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One You Lincolnshire Interim Evaluation

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Overview



- Description of the RE-AIM evaluation framework
- Research Design and Methodology
- Interview and Focus Group Results
- Findings, Implications and Next Steps

RE-AIM Framework



Table 2. The RE-AIM dimensions used in this evaluation and the scope of each dimension.

RE-AIM Dimensions	Scope
Reach	WHO is intended to benefit and who participates or is exposed to the intervention?
Effectiveness	WHAT are the most important benefits you are trying to achieve and what is the likelihood of negative outcomes?
Adoption	WHERE is the programme or policy applied and WHO applied it?
Implementation	HOW consistently is the programme or policy delivered, HOW will it be adapted, HOW much will it cost, and WHY will the results come about?
Maintenance	When will the initiative become operational; how long will it be sustained (Setting level); and HOW long are the results sustained at an individual level?

Aims



“The study aims to ***identify the impact*** of addressing multiple unhealthy behaviours for an individual in Lincolnshire through OYL Integrated Lifestyle Service and ***establish how OYL had been implemented***, valuing the overall level and quality of outcomes as well as ***highlighting any potential risks and challenges*** that may impact the intervention in the future.”

Objectives

01 Identify critical components of good practice of the client pathway, considering views from clients, programme staff, healthy lifestyle service subcontractors, and referral teams that together capture vital barriers and facilitators of OYL service implementation and delivery.

02 Identify access and acceptability of the service provision within client subpopulations against local population demographics and planned implementation of OYL.

03 Assess baseline effectiveness of OYL, exploring variables that moderate outcomes such as client, provider, and programme factors comparing to service targets and external benchmarks.

04 Evaluate the cost-effectiveness of OYL to the previous silo delivered services in Lincolnshire.

05 Develop clear recommendations for real-world settings that are suitable and amendable for service improvement of OYL.

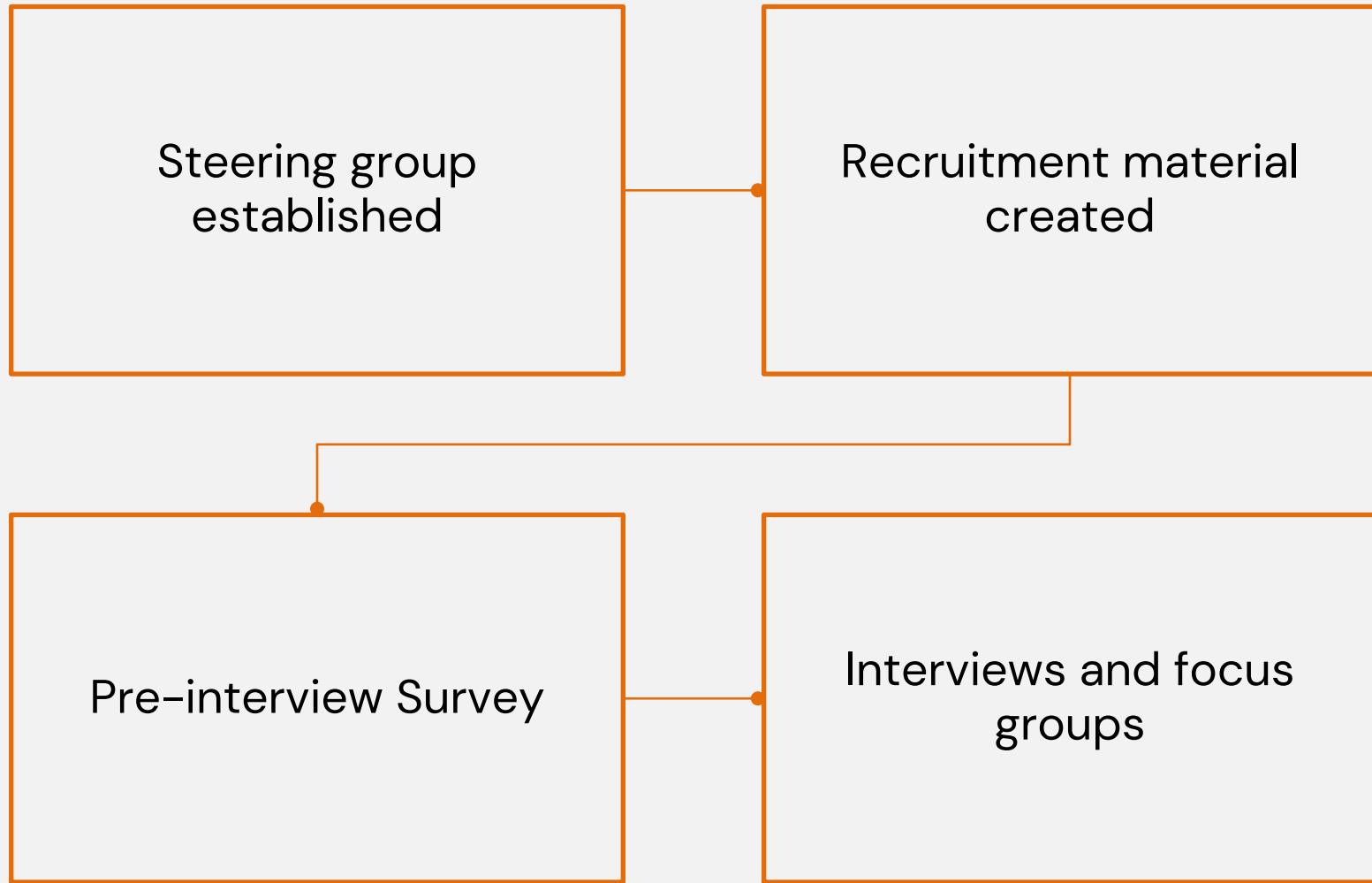
06 Contribute to the growing body of evidence on the impact of integrated lifestyle service delivery and future quality assurance of service outcomes.

