

Consultation Report

Lifestyle Service Commission

Public Health Directorate

September 2014

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Executive Summary

Background

Cambridgeshire County Council (CCC), Public Health, has commissioned a range of healthy lifestyle services in the past. This consultation forms part of the commissioning process of the new service in order to meet the needs of the Cambridgeshire population.

A quality lifestyle service will assist in improving health outcomes in Cambridgeshire. In particular make improvements to relevant public health indicators and reduce inequalities. In Cambridgeshire;

- 65% of adults have excess weight (21.6% obese),
- around 15% of children in year 6 and 7.5% in reception are obese,
- around 18% of the population smoke,
- around 25% of the population are inactive,
- around 14.5% of people drink above safe recommended limits

Method

The consultation sought to retrieve the views of past, present and potential service users, targeted population groups and key stakeholders. The consultation involved a mixed method of collecting data. The main method of data collection was an anonymous survey which was offered both online (using SurveyMonkey®) and in hardcopy. The survey was distributed through various mediums including (but not limited to); Facebook adverts, twitter, local websites and hand delivery. Focus groups and stakeholder interviews were used to gain qualitative in depth information from specific groups of the population; children, people with learning disabilities, carers and service providers or experts.

Key results

- The survey was completed by 391 people between from all over Cambridgeshire.
- The most common locations that survey respondents would like services to be provided were; at a local community centre (55.8%), in a GP practice (43%) and online (25.6%).
- 44.9% of respondents said that they would not travel out of the district for the service. Focus group findings supported locations to be 'local', with transport being a common barrier.
- Weekdays and evenings were the most commonly cited preference to attend a service from the survey (n= 353 and 191 respectively). People with disabilities and carers specifically note that they require flexibility of timing, whilst children preferred after school programmes.
- 43.3% of survey respondents wanted group based delivery, followed by one-on-one delivery (36.4%) and a mix of the delivery options (33.3%) which included an online service.
- Survey respondents wanted autonomy with referrals by self-referral (61.7%) and online registration (35.5%). Half of respondents wanted to be GP referred. Focus groups also supported self-referral.
- Stakeholders and children noted the need for a service for different age groups for people younger than 18 years.

Recommendations

- ✓ Further specialised investigation and piloting of a service is needed to support young people (aged 12-18 years) to adopt a healthy lifestyle.
- ✓ Services should be offered in a range of locations and venues across the county, including GP clinics, community centres and halls, leisure centres, workplaces and local schools and hospitals.
- ✓ A mixed mode of delivery should be offered including groups, one on one and online.
- ✓ Services should run at different times throughout the week and weekend, ensuring that there are services offered in the evenings during the week.
- ✓ Investigation into 'lunchtime sessions' to fit within the work day/childcare. Consideration into offering childcare to reduce barriers to access (suggestion supported by NICE guidance).
- ✓ People should be able to register to use the services online or self-refer.
- ✓ There should be a strong psychological element to services e.g. to address emotional eating.
- ✓ A service should be available in between programmes to reduce waiting times and act on participant motivation.
- ✓ The service provider needs to have a strong marketing presence to appeal to a wide range of potential service users.
- ✓ Pathways into the service should be easy and flexible for the service user.
- ✓ Survey methodology feedback; analysing the text fields manually is time consuming. By upgrading the current Survey Monkey SELECT pay monthly subscription (managed by CamQuit £24.99/mth) to a Gold or Platinum annual subscription (£299 or £779 per year), the survey user has access to text analysis.

Background

Cambridgeshire County Council (CCC), Public Health, has commissioned a range of healthy lifestyle services in the past. The services included the National Childhood Measurement Programme, Health Trainers and 2 tiers of weight management services, including a service for children. These services have not been fully integrated or county wide. (See figure 1 for information on tiers).

National Child Measurement Programme (NCMP)

The National Childhood Measurement Programme is a national programme of weighing and measuring schoolchildren that was introduced in the 2005–06 school year. Reception and Year 6 children are measured routinely to gather population-level data to increase understanding of weight issues in children and to monitor changes in levels of obesity. Additionally, the National Child Measurement Programme is a useful way to engage with children and families about healthy lifestyles and weight and the current local Programme includes the offer of family based support and referral to activities and services. This service has been delivered as part of the school nursing team work.

Health Trainers

In Cambridgeshire the current Health Trainer Service is confined to the 20% most deprived areas where a health trainer is attached to GP practice. They are supported by three community development workers who develop links with partner agencies and work directly with community members. The health trainers provide one to one support but also group work in the community. Mytime Active has held the contract in Cambridgeshire for the past five years.

Weight Management Services;

In Cambridgeshire there have been a range of weight management services that have been run in parts of the county.

Tier 2 services include multi-component weight management services. There are three tier 2 services in Cambridgeshire: Weigh2Go, CHIP and EnergiZe.

- Weigh2go is based in the primary care setting, is delivered as a 1:1 service and is available in Cambridge City and South Cambridgeshire. Weigh2Go has been provided by the dietetic services.
- CHIP is a community led, group based, which is available across the county on a geographical rotational basis according to funding availability. CHIP was developed by ProHealth and is currently provided by Cambridgeshire County Council.
- EnergiZe is a weight management programme for children aged 7 – 11 who are above their healthy weight. The children attend with a parent / carer for 12 weekly sessions and take part in healthy lifestyles workshop and physical activity sessions. EnergiZe was developed and provided by Cambridgeshire County Council.

