Appendix 11

Health Impact Assessment

Impact of changes to public health commissioned preventative health ('Staying Healthy') services on population health

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Contents

Executive Summary

- The preventative services currently being commissioned by the public health department at Lewisham Council are currently being revised in a programme of changes to be introduced in the 2017/18 financial year.
- Health Impact Assessment was chosen as the method to assess the potential population health implications of the proposed changes.
- The potential population health impacts for each of the services facing changes were identified following a brief examination of the following aspects of each service: service description; peer-reviewed evidence base for the service; current uptake/reach of the service; and consultation results.

Breastfeeding Support Services

- Breastfeeding support services in the form of peer support have a moderate evidence base in the UK setting with postnatal and targeted peer support being shown to be most beneficial. The current Lewisham breastfeeding support services have both of these evidence based elements.
- Breastfeeding prevalence at 6-8 weeks is currently above the England average in Lewisham.
- The reach of the current breastfeeding support services is good. However, mothers in the 'White British' ethnic group predominantly attend services. These mothers are also largely aged over 25, which is not reflective of the age distribution and diversity of the borough. The service design and new contract does therefore present an opportunity to improve the reach of the service to underserved population groups. Effective promotion of the redesigned service through appropriate channels for these population groups will be important to achieve this.
- Although the service is not ranked as highly in terms of importance as other 'Staying Healthy' services by residents or professionals, the value of the service in terms of its potential health impacts is recognised by both groups.
- Redesign of the service may have minimal health impact on attendees of the service if capacity is retained. However, in the proposed redesign of the service, efforts should be encouraged in the new contract to improve the reach of the service to underserved population groups to avoid any health inequalities in relation to breastfeeding in the borough.

Stop Smoking Services

- There is a good evidence base for the effectiveness of stop smoking services in improving success in quitting smoking for those that attend. The current format of SSS being delivered in Lewisham contains many of the main evidence based elements.
- The reach of the service is good in Lewisham, however particular population groups appear to have greater success in quitting as a result of attending various parts of the service i.e. men and black African smokers and those in deprived areas that attend the specialist adviser service. These population groups are most likely to be affected by any reduction in the capacity of the service than other population groups.
- Though not the most highly ranked service by residents, the importance and value of the service in the community has been demonstrated in the consultation responses. The acceptability of a redesigned SSS delivery format including a combination of face-to-face, telephone and text may be high amongst residents as indicated by the online consultation results although the evidence base for this is unclear. A local evaluation of this revised format should be undertaken if employed.

- The reduction in the capacity of the specialist support for all members of the community is likely to have an impact on population health, particularly for those from deprived and Black African population groups. However, the use of new channels of delivery may encourage service use from currently underrepresented population groups.

NHS Health Checks

- There is a growing body of evidence examining the effectiveness of NHS health checks but the effectiveness of NHS Health Checks in improving long-term outcomes has yet to be clearly demonstrated
- The evidence-based short-term health impacts of NHS Health Checks include: the increased chance of identifying new comorbidities and prescribing statins and/or hypertensive medication or the first time in those having a check.
- The uptake of the service in Lewisham could be improved but has good reach across genders and those of different ethnicities within the borough.
- The service is ranked highly in terms of preference for both residents and professionals.
- Since the capacity of the NHS Health Checks service is to be retained, the known short-term health benefits of having an NHS health check are expected to be preserved.

Community Health Improvement Service (CHIS)

- There are varying levels and quality of evidence for the different components of CHIS.
- All services within CHIS have been shown to have good reach in Lewisham, however the LLH has been shown to have particularly good reach for residents in 'Black African' and 'Black Caribbean' groups.
- It is expected that the population health impacts resulting from the elements of CHIS that have the strongest evidence base for population health impact i.e. Healthy Walks and the community development work will remain albeit in different delivery formats.
- Residents and professionals had differing perspectives of the CHIS services, with residents ranking 'Healthy Walks' quite highly but professionals ranking all CHIS services as the least preferred.
- It is unclear from the available evidence whether the changes to the LLH and health trainer services will have a positive or negative health impact, although BME users of LLH may be disproportionately impacted by being unable to access a service that they had particularly good representation at.
- The introduction of the National Diabetes Prevention Programme, the existing community nutrition and physical activity service delivered by GCDA and the expansion of the existing commercial weight management offer (e.g. weightwatchers vouchers) may all work to mitigate against negative health impact resulting from the proposed changes to CHIS.

Children's Weight Management Service

- There is a good evidence base for the MEND element of the children's weight management service, demonstrating both short and intermediate term impact for improvement in BMI and waist circumference measurements in overweight and obese children.
- Both residents and professionals ranked these services as their 3rd most preferred service.
- The service reaches approximately 4% of the estimated 9,000 obese children (under 16's) in the borough.

- There is expected to be a negative population health impact for those unable to access the additional support alongside MEND following the introduction of the proposed changes. This may be particularly the case for girls, BME children, and children with complex needs.
- Close monitoring of service use and health outcome data following the introduction of the proposed changes, particularly to capture demographic data for service users will be vital to identify if any negative impacts are realised and to work to mitigate them when/if they arise.

1. Introduction

1.1 Background

The preventative services currently being commissioned by the public health department at Lewisham Council are currently being revised in a programme of changes to be introduced in the 2017/18 financial year. These preventative health services facing changes are:

- Breastfeeding support services
- Stop smoking services
- NHS Health Checks
- The Community Health Improvement service (CHIS)
- Children's weight management services

The changes to these services are being driven by the need to achieve £800k of savings from the staying healthy budget, as a contribution to £4.7 million in savings from the public health budget by 1 April 2017. In order to ensure that any subsequent population impact has been duly recognised and mitigated against, two pieces of work have been undertaken as part of the change programme. The first has been undertaken to assess the population equalities impact of the proposed changes i.e. an Equalities Analysis Assessment (EAA). The second has been undertaken to assess the potential population health impact of the proposals and Health Impact Assessment (HIA) has been chosen as the method to assess this. The HIA will be the main focus of this report and includes the EAA as an integral part of its assessment.

