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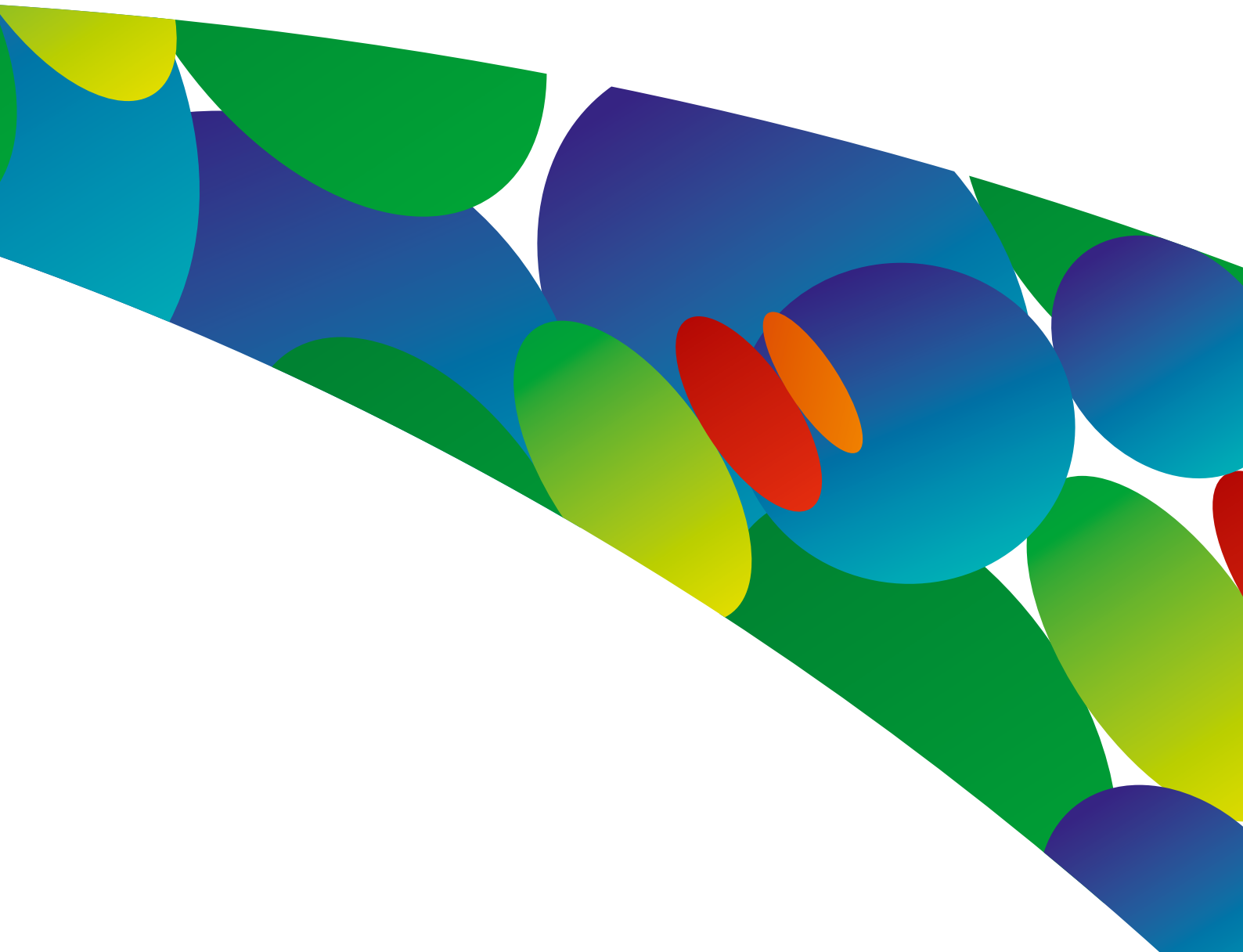
Strategic High Impact Changes

Childhood Obesity National Support Team

March 2011



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Description	A distilation of the learning from the work of the Childhood Obesity NST over the past 3 years, the document aims to share intelligence, highlight good practice and support the future strategic direction of local areas in tackling childhood obesity. Local areas could use this approach when analysing whether a population level improvements could be achieved from a set of best-practice and established interventions. This is offered as useful resource for commissioners: use is NOT mandatory.
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Strategic High Impact Changes

Childhood Obesity National Support Team

March 2011

Foreword

Britain is now one of the most obese nations in Europe. Over 23% of our 4–5-year-olds are now overweight or obese, as well as over 33% of our 10–11-year-olds. One in five mothers are currently estimated to be overweight or obese.

The link between obesity and maternal and infant mortality and poorer health outcomes is well established, and evidence shows that rates are higher in some black and minority ethnic (BME) communities and lower socioeconomic groups.

The Government has set out its plans in *Healthy Lives, Healthy People* – the public health White Paper – to protect and improve the public's health, improving the health of the poorest, fastest. It has made a strong commitment to improving maternal health and to taking better care of children's health. Reducing the prevalence of overweight and obesity is integral to this.

The Childhood Obesity National Support Team (CONST) has supported local areas in addressing unhealthy behaviours that lead to excess weight gain during pregnancy, in children and young people, and in their families. Through visits and follow-up support, the CONST has helped to steer local areas towards actions that improve the quality of interventions on the front line and create environments that support individuals and families to lead healthier lives.

Working with local midwives, health visitors, early years professionals, schools, voluntary providers, environmental planners, commissioners and strategists has enabled the CONST to gather valuable intelligence and insights.

This document seeks to share the key observations formulated as a result of the CONST's considerable experience working with local areas on this challenging agenda. Although the national strategic framework for delivering public health has changed, we believe that the recommendations made in this document are equally relevant in the new operating environment.

