

Market Position Statement

Healthier Lives

May 2024

Overview (1)

Healthier Lives is the collective term used in Newham for preventative public health services that aim to tackle the growing burden of chronic illness in the borough. Namely: weight management, physical activity and smoking cessation.

The '50 Steps to a Healthier Newham' Health & Wellbeing Strategy articulates a number of priorities in this area

- **Priority 4:** Developing high quality and inclusive services, ensuring equity and reducing variation
- **Priority 8:** Supporting an active borough
- **Priority 10:** Working towards a smokefree Newham

Budget: £1,450,000 per year

Overview (2)

- 50 Steps to a Healthier Borough outlined the intention to develop specialist pathways for excess weight and smoking.
- We know that “one size does not fit all”, with traditional interventions working for some but not others. Engagement with 300 residents and experts has highlighted the importance of motivation when looking to change habit.
- Lives are hard, and people are surrounded by an environment that works against new positive habits. Changing behaviour involves changing habits and ensuring people can afford the change while managing competing demands.
- Non ‘lifestyle’ factors are typically overlooked in healthy living programmes: everyday challenges related to disconnection (friends, family, natural environment), loneliness and associated mental health problems (e.g. anxiety and depression) will impact the ability to lose weight and get active.
- The role of the family and a life-course approach is also something typically missing from ‘traditional’ healthy lifestyle interventions. Positive behaviour change at an individual-level can be helped or hindered through the family environment.
- The Council therefore wanted to develop a pathway that could flex around what works, providing residents with options that align with their strengths, interests and readiness to change.

Demand (1)

Obesity / overweight

- 61.2% of adults in Newham are classed as overweight or obese, compared to a London average of 56% (2020-21). This trend is stable over the past 5-6 years.

Inactivity

- 30.6% of adults in Newham are classed as physically inactive, compared to a London average of 24.3% (2020-21). This trend is stable over the past 5-6 years.

Smoking

- Data from 2019 indicates that around 13.8% of Newham adults class themselves as smokers, compared to a London average of 13.9%. Smoking prevalence in Newham has declined gradually over the past eight years, mirroring the national trend.

Diet

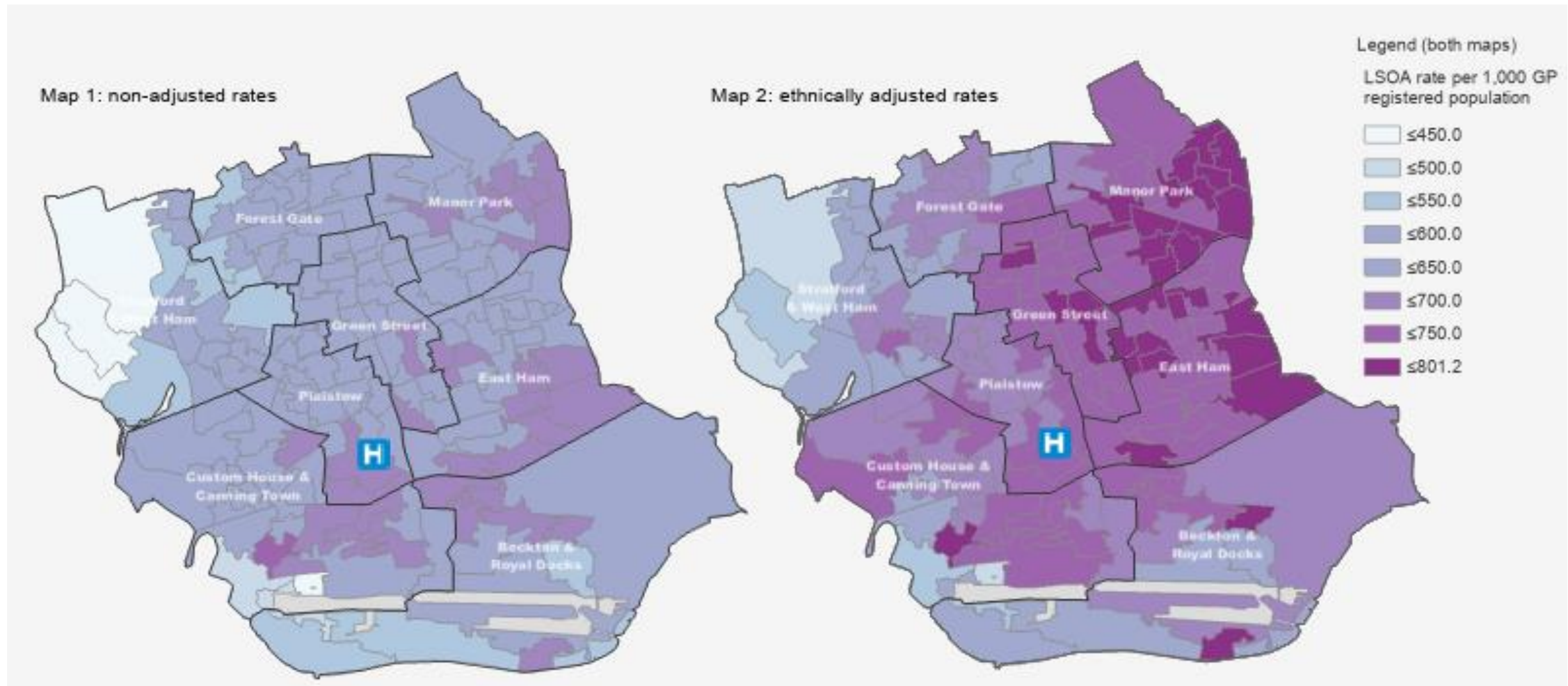
- Newham is ranked worst in London for the proportion of adults that report eating at least five portions of fruit and vegetables on average per day.

