

# Summary of Findings for Lifestyle Services Consultation

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Public Health is now the responsibility of Birmingham City Council (BCC), of which a wide range of lifestyle services for early years, children, young people and adults are commissioned. These include:

- NHS Health Checks
- Healthy eating/weight management
- Physical activity
- Stop smoking services
- Health trainers

BCC are undergoing an extensive programme of service redesign and have held a series of engagement sessions and service reviews on commissioned services, to ensure the services we commission represent the best value for money and support citizens in meeting their health needs. Following these reviews, BCC proposed to redesign lifestyle services and introduce an integrated treatment and prevention system. This report represents a summary of findings following final consultation.

## 1 Proposed Model

The proposed model seeks to:

- ensure BCC maintain a universal offer to the general public for lifestyle services, whilst prioritising those with the greatest health needs
- manage multiple risk factors within an individual care plan to improve health and wellbeing
- simplify the referral pathways via a single access point (known as a 'Lifestyles Hub')
- assess and support citizens to access the most appropriate services, as part of a holistic lifestyles care plan
- include web-based support for all Birmingham Citizens, whilst providing advice and guidance for those exiting more intensive services aimed at those with the greatest need.

## 2 Responses and Demographics

The consultation received 4756 completed questionnaires, almost a third more responses than previous Public Health consultations, with **68% of respondents identifying themselves as members of the general public**, 14% health or care professionals, 9% who have accessed services and 5% a family member or carer of someone who has accessed lifestyle services. Demographics also included:

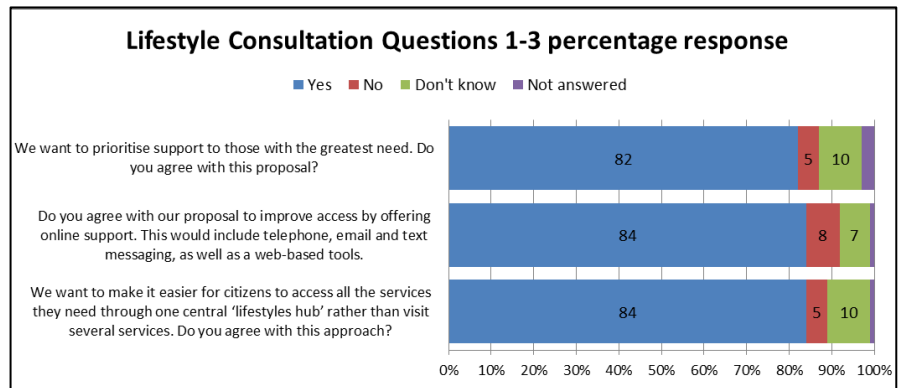
<b>Location</b>	<b>All districts were represented</b> , with a higher concentration of respondents living in high population areas and those close to the city centre.
<b>Gender</b>	There were <b>more females respondents</b> across every age group (except 0-9 age groups, where there were an equal number of male/female responses), with 58% of all responses being female.
<b>Age</b>	All age groups were represented from aged 0-4 to 85+. The <b>most responses received were from the 20-24 age group (female, 288) and 30-34 age group (male, 235)</b> .
<b>Conditions</b>	70% of respondents stated they <b>did not have a physical or mental health condition or illness</b> lasting or expected to last for 12 months or more. Of those who stated they had a physical or mental health condition (1163), 347 stated they have mobility problems and 500 have mental health issues.
<b>Ethnicity</b>	<b>All main category ethnicity groups were represented</b> , with majority of respondents identifying as White/White Other (55%), 26% identifying as Asian/Asian Other, 11% Black/Black Other, 6% mixed ethnicity and 2% stated other.
<b>Religion</b>	<b>40% of respondents identified as Christian</b> (including all Christian denominations), followed by 27% with no religion and 23% Muslim. The Other category included Rastafarian (10), Spiritualist (7), Pagan (6) and Agnostic (5).
<b>Sexuality</b>	<b>82% of respondents identified as heterosexual or straight</b> , followed by 9% who preferred not to say. The Other category included transsexual, asexual, pansexual, trisexual and celibate.

