

# Quarter Narrative Report – Adult Healthy Lifestyle - One You Kent Service Programme Update and Analysis

Provider Name: Sevenoaks District Council

Date of Submission and Quarter: 19<sup>th</sup> July 2021; Quarter 1

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## Overall Summary Analysis of the Adult Healthy Lifestyle Service - One You Kent.

You don't need to provide data that is provided in your quarterly performance spreadsheet, but you can refer to it.

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### Please Do Not

PDF your completed narrative report  
Or Insert photos

Inserted tables kept to a minimum

(Photos can be inserted into case studies or sent separately in the email submission)

Please Insert Case Studies into this report using Microsoft Object, or send separately in your email submission. (you are not expected provide a case study in each section quarterly, but it would be useful to have a selection of areas covered by case studies over the year)

### Please tell us:

You can use the suggested bullet points in this document as headings for your narrative

- *Only include services funded through PH adult healthy lifestyle service grant (you can set out other offers you deliver in the Links to other services section of the document)*
- *Any highlights from the last quarter.*
- *Analysis of trends*
- *Target Groups worked with in the period*
- *Progress against targets and any reason for variance*
- *Key points relating to sub-contractor activity. (if applicable)*
- *Opportunities*
- *Challenges*
- *How you have overcome difficulties*

**Weight Management**

- We started two weight management groups in this quarter on the 18<sup>th</sup> May (6 participants) and 20<sup>th</sup> May (6 participants). As this cohort started late within the quarter, KPI's; 54-67 will not be available for submission until the groups conclude on the 3<sup>rd</sup> & 5<sup>th</sup> August. As such these KPI's will be updated within the Q2 submission.
- A delay in our start time is a legacy issue following the late start of our October 2020 groups that started late due to the service changes we were making because of COVID-19. However, we are expecting to get this back on track with the groups we will start in September 2021.
- Within our May groups, three of our attendees are male, we are working on improving the data equalities monitoring data collection we gather from service users. Within the May groups we unfortunately do not know the ethnicity of 67% of attendees. 50% of attendees were referred to One You by their GP Practice.
- We are in the process of updating the resources we use for our Weight Management interventions. We are taking inspiration from the fantastic online resource we created (StoryMaps) and are creating one "educational resource", one "workbook" and one (updated A4) 4-week "food and activity diary" (3 copies per client across the 12 weeks). This will consolidate the multiple paper resources we send to clients over the course of the 12 weeks and will move away from the online resource which has issues over accessibility.

**Looking at previous Weight Management Groups**

Groups which commenced in October 2020

- Of our 9 "Completers" from these groups (47% of those enrolled) we have managed to contact 6 of them for their 26-week follow-up and all 6 have provided their current weight, the weight loss of these 6 individuals is listed below;

<3%	3-4.9%	5%
2	2	0

- 2 attendees had noted weight gain at their 26 week follow-up

Groups which commenced in February 2021

- Of our 13 "Completers" from these groups (65% of those enrolled) we have managed to contact 1 of them so far for their 26-week follow up. However this individual did not provide their weight at this time.

**Looking at our 1:1 Weight Management participants**

- Of those clients that have concluded our 1:1 Weight Management service, 3 have "Left the service" earlier than intended. The remaining 4 have concluded the service as intended, with 50% of those able to achieve a "completer" status. None of our attendees have reached a 26 or 52 week follow-up point yet.
- We will look to bring about improvements in the delivery of our 1:1 Weight Management service so that Waist Measurement and satisfaction surveys are incorporated into practice.

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## Your One You Advisors

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- From the 5<sup>th</sup> July-7<sup>th</sup> July, the Sevenoaks District Council One You team received “Motivational Interviewing and how to use it effectively” training from The Association of Psychological Therapies. This gave the team a much more in depth understanding of Motivational Interviewing which we are looking to incorporate into our interventions and facilitate motivation to change in more of our clients.
- Daniel McDermott is due to replace the role of Claire Potter in delivering MECC and Motivational Interviewing training with Rebecca Bowers.
- With regard to our Lifestyle Advisor Intervention, some work is needed with advisors with regard to our delivery of the Mental Wellbeing Brief Intervention. As SWEMWBS doesn't have “results categories” relating to responses, we need to ascertain how a client will be deemed “eligible” to receive Brief Intervention in addition to standardising the content of the Brief Intervention.
- Additionally, some work is needed on the delivery of our Alcohol Interventions. This is to ensure that intervention delivery is standardised and only offered when appropriate to do so.

