

**MANCHESTER CITY COUNCIL  
REPORT FOR INFORMATION**

**Committee:** Health and Well Being Overview and Scrutiny Committee  
**Date:** 5<sup>th</sup> March 2009  
**Subject:** The evaluation of measures to promote health at work  
**Report of:** Director, Manchester Joint Health Unit

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**Purpose of Report:**

The committee received a report in January 2008 that outlined the proposals for implementing a number of initiatives to improve the health of Manchester City Council and NHS employees in Manchester. This report gives an update on these initiatives.

**Recommendations:**

The Committee is asked to:

1. note the report
2. Consider which Health at Work schemes should be prioritised for 2009/10

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## **Background Documents**

Obesity in Manchester: Overview Report to HWBOSC in January 2008

### **1. Introduction**

- 1.1. Obesity is now recognised as an increasing threat to the health of individuals and communities and is viewed as a major public health issue. There are clear indications of rising rates of overweight and obesity: recent statistics suggest that about 66% of men and 55% of women are either overweight or obese, with 22.9% and 23.4% being obese respectively.
- 1.2. An organisation's policies and incentive schemes can help to create a culture that supports healthy eating and physical exercise. Evidence based action will not only improve the health of employees but also have economic benefits for the organisation (e.g. less sickness absence and greater productivity).
- 1.3. Manchester City Council employs 24 500 people, with a significant number of those in sedentary work. In addition the local NHS employs 28 000 people. Obviously not all of these employees are Manchester residents but a significant proportion are, and many will have partners, family, friends and relatives to take positive messages home to.
- 1.4. The overview report presented to Committee in January 2008 focused on the promotion of physical activity and food/healthy diet in the workplace. This report provides an update of progress on some of the pilot schemes initiated and additional programmes that have been commissioned.

### **2. Promoting physical activity (context)**

- 2.1. Promoting physical activity in and around the workplace is simple and inexpensive. The workplace can benefit from active employees who are healthy, happy and lead a more balanced lifestyle. Increasing activity levels can help to protect against coronary heart disease, strokes, obesity, type 2 diabetes, hypertension (high blood pressure), colorectal cancer, stress, anxiety, osteoarthritis, osteoporosis and low back pain- all major causes of disease and disability in society.
- 2.2. Physical activity helps people to manage stress, back pain, weight and medical conditions – all of which may lead to absenteeism and loss of production. Physically active employees take 27% fewer days of sick leave, which equates to over 2 days improved attendance and a saving of £135 per employee.
- 2.3. Employees engaged in physical activity initiatives have also reported greater enjoyment of their work, increased concentration and mental alertness and improved cooperation and rapport with colleagues.



### **3. Promoting physical activity (local schemes)**

#### **3.1. Stepping into Workplace Activity (SWA) Pilot**

- 3.1.1. Manchester City Council signed up to take part in the Stepping into Workplace Activity (SWA) Pilot from June 2008 until March 2009. The aim of this pilot initiative was to encourage employees to increase their levels of physical activity mainly through an increase in the amount of walking they do. The pilot was partly funded by Sport England and run in partnership with the Fitbug Company.
- 3.1.2. At the beginning of the pilot out of 200 expressions of interest, 114 people were recruited from Adult Social Care, Children's Services, the Joint Health Unit and "Councillor Champions". The first stage evaluation involved sending a questionnaire to all participants half way through the pilot period. Even though an incentive was offered only 37 questionnaires were filled in and returned. Those that returned questionnaires were more likely to be engaged with the fitbug and therefore more motivated to fill them in positively; those that stopped using the fitbug were less likely to fill in the questionnaire.
- 3.1.3. Nearly half of the respondents found uploading their statistics to the fitbug website a problem and under a quarter were not satisfied with the content and functioning of the website. However 74 % of the respondents agreed that they had increased their activity levels with 89% declaring that they have fully or partially achieved their targets.
- 3.1.4. An activity report prepared by Fitbug has summarized the level of engagement of those participants who uploaded their fitbug onto the fitbug website. Of the 114 participants that originally joined the programme only 34 were still uploading their fitbugs after 20 weeks.
- 3.1.5. The report showed that the average number of steps in the group that remained engaged increased over time (but not to recommended levels); however this may be due to those in the 'sedentary' category dropping out at a higher rate than the 'highly active' category.
- 3.1.6. Analysis of the 'sedentary' group indicates that 80% of the participants have stopped uploading their fitbugs and have most probably ceased using them altogether. It is clear that only a small number of participants continued to engage with the whole programme after 20 weeks. Further analysis can be done on this particular group to see if they have any common characteristics and to try and find out why they were successful in increasing their levels of physical activity.
- 3.1.7. The pilot may have encouraged a few individuals to increase their levels of physical activity, however it failed to fully engage the majority of the participants. This may have been due to a number of factors that will be analysed further in

the final evaluation report currently being compiled and comparisons with other Sport England fitbug sites will also be made. This report will be produced by the Manchester Institute of Sport and Physical Activity (MISPA) based at Manchester Metropolitan University by 31 March 2009.

