

livewell annual report 2017/18



livewell



Derby City Council

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1 Introduction

Livewell is a nationally recognised healthy lifestyle service for Derby run by Derby City Council and funded through Public Health. It has grown to help thousands of people and their families to lose weight, stop smoking and support a healthier lifestyle.

In addition to adult weight management and stop smoking services, the 12-month programme offers a children's service and specialist services for people with learning difficulties, cardiac patients and men. The child weight management and men's health programmes are delivered in conjunction with Derby County Community Trust (DCCT). Livewell also delivers community-based NHS Health Checks within hard to reach communities.

Clients follow a 12-month personalised plan developed with an advisor, which includes a mix of individual and group support, prescribed physical activity, healthy eating courses, community-based activities, stop smoking clinics and goal setting. Reviews take place at three, six, nine and 12 months to monitor client progress. The service is delivered 8am – 8pm across the week.

The child weight management service is delivered in a similar way to the adult service, offering a 12-month intervention to children age 5 to 17 years old. In addition, parents are also offered support and advice around supporting their children and wider family members to become a healthy weight and lead healthier lifestyles. The programme is primarily based on group work sessions; however, an additional offer of 121 support is available.

In 2017/18 Livewell began working with workplaces to create healthier environments for their employees to work in and give them more opportunities to be happier, healthier and more productive at work. From April 2018 Livewell will be delivering workplace interventions with Derby City Council staff to support the Council's Health, Wellbeing and Attendance Team and the corporate strategy to improve staff wellbeing and attendance.

2 Adult's Summary

It has been another successful year in all areas of the service with 61% of weight loss clients achieving at least 5% weight loss, 1160 clients achieving a 4 week quit and 936 community NHS Health checks being delivered. Significant progress in supporting workplaces and developing a commercial offer for the service has also taken place; this is demonstrated with the new Workwell programme which has already gained significant praise. Once again the last 12 months has shown that Livewell has a highly positive image nationally by hosting visits from four local authorities keen to understand '*why does Livewell work for Derby?*'

Due to the way in which clients – prospective and existing, consume information and engage with services, Livewell has had to evolve to ensure the service remains relevant to those that want to engage. Improvements have been made to the website to make it more interactive and engaging, a Facebook bot has also been created specifically to support smokers with 'always on' support.

The role of volunteers has been crucial in supporting the evolution of the service over the last 12 months; the energy, commitment and dedication of these volunteers is a huge testament to themselves and the service. They have made huge changes and want to support others to achieve this. Over the coming 12 months the volunteer programme will grow to give more opportunities to more people to give something back.

The next 12 months will see the service supporting more people and more organisations including specialist services in; large employers, Royal Derby Hospital and Derby City Council. The service will also form an integral part of the citywide 'Move More Derby Strategy' – the new sport and physical activity strategy for Derby.

3 Children's Summary

As with the adult weight management programme, the children's service has also seen a successful year with weight loss, weight maintenance, 5-a-day consumption and increase in physical activity all overachieving targets.

Active Schools has been able to demonstrate the impact that a whole school approach has on increasing referrals to the child weight management programme. It has shown how delivering a multifaceted programme can have a positive impact on children's physical and mental health and wellbeing. The success of the programme continues to reflect its importance and has removed the stigma around child weight management amongst parents by focusing on positive health messages and sensitively working with children and their families.

It has also enabled us to measure all pupils in school accurately, collecting data on fitness levels, height and weight. Additional data on the child's physical development and mental health and well-being was also collected, and appropriate interventions put in place.

Using this methodology has enabled us to identify children earlier, deliver Rammies Healthy Hero programme (delivered in 6 additional schools) – a 6-week lunch time programme offering physical activity and healthy eating sessions to targeted children (inactive and overweight) and engage parents. Because of this work, referrals into the child weight management programme have increased and the reliance on direct marketing or referrals into the service is no longer relied upon due to their ineffectiveness to increase numbers.

Based on the key findings from the analysis report through Active Schools (see appendix 3) there are more children in the obese category than last year and children are becoming obese at an earlier age.

The aim is to develop an early year's programme which will be piloted in 2018/19. The delivery of this programme will have an emphasis on healthy eating and physical activity. In addition, parent's workshops will be delivered to ensure important messages around health and well-being are relayed and they understand the benefits physical activity and healthy eating have on their child. It is anticipated by providing interventions at an earlier stage will support the reduction in childhood and adult obesity in the future.

4 Service targets

Adults	Children
<ul style="list-style-type: none"> • 750 clients with a ≥ 30 BMI to engage with the service • 50% of clients with ≥ 30 BMI achieve 5% weight loss • 70% of >30 BMI clients achieve increase in physical activity* • 70% of >30 BMI clients achieve increase in fruit and vegetables** • 1250 4-week smoking quits • 1000 Community NHS Health Checks • 70% retention rate • 50% of clients from 7 most deprived wards 	<ul style="list-style-type: none"> • 150 weight management children and young people • 60% retention • 60% from 7 most deprived areas • 70% parent increase knowledge around physical activity • 50% maintain BMI zScore • 40% reduce BMI zScore by 3% • 60% improved diet/5 a day consumption • 70% increase physical activity levels • 70% increase emotional health and well-being • 6 schools take part in whole school approach • 90% of those assessed increase physical literacy score • 30% move onto the child weight management programme • 60% school staff knowledge around physical activity increased

Table 1: Livewell key performance indicators

* An increase in physical activity in this report is referred to as an increase of physical activity to CMO recommendations of 5 x 30 minutes a day.

** An increase in fruit and vegetables in this report refers to an increase to 5 portions of fruit and veg a day.

5 Specialist Programmes

5.1 Liveability

The 12-month programme supports children and adults with learning difficulties to improve a range of health issues including managing weight and stopping smoking.

Sociable activities, delivered in a fun learning environment, are offered to both the client and their carer in order to embed health messages and support positive behaviour change. Catering for all physical and emotional difficulties connected to learning disabilities, these activities include cook and eat sessions, shopping tours, walks, boccia, new age kurling, seated volleyball and swimming.

In 2017/18 Liveability has organised visits to Happy Hens, several Derby parks, Christmas panto at Derby Arena and the ICC Women's Cricket World Cup. These activities give the opportunity for staff, service users, carers and volunteers to spend time in an informal way and have some fun.

5.2 Cardiac Rehabilitation

The Cardiac programme is for patients who are referred with heart conditions. Most come from the Cardiac Rehabilitation Department at the Royal Derby Hospital, following hospital treatment and rehabilitation programme after having a cardiac event (e.g. heart attack). This enables them to lose weight, stop smoking and/or simply manage their cardiac condition.

In April 2018 Livewell will commence an inpatient Cardiac smoking cessation service based at Royal Derby Hospital.

5.3 Men's Health (Active Supporters)

Appealing to male motivations to get fit and healthy, Active Supporters is a group-based men's health programme that follows the Livewell 12-month pathway.

By linking with Derby County Football Club, the Active Supporters programme engages fans through its stadium-based boot camp, circuit, boxing and football activities.

In 2017/2018 the Active Supporters programme has been supported by the collaboration between "Man vs Fat" and Derby County Community Trust, delivering a football-based weight loss programme. During the last 12 months, it has worked with 121 males and achieved a total weight loss of 673kg. See appendix 2.

5.3.1 Jonathan's Story

Losing weight for his family

Jonathan Harper joined Active Supporters in September 2017 after the birth of his second child. His main motivator was he 'didn't want to be that fat bloke picking his kids up from school or be too fat to play with them'. His diet mainly consisted of large amounts of junk food, soft drinks which made him feel sluggish and demotivated to do any exercise or think about losing weight.

After joining Active Supporters, he eats healthier, controlled his portion size and has cut out fizzy drinks. He has also increased his physical activity levels by walking 10,000 steps a day and playing football twice a week. In addition, he has encouraged his family to be healthier; they have now changed their diet and exercise as a family. Jonathan started his journey with Active Supporters weighing 125.5kg and is currently weighing in at 101kg – "life at the minute is brilliant. I'm lighter and smaller than I have ever been in about 20 years. I'm sleeping better, not as restless and generally just enjoying life so much at the minute, this is really the best way I've found to shed those pounds, this is my greatest achievement after my kids."



5.4 Active Schools

Active Schools is an evidenced based programme, to support schools with delivering a whole school approach to physical activity and healthy eating. The programme was piloted in 2016/2017 and is now at the end of its second year of delivery. The aim of the programme is to reduce the levels of sedentary behaviour in all children, lower the levels of targeted children who are identified as overweight or obese and encourage referrals for the child weight management service. In addition, it aims to support schools with identifying the needs of their pupils through assessment of pupil's physical development, physical activity levels/fitness, emotional health and wellbeing and BMI Z-scores.

The aim of the Active Schools programme is to integrate health and wellbeing within the ethos, culture and routine life of the school setting. It involves addressing the needs of pupils, staff and the wider community. A whole school approach is an extremely effective, evidence-based school improvement mechanism that brings about and embeds cultural change in schools, which in turn supports both the referral routes into the child weight management programme and provides a comprehensive intervention programme to support in reversing the tide of childhood obesity in the city.

