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Evaluation of Physical Activity Referral Services within the CVD Prevention Pathway

NHS Nottingham City

FINAL REPORT
September 2012

Measurement ◆ Evaluation ◆ Learning

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1) Project details and acknowledgements

Title	Evaluation of Physical Activity Referral Services within the CVD Prevention Pathway
Client	NHS Nottingham City
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Client reference	
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2) Executive Summary

Overall, the evaluation of Healthy Change, Active for Life and Be Fit has shown that clients using the services have had positive experiences which have helped them make and maintain changes to their lifestyles.

Healthy Change

- Health Trainers have been able to successfully adapt techniques, originally developed for face-to-face consultations, to coach clients over the telephone.
- Healthy Change has recently moved from a 'case-load' to 'work-list' way of working, to try to reduce delays in referral times, and the effect of this on achieving outcomes for clients should be carefully monitored.
- Healthy Change uses the LanguageLine translation service to communicate with those who speak English as a second language.
- Clients with learning disabilities form the largest proportion of clients with disabilities, and a trial, adapting the consultations to better suit these clients' needs, is currently underway in the St. Ann's area of Nottingham.
- GP practices understand the Pathway and usually refer clients through a routine health check; they would like more feedback on the progress of their patients once they have been referred.
- Active for Life and Be Fit staff feel the referral forms from Healthy Change could be improved, to give more information about the clients..
- Clients were very positive about their experience with Healthy Change and valued the support that the Health Trainers gave them.

Active for Life

- Clients felt positively about the Active for Life staff, the location of the classes and the range of activities and support on offer.
- The Active for Life programme has changed over time; recently, significant changes have been made to the induction sessions, the education sessions and the exercise programme that clients have to follow.

- A range of activities are scheduled to ensure they are accessible to different groups within the community.
- Client feedback could be sought more systematically throughout the programme to inform service developments.
- All staff are trained in motivational interviewing, and a range of behaviour change techniques are used, primarily in a group setting, to help participants increase their levels of physical activity.

Be Fit

- Clients gave positive feedback about the Be Fit staff and aspects of the scheme such as the location of the centres, the range and times of activities.
- A number of changes have been made to the scheme over time, including the option of attending one-to-one sessions, and a range of community outreach activities.
- A range of activities are offered, and are scheduled to increase accessibility of the scheme to different groups within the community.
- Client feedback specifically on Be Fit is not systematically sought at the moment; this should be sought and the findings analysed across all three Be Fit sites.
- Most clients found out about the scheme through word-of-mouth.
- Most clients attended the leisure centre twice a week or more.
- Drop-out rates for Be Fit are consistent with those for the fitness industry as a whole.

Key learning points and recommendations relating to each service are highlighted at the end of each evaluation question.

Staff at all three services continue to make changes to their own service to improve the experience and outcomes for clients. It is important that monitoring processes are put in place now so that the effect of these new practices can be evaluated over the coming 12 months.

This evaluation of the services was not able to reflect the views and experiences of those who dropped out of the services in any great detail, to understand their barriers to participation. Therefore, we recommend that this group are the focus of a separate evaluation exercise in the future, to inform future development of each service.

3) Introduction

Background

NHS Nottingham City has developed a Cardiovascular Disease (CVD) Prevention Programme which aims to reduce cardiovascular disease amongst high risk groups within the city of Nottingham. These high risk groups include those aged over 40, those living in CVD priority areas, men, those from BME groups, and Incapacity Benefit Claimants.

Changes to the client pathway and services within the CVD Prevention Programme were introduced in April 2011. NHS Nottingham City is conducting an evaluation programme of the services which make up the CVD Prevention Pathway, to inform the commissioning and delivery of these services. As part of this broader evaluation programme, M·E·L Research were commissioned to undertake a process evaluation of the Healthy Change, Active For Life and Be Fit services. Further information on these services and the CVD Prevention Pathway as a whole can be found in Appendix A.

The evaluation questions were as follows:

Healthy Change

P6	How did health trainers utilise behaviour change techniques over the telephone?
P7	How did the service engage with clients who do not have English as a first language or who have a disability that means that a telephone service may not be the most effective form of communication?
P10	What was the perception of GP practices of the service?
P11	What were the views of other commissioned CVD prevention services of Healthy Change?
P12	What was the experience of service users about using Healthy Change?

Active for Life (Physical Activity on Referral Service)

P1	Which aspects of the scheme did participants like and why?
P2	How did the pathway and service scheme develop and change over time?
P3	What types of activities and support were provided and how did these improve accessibility to the scheme?
P4	How was client feedback used to shape service delivery?
P5	How were staff skills in exercise referral and motivational interviewing techniques developed and maintained?
P6	How were behaviour change techniques used to help participants increase physical activity?

Be Fit

P1	Which aspects of the scheme did participants like and why?
P2	How did the client pathway and service model develop and change over time?
P3	What types of activities and support were provided and how did these improve accessibility to the scheme?
P4	How was client feedback used to shape service delivery?
P5	How did clients find out about the scheme?
P6	What marketing was used by the provider and what was successful?
P7	Did participants attend at least 4 times a month and how was this enforced?
P8	What were the attributes and motivations of participants that continued or did not continue in the scheme?

Methodology and Sampling

The evaluation was conducted by engaging with a variety of stakeholders, primarily through qualitative research techniques:

- Service users (clients) were invited to take part in a telephone survey and subsequent focus groups
- Frontline staff of each of the services took part in a focus group
- Managerial staff took part in depth interviews
- An online questionnaire was sent out to GP practices.

We adopted an iterative learning approach in our design and implementation of each stage of the evaluation, recognising that each of these groups' views and experiences are interdependent. Findings from our evaluation of clients' experiences and views of GP surgeries were used to influence the content and structure of the research with the frontline staff from each service. In turn, we used findings from the focus groups with frontline staff to inform the structure and content of the in-depth interviews with managerial staff at each service. This approach has enabled us to generate new and

different learnings, than if we were to have conducted each evaluation exercise in isolation.

In the course of the evaluation, we have consistently overlayed our knowledge of behaviour change theory, and Section 5 of this report summarises how the findings of the evaluation can be contextualized within current behaviour change theory.

Clients' telephone survey

The purpose of the telephone survey was to get a broad understanding of clients' views and experiences of the services they had used, and enable us to identify key themes which could be explored subsequently in focus groups with service users.

A 15 minute telephone survey with clients of each of the three services (Healthy Change, Active for life and Be Fit) took place in March and April 2012. Each service invited their clients to sign up to take part in the survey, and clients from each service were randomly selected and interviewed over the telephone by M·E·L Research's social researchers. Our aim was to achieve 50 responses for each service; accounting for use of multiple services by the same individual, 140 interviews were conducted in total. This sampling approach was adopted to ensure that we complied with NHS data protection protocols; the drawback of this approach is that the members of the public who were involved in the research were heavily biased towards those who had had a positive experience and who had completed the programme or scheme. In the case of Be Fit and Active for Life clients, those who took part in the evaluation were all current clients, as they were invited to sign up when they attended their exercise classes, therefore we were not able to canvass the views of former Active for Life or Be Fit customers in a significant way.

Clients' focus groups

Having identified key themes with regard to clients' views and experiences of the three services, focus groups were used to explore these themes in greater depth. In April 2012, three 2-hour focus groups took place with clients of all three services. Several people in each focus group had accessed more than one of the services. Participants were selected from the telephone survey respondents. We aimed to recruit an equal number of participants from each of the three services, and over sample participants

towards the priority groups for the CVD Prevention Pathway; men, aged over 40, from ethnic minorities.

Online questionnaire for GP Practices

In March 2012, all practice managers of GP practices in Nottingham were sent an email inviting them to take part in an online survey. The questionnaire was developed in conjunction with the Health Improvement team at NHS Nottingham City, and aimed to assess their understanding of Healthy Change, how often they referred patients to the service, and give them an opportunity to provide feedback on the effectiveness of the services. Two follow-up invitation emails were sent after the initial email to improve the response rate, but in total we only received 12 survey responses.

Focus groups with frontline staff

In June 2012, focus groups with frontline staff from each service took place; these lasted 1.5 hours each. We held 3 focus groups, one for each service. There were 5 participants from Healthy Change, 9 from Be Fit and 7 from Active for Life. All participants were staff working for one of the three services who had direct contact with the clients. The aim of the focus groups was to get the perspective of staff who have daily contact with clients, on the specific evaluation questions relating to the service they work for; we also explored themes from the telephone survey and focus groups with clients.

Interviews with managerial staff

In July and August 2012, in-depth interviews were conducted. For Healthy Change and Active For Life, these took place as either face-to-face or telephone interviews on a one-to-one basis. A group interview was conducted with three members of the Active for Life managerial staff. The aim of these in-depth interviews was to specifically discuss evaluation questions relating to the strategic direction of each service, as well as building on the insight generated through the evaluation exercises already conducted with clients and frontline staff.

Further details regarding the sampling for each evaluation exercise can be found in Appendix B.

4) Findings

This section takes each service in turn and addresses, in detail, the process evaluation questions relating to each service. A table giving an overview of these questions can be found in the Background section, on pages 4 and 5 of this report.

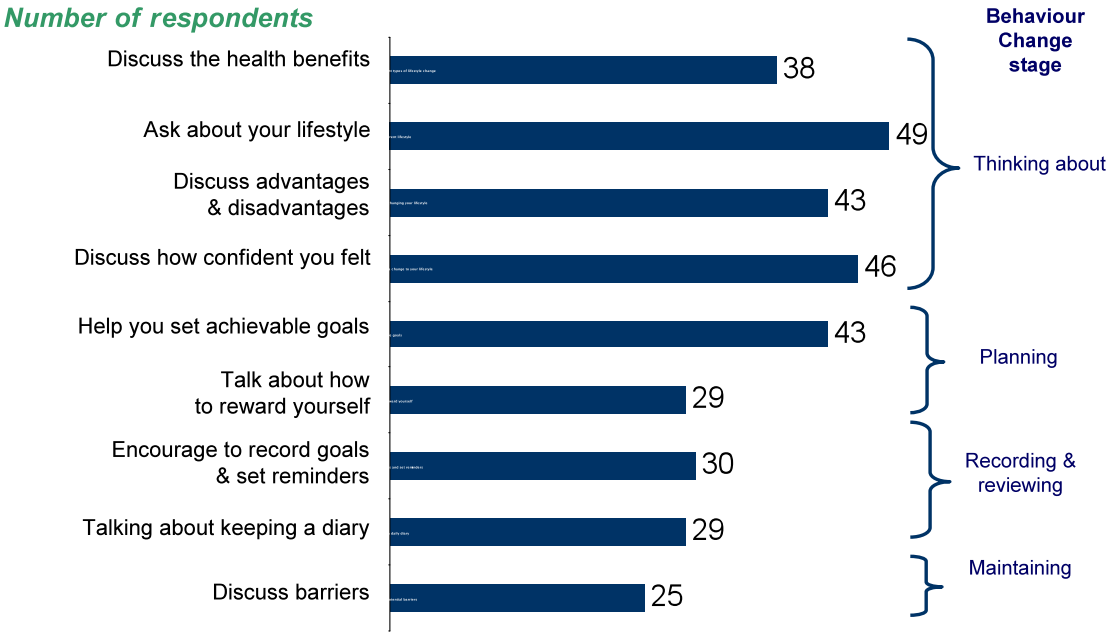
HEALTHY CHANGE

P6 How did health trainers utilise behaviour change techniques over the telephone?

Key Findings

As part of the telephone survey, Healthy Change clients were asked which behaviour change techniques health trainers had used with them over the telephone, as shown in Figure 1 below. The techniques are those described in the Department of Health's *Health Trainer Handbook* (2008).

Figure 1



Base: 50 respondents, Healthy Change clients

Respondents were more likely to remember health trainers talking to them about issues which relate to the 'Thinking about' and 'Planning' behaviour change stages, than the 'Recording and Reviewing' or 'Maintaining' stages. In the focus group, Healthy Change

staff offered a number of possible explanations for this; one member of staff felt that it reflected the differences in clients' states of mind.

"Some clients know what they want and you're just going through the motions. Others are umm-ing and ahh-ing and you're on the phone for ages…they need more direction"

Healthy Change health trainer, focus group participant

Another member of frontline staff mentioned that the techniques which received the highest levels of recall were those which the health trainers were specifically prompted to cover by the computer system, and required to fill in before moving to the next part of the consultation form on the computer. One of the Healthy Change managers felt that the lower recall of discussing barriers with a health trainer might be due to clients' reluctance to focus on what they perceive as negative aspects of the call, reasons why they have not achieved in the past, as opposed to looking to the future.

"They [health trainers] ask the difficult questions; sometimes they're [the clients are] not very forthcoming with their answers"

Healthy Change manager

The same manager also highlighted the fact that where health trainers identify clients with significant barriers to change, they will refer them on to the mental health support services.

"Sometimes the people [the clients] have deeper issues and they need longer than an hour…They [the health trainers] are trained to just extract the information that will enable them to help the clients".

Healthy Change manager

Monitoring Progress

Health trainers in the staff focus group mentioned that previously, when they were seen in the community, clients were given a folder of information and tools to help them track their progress, such as a food diary. When the Healthy Change scheme started in 2011, it did not provide these additional visual aids, due to budget restrictions and Department of Health restrictions on how to spend public funds. However, facilitated by development money from the East Midlands Health Trainer Fund, in February 2012, they introduced a welcome pack which contains tools to help clients track their progress, including items

like a pedometer. As well as a well-done letter once they complete the programme, clients receive a wall planner, to help them set future goals and achievements. The wall planner has been introduced as a continuation device for people to use once they've left the service "to set them up for the next stage [of behaviour change]" (Healthy Change manager). It is too soon to assess the impact of these aids on clients' progress and their ability to maintain changes to their lifestyle.

One health trainer said that the main technique she had adapted from when she worked in the community, was empathising and sympathising with the clients, being more conscious of the way that she deals with people who have not achieved their goals.

"you have to be more careful about the way you tell people they haven't achieved so they don't take offence…we were able to observe the effort they put in when we were in the community…so we could reinforce that as an achievement."

Healthy Change health trainer, focus group participant

One of the focus group participants commented specifically on the way her Health Trainer was able to motivate her even if she had not achieved her goals that week:

"if you've had a lapse they say 'you keep going, you'll do better next week' "

female, white, retired, aged over 40

Focus group participants all appreciated the regular contact they had with the Health Trainers, and found it motivated them to continue with the changes they were making to their lifestyle.

