**Findings from healthy behaviours survey of Service Users and Residents**

**DATE 7th July 2022**

**Bracknell Forest Council Full report**

**INTRODUCTION**

Between 19th May to 30th June 2022, Bracknell Forest Council (BFC) conducted a survey to gain information to inform a Healthy Behaviours Health Needs assessment (HNA). The aim was to obtain the views of current service users, residents and professional that routinely refer clients on current provision and inform future commissioning of services.

The survey focused on asking about support needed in relation to four key behaviours that are recognised to have the greatest effect on health:

* Smoking
* Drinking alcohol
* Diet
* Physical activity

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**SURVEY METHODOLOGY AND NUMBER OF RESPONSES**

The survey questions were developed by a Healthy Behaviours HNA working group comprising colleagues working in Public Health, Communications, Community Engagement, and Primary Care, across East Berkshire. Additionally, advice on the design of the survey was received from Dr Margaret Glogowska, senior researcher in the Nuffield Department of Primary Health Care Sciences at University of Oxford.

The survey was produced in two versions: a survey for the public and a survey for professionals who live or work in Bracknell Forest (BF). Both surveys were launched digitally on BFC Objective Platform.

The surveys were widely promoted to stakeholders through different communication channels, including:

* Social Media channels (Twitter, Facebook).
* BFC Healthwatch newsletter.
* The CCG/Primary care newsletter
* BFC Intranet
* CCG/BFC social prescribers
* And other Voluntary Sectors
* Faith and community groups

Additionally, stakeholders in attendance at local meetings and forums were given information and encouraged to complete the surveys.

In total 165 survey responses were received from both residents and professionals:

* Residents: 133 responses (81%).
* Professionals: 32 responses (19%).

32 responses were from Professionals, these were received from:

* Allied Health Professional
* GP Practice Staff
* Mental Health Professional
* Public Health Professional
* Smoking Cessation Adviser
* Social Prescriber
* Social Worker
* Weight management adviser
* Substance Misuse Recovery Worker

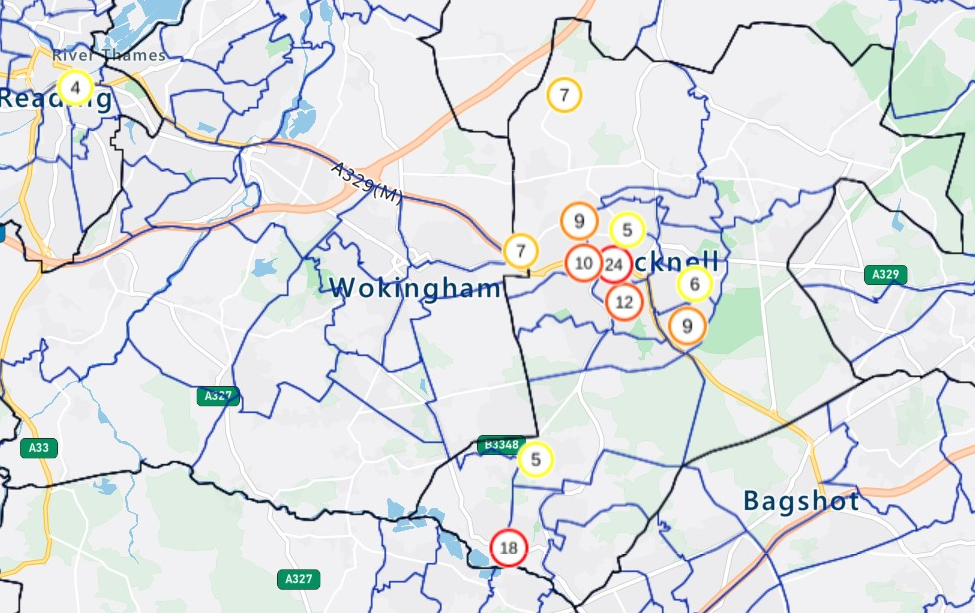
**FINDINGS FROM SERVICE USER/RESIDENT SURVEY**

**Who responded?**

The survey was shared with our service users to get understanding of the services we provide across Bracknell Forest (BF). Responses were received from residents living across different wards in BF as shown in Figure 1.

