Using a "hub" approach to deliver Local Authority healthy lifestyle services: post-evaluation recommendations for service delivery

Manner J[1]., Boath A.[2], Janac S.[2], Elliott J.[3], Williams A.[1], Murphy M.[2], Kelly P.[2]

[1]Scottish Collaboration for Public Health Research and Policy, University of Edinburgh [2]Physical Activity for Health Research Centre, University of Edinburgh [3]Children & Adults Services, Southwark Council

Introduction

A significant proportion of British adults have obesity and/or do not meet UK physical activity guidelines. Local Authorities (LAs) across the UK provide healthy lifestyle services to try and address these challenges. In some LAs, a “hub approach” is used to join these services up and provide a central access point for service users. This study is an evaluation of one of these “hubs” in a London LA area.

While hub models vary, for the service in this study, referrals are managed through a telephone-based triage service. The hub directs to local services, such as an adult exercise referral (ER) and a child weight management (CWM) programme, operated by a third-party. The hub aims to enhance referral speed, follow-up support, and tracking to improve behaviour change, health outcomes, and ultimately reduce health inequalities.

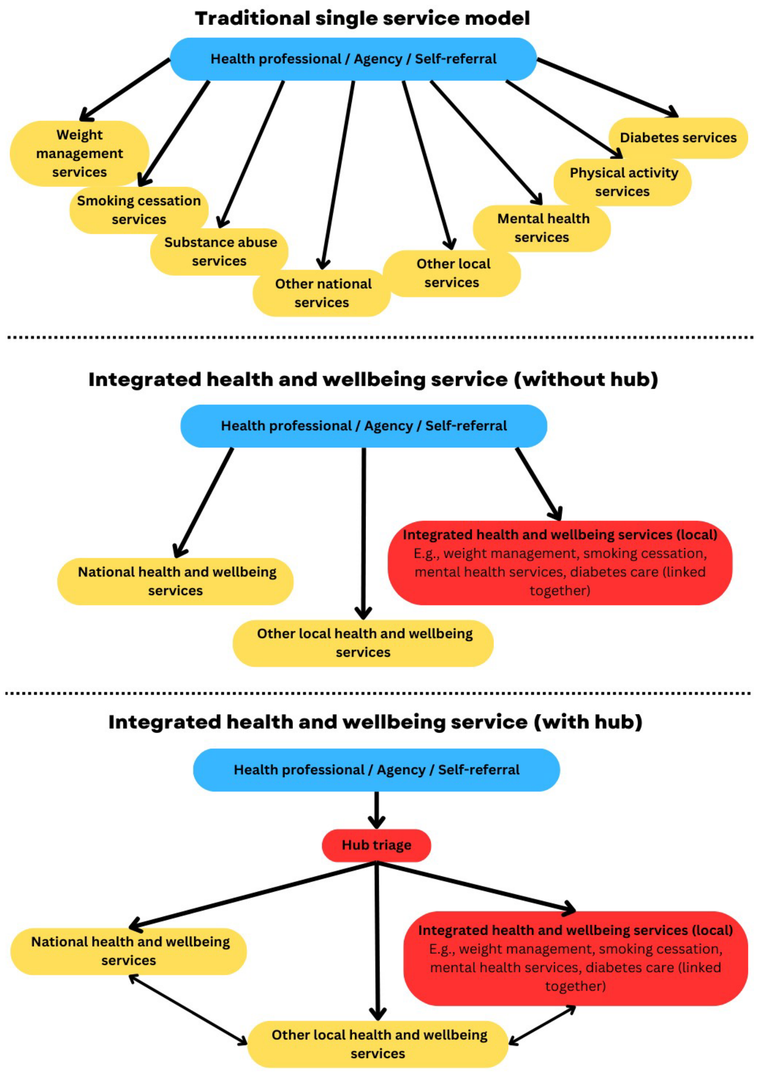

Figure 1. Hub vs non-hub models

Evaluation aim and research questions

The evaluation aimed to understand how the hub influences referrals and programme engagement.

An approach combining process and outcome evaluation was recommended. Two key evaluation questions were developed;

1. Is the hub facilitating access to health improvement services (ER/CWM)?
2. Does referral from the hub to ER and CWM improve health behaviours/outcomes?

Methods

Work package 1: *Secondary data analysis* of data collected by those who have contacted hub or been enrolled in ER/CWM.

Work package 2: *Online survey* of hub service users to understand why individuals were referred but did not initiate programmes.

Work package 3: *Focus groups and 1-1 interviews* to explore experiences of the services by conducting focus groups/interviews with service users, staff and non-initiators.

Key Findings

- Some service users feel the hub improves service accessibility;
- Service users experienced benefits including weight loss and improved fitness, improved mental health (ER), and increased physical activity and healthier eating behaviours (CWM);
- However, the 12-week timeframe was seen as insufficient for sustaining long-term behaviour change;
- Post-programme options from the hub, ER and CWM may not be sufficient and are not consistently well-advertised;
- There is uncertainty among service users around hub’s role in long term support;
- The hub does not make a primary referral recommendation but can support the triage process;
- There was a misunderstanding by service users that ER was a one-to-one service and confusion about roles within hub and service teams which lead to unmet service user expectations;
- There is some inconsistency in hub engagement with service users and access time to services;
- The hub has more relevance to ER delivery than CWM;
- There are inconsistencies in data collection between the hub and ER and CWM services;
- There is no system for linking referral, attendance, and outcome data for hub and ER and CWM services;
- There is no public involvement or community engagement to inform/support the running of the service.

Recommendations

- Extend post-programme options (at little or no-cost) and increase awareness of such options – involving local public health ambassadors could be one way of doing this
- Enhance data management (e.g. effective linkage between hub and ER data), including integration with post-service support (e.g. uptake and usage of leisure centres)
- Standardise data collection, particularly for long-term health metrics
- Set more accurate service user expectations by communicating programme details and wait times more clearly
- Streamline access times and clarify inclusion criteria for the hub/ER
- Clarify of the role of hub in CWM referrals
- Introduce structured service user and stakeholder feedback mechanisms

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