METHODS

Research Design, Sampling and Analysis



Research Design



Sample Size

Participant quotas were decided on collaboratively with OYL and steering group members.



One limitation of the pre-interview survey was the quotas did not always match the interview responses.

Staff and Key Stakeholders

<i>Participant Group</i>	<i>Sample Size</i>	<i>Interviews Conducted</i>
GP Staff	4	1
Slimming World/Weight Watchers and Get Healthy Get Active Subcontractors	3	3
One Year No Beer, 28 Days	3	1
Adult Weight Management Lead, Alcohol Lead, Physical Activity Lead, Smoking Cessation Lead	4	5
Senior Triage Officer, Referral Generation Lead, Health Coach Team Lead	3	3
Adult Weight Practitioner, Man V Fat Coach	3	3
Triage Worker, Referral Generation Officer	3	3
Physical Activity Coach, Health Coaches	4	3
Stop Smoking Advisor, Pharmacy Facilitator	3	4
Stakeholders	4	3
Total	34	29

Clients

<i>Code</i>	<i>Participant Group</i>	<i>Sample Size</i>	<i>Interviews Conducted</i>
01	Carer	2	3
02	BAME	2	1
03	Long Term Health Condition	2	3
04	LCC employees	2	2
05	Clients not motivated	2	0
06	Clients not eligible for service	2	0
07	Clients eligible but do not take up service	2	1
08	Tier 1 clients	2	2
09	Tier 2 clients	2	2
10	Low need support	2	2
11	Medium need support	2	2
12	High need support	2	2
13	Drop out clients	2	0
14	Clients that did not maintain sustained change	2	1
15	Clients that did maintain sustained change	2	3
Total		30	24

