

**Open Report on behalf of Glen Garrod,  
Executive Director - Adult Care and Community Wellbeing**

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>24 February 2021</b>
Subject:	<b>Integrated Lifestyle Service (One You Lincolnshire) Service Review</b>

**Summary:**

One You Lincolnshire (OYL) has implemented a mixed model of lifestyle support within 2019/20 and early 2020/21 reaching over 8,600 people and generating 3,669 outcomes helping people to move more, be smoke free, eat well, lose weight and drink less.

The scale and speed of implementation was less than originally anticipated and substantially impacted by Covid-19.

As a result of the Covid-19 pandemic and the first national lockdown the One You Lincolnshire (OYL) service moved from primarily face to face and group work to a digital and virtual delivery method from 16 March 2020.

Temporary changes in response to Covid-19 have generated more referrals into the service (+19%) without changes to the nature of the service or its response.

**Actions Required**

The Committee is invited to:

- (1) Note the performance of the provider in its first year of service delivery.
- (2) Note the proposed actions as a result of the performance review report:

Service Delivery and Contractual

- Continue to support OYL to engage and innovate to facilitate professional referral into all lifestyle elements.
- Continue the extension of the self-referral pathway for all lifestyle behaviours potentially for the remainder of the current contract year. Promotion and targeting will continue to be focused on those with long term conditions and the Extremely Clinically Vulnerable cohort. Quarterly reviews of referral data will continue to closely monitor the impact on service capacity and outcomes.
- Maintain and strengthen momentum with Lincolnshire County

Council staff and Carer service referrals.

- Review the alcohol reduction theme in order to re-prioritise the scale of this work within the programme.
- Review service strategy for multiple pathway interventions to maximise service user outcomes.
- Review and potentially revise Key Performance Indicator (KPI) targets for current contract year to reflect the continued impact of Covid-19.

#### Partnerships

- Confirm and describe the proposed pathway for the NHS Optimisation Policy to facilitate an effective referral mechanism.
- Assess the willingness of the Clinical Commissioning Group (CCG) to increase investment in the Integrated Lifestyle Service (ILS) and the NHS Trusts interest to contribute financially to support their staff wellbeing.

#### Future Development

- Determine the role for OYL to support a healthy pregnancy within the Better Births Strategy.
- Explore the diversification of OYL to support an older population with a falls prevention agenda.
- Scope the potential of OYL to support people with learning disability, autism and mental illness.

## **1. Background**

Smoking tobacco, excess weight, physical inactivity, unhealthy diet and alcohol misuse are prominent modifiable risk factors contributing to a poor quality of health and diseases affecting the population in Lincolnshire. One approach to respond to such factors is to 'Enable Choice' - the provision of a supportive behavioural change programme to help motivated individuals to make daily changes to their lives and sustain them.

Lincolnshire County Council and the Lincolnshire Clinical Commissioning Group (CCG) jointly invest £2.7m annually (£2.2m and £0.5m respectively) in an Integrated Lifestyle Service. The commissioned provider is Thrive Tribe, utilising the branding of One You Lincolnshire, to support adults in Lincolnshire to adopt healthier lifestyles. The service focuses on the four leading risk factors impacting on health and wellbeing: smoking, obesity, physical inactivity and excessive alcohol use, and is specifically targeted at those with long term conditions.

The One You Lincolnshire ILS went live from July 2019 with the smoking cessation service, and from September 2019 for the remainder of the new service for weight management, physical activity and alcohol reduction. The initial contract term is for three years ending in June 2022, with the option to extend for up to a further two years upon review.

## 2. Commissioning Intentions and Service Outcomes

The ILS provides high quality, accessible information and direct support to eligible adults in Lincolnshire to achieve and maintain healthier lifestyles through a behaviour change model. The service is structured around the four key lifestyle behaviours that can lead to preventable ill-health, disability and premature mortality.

### Tiers of Support

The ILS delivers two tiers of support:

- *Tier 1:*
  - Information, advice and support to facilitate self-care across the range of lifestyle behaviours through a digital platform.
  - Information and advice via a single point of access and assessment.
  - Assessing people's level of need and motivation to change their behaviour using an evidence-based approach.
- *Tier 2:*
  - Health coaching and behaviour change support for those in most need, across a number of behaviours for a period of up to twelve months.
  - Connecting people and families to local community assets and services to support healthier lifestyles via local information on current activities and events to support behaviour change.
  - Delivery of a stop smoking service in line with national standards and ensure access to appropriate pharmacotherapy.

### Referral Routes

The service was designed with two distinct referral routes influencing access and eligibility to service elements;

**Self-referral** direct to OYL through Tier 1:

- All smoking adults (and under 16 years if 'Gillick' competent and with parental consent) seeking support to stop smoking, particularly pregnant women, can access the smoking pathway.
- Carers (registered with the Lincolnshire Carers Service) can access any of the four service elements as appropriate.
- Lincolnshire County Council employees can access any of the four service elements through self-referral.

**Professional Pathway** from a health or agreed professional organisation for adults who exhibit one or more of the four unhealthy behaviours and who:

- Are diagnosed with one or more long-term health conditions;
- Are at risk adults who have undertaken an NHS Health Check (defined by Q-risk score); or

- Are engaged with the NHS's health optimisation policy for support with smoking cessation and or weight management prior to surgery.

### Service Outcomes

The main overarching service outcomes are focused around eight key performance indicators (KPIs) related to outcome improvements in rates of smoking, obesity, improved diet (five pieces of fruit and vegetables a day), physical activity and alcohol consumption. The service is also measured according to the proportion of service users supported from the most deprived areas of Lincolnshire and individuals' self-reported improvement in wellbeing through service interventions. Figure 1 illustrates the number and proportion of annual service outcomes allocated to the service elements delivered through the ILS.