Tier 3 services are specialist services. There are 2 levels of specialist services offered in Cambridgeshire.

- The first level within tier 3 is the dietetic-led specialist obesity service (often called Level 2 weight management services).
- The second level within tier 3 is a specialist multidisciplinary service for patients with more complex obesity. This service is called the Intensive Weight Management Programme (IWMP) and has been provided by Cambridge University Hospitals, NHS Foundation Trust (Addenbrookes Hospital).

The New Integrated Lifestyle Service

The vision for the new service is that individuals and communities across the whole of Cambridgeshire have the information and support to adopt healthier lifestyles. The new service will provide an evidence-based countywide integrated Lifestyle Service that includes;

- Health Trainer Service
- Adult Weight Management Services – Tiers 1,2 and 3
- Childhood Weight Management/Lifestyle Service
- National Childhood Measurement Programme

The Services will be commissioned to function as an integrated service that provides an organised structure for treatment and referral between the different tiers. This enhances the patient journey and also can ensure that resources are more efficiently utilized.

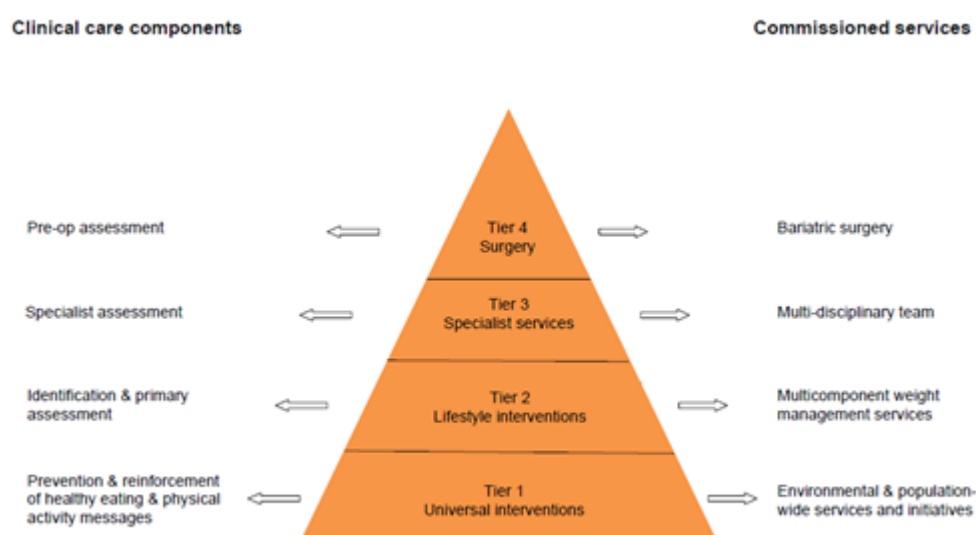


Figure 1: Obesity Care Pathway (Developing a specification for lifestyle management for lifestyle weight management services Department of Health 2013)

Method

The consultation plan and action table outlined the methodology to be used for this consultation. A mixed method was used to capture a wide range of responses, and also provide some in depth insight into certain population groups. We used a mixture of online and paper based surveys, focus groups and stakeholder interviews.

Survey

The general themes of what the survey intended to capture as outlined in the consultation plan;

- Accessibility and timing of services
- Service design, mode of delivery and referral
- Demographics
- Past service use

The questions were developed by the lifestyle service commissioning project team with a goal for the writing style to be plain English, a maximum of 10 questions and for the respondent to be able to complete it in a few minutes. The draft survey was sent to Healthwatch Cambridgeshire (*an organisation that provides a link between user's views and experience with health and social care services*) and changes were made after receiving suggestions regarding commonly used terms and phrasing. The questions were loaded into www.surveymonkey.net (using the Camquit paid monthly SELECT subscription) and tested by the project team for usability.

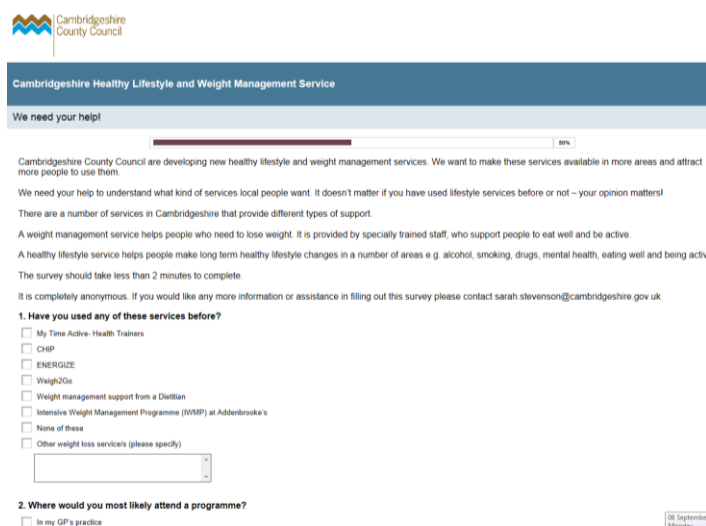


Figure 2: Snapshot of online survey (SurveyMonkey)

Initially the pdf version generated by SurveyMonkey was used as the hard copy for distribution. It was soon noted by service providers that this hard copy version was not user-friendly. A new pdf was made and distributed to all current service providers to send to past and current service users, Healthwatch groups and offer in various clinic waiting rooms. A link to the

The survey was given a unique URL (www.surveymonkey.com/lifestyle) so that it was easily used in tweets, Facebook posts, blogs and paper based advertising. It was anticipated that the unique, simple URL could easily be distributed by word of mouth, for example by current service providers to their participants or clients.