Thematic Analysis

01 Familiarise with the data

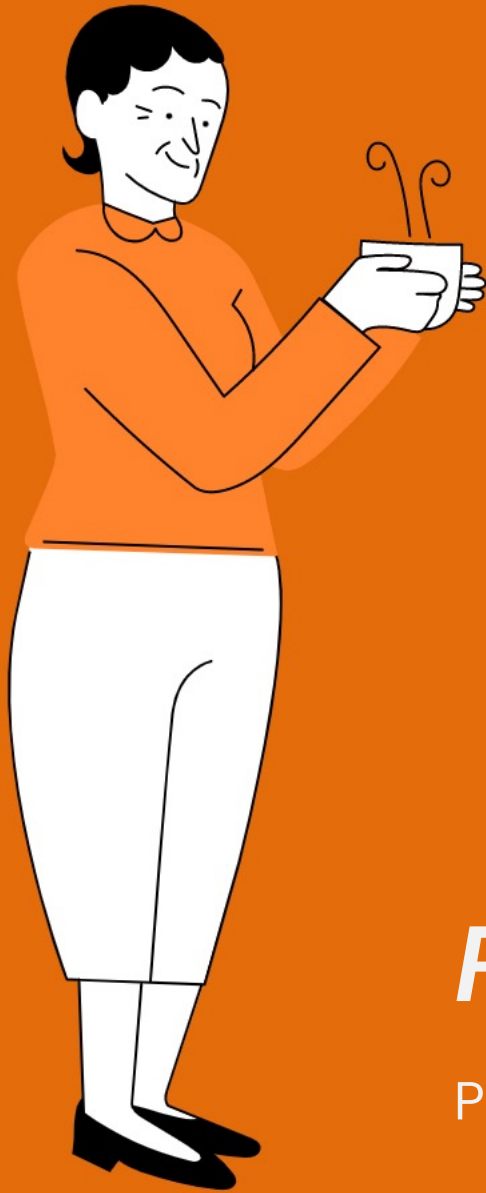
02 Identify Codes

03 Find emerging themes in codes

04 Review and finalise themes

05 Interpretation





RESULTS

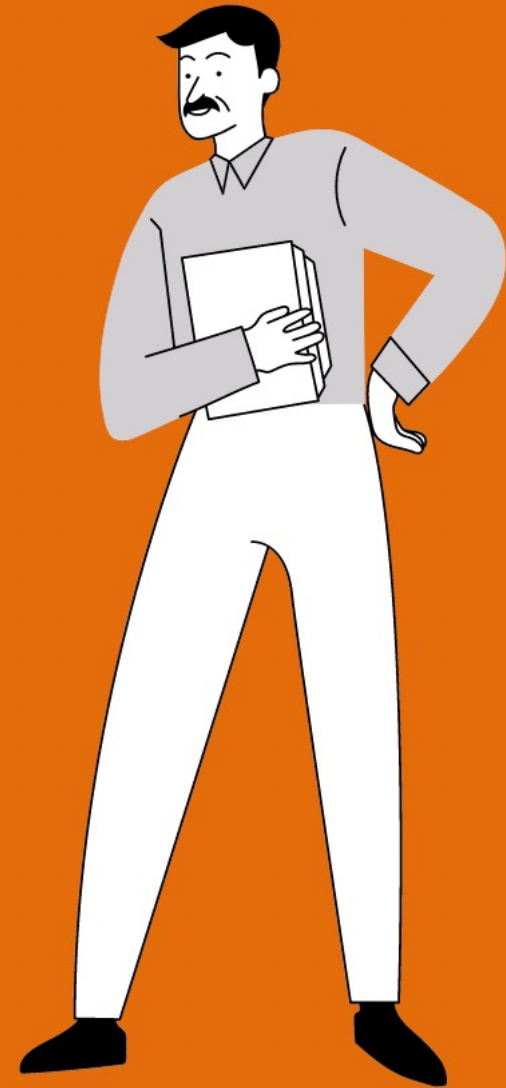
Pre-Interview Survey, Interviews and Focus Groups

