



Public Health
England

Protecting and improving the nation's health

Annexe A: Supporting weight management services during COVID-19: Phase 1

Local practice examples highlighting learning and emerging good practice

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Contents

About Public Health England	2
Acknowledgements	4
Glossary of terms	5
Introduction	6
Practice examples	8
References	59

Acknowledgements

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Glossary of terms

Body mass index (BMI) definition: BMI is an estimate of body mass and is calculated by dividing a person's weight by the square of their height.

Table 1: BMI classification

BMI Range	BMI Category
Less than 18.5kg/m ²	Underweight
18.5 to <25kg/m ²	Healthy weight
25 to <30kg/m ²	Overweight
30 to <40kg/m ²	Obesity
40kg/m ² or more	Severe obesity

Weight management service (WMS) tiers: In England service users are offered at different 'tiers' or level of intervention: Tier 1 includes universal prevention services, such as health promotion; tier 2 includes multicomponent behaviour change and often takes the form of group-based support run by commercial providers; tier 3 is specialist multi-disciplinary weight management; and tier 4 includes bariatric surgery.

Virtual Meeting Platforms: Virtual meeting platforms denotes hosting of a meeting in a virtual environment and not face to face. Examples of platforms used include Skype, Zoom, WebEx and MS Teams. Virtual meetings use technology to allow groups to collaborate through an Internet connection. These virtual meeting platforms generally have an audio and video component and are not simply a voice connection.

Social media: A collective term for websites and applications which focus on communication, community-based input, group and 1:1 interactions, sharing of information and collaboration. Social media platforms include, Facebook (including Facebook Live); WhatsApp; and YouTube (video sharing website)¹.

Introduction

In this Annex there are 17 practice examples that have demonstrated ways of adapting their WMS during COVID-19. Despite lockdown, local authorities, the NHS, charities, voluntary and private organisations have used digital, remote and other innovative means to continue to support their populations to be a healthier weight. Due to the nature of this rapid research, the examples are not representative of the whole country. They do however, offer an insight into how areas have been resourceful and have continued to help those who had taken up support to manage their weight, with some managing to recruit new members during COVID-19. The presentation of these examples is true to those who have shared them, and the views expressed are those of the authors. They remain unique, offering different information that suits their own example.

Where dates are included, this relates to the year 2020, unless stated otherwise.

Number	Practice examples
1.	The Bariatric Consultancy. West Sussex Clinical Commissioning Group
2.	Beezee Bodies. Hertfordshire County Council, Gloucestershire County Council, and Brighton and Hove City Council
3.	Bexley Borough Council
4.	Black Country Consortium. Wolverhampton County Council, Dudley County Council, Walsall County Council, and Sandwell County Council
5.	Change4Life Sunderland, Sunderland City Council
6.	Kent County Council
7.	Medway County Council
8.	MoreLife
9.	Newcastle City Council
10	North Yorkshire County Council

11.	Shine Health Academy. Sheffield
12.	Slimming World. Nottingham City Council
13.	Sport England South Tees Pilot
14.	Sussex Medical Centre
15.	Swindon Borough Council
16.	Thrive Tribe. East Sussex County Council, Royal Borough of Kensington and Chelsea, Oxfordshire County Council, and Lincolnshire County Council
17.	Together for Children's Prevention and Innovation Team. Sunderland

Practice examples

1. Multi-disciplinary WMS, to be delivered via a remote digital platform, telephone and e-learning in West Sussex by the Bariatric Consultancy

<p>Description</p>	<p>We have been delivering psychologically led multi-disciplinary tier 3 services for the past 10 years. During 2019 we piloted a test bed digital service in response to patient feedback. When lockdown was announced we moved to a fully remote service without any gap in clinical provision. The challenge has been to ensure that the service is of the same high standard as pre-COVID-19. The pathway consists of an intensive multi-disciplinary component, followed by maintenance appointments up to 24 months. Patients wishing to proceed to tier 4 are fully prepared by the acute case team again via remote delivery.</p>
<p>Context – what was the aim?</p>	<p>Patients access our service with a BMI of >35kg/m² with comorbidities. A sample of 875 patients (completed in 2018) indicated that 47% had a BMI over 40, 36% were unemployed, 39% suffered with depression, 31% with anxiety and 29.6% presented with Type 2 Diabetes. Our contracts are within the South East and London, with a high proportion of the population from Afro Caribbean, African and Asian ethnic groups, with individuals more at risk from life threatening comorbidities. All these factors are indicators for increased mortality rates in COVID-19 cases. It was essential to develop a remote service in order to continue to support patients identified as vulnerable, many of whom would be shielding.</p>
<p>Method – what did you do?</p>	<p>Delivery went fully remote on 22 March. Clinical appointments were moved to telephone or digital via MS Teams. This included 1:1 and group sessions, check-in appointments and appointments with the bariatric nurse. The clinical team were already trained to work remotely and able to commence work without any gap in delivery. Patients were informed of the change on 22 March and there is anecdotal evidence that this was well received. 'Did not arrive' (DNA) rates have reduced significantly during remote delivery. We have collected over 401 patient questionnaires during lockdown to analyse the impact on weight management and emotional wellbeing.</p> <p>Weight management n=320 (80%) individuals reported that COVID-19 had impacted on their weight management. n=275 (69%) went onto to say that their weight had not remained stable and n=189 (69%) admitted to gaining weight where an actual weight gain amount had been</p>

