Service Specification and the Monitoring Schedule
4. A quality assurance report summary will be made available to Service Users and the Council upon request
5. There must be various means for Service Users to supply feedback with regards to Service delivery and outcomes being met. These methods need to take into account Service Users and their preferences as to the mechanism of feedback (questionnaire, interview, phone call, Service review etc.) and the most appropriate format (i.e. language, pictorial, font size)
6. When negative written feedback is received by the Provider, either formally or informally, a formal written response from the Provider will be supplied noting its receipt and the action that will follow. This feedback will be copied to the Council
7. The Provider will be committed to continuous Service development.

## Performance Management

### Performance Management Reporting

The Provider must ensure that a dedicated ‘Performance Management Function’ is established as part of the contract to provide system wide reporting for One You Cheshire East. The Provider will ensure the effectiveness of such reporting, demonstrating assurance processes for systems and procedures to Commissioners and other key stakeholders, and support the continued development of both output and outcome monitoring for the service.

The Provider is required to complete performance checks in relation to Service delivery to ensure that outcomes and contract compliance are being met.

1. The Provider is responsible for having performance and quality assurance processes that are capable of providing evidence of achieving outcomes, quality of Service and Key Performance Indicators
2. It is the Providers’ responsibility to submit performance and quality information as per the schedule and failure to complete and return the required information will be dealt with under Service failure and contractual action
3. The Council may choose to further verify submitted claims through feedback from Service Users, Council Staff, Provider staff interviews and/or feedback as required
4. The Provider must have robust business continuity and contingency plans in place with regards to all levels of Service interruption or disruption. If Service interruption or disruption occurs, the Provider is to notify the Council immediately and ensure that alternative provision is sought
5. The Provider will need to evidence ongoing business viability in order that risks or threats to Service delivery are minimised and any threat to the Service User, the local branch, the overall organisation or the Council is highlighted well in advance to the Council of any potential or actual incident
6. The Provider must ensure that their nominated managers attend contract monitoring meetings, additional service related meetings with the Council, and submit monitoring information to the Council
7. The Council reserves the right to review or amend the contract management and quality assurance process during the contract term with one months’ notice.

Reporting requirements may change over the lifetime of this contract to embrace wider governance reporting structure requirements. The Commissioner will co-produce contract metrics with the Provider of One You Cheshire East. Performance reporting requirements are included in the separate Performance Management Framework Appendix.

### Underperformance by Provider

Should the Council identify that a Provider is underperforming against the terms of the Agreement:

1. The Provider must produce a Service Improvement Action Plan which will be agreed with the Council and the Council may specify additional actions or requirements proportionate to any underperformance
2. Suspension of referrals to the Provider will be initiated where any monitoring or feedback obtained exposes safety issues with the delivery of service including safeguarding incidents.
3. Suspension of referrals to the Provider will be initiated whereby an active informal Improvement Notice or formal Default Notice is in place or the Provider is under Large Scale Safeguarding Enquiry (LSE) procedures
4. Where there has been a serious breach or multiples breaches which may affect Service User safety and wellbeing, the Council retains the right to withdraw from the contract arrangement. This may be via a staggered approach or moving the business as a whole and is at the Council’s discretion.

Where improvements are evidenced and the required standard reached, referrals will be resumed to the Provider, initially with a phased approach which will be decided by the Council.

## Complaints, Compliments and Ombudsman Investigations

### Complaints and Compliments

The Provider will have a written Complaints Policy which is compliant with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Provider will ensure that Service Users or their representatives are aware of the Complaints Policy and how to use it.

All individual’s accessing the service should have easy access to the Provider’s Complaints Procedure.

Where the complaint is received by the Council, the Council reserves the right to determine the conduct of these complaints.

Service Users referred to the Provider by the Council have a legal right to submit a complaint directly to the Council and to utilise its complaints procedure. The Provider will ensure that the Service User is aware of this right from the commencement of Service delivery.

The Provider will (at its own expense) co-operate fully with the Council at all times to enable the Council to investigate any complaint which is referred to it under this section.

All complaints and compliments received by the Provider from Service Users must be recorded and will be made available to the Council upon request.

### Ombudsman investigations

The Council is under a legal obligation by virtue of the Local Government Acts, to observe the rights and powers of the Local Government and Social Care Ombudsman, who has independent and impartial powers to require persons to provide information and/or produce documents for the purposes of carrying out investigations into relevant matters that may have been referred to him for adjudication when maladministration has been alleged against the Council.

The Provider shall make available any documentation or allow to be interviewed any of the Provider’s Staff and assist at all times the Ombudsman or their staff and shall co-operate with any enquires that are requested by the Ombudsman or his staff in investigating any complaints whatsoever.

Upon determination of any case by the Ombudsman in which the Provider has been involved or has been implicated, the Council shall forward copies of these determinations to the Provider for comments before reporting the details to the relevant Committees of the Council. The Provider shall indemnify the Council against any compensation damages, costs or expenses which the Council shall incur or bear in consequence of any claim of maladministration where such maladministration arises from the negligent act or omission by or on behalf of the Provider resulting from failure to observe and perform the obligations under this Agreement.

The Provider shall comply with all recommendations, in so far as the Law allows, made by the Ombudsman as to the changes of methods or procedures for service delivery if requested to do so in writing by the Council.

All Providers are to comply and co-operate with any Ombudsman investigations which occur as a result of a complaint being made.

## Whistleblowing

The Provider must ensure that all staff are aware of the Whistleblowing policy and must be able to demonstrate to the Council that all staff understand what this policy is.

The Provider shall, throughout the Contract Period, maintain a system allowing Staff to have a means of ensuring that they can raise concerns relating to the care or treatment of the Service Users or the management of the Provider with an independent person.

Any member of Staff, raising a legitimate concern, will be entitled to remain anonymous and will not be subject to any reprisal for highlighting such concerns. The exception to anonymity is where the concern escalates to a situation where this is no longer possible i.e. where there is Police or Court action.