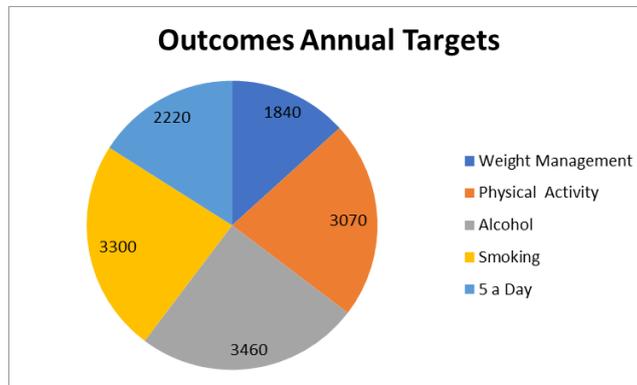


Figure 1: Annual Outcome Targets for Service Elements

### **3. Service Mobilisation, Volumes and Covid-19 Impact**

One You Lincolnshire (OYL) progressively mobilised the Lincolnshire ILS from contract go-live in July 2019, implementing its mixed model of direct delivery and sub-contracting arrangements across the four key service interventions.

During the initial year of service delivery OYL received 8,700 referrals into the ILS. A gender mix of 36% male and 64% female was recorded during year one with 92% of referrals eligible for Tier 2 support along with a further 700 people provided with Tier 1 advice.

As anticipated with any newly mobilising contract, referrals into the service gradually increased during the initial six months as the four lifestyle behaviour programmes were incrementally implemented. Figure 2 tracks the significant increases in referrals into the start of Q4 2019-20 which were then impacted by the pandemic into the final months of the first contract year. It should be noted that seasonal variation is also likely to have influenced the referral cycle during the year, although this will become clearer as more service data is gathered during the contract. Figure 2 also illustrates the proportion of initial referrals by service element for the first year with the majority seen entering smoking cessation and the least being referred for alcohol reduction.

Achievement of the service outcomes was always inextricably linked to successful engagement and embedding of professionals' referral pathways to reach those deemed most at risk from premature mortality. The Covid-19 pandemic not only disrupted the momentum developing with referring health partners, but also restricted the activities of sub-contractors to deliver on projected outcomes. Whilst OYL swiftly adapted its direct delivery components to virtual and digital methods, the national lockdown measures meant many sub-contracted elements were unable to operate fully or at all during Q1 2020-21.

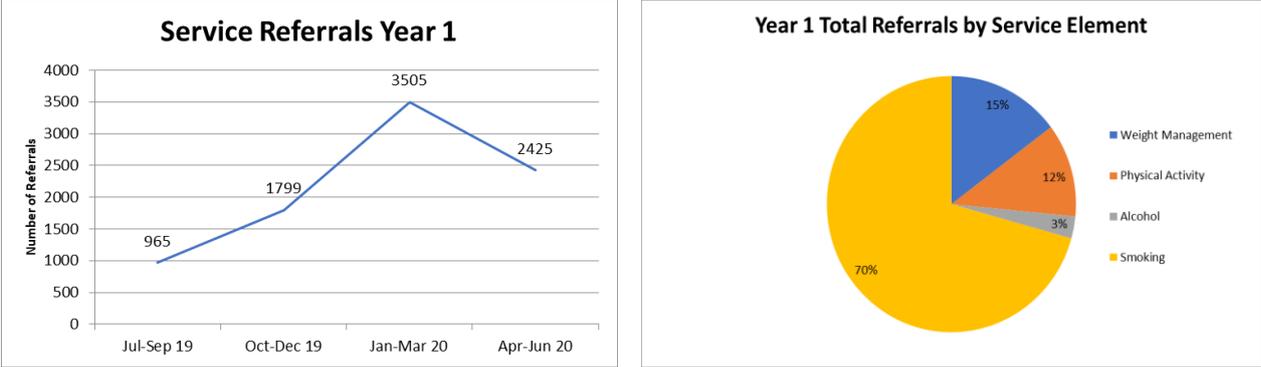


Figure 2: Contract Year 1 Service Referrals and Lifestyle Element Proportions

Overall Covid-19 Impact

One You Lincolnshire's business continuity plan for Covid-19 highlighted the fact that service delivery could move to digital solutions in order to maintain a client: staff delivery model, conditional upon sufficient referrals in to the service from NHS partners and the introduction of a new alternative (self-referral) pathway in response to Covid-19.

In recognition of the significant impact the Covid-19 pandemic was having on the professional referral pathway, it was agreed to make a temporary change to the enable self-referrals into all four lifestyle elements from July 2020. The focus and promotion of this alternative pathway remained targeted at those with long term conditions and/or shielding with service users' self-declaration of health status captured at referral. This approach sought to maximise utilisation of service capacity during the disruption to normal service throughput and delivery methods as well as providing an opportunity for those isolated or shielding to access lifestyle support. The impact and recommendations for this alternative pathway are considered as part of this service review.

Assessing service performance considers the specific challenges and opportunities facing the key service interventions during the first contract year and beyond. This also considers the future demands and focus of a lifestyle service operating within and emerging from a pandemic that disproportionately impacts on those individuals with some of the very risk factors the service is seeking to support.

## **4. Performance Review**

### **Smoking Pathway**

The smoking cessation element of the service was subject to TUPE of staff from the previous established service provider. The process was sensitively managed with very positive comments from the transitioning staff members. Service continuity was maintained for exiting clients and further recruitment was undertaken in July 2019 to complete the OYL smoking cessation team.