"They kept on calling back to see how I was getting on, which was great."

female, white, with learning difficulties, aged over 40

Building Rapport

Healthy Change clients, in both the telephone survey and focus groups, felt very positively about the rapport they had built up with their health trainer over the telephone; their views are described in more detail under Question P12, on page 23 of this report.

Several of the frontline staff expressed the view that the telephone creates physical and emotional distance between the health trainer and the client, with the result that conversation is not as natural as it would be face-to-face, making it more difficult to build up a rapport.

"You used to physically go swimming with them or to the exercise class, but now you have to take it on trust… When you're face-to-face, you can build more of a relationship, and you can physically see the change, in that they look better, or they've lost weight."

Healthy Change health trainer, focus group participant

In response to this issue, one of the Healthy Change managers agreed that the clients need to feel that they are having a personalized consultation and that there is rapport and empathy with their situation, but that this could be achieved fairly quickly; she referenced the 'empathy interview check' which the main NHS Direct service uses as an effective and efficient way of establishing this important rapport with clients.

Healthy Change managers explained that the community health trainers who had moved across to Healthy Change were given extra training in the different ways they would need to interact with clients over the telephone, compared to when they were operating on a face-to-face basis in the community, and that their skills were now more robust and there was less inconsistency in their approach to clients. Techniques include getting clients to repeat things to show that they have understood, or repeating things yourself in different ways to make sure that you are understood and to reinforce the point in the client's mind, "recognizing that if there's a lot of hesitation, there might be something going on in the gaps".

"You don't want to make it a call-centre conversation, but you must have boundaries to it, otherwise it becomes an everyday conversation rather than a purposeful conversation."

Healthy Change manager

Healthy Change have recently adapted their operational way of working. They have moved away from a community health trainer model where a client was assigned one health trainer for the duration of their involvement with the programme, to a 'work list' model, where health trainers don't have their own client lists, but work with whichever clients are at the stage the health trainer is assigned to that day; for example first consultation call. This change was introduced in July 2012 to try to reduce waiting times for clients, and meet the target of contacting each client within 5 days of referral by the GP. Several Healthy Change clients who participated in the focus group specifically mentioned that they liked speaking to the same person for each consultation call; however several people also expressed dissatisfaction with the time it took for Healthy Change to get in contact with them. Healthy Change managers expressed a range of views on this issue; that you need to strike a balance between the same health trainer and the best techniques, and that health trainers can learn from each other by being exposed to other people's ways of dealing with clients. Clients can become dependent on one health trainer, something which is also common in the community. Healthy Change managers emphasised that their aim is to empower the client, not make them dependent on their health trainer or the service itself.

Addressing Isolation

Loneliness and isolation were identified by the health trainers we spoke to as key issues for many of their clients. The health trainers feel that it is more difficult to help people with these issues over the telephone; when they were meeting people in the community, their clients had to get out into the community in order to come and meet them and they were able to accompany them to classes.

"Face-to-face clients had to change their routine and get out into the community"

Healthy Change health trainer, focus group participant

"In the community, you're encouraging them, they feel like they're letting you down if they don't go. The phone is anonymous and they don't think they're letting anyone down."

Healthy Change health trainer, focus group participant

One of the Healthy Change managers said that the health trainers specifically try to get a deeper understanding of what people do with their time. If they feel that a client is isolated, they will discuss things they can do at home to help themselves get out more into the community. Sometimes they might agree with the client that one of their goals within their Personal Health Plan should be to call Self Help Nottingham, an organisation working with isolated individuals.

In the focus groups, several Healthy Change clients expressed the view that without being referred to, and supported by, Healthy Change, they would have been unlikely to begin to change their lifestyle.

"If I hadn't got the phone call, I wouldn't have bothered"

male, white, unemployed, aged over 40

"If the nurse hadn't referred me I would still be sitting at home piling the weight on"

female, white, unemployed, aged over 40

Local Knowledge

An aspect of the health trainer role which has translated well to the telephone consultation method is the local knowledge that the health trainers have. One of the Healthy Change managers highlighted the fact that many of the health trainers live in the communities which are priority areas for the CVD Prevention Pathway, and they understand the background of people who are accessing the service. This means they are able to point them to local services and activities which can support them in achieving their lifestyle changes. The Healthy Change management team are conscious of the important role this local knowledge plays in supporting clients; new members of staff who are based in Dudley have been provided with an interactive map of Nottingham that they can use while on calls with clients. This enables them to effectively signpost clients to their nearest services and activities, and there has been a concerted effort to transfer local knowledge about Nottingham to this remote-working team.

Key Learning Points and Recommendations

Key Learning Points

- Health trainers use a range of techniques, adapted from the Department of Health's Health Trainer handbook, in their telephone consultations with clients
- Key techniques which have been particularly adapted for telephone consultations include the ways that health trainers monitor clients' progress, build rapport with clients, address issues of isolation and use their local knowledge to help clients.

Recommendations

- Health trainers should continue to relate to clients as individuals, and continue to use the techniques they have developed to motivate clients and build up rapport with clients.
- Healthy Change should map out the behaviour change journey, and success rates, of those for whom isolation was identified as a key issue.
- Healthy Change should monitor the impact of the new 'work list' working practices, designed to reduce waiting times, on the behaviour change journeys and success rates of clients.
- Healthy Change could consider implementing the 'Empathy Interview Check' used by NHS Direct to enhance the effectiveness of their rapport-building with clients.
- Healthy Change should monitor the impact of additional tools such as the wall planner and pedometer, in helping clients achieve and maintain their lifestyle changes.
- If the service evolves to take on more remote workers, Healthy Change should monitor the effect this has on their ability to provide local knowledge and insight and whether this impacts on success rates or client experience of Healthy Change.

P7 How did the service engage with clients who do not have English as a first language or who have a disability that means that a telephone service may not be the most effective form of communication?

Health trainers refer to the GPs notes on the referral form, and assess on a case-by-case basis, whether they need to meet an individual face-to-face or whether they can access the service via the telephone. When the service started, NHS Nottingham City estimated that approximately 20% of referrals may need to be seen face-to-face; in actual fact, Health Change managers have found it is a much lower proportion. On Health trainer in the focus group estimated that only 1% of referrals were coached face-to-face. Only 2 out of 50 telephone survey respondents had seen a Health Trainer face-to-face.

Face-to-face consultations usually take place at the GP surgery or a community centre. A health trainer is able to switch a client from telephone to face-to-face consultations if they feel that the telephone consultations are not working effectively.

Not all health trainers see clients in the community; the Healthy Change managerial team has identified two health trainers who are particularly skilled, and those who need face-to-face consultations are referred to these particular members of staff.

Clients with English as a second language

In the Nottingham City community-based Health trainer programme, in which some of the Healthy Change staff worked, when meeting clients face-to-face, health trainers who spoke languages other than English used to speak to clients, in that language, where appropriate.

Now, telephone consultations for Healthy Change clients who want to speak a language other than English, are conducted through the use of the LanguageLine service. This is a professional, accredited, live translation service, which is used by all health trainers as and when required. Calls are conducted as three-way conference calls; the health trainer asks questions in English, the client responds in their desired language, which is audible to the health trainer, and the LanguageLine translator translates their response

into English for the health trainer. The health trainers estimated that LanguageLine was used on 4-5 calls a month, across the service as a whole. No telephone survey respondents or focus group participants had used the LanguageLine service.

Healthy Change mangers feel that LanguageLine is an effective and efficient way to interact with clients for whom English is a second language; it enables them to maintain consistency in the consultations as the calls are recorded and can be analysed for quality control purposes in the same way as normal consultations. Managerial staff have looked into employing health trainers to speak to clients directly in their desired language. However, this is not possible due to ethical and organizational policy issues; for example, staff must be able to listen back to calls in English, to be able to monitor call quality, and investigate any complaints. Sometimes, as an alternative to LanguageLine, health trainers will speak to a client's children, who will translate for their parent.

Some of the health trainers expressed the view that the use of LanguageLine was a barrier to effective communication and building a rapport with clients. Some reported being unsure that the translator was relaying the nuances of the response that the client had given. Some managerial staff agreed that it was difficult sometimes to assess whether the interpreter was interpreting what the health trainer was saying in the right way, but that the responses they received back from the client themselves confirmed that their meaning had been understood. One manager observed that the language barrier did not prevent a health trainer from actively listening to the tone of how a client is engaging with you on a call, and adapting their approach accordingly.

Clients with disabilities

Staff confirmed that the Healthy Change service had been accessed by individuals with a range of disabilities:

- For deaf clients, health trainers use TypeTalk to interact over the phone, or meet them face-to-face. One of the health trainers, who conducts face-to-face consultations, is able to use sign language to communicate with clients who are deaf.
- Printed materials are available in Braille for blind clients.
- Consultations for clients with mobility issues are usually undertaken over the telephone, unless there are other factors to consider.

- Clients with speech difficulties are usually seen face-to-face as it can be frustrating for health trainers to conduct consultations over the telephone.
- Clients with learning disabilities formed the largest proportion of clients with disabilities, and consultations with this group were often conducted face-to-face.

Health trainers will usually arrange 2 hour face-to-face appointments for those with learning disabilities. One Healthy Change manager observed that they have a more variable success rate than other clients, due to their specific circumstances; she felt that reinforcing and celebrating each small achievement was important in motivating these clients.

Trial approach for clients with learning disabilities

Healthy Change managers recently met with the Learning Disability Team and are trialing a tailored approach in the St Anne's area of Nottingham, to make the service more inclusive for people with learning disabilities. Healthy Change offer face-to-face consultations and break what is usually one initial session down into several sessions, and offer group sessions if appropriate. The support material they give to those with learning disabilities is more visual. As part of this new approach, the health trainers are receiving specific training to deal with the needs of these clients such as Conflict Resolution and Challenging Conversations.

Key Learning Points and Recommendations

Key Learning Points

- A very low proportion of Healthy Change clients require face-to-face consultations.
- Face-to-face consultations are undertaken by two specific health trainers, who also undertake telephone consultations.
- For clients who speak English as a second language, the LanguageLine translation service is used.
- Clients with learning disabilities form the greatest proportion of clients with disabilities who access Healthy Change, and they often receive face-to-face consultations.
- A trial approach with clients with learning disabilities is currently ongoing in the St. Ann's area of Nottingham.

Recommendations

- Healthy Change could seek feedback from clients who speak English as a second language and who have accessed the service through LanguageLine, to understand their experiences of the service in more depth.
- Healthy Change should evaluate the success of the trial with clients with learning disabilities in St Ann's and implement it in more locations if appropriate.

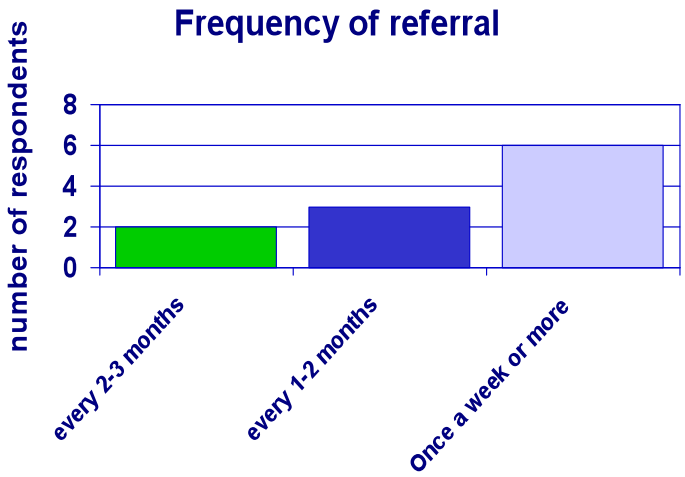
P10 What was the perception of GP practices of the service?

Key Findings

The views of GP practices about Healthy Change were sought via an online survey; we received 12 responses. All respondents to the survey said that they had heard of Healthy Change and that they understand what Healthy Change, and the CVD Prevention services are. All but one respondent said they understood what the services aimed to achieve and that the communication about this had been effective. With regard to their use of the service, GP practices reported that patients were most likely to be referred opportunistically through a routine appointment or through a CVD LES/Health Check, and it was felt that the service does support these patients.

Most practices reported that they were referring patients to Healthy Change once a week or more.

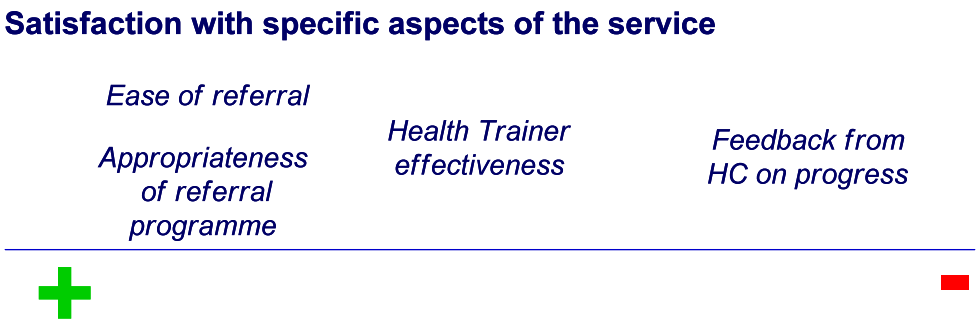
Figure 2



Base: GP Practices who responded to the online survey

All but one respondent was satisfied or very satisfied with the Healthy Change service; respondents rated Healthy Change as better or the same as the previous referral pathway in terms of the time it takes to refer someone, the procedure itself and its effectiveness in influencing behaviour. Figure 3 below shows how different aspects of Healthy Change were rated.

Figure 3



Base: 12 GP practices who responded to online survey

The adaptation of the service for those with disabilities has been noted earlier in this document (question P7). This adaptation was highlighted by one GP who wrote "Many thanks for adapting the process for a chap with autism".

Key Learning Points and Recommendations

Key Learning Points

- The responses we received were mainly positive about the service.
- Most GP practices requested greater feedback on the progress of their patients.

Recommendations

- Healthy Change should review and revise the process for providing GPs with feedback on the progress of their patients.
- Further qualitative feedback could be sought from GPs to supplement the small number of survey responses received.

P11 What were the views of other commissioned CVD prevention services of Healthy Change?

Key Findings

Frontline and managerial staff, working as part of the Active for Life and Be Fit schemes, were asked for their views on Healthy Change. The staff at both services felt that the referral process had been difficult at first but was now improving.

