

Integrated Lifestyle Services: Supporting people to lead a healthy lifestyle

Public consultation survey results



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Strategic Business Intelligence Team
Leicestershire County Council

Integrated Lifestyle Services - Public consultation survey results

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Key Findings

- In total, 90 responses were received. Demographic responses indicate that the majority of respondents were female (70%) and just over half (53%) were aged between 45 and 64 years.
- Just over a third of all responses (34%) were from current or previous users of lifestyle services and just under a third (31%) were from interested members of the public. Amongst current or previous users of lifestyle services, the majority (94%) had accessed a weight management service in the last twelve months and just under half (42%) had accessed a physical activity service.
- Over 90% of current or previous users of lifestyle services indicated that they had found the services very helpful. Many made positive comments regarding the impact and value of the services.
- Responses were fairly split regarding the proposal to develop an integrated lifestyle service for adults; just under half of respondents (49%) agreed with the proposal and 40% disagreed. Many expressed concerns about the proposed lack of face-to-face or group work and about the value of online or telephone support.
- Over half of respondents (56%) also agreed with the idea of developing an improved online offer but over half of respondents (56%) disagreed with the proposal to recommission the weight management service to include more digital and telephone support.
- When asked if there were any elements of the proposals they particularly liked, several respondents did indicate general support for an integrated approach. Although a digital offer was supported by some respondents, several showed support for online or telephone services only as an addition to face-to-face contact.
- When asked if there were any elements of the proposals they particularly disliked, many respondents referenced the potential reduction or removal of face-to-face or group contact, with several respondents highlighting its value and benefits. Several respondents expressed concern regarding the potential for certain people to be excluded from some aspects of the service.
- Over half of respondents (52%) disagreed that the proposed weight management service for adults would provide an effective tier 1 and tier 2 service.
- When asked who should be considered for targeting face-to-face support, the most frequently referenced theme reflected the view that face-to-face support should be available to all. Some respondents also felt that those with disabilities or health issues should be targeted for face-to-face support.
- Over half of respondents (56%) indicated that the proposals would make it harder for people to access support. Many subsequent comments reflected support for face-to-face or group contact alongside concerns regarding its reduction or removal.
- Asked if there was anything that could be done to help support people to adopt a healthy lifestyle, many respondents referenced awareness raising and publicity, for example the need to inform people about services and promote healthier lifestyle choices.
- When asked if they had any other comments, a number of respondents expressed support for face-to-face or group contact and concern about its reduction, a theme that appears in responses to all open comment questions.

Chapter 1: Introduction and methodology

Lifestyle Services

The County Council has a statutory duty to take appropriate steps to improve the health of people living in Leicestershire and this includes the provision of health improvement information, advice and services aimed at preventing illness.

Current lifestyle services for adults include weight management services (face to face, mainly group-based support with integrated diet and physical activity plans), alcohol brief advice, the smoking cessation service (Quit Ready) and First Contact Plus (a health information, advice and support service providing signposting, information and advice or onward referral to preventative services).

The council is proposing to develop a better integrated and co-ordinated service to support Leicestershire's residents to adopt healthy lifestyles. This would involve introducing a holistic assessment and case management system to assess support needs and to better co-ordinate people's access to support services as well as better integrating weight management and physical activity services with existing in-house services such as Quit Ready and First Contact Plus.

A more coordinated, integrated approach to lifestyle services would mean that people accessing one service could also be offered other lifestyle advice where appropriate, thus improving access, avoiding duplication of effort and providing a more holistic, person-centred service.

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The council also has an ongoing need to make financial savings in all service areas. By joining services up better, the council believes it can offer a service that is effective but will also save around £65,000.

Overview of the process

The council has consulted with the public on the proposed Integrated Lifestyle Service. A consultation survey was made available on the council website from 14 June 2018. This was accompanied by an information booklet which set out the proposals.

The survey asked for views on the proposed integrated lifestyle service for adults. The consultation closed on the 5 August 2018. A copy of the questionnaire is available in Appendix 1.

Communications and media activity

A range of targeted and general activity was used to reach key audiences and encourage them to take part in the consultation, including:

- Press release sent to local media. This generated media coverage in the Loughborough Echo, the Hinckley Times and the Coalville Times.
- On the consultation webpage of the local authority website (www.leicestershire.gov.uk/have-your-say).
- Social media messages via Twitter (using @LeicsCountyHall and @LeicsHWB accounts) and Facebook.
- Featured in the Parish Councils weekly round up.

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In addition to the above-mentioned communications activity, focus groups were held with current service users in Charnwood (Loughborough) and North West Leicestershire (Coalville), where the survey was discussed and promoted.

Alternative formats/Equality and Human Rights Impact Assessment (EHRIA)

The EHRIA screening process highlighted equalities considerations and steps were put in place to make the process open and inclusive, and reduce any barriers to participation.

The consultation information and questionnaires were made available to download from the council's website. Copies were also available as hard copy and in alternative formats on request - as stated in the information booklet. A freepost return address was provided for completed hard copy surveys to encourage responses.

A help line was provided for anyone who wanted assistance completing the surveys over the phone. The survey was designed to be user-friendly on mobile devices to facilitate access.

Analysis methodology

Graphs and tables have been used to assist explanation and analysis. Question results have been reported based on those who provided a valid response, i.e. taking out the 'don't know' responses and no replies. Chart percentages have been rounded to the nearest whole number.

The responses of different demographic groups were also statistically compared using Chi-Square analysis, however the results of this analysis showed that there were either no significant differences or, as in many cases, the sample numbers were too small to support a robust statistical analysis.

