Leeds Integrated Healthy Living Service: Consultation and Insight Findings – Stage 0

Contents

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Executive Summary

This document seeks to outline the consultation activities undertaken as part of Stage 0 of the procurement process to inform the redesign and re-commissioning of healthy living services. The consultation process is to ensure that our approach is acceptable to a range of stakeholders. At this stage this includes:

- The public
- Existing service users
- Service providers
- Potential co-commissioners
- Public health colleagues
- Wider stakeholders

As part of the consultation process, we have undertaken formal consultation in addition to ensuring previously commissioned local public health insight work that relates to healthy lifestyles and healthy living activities and services has been analysed and included.

As well as undergoing formal consultation, the team have been having ongoing conversations with a range of colleagues and partners to inform how we develop the Leeds Integrated Healthy Living Service (LIHLS).

Listed below are all the different approaches used to gather insight to inform the development of the IHLS model. Refer to section 2.1 for the key findings from the reports or meeting notes created to capture opinion and insight from a variety of sources.

1. Children's Physical Activity, Healthy Eating and Healthy Weight Consultation, November 2015
2. Children's Healthy Living Consultation, Primary Schools in the South of Leeds, October 2015
3. Outer South Breeze Consultation Overview 2014/15
4. Healthy Living Services Consultation Public Research Report, DIVA, October 2015
5. Investigating Perceived Effectiveness of Health Trainers Supporting Unemployed People in Leeds to improve their Health and Well-Being, October 2014
6. Leeds Maternity Health Needs Assessment, 2014
7. Review of previous healthy living insight led by Public Health, 2015

8. Smoking Insight Evaluation, Leeds Beckett University, September 2015
9. Healthy Living Provider Consultation Workshop, 25 August 2015
10. Healthy Living Provider Consultation Survey, September 2015
11. Children's Physical Activity Provider Consultation Workshop
12. Consultation with the three Leeds Clinical Commissioning Groups (CCGs)
13. Consultation with Leeds City Council Public Health staff
14. Health Breakthrough Launch and Outcome Based Accountability Workshop, 18th September 2015 (135 attendees)

From the thematic analysis, ten themes were identified (section 3) that will inform the redesign and re-commissioning of healthy living services:

1. An integrated healthy living service (IHLS)
2. Awareness of healthy living services and healthy living information
3. Accessibility of healthy living services
4. Person centred approaches
5. Peer led and collaborative approaches
6. Children and families approach
7. Building intention to change and maintaining healthier lifestyles
8. Reducing inequalities
9. Monitoring and measuring success
10. Workforce skills

What was apparent from all stakeholders is the importance to stop working in silos and deliver healthy living services that are integrated (theme 1) and respond to how people live their lives (theme 4). It is recognised by all stakeholders that living a healthier lifestyle and changing behaviours are not easy. Everyone consulted with recognised that there are a range of barriers to living a healthy lifestyle. Many recognised the role of healthy living services to work with individuals, who are not yet considering change, to build their motivation and confidence (theme 7). Although building confidence and motivation is effective to enable an individual to consider a healthier lifestyle, what is required to enable that change is: consistent information on healthy lifestyles (theme 2); healthy living services and activities that are accessible in local communities (theme 3); working together to building social networks and peer support (theme 5); consider the whole family and their influence on healthy behaviours (theme 6); and ensure healthy living services can reach out to those who find it hard to access services (theme 8). To achieve this requires a skilled workforce (theme 10) and ensuring that we can measure

successful achievement of healthy lifestyles in a way that is meaningful to providers and the people of Leeds (theme 9).

However, this cannot be achieved by the re-commissioning of the healthy living services alone. To be effective, this requires a step change that inspires communities and partners to work differently together to enable Leeds to be healthier. This is where the Health Breakthrough project can have influence. The consultation process identified opportunities for the Health Breakthrough project to create an integrated healthy living system for Leeds with a focus on physical activity and food.

1. Background and Objectives

This document seeks to outline the consultation activities undertaken as part of Stage 0 of the procurement process to inform the redesign and re-commissioning of healthy living services. The consultation process is to ensure that our approach is acceptable to a range of stakeholders. At this stage this includes:

- The public
- Existing service users
- Service providers
- Potential co-commissioners
- Public health colleagues
- Wider stakeholders

The aim of re-commissioning healthy living services is to:

- Be effective in tackling health inequalities through appropriate targeting of interventions which are responsive to need
- Provide a service that is person centred, with a focus on self-management, through increasing the skills, knowledge and confidence of service users in order to support and sustain behaviour change
- Provide a service which can effectively support service users who experience clustering of unhealthy behaviours
- Integrate the service with other council, NHS and third sector provision to ensure the broader factors that influence an individual or family's health can be addressed where appropriate and possible
- Provide value for money, and
- Align with other commissioning and service arrangements both locally and city wide in a way that maximises community assets and skills.

The intention is to award a contract for the new Leeds Integrated Healthy Living Service (LIHLS) by April 2017, which goes live in October 2017.

The development of an integrated healthy living service for Leeds forms part of the Health Breakthrough Project. There are eight Council Breakthrough projects, being led by councillors, building on the success of how the Council worked across traditional boundaries to successfully

deliver the Tour de France 'Grand Depart' in 2014. The Health Breakthrough project is made up of three elements: directly commission a LIHLS, ensure services commissioned by partners are aligned within a healthy living system, and inspire communities and partners to work differently to make Leeds healthier. The development of this healthy living service is one work strand of the Health Breakthrough project.

The principle outcomes being sought that the re-procurement project will contribute to are:

- Reducing the difference in healthy life expectancy between communities through supporting people to live healthy lifestyles, especially those that are most at risk and/or live in the more deprived areas of the city
- Reducing premature mortality due to preventable disease

Additional outcomes relating to improved physical health are as follows:

- Reducing the number of people who smoke
- Reducing the number of children and adults who are overweight
- Increasing the number of physically active children and adults
- Increasing the number of people eating healthily
- Reducing the number of people consuming alcohol over safe limits

In order to support initial, and sustain longer term, behaviour change, the integrated model will seek to support the development of self-care capability by:

- Co-producing longer term behaviour change strategies in partnership with service users
- Working with service users to support them increase their own resilience to enable them to better address the issues that may influence their health and wellbeing
- Increasing the knowledge of and access to a range of services, activities and community assets which can help support behaviour change

Public Health has undertaken an extensive consultation with stakeholders to scope the project with the following aim:

- To provide effective and meaningful consultation with identified groups at Stage 0 of the procurement process, including:
    - The public

- Existing service users
- Service providers
- Potential co-commissioners
- Public health colleagues
- Wider stakeholders

The objectives of the consultation process are to:

- Understand the needs of the public in order to enable them to live healthier lifestyles
- Understand successful outcomes for the public in relation to healthy living activities and services
- Gain a better understanding of service user experience of using healthy living activities and services
- Gain a better understanding of provider experience of delivering healthy living services and activities
- Explore confidence in the existing healthy living services and the proposed model by a range wider stakeholders that includes potential co-commissioners and public health colleagues

2.0 Methodology

As part of the consultation process at Stage 0 of the procurement process for the Integrated Healthy Living Services Procurement Project, we have identified key stakeholders and undertaken formal consultation.

In addition, we have aimed to ensure previously commissioned local public health insight work that relates to healthy lifestyles and healthy living activities and services has been analysed and included.

As well as undergoing formal consultation, the team have been having ongoing conversations with arrange of colleagues and partners to inform how we develop the Leeds Integrated Healthy Living Service (LIHLS). These colleagues and partners lead on the following areas:

- Targeted prevention work (Ian Cameron, Lucy Jackson and Diane Burke)
- Digital work across the city (Julie Oxley, Alicia Ridout and Victoria Betton)
- Mental health commissioning (Jane Williams and Jon Woolmore)
- Public health partnerships (Rob Newton and Peter Roderick)
- Other Local Authority colleagues across England currently commissioning integrated healthy living or wellness services
- Internal colleagues and LCC programmes of works such as sport and active lifestyles, adult social care, community hubs, informatics, domestic violence, older people etc.
- Academic colleagues at Leeds Beckett University and Leeds University (Alan White, Judy White and Paul Chatterton)

Public Health has consulted with a broad range of partners using a range of approaches in addition to ensuring any previous insight work was analysed from a healthy living perspective. This variety of insight gained through various methods has been reviewed to identify key insights, common themes and key recommendations for the future delivery of the Leeds Integrated Healthy Living Service (LIHLS).

Listed below are all the different approaches to gather insight to inform the development of the LIHLS model. Refer to “Sources of Evidence” for

further information on reports or meeting notes created to capture opinion and insight from a variety of sources.

1. Children's Physical Activity, Healthy Eating and Healthy Weight Consultation, November 2015
2. Children's Healthy Living Consultation, Primary Schools in the South of Leeds, October 2015
3. Outer South Breeze Consultation Overview 2014/15
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10. Healthy Living Provider Consultation Survey, September 2015
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2.1 Summary of consultation and key findings

For each form of consultation or insight work, a summary of the approach or document(s) are described below with key findings under the following consultation groups:

- The public
- Existing service users
- Service providers
- Potential co-commissioners
- Public health colleagues
- Wider stakeholders

2.1.1. The Public

Document 1. Children's physical activity, healthy eating and healthy weight consultation, November 2015

Partners and providers of the Active4Life programme delivered focus groups with children and young people to find out their views on what helps them to be active, eat healthily, and be a healthy weight. The focus groups were one hour in length with 6 children taking part. The focus groups were delivered as a guided discussion using a series of questions rather than a structured interview. A total of 97 children and young people were consulted between October and November 2015.

The children and young people who participated were all from deprived areas of Leeds. Girls and children from BME backgrounds were targeted as both local and national evidence suggests this group is less likely to be active for health benefits. The focus groups delivered include:

- Primary school age children (mixed group)
- Primary school age girls
- Girls aged 7 to 8 years of Asian ethnic origin
- Children and young people with mental health issues - Touchstone
- BME Children and young people (Somali / Swahili / Chinese) - Touchstone
- Secondary school age young people (mixed group)

The **key findings** from the focus groups in relation to healthy living lifestyles and activities are as follows:

- The children and young people know the importance of being active and listed many of the physical health benefits. They also recognise the importance of healthy eating such as eating fruit and vegetables and eating less sugar
- The children understood the links between healthy eating and physical activity to keep a healthy weight
- Girls understood the importance of being active but also motivated by avoiding bullying
    - "*So you don't get fat and people pick on you and talk about you*"
- Older young people understood the emotional and mental health benefits of being active
- The main physical activities that children and young people enjoy include football, swimming, dance, gymnastics, athletics,

cheerleading, rugby, climbing tag, dodgeball, cycling, table tennis and basketball
    - BME groups most commonly mentioned football and playing out
    - Older young people would like to do extreme sports such as skateboarding and sky diving
    - Girls most commonly mentioned dancing and being with friends
- Children reported that rewards and prizes would encourage them to be active in addition to having someone to play with, and having access to more activities and clubs in school
    - Rewards were also suggested as a way to reduce sedentary time and for not playing on the Xbox and their mobile phone
- There was a range of responses as to what prevents children from being active. The most common answers were the weather, homework, reading, feeling tired, watching TV or playing computer games, using their mobile phone, or living too far from school to walk or cycle
    - BME children gave similar responses. Housework and chores were important factors as well as the house being too crowded
    - Family and parents was the main reason given by Asian girls for not being active
    - What would help girls sit less was having friends they could playout with:" *My parents are protective and don't always let me play out"*
- The park was the main answer as the place to go to be active with family and friends, followed by sport clubs, the garden, and the playground
- Children and young people enjoy walking and cycling because it was fun, cheap, and was fun to do with the family
- What would help children and young people with their weight was getting involved in exercise and eating the right food. They felt that having more healthy food around, having "less temptation", healthy cook books, and rewards/badges would help them eat more healthily
- When asked about "what help you would want with your weight", responses given by the young people were: having a weight chart, eat 5-a-day, exercise, and encouragement
- Children and young people stated that they would seek help from their parents, doctor, slimming groups, or go to the gym

Document 2. Children's healthy living consultation, primary schools in the south of Leeds, October 2015

Partners and providers of the Active4Life programme delivered focus groups with children and young people attending primary schools in South Leeds to find out their views on what helps them be active, eat healthily and be a healthy weight. The focus groups were one hour in length with 6 children taking part and followed a series of questions as a guided discussion rather than an interview. Some children completed questionnaires individually which were based on the same questions as the guided discussion. The key findings of this consultation have been incorporated into document 1.

Document 3. Outer South Breeze Consultation Overview 2014/15

The Outer South Area Committee commissioned three mini breeze events over summer 2014 through their Universal Youth Activities Fund. These took place in Rothwell, East Ardsley and Morley. This was an opportunity to undertake consultation to help shape the delivery of Outer South Universal Youth Activity Fund in the future. This consultation asked children about all kinds of sport and activities they would like to do. A total of 705 children and young people took part in the summer consultations over three events; 59% were aged between 8 and 17 years and 41% aged under 7 years. On average slightly more girls than boys took part.