Gender and Ethnicity

3 OUT OF 4
FEMALE

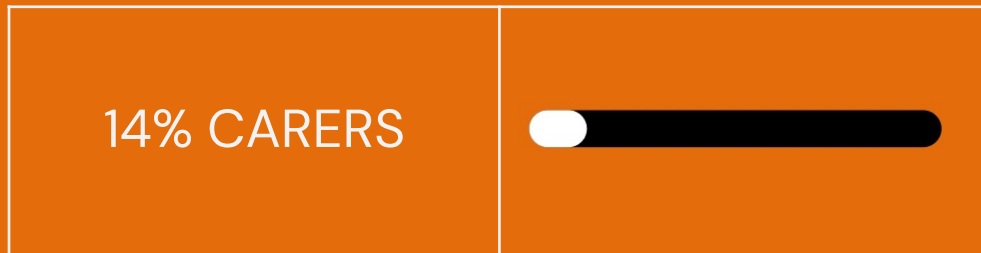


93% WHITE
BRITISH



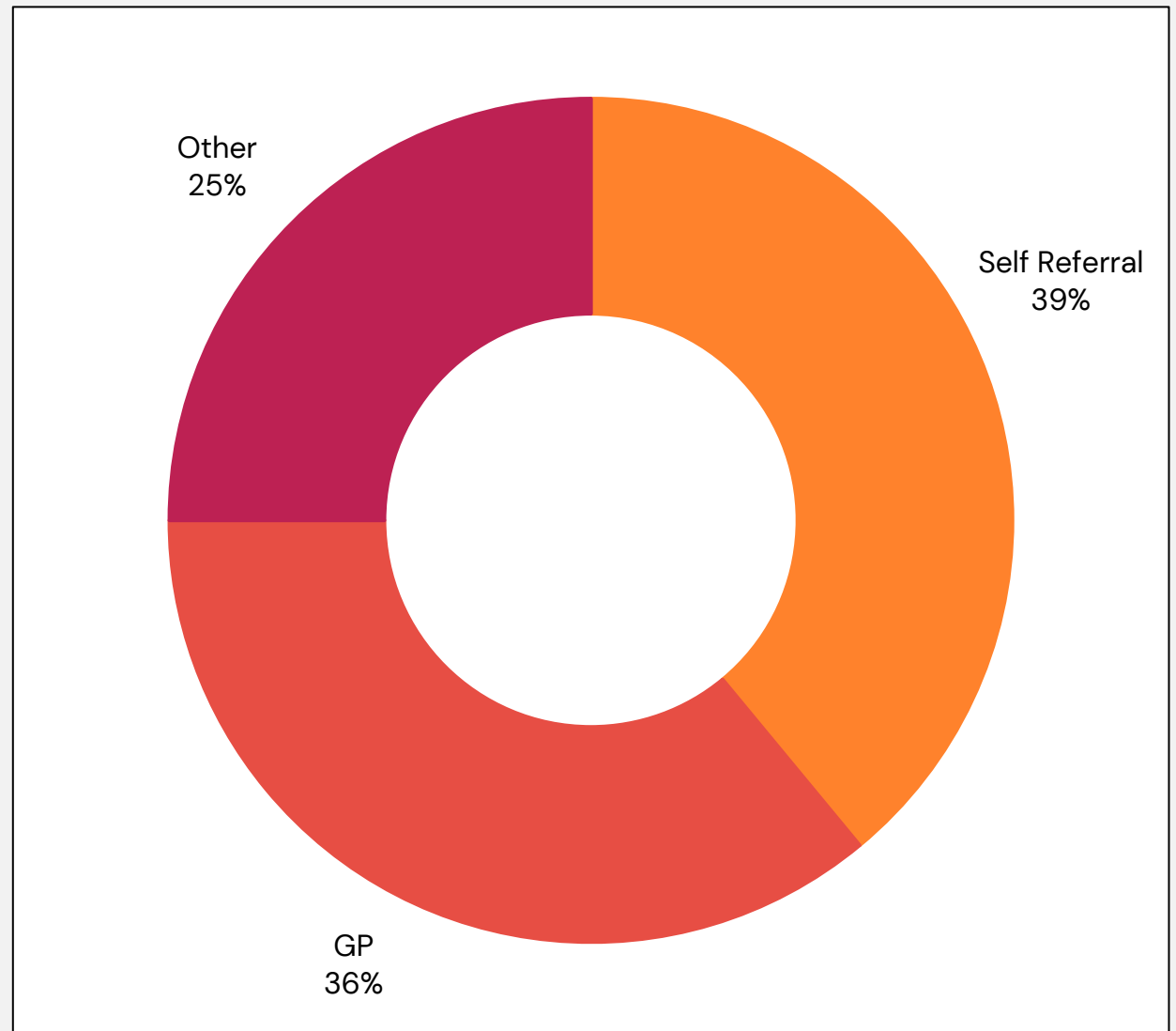
N = 28

Health and Carer Status



N = 28

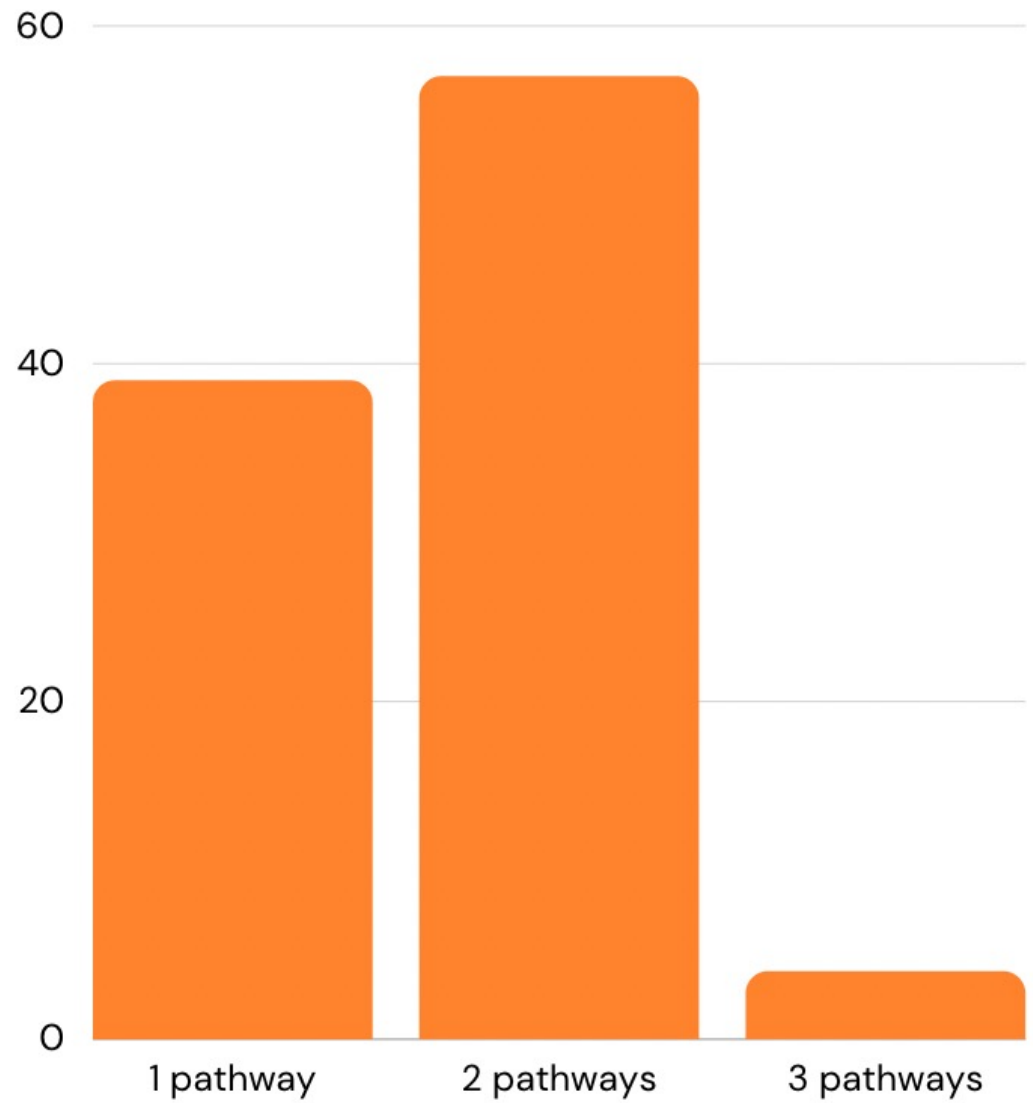
Referral Route



N = 28

Integrated Pathway

N = 28



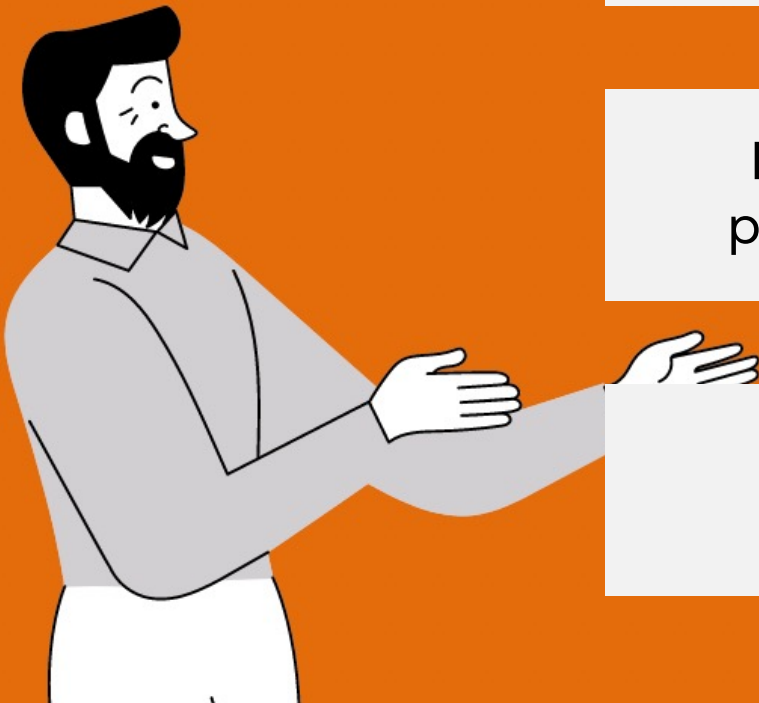
Survey Results

Participants were Female and White British reflecting the service demographics.

Most clients used both online tier 1 and group tier 2 support.

Healthy eating and increased exercise pathways were often taken up together.

86% of survey responses agreed to a follow up interview.



WHO
accesses
One You
Lincolnshire?

The evaluation showed that OYL mostly reflects the demographic of Lincolnshire.

Clients access the service via social media, health professionals and workplace interventions.

Different referral routes result in different understandings of the service by clients.

There is a gendered difference in pathways with weight loss pathways and smoking cessation.

"I think it was Facebook...so probably about 18 months ago when I first heard about it, and then I accessed the service." - (BAME Client)