Tackling obesity remains an important issue: it does not just reduce the number of overweight people in Britain, but can also lead to broader changes in behaviour which, in turn, empower individuals to lead healthier, longer and more fulfilling lives.

Acknowledgements

We would like to acknowledge the support of colleagues within our team, in terms of developing, contributing to and proofreading this document. Their constructive feedback, suggestions, ideas and comments have helped to shape the final edition of the report.

Cathy Hamlyn
Colleagues in the Corporate NST
CONST colleagues
Colleagues in the Obesity Policy Team
Regional Obesity Leads

We would also like to acknowledge the contribution of our team colleagues in assisting us in the writing of the good practice case studies that underpin this report and local area representatives in supporting this work. The case studies are now held on the Obesity Learning Programme website at **www.obesitylearningcentre-nhf.org.uk**. We are especially grateful to:

Claire Glazzard
David Martin
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1 Introduction

The Childhood Obesity National Support Team (CONST) was established in 2007, with the primary purpose to improve the quality and impact of healthy weight delivery systems and interventions. The CONST is one of 10 public health subject-based teams. Improving the health outcomes of individuals and reducing health inequalities are critical drivers and central to Coalition Government ambition. At the time of writing, we have completed 44 diagnostic visits across England and have focused on those areas facing the greatest challenges in positively influencing the health behaviours of the local population.

The key purpose of this document is to share the intelligence and insights gained throughout our visits and to make recommendations to support the future strategic direction of local areas. National strategy, policy, guidance and evidence provide the foundations for our diagnostic process during visits; however, this document is not intended to be an analysis of the current evidence base for healthy weight.

This document is a summary of local views on good practice. The suggested approaches are not mandatory, and reflect learnings from a snapshot in time. Where there is clear established evidence to support interventions, this has been referenced. This document is offered as useful resource for commissioners, its use is not mandatory.

2 Why strategic High Impact Changes? A message to senior decision-makers

This document is aimed at Directors of Public Health, Directors of Children's Services, Local Strategic Partnerships, Health and Wellbeing Boards and local Children's Partnerships. The High Impact Changes have been identified as a transformational response to concerns at local level regarding what will have the biggest impact in tackling obesity. They aim to address two key questions:

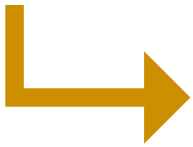
Which changes will make the biggest difference?

What benefits can be achieved through those changes?

The High Impact Changes are an important distillation of the learning from the CONST's work over the past three years. We have seen each of these changes being implemented to some extent and to different degrees, by local areas. However, the High Impact Changes should not be seen as one-off initiatives but as part of a concentrated effort to address unhealthy weight and related unhealthy lifestyles within each local population.

This document identifies actions that commissioners and leaders can take to firmly embed these recommendations into service specifications, tenders and service level agreements. By adopting a structural and systematic approach to tackling obesity, local areas can achieve system and scale and make significant and early progress in achieving better healthy weight outcomes.

These recommendations were developed from the field intelligence gathered during the CONST's visits. We believe that they can equally contribute to improved performance across a wide range of public health issues and that they are applicable within the context of the new public health system.



3 Healthy weight strategic High Impact Changes

A wide range of potential recommendations, based on intelligence collected and processed during the CONST's visits, were considered for inclusion.

The following four themes consistently emerged:

- building local intelligence;
- harnessing the contribution of existing community resources within local healthy weight pathways;
- workforce development; and
- workforce health.

4 The national approach – a renewed commitment to public health

The public health White Paper, *Healthy Lives, Healthy People* (November 2010), sets out a new approach to public health, including the establishment of Public Health England.

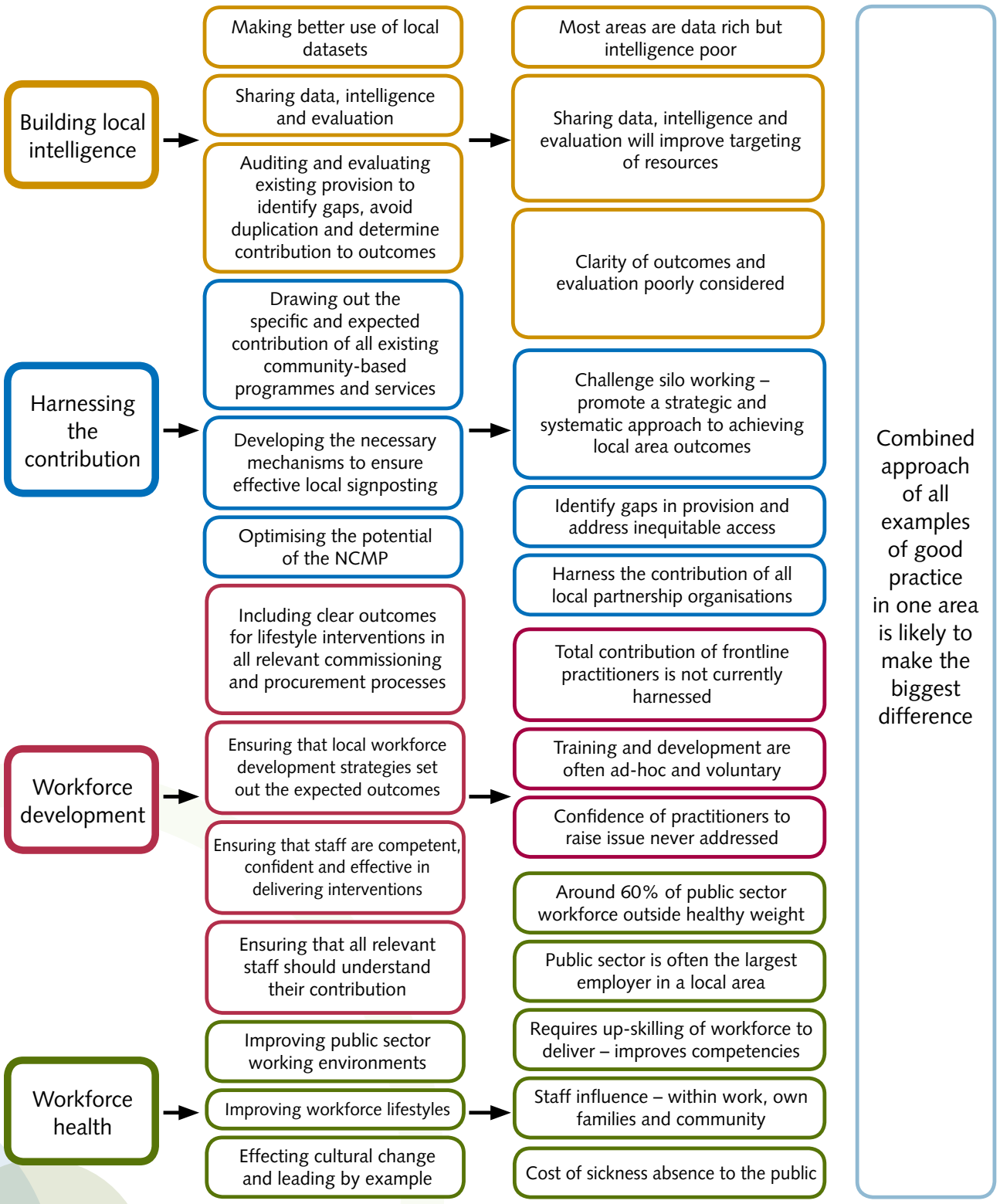
Public Health England – led by the Department of Health – will bring together for the first time key professionals involved in public health, from national to local level. It will have a mission to protect and help improve the nation's health and wellbeing.