1.2 Health Impact Assessment Overview

Health impact assessment (HIA) can be defined as 'a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population' (1). This method provides a systematic and objective framework within which potential health impacts can be identified.

HIA typically involves the following stages:

- Screening
- Scoping
- Appraisal of evidence/assessment
- Reporting and recommendations
- Monitoring and evaluation

1.3 Scope of Health Impact Assessment

HIA typically considers a broad range of health impacts based on wider determinants of health models and identifies how a proposal or policy will alter these determinants (1). Some of the determinants that are usually considered are demonstrated by the Dahlgren and Whitehead 'Determinants of Health' model in Figure 1 below:

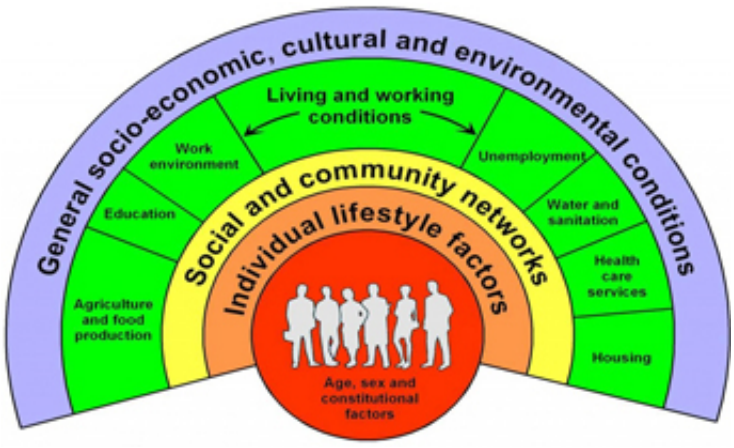

Figure 1. The Determinants of Health, Dahlgren and Whitehead (1992)

Following the initial scoping exercise, it was felt that this HIA should focus on a narrower range of population health impacts (i.e. those pertaining to individual lifestyle factors and social community networks using the model above) due to the rapid nature of the work and the interventions under consideration in this HIA. However it should be noted that broader implications of the proposed changes may also be possible.

1.4 Data Sources Used

A wide range of data sources have been used to inform the appraisal stage of the HIA.

1.4.1 Consultation

A consultation exercise was carried out to explore the views of Lewisham residents concerning the proposed changes to preventative health services. Three types of consultation were undertaken as part of this exercise:

- An online consultation questionnaire for Lewisham residents (148 responses were received from Lewisham residents). The majority of resident respondents were female (73%), aged over 45 years (69%), and White British (59%).
- An online consultation questionnaire for Lewisham professional stakeholders (87 responses were received for the professional survey). The majority of respondents were healthcare professionals (70%).
- A range of stakeholder meetings across the borough where feedback on the savings plan was collated.
- Conversations at Lewisham People's Day to discuss proposals and get feedback on existing services (70 members of the public were engaged in these discussions).

A detailed summary of the consultation responses in addition to demographic data of the consultation respondents can be found in the 'consultation' section of the EAA.

In the online consultation questionnaires for both residents and professionals, respondents were asked to rank their most preferred service out of the following 7 services: Breastfeeding support services, children's weight management services, health trainers, healthy walks, NHS Health Checks, small grants to community groups and Stop smoking services. In order to fully capture the priorities of

respondents, the rankings were weighted (i.e. 7 points were accrued for each respondent ranking a service 1st, 6 for 2nd, 5 for 3rd and so on) and then summed to produce a final summary score for each service. This process was performed for the resident and professional questionnaires respectively. These summary scores can be seen in Appendix 1.

1.4.2 Routine Data

A large number of routine data sources were used to inform this HIA, in addition to reports collating routine data e.g. quarterly service monitoring reports. These data sources have been referenced throughout the report where used.

1.4.3 Peer-reviewed research

In order to summarise the evidence-base for the services and any alternative ways of delivering these services, rapid reviews of the literature were performed. Due to the rapid nature of the HIA, the searches were restricted to the PubMed and Cochrane databases. Only review articles published in English were included in the subsequent evidence summaries. Where existing evidence reviews had already been performed for the service, this was used to summarise the evidence.

Where necessary, the strength of the evidence obtained has been grading according to the following grading system (2):

Grade	Description
A	Strong body of evidence in support (two or more systematic reviews, meta-analyses or equivalent high-grade evidence)
B	Some evidence – broadly supportive (a range of individual qualitative or quantitative studies – with or without controls generally supporting the intervention)
C	Conflicting evidence of effectiveness (some studies in favour, some against)
D	Insufficient evidence to judge in favour or against (evidence largely in the form of expert opinion)

1.5 Structure of report

The potential population health impacts for each of the services listed above has been outlined in this report after a brief examination of the following aspects of each service: service description; peer-reviewed evidence base for the service; current uptake/reach of the service; and consultation results.

The health impacts identified have been described in terms of their nature, likelihood, scale and timing. The distribution of health impacts across different population groups in the borough has primarily been explored through the aforementioned EAA but has been summarised in the description of the nature of health impacts.

References

1. Health Impact Assessment: Main Concepts and Suggested approach. Gothenburg Consensus Paper. European Centre for Health Policy. (December 1999)
2. Ismail, S. Self-care and Self-management Support for Health Improvement in Lewisham. Lewisham Council. (November 2015)

2. Breastfeeding support services

2.1 Description of the service

The Breastfeeding Network project in Lewisham manages six community breastfeeding groups and the provision of a breastfeeding peer support service. This includes training 24 new breastfeeding peer supporters and providing on-going supervision to all active volunteer peer supporters (around 30). The peer supporters support mothers attending the community breastfeeding groups and on the postnatal ward (total 1200 hours of volunteer time per annum) (1).