### 3 Key Findings

#### 3.1 Access

Questions 1 to 3 of the Consultation looked at improving access to those in need, providing a universal media (web, email, text, telephone) approach for information and support, and streamline access into services through a central Lifestyles Hub. **Public opinion expressed overall agreement with these principles (82%, 84% and 84% respectively), with 8% or less disagreeing with any one principle.**

**Figure 1: Access - Lifestyle consultation questions numbered 1 to 3, percentage responses**



#### 3.2 Outcomes for support Birmingham Citizens to live healthier lives

Respondents were asked to what extent do they agree or disagree with the proposed outcomes for supporting Birmingham citizens to live healthier lives. **For each proposed outcome between 89% and 97% agreed or strongly agreed.** To determine the importance of each proposed outcome, a score what applied to each response and are ranked below in order of importance, as expressed in this consultation.

Proposed Outcome	Strongly Agree or Agree	Order of Importance
Improve mental health and wellbeing	97%	1
Support older citizens to remain active to reduce the risk of falls	96%	2
Support citizens to live a healthier life to reduce risk of developing long term conditions	96%	3
Reduce levels of obesity in school aged children	95%	4
Support citizens to live a healthier life to help them live independently	96%	5
Increase health screening and advice to support citizens to make healthier choices	95%	6
Support citizens to live a healthier life to improve employability	94%	7
Reduce levels of obesity in adults	94%	8
Increase the number of adults that are physically active	94%	9
Support citizens to live a healthier life to prevent or reduce the need of social care	92%	10
Increase the number of citizens using parks and green spaces	92%	11
Reduce number of citizens smoking	89%	12

**Table 1: Proposed Outcomes, percentage of agreement and ranking of importance**

There were several comments raising the need for people to take personal responsibility for their actions and health. It was suggested there was a need to educate people on the consequences of poor lifestyle choices to motivate them to change and engage in services.

In addition, respondents offered the following suggestions to support the outcomes:

- **Information & guidance** – detailed online info with recipes, tips on healthier living, service info, risk factors, user/child friendly
- **Financial** - work with supermarkets to reduce healthy food costs, reduce public gym costs, keep parks open, affordable lifestyle centres, support voluntary sector with funding,
- **Behaviour & support** - focus on healthy living rather than weight, motivational messaging, reduce isolation with community events
- **Education & awareness** – cooking classes, nutrition awareness, community talks & events, health talks in libraries
- **Service improvements** - simple GP booking, more GP appointments, work with non-health organisations to link services, reduce waiting times, sympathetic GP receptionists
- **Environment** - remove vending machines from schools, reduce takeaways
- **Conditions** – understand mental health, equality for those with disabilities

### 3.3 Citizen Engagement

The proposed model aims to improve citizen engagement in lifestyle services, both in terms of easier access and appropriate support to make lifestyle and behavioural changes. The model also aims to encourage people who would not normally access these services, but may benefit and respondents were asked what improvements could be made to encourage this group to engage. Responses can be summarised under the following categories:

<b>Behaviour</b>	Normalise exercise, consequence awareness, encourage community socialising
<b>Community</b>	Awareness sessions, different language formats, engage community groups, community champions, parties in the park, Pharmacy involvement, engage school, educate parents
<b>Environment</b>	Safer parks, safe walking routes, cycle paths, welcoming, address socio-economic issues (e.g. housing), affordable fresh fruit and veg, restrict take-aways
<b>Promotion</b>	Posters on public transport, media, at Universities, more effective use of social media, success stories, local events
<b>Rewards</b>	Competitions, vouchers, non-financial incentives
<b>Services</b>	24 hour service in local area, cultural understanding, evening and weekend provision, more accessible, improved choice of classes, taster sessions, reduce duplication and multiple form filling, gender specific services, home visits
<b>Toolkit</b>	Behaviour insight tools (mindspace, east), modified equipment for disabilities, mandatory health checks, simplified referral system, video testimonials

**Better promotion and advertising was mentioned in 409 comments**, with some stating they had not heard of some services; it was suggested knowledge of local events and activities may have encouraged them to attend.