Analysis of open-ended comments

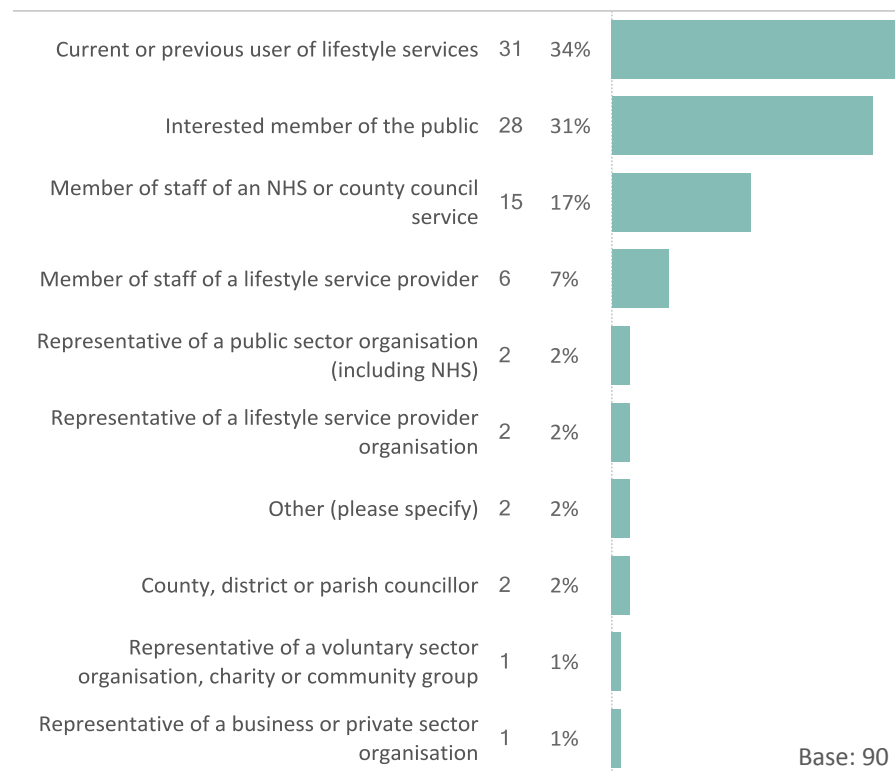
The survey contained nine open-ended questions. A total of 499 comments were left across these questions. All of the comments were read by analysts and have been summarised. This report includes summaries of recurring themes from the open-ended comments, but the Public Health Department has been provided with all responses in full for further consideration. This report includes examples of verbatim comments and, where obvious, spelling mistakes and grammatical errors have been corrected.

Response rate and stakeholder profile

During the consultation period, 90 people responded to the survey, comprising 87 online submissions and 3 paper responses. Of those who provided demographic information, over two-thirds were females (70%). Over 90% were of White ethnicity (93%) and just over half (53%) indicated that they were aged between 45 and 64 years. The majority of respondents who provided a valid postcode were from Charnwood District (36%) and North West Leicestershire District (30%), two areas where focus groups with current service users were also conducted.

Just over a third of all responses (34%) were from current or previous users of lifestyle services and just under a third (31%) were from interested members of the public. The breakdown of respondents is shown in chart 1. A full respondent profile is provided in Appendix 2.

Chart 1: Respondent breakdown



The stakeholder organisations that responded to the consultation

Table 1: Stakeholder organisations referenced in the survey

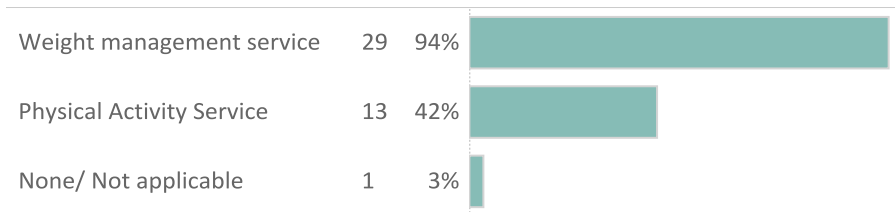
- Reaching People
- Parkwood Healthcare
- Freedom Support Solutions
- Hinckley & Bosworth Borough Council
- Leicestershire & Rutland Sport

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Q3: Service usage

Chart 2 shows that amongst current or previous users of lifestyle services, the majority (94%) indicated that they had accessed a weight management service in the last twelve months and just under half (42%) indicated that they had accessed a physical activity service. No respondents indicated that they had accessed alcohol brief advice or smoking cessation services.

Chart 2: Lifestyle services used

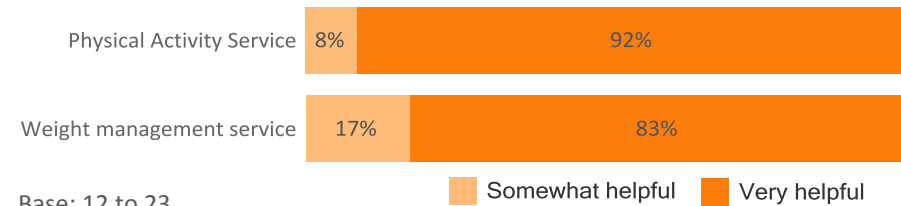


Base: 31

Q4: Helpfulness and effectiveness of service(s) used

Respondents were asked how helpful they found the service(s) in encouraging them to change their lifestyle. Chart 3 shows that all of the respondents indicated that they had found the services helpful, with the majority responding that they found them 'very helpful.'

Chart 3: Helpfulness of services



Respondents were asked to provide any comments about the effectiveness of any of the current services they used. Many respondents made positive comments regarding the various services used, highlighting their impact and value. In addition to general positive comments about the services received, respondents referenced a number of specific benefits and personal outcomes, particularly weight loss, healthier lifestyles, improved exercise habits, improved physical and/or mental health, reduced BMI and long-term lifestyle changes.

Respondents also highlighted the value of specific aspects of the service(s), in particular face-to-face work and the ability to be part of a group providing mutual support.

Other positive aspects referenced include physical exercise activities, nutrition advice and information, the social element and support outside working hours.

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A number of respondents did use the opportunity to express some concerns regarding the proposals, in particular concerns about the potential effectiveness of an online service as opposed to the provision of services face-to-face. Other concerns raised included those regarding the effectiveness of a telephone/helpline service, targeting face-to-face provision at specific groups, and associating overeating with alcohol and/or drug issues.