	<p>reported the average had been 5-7kg; n=42 (15%) said their weight had fluctuated. The significant lifestyle factors associated with weight gain were restricted activity, boredom and lack of choice due to food availability and financial constraints. n=278 (69%) individuals understood the link between complications in COVID-19 patients who presented as living with obesity, however only n=222 (55%) reported that this link would motivate them to lose weight in the future. n=272 (68%) saw bariatric surgery as something that they would consider in response to the fears around COVID-19.</p> <p>Mental health n=241 (60%) individuals reported that their mental health had been affected by COVID-19 and the lockdown.</p> <p>Eating habits n=315 (79%) said that lockdown had an impact on their eating habits. The most significant factors were increased snacking n=115 (37%) and eating more n=41 (13%).</p> <p>Activity levels n=348 (87%) felt that their activity levels had changed during COVID-19 and unsurprisingly n=252 (72%) reported to being less active mainly due to not leaving the house regularly.</p> <p>More details on this study can be provided by contacting the Directors at the Bariatric Consultancy.</p>
<p>Outcomes – what difference did you make?</p>	<p>We are currently analysing our completed patient questionnaires about experience of lockdown and its impact on eating, activity and mental health. Clear patterns have begun to emerge indicating that patients struggled to manage their weight and high levels of anxiety and depression are reported. Feedback on the level of support provided by us has been positive. We are a psychology-led service and the counselling team were able to support individuals struggling with isolation and mental health. One of the reasons we initially started partial digital delivery was to address health inequalities. Many patients live in areas of deprivation and are reliant on public transport, or work as carers or have childcare issues which impact on their attendance. Before lockdown we identified that by providing flexible patient-centred care, for example, for evening and weekend appointments, DNA rates reduced. This reduced further during lockdown with many clinics reporting no DNAs.</p>

<p>Key learning points</p>	<p>COVID-19 has been a catalyst for change and the way our service will be delivered in the future. We have been researching and developing remote delivery since 2018 in response to extensive patient research to discover the barriers to engagement and how WMS could be delivered in the future. Lockdown has helped us shape our vision of what our service will look like in the future. Engaging patients has always been one of the key factors in WMS. Attrition rates are notoriously high due to factors including poor health, economic status, and motivation to change. We have learnt that there is a need to develop flexible services that are focused on patient's needs, delivered at times that fit in with often complex socio-economic barriers. By providing remote clinics and e-learning platforms we have found that individuals can access services at times that work for them. It also addresses issues of health inequality as remote clinics are accessible to people with mobility and disability issues as well as those who are unable to pay for public transport or childcare in order to attend. It has also made the service available to those who have been unable to attend due to work commitments.</p> <p>When we first started remote delivery, we encountered some issues around technology. Individuals were wary of remote consultations and group sessions. Since lockdown this type of communication has become the new normal and we have very little resistance from those who may not be confident using technology, such as some elderly patients.</p>
<p>Contact and links</p>	<p>Sevim Mustafa and Janet Biglari directors@thebariatricconsultancy.com www.bariatricconsultancytier3.com bariatricconsultancy@nhs.net</p> <p>Victoria Hill, Contract Manager West Sussex Clinical Commissioning Group (CCG) Victoria.hill12@nhs.net</p>

2. BeeZee Bodies developed an evidence-based, co-produced, innovative service supporting people in groups and holistically as individuals to effect long-term behaviour change, using behavioural science

<p>Description</p>	<p>BeeZee Live is an holistic weight management and behaviour change service delivered remotely over multiple platforms.</p> <p>It is a completely new intervention that has been, and continues to be, co-produced with users, who are helping to overcome the many challenges of designing and delivering the service as well as how to ensure that sustainable behaviour change is possible.</p> <p>The barriers are in upskilling the team to use the software, develop evidence-based resources in remote teams and delivering to users who also require upskilling to use the software and in using the digital tools available. Creating sustainable change remotely is a challenge.</p>
<p>Context – what was the aim?</p>	<p>We initially had 2 aims:</p> <ol style="list-style-type: none"> 1. Create a minimum viable product within 2-weeks of lockdown to support people to complete the programme, who had to finish the face to face sessions early due to COVID-19 lockdown. 2. Develop a new, evidence-based intervention using new digital tools, empowering and upskilling our teams to support customers in 3 age categories: <ol style="list-style-type: none"> a. Families with younger children (5-10 years) b. Families with older children (11-16 years) c. Adults <p>We are continuing to support some of the most vulnerable people in society, with the majority of families under social services or with significant complexities. We needed to ensure we could continue to support them at scale.</p>
<p>Method – what did you do?</p>	<p>We investigated the various digital options available, already having experience of using a ‘learning management system’ (LMS). Over a period of 4 weeks (2 weeks were before lockdown), we created the basic set up on a LMS to enable people on our existing physical sessions who could no longer attend, to complete the programme.</p> <p>Our central team supported the nutrition and behaviour change teams around the country to work together to create evidence-based services for incoming referrals. We even advertised to fill additional spaces. Our service is fully behaviourally coded and co-produced.</p>