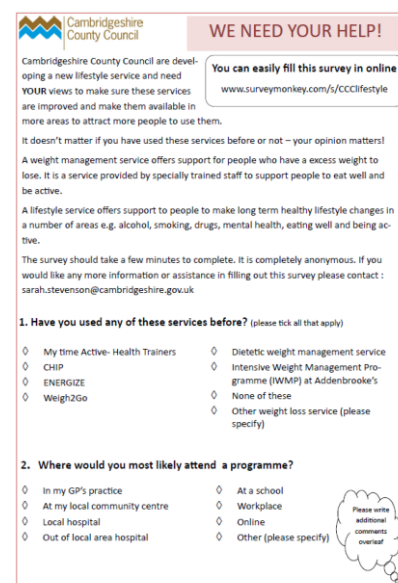


Figure 3: Snapshot of hard copy survey

online survey was offered at the top of the page of the hard copy. Traffic to the online survey as a result of the link displayed on the hard copy survey was not measured. We received (n=118) completed hard copy surveys, these were manually entered into survey monkey by the commissioning team.

Online advertising

A comprehensive array of online advertising was conducted and these are summarised below.

Facebook advertising was used to directly target Facebook users in Cambridgeshire to be directed to the survey. Healthwatch and the Health Improvement Specialist, with input from CCC communications manager, developed the advert that was to be used.

It was proposed that two different images would be used over the period of the advert life (a healthy lifestyle type image and then the CCC logo; see figures 4 and 5) to test if there was any more or less traffic with using the different images. The advert was targeted to appear in the news feed of people who are registered for Facebook and live in Cambridgeshire. 184 people clicked the link on the advert in the 1 month that it was advertised.

- 184 clicks to the survey
- Reach: 22841¹
- Frequency: 1.40²
- Total spend £99.99
- Average cost per click £0.54
- Duration of advertising: 24 July- 25 August



Figure 6: Facebook advert (CCC logo)




Figure 4: Facebook advert (healthy lifestyle image)



Figure 5: Snapshot of Healthwatch website story

¹ Reach: the number of people the advert was served to

² Frequency: the average number of times your advert was served to each person



Cambridgeshire
County Council

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Help shape lifestyle programme with survey

Published Wednesday, 23rd July 2014

New service will help people change to healthy lifestyles

Residents who can spare a little time to fill out a short survey can have a big impact on a new service that will help them to have a healthier lifestyle.

Cambridgeshire County Council wants local people to share views to help shape the new service to make sure it meets their needs.

The lifestyle Service will offer support to those who want to change their lifestyle to lower their risk of health problems such as diabetes and heart disease. It will include a wide range of options to choose from when they want to change their lifestyle which may for example be to lose weight, stop smoking or deal with stress more effectively. People will be able to have this support individually or may choose to join a group.

The short survey only takes a few minutes to fill out and can be accessed here -

followers over a one month period. Healthwatch regularly posted links to the survey on their Facebook page (page has 46 likes).

Cambridgeshire County Council used their social media networks to advertise the survey. The survey was advertised on the CCC intranet (Camweb), the CCC community facing website (on 23/07/14, see Figure 7), regularly tweeted to their 9059 followers, and posted on their Facebook page (page has 749 likes).

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Have your say: New Healthy Lifestyle Service

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No Comments

Readers who can spare a little bit of their time to find a short service can have a big impact on a new service that will help them to have a healthier lifestyle.

Cambridgeshire County Council wants local people to share views to help shape the new service to make sure it meets needs for a better future.

The new 'Lifestyle Service' will offer those who want to change their lifestyle to lower their risk of health problems such as diabetes and heart disease. It will include a wide range of options to choose from when they want to change their lifestyle which may be, for example, to be more active, stop smoking and deal with stress more effectively. People will be able to choose the support individually or only choose to take a package.

The short survey closes in less than a week and can be accessed [HERE](#).

Ver Thomas, Consultant in Public Health at Cambridgeshire County Council, said: "This new service will provide support to people who want to make healthy changes to their lifestyle, whether that's weight loss, quitting smoking or dealing with stress. The survey will give us an idea about where people want to use this service, at what times and their reasons for getting involved."

LARRY COMMENTS

I don't think it came to light that many people are not even managing what it is.

1 November 2014, 10:46

Like. CCTV operators have been made aware of the issues regarding spending etc.

1 November 2014, 10:46

Like. This service appears to be the best opportunity we've had for making a difference. They may take...

JACKIE REILLY

Why did you not shape YourPlace today?

1 November 2014, 10:46

100% 100% To find information

1 November 2014, 10:46

100% 100% To report a problem

1 November 2014, 10:46

100% 100% To find a respondent

1 November 2014, 10:46

100% 100% Something else

Tweets

Superintendent@cambridgeshire

Both free English Sign Language classes will be available from 10/11/2016

1 November 2014, 10:46

Superintendent@cambridgeshire

1 November 2014, 10:46

A general scan of Facebook pages that relate to Cambridgeshire was conducted (using the search term Cambridge/shire) and the survey link was posted to open groups and requests sent to closed groups.