2.2 Evidence for the service

There are clear evidence-based health benefits associated with breastfeeding for both mothers and infants, which include the reduction in the incidence of infant infections for the baby, improvement in emotional attachment between mother and baby, reduction in the risk of breast cancer for mothers (2) (evidence grade A). Exclusive breastfeeding has even greater potential benefits if continued for at least 6 months (3). In order to realise these benefits at a population level there is an incentive to encourage and support breastfeeding where possible among mothers. Peer support and community-based interventions are one means of doing this, however they have a mixed evidence base in the UK setting (evidence grade B). There is good evidence that lay support significantly reduces the risk of not breastfeeding (4) and the National Institute for Health and Clinical Excellence (NICE) has produced guidance that lay support should be used to increase breastfeeding, particularly among women with low incomes (5). However, peer support has mostly been shown to be beneficial in UK settings if provided in the postnatal period and if targeted i.e. aimed at those who are already considering breastfeeding (6,7).

In addition to health benefit for the mothers and babies attending the service, there are evidence-based benefits for peer supporters who volunteer their time to support the service. Volunteering has been shown to improve both the physical and mental wellbeing of volunteers (8). Additionally, a greater sense of belonging to a community and improved sense of well-being may result from community engagement when approaches are used that help communities to work as equal partners with professionals (9).

2.3 Reach (uptake)

In Lewisham, breastfeeding prevalence at 6-8 weeks after delivery is 74.3% (10). This is significantly better than the average prevalence for England overall. The community breastfeeding groups support approximately 900 new women a year. In the most recent quarter (Jan-March 2016), 131 new women attended one of 6 community groups (11). The six groups are located throughout the borough and all wards of the borough are represented by attendees of the groups. The majority of mothers attending the Lewisham breastfeeding groups in the latest quarterly monitoring report for 2016 were aged between 30 and 39 years (74%) and of 'White British' ethnicity (49%), which is consistent with previous reporting periods (10).

2.4 Proposed changes to the existing service

The Council proposes to incorporate this service within a new contract for health visiting. This would require serving notice on the existing service. It is intended that a similar level of support will be provided to peer supporters and breastfeeding groups.

2.5 What did people say?

At 'People's Day, a community event in Lewisham, participants ranked breastfeeding support services as the least preferred public health service out of 7 options listed. This is similar to responses received from Lewisham residents to the online consultation survey, where breastfeeding support services were ranked the least preferred 'Staying Healthy' service according to the summary score calculated (see Appendix 1). However, when asked about the likely impact of the proposed changes, resident respondents largely felt that the changes would have a negative impact (38%) in comparison to having a positive impact (10%) or none at all (21%). Free text comments in the consultation survey included views that mothers needed support to breastfeed particularly younger mothers and those form deprived areas. Some also showed understanding that breastfeeding reduces the risk of obesity in childhood for breastfed babies.

In response to the professional online consultation, breastfeeding support services were ranked as the 4th most preferred 'Staying Healthy' service. Free text comments expressed that this service received positive feedback from mothers. It was also felt that early interventions were the most important and that not providing support for mothers would lead to poor outcomes for children in the long run.

2.6 Health Impact of changes

Element of health impact	Description
Nature	The capacity of the breastfeeding groups and peer support is due to be preserved in the redesign of the service and has already been reflected in the new service contract. The negative impact of the changes anticipated by residents may therefore not materialise. However, if the changes in service delivery impact in anyway upon accessibility and acceptability of the service, the numbers of those attending the service may be impacted and subsequently impact upon the continuation of breastfeeding in mothers that use the service. This may subsequently impact upon breastfeeding rates at 6-8 weeks in Lewisham and associated positive health impacts with continuation of breastfeeding.
Likelihood	Uncertain
Scale	Any health impacts will predominantly affect new mothers and infants across the borough. The protected characteristics identified in the EAA as being most likely to be impacted by the proposed changes are: age (i.e. since mainly older mothers currently attend the service), ethnicity/race (i.e. since the service is predominantly attended by 'White British' and 'White Other' women at present), and the pregnancy/maternity group as mentioned above.
Timing	There may be both short and long term health impacts: **Short-term:** Potential impact on service access and acceptability for different population groups. **Long-term:** Potential impact on breastfeeding rates at 6-8 weeks and subsequent significant health impacts for mother and baby as described above.

2.7 Mitigations

Effective delivery and promotion of the redesigned service will be essential to ensure that access to the service is maintained and improved for population groups not currently accessing the service in a representative way.

2.8 Summary

- Breastfeeding support services in the form of peer support have a moderate evidence base in the UK (evidence grade B) setting with postnatal and targeted peer support being shown to be most beneficial. The current Lewisham breastfeeding support services have both of these evidence based elements.
- Breastfeeding prevalence at 6-8 weeks is currently above the England average in Lewisham.
- The reach of the current breastfeeding support services is good. However, mothers in the 'White British' ethnic group predominantly attend services. These mothers are also largely aged over 25, which is not reflective of the age distribution and diversity of the borough. The service design and new contract does therefore present an opportunity to improve the reach of the service to underserved population groups. Effective promotion of the redesigned service through appropriate channels for these population groups will be important to achieve this.
- Although the service is not ranked as highly in terms of importance as other 'Staying Healthy' services by residents or professionals, the value of the service in terms of its potential health impacts is recognised by both groups.
- Redesign of the service may have minimal health impact on attendees of the service if capacity is retained. However, in the proposed redesign of the service, efforts should be encouraged in the new contract to improve the reach of the service to underserved population groups to avoid any health inequalities in relation to breastfeeding in the borough.

2.9 References

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9. National Institute for Health and Clinical Excellence (2008). Community engagement to improve health. Available at http://guidance.nice.org.uk/PH9/Guidance/pdf/English <Accessed updated guidance on 24 August 2016>

10. Lewisham Public Health Performance Dashboards. Public Health Information Portal. Available at: http://portal.lewishamjsna.org.uk/Lifestyle_&_Behaviour_Results.html?option=Breast_Feeding <Accessed 9th August 2016>

11. Lewisham Quarterly Report on NCT Services. Lewisham Council, May 2016.

3. Stop Smoking Services

3.1 Description of the service

The current Stop Smoking Service (SSS) is provided by Lewisham and Greenwich NHS Trust (LGT). The primary role of the SSS is to deliver high quality, evidence-based stop smoking interventions to dependent smokers living in Lewisham, including medication. This includes a more intensive service for highly dependent smokers, provided through group and one to one sessions at a range of venues throughout the borough, and support for moderately dependent smokers through GPs & pharmacies including a hub based model in each neighbourhood (1).

