

points 4 life

Evaluating innovation in health and wellbeing



Evaluation summary: March 2010

Foreword

Manchester faces some of the greatest public health challenges in the country. The extent of deprivation translates into very low life expectancy, poor health outcomes and a lifestyle that does little to help improve people's health. Our smoking rate is high, our level of physical activity is relatively low and our diet is poor.

Tackling such entrenched poor health requires actions at many levels. Manchester is addressing the socioeconomic determinants of health, in particular through regeneration, employment and economic development and through working to make opportunities for a healthy diet and physical activity available to all. But we also have to encourage people to take up the healthier lifestyles that we are making available: this is where points4life comes in. This innovative programme aims to apply lessons from private sector loyalty and incentive schemes to motivate and encourage people to adopt healthier lifestyles.

Because this is such an innovative approach, we have been determined to carry out a high quality evaluation of points4life. The points4life evaluation team includes members of NHS Manchester, Manchester City Council, OPM and partners and The Evidence Centre. Our evaluation not only tests the impact of the programme on health-related behaviour change, it also assesses the process we have followed to establish points4life, identifying learning points so that others who may wish to use a similar process can get as much benefit as possible from what we have done.

This summary outlines some of the key findings from the evaluation to date. It briefly outlines material contained in our other detailed evaluation reports, with the aim of providing a concise overview of key themes.

The road to establishing points4life has not been an easy one. Timescales have been challenging and the model for how the scheme will work has been repeatedly reviewed and changed; some of this is reflected in this report, which is published even before the final model has been agreed. This was not our original intention, and I would like to express my thanks to the entire evaluation team for their professionalism, patience and flexibility in dealing with what has been a complex and changing environment. The evaluation itself has become a core part of the points4life development process and the work to date has been extremely helpful in shaping the final points4life proposals.

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1. Background

points4life is a loyalty programme developed by Manchester City Council and NHS Manchester to incentivise people to eat and act more healthily. Membership is free and, on joining the scheme, people throughout Manchester can earn immediate discounts and points for healthy behaviours such as walking, exercising or eating healthily (for example, buying brown bread instead of white). The more points people amass, the more entries they get to regular prize draws and the more money off vouchers they receive.

Funded by the Department of Health's Healthy Towns initiative and resources from Manchester City Council and NHS Manchester, the programme planning and development phase began in 2008. In 2010 the model will be tested and in 2011 the service will be rolled out to all members of the public living and working in Manchester. People will be able to decide whether or not they sign up or become members of the scheme.

A points4life evaluation team has been formed to evaluate the service and all processes associated with it. The evaluation runs from 2009 to December 2011. This document summarises some of the information collated during the first seven months of the evaluation period, prior to the launch of points4life.

We first describe the evaluation objectives and methods, followed by an overview of learning from a literature review, a survey of the Manchester population and interviews with key stakeholders. The material is a brief summary of more detailed information available within a suite of evaluation reports available from the points4life team.

The information in this summary was drawn from:

- a face-to face survey of 1005 randomly selected people living in Manchester
- a review of 35 published studies
- a review of 15 points4life documents
- 19 interviews with stakeholders
- observations from eight key points4life meetings to monitor processes

All of the information was compiled between August 2009 and March 2010.

2. Objectives

The primary aim of the points4life programme is to improve health and tackle health inequalities in Manchester. The programme objectives fall into four key categories:

- L lift motivation**
points4life will motivate people to take responsibility for their health, make positive lifestyle choices and understand why this is important
- I improve health**
people enrolled in points4life will improve their overall health
- F feasibility**
the programme will test whether it is feasible to apply private sector loyalty card models to healthcare and focus on reducing any negative environmental impact
- E equality**
points4life will help to tackle health inequalities by targeting services and health promotion to the communities with greatest need

The programme will be launched to the public in early 2011 and the goal is to recruit 25% of the Manchester population within three years.