The key issues which were raised were:

- Delays in referrals
- Lack of information on referral forms
- Lack of understanding about the different services

Delays in referrals

Active for Life staff feel that the delays in Healthy Change referral procedures adversely affect the success rate for referred clients as opposed to self-referred clients. Active for Life staff reported that c.55% of their drop-offs happen in week 0-1; they feel that a client's motivation levels may have declined by the time they are contacted by Active for Life, making it more likely that they will not even attend their first scheduled session. Active for Life staff also observed that participants often like to combine attending Slimming World with participating in the Active for Life programme, to address both the weight-loss and physical activity changes they want to make to their lifestyles; but this is hampered by the delay in them being registered with Active for Life.

Lack of information on referral forms

Staff from both services feel that the referral forms do not give enough information about the clients to enable them to make their first contact with them as positive an experience as it should be. Active for Life staff reported that the client was sometimes obliged to repeat information which they had already given to Healthy Change, and that coupled with the delays in referral, this gave a negative impression to the clients. Be Fit staff said that the only information they were given about referrals was a phone number and a date and time to call. This meant that they were calling without knowing who to ask to speak

to, or even the gender of the person being referred, which made the first call more difficult that it need be.

"If a child answers the phone, you don't even know whether to ask to speak to mummy or daddy…"

Be Fit staff focus group participant

Lack of understanding about the different services

Active for Life staff do not feel that the GP or Healthy Change staff explain Active for Life properly, and that as a result, clients come with differing expectations of the service. Several Be Fit staff, specifically those working at Harvey Hadden and Portland leisure centres, feel that they do not know enough about Healthy Change and how Be Fit fits into the Pathway.

Key Learning Points and Recommendations

Key Learning Points

- Active for Life staff feel that delays in referring clients from Healthy Change on to Active for Life contribute to their drop out rate
- Staff at Active for Life and Be Fit feel there are further improvements which could be made, to make the process better for clients.

Recommendations

- The effect of Healthy Change's new 'work-list' way of working on referral delays should be monitored.
- Referral forms should be reviewed and amended in light of feedback from Active for Life and Be Fit.
- Healthy Change should consider how to keep staff at other services informed e.g. through a briefing memo or newsletter.

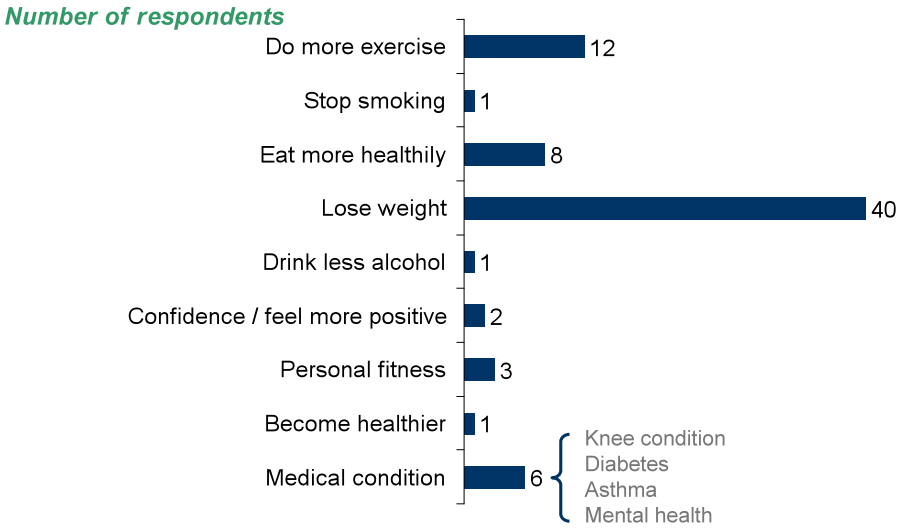
P12 What was the experience of service users about using Healthy Change?

Key Findings

Overall, feedback about Healthy Change was positive. 95% of respondents to the telephone survey reported that Healthy Change had helped them achieve their lifestyle change aims, and that they had kept up their lifestyle changes following their involvement in the programme. Health trainers reported that, in their experience, about a third to half of clients succeed in their lifestyle change.

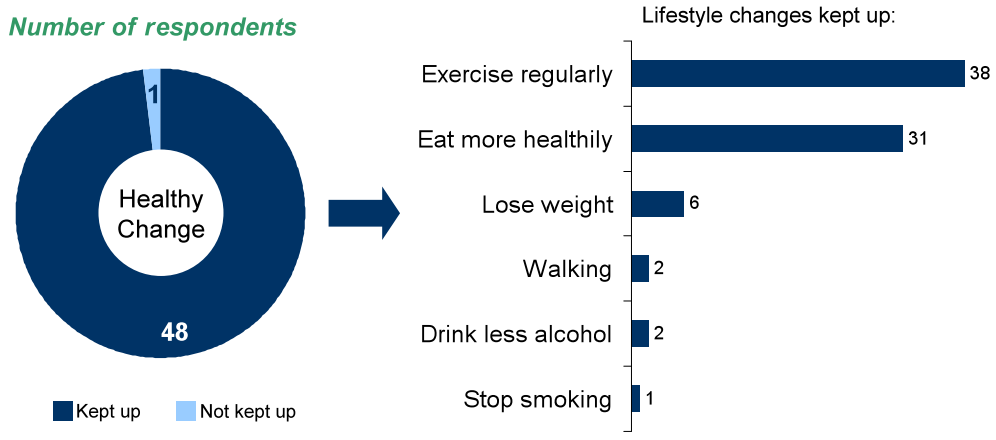
Healthy Change service users most typically wanted to lose weight. Other key lifestyle change aims included doing more exercise and eating more healthily.

Figure 4



Base: 50 respondents, Healthy Change clients

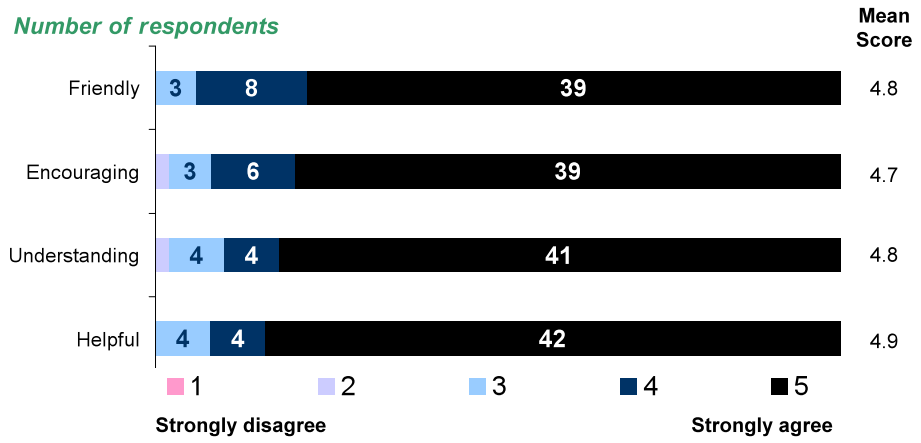
Figure 5



Base: 50 respondents, Healthy Change clients

Only 2 respondents to the telephone survey had met their health trainer face-to-face. On average, respondents thought they had spoken to the health trainer on the telephone about 4 times. As Figure 6 below shows, respondents to the telephone survey were very positive about the Health Trainers; the majority of respondents found their involvement with Healthy Change to have been both a good and easy experience. One person found it a difficult experience and no-one said it had been a bad experience.

Figure 6



Base: 50 respondents, Healthy Change clients

The importance of maintaining the rapport with clients was recognised by the health trainers; they try to include personal information about the client, such as the fact that they are going on holiday for example, to the computer system, so that there is some continuity from one consultation to the next, even if the client is speaking to a different member of staff. Most focus group participants said that they spoke regularly, approximately every 2 weeks, to the same health trainer, and felt it was a very personal service. They valued the fact that the health trainers arranged to call at a time to suit them, and always kept the appointment; that they were never if a hurry to complete the call and were very supportive during the consultation.

"people are shy, so a service like this helps them take the first step"

unemployed female, black caribbean, aged under 40

"it's like talking to a friend"

retired white female, aged 60+

Several participants had been using the Pathway for a significant amount of time, and had been referred to different services by Healthy Change, and valued the ongoing support they gave.

Several focus group participants noted a delay in the time it took for Healthy Change to contact them:

"It took a couple of months before the first phone call…all in all it must have been four, maybe five months before I actually started"

unemployed female, white, aged 40-50

In July 2012, Healthy Change changed their working practices to operate on a 'work-list' rather than 'case load' basis, to combat delays. Therefore, clients who engage with the service from July onwards will not always speak to the same health trainer, but there is likely to be a reduction in the waiting times from GP referral to first contact from Healthy Change. Healthy Change have brought about these changes in working practices to help them to achieve their target of contacting clients within 5 days of the GP's referral.

Healthy Change employees who took part in the focus group made a number of observations about Healthy Change clients' experiences:

- Some clients are reluctant referrals, who don't like to say no to the GP, but find it easy to say no on the phone

"We get quite a few people referred for smoking cessation [who say] "I don't want to do it, it's just the doctor getting on at me"

Healthy Change health trainer, focus group participant

- For clients who wanted to lose weight, the opportunity to combine attending Slimming World with doing physical activity, for example through Be Fit or active for Life, helped them achieve their goal.
- Some clients do have more deep-rooted emotional or mental health issues, and health trainers will set one of their goals as being to contact Wellbeing Plus, a partner organisation specialising in these issues.

It has been difficult to explore the experiences of those who did not complete the Healthy Change programme in any depth. In the focus group, health trainers expressed the view that it was mainly practical factors, such as a lack of childcare, which prevented clients from completing the programme. One of the Healthy Change managers said that the response rates for the 6 and 12 month feedback forms were poor, and the small amount of feedback they do get via these mechanisms was usually either very positive or very negative.

Key Learning Points and Recommendations

Key Learning Points

- Overall, clients had positive views and experiences of the Healthy Change service
- Most clients felt that the service had helped them achieve changes to their lifestyle
- Some clients had experienced significant delays in being referred to Healthy Change
- Clients particularly liked the relationship they were able to build up over time with their specific health trainer.

Key Recommendations

- Monitor the impact of the new 'work list' way of working on client satisfaction – both in terms of the personalised service and the reduction in referral delays
- Healthy Change should discuss how to help clients who are accessing Healthy Change on a repeated cycle in a more effective way.
- Healthy Change should consider amending the GP referral form to highlight referrals who are at the 'Pre-Contemplation' rather than 'Contemplation' stage in the Stages of Behaviour Change model so that Health Trainers could adopt a different approach to help these clients reach the 'Contemplation' stage.
- Healthy Change should trial new ways of getting client feedback at the 6 and 12 month points
- Future evaluation of the service could aim to specifically recruit those who have dropped out to understand this group's motivations and barriers in more detail.

ACTIVE FOR LIFE

P1 Which aspects of the scheme did participants like and why?

Key Findings

Almost all telephone survey respondents said that Active for Life had helped them make the changes they wanted to their lifestyle, and nearly all of them said they had kept up lifestyle changes, as illustrated in the charts below:

Figure 7

What changes did you want to make to your lifestyle?



Base: 50 respondents, Active for Life clients

Figure 8

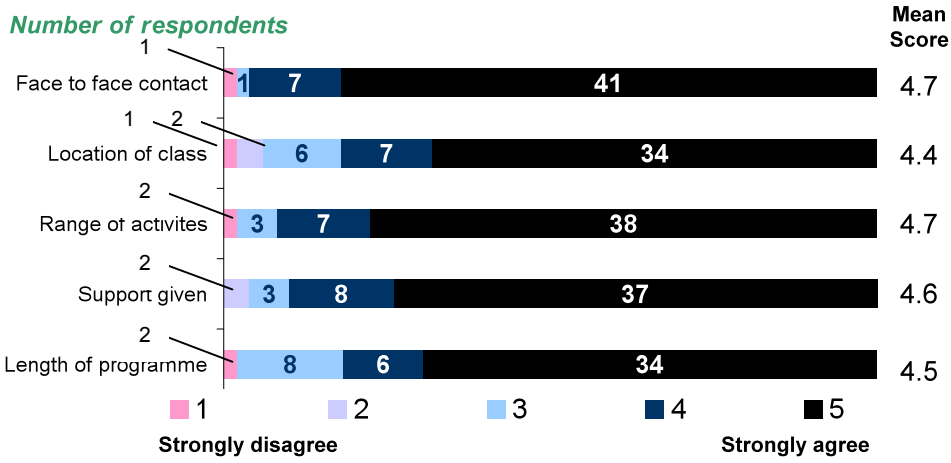
Have you kept up the changes you made to your lifestyle?



Base:50 respondents, Active for Life clients

Active for Life service users who participated in the telephone survey rated face-to-face contact highly. The location of the classes and length of the programme was an issue for some. These issues were also mentioned by focus group participants, some felt that 12 weeks was not long enough for them to embed new habits into their lifestyle, while some Be Fit clients said that they had chosen Be Fit over Active for Life as the locations of the Active for Life scheme were difficult for them to attend.

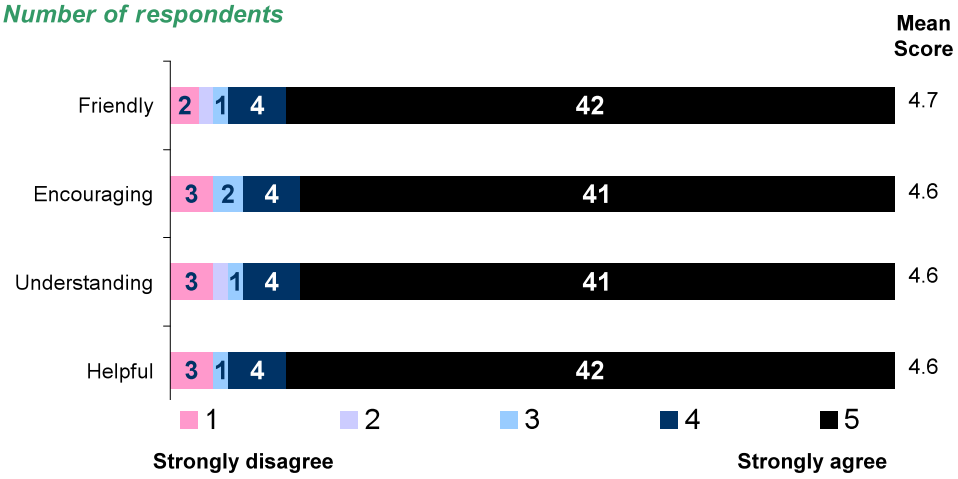
Figure 9



Base: 50 respondents, Active for Life clients

Respondents rated YMCA staff very highly across all the variables below.