The annual performance target for this element is 3,300 four-week quits, delivered through a mixed model of Specialist Stop Smoking Advisors employed by OYL, a network of advisors through sub-contractor relationships within primary care and pharmacies and a '28 Days' online programme.

OYL set a quit rate of 50% across all settings and allocated the annual quit target across the pathways at 1,500 through OYL direct advisors, 1,500 through primary care and pharmacies and 300 through the '28 Days' online route. Targets were weighted to increase during the first year of service delivery reflecting the transition period and need to recruit and train staff and establish links with sub-contractors.

With support from Lincolnshire County Council in the first six months, OYL recruited up to 60 sub-contractors between pharmacies and GP surgeries to refer smokers to the service and provide smoking cessation clinics within the GP surgeries. This was achieved through intensive communication and networking campaign including newsletters, webinars, emails, presentations and training to CCGs and GP surgeries to engage and work with Primary Care. A referral template was also embedded into System1 to increase visibility and facilitate an easier referral process for practitioners.

Referrals and quit rates for OYL delivered pathways increased in line with expectations during the mobilisation period and neared target levels by the end of Q4 (March 2020). However, delivery through sub-contracted primary care and pharmacy routes underperformed compared to forecasts and accounted for a third of service delivery during the first contact year (target of 45%). The intensive engagement work with GP practices and pharmacies had begun to see an increase in performance in the first half of Q4 2019-20, yet this performance deteriorated significantly in Q1 2020-21 as Covid-19 saw this pathway only reach 14% of quarterly target quits as illustrated in Figure 3 below.

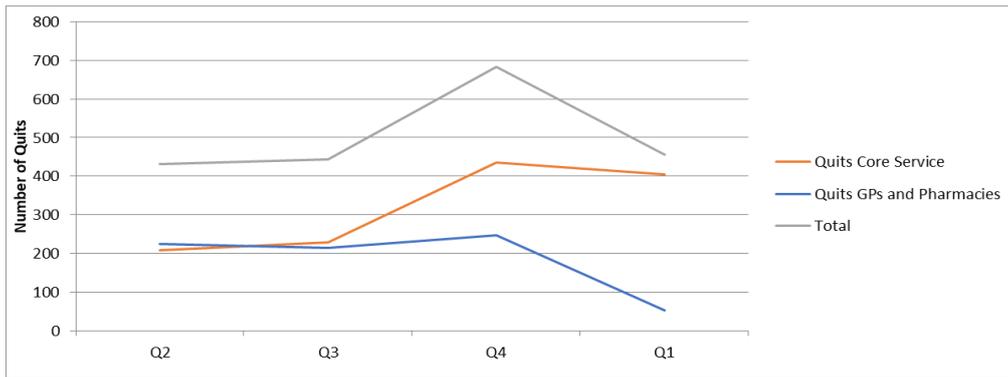


Figure 3: Smoking Quits by delivery pathway in contract Year One

### Covid-19 Impact

Whilst the OYL delivered elements of the smoking pathway were able to adapt quickly to the restrictions imposed by the coronavirus pandemic, Figure 3 illustrates the significant impact it had on the primary care pathway. During Q1 2020-21 only eight sub-contractors out of 60 were active, as they focused on the immediate Covid-19 response. OYL delivery during this time was maintained to a good level, continuing to provide smoking cessation support and continuity to existing service users. As Figure 4 shows the drop off in referrals (and therefore number setting a quit date) into the service in Q1 2020-21 impacted on the overall position at the end of year one.

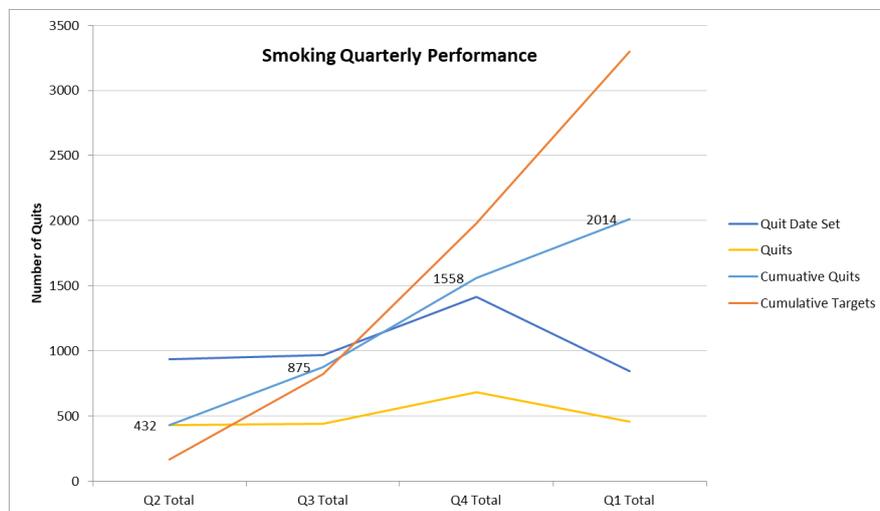


Figure 4: Quarterly Smoking Cessation Performance Contract Year One

The service ended the first contract year on 2,014 outcomes against the 3,300 target level (61% of target) realising an overall quit rate of 48% achieving the four week smoke free outcome. The smoking pathway received the highest number of referrals at 71% of all initial referrals in the first contract year. The established nature of this service provision in Lincolnshire and the ability to self-refer into this lifestyle element are likely to have contributed to the higher proportion of referrals received.