A comprehensive evaluation of points4life is essential to assess whether the programme is successful and can be rolled out more widely to other geographical areas. The broad evaluation objectives are:

- to gather information about how the points4life programme is set up and **implemented**, including identifying what has worked well and any challenges
- to assess the **impact** of points4life, including how people use the programme, who uses it, what they think of it and any changes in people's attitudes or behaviour
- to review **marketing** and programme awareness
- to generate **transferrable learning** for others wanting to implement similar initiatives

3. Approach

points4life is being evaluated by an independent team using the following methods:

- A review of **published literature** about loyalty points programmes and behaviour change interventions has helped shape the points4life programme and identified ways to measure the impact of points4life (August 2009 – March 2010)
- A review of **points4life documents** has helped to help develop a picture of the aims and objectives of the programme, to identify who is involved and when, the process used to implement points4life and progress of points4life over time (August 2009 - March 2010, and ongoing)
- Regular **data collection** and analysis of management information and datasets associated with the points4life programme will be undertaken to monitor progress over time (May 2010 – November 2011)
- **Informal interviews and discussion groups** with the team developing the programme and stakeholders are helping understand what the team is doing and how their opinions change over time (early 2010 and late 2011)
- An **online survey** of everyone who joins up to use points4life and telephone interviews with 400 service users per year will be completed to answer the question 'how is the service performing / what are the impacts?' This will commence as soon as the service is rolled out to the wider public, using the email addresses and telephone numbers collected when people sign up to the points4life scheme. People will be informed at the time of sign up that their contact details will be used to get their feedback, and they will have the opportunity to opt out of this (January 2011 – November 2011)
- **Discussion groups and interviews** with service users and potential users are being undertaken see what they think of the service and how it could be improved (June 2010 – November 2011)
- A **survey of a sample of the general population** has been used to establish their attitudes and health behaviours before the service is rolled out. This will be completed again nine months after the launch to evaluate if there have been any changes over time and to allow comparisons between people who have and have not joined the programme (October 2009 and October 2011)

As the methodology is a programme evaluation, the North West NHS ethics committee has noted that ethical approval is not required. Research governance approval has been granted.

4. Descriptive overview

This section outlines the rationale and operation of points4life based primarily on documentary analysis and interviews with team members and stakeholders.

Rationale

In addition to widespread deprivation, Manchester has very challenging health problems. The city has amongst the lowest life expectancy in England and high levels of health inequality. Those from the most deprived areas are least likely to eat a balanced diet, are more likely to smoke and often state they have a poor level of health. The points4life programme aims to address these issues by working to improve health in Manchester and reduce health inequalities.

The points4life programme is partially supported by the Healthy Communities Fund which aims to test alternative approaches to make regular physical activity and healthy food choices easier in order to reduce obesity.

Programme overview

points4life is based on offering incentives to encourage people to change their behaviour. This model is in line with evidence demonstrating that incentives can have an impact on health behaviours, such as increasing physical activity, smoking cessation and weight loss. There is less research evidence to suggest that such incentives have a long term impact on 'complex' behaviours and lifestyle changes such as smoking and dietary choices.

The original application for funding was made in 2008. Originally points4life aimed to launch in August 2009 but this has been delayed January 2011 whilst the programme is fully developed and a full public procurement process is undertaken. During the procurement process, the points4life team have been working with potential providers to develop the final 'solution' for what the points4life programme will look like. points4life intend to make final decisions about the scope of the programme in May 2010.

At the time of writing, it seems likely that the programme will comprise:

1. Immediate **discounts** for buying something healthy at participating places, such as 10p off wholemeal bread.
2. A regular **lottery** with aspirational prizes. People earn points for healthy eating and activity. Each point then becomes like one ticket for the lottery.
3. Money off **vouchers**, related to the number of points amassed each quarter.

The decision about the final solution rests largely upon gaining agreement from major partners (such supermarkets) and a desire to keep the final solution simple to communicate to the public and easy for the public to use.

Decisions about next steps will be made by the points4life board. points4life has been set up as a new company limited by guarantee, with Manchester City Council and NHS Manchester appointed as controlling members. A board oversees the process and responsible for major decisions. Day to day work is conducted by a core management team and an advisory team. Whilst there are some long term members of the advisory group, membership is fluid and will vary as the programme progresses and different expertise is needed.

5. Support from research

This section describes findings from a review of published literature and points4life documents.

A range of published literature relating to loyalty points programmes (particularly health-based loyalty programmes) and behaviour change interventions was gathered and analysed, focusing on implications for the design, implementation and outcomes of points4life. The evaluation team also reviewed points4life documents such as strategy and business plans in order to clarify the high-level thinking behind the programme, how it is supposed to be implemented and who should be involved at what stages.