The **key findings** from this consultation are as follows:

- The most popular time for the delivery of activities (in order of preference) are:
    1. School holidays
    2. Weekends, and
    3. Evenings
- Parks were the most popular place for the delivery of activities followed by community centres, leisure centres, and the least popular location was school
- There is a fairly equal split between doing activities indoors or outdoors
- Sport was the most popular type of activity children and young people would like to get involved in followed by dance, creative arts, play, and youth provision
- The top 5 suggestions for activities by the children and young people are:

1. Football
2. Dance
3. Swimming
4. Arts and crafts
5. Den building

- The majority of the activities children would like to do were physically active types of activity

Document 4. Healthy Living Services Consultation Public Research Report, DIVA, October 2015

The main aim of the public consultation was to gain insight to help inform the scope of the proposed Leeds Integrated Healthy Living Service. Diva were tasked to explore: perceptions of and attitude towards health and wellbeing; what people perceived as being barriers and motivators to stay or become more healthy; and the type of support that would be helpful in initiating and facilitating behaviour change.

A mixed methods approach was used that included: brief secondary research review, and the delivery of 15 focus groups. Recruitment for the focus groups was largely drawn from existing groups.

The **key findings** include:

- The importance of taking a 'small step' approach towards behaviour change
- Ensuring that interventions are positive, fun and sociable
- Ensuring the public are fully informed of the range of options available to support them
- Identifying cost as a barrier to behaviour change, and
- All interventions are delivered by credible staff in a welcoming environment

The key recommendations include:

- Improving accessibility by offering services at various times of the day
- Improving communications to the public and service users
- Improving service delivery to ensure they are more personalised and consistent, this includes:
    - Offering services and activities for families
    - Developing support groups, peer support and/or "buddies"

- Provide a variety of access points such as one to one support, group activities, a website, social media etc.

2.1.2. Service Users

Document 5. Investigating Perceived Effectiveness of Health Trainers Supporting Unemployed People in Leeds to Improve their Health and Well-Being (2014)

The main aim of this study is to explore the effectiveness of Health Trainers (HTs) in supporting their clients in Leeds, which was achieved through addressing the following research questions:

1. How is 'effectiveness' conceptualised by clients?
2. To what extent is the support received effective from the clients' perspective?
3. What factors do clients perceive to have contributed to/detracted from the HT pilot being effective?

Semi-structured interviews were completed with six past and present Health Trainer clients.

The **key findings** include:

- Clients wanting information, advice and support from the HTs in order to improve their health and well-being
- The HT service has been effective for clients in meeting their varying health needs
- The range of improvements achieved by the clients include: improving their diet, increasing physical activity, and improving their emotional and mental health, and
- Identifying what works to support clients to achieve successful outcomes

Document 6. Leeds Maternity Health Needs Assessment (2014)

The Leeds Maternity Health Needs Assessment (HNA) provides in-depth analysis of the local health needs that place demand on maternity services in Leeds. The completion of the Maternity HNA by Public Health forms part of the current Memorandum of Understanding between Public Health and the three Leeds CCGs. The HNA informs the development of a new five year Maternity Strategy for Leeds. Chapter 3 explores maternal factors or behaviours that impact upon the health of both mother and baby. This

includes being overweight and smoking in pregnancy. Qualitative data and local insight is presented in the report with respect to stopping smoking and managing their weight during pregnancy.

The **key finding** in this report is the importance of maternity staff knowledge to enable them to effectively support pregnant women who are overweight or smoke in pregnancy.

Document 7. Review of previous healthy living insight led by Public Health (2015)

This comprised of a high level review of previous healthy living insight to identify emerging findings across the nine consultation reports. See sources of evidence at the end of the report for list of documents reviewed (7.1-7.9) that were mainly led or commissioned by Public Health in Leeds. The review resulted in a thematic analysis of insight both from professionals and service users around recommendations for healthy lifestyle service improvement and views from the general public on making improvements to their health. Implications for the re-design of the Leeds Integrated Healthy Living Service were extracted from the insight.

The **key findings** include:

- Members of the public feel that the GP is a credible first point of contact for health/lifestyle advice, therefore we need to consider how to strengthen the GPs role in the pathway
- Referrals from the NHS Health Check are low but individuals would welcome referral. We should build into both the Healthy Living and the Health Check contracts mechanisms for stronger connections
- Awareness and perceptions of healthy living services was mixed amongst health professionals (GPs, nurses and practice managers) who might refer into them. We therefore need to explore what more could be offered around promotion of the services, the provision of accessible services and resources for staff to support professionals in referring more patients into healthy living services. We also need to explore how healthy living service providers can link better with a range of other services plus utilise resources to help clients to self-care
- Amongst the general public, awareness of healthy living services and Leeds Let's Change is low. A solution might be to commission more public awareness raising, using insight to ascertain where our target groups might passively come across or actively look for information about healthy living services

- For many people in deprived areas, the pressures of life (money pressures, employment, housing, raising a family) were the main focus, before healthy lifestyles. Ways through these barriers might include:
    - Champion the need to invest in broader determinants work (by others if necessary)
    - Integrate healthy living work into the determinants of health work programme
    - Consider how to market ways in which a healthy lifestyle may help with those life pressures
- Whilst people know the information to lead a healthy lifestyle, for many individuals more attitude change and motivational work is needed to move them into making changes. We need to understand more about motivators for change in this group. To do this we can source existing research or commission new insight. We may also decide the best approach is to invest in this type of work as the front end of the healthy living contracts, and/or as the foundation for the wider Breakthrough work
- Service users have made suggestions in the insight reports about improvements that could be operationalised in order to access healthier lifestyles. We need to refer to the details in these reports to feed into the service specifications
- Current cooking skills provision and the Active4Life programme are both rated as very positive. We should continue to commission and build on these, and apply learning from their success to other commissioning
- There was no sense from the reports of the needs of specific groups with complex needs being explored, so we will need to refer to other sources of evidence and ensure consultation on a range of options with these groups

Document 8. Smoking Insight Evaluation, Leeds Beckett University, September 2015

The smoking insight work was commissioned by Leeds South and East (LSE) CCG to explore the perceptions of the smoking cessation interventions that were delivered across the LSE CCG geographical footprint. The evaluation used a variety of data sources in order to triangulate the findings to develop conclusions and make recommendations. Data was collected using a smoking questionnaire which was distributed to both users and non-users of the smoking service, a questionnaire for health professionals who either delivered smoking

interventions or referred to services, and one to one interviews with a sample from both questionnaire groups.

The report presents both the qualitative and quantitative data and recommendations for future service delivery. The **key findings** include:

- Current and ex-smokers offered a range of motivational factors for previous or current quit attempts. Most prominent factors included health concerns, financial reasons and children
- 86% of smokers surveyed intended to quit smoking in the future. Less than half (44%) of smokers intending to quit planned to access support from a health professional (including their GP, practice nurse, pharmacist or stop smoking service)
- The main barrier to attending a stop smoking service was motivation to quit and lack of knowledge of services (e.g. not knowing what to expect from the service, not wanting to attend group support, not being aware of other support on offer and concerns about being *"lectured"*)
- Data demonstrates a diverse range of stop smoking support is available in LSE from campaigns, providing brief interventions to delivering stop smoking services
- Overall, 38% of smokers and respondents who had quit within the last 12 months had received advice/support about stopping smoking from a health professional (excluding specialist stop smoking advisors) and 55% had accessed a specialist stop smoking service
    - Of those who received advice from a health professional, nearly two thirds (63%) also accessed support from the stop smoking service
    - Interview data highlighted service users often self-referred to a stop smoking service after consultation with health professionals
- Stop smoking support in LSE is largely viewed positively and considered valuable in helping people to quit smoking
- The main strengths of stop smoking services in LSE were identified as:
    - A range of service formats on offer
    - Access to services
    - Service content, and
    - Skilled stop smoking staff

The **key recommendations** identified in the research include:

- Improve access
    - To include daytime, evening and weekend provision

    - All support options to be available at variable times (e.g. daytime and evening home visits)
    - Services are delivered in locations that are accessible for target groups
    - Targeted marketing should be used and specific to localities
    - Community engagement and outreach work should also be considered as an option to aid recruitment of target groups, and facilitate smoker's motivation to quit
- Menu of support options
    - Offer a range of support that can be tailored to individuals needs
    - Provide harm reduction strategies as well as support for abrupt quits
    - Improved marketing strategies highlighting support options available and financial benefits to attending
- Integrated services
    - Joined up working was considered important to improve access to the service
    - Clear referral routes
    - Consider the impact of wider social issues on smoking behaviour
    - Provide "*wrap around support"* for service users by linking with other services
    - Concerns and experiences of weight gain during a quit attempt were apparent. Marketing on how to access this support alongside the stop smoking service is needed
- Relapse prevention
    - Offer additional peer support strategies such as an informal 'buddy' system and peer led groups for long term support
    - Relapse prevention may be aided by additional telephone/text support between appointments and a follow-up appointment 6 months to one year after quitting to motivate service users to remain smoke free
- Additional support for targeted groups
    - Consider the use of incentives for target groups, e.g. pregnant women and deprived groups, such as vouchers or gym discounts/passes
    - Ensure the service is appropriate for target groups, including BME groups, children and young people, as well as smokers with learning difficulties

2.1.3. Service Providers

Document 9. Healthy Living Provider Consultation Workshop – Feedback Summary, 25 August, 2015.

The healthy living provider consultation workshop took place on Tuesday 25 August 2015. Twenty five staff from the provider organisations delivering the 13 contracts in scope for procurement, as part of the Integrated Healthy Living Service project, attended including a mixture of managers and frontline staff. The aims of the event were to: consult with providers and gather their expertise and experience to help shape the future of healthy lifestyle services for Leeds; and to work together to develop ideas on how to reduce health inequalities through supporting healthy lifestyles. The running order of the workshop included the following to provide as much background as possible to inform the consultation workshops that followed: introductions and scene stetting; overview of the Health Needs Assessment; summary of the insight gathered so far; and overview of priority groups. Providers worked in small workshop groups to firstly broadly consider the whole healthy living system and reaching priority groups to explore "what do we do well?" and "what more could we do?" The second workshop session focussed on some key questions identified from the health needs assessment and insight. The workshop was facilitated by public health staff that are not involved in the procurement project.

The **key findings** from the workshop discussion "what we do well?" are as follows:

- Teams have many specialist skills and are often representative of local areas and have good knowledge of the city
- Services often taken into the community, reducing transport and childcare obstacles
- There are some effective systems for collecting outcome data and electronic referral systems that speed up the process
- Working with children to provide a good link into families
- Friendly, encouraging first point of contacts, and good signposting
- Strong partnerships across the community and good links between health and the third sector partners

The **key findings** from the workshop discussion "what more could we do well?" are as follows:

- Better integration through range of approaches including:
    - Better signposting and referrals between services
    - A single cohesive gateway for all healthy lifestyles services
    - Integrated clinics and "*one stop shops*"
- Better accessibility through:
    - Effective use of technology
    - Working evening and weekends
    - Swifter referral systems
    - Ensuring services are located in the right area
- Better communication and marketing through:
    - Making services more visible
    - Using social media and consistent branding better, more resource and skills for marketing
- Better commissioning that works jointly with providers to create a long term vision and stability
- Better delivery of services through:
    - Holistic approaches with continuous feedback
    - Using creative approaches such as the Arts
    - Multi component interventions to increase self-esteem and help people to be ready to take up services
    - A family approach including:
        - Family based activities
        - The role of children to support family motivation for change
        - Supporting families at points of transitions such as nursery to primary school, and primary to secondary school
        - Use a social model approach and community development approaches such as buddying which can help with motivation

The **key findings** from the workshop discussion "how do we reach more people with less healthy lifestyles who are not yet contemplating change?" are as follows:

- Deliver services in workplaces
- Use incentives
- Know your neighbourhood
- Provide opportunities in the wider community, e.g. activities in parks at low or no cost

- Use effective social marketing that uses “feel good” and positive approaches. The ‘health’ message might not be the best first message
- Manage environmental influences such as the number of licenses given to takeaways

The **key findings** from the workshop discussion “how can we work better across all ages e.g. families?” include:

- Intergenerational working has been successful, e.g. Ministry of Food work with 18 to 80 year olds
- There are a range of examples of family programmes that are successful around cooking skills, sports and physical activity at a range of venues
- Using our local parks as places where families can be active and healthy together

The **key findings** from the workshop discussion “what challenges might vulnerable groups face in accessing Leeds Healthy Living Services, and how might these potential challenges be addressed in the future?” include:

- Key challenges include: language and cultural barriers, behavioural norms, lack of knowledge, and financial constraints
- Solutions include: increase the use of visual aids and information available in key languages
- Identify key ‘champions’ for different groups and “buddy” people into services
- Improve access through appropriate times, place, female only options, social prescribing, and meeting individuals needs

The **key findings** from the workshop discussion “how can we work holistically to best support people who have complex lives and wider issues?” include:

- The need to offer more support around emotional wellbeing, building resilience and mental health
- Services to have flexibility in performance targets for clients with complex lives e.g. fleeing domestic violence
- Focus on women and family approaches

Document 10. Healthy Living Services Provider Consultation Survey

An open question survey was sent via talking point to all the providers in scope for re-procurement as part of the Integrated Healthy Living Service prior to the workshop held on 25 August 2015. The survey was circulated again after the event to provide an additional opportunity to comment. A thematic analysis was performed on the fourteen responses received.