## Opportunities and Challenges

Currently 22 out of 60 sub-contractors are supporting the smoking cessation pathway and only ten are considered to have an adequate number of referrals and outcomes. Data for Q2 2020-21 are encouraging that despite the low numbers of active primary care partners over 1,000 referrals were received for this element with a third coming from primary or secondary care. It is expected that in entering a second wave of coronavirus the number of referrals and outcomes from sub-contracted primary pathways will continue to be fragile. Therefore OYL will need to provide a strong self-referral smoking pathway to engage with those proactively seeking support and potentially boost its remote delivery options to compensate for the reduction in sub-contractors performance and to adhere to the NCSCT recommendation to cease all face to face interactions at this time.

During mobilisation it was agreed that the CCG working with Lincolnshire County Council and OYL would progress the NHS Health Optimisation Policy which is a key element of the professional pathway for both smoking cessation and weight management. OYL have incorporated this criterion into its referral and assessment process and have captured through self-declaration some service users for whom this applies. Currently, the CCG has been asked to explore how the NHS intends to implement this policy centrally to enable health colleagues to effectively refer appropriate patients directly to OYL. However, being mindful that elective surgery had been curtailed during the pandemic with the recovery phase for healthcare likely to be some way off, implementation of this pathway is doubtful for the remainder of the current contract year.

The second largest professional referral route into OYL is via midwives and maternity services. Smoking in pregnancy is an important theme in the county's tobacco control work as Lincolnshire has a challenging smoking at the time of delivery status. Scaling up the service towards supporting pregnant women to quit and remain smoke free was initially slow but has begun to increase through intervention from Lincolnshire County Council through the Commercial Team and Public Health. OYL has provided some positive results working with NHS Trusts and midwifery to offer smoking cessation within pregnancy, although there is not a target set for pregnant smokers OYL has worked to establish the referral pathway from the Maternity services, with positive feedback received. There is an opportunity to build further capacity for smoking cessation in pregnancy to increase the number of successful quitters to tackle the smoking at time of delivery prevalence in Lincolnshire. 132 pregnant women were supported to stop smoking and remain smoke-free during their pregnancy in the first year of service delivery, although this was only 32% of those engaged with the service.

### **Weight Management**

The weight management element of the service has had a more limited history within public sector services locally. Commencing in September 2019, the mobilisation period saw OYL recruit and train a new team to commence delivery of its weight management support groups and 'Man V Fat' programme. This pathway is also delivered through sub-contracting arrangements with Slimming World, Weight Watchers and 'OurPath' digital and telephone interventions.

The annual target outcomes for weight management were set at 1,840 individuals achieving 5% or more weight loss after twelve weeks of support. OYL projected 1,200 outcomes would be achieved from arrangements with commercial support groups, 400 through its own delivered groups and 120 each from digital and Man V Fat interventions. The support groups and Weight Watchers/Slimming World pathways were operational from September 2019 with the 'Man V Fat' programme implementation delayed until January 2020.

The eligibility criteria and referral pathway for this service element is predominantly through professional referral via GP surgeries, secondary care or from self-referral for Lincolnshire County Council staff or carers. Referrals for the first full quarter of delivery (Q3 2019-20) were slow despite significant promotional and engagement campaigns across the CCG and GP practices. This is not unusual for a newly established service with Figure 5 illustrating the significant increase in referrals directly into the weight management pathway during Q4 2019-20 from primary care reflecting the success of this engagement.

OYL are also able to refer and transition suitable individuals into weight management from other lifestyle pathways as part of its holistic approach. During the first contract year this route accounted for half of the referrals into this service element, however, outcomes were noted to be higher for those directly referred (25% success rate) rather than those engaging in other lifestyle behaviour programmes also (15% success).

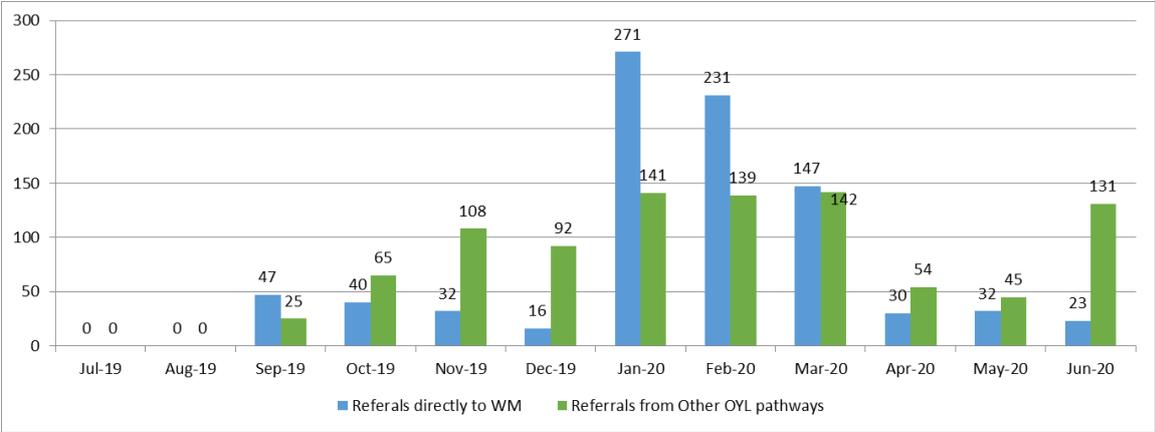


Figure 5: Referrals received into the Weight Management Pathway during First Contract Year

Covid-19 Impact

Given the heavy reliance on healthcare referrals for this service element, the rapid decline in throughput seen in Figure 5 in the final months of the first contract year was unfortunately inevitable. The lockdown measures impacting during this period equally disrupted service delivery methods and sub-contractors' ability to operate. This impact was particularly evident within the commercial support groups (Weight Watchers/Slimming World), who were unable to hold their traditional face to face interventions, meaning these pathways were operational for only seven months of year one achieving limited annual anticipated outcomes through this route as a result. A similar impact was seen with the 'Man V Fat' intervention whose delayed start meant only three months of this programme was able to be delivered.