*Location*

**Figure 1: Location of survey respondents\***\*133 responses

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**Response by Ward**

Postcode data was captured and mapped to wards. 99 out of 133 responses (74%) had provided postcode, of those 11% of responses were from those living in Priestwood and Garth area, 9% responses were from those living in Hanworth area, 7% responses were from those living in Wildridings and Central area, 7% responses were from those living in Crown Wood. The majority (66%) were centrally located.

***Age Breakdown***

The chart below shows the age breakdown of responders (N=124, 94%). Of those who responded, the highest proportion of 35% were 65+ years and lowest proportion of 10% were 25-34 years.

**Figure 2: Age breakdown of survey respondents**

Table 1 shows the age profile of responders compared to the adult (25+ years) resident population. A higher proportion of the survey responders were in the 65+ age group (35%) compared with resident population (22%). On the other hand, there were less proportion of younger population aged 25-34 years (10%) compared with resident population (18%).

|  |  |  |
| --- | --- | --- |
| Age Group | Survey responders (%) | Resident Population (%) |
| 25-34 | 10 | 18 |
| 35-44 | 16 | 21 |
| 45-54 | 18 | 21 |
| 55-64 | 15 | 18 |
| 65+ | 35 | 22 |

**Ethnicity Breakdown**

This chart below describes the ethnicity breakdown of residents who participated in the survey.

**Figure 3: Ethnic make-up of survey respondents**

There were 128 responses (96%) with 5 people (4%) skipping the question. Responses were predominantly received from residents of White British ethnicity population compared to other ethnic background

* 69% of respondents were identified as white British, which is similar to the overall 65% people representing the population.
* 17% of respondent were identified as Black Asian and Minority Ethnic group, compare to 11% people representing the population.
* 12% of respondent were identified as white other Ethnic group, compare to 15% people representing the population.

***Employment and economic status***

In answer to the question ‘I am able to afford everything to meet my basic needs and those of my family,’ a high proportion of residents selected the response ‘all of the time’ (68%, N=90).

(29%, N=39) respondents selected the response ‘some of the time’, (1%, N=2) respondents selected ‘none of the time.’ and (2%, N=1) no responses.

**Figure 4: Economic status of survey respondents**

\* 131 responses (98%, 2 skipped (2%)

In terms of employment, a high proportion of respondents were retired (65%, N=48), in line with the older age of respondents. Eleven percent (N=8) of respondents were self-employed/freelance workers. (7%, N=5) respondents described their employment status as ‘looking after home/family’ indicating they are not in employment due to caring responsibilities. (7%, N=5) stated they were long-term sick/disabled and (5%, N=4) respondents were unemployed.

**Figure 5: Employment status of survey respondents**

When asked if respondent have children aged under 18 currently living in their household, (74%, N=99) respondents did not live in a household with children or young people aged under 18 years. (24%, N=32) respondents stated they do live with children or young people under 18 years.

**Figure 6: Respondents living with children aged 18 and younger.**

\* 131 responses (98%, 2 skipped (2%)

***Impairment or Disability***

When asked the question *‘do you have an impairment or disability’, (59%, N=86)* respondents stated they do not have either an impairments or disabilities. (16%, N=23) respondents indicated longstanding illness or health conditions such as cancer, diabetes, chronic heart disease or epilepsy. (10%, N=15) respondents stated that they had a mental health condition, a further 4% a sensory impairment, 3% a learning disability or difficulty and 3% respondents selected that they had a physical impairment.

**Figure 7: Disability or impairment status for the survey respondents**

\* 131 responses (98%, 2 skipped (2%)

***Gender identity and sexual orientation***

As seen in the chat below, this survey attracted a disproportionately high number of responses from people female (76%, N=101) compared to male (18%, N=24).

**Figure 8: Gender identity of survey respondents**

\* 126 responses (95%), 7 skipped (5%)

**Figure 9: Transgender status of survey respondents**

**Figure 10: Sexual orientation of survey respondents**

**What did the responders tell us?**

*Healthy Behaviours (Q1-4)*

* When asked the question, do you currently smoke? (86%, n=113) respondents answered no to this question. (14%, n=18) respondents reported they currently smoke. (131 responses (98%), 2 skipped (2%)
* (12%, n=16) respondents reported concerns about how much alcohol they drink. (88%, n=117) reported not to have any concern about how much alcohol they drink.
* (77%, n= 103) respondents reported concerns about their weight. (23%, n=30) were satisfied with their weight. (1 no response).
* When asked the question, do you have any concerns about your activity levels? (33%, n=44) respondents reported concerns about their activity levels. (67%, n=88) respondents reported not to have any concerns about their activity levels.