Achieving this will require a stronger focus on public health and the prevention of disease, working in partnership with services to treat ill health. It requires a greater focus on evidence-based approaches to drive behaviour change and requires action on national, local and individual levels. Public health is the business of all of us, so Public Health England will encourage and support people and communities to take greater responsibility for their own health.

The work undertaken by the CONST over the past three years is consistent with the new approach. The Team's visits have always focused on practical action at a local level and on the need for partnership working to achieve behaviour change at a population level. The collective intelligence, good practice and insight that we have gathered from local areas – aligned to national strategy, policy and evidence-based guidance – have provided the rationale for the content and recommendations made in this document.

The case for healthy weight is now well established.

The strategic High Impact Changes in summary



High Impact Change 1

Building local intelligence

What this theme encompasses

This theme encompasses three separate and distinct strands:

- Firstly, to make best use of resources and funding, local areas need to make better use of their existing datasets. There is a wealth of detailed demographic information hidden within them about the population they serve. Drilling down to detailed information can enable local areas to identify local variations and better target their resources.
- The second strand is to ensure that all data, intelligence and evaluation is shared, where appropriate, with relevant and interested parties in an easily accessible and understandable format to increase local partnership 'buy-in' to this agenda.
- Thirdly, mapping of all service provision in the area needs to be undertaken to identify gaps and areas of duplication and, just as importantly, whether or not the particular service or project is delivering the desired and intended outcomes.

Rationale

During the course of our visits we have found that most areas are data rich but information poor. For a variety of reasons the data which is routinely collected is not analysed or utilised to provide robust evidence or intelligence to inform commissioning and procurement decisions.

Sharing the data, intelligence and evaluation can help to greatly improve the accurate targeting of resources and facilitate appropriate commissioning, procurement and decommissioning. This in turn could help to provide evidence of what is and what is not working and enable local areas to redirect resources to improve their outcomes. Sharing this intelligence more widely would avoid the constant cycle of 'reinventing the wheel' that local areas often get locked into.

Over the past two years, we have seen some progress, mostly driven by the requirement for local areas to produce a Joint Strategic Needs Assessment (JSNA). However, there is still a journey to travel within the context of healthy lifestyles and more specifically achieving healthy weight across local populations.

We have found that a considerable amount of resource (both human and financial) has been invested in projects and programmes relating to healthy weight but that these have seldom been audited or evaluated to ascertain whether the resource invested was yielding value for money and/or contributing to the desired outcomes. This is inconsistent with the recommendation to evaluate all behaviour change interventions in the National Institute for Health and Clinical Excellence (NICE) guidance on behaviour change at population, community and individual levels (2007).[1]

What 'good' looks like

Within this section we draw together pockets of good practice that are happening in a number of different local areas and suggest that the greatest change would occur by combining all these approaches.

We have divided this section into six interrelated but distinct areas of good practice, as follows.

1. Interrogating and drawing out the intelligence from existing local datasets

Hull have carried out an excellent interrogation of local data and continue to have a strong commitment to building local intelligence as evidenced by the National Child Measurement Programme (NCMP), uptake of free school meals, reach of Children's Centres, profile of cyclists etc. More information at **www.hullpublichealth.org**

The **Isle of Wight** have mapped Reception year NCMP data back to Children's Centre catchment areas to help to inform targeting and commissioning of early years healthy weight interventions. Co-operation between the primary care trust and the local authority has enabled health data to be shared and mapped at Super Output Area level. This is then used to inform the performance indicators produced for each Children's Centre to ensure that the services provided are responsive to local need. Early indications are that this is having a positive impact on the level of obesity at Reception stage. Case study at **www.obesitylearningcentre-nhf.org.uk/resources/case-studies/**

Sheffield have used NCMP and free school meals data to inform and refocus the work of Healthy Schools and to target those localities and/or schools with the highest prevalence of childhood obesity. Case study at **www.obesitylearningcentre-nhf.org.uk/resources/case-studies/**