<p>Outcomes – what difference did you make?</p>	<p>We are in the midst of delivering the first full programme to the public. We are supporting families in Hertfordshire and Gloucestershire and families and adults in Brighton and Hove.</p> <p>Early engagement data is excellent, showing regular attendance and engagement with the live session delivery, online classroom, the group chat, and individual support offered to users.</p> <p>The co-production workshops that were held during the design process, have been maintained throughout the delivery, taking back issues we are facing and solving them together with users, and will remain an ongoing method of iteration and improvement.</p> <p>The online group-sessions have been particularly effective at driving engagement and communicating complex behaviour change messaging in an engaging, yet scalable way.</p> <p>We have continued to provide group level, and individual, holistic support to some of the most vulnerable families and adults in the areas we work in and are seeing effective behaviour change/weight management, even during this uncertain period.</p>
<p>Key learning points</p>	<p>Key learning points:</p> <ul style="list-style-type: none"> • it is possible to recreate some of the facets of physical service delivery using digital means • it is not an online version of physical services but a completely new intervention • genuine engagement requires thinking through user experience at all times. It is paramount and more important to get right initially than even the behavioural content • underpinning behavioural science is essential, combined with understanding how to use digital tools to convey messages and elicit action in users • digital development and delivery across multiple platforms, using many communications tools can be incredibly wearing on staff. If this service continues, we must build in down time for staff <p>Barriers:</p> <ul style="list-style-type: none"> • technical hitches • fast learning of various online systems • cost of systems • team burnout and mass-uncertainty generally and with product development

	<ul style="list-style-type: none"> • designing the underpinning behavioural science in such a short timeframe <p>Positives:</p> <ul style="list-style-type: none"> • team pulling together. This is where a constant investment in team culture pays dividends • initial outcomes are encouraging • we have learned a lot • we are able to support staff development in an unprecedented way, offering daily feedback on performance, including detailed information on how to improve • upskilling staff in intervention design and understanding the underpinning behavioural science and COM-B ('capability', 'opportunity', 'motivation' and 'behaviour' model). Theoretical Domains Framework and behaviour change techniques coding of every deliverable element of the BeeZee Live service (as with our physical services) • developing a service that allows geographical freedom and better specialisation than physical services. For example, instead of 5–11 year old family groups, limited by the number we can recruit in 1 area, we can run a 5-7; 7-9; 10-11 year old etc. and the same specialisation for adult groups. <p>We will be rolling this programme out in the future as lockdown and social distancing continues and beyond as it is a scalable, evidence-based, constantly improving service that will increase access for people who may otherwise not have attended WMS (people with transport issues, shift workers, single parents, with disabilities or who simply don't want to attend physical services).</p>
<p>Contact and links</p>	<p>Stuart King, Beezee Bodies stuartking@beezeebodies.co.uk www.beezeebodies.com</p> <p>“With the significant changes that occurred as a result of COVID-19, Beezee Bodies addressed each challenge that arose, introducing digital solutions, and a combination of group and 1:1 sessions, to ensure that families remained supported at a time when they could have felt very isolated”.</p> <p>Jen Beer, Health Improvement Lead Hertfordshire County Council Jen.Beer@hertfordshire.gov.uk</p> <p>“By having ‘beginners mind’ and conducting co-production with the local families BeeZee Bodies was able to recognise and support families in a</p>

	<p>way they needed it the most at the current time, for example providing care packages at the beginning of the lockdown (when many struggled to access the necessary resources).” The care package included ingredients for a family meal using a BeeZee Bodies designed recipe”. Julie Craig, Outcomes Manager Public Health Gloucestershire County Council Julie.Craig@gloucestershire.gov.uk</p> <p>“We look forward to working with BeeZee Bodies as the pandemic enters a new phase, one in which WMS will be key to population health. Through our collaborative relationship, we will use learnings from the challenges and opportunities of the last few months to strengthen our tier 2 offer”. Roisin Thurstan, Commissioner Brighton and Hove City Council Roisin.Thurstan@brighton-hove.gov.uk</p>
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3. Changes to tier 2 child WMS in Bexley in response to COVID-19 and lockdown