When asked if they were looking to make healthy changes (Q5):

* (85%, n=113) respondents wanted to lose weight
* (81%, n=108) respondents wanted to get active
* (14%, n=18) respondents wanted to quit smoking
* (14%, n=19) respondents wanted to drink less alcohol
* (2%, n=2) answered no to either the questions

*\*133 responses, 0 skipped this question*

***Current services***

When asked if they had used any of our current services (Q6):

* (36%, N=48) respondents they had used Every Health Weight Management Service
* (11%, N=15) respondents they had used Smokefree Berkshire smoking cessation service
* (7%, N=9) respondents they had used New Hope Drugs and Alcohol Service
* (5%, N=6) respondents they had used Bracknell Forest Council Public Health portal / Community Map
* (19%, N=25) respondents they had used Primary care services (including GP support)
* (3%, N=4) respondents they had used public health social prescribers
* (24%, N=32) respondents they have not heard of any of these services
* (11%, N=14) had used other services

Other services used included:

|  |
| --- |
| Answer |
| Cardiac Rehab |
| Digital Weight Management Services through GP |
| Keep Fit Over 50 |
| NHS Dietician |
| Sandhurst Health Walk |
| Slimming World |
| Talking Therapies |
| Trying To Access GP Services |

When respondents were asked how helpful they found the services they had used (Q7):

* **Everyone Health Weight Management Future services**: 29 responded very helpful, 12 responded Somewhat helpful and 7 responded Not helpful. (NB: (36%, n=48) responses, (64%, N=85 skipped this question)
* **Smokefree Berkshire smoking cessation service:** 15 responded very helpful, 1 responded Somewhat helpful and 3 responded Not helpful. (NB: (14%, n=19) responses, (86%, N=114 skipped this question).
* **New Hope Drugs and Alcohol Service:** 6 responded very helpful, 4 responded Somewhat helpful and 1 responded Not helpful. (NB: (8%, n=11) responses, (92%, N=122 skipped this question).
* **Primary Care services:** 12 responded very helpful, 15 responded Somewhat helpful and 0 responded Not helpful. (NB: (20%, n=27) responses, (80%, N=106 skipped this question).
* **Social prescribers:** 5 responded very helpful, 3 responded Somewhat helpful and 1 responded Not helpful. (NB: (7%, n=9) responses, (93%, N=124 skipped this question).
* **Public Health portal / Community Map:** 2 responded very helpful, 1 responded Somewhat helpful and 2 responded Not helpful. (NB: (4%, n=5) responses, (96%, N=128 skipped this question).

**When respondents were asked how they would like to access services in the future (Q8):**

* (41%, N=51) respondents indicated that they don’t mind either having a single service that offers support for smoking, alcohol, diet and exercise or a separate service for smoking, alcohol, diet and exercise.
* (40%, N=49) respondents indicated that they would like to have a separate service for smoking, alcohol, diet and exercise.
* (19%, N=24) respondents indicated that they would like to have a single service that offers support for smoking, alcohol, diet and exercise

When asked how respondents would prefer to receive support (Q9):

*123 responses, 10 skipped this question\**

* (50%, N=78) respondents would prefer to receive support in person.
* (12%, N=18) respondents would prefer to receive support by telephone/video call.
* (17%, N=27) respondents would prefer to receive support digitally by apps or a website.
* (21%, N=33) respondents did not mind.

**Additional comment and suggestions for improvement**

When asked ‘Is there anything else you would like to say to help improve healthy behaviours services in Bracknell Forest?’ (Q10): out of 133 respondent, 62% (N=82) said no and 38% (N=51) provided a written comment. Of those that provided written response, the majority highlighted positive and negative feedback summarised below:

**Positive Feedback - Physical Activity (Fitforall) programme**

Respondents who are using the fitforall (physical activity programme) demonstrated increased satisfaction with the service as quoted below:

“*Appreciate Fit4All at Priestwood on Wednesday very much”*

*“I have attended fitness classes run through the council and enjoy these. I feel they motivate me for day ahead to move more and eat less as I have exercised in the morning”*

*“I attend the keep fit classes at Priestwood Centre on a Wednesday morning, I find them very helpful for my general health and fitness Deborah Is very knowledgeable and helpful to my needs*”.