3.2 Evidence for the service

There is good evidence for the effectiveness and cost-effectiveness of English stop smoking services in getting smokers to successfully quit smoking. These services are expected to offer behavioural support and medication to all smokers in their community and also ensure that they are treating smokers proportionally to their demographics in their area (2). Behavioural support is typically provided via face-to-face or groups sessions. Several randomised controlled trials have demonstrated both the short-term and long-term effectiveness such SSS in helping smokers to stop smoking (2) (Evidence Grade A). When services are provided optimally, the proportion of service users who stop for 4 weeks should be approximately 50%, with 15% lasting 12 months, compared with 15% at 4 weeks and less than 5% at 12 months if these smokers tried to stop unaided (2). Additionally several high quality studies have shown that face-to-face behavioural support for smoking cessation provided individually or in groups can improve success in quitting smoking in comparison to no support (3). There is also evidence that smoking cessation programs for those in high risk groups (e.g. those who already have LTCs but have continued smoking) featuring more intensive intervention (e.g. motivational interviewing) is clinically effective in reducing smoking rates at 1 year, particularly for people with coronary heart disease (4).

A rapid review of evidence was recently performed on behalf of the Association for Directors in Public Health earlier this year exploring the alternative channels of delivering SSS i.e. via telephone, online and digital apps (3). It found that there was good evidence of effectiveness (systematic reviews of RCTs) for telephone (pro-active and reactive) and mobile phone stop smoking support, with studies reporting a 2-3% increase in quit rate for telephone support. However, none of the studies identified in the review compared telephone or mobile phone support with the current service models of face-to-face or group support for SSS. The most common comparators used in the studies identified were the provision of self-help materials/leaflets or one-off telephone advice calls. It is therefore only possible to say that mobile phone, telephone and internet support to help quit smoking can be effective channels of delivery but may not necessarily be as or more effective than face-to-face or group support (evidence grade D).

3.3 Reach (Uptake)

The current stop smoking service in Lewisham reaches 3,500 smokers each year (7.2% of the estimated 48,500 smokers locally), with approximately 50% of these smokers quitting smoking successfully at 4 weeks after starting a smoking cessation programme. This demonstrates good reach of the service against the NICE benchmark of smoking cessation services reaching 5% of smokers in the population (1). A health equity audit of the SSS performed in 2013 revealed that (5):

- Younger smokers and female smokers over 60 appeared to be underrepresented in those accessing the service.

- Indian men, Chinese men, white Irish men and black Africans of both genders were least represented in users of the SSS in the context of the estimated number of smokers.
- Black African smokers in Lewisham have been shown to be more likely to use and be successful using the one to one specialist sessions provided by community advisors than other ethnicities. Those from lower socio-economic groups have also been shown to be more successful with one-to-one support.

3.4 Proposed changes to the existing service

The Council proposes the re-design and potential re-commissioning of the service to incorporate different delivery models including a greater use of digital and telephone support for less heavily dependent smokers; face to face support from specialists for heavily dependent smokers such as pregnant women, smokers with mental health problems and/or long term conditions and more efficient and effective prescribing of stop smoking medication. The number of smokers able to access the service is likely to reduce.

3.5 What did people say?

At the community event, participants ranked stop smoking services as the 5th most important public health service out of 7 options listed. When asked about their preference for delivery of support to stay healthy, face-to-face support was overwhelmingly ranked as preferable to online or telephone support. Online support was ranked as being marginally favourable to telephone support.

Though not the most highly ranked service by residents in the online consultation (ranked 6th most preferred), the importance and value of the service in the community was demonstrated in free text comments sections of the survey. The majority of respondents also perceived that the proposed changes to SSS would have a mostly negative (43%) rather than positive (12%) impact.

The acceptability of a redesigned SSS delivery format including a combination of face-to-face, telephone and text for low-risk smokers may be high amongst residents since 30% of respondents most favoured this delivery model in comparison to individual face-to-face (27%), group (25%), website (11%), online (4%) or telephone support (3%) models. Since the evidence base demonstrating increased benefit of using the combination delivery format in comparison to the current model is yet to be established, a local evaluation of this revised format for smokers in low-risk groups should be undertaken if employed.

SSS were ranked as the most preferred service by professional respondents in comparison to other services, with many respondents commenting on the effectiveness and strong evidence base for the service. The cost-effectiveness, particularly in the long run was also mentioned multiple times alongside concern that cuts to this service would disproportionally affect those in lower socio-economic groups, since they are more likely to smoke and the SSS supports the 'hardest to reach' and most vulnerable Lewisham residents.

3.6 Health impact of changes

Element of health impact	Description
Nature	The reduction in the capacity of the specialist support for all members of the community may have a negative impact on population health, particularly for some population groups. The use of different channels of support may conversely encourage engagement with the service from underrepresented population groups.

Likelihood	Uncertain
Scale	Any negative population health impacts are most likely to affect population groups in Lewisham that may no longer be able to access specialist support where they were more likely to achieve better quitting success i.e. those from deprived and Black African population groups as also identified in the EAA.
Timing	Any negative population health impacts could be realised in both the short and long-term: **Short-term:** In the short-term, if any negative impacts are realised due to reduced access for the population groups mentioned above, there may be a reduction in the number of successful quit attempts in these groups, which may affect quit rates for Lewisham overall. Fewer smokers in these population groups may therefore experience the following short-term benefits (6): • Normalising of heart rate and blood pressure within 20 minutes of quitting smoking. • Breathing becomes easier and the lung's functional abilities start to increase within 72 hours of stopping smoking. • Blood circulation in the gums and teeth becomes similar to that of a non-user between 10 days and 2 weeks of stopping smoking. **Long-term:** In the long-term any negative impacts may result in fewer smokers in these population groups experiencing the following health long-term health benefits: • Reduction in the excess risk of coronary heart disease, heart attack and stroke by half within one year of stopping smoking. • Reduced risk of lung cancer to between 30-50% of that for a continuing smoker after 10 years of stopping smoking. There may also be long-term health impacts for those exposed to the secondhand smoke of continuing smokers which include (7): • Increased risk of respiratory infections, ear infections and more severe and frequent asthma attacks in infants and children. • Increased risk of coronary heart disease and lung cancer in adults.