Other direct provision through OYL was able to continue throughout lockdown by quickly adapting its support groups to remote delivery methods and promotion of its digital and telephone support programmes. Overall, the service concluded the first year with 362 individuals achieving the 5% or more weight loss outcome, reaching only 20% of the weight management annual service target.

### Opportunities and Challenges

Progression of the NHS Optimisation Policy pathway is equally important for supporting referrals into this service element as with smoking cessation. However, as discussed, it is unlikely this will be realised before the end of the second contract year due to the changed NHS landscape and priorities in light of the pandemic.

During Q2 2020-21 limited Weight Watchers groups were able to resume under Covid-19 secure measures however OYL are renegotiating its offer to hopefully include access to its digital package shortly. OYL's partnership with Slimming World is also anticipated to enable virtual support for service users soon, however, the continued uncertainty about when conventional activity through these key partners can resume casts doubt on the achievement of outcome targets into contract year two.

Despite referral volumes not meeting expectations during the first contract year, of those elements largely dependent on professional referral, weight management did receive the highest level of referrals at 896 (15% of total year one referrals) and had showed significant increases prior to Covid-19. The temporary widening of the self-referral pathway in Q2 2020-21 saw 43% of those accessing lifestyle support through this route choosing to focus on weight management. However, pleasingly this only accounted for 40% of the 460 referrals received during this period with primary care referrals equally accounting for 40% of referrals indicating the initial recovery of the professional pathway. Yet, as the prospect of a further wave of Covid-19 approaches the sustainability of this recovery is increasingly uncertain.

### **Physical Activity**

The Physical Activity 'Move More' element of the contract mobilised within a landscape where local programmes and lifestyle work had helped to generate capacity and facilities across the county to enable the population to get more active. OYL proposed to achieve its annual 3,070 outcome target through a mixture of direct one to one and group delivery, sub-contracted supervised sessions in local leisure centres and implementation of the 'Get Healthy, Get Active' programme utilising sustainable community assets.

Similar to the weight management element, OYL had to recruit and train the Physical Activity team to commence delivering the service from September 2019 and establish partnerships and sub-contractor arrangements across the county. Whilst negotiations with leisure providers took longer than anticipated, by November 2019 OYL had established and commenced sub-contractor delivery across the county. Service promotion and engagement with referring partners

during the early months of the contract saw direct referrals into physical activity mirror increases seen in weight management in Q4 2019-20 but equally track decreases following lockdown measures from April 2020 as illustrated in Figure 6 below.

Direct physical activity referrals through the professional pathway for those with long term conditions or deemed high risk following an NHS Health Check accounted for 696 referrals in the first contract year, although a further 1,918 were received through OYL's holistic offer through other lifestyle pathways. Indeed, this holistic route was always intended to account for 40% of the annual outcomes; however, what has become evident is the reduced success rate of those taking on secondary outcomes requiring OYL to carefully consider the timing of introducing additional behaviour programmes to achieve the best outcomes for individuals. During the first year those referred direct to physical activity programmes achieved a 41% success rate of being 'active' for over 150 minutes of moderate activity per week, compared to 19% reaching this target that were secondary referrals.

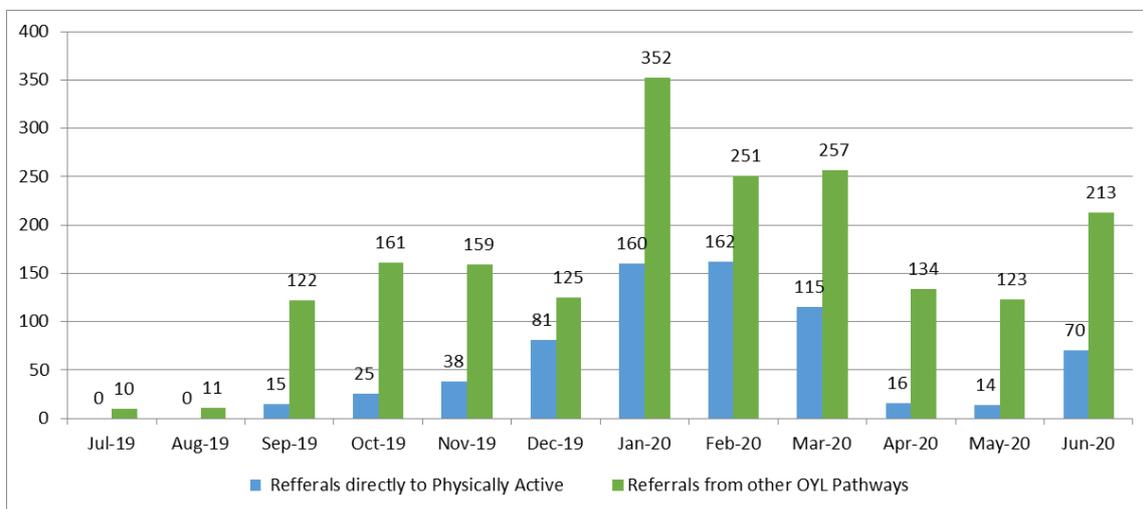


Figure 6: Referrals received into the Physical Activity Pathway during First Contract Year

### Covid-19 Impact

This element adapted substantially as OYL moved into the Covid-19 lockdown with its digital and virtual offer mobilised swiftly. Unfortunately, the Exercise on Prescription programme delivered through its sub-contracts with leisure providers could not continue with most settings closing completely during Q1 2020-21. This meant only five months of service delivery was possible through this option with a 36% success rate for those that did utilise this intervention. The closure of local facilities and sports clubs has equally impacted on the implementation of the 'Get Healthy, Get Active' programme which has had minimal activity during year one requiring consideration of its viability in the medium term as an outcome resource.

