

Consultation report on the development of an Integrated Wellbeing Service

Background

A range of public health responsibilities transferred to Cheshire West and Chester Council in April 2013. As part of this transition a range of responsibilities transferred and services including smoking cessation, substance misuse (alcohol and drugs) healthy living centres, health promotion and adult weight management. Many of these services are currently commissioned on a single issue basis and operate independently of other related services even where they are commissioned from the same provider.

The Council set an intention to work towards joining up these services and commission an Integrated Wellbeing Service via a single contract for the whole Council footprint. This presents the opportunity to improve health, realise budget efficiencies, add value and implement effective high quality best practice and respond to customer needs.

Many factors influence and affect the health of individuals and access to services that provide treatment play a part in what helps someone to be healthy. Social and economic determinants of health including lifestyle, factors, living and working conditions, education, employment, housing and general overarching social, economic, cultural and environmental conditions all play their part.

One way in which we can tackle the fragmentation of services described above is to commission more integrated services that focus on wellbeing. An integrated wellbeing service is at its simplest defined as a seamless service which has at its core an aim to promote health and wellbeing rather than diagnosing and treating illness. In moving to an Integrated model we are seeking to commission a Council wide holistic approach to lifestyle behaviour change based on support for common risk factors including, low mood, increased weight, inactivity, smoking and increased alcohol across the Cheshire West and Chester footprint.

Encouraging wider lifestyle changes for example the use of local food sources or active travel initiatives can also have wider environmental benefits. This approach aims to empower individuals and seeks to improve quality by providing more targeted and integrated interventions whilst also reducing costs.

The Service for health is based on the Dahlgren and Whitehead model of health

determinants which outlines the factors that affect health. The Integrated Wellbeing Service will need to work with and through others to influence these factors. Much of this work will be at an operational level across existing local networks and partnerships.

The Council Health and Wellbeing Strategy sets out the strategic framework for improving health and reducing inequalities across the borough and provides a basis for the commissioning of health, social care and wellbeing services. Its development has provided an opportunity to build on the ongoing work of organisations that form the Health and Wellbeing Board and is a result of a shared commitment from its partners to making Cheshire West and Chester even more vibrant, resilient and healthy place. This is a vision that we seek to achieve through effective leadership, collaboration with our partners and added value.

The vision for the Integrated Wellbeing Service directly supports achievement of the key strategic aims in the Health and Wellbeing Strategy.

‘Our vision for the Integrated Wellbeing Service is to improve the health and wellbeing of our local population and reduce health inequalities, enabling residents to live more fulfilling, independent and healthy lives. The Council will do this by working with communities and residents to improve opportunities for all to have a healthy, safe and fulfilling life.’

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The Council will strive to achieve this through the commissioning of a high quality Integrated Wellbeing service that meets the needs of the population for adults and young people in Cheshire West and Chester. Adopting a truly preventative approach building on community assets that is person orientated rather than programme focused and that takes a holistic approach to managing lifestyle and behaviour change.

Consultation

In order to achieve these aims it is essential that the views, ideas and opinions of local residents are taken into account. In order to facilitate this process the Council carried out a full 12 week consultation.

The purpose of the consultation was to:

- Engage a wide range of stakeholders to inform effective development and commissioning of an Integrated Health and Wellbeing Service
- Meet the Council’s obligations regarding stakeholder engagement and

consultation.

- Ensure that the service which is being commissioned will meet the needs of residents of the borough.

In developing the programme for the consultation the Integrated Wellbeing Service reference group identified a desire to make sure the consultation was as extensive and robust as possible given the available resources and capacity. The group were keen to engage with as many groups and communities as possible including the following:

- Members of the public
- Existing service providers
- Potential service providers
- Current and future service users
- Third sector organisations
- Faith groups
- Partner public sector organisations
- Related strategic groups/partnerships
- Elected members

An equality analysis was also undertaken in parallel to the consultation to make sure services provide access to all sectors of the community. The equality analysis was then updated throughout the consultation process as appropriate.

