

Gloucestershire County Council

Healthy Lifestyles Service for Adults in Gloucestershire

Consultation Final Report



Prepared by the Public Health Healthy Lifestyle commissioners team
April 2023

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Healthy Lifestyle Services for Adults in Gloucestershire – Consultation Report

1. Executive Summary

1.1 Background

Gloucestershire County Council is reviewing the support offered to adults who want to make healthier lifestyle choices.

The major causes of premature death in the UK are cancer, heart disease, stroke, respiratory disease and liver disease. These conditions are all linked to the following four lifestyle risk factors: smoking, excess alcohol, poor diet (linked also to obesity) and physical inactivity. The current Healthy Lifestyles Service (HLS) contract that supports people to make positive lifestyles behaviour changes across these behaviours, was commissioned in 2017 and will expire in March 2024, which gives us an opportunity to review the range of support provided in the future.

A public consultation on our commissioning proposals has been conducted to inform the next steps in the development and commissioning of the future healthy lifestyles service model. This document brings together the preparatory work that was conducted to inform these proposals, together with the findings of an 11-week public consultation and subsequent recommendations. This document will be included with the Cabinet report seeking permission to commission a Healthy Lifestyle Service for Adults in Gloucestershire.

In 2022 the Council commissioned a new Healthy Lifestyles Service for Children and Young People.

1.1.2 Pre-Consultation Engagement

Commissioners undertook a range of engagement exercises to inform the development of our specific proposals for a new Healthy Lifestyle service model for Adults in Gloucestershire.

Key themes that were identified via exercises included: ensuring services work better together; improving access for those in greatest need; tailoring service offers to the strengths, assets and experience of individuals and communities; and ensuring continuous community engagement.

1.2 Formal Consultation

A formal public consultation was then conducted to gather views on our specific proposals for a new Healthy Lifestyles Service model for adults. A survey was published on the Council's engagement platform and was open for 11 weeks between 31st January 2023 and 16th April 2023. The online consultation comprised three separate surveys for different audiences i.e., General Public, Voluntary, Community and Social Enterprise Organisations, and Public Sector Organisations. Hard copy surveys were available on request along with easy read versions available both online and in hard copy. The survey was promoted using a range of methods.

A total of 271 people submitted responses to the online survey: 191 responses from General Public; 65 from Public Sector Organisations and 15 from Voluntary, Community and Social Enterprise Organisations.

In addition to the online survey, commissioners conducted engagement activities to reach protected characteristic groups and to learn about the barriers and enablers they experience in accessing support and adopting a healthy lifestyle. This included focus groups with individuals with learning disabilities, older people, mothers with toddlers, representatives from ethnic minority communities, and LGBTQ+ community groups. Discussions were also held with stakeholders working with rural communities, people

with learning disabilities, pregnant women, and mothers with young children; as well as discussions with staff working for the current Healthy Lifestyles Service.

1.3 Key findings

Key findings identified from the public consultation feedback include:

- Weight management support, including Weight Management on referral (i.e., Slimming World vouchers) and one-to-one coaching support to lose weight are the most used services.
- 65% of public respondents, 80% of public sector respondents, and 87% of VCSE respondents agreed or strongly agreed with the principle of reducing health inequalities by prioritising support for individuals and communities facing the greatest challenges to living a healthy lifestyle.
- 61% of public respondents, 69% of the public sector professionals, and 67% of VCSE respondents either strongly agreed or agreed with the proposal to move away from providing universal weight management to offering more targeted support to people at greatest risk or who face the greatest challenges to managing their weight.
- 70% of public respondents, 84% of public sector respondents, and 80% of VCSE respondents either agreed or strongly agreed with the proposal to work with community organisations in areas of greatest need to enable them to play a more formal role in providing healthy lifestyles support to residents.
- The two most common means of finding out what support is available were via internet/search engine, followed by consulting a GP, or family member or friend,
- The preferred method of access to healthy lifestyles support was pre-arranged face-to-face individual lifestyle coaching followed by drop-in advice (no appointment required)
- An overwhelming majority felt support should be available outside of normal working hours.
- Respondents were asked whether what might prevent or support them to make a lifestyle change. Their responses were grouped under the following themes:
 - Barriers included: not having confidence, lack of time, accessibility issues, cost of healthy eating and physical exercise, and not knowing what support is available.
 - Enablers included: flexible timings and local venues, friend and family support, family friendly activities, non-judgemental personalised support and competent, skilled provider staff.
- Public sector and VCSE organisations were asked about any experiences of health inequalities or cultural competency relating to the communities they support. Themes that emerged were:
 - Health inequalities: limited support for older adults, accessibility issues for learning disabilities, impact of poverty, language barriers and challenges faced by those living in rural areas.
 - Cultural competencies: the need for the service to have an understanding of complex support needs, cultural values, and financial difficulties, and for the service to be effectively promoted amongst groups who traditionally are less likely to access support.

1.4 Response to Consultation

This feedback will inform the developing service model and procurement approach of the proposed Healthy Lifestyles Service for Adults.

The Equality Impact Assessment that accompanies these proposals included actions identified from the feedback from, or relating to, protected characteristic groups.

2. Healthy Lifestyle Services for Adults – Consultation Report

2.1 Introduction

Gloucestershire County Council is reviewing the support offered to adults who want to make healthier lifestyle choices.

The major causes of premature death in the UK are cancer, heart disease, stroke, respiratory disease and liver disease. These conditions are all linked to the following four lifestyle risk factors: smoking, excess alcohol, poor diet (linked also to obesity) and physical inactivity. These behaviours are responsible for 40% of disability adjusted life years (years lost due to ill-health, disability or early death) in the UK.

The current Healthy Lifestyles Service (HLS) contract that supports people to make positive lifestyles behaviour changes across these behaviours, was commissioned in 2017 and will expire in March 2024, which gives us an opportunity to review the range of support provided in the future.

The current Healthy Lifestyles Service delivers:

- One-to-one lifestyle coaching support for adults (aged 18+) to:
 - Stop smoking (aged 12+)
 - Weight management support (including a universal offer for a referral to Slimming World)
 - Physical Activity
 - Alcohol reduction
- Prevention programmes, such as:
 - The First 1001 days: a targeted programme that supports expectant mothers to improve and maintain healthier lifestyles during pregnancy,
 - A schools-based peer support programme aiming to build resilience and discourage 'risky' lifestyle choices including smoking,
 - A Workplace Health Award scheme.

The aims of any new service will be to:

- Improve disability free life expectancy, capability, and quality of life through helping people to help themselves to live healthier lifestyles.
- Reduce the health inequalities associated with unhealthy lifestyles behaviours.
- Build capacity within communities to enable them to offer additional support in their local area.

A public consultation on our commissioning proposals has been conducted to inform the next steps in the development and commissioning of the future healthy lifestyles service model. This document brings together the preparatory work that was conducted to inform these proposals, together with the findings of the public consultation, and subsequent recommendations. This document will be included with the Cabinet report seeking permission to commission a Healthy Lifestyle Services for Adults in Gloucestershire.

In 2022 the Council commissioned a new Healthy Lifestyles Service for Children and Young People.

2.2 Pre-consultation Engagement and Research

Prior to the development of the proposals for a new Healthy Lifestyle Services model and the public consultation, Commissioners working on the Healthy Lifestyle portfolio have undertaken a number of pre-consultation exercises. These are summarised individually below.

2.2.1. Early engagement

Background and Purpose

Between June and September 2022, Commissioners undertook an engagement exercise with people representing a range of protected characteristics groups including older people; those with long-term conditions; those from different ethnic and religious groups and those from the LGBT + community. These informal open aimed to understand the key barriers and enablers in making healthier lifestyles choices, and what was important to people in making these choices or seeking lifestyles support.

Key Findings

The following key themes were identified:

- **The importance of confidence to reach for help:**
People did not always feel comfortable asking for help from services. Mental health issues and loneliness can reduce the motivation improve lifestyles and make reaching out for support challenging.
- **The importance of friends and family support:**
Friends, family, and community were important to supporting people to look after their wellbeing and maintain 'good habits', as well as providing opportunities to meet socially. Sometimes a lack of social support and 'issues' at home are a barrier to change.
- **Improved access and service adaptations:**
 - Some groups were not aware of the current service.
 - Some groups reported that wider health conditions impact on their ability to access support or make changes longer term.
 - Accessibility is a persistent issue for people, particularly those living with a physical or learning disability. Service offers need to be tailored or targeted appropriately.
 - Lack of understanding of cultural, religious and differing health needs, as well as people's previous experiences of accessing support, resulted in people feeling that services were not always appropriate or welcoming to them. For some the issue of needing to 'feel safe' was raised
 - Language barriers and lack of interpreters make services inaccessible for some.
- **Financial implications**
 - Costs of services, and opportunities to be physically active or access healthy food, can be a barrier to participation and lifestyle change.
 - Transport availability and cost is a barrier for some.