Continual social media presence ensures repeat interactions with service



Clients have a positive perception of OYL due to reviews from family/friends or novelty of the service



Clients with poor relationships with GP are more likely to self-refer into OYL ensuring they still access lifestyle support

"[The GP] was telling people about One You Lincolnshire...then sending them home but people weren't going home and having a look."

- (Health Coach Lead)



GPs focus on signposting rather than being a direct referral.



Health professionals frame OYL as a weight management service rather than an integrated service with intervention such as MANVFAT.



Clients are hesitant of referring via work due to stigma of unhealthy lifestyle factors.



Clients who experience delays between referral and participation in service express having less motivation to maintain change.

WHAT
impact does
the One You
Lincolnshire
have on
clients?






Once taking part in the service, most clients engage in more than one pathway either simultaneously or sequentially.

Smoking cessation and alcohol reduction pathways are framed as lifestyle interventions.

Clients engage in both group and 1-to-1 models of support.

"It's under lifestyle rather than an addiction. It's about promoting that healthy lifestyle. So, it puts it in a different park to addiction." – (Client with LTHC)



<p>Clients experience mindset changes in which they perceive their health as holistic rather than in need of 'quick fixes'</p> 	<p>Clients feel less stigmatised accessing alcohol reduction pathway through OYL than siloed addiction services</p> 	<p>Telephone support works well for smoking cessation due to a clear structure from health coaches</p> 	<p>Group support promotes rapport between clients and with health coaches which encourages clients to remain in service</p> 	<p>Modified support enables clients with complex physical needs to still engage with interventions</p> 
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"I struggle with my mental health...A lot of it is the mental challenge of losing weight. When I get depressed or anxious, my go-to is food...It was acknowledged, but there aren't services to support it."