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<http://www.cheshirewestandchester.gov.uk/idoc.ashx?docid=deebab00-5ae0-45c5-9392-5c4d20736498&version=-1>

Consultation methods

In order to encourage wide participation in the engagement and consultation a number of different methods have been utilised (see list below) however the Council and reference group were keen to explore additional innovative and creative approaches to gather information and engage communities and individuals.

1. Consultation survey – This was undertaken in three parts:
 - a. Digital questionnaire was advertised to all current and potential service users the questionnaire was promoted widely amongst all the stakeholder groups listed above electronically and publicly available from Council website, with hard copies available in Council reception

- areas including libraries.
- b. Digital questionnaire advertised and distributed to all wider stakeholders and identified groups
 - c. Digital questionnaire advertised and distributed to contacts at each of the two Healthy Living Centres and a wide variety of organisations and groups across Cheshire West and Chester
2. Appointments surgeries the Council made time available to any of the above stakeholders who wished to discuss the re-commission individually.
 3. The Council delivered two stakeholder events one aimed at the public, voluntary, community and faith sector and one aimed at current and potential providers and other interested partner organisations. In addition to this an additional evening session was held in Winsford to provide wider access.
 4. A number of facilitated focus groups were delivered via a variety of existing contacts and through existing networks. This included dedicated focus groups with user groups at a variety of venues.
 5. Soft market testing questionnaires were undertaken with current and prospective providers to inform how social value criteria can be assessed as part of the procurement process. In addition to this current and prospective providers were invited to attend face to face meetings to discuss responses.

An integrated aspect of the consultation was to gain customer insight to the naming of the service for example which resonates best and is more meaningful 'Wellbeing' or 'Wellness' services.

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Consultation timetable

This consultation ran for 12 weeks from the 24 March 2014 until 9 June 2014

Background information

In addition to the formal consultation process the reference group gathered a wide range of background materials and information. Including work done at a national and regional level. This included gathering examples of service specifications from other local authority areas. The Council also has a number of information sources about the needs of the local population a good example being the Councils equality profiles. These provided a great deal of background information and can be accessed via the following link

http://www.cheshirewestandchester.gov.uk/your_council/key_statistics_and_data/res

[earch_publications.aspx](#)

Soft marketing questionnaires and interviews

A soft marketing questionnaire was developed which was then uploaded to the CHEST an interactive web based resource for registered providers. This provided the opportunity for current and potential providers to respond to a series of initial questions in relation to the proposed re-commission. In total there were 11 responses to the questionnaire from a variety of providers and partner organisations. In addition to this those responding to the questionnaires were also invited to attend face to face meetings 10 providers responded and attended these sessions. From an analysis of the questionnaires and responses given at the sessions it was possible to identify a number of key issues. (See table below). From the outset it was clear there was consistent support for the direction travel and the outline model.

Headline feedback from the Soft marketing questionnaires and interviews	
Overall general support for the direction of travel	Focus on prevention and early detection of risk
Strong indication in relation to integrating services being beneficial to the local population	Need for robust data collection and management – difficulties of sharing information
Clear suggestion that services need to be accessible and community based	Need for a skilled and well trained workforce
Support for taking a co-production approach	Opportunities to use community based volunteers
Services need to be responsive to needs	Need to have robust links to primary care and GP practices – possible links to Health Checks
General agreement around the need to support self-care and individual goal setting	Some specific mention of services- alcohol – erectile dysfunction?

A number of comments relating to the use of IT and new technologies – social networking – access to central phone line and website	Opportunity for creativity and innovation – broad and flexible in the approach
Integration can help support and concentrate resources more effectively	Need to link with employers – mentioned a number of times
Support for targeted intervention with harder to reach groups	Importance of clear signposting – and ease of navigation through the system – clear referral pathways
Communication fundamental – right language and terminology – health literacy	Need to address additional issues – tackling isolation
Recognising community assets – skills experiences and knowledge	Linking across services and the need for building partnerships

Fig. 2

Following the provider stakeholder event the questionnaire was extended for a couple of extra weeks which resulted in two additional responses. The stakeholder event facilitated an opportunity for organisations to begin to consider opportunities for collaboration a number of providers expressing interest in developing collaborative tenders. Other organisations whilst not in a position to submit tenders expressed an interest in being bid partners or part of creating a local delivery network. In order to record this interest a table was added to CHEST so organisations could log their interest.

