

## Health Improvement Consultation

### 1. Introduction

Be Well is Tameside's current wellbeing service, supporting people in Tameside to improve their health and prevent illness. Be Well currently offers:

- A wellbeing service covering stopping smoking, weight management, diet, sleep and stress management;
- NHS Health Checks in the community;
- Encouraging and helping people to live their lives in a healthy way through Public Health campaigns;
- Training other professionals so that they can give health improvement advice;
- Work with settings to help improve oral health in children and older adults.

### 2. Service delivery

Be Well has continued to work with Tameside residents throughout the COVID-19 pandemic, and has been working in different ways to make sure people have access to the service while staying safe. This has meant that face-to-face services have been replaced with telephone and virtual appointments for some periods.

The Health Improvement contract is due to end next year. Services will be recommissioned and there is a need to ensure there is a focus on the right things for Tameside. In November 2020, the Health Improvement Service was one of a number of services identified by the council's spending review for savings. For the Health Improvement service this is a budget reduction of £185,800 per year.

### 3. Future of service

We are planning to have three new services: Oral Health (which will remain largely the same), Smoking Cessation and Community Wellness, which will focus on healthy weight and community NHS Health Checks. These services will also help people to find support from other services for things like sleep and stress, to avoid duplication and to make sure people get to the right place for help.

The new services will have some similarities and some differences compared to Be Well.

#### 3.1. Smoking Cessation Service:

- Ensure that everybody in Tameside who wants to stop smoking gets help from a specialist, high-quality service.
- People who are most in need of help are able to reach it.
- Increase different ways of seeing people, including telephone appointments and other virtual ways of providing support, as well as keeping some face to face appointments where needed
- Likely that the new service won't be able to do as much community engagement for stopping smoking.

#### 3.2. Community Wellness Service:

- Performs NHS health checks in the community; helps local residents to have a healthy diet and healthy weight.

- This new service is likely to look very different to the current offer. Planning to work with the service and with local people to develop a high-quality offer for the residents of Tameside.
- To make the biggest difference to as many people as possible, planning to offer fewer one-to-one services for healthy eating and healthy weight. New service will work closely with communities, organisations and small groups of people to encourage healthy behaviours in the whole community.
- The new service will work with new and existing local groups and communities to encourage and support healthy eating across Tameside.
- Ensure that this service is something that everyone can benefit from and use, but that it works especially with those communities in greatest need, working with local residents to help them make positive changes in their lives.

## 4. Consultation

A consultation process was conducted to seek views on what the new service should look like to ensure that the new proposal would fit with the needs of the public. The consultation ran for a period of 12 weeks from 18<sup>th</sup> February, 2021 to 13<sup>th</sup> May 2021. The content of the survey is included in Appendix 1.

An online survey was created and promoted widely through as many channels as possible, including attendance at community groups to explain and publicise it. In addition to the online survey, 6 focus groups/workshops were held with 4 different community organisations with an aim to maximise opportunity to feedback. The results of these groups are summarised below in Section 5.

### 4.1. Demographics

Of the total respondents, 50% or fewer answered the questions on their demographics so this data may not be fully representative but gives some picture of the respondents:

- 74% were female, which is a higher proportion than the wider local population.
- 97% responded that their gender identity was the same as the gender they were assigned at birth, with no respondents openly identifying as transgender.
- Most respondents (85%) were aged 35-65, with the highest proportion (22%) being 50-54 years. There were no respondents over 80 or under 25 years.
- 88% identified as White British with the remaining 12% being from a variety of ethnic minority groups. The percentages were roughly representative of the ethnicity of the wider population in Tameside but it is worth noting that 57% did not report their ethnicity.
- Christianity was the most common religion/belief reported (58%), followed by 'no religion' (31%) and then Muslim (5%).
- 94% of respondents stated they were heterosexual, with almost all others preferring not to say and 2% identifying as LGBTQ+.
- Most respondents (59%) did not feel their day-to-day activities were limited by a long-term disability or health problem, with 22% feeling they were limited a little and 19% feeling they were limited a lot.
- 16% cared for another person(s) 1-19 hours a week with 10% caring for more hours and 75% not caring for anyone else.
- 3% were a member or ex-member of the armed forces.
- The highest proportion were married or in a civil partnership (50%), 19% single, 14% co-habiting, 10% divorced and 6% widowed.
- Almost no respondents (98%) were pregnant, on maternity leave or returning from leave.