A total of 35 sources were included in the literature review and 15 documents were included in the document review, 11 of which were produced by the core points4life team. Each source was selected according to pre-defined criteria. The search strategy and synthesis process was informed by good practice guidelines issued by government agencies and universities.

The literature review highlighted support and areas to consider further for three key elements of points4life: design and implementation, marketing and evaluation and performance monitoring.

Design and implementation

Research suggests that it is advantageous to offer a **wide range** of rewards to programme members and to include high value 'luxuries.' Evidence suggests that luxury rewards engender strong feelings of attachment and therefore encourage ongoing participation in a loyalty programme. points4life aligns with this finding in that it plans to offer high value 'aspirational' rewards as well as lower value rewards.

Studies from the UK and abroad suggest that offering members **flexibility in redemption**, in methods (in-store, online or by telephone) and frequency (regular opportunities to collect rewards) can promote loyalty. points4life is working to develop an approach to redemption and has considered a range of options such as vouchers or electronic cards. It would be beneficial to ensure that multiple options are included in the final solution so that members have choice in redemption.

Providing a **'joining bonus'** such as an initial offering of points to members when they sign up can encourage programme participation. points4life has indicated that a joining bonus may be possible, but more work is needed in order to determine the appropriate value and conditions of any such bonus.

Research has found that encouraging **social support** and offering rewards for group performance can be a factor for success. Several elements of points4life fit in with this finding such as allowing members to share or donate points, but there is scope to expand on this, for example through the points4life website which could provide social networking opportunities.

Adopting a **combined approach** in terms of types of reward (offering both probabilistic and deterministic rewards) could be beneficial. points4life has adopted this approach in its proposed solution.

Thus overall, points4life appears to fit well with the available literature about designing and implementing loyalty programmes.

Marketing

The literature suggests that **audiences** can be distinguished in terms of three main socioeconomic characteristics: health literacy, self efficacy and income. points4life recognises the importance of these characteristics, for example by removing barriers to participation for low income groups, increasing health literacy through educational materials and improving self efficacy through peer support and encouragement from local health professionals.

Using marketing materials to increase **health literacy** and self efficacy will be important as points4life develops. These factors have been shown to influence people's ability to sustain long term behaviour change. The details of the points4life marketing strategy are yet to be determined, however current plans include using materials that contain educational content and promoting opportunities for social support.

Research has found that it can be highly effective to **personalise** marketing materials, for example by sending members marketing material that focuses on a particular goal that they wish to achieve. This is not outlined in the current points4life marketing strategy but may be a powerful way to engage with points4life members.

Adopting 'high contact' marketing techniques can be a way of reaching target and hard to reach (or less engaged) groups. points4life has acknowledged the importance of using **face-to-face methods** to reach less engaged groups. There are proposals to use health professionals and 'champions' from Manchester City Council and NHS Manchester to approach and support such groups.

Overall, the literature suggests that points4life is on the right track in thinking about marketing and engagement. The literature offers additional helpful tips to increase engagement which the points4life team are considering.

Evaluation and monitoring

The literature review also examined the best strategies to evaluate points4life.

Research suggests that using **multiple sources** of evaluative data is important for ensuring robustness, particularly where evidence from 'self-reporting' (what members say about themselves) is used. The points4life evaluation strategy fits well with research evidence in that uses multiple sources of data, for example behavioural data (through the scoping datasets), and knowledge-based data (on member awareness of healthy behaviours). Furthermore, points4life proposes that the solution will include ongoing monitoring data including information about members' earning and redemption habits.

The use of **baseline data** provides a strong benchmark and is highly recommended by the literature for assessing behaviour change. The evaluation work to date has involved collecting baseline data through a population survey consisting of 1005 face-to-face interviews with a sample from the Manchester population in late 2009. The findings from this will be compared against findings from the members survey (to be administered after the programme launch). Further baseline data is being collected through focus groups and interviews with potential members before the programme begins and then again once the programme is launched to assess change over time.

Best practice literature suggested that using a combination of **measurable performance indicators** is important. These indicators should be able to identify trends and measure success over time. points4life has developed a comprehensive set of indicators relating to changes in member attitudes, behaviours and knowledge. One area of indicators not presently incorporated in the programme are those based on physiological data (ie to measure the biological impact of the programme). Although these are commonly used in health interventions, they are not necessarily appropriate for points4life. Such measures are arguably a fairly burdensome way to collect data from respondents and can involve invasive procedures such as acquiring blood samples.