Camsight (support for people with sight loss Cambridgeshire) distributed the survey to people that they support.

Representatives from current service providers were met with during the consultation. A series of key questions were asked to gain a providers perspective of what has worked well and what experiences could be utilised in the development of the new service.

The lifestyle commissioning team commissioned Healthwatch Cambridgeshire to conduct focus groups to gain in-depth qualitative data from specific population groups. The groups were; children, people with learning and other long-term disabilities and carers. Full details on the methodology used in the focus groups can be retrieved from the Healthwatch reports (appendix A).

Survey Results

Survey reach

The survey was completed by 391 people between 16/6/2014 – 12/9/2014.

It was important to capture the views of people who have used relevant services in the past to outline any barriers or enablers to affecting the usability of the current service provision. Table 1 summarises the responses (respondents could select more than one response).

Table 1: Question 1 Survey Responses

Q1: Have you used any of these services before?		
Answer Options	Response Percent	Response Count
My Time Active- Health Trainers	5.5%	21
CHIP	24.4%	93
ENERGIZE	3.7%	14
Weigh2Go	7.3%	28
Weight management support from a Dietitian	2.6%	10
Intensive Weight Management Programme (IWMP) at Addenbrooke's	0.8%	3
None of these	55.4%	211
Other weight loss service/s (please specify)	17.1%	65
answered question		381
skipped question		10

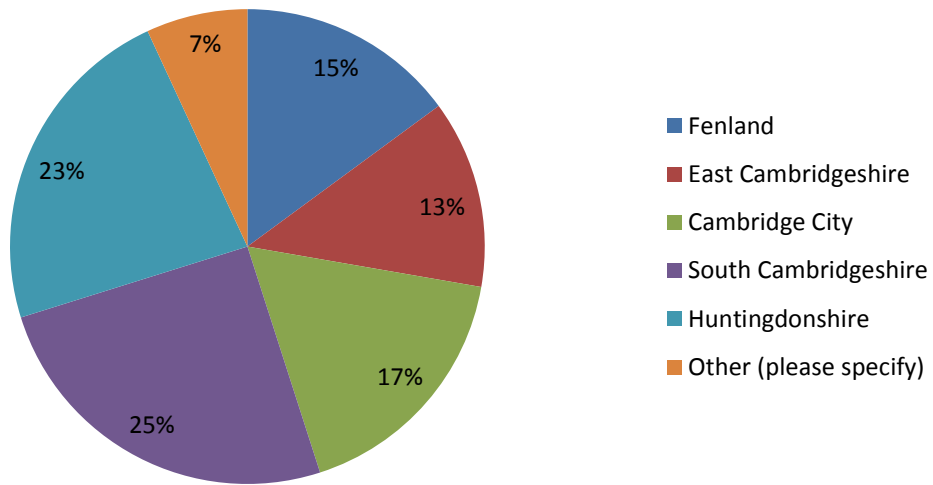
Answers from the comments field are summarised below:

- 27 respondents wrote that they had used Weight Watchers
- 23 respondents wrote that they had used Slimming World
- 19 respondents wrote that they had used other services including; GP exercise referral (4 responses), online programmes (5 responses; Tesco, Sainsbury's, myfittnesspal and change your mind) and the remaining individual responses were for various clinical and community services.
- 3 people felt that the Council should not be offering these services.

County coverage

The survey received responses from all over Cambridgeshire County.

Q9: What district do you live in?



The other responses were from neighbouring counties, with 4 responses stating that they work within Cambridgeshire but live outside of County.

Demographics

Table 2 provides a summary of the ages of 375 respondents who answered this question, the most common age category was people aged 60-74 years (27.7%) followed by 50-59 year olds (25.6%).

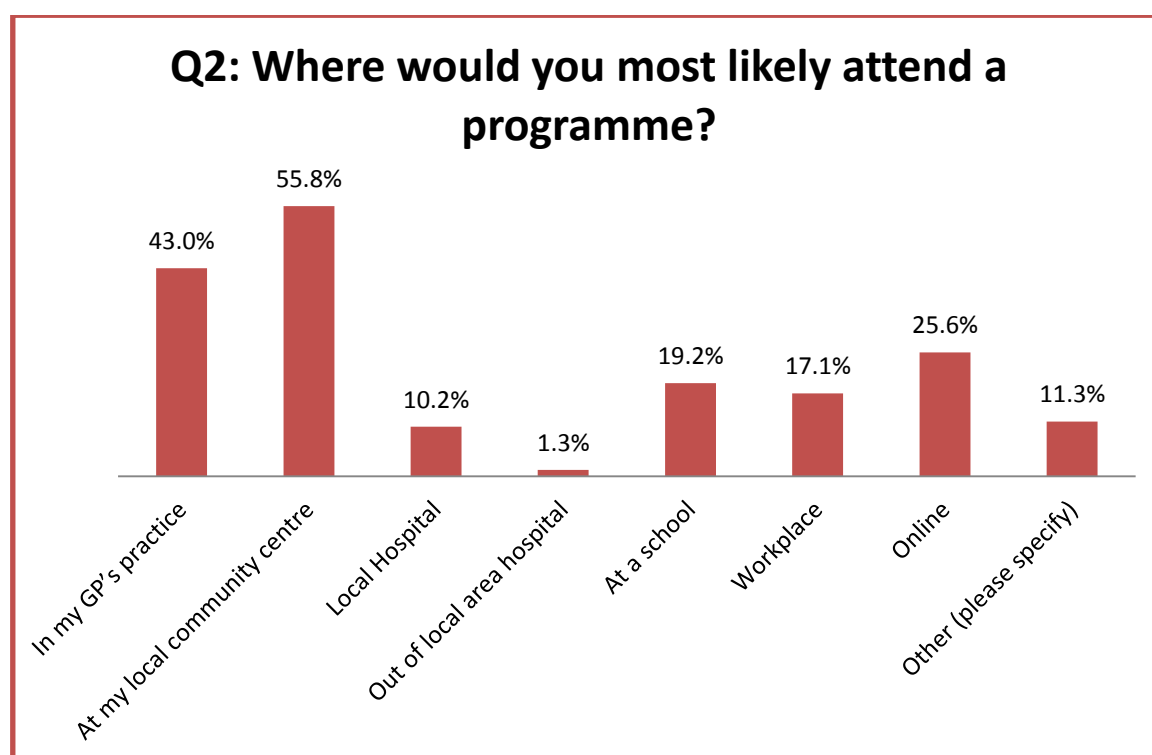
Table 2: Age distribution of survey respondents