# APPENDIX 1

- Only 7.7% smoked, vaped or took another form of tobacco, with most of these smoking cigarettes. Of that small number, 60% were actively trying to give up, with most using a service for support and another 20% having recently quit smoking.
- More detailed data on responses is available in Appendix 2.

## **4.2. How respondents used the service**

The consultation reported the following findings about the respondents:

- The vast majority (63%) of respondents completed the survey from their perspective as Tameside residents, with the second highest proportion being healthcare professionals (16%).
- Over half of the respondents had used or were using the Be Well service (52%) and 41% had used the service as a professional, either working for the service or referring into it.
- Of the 65% of respondents who answered the question about when they last used the service: 39% were currently using it; 14% had used it in the last 1-2 months; 29% had used it in the previous 3-18months and 18% had used it more than 18months previously.
- The vast majority who reported using the service had used the integrated Be Well service (82%), with 28% using the Health Checks service and a smaller proportion using other elements (selection of multiple services was permitted).
- More detailed data on responses is available in Appendix 2.

## **4.3. Free text responses**

Four questions in the consultation invited a free text response. The answers to these have been analysed and common themes collated.

Question 6 related to how the proposed changes to the smoking cessation service would affect the respondent or other users of the service. The majority of respondents did not answer this question (58%) and a further 13% said the question was not applicable to them. Of the remaining 29% who provided an answer, the following points were covered:

- There was concern that the proposals would deter or prevent people from seeking support to stop smoking or have a negative impact on their ability to quit.
- Concerns often related to a lack of one-to-one support or that the service would be more difficult to access, particularly for those who are not digitally enabled.
- Positive feedback related to the fact that the service was felt to have had a positive impact for many, with a number saying that they felt they would not have been successful in stopping smoking without the service.
- There were no respondents who indicated that they felt the service wasn't needed, all wanted the service to continue and a number felt that it should be part of the wider wellbeing service, not stand-alone.

Question 7 related to how the proposed changes to the community wellness service would affect the respondent or other users of the service. As with the previous question, the majority (59%) did not answer or said they did not know (4%). Of those that did respond, the following points were highlighted:

- There was general concern that the changes may make it more difficult to access support and/or that the service should be maintained.
- Many gave positive feedback about the service they had used and highlighted the value of it.
- A considerable proportion raised concerns specifically about the loss of one-to-one services or that a group session approach may not be appropriate for all, although few were positive about the group session approach in particular.

# APPENDIX 1

- A small number of people raised concerns about the location of clinics and digital exclusion.
- A small number of others felt there would be no impact from the proposed changes.
- Having a joined up approach to services rather than keeping them separate was raised by some.

Question 8 asked for any further points for consideration regarding the health improvement service. The majority of respondents (65%) left this section blank. Of those that did respond the key themes included:

- Concerns that the service should continue to offer one-to-one support and that group sessions would not be appropriate for all.
- There was feedback that the service has a positive impact, particularly through its integrated approach to wellbeing.
- There were concerns that the service might become less accessible and suggestions to work more closely with the community and improve communications/publicity in order to prevent this. Some respondents highlighted a need to target communities at higher risk or experiencing inequalities.
- A few mentioned it was good that the service had continued to deliver support during the pandemic but also suggested the service may be more important as a result of the impacts of the pandemic (short and long term).
- A number supported the service focusing on prevention and enabling people to improve or maintain their own health, including providing education on certain long-term conditions and healthy lifestyles.

The final question asked for any other feedback. As with the other free text answers, a large proportion (70%) chose to leave this blank. The comments that were made offered much along the same themes as the previous questions:

- There was positive feedback about the service and people's experience of it.
- Many said they did not think the service should change and should be given equivalent or increased funding in order to continue and/or expand. There was concern from some that a reduction in funding would lead to greater expenditure elsewhere through lost opportunities for intervention and health improvement.
- Others recognised that if changes needed to be made, this seemed to be an acceptable compromise with the caveats covered by the above responses, such as keeping an element of one-to-one support, ensuring continued access, keeping an integrated approach to wellbeing and not excluding those who were not digitally or financially enabled.
- There were a number of comments that mentioned the service branding and reputation and that this should not be lost as it has taken time to build up and develop.