OYL launched their 'The Other Room' virtual gym platform in May 2020, enabling service users to continue to start some physical activity remotely by accessing a range of classes, content and sessions. All service users were contacted and offered a range of online or telephone support meaning direct delivery through the OYL Physical Activity team was able to be maintained throughout the first contract year with a 52% success rate for those utilising this behaviour change method.

Overall, the physical activity programme achieved the second largest outcomes in contract year one, with 647 individuals supported to become active following engagement with the service. Whilst, this is well below the annual target (21% achieved) the noted challenges in stimulating sufficient referrals through primary care together with Covid-19 impacting on referrals and delivery has combined to hamper the target outcomes being realised in the initial year of operating.

### Opportunities and Challenges

As with all service elements significantly dependent on healthcare referrals, there remains uncertainty over the level of engagement from professional pathways as the Covid-19 pandemic continues to influence access and prioritisation within primary care. There have been some encouraging signs during Q2 2020-21 of referrals from GP surgeries recovering, accounting for 44% of the nearly 400 received during this period for physical activity. The self-referral pathway also saw 98 individuals reach out for support to become more active since July 2020. The revised method of data collection monitoring the expanded self-referral pathway equally provides enhanced analysis which will be invaluable to track referral source in the coming months as the pandemic threatens to resurge in Lincolnshire.

The outlook for many of OYL's sub-contractors and stakeholders to deliver physical activity interventions in the medium term is a concern. In recent months some have tentatively begun to offer exercise on prescription, however, risk assessments and processes are kept under close review with the frequent changes to central guidance and the heightened vulnerability of those referred with long term conditions. Given the continued instability in Covid-19 rates and the additional measures and financial constraints small, local clubs have to implement to operate in this environment the landscape and scale of local community assets may look very different once full recovery is realised.

OYL is well prepared for any second wave of Covid-19 from the amendments made during the spring to deliver remote services through "The other room" website and videoconference based physical activity programs. The learning from this will equally assist OYL to further adapt to the changing landscape within the NHS with digital engagement, triage systems and the use of centralised call centres being considered by NHS organisations. An interest to generate referrals from providers still exists, but not necessarily from the traditional 1:1 consultations.

Links with technology are being explored further in order to generate referrals into this new future. An example of this is the work of OYL with the CCG's digital Vitracare Project, providing virtual healthcare monitoring and digital support to specific cohorts of NHS patients subscribed to the technology. A digital link on PC, Kindle, tablet or smart phone enables people with diabetes, managed mental

health conditions and cardiac rehabilitation to sign up to OYL and access virtual and digital interventions. These conditions have led OYL to co-ordinate with healthcare in more diverse ways with multiple engagement points, than solely through primary care, in order to generate client referrals.

**Alcohol Reduction**

The alcohol reduction component of the service is the newest aspect and has faced the most significant challenges to successfully achieve the proposed demand and outcomes since commencing in September 2019. This service element is focused on identifying and providing advice and brief interventions to 'increasing or higher risk' drinkers defined as those consuming over the recommended 14 units of alcohol per week. Any service users found to be exceeding 20 units of alcohol per week are referred to the specialist treatment service delivered by 'We Are With You' (WAWY).

This service element has the highest annual outcome target of all lifestyle behaviours with 3,460 individuals to be supported to reduce their units of alcohol below the recommended limit or their intake by 50%. OYL planned to achieve this KPI through a mix of Health Coach interventions, secondary holistic outcomes and sub-contracts with One Year No Beer digital content programme and Alco-change app providing customised brief interventions.

Direct referrals into the service through the professional pathway have been very low, with only 164 received in the first year accounting for 3% of total annual volumes. Despite promotional campaigns and engagement there has been limited buy-in to refer individuals into OYL regarding excessive alcohol use.

Alongside direct professional referrals, a significant proportion of outcomes for this lifestyle element were forecast to be through secondary extended brief interventions with those attending other programmes. As figure 7 indicates, although referrals through this route were consistently higher in most months, throughput remained well below the volumes required to achieve the intended outcomes. In seeking to meet this target OYL conducted 838 screenings using the validated Audit C tool to determine the level of dependant drinking. Yet, few clients presented with a motivation to discuss or amend their alcohol use resulting in 89 brief advice sessions and only 1 extended brief advice and follow up.

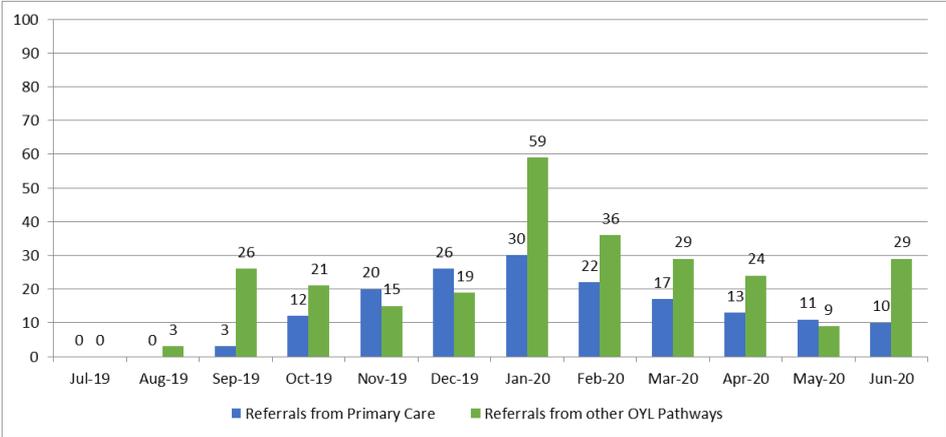


Figure 7: Referrals received into the 'Drink Less' Alcohol Reduction Pathway during First Contract Year

Due to the consistent low professional referral numbers, the pandemic has seemingly not had a direct impact on service volumes, equally despite depressed demand in other elements, secondary take up on alcohol reduction has been disappointing contributing only 7% of predicted outcomes. Overall, 177 positive outcomes were achieved in the first year (5% of annual target) with OYL's Health Coaches maintaining support to service users throughout the pandemic via digital and remote means.