This element of the programme has been highly successful and has been showcased at numerous national conferences to show the excellent results. As part of this, the Active Schools team have also been asked to present at the Derby Research School conference; additional work will be undertaken over the forthcoming year to look into how we develop this element further.

6 Outcomes

6.1 Service Users

A total of 3,065 people engaged with the Livewell service in 2017/18. This number is based on those that have had a first appointment (weight), those that have achieved a 4-week smoking quit and those that have had a NHS Health check.

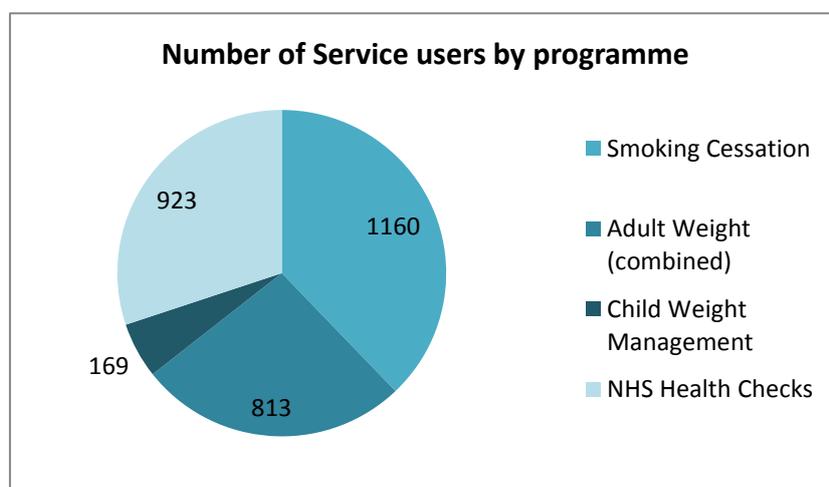


Figure 1: Service users by programme

6.2 Adult Weight Outcomes

The service target of 50% has been exceeded for a third year with 61% of weight loss clients achieving a minimum of 5% weight loss. In comparison to 2016/17, the men’s health programme has considerably improved weight loss outcomes with 9% more clients achieving at least 5% (46% in 16/17 and 55% in 2017/18). The highest achieving BMI classification was 60-69.99 with 65% achieving the service target. Figure 2 shows a breakdown of weight outcomes in the generic and men’s health weight loss programmes by BMI classification.

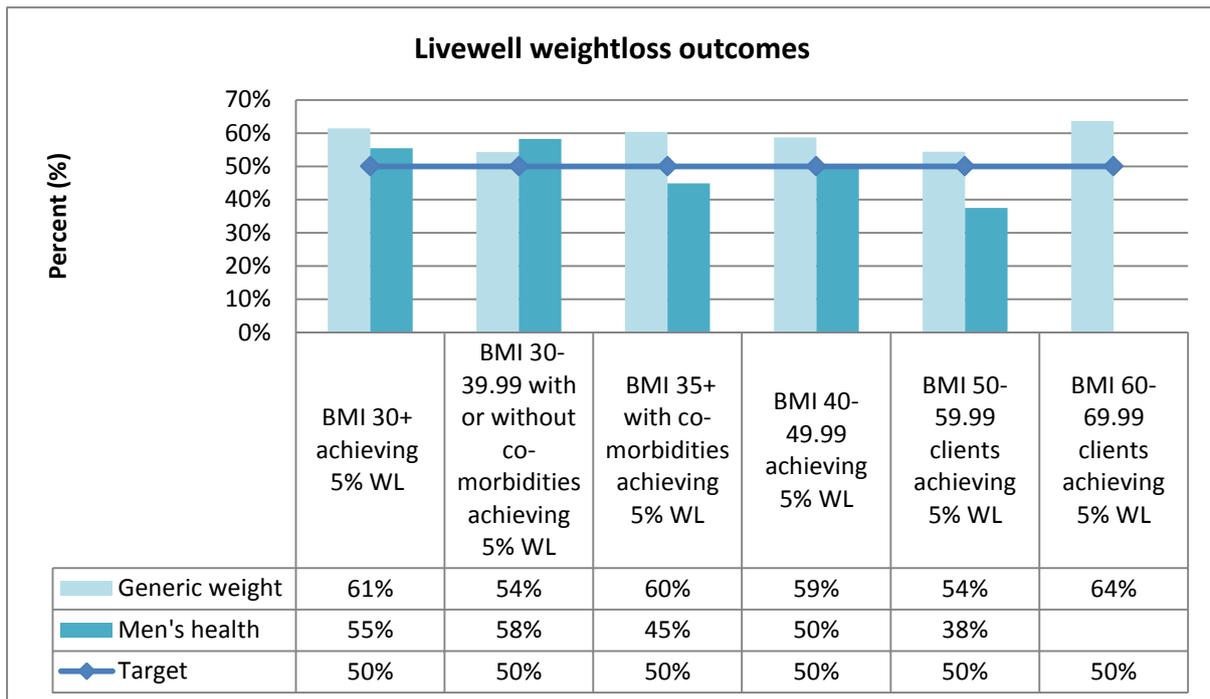


Figure 2: Weight loss outcomes

6.2.1 Lee’s Story

Lee sheds 3.5 stone in incredible fitness transformation

Not being able to bend over to tie his shoe laces gave Lee Blurton the final push to seek help from Livewell to tackle his weight problem. In just under one year, Lee has completely transformed his lifestyle, going from obese to a healthy BMI and discovering a love of exercise he never knew he had.

Lee said: “I regularly burn 2000 calories a day riding my bike, doing activities and running. I joined Livewell’s Couch to 5k course which is the best form of exercise I’ve done and now I can run 11km. In fact I love running so much that I’ve volunteered to help lead other Livewell courses as well as a new Jog Derbyshire group. I want to motivate people to realise that they can improve their fitness and change their lives.”



The service is also measured on key lifestyle modifications; fruit and vegetable consumption, quality of life (QoL) and physical activity. The fruit and vegetable consumption is self-reported on a quarterly basis compared to baseline and physical activity is measured using IPAQ (international physical activity questionnaire). In 2017/2018 58% of clients achieved 5 – a day recommendations against a target of 70%. For physical activity 62% of clients increased their physical activity MET/mins with 39% of them increasing their IPAQ status. Figure 3 shows the breakdown of physical activity and fruit & vegetable consumption.

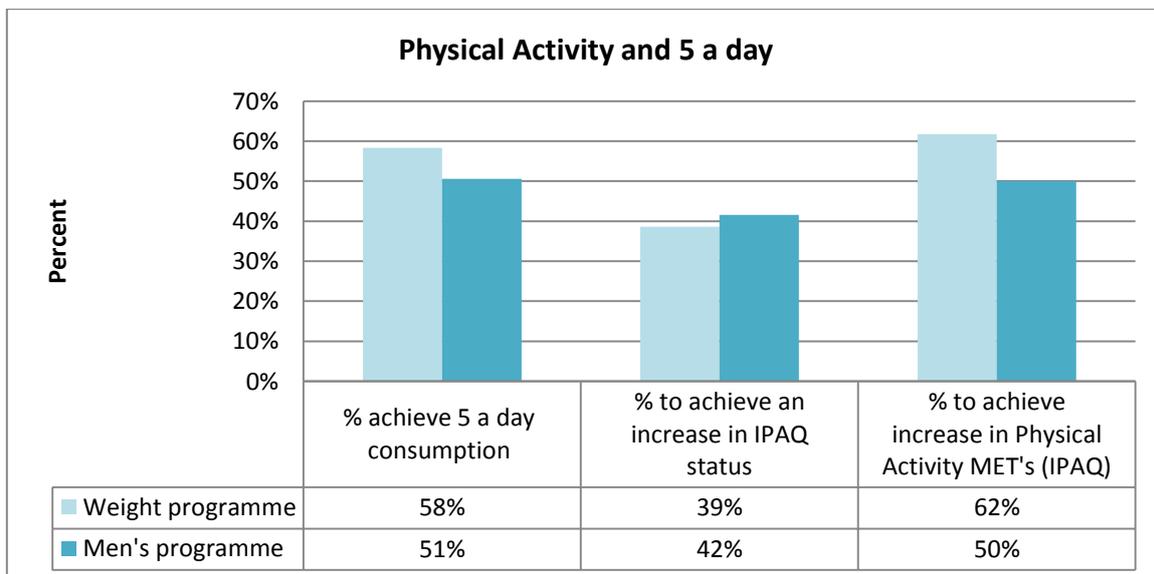


Figure 3: 5-a-day and physical activity outcomes

***note the Liveability programme does not use QoL or IPAQ measures due to the complexity of the questions*

To measure quality of life the service uses WHOQoL-Bref a validated QoL tool developed by the World Health Organisation to measure clients within an intervention. The measurements are taken at baseline and at 12 months to measure any changes whilst a client engages with the service. The tool is split in to six categories:

- Physical domain
- Psychological domain
- Social relationship domain
- Environment domain
- Perception of QoL
- Perception of health

Figure 4 demonstrates that the results are positive especially when looking at perception of QoL with 70% of clients increasing in this domain at the end of the service compared to when they started. 68% of all clients measured also improved their perception of health at the end of the service when compared when they started.