It can be useful to adopt tailored performance indicators to monitor success in relation to specific or **target groups**. The points4life evaluation strategy has distinct programme goals in relation to target groups such as black and minority ethnic group communities. The population survey and member survey will collect demographic data related to specific social characteristics to monitor performance for specific groups.

Overall the literature suggests that points4life is using a robust evaluation strategy to evaluate the loyalty programme.

The findings from the review indicate that most components of the points4life design are well-placed, but that there are also areas of potential expansion or improvement relating to the implementation and marketing of the programme. There is therefore no strong evidence that points4life **alone** will be able to achieve or sustain the goals it has set itself in terms of behaviour change so more active interventions are also needed. A full report is available outlining the literature review. The points4life team have taken these findings on board and are using them to assess different options for moving forward.

6. Population support

This section describes the health attitudes and behaviours of the Manchester population.

A face-to-face survey was carried out in October and November 2009 to find out about people's health behaviours in Manchester. A follow-up survey in October 2011 will examine the extent to which attitudes and behaviours have changed as a result of the programme. This is one of the largest and most robust health surveys ever undertaken in Manchester and is a key achievement for the programme to date.

Selecting participants

The evaluation aimed to survey 1000 people in their own homes at the end of 2009. 1005 people were surveyed, a response rate of 53%.

Everyone aged 16 or older was eligible to take part. Participants were selected using a clustered probability design. 52 Lower Super Output Areas were selected with probability proportional to the number of residential households. The sample of Super Output Areas was taken from a listing of all such areas in Manchester, stratified by local authority ward. Within each selected area, every nth residential address was selected to give a sample of 44 properties per sampling point.

To maximise the interviewers' chances of making contact at each address, interviewers had a call pattern involving six or more visits at different times of the day and on different days of the week. In each sampled household, one adult was selected at random for inclusion in the survey, using a random grid method.

This robust, random sample selection process ensured that people selected for interviews came from across the Manchester area and that the mix of respondents (in terms of age, income, ethnicity and gender) was broadly representative of the overall population. Where the mix of survey respondents didn't exactly match the profile of Manchester overall (for example, older people are over represented in the sample), figures have been weighted to take this into account.

Questionnaire development

The questionnaire was designed by the points4life evaluation team. Wherever possible, questions were used that had formed part of other health surveys. These questions were augmented by new attitudinal statements and questions on points4life and the draft questionnaire was pilot tested.

Key topic areas in the survey included:

- respondents' views on their overall level of health and quality of life
- behaviours and attitudes in relation to diet and physical activity
- attitudes towards and responsibility for health
- awareness and marketing of points4life including the extent to which respondents have an awareness of, and interest in, Change4Life and the concepts underpinning points4life; their overall perceptions of loyalty cards and their preferences for how they would like to access information about points4life

Each interview took about 20 minutes to complete.

Healthy lifestyles

All participants were asked questions about whether they were leading a healthy lifestyle. About half of respondents (52%) 'agreed' or 'agreed strongly' that their current lifestyle was healthy, while one fifth (21%) were less confident and agreed only 'slightly.' A further fifth (22%) disagreed with the statement.

When asked about the **importance of having good health** and of leading a healthy lifestyle, three quarters of respondents agreed that *'if you don't have your health you don't have anything'* to some extent. Those who agreed were more likely to describe their health as 'not good', to be non-white and to do little or no exercise each week. Respondents who disagreed were more likely to be 16-24 years old and white.

The survey found that **smoking** in Manchester is above the national average, with a third of men in the survey (35%) reporting that they currently smoke tobacco, while slightly fewer (28%) women are smokers. Both of these percentages are higher than the national averages of 24% for men and 20% for women.

When asked about the how often they engage in **exercise and physical activity**, the picture is mixed. While almost half of respondents are very active, exercising for five or more days per week, well over a quarter of respondents are doing little or no physical activity. In terms of respondents' **diets**, over two thirds of people eat less than the recommended five portions of fruit and vegetables each day, although the proportion of respondents who report consuming the recommended 'five a day' (29%) is broadly similar to the national average for England of 26%.