The Provider should have robust Whistleblowing policies, procedures and processes in place for all staff within the organisation. This will be available to the Council upon request.

## Managing information

### Commissioner Rights to Information

The Commissioner requires the Provider to provide timely information to support commissioning activities locally, sub regionally and nationally. The information must comply with none identifiable information requirements. This applies to the provision of service return information, and invoice payment backing data. However where there are specific safeguarding, operational risks relating to individual Service Users and or employees then the Provider and the Commissioner must share information to determine the appropriate management of the situation to ensure appropriate safeguarding actions.

It is required that the ‘One You Cheshire East’ service brand will be used by the service and the Commissioner will own this name and any sub-brands within the service (e.g. name of programmes). The Provider in connection with the delivery of the service will not, use, manufacture, supply or deliver services that may infringe any intellectual property rights. All intellectual property rights developed for the purpose of providing services under this contract shall belong to the Commissioner.

The Provider must fully indemnify the Commissioner against losses, action, claims, proceedings, expenses, costs and damages arising from a breach of information governance. The Provider must defend at its expense any claim or action brought against the Commissioner alleging that there has been, in connection to the delivery of the service infringements of copyright, patent, registered design, design right or trademark or other intellectual property rights and must pay all costs and damages.

### Commissioner Information Requests

The Provider will be responsible on behalf of the Commissioner for preparing responses to MP letters, Compliments and Complaints, Freedom of Information requests for the Commissioner’s approval where these relate solely or partially to the service.

### Expectations in Using Systems

The Provider will operate an appropriate IT system that enables safe storage of information and records, allows for effective data collection and analysis for both local, sub regional and national monitoring requirements. This should include Service User consent to store and share information with relevant providers (such as General Practices).

The Provider will need to understand the IT systems used by the local Health and Social Care to consider the most effective system for the service to be delivered.

### Record Keeping

The Provider will:

* Create and keep records which are adequate, consistent and necessary for statutory, legal and business requirements;
* Achieve a systematic, orderly and consistent creation, retention, appraisal and disposal procedures for records throughout their life cycle;
* Provide systems which maintain appropriate confidentiality, security and integrity for records and their storage and use;
* Provide clear and efficient access for employees and others who have a legitimate right of access to the records in compliance with current Information Governance (IG) legislation;
* Provide training and guidance on legal and ethical responsibilities and operational good practice for all staff involved in records management;
* Be compliant with current Cheshire East policies and NHS Code of Practice;
* Comply with IG requirements for any future service transition arrangements.

### Storage of Information

The Provider has a duty to make arrangements for the safe-keeping and eventual disposal of their records [note – legal compliance for disposal of records must be set out in the policy for approval under the governance framework].

## Policies and Procedures

The Provider will have clear policies, procedures and documents which will be supplied to the Council as and when requested. Updated versions are to be supplied during each Annual Monitoring Return to the Council. As a minimum, there should be the following policies, procedures and plans in place:

* Health and Safety Policy including Lone Working
* Safeguarding / Vulnerable Adults Policy
* Complaints Policy
* Manual Handling / Moving and Handling Policy
* DBS Policy
* Risk Assessment Policy
* Data Protection / Confidentiality Policy
* Whistleblowing Policy
* Supervision, Appraisal and Employee Development Policy
* Managing Challenging Behaviour Policy
* Environmental/Sustainability Policy
* Business Continuity Management Plan (localised to Cheshire East)
* Social Media Policy
* Referral Policy/Procedure
* Freedom of Information Policy

## Equality and Diversity

The Provider will provide the Service in a way which does not discriminate against the Service User or Employee in respect of any of the protected characteristics under the Equality Act 2010.

The Provider is required to deliver programmes and their content in a flexible, person centred way aligned to this legislation.

In addition to this, the Provider will ensure that all Employees are aware of the general and specific duties of the Equality Act 2010 and the protected characteristics to which they apply

## Health and Safety

* The Provider will do all that is reasonably practicable to prevent personal injury and to protect Staff, Service Users and others from hazards.
* The Provider shall ensure that Health and Safety risk assessments are in place at all times for all aspects of the Service. The Provider shall be responsible for risk assessment, hazard control and other Health and Safety matters affecting its staff in the delivery of Services
* The Provider will need to demonstrate compliance with all relevant Health and Safety legislation and guidance relating to every element of the Service
* The Provider shall issue to all their Staff a detailed Health and Safety policy statement in compliance with the Health and Safety at Work Act 1974
* The Provider shall ensure that its staff comply with safe working practices.

## Safeguarding

The Providers(s) will ensure services comply with safeguarding procedures outlined by Cheshire East Council through the Local Safeguarding Children Board and Local Safeguarding Adults Board, and Cheshire East’s Domestic Abuse Partnership:

<http://www.cheshireeast.gov.uk/care-and-support/healthy-lifestyles/domestic_abuse/domestic_abuse.aspx>

<http://www.cheshireeastlscb.org.uk/professionals/procedures-and-guidance.aspx>

<http://www.cheshireeast.gov.uk/care-and-support/vulnerable-adults/vulnerable-adults.aspx>

The operational policies of Provider will address the following:

* Safe provision and storage of medication;
* How to make a referral for a children in need, or a vulnerable adult, under safeguarding procedures;
* How to raise a concern in relation to domestic abuse;
* How to report and respond to safeguarding concerns about the practice of staff or volunteers;
* Set out how they will manage a complaint investigation and how the learning will inform practice and continuous development of the service;
* Set out how the management and reporting of Sudden Untoward Incidents and the reflective learning from such events informs future practice and continuous service development.

The Provider will be responsible for informing the Commissioner of their practice through routine contract monitoring arrangements or earlier where it relates to a critical incident and or is deemed to be an emergency that warrants this step as a matter of urgency.