**Looking at previous Lifestyle Advisor Attendees;** work is needed to improve our ongoing adherence to our intervention pathway. This is particularly evident in the setting of Exit Goals and their reassessment at the 26-week follow-up. We remain optimistic that our new database ReferAll will assist us with this by providing task reminders to advisors to collect follow-up data from clients.

Lifestyle Advisor Intervention commenced in Q4 (2020/21); 30 clients started our lifestyle advisor service during this quarter. None have yet received a 26-week follow-up appointment.

Lifestyle Advisor Intervention commenced in Q3 (2020/21); 30 clients started our lifestyle advisor service during this quarter, four have had a 26-week follow-up appointment but as none of them set an exit goal, this was not reappraised.

Lifestyle Advisor Intervention commenced in Q2 (2020/21); 15 clients started our lifestyle advisor service during this quarter, two have had a 26-week follow-up appointment and one of those has confirmed that they achieved their exit goal (improve diet and contribute towards the loss of 1-2lbs).

Lifestyle Advisor Intervention commenced in Q1 (2020/21) ; we only started 4 clients with our lifestyle advisor service during this quarter, one of which has had a 26 week follow-up appointment but as the exit goal was not set this has not been reappraised.

### **Physical Exercise sessions**

Before COVID Sevenoaks District Council ran several community exercise opportunities; Health Walks, Chair Based Exercise & Yoga. We are working on bringing these activities back currently, however in bringing them back we are eager to correct some of the issues that were present in them from the outset. Further updates will be provided when these are relaunched in amendments that have been made to “bring them back better”.

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**Digital Interventions (please provide relevant data that is not included in your quarterly spreadsheet)**

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- The Sevenoaks One You service remains predominantly in digital delivery for the time being. We have made use of Zoom to provide a video conferencing facility to our clients, however advisors are also using WhatsApp video calls and telephone calls with clients in order to maintain contact and collect data. This applies to our delivery of our Initial Consultation, Lifestyle Advisor & Tier 2 Weight Management Services.
- One You service participants are still offered the opportunity to meet with clients face-to-face and we are able to achieve this at Sevenoaks District Council through a bookable meeting room that has been made COVID safe. It has separate entrance/exit for staff and visitors and the room is partitioned through the centre. However, the vast majority of clients still prefer remote engagement due to the convenience of being able to see an advisor without needing to travel for an appointment.

**Digital Accessibility**

*Digital accessibility is the process of making digital products (websites, mobile apps and other digital tools and technologies) accessible to everyone. It is about providing all users access to the same information, regardless of the impairments they may have*

- In reference to our Group Weight Management Service, we had made use of a digital platform, “StoryMaps” to be able to give our attendees access to the learning required for each session. However we plan to move away from this in September 2021 and reintroduce improved physical resources (Why Weight Education resource, Workbook and Food & Activity Diary). We believe this approach will be more accessible than using StoryMaps (where some attendees may not be digitally enabled).

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**Health MOT**

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We have not performed any “Health MOT” work this quarter. However it should be noted that our “Initial Assessment” with a client, asks questions of every health behaviour (Smoking Status, GPPAQ, AUDIT-C, Height/Weight/Waist/BMI, SWEMWBS, healthy eating) in addition to all wider determinants of health (loneliness, finances, housing). From the 1<sup>st</sup> April 2021, this became standard practice for every client to receive when enrolled into our service.

We see the “Health MOT” as more of a community engagement tool pre-enrolment in One You Kent. We have plans to implement a Health MOT into our database system, “ReferAll” at a later stage once community engagement activity once again becomes more commonplace.

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**MECC/brief advice and interventions**

**Brief interventions are those practices that aim to identify a real or potential problem and motivate an individual to do something about it. It seeks to motivate and support the individual to consider a change in their behaviour to reduce their risk of harm.**

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### **Alcohol Identification & Brief Advice**

This is the only intervention which is offered during our “Initial Consultation” and is also offered during our “Lifestyle Advisor Service”.

42 clients received our “Initial Consultation” during Q1. 35 of whom received Brief Advice on Alcohol, however, only 7 of our 42 actually had an AUDIT score of increasing risk or higher.

