

# Commissioning Specification

## Introduction

Funding will be available to commission the service for a period of 9 months with a start date of July 1<sup>st</sup> 2007.

Expressions of interest should be submitted on the template provided and addressed as below to arrive no later than Friday 1<sup>st</sup> June 2007

Private and Confidential  
(Ref: BI HCOP  
Shirley Allen  
OMBC  
Level 14 Civic Centre  
West St  
Oldham  
OL1 1XL

## Programme Specification

<p><b>Activity to be Commissioned</b></p> <p>Healthy Lifestyles Brief Intervention Training</p>	<p><b>Title of Project</b></p> <p><b>Healthy Lifestyles Brief Interventions</b></p>
<p><b>Objective</b></p>	<p>To deliver a programme of healthy lifestyles brief intervention training to health and social care professionals, volunteers and third sector professionals.</p> <p>The brief intervention training will focus on smoking, physical activity, nutrition, alcohol and other substance misuse, sexual health and role play on how to engage individuals. Each course will be expected to be delivered over 2 days and will need to be delivered to 6-10 participants.</p>
<p><b>Target groups</b></p>	<p>Social Care staff  PCT staff  Voluntary Sector staff  Local Authority staff  Nursing agencies  Housing staff  Community Safety Officers  Sure Start staff  Connexions staff  Volunteers within the community health development teams</p>
<p><b>Number and type of beneficiaries</b></p>	<p>The programme should ensure:</p> <p>6 public sector organisations are engaged  6 voluntary/third sector organisations are engaged  190 participants are recruited onto courses  120 participants (minimum) successfully complete a 2 day course</p>
<p><b>Interventions</b></p>	<p>A package of brief intervention training to be delivered to the above target groups and beneficiaries delivered in the following way:</p> <p>2x2 day courses delivered directly to:</p> <ul style="list-style-type: none"> <li>▪ Local Authority</li> <li>▪ Youth Service</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Police</li> <li>▪ Housing</li> <li>▪ Volunteers</li> </ul> <p>2x2 day courses delivered directly to:</p> <ul style="list-style-type: none"> <li>▪ Age Concern</li> <li>▪ Groundwork</li> <li>▪ Connexions</li> </ul> <p>11x2 day courses delivered in community venues or workplaces to a range of other health and social care staff.</p>			
Duration of programme	1 <sup>st</sup> July 2007 to 31 <sup>st</sup> March 2008			
Funding available	Up to £52,000 to include approximately £10,000 held back for independent evaluation			
Relevant Local Area Agreement Indicators and Targets to which the Activity will Contribute	Ref	LAA Indicator	Overall LAA Target	Specific nature of work contributing towards achievement of the LAA Target
	1	<p>Proportion of the surveyed population reporting participation in 30mins or more of moderate physical activity on at least three days per week.</p> <p>Proportion of the populations living in the wards of Oldham with the highest premature mortality rates participating in 30 minutes of moderate physical activity on a minimum of three days per week</p>	<p>2007/08</p> <p>24% (52,158)</p> <p>19.5% (12,807)</p>	<p>A range of physical activity opportunities will be promoted and residents will be encouraged to incorporate exercise into their daily routines. This element of brief interventions delivery will complement the NRF commissioned Food &amp; Physical Activity Together programme. (See below for commentary on the effectiveness of brief interventions.)</p>

	2	Children's and young peoples block: % Incidence of Obesity amongst children aged 11	2007/08  25%	The activities will contribute to a reduction in childhood obesity by promoting physical activity through family based activities. In addition, by working with the school nurses and health visitors, the workers will provide physical activity components to healthy living/weight management programmes in children centres and the extended schools of the target wards. (See below for commentary on the effectiveness of brief interventions.)
	3	Improved outcomes for diabetes	To decrease by 6 percentage points the number of people registered with GP practices who have poor control of their diabetes (HbA1C> 10%). The 2007/8 target is 4.3%	There is evidence that adopting a healthier lifestyle in terms of undertaking recommended exercise levels and eating a well balanced diet will assist people with diabetes in better controlling their condition.  Furthermore people with diabetes also need to monitor their alcohol intake. Brief interventions in relation to diet, physical activity and sensible drinking would be appropriate to this client group and are an effective tool in modifying or changing lifestyle behaviours.
	4	Proportion of people surveyed reporting consumption of fruit and vegetables at least 5 portions per day.  Proportion of the population living in wards of Oldham with the highest premature mortality rates reporting consuming 5 portions of fruit and vegetables per day.	2007/08  27% (58,378)  25.5% (16,747)	The need to increase fruit and vegetable consumption will be reinforced particularly in communities where consumption is currently lower than the Oldham average. This element of brief interventions delivery will complement the NRF commissioned Food & Physical Activity Together programme.