2.2.2 Stakeholder Engagement (ongoing)

Background and Purpose

Commissioners also had discussions with community leaders, those working with people from protected characteristics groups, and those representing these groups, in order to inform the proposals for the new service model. Commissioners held semi-structured conversations with stakeholders about issues relating to healthy lifestyles that are important for them and their communities.

Key Findings

The following key themes were identified:

- **Focus on continuous engagement with local community:**
 - Providers and commissioners need to have ongoing engagement with communities (and those that work /represent them) and be proactive ensuring services are reaching and serving those who need them most, and gathering their views.
- **Fair and representative service access:**
Commissioners need to be actively monitoring contracts to ensure access to services is representative of the population.
- **Working better together:**

Opportunities for better integration and / or understanding of what is ‘out there’ – services could be better at signposting to other providers to offer a more holistic approach to meeting people’s needs – ‘how can we work better together’.

The above activities, alongside recommendations from the EIA, informed the development of proposals for a new service, which are:

- A single point of access to one-to-one coaching support to make a lifestyle change e.g., increase physical activity levels, reduce alcohol, or lose weight.
- Specialised stop smoking support with nicotine replacement therapy for anyone wishing to quit.
- A range of weight management support. Moving away from offering universal weight management on referral (currently provided by Slimming World), we propose to offer a menu or targeted support that is co-designed with people who experience the greatest barriers to adopting a healthy lifestyle.
- Targeted healthier lifestyles support for women during pregnancy and up to their child’s second birthday.
- Training and support to enable community groups and organisations to support residents to live well e.g., peer support.
- Information and resources about healthier lifestyles including advice and signposting to further sources of support.
- The Workplace Health Award scheme.

Discussions are underway with the Gloucestershire Healthy Living and Learning (GHLL) programme regarding future provision of the Schools Peer Support Programme to be embedded in their delivery model.

Given the proposed changes to the current provision a formal consultation was undertaken to seek views of the wider stakeholders including the general public.

2.3 Consultation (31st January 2023 – 16th April 2023)

2.3.1 Background and purpose

Following community and stakeholder engagement described above, which helped shape our draft proposals for a new Healthy Lifestyle Service model for Adults, a formal public consultation was undertaken to seek the views on the proposals.

2.3.2 Methodology

A survey was developed using the Council’s Engagement HQ Platform (<https://haveyoursaygloucestershire.uk.engagemthq.com/>)

The online consultation comprised separate surveys for different types of audiences i.e., the General Public, Voluntary, Community and Social Enterprise Organisations, and Public Sector Organisations. The survey used open and closed questions to gather views on the proposals for the new service. It was available online and in hard copy upon request. An easy-read version (in English) was also available online and in hard copy upon request.

None of the questions were mandatory, so not all questions were responded to.

The survey was publicised using a variety of methods:

- Posters sent to all libraries and children centres.
- Press Release and associated news coverage.
- Publication across all GCC social media pages and website
- Promotion to key stakeholder groups (Appendix 2 – List of partners/stakeholders where the survey was promoted /shared)
- Presentation and discussion at key stakeholder meetings (Appendix 2)
- Promotion to all commissioning teams within GCC

- Paid social media adverts (via Facebook and Google Adverts) targeted to key demographic groups to ensure insight was gathered across protected characteristics and key inequality groups, as informed by our Equality Impact Assessment. These key demographic groups were:
 - People living in areas of deprivation,
 - Those with an interest in mental health,
 - Those with an interest in LGBTQ+,
 - Those with an interest in pregnancy,
 - Those with an interest in physical disability,
 - Ethnic minority communities,
 - Communities of faith.

Focus groups were also held with individuals with learning disabilities, older people, mothers with toddlers, ethnic minority communities, and LGBTQ+ community groups. These groups were met in their own environments. The key principles underpinning our commissioning proposals were presented to the groups followed by an opportunity for participants to comment. The groups were then facilitated to talk about living a healthy lifestyle and identify any barriers they experience and how they access relevant information and support. All feedback was documented and thematically analysed.

Commissioners also held discussions with the representatives of learning disability service (Inclusion Gloucestershire), maternity community (Maternity Voices) and rural communities (Gloucestershire Rural Community Council).

The current Healthy Lifestyles Service provider held a feedback session with staff, and commissioners held a discussion with senior staff. Challenges of current and proposed service models were explored, as well as what is working well and future opportunities.

The findings below are taken from all consultation activities, with feedback from focus groups, responses received directly from organisations, and current HLS staff discussions, is included under the survey responses to the relevant questions. The information includes both quantitative and qualitative data.

Survey data has also been analysed in relation to the protected characteristics to explore any differences between these groups. Overall, the responses from these groups were similar to the general feedback. Where this is not the case this has been made evident. It should be noted however that 73% of respondents were female and that further work needs to be undertaken to draw out any different views from men.

2.3.3 Limitations

Commissioners recognise that there is a gap in reaching individuals from rural communities, young people and men. Further engagement during mobilisation and service implementation is planned.

2.3.4 Findings

Survey Responses

A total of 271 people submitted responses to the online survey: 191 responses from the General Public; 65 from Public Sector Organisations and 15 from Voluntary, Community and Social Enterprise Organisations (VCSE).

An additional 34 people were reached through five focus groups:

- Learning Disabilities (6 participants) - discussion held at The Cavern in Gloucester
- Cheltenham based women's group with representatives from various ethnicities (10 participants)
- LGBTQ+ partnership (6 participants) - discussions held at the 'Tea with the Mayor' event.
- Baby and Toddler (4 participants) – Redwell centre in Gloucester
- Friendship Group (8 participants) – Redwell Centre in Gloucester

Finally, separate discussions were held with Inclusion Gloucestershire, the Maternity Voices Partnership, and Gloucestershire Rural Community Council, and one response was received via a Word document from the Ageing Well Integrated Commissioning Team, (Gloucestershire County Council and NHS Gloucestershire Integrated Commissioning Board).

Question 1

Are you responding as an individual or on behalf of a local organisation or group?

Of the 191 responses to this question received from the general public, 98% confirmed that they were responding as an individual, and 2% as an organisation or group.

Question 2

Please indicate the capacity in which you are responding to this survey.

Table 1. General Public responses to Question 2

Which of the following best describes you?	Number of responses
As someone who might use the new service or who has used the healthy lifestyles service in the past	112
As a friend, relative, carer or colleague of someone who may benefit from using a healthy lifestyles service	45
Other	19
Prefer not to say	15

Of the 191 responses received from the general public, 60% confirmed that they were responding as potential users of the new service, or past users of HLS, and 24% were responding on the behalf of a friend, relative carer or colleague of someone who may benefit from the HLS.

Of the 65 responses received from Public Sector Workers, 48% confirmed they were responding in a professional capacity as someone who supports a member of the public; 41% - in a professional capacity on behalf of an organisation; 3% - preferred not to say, and 8% indicated 'other category', which included: administrator, employee,, professional support as part of corporate resource, and 'in a professional capacity as a public sector worker'.

Of the 15 responses from the VCS, 53% confirmed they were responding in a professional capacity, 40% as a volunteer, and 7% (one respondent) preferred not to say.

Question 3

A – General Public

Which district do you live in?

Table 2. General Public responses to Question 3

Which district do you live in?	Number of responses
Cheltenham	35
Cotswold	18
Forest of Dean	31
Gloucester	61
Stroud	31

Which district do you live in?	Number of responses
Tewkesbury	14

The largest proportion of respondents who answered this question live in Gloucester (32%), followed by Cheltenham (18%). Stroud and Forest of Dean had 16% of respondents each, with Cotswolds and Tewkesbury representing 10% and 7% respectively of the remaining respondents. Compared to the population of Gloucestershire, based on Census 2021¹, Tewkesbury district was underrepresented among the respondents to the survey (7% of respondents v. 15% of population), followed by Cotswold (10% of respondents v. 14% of population). The proportion of respondents was higher than the population proportion for those living in Gloucester and the Forest of Dean. This suggests that the online survey has reached some of the rural communities, however, more engagement in the latter phases of this project is needed to enrich understanding of all rural areas across the county. Gloucester, the Forest of Dean and Cheltenham include our most deprived neighbourhoods experiencing the greatest health inequalities.