Feedback from networking meetings

The consultation included a number of networking meetings with local groups. The purpose was to raise awareness of the consultation and identify potential routes to organise and facilitate focus groups. Key messages from these network meeting included:

- Recognising community assets – skills experiences and knowledge
- Services need to be responsive to needs of all groups in the community
- Linking across services and the need for building partnerships

- Services need to be accessible and community based

Stakeholder events

The council facilitated two stakeholder events one aimed at the public, voluntary, community and faith sector and one aimed at current and potential providers and other interested partner organisations. The public event was attended by 38 delegates including members of the public and voluntary, community faith sector. The provider event was attended by around 50 delegates. Participants in the public, voluntary, community and faith sector were asked to respond to a number of key questions:

What are the barriers that affect us being healthy and well?

Participant's responses:

- Transport – keep the free bus need to improve accessibility
- Deceptive food labelling
- Education – lack of awareness of what's available
- Confidence/self-esteem/stigma too embarrassed to attend a gym
- Over indulgence
- Disability/support needs
- Poverty / Money – membership fees can be expensive
- Mind-set –
 - “don't think that's for me”
 - “I don't think I can do that”
 - “I've got no one to go with”
 - “I've nothing to wear for that”
- Lack of knowledge and interest in food, both intake and preparation
- Time pressure
- Information needs to be available in different formats – availability is very fragmented
- Access to keep fit clubs etc.
- Social isolation
- Fruit and veg needs to be available in smaller portions in supermarkets
- Lifestyle, bad habits, peer pressure
- Lack of motivation
- Physical ability
- Fast food outlets are “cool” – this is the image portrayed
- Don't want to ask for help because of stigma or embarrassment
- Reputation of services, poor reputation leads to poor pick up.
- Mental health services (more funding is required there)
- Student bars £1 per pint
- As you age physical activity

become harder, do we need graded advice?

- Self-perception

What things can we do to stay healthy?

Participant's responses:

- Work/life balance
- Poor environmental design and short term planning
- Provision of community 'surgeries' to help with low level support needs.
- Go to exercise classes every day
- More social activity, make sure neighbours and family are ok, lunch club for the elderly
- Utilise technology to reduce social isolation
- Eat 5-a-day and eat healthier
- Be fully aware of mixed health messages
- Exercise i.e. walking to the shop, getting off the bus a few stops earlier
- Parents encouraging children to spend less time on computers
- Take up a new hobby or activity
- Limit alcohol intake
- Live life to the full
- Volunteering
- Encourage a generation
- Free sports clubs at school
- Promote health and wellbeing at college

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What things do we do to keep healthy?

Participant's responses:

- Sleep well
- Take an interest / be curious
- Use the internet and all things digital
- Talk out any issues you are currently dealing with, with a sympathetic / empathetic individual
- Reduce social isolation
- Physical activity
- Involvement in community
- Participate in walking groups
- Enjoy life
- Attend community events

- Pilates
- Walk everywhere
- Drink water
- Keep brain active
- Home cooking
- Keep in touch with family and friends
- Flu jab
- Keep warm,
- Healthy eating / 5-a-day
- Screening
- Have enough time to do something you like every or most days

What would encourage people to live healthier lives?