### Safeguarding for Vulnerable Children and Adults

The safeguarding of children and vulnerable adults must underpin all practice and Providers are expected to adhere to relevant legislation and guidance:

* The Care Act 2014 <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>
* Safeguarding Children and Young People <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
* as well as statutory responsibilities within 1989 and 2004 Children Acts, critically:

*‘’ Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.*

*Under section 10 of the same Act, a similar range of agencies are required to cooperate with local authorities to promote the well-being of children in each local authority area (see chapter 1). This cooperation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery.*

*Professionals working in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer. ‘’*

Cheshire East Local Safeguarding Children Board and Local Safeguarding Adults Board have policies that must be adhered too and evidenced within Providers own policy, practice documents and records. The primary principle[s] here is that Providers have robust policies, practices and pathways in place to escalate matters should this be required, therefore being able to: **Recognise, Respond, Record, Recruit Safely and Risk Assess well in respect of Service User wellbeing and safety.**

Compliance with Local Safeguarding Children’s Board’s and Local Safeguarding Adults Board’s policy, procedures and protocols which must be regularly audited (including case recording audit) by the Provider. Providers are required to complete annually the self-assessment as set out in the Safeguarding Standards for Children and Adults at risk.

The Safer Recruitment and selection of Staff, and Volunteers must be robust and include appropriately the undertaking of Disclosure and Barring Scheme checks [DBS]. If these checks reveal information which would make the person unsuitable for work with children or vulnerable adults the Provider shall not employ or otherwise use such persons in any way.

Workforce training on the prevention of abuse and safeguarding practice as well as domestic abuse must be given to all employees as a part of their induction and continued professional development.

In order to safeguard Service Users’ from any form of abuse and to provide an early warning, the Provider must have in place a written Adult Safeguarding Policy and Procedure. This must mirror the principles of the North West Adults Safeguarding Policy, the Care Act 2014 and, especially Chapter 14 of the Care Act guidance. The Provider must supply the Council with a copy of its policy and procedure on request. The policy will include employee training, adequate record keeping and procedures for alerting other professionals.

In the event of any allegation under Chapter 14 of the Care Act and the North West Adults Safeguarding Policy, the Provider must work in co-operation with appropriate statutory agencies, other Providers, the complainant, their advocates and significant others to agree and implement a Support Plan aimed at providing support and preventing further abuse.

On receiving information about an incident / concern the Provider Manager or nominated individual should determine whether it is appropriate for the concern to be dealt with under Safeguarding procedures.

Where a safeguarding allegation comes to light, the Provider should make a safeguarding referral to the relevant social work team. Where possible, (unless it exacerbates risk), consent should be sought from the Service User as well as the Service Users wishes with regards to the safeguarding.

Cheshire East Social Care are the lead agency for managing Safeguarding allegations, and will decide whether they will conduct a S42 enquiry (investigation) or request that the Provider conducts the S42 enquiry (investigation) on behalf of the Council. It is anticipated in the future, that Providers may have to collate and report LOW LEVEL concerns on a monthly basis to the Contracts Management Team.

Providers are required to respond to any safeguarding enquiries within the timescales specified by the Social Work teams. The monitoring process within the Quality Assurance schedule (See Schedule 6) will capture compliance against this.

The Council may also introduce new ways of reporting safeguarding concerns during the life of this Contract. Providers will comply with any reasonable requirements and adopt the new way of working at no extra costs.

The Provider will, as and when required, work with other Provider’s and share information with the same to ensure the safeguarding and promotion of the welfare of Children / Adults at risk, subject always to the Provider’s duty to comply with all relevant laws, statutory instruments, rules, regulations, orders or directives.

In the event that a Regulated Activity, as defined by the Disclosure and Barring service, is to be delivered by the Provider under this Contract, the Provider will be a Regulated Activity Provider for the purposes of the Care Act 2014, and also comply with all relevant parts of the Cheshire East Multi-Agency Policy and Procedures to Safeguard Adults from Abuse, (which can be found on our website) and the North West Adult Safeguarding policy.

This can be found on the Safeguarding Board Website [www.stopadultabuse.org.uk](http://www.stopadultabuse.org.uk).

With regards children, all Employees, shall be trained and comply with the Council’s inter-agency procedures for safeguarding children and promoting welfare. Information can be found on the Cheshire East Local Safeguarding Children’s Board website;

<http://www.cheshireeastlscb.org.uk/homepage.aspx>

The Provider will ensure that all Employees engaged in the delivery of a Regulated Activity under this Contract:

* are registered with the DBS in accordance with the Safeguarding Vulnerable Groups Act and regulations or orders made thereunder; and
* are subject to a valid enhanced disclosure check undertaken through the Disclosure and Barring Service (DBS) including a check against the adults’ / children’s barred list; and
* In performing its obligations under this contract or any applicable call off contract, the Provider shall comply with all applicable anti slavery and human trafficking laws (including, but not limited to, the Modern Slavery Act 2015)
* Receive appropriate training regarding any policy put in place by the Council regarding safeguarding and promoting the welfare of Adults / Children at risk and regularly evaluate its employees’ knowledge of the same.
* The Provider will monitor the level and validity of the checks under this clause for all Employees.

The Provider will not employ or use the services of any person who is barred from carrying out a Regulated Activity.

Should the Provider wish to employ a person who has a positive response (other than barring) on their DBS check, the Provider must undertake and put in place an appropriate Risk Assessment of the risk to Service Users.

In accordance with the provisions of the SVGA and any regulations made there under, at all times for the purposes of this Contract the Provider must:

* be registered as the employer of all Employees engaged in the delivery of the Services, and
* have no reason to believe that any Employees engaged in the delivery of the Services:
* are barred from carrying out Regulated Activity ; or
* are not registered with DBS

The Provider will refer information about Employees carrying out the services to the DBS where it removes permission for such Employees to carry out the services, because, in its opinion, such Employees have harmed or poses a risk of harm to the Service Users’ and / or Children / Adults at risk and provide the Council with written details of all actions taken under this clause.

### Provider and Named Safeguarding Lead

The Provider will identify a named safeguarding lead. The ‘named’ safeguarding lead will have arrangements in place to ensure they are able to access enhanced safeguarding advice, support and knowledge.