Although not significantly recurring themes amongst the comments, a few respondents did reflect the view that that follow-up, continuation and completion by participants represented a challenge for these services.

“An invaluable service that aided weight loss. The knowledge of the nutritionist along with the exercise programme was immensely useful. The group meeting and talking to others for support and ideas was also great motivation. Cannot praise LEAP highly enough for what it can do for you.”

“Very effective—helped me turn my life around and to date loose 11 stone”

“This LEAP class has been the only program I have tried that seems to be helping both my wife and I make good eating choices that we feel we can continue to use. We have tried Weight Watchers, Slimming World and Slimfast as well as Atkins. The dietician sessions on LEAP have really made such a difference.”

“Without face to face meetings I don't think I would have maintained it to achieve my target. Not everybody can use the internet and the support of other clients made it easier to achieve.”

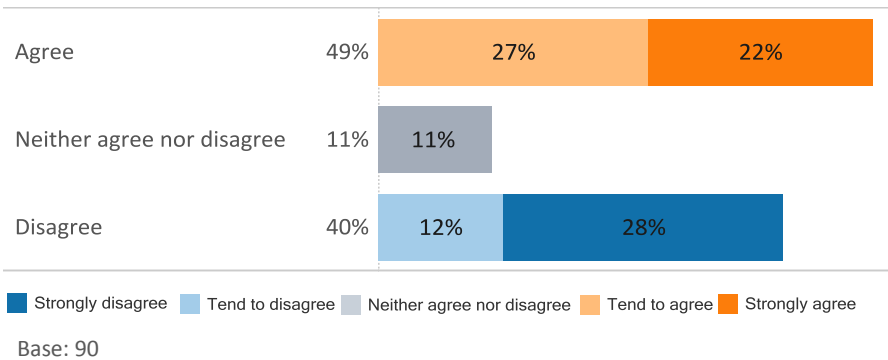
Chapter 2: Our proposals

Respondents were asked several questions about what they thought about the council’s proposals.

Q5 Views on an integrated lifestyle service

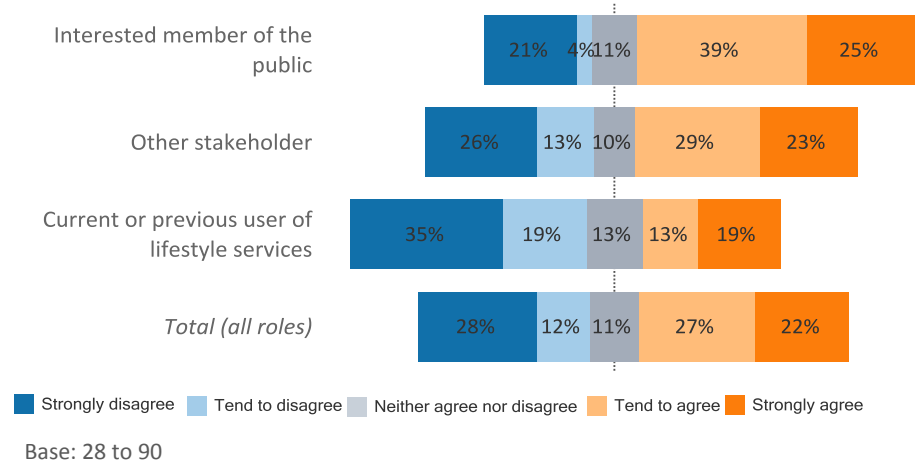
Respondents were asked to what extent they agreed or disagreed with the proposal to develop an integrated lifestyle service for adults. Chart 4 shows that responses were fairly split; just under half of respondents (49%) agreed with the proposal and 40% disagreed with the proposal.

Chart 4: Views on an integrated lifestyle service



Although not statistically significant, when split by role, the results illustrated in chart 5 indicate that over half (55%) of current or previous users of lifestyle services disagreed with the proposal. Conversely, over half of those who indicated that they were interested members of the public (64%) or other stakeholders (52%) agreed with the proposal.

Chart 5: Views on an integrated lifestyle service by role



Respondents were asked to provide additional comments to explain their answer to the previous question. As with the responses to Q4a, many respondents expressed concern regarding a potential reduction in face-to-face or group work. Concerns about the effectiveness of online or telephone support was another recurring theme amongst the responses to this question.

Other concerns expressed by respondents include concerns regarding specific roles or a perceived dilution of specialisms and concerns about the impact of the proposal on certain people, for example those without internet access or digital skills and those with disabilities.

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A few comments reflected concerns over what they saw as a ‘one size fits all’ approach and others felt that more clarification or information was needed on the detail of the proposed changes.

“Weekly face-to-face support from professionals is far more useful than talking to them over the phone, for example. Greater accountability; greater support; more effective programme overall.”

“The people helped in these courses need to be able to mix with others with the same problems. They need to feel that the people who are supposed to be helping know how to deal with their specific problem.”

“I disagree with having generic lifestyle workers as each area of lifestyle change is complex and specialists are needed. I agree that integration of services is good and that is all you are asking in the question BUT I don't agree with reducing face to face weight management groups as people need face to face contact and support from others in similar position to themselves.”

“12% of the population will be excluded from on line services as they either do not have digital skills or access. Included in this will be the poorest people and people with lowest levels of health literacy. We deliver digital and financial skills support to unwaged people seeking employment and 54% of our client group have health needs.”

