Patients in Control Programme

Hereford

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Contents

1. Background

1.1 Introduction

This case study summary outlines the views and opinions expressed by a group of local people from Hereford, brought together as part of the Patients in Control (PiC) programme. The programme has been implemented with the aim of putting patients and carers at the heart of planning and decision-making, with a particular focus on self-management. This group is one of nine convened across the Midlands and East of England as part of the programme.

1.2 Process overview

This document focuses on the content of the discussions with local people, and not on the process of convening the groups. Details of the process can be found in a separate document[1]. However, a summary of the process is as follows:

PiC project managers and representatives from Hereford CCG worked in partnership with other local community organisations and voluntary sector to identify the focus of the group as assisting in the development of a more integrated Obesity Pathway:

- Broader consultation with the Local Authority and Public Health teams in the area resulted in a decision to focus on the South Wye area of Hereford City due to its higher number of people with health inequalities.
- The group was recruited via adverts and information in GP surgeries, community pharmacists, community centres, leisure centres and the CCG website.
- A total of three sessions were conducted with the group at the Kindle Centre in Hereford.
- Each session lasted approximately 2 hours, with 3 – 5 participants attending overall (numbers varied slightly between each session).
- The sessions were facilitated by Julie Hunter and took place between 30th October and 18th December 2014.
- Representatives from Hereford CCG and South Wye Development Trust were present at all three sessions. The final session was also attended by representatives from the local Public Health team and the Cultural Services department at Herefordshire Council.

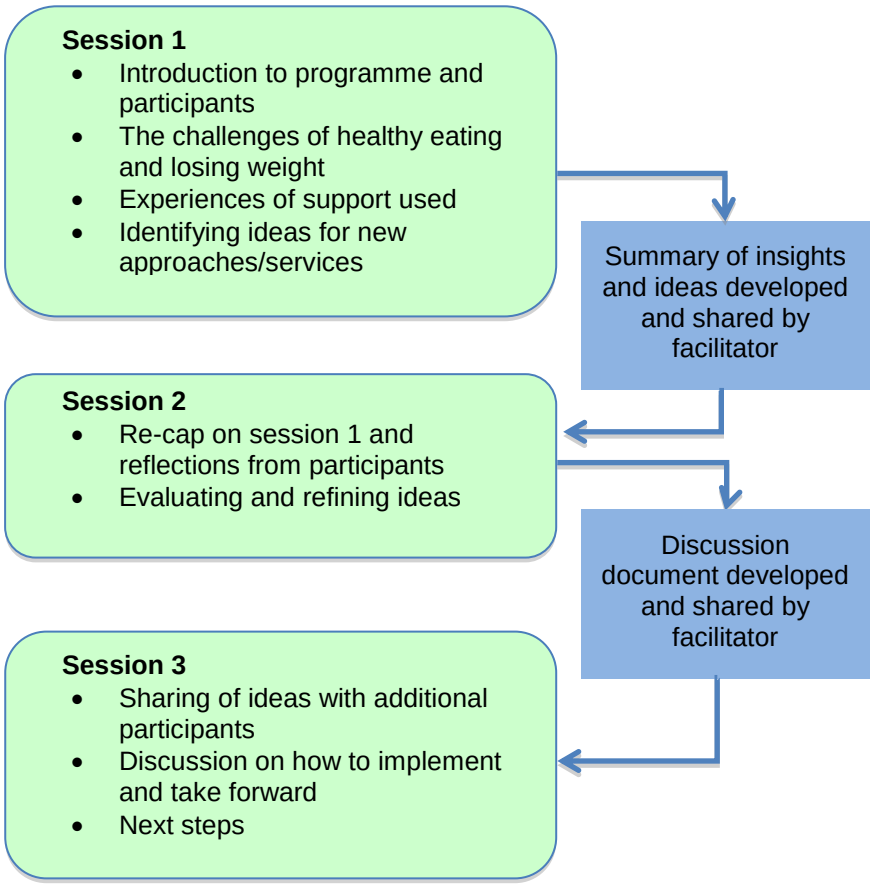
1.3 Group composition

The group consisted of 5 - 3 participants. The profile of participants was as follows:

- All were women
- Ages ranging from 40 to 80 (40 and 80 year old attended first session only) years: core age range 45 to 67
- All identified themselves as wanting to lose and/or control weight and develop a more healthy lifestyle for themselves/their families

1.4 Topic coverage

The discussion content in each session was as follows:



2. Detailed findings

2.1 Challenges and experiences

2.1.1 What is it like to try and lose weight and/or stay a healthy weight?

Participants agreed that losing weight is a considerable challenge. They described a lot of effort and challenging times when attempting to lose weight, due to a variety of factors. Furthermore, they felt that maintaining a healthy weight was even more challenging. Most described numerous occasions in the past when they had lost considerable amounts of weight, only to have put it back on again after a period of time.

> *"I don't need to know any more about calories or weight loss programmes, I just now need someone to help me sort it all once and for all."*

These negative experiences of attempting to lose weight, as well as a commonly recognised perception of doing so, were seen to have contributed to an overall negativity and cynicism about losing weight in the future or maintaining their new lower weight. Participants generally expected weight loss to be hard to achieve. They were also somewhat pessimistic about their chances of success, and the history of success and failure lead to an increasing lack of motivation and interest in current (mostly commercial) systems.