3.7 Mitigations

Careful monitoring of users of the service following the introduction of the proposed changes will have to be performed in addition to an evaluation of the new service model to mitigate against any negative population health impacts.

3.8 Summary

- There is a good evidence base for the effectiveness of stop smoking services in improving success in quitting smoking for those that attend. The current format of SSS being delivered in Lewisham contains many of the main evidence based elements.
- The reach of the service is good in Lewisham, however particular population groups appear to have greater success in quitting as a result of attending various parts of the service i.e. men and black African smokers and those in deprived areas that attend the specialist adviser service. These population groups are most likely to be affected by any reduction in the capacity of the service than other population groups.
- Though not the most highly ranked service by residents, the importance and value of the service in the community has been demonstrated in the consultation responses. The acceptability of a redesigned SSS delivery format including a combination of face-to-face, telephone and text may be high amongst residents as indicated by the online consultation results although the evidence base for this is unclear. A local evaluation of this revised format should be undertaken if employed.
- The reduction in the capacity of the specialist support for all members of the community is likely to have an impact on population health, particularly for those from deprived and Black African population groups. However, the use of new channels of delivery may encourage service use from currently underrepresented population groups.

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6. Stop Smoking Recovery Timetable. Available at: http://whyquit.com/whyquit/A_Benefits_Time_Table.html <Accessed on 31st August 2016>
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4. NHS Health Checks

4.1 Description of the service

The NHS Health Check programme is commissioned to identify 40-74 year olds with a high risk of developing cardiovascular and other conditions. This includes direct commissioning of health checks provided by GPs, pharmacies and To Health (outreach); a call/recall system (every 5 years) and IT. This is a mandatory programme, assessing risk and facilitating early intervention (1).

4.2 Evidence for the service

Public Health England and NICE have adopted a position of support for NHS Health Checks despite uncertainties around the literature evidence because: the programme in England is more carefully targeted than models evaluated elsewhere, and modelling on hidden burden of disease (especially for diabetes) suggests that population level threats to health nationwide are substantial and a major up-lift in prevention and early diagnosis is needed (1).

There is a growing body of evidence examining the effectiveness of NHS health checks, however, the effectiveness of NHS Health Checks in improving long-term outcomes has yet to be clearly demonstrated (evidence grade D). The most recent and thorough evaluation of the NHS Health Check programme (2) found that in the first four years of the programme, NHS Health Checks were effective at identifying new co-morbidities in those attending a health check in comparison to those that had not. Heath checks were also shown to be effective in increasing first-time prescriptions of statins and anti-hypertensive medication in those that have had a check in comparison to those that have not (evidence grade B).

4.3 Reach (uptake)

In 2015/16, approximately 5,400 NHS Health Checks were carried out across the borough, with the majority of checks being carried out (71%) in GP surgeries. For the same period, 54% of those having a health check were female. Reach into some BME groups is particularly good (further information is provided below). However, uptake rates in Lewisham overall are slightly below the national average (34% in Lewisham compared with 45% in England as a whole) (3).

4.4 Proposed changes to the existing service

The Council proposes the redesign and potential re-commissioning of the programme, including different delivery models for follow-up for those identified as at risk following an NHS Health check. We are aiming for a better integrated pathway, targeting of at risk populations and more effective follow-up for those identified as at risk.

4.5 What did people say?

Resident respondents ranked NHS Health Checks as their most preferred service and felt that the changes would have a negative impact on the service (47%) in comparison to those who felt that there would be no impact (11%) or a positive impact (19%).

Professional respondents ranked NHS Health Checks as their 2nd most preferred service with respondents commenting that more pharmacies should be used to provide health checks. The benefit of identifying those with risk factors early was also recognised in further comments.

4.6 Health Impact of changes

Element of health impact	Description
Nature	Since the capacity of the NHS Health Checks service is to be retained, the known health benefits of having a health check are expected to be preserved.
Likelihood	Fairly certain
Scale	Any impacts are most likely to impact upon adults within the health check age range (40-74 years) and service providers of health checks and associated services (e.g. providers of the new National Diabetes Prevention programme).
Timing	Any population health impacts will be mostly realised in the short-term in line with the best available evidence. These will include a possible change in the uptake of health checks and subsequent referral or treatment based on the health check risk assessment.

4.7 Mitigations

Ongoing monitoring of NHS Health Check uptake rates and the demographic make-up of attendees should ensure that any unexpected impacts are identified.

4.8 Summary

- There is a growing body of evidence examining the effectiveness of NHS health checks but the effectiveness of NHS Health Checks in improving long-term outcomes has yet to be clearly demonstrated
- The evidence-based short-term health impacts of NHS Health Checks include: the increased chance of identifying new comorbidities and prescribing statins and/or hypertensive medication or the first time in those having a check.
- The uptake of the service in Lewisham could be improved but has good reach across genders and those of different ethnicities within the borough.
- The service is ranked highly in terms of preference for both residents and professionals.
- Since the capacity of the NHS Health Checks service is to be retained, the known short-term health benefits of having an NHS health check are expected to be preserved.