<p>Description</p>	<p>We would like to share our experience of how the provider for the tier 2 child WMS adapted the programme in order to continue to support children and families with weight management and healthy eating during lockdown.</p> <p>We want to highlight how the programme has changed to be delivered completely online and what innovative activities the provider is doing to engage with families. We will showcase feedback from families attending virtual programmes and the considerations for engaging with new families.</p>
<p>Context – what was the aim?</p>	<p>The aim was to understand if and how the provider could continue to provide a WMS to families in Bexley. Prior to lockdown, programmes were delivered to children aged 4-11 years with a BMI above 91st centile and targeted towards families living in deprived communities. About 50% of families attending the programme were of Black African ethnicity. The need to change the service to online arose due to the COVID-19 lockdown where families required more support particularly around food with children being at home.</p>
<p>Method – what did you do?</p>	<p>Prior to lockdown the provider was proactive in their response by discontinuing face-to-face sessions and moving to telephone support. We held contract meetings, had email contact and requested business continuity plans. Two weeks into lockdown the provider made further adaptations to the programme by developing pre-recorded virtual classes for families to download and utilised social media to keep in contact with families. These activities continue and are complemented with 3-weekly group programmes delivered via Zoom and cooking classes. The provider developed a support pack with recipes and game ideas.</p>
<p>Outcomes – what difference did you make?</p>	<p>We recognised that it would be challenging to record weight, so we have been using qualitative measures such as the Global Physical Activity Questionnaire and Food Frequency Questionnaire as measures for levels of activity and dietary changes. For families who have access to scales, weight is recorded, and heights are based on an average from past children who have attended the programme.</p> <p>The provider pre-recorded sessions so that families can download and watch in their own time. The virtual cooking classes where families cook together have proved very popular.</p>

	<p>Particularly with children being at home, families have become more reliant on the service for support with meal planning, structured meal times, physical activity as well as the mental and wellbeing support the service provides. The provider regularly uses Facebook Live and continues weekly telephone and text messaging contact with individual families. The use of social media has allowed families to talk to each another and form new virtual friendships during periods of isolation and social distancing.</p> <p>From a behaviour change questionnaire sent to 10 families, 50% said the programme supported them to change their child’s nutrition and control portions better with 80% interested in taking part in virtual cookery classes. Attendance has improved as families do not need to travel.</p>
<p>Key learning points</p>	<ul style="list-style-type: none"> • we are evaluating the current service and looking at how we deliver child WMS going forward. Outcomes may be more focused on behaviour change outcomes rather than BMI z-score • looking at how the service could be more joined up with children’s services and across the life-course • the number of families attending the virtual groups is relatively small, so we need to review how to engage with new families digitally and better utilise communication channels • consideration of the programme structure. The current programme duration is 12-weeks; is this duration suitable particularly for online delivery, or can it be condensed? Is there a need for the programme to be 12-weeks if weight change is not the primary outcome but other measures are used? We would need to look at evidence base and learning from other areas before answering these questions.
<p>Contact and links</p>	<p>Louise Tse, Public Health Obesity Lead, Bexley Louise.tse@bexley.gov.uk</p>

4. The Black Country Rainbow Hour. A campaign encouraging all education settings across the Black Country to commit to and provide all pupils with access to one hour of wellbeing and physical activity each day

<p>Description</p>	<p>The campaign supports schools' recovery curriculum, through a bi-weekly resource which provides activity ideas for those at home or at school (compliant with the Department for Education and national guidance), from early years right the way through to Year 13. The 'rainbow book' provides ideas for each of the 7 strands of activity, all promoting the concept of the 3 c's: control, communication and consistency. All resources are accessible and inclusive without the need for online/computer access, and includes the STEP principles (http://www.activityalliance.org.uk/get-active/at-home/adapting-activities) suitable to adapt the activity for children with a disability.</p> <p>7 Activity strands</p> <p>Red: Fielding and striking activities Yellow: 'Move More' activities Blue: Mental wellbeing and mindfulness activities Violet: Themed celebration and creative activities (for example, transition/national school sport week, inclusion) Orange: Ball skills activities Green: Outdoor and nature activities Indigo: Personal challenges and multi skills activities.</p>
<p>Context – what was the aim?</p>	<p>The campaign seeks to build confidence and strengthen the support children and young people (CYP) have had during this time through positive physical, mental, social and emotional companionship, challenge and fun. The 'rainbow hour' encourages schools to prioritise the health and wellbeing of CYP and reduce the focus on catching up lost curriculum learning.</p> <p>The campaign originated from concerns from a range of education partners and schools that a child's health and wellbeing may well slip down the priority order due to the additional pressures the current COVID-19 crisis has placed on schools and special schools.</p> <p>Furthermore, the campaign also seeks to contribute to the wellbeing of teachers and parents during this time by supporting preparations and enabling them to be more supportive throughout this period, particularly when the activities are completed together.</p>