Q7: Which category below includes your age?		
Answer Options	Response Percent	Response Count
Under 11 years	0.0%	0
12-17	0.3%	1
18-20	0.5%	2
21-29	4.8%	18
30-39	19.2%	72
40-49	16.8%	63
50-59	25.6%	96
60 - 74	27.7%	104
Over 75	5.1%	19
<i>answered question</i>		375
<i>skipped question</i>		16

Respondents were asked to identify their gender in Question 8. 373 people answered this question (18 skipped). **75.6% of the survey respondents were female and 24.4% were male.**

Location of services

The most common locations that survey respondents would like services to be provided were; at a local community centre (55.8%), in a GP practice (43%) and online (25.6%).



A range of 'other' suggestions were offered (n=44) with 13 respondents wanting the service at the leisure centre or gym. An emphasis on the venues being 'local' was commonly recorded.

This local theme was further emphasised in the responses received to Question 6 with 44.9% of respondents selecting that they would not travel out of the district for the service, (see Table 2).

Table 3: Question 6 responses

Q6: Would you be prepared to travel from your district (e.g. Huntingdonshire) to another district to attend a service?		
Answer Options	Response Percent	Response Count
Yes, I don't mind travelling within Cambridgeshire	9.7%	38
Yes, but only travelling less than an hour	10.5%	41
Yes, as a once off but not for regular meetings	21.5%	84
No, I wouldn't travel out of my district for this service	44.9%	175
Please comment	13.3%	52
<i>answered question</i>		390
<i>skipped question</i>		1

The comments received from Q6 yielded more emphasis that respondents have restrictions in regards to travel out of their district. Six people specifically referred to a physical disability and 3 people specifically noted visual impairment as a barrier for transport. Relying on public transport was cited as a transport barrier (n=10), and having no car or relying on cycle/walking was mentioned 11 times. There were 10 references to ensuring the location was local, with maximum distances of 10, 20 and 25 miles. Finally there were 16 references to time restraints or convenience when factoring in travel to a service. A selection of survey respondents comments have been included below:

"As I am disabled, being registered blind, and unemployed, travel any distance is prohibitive to me, and often impossible."

"There is little or no public transport in the area I live in and the cost of fuel for the car is another inhibiting factor in travelling any distance."

"Would prefer online, but if it was a mixture, so some face-to-face, would prefer it to be close to home."

Timing of programmes

Weekdays and evenings were the most commonly cited preference to attend a service when adding responses plus preferences within comments (n= 353 and 191 respectively). There was a similar distribution of responses between morning (n=93) and afternoon (n=91), and midday (n=64) was chosen the least; however 'lunchtime' sessions to fit within a working schedule was mentioned multiple times in the comments:

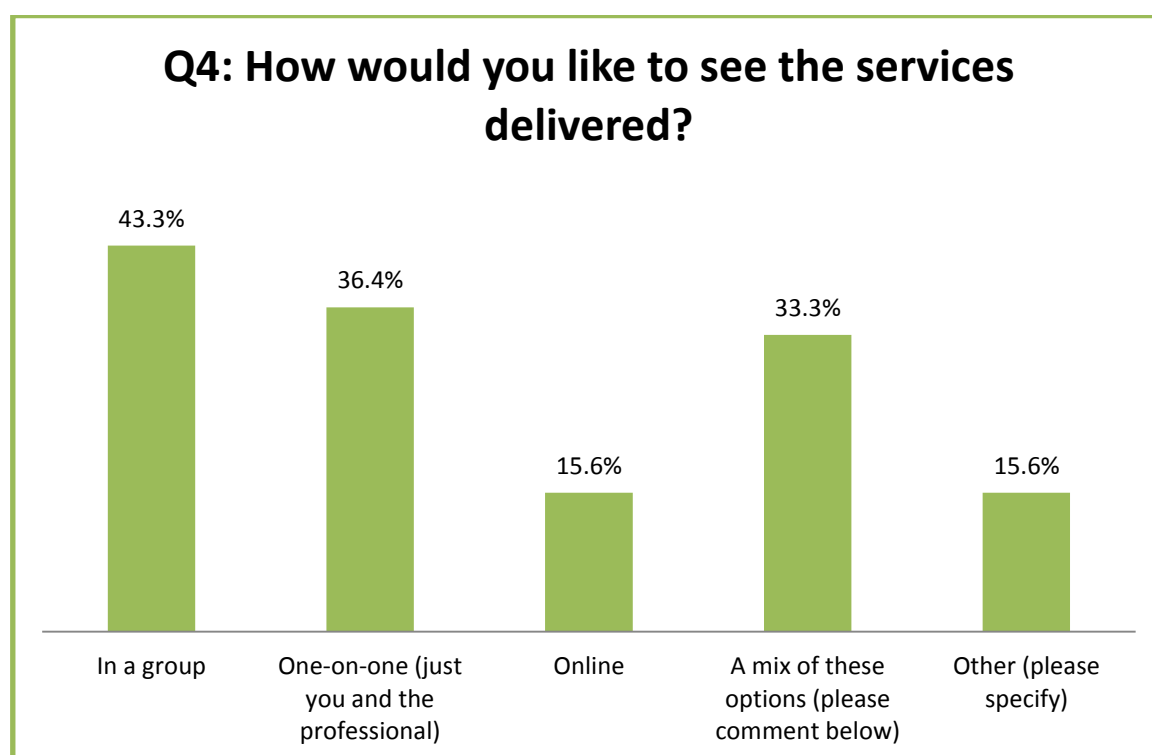
"A lunch time drop in session near my place of work would be really convenient"

Shift work, variable working hours and childcare meant that some respondents could not select a preference. A few respondents mentioned that having an online service would mean they do not need to worry about a time or day. Two respondents noted that straight afterschool is the best time for a children's service.

Modes of Delivery

Respondents were able to select more than one option for this question. 43.3% of respondents selected that they would want the service to be delivered in a group, followed by 36.4% wanting one-on-one delivery, closely followed by a mix of the delivery options (33.3%) which includes online support. The comments field offered further insight into the views of respondents who chose 'a mix of these options' or other. Twelve people commented that they would like an online service to be offered as a part of the service (eg. as well as group and/or one to one service). Six respondents spoke negatively about their

experiences with group work, with some adversity towards 'large' groups (one defined a max of 10-12 people in a group), but the vast majority of respondents either chose groups or a mix of groups and other.



Referral method

Respondents were able to select more than one option for this question. The most commonly cited preference of referral method was self-referral (61.7%) which can also be paired with online registration (35.5%). Half of respondents wanted to be GP referred.

Q5: How you would like to be introduced to these services?		
Answer Options	Response Percent	Response Count
From my GP	50.1%	195
From my pharmacist	8.7%	34
Just book myself in	61.7%	240
Online registration	35.5%	138
National Child Measurement Programme referral letter (for children/family services)	3.3%	13
Other (please specify)	6.7%	26
<i>answered question</i>		389
<i>skipped question</i>		2

The general comments showed that respondents were generally passionate about having a fully integrated lifestyle service, delivered in multiple locations (reducing transport and cost barriers), in a variety of settings (some prefer clinical, others community) and offering a variety of delivery methods to make the services relevant and suitable for all.

Focus groups

Cambridgeshire County Council commissioned Healthwatch Cambridgeshire to support the consultation by delivering focus groups to gain specific insight into the views of certain population groups.

Healthwatch staff facilitated one to one and group conversations to collect the views of some people with a wide range of disabilities and long term health conditions, and their family carers, who face additional challenges in living healthy lives.

The team also worked with children in a local primary school in St Neots, to gather their views of a potential 'health club'. The term health club was used to avoid any stigma around weight. Removing any reference to weight or body size was an attempt to ensure that the focus groups were not a catalyst to any social isolation or bullying.

The opportunity to comment and complete an online survey as well as to take part in local conversations was widely promoted amongst Healthwatch contacts and across social media.

Children's group

The full report of the findings of the focus groups as compiled by Healthwatch is available in the appendix of this report.

A summary of the methodology is listed below;

- Two classes of children ages 9 to 10, were engaged for approximately an hour each,
- Facilitators asked the students questions and themes outlined by the Public Health Department,
- All of the students were asked to write or draw their ideas on paper (see figure 9 for an example). They were also given the opportunity to share their ideas verbally, via digital audio recorder or video recorder.

A snapshot summary of themes identified is listed below;

- The students were enthusiastic and prolific in their responses.
- When asked what they would like to do at a health club, the students mentioned a wide variety of activities, most of which fell into three categories:
 - Physical activity, such as football, swimming, dance, running around, and climbing trees
 - Creative activity, such as giant drawing boards, crafts projects and movie making
 - Nutrition, either healthy cooking or eating classes and/or serving healthy meals or snacks
- The regular theme amongst the students was that experts in good health should lead the club.
- When asked who would be an expert in health, or who would be a good person to ask if you have questions about health, many students said 'doctors' or 'G.P's', their parents, or their teachers. Other suggestions included former scouts, cooks, or athletes.