Changing behaviour

Participants were asked several questions about whether they would change their behaviour to improve their health. While people recognised that it is important to have a healthy diet and exercise regularly, fewer were able to commit to proactive statements about their efforts to make improvements in these areas over the *past* 12 months, and in the *next* 12 months. In relation to questions about diet and exercise, for instance, while most respondents wanted to improve their diet and exercise, one in three agreed only slightly or disagreed that they planned to make changes in these areas over the coming 12 months.

In terms of making healthy behaviour changes, **age** is a crucial factor; with those aged 55 or older being significantly more likely than younger respondents to say that they did not want to changes to their levels of exercise and physical activity, diet and smoking and alcohol consumption.

Health inequalities

The survey findings also showed pronounced health inequalities. The least deprived are more likely to eat a healthy balanced diet, not to smoke and to have a good level of health, whereas those who are **most deprived** are more likely to be obese and to do little or no exercise each week. These findings are in line with other studies exploring health inequalities in Manchester. In addition, the most deprived respondents are least happy with local health services which would suggest that points4life may need to place greater effort building trust that the programme will work for these residents.

Views about points4life

Support for a programme like points4life is high in Manchester. Two thirds of participants said they would be 'very' or 'fairly interested' in taking part in something like points4life. Non-white people were significantly more likely to be interested in taking part in something like points4life compared with white respondents (74% compared with 62%). This is encouraging, given that points4life has an emphasis on enrolling comparable numbers of minority ethnic group and white residents in the programme.

The survey also identified a number of opportunities for the programme. For example, rather than focusing on the rewards element of the programme, the least well-off respondents were more likely to say that points4life would 'help them to be healthy' – implying the programme will encourage respondents to 'change their behaviour', ie that eating and living healthily is not just based on short-term, immediate rewards.

The survey findings suggest that Manchester has a good sports and leisure infrastructure. The programme presents a good opportunity to increase their usage, particularly among people who might not use them on a regular basis.

points4life is using similar branding to the national Change4life programme. The survey asked respondents about their **awareness** of Change4Life and their attitudes to the concepts underpinning the points4life programme. Awareness of change4life branding was relatively high, although those with healthy lifestyles tended to be more aware of this programme or branding.

A key challenge identified by the survey is that the concept and aims of points4life are less appealing to the people who may benefit most from it, that is, those respondents with poor diets and who infrequently exercise. In fact the target groups that points4life is most interested in were likely to have lower awareness of Change4Life and the concepts underpinning points4life, less interest in loyalty programmes such as points4life and a negative view towards loyalty cards. However, this is not to say that all in less advantaged groups are against this approach. Indeed, non-white respondents were more likely to say that they 'might use them if they knew more about them' compared with white respondents (12% compared with 6% respectively),

Furthermore, the survey suggests that compared with those of a healthy weight, those who are obese have lower levels of motivation to make improvements to their diets and exercise levels. Arguably, there is risk that points4life could potentially widen health inequalities if the programme doesn't successfully engage the target groups.

Overall the population survey suggests there is much scope for improvement in the health attitudes and behaviours of people in Manchester and that the concept of points4life is relatively favourably received. The survey also highlights that the programme will need to work hard to ensure that it does not inadvertently widen health inequalities by appealing most to those who do not necessarily need extra support or encouragement. A full report on the population survey is available, complete with graphs and tables of data.

7. Stakeholder support

This section outlines some of the helpful and hindering factors for points4life identified through interviews with members of the programme team and key stakeholders.

Partnership and communication

The stakeholders consulted were generally able to identify the **benefits** of the points4life programme for their organisation or teams. These included gaining a greater understanding of who was using their services, media coverage of services and encouraging thinking around joining up services with city-wide developments.

During evaluation interviews, stakeholders were positive about **partnership working** and information sharing arrangements and felt that there was much enthusiasm for the scheme. With regards to decision making, there was agreement that open-dialogue, debate and discussion was encouraged in all meetings and that all ideas and opinions were valued.

The core team and board members stressed the importance of keeping wider stakeholders informed about the programme in order to maintain enthusiasm and interest. Whilst members of the core team and board generally felt well informed, there was a sense from some wider stakeholders that between December 2009 and March 2010 there had been a hiatus in terms of communication about what stage the project is at. This corresponds with changes in the planned programme launch date and uncertainty within the core team itself about the final solution.

