Annual Report



Solihull Integrated Lifestyle Service

APR 2022 - MAR 2023



01 Executive Summary

The report contains updates on key areas of the Service Level Agreement Strategic Objectives including outcome data to support progress updates.

Further information on outcomes including full quarterly breakdowns of these along with identified risks and mitigating actions can be found in the KPI report attached.



Our Work



Development of Integrated
Working with Primary
Care Networks



Development and Promotion of Bespoke Service Provision/Packages for Target Groups



Development of Weight Management Services



Development of Stop Smoking Services



Underpinning Community Wellbeing Principles



Future Plans

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Gosh, I thought my blood pressure was ok but after your check it's obviously not as good as I thought. Thanks for flagging this with the doctor and pharmacist.

I'm pleased to be getting sent a bp monitor so I can record and feedback to the GP.

Harry* 70s Integrated Lifestyle Service Development of Integrated Working with Primary Care Networks

About the Hub Model

Post-pandemic and in order to promote and facilitate joint working between Solihull Primary Care and the Integrated Lifestyle Service, and in an effort to address some of the lifestyle issues occurring or being exacerbated during Covid, the 4 Solihull PCNs and Gateway Family Services CIC (provider of the Integrated Lifestyle Service), supported by Solihull Public Health and the ICB, set up a partnership approach utilising the 4 primary care hubs to provide lifestyle checks and follow up support to patients.

The overall service offer, though tailored to the specific needs or requests of each hub (as previously detailed in our PCN report), includes the following offer to patients:

All patients are offered either an NHS Health Check (provided by GP Practice) or a Lifestyle Check (provided by SILS). Lifestyle Checks include measuring height and weight to provide BMI, blood pressure monitoring and Atrial Fibrillation testing. The results from this, coupled with additional assessment and consultation with a Behaviour Change Advisor or Community Wellbeing Advisor, will then steer the advice, guidance, and enhanced support offered suggested to a patient.

NB: Additional assessment includes a more detailed assessment of patient lifestyle and includes areas such as alcohol units consumed, fresh fruit and veg intake, the measure of physical activity levels, measured using recognised tools (e.g. GPPAQ to measure activity levels)

Solihull PCN - Clinic Monkspath

	Year to Date	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Total number of available appointments	201	33	33	15	15	15	15	15	15	15	15	15
Total number of clients receiving lifestyle checks	95	17	44	9	3	6	9	1	2	4	0	0
BP referral to GP	22	6	11	4	0	0	1	0	0	0	0	0
AF referral to GP	3	1	2	0	0	0	0	0	0	0	0	0
SILS referral - Behaviour Change&Wellbeing	32	6	19	3	0	1	2	0	0	1	0	0
Stop Smoking referral	3	0	2	0	0	1	0	0	0	0	0	0
Signposting	8	0	2	2	0	1	2	0	0	1	0	0
Total number of clients receiving lifestyle checks/Total number of available appointments	47.3%	51.5%	133.3%	60.0%	20.0%	40.0%	60.0%	6.7%	13.3%	26.7%	0.0%	0.0%
BP referral to GP/Total number of clients receiving lifestyle checks	23.2%	35.3%	25.0%	44.4%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%
AF referral to GP/Total number of clients receiving lifestyle checks	3.2%	5.9%	4.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
SILS referral - Behaviour Change&Wellbeing/Total number of clients receiving lifestyle checks	33.7%	35.3%	43.2%	33.3%	0.0%	16.7%	22.2%	0.0%	0.0%	25.0%	0.0%	0.0%
Stop Smoking referral/Total number of clients receiving lifestyle checks	3.2%	0.0%	4.5%	0.0%	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Signposting/Total number of clients receiving lifestyle checks		0.0%	4.5%	22.2%	0.0%	16.7%	22.2%	0.0%	0.0%	25.0%	0.0%	0.0%

North PCN - Clinic Kingshurst

	Year to Date	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Total number of available appointments	330	30	30	30	30	30	30	30	30	30	30	30
Total number of clients receiving lifestyle checks	22	7	6	1	3	0	4	1	0	0	0	0
BP referral to GP	1	1	0	0	0	0	0	0	0	0	0	0
AF referral to GP	0	0	0	0	0	0	0	0	0	0	0	0
SILS referral - Behaviour Change&Wellbeing	9	4	2	0	1	0	2	0	0	0	0	0
Stop Smoking referral	2	1	0	0	1	0	0	0	0	0	0	0
Signposting	1	0	0	0	0	0	1	0	0	0	0	0
Total number of clients receiving lifestyle checks/Total number of available appointments	6.7 %	23.3%	20.0%	3.3%	10.0%	0.0%	13.3%	3.3%	0.0%	0.0%	0.0%	0.0%
BP referral to GP/Total number of clients receiving lifestyle checks	4.5%	14.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
AF referral to GP/Total number of clients receiving lifestyle checks	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
SILS referral - Behaviour Change&Wellbeing/Total number of clients receiving lifestyle checks	40.9%	57.1 %	33.3%	0.0%	33.3%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stop Smoking referral/Total number of clients receiving lifestyle checks	9.1%	14.3%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Signposting/Total number of clients receiving lifestyle checks	4.5%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%