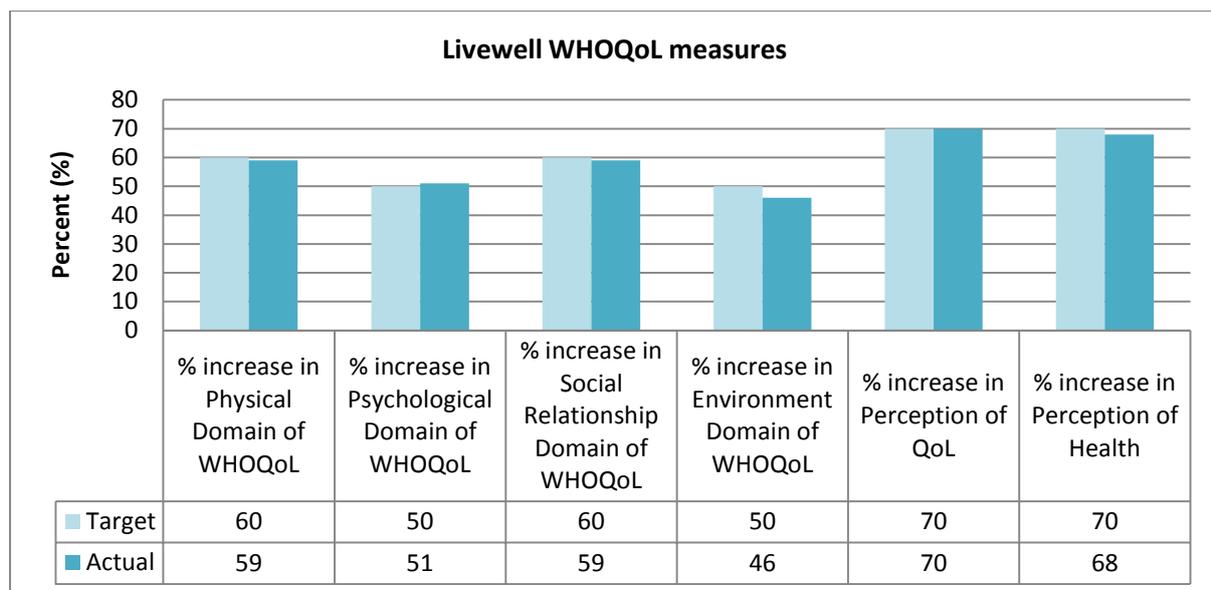


Figure 4: Quality of life outcomes vs baseline

6.2.2 Andrea’s story

Andrea discovers a new love of exercise and sheds 5.5 stone along the way

Mum of four, Andrea Wightman wanted to lose weight for her children and be a fabulous mother of the bride.

The 45-year-old from Oakwood joined Livewell last year after 20 years of being overweight. Like many mums, her weight piled on in between her pregnancies and with three of her four children diagnosed with Autism, Andrea turned to junk food to have the time to juggle their needs.

With Livewell's help, Andrea steadily gained confidence and with the support of husband, Mark, the pair have shed an astonishing 8.5 stone between them and are fitter than they've ever been.

Andrea said: "My advisor, Antony and the Livewell team quickly put me at ease, they'd constantly reassure me 'you can do this.' I really thought someone of my size could surely not exercise, I was wrong! I love the Livewell activities; we have made some fantastic friends. My favourite is boxwell – I partner my husband so we can really go for it with the punches!

My life is now totally different. I do at least 20 hours a week of activity including boxwell, kickwell and circuits, walking and jogging. As a family, we now eat three times a day and have fresh home prepared meals rather than quick to grab ready meals from the freezer. I also opt for water instead of fizzy drinks.

I will not be the fat mother of the bride at my eldest daughter's wedding. I have dropped five dress sizes and my aim is to get down to at least a size 14 which will be the smallest I have been since my wedding day in 1996!

I've told all my friends and family about Livewell and my two daughters and parents have signed up. My fellow clients have been so supportive, they have become firm friends and I consider them my Livewell family. I now volunteer for Livewell to help people the way I have been helped in this past year."



6.3 Adult Smoking Outcomes

A total of 1,729 people engaged with the service to attempt to quit smoking, this is an increase of 11% compared to 2016/2017. The 4 week quit rate of 67% exceeded the target of 60% leading to 1160 people quitting smoking for 4 weeks. 31% of people successfully quit smoking for a year against a target of 20% significantly increasing their likelihood of lifelong abstinence. Figure 5 shows quit rates at 4, 12 and 52 weeks of generic and pregnant clients.

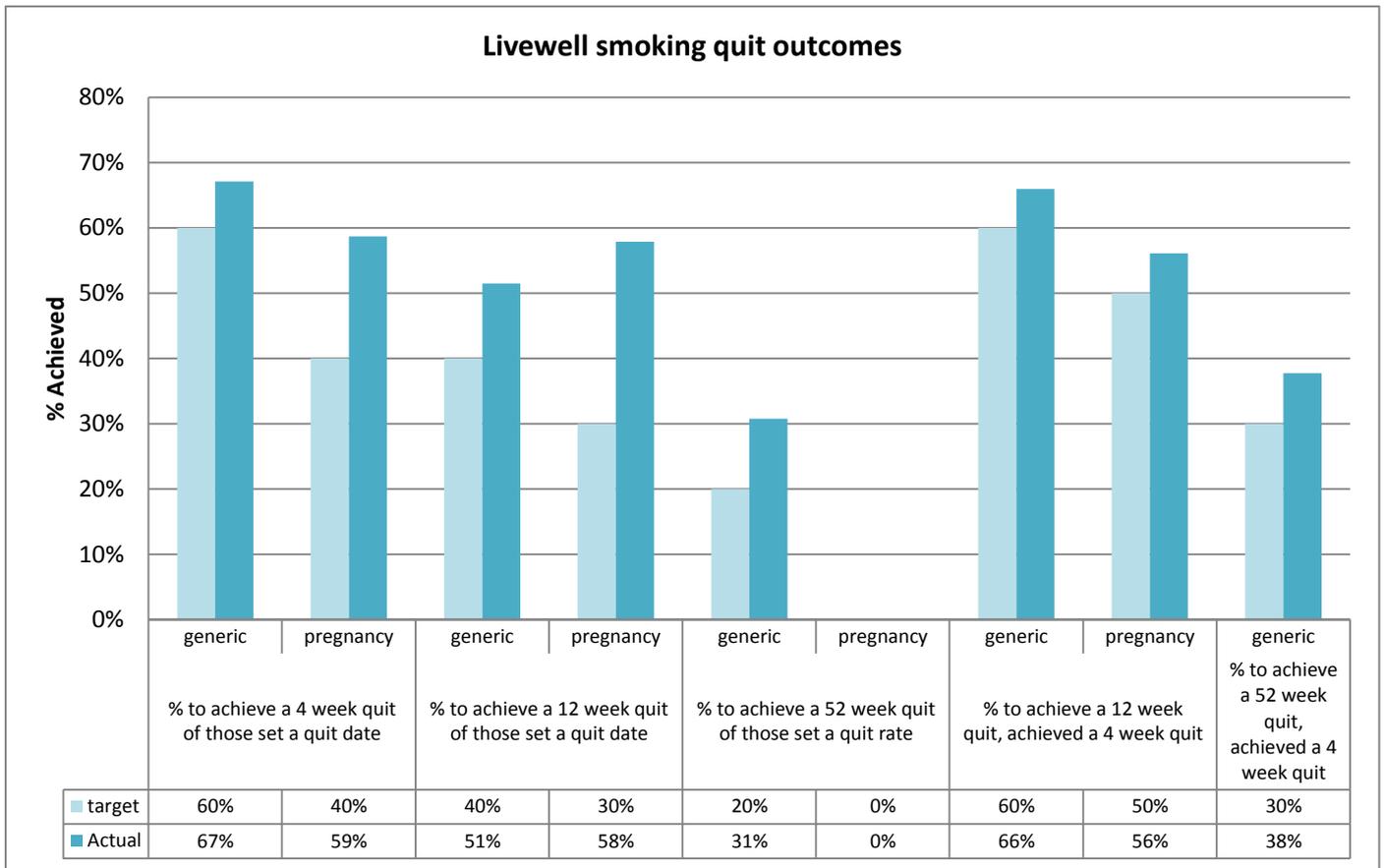


Figure 5: Smoking Outcomes

6.4 Active Schools outcomes

Referrals from the Active Schools programme continue to be the main point of entry into the child weight management programme. For those who have used the self-referral route, this has come via word of mouth from other parents accessing the programme. Referrals from other sources remain low, which is in line with the previous two years.

Whole school approach data this year has been far more robust in terms of learning from the 2016/17 pilot. There has seen a significant increase on last year's figures, with feedback from schools being very positive.