- (BAME Client)



Clients require more structure for alcohol reduction and some clients struggle engaging with a light touch telephone support.



Clients who require more specialist mental health support struggle to engage with interventions.



Eating disorders/thyroid are not recognised early by all staff which impact experience of weight loss interventions.

WHO
adopted
One You
Lincolnshire
service
delivery?

Fidelity to the service protocol is managed centrally.

OYL staff have various levels of buy in from each external partner.

Adoption of the service is influenced by capacity and perceived longevity of the service.

"The integrated nature of the service is fantastic. I think we've seen so much standardisation across the country...Partners have got a really good understanding certainly from the conversations I've had of what it is we do and how we do it." – (Pathway Lead)



Partners have a clear understanding of their role within OYL and what metrics they must provide for quality assurance



Protocols allow for personalisation of the service both by partners and OYL staff resulting in an adaptable and flexible service



OYL is perceived as primary care intermediaries for external partners ensuring smooth operation between pathways

“Practice managers are hard to engage with, there are maybe a handful that are very engaged... Then there are those that would like to be more involved, but probably because of their capacity, don't have the time to engage as much. Then there are those that just don't seem to see it as part of their role...they are very much about being gatekeepers.”

– (Referral Generation Officer)



Service delivery changes due to COVID-19 forced partners to adhere to new protocols in short time period.



Alcohol reduction pathway receive less referrals than other pathways.



GP clinics are perceived as least likely to adhere to protocol with miscommunication of the service to clients and reduced direct referrals.

HOW is One You Lincolnshire delivered?

Both OYL staff and partners use Response 365 in daily tasks.

Staff focus on building rapport with clients throughout their health journey.

OYL deliver SMART goals for clients.

"[the health coach] had a charisma about him that he was really determined for me; not because he was assigned to me...He seemed he was really invested in me and he really emphasised the point that if I needed anything, just ask." - (Client with sustained change)



Some external partners ringfence time weekly to complete Response 365 tasks



Positive rapport and genuine care is a key facilitator to service delivery and is perceived by clients as the main reasons for commitment to the service



Personalisation of the service ensures SMART goals and that clients perceive changes as achievable



“There are some technical hitches, we find it quite onerous navigating it. We've had some staff that have worked well with it, and managed to go on well, and other staff that haven't.”

- (Subcontractor)



Response 365 is slow and time consuming making it difficult for staff to completed daily tasks.



External partners feel unequipped to use Response 365 and feel they need more 1-to-1 training in how to use the system and become familiar with key features.



External partners find data input for Response 365 overly detailed for metrics taking a lot of time to complete.

HOW do clients sustain change?

Client's progress is monitored through both metrics and qualitative feedback to clients.

Factors influencing sustained change are both personal and environmental.

Clients experience a range of positive outcomes in addition to specific lifestyle changes.

“Because of the structure of One You with the two programs, that helped carry me along, I can maintain that momentum.” – (Tier 2 Client)



Clients receive weekly feedback on progress which motivates continuation in the program



Clients noted personal encouragement from health coaches as a key motivator in sustained change



Clients feel the holistic approach with participating in multiple pathways helps sustain change long-term

"I do not get much feedback. I presume they are happy; I have not had any complaints. I have not heard anybody say it works well or it works poorly."

- (GP)



Clients on the same pathways recalled different experiences in the type of progress report leading to some inconsistency in feedback.