## **5. Focus groups, workshops and other feedback**

### **5.1. Groups consulted**

As part of the consultation process, a series of focus groups and workshops were also completed to gather further feedback. The following groups were consulted:

- Community Champions
- Public Engagement Network
- Integrated Care and Wellbeing Overview and Scrutiny Panel
- Independent Advisory Group

### **5.2. Summary of group feedback**

# APPENDIX 1

Similar themes were elicited from the groups as was via the survey. The main points covered were:

- A desire to maintain one-to-one support but also recognition of the value of group sessions, as long as both options remain available.
- Maintaining and continuing to develop a community-based service, integrating with other providers, including the voluntary sector and building on community cohesion and existing assets.
- Making the most of existing connections and reputation that has been established but consider enhanced publicity so that more people are aware of the service.
- Providing training and education on healthy lifestyles, particularly to families.
- Outreach into communities was considered important, particularly following the pandemic restrictions.
- Keep messages positive and motivational.
- Access should be a consideration, including time/days of sessions for working age population, targeting groups that experience inequalities, and a recognition that telephone/digital options are welcomed by many but not suitable for all.
- Focus on prevention rather than intervention to turn around, for example working with young people and educational settings.
- Consider co-production with the public to develop the service and different ways to engage communities.

### **5.3. Additional feedback from Be Well service**

The current provider also gave feedback from the results of an internal staff consultation, based on the public consultation questions. The session was split by way of the service being discussed.

On the smoking cessation service, a summary of the feedback was as follows:

- Similar positive and negative feelings about the move to a primarily digital service, recognising the benefits of improved access for some and potential for greater work-life balance but also the drawbacks, not just to those who are less digitally enabled but also to the cohesion and motivation of the staff.
- There were considerations for the future of the service, including how adaptations could be made in the future to offer a mixed service (digital and face-to-face), ongoing promotion, how administrative functions would work and whether service users could be triaged in advance of appointments.
- There was also recognition of the need to re-assess balance in the service around awareness raising, smoking cessation and harm reduction, incorporating an acknowledgement that as smoking rates reduce, quit rates may be harder to achieve because remaining smokers may be less willing and able to do so.

On the community wellness / weight management service the following feedback was captured:

- As with other aspects of the consultation, there was acknowledgement that group sessions and digital access were positive for many but that individual and face-to-face sessions were still required for others.
- There was a feeling that splitting the service into more focused separate areas rather than a broader wellness offer could offer a more targeted support that would be beneficial to some, whereas others would gain more from the wider programme and a more targeted approach would have a negative impact. There was also concern that this could make the service more confusing, both for users and referrers.
- There was a concern that training and skills could be lost as a result of changes to the service and could make the service more expensive to run.

# APPENDIX 1

- There was also a worry that community engagement and promotion could be lost/reduced and this would be detrimental to the service.

## 6. Summary of key themes

The consultation covered a wide range of respondents through a number of different methods. Throughout all aspects of the consultation the following themes were recurring:

- A need to maintain both a digital and face-to-face offer, as well as group and individual sessions to make the service more accessible to all. This included ensuring access to groups that experience inequalities.
- A general feeling that the integrated, broader wellness offer was beneficial and that whilst a more targeted offer had some benefits, it would be a shame to lose the former entirely.
- Community outreach and engagement and working with partners was considered a key benefit of the service and should not be lost.
- There was a great deal of positive feedback about the way the current service was run and people were grateful for the input they had received. A number of people stated that they would not have lost weight or managed to quit smoking if they had not had access to the service.
- Training and education sessions were felt to be important and there was a recognition that there should be at least an element of the service focusing on prevention.
- There was a general feeling that the service was well recognised and respected by the community and other professionals, but that work would need to be done to maintain relationships and promote the service more widely.