However, participants also stressed the very positive feelings associated with losing weight and reaching personal goals or targets. They were keen to find new and more effective means of maintaining a healthy eating and lifestyle regime, focusing on these positive associations and not the negative ones.

2.1.2 The main challenges and barriers to losing weight and/or staying a healthy weight

Participants described a number of challenges and barriers associated with losing weight and maintaining a healthy weight. These can be considered in three broad categories, as follows.

Attitudinal and psychological issues

Participants agreed that the ability or otherwise to successfully adopt a healthier lifestyle and therefore maintain a healthy weight was affected to a considerable

extent by their own psychological approach and attitudes. They explained that they broadly understood the need to make lifestyle changes and were aware of actions that they could take towards losing weight and increasing fitness. However, they also noted the considerable challenge associated with overcoming internal fears, concerns and habits.

The attitudinal barriers described were as follows:

- Difficulty getting motivated: At a basic level, it can be very challenging motivating oneself to make lifestyle changes and 'do what you know you should' with regards to loosing weight and staying healthy. This does not mean a lack of self-discipline or positive intention, but rather difficulty overcoming the perceived and actual barriers associated with doing so. Furthermore, if battling with other issues for example giving up smoking, role as a carer at home, it can be difficult to put oneself first, and/or prioritise the needs of self and others. People who have tried before and failed to maintain a healthy weight can find it particularly difficult to get motivated to try again. Some participants explained that it can be hard to accept or come to terms with exactly what might be causing weight gain or a lack of ability to loose weight. They accepted that sometimes they felt that they did not fully face up to the issues.
- Embarrassment or shyness: In particular in relation to group activities or attending exercise classes/the gym. People who have not been participating in such activities can feel exposed when starting for the first time. They may feel that everyone is looking at them (e.g. at the gym or swimming pool) because they do not have the same level of fitness, nor the same body shape as others. Finding a way to introduce people to new ways of living without the need for a 'big step' towards exercise or attending weight loss classes/clubs would therefore be beneficial, including taster sessions or buddy/2 for 1 entry opportunities.
- Lack of self-confidence: Linked to the issue of shyness is that of low self confidence. People may feel very unsure about their ability to partake in particular exercises or activities, especially if undertaken in groups.
- Difficulty breaking habits: In addition to the challenges of taking steps *towards* healthier lifestyle choices, participants also described the difficulty of moving away from less positive ones. Food choices are sometimes made for convenience, as a treat or as a form of coping with negative emotional states. Staying home or taking the bus/car when walking could have been an alternative

and can be done without really thinking. Participants felt that they could benefit from some kind of support (the exact format of which varied from person to person) to help break habits.

- Excuses – 'no time': many were able to make what appeared to be reasonable excuses about time or location of classes, or feeling they did not have enough time to travel to or attend sessions. Time management, and more likely help with identifying what are psychological barriers and what are their excuses, and how to overcome them would be welcomed.

As outlined above, past experiences and failure (yo-yoing) were also said to act as a disincentive to make changes or start attempting to lose weight. The sense that it will not be worth it in the end can be difficult to overcome.

Personal circumstances

As well as the fundamental psychological barriers which can make a shift towards a healthier lifestyle difficult, participants also described more practical issues associated with their own personal circumstances. As alluded to above, perhaps the most pertinent of these was the **time required** to adopt a more healthy approach to living. Cooking from scratch takes a little longer than buying less healthy convenience food; exercise can require time taken out of the day (e.g. to attend classes, go to the gym or access other forms of support). Again, participants acknowledged that the idea of going from a state of doing little or no exercise to a situation where they needed to find the time to attend classes and other activity can be challenging, and is not always sustainable. Therefore, a great choice of different options for exercise would be welcome.

Finances

For one person in our sample, lack of disposable income was an issue and this potentially restricted propensity to travel and ability to pay entrance fees. It is likely that disposable income and access to transport present challenges for many of Herefordshire's population, given the health inequalities and widely dispersed nature of the population living in both urban and rural communities.

Therefore offers, deals, subsidies, 2 for 1 entry, buy 10 sessions for 8 etc., may be usefully considered to enable widespread access to services.

Environmental and societal issues

Participants explained that the culture of over-eating and lack of exercise within the UK and their community was a notable factor in making healthier living more difficult to achieve. They described how food has become so easily available and relatively cheap, with nothing considered a luxury. They added that restaurants serve big portions and advertising encourages the purchase of high fat and sugar foods. They felt that these factors constituted a considerable pressure to consume (the wrong type of food) and the older participants felt that there had been fundamental changes in attitudes to healthy eating over the past few decades. In some way, this was believed to be manufacturer, retailer and fast food outlet led, but also responsibility was with parents who were increasingly indulgent with both themselves and their children. Consequently there was discussion of the need to educate younger generations to help control weight and live a healthier lifestyle than appeared to be the case based on observation of increasing numbers of larger children and teens in the area. This would indicate that a programme would not just be relevant to individuals, but also to families generally, and children in particular.

Other factors were noted in relation to the community and local environment. Some participants felt that there was a lack of suitable facilities locally for people to use in relation to taking regular exercise. They explained that cuts in local government spending had led to the closure of some facilities. While gyms exist, there are considered less suitable due to the type of clientele they attract (i.e. younger, fitter people), which feeds into the points related to shyness and embarrassment outlined above.