The **key findings** from the survey are as follows:

- Importance of communication, marketing and campaigns to promote healthy living activities and services
    - Use digital technology
    - Take advantage of national, regional and local campaigns
- Have a identified healthy living brand for all Leeds providers to adopt
    - "*One brand, one number, one message, one access point*"
- Use both targeted and universal approaches
    - Targeted communities to included areas of deprivation, BME groups, children and families, "the workforce", pregnant woman, and hard to reach populations
    - Consider neighbourhood and locality approaches for specific communities
- Knowledge and skills of referrers and sign-posters have an impact on the successful uptake of healthy living services
- Deliver and engage in a variety of settings
- Invite service users to become volunteers or peers
    - Provide peer support and support groups
- Use a variety of approaches
    - Group sessions, one-to-one, drop-in, online forums
    - Family approaches
    - Set realistic goals
    - Person centred approaches
        - Holistic; health coaching approaches
    - Flexible intervention length depending on client
    - Follow up and maintenance support
    - Self-support opportunities
- The new healthy living service to work in partnership, and have direct links, with other organisations to (a) support adoption of healthy lifestyles, and (b) provide practical and emotional support needed to address barriers to behaviour change

    - Key organisations include: IAPT, Community Hubs, third sector, physical activity providers, social prescribing, other NHS services, and other LCC services
    - Develop multi-disciplinary teams or partnerships at a neighbourhood level
- Integrate services through:
    - Co-location
    - Multi-disciplinary team clinics
    - Online referral process to all services
    - Multi-offer interventions across healthy living providers
    - Aligned care pathways
    - Common information sources or database of local opportunities
    - Delivery at a range of settings including outreach
- Common skill set across workers
    - Motivational interviewing, health coaching, broad knowledge of services and opportunities, brief advice skills etc.
- Measures of success to include:
    - Service specific KPIs
    - Improvements in confidence, motivation, and wellbeing
- Develop system wide KPIs for healthy living

Document 11. Children's Physical Activity Provider Consultation Workshop

This consultation was delivered alongside the wider provider's consultation (document 9) to allow a focus on children's physical activity. This event took place on 6 August 2015. A total of five staff attended included managers and frontline practitioners. The consultation identified activities and approaches that are useful in encouraging children to be active.

The **key findings** are:

- Deliver family activities, e.g. activities with adults and children playing together
- Set physical activity homework, for example challenges, fit for football, and food diaries
- Non-digital approaches are important for teamwork and communication skills
- Provide choices for children and consult to give ownership
- Gaining qualifications can motivate children and young people

- Free activities and local provision is appreciated, for example in parks
- Dance is excellent for fundamental movement and there is a wide range of choice
- Passion, excitement and enthusiasm of coaches will engage children and young people to build confidence and self esteem
- The key target groups are deprived communities and girls from Asian backgrounds
    - Engage using taster sessions, social media, outreach work, and having a good visual presence, for example public sports or dance performances
    - The hop on the bus scheme worked well for hard to reach groups
    - To deliver a universal offer, there needs to be good traded service in more affluent areas
- Enable children to get involved in co-producing and shaping the programmes
- Ideas for interventions and activities to support children and families to be more active and live healthier lifestyles include:
    - Combined healthy eating and physical activity programmes
    - Linking in with breakfast clubs to work with at risk children and young people, and with large numbers of children and young people
    - Multi activity and family based activities, e.g. cycling
    - Smart swaps campaign

2.1.4. Potential co-commissioners

Document 12. Consultation with the three Leeds Clinical Commissioning Groups (CCGs)

The three Leeds CCGs are key partners in terms of commissioning the Leeds Integrated Healthy Living Service from two perspectives, firstly as organisations with responsibility for the health of their populations and secondly as a group of primary care staff who need to refer into the LIHLS. The Integrated Healthy Living Services Procurement Project team had a clear aim that commissioning the LIHLS needs to be done in partnership with the Leeds CCGs, ideally co-commissioning but at very least the LIHLS should be aligned with CCG plans. There have been a number of meetings held with CCGs. On 6 May 2015, CCGs were invited to a meeting to discuss the LIHLS plans. This was followed up at the CCG Memorandum of Understanding (MoU) meeting on the 27 May 2015

attended by CCG Chief Officers and Ian Cameron. Since then the LIHLS has been discussed with CCGs at a range of meetings. These include:

- Separate meetings in July with public health consultants linked to the three CCGs
- Meetings with public health specialists for each of the three CCGs responsible for commissioning CCG social prescribing schemes
- Attendance at the North CCG Executive Board Meeting
- Attendance at the North CCG Central Delivery Group
- A paper to the North CCG Council
- Attendance at the West CCG Development Group
- Attendance at the West/West North West Senior management team
- A paper to the South and East CCG Executive Management Team

At the 6 May 2015 meeting there was broad support for the development of an integrated healthy living service for Leeds and support to work in partnership to deliver this service. There was agreement that priority groups should be defined and targeted. There was consensus that CCGs and the council should aim to commission together wherever possible.

A number of pertinent questions were raised:

- How will the LIHLS ensure people with mental health problems are served as a priority group? How will the LIHLS be mentally health promoting? How does the service deliver the mental wellbeing aspects of a LIHLS or deal with low level stress, anxiety and depression?
- How will the LIHLS ensure it will reduce rather than increase health inequalities?
- How will the LIHLS link with the council's strategy around tackling poverty, inequality and the Community Hubs platform?
- How do we link Community Hubs, GPs and the LIHLS?
- How does the LIHLS use digital opportunities available?
- How do we link with Stuart Cameron Strickland's "Making it Real" group looking at advice services in response to the Care Act?
- How can the LIHLS be clear on eligibility and targeting whilst remaining person centred and holistic?
- What skills will Health Coaches need?
- What is the role of the LIHLS in delivering physical activity for adults or how will it link to services delivering work in this area?
- How can we ensure we use existing insight and results of planned consultations to shape how the LIHLS is developed?
- What are the plans to consult with GPs and CCG area teams?

- What support will the LIHLS give to people who are in the pre-contemplation stage and how does the service link with the community development services?
- Will all services be free to all service users?

Following this meeting, agreement was reached with all three public health consultants that the CCG social prescribing schemes should be aligned with the LIHLS. It is not possible to do this through co-commissioning but both services should be complementary and marketed in a way that is helpful to GPs. The social prescribing schemes are either in place or imminently launching and are likely to develop further before the LIHLS go live date of October 2017.

At the MOU meeting, there was strong support given from the CCG Chief Officers to work together with the LIHLS commission to ensure services are aligned.

2.1.5. Public Health colleagues

Document 13. Consultation with Leeds City Council Public Health Staff

The Integrated Healthy Living Services Procurement Project team was keen to ensure all public health colleagues were kept up to date about the Health Breakthrough project and LIHLS commissioning plans with the opportunity to contribute their ideas and knowledge. An initial workshop was held on 2 April 2015. Staff who commission public health services that are in scope of or related to the Leeds Integrated Healthy Living System were invited. A total of 17 staff attended. The aims of the April workshop were to:

- Inform public health commissioners of the LIHLS and health breakthrough
- Ensure public health commissioners views are heard
- Identify opportunities and problems
- Help to inform the next steps

A second workshop was held on 10 September and 25 staff attended. The aims of the September workshop were to:

- Ensure all public health colleagues are aware of and engaged with the LIHLS commissioning project and Health Breakthrough

- Test our plans for the LIHLS and the Leeds Integrated Healthy Living System
- Ask for ideas to improve the model

The April workshop generated a large range of comments and questions, for example:

- Services are currently separate and work in silos
- There are lots of single points of access
- How do we link the services together so they are seamless?
- CCGs potential for co-commissioning, and plans for multi-disciplinary teams
- Potential links with GP wellbeing centres, community hubs and one stop centres
- Public Health can offer skills training, for example helpful conversations
- Important links with social prescribing need discussion

These were taken into consideration by the team and the work has progressed.

Colleagues attending the September workshop identified strengths, challenges and opportunities for developing the LIHLS. Staff commented that the LIHLS took a good approach and welcomed that the service was integrated with a single point of access. Comments were made that it was good that people across organisations have been engaged and that the process followed has been thorough. It was welcomed that the LIHLS aims to work across silos.

The challenges that the staff identified were:

- We should think even further out from our existing services
- There is a need for more children and young people's voices, particularly in relation to diet within the family context
- We need to focus on healthy diets not simply healthy weight
- There is a need to focus on vulnerable groups, for example men, migrants, people with low mood, stigmatised groups etc.
- There is a tension between delivering a person centred service which focuses on broader determinants and individual lifestyle change
- The development of the LIHLS needs to be linked to the mental health service review
- It was recognised that self-referral is difficult for some people

- It was questioned what the skills of the health coach/peer navigator are?
- Concerns were raised about money; do we have enough money to pay for it?
- It was questioned whether more settings could be listed
- Could we income generate from delivering the model in workplaces?
- How do personal budgets fit in?
- Are we considering legal highs?
- How can we maximise peer support opportunities?
- How can we invest in digital opportunities to support self-care?
- How can we increase awareness and outreach?
- What happens if there is a mismatch between what people want and the outcome of behaviour change?
- It is important that the service is able to easily identify what is a priority for people
- A challenge is how to integrate services and have clear layers of responsibility
- It is very important to share information so people don't have to tell their story again and again
- How do individuals navigate the plethora of services currently available? Is signposting enough?
- If social media is used, how do we increase access to technology?
- How can we support organisations to trust each other and work together?
- How can we invest in bottom up approaches?
- How can we link other commissions to meet the aims of the system?

A range of opportunities were identified, and these include:

- The model should think as a system rather than services
- Use existing insight and consultation with vulnerable groups, for example Central and Eastern European communities and new African communities
- Use Patient Activation Measure as an indicator
- Link with the mental health service review
- The Patient Empowerment Project could have a joint workforce bringing together mental health and the LIHLS
- Ensure timing is managed to link with other initiatives being set up, for example social prescribing
- Link digital health plans with the mental health agenda
- Use the evidence produced by the Kings Fund

- Use opportunities to share budgets and commissioning with partners
- Focus on outreach and community
- Encourage ownership by the public

2.1.6. Wider Stakeholders

Document 14. Health Breakthrough Launch and Outcome Based Accountability Workshop, 18 September 2015

On 18 September 2015, 135 colleagues from a broad range of organisations in Leeds including various Leeds City Council departments, voluntary sector, private sector, NHS, arts organisations, and sports organisations came together to celebrate the launch of the Health Breakthrough. The Health Breakthrough project aims to reduce healthy inequalities in Leeds through early intervention and supporting healthy lifestyles. The aims of the launch event were to:

- Launch the Health Breakthrough Project
- Explore the link between delegates roles, healthy lifestyles and health inequalities
- Develop ideas of how to reduce health inequalities through supporting healthy lifestyles, and
- Make connections and set the foundations for further focused action to be delivered

Delegates were asked their views of why there are health inequalities in the city; what works well in Leeds to reduce inequalities; what can be improved, and what action they could pledge. A thematic analysis was conducted around delegates responses to what can be improved.

Key themes emerged that include:

- Food
- Physical activity
- Using “piggybacking” opportunities
- Linking with businesses and workplace health
- Creative approaches
- Transport
- Technology
- Coaching, mentoring, and peer support
- Marketing and information

- Outreach, involvement, asset based approaches and consultation

Responses are still being analysed by public health colleagues. It is likely that an action plan will be developed to take forward work relating to:

- Digital technology to improve healthy lifestyles
- Employers and local businesses
- Health coaching
- Physical activity and active travel
- Peer support

3.0 Themes from insight work and consultation

All the sources of evidence were reviewed by the Leeds Integrated Healthy Living Service Procurement Project team who undertook a thematic analysis approach to identify key themes to inform the IHLS model and future delivery of services. The next section builds on the key findings in section 2 and highlights the key themes identified through the thematic analysis. These will be presented by theme under each consultation group:

- The public
- Existing service users
- Service providers
- Potential co-commissioners
- Public health colleagues
- Wider stakeholders

Ten themes were identified through the thematic analysis and include:

1. An integrated healthy living service
2. Awareness of healthy living services and healthy living information
3. Accessibility of healthy living services
4. Person centred approaches
5. Peer led and collaborative approaches
6. Children and families approach
7. Building intention to change and maintaining healthier lifestyles
8. Reducing inequalities
9. Monitoring and measuring success
10. Workforce skills

Theme 1. An integrated healthy living service (IHLS)

Summary of findings

From the thematic analysis, all stakeholders identified key themes that relate to the integration of healthy living services including key functions of the IHLS, and these include:

- Deliver healthy living services as part of an integrated healthy living system
- Develop clear partnerships and links with other services or programmes of work that are health promoting
- Consider co-location and co-delivery of healthy living activities

- Effective patient management system across integrated healthy living services for an efficient service user journey
- Provide a single point of access that includes access by telephone and digital opportunities
- Aligned care pathways across all services
- A easy and efficient online referral process to the IHLS
- Effective self-referral and booking systems that offer choice

What are the views of the public?

The idea of an integrated healthy living system was received positively by most of the participants in the Diva focus groups[4], especially if the services were being delivered in the local community:

"I think it would work, the process is good as long as it is in the community and it's local" (focus group participant[4])

"*I feel like people would use these services if they had a problem*" *(focus group participant[4])*

What are the views of the service user?

The Leeds Community Healthcare NHS Trust (LCHC) engagement events with services users identified the need for an effective system that connects the different healthy living services together to enable service users to tell their story only once[7.5].

The LCHC service users expressed that an integrated healthy living service or a "*super-clinic*" is a good idea as well as better links with other services such as mental health services[7.4].

The LCHC healthy living service users identified that they wanted a single point of access that included access to information via the telephone and a website. Other helpful ideas included a website with on-line forums, on-line booking process, text reminders, apps and motivational texts[7.4].