2. Including local intelligence on obesity within the Joint Strategic Needs Assessment to help to inform local commissioning across local partnerships

Hull have a very comprehensive JSNA that includes a significant amount of local intelligence including intelligence on childhood obesity. There is a good analysis of the NCMP and of overweight and obesity in relation to deprivation. Information on local support programmes is also included together with early findings from evaluations of local weight management programmes. This document can be found at **www.jsnaonline.org** or **www.hullpublichealth.org**

Nottingham City have a section dedicated to child obesity within their JSNA. The section includes good analysis of the NCMP, a list of local interventions, projected demand for support services, a review of evidence and recommendations to local commissioners. This document can be found at **www.nottinghaminsight.org.uk/insight/jsna/jsna-home.aspx**

3. Drawing local intelligence down to locality or neighbourhood profiles to help to inform localised commissioning priorities

Sheffield have produced the most comprehensive neighbourhood profiles we have seen to date. The profiles include breastfeeding initiation and NCMP data. The profiles are available at **www.sheffield.nhs.uk/healthdata/profiles_nhoods.php**

Barnsley have developed locality profiles. The profiles do not currently include NCMP and other obesity-related data; however, we understand that there is an intention to include them when the profiles are next reviewed. The profiles are available at **www.barnsley.gov.uk/well-being-locality-profiles-2008**

Locality profiles could incorporate any number of locally appropriate healthy weight related indicators and are an excellent way of making often inaccessible data available to a wide range of local partners.

4. Developing robust data-sharing protocols and mechanisms for implementing and managing them between local NHS services (particularly midwives and health visitors) and children's services

NHS Leicester City and Leicester City Council's Children's Services have developed a data-sharing protocol and are piloting the sharing of NHS and local authority held data in three Children's Centres. Staff in the pilot sites will have access to all datasets on the three data systems currently being used, i.e. E.Start (early years), System 1 (health) and Datanet (education). These systems are all commissioned from the same provider, are capable of 'talking' to each other and will follow the child through the various life stages. The local area has stressed that having health visitors attached to each Children's Centre has made this considerably easier. Email **Kay.Jaques@leicester.gov.uk** for more information.

5. Developing an outcomes focus for commissioning

Knowsley have developed a comprehensive service specification for their community-based programme for overweight children. The specification contains clear outcomes which include body mass index (BMI) maintenance, number of additional community-based programmes accessed during the programme, increase in self-esteem, the range and amount of fruit or vegetables consumed, improved fitness levels, enjoyment of activity, reduced time watching television and post-programme engagement in community-based activities. Email **lisa.newson@knowsley.nhs.uk** for more information.

Hartlepool and Stockton-on-Tees have developed an outcomes-focused specification for community nursing services which includes maternity services, health visitors, school nurses and language and speech therapists. The specification addresses lifestyle interventions, skills and competencies, expected levels of activity, mandatory data collection requirements and evidence of impact on health outcomes of the local population. The specification is currently under review.

6. Embedding evaluation within commissioning

Knowsley have included mandatory datasets to ensure that robust evaluation requirements are included in their service specifications for their community-based programme for overweight children. Requirements include evidence of workforce development, compliance with evaluation criteria, data on the referral route to the programme, speed of access to the programme, information on participants completing the programme, leaving early and for whom the service was inappropriate, and evidence of an effective exit strategy which includes signposting to and recruitment into community-based programmes. Case study at **www.obesitylearningcentre-nhf.org.uk/resources/case-studies/**

Hackney have developed a metric for assessing commissioned contracts. The metric was initially developed to assess the cost effectiveness/value for money of existing healthy weight management programmes and to inform decisions about continuation or termination of funding of local services. The metric includes nine components: acceptability; multi-component; ongoing/long-term follow up; intergenerational; equity promoting; not facility dependent; quality of monitoring and evaluation; coverage; and retention. Each of the local projects was scored against these and compared against each other in terms of outcomes. Although developed for weight management programmes it is capable of being used across a much wider range of provision. Email **Matthew.Creamer@cityandhackney.nhs.uk** for more information.

Hull have embedded mandatory datasets within their commissioning of healthy weight services for adults. The datasets will be analysed by their public health intelligence unit and the information used to inform future recommissioning and decommissioning decisions. We understand that they are in the process of extending these to children's healthy weight services.
Email **andrew.taylor@hullpct.nhs.uk** for more information.

Recommendation

The CONST would highlight the *Standard Evaluation Framework for weight management interventions* developed by the National Obesity Observatory[2] and recommend that commissioners of weight management services embed it as a standard contractual requirement within all relevant contracts.

High Impact Change 2

Harnessing existing community resources within local healthy weight pathways

What this theme encompasses

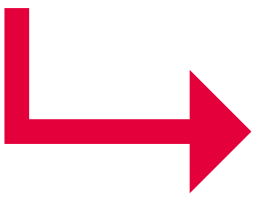
This theme seeks to optimise existing resources and programmes and highlight opportunities that some areas may currently be missing. There are three interrelated strands:

- Firstly, drawing out the specific and expected contribution to this agenda by using existing community-based programmes and services. To help to achieve this, it is critical to include all relevant local public sector providers and to look outside and beyond their work to engage and involve third sector and business partners who also have a contribution to make.
- Secondly, developing the necessary mechanisms to ensure that effective local signposting through partnership working is in place. Making this information widely available and easily accessible will ensure that frontline staff are informed and able to act as advocates for local services and, more importantly, that individuals and families within the local population are informed of the breadth of local services and have real choice from a range of activities which they are therefore more likely to engage with.
- Thirdly, maximising the opportunity presented to engage families through the Healthy Child Programme contact points with frontline staff and the NCMP process.

Rationale

Almost two-thirds of adults and a third of children are either overweight or obese (Health Survey for England 2010).