South PCN - Clinic Richmond

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	Year to Date	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Total number of available appointments	135	0	0	15	15	15	15	15	15	15	15	15
Total number of clients receiving lifestyle checks	46	0	3	5	11	8	0	1	2	6	6	4
BP referral to GP	3	0	0	0	2	1	0	0	0	0	0	0
AF referral to GP	0	0	0	0	0	0	0	0	0	0	0	0
SILS referral - Behaviour Change&Wellbeing	15	0	0	1	6	1	0	0	1	1	3	2
Stop Smoking referral	2	0	0	0	1	0	0	0	0	0	1	0
Signposting	10	0	0	0	3	2	0	0	1	1	2	1
Total number of clients receiving lifestyle checks/Total number of available appointments	34.1%	0.0%	0.0%	33.3%	73.3%	53.3%	0.0%	6.7%	13.3%	40.0%	40.0%	26.7%
BP referral to GP/Total number of clients receiving lifestyle checks	6.5%	0.0%	0.0%	0.0%	18.2%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
AF referral to GP/Total number of clients receiving lifestyle checks	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
SILS referral - Behaviour Change&Wellbeing/Total number of clients receiving lifestyle checks	32.6%	0.0%	0.0%	20.0%	54.5%	12.5%	0.0%	0.0%	50.0%	16.7%	50.0%	50.0%
Stop Smoking referral/Total number of clients receiving lifestyle checks	4.3%	0.0%	0.0%	0.0%	9.1%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	0.0%
Signposting/Total number of clients receiving lifestyle checks	21.7%	0.0%	0.0%	0.0%	27.3%	25.0%	0.0%	0.0%	50.0%	16.7%	33.3%	25.0%

Rural PCN - Clinic Dorridge

	Year to Date	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Total number of available appointments	39	0	0	0	0	0	0	0	0	13	13	13
Total number of clients receiving lifestyle checks	20	0	0	0	0	0	0	0	0	7	6	7
BP referral to GP	3	0	0	0	0	0	0	0	0	0	2	1
AF referral to GP	0	0	0	0	0	0	0	0	0	0	0	0
SILS referral - Behaviour Change&Wellbeing	5	0	0	0	0	0	0	0	0	2	1	2
Stop Smoking referral	1	0	0	0	0	0	0	0	0	0	1	0
Signposting	4	0	0	0	0	0	0	0	0	2	1	1
Total of referred clients	13	0	0	0	0	0	0	0	0	4	5	4
Total number of clients receiving lifestyle checks/Total number of available appointments	51.28%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	53.85%	46.15%	53.85%
BP referral to GP/Total number of clients receiving lifestyle checks	15.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	33.33%	14.29%
AF referral to GP/Total number of clients receiving lifestyle checks	0.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%	0.00%
SILS referral - Behaviour Change&Wellbeing/Total number of clients receiving lifestyle checks	25.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	28.57%	16.67%	28.57%
Stop Smoking referral/Total number of clients receiving lifestyle checks	5.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	16.67%	0.00%
Signposting/Total number of clients receiving lifestyle checks	20.00%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	28.57%	16.67%	14.29%

03

Development and Promotion of Bespoke Service Provision/Packages for Target Groups:



Milestones





Exceeded annual target of men attending weight management groups by 28%

Over 200 men took part in a weight management intervention Can you lose 5% in 90 days? Take the 90 day weight loss challenge!

- Find out your 5%
- Join the 90 day challenge team
- Check in every week to track your progress
- Get help and motivation to achieve your 5% goal

Call 0800 599 9880 free and sign up to the challenge today

What we do

Remote sessions delivered

Remote chair-based sessions delivered

Weekly remote gentle activity sessions offered as part of core offer

Delivered healthy lifestyles advice and guidance to Asylum seekers in Solihull

Partnered with Reimagine to deliver sessions on leading a healthier lifestyle for people recovering from addiction





Great to talk to you today. I am thoroughly enjoying the zoom exercise classes with Tina - so thank you so much for introducing me to those. I really appreciate your advice and all the information you are sending me.

Anna*
Integratde Lifestyle Service





O4
Development of
Weight Management
Services



Over 2500 people reached

91% of clients completed an intervention

Over 70% lost weight at the end of the intervention

Strong partnership forged with recovery from addition services and leading healthier lifestyles



O5 Development of Stop Smoking Services





- The service is represented at and feeds information to and from the Birmingham and Solihull Tobacco Control Alliance, meaning we are responsive to changes and information from that group and are able to feed in staff and service user experience to shape the alliance as it progresses.
- Smoking in Pregnancy. We remain an active member of BSol LMNS Smoking in Pregnancy workstream, sharing best practices and working together to understand issues and barriers and how we can best overcome these to support women to stop smoking whilst pregnant and beyond. We are currently investigating low conversion rates from referral to setting a quit date to understand what is causing this issue in order to formulate appropriate action.