4.9 References

1. Ismail, S. Self-care and Self-management Support for Health Improvement in Lewisham. Lewisham Council. (November 2015)

2. Robson J, Dostal I, Sheikh A, et al. The NHS Health Check in England: an evaluation of the first 4 years. BMJ Open 2016;6: e008840. doi:10.1136/ bmjopen-2015-008840

3. Under-75 CVD Public Health Performance Dashboard. Lewisham Public Health. July 2016.

5. Community Health Improvement Service (CHIS)

5.1 Description of the service

The Community Health Improvement Service (CHIS) is delivered by Lewisham and Greenwich Trust and provides a range of health promotion activities targeted at those with poorer health outcomes. It provides behaviour change and healthy lifestyle support through: a lifestyle hub delivering motivational interventions and referrals to people identified as at risk following an NHS Health check; Health Trainers providing one to one and group motivational interviewing and lifestyle coach support (over 80% of those supported by the service sustain behavioural change after 24 weeks) and the Healthy Walks programme, which trains walk leaders, develops, promotes and ensures regular health walks to increase participation and uptake of physical activity. It also engages, develops and empowers communities through community development for health improvement and neighbourhood based activities including outreach, participatory budgeting/small grants, networks, negotiating and developing referral pathways into preventative lifestyle activities and interventions, and linking providers of preventative initiatives with community groups (1).

5.2 Evidence for the service

There are varying levels and quality of evidence for the different components of CHIS:

a. *Lewisham Lifestyle Hub (LLH)*: There is no peer-reviewed evidence identified in this HIA that examined the effectiveness of a hub model like LLH improving health outcomes. An external evaluation of the LLH noted that the motivational interviewing for those having an NHS Health Check was extremely valuable (2). However in its current form it is unclear how effective the LLH has been bringing about lifestyle behaviour change for residents in the borough in comparison to other potential referral models (evidence grade D).

b. *Health Trainers:* An evidence review for this component of CHIS was performed in November 2015. The review found that for health trainers, high grade evidence on their impact is in short supply, but available studies indicate that they may lead to short-term improvements in some health related behaviours. However, there is no evidence that they bring about sustained behaviour change, and wider community impacts remain unclear (evidence grades C and D). Economic evaluations of lay health trainer programmes have shown that they are cost-effective at NICE thresholds (3).

c. *Healthy Walks:* For the healthy walks programme, there is good evidence that walking groups increase rates of physical activity and have positive health effects – both on objective measures of physical fitness and mental wellbeing. Cost effectiveness analyses indicate that most measures to promote physical activity in primary care and community settings are cost-effective, but that walking groups are particularly so (3).

d. *Community development and participatory budgeting*: The effectiveness of community development-based approaches lies in the confidence and strength engendered by building the number and strength of face to face social networks (with friends, family, colleagues and so on). There is also NICE guidance (4) in support of programmes on this model. In terms of participatory budgeting, the evidence review mentioned above found very little research that addressed the role of participatory budgeting in improving health outcomes of participants. It did however cite a systematic review undertaken for the Department of Communities and Local Government, which found that participatory budgeting can improve relations between citizens

and government bodies, enhance community cohesion and drive local service improvements, but health and wellbeing were not addressed as outcomes. Some international evidence of positive effects on health and wellbeing from countries such as Brazil – where there is a long history of participatory budgeting at local level – was also found but these effects had not yet been replicated in the UK (evidence grade B) (3).

5.3 Reach (uptake)

a. Lewisham Lifestyle Hub (LLH): For the 2015/16 period, there were 957 referrals received by the hub, with most referrals coming from pharmacies (55%). The majority of those being referred to the hub were female (67%) and aged between 40 and 59 years (82%), although these age groups are reflective of those having NHS health Checks in the borough (who largely make up those referred to the hub). The hub has good reach into BME groups with 14% of those referred in this period being African, 11% Caribbean, and 8% White British (5).

b. The Health Trainer service: For the 2015/16 period there were 13 registered health trainers providing one- to-one support, over a total of 698 lifestyle support sessions. There were 491 referrals into the scheme in the same period with the majority of referrals coming from health professionals (71.3%). Of the total number of referrals, 166 (33.4%) people referred received one-to-one lifestyle support from health trainers, with 109 (65.6%) people achieving a lifestyle change and 59 (35.5%) people achieving 30 minutes of physical activity per week (5). In the same period, the service reached predominantly women (75% of those referred were female) and had good reach to ethnic groups (45% of those referred were of Black African and Caribbean ethnicity) (7).

c. The Healthy Walks programme: For the 2015/16 period, an average of 300 people per month partook in regulars walks (at least once per week), with a total of 314 new walkers joining across the year (6). The programme in Lewisham has been able to engage with a significantly higher percentage of participants with long term health conditions or disabilities compared to other 'Walking for Health' schemes nationally and those based in London (19% for Lewisham, compared to 10-11% for the national and London averages) (6). A third of the scheme's participants are from BME groups, which is much better when compared to other London based schemes (6).

d. Community Development and Participatory Budgeting: In 2016, 17 organisations were awarded participatory budgeting funding to run projects in Lewisham. A total of 628 people participated in these project activities and 66% of these participants reported an increase in their mental wellbeing after being involved in project activities (7). Improved physical health, including maintained or increased fitness and energy, weight loss, a sense of physical well-being and more effective management of chronic health problems like back pain and diabetes, were identified as outcomes. Participants with severe pain and mobility difficulties reported how becoming more physically active had helped them to manage their conditions, with what they described as life changing effects. (8)

5.4 Proposed changes to the existing service

The Council proposes the potential reconfiguration or removal of the services currently delivered by CHIS. This may encompass the following:

- Removal of the health trainer programme, potentially mitigated by the existing community nutrition and physical activity service delivered by GCDA and by expansion of the existing commercial weight management offer (e.g. weightwatchers vouchers).

- Removing the community development element, mitigated by the council investing in health-focussed grants across all 4 Neighbourhoods in Lewisham.

- The removal of the lifestyle hub, mitigated by including advice and onward referral with in the Healthchecks delivery specified in the re-commissioning of the NHS Health Checks programme.

- Priority will be given to supporting emerging neighbourhood delivery models and alignment with wellbeing community development programmes such as Well London, which is an external funding stream.

5.5 What did people say?

Resident respondents ranked the 'Healthy Walks' component of CHIS as their 2nd most preferred 'Staying Healthy' service, with the 'Health Trainer' component being ranked 4th and 'Small grants'/community development elements 5th most preferred. However, respondents felt that the proposed changes to all 3 components of CHIS would have a mostly negative impact rather than a positive one. Some very passionate responses for the 'Healthy Walks' programme were received with some respondents commenting that the service was good for both physical and mental health and for increasing social connections.