Furthermore, participants explained that gym memberships require a substantial financial investment and a commitment to a long term contract. They were not always sure that the gym would be suitable for their needs (potentially too advanced). Therefore, they were reluctant to sign up immediately and would prefer something that enabled a gradual build up towards fitness from getting moving, and which involved less of a financial commitment from the start. In addition a pay as you go, low ticket entry point would be relevant and motivating (however, this would also bring the potential to drop out as there was no contract or longer term monetary commitment, and hence possibly no longer term emotional investment).

Knowledge and understanding

It is important to note that the group did not really feel that they lacked knowledge and understanding about what types of food to eat or how to plan a healthy diet and lifestyle. This was said to be information that had been provided many times in the past, which they had either actively sought or passively assimilated. However, they did describe other areas where they felt they could benefit from more knowledge, and as a result, which had a negative impact on their ability to lose weight.

The topic of Body Mass Index (BMI) was raised. Participants were unsure as to the validity of these measurements. They had heard conflicting opinions and were not sure whether to base their weight loss progress on BMI or not. Some clear guidelines on current thinking re BMI and its appropriateness for different ages or frames would be welcomed. Even so, most felt that BMI generally rated many people as overweight or obese, and was not a true indicator of a healthy weight.

Participants also felt that they did not have a clear idea of what was available locally to support people trying to loose weight. They felt that more should be done to raise awareness of initiatives and services run by the local authority and/or CCG.

Linked to this, participants felt that they were not fully aware of the *types* of help that they could consider. They wanted to understand different approaches to loosing weight and staying healthy; approaches which met their need for more than just another fad diet or visit to a Slimming World club for example. They wanted access to support which would help them make changes to their lives in the long term. This may include thinking about alternative approaches to exercise (explored in the next section), and potentially be extended to help inform family towards taking up a healthy lifestyle.

The variations in circumstances

It is important to note that while the challenges and issues outlined above were acknowledged at a general level by participants, the way in which these challenges translate into specific needs varied considerably from participant to participant. This is perhaps the most important central point of this study: ***one size does not fit all*** in relation to weight loss and healthy lifestyles. People want to feel that there are a range of support options available to them to suit their personality, circumstances and preferences. And have the opportunity to swap their options to suit their own

changing circumstances, confidence and other factors. In this way, the commitment was to improve and learn and change but not just to one programme.

2.1.3 Usage and perceptions of existing support

The group discussed the type of support that is already available before moving on to debate exactly what is needed and how support could be developed to meet those needs.

The most commonly mentioned form of external support was use of commercial services such as Weightwatchers and Slimming World. Some participants had attended these sessions on numerous occasions, with varying degrees of success. They noted that they often lapsed and went back (developing something of a cycle of failure). Overall, participants agreed that these services did not provide the type of support they required to be successful in the long term. It was too easy to slip back into former bad habits, and/or develop new ones.

Overall awareness of the types of support available through the NHS or local authority was quite low. Participants felt that the support provided by the NHS and LA in the local area is *either* based around eating the right food/encouraging weight loss *or* around providing access to exercise. However, this does not address the real nature of needs (note that this is covered in more detail in next section).

One participant had been referred to a dietician **and** for counselling. Her experience with the dietician had not been good and in comparison, she explained that the session with the counsellor had been a very positive experience as it was all about understanding her as an individual: her motivations, habits and how to address these. It emerged that this experience was with a health trainer, but she referenced this as ‘counselling’. This experience had allowed her to open up and explore the underlying reasons and issues behind her eating habits and she also discussed earlier family eating issues and how food had been used as a reward at home when a child. Putting her issues into context and seeing her as a whole person taking her current situation and her past influencers into account, allowed a new and relevant route to be developed for her to follow. This holistic approach was thought to be beneficial by the group as a whole. However, those without experience of it were slightly apprehensive about the idea of talking to a stranger in such detail about their personal lives. Interestingly, the more she described her experiences and change of view and habits, the more impressed and interested the other participants were.

Word of mouth spreading the success of good experience and success appears to be potentially a strong potential influencer.

2.2 What are the needs of people seeking support?

This chapter outlines the overall and specific needs discussed by participants in relation to achieving better weight loss and healthy living outcomes. It sets out the principles that suitable and successful support should adhere to and why these are important. It also explores the degree to which existing support provision in the local area succeeds in meeting these needs.

2.2.1 The basic principles of appropriate support

From analysing the discussions across the three sessions, and from the direct needs and priorities of participants, it is possible to identify certain broad principles or over-arching requirements in relation to support aimed at helping them lose weight and maintain a healthy weight and lifestyle. These are summarised below:

- Choice and personalisation: Everyone is different. Participants described a range of preferences in terms of how they wanted to access support and the style of that support. They also expressed different views as to how best engage and encourage them to consider making changes or to participate in programmes. The range of specific preferences is outlined in more detail in subsequent sections.
- Long-term: There is a need for support to reflect the general requirement to make changes in the long-term, in a sustainable manner. People want to be able to access support which they can rely on for as long as is necessary *for them*. They rejected the idea of slimming clubs which lasted a finite period of time, after which members are left to their own devices and the very real prospect of lapsing back into bad habits. This includes providing support all year round (including Christmas, New Year and in preparation for holidays).
- Integrated: Participants explained that they wanted support to 'train the brain' towards making meaningful and long term lifestyle changes. They felt that this should ideally involve *both* assistance selecting and accessing forms of exercise, *and* support to help address eating habits and the motivations behind them.
- Non-judgemental and positive: Directly cited as a response to the problem of 'yo yo' dieting, participants want support which gives them control over this issue, and also is delivered in such a way as to not judge or brand them a failure.