This is further noted in our Lifestyle Advisor service where again clients can receive the “Brief Advice on Alcohol” intervention, in addition to the “Extended Brief Intervention”. 18 clients received “Brief Advice on Alcohol” during our Lifestyle Advisor service but only one of these clients had an AUDIT score at this point of Increasing risk or higher. Two clients received “Extended Brief Intervention” and neither of these had a score of Higher Risk (or higher).

As such, some work will be delivered with Sevenoaks One You Lifestyle Advisors to ensure that our understanding of the Brief Advice intervention and Extended Brief Intervention is consistent and is applied appropriately with our service users on the basis of need.

However, when reassessing our lifestyle advisor clients AUDIT score at the start of the Lifestyle Advisor service to the “end of intervention session” we can see a 36% reduction in AUDIT score within those we have been able to reassess.

### **Physical Activity**

As highlighted in the data report, 57.9% of attendees of our Lifestyle Advisor service set a goal(s) to improve their physical activity. Looking at our lifestyle advisor clients, we can see that 36% of clients reassessed have managed to improve their GPPAQ score (moving by at least one category) of those that we have been able to reassess at our “end of intervention session”.

### **Diet**

Traditionally we have used an assessment of Fruit and Vegetable consumption as our understanding of dietary behaviour and improvement. Looking at our lifestyle advisor clients, we can see that 50% of clients reassessed have managed to increase their fruit and vegetable consumption (of those that we have been able to reassess at our “end of intervention session”).

We have recently introduced two additional questions in the assessment of diet;

1. High Fat/Sugar foods (e.g. sugary drinks, fried foods, chocolate, biscuits or cake)  
How many days last week did you eat this kind of food?
2. Starchy foods (e.g. wholegrain, whole-wheat or wholemeal varieties; rice, pasta, bread, potatoes)  
How many days last week did you eat this kind of food?

With these additional questions, we feel we are giving our advisors a great understanding of diet and this enables us to reassess further behaviours. Since introducing the question on High Fat/Sugar foods we can see that 50% of clients reassessed at our “end of intervention session” have reduced their consumption of these types of foods.

### **Emotional Wellbeing**

Our performance on wellbeing is below the 90% target this quarter. I believe this is due to there being a difference in our process of delivery. At the start of our “Lifestyle Advisor” service, all questionnaires might be routinely assessed as an alternate intervention may have a “knock-on” effect on mental wellbeing (even if we are not directly intervening on mental wellbeing during our lifestyle advisor service). It would be beneficial if we had access to a metric that could effectively screen for “good” and “poor” levels of mental wellbeing (similar to AUDIT) as then we would be able to focus the application of this intervention on those that were “eligible” to receive it. However as you can see it was not appropriate to intervene on all our clients even though SWEMWBS was completed as part of our Lifestyle Advisor service.

Looking at our lifestyle advisor clients, we can see that only 5% of clients reassessed have managed to improve their SWEMWBS score of those that we have been able to reassess at our “end of intervention session”. This is solely due to the inconsistencies we have on collecting this particular metric with advisors reporting it being quite challenging to go through some of these very personal questions with clients.

With this feedback coupled with the lack of evidence surrounding what a “good” or “poor” SWEMWBS score is, I would ask that we reconsider the use of this metric in favour of the WHO-5 Well-Being Index.

**Weight & Waist Circumference**

We have incorporated these assessments into our Lifestyle Advisor service as well to ascertain whether our interventions on physical activity and diet can have an impact on the weight and waist circumference of our participants.

We can see that 59% of clients reassessed have managed to improve their weight, and this has ranged from a weight reduction of 1%-17% of their original baseline weight. We have only seen that 7% of clients reassessed at their “end of intervention session” have managed to reduce their waistline, however we feel this is mainly due to the inaccessibility of this particular metric to our Lifestyle Advisor clients who would not be issued one of our One You tape measures.

**Health Walks**

Sevenoaks District Council Health Walk activity has not yet resumed, we are working on getting our Health Walks back up and running as soon as possible.

With the One You funding, Sevenoaks District Council has paid the annual license fee to the Ramblers to remain an accredited “Wellbeing Walks” provider. In Sevenoaks, there was an alternate Health Walk provider “Every Step Counts”. We have brought “Every Step Counts” in on our “Wellbeing Walks” scheme license. When established we will therefore be advertising a much wider programme of walks to Sevenoaks residents with the addition of the “Every Step Counts” programme of walks, which will also be much easier and simpler for residents to find on the Ramblers website.