What are the views of service providers?

The healthy living service provider consultation workshop[9] and survey[10] identified a range of functions the healthy living service could have to improve service delivery, and these include:

- A single cohesive gateway and an online referral system for all healthy lifestyle services[9,10]
- Swifter referral systems[9]
- Integrated clinics and "*one stop shops*"[9]
- Co-location of services[10]
- Multi-disciplinary team clinics[10]
- Aligned care pathways[10]
- Service users accessing interventions across healthy living services[10]

A key theme in the healthy living provider survey[10] is the need for healthy living services to work better with other services that support determinants of health and emotional wellbeing:

"*Link in with external agencies to provide that practical and emotional support needed to support behaviour change. We can't do it always and by linking in with other services we know this is evident in behaviour change(s). We support people with our 5 interventions as well as providing links to IAPT for counselling that maybe needed with relationship breakdowns, stress management, bereavement, as well as having links with the local One Stop Shop that provides support with unemployment and housing problems"*[10]

"*Offer one stop central hubs offering support in several lifestyle areas. Better links with other services offering support in the above barriers to change. An online referral form to all services"*[10]

"We have to have a more joined up approach overall and key to this is first better links between mental health and emotional wellbeing services and GP/primary care settings, from this it would provide a more solid platform upon which to build a network of services. Better link across the voluntary sector and between the voluntary sector and NHS services too"[10]

"Link up more closely with other key professionals involved in their care"[10]

"Multidisciplinary teams all based in one centre to enable easy access by service users"[10]

In relation to accessing the stop smoking service, the importance of ease of referral was raised by smoking service advisors in the Leeds Beckett University smoking insight work[8]:

"I think that we could do lots more work with a much better referral system; particularly GP practices and other healthcare professionals. I think we could figure out some sort of online referral system, where they can click a couple of buttons and refer somebody straight to s, and then we can contact them" (Questionnaire respondent – stop smoking service[8])

Two respondents from the healthy living provider consultation survey[10] suggested the value of improving systems within healthy living services:

"*To have one system instead of 3 (we use Lifestyle Manager, Systm One and Quit Manager) would make life more efficient and easier for staff and I'm sure relieve clients in repeating themselves more than once*"[10]

"*Better links, better working relationships, better local knowledge, better system to store, update and disseminate information*"[10]

What are the views of potential co-commissioners (CCGS)?

Meetings with CCG colleagues[12] identified a couple of questions relating to the functions of an integrated healthy living service and these include:

- How do we link LIHLS with primary care and community hubs?
- How do we link with Stuart Cameron Strickland's "Making it Real" group looking at advice services in response to the Care Act?
- How does the service link with community development services?

What are the views of public health colleagues?

Workshops with public health colleagues[13] identified questions and comments that relate to the integration and alignment of the healthy living service with other services and plans. The questions and comments include:

- There are lots of single points of access already
- How do we link the services together so they are seamless?
- What are the plans for multi-disciplinary teams?
- Potential links with GP wellbeing centres, community hubs and One Stop Centres
- Important links with social prescribing
- The development of the integrated healthy living service needs to be linked to the mental health service review
- It was recognised that self-referral is difficult for some people
- A challenge is how to integrate services and have clear layers of responsibility
- It is very important to share information so people don't have to tell the story again
- How do individuals navigate the plethora of services currently available? Is signposting enough?
- How can we support organisations to trust each other and work together?
- How can we link other commissions to meet the aims of the system?
- The model should think as a system rather than services
- Link with the mental health service review

The review of existing healthy living insight[7] identified a number of recommendations in relation to the integration and alignment of the integrated healthy living service with other services. These include:

- As referrals from the NHS Health Check are low but individuals would welcome referrals, we should build into both the Healthy Living and the Health Check contracts mechanisms for stronger connections
- We need to explore how healthy living service providers can link better with a range of other services plus utilise resources to help clients to self-manage
- For many people in deprived areas, the pressures of life (money pressures, employment, housing, raising a family) were the main focus, before healthy lifestyles. In response to this we need to consider how we integrate healthy living work into the wider determinants of health work programme

Theme 2. Awareness of healthy living services and healthy living information

Summary of findings

Clear and consistent marketing is a clear theme from all stakeholder perspectives to increase awareness of services and access to healthy living information. This also includes:

- Clear marketing in a range of settings to raise awareness of healthy living services
- Have a consistent and clear brand for all healthy living services
- Effective social marketing messages that communicates the benefits and links with personal motivators
- The role of digital technology to support health related decision making, for example websites, Twitter, Facebook, online forums etc.
- The role of digital technology to engage potential and existing service users to access services
- Ensure effective communication with referrers, for example primary care staff, to support uptake of services

What are the views of the public?

A number of consultation and insight documents identified that the public had limited awareness of healthy living services:

Diva[7.6] identified that there was limited awareness for the Leeds NHS Weight Management Service. In relation to healthy living services generally, awareness was low amongst the general public, highlighted by comments such as *"I wouldn't know what happens in a wellbeing centre myself, you know, what happens in there."*

Of the respondents surveyed by Diva, 74% had not heard of Leeds Let's Change when asked[7.6]. This was further supported that the most commonly mentioned healthy living service was local gym schemes and classes, weight loss groups, cooking classes and Leeds Let's Get Active[4].

In relation to food and cooking skills courses, in a sample of the public in deprived areas, 6% had heard of the Cook 4 Life courses (following being

read out a brief description) and 26% were aware of the Ministry of Food course[6.2].

Many respondents who were interviewed by Diva[7.6] expressed that they would use the Internet (Google, or the NHS Choices website) to access health-related services, and there was an age and a class difference amongst the public responding in this way compared to those who would not access services on-line:

"*Me personally, I'd go on the Internet, but for my mum, saying Google is like swearing at her so she'd probably go to the GP… if someone said go onto this website, she wouldn't have a clue"*[7.6]

The importance of having a phone line or a face-to-face option available was noted even by those who had Internet access:

"*If you gave me a one-stop shop, just in front of me, a website, along with having use a phone, if I wanted to pursue things further with someone on the phone, I would say a website would be a great filtering system for that, if you can just present information there and if people still have questions, go and see someone, ring someone up. For me I'd prefer to go into a centre and walk in and see somebody"*[7.6]

"Think you always feel more motivated to do something if you're actually talking to somebody rather than just reading it on the Internet"[7.6]

Conversely, those who preferred to use the internet made comments such as:

"A lot of people find talking to someone difficult, especially like…for their health issues"[7.6]

Diva[4] in the focus groups with the public tested the idea of a Leeds-based mobile app that could provide information on healthy living services or provide tips on living a healthy lifestyle. In main, the respondents were positive about a local app as long as it was free to use and provided reliable information:

"You could get notifications so ping! There's this class today at this place"[4]

"*It would be good if it had push notifications and reminders and it could pick up your location so if you're near a leisure centre it will tell you. It could also suggest things; have a food tracker, calorie counter, and fitness tips"*[4]

What are the views of service users?

Recent consultation with healthy living service users[7.5] suggested that potential users were being told about the services through a number of routes, including hospital discharge packs, libraries, GP practices, leisure centres, bus stop adverts, local free magazines, supermarket notice boards, schools, one-stop-shops, dentists, and practice health champions amongst others.

What are the views of service providers?

The healthy living service provider consultation workshop[9] and survey[10] identified that awareness of healthy living services and provision of information could be improved through:

- Making services more visible[9]
    - Use outreach approaches and "*face to face awareness raising, holding an event in local communities, GP surgeries, libraries, supermarkets, children's centres. Service users need to know what to expect before signing up for support programmes, once we have engaged with them we can signpost them to the right service, they are more likely to give it a go"*[10]
- Using social media and consistent branding better[9]
    - *"Making all marketing and messages clear and simple. One message, one number, one access point. I would also create a huge media presence about the programme following the success of Slimmers world using twitter, facebook etc. I would also build in a social factor to the programmes such as online forums, face to face forums where people can get peer support from people who are in a similar situation. This aspect of slimmers world is where they get fantastic adherence rates."*[10]
    - *"One brand that is clear about the call to action and includes multiply providers all offering different levels of support"*[10]
- Use effective social marketing that uses "feel good" and positive approaches. The 'Health' message might not be the best first message[9]
- Link in with national, regional and local campaigns[10]

- Use digital technology to provide information and engage with service users[10]:
    - "*Links to websites/apps offering support/info on local community groups or resources that they could access*"[10]
    - "*Have a website, free phone number, email contact*"[10]
    - "*Having a digital presence in apps and an enhanced website is key in my eyes as this is setting up for the future*"[10]

The Diva[7.6] consultation with primary care professionals also thought that a website might be useful for clients to access information rather than wait for appointments*:*

"'They would be able to access it more quickly than having to wait for a doctor's appointment"[7.6]

The ICE insight report[7.1] found that when health professionals were asked to rate themselves (on a scale of 1 - 5) on how knowledgeable they felt about healthy living services, the majority of health professionals rated their awareness with a score of 3 or below (68.2%)[7.1].

The Diva insight[7.6] into the Leeds Let's Change website identified that awareness of the website amongst health professionals, healthy living service providers, and professionals working in voluntary organisations, local gyms, leisure centres, pharmacies and others involved in referring people into healthy lifestyle services were low:

"I don't really understand who it is aimed at and what it's for to be honest"[7.6]

GPs in the West CCG area[12] also felt it was important to ensure there was better communication between healthy living services and practices so they could be aware of patients who were attending services and the outcome.

What are the views of potential co-commissioners (CCGs)?

Meetings with CCG colleagues[12] identified a couple of questions that relate to how effectively the Leeds Integrated Healthy Living Service (LIHLS) will communicate with others to ensure partners are aware of the service, and these include:

- How does the LIHLS use digital opportunities available?
- What are the plans to consult with GPs and CCG area teams?
- What is the role and responsibility of GPs to provide healthy living advice and how does this fit with the LIHLS?

What are the views of public health colleagues?

Workshops with public health colleagues[13] identified questions that relate to how effectively the service will communicate with others to ensure partners and the public are aware of the Leeds Integrated Healthy Living Service; these questions include:

- How can we increase awareness and outreach?
- If social media is used, how do we increase access to technology?
- How do we link digital health plans with the mental health agenda

The review of existing healthy living insight[7] identified a number of recommendations to address the low level of awareness of services among the public and potential referrers and these include:

- We need to explore what more could be offered around promotion of the services, the provision of accessible services, and resources to support professionals in referring more patients into healthy living services
- As awareness of healthy living services and Leeds Let's Change is low among the public, a solution might be to commission more public awareness raising, using insight to ascertain where our target groups might passively come across or actively look for information about healthy living services
- For many people in deprived areas, the pressures of life (money pressures, employment, housing, raising a family) were the main focus, before healthy lifestyles. A way through this barrier is considering how to market ways in which a healthy lifestyle may help with those life pressures

What are the views of wider stakeholders?

The thematic analysis of the Health Breakthrough Launch and Outcome Based Accountability Workshop identified a theme regarding digital technology to improve healthy lifestyles and support self-care; one respondent suggested a "*Portal website to obtain ideas and support problem solving*"[14]

Another respondent commented regarding the value of existing brand identity in the city to promote healthy lifestyles "*engage with brands in the city e.g. Rhinos, Leeds United*"[14]

Theme 3. Accessibility of healthy living services

Summary of findings

From the thematic analysis, all stakeholders identified key themes that relate to improving the access to healthy living activities and services; these include:

- Deliver services in local communities
- Promote healthy living services during primary care appointments
- Deliver services in a range of settings, for example local parks and workplaces
- Provide a menu of options or a range of opportunities to improve healthy living
- Provide a range of appointment opportunities to ensure services are accessible to all:
    - Group sessions
    - One-to-one session
    - Drop-in
- Provide healthy living services and activities at a variety of times, including evenings and weekends
- Provide healthy living activities that are free or low cost
- Ensure healthy living services are open and welcoming to all to encourage uptake
- Engage the wider community by providing outreach to raise awareness and increase accessibility of services
- Links to theme "awareness of healthy living services" and the role of digital technology to promote self-care and maintain access to services

What are the views of the public?

During the Diva[4] focus groups with the public, concerns regarding services being accessible locally in their community were raised:

"*If it's promoted in our community and we know about it then we'd use this service*"[4]

"*If it's local and transport is available, everyone would go*"[4]

"*Price and location are the top two things"*[4]

"*If it wasn't on my doorstep I don't think I would go*"[4]

"*I'd go if it was at school or the doctors*"[4]

Many members of the public (67.1%) who were surveyed about healthy living services responded positively to the suggestion of being informed about health-related services during a routine health appointment. Evidence suggests that individuals would be open and willing to receiving information at their NHS Health Check encouraging them to engage with healthy living services[6.1].

The public also raised some concerns as to whether GPs were aware of, or referred into, other healthy living services. For example, in relation to the Leeds Let's Change website: *"I'm not sure whether the GP's use it"*[7.6].