B – Public Sector Organisations and Voluntary, Community and Social Enterprise Organisations

Which district do you work in?

The largest proportion of respondents of Public Sector and VCS surveys represented whole county services (46% and 33% respectively), followed by organisations based in Gloucester and Cheltenham.

Question 4

A – General Public

If you, or a person you are supporting, have used the Healthy Lifestyles Service, which service(s) were used?

Table 3. General Public responses to Question 4

If you, or a person you are supporting, have used the Healthy Lifestyles Service, which service(s) were used?	Number of responses
A targeted group support weight management programme	4
General information and advice regarding healthy lifestyles	19
Lifestyles support for women during pregnancy - Healthy Me, Baby and Beyond Programme	5
None of the above	100
One-to-one support to increase physical activity	11
One-to-one support to lose weight	21
One-to-one support to reduce alcohol	2
One-to-one support to stop smoking	9
Online support to make a lifestyle change	11
Prefer not to say	2
Seeking guidance on what healthy lifestyles support is available	16
Weight management on referral (e.g. Slimming World vouchers)	39

Respondents could select more than one option. A total of 100 general public respondents (52%) indicated they have not used the Healthy Lifestyle service.

The most used services were the Weight Management on Referral (e.g., Slimming World vouchers) (20%), followed by the one-to-one Support to lose weight (11%), general information and advice

¹ [first-release-full-briefing.pdf \(gloucestershire.gov.uk\)](#)

regarding healthy lifestyles (10%), and seeking guidance on what healthy lifestyles support is available (8%).

Some respondents had used one-to-one support to increase physical activity (6%), online support to make a lifestyle change (5%), one-to-one support to stop smoking (4%), and lifestyle support for women during pregnancy (3%). A very small number of respondents used targeted group support for weight management (which was only introduced in 2022), and one-to-one support to reduce alcohol.

These responses reflect HLS service data for Weight Management on Referral, but not for stop smoking support, which is the second most used HLS service.

Respondents had an opportunity to provide further feedback about their experience of accessing the HLS services, e.g., what was good, what could have been better:

- **Weight Management on Referral (e.g., Slimming World vouchers)**

Of those who accessed Weight Management on Referral, 32 of 39 further described their experience. Respondents reported both positive and negative experiences. Many respondents reflected that they lost weight during the programme (12 respondents), and some continued the weight loss, but a few reported that their weight loss was not sustained. Those who enjoyed their experience, valued the social aspect of group interaction, motivational routine, and informative advice. Some respondents did not agree with the dietary advice they received, which they felt did not promote healthy living, and felt that the programme was not tailored to their individual health needs.

- **One-to-one Support**

Of those who accessed one-to-one support to lose weight, increase physical activity and stop smoking, 20 described their experience. Responses varied, from praising the supportive staff approach, flexibility of appointments (phone and online meetings), and support to reach goals, such as losing weight and quitting smoking, to respondents reflecting that they would benefit from the service being accessible outside of working hours, more after-care support, and higher quality information.

- **General information and advice regarding healthy lifestyles, seeking guidance on what healthy lifestyles support is available.**

Some of respondents provided further comments about their experience accessing general information and seeking guidance; the majority found the guidance received useful, and two respondents did not find this useful.

- **Additional comments**

A few respondents stated that they were not aware of the service and would like to access them. One respondent raised that these services were not available/ more difficult to access for those living in rural areas.

B – Public Sector Organisations

If you are aware of anyone you support who has accessed the Healthy Lifestyles Service, which service(s) were used?

Table 4. Public sector organisations responses to Question 4

If you are aware of anyone you support who has accessed the Healthy Lifestyles Service, which service(s) were used?	Number of responses
A targeted group support weight management programme	2
General information and advice regarding healthy lifestyles	12
I have accessed healthy lifestyles training e.g., Making Every Contact Count; Health Coaching; stop smoking advisor training	8

If you are aware of anyone you support who has accessed the Healthy Lifestyles Service, which service(s) were used?	Number of responses
Lifestyles support for women during pregnancy - Healthy Me, Baby and Beyond Programme	1
None of the above	13
One-to-one support to increase physical activity	19
One-to-one support to lose weight	17
One-to-one support to reduce alcohol	6
One-to-one support to stop smoking	20
Online support to make a lifestyle change	9
Seeking guidance on what healthy lifestyles support is available	7
Weight management on referral (e.g., Slimming World vouchers)	23

Respondents could select more than one option. Similarly, to general public response, Weight Management on Referral was the most used service, according to Public Sector Organisation respondents (35%). Public Sector respondents also indicated that the people they support have accessed one-to-one support to stop smoking (31%), to increase physical activity (29%), or to lose weight (26%). Some respondents included general information and advice regarding healthy lifestyles, one-to-one support to make a lifestyle change, seeking guidance on what healthy lifestyles support is available, Healthy Lifestyles Training, and one-to-one support to reduce alcohol.

Respondents had an opportunity to share the feedback they received about the experience of accessing the HLS services, e.g., what was good, what could have been better:

- **Weight Management on Referral (e.g., Slimming World vouchers)**

A number of public sector professionals were concerned about the Weight Management on Referral offer, based on the experience of people they support. Concerns included: accessibility and sustainability of the service for people with learning disabilities; sustainability of outcomes; quality of dietary guidance; the motivational approach (clapping only when weight loss achieved, but not when weight is maintained); and terminology (using the word 'syns'). It was also noted that the offer is unsuitable for those who cannot access group work. Some respondents indicated that the offer was non-judgemental, supportive and welcoming.

Additionally, a few respondents suggested that more personalised and targeted approach to specific population groups would be more favourable.

- **One-to-one support**

The majority of professionals had received positive feedback about the one-to-one service. The quality of communication and information, the personalised approach and responsiveness of the service were highlighted. Other respondents cited people wanting more specific guidance and information; a more responsive service; a greater level of support; and improved accessibility for people with learning disabilities, and those with mobility or mental health problems.

C – Voluntary, Community and Social Enterprise Organisations

If you are aware of anyone you support who has accessed the Healthy Lifestyles Service, which service(s) were used?

Of 15 respondents, 8 working within VCSE stated that people they support have accessed any of the Healthy Lifestyle services; with one-to-one support to stop smoking, one-to-one support to lose weight and general information and advice regarding healthy lifestyles, being cited.

Respondents had an opportunity to share the feedback they received about the experience of accessing the HLS service, e.g., what was good, what could have been better. The only feedback received from

VCSE organisations stated that the signposting information is easy to access and readily available, and that they have received positive feedback about the one-to-one service.

Focus Group Responses to Question 4:

Weight Management on referral (e.g., Slimming World vouchers)

Four out of six participants with learning disabilities (two males and four females) shared their experience of the Slimming World offer, alongside two individuals (one male and one female) from other groups.

In general, participants reflected that their experience was enjoyable, and that they valued the group support and easy to follow recipes. Two participants had lost weight. One participant with learning disabilities accessed a group that led by her former support worker, who provided her with additional support, and she felt that this was crucial for her participation. Another participant (LGBTQ+) did not find the support suitable for his needs and therefore he did not complete the course.

One-to-one Stop Smoking service

Two participants accessed support to stop smoking and both achieved a ‘quit’ and are currently not smoking. One participant who accessed the service twice, was not successful during her first pregnancy, but stopped smoking during her second pregnancy. She reflected that she was highly motivated when accessing this service for the second time.

Some participants from the older people's group reflected that they used to smoke and managed to quit smoking either with support from their family, or on their own due to financial or health difficulties but did not access any services.

Lifestyle support for women during pregnancy

In general, participants from the baby and toddler group were aware of the Healthy Lifestyles Service, and although they did not access it (except for one woman who accessed Stop Smoking support), they knew what is available and how to access it. One woman who recently left residential care and was receiving help from a support officer, was not aware of what support is available.