National evidence and the NCMP have led to a wide acceptance across local partnerships that this is an important issue that needs tackling. Most areas that the CONST visited over the past 18 months had included healthy lifestyles as an outcome when developing their Community Strategy. This was generally underpinned by the inclusion of healthy weight as a strategic outcome within at least one, and sometimes all, of the following local strategies: Local Area Agreement, Children and Young People's Plan and NHS Strategic Commissioning Frameworks. However, a strategic and systematic approach to achieving this had not, in the main, resulted.



Tackling overweight and obesity is a population issue and yet many local areas are still working in silos in relation to this agenda and remain generally unclear how to move it forward in a systematic way. Most areas have some targeted provision and they are becoming increasingly aware that to impact successfully on their healthy weight outcomes they need to harness the contribution of wider community provision.

However, within targeted services we found that there are nearly always gaps in both age-appropriate provision and in the attractiveness or suitability of existing provision to meet the needs of different groups and individuals within their local community. Almost all areas were struggling to identify the specific contribution of existing community provision and to gain their commitment to supporting local outcomes. This is likely to be leading to inequitable access to support and contributing to the widening of existing health inequalities.

Some areas have attempted to map current provision that contributes to this agenda; unfortunately this often results in a simple description of an array of local services and does not clarify how they will specifically contribute to the achievement of local healthy weight strategic outcomes. Local service providers, if consulted at all, often give a simple description of existing services and therefore the opportunity to ask key questions about how they are realigning their services to support healthy weight outcomes and how they are going to demonstrate their impact is often lost.

Current evidence suggests that around 97% of obese children come from families where at least one parent is obese or overweight. Healthy Child Programme contact points and the NCMP process provide an opportunity to target children and adults by addressing unhealthy lifestyle choices within the family.[3]

Further, we would suggest, there is also an opportunity to explore and articulate the contribution that different agendas can make to each other; for example, increasing active transport will contribute to reducing carbon emissions and reduce traffic; healthier eating can reduce the amount of waste packaging being sent to landfill sites; and investment in park rangers can lead to reduced crime, as well as contributing to healthier lifestyle outcomes.

What 'good' looks like

We recognise the inherent challenges of local areas harnessing resources to tackle unhealthy weight in the required timescales. However, there are some strong examples of positive actions taken within a number of local areas, and the combined effect of all these actions within one area offers a way forward.

1. Drawing out the expected contribution of existing and community-based programmes and services

Knowsley demonstrate a strong commitment to partnership working and to drawing out the expected contribution of all local providers to achieving their healthy weight strategic outcomes. They have moved from an approach that simply maps existing services and the assumption that they will directly or indirectly impact on healthy weight outcomes to actively challenging local providers by asking:

'How can you help us to achieve our healthy weight outcomes, what can you contribute and how will you know you are helping us?'

This approach challenges the status quo and asks local providers to demonstrate their impact on this agenda and to realign themselves to market demand.

2. Developing the necessary mechanisms to ensure effective local signposting is in place

Both **Hull** and **Barnsley** are committed to commissioning a single point of access for members of the public and healthcare professionals for information and signposting in relation to weight management.

3. Healthy Child Programme contact points with frontline staff – optimising the opportunity to influence families

The CONST would highlight the positive impact that integrating children's services has had on the Reception year NCMP by focusing on the early years contribution to healthy weight. The CONST would refer you to City and Hackney, Liverpool, Bournemouth and Poole and Barking and Dagenham.

4. The NCMP – optimising the opportunity to influence families

Barnsley have utilised the NCMP letter to parents and carers to consult with families on the kinds of services they would find supportive. They discovered that fewer than 10% expressed an interest in a structured 12-week family-based weight management programme. There is more information about NCMP resources at **http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publichealth/Healthimprovement/Obesity/DH_103939**

Knowsley have developed an end-to-end NCMP process that includes:

- offering information/education sessions for parents prior to their child being measured;
- follow-up contact (telephone and an offer of a face-to-face meeting) for every overweight or obese child;
- family-based weight management interventions;
- mapping the wider contribution of existing community-based activity to facilitate effective signposting;
- actively targeting overweight young people in Year 5 to try to prevent them moving into the obese category by Year 6. (NB – **Liverpool** have also taken this approach.)

As a consequence Knowsley have developed the most comprehensive pathways we have seen to date with frontline staff demonstrating a good understanding of local pathways. Case study at **www.obesitylearningcentre-nhf.org.uk/resources/case-studies/**

Westminster are proactive in following up parents, by phone, who have opted out of having their child's weight measured. This has resulted in them converting 75% of parents who had opted out into giving permission for their child to be included on the day. They also have a good process for children who are identified as very overweight or obese, contacting all parents or carers of these children by phone and offering support. Case study at **www.obesitylearningcentre-nhf.org.uk/resources/case-studies/**

Hull are contacting parents or carers of children in Reception and Year 6 who have an unhealthy weight status before NCMP letters are sent out. Information and advice are provided and the family is offered additional support or referred to local services. They have also moved their weighing and measuring of Year 6 children forward in the school year (by February), ensuring that those children who fall outside healthy weight have access to support prior to their transition to secondary school. A case study is now included within a broader NCMP report and can be found at **www.dh.gov.uk/en/Publichealth/Obesity/DH_110447**

The CONST will be carrying out further work with each of these areas to draw out more detailed information, encourage shared learning and explore 'what next'.

High Impact Change 3

Workforce development

What this theme encompasses

This theme is about ensuring that all staff who have a contribution to make to the healthy weight agenda understand what that contribution is and that they are competent, confident and effective when delivering interventions. The contribution of frontline staff while going about their 'day job' is critical to progress; this is about harnessing the total workforce contribution to local public health outcomes.