Data collected from local residents also found that participants would access their GP in the first instance for support to change aspects of their health or lifestyle. Respondents also expressed that they trusted their GP, recognised it was their job to signpost and would take any advice from a GP seriously. Comments include:

"I'd be grateful of the advice, "I'd consider it, I rely on GP for sound advice"[7.1]

"I respect the fact they have medical degrees and they probably have to deal with the results of not living healthily on a daily basis"[7.1]

The ICE insight work[7.1] identified barriers relating to accessibility of services:

"*Participants felt that many GPs do not take into account work commitments by only opening until 6pm."*[7.1]

The report[7.1] also cited the need for easier access via:

- Self-referral

- Choice of both appointments and drop-in
- More flexible clinic times including evenings and weekends to improve access for those in work
- Single point of referral
- Super clinic model
- Continuity of staff for service users
- Wrap-around support (e.g. web, text, peer support etc.)
- Choice of both individual and group support
- Choice of possible community and mobile venue options

The Diva insight work[7.6] with the public identified the importance of having flexible approaches that meet the individuals' needs, including those that work, to improve accessibility and uptake of healthy living services:

"If you've got a busy life working, maybe the appointments would be handy for you, but if you're not working or anything then you can go down to drop-in centres at your own leisure and access it that way"[7.6]

Many focus groups felt that instead of being given a suite of options, they would prefer to feel their individual needs were taken into account before being given a tailored referral into a healthy living service:

"*You want them to say 'this is the best route for you"*[7.6]

During Diva focus groups[4], the participants involved mentioned that cost prevented them from accessing healthy living activities or living healthier lifestyles; comments include:

"*I'd like the local leisure centre to be cheaper so that I can access more groups"*[4]

"The price is putting me off from doing it"[4]

"If I had to spend a lot of money on taxis or buses, I would start to question if I want to go"[4]

"Sometimes, I can't pay for transport"[4]

"I swim a lot and it's so expensive"[4]

"If you've got a family like us, a family of five it'll cost a fortune [to eat healthily"[4]

"Definitely money. People say you can buy healthy food cheap but you can't, you always have to spend your money on your electric and gas to cook it, so it's very difficult"[4]

"People's income can stop them from being healthy. We feel the cold more with COPD and for people who have a low income, having to put the heating on a lot can result in really expensive bills"[4]

"*It's very easy to go into Morrison's and see a £1 ready meal, and see your bag of 2-3 apples for a pound"*[7.6]

When asking children and young people about physical activity, having free activities available in their local park was the key response to where they would like to go to be active with their family and friends[1, 3]. Young people also mentioned that they would prefer to access activities during school holidays, weekends, and evenings (in order of preference)[3]. With regards to help with their weight, children and young people stated that they would seek help from their parents, doctor, slimming groups, or go to the gym[1].

What are the views of service users?

The Leeds Beckett University smoking insight work[8] found that service users generally considered the smoking service was accessible to all. For most service users, the route into the service was as a result of a discussion with a healthcare professional prompting a self-referral:

"…I take medication anyway for antidepressants, and it was just a check-up, a 2-yearly check-up for my medication, and I saw the leaflet [at the doctors] and I said 'can I see the nurse' and I explained to the nurse that I want to quit smoking, She said 'right, when do you work, when is the best time', and gave me the drop-in centres details of where it was, gave me directions and it was pretty straightforward really" (ex-smoker, service user[8])

"Yeah, my nurse, every time I go for my Depo-Provera injection, she always mentions it [quitting smoking]…you know, she just says, 'you realise it's not good for you, there is help here if you want it.' She said

'I'm not going to lecture you, but just to let you know there is help here if you want it'" (smoker – non service user[8])

In contrast, other participants were disappointed and frustrated in the response from primary care when asking for support:

"I had to wait 3 weeks to get an appointment. Then I went in, the GP said she can't do anything for me and gave me the number for the Leeds stop smoking clinic. Was such a waste of time" (questionnaire respondent[8])

The Leeds Community Healthcare NHS Trust service user engagement events[7.5] identified that the first impressions of the healthy living service and the staff were crucial to encourage engagement with the services. A "meeter and greeter" was considered a good idea.[7.5]

There is value in providing a choice of one to one appointments and group sessions depending on the needs of the service users. All the Health Trainer service users' interviewed[5] liked the one-to-one element of seeing their Health Trainer as they were able to discuss things more freely, share their feelings, and know it would go no further. Three participants compared the one-to-one sessions with group sessions and favoured the one to one approach as it was more personal, things could be discussed openly. The participants felt they would have not been able to do this in a group session:

"*I wouldn't have done it if it was a group thing, it is more confidential...easier to discuss health issues...personal issues...one to one...cause its more...private*"[5]

The Leeds Beckett University smoking insight work[8] considered the range of options available to service users such as one to one and group sessions. The service users generally rated the options useful although access to one to ones and drop in clinics appeared to provide a more flexible option for some:

"Very helpful when I had to miss a one to one session and the drop in filled the gap" (questionnaire respondent[8])

"Well, I think it's good that you can have a one to one. I think that's brilliant, because, I know a lot of people might like a group, but, being able to just speak to somebody, you know, like one to one, and talk

about, like, how you're feeling and you know I think is a lot better" (ex-smoker service user[8])

Ongoing support via the drop in groups was also recognised as being beneficial in the Leeds Beckett University smoking insight work[8]:

"*Well I can drop into the drop-in centre any time. I know it continues and will continue" (ex-smoker service user[8])*

The LCHC service users stated that they wanted to have the same practitioner throughout their journey in healthy living services and to be provided with information about what support is available after interventions finish[7.3].

LCHC service users also identified the desire for flexible booking arrangements that include the ability to be able to ring to arrange an appointment, and the chance to speak to a real person and not an answer machine. The service users also identified that if the telephone system had a call back option; it needs to be clear what the call-back timescale is to avoid people feeling like they have to stay in waiting for a call. A call back within 24 hours was felt to be an acceptable time scale. In addition, for some service users the option of on-line booking would be welcome[7.5].

The Leeds Beckett University smoking insight work[8] identified that telephone access to a smoking advisor was also considered a strength of the service:

"The greatest thing is there's always a telephone number. You can always talk to someone" (ex-smoker, service user[8])

In terms of the system to book appointments, the LCHC service users wanted to be asked "would you like the soonest or closest appointment?" If service users identified that they had their own transport, they would prefer the soonest appointment, otherwise most prefer closest[7.5].

The Leeds Community Healthcare NHS Trust service user engagement events[7.5] raised the importance of a confirmation letter when booking an appointment with postcode of the venue, map and advice on parking. This would make access to clinics easier, plus text reminders[7.5].

Outreach work was also highlighted in the smoking insight evaluation by Leeds Beckett University[8] as a mechanism for reaching particular target groups:

"There might be some need to encourage young men, but I don't know how that would happen; for example, my son smokes… I mean he's aware that I go to a non-smoking service but he doesn't kind of have an awareness that it would be for young men. You know they're not renowned for joining stuff anyway. So I think possibly, you know, outreach through football teams or sports centres or something" (Ongoing quit attempt – service user[8])

Improving accessibility of services requires understanding the complexity of people's lives. Teenage pregnant women surveyed as part of the Maternity Needs Assessment[6] stated that they "*wanted a free smoking service that did home visits*".

What are the views of service providers?

The healthy living provider consultation workshop[9] and survey[10] identified that accessibility of services could be improved through:

- Providing services in evening and weekends
- Ensuring services are located in the right area
- Deliver services in alternative settings, for example workplaces and local parks
- Making services more visible to the public
- Provide low cost and no cost healthy living activities in areas of need
- Use digital technology to maintain contact with service users and increase accessibility

Comments in the healthy living provider consultation survey[10] include:

"*Healthy living services should be embedded into local communities, with easy access to all services. This could be via multiply means, e.g. websites, apps, remote supports programs delivered remotely via skype*"[10]

"*A menu of options should be available that gives a flexible approach to making changes*"[10]

In addition, distance to travel was raised as an issue by primary care staff in relation to the weight management service[7.1].

"A lot of the services available are too far for local people to travel to. Obesity gives people lack of confidence which means they don't like travelling on buses etc."[7.1]

What are the views of potential co-commissioners (CCGs)?

Meetings with CCG colleagues[12] identified a concern regarding price and whether services will be free to all service users.

What are the views of public health colleagues?

The review of existing healthy living insight[7] identified a recommendation in relation to improving uptake of healthy living services. The report recommends:

- Recognising that members of the public feel that the GP is a credible first point of contact for health/lifestyle advice, and therefore consider how to strengthen the GPs role in the pathway

What are the views of wider stakeholders?

The thematic analysis of the Health Breakthrough Launch and Outcome Based Accountability Workshop[14] identified transport as a key theme to improving accessibility of services.

Theme 4. Person centred approaches

Summary of findings

From the thematic analysis, stakeholders identified the importance of delivering person centred approaches. This includes:

- Consider the complexity of people's lives and that unhealthy lifestyles cannot be addressed through silo services
- View the whole life of the service user to identify problems and provide an alternative perspective
- Take an holistic approach to explore wider determinants of health and their impact on healthy living

- Support service users to develop skills to deal with everyday situations
- Support service users to self-manage their healthy lifestyles
- Be flexible and utilise interventions to increase self-esteem and motivation to better prepare potential service users to take action and access services
- The service provider(s) works with the service users to identify their own health goals and quick wins

What are the views of the public?

A member of the public when interviewed by DIVA[4] felt that a self-management approach using digital technology would be cost effective given the budget constraints of the NHS:

"I can do that [behaviour change] online, I can do that myself" (focus group participant[4])

In the focus groups delivered by DIVA[4], the participants were asked to explore the difference and benefits of seeing a health guide/coach and a specialist worker. The importance of identifying the need of the service user to identify the best approach was identified in the discussion:

"I think one should lead to the other so you could go to the health guide and depending on what you need you could go to the specialist" (focus group participant[4])

"Both should be available as we are all individual" (focus group participant[4])

"I probably wouldn't want "you need to lose this much" because it might make me feel bad if I haven't, and it might demotivate me to do it" (focus group participant[4])

"I'd rather have the advice than them tell me what I should do" (focus group participant[4])

"I think you need someone with a broader base of knowledge to help you tie different aspects of your life together" (focus group participant[4])

However some of the younger focus group participants did not feel that either a health guide/coach or a specialist worker would be appealing[4]:

"It wouldn't change who you are, it's just words. You can do what you want. It's your body, no-one else can change that"

"Yeah, I probably wouldn't listen" (focus group attendees 13-16[4])

What are the views of the service users?

The service users of the Health Trainer (HT) service described how the HTs supported them by looking at their whole life and viewing things from different points of view, breaking down problems, helping them manage/control their issues, equipping them with skills to cope, and help them to put things into perspective so that they can move on[5].

"*My mum died...suffering from depression...she (the HT) identified...it was...to do with things in the past...she gave me space to discuss it...brought up some demons...some things that have held me back…and literally I shared my information with her about my past...childhood...she helped…sort my head out…she gave me tools to help…to cope with things that were hindering me in my life...I was scared of social situations...people being nasty and bullies…she reminded me of...how people communicate and maybe why people bully…gave me the tools to be assertive without being aggressive…she made me reflect back that things that happened were not my fault*" (interview participant[5])

The service users of the Health Trainer (HT) service also talked about setting goals with the Health Trainer. If the participants were not happy with their goal, the HT would not push them to complete them. Little goals were set so they were achievable which the participants felt comfortable with[5].

"I have goals to do...push myself to do it...little baby steps...I knew I was seeing her [HT] 4/5 weeks later, I wanted to prove I could do it" (interview participant[5])

The Leeds Beckett University smoking insight report[8] highlighted the importance of having staff that were 'non-judgemental', 'caring' with a 'non pressurised' approach:

"The first thing I tried didn't work for me. I mean it was a case of go back and say 'look I'm finding this is not working because of … for this reason'. And they were fine with it. And it wasn't a case of being disappointed, 'oh god, he failed'. It was basically, 'never mind, let's be positive. What else can we try?' And that's what I think gave a bit more confidence to me to actually keep going at it. They don't give up on you" (ex-smoker, service user[8])

What are the views of the service providers?

The provider consultation workshop[9] and survey[10] identified that we could deliver better person centred services through:

- Holistic approaches with continuous feedback[9]
- Multi component interventions to increase self-esteem, improve emotional wellbeing, build resilience, and help people to be ready to take up services[9]
- Use a social model approach and community development approaches such as buddying which can help with motivation[9]
- Use non-judgemental and health coaching approaches when working with service users with complex lives[9]
- Use a variety of approaches such as one-to-one sessions, group sessions, drop-in etc., and the use of Arts depending on client needs

The importance of the considering the whole person was highlighted in the Leeds Beckett University insight report[8] by a smoking advisor:

"Maybe like a holistic approach … to sort out their debt problems, their housing issues so it's not just smoking … so I think it's not just about smoking, it's about the whole wider package really" (interview participant – smoking service advisor[8])

A respondent from the healthy living provider survey[10] stated:

"This is about bringing organisations together and looking at the whole person instead of individual issues see the whole person rather than your pointing out there problems individually as this can be demotivating"[10]

Another respondent from the healthy living provider survey[10] stated that a person-centred or health coaching approach should be systemic across the service to enable service users to help themselves:

"*Use health coaching approach in everything we do from information on a website to email, skype and face to face contact that empowers service users to support themselves*"[10]

What are the views of potential co-commissioners (CCGs)?

Meetings with CCG colleagues[12] identified a couple of questions to the feasibility of a person centred approach and these include:

- How can the LIHLS be clear on eligibility and targeting whilst remaining person centred and holistic?
- What skills will Health Coaches need?

What are the views of public health colleagues?