Participant's responses:

- Having a living wage
- Limiting computer / car use
- Get a pet
- Easier access to support exercise / slimming clubs
- Positive images / role models on TV
- Making cooking fun
- Hospital and school meals should be healthy
- Have the right amount of sleep
- Increase communication
- Love thy neighbour
- Motivation will be different for different people – make individual
- People need to understand the benefits – using case studies
- Easy access to cheaper but healthy food
- Cheaper services i.e. sports centres, swimming etc.
- Start early involve midwives, local primary schools
- Has to have a personal impact
- Promote cycle to work schemes
- Provide walking routes by public transport – quantify savings
- Wider benefits, financial benefits of allotments, impact of growing your own food
- Knowledge
- Not assuming people have skills or knowledge to access online information
- Cooking skills should be taught in school – life skills

How would you prefer to access services?

Participant's responses:

- Face to face – not all online as people are more likely to give up (though this could be time consuming)
- Groups of people, for example within a certain age range, or sex etc.
- Many tools to help be social
- To be available through GP's practices, healthy living centres
- Google / online, e.g. Facebook (though this should be anon)
- Phone – free helpline, with instant access or call-back
- Support with transport costs
- Clear remit for services, mapping out what services there are available
- Not to have to go through the GP all the time
- Well publicised drop-in points or have outreach
- Opening times
- Language used – simple not full of jargon
- Different methods of access

What currently works well?

Participant's responses:

- Libraries – place of trust, have trustworthy services
- Healthy living centres in Ellesmere Port and Blacon, music in Zumba sessions, local swimming groups

What could be improved?

Participant's responses:

- Follow up with individuals
- Faster, personalised, appropriate mental health referrals
- Appropriate information sharing between health professionals and relevant services.
- Many great activities already happening, increasing these
- Constant stream of information between Hub and local services
- Need a co-ordinator to keep everything up to date
- Access to information and explanation

- Advocacy - role ideas
- Having to not have to repeat information to several departments/people
- Multiple means of access – needs to look at target demographic.
- More choices
- Developing personal relationships with groups & individuals

What can we put in place to ensure it is easy for residents to access and use services?

Participant's responses:

- A hub which has all the information
- Look at various methods of communication to suit all groups
- Deal with whole person issues – the roots of problems
- Don't just sign post for intervention, but long term solutions
- Peer groups when suitable – walking groups, weight watch's etc.
- Criteria managing – variation, age appropriate.
- Work place based provisions
- Assistance with cost of travel
- Services home based as necessary
- Reduce waiting times between referral and intervention

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How can we ensure that the services meet the needs of the local residents?

Participant's responses:

- Personal skills, communicating, personality
- Listen to local residents, what are their major needs? What are their minor needs? – get the whole picture
- Consult – focus groups within different groups
- Use GP's already established.
- Visiting services of target population
- Meeting the criteria – find and filling the gaps
- For provider to link into council locality teams
- Ask them don't assume
- Vary approaches to suit clients and help them achieve the outcomes
- Ensure there is an equal distribution of views – prevent oversampling of

engaged groups

Language and terminology

The Council facilitated a number of flipchart exercises as part of each of the focus groups and at the stakeholder events to try and get a feel for the preferred language. The preference was 'Wellbeing' as opposed to 'Wellness'. This was largely due to people feeling it better described wider health needs including emotional and mental health rather than just being about freedom from illness. Respondents also liked the term co-ordinator or advisor as these terms felt much more about supporting rather than directing individuals they were described as more facilitative. This was reflected across the focus groups.

Focus groups – key themes

A series of group sessions were delivered as part of the consultation via a variety of new and existing contacts and through existing networks. These sessions were used to promote the consultation and distribute consultation questionnaires and included dedicated focus groups with specific user groups at a variety of venues, for example:

- Carers groups
- Learning disability
- Lesbian Gay Bisexual Transgender
- Vision Support Service
- Dial House – disability
- Healthy Living centre users – Ellesmere support and Chester
- Older Peoples Network
- Mental Health alliance
- Chester voluntary action

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The following provides feedback on the key themes highlighted throughout the focus group process and have been grouped accordingly as below;

Areas highlighted for improvement/barriers to health and wellbeing

- Building confidence and self-esteem and reducing stigma around conditions is needed.
- Isolation –this can be both in relation to location and social – isolation by location was a key theme; often linked to this was transport issues i.e. availability / cost).