The successful Provider and their safeguarding lead must have in place:

* Clear referral and access criteria and documented pathways;
* Arrangements for the management of escalating risk;
* An information sharing and confidentiality policy in place that is clear regarding when, legally, information can be shared without consent and explains Service Users’ rights and responsibilities;
* A Quality Audit / Performance Monitoring system for safeguarding activity, that complies with contract and safeguarding performance reporting / monitoring requirements
* A clear process for reporting and managing allegations in relation to a member of staff or volunteer.

**The service must immediately notify the Commissioner of any improper conduct by any of its staff or by one Service User towards another, in connection with any part of this contract.**

***Note examples of improper conduct of staff or Volunteers include:***

* ***Neglect / Acts of Omission / Self-Neglect*** *- Causing harm by failing to meet needs e.g. ignoring physical or medical care needs, withholding food, medicines, failure to provide adequate supervision*
* ***Physical*** *- Hitting, pushing, slapping, and using inappropriate physical restraint, burning, drowning, and suffocating, with holding medical care, feigning the symptoms of ill health or deliberately causing ill health.*
* ***Sexual*** *- Sexual activity of any kind where the vulnerable person does not or is not able to give consent.*
* ***Psychological*** *- Including verbal abuse, humiliation, bullying and harassment. Persistent emotional ill treatment, cyber-bullying, seeing or hearing the ill-treatment of others, Domestic Abuse (see the below section)*
* ***Discriminatory Abuse*** *- Treating a person in a way which does not respect their race, religion, sex, disability, culture, ethnicity or sexuality.*
* ***Organisational Abuse*** *- Where routines and rules make a person alter his/her lifestyle and culture to fit in with the institution.*
* ***Financial*** *- Taking money and/or property without permission. Using pressure to control a person’s money/property/ benefits. Taking or offering any financial inducements.*
* ***Modern Slavery / Trafficking*** *- Smuggling is defined as the facilitation of entry to the UK either secretly or by deception (whether for profit or otherwise). Trafficking involves the transportation of persons in the UK in order to exploit them by the use of force, violence, deception, intimidation, coercion or abuse of their vulnerability.*
* ***Radicalisation*** *- is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that (1) reject or undermine the status quo or (2) reject and/or undermine contemporary ideas and expressions of freedom of choice.*

Any staff member who is the subject of allegations must be suspended from providing any services under this contract until the matter is resolved to the satisfaction of the Commissioner. Where appropriate a report should be made to the local authority – for those working with children and young people to the LADO [Local Authority Designated Officer].

Providers will ensure that they have mechanisms in place to fulfil their duty with regard to the Independent Safeguarding Authority where they have dismissed an individual, or an individual has resigned, because they harmed or may harm a vulnerable person. Consideration of subsequent reporting to professional registering bodies will also be needed e.g. GMC, NMC.

### Prevent and Channel Duties

The Provider must ensure that they adhere to Prevent and Channel duties. The national ‘Let’s Talk About It’ campaign[[108]](#footnote-109) describes Prevent as being about safeguarding people and communities from the threat of terrorism. Prevent is 1 of the 4 elements of CONTEST, the Government’s counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism. Channel provides support across the country to those who may be vulnerable to being drawn into terrorism. The overall aim of the programme is early intervention and diverting people away from the risk they may face.

# Governance Requirements

## Legal Compliance

The Provider will ensure that the service is fully compliant with all relevant legislation and regulations. The service will be delivered within the allocated budget. Failure to meet agreed targets would result in the Commissioner requiring a remedial time specific action plan to address the issues of concern. Continued underperformance may lead to contract termination in line with the contract terms and conditions. Commissioners will have the right to visit services at any time.

## Lead Provider / Consortia / Multiple or Joint Providers

The Provider must ensure strong organisational governance and compliance of any/all sub-contracted services (or partnership arrangements) covering all aspects of service. This should include but not be limited to:

* Confidential and Appropriate Communication Between Services
* Communication with Service Users, Parent / Carers and Families
* Communication Between Staff and Services
* Effective Reporting Arrangements
* Effective Service User Record Keeping
* Service Data and Access to Record Arrangements
* Data Protection
* Incident Reporting
* Safeguarding
* Health and Safety
* Whistle Blowing
* Recruitment
* Risk Management
* Compliance with the Human Rights Act
* Equal Opportunities.

## Service Sustainability and Business Continuity

The Provider will produce a Sustainable Development/ Business Continuity plan prior to the commencement of the contract that is then subsequently reviewed at least annually.

Key personnel, particularly managers, must be familiar and up to date with the legislation, the Plan should include how the Service will achieve the following:

* Compliance with the requirements of the Climate Change Act (2008) and all other environmental legislation;
* Compliance with the Sustainable Development Strategy for the NHS, Public Health and Social Care System 2014-2020 and any future updates.

Resilience and business continuity plans are essential and it is expected that the Provider will report at least annually to the Commissioner on their currency and use.

## Strategic Governance

The service is expected to maintain an effective and proactive stakeholder network and strategic partnerships, including with Primary and Secondary Health Care and Social Care partners in order to inform improvement and development of the service within the wider system.

## Information Governance

The Provider will comply with the Information Governance (IG) Toolkit [www.igt.connectingforhealth.nhs.uk/requirementsorganisation.aspx](http://www.igt.connectingforhealth.nhs.uk/requirementsorganisation.aspx).

This integrates the overlapping obligations to ensure confidentiality, security and accuracy when handling confidential information set out in:

* The Data Protection Act 1998
* The common law duty of confidentiality
* The Confidentiality NHS Code of Practice
* The NHS Care Record Guarantee for England
* The Social Care Record Guarantee for England
* The ISO/IEC 27000 series of information security standards
* The Information Security NHS Code of Practice
* The Records Management NHS Code of Practice
* The Freedom of Information Act 2000.