Question 5

A – General Public

If you, or a person you are supporting, were to reach out for support in future, what support might you contact a healthy lifestyles service for?

Table 5. General Public responses to Question 5

If you, or a person you are supporting, were to reach out for support in future, what support might you contact a healthy lifestyles service for?	Number of responses
General information and advice regarding healthy lifestyles	56
Group support to increase physical activity	52
Group support to lose weight	53
Group support to reduce alcohol	7
Group support to stop smoking	6
I wouldn't contact a healthy lifestyles service	23
Lifestyles support for women during pregnancy - Healthy Me, Baby and Beyond Programme	14
One-to-one support to increase physical activity	62
One-to-one support to lose weight	86
One-to-one support to reduce alcohol	6
One-to-one support to stop smoking	14
Online support to make a lifestyle change	43
Seeking guidance on what healthy lifestyles support is available	42

If you, or a person you are supporting, were to reach out for support in future, what support might you contact a healthy lifestyles service for?	Number of responses
Other	14

Respondents could select more than one option. Support to lose weight and to increase physical activity, alongside advice regarding healthy lifestyles, were identified by the general public as the most likely to be accessed in future, with one-to-one support to lose weight requested by 45%; one-to-one support to increase physical activity by 32%; general information and advice by 29%; group support to lose weight by 28%, group support to increase physical activity by 27%; online support by 23%, and seeking professional guidance on available healthy lifestyles support by 22%.

12% of respondents said they would not contact a Healthy Lifestyles Service.

A small number of respondents would access stop smoking support (7%: one-to-one support and 3%: group support), or support to reduce alcohol (4%: group support and 3%: one-to-one support).

7% of respondents are planning to seek lifestyle support during pregnancy.

Among other services, the respondents said they would like to access healthy lifestyle support for older people; weight management support for children; and mental health support.

B – Public Sector Organisations and Voluntary, Community and Social Enterprise Organisations

From your knowledge of the people you support, what support do you think they might contact a healthy lifestyles service for in the future?

Public Sector Organisations

Table 6. Public sector organisations responses to Question 5

From your knowledge of the people you support, what support do you think they might contact a healthy lifestyles service for in the future?	Number of responses
General information and advice regarding healthy lifestyles	28
Group support to increase physical activity	33
Group support to lose weight	33
Group support to reduce alcohol	23
Group support to stop smoking	31
Lifestyles support for women during pregnancy - Healthy Me, Baby and Beyond Programme	19
One-to-one support to increase physical activity	42
One-to-one support to lose weight	43
One-to-one support to reduce alcohol	35
One-to-one support to stop smoking	35
Online support to make a lifestyle change	24
Seeking guidance on what healthy lifestyles support is available	30
They wouldn't contact a healthy lifestyles service	10
Not applicable	4
Other	2

Voluntary, Community and Social Enterprise Organisations

Table 7. Voluntary, Community and Social Enterprise Organisations responses to Question 5

From your knowledge of the people you support, what support do you think they might contact a healthy lifestyles service for in the future?	Number of responses
General information and advice regarding healthy lifestyles	10
Group support to increase physical activity	7
Group support to lose weight	8
Group support to reduce alcohol	5
Group support to stop smoking	5
Lifestyles support for women during pregnancy - Healthy Me, Baby and Beyond Programme	4
One-to-one support to increase physical activity	9
One-to-one support to lose weight	11
One-to-one support to reduce alcohol	8
One-to-one support to stop smoking	9
Online support to make a lifestyle change	5
Seeking guidance on what healthy lifestyles support is available	9
They wouldn't contact a healthy lifestyles service	1

Respondents could select more than one option. Public sector professionals indicated that the people they support are more likely to seek help for one-to-one healthy lifestyle service support in the future, from 66% of respondents highlighting the need for support to lose weight to 54% - for support to stop smoking and reduce alcohol. Group support to lose weight, increase physical activity and stop smoking are also very likely to be requested, according to half of the respondents. Services, such as seeking guidance on available healthy lifestyle, information about healthy lifestyle and online support to make a lifestyle change were also regarded as services which will be sought. The need for stop smoking and alcohol reduction (both one-to-one and group) were perceived to be much higher by professionals who support potential service users, than by general public respondents.

15% reflected that the people they support would not contact a Healthy Lifestyle Service.

Responses from Voluntary, Community and Social Enterprise Organisations were similar to the Public Sector responses, though they rated the need for general information and advice more highly.

Focus Group Responses to Question 5:

A few participants said they would like to access advice for losing weight and creating healthier meals but, did not refer to any specific Healthy Lifestyle services. One group said they would value a training/session at a local venue with Healthy Lifestyle coaches to learn about exercise and diet suitable for their age and culture.

Question 6

Do you agree with the principle of ‘reducing health inequalities’ by focusing this resource on supporting individuals and communities facing the greatest challenges to living a healthy lifestyle (and signposting those with lower levels of need to other available information and support)?

A – General Public

Table 8. General Public responses to Question 6

Do you agree with the principle of prioritising this resource on supporting individuals and communities facing the greatest challenges to living a healthy lifestyle (and signposting those with lower levels of need to other available information and support)?	Number of responses
Strongly agree	56
Agree	66
I don't mind either way	30
Disagree	25
Strongly disagree	12

Of 189 responses to this question, a majority of 65% either agreed or strongly agreed with this proposal; 20% disagreed or strongly disagreed; and 16% had no opinion either way.

When disaggregating responses by protected characteristics and by districts, there were no significant variations, with a majority supporting the principle of focusing resources to reduce health inequalities.

131 respondents provided an explanation for their response. Those who were in favour of this proposal, reflected that limited resources should be used in supporting individuals and communities who are most in need or face the greatest challenges, as these communities are less likely to be able to help themselves, and failure in supporting them may result in greater financial cost in future. Those disagreeing with the principle, thought support should be available to everyone, as weight and lifestyle problems occur in every community.

The following concerns were raised by those who agreed and disagreed with the principle:

- Prioritising approaches and defining those in greatest need – respondents were concerned about how it will be decided who is in the greatest need. For example: some people from more affluent socioeconomic background face similar challenges to live a healthy lifestyle and cannot afford to seek support; a few respondents mentioned the needs of older people being often overlooked.
- Access and awareness – respondents highlighted that those with greatest challenges are less likely to proactively seek support, so the service should ensure access is fair and promoted among marginalised groups.

B – Public Sector Organisations

Table 9. Public sector organisations responses to Question 6

Do you agree with the principle of prioritising this resource on supporting individuals and communities facing the greatest challenges to living a healthy lifestyle (and signposting those with lower levels of need to other available information and support)?	Number of responses
Strongly agree	29
Agree	23
I don't mind either way	7
Disagree	6
Strongly disagree	0

Of 65, an overwhelming 80% of public sector respondents agreed or strongly agreed with the principle, while only 9% disagreed. Respondents reflected that health outcomes and life expectancy vary widely between different demographics, that most disadvantaged groups experience additional barriers in accessing services and therefore the limited resources should target those most in need. It was also mentioned that this approach would help with the cost and pressure on primary and secondary care services.

Only a very few respondents who disagreed with the proposal provided further explanation, which regarded giving equal chances to all people. One person raised a concern that this could create a gap for people who do not fit into the greatest risk category but cannot afford to access support and could end up being forgotten.

C – Voluntary, Community and Social Enterprise Organisations

Of 15 VCSE respondents, only one disagreed with this proposal, and one did not mind either way, with 13 (87%) either agreeing or strongly agreeing with the proposal. Their further comments reflected those given by the Public Sector organisations and included: focus on improving health outcomes for those most in need, and on reducing cost and burden of primary and secondary care services, recognition of limited funding and concern on which communities will be targeted and which would be excluded.

Question 7

Do you agree with the proposal to move away from providing weight management support for anyone (e.g. Slimming World vouchers) to offering more tailored support to people who are at greatest risk, or face the greatest challenges to managing their weight)?

A – General Public

Table 10. General Public responses to Question 7

Do you agree with the proposal to move away from providing weight management support for anyone (e.g. Slimming World vouchers) to offering more tailored support to people who are at greatest risk, or face the greatest challenges to managing their weight)?	Number of responses
Strongly agree	54
Agree	62
I don't mind either way	27
Disagree	35
Strongly disagree	13

Of the 191 responses received for this question, a majority of 61% of respondents either strongly agreed or agreed with the proposal to move away from providing weight management for anyone and offering support to those at greater risk. Just over 25% strongly disagreed or disagreed with this proposal, and just over 14% had no opinion either way.