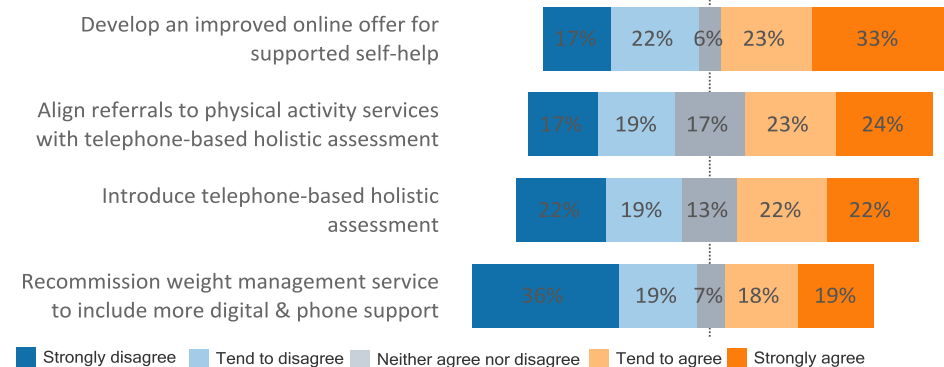
“I believe that an integrated service is the way forward but I worry that we are taking the local out of local where our groups and individuals need us the most. for some and in particular those individuals that are really difficult to reach a telephone service quite simply isn't the answer.”

Q6 Views on specific aspects of the proposals

Respondents were asked to what extent they agreed or disagreed with the various ideas for delivering the service. Chart 6 shows that over half of respondents (56%) agreed with the idea of developing an improved online offer. Just under half of respondents agreed with the introduction of telephone-based holistic assessments (45%) and the alignment of referrals to physical activity services with the telephone-based assessment (47%).

Over half of respondents (56%) disagreed with the proposal to recommission the weight management service to include more digital and telephone support.

Chart 6: Views on specific aspects of the proposals¹



Base: 88 to 89

¹ Chart headings abbreviated—see appendix 1 for the full wording of each specific aspect of the proposals

Q7 Aspects liked about the proposals

Respondents were asked if there were any elements of the proposals they particularly liked and why. Whilst a number of respondents indicated that they did not like any elements of the proposals, several comments did reflect general support for a joined up, integrated approach. Although a digital offer was supported by a number of comments, several respondents showed support for online or telephone services but only if used in addition to face-to-face contact. Related to this, some respondents expressed a preference for group or face-to-face contact.

Other respondents liked the potential to improve accessibility for users, for example facilitating self-help, the provision of tailored information and more choice. Other elements liked by respondents include the First Contact element of the proposals and the telephone assessment (to evaluate a person's readiness to change).

Respondents also took the opportunity to raise concerns, some of which reflect recurring themes amongst responses to other questions. For example concerns were raised regarding possible issues for specific groups (such as those lacking internet access or digital skills) and the need for specialist roles.

"Alignment of services"

"Useful to include more technology for those who are happy to access this BUT I would like to see this as additional NOT instead Removing specialists is detrimental to the quality of the service"

"Making information, advice & guidelines easily accessible to the public facilitating self help at an earlier point without obstructive eligibility criteria"

I think the telephone assessment element is good as it means that people chosen to be on the program really do want to improve their health. The fact that the program is tailored to each individual rather than a "one size fits all" approach makes you more determined to follow the program."

Q8 Aspects disliked about the proposals

Respondents were asked if there were any elements of the proposals they particularly disliked and why. Many comments referenced a potential reduction or removal of face-to-face or group contact as an area of dislike, particularly in relation to weight management services, with several respondents highlighting the value and benefits of face-to-face or group contact. Related to this, a notable proportion of respondents expressed a dislike for online or telephone support, recurrently indicating uncertainty over whether such methods would be as successful as face-to-face contact.

As with responses to previous questions, several comments expressed concern regarding the potential for certain people or groups to be excluded or disadvantaged, for example those with no internet access. Others queried the level of expertise or qualifications of the staff or providers that would be employed in the proposed service. Concerns were also raised about how the service would be promoted and whether adequate resources would be in place to deliver the service.

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Other concerns included those related to a ‘false economy’ and potentially creating longer term problems, concern regarding how success would be measured and whether a consistent approach across districts is possible. A couple of respondents also reflected the view that weight management services require a different approach to other services such as stop smoking services.

“The use of abolishing face to face support and using more virtual approaches. The patient groups involved in these suggestions are complex and appropriately trained staff working face to face with the patient is key to gaining trust and offering support to their complex needs.”

“I am not sure a web based or telephone based solution will be successful. It will be easy to disregard and people will have to be highly motivated to reap a reward.”

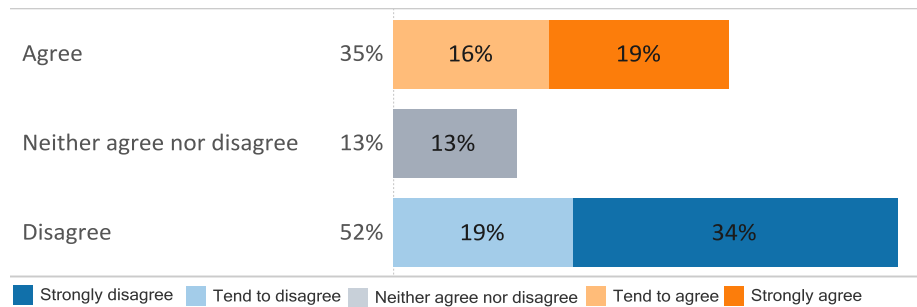
“Not having a specialist service to tackle the individual's problem - e.g. stop smoking , alcohol, diet, activity It would be hard for one person to become a specialist on all the above”

“Can we cope with the potential number of self referrals being made to First Contract? Time will tell.”

Q9 Proposed weight management service

Respondents were asked to what extent they agreed or disagreed that the proposed weight management service for adults would provide an effective tier 1 and 2 service. Chart 7 shows that over half of respondents disagreed (52%), with 34% indicating that they strongly disagreed. Just over a third (35%) agreed that the proposed weight management service for adults would provide an effective tier 1 and 2 service.