Patient identifiable data (PID) will only be accessed by authorised staff where the Service User has given explicit consent. Where consent is not given by the individual Service User only anonymised or aggregate data will be accessed. Patient confidential data (PCD) will only be accessed where it is absolutely necessary to support or facilitate the Service User’s care. All PCD will be handled in accordance with the Information Governance (IG) Toolkit [www.igt.connectingforhealth.nhs.uk/requirementsorganisation.aspx](http://www.igt.connectingforhealth.nhs.uk/requirementsorganisation.aspx). This includes:

* Ensuring that agencies comply with their responsibilities to inform Service Users of the uses of their information and the agencies it is shared with;
* Protecting and keep in the strictest confidence all information;
* Using the confidential information only for the purpose of supporting or facilitating the care of the Service User;
* Notifying the Commissioner immediately upon learning of any improper disclosure or misuse of any confidential information, login and passwords. Also to take whatever steps are reasonable to halt and otherwise remedy, if possible, any such breach of security. Also to take appropriate steps to regain the confidential information, and to prevent any further disclosures or misuses;
* Ensuring that the Service Provider has a current data protection notification, which is updated on an annual basis;
* Ensuring that all members of staff are contractually bound by confidentiality agreements and are aware of their responsibilities to adhere to these e.g. the NHS Confidentiality Code of Practice;
* That appropriate technical and organisational measures will be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data;
* That regular confidentiality audits will be carried out to ensure that security measures remain appropriate and up to date. All audits will be carried out in accordance with the Information Commissioner’s Office (ICO) Confidentiality Audit Guidance.

## Clinical Governance

Appropriate and robust clinical governance arrangements are of paramount importance to the Commissioner and it is intended that these will be monitored through contract monitoring arrangements and through any other Clinical Governance forum arrangement deemed appropriate by the Commissioner. We would expect compliance with NHS Standards and Clinical Governance arrangements and protocols in line with NICE, NHS and Public Health England guidance, Local Government Association.

The Provider will ensure that the service has robust mechanisms in place to manage all aspects of clinical governance particularly in the administration of NRT. Such arrangements will account for but not be limited to:

* Risk prevention and management;
* Service Inspection and Registration;
* Safe service transitions between Providers;
* Policies and procedures including Audit and Clinical Governance, and Clinical Supervision;
* Ensuring provision of NRT is evidence based and delivered by appropriately qualified, experienced and supervised practitioners.

All processes should include escalation and notification of events to the Provider who will be responsible for assuring the Commissioner of the services compliance with clinical governance standards and policies and learning from any breaches or serious incidents.

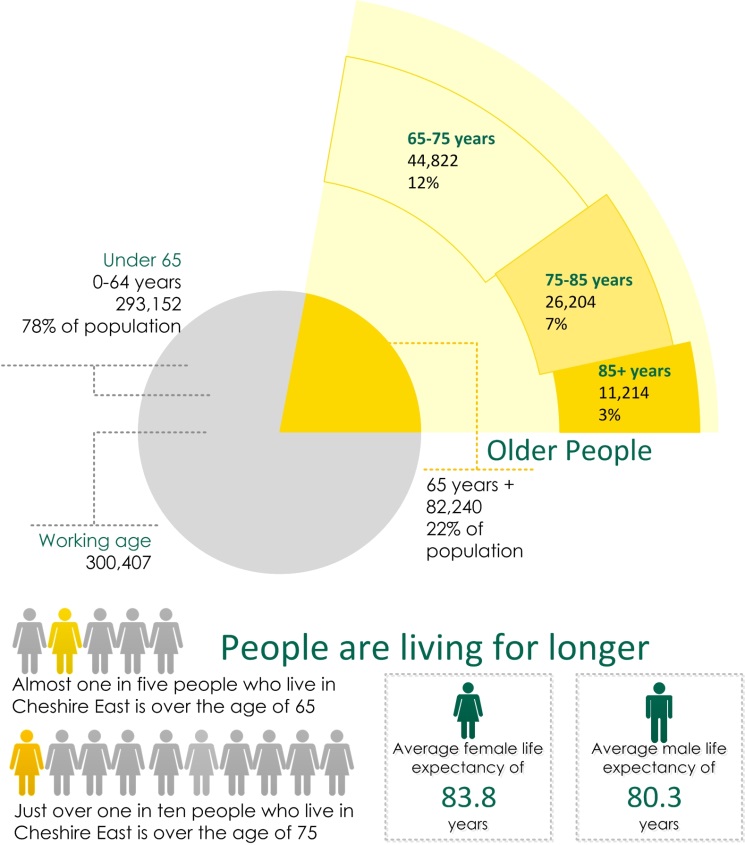
The Provider must report all serious and untoward incidents (SUIs), complaints and compliments to the Commissioner. This might include an injury occurring to an individual whilst participating in a programme (or when undertaking exercises at home that have been advised upon). Where compliments and less serious complaints occur these can be reported as part of the quarterly monitoring cycle. However serious complaints, untoward incidents and safeguarding occurrences must be reported to the Commissioner at the first available opportunity.

The Provider must adhere to local prescribing governance arrangements and ensure compliance with requirements of the relevant Controlled Drugs Accountable Officers (CDAOs).