A needs analysis was conducted with each school through a physical activity audit, staff questionnaires as well as assessment of pupils' physical development, physical activity levels, emotional health and wellbeing and weight. Findings were compared to the Active School pilot from the previous year identifying changing patterns of behaviour year on year. See appendix 3 for the full Active Schools Evaluation Report.

Key findings from the needs analysis showed:

- Children are becoming obese earlier and there are more children of primary school age in the obese category compared to last year.
- Physical development continues to be poor among children measured. Out of 132 children only 9 were at age appropriate physical development.

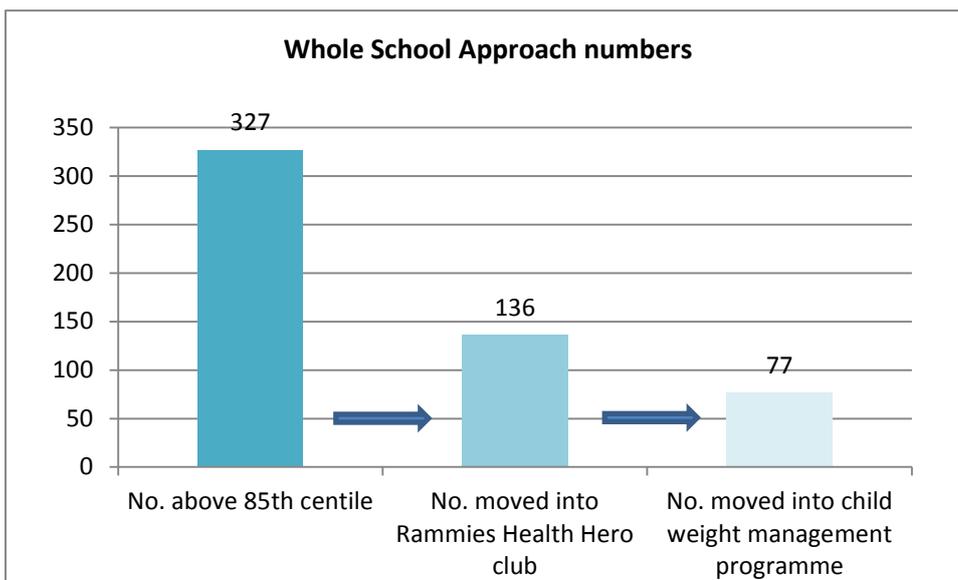


Figure 6: Breakdown of children accessing Active Schools and then convert to child weight management programme

A total of 1803 under 11-year olds were measured for height, weight and fitness levels. Of those measured, the chart above outlines numbers eligible and those who moved into the child weight management programme via the Rammies Healthy Hero programme. Figure 6 shows the number of children that were engaged in the active schools programme. 61% were eligible for the child weight management service and 14% converted in to actual weight management clients.

It is important to note that although the number of children accessing the child weight management programme are smaller than the number of children eligible to attend, all eligible children will still access the universal provision provided by the Active School programme. Universal provision included a Daily Mile, short bursts of activity in lessons and active lunchtimes. The impact of this additional provision on children's health can be illustrated by Shelton Infant school in Table 2, where children across the school significantly increased their fitness levels. Evidence shows that increasing children's physical activity/fitness level also supports in their weight management.

Shelton Infants	Distance run metres	% of children
10-minute run		
Baseline	Below 799 m	59%
	800 m to 1599 m	41%
	1600 m +	0%
Second measure	Below 799 m	1%
	800m to 1599 m	49%
	1600 m +	49%

Table 2: Shelton Infants Fitness levels pre and post intervention

Table 3 highlights the comparison between baseline fitness levels and fitness levels post intervention.

% of pupils who ran below and above the average distance of 1355m (from the Active school cohort of 6 schools)	Percentage of children (Baseline)	Percentage of children (Second measure)
Below average	100%	13%
Above average	0%	87%

Table 3: Children's measured fitness levels pre and post at 6 Active schools

Figure 7 shows the impact of Active Schools on:

- Physical literacy levels
- Percentage of children that continue to get support within the community
- Percentage of school staff that have increased their confidence of delivering physical activity as a result of the Whole School Approach

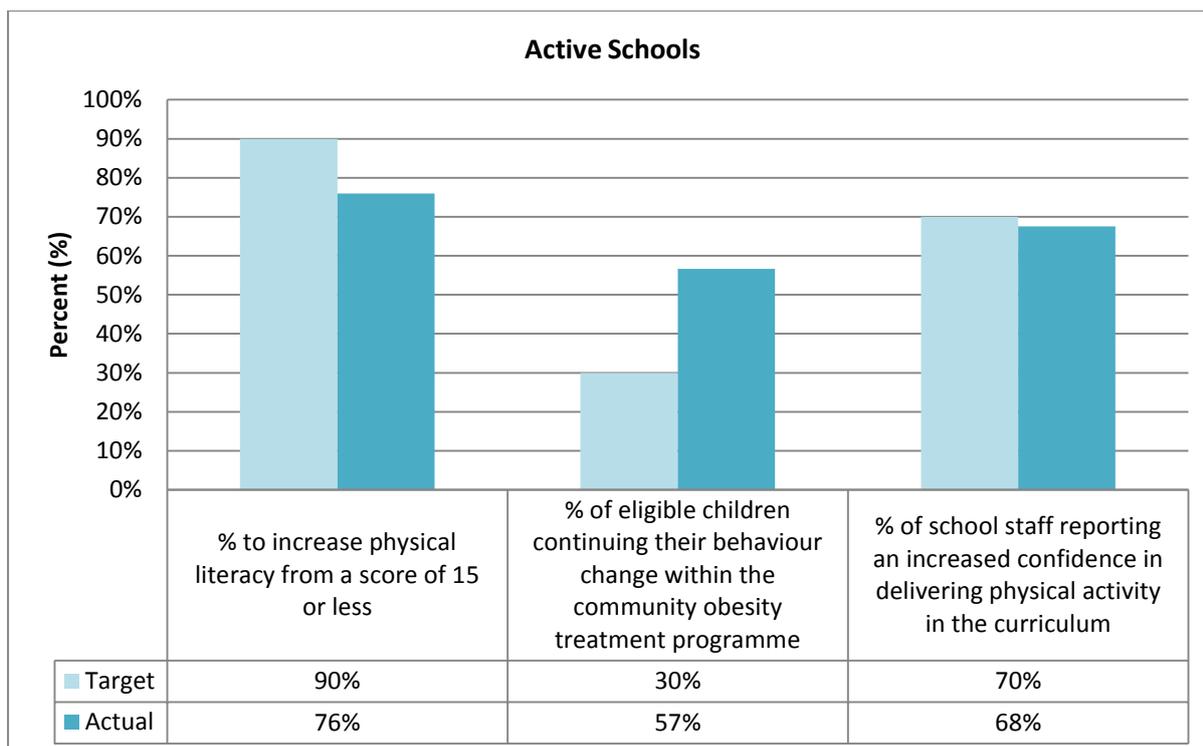


Figure 7: Active Schools outcomes

6.5 Children's weight outcomes

As a result of Active Schools, this year saw an increase in children and young people accessing the child weight management element of the programme; with an increase in numbers either maintaining or reducing their BMI Z-score. Table 4 shows a breakdown of weight outcomes for children accessing the service.

Weight	Target	Actual
Number in the programme	150	169
% to maintain weight who have completed minimum of 6 months	50%	59%
% to reduce BMI z score by 3% who have completed minimum of 6 months	40%	50%

Table 4: Child weight management outcomes

There has been an increase in fruit and vegetable consumption and physical activity; this was aided by introducing participants to new food groups and setting weekly challenges. Conversely physical activity increased because participants 'enjoyed doing more activity'. The 7-day recall measure has been replaced by using the Daily Mile across all year groups in primary and junior school settings, in addition to this, pedometers were used for year 5 pupils only. (See appendix 3)

The Daily Mile was introduced in all under 11-year-old hubs across the city. In addition, parent workshops were run to give parents an idea of how to keep the family active when they were not in school.

Personal Training sessions and junior boot camps were offered in Derby City Council gyms to young people over the age of 12 both of which have been well received.

Figure 8 illustrates the key child weight management outcomes.