Furthermore, they want to feel encouraged to keep trying, to celebrate success, and allow guilt free failure (as far as possible) and re-start.

- Trained and approachable providers: The type of people providing support was described as critical in determining the impact and success it is likely to have. People do not want to feel judged or 'looked down on'. There is a feeling that GPs may therefore not be suitable for this type of support. Rather, participants want access to people who understand the issues and have been trained in how best to offer advice; both emotional and practical. However, perhaps more importantly, they want access to people with approachable, helpful and understanding personalities. Some wish for hard nosed authoritarian instruction, some for a sympathetic and softer approach. It will be key to identify which is most likely to be effective, and set up the most appropriate support as a result of that analysis. Once again, ensuring that there is review to keep on track, and change approach if necessary when moving along on the journey to weight loss and healthy lifestyle. Flexibility and a tailor-making approach and scheme would appear to be beneficial to develop where possible.
- Affordable: Participants noted that commercial slimming clubs can be quite expensive. However, it was the cost and financial commitment required to join gyms that was considered the greater financial barrier in terms of accessing exercise. Participants did not want to commit to a year's worth of membership to a gym that they might not feel met their needs. Access to support for getting fit and gaining control of weight that does not exclude people on the grounds of finance was said to be important. However, it is important to note that some participants felt that services and groups which had a cost associated with them had a greater perceived value in the eyes of (potential) users. They felt that they were more likely to be used. Therefore, they were interested in how access could be subsidised or charging structures developed to assist those on lower incomes. They were also interested in local, more informal, and hopefully lower cost exercise opportunities. These included walking groups, small number classes including low impact exercise and Zumba (or whatever the current 'in' class was at the time)
- Enjoyable and relevant: It was noted that taking steps towards losing weight and getting fit is much easier if it involves participation in activities that people already enjoy, or that they can get 'something else' out of. Participants felt it important that services be made available that suits the personal preferences of individuals, rather than simply more slimming clubs. It was suggested that healthy eating

programmes could be developed with schools where students were taught relevant skills to buy/cook in an enjoyable environment.

- Easy to get started with*:* Related to the above, a key barrier to starting exercise was said to be the challenge of trying something new and the associated shyness, embarrassment and lack of self confidence that this brings. Participants felt that a model of good support should provide options for small initial steps towards getting regular exercise; getting moving initially, before progressing to more traditional exercise or sports activities. Elements of this could be provided in home, for example with classes followed by home use DVD, or internet directed exercise programmes to use at home (in small spaces).

2.2.2 Approaches to delivering support

As outlined above, the group displayed a lack of consistency in terms of the type of encouragement, support formats or routes to exercise that would motivate them. Participants described different preferences for the tone of, and approach to support. Some were likely to be motivated by a blunter, direct call to action, accompanied by relatively formal, structured forms of support. Others favoured a softer, less direct approach.

Blunt, harder approach

Some participants suggested that they needed to be actively instructed to take action on losing weight and getting fit. They felt that medics explaining the bare (possibly unpleasant) facts about the risks of being overweight and unfit would deliver a shock that would be motivating. They referenced health campaigns which have employed a blunt or even shocking approach (e.g. bowel cancer, heart disease). They felt that hard facts and figures about mortality and the impact on people and their families would have a strong impact.

> *"I don't want to see myself get like that."*

> *"You have to be there to look after your family."*

They wanted to see more referrals from doctors to weight loss and fitness support services. They favoured instructional approaches such as groups, lectures, workshops as well as one-to-one interventions such as personal lifestyle planning and monitoring of progress against goals. They felt that thought should be given to the development of support services which were both instructional and hard-hitting.

Even the institution was thought relevant, preferring this information to be delivered in a quasi or actual hospital or medical premises.

Softer approach

Some participants felt that they would not respond well to the harder-hitting tactics outlined above. They advocated a softer approach to the provision of support; something which provided lots of options and opportunities for people to 'self-serve' themselves relevant information, guidance and other forms of support.

To illustrate this approach, some talked about a 'drop-in centre' providing almost continual access to support and information; a one-stop-shop for all things related to weight loss and fitness. They envisaged this involving:

- Information about:
    - Medical aspects of weight loss
    - Exercise tips
    - Dieting and changing eating habits in the long term
    - Local success stories (lost weight, kept it off, featuring 'previous trousers')
    - Self and family

- An opportunity to check your own progress and other aspects of your physical wellbeing (e.g. Scales, BP check)

Participants agreed that such a service should not be located in, nor the direct responsibility of the GP. They felt that GPs were already over-burdened and that this type of support would be more appropriate in other accessible locations within the community. They suggested as possible locations the local supermarket or pharmacists, believing these to be accessible both emotionally and actually.