When disaggregating responses by protected characteristics, there was a small variation in response from female and male groups. The majority of responses still agreed or strongly agreed with this question (59% of females and 69% of males), however 29% of females strongly disagreed or disagreed with the proposal, compared to 13% of male.

There was a significant variation in responses by districts. Only 35% of respondents from the Forest of Dean strongly agreed or agreed with the proposal, while more than half (52%) of the Forest of Dean respondents strongly disagreed or disagreed. The majority of responses from other districts agreed or strongly agreed with this proposal.

Of those who disagreed or strongly disagreed with this proposal, 46 respondents provided further explanation. Responses referenced that the support should be offered to everyone who needs it; that the group support is effective, and many referred to achieving good outcomes from attending Slimming World. Some stated that earlier intervention is more effective, and that the focus should be on educating children about healthy lifestyles.

Of those who agreed or strongly agreed with this proposal, 91 respondents provided further explanation. Responses referenced that people struggling with weight would benefit more from an approach tailored

to their individual needs; that Slimming World does not suit everyone and hardly accessed by some population groups, such as people with learning disability and males. Many people disagreed with the dietary food advice and approach (such as failure letters) provided and felt that the weight lost is not sustainable.

B - Public Sector Organisations

Table 11. Public sector organisations responses to Question 7

Do you agree with the proposal to move away from providing weight management support for anyone (e.g. Slimming World vouchers) to offering more tailored support to people who are at greatest risk, or face the greatest challenges to managing their weight)?	Number of responses
Strongly agree	21
Agree	24
I don't mind either way	11
Disagree	5
Strongly disagree	3

Similarly to the general public responses to this question, the majority (69%) of public sector professionals agreed or strongly agreed with the proposal of removing the universal health management support in favour of offering more targeted support for those at greatest risk. Only 12% disagreed or strongly disagreed with this proposal and 17% did not mind either way.

Only seven respondents who disagreed (or strongly disagreed) with the proposal provided further explanation, referencing the trust, experience, and benefits (such as weight loss) of the programme. Two of these would like the service to include Slimming World vouchers as well as a targeted group offer.

Of those who agreed with the proposal, 37 respondents further clarified that the targeted offer would be more beneficial for those living with learning disabilities, and those struggling with group settings due to poor mental health or lack of confidence. Additionally, concerns about weight loss sustainability and approach of the offer were raised.

C – Voluntary, Community and Social Enterprise Organisations

Of 15 VCSE responses, 10 respondents (67%) either agreed or strongly agreed with the offer, two respondents disagreed and three – did not mind either way. The further comments echoed the concerns raised by the Public Sector respondents, such as approach and lack of weight loss sustainability, as well as providing both offers – Slimming World vouchers and a targeted offer.

Focus Group Response to Question 7:

The majority of participants agreed with the proposal of providing more tailored support, rather than universal vouchers for Slimming World, with one participant who had accessed Slimming World disagreeing. Others who had accessed Slimming World and had a positive experience reflected that they would benefit more from the service being tailored to their specific needs, e.g., learning disabilities.

Organisational responses to Question 7:

Those organisations who responded to this question, agreed with this principle of offering more tailored approach to people they support, but highlighted that the new arrangements should be established by working with people rather than 'doing for' them and that it should be supporting people of all ages.

Question 8

Do you agree with the proposal to work with community organisations in areas of greatest need to enable them to play a more formal role in providing healthy lifestyles support to residents?

A – General Public

Table 12. General Public responses to Question 8

Do you agree with the proposal to work with community organisations in areas of greatest need to enable them to play a more formal role in providing healthy lifestyles support to residents?	Number of responses
Strongly agree	61
Agree	72
I don't mind either way	34
Disagree	15
Strongly disagree	8

Of 191 respondents, a majority of 70% either agreed or strongly agreed with the proposal to work closer with community organisations in areas of greatest need, with 12% either disagreeing or strongly disagreeing and 18% did not mind either way.

B - Public Sector Organisations

Table 13. Public sector organisations responses to Question 8

Do you agree with the proposal to work with community organisations in areas of greatest need to enable them to play a more formal role in providing healthy lifestyles support to residents?	Number of responses
Strongly agree	30
Agree	20
I don't mind either way	7
Disagree	3
Strongly disagree	0

Of 62 Public Sector responses, 84% either agreed or strongly agreed with this proposal; only 5% disagreed and 11% did not mind either way.

C – Voluntary, Community and Social Enterprise Organisations

Similarly to the Public Sector, 80% (12 responses) of VCSE respondents either agree or strongly agree with this principle, two respondents did not have an opinion and one disagreed.

Respondents provided an explanation to their response, and as the comments were very similar among all three groups, they have been grouped together into themes.

Of those who agreed or strongly agreed with this proposal, 85 of the general public, 32 of public sector and 12 of VCSE respondents provided further explanation. Responses highlighted multiple advantages of working with communities referring to communities as trusted and accessible places, who have knowledge and understanding of local needs and can reach marginalised groups through the existing links and relationship. These advantages would help with service users' engagement, access, confidence, and sustainability. Some respondents raised that community organisations will need additional funding to provide additional support.

Those who did not agree with this proposal and provided further feedback (23 of the general public, three public sector and one from a VCSE organisation), querying the expertise and capacity of local communities, and willingness of people to share personal stories and information with local community

organisations. A few respondents raised the issue of mapping the ‘right’ communities representing those most in need.

Focus Group Response to Question 8:

All participants agreed with this approach. Participants reflected that communities play a vital role for those who have additional needs or are more vulnerable. The main benefits of delivering services with the community cited by participants were: safe and trusted environment, and support from people with similar characteristics or experiencing similar challenges. One mother said she would find it useful to receive support from other mothers who smoke, and a few people with learning disabilities indicated that they would only access support within their trusted community places.

Organisational responses to Question 8:

Organisations agreed with this proposal but highlighted the need to be mindful and to recognise the complexity of most vulnerable communities.

Question 9

A – General Public

If you, or a person you are supporting, wanted to make a lifestyle change (e.g. stop smoking, improve eating or physical activity habits, reduce alcohol, or lose weight) but did not know what support was available, where would you go to find out?

Table 14. General Public responses to Question 9

If you, or a person you are supporting, wanted to make a lifestyle change (e.g. stop smoking, improve eating or physical activity habits, reduce alcohol, or lose weight) but did not know what support was available, where would you go to find out?	Number of responses
The internet or a search engine	136
GP	82
NHS or council website	59
Family member or friend	46
Other health professional	29
Community organisation	22
Your Circle	21
Pharmacy	14
Other	14

Respondents could select more than one option. The most popular method to find out what support is available is through the internet/a search engine, followed by asking the GP, NHS or council website, and asking for advice from a family member or friend. The remaining options listed were selected by small numbers of respondents.

A small sample of respondents identified additional methods to find out what support is available. Of these, the most popular were physiotherapist, nurse, gym, and through trusted local organisations, such as libraries and leisure centres.

B - Public Sector Organisations

From your knowledge of the people you support. If someone wanted to make a lifestyle change but did not know what support was available, where do you think, they would go to find out?

Table 15. Public sector organisations responses to Question 9

From your knowledge of the people you support, if someone wanted to make a lifestyle change but did not know what support was available, where do you think, they would go to find out?	Number of responses
The internet or a search engine	45
GP	45
Family member or friend	40
Community organisation	21
NHS or council website	17
Other health professional	10
Pharmacy	9
Your Circle	4
Not applicable	3

Respondents could select more than one option. The three most popular methods were the internet/ a search engine or a GP, followed by asking family member or friend. Community organisations and NHS or council websites were also selected by a number of respondents. A small number identified health professionals such as health visitors and midwives as sources of information about available support.

C – Voluntary, Community and Social Enterprise Organisations

From your knowledge of the people you support. If someone wanted to make a lifestyle change but did not know what support was available, where do you think, they would go to find out?