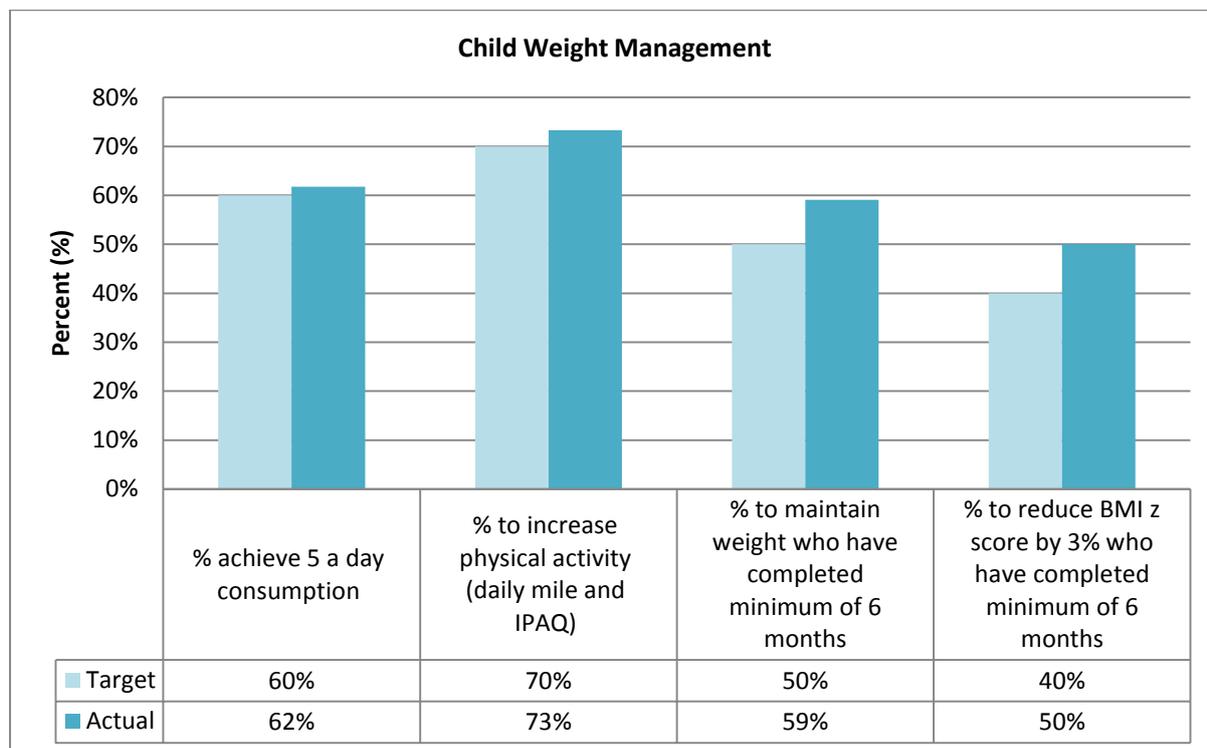


Figure 8: Full Child weight management outcomes

6.5.1 Kulina’s Story

Kulina Campbell has been on the programme for nine months. She’s lost weight at every review stage, at three, six and nine months, and has supportive parents who have got behind the programme and her efforts. As a family, they’ve tried new recipes and Kulina’s knowledge from the sessions has helped them all try different fruit and veg and alternative healthy foods.

Joe Campbell, Kulina’s dad, said, “She started coming along after being recommended to the sessions by her school. She just enjoys it, I never have a problem with getting her to attend, and she’s excited to come every week, to see her friends, take part in the games and just be involved with the programme.”

“I think she’s improved her fitness levels, she’s certainly very motivated and wants to do everything now. She swims twice a week as well as attending this club, and has tried new clubs at school too. She’s asking to go to the gym on a Saturday morning which is making me go along too, so it’s great for all of us. She’s even written us a grid to fill in every week, so we make sure we’re doing all our exercise!”

6.6 Children's smoking outcomes

Smoking quits continue to be low within the children's element of the service. Referrals to the programme over the previous 12 months have been steadily coming through (mainly via a self-referral route or through schools). However, although 80% of the young people accessing the service have reduced their smoking intake, it is not reflective in the total number of quits.

During this period, work has taken place with the Healthy Schools Healthy Settings and Risky Behaviour teams to deliver brief intervention within targeted schools prior to young people being referred. Unfortunately, this element of work has taken much longer than anticipated and there are very few referrals being made by this route, this will be monitored over the next 12 months.

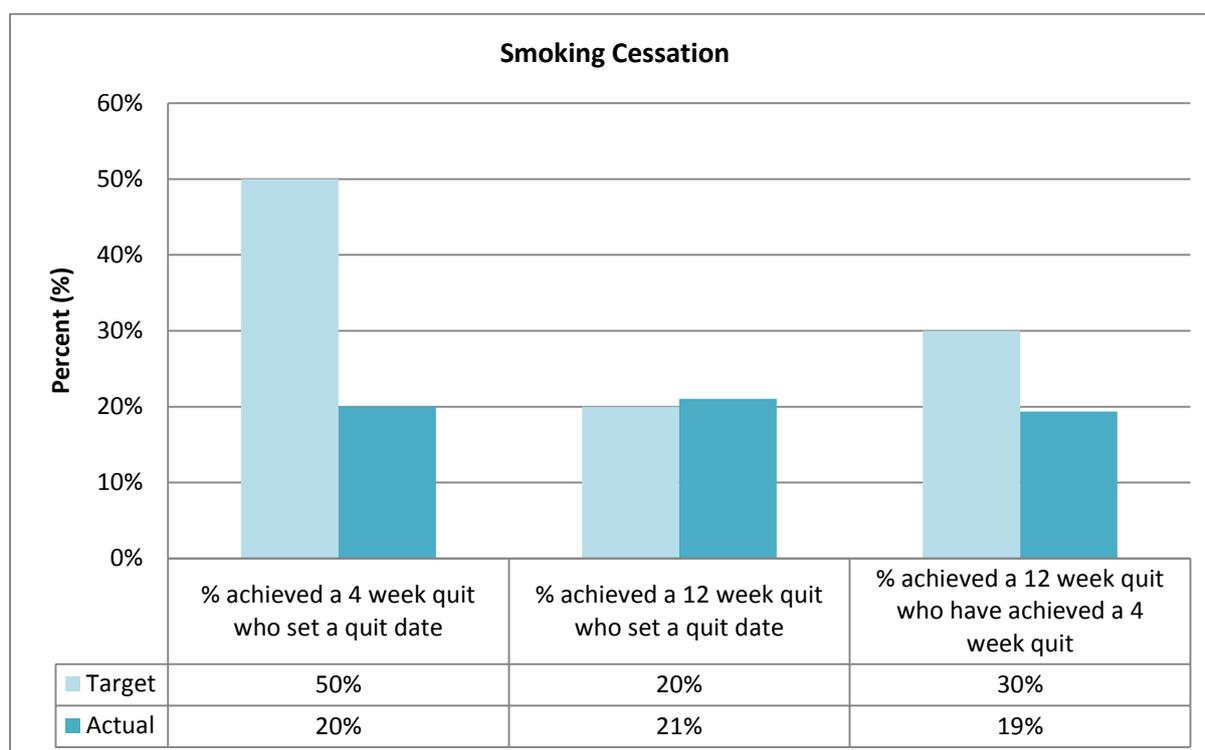


Figure 9: Children's Smoking Outcomes

6.7 Working with parents

Parental support continues to be a key element of the programme. It has been evident that those parents that have been heavily involved, by attending parenting workshops, healthy eating sessions, physical activity sessions and volunteering, have enabled their child to lose the most amount of weight and be more engaged. We now have several parents who have become volunteers for the programme which includes them supporting in the hub sessions, delivering physical activity and supporting in the delivery of the informal healthy eating workshops.

6.8 NHS Health Checks

A total of 936 NHS Health Checks were completed against the target of 1000. This number has been achieved despite delivering health checks on behalf of one less practice. Work has taken place in

large and small workplaces, community events and places of worship to increase the number of people that have a check. In 2018/19 the service will be delivering Workwell with Derby City Council staff which will potentially increase uptake. Figure 10 shows the gender breakdown which is exactly the same as in the previous financial year.

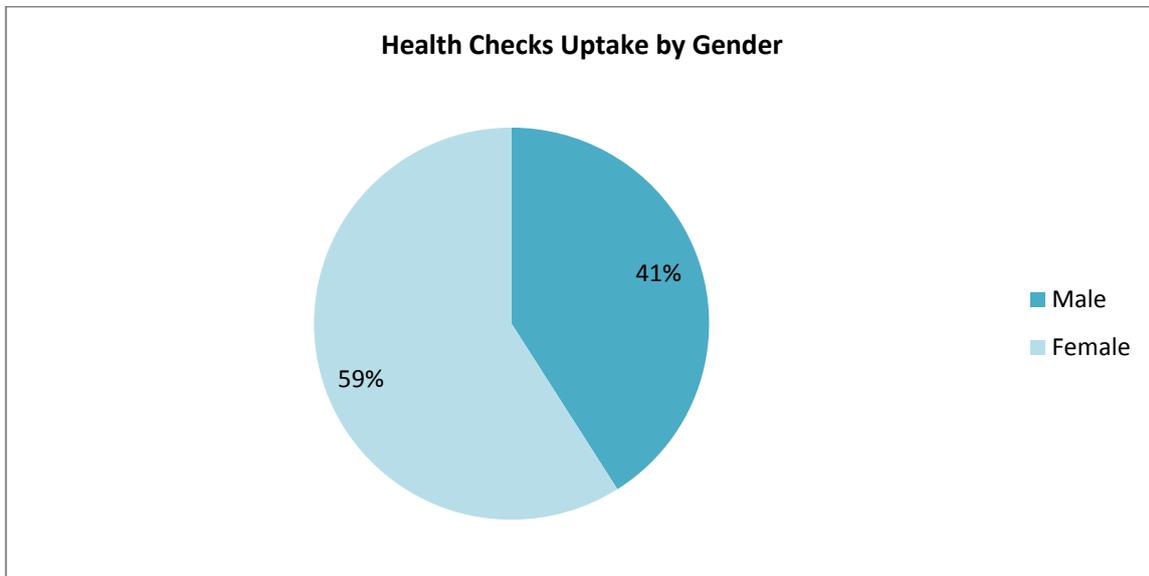


Figure 10: NHS Health Check uptake by gender

Figure 11 shows the breakdown of health checks by the patients' GP Practice. The numbers demonstrate the impact of no longer delivering on behalf of Park Lane Surgery – in 2016/2017 246 were delivered, by comparison in 2017/18 only 18 were delivered. The three practices where numbers are high are those where Livewell deliver health checks on their behalf where eligible patients are invited on behalf of their GP.