Success factors

Stakeholders and population survey respondents identified a number of factors which would help the points4life programme draw in a large audience and operate successfully. The fact that points4life is an **innovative** idea for behaviour change was commended. Some stakeholders felt the value was that people were already familiar with loyalty card schemes such as the Boots Advantage scheme and Tesco Clubcard. Others felt that using an incentive scheme to elicit behaviour change was a sound idea and very different to other public information campaigns that dictate to people ideas they may not want to hear.

The tenacity, dedication and **enthusiasm of the core team** involved in designing the scheme was identified as a key strength of the programme. In addition, the fact that the programme is being delivered by NHS Manchester and Manchester City Council was seen by stakeholders as giving the programme a sense of credibility which helps to build trust in the community.

Challenging factors

A number of hindering factors and challenges were identified by stakeholder interviewees and through the evaluation team's observations of key points4life meetings and regular updates from the core team. The challenges range from trying to establish a fully sustainable and financially viable programme, reaching agreements with key market partners and retailers, to targeting and engaging with hard-to-reach groups so that the programme meets its objective of reducing health inequalities.

The main challenge faced in developing the programme, as identified by the core points4life team, has been the length of **time taken** for the solution to be developed and finalised. This is due to a number of factors such as the lengthy procurement process to secure a management company, the time taken to reach an agreement with major partners, and because points4life is aiming to set up a fully sustainable long term programme. Under the current fully sustainable model for the points4life programme, ensuring that retailers, including the bigger supermarkets, sign up is considered critical to the success of the programme.

It is important to note that this fully sustainable model is **contrary to the 'two year test'** which has been funded by the Department of Health for testing an approach to make activity and healthy food choices easier for people. The time it has taken for the negotiations with retailers, particularly the bigger supermarkets, has caused the delays in the development of the programme and therefore the programme launching. The points4life team chose to focus on a long term solution from the outset, rather than testing an approach and making ongoing modifications over time.

Other hindering factors to the success of the programme are the gaps in developing critical aspects of the programme, such as an environmental strategy, an equalities impact assessment and action plan, engagement activities with BME communities and developing a detailed marketing plan. The core points4life team say they consider these aspects to be the finer detail of the solution which will be developed once the overall model is finalised. Yet these components of the programme are vital to points4life reaching its overall goals and objectives. Based on previous research and the evaluation team's observations, it seems that **these components should be part of developing the main solution**, and not a secondary activity to the overall goal of developing the programme.

Overall, interviews with stakeholders and core team members painted a positive picture of the partnership and potential of points4life. However there are questions about the approach that the team has taken and the time taken to develop a solution. In fact, most of the time funded by the Department of Health has been spent developing what the programme will look like rather than testing it out. The points4life team recognise this issue and are working hard to make the final testing process as effective as possible. A full interim evaluation report is available containing further details about stakeholder interviews, quotes and a compilation of all of the evaluation material available to date.

8. Progress towards goals

This section summarises the evaluation information available to date by describing the extent to which the programme is working towards its core goals.

points4life has set a number of goals to assess the impact and development of the scheme. The core goals are grouped under the four points4life organisational objectives, expressed under the LIFE acronym (as described previously). Success against these goals will be measured through the population survey, an online members survey, ongoing collection of member data by a designated Contact Centre, as well as points4life website usage and informal feedback from the stakeholders involved in delivering and promoting the scheme. A baseline approach has been adopted to assess impact, whereby pre-programme data is being collected against which future data can be measured and used to evaluate the impacts of points4life.

Lift motivation

Findings from the population survey suggest that most adults in Manchester are aware that a healthy diet and regular physical activity are key features of a healthy lifestyle (eg 97% of respondents say they understand why they need to keep active or take exercise). These survey findings exceed the goals set by the points4life programme which were to have 60% of members saying they understand why they need to be active and lead a healthy lifestyle. While this is a promising sign, the findings also pose questions as to whether the points4life thresholds for healthy behaviour attainment are appropriate. The targets that points4life has set may need to be revisited now that the baseline information is available.

Fewer survey participants said they intended to make improvements to their own lifestyles in the next year (39% of respondents reported that, in the next 12 months, they would have liked to have started eating more fruit and vegetables). However, these figures are nearing the core points4life goal set in this area: 50% of members will have self-reported their intent to change at least one aspect of their behaviour.

