

Questionnaire

We would be grateful if you could take the time to complete this short questionnaire to give us your views on the proposal for integrated Health Improvement Services

Please respond by 14 December 2015

**1. Are you responding to this consultation as:
(You may tick more than one)**

- A member of the public
- As a user of current services - past or present
- In a professional capacity
- On behalf of an organisation

If you are responding in professional capacity, please explain your interest:

If you are responding as part of an organisation, please tell us its name:

Maidstone Borough Council

2. To what extent do you agree or disagree with the proposed Health Improvement Service model?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Please tell us why?

The proposed model supports a consistent point of access for people to get the support they need and treats the person rather than a single issue.

However, emphasis must be given to health improvement being a multi-agency and interdisciplinary function and needs systemic nurturing from individuals at community level right through to commissioners and providers. The rationale of health improvement must always be that for those living with disadvantage, preventing illness does not significantly improve their life chances. However, where multiple disadvantages are faced, it is essential to address the wider determinants of health to improve and sustain health and wellbeing.

The wider determinants must be taken into account when assessing a client's readiness to make healthy changes. Someone who is without employment or secure housing may not see losing weight or giving up smoking as their immediate priority until these issues are resolved. A social prescribing model could be used to sign post people to appropriate services.

3. How important are the following ideas for the model?

(Please rate the options below: 5 = Most important 1 = Least important)

- 5 Integrated** - Healthy lifestyle support across a range of issues will be made easier to access by bringing it together under one roof.
- 4 Targeted** - Healthy lifestyle support will be open to everyone but targeted at those with the greatest need.
- 1 Motivational** - Service prioritises motivating people and supporting them to become healthier.
- 3 Promote independence** - Helping people to develop the skills to lead healthier lifestyles and become less reliant on services.
- 2 Flexible and tailored** - Able to meet changing local needs and priorities.

Please tell us why?

Integrated partnership working is essential but clients should not feel overwhelmed by numerous approaches to improve their behaviours.

The model needs to capitalise on health improvement opportunities (promotional, care pathways and resources) with other partners, such as the voluntary and community sector, private sector, statutory agencies, social care and a range of other local government functions.

This can be achieved by promoting the benefits of training local partner workforces in health improvement and behaviour change approaches, which

will help create, for the service user, a more accessible and flexible health improvement service.

The service should target particular communities, shifting the societal norms and behaviour of the whole community empowering them to make changes. This approach is more likely to reduce health inequalities over group or individual approaches.

3 Should health improvement services be... (Please select one option only)

- Open to everyone on a first-come-first served basis
- By referral only
- Allocated based on need, so that those with the highest levels of need get treated first
- Other (Please specify)

Please tell us why?

If allocated based on need, there is an opportunity for health improvement to be included, wherever possible, on health, wellbeing and care pathways which will have the highest impact, as well as developing comprehensive health improvement pathways that clarify the benefits and outcomes for local populations.

Data provided through the Kent Troubled Families programme could ensure a focus on health improvement spend based on evidential need. Health improvement could then provide therapeutic and lifestyle interventions on a 'total family' basis, where, for example, parent substance misuse and/or mental health problems are impacting negatively on the health, wellbeing and development of an unborn infant or a young child.

4 How important are the following ways of working with people to help them become healthier?

(Please rate the options below: 5 = Most important 1 = Least important)

- 5** Face to face
- 4** By telephone
- 3** Online information
- 2** Video or virtual contact
- Social media
- 1** SMS / Text message
- Other (Please specify)

Please tell us why?

Ensuring good face-to-face interactions supports trustworthy and effective communication between staff and patients and between services.

Involve local people, at whatever level of competency, will be seen as part of the solution to local health needs rather than as a problem to be managed.

5 How suitable the following venues for delivering face to face health improvement services?

(Please rate the options below: 5 = Most important 1 = Least important)

- 4 In a dedicated building (e.g. healthy living centre, antenatal clinics)
- 3 A GP surgery
- 5 A pharmacy
- 2 In an existing community space (e.g. Library or Gateway, Churches, Mosques)
- 1 Other (Please specify) Homes, Community Groups (neighbourhood projects, Healthy Walks), Children and Young People's venues (e.g. Children's Centres) and Workplaces and large local employers (e.g. Jobcentre Plus).

Please tell us why?

By delivering face to face health improvement services through community venues and 'high footfall areas' for identified, target communities will enable both community involvement and asset building and local people to take control of their own health needs.

6 How could Public Health encourage more people to access Health Improvement Service?

Health improvement benefits must be framed within the wider determinants of health and health improvement outcomes understood to contribute to better outcomes in housing, employment, the environment and other key areas. Primary prevention is key not just secondary (weight loss programmes & smoking cessation). Programmes/initiatives should target shifting the social norm of communities not just limited to targeting the behaviour change of individuals or groups.