	5	Reduce health inequalities between the Borough and the England population by narrowing the gap in all age all cause mortality	2007/08  Males from 940 per 100,000 to 874 per 100,000  Females from 635 per 100,000 to 581 per 100,000	The major killers of Oldham residents are CHD, Cancer and Respiratory Disease. Smoking is a key factor in all three of these whilst excess alcohol use and unhealthy diets along with poor levels of physical activity are contributing factors in CHD and/or Cancer. Programmes of brief interventions will support the delivery of effective food and physical activity and alcohol harm reduction strategies.
	6	Reduce SMRs for circulatory diseases in people under 75 so that the absolute gap between the national rate and the rate for the district is narrowed.	2007/08  Reduction from 199 to 107	As above.
	7	Increase the number of people quitting smoking in particular young men and people from BME communities	2007/08  Increase number of males aged 16-34 quitting from 102 to 135.  Increase the number of BME clients quitting from 30 to 39	Smoking is the leading cause of premature death in Oldham and in the UK. Health improvements occur within months of quitting smoking and the longer term effects can mean that some ex-smokers quitting earlier in their smoking career can expect to live as long as their never smoked peers. Given that legislation is about to be introduced to making smoking in enclosed public and work places illegal an increased number of quitters is expected. Brief interventions can support this work and usefully signpost people to smoking cessation support.
	8	To reduce by 1.5% per annum women smoking in pregnancy in populations living in Coldhurst, Werneth, St Paul's Alexandra and St James wards	2007/08  Target to be set May 2007	As above plus smoking in pregnancy is a leading cause of low birth weight and infant death. Furthermore once a child is born it is at risk of future CVD and lung cancer if it is exposed to second hand smoke. Brief interventions to support smoking cessation work with pregnant women and their partners is an effective way of promoting and sustaining smoke free environments.

	9	To increase by 3% per annum the percentage of mothers initiating breast feeding in populations living in Coldhurst, Werneth, St Paul, Alexandra and St James wards	2007/08 Target to be set May 2007	Breast feeding boosts babies' immune systems and is also a protective intervention in terms of reducing the likelihood of developing circulatory disease in the future. Brief interventions can raise awareness of these factors in particularly in communities where the benefits of breast feeding are poorly understood. A further benefit will be a positive impact on reducing infant mortality rates and in the longer term increased levels of breast feeding will impact on all age all cause mortality.
	10	Reduce alcohol related hospital admissions	2007/08 Male rate to reduce from per 10.9 1,000 to 9.9 per 1,000 Female rate to reduce from per 5.8 1,000 to 5.5 per 1,000	There is good evidence that even simple brief interventions given to people who are drinking pre-dependently are effective in moderating alcohol misuse and bringing drinking down to safer levels. Training in alcohol brief interventions for a wide range of professionals and volunteers will enable them to identify people drinking at hazardous and harmful levels and to facilitate them in modifying their drinking behaviour and thus reduce the risk of dependency. It should be noted that alcohol is a key factor in stroke, CHD and some cancers – the rates of which are increasing rapidly, so much so that by the middle of this century alcohol related deaths are expected to outstrip smoking related deaths.
Additional requirements and information	<p>It is likely that the lead delivery agent will need to work with a range of individuals or organisations in order to deliver the full package of healthy lifestyles brief interventions training. It is expected that a partnership approach will be taken in this respect.</p> <p>It is anticipated that delivery agents will include costings for refreshments, administration and venue hire within their submissions.</p> <p>As noted above, an amount of £10,000 should be earmarked for independent evaluation. The commissioner may commission this separately. However prospective delivery agents will be expected to demonstrate how the effectiveness of the programme may be measured.</p>			

	<p>It is expected that the training will be promoted through existing networks to attract appropriate participants and that workplace and/or community venues in Oldham will be used during the delivery of the training. All venues will need to be accessible and appropriate to the target groups.</p> <p>The delivery agent will be required to keep records of all outcomes and outputs and to share this information as required by the commissioner to inform the evaluation of the programme.</p> <p>Lead officers working with or within the LAA Healthy Communities and Older People's commissioning group will monitor the programme on a quarterly basis.</p>
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