However, building on from the above, we have also had conversations with the community group “Friends of Holcot” and the Involve Wellbeing Contract about replicating this model with themselves as well. This would allow each scheme to come into the Sevenoaks District Council scheme license with the Ramblers, have their walks advertised collectively for Sevenoaks District, receive training to lead walks via Daniel McDermott and manage the ongoing delivery of their programme of walks independently of Sevenoaks District Council. We see this as a fantastic way of expanding the local programme of walks without needing to take on as much of the burden of the future work.

**Current Campaigns, Comms and Events linked to healthy lifestyles**

**One You Social Media Posts**

Date	Purpose	Type	Likes	Shares	Views (video only)
30/6	Promote Lower My Drinking	Post	2		
24/6	Promotion of Every Step Counts walks resuming	Post	12		
18/6	Promotion of Healthy Eating Week, tips and One You Easy Meals App	Video	3	2	206
16/6	Promote our presence at Edenbridge Leisure Centre for Diabetes Awareness Week	Post	6	2	
15/6	Promote our presence at Bligh’s Meadow Car Park for Diabetes Awareness Week	Post	6	5	

14/6	Promotion of SDC's involvement in Diabetes Awareness Week	Post	4	2	
11/6	Promotion of SDC community engagement work for Diabetes Awareness Week	Video	4	4	183
9/6	Promotion of One You Weight Loss support	Post	1		
5/6	Promotion of SDC Mental Health Strategy	Post		1	
4/6	Promote One You Support for Mental Wellbeing	Post	2	2	
3/6	Post to promote local walking groups	Post	10	4	
3/6	Better Health video in support of SDC Mental Health Strategy	Video	5	4	148
2/6	Support the launch of our mental health strategy	Video	10	3	246
31/5	World no tobacco day post supporting local smokefree support services	Post	1		
19/5	Promotion of One You Service	Post	4	3	
12/5	Promotion of Mental Health Awareness Week	Video	11	4	37
10/5	Promoting Mental Health Awareness Week	Post	2	1	
7/5	Every Mind Matters	Video	3	1	174
4/5	Promote National Walking Month	Post		1	
30/4	Promote Kent Sport Walk Everyday Challenge	Post	2	3	
28/4	Promote One You Support Services	Post	5	4	
14/4	Every Mind Matters promotional	Video	2	1	141

Feedback from the Sevenoaks District Council Communications team is that the One You images used in some of our posts do not generate as great a reaction or interest as some of the local images we have taken ourselves or the video posts that we have created. As such we are hoping to create more video content ourselves to promote our One You service delivery.

On the 15<sup>th</sup> and 16<sup>th</sup> June we delivered two community engagement events and performed Diabetes Risk Score testing with local residents of Sevenoaks Town and Edenbridge.

21 Risk Score tests were performed in Bligh's Meadow Car Park in Sevenoaks Town, results showed that 17% had a low risk score, 22% had an increased risk score, 50% had a Moderate risk score and 11% had a High risk score.

18 Risk Score tests were performed in Edenbridge Leisure Centre car par, results showed that 17% had a low risk score, 39% had an increased risk score, 33% had a Moderate risk score and 11% had a High risk score.

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**One You Kent - User voice - you can refer to the satisfaction figures in your quarterly data report**

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Our performance on KPI 95 is below that expected. The reason for this is that we had four clients who reached attended Lifestyle Advisor "End of Intervention" session but it was felt that it would not be appropriate to ask them to complete the satisfaction survey. This may have been because we ran out of time in the session or may have been because the client hadn't achieved the level of success they were looking for and therefore unwilling to complete an additional satisfaction survey at this point. When we remove these clients from the equation we are actually performing at 100% satisfied or very satisfied of those that have answered at least 1 question from our satisfaction survey.

Please see below feedback from a client who attended our Group Weight Management service;

*"I now fit in clothes better."*

## Appendix B

*Sweets and treats I now share.*

*Natalia was lovely; she would not give up on me especially when I felt like I could not do it.*

*I would not have done Why Weight if it hadn't of been on zoom".*

The below client wanted to provide feedback but I believe based on their feedback that this is a user of our Group Weight Management service.