Workshops with public health colleagues[13] raised comments and identified questions that relate to how effectively the LIHLS can develop a person centred approach; these include:

- Recognising the importance that the service is able to easily identify what is a priority for people
- There is a tension between delivering a person centred service which focuses on broader determinants and individual lifestyle change
- It was questioned what are the skills of the health coach
- What happens if there is a mismatch between what people want and the expected outcome for behaviour change?

What are the views of wider stakeholders?

The thematic analysis of the Health Breakthrough Launch and Outcome Based Accountability Workshop identified a theme relating to person centred approaches. One participant suggested that services and clients work together and "*move away from separate priorities to shared objectives*"[14].

Theme 5. Peer led and collaborative approaches

Summary of findings

The thematic analysis identified the importance of developing peer led and collaborative approaches to deliver healthy living services by most stakeholders. This includes:

- The importance of "buddies" or peers to support the development of a social network that facilitates access to healthy living activities
- Using peers in marketing materials to promote what is a realistic and possible lifestyle change
- The value of social norms and social networks and their influence on commencing a healthy lifestyle behaviour change
- Recognise the social value of providing development opportunities to past service users to enable them to deliver peer-led approaches
- Links to theme "person centred approaches" and the skill of peers to deliver effective interventions by being able to "stand in their shoes"
- Links to theme "awareness of healthy living services" and the role of digital technology to enable peers to support each other to promote self-care and encourage access to services

What are the views of the public?

Some of the older participants in focus groups performed by Diva[4] were keen on healthy living activities that included a social aspect or provided opportunities for buddying:

"I like to play badminton, but I don't know where to find in Leeds another 59 year old fella sat around that I could go and have a game with"[4]

"I definitely think buddy things would be really good and for all ages"[4]

Previous Diva[7.6] insight with focus groups with people aged 45 years or younger found that that peer support and large scale sporting events, such as the Olympics, may help people to make healthier choices:

"When you see people doing so much (sport)… it made you want to go and do it too"[7.6]

"It was quite interesting how that can change the feel of a place and people celebrating people being healthy"[7.6]

The insight generated by Diva[7.6] identified that the benefits of a healthier choice could be used to motivate people, especially if this was supplemented by a realistic individual (or peer) who had achieved the change:

"*You want them [the public] to notice the positive, what's in it for them if they do it"*[7.6]

"Maybe something from people who say 'I got this service from them...' Little sound bites from people like 'yeah this service helped me, they're great'"[7.6]

The ICE[7.1] insight work identified that the public wanted a positive feel to the promotion of services that promotes choice and positive stories of real people with a clearly visible NHS logo[7.1].

What are the views of service users?

The Health Trainer (HT) service employs peers from the local community to deliver a person-centred service using collaborative approaches. The participants who were interviewed stated that if it was a clinical service, this would have stopped the HT service from working. Furthermore, they stated that if their Health Trainer sat behind a desk, making notes, stuck to the facts on paper, and ticking their boxes, they would have not opened up to discuss their concerns demonstrating the importance of the collaborative, person-centred approach[5].

"If she was...one of these that sat behind a desk...wrote things down...I wouldn't have shared my problems...I don't think I would have continued to come"[5]

All six participants interviewed described the qualities of their Health Trainer which includes: down to earth, friendly, normal people, understanding, empathetic, approachable, non-judgemental, good listeners, and they treated the participants as individuals. Most of participants interviewed communicated well with their HT, felt at ease and comfortable with them, and they all built up a positive rapport with the

HTs. The participants' relationship with the HT was trusting because they saw the same HT for each session[5]:

"The HT was like an anchor...very down to earth...normal person...not judgemental, uses humour...it helps because it humanises her"[5]

From the consultation work for the Maternity Health Needs Assessment, pregnant women with a BMI>35 stated that they wanted *"advice on acceptable weight gain in pregnancy, diet plans, portion sizes, and safe exercises in pregnancy… with a support group for peer learning"[6]*

What are the views of service providers?

The healthy living service provider survey[10] included a range of comments that highlighted the need to encourage previous service users to get involved and to deliver peer and/or collaborative approaches. These include:

"*By providing [service users] with continuous opportunities… to have their say. A great way to get them involved more would be to invite people to join the team, have a process where people who have attended the session/group etc. would be able to play a part on the programme in the future either in co-delivery or being part of promoting the service at forums out in their community*"[10]

"*At the end of these groups they could become peer leaders and help facilitate further groups*"[10]

"*Create a volunteers program and partner with voluntary organisations*"[10]

"To provide opportunities for people to have an online forum for support post intervention. We could provide venues perhaps for groups for further support in a safe environment. We could make them 'champions' for those interested in doing so, as well as offer free training such as walk leadership (which we do). Also in groups, making them the 'talker' or group leader which we know increases confidence"[10]

"To create a community movement that is shared. Create opportunities for volunteers to be involved that could be trained to deliver some elements of the support. Even providing job opportunities"[10]

The children's physical activity provider workshop identified the importance of working collaboratively with children and young people by

providing them with choice which develops ownership. They see the value of enabling children to get involved in co-producing and shaping physical activity programmes[11].

What are the views of public health colleagues?

Workshops with public health colleagues[13] identified questions that relate to how effectively the Leeds Integrated Healthy Living Service will engage with peer approaches:

- How do we maximise peer support opportunities?
- How do we encourage ownership by the public?

What are the views of wider stakeholders?

The thematic analysis of the Health Breakthrough Launch and Outcome Based Accountability Workshop[14] identified peer support, involvement and asset based approaches as key themes to support the delivery of the Leeds Integrated Healthy Living System:

"Getting people from the community, role models from diverse backgrounds to be ambassadors"[14]

Theme 6. Children and families Approach

Summary of findings

From the thematic analysis, most stakeholders identified a theme about working better with families and children. The term family was also used to describe households and parents to be. The key elements of this theme include:

- The role of the integrated healthy living service to "think family" when working with adults to identify children and young people who would benefit from healthy living activities
- The role of children and young people healthy living services to engage effectively with parents either through family sessions or separate child and parent activities
- Consider the role of a family as an enabler and a barrier to behaviour change
- For the family to include grandparents and the benefits of intergenerational working

What are the views of the public?

The children and young people consultation work[1] identified the role of family as a barrier to being more physically active. Asian girls identified that their family and parents was the main reason why they weren't active. The protective nature of parents was also a barrier identified by girls to being more physically active:

"*My parents are protective and don't always let me play out"[1].*

As a setting, children and young people identified the park as the preferred location to be active with family and friends[1]. Children and young people also enjoyed walking and cycling because it was fun, cheap, and was fun to do with the family[1].

In relation to seeking support for their weight, children and young people stated that they would seek help from their parents[1].

The Diva[4] focus groups and the Leeds Beckett University smoking insight work[8] identified the value of a family as a motivator and as a barrier for healthy lifestyles whether as a parent or a grandparent:

"*When you become a parent, you want to set a good example"[4]*

"Living for grandchildren keeps me going as I never expected to see them. I'm trying to last as long as I can to see them develop"4

"Family is important to stay healthy for"[4]

"I work time and I've got 3 kids, its time and priorities. I've been meaning to go to the gym for the past 2 years!"[4]

"It does make you think, hang on a minute here, if I don't look after myself, who is going to look after them?"[4]

"My son, I've got a 9 year old son, and I was on holiday last year, and he said that he didn't want me to die, so I said 'right, okay, that's it, the final straw'" (ex- smoker service user[8])

"When you become a parent, you want to set a good example"[4]

"Living for grandchildren keeps me going as I never expected to see them. I'm trying to last as long as I can to see them develop"[4]

Diva[4] recommends offering healthy living services and activities that families can do together so that it isn't seen as something which is taking time away from important family time.

What are the views of service users?

The insight work performed for the Maternity Health Needs Assessment[6] identified that we should take into consideration someone's household or family as they are important to address barriers to change. Teenage pregnant women stated that it would help them if "*others around them stopped smoking*"[6].

What are the views of service providers?

The healthy living provider consultation workshop[9] identified how we could deliver a better family approach, and these include:

- Recognising that working with children provides a good link into families
- Delivering services in the community can reduce childcare obstacles[9,11]
- Delivering family activities; that is parents and children working/playing together
- The role of children to support family motivation for change
- Supporting families at points of transitions such as nursery to primary school, and primary to secondary school
- Use a social model approach and community development approaches such as buddying which can help with motivation
- Build on success of family approaches delivered by Active4Life
- Build on success of intergenerational working, e.g. Ministry of Food

The healthy living provider consultation survey[10] identified how we could deliver better family approaches, and these include:

"A more joint up approach to dealing with the groups as a whole family approach with joint up services"

"We work with 7500 young people each year and these all have parents and carers so we have potential of reaching the whole family with the support of further partners"

"Prevention work with children and young people which impacts on whole family rather than focusing on things they feel are unobtainable; small goals and quick wins building momentum to a bigger health issues"

What are the views of public health colleagues?

The review of the existing healthy living insight[7] identified that for many people in deprived areas, the pressure of raising a family, amongst others, was a priority before considering healthy lifestyles. In order to address this, it is recommended to:

- Integrate healthy living work into the determinants of health work programme, and
- Consider how to market healthier lifestyles as a way to help those with life pressures

Theme 7. Building intention to change and maintaining healthier lifestyles

Summary of findings

From the thematic analysis, all stakeholders identified themes relating to building intention to change (enhancing motivation) and maintaining healthier lifestyles; these include:

- Deliver healthy living activities and services that enhance motivators for behaviour change such as:
    - Identifying key life events
    - Building and supporting social networks
    - Providing discounted offers, e.g. physical activity, healthy eating
    - Exploring benefits of a healthier lifestyle, e.g. financial gain of not smoking
- Deliver healthy living activities and services that explore barriers to behaviour change and provide additional support as required. Opportunities include:
    - Identifying the influence of family and friends that impact on successful behaviour change
    - Work with individuals to build self-confidence, self-esteem, and motivation as enablers for behaviour change

    - Providing an integrated healthy living service that is able to support service users through their behaviour change that includes stress management
    - Links to themes:
        - Person centred approaches
        - Children and families approach
- Provide continued support during the maintenance phase of behaviour change

What are the views of the public?

The Diva[4,7.6] focus groups and the Leeds Beckett University smoking insight work[8] identified that life events such as getting older or the risk of disease were motivators to lead healthier lifestyles:

"Nowadays there's so much disease, especially heart attacks, diabetes and cancer, that's why I want to stay healthy"[4]

"Illness – it comes as a big shock that if you don't alter your ways then you will be unhealthy"[4]

"And my health. Because I'm getting older now, so I need to start looking after myself" (ongoing quit attempt smoking service user[8])

"To stay independent, we don't want to be seen as a burden"[4]

"It's grim but at the end of the day, occasionally the only way to change someone's habits is to say "it could actually kill you, it probably will""[7.6]

"My father in law had a stroke as a result of years of smoking and bad food and it makes you think. I stopped smoking partly as a result of it"[7.6]

The Diva[4] focus groups identified the role of self-image as a motivator to living healthy lifestyles:

"I think people want to be healthy so that people find them attractive, so that they have a happier life"[4]

"To keep fit, to look good and build your confidence"[4]

"When you stay healthy you feel good, and so does your mind"[4]

"My clothes didn't fit and I thought 'right, that's it'"[4]

Particularly in relation to physical activity, the importance of the fun and social aspects of healthy living activities was raised across several focus groups delivered by Diva[4], but this was also relevant for general wellbeing. In addition, the BME participants appeared to value their community centres for support and they felt the social aspect of meeting together was a factor in aiding their health[4].

Typical comments from children engaged in the Dance Action Zone Leeds (DAZL) include:

"DAZL is fun and active; you make lots of friends and get healthy. If I didn't do DAZL I would be at home doing nothing"[7.7]

Children in the Active4Life focus groups[1] reported that rewards and prizes would encourage them to be more active in addition to having someone to play with, and having access to more activities and clubs in school. Rewards were also suggested as a way to reduce sedentary time and for not playing on the Xbox and their mobile phone.

There was a range of responses as to what prevents children from being active[1]. The most common answers was the weather, homework, reading, feeling tired, watching TV or playing computer games, using their mobile phone, or living too far from school to walk or cycle.

Almost a third of children in the Active4Life evaluation[7.7] reported they would be watching TV, on games consoles or computers if they were not at the Active4Life Club, and whilst encouragingly a quarter reported they would be playing out, others said they would be "doing nothing" or "being bored". This service connects with a target group who would not have got involved in physical activity without Active4Life[7.7].

For adults, a key barrier to living a healthy lifestyle is a lack of motivation despite the view that living a healthy life is important. The food and cooking skills insight work[6.2] found that 69% of the general public quantitative sample stated that they felt it was very important or important to live a healthy lifestyle. Only 17% stated they felt it was not very or not at all important. On further probing though, it was clear that

the idea of not wanting to be unhealthy and not wanting to be seen to be living an unhealthy lifestyle were not enough to motivate many respondents to live a generally healthy life.

From the Diva street survey[7.6], the respondents largely attributed attitude as a barrier to a healthier lifestyle highlighting factors such as laziness (15.5%), habit (13.4%), and lack of motivation (11.8%).