<p>Method – what did you do?</p>	<p>The campaign has been developed with a range of partners across the Black Country including: Local authority public health teams, ConnectED, Wolverhampton PASS and Black Country school games organisers to create a positive movement.</p> <p>The hour is flexible and can be tailored to any school day, deliverable in intervals or a 1-hour block. Schools are encouraged to share best practice on their ‘rainbow hour’ through social media platforms and via parents.</p> <p>The ‘rainbow book’ (created with a range of partners) supports schools with ideas of activities. It was launched on 29 May and its 3rd edition will be published on 8 July.</p>
<p>Outcomes – what difference did you make?</p>	<p>Outcomes</p> <ul style="list-style-type: none"> • 106 schools currently delivering a daily ‘rainbow hour’ • 33,194 pupils currently experiencing a daily ‘rainbow hour’ • 33 organisations who deliver to CYP supporting the campaign • evidence and examples from schools can be found on social media via #BlackCountryRainbowHour • video footage captured is also being collated into an impact and promotional video used to recruit and promote the campaign and resources to schools not currently signed up <p>Social media analytics (28 May to 26 June):</p> <ul style="list-style-type: none"> • total tweets = 342 • potential reach¹ = 299,220 • potential impressions² = 576,494 <p>Working with experts across each of the rainbow strands ensured that the materials developed are appropriate and school/family friendly. Limiting the use of video ensures inclusivity; we know not all children in the Black Country have computer and online access so ensuring the ‘rainbow book’ can be used in hard copy format and activities do not require video ensures no one misses out. The campaign has brought together a wealth of organisations who are all seeking to support CYP.</p>
<p>Key learning points</p>	<p>Future plans include a continuation of the ‘rainbow hour’ in the summer holidays, using resources to support organisations delivering to children</p>

¹ number of unique users that could have seen the hashtag

² number of times someone could have seen the hashtag (same user would have seen more than once)

	<p>and for families at home during this period to continue to build momentum.</p> <p>There will be a fresh launch of the campaign and new resources for the next academic year (including revised themes and strands appropriate to the time of year) to ensure, as a region, we embed ‘rainbow hours’ in the school curriculums, creating a sustainable and long-term legacy from the project.</p> <p>The next academic year will also see the introduction of the Black Country ‘rainbow bus’. This will deliver a ‘rainbow hour’ of wellbeing and enrichment activities on school sites. The bus will be used to celebrate and promote successful schools and recruit those not currently involved during the campaign beyond this academic year.</p>
<p>Contact and links</p>	<p>For further details regarding the campaign please visit or contact: www.blackcountryrainbowhour.co.uk/ #BlackCountryRainbowHour</p> <p>tim_aldred@blackcountryconsortium.co.uk Education Lead – Active Black Country</p> <p>City of Wolverhampton Council Howard.Jobber@wolverhampton.gov.uk</p> <p>Dudley Council Anna.Hill@dudley.gov.uk</p> <p>Sandwell Council Katie_Deeley@sandwell.gov.uk</p> <p>Walsall Council Vikki.Tolley@walsall.gov.uk</p>

5. Change4Life (C4L) Sunderland. How to continue to be active and eat healthily on a budget during the COVID-19 pandemic

<p>Description</p>	<p>As support to residents and those families involved with the programme, the C4L Sunderland team have produced several documents on how to continue to be active and eat healthily on a budget during the COVID-19 pandemic these are:</p> <ul style="list-style-type: none"> • a healthy and affordable recipe booklet • active living at home • staying active and healthy <p>C4L Sunderland deliver a tier 1 and 2 weight management support through a public health service level agreement to support CYP and their families to eat well and move more.</p> <p>COVID-19 and the lockdown meant the team needed to be creative and flexible in delivering alternative support as face to face delivery was suspended.</p> <p>Examples included affordable recipes, price comparisons and alternative ingredients, as some key items were not available in the shops.</p> <p>Encouraging alternative active behaviours during lockdown highlighted that people may be cleaning more, therefore, information around being active, for example, calories burned, was shared.</p>
<p>Context – what was the aim?</p>	<p>To support and encourage ongoing engagement with C4L Sunderland within the context of minimal contact for families.</p> <p>The team also had to comply with government guidance through:</p> <ul style="list-style-type: none"> • regular contact with current programme participants • support and encouraging healthier eating, offering ideas on how to motivate families to keep moving • contributing some new and useful resources to families, these included recorded sessions around the Eatwell guide, healthy snack making, alternative options and cooking on a budget • sharing of resources to all schools within the city • sharing of resources to community partners
<p>Method – what did you do?</p>	<p>Three booklets were developed and offered initially as e-booklets. The healthy and affordable recipe booklet was also printed and available as an A5 booklet.</p> <p>All 3 booklets were promoted through internal and external communications, including: voluntary community services leads; school headteachers and healthy school leads; families on the C4L Sunderland</p>

	<p>database; Active Sunderland, in addition to social media, for example, Sunderland residents e-leaflet and the C4L Sunderland’s Facebook page. As guidelines have changed the printed booklet has also been distributed to families through Together for Children and were included with food parcels for welfare support.</p>
<p>Outcomes – what difference did you make?</p>	<p>The booklets have been widely circulated over the last 4 months and have supported families in the 5 areas across the city by helping to reduce sedentary behaviour, improve the knowledge and confidence of CYP and their families and help maintain a healthy lifestyle through a focus on healthy eating, physical activity, behaviour change and overall wellbeing.</p> <p>These are uncertain times, and it’s easy for physical activity levels to fall and mental wellbeing may suffer. Therefore, we have encouraged family walks, cycling or any other park and green space activity, families would normally do, provided they are doing so in a way that meets the latest government guidance on social distancing.</p> <p>There has been positive feedback from families such as: “It is great what you are doing, it will help us so much” “Thank you so much, I really appreciate this” “We are using your Facebook pages for updates”</p>
<p>Key learning points</p>	<p>Since the start of the COVID-19 pandemic, C4L Sunderland has had to adapt to changing circumstances quickly whilst face to face delivery is suspended. The team have had to look at alternative methods of support by thinking quickly and planning over a short period of time.</p> <p>New ways of working had to be put in place, for example, adapting to working from home and being flexible in meeting deadlines. The content of the programme was reviewed with sessions being amended. These included the filming of interactive healthy lifestyle sessions, information and guidelines around the Eatwell guide, the importance of being physically active and ideas on healthy snack making, packed lunches and nutritious and affordable meals.</p> <p>Staying connected to families and offering regular correspondence and consultation was vitally important. This was done via telephone calls, emails and social media platforms. One of the key challenges was how we were able to continue to support going forward. A detailed delivery plan has been put in place which will not only support families but all schools across the city as well as those within the wider community.</p>