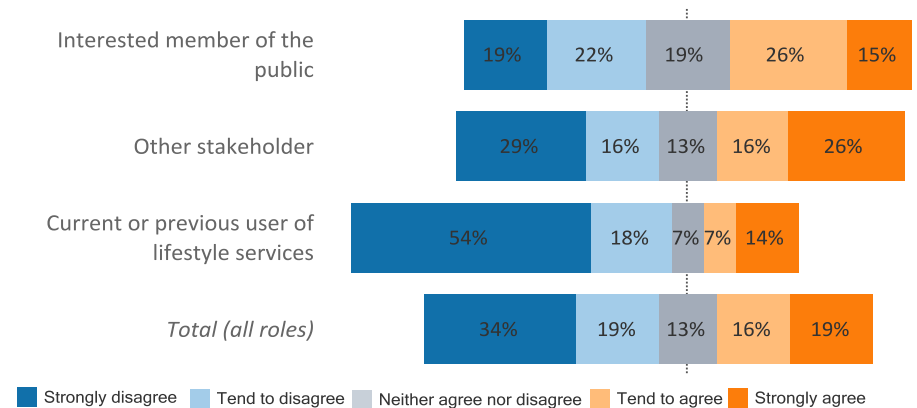
Chart 7: Views on proposed weight management service



Base: 86

Although base numbers are too small to confirm statistical significance, when split by role, the results illustrated in chart 8 show that over two thirds (72%) of current or previous users of lifestyle services disagreed that the proposed weight management service would provide an effective tier 1 and 2 service.

Chart 8: Views on proposed weight management service by role



Base: 27 to 86

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Respondents were asked to provide additional comments to explain their response to Q9. Many of these comments reflected earlier concerns raised in responses to previous questions, particularly concerns regarding the reduction in or lack of face-to-face or group contact, with a number of respondents referencing the benefits of this approach such as motivation and peer support. Other respondents referenced the potential consequences of reducing face-to-face contact, such as social isolation.

Many comments also questioned the effectiveness of phone and/or online channels as principal methods of delivery, with a couple of comments highlighting the level of motivation needed to use digital services and the fact that online information is already available.

Other recurring themes from responses to previous comments were also noted, including concern regarding the level of access for those who may not be able to access digital or telephone services, references to the value of specialist staff and the need for clarification or further detail regarding the proposals. Several respondents also stressed the need for choice and flexibility and others questioned the potential eligibility criteria for face-to-face support. Although a few respondents expressed general support for the proposals or for changes to the service, others expressed concern that there was too much focus on cost savings.

“Weight management is complex and would benefit from face to face contact rather than self help activities.”

“Group support is needed and this needs to be built first. There is lots of advice on the internet already and it’s not used as the approach isn’t appropriate as it lacks discussion and interaction”

“Although digital services work for some people, most overweight people come from deprived backgrounds and are much less likely to use digital/online services.”

“This would need well trained staff to offer good telephone support and I truly believe that the telephone and online support has a limited audience and the people we need to reach may not engage in this way.”

Q10 Face-to-face support

Respondents were asked who they thought should be considered for targeting face-to-face support. The most frequently referenced theme reflected the view that face-to-face support should be available to all and not be limited to specific groups. Many respondents also felt that those with disabilities or health issues should be targeted for face-to-face support, including those who are obese or have a high BMI.

Other recurring themes amongst comments as to who should be targeted include those with a history of poor weight management (or who had failed at earlier stages), those with mental health conditions, those with learning disabilities, older people and those who are housebound or isolated. Other potential target groups mentioned by more than one respondent include those from low socio-economic groups, those who are serious about wanting support, those for whom English is a second language, those who lack confidence, those at risk of specific health conditions, those who are hard to reach, those who want peer or mutual support and those whose cultural or religious beliefs may need consideration.

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Others felt that the targeting process should be flexible, adapt to individual cases and allow for choice, with some respondents expressing concerns regarding the use of telephone contact and a reduction in face-to-face contact. Concerns were also raised regarding the potential for people to be excluded due to eligibility criteria and people who may be unable to access online resources or who may not be comfortable with telephone contact.

“I think face to face support should be available to all.”

“Everyone with a disability if they so require - learning disability particularly, physical, mental health concerns. Older people, vulnerable people. People with English as a second language. People that do not read/write. People that are isolated.”

“People who have struggled to lose weight in the past”

“People that prefer face to face interventions. I cannot detect empathy over the phone. If I need an explanation of something it’s harder without visual communication”

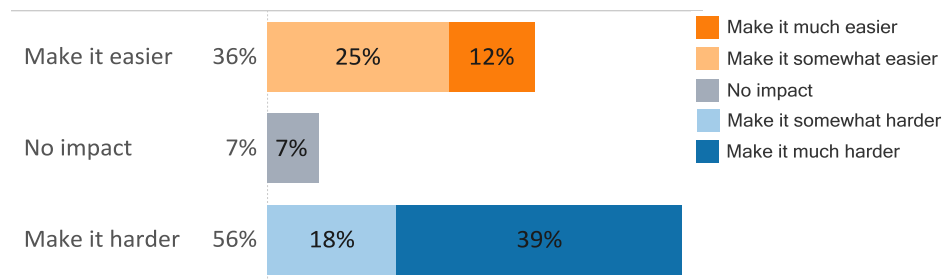
“Rather than offering a targeted option, the service should be designed so that it is flexible and can adapt to individual cases. We have found that this approach allows a much more inclusive offer to be provided and does not limit support to a particular group or condition.”

Q11 Impact of proposals on ability to access support

Respondents were asked what impact, if any, did they think the proposals would have on people’s ability to access support with adopting a healthy lifestyle. As chart 9 shows, over half of respondents (56%) indicated that the proposals would make it harder for people to access support, with 39% responding that the

proposals would make it much harder. Just 7% said that the proposals would have no impact and 36% said that the proposals would make it easier.

Chart 9: Impact of proposals on ability to access support



Base: 86

Respondents were asked to provide additional comments to explain their answer to Q11. Many of these comments reflected support for face-to-face or group contact, including comments highlighting the benefits alongside concerns regarding its reduction or removal as a primary method of contact. Many respondents also raised concerns about the provision of online support, particularly for people who may not have access or the skills to access online support.

Several comments also questioned the effectiveness of online or telephone support and whether people would have sufficient confidence or be willing to use such methods, including concerns regarding vulnerable groups such as those with learning disabilities, mental health conditions or those from low socio-economic backgrounds.