Figure 10



Base: 50 respondents, Active for life clients

Social Interaction

49 out of 50 telephone survey respondents who took part in Active for Life said they had had the opportunity to meet other people on the programme. This was an aspect of the programme which focus group participants said they had particularly benefited from.

"it was nice to be in a group with people of similar ability and to share problems together"

male, Indian, full-time carer, aged under 40

"it's opened so many doors…[I've made] so many friends…it's really improved my life 100%"

retired female, white, aged over 60

Staff in the focus group also mentioned the benefits that social interaction brought in terms of motivating people to continue with the programme, and that opportunities for this had increased now that the programme included group classes, whereas the previous version (pre-April 2011) had been focused around the gym. Instructors felt that older people particularly benefitted from the social aspect.

"the weekly contact they get with instructors and other participants builds rapport and confidence"

Active for Life fitness instructor, focus group participant

Flexibility to complete the programme

Several clients mentioned in the focus groups that they appreciated the flexibility Active for Life staff showed in allowing people to defer weeks if they inform the staff in advance, for example due to ill-health, so that they were still able to benefit from the full 12 week programme. However, fitness instructors in their focus group emphasised that it is more beneficial for the client, in terms of them achieving their goals, if they attend for 12 consecutive weeks.

Group Exercise Classes

Group exercise classes take place at the YMCA in the city centre and at several locations in the community. They take place during weekdays, at weekends at in the evenings. A minority of focus group participants commented that they had found the evening classes too crowded and that as a result, they didn't get the more personalised advice they would have liked. Some participants felt that there could be more variety in the circuit training sessions; a few participants commented that the activities should be adapted more for people based on their underlying health issues:

"for someone like me, with COPD…obviously I'm not going to be able to do as many squat thrusts as someone who just wants to lose weight. I would have liked it if they'd broken it down a bit more…"

male, white, retired, aged 60+

Education Sessions

Focus group participants provided mixed feedback about the Active for Life education sessions. Some felt that the information was too basic and repetitive; some would have like the staff to address underlying causes of over-eating, or eating unhealthily; others found the staff to be very knowledgeable, and the topics interesting and different each time. Participants said that they did remember the information given in the education sessions and acted on it in their daily lives.

"you put a bit more effort into [the housework]…as you know it's a form of exercise"

female, Indian, working full-time, aged 50-60

"[the education sessions] are a nice transition between the exercise and the real world"

male, white, unemployed, aged under 40

Drop-Outs

The highest proportion of drop-outs for Active for Life occurred before week 1; staff believe this is often down to the delays in being referred on from Healthy Change, as clients' motivation levels decline over time without intervention. The other main point for drop-outs to occur was after week 1 and before week 2; the Active for Life management team have implemented changes to the programme address this (see findings under evaluation question P2).

Key Learning Points and Recommendations

Key Learning Points

- Most clients felt that Active for Life had helped them achieve the changes they wanted to their lifestyle.
- Clients rated the staff highly, and were positive about aspects of the scheme such as the class locations, the support given and the length of the programme.
- Clients valued the opportunity they had to interact with others participating in the programme.
- Most clients were positive about the group exercise classes; some felt classes should be adapted for different abilities.
- Clients gave mixed feedback about the education sessions.

Recommendations

- Active for Life should continue to develop bespoke classes for those with medical problems and ensure they feel supported to take part at their own pace in wider sessions.
- Clients' views on the education sessions should be sought more systematically so that these can be reviewed and improved on a regular basis.

P2 How did the pathway and service scheme develop and change over time?

Key Findings

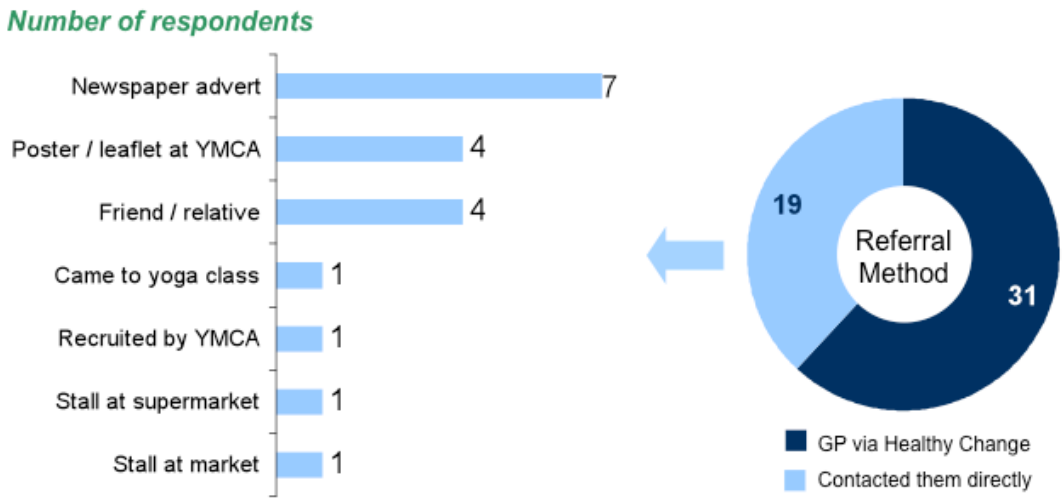
The Active for Life pathway and service has developed significantly since the current pathway started in April 2011. Many of the changes have been made recently, in the last few months, to provide clients with more choice and flexibility, to reduce the drop-out rate. Aspects of the pathway which have changed include:

- Referral/recruitment procedures
- Induction sessions
- Education sessions
- Gym access and group exercise sessions

Referral and recruitment procedures

The managerial staff explained that from January 2012, in addition to taking referrals from Healthy Change, Active for Life started to market their scheme directly to the general public, to generate self-referral clients. Marketing channels they used included radio advertising, flyers, advertising on trams and in the local newspapers, and stalls at shopping malls and other events, which was reflected in the responses to the telephone survey, shown in Figure 11 below. Active for Life also promoted the service to those with pre-existing medical conditions. They offered a prize draw with a year's free membership for the winner, to encourage people to sign up.

Figure 11



Base: 50 respondents, Active for Life clients

Active for Life is able to act as a gateway for self-referral clients to other services within the CVD Prevention Pathway; if new recruits are not appropriate for Active for Life, then staff refer them back to Healthy Change; the Active for Life referral form also specifically asks whether the client would be interested in other Pathway services, such as New Leaf and Cook & Eat.

Induction sessions

Responding to feedback from clients, and analysis which showed that most drop-outs occurred after week 1 and before week 2, managerial staff have recently made changes to the group induction sessions (called Fresh Start sessions). The induction session used to be half an hour, and lead straight on to the first exercise session; staff felt that this was perhaps a bit intimidating for new referrals. The Fresh Start session is now 1 hour long and takes place on a different day and time to the first exercise session. This has had the additional benefit of speeding up the referral process from Healthy Change, as there are more Fresh Start sessions available for them to book clients straight onto.

Education sessions

Active for Life managers explained that as of July 2012, group education sessions are now held on separate days/times to the exercise sessions, rather than for 15-30 minutes directly after the exercise sessions. They have made the resources from the education sessions available to all clients, whether or not they attend the session, via leaflets or downloadable PDFs online, so that they can still read the materials at home, and perhaps discuss the issues with friends and family.

Gym access and group exercise sessions

Clients used to have access to the gym from the 4th week of their involvement in the scheme; as some clients would prefer to exercise using the gym than attend exercise classes, clients can now access the gym from the first week of the scheme. There is a set gym session for clients who specifically do not want to attend group exercise classes. Community-based classes have evolved in terms of their location and the activities, based on feedback on numbers of attendees. Active for Life have recently introduced maintenance exercise classes which are offered to GP referrals at a discounted rate, once they have completed the 12 week programme. Further details of the maintenance classes can be found under evaluation question P6 below.

Key Learning Points and Recommendations

Key Learning Points

- Key aspects of the pathway have changed over time, such as the referral/recruitment procedures, induction (Fresh Start) sessions, education sessions, gym access and group exercise sessions.
- Most of the changes have been implemented as a result of informal client feedback and staff observation, to reduce the drop-out rate amongst clients.

Recommendations

- The impact of the new Fresh Start sessions drop-out rate between weeks 1 and 2 should be monitored.
- Active for Life should monitor the effect of the new education sessions, specifically the effect of attendance/non-attendance on outcomes for clients and the extent to which material is downloaded/taken away.
- Active for Life should monitor the effect that offering a 'gym only' route has on drop-out rates and maintenance of lifestyle change.

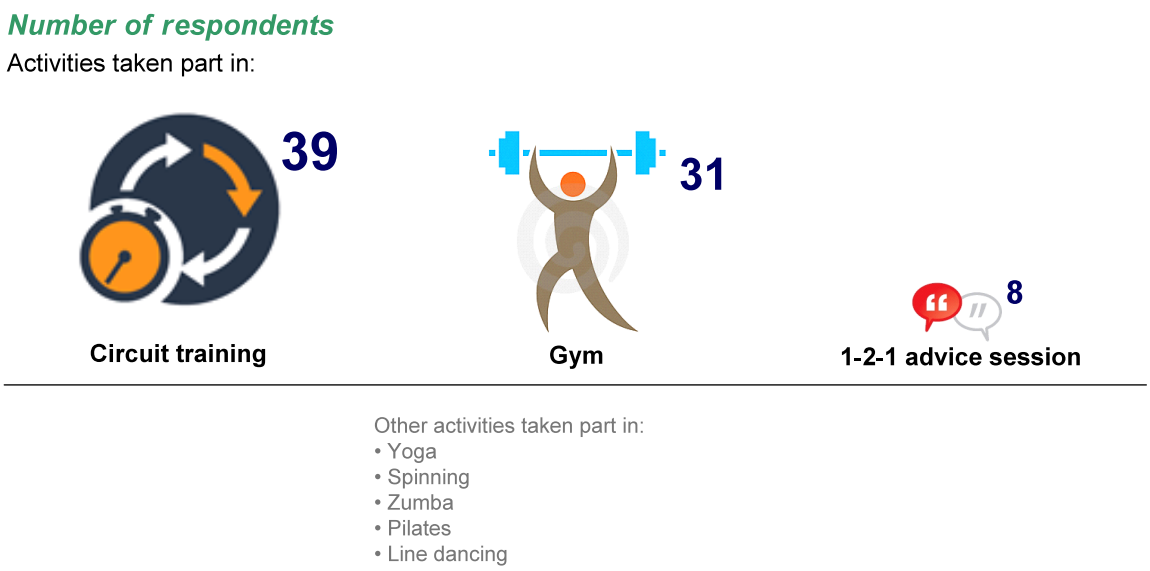
P3 What types of activities and support were provided and how did these improve accessibility to the scheme?

Key Findings

Activities

Respondents to the telephone survey had taken part in a range of activities at the YMCA., as shown in Figure 12 below.

Figure 12



Base: 50 respondents, Active for Life clients

Only 2 out of 10 focus group participants said they had taken part in a 1-2-1 advice session, but all focus group participants had taken part in the group education sessions.

Circuit training classes are a key component of the group exercise schedule as they comprise different activities which can be adapted for different client groups, according to their specific needs.

Both frontline and managerial staff were able to demonstrate how the activities included in the Active for Life scheme increased accessibility of the scheme to a range of groups within the community:

- Clients with pre-existing medical problems and disabilities
    - Active for Life run a stroke class, a chair-based class and a 'heartbeats' class for those with heart problems.

  - Disabled people can bring carers along to the session if they need to
- Clients who are unable to travel
  - Classes are held in community locations as well as the city centre YMCA to enable those who cannot travel into the city centre to access the same opportunities for physical activity.[1]
- Employed people
  - Late-night and Saturday morning classes are scheduled to give working people the opportunity to access the Active for Life scheme.
- Women
  - Women are able to attend women-only exercise classes.
  - Classes are scheduled to be during school hours to enable mothers to drop off and pick up their children from school.
- Men
  - Men are able to attend men-only exercise classes
  - Men are more likely to prefer gym-based exercise rather than group exercise classes, and YMCA have set up a gym session especially for those who do not want to follow a group exercise programme.
- Older people
  - Classes are scheduled at off-peak travel times when pensioners will be able to use their free bus passes.

Support

Motivational and coaching sessions are held at fixed points throughout the scheme. Each client attends a Fresh Start session at the beginning of their involvement with the scheme. This is a group induction session which is facilitated by two fitness instructors. Clients will also have a mid-point review with a fitness instructor and an end-of-scheme review. Outside of these pre-scheduled sessions, motivational interviewing will usually take place for about 15-20 minutes as part of the gym inductions.

Staff did not feel that scheduling additional one-to-one sessions would be realistic due to the classes and gym schedule and pressures on instructors' time. However, on rare

[1] The community locations used are: Aspley Community Training Centre, Henry Melish Sports Centre in Highbury Vale, Acorn Centre in Hyson Green, Bestwood Park Church, St Johns Church in Carrington, Top Valley Community Centre, Hyson Green Youth Club, St John Hall in Bilborough, United Reform Church in Sherwood, Riverside Lift Centre in Bulwell, Highbank Community Centre in Clifton, as well as the ActiveforLife Centre.

occasions clients do ask to see instructors for additional one-to-one sessions. One instructor participating in the focus group commented that this had only happened to him 5 or 6 times in the past year. Another instructor commented that he did not feel that participants themselves would have the time to come in for separate one-to-one sessions on top of the scheduled class/gym time they have to do to complete the scheme.

Education sessions are now held at separate times to the exercise classes, led by one fitness instructor; these are held both at the YMCA in the city centre and at community locations. The themes of the education sessions are published in advance but fall into 4 topic areas:

- Healthy eating, including labeling
- How the body works
- Cardio-vascular disease
- Diabetes

Once clients complete the 12 week programme, fitness instructors discuss how clients can continue with their lifestyle change, for example, they are able to refer them on to Be Fit, and also offer discounted maintenance classes at the YMCA and 6 weeks free at gym-based classes.

Key Learning Points and Recommendations

Key Learning Points

- Most clients took part in group exercise sessions and gym classes, and some also attended zumba, yoga, pilates, spinning and line dancing.
- Group education sessions are held regularly throughout the programme.
- One-to-one advice sessions are held more rarely.
- The activities and support provided have been designed to be accessible to a range of groups within the community such as women, men, working people, people with disabilities, people with pre-existing medical conditions, mothers and older people.