The Diva[4] focus groups identified that a lack of confidence or anxiety could prevent people from accessing healthy living services in a setting they did not know. Some participants in the learning disabilities group felt that they would want a support worker to support them to access services and activities. The Leeds Beckett University smoking insight work[8] also identified anxiety as a barrier to accessing services:

"Well personally, only because I suffer from panic and anxiety, so I don't really go anywhere other than [name of a community group] and things like that and stuff… so I wouldn't be able to go to groups or anything. That wouldn't be something for me" (smoker, non-service user[8])

The Diva insight work[4, 7.6] identified issues such as low mood, stress, and low self-esteem as barriers to improving health:

"Depression can really stop people having motivation to do anything, which is going to affect the rest of your health as well"[7.6]

"Well I just think it's hard getting that kick start, perhaps if they've got low self-esteem anyway because they are overweight, or stressed"[7.6]

"*I haven't got enough confidence, it's hard to go out, you feel isolated or depressed, it's quite difficult for me"*[4]

"I find it much harder to control my eating when I'm stressed, so I need stress management"

The ICE insight work[7.1] identified stress as a barrier to stop smoking and losing weight:

"I'd like to stop but it's circumstances/what I'm going through. I'm stressed out now so what am I going to do if I stop smoking"[7.1]

"*My working hours don't help so I eat erratically"*[7.1]

Although social networks was mainly identified as a motivator to a healthy lifestyle, several reports including the Diva[4] insight work identified social networks as a barrier to changing behaviours or staying healthy:

"I work in a place where lunch is a big event, it's always either Subway or KFC and there's chocolate and biscuits every day, it's insane"[4]

The Active4Life[1] focus groups discovered that girls understood the importance of being active but also motivated by avoiding bullying:

"*So you don't get fat and people pick on you and talk about you*"[1]

In the food and cooking skills insight work[7.2] barriers to eating healthier were identified as: not liking the taste of healthy foods; the perceived cost of eating healthily; not being able to cook; the belief that it takes too long to prepare foods to eat healthily (in comparison to eating an unhealthy diet made up of ready meals and takeaways); it took too much commitment; required significant effort and sacrifice to eat a healthy diet; and many respondents recognised the more instant gratification that came with an unhealthy diet[7.2].

What are the views of service users?

The Leeds Beckett University smoking insight report[8] highlighted both the positive and negative aspects of social networks:

"I went [to the service] because my friend, she'd recently stopped … and I thought if she could do it, I can do it, because she's a worse smoker than me, you know" (ongoing quit attempt smoking service user[8])

"You can't smoke in pubs and tings. I mean most of our friends have kind of stopped now. So you're not around it as much" (Ex-smoker smoking service user[8])

"I went out with the lads on the booze and went to the pub and just had a cig and that was it" (ongoing quit attempt, smoking service user8)

At the Leeds Community Healthcare NHS Trust service user engagement events[7.3] the service users thought that follow-on [discounted] Body line cards would help them continue to lead a healthy lifestyle and be more active.

Although incentives are useful for certain target groups and age groups; the use of incentives to encourage behaviour change in teenage groups should be used with caution as teenage pregnant women stated that "*incentives did not really have an impact*" upon them to stop smoking[6].

The Leeds Beckett University smoking insight work[8] identified the financial benefits of leading a healthier lifestyle and quitting smoking:

"We've saved an actual fortune over the last three months. Nearly £300" (ongoing quit attempt smoking service user[8])

The Leeds Beckett University smoking insight work[8] identified consequences of stopping smoking which makes the quit journey a lot more difficult:

"Yeah, very bad withdrawals, very bad, affected me emotionally, very bad tempers; just couldn't see myself doing it, getting it out of my system. I binge ate; just everything went upside down really. It was a very difficult ordeal, so, I needed some help" (ex- smoker service user[8])

"The first time I think it was weight related. I'd gained a lot of weight and I'd sort of convinced myself that if I started smoking again I'd lose weight. So that was a biggie for me" (ex-smoker – service use[8])

What are the views of service providers?

When Diva[7.6] asked professionals about what motivated their client to live a healthier lifestyle, they stated:

"I think a lot of them like the three month gym thing, and I know it can be extended for them at a discount, they do like that"[7.6]

The Diva insight work[7.6] with health professionals identified a lack of motivation as a barrier to change in relation to directing patients to the Leeds Let's Change website (by giving cards to every patient):

"I don't know whether they [patients] access it. They take it [Leeds Let's Change card] and seem quite interested, but you know, life overtakes you when you leave the surgery"[7.6]

"You can go home and just forget about it; it's hard to be able to follow that up"[7.6]

The children's physical activity provider consultation workshop[11] identified what motivated children and young people to take part and these include:

- Gaining qualifications in physical activity can motivate children and young people
- Passion, excitement and enthusiasm of coaches will engage children and young people to build confidence and self esteem

The healthy living provider consultation survey[10] includes comments that relate to service users intention to change and supporting them to maintain a behaviour change:

"It's about breaking a cycle of behaviour and in order to do that people need support, motivation, affordable accessible activities, information and advice. In my experience there is a lack of basic healthy living knowledge amongst some groups of people and a lack of basic parenting/cooking/ 'home/money management' skills and low confidence in this area for a lot of families and this needs to be addressed"[10]

"*We have had feedback recently that 12 weeks support that the HLS give is not long enough. However we also have feedback that the 6 and 12 month follow up support is greatly received and also provides extra support. Support after the 3 months I feel could come from telephone support as well as email, face to face, groups, text, and hopefully soon skype/WebEx. I feel that the 'maintenance' part of stages of change sees a person in this stage for at least 6 months to maintain this behaviour change… Perhaps a group, further support that the service users could develop themselves as well as an online forum for people to then support each other? We've had this feedback too from people that would like this*"[10]

"*We should see clients for at least a year. The interventions themselves may last 3 months, 6 months and over, all people going through the service should have some contact at expected set times after their*

intervention has finished up to a year later. This could be done through texting, emails, phone calls, forums, drop in clinics"[10]

"*I think additional support depends on the change the person is looking to make. A brief 8 week programme may be enough to support a person to quit smoking whereas sustained support of 12 months may be required to support long term weight loss. Therefore a mixture of brief and longer interventions should be offered in both group and 1:1 formats. Even using technology such as skype may open access to those who cannot travel"*[10]

"Remain in contact with patients for a 2-3 year period. It's not a quick fix; it's a behaviour change model"[10]

"Provide open access to support that enables the client to choose when they are feeling confident enough to sustain the changes with confidence. The programs should become the norm to have in all local communities, some even run by volunteers that become champions of the services. Role models of healthy lifestyles will help decrease the uptake of unhealthy behaviours"[10]

What are the views of potential co-commissioners (CCGs)?

Meetings with CCG colleagues[12] identified a question that relates to building intention to change:

- What support will the LIHLS give to people who are in the pre-contemplation stage and how does the service link with the community development services?

What are the views of public health colleagues?

The review of existing insight[7] identified a number of recommendations in relation to improving healthy living services. In relation to intention to change, the report recommends:

- Whilst people know the information to lead a healthy lifestyle, for many individuals more attitude change and motivational work is needed to move them into making changes. We need to understand more about motivators for change in this group. To do this we can source existing research or commission new insight. We may also decide the best approach is to invest in this type of work as the front end of the healthy living contracts, and/or as the foundation for wider Breakthrough work.

Theme 8. Reducing inequalities

Summary of findings

All the stakeholders consulted with identified specific groups of people or communities that required additional support or alternative approaches in order to support them to address unhealthy lifestyle behaviours and reduce health inequalities. The key themes that emerged include:

- Deliver alternative approaches to need the needs of BME groups, migrant communities, and emergent migrant communities
- Have access to language interpreters or visual tools to aid effective communication
- Deliver services in an inclusive manner to meet the needs of those with protected characteristics
- Healthy living services have access to well trained and skilled staff to meet the needs of vulnerable groups
- Partnership working with other services to support the varying needs of clients

What are the views of the public?

Diva[4] delivered focus groups with Indian, Pakistani and African groups. For those with English as their second language, they found it difficult to understand healthy living information in English and this affected their confidence in seeking help:

"If you can't speak or write English that's really hard, this is my second language"[4]

In these focus groups, the need for language support was identified in addition to understanding the role of the interpreter:

"I think the GP is not giving enough time to patients and there is already a language barrier"[4]

"I can't speak English and some interpreter comes in and most of us, we don't know about confidential things and because of that we don't want to share these things because of the interpreter. I don't want to share a problem if there is an interpreter"[4]

These focus groups also recognised that they have differing needs and there needs to be flexibility in providing services:

"Some flexibility in when these services are going to be available so it's not targeting one specific group of people"[4]

What are the views of service users?

Diva[4] delivered a focus group with people with learning disabilities and they suggested that they needed additional support to access services, and this will require liaising with their support workers and mental health services:

"We would need to be introduced to the person leading it with our support worker for the first few times then after that I could go on my own to the group but at the beginning I would want someone to be there" (focus group participant[4]*)*

What are the views of service providers?

The smoking insight work by Leeds Beckett University[8] highlighted the complexity of behaviour change when considering the economic and social issues service users face, and their impact on service delivery:

"I do think though that for the South and East, people have more complex problems; so maybe more poverty, more housing problems, debt, mental health problems" (interview participant, Smoking Service[8]*)*

The smoking insight work by Leeds Beckett University[8] highlighted the need to provide a service for tobacco users who used specific niche tobacco products and acknowledged that more work needed to be done to promote services to particular BME groups. A smoking service advisor also highlighted the issues of using interpreters:

"We do use interpreters and we use language line sometimes to book appointments with people who don't speak English, but the interpreting service for our organisation is quite unreliable; recently we had quite a few interpreters not turn up when they've been booked, so I wouldn't say it's a robust service for BME communities and we're not trained in using, you know, really in advising people to quit things such as shisha pipes or smokeless tobacco" (interview participant – smoking service advisor[8]*)*

The Diva insight work into Leeds Let's Change website[7.6] identified language barriers stopped the promotion of the website:

"It's a difficult one. I can't really refer them because of the language barriers and things like that"[7.6]

GPs in West CCG Area[12] stated that information should be presented in one short leaflet and should be available in different languages to meet the needs of the communities.

The consultation[11] with children's physical activity providers identified deprived communities and girls from Asian communities as key target groups. They also identified that the "hop on the bus scheme" worked well in reaching hard to reach groups.

Staff in schools and Specialist Inclusive Learning Centres attended by disadvantaged children has praised the contribution made by the Active4Life programme to the children's development, and the inclusive nature of the sessions[7.7]:

"I was particularly pleased in the way that [worker] included all the children in each game regardless of their disability"

Similarly staff at a primary school said of The Works Skate Park:

"One of the students has always been averse to traditional schools sports and physical activities. However when visiting the Works, this student became fully involved in the activities and found things he was successful at. He is now saving up for his first bike"[7.7]

The smoking insight evaluation by Leeds Beckett University[8] highlighted the lack of training for smoking advisors to enable them to work better with people with learning disabilities:

"Just going back to the learning disabilities. I think there's more that we could do there, some more training, because I don't think we've ever had any training … I think that's something that would help with the intervention for that person; if the team were more, sort of, geared towards learning disabilities" (interview participant – smoking service advisor[8]

The healthy living service provider consultation workshop[9] identified challenges for vulnerable groups accessing healthy living services and potential solutions. The key challenges include:

- Language and cultural barriers
- Behavioural and social norms
- Lack of knowledge, and
- Financial constraints

Solutions identified include:

- The use of visual aids
- Having information available in key languages, and
- Identify "key champions" for specific groups

Access to services could be improved for vulnerable groups and those with protected characteristics through:

- Appropriate timing of sessions
- Appropriate locations in the community
- Female only sessions
- Use of "buddies" to support people into services
- Links into social prescribing and other community services, and
- Responding to individual need

The healthy living service provider consultation survey[10] included a number of comments in relation to specific target groups and improved ways of working to address health inequalities. The comments regarding who would most benefit from healthy living activities and services include:

"*Disadvantaged communities, young people and pregnant women would benefit, but also people who have sedentary lifestyles*"[10]

"*The most deprived communities with the poorest health and who face the most inequalities*"[10]

"*I think we need to continue to focus efforts on 'hard to reach' populations such as the ethnic minority communities of Leeds, ensuring our services are local and accessible, and tailored to their needs. We need to offer tailored sessions, such as women/men only sessions"*[10]

"*Targeting services to those who need it most, socially disadvantaged areas, marginalised communities where the need is greatest and amenities often fewer is important*"[10]

"*Ensure our advice takes into consideration their specific faith/belief thus tailoring our messages, as far as possible, to that target population*"[10]

What are the views of potential co-commissioners (CCGs)?

Meetings with CCG colleagues[12] identified a couple of questions that relate to how effectively the Integrated Healthy Living Service (IHLS) will reduce health inequalities and meet the needs of specific groups. These include:

- How will the IHLS ensure people with mental health problems are served as a priority group? And how will the IHLS be mentally health promoting? How does the service deliver the mental wellbeing aspects of an IHLS or deal with low level stress, anxiety and depression?
- How will the IHLS ensure it will reduce rather than increase health inequalities?
- How will the IHLS link with the council's strategy around tackling poverty and inequality and the Community Hubs platform?

What are the views of public health colleagues?

Workshops with public health colleagues[13] identified questions and comments that relate to how effectively the IHLS will reduce health inequalities and meet the needs of specific groups, and these include:

- There is a need to focus on vulnerable groups, for example men, migrants, people with low mood, stigmatised groups etc.
- How do personal budgets fit in?
- Use existing insight and consultation vulnerable groups, for example Central and Eastern European communities and new African communities to develop the service

Theme 9. Monitoring and measuring success

Summary of findings

The public, service users and current healthy living providers provided comments that relate to monitoring and measuring success of the integrated healthy living service, and these include:

- Measure service specific outcomes, e.g. weight, smoking status, 5 a day etc.
- Monitor subjective client led measures, e.g. changes in food diary, changes in medication, improvements in mood, carbon monoxide readings
- Measure changes in welling measures such as confidence and motivation
- Use qualitative approaches that captures views of service users, staff, and other providers in the system
- Understand measures of cost effectiveness
- Develop measures for long term behaviour change

What are the views of the public?