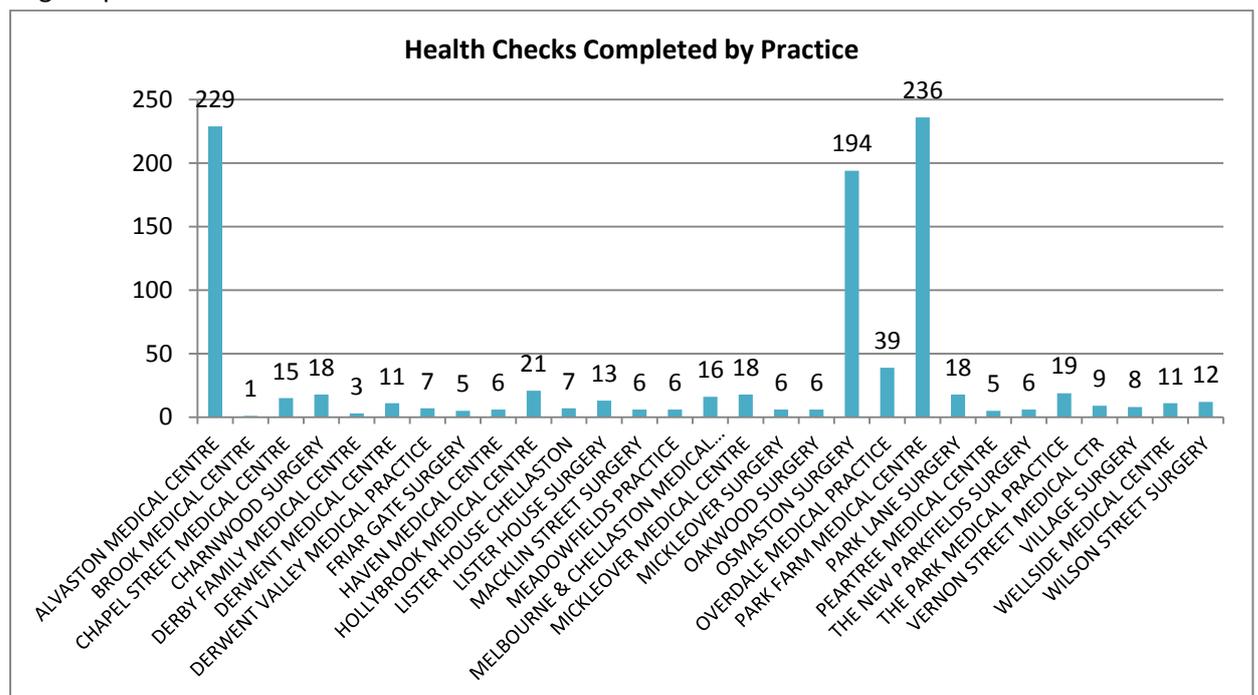


Figure 11: Health Checks completed by GP practice

Figure 12 shows the range of outcomes as a result of the NHS Health Checks. 69% of patients were classified as being overweight or obese which is an increase on 16/17. The number of patients identified as having high cholesterol also increased. The proportion of patients identified as having a high HbA1c reduced from 16% to 9%.

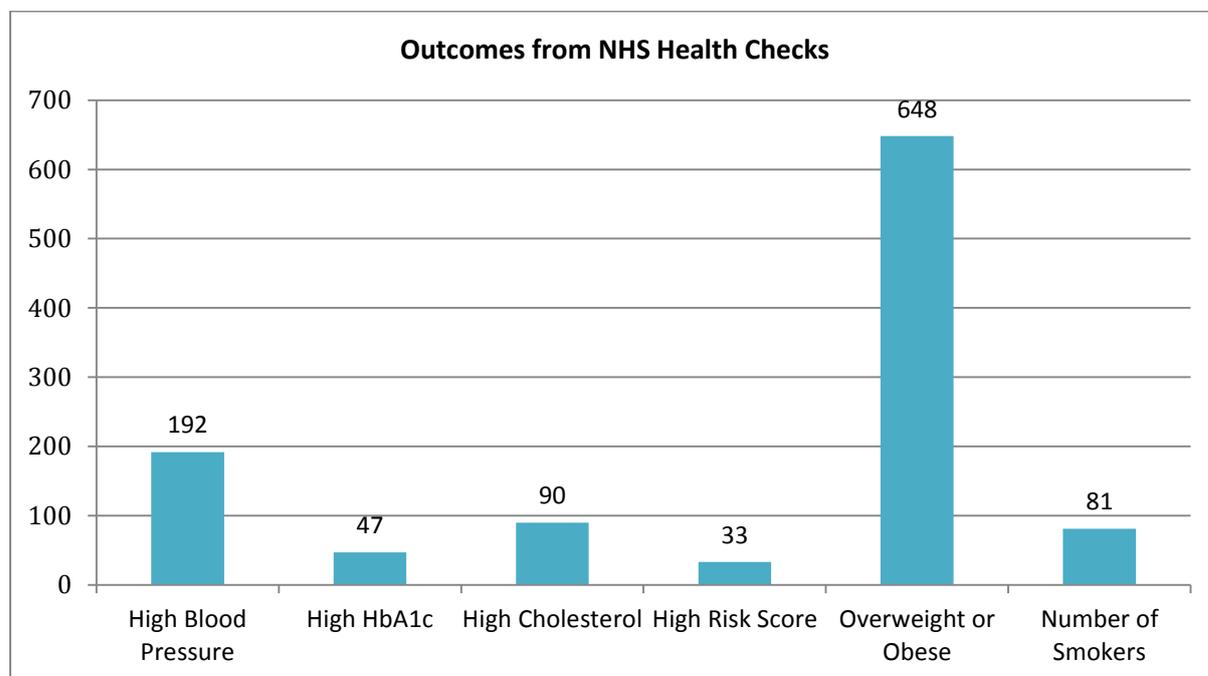


Figure 12: Patients referral outcomes as a result of a health check

6.9 Demographics

Tables 5 and 6 show the demographic breakdown for the adult and children's services.

Inequalities		Target	Actual
Clients the 7 most deprived wards		60%	57%
Gender	% Males		46%
	% Females		53%
	% Other		1%
Age	Under 18		9%
	18-34		22%

	35-44		27%
	45-59		29%
	60 and over		13%
Ethnicity	White		78%
	Asian/ Asian British		9.8%
	Black/ Black British		2.4%
	Dual heritage		3.8%
	Chinese		0.1%
	Other		1.8%
	Rather not say		4.1%

Table 5: Adult demographics

Inequalities		Target	Actual
Clients the 7 most deprived wards		60%	77%
Gender	% Males		52%
	% Females		48%
	% Other		0%
Ethnicity	White		48%
	Asian/ Asian British		25%
	Black/ Black British		9%
	Dual heritage		4%
	Chinese		1%
	Other		13%
	Rather not say		0%

Table 6: Child demographics

7 Marketing and Coverage

7.1 Developing meaningful relationships online

Livewell's social media channels continue to go from strength to strength, performing a key role in the service's recruitment and retention. Our pro-active content plan resulted in a combined reach of 716k in the last year on Facebook and 142k impressions on Twitter.

This year, we celebrated reaching our 1000th like on Facebook, introduced a series of new Work Out Wednesday (#WOW) videos to support clients to exercise at home and revamped our website with latest news and practical resources sections.



7.2 Social Media in figures

- 716k reach on Facebook
- 1336 likes and 1384 followers
- 729 Twitter followers
- 100% response rate to questions within 2 hours
- 142k impressions earned by Tweets

7.3 Round the clock customer service

Embracing innovative and efficient ways of working led to the creation of our very own virtual stop smoking advisor – Will Power. Set to launch in June 2018, Will is an artificial-intelligence powered Facebook Messenger robot providing instant out of hours support. Will's personalised replies include specific answers about quitting with Livewell including the different treatments on offer as well as the opportunity to receive daily tips, quirky distraction videos and games for beating cravings. Will's menu also links to the NHS addiction quiz to nudge smokers into thinking about quitting with the option to book an appointment with Livewell.



7.4 Campaigning for better health

During the last year, we've demonstrated our expertise in a wide variety of health issues, getting behind national campaigns including Men's Health Week, Stoptober, Ovarian Cancer, Dementia Awareness, Know Your Numbers Week, Mental Health Awareness, Be Clear on Cancer, One You, Change 4 Life and many more to become the 'go to' source on everything health and wellbeing.