Format

Participants discussed different general approaches to receiving support or accessing services. Again, preferences varied. Some felt that a group approach was highly beneficial. They liked to feel part of something; members of a club or group going through similar things and sharing experiences and challenges.

However, others were concerned about joining groups and/or taking the first steps from doing nothing to participation. As a result, some felt that a personalised approach would be more appropriate overall. They discussed the option of access to personal trainers or others providing dietary advice, even if just for one or two sessions to access relevant, personal information. Participants also felt that the challenges associated with first-time group attendance could be addressed in other ways, including:

- An opportunity to meet other members before joining
- An opportunity to meet leaders/'hosts' before starting
- Access to information such as videos (online You Tube) of a particular place, the exercise going on and the people attending

It was also noted that support and guidance does not necessarily need to be delivered in person, or at tangible events, classes. Participants felt that some support (information, advice and encouragement) could be provided remotely. They discussed helplines and online resources.

The important message from participants regarding the basic principles and needs around weight loss and healthier living is the need for *choice*. As illustrated above, people are very different in their preferences; what works for one person will not work for another. They may also be at different stages of the weight loss/healthy eating/lifestyle process, and need help at different points along those journeys. Therefore, any new model of support will need to reflect this diversity and put individual choice at its core.

2.3 Specific ideas

This chapter outlines the range of ideas for support services developed during the sessions. It is important to understand that some of these ideas are already in place locally, or are in development. However, this summary serves to provide a comprehensive outline of what group participants discussed, and the varied merits of each.

2.3.1 Counselling

One-to-one or group support should be available to people to help them address the physiological challenges associated with trying to change lifestyle. Participants

agreed that access to the right kind of counselling is important. They wanted to see affordable counselling (ideally free to those who cannot afford it, initial free session/s, or subsidised). They also wanted to see a range of different options in terms of length of course. While a short course of sessions may be suitable for some people to 'get back on track', others may require more 'on-going' support. They wanted the option to come back as and when required.

Participants also felt that successful counselling required the right content and provider. In terms of content, they stressed the importance of assistance that it **actionable**; provides concrete advice for making changes, as opposed to more general psychological discussion. They also placed a great deal of importance on the quality of the counsellor and the 'attitude' of the service as a whole. It is important that the service is approachable and welcoming, and for some, not heavily medical and judgemental (at least in the early stages). Counsellors need to be highly qualified and used to working in the specific arena of weight loss in order to be sensitive to the needs of those using the service.

2.3.2 Buddying

A potential solution to the challenge of 'getting started' and taking first steps in exercise or weight loss was said to be access to some kind of buddy. Participants felt that access to a service of this type would help them feel connected and in touch, rather than alone. People who have direct experience themselves of weight loss and lifestyle change would be ideal as they are able to empathise.

Participants felt that buddies could serve as introducers to other services such as group support. They could also provide an initial point of contact to discuss concerns and ambitions. Some felt it important to be able to anonymously access buddies in the first instance to provide a greater degree of 'safety' to users who may feel most apprehensive or concerned.

2.3.3 Exercise Tutoring and Classes

Some participants would like access to personal exercise tutoring, or suitable forms of group exercise. They stressed the importance of classes or lessons that are friendly and welcoming. They were concerned that they not be exclusive nor aimed at/attended by very fit, healthy and advanced/ 'perfect' participants.

Some suggested that as well as such services being available, it is important that their inclusive and friendly nature be well communicated. They noted that many people will be suspicious about such services and will require some convincing to attend. Some suggested that provision of testimonials from previous participants may help overcome this. Others explained the importance of word of mouth. There may be an opportunity to drive this through social media (Facebook etc) or local community or Authority websites.

2.3.4 Alternative Approaches to Exercise

Building on the idea of ensuring exercise activities and classes are as welcoming and inclusive as others, participants discussed other more fundamental ways of encouraging people to start moving more. They suggested the development of a **new type of class** which has a very obviously **low entry point** and is advertised as such.

> *"The trouble is you have to be fit to do any of it."*
>
> *"It's daunting – and it puts you off going."*
>
> *"It's embarrassing if I can't keep up."*

Participants felt that this service could be designed to 'build up' over time, gradually progressing from very small, simple movements to more typical exercise activities as participants build confidence and ability.

Participants also expressed an interest in accessing **exercise from home**, rather than in public locations. There may be an option to provide online participation sessions or even locally produced DVDs with a focus on low level movement. In addition we suggest that this should include arm chair exercises which could be done with a carer or family member. Overall, any increase in activity was seen as positive step in terms of helping with general health and wellbeing and embedding good habits for the longer term

Some participants mentioned the option of offering dance classes as a form of exercise that is fun as well as healthy. They noted that dance classes already exist, but as with other forms of group exercise, barriers to participation were said to exist in relation to starting something new. Specifically, participants described concerns

about not knowing the moves/steps (and assuming everyone else does), feeling self-conscious and embarrassed and in some cases not having anyone to partner/go along with.

Certain specific approaches and suggestions for addressing some of these barriers were mentioned:

- Options to learn online before attending
- Classes specifically for single people
- Step-by-step tuition and clearly advertised 'absolute beginner's' sessions
- Frequent start dates for new entrants
- Taster sessions: a book of tickets to try two or three variations (shorter classes)
- The option to go to one session with 3 or 4 different types of exercise taught/demonstrated….then choose.