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Others highlighted the fact that online support was already available and that different formats and options should be available. Some respondents made positive references to the LEAP programme and others expressed doubt as to whether the proposals would represent a cost saving.

“Some people are internet phobic and lack the skills or even the technical equipment let alone the money to pay for broad band at home. These people will then be lost among the many.”

“For reasons already given - disabled people will be adversely affected and indeed could be considered to be targeted by this - especially those with learning disabilities”

“Not everybody is confident with the internet or indeed have internet access.

“Plenty of online support already available. People want access to high quality face to face professional services”

Q12 Suggestions for supporting people to adopt a healthy lifestyle

Respondents were asked if there was anything that could be done to help support people to adopt a healthy lifestyle. The most frequently referenced theme amongst the responses relates to awareness raising and publicity, for example the need to inform people of available services and promote healthier lifestyle choices. Several respondents felt that the existing service(s) should be not be changed or reduced and others stressed the importance of specialities or specialist support such as dieticians.

A number of comments reflected the view that healthy food and drink options should be more readily available to consumers, for example in leisure centres or workplaces, alongside the need to support people to make healthier food choices. Several comments expressed support for more face-to-face or group support, with a couple of respondents suggesting that a group should be visited to assess the benefits first-hand. However, some respondents did recognise the financial challenges faced by the service. The importance of follow-up work and helping people to sustain progress was also highlighted amongst responses.

Others suggested that more use could be made of the voluntary and community sector to provide support and that more joined up working was required, alongside the view that consideration would be required over how the service would integrate with partners in related services such as primary care.

Other suggestions included the use of online channels such as Facebook or online chats with specialists, facilitating access to sports and leisure facilities (including a reduction in cost), helping people to improve their cooking skills and a clearer assessment of the evidence behind and the outcomes of the proposed service.

““Advertise your services better in different formats, flyers, posters, leaflets as well as having the information available online on sites that deal with healthy lifestyles.”

“Provide more frequent face to face support”

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“Ensure people have access to specialists in weight management who are properly trained in supporting people in changing their behaviour not just generic assessment telephone call. Ensure all communities have access to healthy food and reduce fast food outlets. Encourage workplaces to encourage staff to take part in healthy lifestyle activities and provide healthy food.”

“Work at more closely integrating the services but keeping the specialities.”

Q13 Any other comments

When asked if they had any other comments about the proposals, a number of respondents expressed support for face-to-face or group contact and concern about its potential reduction - a theme that cuts across responses to all the open comment questions in the survey. Several respondents questioned whether the proposals would be cost effective, including the long term impact; with others suggesting that the impact of the proposals required further consideration.

The benefits and value of existing programmes such as LEAP were also highlighted amongst the various comments. Others reiterated concerns over whether certain groups would be excluded from some aspects of the service, such as those without internet access or sufficient digital skills, those from lower socio-economic backgrounds and those considered hard to reach.

Other concerns included those regarding the need for localised support and uncertainty regarding the skills or knowledge of staff. Other respondents offered to discuss the proposals further, noted a need to advertise more, and suggested that a small charge for participants could be introduced.

“Seeing the face-to-face element of the programmes be reduced is a great shame and would reduce the positive impact of such programmes.”

“Weight loss is not easy, we all have to eat so we can not avoid food, going to a telephone service or online could exclude the most vulnerable people (e.g. elderly, people from a deprived background). It would be really sad if you lose the current service you have that sounds like it is producing results but the only reason you are thinking about change is a reduction in cost of £65,000 - in the scale of tackling obesity this is a tiny amount.”

“The current LEAP program has changed my life for the better-long term. My only regret is that I didn't do it sooner. I feel happier and healthier and actually enjoy exercise. I would never have gone to a gym-as gyms are very intimidating for an overweight person. With the LEAP sessions everyone is in the same boat, with the same difficulties and insecurities. Commercial weight loss programmes only have their profit in mind. I feel sad that others may not get the same help I have and considering my council tax has gone up by £200 this year I am aggrieved that these cuts are planned-very short sighted.”

Appendix 1 - Questionnaire



Have your say on proposed changes to lifestyle service delivery in Leicestershire

The County Council has a statutory duty to take appropriate steps to improve the health of people living in Leicestershire and this includes the provision of health improvement information, advice and services aimed at preventing illness.

A more coordinated, integrated approach to lifestyle services would mean that people accessing one service could also be offered other lifestyle advice where appropriate, thus improving access, avoiding duplication of effort and providing a more holistic, person-centred service.

The council also has an ongoing need to make financial savings in all service areas. By joining services up better, we think we can offer a service that is effective but will also save around £65,000.

We aim to develop a better integrated and co-ordinated service to support Leicestershire's residents in adopting healthy lifestyles. This would involve introducing a holistic assessment and case management system to assess support needs and to better co-ordinate people's access to support services as well as better integrating weight management and physical activity services with existing in-house services such as Quit Ready and First Contact Plus.

We'd like to hear your views on our proposals.

Please read the supporting information provided before completing the questionnaire.

Thank you for your assistance. Your views are important to us.

Please note: Your responses to the main part of the survey (including your comments) may be released to the general public in full under the Freedom of Information Act 2000. Any responses to the questions in the 'About you' section of the questionnaire will be held securely and will not be subject to release under Freedom of Information legislation, nor passed on to any third party.

Q1 In what role are you responding to this consultation? Please select one option only.

- Current or previous user of lifestyle services
- Interested member of the public
- Member of staff of a lifestyle service provider
- Member of staff of an NHS or county council service
- County, district or parish councillor
- Representative of a lifestyle service provider organisation
- Representative of a public sector organisation (including NHS)
- Representative of a voluntary sector organisation, charity or community group
- Representative of a business or private sector organisation
- Other (please specify)

Please specify 'other'

Q2 If you indicated that you represent an organisation, business or community group, please provide your details.