### 3.4 Other comments and suggestions

There were 617 responses to this question and included general comments, suggestions for areas of improvement and observations, which can be summarised under the following headings:

<b>Considerations</b>	<ul style="list-style-type: none"> <li>• Link into other services</li> <li>• Cultural services and awareness</li> <li>• Prevention should be targeted at everyone</li> <li>• Include (anti) poverty outcomes and socio-economic influences</li> <li>• Not everyone has access to the internet, a computer or smart phone app</li> <li>• Standardise referral system with realistic timeframes</li> <li>• How will outcomes be measured</li> <li>• Individual care needed for vulnerable</li> <li>• Clearer markings on food products</li> <li>• School involvement and engagement</li> <li>• Affordable food</li> <li>• Incentives or discounts for activities (e.g. recognition or reward scheme for regular use)</li> </ul>
<b>Venues</b>	<ul style="list-style-type: none"> <li>• Utilise existing facilities (libraries, etc)</li> <li>• Welcoming environments</li> <li>• Utilise community pharmacies (e.g. Health Living Pharmacy concept)</li> <li>• Non-judgemental</li> <li>• More green space and allotments</li> <li>• Safer routes (walking, parks and cycles)</li> </ul>
<b>Groups</b>	<ul style="list-style-type: none"> <li>• Outreach and assistance for homeless</li> <li>• Male specific services / Male support groups</li> <li>• Support for carers</li> <li>• Those with disabilities and/or housebound</li> </ul>
<b>Services</b>	<ul style="list-style-type: none"> <li>• Young mum nutrition/cooking classes</li> <li>• Baby yoga</li> <li>• Buddy mentoring system for older people to tackle isolation and mental health issues</li> </ul>

## 4 Conclusion

The consultation itself received 4756 completed questionnaires, with upwards of a quarter of those providing additional comments to some questions. All of these comments have been reviewed, together with formal responses from other stakeholder organisations. From feedback provided and summarised within the Lifestyle Consultation Findings Report, the following areas have been summarised for consideration:

<b>Lifestyle Hub needs to ensure reduced waiting times and improve accessibility</b>	Any single point of contact helpline put in place must be: <ul style="list-style-type: none"> <li>adequately staffed by personnel who are appropriately trained and have a good and up-to-date knowledge of existing service</li> <li>sufficient lines to be available</li> <li>Staff members need to understand underlying conditions, such as learning difficulties, and be flexible in their approach and script.</li> <li>perhaps offer a Freephone number</li> </ul>
<b>On-line support considered important alongside face to face support services</b>	<ul style="list-style-type: none"> <li>Majority of people agreed online support (including telephone email) would be valuable.</li> <li>Offer alternatives for those who do not have access to the internet (elderly homeless, in poverty, language barriers).</li> <li>Face to face provision continues to have strong support and be preferred choice</li> </ul>
<b>Transparent criteria required for priority groups</b>	<ul style="list-style-type: none"> <li>Criteria needs to be made transparent</li> <li>How will those who may not fit into the criteria, but are motivated to change, will access services?</li> </ul>
<b>Community involvement important to promote services</b>	<ul style="list-style-type: none"> <li>Personal responsibility and the need for people to want to change were considered important when delivering service provision.</li> <li>Increase media campaigns and local promotion of healthier life choices and services available, together with localised support through community groups, local networks and/or health champions to provide “on the spot” encouragement and motivation</li> <li>Some respondents felt the fully equipped gyms were overwhelming, especially for the over 50s, which discouraged them from attending.</li> <li>Local knowledge of both services and people may be helpful in engaging people in activities, in particular local walking groups, social (non-health) related events and talks.</li> </ul>
<b>Current services are fragmented</b>	<ul style="list-style-type: none"> <li>more collaboration and information sharing was needed between services</li> <li>GPs need to know what services are available (whether commissioned or provided locally through third sector),</li> <li>services should work together to reduce multiple referrals, duplication of effort and onerous form filling.</li> <li>ensure services are appropriately placed, trained and resourced to mitigate the risk of errors and unnecessary delays.</li> </ul>
<b>Promotion Promotion Promotion</b>	<ul style="list-style-type: none"> <li>Better advertising, promotion and marketing</li> <li>GPs and services better informed about services and events.</li> <li>Regular advertising campaigns, effective use of social media and local awareness talks or workshop to ensure a continual brand presence in local communities.</li> </ul>

**Overall the proposed model was the met with majority support**, with 68% of respondents being members of the general public. The need for improved communication and support through a variety of mixed media resources was a common theme, together with the need for appropriate trained staff and understanding of underlying conditions.

The model will need to carefully balance the needs of the Birmingham’s residence, providing both on-line/telephone access (for initial information and on-going support) and tailored support (for complex needs), and encouraging people to both engage and remain engaged in services to make lifestyle changes. This can be achieved through careful planning and collaborative working with stakeholders and lifestyle service providers; working together to meet the needs of Birmingham’s residents and support them to improve their health through healthy lifestyle choices.