### **3.2. Posters and promotional activities**

3.2.1. Poster targeting publicity for people to take stairs rather than lifts have been placed near the lifts in the Town Hall Extension, Overseas House and NHS Manchester offices. These will be refreshed regularly with new promotional messages to encourage people to increase their physical activity levels. After Easter the "Urban Walks" leaflet will be distributed to all City Centre based council departments and teams to encourage lunchtime walking activity.

## **4. Promoting healthy eating (context)**

4.1. Increasing consumption of fruit and vegetables can significantly reduce the risk of many chronic diseases. It has been estimated that eating at least 5 portions of a variety of fruit and vegetables a day could reduce the risk of deaths from chronic diseases such as heart disease, stroke, and cancer by up to 20%.

4.2. It has been estimated that diet might contribute to the development of one-third of all cancers, and that increasing fruit and vegetable consumption is the second most important cancer prevention strategy, after reducing smoking.

4.3. Higher consumption of fruit and vegetables also reduces the risk of coronary heart disease and stroke. A recent study found that each increase of 1 portion of fruit and vegetables a day lowered the risk of coronary heart disease by 4% and the risk of stroke by 6%. Evidence also suggests an increase in fruit and vegetable intake can help lower blood pressure.

## **5. Promoting health eating (local schemes)**

5.1. The Fruit on Desks scheme where fruit is sold on a reception desk of workplace, leisure centre and health centres has not progressed further than identifying a number of potential pilot sites within the Council and NHS Manchester. The potential use of fruit vending machines is also being explored and ordering fresh fruit for events/meetings in place of biscuits.

5.2. In response to customer feedback NJOY has been looking at ways it can improve its service, and make the food on offer healthier. During the last twelve months there have been a number of changes:

- New home-cooked hot food menu that changes weekly. There is always a vegetarian choice, and all meals are served with fresh vegetables and potatoes

- A choice of fresh homemade soups, often low fat and vegetarian.
- A new self-service salad bar counter, which includes a fresh fruit salad option.

5.3. Food Futures is currently working with NJOY to support them to make further improvements to the food offered and be awarded a Food Futures Healthy and Sustainable Eating Certificate. This

- Better nutritional labelling on hot food so that customers can clearly identify healthy options
- Healthier breakfast options including cereals, fresh fruit salad and granary bread
- Promotions on healthy options to encourage healthy choices

## **6. Vascular Checks Pilot-“Check it Out”**

6.1. This joint initiative between NHS Manchester and the Council’s Joint Health Unit, “is offering free health checks to assess a person’s risk of heart disease, stroke, kidney disease and diabetes. These free vascular checks are available for people aged 40 to 74 in thirty-five pharmacies across Manchester until the 10<sup>th</sup> April.

6.2. The scheme aims to undertake 6,000 checks in Manchester within the ten week period. Vascular checks are based on straightforward questions and measurements such as age, gender, family history, height, weight, cholesterol level and blood pressure. Everyone whose check shows that they are at risk of developing Vascular Disease within the next 10 years will be given practical advice and support to reduce their risk. The person’s GP will be sent the results of the check and will be able to offer further advice and treatment if necessary.

6.3. Targeting the prevention of Cardiovascular Disease (CVD) is one of the six High Impact Public Health changes that NHS Manchester and the City Council are committed to address. CVD is the leading cause of death in England and Wales and according to the latest statistics 33.7% of deaths in Manchester were attributed to CVD and it is the greatest cause of inequality in life expectancy between Manchester and England.

6.4. CVD includes: -

- coronary heart disease (heart attacks and angina);
- stroke;
- diabetes;
- peripheral vascular disease;
- chronic kidney disease.