2.3.5 Healthy Lifestyle Trainer or Consultant

Perhaps the most universally accepted idea discussed was that of a personalised, integrated healthy lifestyle consultant. Participants discussed a range of different issues in relation to what a service of this type should 'look like'. At an overall level, they felt that access to a single point of contact who was able to assess an individual's needs and circumstances as well as explore what they want and how they want to go about achieving it would be extremely valuable.

Firstly, they felt it critical that such a role be **integrated**. They wanted to be provided with both dietary and food planning support as well as support related to getting moving more and working towards better overall fitness.

It was also judged to be important that they only told 'their initial story' once and then the programme could be developed and modified as their journey began. Identifying progress and changes would be important; perhaps even illustrating these visually would be relevant and motivating.

The personality and approach of trainers was said to be critical to their success. Reflecting the different needs outlined above, some people welcome a non-judgemental, softer approach, whereas others are motivated more by a 'dictatorial' or harder approach. Either way, participants agreed that the ability of a trainer to match their personal style to meet the user's own personality is critical. This issue could be

addressed through the provision of a range of approaches, or through a clear assessment of preferences at an initial session to 'set the mood' or even allocated specific trainers to match needs.

Participants felt that such a service would help address the range of pressures and challenges associated with making lifestyle changes. They wanted a service that adopted a holistic approach to the person's life: working on all aspects which contribute to difficulties maintaining a healthy weight (e.g. time pressures, emotional issues, temptations, habits). They felt that the ultimate goal of the trainer should be to facilitate a move towards taking personal control of one's own life.

In terms of access channels, the key requirement was said to be choice and flexibility. Some participants wanted face-to-face individual meetings, others felt that they would like access to a trainer via email/online and others by telephone. Ideally, users would like to have the choice to use all of these channels, as and when appropriate. However, all agreed that they would like to have access to this support on an on-going basis. They did not want to be 'cast off' after a period of x weeks if they were not 'ready. Some suggested that while access to a named individual indefinitely may be unrealistic, it may be feasible to enable access to a team of people going forward, should ad hoc support or guidance be required.

Participants felt that healthy lifestyle consultants could be accessed at a variety of locations including the GP surgery, hospital or other community locations such as community centres, shopping centres. They felt that while appointments would be useful and necessary in many cases, the ability to 'drop-in' would be very valuable and it would enable people to access support at times of greatest need, temptation or lack of motivation.

It is important to note that this approach is already up and running locally, and participants welcomed this. Suggestions for moving forward locally with a new approach to tackling weight loss and healthy living involved building on this existing resource and improving/expanding it for the future with the assistance of users/potential users.

2.3.6 Workshops

A type of group support suggested by participants was short, focused workshops, aimed at providing general lifestyle change advice. Participants felt that these could be based on delivering the same type and style of support as healthy lifestyle trainers, but in a more ad hoc manner. They may provide a more acceptable method to people who feel uncomfortable working one-to-one.

Participants suggested single day sessions including talks and demonstrations designed to inform and educate as well as encourage new ways of thinking. Some likened the approach to Speed Awareness courses offered to people caught breaking the speed limit in cars. They wanted small, relatively intimate groups, capable of facilitating discussion, support and debate if necessary.

As with other forms of support, the personality of the workshop leader was said to be the single most important factor for determining the success of the sessions. Participants stressed the importance of approachable, empathetic and friendly individuals. In addition, they should be well informed and well trained in communication and facilitation.

They offered examples of people in the public eye to illustrate the *type* of people they felt most appropriate. They mentioned Dr Mark Porter, Dr Chris Steele (daytime TV) and Fern Britton. These individuals combine a sense of authority and expertise with an open, non judgemental, approachable manner.

2.3.7 Online support community

Participants suggested that support and information could be provided remotely through an online community. They noted that such a service would be very accessible and provide a degree of anonymity for those who felt that they wanted it.

An online community could consist of bulletin boards and message forums for people to share their positive experiences, ask questions, or simply chat. They would like the opportunity to dip in and out and also to feel part of a group or community of people with similar goals.

It is important that any such service feels secure and safe. Users would want to ensure that the group was only open to legitimate members, and would expect to register, be issued with a password and log-in for use. They would also expect the

forums to be moderated independently to ensure they are not dominated or abused in any way.

2.3.8 Provision of inspiration and ideas

Although not a tightly specified service idea, participants felt strongly that a part of any integrated service provision should be a means of providing people with inspiration and ideas for making sustained lifestyle choice changes. This could be provided primarily by lifestyle consultants with back up via online channels or through literature.

Participants discussed a range of topics which they felt could and should be covered, and which they felt would be beneficial:

- Ideas about ways of living in general that will assist with getting moving or changing behaviour, resulting in weight loss. These could be wide-ranging, with the following specific examples cited in the sessions or generated by the moderator:

  Cleaning, walking, skip the car, countryside animal/plant spotting, rubbish clearing in local pond, rambling, nature trails, local history walks, sketching, community based planned activities

- Ideas and suggestions to encourage people to see the joy of exercise, as well as the potential benefit; ideally so value for time and or money can be more easily identified. Participants felt that people need to be encouraged and assisted to realise that exercise can be fun, rather than a chore. Some participants felt that this is a difficult concept to communicate without *demonstrating* or enabling people to see for themselves. Therefore, they felt that mechanisms to bring people closer to the reality of certain activities would be beneficial. They responded well to the suggestions to:

  Watch a class on the web?