- A few of the students shared the idea that the young people should determine what activities take place and how the club should run, but that there should also be an adult in charge to make sure no one gets hurt.
- When asked when they would like the health club to take place, the children mentioned a number of different times and days. The most common answers were; every day after school, at the weekends and during the holidays.
- When asked who should attend the health club, *anybody and everybody* and *people my age* were amongst the most common answers.
- When asked if they would like their family members to attend positive responses were given in general, although there were a couple of students who would not include their families. The idea that the health club should provide a space for pets was also mentioned.
- Different locations were mentioned by the children, such as abandoned buildings or local community centres. Another common theme was that the health club should take place outdoors, at parks and football pitches, where there is open space to practice different activities.
- It was also mentioned the health club should be in an easy to access location where people can attend without having to travel long distances. A couple of students said there should be one near every school.
- The students came up with a number of different names for a health club, frequent mentions were Health or Healthy (n=19), Fun (n=9) and kids or children (n=9).

Both classes were very engaging and interested in the idea of health clubs. Being healthy was associated, by the majority, with being active and participating in sporty activities and eating healthy food like fruit and vegetables. It is also clear that the importance of having family and friends around is valued and part of their ideals for a healthy lifestyle.

Some of the children mentioned that it is important for the health club to be free of charge so everyone could attend and also somewhere easy to get to so parents can easily drop them off.

The general responses were the health club should be a place where children feel comfortable with each other and with the leaders so they can enjoy and have fun in whatever activity they are engaging in. It should be a place where learning and having fun come together.

"Maybe some people who need a bit of help, because sometimes people will get themselves into sticky situations and they will just need some help to get out of them. Some people have eating disorders and that's very serious, and some people will need help to sort that out, so people who have eating disorders can go there and talk to other people who have similar problems and can work together to sort themselves out. " (Girl, age 10; Audio rec. 3. 04:30)

"Different sports like swimming, football, dancing and much more, room to relax after sports to calm down, healthy dinners and lunch" (Class 2, Girl, age 10).



Figure 9: Focus group Drawing, girl aged 10

People with learning disabilities

Healthwatch staff engaged in one to one and group conversations to collect the views of some people with a wide range of disabilities and long term health conditions, and their family carers, who face additional challenges in living healthy lives. The people taking part came from different parts of the county, and have widely ranging disabilities.

A snapshot summary of themes identified is listed below;

Location

- Services need to be within the local community
- The GP practice is where participants expected to be able to find out more and from where they expected to be referred.
- Participants live in a variety of setting; at home with parents, in supported living projects, independently but with support from paid carers.
- Weight loss/exercise messages need to be regularly, routinely and appropriately reiterated.

Programme characteristics

- Services must be able to look at the whole person and take into account wider health issues.
- Cost is a significant deterrent, particularly as many are dependent on benefits/pensions.
- Participants, even the most reluctant exerciser, enjoyed walking with company, and would like more opportunities to do so.
- Services would be more accessible if they were developed and offered within classes and programme schedules designed for people with learning difficulties, using staff with appropriate skills.
- Mainstream sport and exercise providers should make their services accessible and sustainable for people with learning disabilities.
- Some service providers offer cookery classes, however participants are limited in how many classes they can choose to do, so healthy living classes are often overlooked.
- Support workers/paid carers have a key role in helping people with learning disabilities to live healthily and to access healthy living services.
- Participants are dependent on parents or staff to help them to monitor their weight, eat healthily (e.g. whilst shopping and cooking) and exercise.
- Physiotherapy, whilst outside the immediate scope of this exercise is a vital part of living healthy lives for people with complex or multiple disabilities. Exercise is frequently attained through their physiotherapy programme.

It would appear that significantly more effort need to be made to encourage more people with learning disabilities to access appropriate lifestyle services and live more healthily, working closely and creatively with people with learning disabilities, their families and paid carers.

People with long term health conditions and disabilities

Two focus groups were facilitated with people with a broad mix of disabilities and long term health conditions, living across the county and a number of one to one conversations.

A snapshot summary of themes identified is listed below;

Location

- Services should be available locally, within the community.
- Participants considered the use of commercial gyms while other gym members were using the gym as not appropriate.
- Home visits should be available occasionally as needed
- Use Skype to reduce travel costs/needs
- People with long term health conditions are often dependent on benefits and find travel difficult.
- The relationship with the course leader was considered more important than the physical location. Participants primarily wanted to feel confident in the person delivering the lifestyle programme.

- Venues for classes/appointments need to be on a bus route. Quality of public transport is a further obstacle.

Timing

- Engagement with programmes or support should start straight after enrolment/ referral to maintain motivation for change.
- Flexibility of programme times is important.
- Lunch time classes were not popular due to conflict with routine medication and food intake.
- Participants expressed a preference for one to one support, with the option of groups.

Programme characteristics

- Self-referral is preferable.
- Enrolment should be easy, with minimal paperwork.
- All health professionals should reinforce the importance of reducing weight.
- Good communication between provider and user is important.
- Ongoing moral support and encouragement should be available to users, particularly those in social isolation.
- The programme needs to address the psychological issues around food and eating.
- The skill of trainers is essential to a good service.

Long term health conditions can be complex, there may be competing health needs, it is essential to be able to take the whole person into account, acknowledge that that person is an expert in their own condition, and deliver a service that can balance those potentially conflicting needs.

People with caring responsibilities

Comments are primarily taken from a group conversation amongst seven people. The participants covered a wide age range, including a young adult carer looking after both parents, to a man in his seventies caring for his wife. It also included parents who cared for their disabled children.