	<p>The team have an 'all in this together' approach to their new role and will continue to stay positive and meet any challenges that may arise.</p>
Contact and links	<p>Darren Pike, C4L Sunderland team lead: darren.pike@sunderland.gov.uk https://www.facebook.com/Change4LifeSunderland/</p> <p>C4L Sunderland booklet and document links: Healthy and affordable recipe booklet: https://drive.google.com/file/d/1XBH1IQKusaSpsQfu0MWrCBN_tck1W1_0/view?usp=drivesdk</p> <p>Active living at home: https://drive.google.com/file/d/1lqTiqZncvWsNfqsahTmFRRfluacXA_1t/view?usp=drivesdk</p> <p>Staying active and healthy: https://drive.google.com/file/d/1LoxORb1uJugrdge7EHPTDSVK5E74hukM/view?usp=drivesdk</p>

6. Use of videos and social media to increase participation in online WMS in Kent

<p>Description</p>	<p>This example reflects on the use of sharing wellbeing information videos across social media, in order to push out messaging and drum up interest in accessing WMS across 13 districts across Kent.</p>
<p>Context – what was the aim?</p>	<p>The numbers of service users accessing WMS has dropped as a result of the coronavirus outbreak. The aim of this initiative was to find a way to continue to support people to improve their health and wellbeing even with limited resources. The use of brief health promotion and wellbeing videos along with physical activity videos enabled providers to drum up interest in WMS by developing a number of short 3–10 minute videos on wellbeing (including healthy eating, portion sizes, wellbeing and physical activity), to share messaging, and also to advertise that the tier 2 WMS in the districts were still continuing albeit using digital delivery systems. Additionally, to provide continuity for those service users that had already engaged and started programmes but had not completed.</p>
<p>Method – what did you do?</p>	<p>In Kent, there are 12 local authority districts and Medway unitary authority. Kent Community Health Foundation Trust (KCHFT) is the service provider in east Kent which uses the One You Kent (OYK) branding to implement WMS. The remaining district councils deliver this service within their local area. Working with their local communication teams, including OYK. advisors and exercise instructors, a range of live and pre-recorded videos were developed.</p> <p>The videos were shared across social media platforms including Facebook and Twitter. Facebook has a function which allows analysis of reach of the videos along with ability to interact and comment. The videos also sign posted to the OYK website, so this could lead to conversions into enquiries to engage in the WMS.</p>
<p>Outcomes – what difference did you make?</p>	<p>Facebook provides access to metrics including how many accessed the videos and how many clicked on the link to the WMS hyperlink. The data shows how many accessed the videos, how many clicked on the link to the WMS, with the aim that numbers enrolled can be gauged. Organic promotion was used on Facebook so no paid adverts and therefore limiting the ability to be very targeted.</p> <p>WMS are currently provided via digital platforms such as MS Teams or Zoom depending on the district. Both platforms allow ‘break out rooms’ which help to facilitate smaller group discussions which is one way to replicate face to face services.</p>

	<p>Early data shows positive perceptions on using the technology for some service users, in that it is convenient. In one district in particular, face to face groups experienced early drop out and common reasons cited by service users are lack of transport or lack of childcare. However, longer-term engagement was observed in the delivery of virtual weight management groups.</p> <p>There was understandably in some districts a reluctance to engage in virtual delivery approaches with some people requesting to wait until face to face delivery was available. Some observations included reluctance from those that would be new to the service, whereas those that had previous interaction with OYK advisers were more receptive to digital delivery methods (again varied district by district).</p> <p>Once on the programme, positive feedback was received from those that did engage, even with initial reluctance. Feedback provided from 2 service users on the Counterweight programme (April-July) included:</p> <p>“I feel more confident about my ability to lose weight in a healthy manner and comfortable knowing that I have the tools to achieve my goals in a timeframe that is right for me”.</p> <p>“The programme allows you this flexibility and aims to keep the support to you over a year which provides the check points I feel that will keep me focussed”.</p>
<p>Key learning points</p>	<p>Initial data shows that the reach of the social media videos is good and resulting uptake is gradually increasing, particularly in east Kent.</p> <p>Positive outcomes that have been noted:</p> <ul style="list-style-type: none"> • in some districts they are seeing a lower dropout rate, and if there is drop out, it is later in the course than for face to face, allowing better completion rates • prior engagement with WMS seems to be a factor in converting face to face service users to online WMS. <p>Challenges with this approach:</p> <ul style="list-style-type: none"> • not everyone has data/wifi • older age groups or less confident people with technology could be missed however, providers have developed a short guide on how to use the platform which has helped build some people’s confidence in using technology, along with arranging pre-engagement calls to go through the platforms and technology with service users.