  Do a class at home sometimes with live web broadcast?

- Ideas and support to enable better time management. A barrier to exercise is finding the time to participate. The provision of guidance on how to better create time or make time available would be a welcome means of addressing this in some cases.

- Ideas and suggestions about alternative forms of exercise and movement, as well as suggestions about how to build them into your life. Participants explained that some people need to be reminded that certain activities are valid forms of exercise, and that by building them into their lives, they are successfully taking steps towards a healthier life. This could include:

    Gardening
    Dancing
    Dog walking
    Cleaning and housework
    Trips and tours.

- Provision of education for young people. Participants felt strongly that the younger generations need to be made aware of the risks associated with a poor diet and lack of exercise. They suggested that a fully integrated programme to tackle the issue of obesity should acknowledge and address this issue. They felt that consideration should be given as to how best engage young people about:

    How to avoid forming bad diet habits
    How to cook: Potentially through family lessons, tutoring from older to younger generations and possibly the reintroduction of wider domestic science lessons in schools

- The risks and downsides of gaining weight. Some suggested the use of computer imagery to demonstrate to young people what they will look like in the future if they follow a particular diet and/or lifestyle.

2.4 Developing a service model

Over the course of the sessions, discussions evolved towards a starting point for building a new model for supporting people seeking to lose weight, maintain a healthy weight and make positive lifestyle changes. The first draft of the model involved development of some core principles and building blocks.

The overarching goal of the approach can be described as a shift away from an existing service offering that is:

- Disjointed
- Inflexible
- Episodic…

…towards a future service offering that is:

- Integrated
- Personalised
- Sustainable.

Figure 1 below provides a starting point for core principles on which the model could be built:

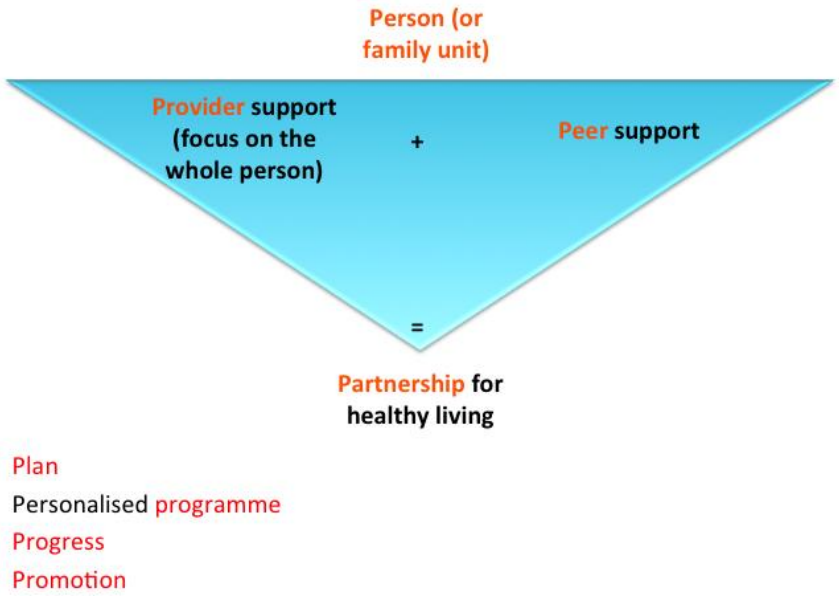


Figure 1: Potential model for delivering weight loss and healthy living support

The principles of choice and personalisation were said to be crucial. Participants agreed that putting the person (and importantly their family and/or household) at the centre of the model was vital. They wanted to see any support focused on the 'whole person' and their personal circumstances. They also agreed that working towards a healthier way of living through a combination of provider and peer led support was a positive approach to adopt.

The additional 'Ps' in the model; underlying principles of planning, personalisation, progress and promotion were said to usefully summarise other aspects of support delivery which should ideally be adhered to. Some participants felt that an additional P focused on price and affordability should also be included to reflect the importance of making support accessible for all.

A personal healthy lifestyle training could sit at the heart of any model, providing guidance and signposting towards a menu of options and types of delivery. This is illustrated in figure 2 below.