Consideration needs to be given to how to create places that support wellbeing, questioning what the different elements of place making are and the management of place that encourage access to health improvement and help

sustain great places for healthy people. Targeted community approaches are needed shifting the norms within that community empowering them so healthy behaviours become ingrained meaning secondary prevention programmes are required less.

Health improvement services need to acknowledge that people are a key resource in affecting positive changes, therefore their involvement in the design of local services, place making etc. supports change and better access to health and wellbeing services.

The marketing of these services needs to be strong and consistent. However the impact of expensive and time intensive campaigns needs to be assessed before initiating – would the money be more effectively spent on projects or infrastructure.

7 Do you have any other comments on the proposal?

Getting things right first time will always be the cheapest way of doing anything and has lasting value. Therefore, communities must own any changes, rather than being passive recipients. Any proposed changes to local health improvement need to be co-produced with the communities in which they are taking place.

As part of any Health Improvement work, community asset mapping should be undertaken to identify the structures and resources that communities and local organisations have that can be built upon to develop a strong, lasting programme of health improvement. Such information is not just of use to commissioners for health improvement, but of significant value to all commissioners looking at specific populations, such as GPs wishing to improve their practice population's health. Assets can include skills, knowledge, services, physical assets and environments, economic and cultural assets.

Robust, easy to use referral and reporting mechanisms need to be in place prior to the commencement of the service (e.g. an effective database). This should ensure there is a more integrated and user friendly referral pathway where clients can be mapped throughout their journey. This will also mean reporting; data and feedback will be of a higher quality and ultimately will be used to improve the service.

The proposed service seems to focus on individual interventions. Group interventions should also be considered as a valuable part of the new service and can be a key way in which individuals make changes. Some people do not need that 1-1 support and flourish in a group environment.

Evidence based programmes focusing on behaviour and societal change should be used which have been successful elsewhere (not just Kent) and can be scaled up and tailored to the individual and deliverer. Often Health Improvement initiatives have sought to just educate, however for example the majority of people know smoking is bad for their health and exercise is good for their health, so behaviour change techniques should be key in any intervention.

8 Please tell us your postcode

ME15 6JQ

About You

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we're asking you these questions.

We won't share the information you give us with anyone else. We'll use it only to help us make decisions, and improve our services.

If you would rather not answer any of these questions, you don't have to.

RESPONDING ON BEHALF OF MAIDSTONE BOROUGH COUNCIL

Q.10 Are you.....? Please select **one** box.

- Male Female I prefer not to say

Q.11 Which of these age groups applies to you? Please select one box.

- 0 - 15 25-34 50-59 65-74 85 + over
 16-24 35-49 60-64 75-84 I prefer not to say

Q.12 To which of these ethnic groups do you feel you belong? (Source: 2011 census)

Please select **one** box.

- | | |
|--|---|
| <input type="checkbox"/> White English | <input type="checkbox"/> Asian or Asian British Indian |
| <input type="checkbox"/> White Scottish | <input type="checkbox"/> Asian or Asian British Pakistani |
| <input type="checkbox"/> White Welsh | <input type="checkbox"/> Asian or Asian British Bangladeshi |
| <input type="checkbox"/> White Northern Irish | <input type="checkbox"/> Asian or Asian British other* |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Black or Black British Caribbean |
| <input type="checkbox"/> White Gypsy/Roma | <input type="checkbox"/> Black or Black British African |
| <input type="checkbox"/> White Irish Traveller | <input type="checkbox"/> Black or Black British other* |
| <input type="checkbox"/> White other* | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Mixed White and Black Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed White and Black African | <input type="checkbox"/> I prefer not to say |
| <input type="checkbox"/> Mixed White and Asian | |
| <input type="checkbox"/> Mixed other* | |
| <input type="checkbox"/> Other ethnic group* | |

*If your ethnic group is not specified in the list, please describe it here:

The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed.

Q.13 Do you consider yourself to be disabled as set out in the Equality Act 2010?

Please select one box.

- Yes No I prefer not to say

Q.14 If you answered Yes to Q13, please tell us the type of impairment that applies to you.

You may have more than one type of impairment, so please select all that apply. If none of these applies to you, please select Other, and give brief details of the impairment you have.

- Physical impairment.
 Sensory impairment (hearing, sight or both).
 Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy.
 Mental health condition.
 Learning disability.
 I prefer not to say.
 Other*

*If **Other**, please specify:

Q.15 Do you regard yourself as belonging to any particular religion or belief?

Please select one box.

- Yes No I prefer not to say

Q.16 If you answered Yes to Q15, which one applies to you? Please select one box.

- Christian Hindu Muslim Any other religion, please specify:
 Buddhist Jewish Sikh

Q.17 Are you...? Please select one box.

- Heterosexual/Straight Gay woman/Lesbian Other
 Bi/Bisexual Gay man I prefer not to say

Thank you for completing this questionnaire