7.5 Livewell in the headlines

Four clients who lost 20 stone between them set up running groups

Four Livewell clients who collectively lost 20 stone before getting the running bug started their own jog groups in March this year.

Michelle Wheatley, Norman Todd, Annmarie Winter and Lee Blurton were all new to running when they started Livewell's Couch to 5K programme, which has supported hundreds of clients to get into jogging.

After identifying a lack of progression route for those who wanted to continue jogging in a group after the Couch to 5K course finished, Livewell linked up with Jog Derbyshire to fill the gap.

The four qualified volunteers are now leading successful jogging groups which are open to the public in Alvaston Park, Oakwood, Allenton and Mackworth and are supported by trained co-leaders.



Read the full story here: <https://news.derby.gov.uk/weight-loss-inspires-derby-joggers-to-launch-their-own-jogging-groups/>

7.6 Rammies Daily Mile launch

Originally launched in Scotland in 2012, the Daily Mile was bought to the city in 2017 through the Active Schools programme and re-named Rammies Daily Mile. The launch event took place May 2017 and saw the entire school take part in the activity. Rammies Daily Mile has now been embedded into 17 primary schools in the city, with a number of resources developed to support the curriculum. This number will increase during 2018/19 with the continued development of new resources to ensure it links to the curriculum.



“There has been massive progress with the engagement of staff and pupils in getting involved in physical activity through the Daily Mile. I thought it was going to be a tough battle to get it up and running but the staff have really taken it on board, maybe because it is so simple or because the children enjoy it so much”

Arboretum Primary

Read full story here: <https://www.derbycountycommunitytrust.com/programmes/schools/rammies-daily-mile-challenge/>

7.7 Community Work

Livewell has supported over 20 events in the last 12 months to a range of audiences and groups. Many of these events have been in areas of high deprivation with the aim of raising awareness of the service. The biggest event that was supported was hosted by Derby Rotary which took place at Intu. The service engaged with hundreds of people, many of whom had a body MOT.

7.8 Volunteering

Key to the success of the service is that to the clients it feels like a family, it is this family feel that encourages people to support each other when times are tough and to celebrate success. Success and support can come in many guises, your advisor, your peers and also the Livewell volunteers. The service has over 30 formal volunteers and they support the service in many different ways which include;

- Leading health walks
- Attending activation sessions and making new clients feel at ease
- Delivering couch to 5K groups across the city

The formal volunteers have all been through training to become part of the Livewell service and they all give a commitment to volunteer for a specific amount of time. Many of these volunteers have said that giving their time has had a huge impact in supporting their own long term behaviour change as well as supporting others. Between them they've given over 1,000 volunteer hours in 2017/2018.

Many people informally volunteer within the service especially when it comes to supporting new clients that join the service. The importance of these volunteers cannot be underestimated when considering long term sustainability of a healthier lifestyle.

In 2018/19 volunteering will be grown to include more activities including more walking, jogging and cycling groups as well as beginning to support other volunteer programmes.

7.8.1 Sarah's story

33-year-old Sarah Stannard from Breadsall Hilltop joined Livewell back in 2015 and has not looked back. Going from complete exercise novice to long distance runner, Sarah quit smoking, shed a staggering five stone and developed a new lease of life through distance running, picking up healthier life-long habits along the way. Sarah's now ready to encourage others to achieve the same success by sharing her journey along with its highs and lows. She said:

"Two years ago I was very overweight, didn't exercise and knew very little about nutrition. Through Livewell I learned about a healthier lifestyle, stopped smoking and found a new love for running. After losing five stone, I completed the Derby Ramathon, which is 13.1 miles – a massively proud moment for me. Now I really enjoy exercise, eating healthy is the norm and most importantly, I'm happy!"

"I'm looking forward to giving people the same motivation I received from Livewell by reminding people how far they've come in deciding to change their lifestyle and that it's OK to have a bad day."

Sarah is helping at Activation sessions, the Lose Weight Feel Great course and at various classes.

Hear from five Livewell clients who eagerly volunteered to be part of the programme:

<https://news.derby.gov.uk/livewell-clients-set-to-make-a-real-difference-in-derby/>

8 Royal Derby Hospital

8.1 Respiratory Inpatient (Rightcare)

As part of the Rightcare work stream within Southern Derbyshire CCG Livewell has been delivering smoking cessation support to respiratory inpatients at Royal Derby Hospital (RDH). Livewell will see any patient regardless of where the patient lives; once they are discharged all city patients will be managed within the community by the same advisor from within RDH. If the patient is not from the city they will be referred directly to their local service. At the end of 2017/2018 the service had engaged with 108 patients with 48 (44%) achieving a 4 week quit.

8.2 Cardiac Inpatient (MRET Funded)

In January 2018 Livewell were successful in supporting RDH to secure MRET (Marginal rate emergency threshold) funding that will enable the service to replicate the respiratory service within cardiac wards. This 12 month funding is aimed at reducing preventable readmissions, therefore reducing pressure within acute care. This service is due to commence 1st April 2018 with the aim of supporting cardiac patients to quit smoking and reduce potentially preventable readmissions.

9 Workwell

The Workwell programme is a multifaceted Livewell offer within workplaces. The offer provides the opportunity for organisations to support their employees to improve their health and wellbeing whilst supporting the organisation to look within itself at the culture in a health and wellbeing context. From May 2018 Workwell will be supporting Derby City Council employees to take

responsibility for their health and wellbeing through wellbeing checks and specific on site interventions. This is being delivered in conjunction with the Health, Wellbeing and Attendance Team to help improve staff attendance within the organisation.

Workwell has also supported a number of other organisations including; SNC-Lavalin, Department for Work and Pensions (DWP), Rolls-Royce, Quad and the 2-Sisters food group.

10 Appendix 1: Glossary

	Glossary of Terms and Abbreviations
BMI	Body Mass Index
BP	Blood Pressure
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
CMO	Chief Medical Officer
CVD	Cardiovascular Disease
CQUIN	Commissioning for Quality and Innovation
DCCT	Derby County Community Trust
DNA	Did Not Attend
DoH	Department of Health
GP	General Practitioner
IPAQ	International Physical Activity Questionnaire
KPI	Key Performance Indicator
PA	Physical Activity
RDH	Royal Derby Hospitals
RSPH	Royal Society for Public Health
SDCCG	Southern Derbyshire Clinical Commissioning Group
SATOD	Smoking at Time of Delivery
TCC	Tobacco Control Centre
WHOQoL	World Health Organisation Quality of Life measure

11 Appendix 2: Man V Fat Infographics



DERBY COUNTY
Community Trust

MAN v FAT

Man v Fat is a fourteen week programme aimed to help inspire men to lose weight through a football league set up, coupled with changing diets and habits.



12 Appendix 3: Active Schools

Please click the link to view the full Active Schools evaluation.

<https://www.livewellderby.co.uk/sites/default/files/Active%20Schools%20Complete%20FULL.pdf>

13 Appendix 4: Quality Schedule

	Quality Requirement	Threshold	Method of Measurement	Consequence of breach
1.	<p>Clinical Effectiveness</p> <p>The provider will ensure that they conform to NICE guidance and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care</p>	<p>The provider to provide assurance that relevant guidance is subject to implementation and progress monitoring</p>	<p>Information included within the annual quality report to the commissioner. Including the following:</p> <ol style="list-style-type: none"> 1) up to date information on who is currently leading/ implementing 2) comprehensive detail on any not yet implemented fully and plan to do this, 3) how the risks of the lack of implementation have been assessed and mitigated 	<p>Subject to the Contract Management process set out in Section B29 of the contract.</p>
2.	<p>Equality and Human Rights Assurance (B5)</p>	<p>The provider to demonstrate compliance with the requirements the Equality Act 2010 and have due regard to the obligations contemplated by section 149 of the Equality Act 2010.</p>	<p>Equality and Human Rights information to be included within annual quality report to the commissioner. Including the following:</p> <ul style="list-style-type: none"> • Evidence that it has considered the needs of all the protected groups (as defined in the Equality Act 2010) and other seldom-heard 	<p>Subject to the Contract Management process set out in Section B29 of the contract</p>

			<p>groups.</p> <ul style="list-style-type: none"> • Evidence of Patient and staff engagement which can be shown to have been used in improving services and or setting priorities / objectives to enhance outcomes for the protected groups. Examples should include Improvements made to: access; patient care; patient experience; outcomes with reference to the groups which have benefited. • Clear objectives aligned to stakeholder and other patient feedback. • Appropriate governance arrangements for reporting and monitoring compliance with the Equalities Act 2010 	
3.	<p>The provider will know, understand and act on the needs of clients accessing and receiving services at all locations</p> <p>(B5)</p>	<p>The provider to provide evidence to confirm that systematic collection and reporting of equality data is being done on the service: Such data must be collated by protected characteristic.</p> <p>The provider must be able to satisfy the Commissioner that.</p> <ul style="list-style-type: none"> • Where a patient has a disability 	<p>Information to be included within the annual quality report to commissioner Information to include:</p> <ul style="list-style-type: none"> • Data collection on the equality profile of patients in the service, provided by protected characteristic. (Gaps to be explained and addressed) • Analysis of the collected data to show trends and identify any areas of concern. 	<p>Subject to the Contract Management process set out in Section B29 of the contract.</p>