	<p>Additionally, in some districts some people do not have weighing scales and Kent County Council have decided to procure extra-long tape measures to measure waist circumference as an alternative to weight. This will form a good measure of change in body fatness for self-monitoring and can assess whether someone is at risk of health problems, such as coronary heart disease or type 2 diabetes. It is an accurate and simple measure of abdominal obesity and a good alternative method for self-monitoring. This element will be rolled out and evaluation of this approach will assess how service users and providers adapt to this approach.</p> <p>Key learnings and discussions:</p> <p>The digital WMS are conducted by the providers who previously delivered face to face services. As such they have had no training on how to facilitate online and this is an area which needs further thought. Although resources were shared with providers to support in online delivery and resources to support service users to be prepared prior to commencing a programme, specific additional digital weight management facilitation training may be helpful.</p> <p>Previous key performance indicators (KPIs) set for providers may not be met, therefore, guidance around suggested approaches would be helpful. In particular, National Institute for Health and Care Excellence (NICE) guidance suggests objective measures of weight change should be used in KPIs and what will be the effects of introducing a pragmatic self-measure of weight and waist circumference. Guidance on a standardised approach would be useful.</p> <p>Digital delivery of services is new, guidance on what good looks like will be useful.</p>
<p>Contact and links</p>	<p>Amanda Nyeke, Public Health Specialist, Public Health, Strategic Commissioning, Kent County Council amanda.nyeke@kent.gov.uk</p>

7. Digital and social media platforms to ensure continued service provision of tier 2 and 3 WMS in Medway

<p>Context – what was the aim?</p>	<p>Medway is a unitary authority with an area of 74.14 sq miles. It has a population of approximately 280,000 with an estimated combined overweight and obesity prevalence of 69.6%. Tier 2 and tier 3 services are provided by Medway Council public health department, and other commercial WMS, are the only tier 2 and tier 3 service in the locality. Clients are seen face to face, either in a group or 1:1 basis in different venues across Medway.</p> <p>The aim of our practice was to ensure that patients continued to be supported through the period of lockdown when factors associated by obesity were likely to be exacerbated. It was important for our patients to feel that they had not been forgotten throughout this period, in particular from an emotional wellbeing perspective.</p>
<p>Method – what did you do?</p>	<p>As the tier 2 service was temporarily suspended due to staff redeployment, the focus was moved to social media in order to maintain a presence and support for those who could not attend groups. Weekly Facebook Live sessions were undertaken by staff focussing on subjects from the tier 2 programme.</p> <p>Within the tier 3 programme, all appointments were moved to telephone consultation in the first instance, with a gradual move to video using MS Teams, dependant on patient choice. Psychotherapy sessions moved to telephone consultations, while psychotherapy groups sessions are still in development to be able to be delivered via MS Teams.</p>
<p>Outcomes – what difference did you make?</p>	<p>Tier 2 services are slowly restarting but in a different format, as online courses via MS Teams are being piloted. Tier 3 services have continued throughout, via phone and latterly video call via MS Teams. Patients have been weighing at home if possible, though this has been dependant on patient choice, and many discussions have focussed on emotional health and maintenance rather than weight loss.</p> <p>A bariatric surgery information session was held on MS Teams for those considering surgery, and this was successful. All attendees stated this had been useful and less stressful than having to physically attend and would consider this option in the future if available.</p> <p>Other user feedback was that they felt gratitude, as they felt they had not been forgotten, so they still believed they were making progress, feeling</p>

	<p>less stressed about managing to get to appointments, though some thought they were missing out on the full opportunities of the programme.</p>
<p>Key learning points</p>	<p>Lockdown has opened up new opportunities for service delivery which we may not have previously considered as a viable option. Being able to deliver courses online and having the option of video consultations will be part of our menu of options going forward, and include:</p> <ul style="list-style-type: none"> • our ability to mobilise and continue services • the use of MS Teams. MS Teams has been really important and has been a steep learning curve on how to use this to the extent we want to with virtual courses • the importance of keeping contact with patients, even if this was just to inform that services would be altered <p>The main barrier was the learning we had to undertake in relation to technology and social media development.</p> <p>Moving services online to those who are already accessing the services has been effective and as we have details of these individuals, working out socio-economic status (SES) is easy. Obtaining this information on the health promotion work we have done and continue to do via Facebook in order to engage with our target audiences, is more difficult as we are unaware of where participants are from. However, access figures for this content has increased substantially over the period of lockdown, so it is important for us to continue to provide an increased Facebook presence.</p> <p>The ability to assess visual cues during appointments has been difficult for the practitioners as a concern that they may miss something important that they would otherwise see within face to face contact. Difficulties in obtaining measurements has also been an issue for some patients as they like to work towards a goal, thus goal setting has had to focus on other areas of their behaviour change.</p> <p>The service was also important in terms of addressing social isolation and wellbeing.</p> <p>Participant feedback:</p> <ul style="list-style-type: none"> • “I’ll look forward to your call”, “thanks for calling/keeping in touch” (when they wouldn’t have said these things in clinic) • “if I didn’t have you to talk to I would have gone stir crazy”