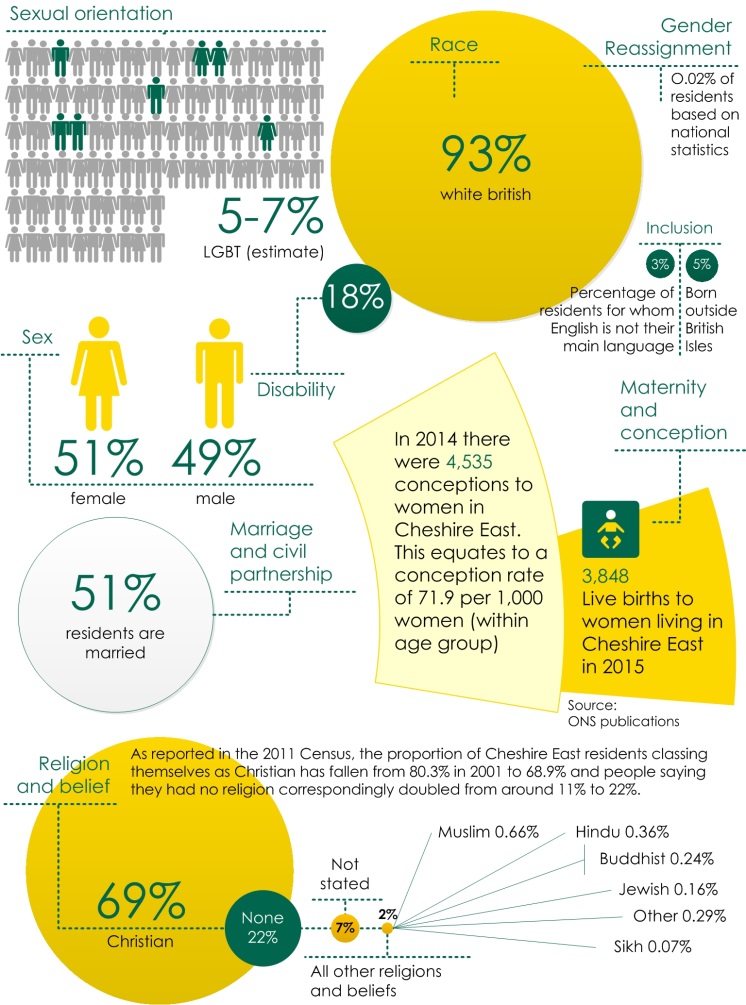
Appendix 1 - Guidance

## Local context

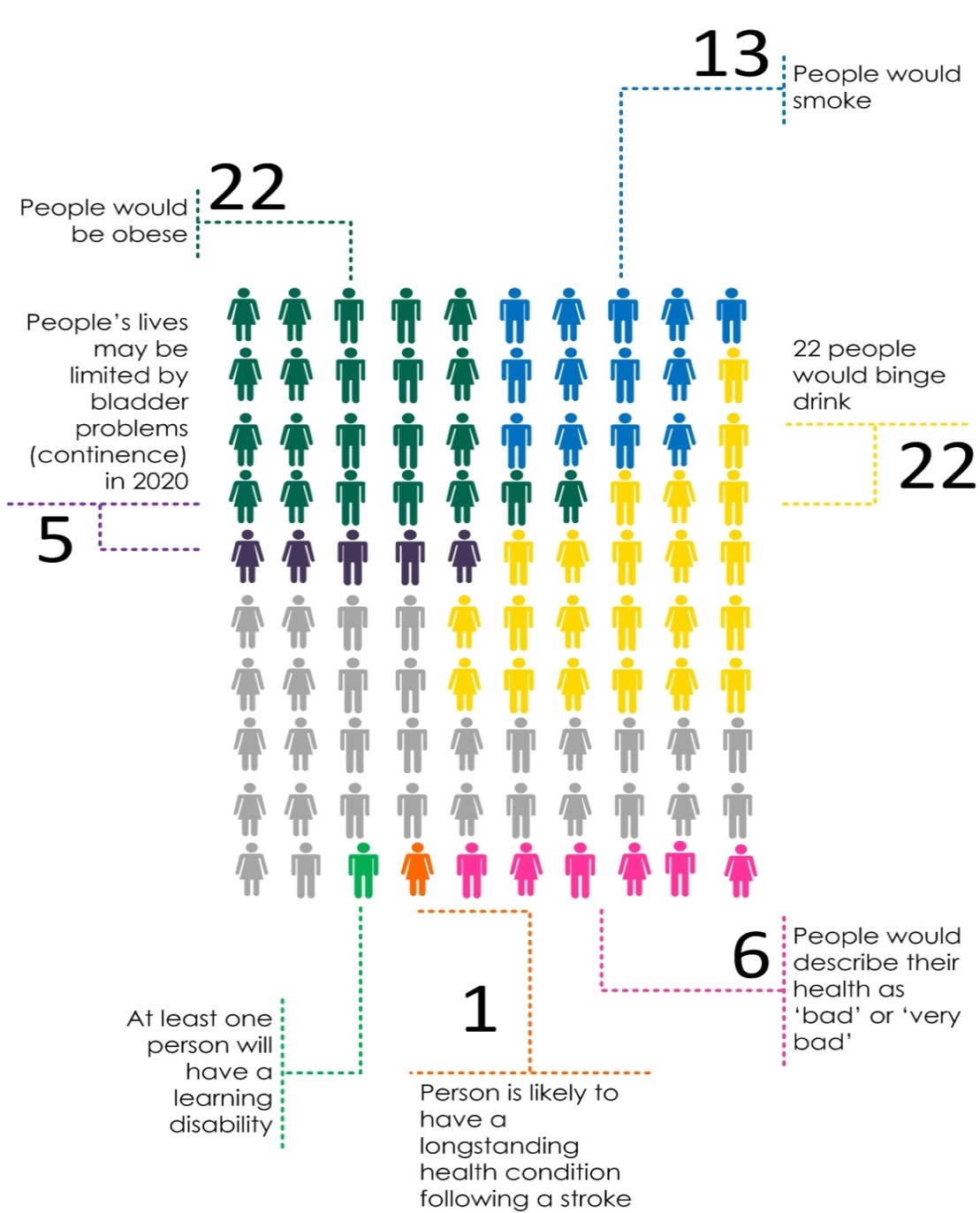
The Borough of Cheshire East is a mix of rural and urban environments, covering an area of over 1,100km2 and has a population of 372,700 people.[[109]](#footnote-110)



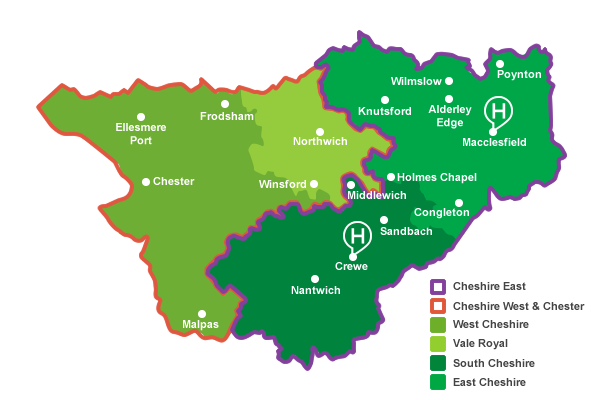
The service transformation and re-commissioning of One You Cheshire East is a priority within the **Cheshire East Council People Live Well for Longer Commissioning Plan (2017)**[[110]](#footnote-111) which states that there is an aging population in Cheshire East. The aging population means that by 2020, over a quarter of the Cheshire East population will be aged over 65, greater than the UK average. Our challenge when commissioning local services is to enable people to live well and for longer and that we have the right service in place to respond to peoples changing needs and expectations. As such, it is particularly important to provide preventative support to individuals.