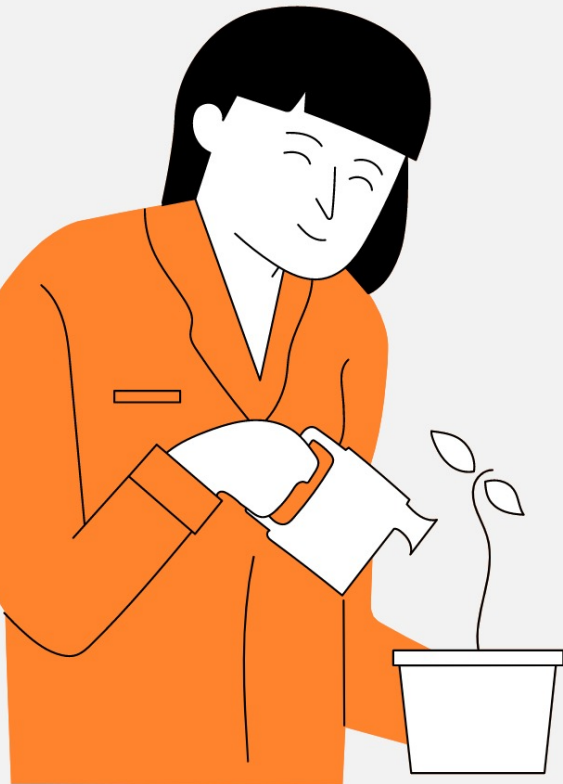
GPs noted limited feedback from OYL on the progress of clients which prevented GP understanding if the service was working for clients.

KEY FINDINGS

Challenges, Successes and Recommendations



Changes needed



GP clinics often used a weight-normative approach with a focus on weight loss resulting in gatekeeping to smoking and drinking support.

Delays between referral and follow-up were the main reasons for dropouts and attrition of clients.

A legacy of decommissioning services led to an apprehension for some health professionals to adopt OYL.

The Success Story!



Online delivery model offered much greater accessibility for a wide range of clients.

An integrated service model revealed a decrease in barriers for stigmatised health needs such as smoking cessation or alcohol reduction once referred.

Adjustments to diet, workouts, quit dates and days of the week to drink, enabled each OYL client to have a unique experience of the service.

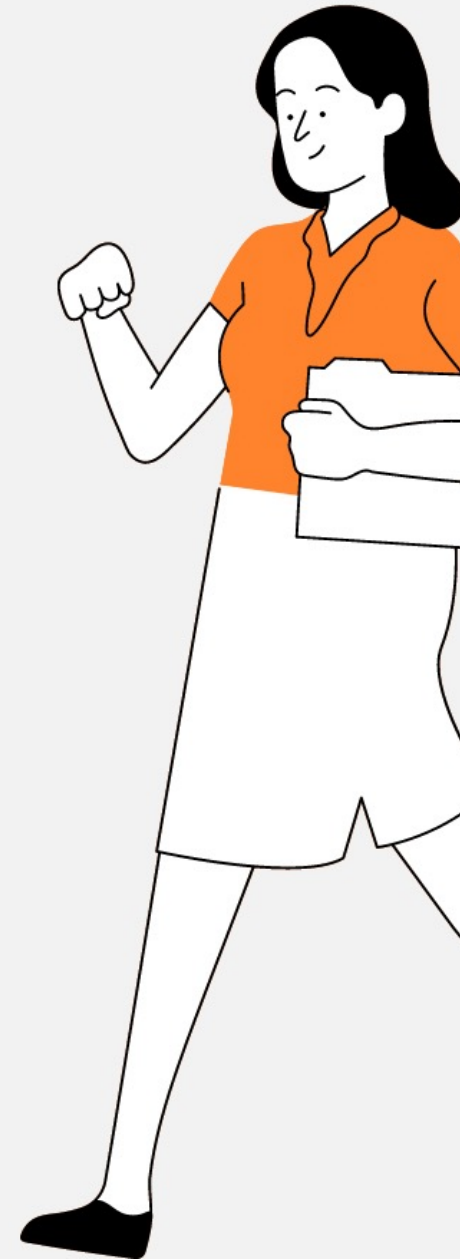
Seamless transition between pathways suggested a strong correlation between organisational dynamics and client's experiences.

Recommendations

Improve direct referral routes. Working across services requires significant relationship building and shared understanding of the service.

Specific behavioural change training. The need for additional training for OYL staff, external partners and referral partners to support clients with complex needs throughout their health journey.

Continued rapport building. To reduce attrition due to delays or complex health needs the service should continue to create positive relationships with clients.





Next Steps

- Conduct phase 2 quantitative data analysis
- Dissemination of phase 1 research
- Publication of phase 1 research



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