- Knowledge / education / available information – not readily available, not always available in the correct format for specific groups (i.e. disabled groups, the elderly – not the internet).
- Awareness of availability - poor awareness of existing lifestyle services – marketing / advertising required (local papers).
- Time pressures (fitting healthy behaviours around busy lifestyles was an issue).
- Cost of accessing services (transport, exercise facilities / money issues for individuals (debt – education on how to handle money / get out of debt).
- Poor mental health (stress & anxiety).
- Childcare (restrictive in terms of time and affordability to access services).
- Drugs and alcohol – increased awareness needed, moderation / dangers promoted.
- Community communication needs facilitating.
- Keeping warm in the winter.
- Services need to be accessible to all (i.e. access problems; wheelchair users can't reach the top shelf in supermarkets and other physical environment barriers to access).

Suggestions made

- Responsible TV advertising
- Make communication/Information appropriate for targeted groups (i.e. not all on the internet)
- Services need to understand the needs of/issues faced by specific user groups (Disabled, Lesbian gay bisexual and transgender, Black Minority Ethnic)
- Better access to affordable healthy food
- Ensure service is visible (marketing, information)
- Up-skilling people (residents and staff)
- Education around how to fit exercise into daily lives (i.e. gardening).
- Employment

Areas currently working well

- Healthy eating / cooking skills
- Physical activity / exercise
- Community centres
- Walking
- Established services (i.e. physiotherapy)

Feedback from the Public Health team

In order to promote discussion in a safe and productive environment the delivery team adopted a fairly informal approach to the focus group sessions using a series of prompt questions to initiate discussion. This proved to be highly effective as the discussions flowed readily with all the group members engaging in debate. The majority of session overran with participants eager to complete the tasks.

The team facilitating the focus groups gave some very positive feedback on the process:-

'A huge thank you goes to the team in Public Health here at the Council, they did an excellent job facilitating the focus group sessions and the stakeholder events. They clearly established a relaxed atmosphere creating an open environment that resulted in good engagement'

Health Improvement Principal

'I feel that the consultation process for the IWB was a great success in engaging with the public, minority groups and potential bidders. I enjoyed being part of this process particularly challenging and engaging people to think about their own health and wellbeing, and how they could improve this. I felt like it gave a positive framework to design a specification that would address a lot of common concerns raised.

Delivering focus groups and supporting consultation events it felt like everybody was onboard in looking at ways to improve the way we work and was contributing with innovative ideas to do this.'

Health Improvement Practitioner

'I really enjoyed facilitating the focus group at Dial House yesterday. I think following on from the LGBT focus group we tried to provide an environment in which the participants felt relaxed and empowered to express their thoughts and feelings on each of the points raised. This approach was effective in engaging all the individuals in the group and allowed each of them to have their 'voices' heard. As a result no person was excluded from the process and there was a genuine feeling that people opened up, including raising concerns that they have. Thanks for asking me to get involved and I think it is a good idea to include a line or two from our experiences in the report.'

Health Improvement Practitioner

'The Integrated Wellbeing Service consultation has been a fantastic opportunity to hear the views of the local population from their perspective and in their context. It has been a great exercise in understanding the motivation behind such views and appreciating what really matters to our residents. The passion and compassion of individuals for the health and wellbeing of others has been strikingly apparent.'

Health Improvement Practitioner

Ideas

A number of the focus groups created ideas on how we might work to improve Health and Wellbeing a number of consistent suggestions are listed below:-

- Fruit and veg needs to be available in smaller portions in supermarkets
- As you age physical activity become harder, do we need graded advice?
- Utilise technology to reduce social isolation
- Poor environmental design – short term planning
- Could we provide pets for people to help with isolation and encourage physical activity i.e. dog walking
- Provide walking routes that link with public transport
- Provide more activities for specific groups for example football for those with impaired vision (i.e. organised games with a bell in the ball)
- Providing sighted walking guides for people with visual impairment
- Create more opportunities for intergenerational work sharing the skills of the young and old.