Recommendations

- Active for Life should continue to evolve the activities and support offered based on feedback from clients and analysis of what will deliver the best outcomes for clients.
- Active for Life should review the benefits of regular one-to-ones for clients and how these might be scheduled to fit with the current scheme.

P4 How was client feedback used to shape service delivery?

Key Findings

Client feedback is mainly gathered through a 3-question exit questionnaire, given to clients who have completed the 12 week programme, which asks clients which aspects of the scheme they found most useful and what they would change about the scheme.

Active for Life also has group forums which take place every 3-4 weeks, after exercise sessions, when clients have an opportunity to give feedback. One fitness instructor in the focus group commented that feedback was generally sought in a group environment, where most clients do not feel comfortable giving negative feedback; if they want to give negative feedback they will approach an instructor on an individual basis. Active for Life also monitor attendance figures and drop-off rates and use this information to shape their services.

Key Learning Points and Recommendations

Key Learning Points

- Client feedback is sought in a limited number of ways, mainly in a group setting.
- Active for Life use attendance figures and drop-off rates to shape their services.

Recommendations

- Active For Life should investigate ways for people to give feedback on a 1-2-1 basis, to provide more opportunities for people to give negative feedback if they want to.
- Active for Life could implement a means of demonstrating how they have acted on client feedback, for example, through a 'feedback wall' in the YMCA, to encourage further feedback from clients.
- Client feedback could be analysed to identify any trends in the experience or success rates of specific groups of people and tailor services accordingly.

P5 How were staff skills in exercise referral and motivational interviewing techniques developed and maintained?

Key Findings

Fitness instructors and Active for Life managers expressed the view that behaviour change skills such as motivational interviewing came naturally to them, as they were an important part of being a fitness instructor. Staff in the focus group mentioned that prior to the current pathway, they used to employ Physical Activity Advisors specifically to conduct motivational one-to-one interviews, but now they have fewer staff and the fitness instructors conduct these alongside their other roles. Currently, their skills are primarily used in the group education sessions and gym induction sessions, as a limited number of one-to-one sessions take place.

All staff have attended a 2-day motivational interviewing course. Two members of the managerial staff have attended a 4-day intensive training course in motivational interviewing, and the administration staff are also trained in motivational interviewing. In addition to this training, they have a partnership with the organisation 'Let's Talk Wellbeing', which started in June; they have given the staff additional training in relation to motivation interviewing and are also an organisation to which Active for Life can refer clients.

Fitness Instructors said that they had not had any refresher training or practice sessions since their 2-day course; however, they were able to put into practice the skills they learnt on the course, such as reflective listening in the course of their daily interaction with clients.

Key Learning Points and Recommendations

Key Learning Points

- All staff have attended a motivational interviewing skills training course.
- Staff felt motivational interviewing skills came naturally to them and are an important part of their job.
- There are not currently scheduled opportunities to refresh the skills learnt.

Recommendations

- Active for Life should consider ways of sharing 'best practice' in exercise referral and motivational interviewing techniques across the team, to encourage continuous refinement and improvement.
- Active for Life should consider scheduling refresher training courses for staff at regular intervals.

P6 How were behaviour change techniques used to help participants increase physical activity?

Key Findings

Frontline and managerial staff felt that goal-setting, celebrating achievement and support to maintain their increased levels of activity were key techniques used to support their clients.

Goal-setting

Frontline staff explained that most of their interaction with clients takes place outside of one-to-one sessions. In group sessions, such as the Fresh Start sessions, instructors will use the 'importance and confidence rulers' to assess where people are on a scale of 1-10 in terms of their views about exercise, and discuss the reasons behind the ratings they give. Instructors will also use a 'Physical Activity Tree' to discuss past, present and future levels of activity to assist in goal setting.

Clients often start out with very vague goals around increasing their levels of physical activity. During one-to-one sessions, when they do take place, instructors work with clients to set SMART goals. Instructors find that discussing clients' aims in this way leads on to different types of conversations about lifestyle etc., which helps clients to take ownership of their goals and means that they are more likely to stick to them. Instructors will discuss a client's medical history with them, and this helps them open up, and builds a rapport with the client.

"some clients have unrealistic goals, so we help them to set alternative goals which they will see definite results from"

Active for Life staff focus group participant

"Sometimes I feel the doctors have unrealistic expectations with regard to patients' BMI and what's achievable. We talk to them about practical and pragmatic goals within the 12 week timescale"

Active for Life staff focus group participant

Celebrating Achievement

One fitness instructor explained that by helping clients look at their success in a different way, they help to keep them motivated:

> **"a client might really want to lose a lot of weight and will weigh themselves several times a day and only see their weight fluctuate up and down; but when you talk to them you find out they've lost 3 inches off their waist, that they can now complete an exercise class all the way through or that they've reduced their blood pressure. "**

Participants are offered rewards and incentives to continue with their lifestyle changes; for example, at the moment, YMCA is promoting a cash-based rather than direct debit membership offer. One fitness instructor commented that that this would particularly benefit Active for Life clients who had recently finished the programme, as financial constraints can be a big issue in terms of continuing with exercise.

Maintaining increased physical activity levels

Since July 2012, Active for Life offers maintenance classes, as well as additional classes as part of the 12 week programme, at a reduced rate. The maintenance classes are similar to the 12 week programme classes and are designed to be a stepping stone to regular exercise classes. Once they have completed the Active for Life programme, the fitness instructors will also refer clients on to Be Fit, and discuss exercise options near to where individuals live. During follow-up calls which instructors make to those who have dropped out of the Active for Life programme, they will ask about other physical activities clients may have been doing to assess whether they are still maintaining their lifestyle change even though they are not attending the YMCA.

Key Learning Points and Recommendations

Key Learning Points

- Goal-setting, celebrating achievement and support to maintain their increased levels of activity are key techniques Active for Life staff use to support their clients.
- Active for Life are trialling a number of ways, including reduced-rate YMCA membership and 'maintenance' exercise classes, to help clients maintain their physical activity levels beyond the 12 week programme.

Recommendations

- Techniques used should be documented by each fitness trainer and shared across the whole team, to ensure 'best practice' techniques are identified and implemented systematically.
- Active for Life should put in place ways to monitor the effect of the maintenance classes, and cash-based membership offer on an ongoing basis, so that the successful elements of each initiative can be understood and effectively adapted over time, to maximise outcomes for clients.

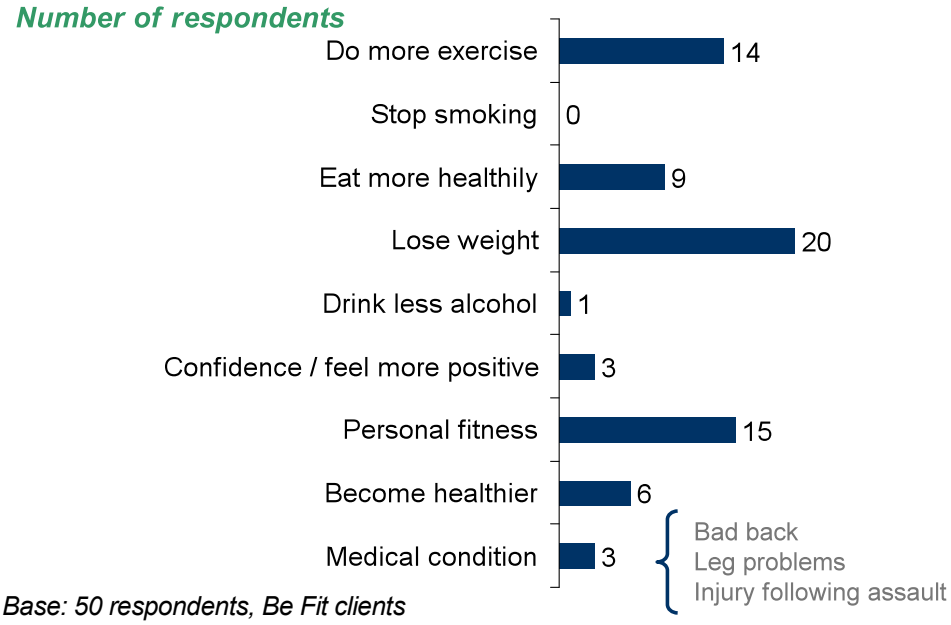
BE FIT

P1 Which aspects of the scheme did participants like and why?

Key Findings

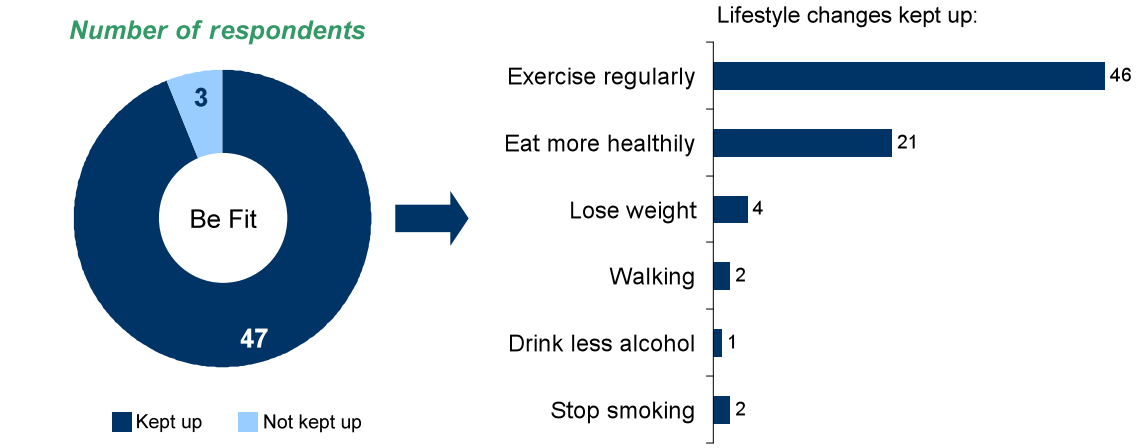
Overall, survey respondents and focus group participants gave positive feedback about the Be Fit scheme. Participants felt that the scheme had helped them make changes to their lifestyle and most had been able to maintain them, as shown in Figures 13 and 14 below.

Figure 13



Base: 50 respondents, Be Fit clients

Figure 14



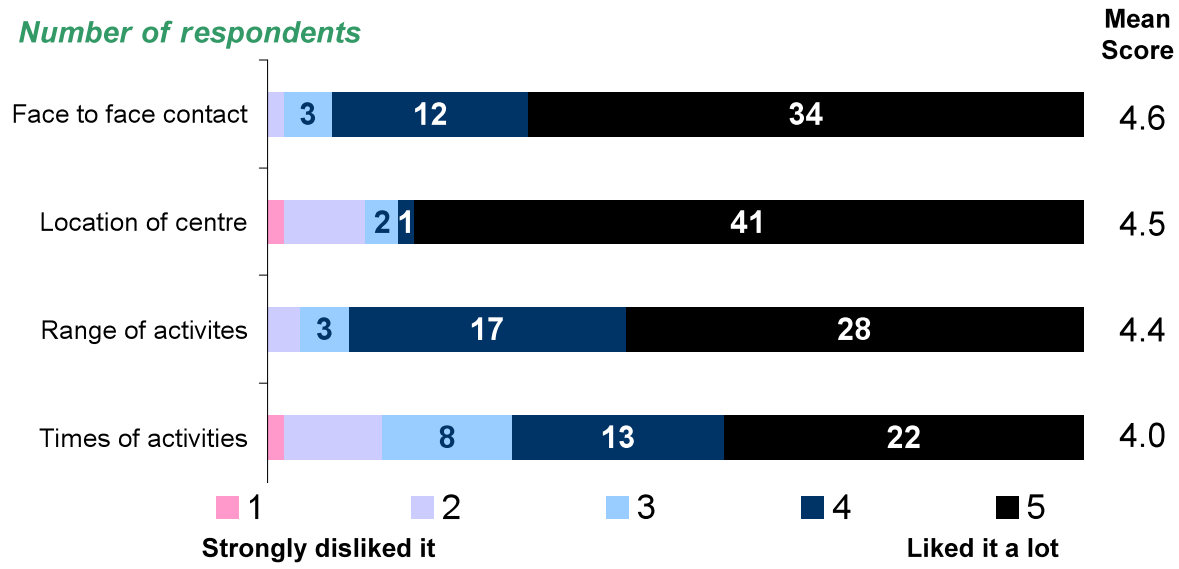
Base: 50 respondents, Be Fit clients

As shown in Figure 15 below, the mean average scores relating to aspects of the service and the Be Fit staff themselves are slightly lower than those given on similar measure to Active for Life. This reflects the different remits of each scheme; Active for Life is designed to be a more tailored scheme, with greater one-to-one support; Be Fit is designed to offer a choice of appropriate activities from which clients can choose, and to offer one-to-one support to clients where sought.

Amongst focus group participants, the timing of Be Fit activities had mixed feedback. Some respondents said that they found the time slots restrictive and would like the scheme to operate for longer time periods during the day. Those who had been newly made redundant all said that they appreciated the fixed time slots in which the scheme operated, as it gave them a structure to their day, which would otherwise be missing, and motivated them to get into a routine attendance pattern. Those who were unemployed commented on how beneficial they found Be Fit to be, for their emotional wellbeing, as well as their physical health. They appreciated the opportunity to get out and meet other people on a regular basis.

Focus group participants agreed with the survey respondents that the location of the leisure centres was a positive aspect of the scheme. Several focus group participants who had been referred from Healthy Change said that they had chosen to access the Be Fit scheme rather than Active for Life because the location of the leisure centres was more convenient for them.