**If Cheshire East was a village of 100 people:**

****

There are **82 elected members in Cheshire East** with **52 Wards** and **7 Local Area Partnerships (LAPS)**. The **Cheshire East Connected Communities Strategy (2017)**[[111]](#footnote-112) describes how Cheshire East Council are undertaking community development activities through assets based approach (ABCD) to develop Connected Community Centres, Neighbourhood Partnerships and Town and Community Partnerships.



The **Cheshire East Council Corporate Plan (2016-2020)**[[112]](#footnote-113) consists of 6 priority outcomes which include:

**Live Well Cheshire East**[[113]](#footnote-114) is an online resource which was launched by the Council in spring 2017. This provides a directory of local services and support options, together with information and advice to related to health and care. This encompasses the following subject areas:

* Staying healthy;
* Community activities;
* Living independently;
* Care and Support for adults;
* Care and Support for children;
* Local offer for special educational needs and disability;
* Education and employment

Live Well Cheshire East also includes a care self-assessment option (known as Choices for Care), which links people to services within the community which match their needs. Residents can access Live Well from the homepage of the Council’s website or directly at [www.cheshireeast.gov.uk/LiveWell](http://www.cheshireeast.gov.uk/LiveWell).

**Service specific strategies**

The Cheshire East Children and Young People’s Plan (2015-18) Priorities include:

1. Embedding listening to and acting on the voice of children and young people throughout services (same as having a voice)
2. Ensuring frontline practice is consistently good, effective and outcome focused (feeds into feel and be safe)
3. Improving senior management oversight of the impact of services on children and young people
4. Ensuring the partnership effectively protects and ensures good outcomes for all children and young people in Cheshire East (feeds into feel and be safe)

Further information can be found from:

<http://www.cheshireeast.gov.uk/livewell/care-and-support-for-children/working-in-partnership/childrens-trust/childrens_trust.aspx>

## Needs assessment and asset mapping

**The Cheshire East Joint Strategic Needs Assessment (JSNA)** <http://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/jsna.aspx>

In addition to local need it is also important to understand local strengths and assets, which are particularly important to enable the Provider to take an asset based approach to One You Cheshire East. The **Live Well Website** provides an evolving asset map of local services and support. The website provides information about local services, as well as wider community assets such as faith groups, community centres, sports groups, and housing support etc.

The **Connected Community Strategy[[114]](#footnote-115)** sets out the Council’s ambition for an assets based community development approach. One of our strongest assets are people who use services and their families, therefore the Service Specification has been co-designed by Service Users.

# Appendix 2: Programme Characteristics

The following table gives a summary of the expected eligibility at the start of the contract.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Programme*** | ***Mode of Delivery*** | ***Initial Screening Criteria  (at referral stage)*** | ***Secondary Screening Criteria*** | ***Age Range*** | ***Hours\**** | ***Programme Length*** |
| **Weight Management** | Group + exercise participation | BMI 25+ | Waist to height measurement in Adults, risk assessment | 18+ | Weekly 1-2 hour group session + access to physical activity programmes | 12 weeks |
| **Physical Activity** | One to One | Less than 30 minutes moderate intensity exercise a week on average | Completion of validated tool such as GPPAQ, risk assessment | 18+ | A 1-2 hour session will be delivered at the start and end of the programme, with additional face to face meetings occurring depending on the individual’s needs.  Regular non-face to face contact e.g. telephone support will also be provided. | 12 weeks |
| **Falls Prevention** | Likely to be group based | For those 65+:  1. Has an individual had 2 or more falls?  2. Presented with an acute fall within the last 12 months?  3. Has difficulty walking or with balance? | TUG and BERG Balance Scale (threshold to be determined), risk assessment | 65+  (with exceptions for those with relevant health conditions) | 52 hours | 26 weeks |
| **Mental Wellbeing** | One to One | SWEMWEBS | N/A | 18+ | 3-5 minutes | Brief intervention |
| **Alcohol Harm Reduction** | One to One | Audit-C | N/A | 18+ | 3-5 minutes | Brief intervention |
| **Family Weight Management** | One to One + exercise participation | At least one child is classified as overweight | Waist to height measurement in Adults, risk assessment | 5+ | 26 hours | 13 weeks |
| **Maternal Health** | Initial one to one | Any women who is pregnant with a BMI in excess of 30+ or who had a BMI of 25 or above pre-pregnancy | Risk assessment | 16+ | 1 hour initial session. Other support aligned to other programmes depending on individual’s needs. | 12 weeks |
| **Smoking Cessation** | One to One/ Group | Anyone smoking tobacco | Risk assessment | 12+ | 15-30 minutes per intervention session (individual), 1-2hr group | 4-6 weeks for standard intervention |

Note: it is the intention of the Local Authority that this referral criteria is narrowed over time. However, this will ultimately be dependent on service demand.

\*Hours have been provided as a guide but should comply with best practice

Unless otherwise stated (i.e. weight management, family weight management and smoking cessation), individuals will not be able to re-attend programmes within a 24 month period.