Name:

Role:

Organisation:

Organisation postcode:

This information may be subject to disclosure under the Freedom of Information Act 2000

Q3 Which, if any, lifestyle services you have used in the last 12 months? Please tick all that apply

- | | |
|--|-----------------|
| <input type="checkbox"/> Weight management service | Continue |
| <input type="checkbox"/> Alcohol Brief Advice | Continue |
| <input type="checkbox"/> Physical Activity Service | Continue |
| <input type="checkbox"/> Smoking cessation service | Continue |
| <input type="checkbox"/> None/ Not applicable | Go to Q5 |

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Q4 How helpful did you find the service(s) in encouraging you to change your lifestyle behaviour?

	Very helpful	Somewhat helpful	Not very helpful	Not at all helpful	Don't know
Weight management service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Brief Advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Activity Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments about the effectiveness of any of the current services that you used?

Our proposals

Q5 To what extent do you agree or disagree with our proposal to develop an integrated lifestyle service for adults?

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why do you say this?

Q6 To what extent do you agree or disagree with the following aspects of our proposals?

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
Develop improved on-line information and advice, available to everyone, to help people adopt healthy lifestyles on their own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduce a telephone-based holistic assessment to determine what lifestyle behaviour changes people want to make and develop an individualised behaviour change plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aligning referral of service users to the physical activity services with the telephone-based holistic assessment process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommission the weight management service so that it is in-line with approaches used to help people stop smoking, i.e. using more digital and phone-based behaviour change support with some face to face support for targeted groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 Are there any elements of our proposals you particularly like? Why is this?

Q8 Are there any elements of our proposals you particularly dislike? Why is this?

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We are proposing to recommission the current tier 2 weight management service into an integrated tier 1 and 2 service, delivered through a combination of online information and advice available to everyone, a telephone and online service for people who need more support, and face-to-face support for people for whom telephone-based support is not appropriate.

Q9 To what extent do you agree or disagree that our proposed weight management service for adults would provide an effective tier 1 and 2 service

- | | | | | | |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| Strongly agree | Tend to agree | Neither agree nor disagree | Tend to disagree | Strongly disagree | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Why do you say this?

Our proposals include offering face-to-face support to people for whom telephone based support may not be appropriate, i.e. because of a disability or health condition.

Q10 Who do you think we should consider targeting for our face-to-face support?

Q11 What impact, if any, do you think our proposals would have on people's ability to access support with adopting a healthy lifestyle?

- Make it much easier
- Make it somewhat easier
- No impact
- Make it somewhat harder
- Make it much harder
- Don't know

Why do you say this?

Q12 Is there anything else we could do to help support people to adopt a healthy lifestyle?

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Q13 Do you have any other comments about these proposals?

Please continue if you are an 'Current or previous user of lifestyle services' or 'Interested member of the public' as identified in Q1. Otherwise, please skip to the instructions at the end of the questionnaire.

About you

Leicestershire County Council is committed to ensuring that its services, policies and practices are free from discrimination and prejudice and that they meet the needs of all sections of the community.

We would therefore be grateful if you would answer the questions below. You are under no obligation to provide the information requested, but it would help us greatly if you did.

Q14 What is your gender identity?

- Male
- Female
- Other (e.g. pangender, non-binary etc.)

Q15 Is your gender identity the same as the gender you were assigned at birth?

- Yes
- No

Q16 What was your age on your last birthday? (Please enter your age in numbers not words)

Q17 What is your full postcode? This will allow us to see how far people live from our services. It will not identify your house.

Q18 Do you have a long-standing illness, disability or infirmity?

- Yes
- No

Q19 What is your ethnic group? Please tick one box only.

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or Black British |
| <input type="checkbox"/> Mixed | <input type="checkbox"/> Other ethnic group |
| <input type="checkbox"/> Asian or Asian British | |

Q20 What is your religion?

- | | |
|--|---|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Christian (all denominations) | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Any other religion |

Q21 Are you an employee of Leicestershire County Council?

- Yes
- No

Q22 Many people face discrimination because of their sexual orientation and for this reason we have decided to ask this monitoring question. You do not have to answer it, but we would be grateful if you could tick the box next to the category which describes your sexual orientation.

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Bi-sexual | <input type="checkbox"/> Lesbian |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Other |
| <input type="checkbox"/> Heterosexual / straight | |

Thank you for your assistance. Your views are important to us.

After the consultation closes on 25 July 2018, we will report the results back to Cabinet in September 2018.

Please return your completed survey to:
Integrated Lifestyle Service Consultation, Leicestershire County Council, Have Your Say,
FREEPOST NAT18685, Leicester, LE3 8XR. No stamp required.

Data Protection: Personal data supplied on this form will be held on computer and will be used in accordance with the Data Protection Act 1998. The information you provide will be used for statistical analysis, management, planning and the provision of services by the county council and its partners. Leicestershire County Council will not share any information collected from the 'About you' section of this survey with its partners. The information will be held in accordance with the council's records management and retention policy. Information which is not in the 'About you' section of the questionnaire may be subject to disclosure under the Freedom of Information Act 2000.

Appendix 2 - Respondent profile

Gender identity*	Survey Responses			2011 Census (16+)
	90	% Ex NR*	% Inc NR*	%
Male	17	29.8	18.9	49.0
Female	40	70.2	44.4	51.0
Other (e.g. pangender, non-binary etc.)	0	0.0	0.0	
No reply	33		36.7	

*2011 Census asks for respondent gender

Is your gender identity the same as the gender you were assigned at birth?	90	2011 Census (16+)		
		% Ex NR*	% Inc NR*	%
Yes	56	98.2	62.2	
No	1	1.8	1.1	N/A
No reply	33		36.7	

Age	90	2011 Census		
		% Ex NR*	% Inc NR*	%
15-24	1	1.8	1.1	12.9
25-44	13	23.6	14.4	24.8
45-64	29	52.7	32.2	27.7
65-84	12	21.8	13.3	15.4
85 and over	0	0.0	0.0	2.3
No reply	35		38.9	