Thus overall, points4life has collected the information needed to compare attitudes and motivations before and after the programme. The goals set may have underestimated baseline motivations in some areas and may need to be **adjusted**.

Improve health

Levels of exercise in the population survey were mixed. 56% of participants said they did 'brisk walking' in a typical week yet one in five respondents said they do little or no exercise per week. points4life aims to help members have at least 10% higher levels of overall average physical activity per week and average number of hours spent walking per week compared to the general population. points4life also aims to increase the proportion of members who are undertaking 90+ minutes physical activity per week (using surveys with members at enrolment and again nine months later).

The percentage of survey respondents who report eating the recommended five or more portions of fruit and vegetables was 30%. points4life aims to ensure members have at least 10% higher levels of average daily fruit and vegetable consumption than this at the time of the follow up survey which will be conducted with members and the general population in October 2011.

Thus overall, points4life has collected the information needed to compare health behaviours before and after the programme and the goals set appear as **feasible** as when they were initially set.

Feasibility

The stakeholders interviewed talked positively about partnerships between NHS Manchester, Manchester City Council and the private sector. This shows good progress towards the goal: 'by June 2010, 90% of the core team running the programme will believe there are good partnerships between NHS Manchester, Manchester City Council, and the private sector.'

Conversely overall, there is a **lack of progress** against other feasibility programme goals. The core feasibility programme goals are:

- By December 2010, every component and subservice of points4life will have developed an environmental strategy with a view to reducing adverse effects on the environment.
- By March 2011, at least 10% of people aged 16+ living in Manchester will be registered with the programme.
- By March 2011, the programme will be at least 20% self funding (moving to 100% self funding by 2015).
- By March 2011, the programme will be demonstrating value for money, as defined by standard cost effectiveness analysis criteria (eg as used by NICE).

Currently no environmental strategy has been developed and nor is there a detailed marketing strategy. There is no indication that plans are in place to commission a cost benefit assessment, which is a crucial component of the programme.

Equalities

There is also a **lack of progress** against the core programme goals related to health inequalities due to the lack of development of key aspects of the programme such as an equalities impact assessment and action plan, awareness raising campaign and engagement activities with BME communities. The relevant core equalities programme goals are:

- By June 2010, all components of points4life will have completed an equalities impact assessment screening and have developed an action plan to address any issues raised.
- By March 2011, members from black and minority ethnic groups will be just as likely to have achieved the targets listed under 'lift motivation' and 'improve health' as others enrolled in points4life.
- By March 2011, adults from black and minority ethnic groups, children from black and minority ethnic groups and at risk clusters as defined by the Department of Health (inexperienced, pressured, treaters) will be enrolled in points4life at the same or greater level than their corresponding proportion in the overall Manchester population.

Key to achieving the 'Equality' core goals, points4life intends that its marketing strategy will target those audiences that would benefit most from improved health equality (including families with young children and BME groups) and those in socio-economically deprived areas.

Underlining the importance of effectively engaging target groups, the population survey findings show that the basic idea and aims of the programme are less appealing to the very people who could stand to benefit most from it. For example those respondents with poor diets and those who do little exercise were more likely to have a low awareness of both Change4Life and points4life, less interest in points4life and a negative view towards loyalty cards. These findings suggest that points4life needs to be wary of the potential for the programme to widen health inequalities if it doesn't successfully engage the target groups and retain their interest in the scheme.

If points4life incorporates suggestions from the published literature and survey findings regarding careful tailoring, the programme has potential to attract people from a range of groups and could help address health inequalities. However marketing is complex and will need to be constantly reviewed to check that hard-to-reach groups are being targeted effectively so as not to fall into the trap of merely 'preaching to the converted.'

Overall points4life is making progress towards achieving its core goals, albeit less promptly than planned. Evaluation data collection methods have been set up to ensure that progress can be tracked over time. In December 2011, the evaluation team will report on the extent to which points4life has met the goals it set itself.

9. Next steps

Bringing together all of the evaluation information available to date, a range of potential next steps and key recommendations emerge. The conclusions below are meant to challenge the points4life team and board rather than to be seen as overly negative. The programme is progressing well overall, but a function of the evaluation is to report on challenges as well as successes.