Table 16. VCSE responses to Question 9

From your knowledge of the people you support, if someone wanted to make a lifestyle change but did not know what support was available, where do you think, they would go to find out?	Number of responses
Community organisation	12
Family member or friend	10
The internet or a search engine	9
GP	7
NHS or council website	4
Other health professional	4
Other	2
Pharmacy	1

VCSE responses varied slightly from the general public and public sector organisations, with community organisations being perceived as the most popular method of finding information about support. However, family member or friend, internet search and GP were also indicated by the VCSE organisations as frequently used by the people they support. A few respondents indicated that a social prescriber could be another useful way of accessing information.

Focus Group Responses to Question 9:

Focus group participants mirrored the responses of the general public. Many participants look for information about services on the internet, and a few refer to the community settings for advice. A community leader commented that she researches for the available services and if the service is relevant for community members, she supports them to access it. A few participants stated that they do not know how to access services that could be beneficial for them.

Question 10

A – General Public

How would you, or the person you are supporting, want to access healthy lifestyle support?*Table 17. General Public responses to Question 10*

How would you, or the person you are supporting, want to access healthy lifestyle support?	Number of responses
Pre-arranged face-to-face individual lifestyle coaching support	115
Self-help resources (e.g. articles, how-to guides etc.)	68
Drop-in advice and support (no appointment required)	65
Pre-arranged face-to-face group lifestyle coaching support	64
Pre-arranged remote support delivered online e.g., via Zoom	47
Remote peer support (e.g. online forums, chat groups)	46
Telephone support	34
Email support	30
Text support	25
Other	15

Respondents could select more than one option. The most popular method was by pre-arranged face-to-face individual lifestyle coaching support, followed by self-help resources, drop-in advice, and pre-arranged face-to-face group support. The least popular method was text support.

Of the respondents that indicated another method to access support, the most popular method was school-based services.

B - Public Sector Organisations

From your knowledge of the people you support, how do you think someone would want to access healthy lifestyle support?

Table 18. Public sector organisations responses to Question 10

From your knowledge of the people you support, how do you think someone would want to access healthy lifestyle support?	Number of responses
Pre-arranged face-to-face individual lifestyle coaching support	47
Drop-in advice and support (no appointment required)	29
Pre-arranged face-to-face group lifestyle coaching support	30
Pre-arranged remote support delivered online e.g., via Zoom	25
Telephone support	24
Text support	19
Self-help resources (e.g. articles, how-to guides etc.)	19
Remote peer support (e.g. online forums, chat groups)	19
Email support	10
Other	5
Not applicable	4

Similarly to the general public, public sector organisations perceived that pre-arranged face-to-face individual lifestyle coaching support would be the most popular method of accessing support by their clients. Drop-in advice and support and pre-arranged face-to-face group lifestyle coaching support were also chosen as popular options. The difference between general public and public sector organisations views, was that the public sector did not perceive self-help resources as a popular way of accessing support.

C – Voluntary, Community and Social Enterprise Organisations

From your knowledge of the people you support, how do you think someone would want to access healthy lifestyle support?

Table 19. VCSE responses to Question 10

From your knowledge of the people you support, how do you think someone would want to access healthy lifestyle support?	Number of responses
Drop-in advice and support (no appointment required)	11
Pre-arranged face-to-face individual lifestyle coaching support	8
Pre-arranged face-to-face group lifestyle coaching support	6
Pre-arranged remote support delivered online e.g., via Zoom	5
Telephone support	4
Text support	3
Self-help resources (e.g. articles, how-to guides etc.)	3
Remote peer support (e.g. online forums, chat groups)	2
Email support	1
Other	1

VCSE responses to this question reflected the public sector responses.

Question 11

Do you think it is important for support to be available outside of normal working hours?

A – General Public

Table 20. General Public responses to Question 11

Do you think it is important for support to be available outside of normal working hours?	Number of responses
Yes very	111
Yes somewhat	53
No	81
Don't know	7

Of 189 responses to this question, an overwhelming majority (nearly 87%) agreed that it is important for support to be available outside of normal working hours. Only 10% disagreed, and only 4% did not have an opinion.

115 respondents provided an explanation for their response with the majority stating that the service should be available in the evenings and at weekends.

Other popular options for the service to be available were:

- Saturday mornings
- Early evenings
- Early mornings
- A few times per week – outside of normal working hours

The most popular reasons behind these availability options were to accommodate those who are working normal hours, shift hours or have families and cannot access standard business hours of service provision. Other reasons included that struggles with healthy lifestyle/ habits are more likely to occur in the evening and during weekends, so the support should be available during this time.

Seven respondents explained why they did not agree that support should be available outside normal working hours. Reasons reflected respondents' own personal availability. Some respondents suggested that face-to-face support should be available between 9am and 5pm, while online/ phone/ email support should be available outside these hours.

B - Public Sector Organisations and – Voluntary, Community and Social Enterprise Organisations

The responses received from public sector and VCSE organisations were similar. 80% of public sector and respondents (of 65) and 80% of VCSE respondents (of 15) agreed that support should be available outside of normal working hours, with 14% of public sector disagreeing and 1 person from VCSE also disagreeing. Approximately half of the respondents from both groups provided further explanation, and many of these mirrored the general public comments. In addition, public sector respondents stressed that recruitment for evening and weekend roles could be difficult, and that opening support to outside of normal working hours could reduce the opportunity of working together with other professionals, thereby making communication and integrated working more difficult. Some suggested the need to take into consideration the availability of public transport, childcare, and the winter season, when people are less likely to access services in the evening.

Question 12 – General Public ONLY

If you, or the person you are supporting, wanted to make a lifestyle change is there anything that might prevent you, or them, from doing so? e.g., confidence, time.

Of 191, 150 responded to this question. Responses were grouped into the following barriers to seeking, accessing and achieving a healthier lifestyle:

- **Confidence** (40 respondents) - lack of confidence in themselves, in taking initial steps and in commitment.
- **Lack of time** (26 respondents) – struggles with the work and family-life balance.
- **Accessibility** (20 respondents) - lack of local venues (especially in rural areas), services operating only within working hours, lack of targeted sessions (such as women only and culturally adapted services), difficulties in accessing online services, and transport issues.
- **Cost** (18 respondents) - cost of healthy eating options and physical exercise
- **Knowledge** (12 respondents) – not knowing what support is available,
- A few respondents also referred to lack of motivation, mental health problems, lack of family support and not wanting to take ownership.

Focus Group Responses to Question 12:

The focus group responses mirrored the barriers raised by the general public. Some of the participants provided further details. Lack of knowledge of what is available and barriers to physical exercise were the most frequently mentioned themes. A few respondents shared that they had to withdraw from their physical exercise classes, due to financial problems, or medical conditions. Some participants added that it is hard for them to be active due to their age, as they are no longer able to perform activities/ hobbies, which they used to. It was mentioned that many services and activities are concentrated in the urban locations and therefore hard to access for those living in other districts. One participant raised that they have struggled with physical exercise over recent years, as many sports initiatives in the Forest of Dean have shut down due to Covid. One participant reflected that they were unable to access online health services/ information, as they do not use the internet. Additionally, a few LGBTQ+ participants said that feeling isolated, and fear of being judged, is stopping them making a lifestyle change.

Organisational responses to Question 12:

The organisational responses reflected the barriers raised by the public sector and VCS organisations. In particular, organisations raised the issues of:

- **Social isolation** among older people and those living in rural areas. It was mentioned that older adults are less likely to join any activities following the loss of their peers, and that the lack of regular presence of services/ activities in high rurality areas contributes to people becoming socially isolated. Respondents referenced that social isolation increases the risk of low mental wellbeing, which creates another barrier for people wanting to access the services.
- **Accessibility, including digital exclusion.** It was felt that lack of easy read materials and lack of user-friendly website information, with additional problems in accessing physical activity centres, discourages people with learning disabilities from initial steps to make a lifestyle change. It was also noted that for those living in rural areas poor internet connection contributes to missing opportunities in accessing online advice, especially among the younger generation.
- **Transport** issues were raised as a barrier across all the organisations that provided feedback. Respondents reflected that older adults stop driving as they become frailer, and people living in rural areas have difficulties in getting to services/ activities due to long distances and lack of public transport. One respondent mentioned that that have a conversation about transport issues with somebody every day.
- **Cost** of healthy food, including higher protein food for older adults, poverty, and competing financial priorities were raised by respondents as difficulties in making healthy changes among people they support.

Healthy Lifestyles Service current team response to Question 12

The team response echoed the points raised by the public sector and VSCE organisations. Staff believed that there was a need to give special consideration and take different approaches when working with some groups, who do not access the service, such as people with learning disabilities, people speaking different languages and in need of translator services, and those with poor mental health.