We would suggest that, just as health and safety and child protection are seen as being everybody's business and are included in all service specifications, healthy weight and healthy lifestyles should be included as they too are fundamental to children's wellbeing and happiness.

A potential mechanism for achieving this is the development of Children's Workforce Development Strategies that set out the expected requirements in the area of lifestyle intervention skills and competencies. This should be supported by the inclusion of clear outcomes for lifestyle interventions in commissioning and procurement processes. The success of local Children's Workforce Strategies will be underpinned by the continued professional development of frontline staff to ensure that they are competent to carry out this role effectively. As third sector partners also play a significant role in the provision of many contributory services, thought needs to be given to ensuring that they are adequately trained.

In any training programme we would further strongly emphasise the need to address the confidence of frontline staff to raise the issue of healthy weight. Unless staff can appropriately recognise the issue and are prepared to discuss it sensitively with the people they come into contact with, then progress is always going to be hindered.

Rationale

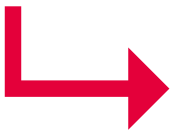
Encouraging and supporting behaviour change in individuals and families to achieve public health outcomes is central to the Government's agenda. Frontline practitioners play a critical role in raising behavioural issues, providing good information and appropriately signposting people to local community services. The NICE guidance on behaviour change at population, community and individual levels[4] sets out generic principles that can be used as the basis for planning, delivering and evaluating public health behaviour interventions. It recommends that, irrespective of whether you seek to influence individual, community or population behaviours, there is a need to equip practitioners with the necessary skills and competencies to deliver effective outcomes.

In our experience, investment in equipping practitioners with the necessary skills and competencies has been limited. Where training has been developed, it is rarely linked to local healthy weight outcomes and has not been embedded in local workforce development strategies or within the commissioning process as part of the service specification. Such training opportunities largely rely on frontline staff to self-nominate. Consequently, the system and scale necessary to effect real change across local communities is lacking. Leadership and direction from senior management could significantly improve this.

Additionally, none of the local areas visited had addressed 'practitioner confidence' in raising the issue of unhealthy weight. An individual's weight status is immediately visible thus making it impossible for many frontline staff who are themselves overweight to pretend that they have the balance of 'energy in and energy out' within their own lives. We have heard from both frontline staff and local policy-makers that this is not a topic they are comfortable or confident in raising and as a consequence they avoid it. Individuals whose own weight status is outside a healthy range are often uncomfortable advising someone else that they are overweight and people within healthy weight don't want to appear judgemental of patients' and colleagues' ability to manage their weight.

It has been estimated that out of an NHS workforce of 1.2 million, 300,000 are obese and 400,000 are overweight, accounting for around 60% of the workforce.[5] Levels are likely to be very similar within local authority and other local workforces. Investment in building skills and competencies without addressing confidence is likely to undermine the investment and local commissioning outcomes.

In 1999, 43% of the population had a BMI in the overweight or obese range, of whom only 81% perceived themselves to be overweight or very overweight. By 2007, 53% of the population had a BMI in the overweight or obese range of whom only 75% reported themselves to be overweight or very overweight. As the proportion of overweight people in Great Britain has increased, the ability of overweight individuals to 'self-diagnose' their weight status has declined.[6] This makes it harder to influence many of the people who could usefully engage with services as they do not see messages regarding overweight and obesity as relating to themselves.



What 'good' looks like

Some areas have begun to develop healthy weight training programmes, although we have not seen the system and scale which would be necessary to make real inroads into this issue.

Yorkshire and Humber Region have developed a behaviour change competence framework based on NICE guidance *Prevention and Lifestyle Behaviour Change – A Competence Framework*. The framework incorporates competencies for four levels of intervention: very brief (up to 10 minutes), brief (up to 20 minutes), intermediate (up to 30 minutes) and specialist (up to an hour) training interventions. It also addresses staff 'confidence' and there is currently a drive to have the framework incorporated within the NHS Knowledge and Skills Framework. The framework can be accessed via the NHS intranet at **www.yorksandhumber.nhs.uk/toolkit_directory/** or by emailing **kate.whitfield@yorksandhumber.nhs.uk** if you do not have access to the NHS intranet.

Knowsley are developing a Healthy Weight training programme providing different levels of training to build the competencies of a wide range of frontline staff. They have also embedded healthy weight messages in other staff training programmes including staff induction, cardiovascular disease training etc. Email **lisa.newson@knowsley.nhs.uk** for more details.

Cornwall have introduced mandatory Baby Friendly training for health visitors, maternity and paediatric staff and a mandatory annual update, leading to an increase from 20% to 80% of staff who are currently trained, and have also purchased a UNICEF training package to address the gap in GPs' competence. They have also developed an online awareness training package about healthy weight. See **www.healthpromcornwall.org**. For other examples of good practice, see **www.babyfriendly.org.uk**

Liverpool have commissioned Health Exercise Nutrition for the Really Young (HENRY) training for all early years staff and have plans to embed healthy lifestyles in all Personal Development Plans and to incorporate public health in all PCT job descriptions. Case study at **www.obesitylearningcentre-nhf.org.uk/resources/case-studies/**

North East Region have co-developed training on childhood obesity with their Public Health Observatory. For access register at **www.nepho.org.uk/obesity**

Nottingham City have developed Get Healthy Nottingham, a training programme accredited by the Royal Society for Public Health. The training has been designed to improve the health of frontline staff and members of local communities, and to enable them to pass on positive messages. See **www.nottinghamcity.gov.uk/index.aspx?articleid=3137**

Recommendation

Few of the areas we visited had built any form of evaluation of the impact of their training on activity levels and healthy weight outcomes; Yorkshire and Humber's competence framework is being developed, however, to include evaluation. We would recommend that local areas include competencies for healthy weight interventions in their local workforce development plans, embed mandatory training requirements in all appropriate contract specifications, and include evaluation requirements that demonstrate the quantity and quality of healthy weight interventions.