*"I'm not the sort of person who would like publicity about anything, let alone this.*

*I would however like to say how grateful I am to have had the opportunity to have been a part of this course. This is the second time I have done it and whilst the first certainly did not fail I needed another nudge and injection of enthusiasm to set me on the right path again. For me as for most people being overweight is a mental issue and not a medical issue and it is so helpful to have someone encouraging, reinforcing your confidence and pointing you in the right direction.*

*For me the take away from the first course was portion control and planning and the take away from the second course is even more about portion control and planning. I already knew a lot about nutrition and I knew I was eating the 'wrong things' which I excused because I was mostly eating the right things. Had I been eating less of the 'wrong things' the situation wouldn't have been so bad. I knew this but found it difficult to have the self control to eat less. I know that if I follow the portion control and planning it works and that if I don't I will lapse. I now have a better understanding that to be sustainable it is OK to eat a little of the 'wrong things' but not too often.*

*I already knew that weight loss is mostly down to intake and much less to do with exercise. The importance of exercise is more for general health with a range of benefits. I thought the inclusion of the exercise class was helpful.*

*The challenges will not go away, they will always be there. One of the difficulties if you easily gain weight is comparing yourself with others and the resentment you feel when seemingly similar inputs don't have similar outcomes! Resisting temptation because you want to do it for yourself is important. I have never been happy about my weight, always embarrassed about what others think but I will try to not dwell on this in future. With Jenny sitting on one shoulder and Natalia on the other I intend to succeed."*

Lynda from West Kingsdown, a Why Weight participant.

*"Weight is creeping on and with age I was finding difficult to lose weight and clothes weren't fitting, I needed to join something to help and make me think about what I was doing*

*Friendly weekly sessions and support for one and other*

*Life was busy due to pandemic and mum not very well so couldn't make all the sessions but this has shown me that I do need to make time for me*

*I have lost some weight, perhaps not as much as I would have liked but I have the tools to help with the journey and it's not a sprint it's a longer process to lose the weight to be healthier*

*Thank you to all involved"*

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**Risks /Issues - Have you identified any problems which may affect future performance or experienced any unresolved issues that we should be made aware of:**

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Please note that within the Provider Return Spreadsheet, the percentage calculator for KPI's 34, 36 & 38 are not correct.

- KPI 34 should account for both 1-2-1 and group weight management as both of these services incorporate the “Weight Management Programme”, but this isn't possible when the denominator is only references the group weight management programme (KPI 53).
- The above scenario can also be applied to KPI 36.
- KPI 38 specifies that it is the % of individuals in Learning Disabilities in any service, but the denominator of this KPI only connects to the Group Weight Management programme.
- For the above KPI's it might be better for the denominator of all of them to be KPI 6 and then open the definitions of KPI 34 & 36 to include all services (alike KPI 38).

Please note that within the Provider Return Spreadsheet, the percentage calculator for KPI 75 is also incorrect. This KPI uses the KPI 26 “No. of eligible participants in lifestyle that set a goal around physical activity” as the denominator. In the West Kent & Dartford service we treat “Lifestyle Advisor” as a separate intervention from “Tier 2 Weight Management” and not all participants on “Tier 2 Weight Management” will be involved in our “Lifestyle Advisor” service. Potentially this might be resolved with the addition of the KPI “Number of completers followed up at 52 weeks” and using this as the denominator instead. This would also support pre-calculation of KPI's 71 & 73.

There is a concern that the funding we receive from KCC may no longer be sufficient to cover the services fixed costs due to the annual rise of these fixed costs. As the funding from KCC has not risen annual to account for this rise this places a pressure on services to deliver a service within budget.

We would welcome support from KCC on how to limit the risk of COVID-19 infection if we were looking to resume “in person” delivery of our services.

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**Details of wider determinates of health work in your District area. E.g. Health In all Policies work - (e.g. planning, licensing, Smoke free projects, policy reviews etc).**

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**Mental Health Strategy**

We have supported the production of a Mental Health Strategy in Q1.

**Health & Wellbeing Action Plan**

We have drafted our Health & Wellbeing Action Plan and have undertaken our first quarterly Health Action Team meeting. Further updates on how this work progresses will be provided in future narrative reports.

**Healthy Workplace Programme**

We are participating in the Healthy Workplace Programme and achieved our Bronze aware in Q1. We are now focusing attention on our Silver and Gold awards.

**Results of One You Kent Service Reviews and Audits**

I do not believe this is applicable at this stage as we haven't been selected for Audit.

**Other work not funded through the Adult Healthy Lifestyle Grant**

Nothing to add at this stage.