# Appendix 3: Smoking Payments

**Current Smoking Tariffs**

The service may choose to operate the service with sub-contracted smoking providers on a tariff basis as set out below. The current tariff for the service elements with community smoking providers is set out below:

Note: a weighted payment scheme is in place in order to enhance the reduction in health inequalities. The payment scheme rewards the targeting of our most disadvantaged communities.

The fee is a targeted fee which is dependent on the occupational status of the client and the stage of their quit process i.e.:-

|  |  |  |
| --- | --- | --- |
| **4 week Quits** | **Set a Quit Date** | **4 week Quit** |
| Routine and Manual Group | £15 | £25 |
| All other groups | £8 | £16 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Harm Reduction** | **Taken on HR Programme** | **On-going support** | **4 week Quit** |
| Routine and Manual Group | £8 | £15 | £25 |
| All other groups | £4 | £8 | £16 |

**NRT Vouchers Scheme**

Stop smoking providers will use a Cheshire East ‘NRT vouchers Scheme’. This scheme allows Stop Smoking Practitioners to prescribe NRT products through the use of a ‘voucher’ and for local community pharmacies to dispense the voucher and claim a payment (minus any prescription fees collected).

**The Products**

The following is a list of NRT products which can be dispensed. It is not exhaustive. If a pharmacist is in doubt about the prescribing of an item they should contact the Provider for advice.

|  |  |
| --- | --- |
| **Patches** | Nicorette Invisipatch 25mg, 15mg, 10mg  NiQuitin 21mg, 14mg, 7mg  Nicotinell TTS30, TTS20, TTS10 |
| **Inhalator** | Nicorette Inhalator 15mg |
| **Sprays** | Nicorette QuickMist  Nicorette Nasal Spray |
| **Microtab** | Nicorette Microtab |
| **Gum** | Nicorette  Nicorette Icy White  NiQuitin  Nicotinell |
| **Lozenge** | Nicorette Cools  NiQuitin MINI  NiQuitin  Nicotinell |

**Varenicline**

Varenicline is currently issued via a GP FP10; a Varenicline PGD is due to be implemented.

**Payments**

A payment of £1 is paid for each voucher dispensed (where the provider is not a pharmacy who is also dispensing the pharmacology).

**The following terms and conditions are also required to be kept by pharmacists. It will be the Provider’s responsibility to ensure that these are also followed in future arrangements.**

Payments will be by submitting an invoice to the Provider. Each Pharmacist will be asked to declare each time the following:

‘I claim payment for the stop smoking services that I have provided which are shown above. I confirm that the information given in this claim is true and complete. I understand that if I provide false or misleading information I may be liable to prosecution or civil proceedings. I understand that the information on this form may be provided to the Counter Fraud and Security Management Service, a division of the NHS Business Services Authority for the purpose of verification of this claim and the preventing, detecting and investigation of fraud.’

**Guidance**

The Pharmacy Practitioner will agree to follow national guidance and evidence in the provision of the service, keeping up to date in year with updated guidance and evidence and implementing new guidance and evidence in reasonable timeframe agreed with Cheshire East Council.

**Governance:**

**Client Confidentiality and Data Protection**

The Pharmacy Practitioner must not disclose any information acquired by them in connection with the provision of the service which concerns:

* Cheshire East Council, its staff or procedures
* The identity of any Service User
* The medical condition or any treatment received by any Service User.

**Health and Safety**

The Pharmacy shall comply with the requirements of the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1992 and any other acts, regulation, orders or rules of law pertaining to health and safety.

**Significant Event Reporting**

The Pharmacy must have an incident reporting system in place, which includes maintaining logs of patient safety incidents. Patient safety incidents must be reported to the Commissioner.

**Freedom of Information**

Both parties recognise that this service specification and /or associated recorded information may be subjected to FOI requests. Each party shall comply with any such FOI requests received, in accordance with the Freedom of Infomation Act 2000 legal obligations. Cheshire East Council will advise if required.

**Registration**

Pharmacists must provide their General Pharmaceutical Council Registration Number

**Required Insurances**

Public Liability Insurance (minimum level of cover) - £5,000,000

**Termination of the service**

Any Pharmacy no longer willing or able to provide this service must inform the Provider, in writing, giving a minimum of 30 days notice. It is the responsibilty of the pharmacy to ensure the continuity of the service during this notice period.

The Provider reserves the right to stop the service with immediate effect if:

* The Pharmacy fails to comply with the service specification or protocol.
* The individual Practitioner  and / or contractor acts outside the ethical governance framework for the profession, bring the profession into disrepute, or are subject to an NHS or professional disciplinary process

1. Cheshire East Corporate Plan, [www.cheshireeast.gov.uk/council\_and\_democracy/your\_council/council\_finance\_and\_governance/corporate-plan.aspx](https://www.cheshireeast.gov.uk/council_and_democracy/your_council/council_finance_and_governance/corporate-plan.aspx) [↑](#footnote-ref-2)
2. Cheshire East Commissioning Plan <https://moderngov.cheshireeast.gov.uk/ecminutes/documents/s58081/People%20Live%20Well%20for%20Longer%20-%20report%20final.pdf> [↑](#footnote-ref-3)
3. Health and Wellbeing Strategy [www.cheshireeast.gov.uk/council\_and\_democracy/your\_council/health\_and\_wellbeing\_board/health\_and\_wellbeing\_board.aspx](https://www.cheshireeast.gov.uk/council_and_democracy/your_council/health_and_wellbeing_board/health_and_wellbeing_board.aspx). [↑](#footnote-ref-4)
4. ONS, NOMIS, 2017 Mortality statistics - underlying cause, sex and age, [data downloaded 7 May 2019] [↑](#footnote-ref-5)
5. Public Health Outcomes Framework, <https://fingertips.phe.org.uk/search/physical%20activity#page/1/gid/1/pat/6/par/E12000002/ati/102/are/E06000049> [↑](#footnote-ref-6)
6. Office for National Statistics, Release 12 December 2018, [www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyatbirthandatage65bylocalareasuk](http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyatbirthandatage65bylocalareasuk) [↑](#footnote-ref-7)
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