# APPENDIX 1

## Appendix 1

### Consultation survey content:

- 1. What is your main interest in completing this survey? (Please tick one box only)**
  - I am a Tameside resident
  - I represent a community of voluntary group
  - I am a Tameside Council or Tameside & Glossop CCG employee
  - I am a health professional/other frontline professional using Be Well for my patients/service users
  - I represent a business/private organisation
  - I represent a partner organisation
  - Other (please specify)
  
- 2. Are you currently, or have you in the past, used Tameside's Be Well health improvement service? (Please tick one box only)**
  - Yes (Please go to Q4)
  - No (Please go to Q3)
  
- 3. Are you currently, or have you in the past used Tameside's Be Well health improvement service as a professional, either working for/with the service or referring service users to them? (Please tick one box only)**
  - Yes
  - No
  
- 4. When did you last use the Be Well health improvement service? (Please tick one box only)**
  - I am a current user of the service
  - I used this service within the last 1-2 months
  - I used this service within the last 3-6 months
  - I used this service within the last 7-12 months
  - I used this service within the last 13-18 months
  - I used this service more than 18 months ago
  
- 5. Which aspects of the Be Well health improvement service did you use? (Please select all that apply)**
  - Health checks in the community
  - The integrated Be Well service covering stopping smoking, weight management, diet, sleep and stress management
  - Community engagement
  - Health improvement campaigns
  - Workforce development and training on how to give health improvement advice

# APPENDIX 1

- 6. Please explain in the box below how the proposed changes to the Smoking Cessation Service may impact you or other users of the service?**

[Free text answer]

- 7. Please explain in the box below how the proposed changes to the Community Wellness service may impact your or other users of the service?**

[Free text answer]

- 8. Thinking about the proposed changes to the service, is there anything else you think we need to consider regarding the Be Well health improvement service? Please write your thoughts in the box below.**

[Free text answer]

- 9. Please state in the box below any other views and comments you have on the proposed changes to the Be Well health improvement service.**

[Free text answer]

## **ABOUT YOU**

We would like to ask some questions about you. This information will help the Council to improve its services. The information you provide will be kept entirely confidential, will be used for statistical and research purposes only and will be stored securely. If there are any questions you do not wish to answer, please move on to the next question.

- 10. Are you: (Please tick one box only)**

- Female
- Male
- Other (Please state below)
- Prefer not to say

- 11. Is your gender identity the same as the sex you were assigned at birth?**

- Yes
- No
- Prefer not to say

- 12. What is your age? (Please state)**

[Free text answer]

- 13. What is your postcode? (Please state)**

[Free text answer]



# APPENDIX 1

## 14. What is your ethnic group? (Please tick one box only)

### White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background (please specify)

### Mixed / Multiple Ethnic Groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / Multiple ethnic background (please specify)

### Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black / African / Caribbean background (please specify)
- Any other Black / African / Caribbean background (please specify)

### Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (please specify)

### Other ethnic group

- Arab
- Any other ethnic group (please specify)

## 15. What is your religion or belief? (Please tick one box only)

- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Jewish
- Sikh
- Hindu
- Muslim
- No religion
- Any other religion (please specify)

## 16. What is your sexual orientation? (Please tick one box only)

- Heterosexual / straight
- Gay or lesbian
- Bisexual
- Prefer not to say
- Prefer to self-describe
- Other sexual orientation (Please state below)

## APPENDIX 1

**17. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age. (Please tick one box only)**

- Yes, limited a lot
- Yes, limited a little
- No

**18. Do you look after, or give any help or support to family members, friends, neighbours or others because of either, long-term physical or mental ill-health / disability or problems due to old age? (Please tick one box only)**

- No
- Yes, 1-19 hours a week
- Yes, 20-49 hours a week
- Yes, 50 or more a week

**19. Are you a member or ex-member of the armed forces? (Please tick one box only)**

- Yes
- No
- Prefer not to say

**20. What is your marital status? (Please tick one box only)**

- Single
- Married
- Civil Partnership
- Divorced
- Widowed
- Prefer not to say

**21. Are you pregnant, on maternity leave or returning from maternity leave?**

- Yes
- No
- Prefer not to say

**22. If yes, are you:**

- Pregnant
- On maternity leave
- Returning from maternity leave

**23. Do you smoke/take any of the following? (Please tick all that apply)**

- Cigarettes
- E-cigarettes/vape
- Other forms of tobacco
- I do not smoke, vape or use tobacco in other ways

**24. Are you actively trying to/thinking about trying to quit? (Please tick one box only)**

- Yes – actively trying and using a specialist service
- Yes – actively trying on my own
- Yes – thinking about trying
- No
- Prefer not to say

# APPENDIX 1

Other (please specify)

# APPENDIX 1

## Appendix 2

Data from online survey multiple-choice answers. Free-text answer data (including age and postcode) has been redacted to keep the information anonymous.



140521 Health  
Improvement Consu