*“I do not require any support with accessing exercise as I already attend one of your classes in Owlsmoor”.*

***“****The services offered by the councils in Berkshire are a help for those searching for a person to talk with over a personal matter which can affect their health and lifestyle****”***

**Weight management**

“*I am in the process of losing weight and adopting a healthier eating regime through Everyone Health”.*

*“I feel that these services are beneficial to lots of people in the community hopefully it will improve our health and wellbeing and keep us out of the doctors surgeries'*

*I've lost weight consistently which is half my own and half everyone health's tactical strategy”*

**Negative feedback**

Respondents that provided negative feedback highlighted concern around:

* Cost to leisure centre
* Communication

Suggestions for improvement

Offer more 1.1 sessions in weight management service

**FINDINGS FROM PROFESSIONALS’ SURVEY**

**Who responded?**

Of the 32 responses from Professionals, these were received from:

* Allied Health Professional: (9.4%, N=3)
* GP Practice Staff: (9.4%, N=3)
* Mental Health Professional: (3.1%, N=1)
* Public Health Professional: (6.3%, N=2)
* Smoking Cessation Adviser: (18.8%, N=6)
* Social Prescriber: (12.5%, N=4)
* Social Worker: (3.1%, N=1)
* Substance Misuse Recovery Worker: (12.5%, N=4)
* Other: (25.0%, N=8)

**Other professionals who responded – why are they separate only 2 are non-client /resident facing?**

|  |  |
| --- | --- |
| Fitness professional providing fitness sessions | 1 |
| Business Support | 1 |
| Homelessness prevention officer | 2 |
| Project Support Officer | 1 |
| Practitioner | 1 |

**What did Professionals’ Survey tell us?**

**Q1). When asked to select which Bracknell Forest support services professionals currently refer or signpost people to, responses showed:**

* (53.1%, N=17) respondents had referred or signposted to Everyone Health Weight Management Service
* (62.5%, N=20) respondents had referred or signposted to Smokefreelife Berkshire
* (50%, N=16) respondents had referred or signposted to New Hope Drugs and Alcohol Service
* (40.6%, N=13) respondents had referred or signposted to Primary Care Services including GP Support
* (31.3%, N=10) respondents had referred or signposted to Public Health Social Prescribers
* (25.0%, N=8) respondents had referred or signposted to Bracknell Forest Council Public Health Portal / Community Map
* (12.5%, N=4) answered they do not refer to any of these services

**\*** 32 responses (100.0%), 0 skipped (0.0%).

**Q2). When asked which other support services professionals routinely refer/signpost people to for support with losing weight, getting active, quitting smoking or drinking less, responses included:**

Responses includes: Shapeup4life Quit smoking (2x), BROWNS service, Everyone Health, Everyone Active, local walks, stop smoking Berkshire, Steppingstones Recovery College, New Hope (2x), AA/NA fellowship meetings, recovery college, sport in mind (4x), community connectors, Frimley services, Gloji and the NHS weight loss app, NHS websites, Shapeup 4 life Hampshire, public health portal for Fitforall physical activity support (2x).

\* 21 responses (65.6%), 11 skipped (34.4%).

**Q3. When asked how helpful professionals think the public find the Bracknell Forest support services listed, responses showed:**

* Everyone Health Weight Management: Out of 26 responses (81.3%) received for this service, 14 responded very helpful, 9 responded Somewhat helpful, 3 responded Not sure / unable to say.
* Smokefreelife Berkshire: Out of 28 responses received (87.5%), 17 responded very helpful, 4 responded Somewhat helpful, and 7 responded Not sure / unable to say.
* New Hope Drugs and Alcohol service: Out of 25 responses received (78.1%), 16 responded very helpful, 3 responded Somewhat helpful, and 6 responded Not sure / unable to say.
* Primary Care services: Out of 23 responses received (71.9%), 12 responded very helpful, 3 responded Somewhat helpful, and 8 responded Not sure / unable to say.
* Public Health Social Prescribers: Out of 22 responses received (68.8%), 12 responded very helpful, 5 responded Somewhat helpful, and 5 responded Not sure / unable to say.
* Public Health portal / Community Map: Out of 23 responses received (71.9%), 5 responded very helpful, 6 responded Somewhat helpful, and 12 responded Not sure / unable to say.