Demand (2)

- Newham has some of the highest rates of overweight/obesity and inactivity in the country.
- This major preventable risk factor for chronic illness is compounded by demographic and societal factors.
- On average, Newham's South Asian, Black African and Black Caribbean communities experience the same level of health risk at a lower BMI compared to the White British population.
- The next slide illustrates the disproportionate impact of obesity on diabetes risk at lower BMIs among ethnically minoritised residents.

Demand (3)

Disproportionate impact of diabetes risk based on BMI when data is 'ethnically adjusted'



Commissioned Activity (1)

- Newham Council has transformed its Healthier Lives offer for commissioned services through the establishment of a 'Dynamic Purchasing Vehicle' (DPV).
- The length of the DPV is for an initial five years (from 1 April 2023) with the option to extend for up to five additional years (5+3+2 years).
- There are four categories of the DPV and providers can register for one or more than one Category.
 - 1) All Age Specialist Stop Smoking Service**
 - 2) All Age Specialist Weight and movement Service**
 - 3) Community projects for health and wellbeing**
 - 4) Addressing resource inequality**
- The DPV is open for providers to register at all times. Interested providers can register or get more information on the [Council website](#).
- Evaluation of providers' bids to register for each Category will be evaluated roughly once per year but this may vary.
- Mini competitions will be held among registered providers as required (schedules TBC).
- Budget permitting, the intention is that, over time, Newham Council's in-house 'Well Newham Hub' will serve as an online and telephone-based Single Point of Access (SPoA) and triage function. Well Newham Hub Advisors (like Health Coaches) already staff Neighbourhood-based Hubs to work with residents to co-develop a plan tailored to their needs and motivations.

Commissioned Activity (2)

Current contracts on the Healthier Lives DPV are set out below.

Service	Provider	DPV Category	Contract start date	Contract end date	Option to extend
Tier-2 Weight Management and Movement	Xyla Health & Wellbeing	2	01.04.2023	31.03.2026	1+1 years
Healthy Cooking Skills and training of Community Cooking Champions	Nutrition Kitchen	2	01.04.2023	31.03.2026	1+1 years
Specialist smoking cessation	Queen Mary University London (QMUL)	1	01.04.2023	31.03.2026	1+1 years
Supported cycling for people with disabilities	Bikeworks	3	01.04.2023	31.03.2024	+1 year

Equity / Protected Characteristics: Tier-2 Weight Management



Men

- Issues with male residents relate to uptake and attrition, i.e.:
- Overall number of male 'Starters' is lower than women – across all ethnicities.
- Men are less likely to complete compared to women (about 30% of men complete on average compared to about 50% of female starters) – especially Bangladeshi and Pakistani men. Younger men are also less likely to complete than older men.
- For men that *do* complete the programme (minimum 9/12 sessions), weight loss outcomes are reasonable and broadly equitable across ethnicities.