		<p>or other access needs, such as reasonable adjustments and/or language needs, these are met and assurance provided that such needs are automatically met, based on the patient's need.</p> <ul style="list-style-type: none"> • It is providing increased provision to respond to patient needs (e.g. more patient information in easy read; increased use of hearing induction loops; timely arrangements for interpreters, including BSL or electronic communications where needed.) 	<p>Where data is not currently collected the provider must show how this will be resolved.</p> <ul style="list-style-type: none"> • A list of Actions taken to respond to any anomalies in patient profiles. • The improvements made in provisions to meet patient's needs, summarising the improvements made and which groups have benefited. 	
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4.	<p>Confidentiality (B36)</p> <p>The provider has systems in place that ensure staff treat patient information confidentially, except where authorised to the contrary</p>	<p>The provider has a confidentiality policy in place, reviewed as necessary.</p> <p>This policy must take particular note of the importance to maintain confidentiality around a protected characteristic where that would differ from standard practice.</p>	<p>Copy of current policies at start of contract year – and in year if changes made to policy</p>	<p>Subject to the Contract Management process set out in Section B29 of the contract.</p>
5.	<p>Patient Experience – complaints (B17)</p> <p>Ensure the implementation of lessons learned from reviews and evaluation of Complaints and the extent to which service improvements have been made as a result.</p>	<p>Demonstrable evidence of analysis, learning and actions taken to learn from complaints.</p> <p>Where any complaint relates to a protected characteristic or a complainant is from one of the protected groups covered by the Equality Act 2010 it is especially important that lessons learned are detailed.</p>	<p>Annual quality report to commissioners to include: Number, type and severity of complaints and,</p> <ul style="list-style-type: none"> • Themes and trends with a focus on the top 5 • Exception reporting • Service improvements and changes made to <p>Facilitate a better patient experience</p>	<p>Subject to the Contract Management process set out in Section B29 of the contract.</p>
6.	<p>Client-Led Assessments of the Environment. To assess the quality of</p>	<p>Site based assessment to be undertaken to include</p>	<p>Information included within annual quality report to the commissioner</p>	<p>Subject to the Contract Management process set out in Section B29 of the</p>

	the premises and environment.	<ul style="list-style-type: none"> • Privacy and Dignity • Wellbeing • Cleanliness • General maintenance 	Action plan for improvement to be supplied if the assessments identify any gaps in care delivery	contract.
7.	<p>Patient Safety - Safety Notices</p> <p>The Provider will ensure that it is protecting patients through a robust system of enacting patient safety notices, alerts and other communications concerning patient safety and actions are carried out within required timescales</p>	Service to provide assurance that the alert process is in place and is operating effectively	Information demonstrating the implementation of process, relevant actions taken and any exception details to be included within the annual quality report to the commissioner	Subject to the Contract Management process set out in Section B29 of the contract.
8.	<p>Patient Safety – Safeguarding Children (B10)</p> <p>The provider protects children by following national child protection guidelines within their own activities and in their dealings with other organisations and adhering to Derby Safeguarding Children’s Procedures</p>	<p>The service will participate in the use of the Markers of Good Practice working with the designated professional roles.</p> <p>The service will demonstrate active participation with the Local Safeguarding Children's Board.</p>	Markers of Good practice audit undertaken and action plan in place to respond to any gaps. A summary of audit findings to be included within the annual quality report to the commissioner	Subject to the Contract Management process set out in Section B29 of the contract.

9.	<p>Patient Safety – Safeguarding Adults (B10)</p> <p>The provider protects adults at risk by following local (Derby Safeguarding Adults Procedures) and any national adult safeguarding arrangements these are interpreted within their own activities and in their dealings with other organisations.</p>	<p>The service will participate in the use of the Derby City Council’s Vulnerable Adults Risk Assessment (VARM) working with the designated professional roles.</p>	<p>Evidence of VARM assessments undertaken included in the annual quality report to commissioners.</p>	<p>Subject to the Contract Management process set out in Section B29 of the contract.</p>
10.	<p>Patient Safety - Medicines Management</p> <p>The provider keeps patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely</p>	<p>Named Accountable Officer in place and registered with the CQC</p> <p>All medication incidents that are reported in the service or raised through commissioning concerns have an action plan/lessons learned</p>	<p>Copy of Annual Report for the Accountable Officer</p> <p>Report that demonstrates analysis and learning from medication errors included within the annual quality report to the commissioner</p>	<p>Subject to the Contract Management process set out in Section B29 of the contract.</p>

11.	<p>Patient Safety</p> <p>The provider monitors quality of care by undertaking assurance audits</p>	<p>Bi-annual audits are undertaken and outcome measures are reviewed and updated as necessary. Action plans are produced for areas below threshold</p>	<p>Information included within the annual quality report to the commissioner</p>	<p>Subject to the Contract Management process set out in Section B29 of the contract.</p>
12.	<p>Control of Infection - Hand hygiene</p> <p>Percentage of staff demonstrating positive outcome through hand hygiene audit</p>	<p>Achievement of a minimum of 95% across each individual staff group.</p>	<p>Service Balance Score Card to present position. Hand hygiene audit report.</p>	<p>Subject to the Contract Management process set out in Section B29 of the contract.</p>
13.	<p>Patient Safety- Incident Reporting (B11)</p> <p>The Provider undertakes Root Cause Analysis for all moderate, high or catastrophic incidents in order to prevent reoccurrence of similar incidents and disseminate lessons learnt</p>	<p>All high and catastrophic incidents are reported onto STEIS, CQC and other regulatory bodies (where appropriate) and to the commissioner and as per the Derby City Public Health Incident Reporting policy</p>	<p>Quarterly SI summary report to commissioner to include:</p> <ul style="list-style-type: none"> • Number reported by category • Grade 2 incidents • Analysis of contributory factors, lessons learned and outcomes • Themes and trends and how re-occurring themes are being managed • Monitoring of action plans 	<p>Subject to the Contract Management process set out in Section B29 of the contract.</p>

		All moderate incidents undergo local investigation	<p>Quarterly reports containing:</p> <ol style="list-style-type: none"> 1. Numbers of incidents reported by division broken down into incident types in current quarter and previous 3 quarters (showing 12 month period) 2. Analysis of contributory factors, lessons learned and outcomes 3. Themes and trends and how re-occurring themes are being managed 4. Monitoring of action plans 	
14.	<p>Patient Safety - Incident Investigation Training</p> <p>The Provider provides Root Cause Analysis Training and updates for all</p>	<p>Lead investigators have undertaken RCA training including investigation methodology and report writing skills.</p> <p>Update training is available to continually improve the quality of</p>	Annual training figures within annual quality report to the commissioner	Subject to the Contract Management process set out in Section B29 of the contract.

	staff undertaking RCA investigations	investigations and reports		
15.	Patient Safety - Risk Management The provider monitors compliance with the risk management process	The provider holds a risk register and regularly monitors its high level risks against actions to be completed / delays / issues	Annual quality report to the commissioner to include information showing how the service regularly manages its risks in line with Derby City Public Health Incident Reporting Policy.	Subject to the Contract Management process set out in Section B29 of the contract.
16.	Patient safety - Health Records (B13) Standards of health records are monitored	The service has a system for tracking health records and a process for dealing with missing records	Audit of health records, including the number of missing records included within annual quality report for the commissioner	Subject to the Contract Management process set out in Section B29 of the contract.
17.	Safe Staffing (B7) The provider keeps patients, staff and visitors safe by applying the principles of good employment practice	The service will undertake evaluation of actual / planned staffing levels 6 monthly staffing reviews will be undertaken detailing concerns relating to patient safety or service delivery with lessons learned and action plan followed by a review meeting The impact of staffing issues is to	Staffing level exception reports 6 monthly staffing review reports Evidence of public disclosure at board level / website Mandatory and essential training data in terms of performance and on-going education and training in accordance with Good Clinical Practice and the standards of any applicable	Subject to the Contract Management process set out in Section B29 of the contract.

		<p>be explored for clinical audit data, safety thermometer, complaints, incidents, Never Events and service user / staff involvement</p> <p>The service will publicly disclose outcomes and lessons learned from staffing reviews</p>	body	
21.	Provider shall provide an Advice & Guidance service for all specialties	<p>a) 95% or more of relevant specialities to offer Advice and Guidance Service</p> <p>b) 95% of requests for Advice and Guidance to be responded to within 3 working days of request (urgent) or 5 working days (routine) being made via Choose & Book</p>	Number of routine Advice and Guidance requests and number of those responded to within 5 working days –included within the annual quality report to commissioners	Subject to the Contract Management process set out in Section B29 of the contract.

For further information regarding this report or the Livewell service please contact:

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