Professional respondents, however, ranked 'Healthy Walks' as their least preferred service. This was similar for the 'Health Trainer' component, which was ranked 6th most preferred. The 'Small grants'/community development element of the service, was ranked as the 5th most preferred service.

5.6 Health Impact of changes

Element of health impact	Description
Nature	The elements of CHIS that have the strongest evidence base for population health impact i.e. Healthy Walks and the community development work are due to largely remain albeit in different delivery formats. It is therefore expected that the population health impacts resulting from these elements will be minimal. It is unclear from the available evidence whether the changes to the LLH and health trainer services will have a positive or negative health impact although BME users of LLH and Health Trainers may be disproportionately impacted by being unable to access a service that they had particularly good representation at.
Likelihood	Uncertain
Scale	Any health impacts realised will predominantly occur in the adult population of Lewisham and potentially more so for the BME users of the LLH for reasons described above. With reference to the latest CHIS Annual report and monitoring data the EAA was unable to readily assess the potential equalities impact of the community development work of CHIS, although historical and verbal reports confirm that this work of CHIS was very effective at reaching BME and more deprived communities. It is likely that these groups could be disproportionately affected by any reduction.
Timing	It is unclear whether any health impacts realised due to the changes

	to CHIS overall will occur in the short- or long-term due to lack of definitive evidence.

5.7 Mitigations

The introduction of the National Diabetes Prevention Programme in Lewisham will help to provide an avenue for all of those that are found to be 'pre-diabetic' following an NHS Health Check to receive evidence-based behavioural support to prevent the onset of diabetes. Since those from BME backgrounds are considered to be at greater risk of developing Type 2 Diabetes, this programme will help to mitigate any negative impact realised from the removal of the LLH for those identified as being at high risk in this population group.

As mentioned above, the existing community nutrition and physical activity service delivered by GCDA and the expansion of the existing commercial weight management offer (e.g. weightwatchers vouchers) may also mitigate against the proposed changes to CHIS. The community development nature of the community nutrition and physical activity service will target black African and black Caribbean communities.

5.8 Summary

- There are varying levels and quality of evidence for the different components of CHIS.
- All services within CHIS have been shown to have good reach in Lewisham, however the LLH has been shown to have particularly good reach for residents in 'Black African' and 'Black Caribbean' groups.
- It is expected that the population health impacts resulting from the elements of CHIS that have the strongest evidence base for population health impact i.e. Healthy Walks and the community development work will remain albeit in different delivery formats.
- Residents and professionals had differing perspectives of the CHIS services, with residents ranking 'Healthy Walks' quite highly but professionals ranking all CHIS services as the least preferred.
- It is unclear from the available evidence whether the changes to the LLH and health trainer services will have a positive or negative health impact, although BME users of LLH may be disproportionately impacted by being unable to access a service that they had particularly good representation at.
- The introduction of the National Diabetes Prevention Programme, the existing community nutrition and physical activity service delivered by GCDA and the expansion of the existing commercial weight management offer (e.g. weightwatchers vouchers) may all work to mitigate against negative health impact resulting from the proposed changes to CHIS.

5.9 References

1. Public Health Savings Consultation Document. Executive Directors of Community Services at Lewisham Council. (June 2016)

2. Harkin, J. Lewisham Lifestyle Hub: An Early Review. (2014)

3. Ismail, S. Self-care and Self-management Support for Health Improvement in Lewisham. Lewisham Council. (November 2015)

4. National Institute for Health and Clinical Excellence (NICE). Community engagement: improving health and wellbeing and reducing health inequalities. NICE guidelines [NG44]. March 2016.

5. Public Health Community Health Improvement Service (CHIS) Performance Checkpoint Report 2015-16.
6. Walking for health team response to Lewisham Public Health Consultation. August 2016.
7. Lewisham Community Health Improvement Service (CHIS) Annual Report. April 2016.
8. North Lewisham Health Improvement Programme: evaluation report, Lewisham Public Health 2013

6. Children's weight management services

6.1 Description of the service

MyTime Active deliver a children's weight management programme (MEND) in Lewisham. The service delivers a range of age-specific evidence-based family interventions for overweight and obese children in the borough. The service includes specialist support (dietician, psychologist and physical activity specialist) for obese children with co-morbidities or with complex needs. The service also delivers a range of bespoke workforce training sessions. The children's weight management service supports the mandatory National Child Measurement Programme which identifies that Lewisham has consistently high prevalence of childhood obesity (1).

6.2 Evidence for the service

There is good randomised controlled trial evidence for the MEND (Mind, Exercise, Nutrition, and Do It) programme (evidence grade B). In its ideal form the programme should involve a 9-week programme consisting of 18 sessions (2 hours group sessions held twice weekly) run by two MEND with groups of between 8-15 children and their accompanying adult or guardian. A multi-centre RCT conducted in 2010, found that children attending the MEND programme had significantly reduced waist circumference and BMI measurements in comparison to children that had not yet started the programme at 6 months from baseline (2). However, the significance of reducing waist circumference in children is not yet established and in this study children were also given free-family access to a community swimming pool for a further 12 weeks following the end of the 9-week MEND programme (2). Long-term impacts of participation in the programme have also been examined with one retrospective longitudinal study demonstrating significant reduction in BMI z-score for boys at 2.4 years from baseline and significant improvements in waist circumference and psychological indices overall at 2.4 years from baseline, however this evidence did not involve comparison with a suitable control group (3).

6.3 Reach (uptake)

For the 2014/15 period, the prevalence of overweight (including obesity) for children in the reception class and year 6 in Lewisham was 23.7% and 39.3% respectively. This was higher in both groups than the average prevalence for England overall in the same period (21.9% for reception class and 33.2% for year 6) (4).