Women

- No problem with number of starters – or any obvious inequity in starters by ethnicity. In fact, women of colour and 'white other' women are much more likely to start compared to 'white British' women
- No real issue with completion among starters – a fairly uniform and equitable 50% average of female starters will complete. Older females are slightly more likely to complete but the age-related pattern is not as stark as it is for men.
- Inequities are seen in weight loss *outcomes* for women: 31/65 (48%) White British women lost 3% BMI since April 2023 compared to 40/111 Bangladeshi women (36%) , 28/81 Indian women (35%), 18/54 Pakistani women (33%), 39/127 Black African women (31%) and 34/107 Black Caribbean women (32%)

Equity / Protected Characteristics: Specialist Smoking Cessation

- The demographic pattern for uptake of smoking cessation is skewed towards the White British population, which is broadly consistent with the ethnicity breakdown of smokers in the borough (based on GP 'EMIS' data).
- Uptake is equitable among male and female groups, but quit rates are slightly higher for men compared to women.
- Uptake is skewed towards younger age groups (more so for females), with the highest levels of service uptake seen among 30-39 smokers.

Commissioning Priority 1: Expanding the CVFS and community capacity for healthier lives via Categories 3 and 4 (1 of 2)

- Categories 3 and 4 of the Healthier Lives DPV are the channels that the Council will use to implement its "no one size fits all" approach to commissioning services in this area.
- The Council intends to commission a variety of services via the borough's Community, Voluntary and Faith Sector (CVFS). Services may be linked to any topic or area linked to improving health and wellbeing, not just weight, diet, activity and smoking.
- Interested providers are encouraged to [register for the Healthier Lives DPV now](#).
- **Category 3:** Primarily aimed at local CVFS organisations that would like to be commissioned for future services designed in collaboration with residents.
- **Category 4:** This category is for small, independent providers of health or wellbeing services that are already working in Newham. If you're already helping Newham residents to eat well, move more, lose weight or generally feel better then we would like you to [register for this Category](#).
- We will work with residents (informed by evidence and local data) to identify priority areas and target groups, co-developing and testing programmes of work on a localised basis. If it works, we will aim to do more of it.

Commissioning Priority 1: Expanding the CVFS and community capacity for healthier lives via Categories 3 and 4 (2 of 2)

- Core principles underpinning delivery of these services include:
 - Submission of line-by-line resident data (demographics, activity, outcomes) via the Council's Joy software (also known as the Well Newham Directory of Services)
 - Segmentation, stratification and a focused approach to improving service delivery.
 - Incentive payments linked to the achievement of outcomes.
 - Increasing focus on up-skilling residents; training and educating so that individuals feel more confident to take pro-active steps towards a healthier life (see final slide).
- Providers registering for the Healthier Lives will need to work closely with the Council to ensure that these core principles are maintained.

Commissioning priority 2: Weight and movement

- Data from existing services has indicated some areas of improvement and the Council is interested in hearing from the market for solutions:
 - Improving uptake and completion of weight and movement programmes for men, especially men of colour.
 - Improving uptake and completion of weight and movement programmes for women with a history of gestational diabetes (GDM).
 - Improving uptake and completion of weight and movement programmes among adults and children with learning disabilities.

Commissioning priority 3: Smoking cessation

- Data from existing services has indicated some areas of improvement and the Council is interested in hearing from the market for solutions:
- Improving uptake of smoking cessation programmes among high prevalence groups including: routine and manual workers; residents of eastern European origin; mental health service users, residents in receipt of Adult Social Care and residents with substance misuse issues.
- Increasing the number of CO validated 4-week and 12-week quits.