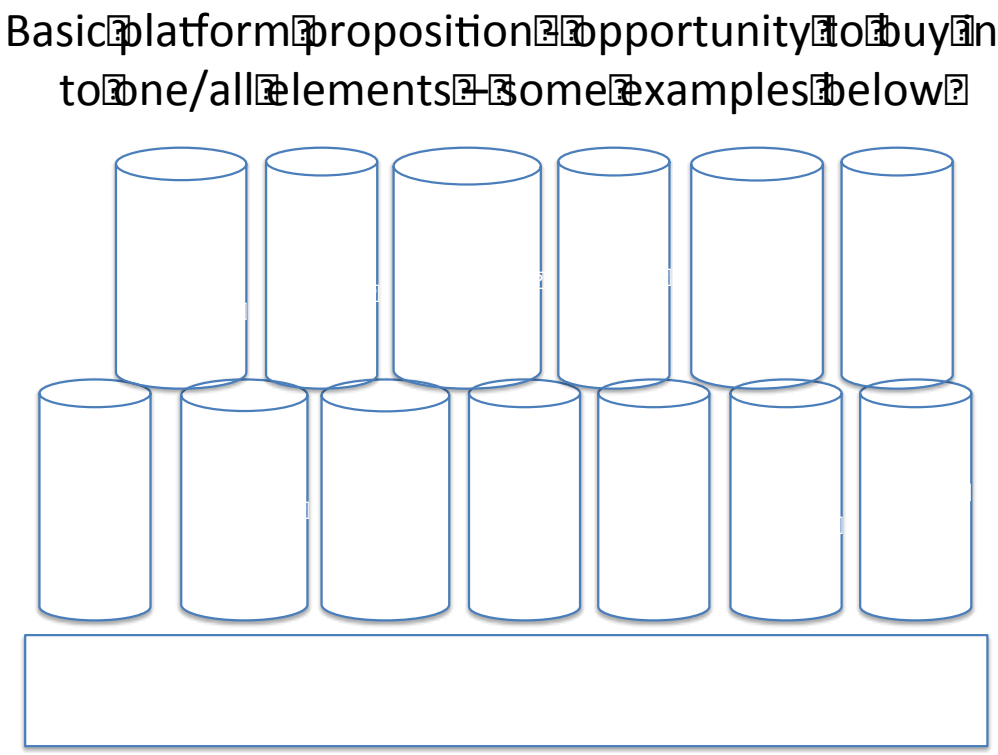


Figure 2: A menu of options

Interpreting the figure above suggests that participants would be directed and encouraged to personalise the programme according to their own psychological, practical and actual needs. For many, this journey would begin with counselling to establish what needs are, and then direction given to the elements of the programme which are agreed to be most likely to be taken up, enjoyed, and attended. We also suggest that there are reviews to ensure the type of plan is appropriate and being adhered to; for example, is there now a need for more authoritarian direction? Should the exercise type selected be changed? Is there a need to shock rather than empathise?

3. Moving forward locally

At the end of the final group session, participants and representatives from the local CCGs and partner organisations agreed in principle to continue engagement and interaction at a local level. They felt that the discussions outlined in this document provided a strong starting point for future consultation on specific initiatives and plans.

There was a good match between the needs generated by the participants and some services already available in the area. There clearly is a need to build on these and tailor those services to better meet needs and wants. Healthy Lifestyle trainers appear to be the best potential service to develop into a broader service, with broader awareness and accessibility, and building the desired flexibility of approach and delivery into a programme. Encouragingly it was felt that the current programme already offers what participants valued including personalised, integrated, on-going and holistic elements. There is now a clear need to build on these in terms of tone and content, and ensure a range of ages, attitudes and needs is potentially met.

Whether this is via more workshops, a drop in centre, incentives to take part in exercise (e.g. reduced fees, introduction, hard or soft emotional approach), online support, widening the range of what is understood to be exercise and increasing opportunity to attend, or other additional services, it appears that there is a great potential for a relevant and motivating scheme to be developed.

Colleagues were very supportive of, and interested in, the initiatives discussed and generated by the public sessions. They hoped to continue working with participants and identified the co design methodology as a sustainable way of tackling problems across the health and social system.

Furthermore, they were interested in community development and recognised tackling obesity would need them to reach out to and work with local communities as (bad) health behaviours are entrenched across generations. Thus it would be useful to explore how communities can be activated.

Overall, working in partnership using the insight gathered form the sessions, it was felt that there was the opportunity to develop and test a personalised, integrated service offering, exploiting bid invitations for new pots of money including:

- Sport UK – Get healthy, Get Active

- Whole systems approach to tackling obesity monies (PHE and LGA)
- Planning health weight environments (PHE, Town and Country Planning Assoc).

Recommendations

We suggest there would be merit in further discussion and testing of the key themes of the emerging service model with specific target groups such as young people. The work has provided detailed insight and feedback about what matters to people in maintaining a healthy weight and lifestyle and this may usefully inform and shape future obesity pathway development. The diversity of views and experiences of expressed by participants reinforced the widely differing needs and preferences for support highlighting the importance of personalization and maximization of choice and control for individuals. However, it is important to remember that number of participants is relatively small not reflecting a rich demographic diversity and therefore some caution is needed in generalising the learning to a broader population.

We suggest that the programme is amalgamated and presented as a single named entity which participants can 'belong to' both practically and emotionally. It would benefit from being named so participants can feel part of something, and talk about it, which in turn can generate further 'belonging' and publicity, and ideally, continued participation.

We suggest further consideration should be given to where the programme is accessed. As mentioned, some required a 'hard' medical environment, others a softer more approachable location. We suggest that ideally both ends of the access point spectrum would be included (and probably some points in between). In addition to this, publicity will be key, and it is suggested that this is both formal medical through to less formal and even more fun communication.

Finally, we suggest further consideration of the question of charges. We identified a need and for some this is instead of a paid for commercial service such as Weight Watchers, but for others it will be a new experience and they may have a different attitude to charges and propensity to pay at all. Hence it is difficult to identify relevant price points, but we believe some will pay if they believe in it, and feel it is worth time and money investment. Some of this will be about communication of the 'product' and its benefits, leading to a belief that this will be good value for money.