A snapshot summary of themes identified is listed below;

Location

- Participants wanted to have access to a good service in the local community.
- The type of venue was not considered a barrier to access, and no preference was raised.
- Participants from Fenland commented on the lack of pools and gyms and the distance to travel to get to what was available, as a deterrent to exercise.
- Travel time, not miles, is the important factor.

Programme characteristics

- This group mentioned the timing of services need to be 'carer friendly'
- One to One support to initially motivate the individual and address the particular individual issues was crucial to success
- Participants liked to be able to enjoy a sense of being a part of a community while exercising. Caring can be socially isolating.
- Views of online access were varied, due to the inability to identify a reliable source of information from non-factual information. A trustworthy source would be welcomed (front page should highlight credibility).
- Carers need advanced bookings to programme respite care.
- Importance of having efficient and assured entry into programmes, some participants have had negative experiences of being lost to follow up in the past.
- Service should cover the whole county and have offer wide eligibility for access. It is important to keep important to recognise the wider value of keeping the carer well.
- Ideally services and advice should be set within the context of an individual's Carer Health Check
- Cost is a barrier to access services in the long term. It was noted that short term services are often subsidised or free, but a charge occurs after this time period (e.g. exercise classes).
- Programmes must take into account good mental health as well as physical health.

Stakeholder Interviews

The stakeholder views were collected as one on one interviews or as an agenda item on a scheduled meetings. Meetings were with representatives from;

- Mytime active Health trainer service (1:1, 16 year olds+) (John Russell)
- Energize (groups, children aged 7-11 and their families), (Lisa Smith)
- Pro Health CHIP (adults, groups), (Mary-Claire Smiley)
- Weigh2go (1:1, adults), (Deirdre Fee)
- Level 2 dietetic service (adults), (Helen Gibbs)
- Intensive weight management service (complex obesity, adults), (Management team)

A snapshot summary of themes identified is listed below;

- There was a common theme of the need for a programme or service to support those while they are waiting to attend the service, so they don't lose motivation. This is necessary for both children and adults and could be an exercise programme, cooking classes, gardening courses, health club, pre-course taster session etc.
- There is a service gap for young people in Cambridgeshire
- Age range for children should be extended; programme would need to be developed to be suitable for different age groups eg. stage 1 and stage 2 age children

- There is a service gap for children who require more specialised or 1:1 support (paediatric dietitian capacity is limited)
- Recruitment is an issue for children, have tried many strategies to improve this.
- The children's programme needs a reliable data system
- There needs to be a stronger psychological element to services e.g. to address emotional eating.
- Staff turnover has impacted the services.
- Some services have a high administration requirement, and needs to be streamlined.
- There is an inconsistent quality of exercise programmes across the county, and many are not inclusive of their service users' needs, finances and abilities.
- Need to allow for sufficient training allowances for professional development of staff.
- Need high quality resources for participants
- For group based sessions in adults, 12-15 people in a group is a good size.
- Groups have been run in the evenings to attract working adults and an overall larger attendance. Some groups have been run in the mornings and attract older people, but a lower overall attendance.

Vision for an integrated children's service based on provider experience

- A fully integrated, multi-level service available for children is necessary to meet the diverse needs of the population.
- This involves running regular clubs that are non-invasive and not focussed on weight.
- From regular attendance at these clubs, children can be offered access to the children's weight management programme.
- When there is enough collective demand to run a programme (i.e. when there are around 10 children that want to attend) a programme is then run. *This addresses the inefficiency of planning a programme with the hope that children will attend, rather plan a programme for the children that are already flagged as attendees.*
- The regular fun clubs are 'feeders' to the children's weight management programme, but while they are waiting to enter the programme, they are receiving good quality healthy lifestyle building skills and opportunities.
- Beyond the programme, some children still require more support, either after the programme or instead of; therefore there is a need for a 1:1 service.

Limitations of Consultation

- ❖ The survey represents the views of the 368 people that completed it. Although these views provide insight and common themes can be identified, it cannot be extrapolated to represent all the views of Cambridgeshire residents.
- ❖ No questions were included around the National Child Measurement Programme. Further consultation regarding how this is delivered may be needed.
- ❖ There was not a good response rate from young people and the focus group was targeting younger children (9-10 year olds). Further consultation with young people is necessary to gain insight into how they may want to receive lifestyle support.
- ❖ Due to the lower level of paid survey monkey subscription, there was no survey text analysis tool used in this analysis. A basic manual thematic analysis was applied to the text, however due to time restraints the general comment field was not analysed. General comments can be retrieved in the appendix of this report.
- ❖ Identification of people with physical disabilities was not specifically asked in the survey, but comments showed that people with physical disabilities did respond.
- ❖ Focus groups provide interesting in depth insight into the views of those asked. The findings provide insight into the views of some people who identify as being a part of a population group (children, people with a learning disability, carers) but the findings cannot be held as a finite representation of the entire population group.

Conclusion

This consultation highlighted common themes and a range of views and that people have regarding a lifestyle service in Cambridgeshire. Responses from a variety of mediums showed that there is both a need and a desire to attend a lifestyle service. By addressing barriers to access and eligibility and offering a mixed range of service delivery options 'locally' across the whole county will result in a comprehensive service that people will want to use. It is important that the findings and recommendations of this consultation be considered in the development and procurement of the new service, as well as further targeted consultation.