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Questionnaire responses; key themes

The following provides a summary of responses to the questionnaire (combined responses for online and hard copy returns):

Q1. How is your health in general?

	Number of responses	Percentage of response
Very good	26	26
Good	42	42

Fair	10	10
OK	10	10
Bad	9	9
Very bad	2	2
Total	99	100%

(Note that percentages may not sum to 100 due to rounding)

Q2. What, if anything, do you currently do to stay healthy and well?

Key messages

- The majority of respondents stay healthy by eating sensibly, having plenty of fruit and veg and watching alcohol intake.
- Many stay generally active, with some undertaking gentle exercise such as walking. Some stated that they don't smoke as a way of being healthy.
- Some attend exercise classes and some have more vigorous exercise activities, including gym workouts and cycling.
- A few mention medication and health checks as a way to ensure they stay healthy and well.
- A minority say they do nothing to stay healthy.

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Q3. What are the barriers to you keeping healthy?

Key messages

- The main barrier is health or medical issues preventing people from being healthy, particularly in terms of restricting exercise.
- Lack of time is another key factor, especially where people work full-time and/or have families to attend to. This particularly affects exercise, but also time to prepare healthier meals.
- The cost of activities (such as gym membership) is a barrier, as is the cost of healthier food.
- Some participants say they lack motivation or will power to exercise and/or eat healthily.
- A few mention a lack of facilities, especially local facilities.
- A few also say that they have no barriers to staying healthy.

Q4. What would help you to become and remain in good health?

Key messages

- Many participants mentioned things they could do themselves, such as continue to do what they are doing, maintaining enthusiasm and staying positive
- Some felt that they needed improvement in current medical conditions, medication and professional support
- Cheaper activities (such as gym membership) would help, as would better facilities and activities, particularly in terms of location and inclusivity
- Some felt they needed to eat more healthily and others wanted better information and advice on healthy eating and staying healthy.
- Some said they needed to lose weight and/or exercise more
- A few said nothing would help them to become more healthy, or that they didn't know
- A few mentioned work-life balance and reduced stress

Q5. What can we do to encourage others to lead healthier lifestyles?

Key messages

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- The majority suggest better advice, guidance and support to provide encouragement. This can be from support groups and professionals and can include education programmes
- More promotion of the benefits of healthier lifestyles. Some feel this needs to be without 'preaching' and some feel there needs to be more advertising of the consequences of not following a healthier lifestyle
- Cheaper activities, such as exercise classes and gym membership
- More enjoyable and interactive activities
- Leading by example, including demonstrating healthier lifestyles, better workplace initiatives to help staff stay healthy
- Discouraging fast food outlets and making healthier food more accessible and affordable

Q6. To what extent do you agree or disagree that there should be one service that addresses a number of healthy lifestyle factors?

	Number of responses	Percentage of response
Strongly agree	35	37
Agree	39	41
Neither agree nor disagree	13	14
Disagree	5	5
Strongly disagree	2	2
Total	94	100%

Other services include:

Well-woman clinic

Northgate Arena

Q7. Please tell us the reasons for your answer

Key messages

Those who agree say that:

- One service would offer a more holistic approach and that could target inter-related issues and complex needs for individuals
- Would be more efficient and joined-up, avoid duplication and enable better sharing of knowledge/skills
- It would improve access to key services and more people would be likely to use them
- Prevent people from being 'passed from pillar to post'

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Those who disagree say that:

- Specialisation works better and one size does not fill all - specific services are required for specific conditions (such as alcoholism)
- Some services may get more attention than others
- Don't believe it is possible to set up a coherent one-stop-shop, which addresses root causes rather than symptoms

Q8. Are you aware of any lifestyle services operating in the local area?

Key messages

Over one-third of people responding to the question did not know of any lifestyle services in their local area.