**Q4). When professionals were asked about the design of health improvement support services in the future:**

* (43.8%, N=14) respondents thought people would benefit from separate services for smoking, alcohol, diet and exercise.
* (37.5%, N=12) respondents thought people would benefit from a single service that offers support for smoking, alcohol, diet and exercise.
* (18.8%, N=6) respondents did not have a strong opinion.

The high proportion of responses indicating people would benefit from separate services for smoking, alcohol, diet and exercise

\* 32 responses (100.0%), 0 skipped (0%).

**Q5). When professionals were asked how they thought support should be made available in the future:**

* (90.6%, N=29) respondents thought support should be provided in person.
* (75.0%, N=24) respondents thought support should be provided digitally via apps or a website.
* (56.3%, N=18) respondents thought support should be provided by telephone.
* (9.4%, N=3) respondent commented they don’t mind either way
* (6.3%, N=2) respondents commented other

The majority of respondents highlighted that; they were in favour of offering support through either in person, digitally via apps/website or telephone.

\* 32 responses (100.0%), 0 skipped (0%).

**When professionals were asked to give their views on the reasons people don’t benefit from support services (Q6):**

* (21.9%, N=7) respondents selected ‘Not enough time.’
* (50.0%, N=16) respondents selected ‘Location of services.’
* (46.9%, N=15) respondents selected ‘Not engaged.’
* (28.1%, N=9) respondents selected ‘Existing service isn’t right for them.’
* (75.0%, N=24) respondents selected ‘They’re not yet ready for change.’
* (71.9%, N=23) respondents selected ‘They’re struggling to maintain change.’
* (12.5%, N=4) respondents selected ‘Other’)

When asked for other comment on the reasons why people don’t benefit from support services, 3 respondents also stated lack of knowledge of local services available or the fact that residents are homeless or placed in unsuitable housing.

\* 32 responses (100.0%), 0 skipped (0%).

**Q7. Professionals were asked: ‘Of the groups/communities you work with – not currently engaged with support services – who could benefit most with health help to lose weight, get active, quit smoking, or drink less? Responses are summarised here:**

* Mid age individuals who want to lose weight
* People who are not receiving benefits
* All Community groups- specially targeted groups such as pregnant women, those with chronic diseases clients, drugs and alcohol clients etc
* Those on Low-income and deprived group
* Those suffering from ill mental health, overweight
* Mostly those in deprived area and with LD condition
* BAME community and Men
* Recovering addicts
* Obese and overweight individuals

\* 21 responses (65.6%), 11 skipped (34.4%).

**(Q8) When professionals were asked whether they thought the right support services were in place to help people make healthy behaviour change.**

Of the 31 responses (96.9%) received:

* (80.6%, N=26) respondents answered Yes.
* (19.4%, N=6) respondents answered No

\* 31 responses (96.9%), 1 skipped (3.1%).

**Q9). Professionals were asked to give their views on what else they thought was needed if they had answered No to the previous question. Responses are summarised here by theme:**

|  |  |
| --- | --- |
| **Theme** | **Comment** |
| Cost to physical activity for all | reduced cost exercise option, currently I can refer older patients to keep fit sessions, I also have the option of sports in mind for those suffering with mental health but nothing for the average hard working individual who just can’t afford gym prices but really motivated to lose weight and get active |
| “Making all health improvement services free for residents to access” |
| Raising awareness of local services | “I have put no because I do not know but I can't say I have seen any information about the services available. So maybe more advertising”  “Yes, need to be widely promoted” |
| Early help support for mental health patients | Access to mental health services, before they start looking to make changes to get mentally ready |
|  |
| Increased local services | “Perhaps more of other services e.g., weight Management” |
| “Commissioning more services as the result of Covid” |
| Person centred support | “The people at home with visual and physical disabilities are finding joining in with physical and social activities a challenge”  “Offer separate support for older adult from young adult I.e. and older person in the same group as a 30 year old in weight management or physical activity class, the exercise session will not suit either person, as it will either be too hard or too easy |

\* 9 responses (28.1%), 23 skipped (71.9%).