Question 12 – Public Sector Organisations and Voluntary, Community and Social Enterprise Organisations ONLY

Are there any issues or experiences of health inequality relating to the communities you serve that you would like us to consider?

Respondents were able to provide their thoughts or comments on this question through a free text response, and the majority of these comments covered multiple issues or experiences of health inequalities. A total of 47 respondents provided an answer to this question (37 - public sector and 10 – VCSE) and these responses were grouped into the following health inequality groups:

- **Age**
A few respondents reflected on the impact of being an older adult. Some felt that there is limited support available for older people, that older people are less likely to ask for support until they reach a crisis, and they are also less likely to drive, which prevents them from accessing support.
- **Disability, physical and mental health conditions**
Respondents raised concerns about high obesity prevalence among those with learning or physical disabilities, and accessibility issues for these groups. Respondents identified the need for targeted and tailored services, which should be co-produced with people with lived experience.
- **Deprivation/financial difficulty**
Many respondents referenced the impact of poverty on their ability to live healthier, due to high cost of healthy food and lack of access to free/low-cost physical exercise opportunities.
- **Non-English speakers**
Some respondents mentioned language barriers preventing some ethnic minority groups from seeking and accessing support.

- **Location**

Respondents highlighted the challenges faced by those in rural areas such as having to travel into other areas, the lack of public transport and lack of services. One respondent stressed that many vulnerable people with illness or health conditions are living in affluent areas and these people should not be excluded from accessing the services.

Question 13

A – General Public ONLY

If you, or the person you are supporting, wanted to make a lifestyle change is there anything that might support you, or them, to do so? e.g. support from a friend, getting support at a place and time that suits you?

Of 191, 119 responded to this question. These comments were grouped into the following enablers in seeking, accessing and achieving a healthier lifestyle:

- **Accessibility** (38 respondents) – flexible timings and local venues.
- **Friend/ and family support** (25 responses), as well as whole family inclusive services, and help with childcare arrangements.
- **Type of support** (19 respondents) – non-judgemental, friendly service; personalised support; online support; group and peer support.
- **Provider competency and skills** (9 responses) – staff's support to make a first step and staff's motivational skills to continue participation; provider's professional advice and knowledge of underlying illnesses, to include mental health.
- **Awareness of available services.**

Focus Group Responses to Q13:

The focus group responses mirrored those of the general public. Many participants highlighted the importance of friend, family, and community support. Other enablers to achieving a healthy lifestyle included: opportunities for women only activities/ childcare provision/ bringing children to the session. Some participants reflected that feeling that their needs and challenges are understood by those providing services would motivate them to access services and make a lifestyle change.

Organisational responses to Q13:

In addition to the points raised by the general public and focus groups, organisational responses highlighted the importance of training community champions who have lived experience of challenges specific to the group. It was also raised that more vulnerable communities would benefit from longer and interactive sessions, and a built-in sustainability plan, e.g., plan for shared meals following the cooking sessions. To initiate engagement the respondents suggested attractive and inspirational branding, and to visiting people in their own homes.

Healthy Lifestyles Service current team response to Q13

The team reflected that the flexible approach of offering digital/ phone/ face-to-face support and a person-centred approach has been beneficial for service users. Opportunities for enhancing support, identified by the team included: more flexible access hours, free/ subsidised passes for physical activity, home visits for the housebound, longer-term support, even for those who achieved their goal, to aid sustainability, and a community budget to support further engagement.

Question 13

B - Public Sector Organisations and Voluntary, Community and Social Enterprise Organisations ONLY

Are there any issues or experiences of cultural competency relating to the communities you serve that you would like us to consider?

Respondents could reply to this question through a free text response. 21 respondents replied (18 - public sector and 3 – VCSE), and these responses were grouped into the following themes:

- **Cultural values**

Respondents reflected that food holds different meanings for different cultures, including what healthy is. Furthermore, gender issues can impact lifestyle, are strongly embedded within generations. Some respondents reiterated the importance of dietary advice being tailored to culture.

- **Financial situation**

Some respondents noted additional financial and housing challenges faced by some ethnic minority communities, citing the example of some migrants having multiple jobs and low job security, which means they prioritise their employment over accessing health services.

- **Type and methods of support**

Individual comments included the following reflections: the value of services being delivered by people from those cultures; lack of awareness of available services among many ethnic minority groups; for those whose English is not a first language, pictorial information could be provided; the service should take a personalised approach, inclusive to all and understand the needs of different communities.

Question 14

Is there anything else you would like to add to help us develop our plans for healthy lifestyles support for adults in the county?

A – General Public

72 respondents provided a free text answer to this question. Responses were grouped into the following themes (some responses covered multiple themes):

- **Skills, experience and competency**

Some respondents specified that the service should have staff with lived experience of healthy lifestyle issues, and that staff should be suitably trained to be able to have difficult conversations and motivate people to seek support and maintain lifestyle changes.

- **Promotion of the service**

Many respondents suggested the service should be well advertised, for example by providing information on the annual council tax bill.

- **Potential service users**

Some respondents emphasised consideration of older people as potential service users, that their needs should not be neglected, and that support should not be condescending. One person suggested different ways of supporting this group such as walking, table tennis and dancing.

- **Type of support that should be provided**

A number of responses included offers listed in the brief outline of the proposed service, e.g., Slimming World vouchers, group support and health coach support. Some responses suggested that the offer should include free/ discounted exercise passes/ membership, e.g., gym passes, swimming passes, climbing vouchers and more provision for exercise delivery, such as fun days. One respondent reflected that the support for stop smoking should be more frequent, rather than once per week, another respondent would like to see more focus on drugs. There was also a suggestion to provide support for all ages and sexes from one place.

- **Integration with other services**

Some respondents suggested that the proposed service should integrate with existing support and services. Several respondents were specific, referencing collaboration with local councils, leisure centres and community centres.

- **Mental Health**

A few respondents referenced the need to consider mental health support within the service provision. Some stressed that mental support is especially important when personal goals are not being achieved, e.g., when someone has achieved weight loss and then regained it.

- **Current Healthy Lifestyle provision**

A few respondents shared their experience from accessing the current Healthy Lifestyle Service. Respondents praised the staff for their communication skills, support and knowledge. They have also reported that the service helped them to make a lifestyle change and are thankful for the service.

- **Additional reflections**

A number of respondents mentioned the need to restrict the number of fast-food places within the county.

B - Public Sector Organisations and Voluntary, Community and Social Enterprise Organisations

23 respondents provided an answer (17 from public sector organisations and 6 from VCSE). Respondents encouraged a continuing focus on health inequalities, with some specifically mentioning the needs of older people. Some suggested utilising existing venues, keeping delivery local, and collaborating with existing service providers. One respondent suggested training existing VCSE employees to deliver the service from the community. One person asked for the service to provide home visits,³³ and another highlighted that face-to-face and group settings are more valuable than online provision.

Question 15

This question was specific to Public Sector Organisations and Voluntary, Community and Social Enterprise Organisations only.

B - Public Sector Organisations

As a public sector worker please use this section to tell us any ideas you may have about how we could align any future service more closely to the work that you do.

33 people responded to this free-text question. Respondents highlighted the potential for collaboration with: learning disabilities partnerships and organisations, such as Learning Disabilities and Autism Clinical Programme Group, Partnership Boards, Health Action Group (user led group with learning disabilities); mental health teams; GPs; social prescribers; health visitors; and community hubs and organisations. Some respondents highlighted a need for the service to be co-produced with various inclusion groups. A few indicated that the referral pathway should be accessible across all organisations, including community organisations. One respondent emphasised the importance of embedding the collection of data on protective characteristics in contract monitoring.

C – Voluntary, Community and Social Enterprise Organisations

From your perspective as part of a voluntary or community sector organisation or group, please use this section to tell us any ideas you may have about how we could align any future service more closely to the work that you do.

10 people responded to this question. Responses flagged the potential for collaboration with specific community organisations, such as Artlift and Men in Sheds. Some respondents highlighted the need of

co-producing the service with inclusion groups. A few respondents suggested training for voluntary workers so they can support service delivery.