Figure 15

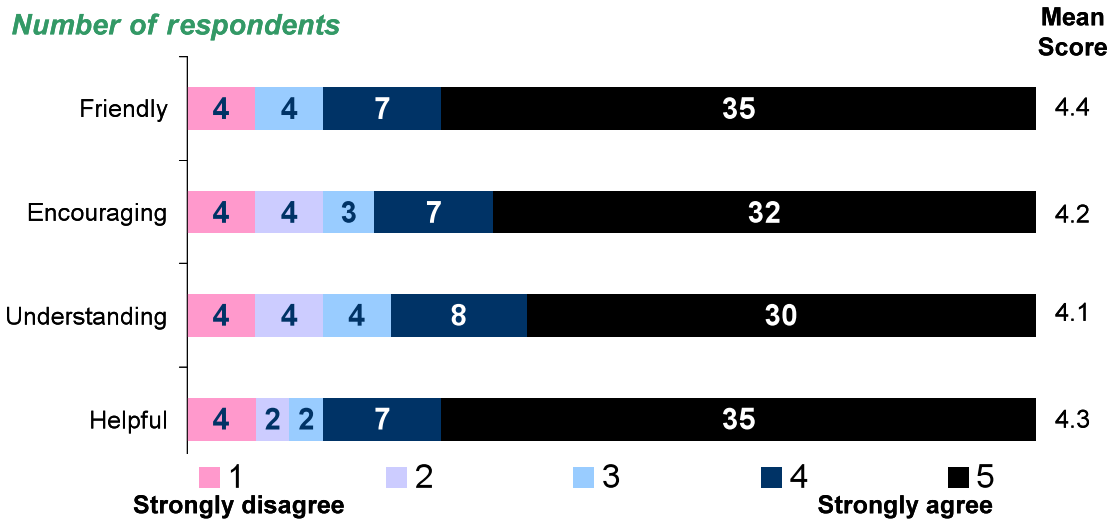


Base: 50 respondents, Be Fit clients

Amongst focus group participants, some said they would like swimming lessons to be included in the Be Fit scheme.

Referring to Figure 16 below, it is evident that survey respondents rated Be Fit staff slightly lower in general than the staff at the other services. However, most Be Fit clients we spoke to in the focus group found the staff were approachable and willing to give advice, if sought; some focus group participants felt that the staff should be more proactive in offering advice and support. Several Be Fit clients in the focus group knew the fitness staff by name and were very complimentary about the advice and support that they gave.

Figure 16



Base: 50 respondents, Be Fit clients

98% of telephone survey respondents said that they had had the opportunity to meet other people on the Be Fit scheme. The positive and motivating experience of meeting other people in the same situation accessing the scheme was a theme observed in the focus groups with Be Fit clients, and was also highlighted by staff in the staff focus group.

Staff mentioned that because Be Fit operates at set times, the gym is busy during those times, and the 'buzzy' atmosphere helps with the rapport building between clients. The regularity of the Be Fit session times also means that the gym instructors and the participants themselves see the same people each time they go. Staff find that the Be Fit referrals are more chatty than other gym goers.

Key Learning Points and Recommendations

Key Learning Points

- Most clients felt Be Fit had helped them achieve their lifestyle goals
- The community location of the leisure centres was highlighted as a key positive factor in clients' participation in Be Fit.
- Clients saw the opportunity to meet other people as a key benefit to taking part in the scheme.
- Unemployed clients commented on the emotional as well as physical benefits to participating in Be Fit.

Recommendations

- Be Fit should provide information about the new sites to existing Be Fit clients at Portland and Harvey Hadden leisure centres.
- Be Fit should consider establishing an online community, for example, through social media, for those used to attending Portland and Harvey Hadden, to maintain support.
- Nottingham City Council could investigate other ways of supporting those who have been made redundant through the leisure centre environment, for example, by co-locating services such as CV advice clinics.

P2 How did the client pathway and service model develop and change over time?

Key Findings

The client pathway and service model has developed organically over the past 12 months. Changes have been introduced based on client feedback and observation of class and gym session attendance; the service model is reviewed by the management team on a monthly basis.

One-to-one sessions

Be Fit clients were originally not able to access one-to-one advice sessions for free, however, these were opened up to Be Fit clients in March/April 2012.

Introduction of new group exercise classes

The group exercise class schedule is constantly evolving based on class attendance and analysis of the Be Fit clients' needs. Some of the new classes have been extremely successful – one of the Be Fit managers mentioned that the Zumba class had trebled in attendance since it was introduced.

The Be Fit management team became aware that some Be Fit clients were reluctant to try group exercise classes as they felt the might be beyond their ability level; they have addressed this by changing the title of some classes to emphasise their accessibility. They have also tried to introduce classes which may appeal more to men, such as weights-based exercise classes.

Where classes are under-attended, leisure centre staff have sometimes moved these classes to fall within the Be Fit times, and found that attendance has significantly increased.

Ability to book onto group exercise classes

Some focus group participants mentioned that it was difficult to get into the group exercise classes, particularly at Southglade leisure centre. Staff in their focus group mentioned that this was an issue that had since been addressed, and that Be Fit clients

were now able to book onto exercise classes in advance, in the same way that other leisure centre members can.

Community outreach

Southglade Leisure Centre operates community outreach activities, such as attending a clinic on a Thursday morning at the health centre which is situated on the same site as the leisure centre. This enables them to recruit Be Fit clients directly, rather than waiting for them to be referred through Healthy Change. Through the Customer Advisor, Southglade Leisure Centre has also developed good links with the other Pathway partners, and can signpost Be Fit clients to these other services where appropriate. They have a Healthy Change table, where participants can sign up to pledge to change an aspect of their lifestyle for the better.

Key Learning Points and Recommendations

Key Learning Points

- Several aspects of the scheme have evolved over time including the ability of clients to book onto one-to-one sessions and pre-book group exercise classes, the introduction of new group exercise classes, the development of community outreach activities at Southglade Leisure Centre.
- The community outreach activities at Southglade Leisure Centre have been successful in increasing the number of appropriate Be Fit referrals to the leisure centre.

Recommendations

- Future evaluation of the scheme should assess the effect changes have had on participation levels and sustained behaviour change.
- Explore whether different types of one-to-one session could be used to benefit Be Fit clients with different needs.
- Community outreach activity should be replicated, once the Be Fit scheme moves to the two new sites.

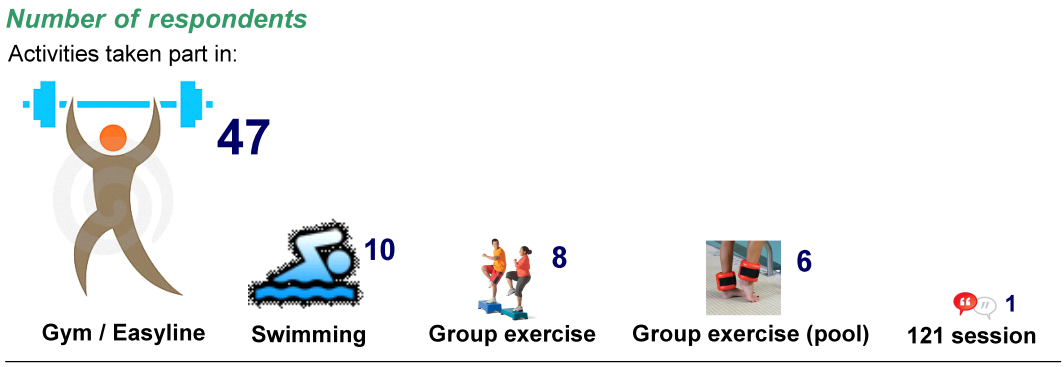
P3 What types of activities and support were provided and how did these improve accessibility to the scheme?

Key Findings

Activities

Amongst telephone survey respondents, the gym and the Easyline gym, followed by swimming and group exercise, were the most popular activities, as illustrated in Figure 17 below. The group exercise timetable changes and evolves to incorporate classes such as Zumba, Aqua Zumba and weights-based classes.

Figure 17



Base: 50 respondents, Be Fit clients

In addition to the activities listed above, staff in the focus group also mentioned that they run spinning classes, and virtual spinning (an individual follows an instructional spinning DVD).

Managerial and frontline staff were able to demonstrate how the activities included in the Be Fit scheme increased accessibility of the scheme to a broad cross-section of the community.

- People with learning disabilities and those with physical difficulties
    - The Be Fit staff liaise with Active for Life to discuss how to best help individuals who have learning disabilities.
    - Staff working in the gym and taking fitness classes are trained in disability awareness.
    - A Be Fit carers' scheme is in operation, where clients can bring carers to sessions for support.

  - The Easyline gym at Harvey Hadden works via hydraulics; it's suitable for people of any age and ability, and is especially good for new referrals from Healthy Change. There is no Easyline gym at Southglade Leisure Centre.
- Women
  - Classes are often scheduled so that mothers will have enough time to drop their children at school before attending a class, or have enough time after a class to pick them up.
  - The leisure centres offer ladies' only gym sessions for those who prefer to attend single-sex sessions.
- Older people
  - Harvey Hadden run a specific gym session for those aged over 50.

Support

Staff in the focus group explained that all referrals fill out a PAR-Q (Physical Activity Readiness Questionnaire), which starts to build a rapport between the staff and client and helps staff identify any issues they need to be aware of. If the PAR-Q flags up too many problems they are referred back to the doctor.

In the staff focus group and managerial interviews, Be Fit staff explained that those attending the gym are monitored on the TRP [The Retention People] system, a computer system which records their age, gender, their adherence to exercise and the type of exercise they do. If they have not attended for over a week, they are flagged as high risk; staff are prompted to interact with them the next time they come into the gym to continue to build a rapport with them and try to prevent them dropping out. However, the TRP system does not monitor clients' attendance at group exercise classes.

A course of weekly one-to-one sessions is available to Be Fit clients.

- The first session is an introduction to the gym.
- The second is to find out from the client how they feel they are getting on with their exercise programme.
- At the third session the fitness adviser works with the client to see how they can take more control of developing their exercise routine.
- At the fourth session the fitness adviser discusses setting goals for the future with the client.

One member of staff at the focus group highlighted that if clients had been referred on to Be Fit from Active for Life, they already have a personalised exercise plan, and the Be Fit staff are not allowed to alter this. One member of staff also mentioned that clients frequently ask for nutritional advice but that staff were not allowed to give this.

There are wider support activities taking place at the leisure centres which are open to Be Fit clients. For example, at Portland Leisure Centre they have the Motivate men's weight management service provided by Notts County Football in the Community specifically targeting men aged over 50. At Harvey Hadden Leisure Centre, they have New Leaf scheme taking place on the premises, and some Be Fit participants choose to join this as well when they're made aware of it.

Key Learning Points and Recommendations

Key Learning Points

- A range of activities are offered during the times the Be Fit scheme operates; most clients use the gym facilities and they also take part in group exercise classes and one-to-one sessions.
- Activities and support are designed to be accessible to a variety of groups within the community including women, older people and clients with disabilities.
- The TRP computer system helps monitor clients who are at risk of 'dropping out' and prompts staff to intervene
- Other opportunities to lead a healthier lifestyle are promoted in the leisure centre environment.

Key Recommendations

- Increasing accessibility should continue to be a key criterion in developing range of activities and support.
- Links with other community organisations, such as the Notts County Football Club scheme, should continue to be developed.

P4 How was client feedback used to shape service delivery?

Key Findings

Frontline and managerial staff reported that client feedback was usually gathered informally and verbally, through day-to-day interaction with clients. Those clients attending one-to-one sessions are given a feedback card specifically concerning the one-to-ones. The leisure centres also operate a 'Have Your Say' compliments and complaints system where feedback is given verbally to the leisure centre Assistant Manager, so it can be logged and analysed.

Attendance figures are the other main form of 'feedback' that the leisure centres use to shape service delivery; these are monitored session-by-session and reviewed monthly. However, if a Be Fit class has low attendance figures it is not automatically discontinued, for example, the daytime sessions at Portland Leisure Centre are maintained despite low attendance figures; Be Fit classes are judged on slightly different criteria to other classes run by the leisure centre, based on the perceived need and benefit to those Be Fit clients who are attending. A key role for the Be Fit managerial staff is to balance the needs of the Be Fit clients with the rest of the leisure centre users who form the majority of their client base.

Key Learning Points and Recommendations

Key Learning Points

- Feedback from Be Fit clients is not specifically sought, but they are able to give feedback in ways open to all leisure centre clients.
- While attendance figures are used to guide the activities on offer, Be Fit activities are assessed on their ability to meet the clients' needs, not just attendance.

Recommendations

- A feedback mechanism specifically for Be Fit clients should be introduced.
- Feedback relating specifically to Be Fit as opposed to the normal leisure centre servicees should then be aggregated and analysed across all three Be Fit sites, with learnings and 'best practice' shared.

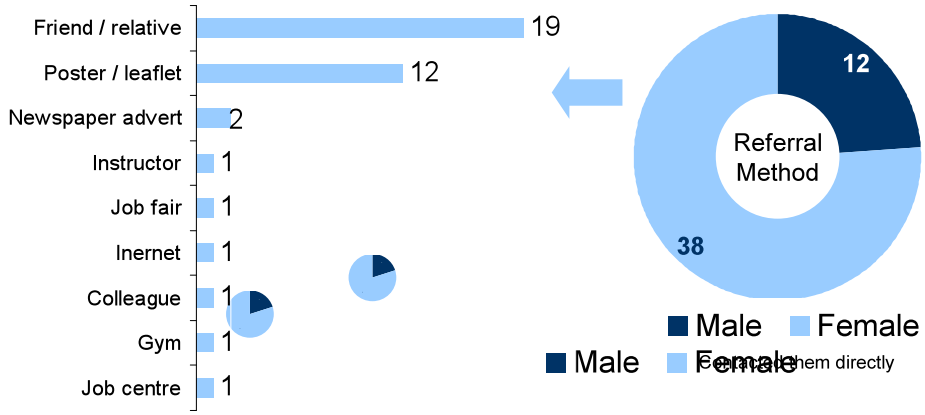
P5 How did clients find out about the scheme? *and* P6 What marketing was used by the provider and what was successful?

Key Findings

Three quarters of respondents to the telephone survey had contacted Be Fit directly, without a GP referral via Healthy Change. Word of mouth and posters/leaflets were the most common means of raising awareness.

Figure 18

Number of respondents



Base: 50 respondents, Be Fit clients

Thirteen Be Fit clients took part in the focus groups; they had found out about the scheme in a number of ways:

- Four participants had accessed the Be Fit scheme having already completed the Active for Life programme.
- One person had been referred to Slimming World from Healthy Change and was subsequently using the Be Fit scheme to maintain a healthy weight.
- Two people had seen an article and an advertisement in the local newspaper for the scheme.
- The remainder said that they had been told about the scheme by friends and/or family.
- Two people in the focus group were already using the leisure centre as paying members prior to joining the Be Fit scheme; they had seen posters and fliers in the leisure centre as well as hearing about the scheme from friends.