**Professionals were asked if they had any other comments to add (Q10). Four responses were received for this question. Due to the varied and insightful comments, responses are included here in full below:**

* Response 1: “Everyone health is a great option, and I often refer but if one criticism can be made is, if they can group individuals so that when the physical activity side kicks in people can take the most out of it, I.e., and older person in the same group as a 30-year-old, the exercise session will not suit either person, as it will either be too hard or too easy”.
* Response 2: “Need more resources to get the job done. Too many burned out staff, lots of pressure”
* Response 3: “The people at home with visual and physical disabilities are finding joining in with physical and social activities a challenge”.
* Response 4: “Making all health improvement services free for residents to access”

\* 4 responses (12.5%), 22 skipped entirely or entered either ‘No’ or ‘N/A’ (71.9%).

**SUMMARY OF OVERALL RESULT FROM THE PUBLIC AND PROFESSIONALS’ SURVEYS**

*Representation*

The survey received a good response from both the public and professionals. Response was widely received across the Borough from:

* Middle age group
* Older adult
* Retired residents
* Different ethnic group (including white British, and a small number of responses from people from ethnic minority backgrounds)
* Individuals who can afford the cost of meeting their basic needs all of the time
* And those who do not have children and young people living in their household.

Findings also reflect views of the significant proportion of respondents who reported:

* Living with impairments or disabilities due to long term conditions.
* Respondents who are in employment
* People who sometimes cannot afford to meet basic needs for themselves and their family.

***Support with health improvement***

Responses from the public survey highlighted that:

* 85% respondents were looking to make healthy change e.g., losing wight. 81% of the respondent also highlighted they will need support to get active.
* In terms of support with smoking cessation, response did not emerge as a strong finding compared to people wanting to lose weight or getting active which is reflective of the prevalence of smoking and obesity in Bracknell Forest.
* Only (14%, n=18) respondents indicated wanted to quit smoking and (14%, n=19) respondents wanted to drink less alcohol.

**Local services used**

Majority of respondent (81%) indicated that they had use different support services in Bracknell to improve their health and wellbeing. This includes:

* Everyone health weight management service
* Smokefreelife Berkshire smoking cessation service
* Primary care services (including GP support)
* Public health social prescribers etc.

The most used support service was Everyone Health Weight Management Service (36%), which we know to be in extremely high demand support service since commissioned due to high overweight and obesity rate in Bracknell Forest (63%). A wide range of other support services had been used by respondents. The majority of respondents that indicated that they would need support also highlighted that they would prefer to continue receiving support either in person, by telephone/ video call or digitally via apps or a website.

**Professional**

* Responses to the professionals’ survey showed respondents were aware of health improvement services available in Bracknell Forest and had referred into or signposted more than one of these services previously. However, few professionals did highlight that, they are not aware of some of the new services available, which indicate that more/ regular promotion and awareness of new health improvement services in needed.
* When asked Professionals’ views on how helpful they think residents find health improvement services in Bracknell; responses for each service were generally split between very helpful, somewhat helpful and not sure/unable to say.
* Additionally, most of the respondents highlighted a positive experience in the support services available in Bracknell, which shows that things are working.
* The findings also provided valuable insight into the ways in which health improvement support could best be provided. For example, making services more accessibility (by increasing capacity), sharing of information and support widely and a personalised approach from health professionals is needed.

***Suggestion to health improvement***

Response to the public survey provided valuable insight on the barriers people experience in improving their health. Three key suggestions identified within the answers provided were:

* Cost to leisure centre (such as swimming, gym, physical activity) are viewed as barriers to participation by respondents to this survey - likely a few proportions of older people would prefer health improvement services to be free to access
* Communication – most respondent that have used Everyone Health service, mentioned communication as a key to their health improvement
* Offer more 1.1 sessions in weight management service was also suggested as a barrier to health improvement

Responses from the professionals survey only highlighted one key barrier to health improvement and reasons people do not benefit from support services below:

* Lack of knowledge of local services available is a key barrier to supporting residents to improve their health.

**Specific population groups who are not currently engaged with support services**

The survey also provided an insight into specific population groups who are not currently engaged with support services and could benefit most from health improvement support. This includes:

* Homeless people or those placed in unsuitable housing
* Those suffering from ill mental health
* Overweight
* People in deprived and low-income families
* People with learning disabilities
* Rough sleepers
* Elderly and young people.

**Future services**

A key question in the design of health improvement support is whether services should be integrated (support for multiple health behaviours under one service) or separate.