Focus group members from the Diva[4] insight work were concerned about how outcomes would be measured and how evidence of cost effectiveness would be demonstrated:

"Where's the measures, how are you going to measure the benefits, where's the bench mark? How are we going to measure improvement and how are we going to measure the costs of it all at the end" (focus group participant[4])

What are the views of service users?

The service users who participated in interviews for the Health Trainer service[5] identified improvements the service has had on their health which are not routinely measured. One participant stated it helped him mentally, he was doing regular exercise and it helped him with his life having some support and stability:

"*I have come off my anti-depressants...sleeping patterns better...OCD... is better*"[5]

Most of the participants[5] also stated that their confidence had increased since seeing the Health Trainer. Increases in self-confidence were self-declared and attributed to their lifestyle changes:

"*I feel a lot better...I am more confident a lot more happier*"[5]

A number of respondents in the Leeds Beckett University smoking insight work[8] highlighted the benefit of carbon monoxide readings:

*"But I definitely found it really encouraging to see the numbers dropping on the carbon monoxide reading … it's really hard to stop and it feels like you're not actually getting any benefits because obviously the health benefits can take a long time … But you can see the things immediately that start to improve, then that's really important" (*ongoing quit attempt – service user[8]*)*

The potential benefits of long term follow up were highlighted by smokers in the Leeds Beckett University smoking insight work[8]:

"Yeah, I think they should have follow-up systems, because I know it's a three month programme, and that's all well and good. But I've not had any contact now after … I mean I stopped in two months … so I think they should have a follow-up system going for twelve months even if it is just a text or a phone call, or you know, we're really interested to see how you're doing … just something to acknowledge, and sort of I think praise as well. Because I think that goes a long way" (ex-smoker – service user) (8)

What are the views of service providers?

The healthy living provider consultation survey[10] has a number of comments regarding to how healthy living services can better measure success. These include:

"*Collect client feedback which is qualitative and quantitative including questionnaires, interviews, case studies, and testimonials, filming etc. Feedback needs to come from the staff, as well as clients. This is because the intervention is only as successful as the practitioner delivers and if the practitioner is not happy this can affect outcomes. KPI's related to service outcomes. Performance indicators can be from numbers (of clients*

seen/achieved goals etc.) as well as qualitative/quantitative feedback to make sure the quality is there. As we link in with other wider organisations, measures could be across the board so all people/agencies involved have their opportunity to provide feedback to support the projects going forward"[10]

"[Measure] *improvements in well-being, improvements in confidence, and in self managing. Improvements in self efficacy, number of people attending a programme and willing to be part of the service (service advocate)"*[10]

"*Quantitative data, e.g. weights, 4 week quits, alcohol units, physical activity levels, 5 a day. Scaling numbers of confidence and motivation. Qualitative data - Comments from patient satisfaction surveys / final appointments on how the client feels what other changes the services have helped with*"[10]

"*Subjective patient outcome measures and objective measures such as weight loss, changes to diet, smoking habits, alcohol, exercise levels*"[10]

"*Long term indicators that help to demonstrate long term behaviour change. This could be in developing new lifestyle measures that support existing outcome measures*"[10]

What are the views of public health colleagues?

Workshops with public health colleagues[13] identified questions and comments that relate to measuring success of the integrated healthy living service and include:

- What happens if there is a mismatch between what people want and the outcome of behaviour change?
- Use Patient Activation Measure as an indicator

Theme 10. Workforce skills

Summary of findings

The key themes relating to workforce skills were mainly identified by service users and healthy living service providers. Other stakeholders

questioned what the specific skill sets of the workforce would be. The key themes relating to the workforce include:

- Improve the skills and knowledge of those working with pregnant women to lead healthier lifestyles such as stopping smoking or managing their weight
- Develop the brief advice skills of referrers into healthy living services to improve service uptake
- Develop health coaching skills across the integrated healthy living system to enable people to self-care
- Recognise the specialist skills of healthy living service providers and their role to develop skills of others
- Explore the role of public health to develop the skills of the workforce

What are the views of service users?

The maternity health needs assessment[6] recommends engaging and supporting ante/postnatal staff and sonographers in delivering brief advice interventions for stop smoking to trigger onward referrals.

Pregnant women with a BMI of 35 or greater stated that they felt "*disappointed in the knowledge levels on weight management of their community midwives and hospital doctors*" and that the need for focused training for health care professionals must be recognised[6].

The Leeds Beckett University smoking insight work[8] with service users highlighted that the midwives were not as supportive as they would have liked describing the role of midwives as signposters or lecturing rather than being supportive.

"I was given brief advice of where to go for the help I needed" (questionnaire respondent[8])

"It was crap really. It was absolutely terrible. I think midwives are more focussed on … they just scare the crap out of you … And it's just … they're more focussed on that, scaring you to death rather than helping you [quit smoking]" (ex-smoker – service user[8])

What are the views of service providers?

The healthy living service provider consultation workshop[9] identified the existing skill set of the healthy living services:

"*Teams have many specialist skills and are often representative of the local area and have good knowledge of the city*"[9]

The healthy living service provider consultation survey[10] identified the skill set required by referrers and providers of healthy living activities and services:

"Brief advice (with easy referral) from health professionals is very important as these are trusted, credible sources"[10]

"Brief and very brief advice I feel is important as it's in line with the MECC as well as evidence based practice that brief interventions DO work"[10]

"Use a health coaching approach across all areas of health and social care. People need to be supported to help themselves"[10]

"I feel we need to use our expert skills and experience in motivational interviewing and coaching to upskill other health care workers, thus making their conversations about changing a behaviour more successful - and this needs to be an integral part of our brief interventions package"[10]

"Provide a multi offer intervention that includes groups and one to one consults underpinned by a health coaching approach delivered by qualified, highly trained, highly knowledgeable staff"[10]

What are the views of potential co-commissioners (CCGs)?

Meetings with CCG colleagues[12] identified a question in relation to skills of the healthy living services workforce:

- What skills will health coaches need?

What are the views of public health colleagues?

Workshops with public health colleagues[13] identified opportunities and questions in relation of the skills of the healthy living services workforce:

- Public health can offer skills training, for example on helpful conversations and health coaching
- It was questioned what are the skills of a health coach and a peer navigator?

To conclude, a range of key themes were identified from the consultation and insight work that will be used to inform redesign and re-commissioning of Leeds Integrated Healthy Living Services.

The key themes are as follows:

1. An integrated healthy living service
2. Awareness of healthy living services and healthy living information
3. Accessibility of healthy living services
4. Person centred approaches
5. Peer led and collaborative approaches
6. Children and families approach
7. Building intention to change and maintaining healthier lifestyles
8. Reducing inequalities
9. Monitoring and measuring success
10. Workforce skills

4.0 Conclusion

The consultation activities undertaken as part of Stage 0 of the procurement process identified key themes that will inform the redesign and re-commissioning of the healthy living services. What was apparent from all stakeholders is the importance to stop working in silos and deliver healthy living services that are integrated (theme 1) and respond to how people live their lives (theme 4). It is recognised by all stakeholders that living a healthier lifestyle and changing behaviours are not easy. Everyone consulted with recognised that there are a range of barriers to living a healthy lifestyle. Many recognised the role of healthy living services to work with individuals, who are not yet considering change, to build their motivation and confidence (theme 7). Although building confidence and motivation is effective to enable an individual to consider a healthier lifestyle, what is required to enable that change is: consistent information on healthy lifestyles (theme 2); healthy living services and activities that are accessible in local communities (theme 3); working together to building social networks and peer support (theme 5); consider the whole family and their influence on healthy behaviours (theme 6); and ensure healthy living services can reach out to those who find it hard to access services (theme 8). To achieve this requires a skilled workforce (theme 10) and ensuring that we can measure successful achievement of healthy lifestyles in a way that is meaningful to providers and the people of Leeds (theme 9).

However, this cannot be achieved by the re-commissioning of the healthy living services alone. To be effective, this requires a step change that inspires communities and partners to work differently together to enable Leeds to be healthier. This is where the Health Breakthrough project can have influence. The consultation process identified opportunities for the Health Breakthrough project to create an integrated healthy living system for Leeds with a focus on physical activity and food.

Comments from stakeholders during the consultation process suggest that the Health Breakthrough project can enable Leeds to be more active by aligning programmes of work and working differently. Suggestions include:

- Explore the opportunity to maximise the use of green space across Leeds to encourage physical activity. This includes:
    - Improving the perception of safety within parks
    - Developing walking and cycling tracks

- Raise the profile of cycling as a leisure activity as well as a mode of transport. This includes:
    - Providing a cycling library and re-cycling opportunities
    - Improving the perception of safety in cycle lanes
- Ensure everyone has an equal opportunity to be active. This includes:
    - Providing discounted access to leisure services for specific target groups
    - Offering lower intensity exercise classes to suit all ages and abilities
    - Building on the success of 'This Girl Can' campaign
    - Providing walking and talking groups to reduce social isolation and to improve emotional wellbeing
    - Providing walk leader training to peers in local communities
    - Promoting Leeds Let's Get Active to communities who are inactive
    - Developing a social network that encourages physical activity through the offer of "buddies" or personal trainers

In addition, the consultation identified opportunities for the Health Breakthrough project to enable Leeds to develop a healthy food environment by aligning programmes of work and working differently. Suggestions include:

- Gain a better understanding of what influences food purchasing and food consumption and the impact of takeaways, supermarkets and local food retailers. This includes:
    - Working with local businesses to negotiate discounts on healthier food to support healthy living campaigns
    - Working with local businesses to negotiate healthy food options promoted at point of sale
    - Working with local takeaways and caterers to provide healthy eating options
    - Working with Planning when considering applications for hot food outlets
- Explore the opportunity to influence the food environment in Leeds City Council buildings and commissioned services. This includes:
    - Ensuring vending machine and catering contracts include national guidance on access to healthy food
- Explore the potential to maximise space to develop opportunities to grow food. This includes:
    - Considering food growing in new housing developments
    - Creating communal food growing spaces including access to greenhouses

It is recommended that the Health Breakthrough project interweaves these new actions with the re-commissioning of healthy living services to maximise the opportunities for partners and communities to work better together so that Leeds is a healthy city.

Appendix 1. Sources of Evidence

1. Children's physical activity, healthy eating and healthy weight consultation, November 2015, Jan Burkhardt.

2. Children's healthy living consultation, primary schools in the south of Leeds, October 2015, Jan Burkhardt.

3. Outer South Breeze Consultation Overview 2014/15, Jan Burkhardt.

4. DIVA (2015) Health Living Services Consultation Public Research Report, October 2015. Produced for Leeds City Council.

5. Saleem, Aneesa (2014) Investigating Perceived Effectiveness of Health Trainers Supporting Unemployed People in Leeds to improve their Health and Well-Being. Submitted in partial fulfilment of the requirements of the degree of MSc Public Health-Health Promotion, Leeds Metropolitan University, October 2014.

6. Leeds Maternity Health Needs Assessment, 2014. Sarah Erskine.

7. Review of previous healthy living insight led by Public Health, 2015. Janette Munton.

   This high level thematic review of insight has drawn from the following reports:

   1. ICE (2011) NHS Leeds Phase 2: Insight into the perceptions of health professionals and the community regarding healthy living services, August 2011.
   2. The Social Marketing Gateway (2014) Reviewing the Delivery of Food and Cooking Skills Work in Leeds. December 2014
   3. Leeds Community Healthcare NHS Trust Social Values Event with Healthy Living Service Users - Key Themes, unpublished, 2013.
   4. Leeds Community Healthcare NHS Trust Social Values Event with Healthy Living Service Users-Key Themes, unpublished 2014.
   5. Leeds Community Healthcare NHS Trust Have Your Say Event with Healthy Living Service Users. Group work notes by Cheryl Squire and Heather Thomson, May 2015.
   6. Diva (2013) Leeds Let's Change Research Project. December 2013.
   7. Active for Life Evaluation Report 2008-2012. Jan Burkhardt.

8. BARCA (2014) Insight Report: Responding to Male Suicide in Armley. Unpublished.
9. Saleem, Aneesa (2014) Investigating Perceived Effectiveness of Health Trainers Supporting Unemployed People in Leeds to improve their Health and Well-Being. Submitted in partial fulfilment of the requirements of the degree of MSc Public Health-Health Promotion, Leeds Metropolitan University, October 2014.

8. Leeds Beckett University (2015). Smoking Insight Evaluation, September 2015

9. Provider consultation workshop – feedback summary, 25 August 2015. Jan Burkhardt

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12. Consultation with the three CCGS. Summary Document, 2015. Kathryn Ingold and Heather Thomson.

13. Consultation with Leeds City Council Public Health Staff
    1. Report of Consultation with Public Health Staff 2nd April 2015. Kathryn Ingold.
    2. Report of Consultation with Public Health Staff 10th September 2015. Kathryn Ingold.

14. The Leeds Health Breakthrough Project, Report of the launch, 18th September 2015, Leeds City Museum. Kathryn Ingold.