The service delivers a range of age-specific evidence-based family interventions for 375 overweight and obese children in Lewisham, which suggests that the service reaches approximately 4% of the estimated 9,000 obese children (under 16's) in the borough (1). In the first year of contract there were 151 initial assessment for the specialist service, 187 children accessing the service and 72 completers to date. The service is predominantly attended by female children in borough and has representative attendance from children from BME backgrounds as further described below (5).

6.4 Proposed changes to the existing service

The Council proposes to integrate the service through investment into a new contract for school nursing. This would require serving notice on the existing service.

The Council also proposes the potential removal of the specialist element of the service: in this scenario children with complex needs would be offered the core programme in the same way as other children. The service will provide a limited range of age-specific targeted programmes with focus on children under the age of 12 with a reach reduced to under 200 families.

6.5 What did people say?

This service was ranked as the 3rd most preferred service by resident respondents with a large majority of respondents feeling that the proposed changes to the service would have a negative impact (44%). Several comments made about the child weight management service represented the view that efforts to address childhood obesity should be focused on schools.

Respondents to the professional online consultation also ranked the children's weight management service as their 3rd most preferred service, however concerns were expressed about the potential negative impacts of the changes most notably that childhood obesity affects those of lower socio-economic status the most, and that any reduction in capacity of the service would increase health inequalities.

6.6 Health Impact of changes

Element of health impact	Description
Nature	There is expected to be a negative population health impact for those unable to access the additional support provided alongside the MEND programme. This may particularly be the case for female children and those from BME backgrounds.
Likelihood	Certain
Scale	Any health impacts realised will predominantly affect overweight and obese children in the borough, particularly girls and those from BME backgrounds as mentioned above. In the EAA, the protected characteristic groups that were mostly likely to be negatively affected were: disability, ethnicity/race, age and sex for the reasons outlined above in terms of service reach and the nature of the proposed changes.
Timing	Both short- and long-term impacts may be realised: **Short-term:** Persistence of overweight and obesity in affected children. **Long-term:** There are several evidence-based long-term sequelae of overweight and obesity in childhood and adolescence, which include (6): -Increased likelihood of adult obesity -Increased likelihood of adult cardiovascular disease and diabetes -Increased likelihood of cardiovascular mortality and colon cancer for men.

6.7 Mitigations

Close monitoring of service use and health outcome data following the introduction of the proposed changes, particularly to capture demographic data for service users will be vital to identify if any negative impacts are realised and to work to mitigate them when/if they arise.

6.8 Summary

- There is a good evidence base for the MEND element of the children's weight management service, demonstrating both short and intermediate term impact for improvement in BMI and waist circumference measurements in overweight and obese children.
- Both residents and professionals ranked these services as their 3rd most preferred service.
- The service reaches approximately 4% of the estimated 9,000 obese children (under 16's) in the borough.
- There is expected to be a negative population health impact for those unable to access the additional support alongside MEND following the introduction of the proposed changes. This may be particularly the case for girls, BME children, and children with complex needs.
- Close monitoring of service use and health outcome data following the introduction of the proposed changes, particularly to capture demographic data for service users will be vital to identify if any negative impacts are realised and to work to mitigate them when/if they arise.

6.9 References

1. Public Health Savings Consultation Document. Executive Directors of Community Services at Lewisham Council. (June 2016)

2. Sacher P, Kolotourou M, Chadwick P, Cole T, Lawson M, Lucas A, and Singhal A. Randomized Controlled Trial of the MEND Program: A Family-based Community Intervention for Childhood Obesity. February 2010.

3. Kolotourou M, Radley D, Gammon C, Smith L, Chadwick P, and Sacher P. Long-Term Outcomes

following the MEND 7–13 Child Weight Management Program. Childhood Obesity. Volume 11, Number 3. June 2015.

4. National Child Measurement Programme (NCMP) Local Authority Profile. Public Health England. Available at: http://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/0 <Accessed 25th August 2016>

5. Children's Weight Management Service Quarterly Monitoring data. Lewisham Public Health 2015-16.

6. Dietz WH. Childhood weight affects adult morbidity and mortality. J. Nutr. February 1, 1998

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7. Conclusions and Recommendations

This HIA has identified some key areas of potential health impact resulting from the proposed changes, most notably in relation to changes to Stop Smoking Services, CHIS and Children's Weight Management Services. Where these impacts have been identified measures to mitigate against them have been proposed and can be summarised in the following recommendations:

Breastfeeding Support Services

- Effective delivery and promotion of the redesigned service through health visiting will be essential to ensure that access to the service is maintained and improved for population groups not currently accessing the service in a representative way.

Stop Smoking Services

- Careful monitoring of users of the stop smoking service following the introduction of the proposed changes will have to be performed in addition to an evaluation of the new service model to mitigate against any negative population health impacts.

NHS Health Checks

- Ongoing monitoring of NHS Health Check uptake rates and the demographic make-up of attendees should ensure that any unexpected impacts are identified.

Community Health Improvement Service (CHIS)

- The introduction of the National Diabetes Prevention Programme, the existing community nutrition and physical activity service delivered by GCDA and the expansion of the existing commercial weight management offer (e.g. weightwatchers vouchers) should all work to mitigate against negative health impact resulting from the proposed changes to CHIS.

Children's Weight Management Service

- Close monitoring of service use and health outcome data following the introduction of the proposed changes, particularly to capture demographic data for service users will be vital to identify if any negative impacts are realised and to work to mitigate them when/if they arise.

Appendix 1: Preference Ranking Summary Scores for online resident and professional surveys

Table 1: Preference Ranking Summary Scores for online resident's survey

Service	Summary Score	Overall Preference Ranking
NHS Health Checks	749	1
Healthy Walks	672	2
Children's Weight Management Services	534	3
Health Trainers	499	4
Small Grants to Community Groups	464	5
Stop Smoking Services	436	6
Breastfeeding support services	399	7

Table 2: Preference Ranking Summary Scores for online professional's survey

Service	Summary Score	Overall Preference Ranking
Stop Smoking Services	425	1
NHS Health Checks	332	2
Children's Weight Management Services	315	3
Breastfeeding Support Services	256	4
Small Grants to Community Groups	235	5
Health Trainers	232	6
Healthy Walks	193	7