6.5. These diseases all affect the body in different ways. However, they are all linked by a common set of risk factors. Obesity, physical inactivity, smoking, high blood pressure, abnormal cholesterol levels (dyslipidaemia) and impaired glucose regulation (higher than normal blood glucose levels, but not as high as in diabetes)

all raise the risk of vascular disease. Having one vascular condition increases the likelihood of the individual suffering others.

6.6. Damage to the vascular system increases with age, and progresses faster in men than women, in those with family history of vascular disease and in some ethnic groups. These are called 'fixed factors' factors' because they can't be changed. Importantly, however, the rate at which vascular damage progresses is also determined by 'modifiable factors', which can be altered. Changing these can greatly reduce the probability that vascular disease will strike early, bringing premature death or disability. These modifiable factors are:

- smoking
- physical inactivity and a sedentary lifestyle;
- high blood pressure;
- raised cholesterol levels
- obesity.

6.7. Taking action to reduce these risk factors can make a difference to how fast these diseases progress, or whether they happen at all, and so reduce the risk of vascular disease.

6.8. Vascular diseases have a strong health inequalities dimension, where people in lower socio-economic groups tend to suffer earlier and more severe disease. In addition, vascular disease in some ethnic groups makes a significant contribution to premature death.

6.9. To identify individuals at a high risk of CVD, predictive risk registers are being compiled in all GP surgeries in Manchester. The success of these registers in identifying and managing individuals at risk of developing CVD is dependent upon the availability of accurate and up to date information about risk factors. There are gaps in the patient information currently available and a number of individuals have insufficient information recorded to enable a calculation of risk to be made. Therefore this targeted pilot vascular checks programme will be delivered across the city in order to supplement the information held on GP practice systems.

6.10. The Department of Health have stipulated that PCTs will begin the roll out of a National Vascular Checks Programme for adults aged between 40-74 years from April 2009 and this roll out to be completed by 2012. Repeat checks will then be offered every five years. A national call and recall system is planned within 5 years.

- The Manchester service is a designated pilot prior to the roll out of the National guidance and the specific objectives of the pilot are:
- To offer targeted vascular checks in an easily accessible community setting at appropriate times of the day

- To accurately test and record specific clinical and lifestyle information in order to calculate a personalised estimated level of CVD risk using a Framingham based score, adjusted to take into account ethnicity.
- To communicate this risk to the individual and signpost accordingly
- To accurately and promptly report information to General Practice

6.11. Individuals must meet the following criteria to be eligible for a vascular check:

- Individuals registered with a Manchester GP, or resident in Manchester with a GP outside of the area, or resident in Manchester but not registered with a GP at all
- Men and women aged between 40-74 years (inclusive) at date of assessment
- Within this group, individuals who report that they have not had their blood pressure measured in the past year

Exclusion criteria will relate to individuals who:

- do not meet the registration and resident criteria detailed above
- have previously had a vascular check (in the past year) by a pharmacy team member acting on behalf of the NHS (not including Biobank)
- report that they have had their Blood Pressure measured within the last year

6.12. The key delivery partners for the pilot are community pharmacies and more details of the service model are provided in Appendix 1, and there are 4 possible pathways to recruiting a client to the service:

- Client presents in the pharmacy following a publicity campaign across the city and after receipt of targeted information
- At the pharmacy counter where a patient may be purchasing a medicine or seeking advice
- Following the dispensing of a prescription.
- Through promotional campaigns in the workplace. Discussions are now underway to have a targeted approach with staff in council departments and NHS teams. There are three city centre pharmacists involved in the scheme, namely:
  - Boots in Market Street
  - Boots at Portland Street/Oxford Road
  - Superdrug at Piccadilly

6.13. The pilot will be fully evaluated and the findings will be fed back to the national programme and to the Manchester HWBOSC.

## **7. Change 4 Life**

7.1. The Department of Health have commissioned Change4Life, a society-wide movement that aims to prevent people from becoming overweight by encouraging them to eat better and move more. The Change4Life advertising campaign began on

3 January 2009 – on TV, in the press, on billboards and online. In this initial stage they are targeting young families.

7.2. The Change4Life advertising campaign will urge people to make changes to their diet and levels of activity. The campaign talks about ‘fat in the body’ rather than ‘fat bodies’ and makes clear the link between fat and preventable illnesses. It also focuses on the challenges of modern life rather than pointing the finger at parents.

7.3. Manchester will be using the Change4Life brand for the Points4Life scheme, which will be of the sub-brands along with walk4life or cook4life. The “family and friends” soft launch of Points4Life will take place later this year

## **8. Manchester + Staff Benefits scheme**

8.1. Manchester City Council has joined forces with several of Manchester’s other large employers to provide a selection of benefits to its employees. The package is called Mcer+ and it is intended that the scheme will grow over time. The links between the development of Points4Life and Mcer+ have now been established.