Three of those who accessed Be Fit had done so specifically after being made redundant, in order to keep themselves active and to give themselves a focus for the day. They had found using the service very beneficial for getting them out of the house and helping them to stay positive about the future. One Be Fit client, a former employee of the Citizens Advice Bureau, felt that making organisations such as the CAB aware of Be Fit would benefit their clients.

Both frontline and managerial staff said that word of mouth had been the most common way of recruiting new clients. Several frontline staff recounted that one family member attending as part of Be Fit often encouraged other members of the family to start coming, and for families generally to start making more use of the leisure centre, for example, bringing their children swimming. Other effective marketing methods which staff mentioned included leaflets and posters in the job centre and GPs' surgeries, and a stall at the Jobs Fair.

Southglade Leisure Centre is the only participating leisure centre to employ a Customer Advisor, enabling them to do a significant amount of community outreach work to recruit new Be Fit clients. The Customer Advisor attends the GP surgery clinic on a Thursday morning, and can talk directly on-site to those who attending for Health Checks, for example, for whom the nurse has recommended an increase in physical activity. In July, Southglade's Customer Advisor also led their participation in an Olympic Sports Day, in conjunction with the other Healthy Change partners, to raise awareness of the scheme.

Key Learning Points and Recommendations

Key Learning Points

- The majority of Be Fit clients were self-referrals who had heard about the scheme through word-of-mouth.
- The Customer Advisor at Southglade Leisure Centre plays an important role in encouraging new referrals.

Recommendations

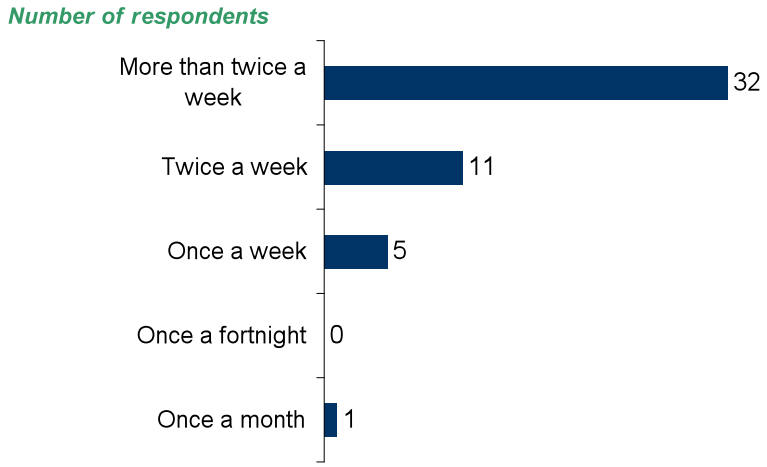
- Paid-for marketing activities outside of the leisure centre environment should be used to continue to broaden the client base.
- Word of mouth is an effective way to recruit from existing engaged communities.
- Be Fit should consider marketing the scheme specifically to those who have recently been made redundant as a way of improving their emotional as well as physical wellbeing.
- The launch of Be Fit at two new sites should be supported with paid-for advertising.
- Customer Advisors should be established at the new Be Fit sites to replicate Southglade's model of community engagement.

P7 Did participants attend at least 4 times a month and how was this enforced?

Key Findings

Analysis of responses to the telephone survey show that nearly 9 out of 10 participated twice a week or more, which significantly exceeds the goal for participants to attend at least 4 times a month.

Figure 19



Base: 50 respondents, Be Fit clients

Gym attendance is monitored by the TRP computer system, further details of which are given in the findings under Be Fit evaluation question P3. A contact strategy is in place for those deemed to have 'dropped out'; they are sent a letter, followed by two telephone calls, to encourage them to start coming again.

With regard to attendance at group exercise classes, Be Fit clients are now able to book onto classes. If they don't attend a class they've booked for 3 times in a row, then under the leisure centres' '3 strikes' policy, they are not allowed to book onto a class for another month. This is stressed when people join, but it rarely needs to be enforced.

With regard to the one-to-one sessions offered by the gym, instructors call clients to confirm the date and time of their one-to-one, which encourages their attendance. If the leisure centre staff become aware of other reasons why clients are not participating at least 4 times a month, they are able to refer people back to Healthy Change for further help.

Key Learning Points and Recommendations

Key Learning Points

- Most clients attend twice a week or more.
- Gym attendance is monitored by the TRP system.
- If clients book onto a group exercise class but do not attend 3 times in a row, then they cannot book onto another class for a month.
- The scheduling of one-to-one sessions is confirmed with the clients by telephone.

Recommendations

- Be Fit should investigate whether TRP system could be adapted, or an alternative system could be introduced, to monitor attendance at group exercise classes, to develop intervention strategies for those 'at risk' of dropping out.
- Be Fit should analyse TRP data on a regular basis to see if there are specific factors influencing attendance/non-attendance of certain groups, and whether these factors could be addressed in some way.

P8 What were the attributes and motivations of participants that continued or did not continue in the scheme?

Key Findings

Be Fit staff observed that the drop-out rate for Be Fit clients is in line with the fitness industry average, and that no demographic group was more likely to drop out than any other. Across the fitness industry as a whole, younger people are less likely to continue going than older people, but there are generally no significant differences between gender or the time of year that people join.

Be Fit clients who continue to access the scheme

One of the Be Fit management team estimated that 80% of Be Fit clients were self-referrals, and that 20% of these were already accessing services as part of their exercise routine, but they were now able to attend more often. In the focus groups, those using Be Fit were split between those who had self-referred, and those who had come through the CVD Prevention Pathway. Those who had come through the Pathway used Be Fit to maintain their lifestyle change. Most people were looking to lose weight and several had achieved significant weight-loss through the scheme – a white male aged over 40 had lost 2.5 stone in 6 months. Be Fit was used by unemployed participants as a way of lifting their mood, and giving them a sense of purpose and routine to their day. The opportunity to meet and interact with other leisure centre clients, was a key reason that Be Fit participants continued to access the scheme, as they made friends while exercising. One member of staff in the focus group felt that the diversity of the fitness staff gave them confidence to continue.

"Once people come and see ordinary people like them exercising, and that the instructors are ordinary people, and older too, they don't feel intimidated."

Be Fit staff focus group participant

Be Fit clients who drop out of the scheme

Due to the sampling methodology available to us, it was particularly difficult for us to get an insight into clients who did not continue to participate in the Be Fit scheme. Only three survey respondents said that they had not continued accessing the Be Fit scheme;

reasons given were health problems and the cost of transport to get to the leisure centre. Staff commented that with regard to unemployed Be Fit clients, once they have found a job, then they necessarily drop out of the scheme.

Key Learning Points and Recommendations

Key Learning Points

- The drop-out rate for Be Fit clients is in line with the fitness industry average.
- Most clients were self-referrals.
- Most clients who had come through the CVD Prevention Pathway were using Be Fit to maintain the changes they had made to their lifestyle.
- There is limited information available on why clients drop out of the scheme.

Recommendations

- Information about why clients drop out could be captured on a database as part of the follow-up calls the fitness advisers make to clients
- Future evaluations should aim to explore the reasons why clients drop out from the clients' points of view, in more detail.

5) Findings in the context of behaviour change theory

In the course of the evaluation, we have consistently overlayed our knowledge of the Institute for Government's MINDSPACE behaviour change framework[2], which was developed to provide practical guidance to policy makers on incorporating behaviour change theory into policy interventions. MINDSPACE is an acronym, representing the key influencing factors on behaviour. An overview chart describing the MINDSPACE factors can be seen in Appendix E.

Through our analysis, we have been able to pick out key factors which have influenced the success of the different services to date, and also identify ways in which current understanding of behaviour change theory could be exploited to further improve services for clients. For simplicity, we have highlighted key points under the 9 MINDSPACE factors below.

MESSENGER

Healthy Change

Clients said they particularly liked speaking to the same Health Trainer as they came to see them as a friend and supporter

- How will this be affected by the new working practices?

Active for Life

Clients in the focus groups said they take notice of what staff say in the education sessions as they see them as knowledgeable professionals.

- Will they respond in the same way now that education sessions are optional and materials can be accessed remotely without the guidance of the instructor?

Be Fit

Staff felt that clients found it encouraging to see the fitness trainers were 'normal' people, of all ages, for example.

[2] To download a copy of the MINDSPACE Practical Guide, visit http://www.instituteforgovernment.org.uk/sites/default/files/publications/MINDSPACE.pdf

INCENTIVES

Healthy Change

Many clients access the service on a repeat-basis, particularly for Slimming World vouchers.

- Could NHS Nottingham City and Healthy Change develop other sorts of incentives, to encourage independence from the system?

Active for Life

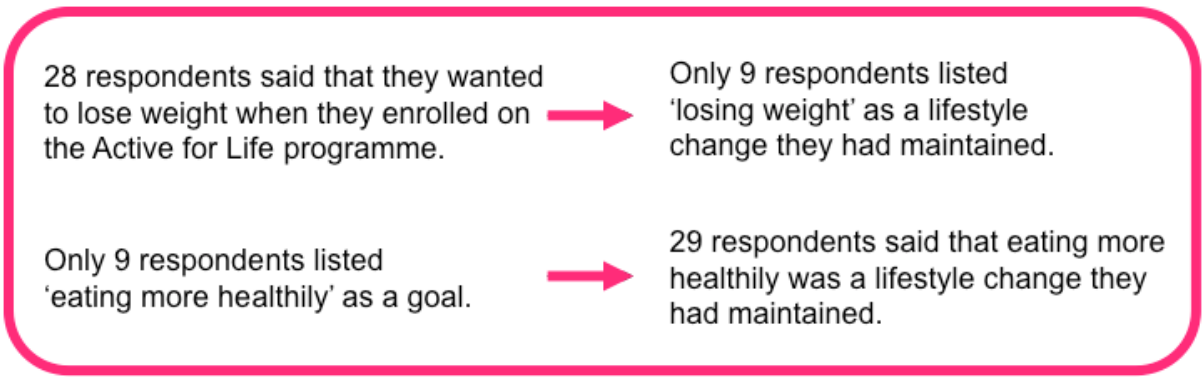
Active for Life have recently started trialling a number of incentive schemes to encourage clients to maintain their activity levels after the 12 weeks.

- Which types of incentive will be most successful and why?

NORMS

For all three services

Analysis of the telephone survey responses shows that clients of all three services seemed to have reframed their understanding of the lifestyle changes they needed to make. They moved from focusing on the consequence of their lifestyle, often their weight, to understanding that they need to eat more healthily or exercise regularly. The responses given by Active for Life clients demonstrate this:



Base: 50 Active for Life telephone survey respondents

Active for Life and Be Fit clients mentioned the benefits of having a set programme, or set times to access services.

- Are there ways (such as through social media or informal community meet-ups) that NHS Nottingham City could develop to help clients support each

other in maintaining their lifestyle changes beyond their involvement in the pathway, and maintain this new-found 'norm'?

DEFAULTS

Healthy Change

Several clients mentioned that without the telephone call from Healthy Change, they would not have been motivated to change their default behaviour. Health trainers commented that a significant proportion of clients, particularly those referred for smoking cessation, were at 'pre-contemplation' stage.

- Could Healthy Change work with GPs to develop a bespoke approach to these clients, to disrupt their initial default reaction to making changes to their lifestyle?

Active for Life

Recent changes to the programme mean that clients now have more choice and flexibility e.g. using the gym-based route, offering optional education sessions

- How will this increased choice affect outcomes for clients?

SALIENCE

Healthy Change

Clients who are referred by the GP who are at 'pre-contemplation' stage may need more prompting to appreciate how Healthy Change could help them in their particular situation.

- Could Healthy Change place case study promotional materials in GP surgeries, highlighting how they have helped individuals in a range of situations?

Active for Life

The education sessions received mixed feedback.

- Could Active for Life implement a suggestions wall for education topics that clients would like to be covered, or let clients vote on a selection of topics, to ensure clients see the sessions as relevant to them?

Be Fit

Staff mentioned that retitling some classes had encouraged more Be Fit clients to attend, e.g. by making them sound less intimidating, or highlighting the ability group they were aimed at.

- Could this be more systematically implemented and used to promote Be Fit to potential new groups of clients in the community?

PRIMING

Healthy Change

Healthy Change have recently introduced tools such as the Welcome Pack, pedometer and wall planner to prompt clients to continue with their lifestyle changes.

- Measures to evaluate the success of these different initiatives should be put in place

Be Fit

Clients who had recently been made redundant gained particularly from Be Fit, both emotionally as well as physically.

- Could NHS Nottingham City send out information about Be Fit to employers in Nottingham, so that employers could provide information on the scheme to employees if they have to make anyone redundant?

AFFECT

Be Fit

Unemployed clients were very passionate about the benefit of participating in Be Fit.

- Could these testimonials be used to promote the service to other unemployed people or those who have recently been made redundant?

All services

- Could testimonials from successful clients be used to promote the Pathway as a whole to the target communities in Nottingham?

COMMITMENT

For all services

- Could some method of 'public commitment' be incorporated into each service, as a means of reducing the drop-out rates?

EGO

For all services

Positive reinforcement of each success, however small, is a key technique used by staff in all three services, and something which was consistently mentioned by focus group participants as a motivating factor.

- While this seems to come naturally and be done spontaneously by frontline staff, it is important that this key success factor is continually reinforced and not lost as the services change and develop over time.

Appendices

Appendix A: CVD Prevention Programme

Appendix B: Sampling details

Appendix C: Programme completion rates

Appendix D: Recommendation of the services

Appendix E: MINDSPACE factors

Appendix A: CVD Prevention Programme

The Cardiovascular Disease (CVD) Prevention Programme aims to reduce cardiovascular disease amongst population groups in Nottingham City that have the highest premature CVD mortality rate. There is a commitment in Nottingham's Sustainable Community Strategy (The Nottingham Plan to 2020) to reduce the health inequalities gap between the City and the England average by 70%, and reducing the CVD mortality rate is central to meeting this target.