**Public Response**

* Of the responses to the public survey, (41%, N=51) respondents indicated that they don’t mind either having a single service that offers support for smoking, alcohol, diet and exercise or a separate service for smoking, alcohol, diet and exercise.
* (40%, N=49) respondents also indicated that they would like to have a separate service for smoking, alcohol, diet and exercise
* (19%, N=24) respondents indicated that they would like to have a single service that offers support for smoking, alcohol, diet and exercise.

**Professionals response**

Of the responses from professionals:

* (44%, N=14) respondents were in favour of a separate services for smoking, alcohol, diet and exercise
* (37%, N=12) respondents were also in favour of a single service that offers support for smoking, alcohol, diet and exercise,
* (19%, N=6) respondents did not have a strong opinion.

Both the response from professionals and the public indicates that, those that users/refer to health improvement services don’t mind either having a single service that offers support for smoking, alcohol, diet and exercise or a separate service for smoking, alcohol, diet and exercise.

Another key question for the design of health improvement services is whether services are provided in-person or remotely.

* The majority of respondents from the public survey highlighted that; (50%, N=78) respondents would prefer support in person
* (17%, N=27) respondents also stated they would prefer digital support
* (12%, N=18) respondents would prefer to receive support by phone. Similarly, responses from professionals were in favour of offering support through either in person, digitally via apps/website and telephone.

Although Bracknell Forest already have this provision in place, it is important to ensure future health improvement services in Becknell Forest should continue to include options for accessing support in person, through digital platforms and Telephone to allow residents to select an option that meets their need.

Additionally, when asked professionals in Bracknell Forest if they think we have the right support services in place to help people make healthy behaviour changes. Out of the 32 responses received from the professional survey: (81%, N=26) respondents answered Yes and (19%, N=6) respondents answered No. When asked what else is needed, key suggestions about support requirements from professionals were:

* Promote available services widely
* Access to mental health early help support
* Increase capacity of local services as the result of Covid-19 pandemic
* More weight management service
* Reduce cost to health improvement services

**CONCLUSION SUGGESTIONS FOR IMPROVEMENT**

In conclusion, most service users found the services helpful or somewhat helpful. Service users and professionals were of the view that services for different health behaviours should be separate. This may be due to the fact that majority need was for weight management. People in employment were not represented in this survey. Cost of leisure services was highlighted by carer and professionals.

There was lack of awareness of current services among some residents and professionals.

Current gaps identified that should be considered in recommissioning or service improvement are:

* Include development of an effective marketing strategy/plan to promote health behaviour services available to residents in service specification with a KPI for monitoring increased awareness among residents
* Explore options with providers, carers and people with sensory, physical disabilities and learning difficulties to make the services accessible to them.
* Educate a wide range of professionals including from voluntary sector on health behaviour services and making referrals to the services through MECC training.

**APPENDICES**

**Full list of responses to Q7 from Professionals**

|  |
| --- |
| Answer |
| Mid age individuals who want to lose weight or who really are interested and 2 motivated in getting more active but the cost of joining the gym etc is something they just can’t spare; the gym is seen as luxury in most patients opinions |
| people who are not receiving benefits but would just like to be able to engage in some exercise and weight loss programme at a cost that is affordable and at venues that are more accessible to where they are |
| If 66% of Bracknell population is overweight or obese, even more 4 supports needed in this area? Especially as 10% of the NHS budget is spent on obesity related issues. Drink and alcohol awareness in schools? Invite local rehabs to give talks? Recovering addicts and alcoholics to speak to schools? |
| Only area I know anything about is the get active sector: older, nervous and 5 overweight people are the ones most likely to benefit as they are the ones least likely to go to a gym or other session (in my opinion) |
| Low-income groups |
| All the community- specially targeted groups & vulnerable e.g.: - pregnant women, chronic diseases clients & the drug & alcohol clients |
| All the community- specially targeted groups & vulnerable e.g.: - pregnant women, chronic diseases clients& the drug & alcohol clients |
| All groups |
| Vulnerable and poorest communities. |
| rough sleepers, elderly, young people |
| The over 50's who have had life changing illnesses or who have not come out of their homes for the past 2 years due to lockdown. |
| Middle aged drinkers who don’t identify as needing new hope style alcohol services |
| BAME community and Men |
| Those suffering from ill mental health, overweight |
| People in our deprived area |
| People in deprived and low-income families |
| Low-income families |
| Mostly those in deprived area and with LD condition |