District	Survey Responses			2011 Census (16+)
	90	% Ex NR*	% Inc NR*	%
Blaby	4	8.0	4.4	14.3
Charnwood	18	36.0	20.0	25.9
Harborough	3	6.0	3.3	12.9
Hinckley & Bosworth	3	6.0	3.3	16.2
Melton	0	0.0	0.0	7.7
North West Leicestershire	15	30.0	16.7	14.2
Oadby & Wigston	2	4.0	2.2	8.7
Leicester City	5	10.0	5.6	
No reply	40		44.4	

RUC 2011	90	2011 Census (16+)		
		% Ex NR*	% Inc NR*	%
Rural town and fringe	4	8.0	4.4	12.2
Rural village and dispersed	8	16.0	8.9	9.2
Urban city and town	38	76.0	42.2	78.0
No reply	40		44.4	

IMD 2015 County band	90	2016 mid-year population est.		
		% Ex NR*	% Inc NR*	%
Top 10% (most deprived)	7	15.6	7.8	10.1%
10-50%	13	28.9	14.4	40.9%
50-90%	21	46.7	23.3	39.5%
Bottom 10% (least deprived)	4	8.9	4.4	9.5%
No reply	45		50.0	

*NR = No reply

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Do you have a long-standing illness or disability?*	Survey Responses				2011 Census (16+)				LCC employee	Survey Responses				2011 Census (16+)			
	90	% Ex NR*	% Inc NR*	%	90	% Ex NR*	% Inc NR*	%		90	% Ex NR*	% Inc NR*	%	90	% Ex NR*	% Inc NR*	%
Yes	18	31.6	20.0	19.1	4	6.8	4.4	N/A	Yes	4	6.8	4.4	N/A				
No	39	68.4	43.3	80.9	55	93.2	61.1	N/A	No	55	93.2	61.1	N/A				
No reply	33		36.7		31		34.4	N/A	No reply	31		34.4	N/A				

*2011 Census asks if respondents day-to-day activities are limited a lot

Ethnicity	Survey Responses				2011 Census (16+)				Sexual orientation	Survey Responses				2011 Census (16+)			
	90	% Ex NR*	% Inc NR*	%	90	% Ex NR*	% Inc NR*	%		90	% Ex NR*	% Inc NR*	%	90	% Ex NR*	% Inc NR*	%
White	52	92.9	57.8	92.2	2	3.6	2.2	N/A	Bisexual	2	3.6	2.2	N/A				
Mixed	1	1.8	1.1	0.8	2	3.6	2.2	N/A	Gay	2	3.6	2.2	N/A				
Asian or Asian British	2	3.6	2.2	6.0	50	90.9	55.6	N/A	Heterosexual/straight	50	90.9	55.6	N/A				
Black or Black British	1	1.8	1.1	0.6	1	1.8	1.1	N/A	Lesbian	1	1.8	1.1	N/A				
Other ethnic group	0	0.0	0.0	0.4	0	0.0	0.0	N/A	Other	0	0.0	0.0	N/A				
No reply	34		37.8		No reply	35		38.9	N/A	No reply	35		38.9	N/A			

Religion	2011 Census (16+)			
	90	% Ex NR*	% Inc NR*	%
No religion	21	36.8	23.3	25.3
Christian (All denominations)	34	59.6	37.8	62.6
Buddhist	0	0	0	0.3
Hindu	1	1.8	1.1	2.8
Jewish	0	0	0	0.1
Muslim	1	1.8	1.1	1.2
Sikh	0	0.0	0.0	1.2
Any other religion or belief	0	0.0	0.0	0.4
No reply	33		36.7	6.3

*NR = No reply

About the Strategic Business Intelligence Team

The team provides research and insight support to the council, working with both internal departments and partner organisations.

The team provides assistance with:

- Asset Mapping
- Benchmarking
- Business case development
- Community profiling
- Consultation
- Cost benefit analysis
- Journey mapping
- Data management
- Data cleaning/matching
- Data visualisation/ Tableau
- Engagement
- Ethnography
- Factor/cluster analysis
- Focus groups/workshops
- Forecasts/modelling
- Literature reviews
- GIS Mapping/ Mapinfo
- Needs analysis
- Profiling
- Questionnaire design
- Randomised control trials
- Segmentation
- Social Return on Investment/evaluations
- Statistical analysis/SPSS
- Surveys (all formats)/ SNAP
- Voting handsets
- Web analytics
- Web usability testing

Contact

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Web: www.lsr-online.org

If you require information contained in this leaflet in another version e.g. large print, Braille, tape or alternative language please telephone: 0116 305 6803, Fax: 0116 305 7271 or Minicom: 0116 305 6160.

જો આપ આ માહિતી આપની ભાષામાં સમજવામાં થોડી મદદ ઇચ્છતાં હો તો 0116 305 6803 નંબર પર ફોન કરશો અને અમે આપને મદદ કરવા યત્ન કરીશું.

જેકર તુહાનું ઇસ જાતકારી નું સમજણ વિષે ક્ષમ મદદ ચાહીદી રૈ ત્રાં વિરખા કરવે 0116 305 6803 નંબર ડે ફોન કરે અડે અસીં તુહાડી મદદ લઈ વિસે દા પૂર્ણ કર દવાંગો।

এই তথ্য নিজের ভাষায় বুঝার জন্য আপনার যদি কোন সাহায্যের প্রয়োজন হয়, তবে 0116 305 6803 এই নম্বরে ফোন করলে আমরা উপযুক্ত ব্যক্তির ব্যবস্থা করবো।

اگر آپ کو یہ معلومات سمجھنے میں کچھ مدد درکار ہے تو براہ مہربانی اس نمبر پر کال کریں اور ہم آپ کی مدد کے لئے کسی کا انتظام کر دیں گے۔
0116 305 6803

假如閣下需要幫助，用你的語言去明白這些資訊，請致電 0116 305 6803，我們會安排有關人員為你提供幫助。

Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 6803, a my Ci dopomożemy.

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