Number of individuals registered and appointments attended in January 2023 - Core only

Support clinic	New registered	Quit dates set	No of appointments attended (some may be patients who were unable to attend one week face to face) - does not include DNA's
Telephone support	40	33	193
Face to face support	39	30	102
Total	79	63	295
By clinic:			
Training and Recruitments centre Tues	12	9	27
Training and Recruitments centre Fri	11	12	45
Hobs Moat library Tues	6	2	14
SIAS	8	6	15
Chelmsley Wood library	2	1	1
Kingshurst library	0	0	0
Hobs Moat library Sat (starting 25th Feb)	NA	NA	NA
Core library - TBC	NA	NA	NA

Number of individuals registered and appointments attended in February 2023 - Core only

Support clinic	New Registered	Quit dates set	No of appointments attended (some may be patients who were unable to attend one week face to face) - does not include DNA's
Telephone support	14	14	138
Face to face support	18	17	110
Total	32	31	248
By clinic:			
Training and Recruitments centre Tues	2	2	30
Training and Recruitments centre Fri	7	6	38
Hobs Moat library Tues	1	4	18
SIAS	1	2	15
Chelmsley Wood library	2	1	4
Kingshurst library	1	0	1
Hobs Moat library Sat (starting 25th Feb)	4	2	4
Core library - TBC	NA	NA	NA

Number of individuals registered and appointments attended in March 2023 - Core only

	Support clinic	New Registered	Quit dates set	No of appointments attended (some may be patients who were unable to attend one week face to face) - does not include DNA's
	Telephone support	9	10	83
	Face to face support	46	35	142
	Total	55	45	225
	By clinic:			
Training	g and Recruitments centre Tues	7	4	22
Trainin	g and Recruitments centre Fri	8	5	53
	Hobs Moat library Tues	4	2	17
	SIAS	3	3	14
	Chelmsley Wood library	6	7	12
	Kingshurst library	1	2	1
	Hobs Moat library Sat	10	8	16
	Core Hub	6	3	6
	Shirley library	1	1	1



06

Underpinning Community Wellbeing Principles

Increased and improved partnership working with PCN and GP Practices

Information provided to all residents who come into contact with the service, whether they choose to engage at that point or not

Closer links with Social Prescribers including streamlined referral pathway (North Solihull), combined work practices, meetings and training

Six and 12 month follow ups utilise Behaviour Change and MECC principles to further engage service users

Wide range of support offered including face to face appointments (in community venues, bases and at home); virtual appointments (via Teams or Zoom); telephone support; groups, one to one and drop in interventions. Or any combination of these!

Flexible and bespoke delivery catering to different groups and needs

All staff trained in Making Every Contact Count principles (annual refresher training). Additionally, all staff trained as a minimum in RSPH Level 2 Supporting Behaviour Change

Developing the Universal offer:



Offer of RSPH training for PCN staff around Behaviour Change Principles and Practices in order to enhance quality of referrals and support greater retention



Increased roll out of information and advice sessions including pre-quit sessions and targeted support for differing health conditions



Lead on joint working with other social prescribing services to foster closer relationships and further develop pathways into the service



Increased focus on relationships with libraries, including joint delivery of activities to new and existing groups



Enhanced information accessible via the Gateway website, e.g. recipes and excerpts from weight management sessions

Summary

In our 2022/23 contract year, we have produced some excellent results for the Solihull Lifestyle Service reaching over 2500 people and in Weight Management, seeing 91% of clients enrolled complete an intervention and 74% of clients lose weight at the end of the intervention. We exceeded our Men's weight management target by 28% and have also embedded our chair-based activity programme into our core offer to further enhance opportunities offered to older adults in Solihull. We have forged a strong partnership with Solihull Retirement Village and have continued to build and deliver with our partners Reimagine, offering health and well-being opportunities to those in recovery from addiction.

We have put in place strong plans for our Smoking offer that have seen a 165% increase in available clinic/drop-in sessions in our last QTR. We have and will continue to focus on visibility across all services including the active promotion of our availability and our continued development of our Website and digital offer.

Future Plans:



Offer of Training and development for PCN staff on Behaviour Change principles (meeting with Practice Managers for North Solihull PCN in May) to encourage support for general health and wellbeing messaging and encouraging patients to take up referrals to the service or access other services.



Lead on joint working with other Social Prescribing Services to foster closer relationships and develop referral pathways into the service



Continued delivery of IAG (information, advice and guidance) sessions for targeted groups including pre quit sessions in Cars Area along with specific long term health condition focused sessions and joint promotional activities



Increased focus on relationship with libraries including joint delivery of activities to existing groups as well as development of new groups and initiatives (joint social prescribing and SILS activities for example).



Peer recruitment drives to be held and the offer of RSPH accredited training for participants



Enhanced information via Gateway website – recipe information and excerpts from weight management sessions for ease of access for those who may not wish to engage directly with the service



Build and strengthen our own 12 week programme offer



Enhance our offer to workplaces