## **Appendix 1-Service Model for the Manchester Pilot Vascular Check Programme**

Community pharmacists will be providing the following elements of the service:

- Risk factor-based vascular checks and calculation of estimated individual 10 year CVD risk
- Communication of risk, discussion of lifestyle modification, stop smoking support and signposting to health improving opportunities to all individuals, according to assessment of risk factors
- Communication of the detail and outcome of the vascular check with the individual's General Practitioner
- Referral into General Practice for individuals with an estimated 10 year CVD risk of greater than or equal to 20%. Referred patients should be encouraged to attend their GP practice
- Systematic and appropriate onward referral, according to local pathways, for individuals who present with symptoms of other pre-existing disease that may require further investigation or treatment.

Pharmacy team members will be expected to demonstrate the Service is:

- targeted appropriately and reduces, rather than widens, existing health inequalities
- proactive, creative and effective engages with the target population(s) to systematically assess CVD risk
- available at times which maximise uptake in populations at highest risk.
- being provided to a minimum number of patients specified by the PCT (currently ten per week) and communicates the audit information to the PCT on a weekly basis. Failure to meet this specification may result in the PCT withdrawing the service and commissioning with another pharmacy.

The Pharmacy team member will be expected to gain informed written consent from the individual for assessment and communication of the content and outcome of such with their General Practitioner, prior to a vascular check taking place.

The Joint British Society (JBS) CVD Risk Prediction Chart based on Framingham data can be used to estimate total risk of developing CVD over a period of 10 years based on 5 key factors:

- Age
- Gender
- Smoking habit
- Systolic Blood Pressure
- Ratio of total cholesterol (TC) to High Density Lipoprotein (HDL) (as measured by random cholesterol test using approved, calibrated equipment)

Therefore, the above factors must be measured and used to calculate the estimated risk.  
(Diabetes status must be recorded to determine which predictive chart should be used)

Therefore, the above factors must be measured and used in order to calculate estimated risk.

In addition, the assessment will also record:

- Family history of premature CVD
- Family history of diabetes mellitus (first degree relative)
- Body Mass Index (BMI)
- Waist measurement
- Diastolic Blood Pressure
- Physical Activity level
- Glucose level measurement
- Unit of alcohol consumed per week

The Pharmacy team member will document the measurements and assessed level of CVD risk using the PCT recording form and communicate this information to the individual's GP practice, in order to inform the predictive risk registers in General Practice and the individual's subsequent medical management. The pharmacy team member will communicate the results of the Vascular Check to the patient and supply them with a copy of their results form.

The Pharmacy team member will be expected to demonstrate a clear understanding of the services available locally to individuals to support healthier lifestyles and communicate this information to the appropriate individuals. The pharmacy team member will also provide the individuals with a pack of information, devised by the PCT, including various health promotional items. These materials will not be used for other purposes and it is the pharmacy team member's responsibility to ensure that they have ordered an appropriate number of packs for their client base.

The pharmacy lead will demonstrate that the vascular checks are performed by a suitably trained and competent healthcare professional who has completed the PCT training and accreditation programme.

The pharmacy lead will be expected to work in collaboration with a nominated Project Manager from NHS Manchester to ensure that this occurs in a timely manner and in accordance with guidelines.

The following table provides the follow up details at the GP practice:

<b>Reason for Appointment</b>	<b>Threshold</b>	<b>Action</b>	<b>Time</b>
<b>High Risk</b>	>20% Risk	See GP Practice	approximately 2 weeks
<b>Weight Management</b>	BMI 35 >	See GP Practice	approximately 2 weeks
<b>Blood Glucose</b>	7.0 – 11 mmols	See GP practice for fasting glucose	approximately 1 week
	>11.1 mmols	See GP Practice	within 2 working days
<b>Total Cholesterol</b>	>6.0 mmols	See GP Practice	approximately 2 weeks
<b>Blood Pressure</b>	140 – 159 systolic 100 – 110 diastolic	See GP Practice	approximately 2 weeks
	160 – 179 systolic >110 diastolic	See GP Practice	approximately 1 week
	> 179 systolic	See GP Practice	within 2 days
<b>Any other clinical problem</b>	At the discretion of the Pharmacist/Pharmacy team member		