2.4 Conclusions and Recommendations

This report will be available alongside the Cabinet report seeking approval to conduct a competitive procurement process for the delivery of an Adults' Healthy Lifestyles Service

If approval is granted, the findings from this consultation and previous engagement activities will inform the service specification and evaluation of bids for the new service.

Key Recommendations from this report include:

- Consider adaptations to the Healthy Lifestyles Service model including moving away from a universal weight management on referral offer to provide a range of more targeted bespoke support for those with the greatest need.
- Ensure the successful provider works closely with communities in developing, promoting, and delivering the service, especially those facing the greatest challenges.
- Ensure the service is easy to access, especially to those communities who have previously been underrepresented within the service, e.g., learning disabilities, ethnic minority groups, and younger people. The Service must be non-judgemental; delivered in flexible locations across the whole county (including rural areas); and operate in a person-centred way.
- Work with stakeholders to ensure the new service model is promoted widely, with a particular focus on protected characteristics and health inequalities, who should be involved in service development and promotion.
- Ensure staff have the skills and training to motivate and support people from various protected characteristics and inclusion groups.
- Consider options for out-of-hours access over evenings and weekends.
- Ensure the service has a diverse and inclusive workforce.
- Ensure the collection of protected characteristic data is embedded in contract management and that action is taken to address findings.

Appendices

Appendix 1 – Demographic breakdown of survey respondents

Gender

Q.16 What gender do you identify as?

Table 21. Responses to Question 16

What gender do you identify as?	Number of responses
Female	140
Male	45
Prefer not to say	4

268 respondents answered this question; over 73% were female, over 23% were male, and over 3% did not want to provide this information.

Question 17: Is the gender you identify with the same as your sex registered at birth?

Table 22. Responses to Question 17

Is the gender you identify with the same as your sex registered at birth?	Number of responses
Yes	255
No	7
Prefer not to say	3

265 respondents answered this question; over 96% of those respondents identified as the same sex registered at their birth, fewer than 2% (four respondents) did not, and over 3% preferred not to say.

Question 18: How old are you?

Table 23. Responses to Question 18

How old are you?	Number of responses
18-24	8
25-34	27
35-44	49
45-54	52
55-64	66
65-74	45
75 or older	12
Prefer not to say	11

270 respondents answered this question, most of whom (24%) were aged between 55 – 64 years. Those aged between 45 – 54 years, 35 – 44 years, and 65 – 74 years each represented almost 20% of all respondents to this question (19%, 18% and 17% respectively). The age group 25-34 years was represented by 10% of respondents. The oldest (75 or older) and youngest (18 – 24) groups were represented by small numbers of people: 4% and 3% respectively. 4% chose not to share their age.

Question 19: Which race or ethnicity best describes you?

Table 24. Responses to Question 19

Which race or ethnicity best describes you?	Number of responses
Asian/British Asian: Indian	2
Asian/British Asian: Other	1
Black/British Black: African	5
Black/British Black: Caribbean	2
Mixed race: Asian & White	1
Mixed Race: Other	1
White: British	229
White: European	8
White: Irish	4
Prefer not to say	12
Another race or ethnicity – please identify:	3

268 respondents answered this question, the majority of whom (over 85%) were White British. Respondents who identified as White European were next with 3%, followed by Black/ British Black: African with just under 2%. The remaining race/ethnic groups each represented under 1% of respondents (between one and two respondents each). Over 4% of respondents chose not to share their race/ethnicity, and just over 1% (a total of 3) stated their race/ethnicity was not listed (these were White English, White British with Greek Heritage, and White American/British).

Question 20: Do you have a disability, long-term illness, or health condition?

Table 25. Responses to Question 20

Do you have a disability, long-term illness, or health condition?	Number of responses
Yes	94
No	154
Prefer not to say	15

263 respondents answered this question: almost 36% indicated that they did have a disability, long-term illness, or health condition. Almost 6% chose not to share this information.

Question 21: Which of the following terms best describes your sexual orientation?

Table 26. Responses to Question 21

Which of the following terms best describes your sexual orientation?	Number of responses
Asexual	10
Bisexual	23
Gay man	1
Gay woman or lesbian	7
Heterosexual or straight	204
Prefer not to say	31
Other	4

270 respondents answered this question. Whilst 11% of respondents preferred not to share their sexual orientation, a similar proportion of 31 in total (11%) indicated they were neither heterosexual or straight. Nearly 76% confirmed they were heterosexual or straight.

Question 22: What do you consider your religion to be?

Table 27. Responses to Question 22

What do you consider your religion to be?	Number of responses
Christian	126
Muslim	3
Buddhist	1
No religion	98
Prefer not to say	36
Other	3

267 respondents completed this question, and Christianity was the most popular (with 47% of respondents selecting this option). No religion was the second most popular response with 37% of respondents selecting this option, followed by over 13% who preferred not to say. Just over 1% of respondents were Muslim, and similar proportion confirmed their religion as “other”, which included Jehovah’s Witness, Jedi and ‘Spiritual but not religious’.

Appendix 2 – List of partners/stakeholders where the survey was promoted /shared

- Active Gloucestershire
- Ageing Well Programme Board
- All Nations Community Centre
- Artlift
- Barnado's
- BZ Bodies Service
- Cheltenham Borough Homes
- Cheltenham Integrated Locality Partnership
- Children and Family Centres:
 - Bartongate Children and Family Centre
 - Battledown Centre for Children & Families
 - Brockworth Children's and Family Centre
 - Cirencester Children and Family Centre
 - Finlay Children and Family Centre
 - The Forest of Dean Children's Opportunity Centre
 - Gardners Lane Children and Family Centre
 - Hesters Way Children and Family Centre
 - Hilltop Children Centre
 - Kaleidoscope (Kingsholm) Children and Family Centre
 - The Lighthouse Children and Family Centre
 - The Link Children and Family Centre
 - The Owl Centre for Children's Independent Therapy
 - River Children and Family Centre
 - Stonehouse Park Children and Family Centre
- Community Wellbeing Service
- District/Town/Parish Councils
- EAC-I
- Feeding Gloucestershire
- Forest of Dean & Tewkesbury Integrated Locality Partnership
- Friendship Café
- FVAF
- Gay Glos
- GL Communities
- GL11 Community Hub
- Gloucester City Homes
- Gloucester City Integrated Locality Partnership
- Gloucester Community Building Collective
- Gloucester Gateway Trust
- Gloucester Race Commission members
- Gloucestershire County Council:
 - Adult Social Care
 - Children & Families Commissioning Hub
 - Children Social Care
 - Libraries services
 - Mental Health & Disability Commissioning Hub
 - Older People's Commissioning Hub
 - Prevention, Wellbeing & Communities Commissioning Hub
 - Prism (LGBT network)
 - Councillors
 - All staff
- Gloucestershire Farming and Wildlife Advisory Group
- Gloucestershire Hospital Trust:
 - Professional Midwifery Advocates
- Gloucestershire Rural Communities Council
- Health and Wellbeing Board
- Healthy Lifestyle Service
- HomeGroup
- HomeStart
- Inclusion Gloucestershire
- Integrated Care Partnership
- Kingfisher Treasure Seekers
- Know Your Patch Networks
- LGBT+ Partnership
- Local Medical Council
- Local Pharmaceutical Council
- Maternity Voices Partnership
- Mental Health and Wellbeing Partnership Board
- Polish Carers Group
- Podsmead Partnership
- Redwell Centre
- Roots Café
- Sahara Saheli
- School House Café
- Stonham Housing Association
- Stroud, Berkeley Vale & Cotswolds Integrated Locality Partnership
- The Grace Network
- The Long Table
- Tobacco Control Steering Group
- Treetops Children and Family Centre
- University of Gloucestershire
- VCS Alliance
- Young Gloucestershire

Appendix 3 – Promotional poster sent to Gloucestershire libraries and children’s centres

Healthy Lifestyles Service

Consultation 2023

Gloucestershire County Council is investing in a new healthy lifestyles service and we want to make sure that our future plans meet the needs of our residents.

View our proposals and have your say at www.gloucestershire.gov.uk/healthy-lifestyles

We can produce this document in braille, in large print, on audio tape, easy read and in other languages. If you would like a copy in one of these formats, please call: 01452 328605 or email publichealth@gloucestershire.gov.uk





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Appendix 4 – Paper Copy of the Survey



HLS Consultation
Questionnaire publi



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Questionnaire publi



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Questionnaire VCS.c