### Opportunities and Challenges

The sub-contracting arrangement with One Year No Beer did not contribute to outcomes despite proposing 1,500 funded places with this promising programme suggesting 86% success rate with this method. Given the low demand this is unlikely to have had a significant impact to overall performance in year one, OYL are in discussion with this partner to find a solution for the current contract year to offer this pathway to service users.

Referral generation is this most significant challenge to this lifestyle intervention. The current eligibility criteria provide a narrow opportunity for professionals to identify those with a long term condition who consume between 14 and 20 unit of alcohol per week. OYL has engaged with GP practices to increase referrals following a Health Check where alcohol screening indicates a need. Projections of the potential population size suggested health checks could account for up to 1,400 engaged service users through the professional pathway for all interventions although only 52 individuals came into the service through this route in the first contract year.

A review of this intervention and KPI is warranted to consider remodelling the target towards number of alcohol screens to identify risk and number of awareness and brief advice sessions in line with the Making Every Contact Count methodology. Reflecting these measures alongside altered targets for reductions in consumption may be beneficial to consider.

## **5. Additional Performance Measures**

### Deprivation Reach

OYL supported 41% of service users in the first contract year from the top 30% most deprived LSOA's in Lincolnshire, nearing the KPI target of 50%.

### Five a Day

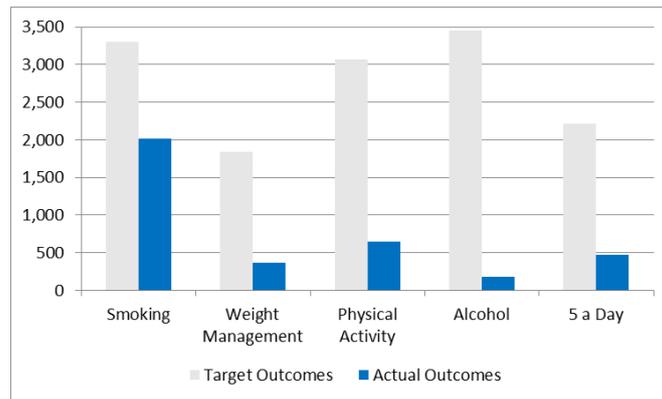
OYL identified 1,700 service users in the first year of operating who did not eat the recommended five portions a day of fruit and vegetables, successfully supporting 476 to do so, meeting 21% of the annual target. This KPI is wholly achieved through OYL's holistic approach to enable multiple behaviour changes; however it may reduce the chances for a service user to be able to change two or more behaviours at the same time. The total number of service users set in this KPI is 2,200; however this number will not be included to the total outcomes KPI.

## Wellbeing

As a measure of mental resilience, there is an average on the overall improvement for each service user of 37% of people that engaged with the service. About 70% of the service users reported an improvement of 37% to 40% on their wellbeing at the exit of the program.

## Total Outcomes

The overall annual service outcomes per year are set at 13,890 including eating five a day however; only 11,870 are relevant to be included in the total outcomes KPI of this contract. In this first turbulent year of the contract 28% of this target was reached, the comparison of outcome performance and target levels is illustrated by Figure 8 below. First year data also suggests the majority of people are successful in achieving one or two behavioural goals when engaged with OYL. Beyond this, the numbers reduce markedly for three or more outcomes, the independent evaluation of OYL will explore this aspect further.



*Figure 8: Annual Outcomes compared to KPI Targets*

To achieve the annual outcome target of 11,870 OYL projected that 17,000 clients would need to start a tier 2 programme per year. The first service year has seen only 8,700 such service starts owing to a combination of mobilisation, lower than anticipated healthcare referrals and Covid-19.

Service credits are applicable to five KPIs to a maximum value of 6% of the annual contract value. Early on during the pandemic the decision was taken to suspend contractual remedies for performance below expectations where performance had been adversely impacted by Covid-19. This stance will remain under review with decisions related to application of service credits judged on their individual merit when applicable.

## 6. Other Service Opportunities

A component of the OYL service is a support package for Lincolnshire County Council staff. Work was underway early in 2020 to gain insight and engage the workforce with an electronic survey and engagement events across numerous sites and departments. The national lockdown and the deployment of staff to work from home work prematurely curtailed the staff engagement and insight phase. Since the relaxation of lockdown an element of recovery is being considered corporately through the Employee and Wellbeing project where a number of offers are being developed through the respective digital interfaces and a trial of wellbeing texting and digital support for staff.

As for the wider public sector workforce, Public Health and Lincolnshire Partnership NHS Foundation Trust have recently considered how the Trust could support staff affected through Covid-19 experience with their health and wellbeing. A suggestion has been proposed for OYL to develop a workforce package with LPFT to complement the existing Lincolnshire resident offer. This suggestion is in line with previous conversations regarding OYL at the System Executive Team (SET), where NHS providers had enquired upon the potential of a workplace offer for NHS staff similar to the county council's programme. If NHS partners had investments to make into their own workforce then a conversation was deemed worthwhile. OYL are to scope out the potential business case with LPFT.