Others mentioned frequently were:

- Healthy Living Centres (mentioned by 16 respondents)
- Weight management, including Why Weight
- Cookery classes
- Specific activities at a range of leisure centres, or by specific organisations, such as Age UK, or via a GP

Q9. Healthy eating/weight management, stop smoking services, healthy living centres and wider health promotion are proposed to be included as part of the integrated service, are there any other services that you think should be included?

Key messages

- The majority of suggestions relate to mental health services, including stress management and counselling services
- Addiction services including substance misuse and needle exchange
- Advice services for housing, debt management and employment
- Age specific services to ensure older people and children receive appropriate support
- Social activities
- Physiotherapy and alternative therapies

Q10. Have you used the following lifestyle services?

	Number of responses
Healthy eating advice	27
Weight management	18
Activities at Healthy Living Centre in Ellesmere Port	16
Activities at Healthy Living Centre in Chester	11
Stop smoking services	6
Other	3

Q11. To what extent do you agree or disagree that the Integrated Wellbeing Service should be accessible to young people?

	Number of responses	Percentage of response
Strongly agree	58	62
Agree	28	30
Neither agree nor disagree	7	8
Disagree	0	0
Strongly disagree	0	0
Total	93	100%

(Note that percentages may not sum to 100 due to rounding)

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Q12. Please tell us the reasons for your answer

Key messages

Those who agree say that:

- Prevention is key and that support and advice on healthy lifestyles should start at a young age. This will be before bad habits are carried through to adulthood (over half of people mentioned this)
- Many also feel that young people should have the same access to services that everyone else has.

Q13. If you wanted to access a service, which of the following methods would you like to be available to use?

	Number of responses
Face to face	72
Telephone	60
Online via computer or laptop	53
Online using an ipad or tablet	34
Using a mobile website on a Smartphone	21
Using a Smartphone application (app)	19
Text messaging	14
Other	2

Other options include:

Social media (Facebook/Twitter)
Through GP

Q14. When considering where to locate a service, what factors are of most importance?

Key messages

- By far the most important factor is accessibility. Services need to be within reach of public transport and have cheap/free car parking
- Ideally, services need to be 'local' to people; some also feel they should be need other amenities (retail, other key services)
- Opening times are important, so that there is flexibility and appointments available at convenient times
- Offering services online and using technology is also mentioned by some

Q15. To what extent do you agree or disagree with services being provided in a community setting?

(Note that percentages may not sum to 100 due to rounding)

	Number of responses	Percentage of response
Strongly agree	34	37
Agree	44	47
Neither agree nor disagree	14	15
Disagree	0	0
Strongly disagree	1	1
Total	93	100%

Q16. Please tell us the reasons for your answer

Key messages

Those who agree say that:

- Facilities should be easily accessible (which is more likely in a community setting)
- People are more likely to know where services are if they operating from community facilities
- Local facilities are more likely to present a familiar and friendly setting, making them more likely to be used and improving opportunities for social interaction
- Using existing buildings will save money and help prevent underuse of local facilities

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Q17. What might stop you from using the Integrated Wellness Service?

Key messages

- Access is by far the main barrier to using services. This can be related to the location, or in terms of opening times.
- Many also stress that the quality of service is a critical factor. The way it is delivered need to be supportive, friendly and non-patronising.
- Some state that the cost of the service (having to pay) will put people off using it.
- Some feel that their own health (being fit enough to actually use the service) is a barrier, as is their own motivation

Q18. What can we put in place to ensure it is easy for residents to use lifestyle services?

Key messages

- Promoting services is vital to ensure people are aware of what is available
- Good accessibility, including being in a convenient location and on bus routes, as well as suitable opening times
- Some suggest actually providing free transport, including community buses or car share
- Keeping services affordable for users

Q19 Do you have any other comments about the Integrated Wellness Service?

Key messages

- Many who chose to comment were supportive and felt the proposals were a good idea
- A few queried the location of services and that other areas (outside main centres) need to be included
- A few were sceptical about the benefits

Q20. How easy or difficult do you feel it is to find information about lifestyle services in the local area?