High Impact Change 4

Workforce health

What this theme encompasses

This theme focuses on workforce health within public sector organisations and in particular staff directly (or indirectly) employed within local authority and NHS organisations. It addresses working environments, unhealthy weight status and workforce lifestyles and encourages a cultural change within public sector organisations that enables them and their workforce to act as role models and lead by example.

Rationale

The local authority and NHS are usually the largest employers in any local area, frequently accounting for between 20% and 30% of the working population. Over 60% of these employees have an unhealthy weight status and a large number live locally and thus form a significant part of the local population. Many of them are from low-income families. Improving their lifestyles would contribute to the local area health outcomes.[7]

The reach of employees across the local community is enormous; within their daily work public sector frontline staff have direct contact with local children, their families and adults and are in a position to influence health behaviours and address common misconceptions. This reach is extended considerably through their own families, friends and communities. Supporting a change in culture in the workplace is therefore likely to have far-reaching effects across the local population.

Addressing unhealthy lifestyles within local public sector organisations will require an up-skilling of the workforce. These skills are likely to lead to a strengthening of their competencies in delivering lifestyle interventions during their day-to-day work.

The Boorman Review[8] highlights the cost of sickness absence to NHS organisations and estimates that 3.4 million working days are lost annually (the equivalent of 14,900 extra staff) at a direct cost of £555 million, and this figure does not include the cost to the NHS of treating the causes of the absence. Local authorities have similar rates of sickness.

This theme is therefore a **win–win–win** situation. If NHS and local authority staff are encouraged and supported to consider their own health and weight status:

- they should be healthier in themselves, potentially reducing sickness levels and costs to the NHS in terms of treatment for obesity-related illnesses;
- productivity at work should improve with fewer days lost to sickness, thereby increasing the capacity of the workforce to deliver a good level of service, and reducing the workload and potential stress on other members of staff which is likely in turn to further reduce absences; and
- staff will provide a better role model for those they come into contact with and will have increased confidence in raising the issue of weight.

The CONST acknowledges that prioritising workforce health in the current economic climate may appear untimely; however, the need for staff to lead by example and support the delivery of lifestyle interventions has never been more important. Addressing overweight and obesity trends within your population will only be achieved through a fundamental shift in local culture and attitudes with regard to lifestyle choices. Tackling it within your workforce is likely to be one of the biggest levers you have available to you. We would recommend that local areas consider the inclusion of healthy lifestyles as a professional responsibility and that they should be incorporated within workforce development strategies.

What 'good' looks like

Almost every area was able to describe some initiatives on offer for NHS and/or local authority staff. However, these tended to be piecemeal rather than genuine and sustained attempts to tackle the health and wellbeing of staff. Clear outcomes were not articulated and often the culture of the organisation was at odds with the initiatives being offered – for example, activities scheduled for lunchtime, when many staff reported that they experienced pressure to work through their lunch break. Consequently, we have only been able to identify pockets of good practice within local areas, and with the exception of one area few had sought to maximise the potential of workforce health.

Below are some examples of the kinds of actions local areas are taking. It is unlikely that any one of these, if taken in isolation, will have a radical impact on workforce health.

> **Lincolnshire** have adopted workforce health as the 'Big Idea' for the good health strand of their Sustainable Community Strategy, ensuring that it continues to have the support of all participating organisations. These include NHS Lincolnshire, United Lincolnshire Hospitals NHS Trust, Lincolnshire County Council and seven local district councils who are jointly responsible for employing around 35,000 staff. The programme, Motiv8 Lincs, has long-term objectives (2020) with a

current two-year action plan in place. Desk-based secondary research has been completed and funding secured to support the programme through the Health and Wellbeing Fund. A contract for primary research has been awarded and work will commence in October 2010. Results of the primary research are expected by April 2011 and will be used to inform a range of interventions to tackle unhealthy weight. Case study at
www.obesitylearningcentre-nhf.org.uk/resources/case-studies/

Lewisham have actively discouraged travel to work by car; they have a staff bike scheme and an award-winning workplace travel plan. Case study on their travel plan can be found at
www.obesitylearningcentre-nhf.org.uk/resources/case-studies/

Hounslow have appointed a workforce health lead, a specification for the commissioning of food has been developed to ensure that only healthy food is provided by commissioned caterers and unhealthy vending machines have been removed. They have also introduced numerous staff opportunities such as discounted leisure and a weight management programme for staff (Weigh to Lose). Specific attention has been focused on increasing cycling, including cycle confidence training and cycle maintenance sessions. Staff cycling has risen from 4.5% in 2007 to 9% in 2009. Some 200 Hounslow residents accessed cycle training between September 2009 and July 2010.
www.hounslow.gov.uk/index/transport_and_streets/sustainable_travel.html

Hartlepool have an Employee Wellbeing Strategy and have also appointed a workforce health lead, funded by the PCT and hosted by the local authority until 2012, to support their Better Health at Work Policy. They have run numerous two-hour awareness sessions including topics such as diabetes, cardiovascular disease and weight management with a specific focus on improving the health of their own frontline staff and third sector partners. They have also adopted the regional Health at Work award. Currently they are working towards the silver level. Email **Carole.johnson2@nhs.net** or read the case study at
www.obesitylearningcentre-nhf.org.uk/resources/case-studies/

Bristol have many senior staff demonstrating a commitment to active travel in going about their everyday business. Journeys between the Council building and PCT are routinely made on foot or by bike. Physical activity has been promoted in many different ways and they have funded physical activity on referral. They were also one of the first areas to address unhealthy vending machines. Case study at
www.obesitylearningcentre-nhf.org.uk/resources/case-studies/

The role of the Childhood Obesity National Support Team

The CONST's primary roles are to:

- firstly, act as a catalyst within local areas to move them beyond silo thinking which may be resulting in small-scale projects to thinking that harnesses the total contribution of all local partners and leads to system and scale in promoting healthy weight outcomes;
- secondly, provide real-time field intelligence to Department of Health policy teams to assist them in shaping national strategy and policy; and
- thirdly, liaise with and contribute to the work of a wide range of national bodies.