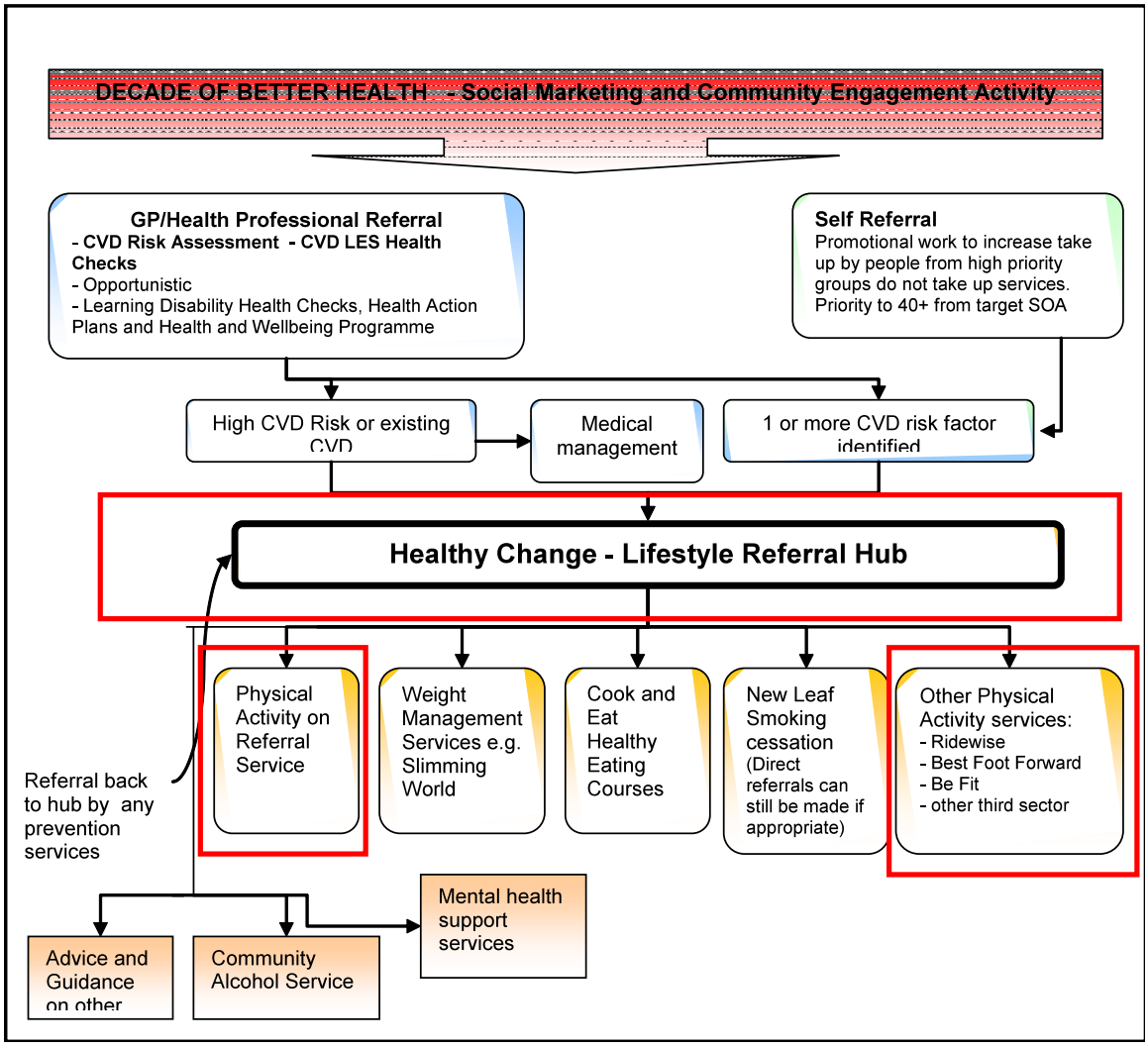
During 2010/11 the client pathway and services within the CVD Prevention Programme were reviewed and changes implemented in April 2011. Please see appendix 1 for a diagram of the current pathway. The main focus of the programme is to reduce the risk of CVD by engaging adults in services to increase physical activity levels, stop smoking, improve their diet or lose weight.

Activity within the CVD Prevention Programme is targeted at adults aged 40 and over living in CVD priority areas[3] although activity is open to all adults who live within the Nottingham City boundary or who are registered with a Nottingham City GP. Within the target group, the emphasis is placed on men, BME groups and Incapacity Benefit Claimants as research shows that they are at a greater risk of CVD.

Service	Details
Healthy Change – NHS Direct	Healthy Change is an innovative telephone based referral and support service for individuals with one or more cardiovascular disease (CVD) risk factor. The service can be accessed by referral from GPs or health professionals, or directly from members of the public. Health Trainers assess the individual needs of clients and support them to make behaviour changes (including stopping smoking, improving their diet and increasing physical activity). Healthy Change also provides a single point of access into appropriate health improvement services, such as Active for Life and Be Fit.
Active for Life (Physical Activity on Referral Service) – Nottinghamshire YMCA	The *Physical Activity on Referral Service* is a 12 week programme which provides appropriately tailored, individual and group exercise programmes and evidence based motivational support for people with one or more CVD risk factor or with CVD, referred by health care professionals through the local "Healthy Change" Lifestyle Referral Hub provided by NHS Direct. Appropriately trained staff assess the individual needs of each client and develop tailored exercise programmes, and use motivational interviewing and other behaviour change approaches to maximise programme adherence and to agree physical activity goals outside of the

[3] CVD priority areas are defined by the City's 50% of lower super output areas (SOA) with the highest rate for CVD mortality, highest IMD[5], mosaic groups and SOAs that are geographically close to target SOAs. See appendix 2 for a map of these areas.

	programme. Physical activity opportunities are free at the point of access and delivered in accessible community venues appropriate to the needs and preferences of priority groups. Clients receive motivational support in group and/or individual sessions to help address barriers to physical activity, such as low self efficacy. Motivational support will also be provided to clients at the end of their exercise programme to promote maintenance of increased activity levels.
Be Fit – Nottingham City Council	Be Fit is a partnership between Nottingham City Council and NHS Nottingham City to provide a Free Leisure Centre Usage Scheme to Nottingham City residents. Be Fit will run from 1st June 2011 to 31st May 2013 by offering free use of leisure facilities between 10-12 pm and 1-3 pm, Monday to Saturday at the following Nottingham City Council Leisure Centres: • Portland Leisure Centre (Meadows) • Harvey Hadden (Bilborough) • Southglade Leisure Centre (Bestwood). Free usage is available to Nottingham City residents who are eligible to claim the following benefits: • Job Seekers Allowance • Income Support • Employment and Support Allowance • Industrial Injuries Disablement Benefit. Additionally, clients of the Active for Life service delivered by Nottinghamshire YMCA are eligible for free access subject to completion of the Active for Life programme. Clients requiring more support are referred to the Active for Life service.



Red boxes denote services of interest for this evaluation.

Further details about the pathway can be found here:
http://www.onenottingham.org.uk/CHttpHandler.ashx?id=9836&p=0

Appendix B: Sampling details

GP online questionnaire

Emailed to all GP practices in Nottingham city.

Telephone survey with service users (clients)

- 50 participants per service, a total of 140 interviews (accounting for those who had used more than one service)
    - 50 out of 140 respondents were male
    - 96 out of 140 respondents were aged over 40
    - 48 out of 140 respondents were unemployed
    - Higher proportion of Be Fit service users
    - 45 of the respondents were from ethnic minorities
    - Black Caribbean were the most significant minority
    - Very small number of Pakistani or Indian respondents
    - 43 respondents classified themselves as having a disability

Staff focus groups

We held one focus group for each service. There were 5 participants from Healthy Change, 9 from Be Fit and 7 from Active for Life. All participants were staff working for one of the three services who had direct contact with the service users.

Managerial in-depth interviews

Face-to-face one-to-one interviews were held with two members of the Healthy Change managerial staff and two members of the Be Fit managerial staff. One-to-one phone interviews were held with one member of the Healthy Change managerial staff, and one member of the Be Fit managerial staff. A group interview was held with three members of the Active for Life managerial staff.

3 focus groups with service users (clients)

Participants	Healthy Change	Active 4 Life	Be Fit	Other
Group 1				
1	✔			Slimming World
2	✔			Slimming World
3	✔	✔	✔	
4		✔		
5		✔		
6	✔	✔		
7			✔	
8			✔	
9	✔		✔	
Group 2				
1	✔	✔		
2			✔	
3		✔	✔	
4	✔	✔		
5	✔	✔		
6	✔	✔		Slimming World
7			✔	
8			✔	
9			✔	
10		✔		Slimming World
Group 3				
1	✔	✔	✔	
2		✔		
3	✔	✔		
4		✔		
5	✔	✔	✔	
6			✔	
7		✔		
8			✔	
9		✔		

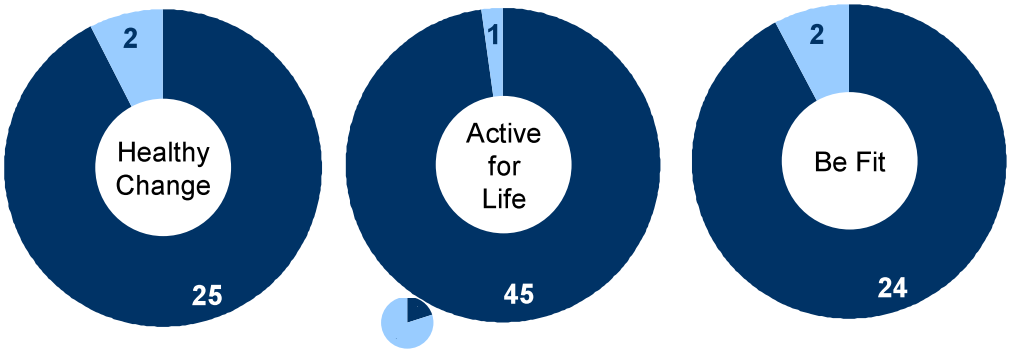
Appendix C: Programme completion rates

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Telephone survey: programme completion rates

Majority of service users said that they completed the programme – influenced by recruitment approach.
Staff focus groups will be used to discuss the reasons behind non-completion in greater depth.

Number of respondents



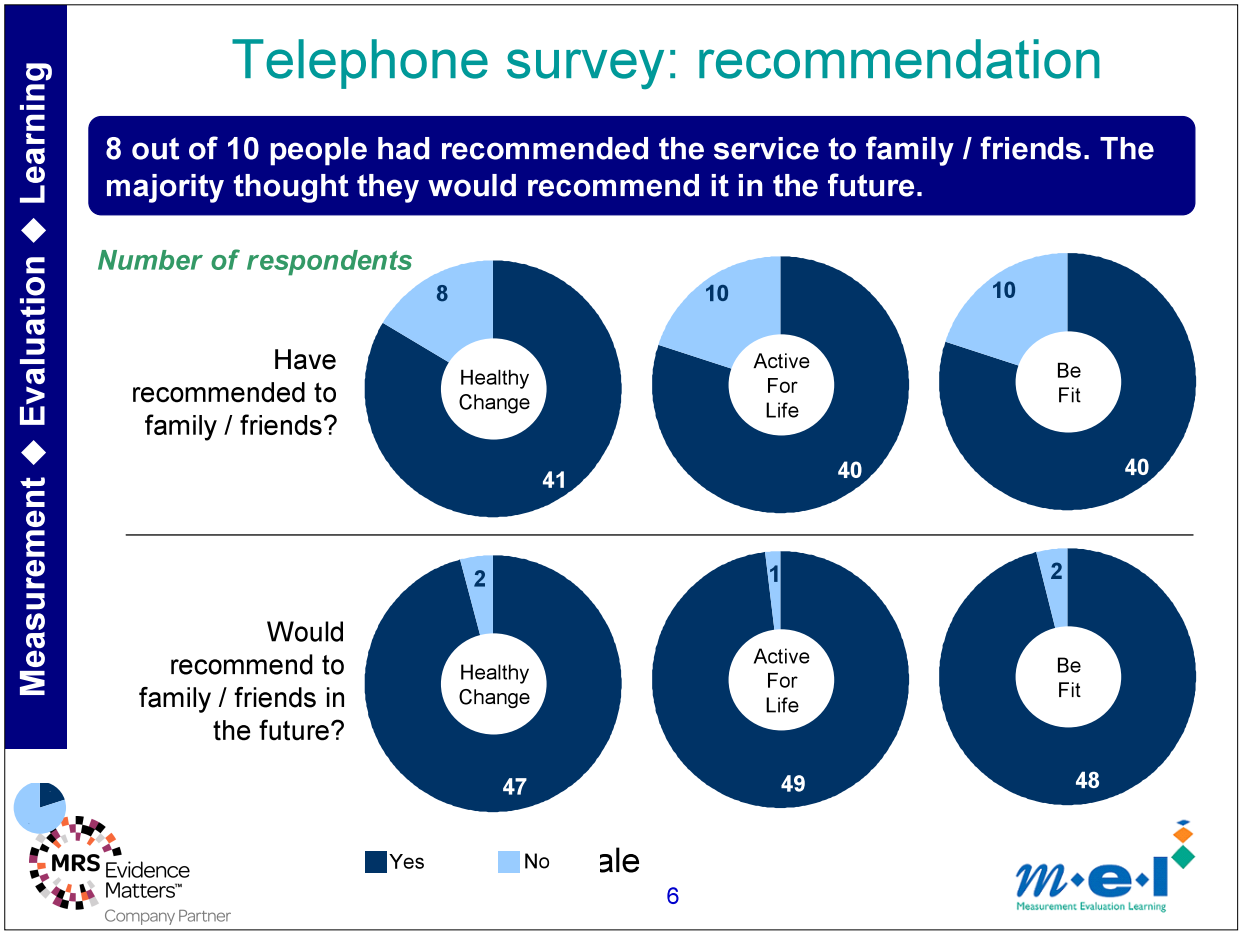
Reasons given for dropping out:
- Lack of time = 1
- Gym poor / staff unhelpful = 1
- Cheaper to go to leisure centre = 1
- Lack of transport = 1
- Not comfortable in big groups = 1

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Appendix D: Recommendation of services



Appendix E: MINDSPACE factors

The following chart gives a brief overview of the MINDSPACE factors, which contribute to successful behaviour change.

Messenger	we are heavily influenced by who communicates information
Incentives	our responses to incentives are shaped by predictable mental shortcuts, such as strongly avoiding losses
Norms	we are strongly influenced by what others do
Defaults	we 'go with the flow' of pre-set options
Salience	our attention is drawn to what is novel and seems relevant to us
Priming	our acts are often influenced by sub-conscious cues
Affect	our emotional associations can powerfully shape our actions
Commitments	we seek to be consistent with our public promises, and reciprocate acts
Ego	we act in ways that make us feel better about ourselves

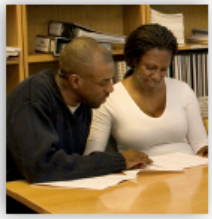
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