1. Strengthening of active interventions is required

Literature about interventions for behaviour change suggests there is little evidence that the change of 'complex' behaviours is sustained beyond the life of (or a member's involvement in) an incentive scheme. There is therefore no strong evidence that points4life **alone** will be able to achieve or sustain the goals it has set itself in terms of behaviour change. This means that work is needed to partner with more active interventions which can increase participants' skills and confidence to achieve and sustain behaviour change. Such interventions could include encouraging support from family, friends and employers or through forums on the website; self-management education or school based education programmes; and encouraging members to set and reach goals to increase self efficacy.

2. Better internal and external communication is needed

Engagement with key stakeholders could take time which has the potential to delay the programme further or impact on successful targeting of key groups to reduce health inequalities. Enthusiasm and commitment has worked well in some areas, but points4life will have to work hard to get this from other stakeholders.

Some stakeholders felt there had been a hiatus in terms of communication about the development of the programme since December 2009. There is a need to keep wider stakeholders up to date about progress of the project in order to keep the momentum going and maintain interest and enthusiasm for the scheme. Given the growing number of partners involved effective information sharing will be crucial and a professional communications strategy is required. The core points4life team should develop this themselves as a management tool rather than relying on potential providers or confusing marketing about the programme (which may be the potential provider's responsibility) with communication about the programme internally and gaining organisational and stakeholder buy-in (which is the management team's responsibility).

3. Building support and champions is crucial at this stage

GPs were identified by 'target' audiences as appropriate sources of information about points4life. Enabling GPs and other health representatives to play a 'championing' role will be an important part of ensuring that the programme is successful in reducing health inequalities. Given the importance of the role of GPs to the programme's goals of reducing health inequalities, it is surprising that this engagement has not yet happened. This is a key point that other sites wishing to implement similar schemes can learn from.

Engaging stakeholders has been one of the challenges of the programme to date, both in terms of agreeing a way forward and 'getting them on board'. Engaging with GPs could take considerable time. GPs are often seen as a challenging group to engage. That this engagement has not begun so far in the development of the solution can be seen as a potential risk to meeting the specific outcomes of the programme.

4. A widening of operational focus may be needed

The main challenges for points4life to date have been slow progress in developing the programme, especially the time taken to develop the solution, and negotiations with key partners. As a consequence, crucial parts of the programme are yet to be developed, most notably, the environmental strategy, the equalities impact assessment and action plan, engagement and awareness raising with BME communities and tracking changes in members' attitudes and behaviours over time. With key aspects of the programme still undeveloped, the likelihood of the programme reaching its core goals and overall objectives is questionable within the short evaluation timeframe.

It appears that the programme has focused most of its efforts on developing a very strong 'solution,' perhaps at the expense of engagement and other practical steps needed to ensure that the programme works. The rationale of the core team is that it is not possible to fully engage people until a solution is finalised and that it may be an inappropriate use of resources to communicate about a programme and undertake an equalities impact assessment if in fact there may be no programme launched. This differential prioritisation means that a lot of essential activities have been placed on the backburner and that the points4life team will need to be in a constant state of 'catching up' which may ultimately affect the programme's short term success.

5. Precise targeting is needed

Reflecting on what success would look like for the programme, it was noted some stakeholders noted that even small improvements in diet and levels of exercise could be viewed as a significant win if they were achieved by the least healthy and active sections of the population. This highlights the need to pitch the levels and thresholds of rewards appropriately to these target groups. This is vitally important and failure to do so could potentially result in widening health inequalities if patterns of engagement with the scheme and the benefits amassed are not accessed by those who need it the most.

Older age groups appear to have less interest in initiatives such as points4life and also report low levels of responsibility and control over their health. Targeted work is needed with this group to make points4life appealing and accessible.

6. Targets may need to be reconsidered

The points4life team set goals for attitudinal and behavioural change early on. This is positive as it has effectively guided the development of the programme and evaluation data collection strategies.

Baseline information is now available which suggests that the population average is very near to attaining some of the goals before points4life is implemented. This may mean that some of the goals and thresholds need to be increased as more Manchester residents are more aware of healthy behaviours and motivated to change behaviour than was expected.

These recommendations should not be seen to undermine the progress that the programme has already made and the commitment and dedication of all working within in. points4life is progressing towards achieving its goals, albeit less promptly than planned. A range of high quality information has already been collected from stakeholders, published literature and over 1,000 people in Manchester and this will assist in the continuing development of the programme.