The Team takes an outcomes focus and believes that understanding local communities and their needs is critical to effecting successful behaviour change. Without relevant intelligence, local delivery systems cannot effectively serve their communities or maximise the impact of local resources. Our process begins with an analysis of the effectiveness of local intelligence.

We recognise that there are no simple solutions and to effect real change in health behaviours there is a need to engage with and identify the positive contribution that can be made by everyone across the local community. In order to achieve this we have engaged with a wide range of local partners (over 1,200 during the course of our visits) including Chief Executives, Directors of Public Health, frontline staff, commissioners within the local authority and the NHS, local employers and the voluntary sector and community organisations.

In supporting local areas the Team seeks to understand:

- what is working well on the ground within the local area;
- which specific challenges and barriers prevent local progress;
- which recommendations will empower the local area based on specialist knowledge and extensive field experience; and
- what intelligence and support is relevant for the local area.

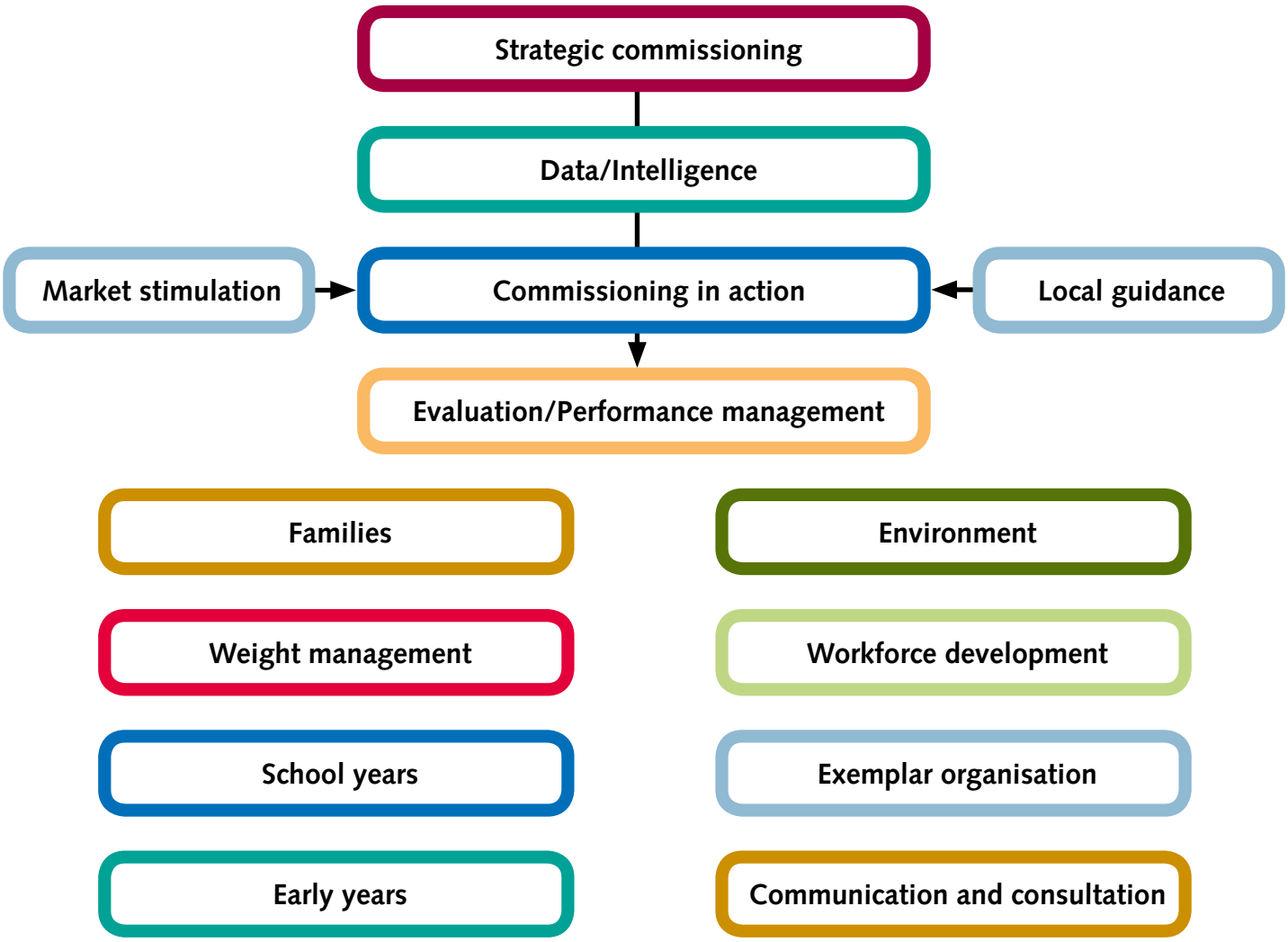
Our model

Our diagnostic model takes a systems approach to tackling unhealthy weight and incorporates 12 themes:

- Strategic commissioning
- Intelligence
- Commissioning into action
- Evaluation
- Early years prevention
- School age prevention
- Weight management
- Families
- Environment
- Workforce development
- Workforce health
- Communications.

Below is our Healthy Weight Model. The model's themes reflect and support local areas' delivery and alignment expectations. To ensure a consistent and objective approach, the themes are each explored as part of the visit, resulting in a series of recommendations for the local area to consider and act on as appropriate.

National Support Team Healthy Weight Model



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