	Number of responses	Percentage of response
Very easy	5	8
Fairly easy	11	17
Neither easy nor difficult	19	30
Fairly difficult	22	35
Very difficult	5	8
Just moved to the area	1	2
Total	63	100%

(Note that percentages may not sum to 100 due to rounding)

Q21. How satisfied or dissatisfied are you with the service you receive(d)?

	Number of responses	Percentage of response
Very satisfied	8	17
Satisfied	16	33
Neither satisfied nor dissatisfied	17	35
Dissatisfied	6	13
Very dissatisfied	1	2
Total	48	100%

(Note that percentages may not sum to 100 due to rounding)

Q22. Please tell us the reasons for your answer

Key messages

Those who are generally satisfied say that:

- The service was good, with friendly and approachable staff

Those who are generally dissatisfied say that:

- They were not aware of the service or found it difficult to find the right information
- The service(s) did not meet their needs in some way

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Conclusion

The completion of the consultation allowed us to take into consideration the views of the residents before drafting the specification for the service. As such it allowed us to ensure the key areas that were highlighted were addressed accordingly.

One of the key areas highlighted was the importance of preventative measures. This was an area that we were including in the specification and with over half of the responses for the questionnaire stating that prevention is key, this strengthened our opinion that this part of the specification was highly important.

Some of the feedback included allowing young people access to the same services as adults allow them to prevent them developing risky lifestyle choices which would continue into adulthood.

Another area which needed to be addressed was service promotion. Many people who took part in the consultation did not know there was a service available, or found it difficult to find information on the service. Over a third of the people who responded to the consultation were not aware there were any lifestyle services in their area. Marketing and improved communication are included in the specification. This includes linking with national campaigns and the development of localised responses with specific targeting of high risk groups.

Accessibility and location was another important area that needed to be highlighted. This was important to most of the people that fed back, they wanted to ensure that the service would be close to public transport. Respondents indicated that services need to respond to the needs of individuals and particularly those at greater risk. Provision needs to work to remove any barriers to access.

Healthy eating was another important area that the public wanted addressing. This area is something that is often in the news and being overweight has a negative effect on your overall health. The preventative approach should help to decrease the numbers of overweight people but introducing Healthy eating advice is a good way of helping to bring the plethora of knowledge which is available into a succinct easily accessible way. This needs to clearly adopt an approach that moves away from traditional language encouraging people to eat well.

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Being active was an extremely important area identified in the consultation. As with eating well this should include a move away from traditional messages and approaches to promote other opportunities to increase physical activity, encouraging other forms of exercise for example gardening, dancing and walking groups.

Alongside this is a clear indication that services need to have a role in tackling isolation motivating individuals to access local activities and developing volunteer opportunities. This will help to create additional capacity, improve quality, inform decision making, provide sustainability and make sure the service is responsive to needs.

The consultation also indicates that the service must ensure that service users, family members and carers have full involvement in decisions which affect their life, including the choice of a particular form of support treatment or care.

In order to facilitate this it is important that the service will engage service users, family members, carers and frontline staff in the development, review and delivery of

services. This should include engagement with local prevention groups and non-governmental organisations to ensure user representation and facilitate service development and effective health promotion.

It is clear that there is a strong belief that the service should support self managed care the aim being to move individuals from reliance on face to face support to self-help channels through challenging limiting beliefs and improving client's sense of self-efficacy. Self-efficacy can be described as one's belief in one's ability to succeed in specific situations. One's sense of self-efficacy can play a major role in how one approaches goals, tasks, and challenges. The feedback indicates that this can support individual's to become much more resilient in dealing with the day to day stresses and challenges.

The consultation feedback also indicates that a core aspect of the service needs to be a single point of access involving a holistic assessment of individuals to identify needs and set personal goals.

We hope that the specification of the service reflects the views of the population. The aim of this service is:

'To improve the health and wellbeing of our local population and reduce health inequalities, enabling residents to live more fulfilling, independent and healthy lives. We will do this by working with communities and residents to improve opportunities for all to have a healthy, safe and fulfilling life.'

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