NHS therapy services are anxious that a cohort of older people have physically and mentally deconditioned during lockdown putting themselves at a greater risk of falls and substantial injury. From OYL's perspective the digital platform and `The Other Room` interactive service has within its library and live interactive sessions strength and balance classes appropriate for adaption. Health coaches have capacity in their work to support an older audience for lifestyle change. These opportunities have the potential to dove-tail with dedicated NHS frailty and falls services along with the developing Centre for Better Ageing Healthy Ageing programme.

Colleagues in Adult Care & Community Wellbeing are working to ensure that all services are accessible and proactively offered to people with learning disability, autism and mental illness. OYL is reviewing their capacity and competency needed to support distinct cohorts of clients.

Further work is also taking place to support pregnant women in relation to being more active and maintain a healthy weight, as part of the Better Births strategy. The intention is for ILS to offer a differentiated, personalised programme of support during pregnancy, post-natal and into the early years. Developments to build the competency and subsequently the capacity with OYL are underway between the NHS, OYL and Public Health.

## 7. Future Service Direction

The OYL model for delivery consists of direct provision and sub-contracting in all four lifestyle behaviours. The national lockdown has disrupted the sub-contractor methodology, moving most of the work to the OYL core team, who have quickly adapted to a digital and virtual support approach. The relaxation of restrictions during the summer allowed for limited re-engagement with sub-contractors under new Covid-19 secure conditions, with the capacity for sub-contractors likely to continue to be limited in the medium term. The reliance on direct provision, including innovations with digital and virtual applications needs to be assessed as to its scale and application. The OYL Team have developed a recovery plan that examines the expansion of the scope and the scale of a re-vamped service model into the uncertain months ahead.

Prior to Covid-19 the landscape locally was "open" and interested in an introduction of a multi-faceted health improvement programme. Yet, numbers of anticipated referrals from the NHS have not been forthcoming. Many of the initial eligible clients groups have been shielding with obesity, alcohol consumption, physical inactivity and mental resilience now becoming more prominent as risk factors in their own right as a result of Covid-19 representing an opportunity for the ILS to be at the forefront of responding to this heightened awareness.

The extension of the self-referral pathway during Q2 2020-21 has been successful in opening up lifestyle support during period when professional routes, where restricted and need was arguably increasing due to the effects of the pandemic. During this period 421 individuals accessed support through this altered pathway accounting for 19% of all referrals which is contrary to the expectation and concern that opening up the service in this way could dominate throughput.

As Figure 9 displays collectively 81% of referrals were received through the original service pathways with primary care the main referrer. This has been facilitated through OYL re-engaging with Primary Care, and also delivering a strong promotional campaign within Lincolnshire County Council staff and Carers First to increase their referral volumes also during recent months. Indeed, Q2 2020-21 saw the highest number of referrals into the service to date with over 2,600 received with 178 self-declared as 'shielding'. Maintaining this momentum into the winter will be highly dependent on the trajectory of the pandemic in Lincolnshire.

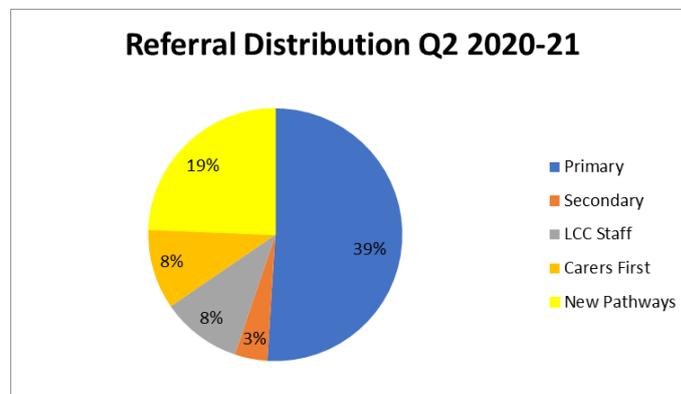


Figure 9: Referral Distribution Q2 2020-21 by Source

Therefore, it is recommended that the extended self-referral pathway is continued and closely monitored over the rest of this contract year to effectively utilise service capacity in light of the likely continued disruption to professional pathways. OYL has shown great adaptability alongside a commitment to the original service intentions enabling them to respond to further challenges and opportunities as they undoubtedly arise in the remainder of this contract year and beyond. This review has highlighted some of these opportunities; however, the focus for the rest of this contract year must be centred on maximising the delivery of the core contract within the turbulent service environment currently being experienced.

## **8. Finance**

Lincolnshire County Council and the Lincolnshire Clinical Commissioning Group jointly invest £2.7m annually (£2.2m and £0.5m respectively) in an integrated adult lifestyle service, delivered by Thrive Tribe, utilising the branding of One You Lincolnshire (OYL), to help people move more, be smoke free, eat well, lose weight and drink less.

OYL provides regular updates on service expenditure, which have a quarterly reporting delay on invoices from subcontractors. The full first contract year saw an underspend against the contract value given the reduced spend with some partners and activities due in part to the pandemic. The commercial team will continue to monitor service spend through open book review. The contract has a gain share mechanism in place to manage underspends as appropriate alongside due consideration of service re-investment proposals. It is expected that as service users with long term conditions become protected from Covid-19 through vaccination, engagement and referrals will incrementally increase during the third contract year.

## **9. Conclusion**

OYL has shown great adaptability to continue service delivery during an exceptional situation alongside a commitment to the original service intentions. This approach will enable them to react and innovate further in response to the inevitable challenges and opportunities that are likely to arise in the remainder of this contract year and beyond.

## **10. Background Papers**

No background papers within the definition of Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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