	<ul style="list-style-type: none"> • “because I am still in contact with someone I don’t think oh blow it I will slip back into bad eating. I feel that I’m part of a network keeping going with you” • “thank you for your support its really needed at the moment” • “really appreciated you keeping in contact” • ‘nice to have someone to talk to” <p>Additional feedback from participants includes:</p> <ul style="list-style-type: none"> • we are the only service that has contacted them since lockdown • many clients say they welcome the call. One is particularly grateful I phone her weekly, she feels very isolated. • other clients that have been shielding say that they feel lonely as they live alone, or their partner is out at work <p>Feedback from practitioners:</p> <ul style="list-style-type: none"> • I’ve called a number of really isolated clients more than once a month • some have contacted me between appointments to talk about their anxieties. • several of my clients have had bereavements during this time • contacted GPs to review clients and their medication • organised transport to hospitals • signposted to other services • talked a client through a panic attack • a lady I spoke to last week had got a leg ulcer treated because I persuaded her and district nurses visited and it has now all healed
<p>Contact and links</p>	<p>Tessa Attwood, Public Health Project Manager, Adult and Children’s Obesity Treatment services. National Child Measurement Programme Lead (NCMP)</p> <p>Tessa.attwood@medway.gov.uk</p>

8. MoreLife's tier 2 and 3 child & adult weight management response to COVID-19

<p>Description</p>	<p>MoreLife, in anticipation of a lockdown quickly established a working group to provide appropriate support for our clients. We agreed with commissioners to continue supporting clients (rather than stop and furlough our staff). We undertook a 3-step process.</p> <p>Stage 1: Care. We contacted all current clients to offer help. Stage 2: Support. We agreed support plans with clients. Stage 3: Digital programme. We provided telephone/text/video conferencing support. We also developed an online weight management programme with behaviour change support modelled on our current curriculum/programme.</p> <p>Clear guidance and expectations from commissioners about how they will judge our efforts during this difficult time was a major challenge.</p>
<p>Context – what was the aim?</p>	<p>MoreLife is focused on delivering our contractual requirements to local authorities and CCGs; we are also supporting clients in our best way possible.</p> <p>MoreLife currently delivers integrated healthy lifestyle services including weight management as well as tier 2 and 3 WMS.</p> <p>It was necessary to transition to alternative forms of support due to COVID-19 lockdown. We therefore firstly wanted to provide care/support during what was a difficult time for many of our clients. This was particularly important due to their risk profiles, (such as weight, mental health, health inequalities, and ethnicity). Our first step was to engage with clients to ensure they were aware that we were available and providing support/services.</p>
<p>Method – what did you do?</p>	<p>At lockdown we contacted all clients within groups and 1:1 sessions to determine the initial support they required, we undertook over 10,000 outbound calls. This was undertaken by delivery, triage and management staff members.</p> <p>We used our in-house text system to contact all clients.</p> <p>We continued to run groups via Zoom (we purchased a business license) and skype.</p> <p>We increased our 1:1 calls as many people felt more personal support was necessary.</p>

	<p>We do not yet have the data on the above, we are in the process of building a bespoke data system, primarily due to the weakness of our current data system provider, its lack of flexibility which became even more apparent during lockdown.</p>
<p>Outcomes – what difference did you make?</p>	<p>We face issues with assessing outcomes, this limits our ability at this time to report on:</p> <ul style="list-style-type: none"> • KPIs. Our commissioners have been unable to provide clear guidance on our performance. Some of our contracts are payment by results which means we bare all the risk. <ol style="list-style-type: none"> 1. Data systems. As outlined above our data systems are not fit for purpose in terms of digital engagement or during COVID-19 2. Our commissioners have been supportive but busy, it appears that there are other local priorities for them to deal with therefore our interactions with them are minimal. 3. We feel we have responded significantly but it is difficult to assess our outcomes and impact overall. We have been trying our best to capture data but the shifts to our infrastructure to deliver during this difficult time, are unlikely to be recognised. <ul style="list-style-type: none"> • we cannot say if we have helped reduce inequalities with definitive data, in prioritising our calls and activity we are always focused on those in more difficult circumstances (weight severity, mental health and deprivation), but in practice assessing such action is difficult, when supporting our clients is the priority.
<p>Key learning points</p>	<p>Key areas:</p> <p>We believe we have acted in the best interests of our clients, we have invested a lot of time, effort and resources in listening and supporting our clients during this unprecedented time, this is what we believe is critical for effective service provision.</p> <p>However, this is difficult to capture and prove as our systems were built for other purposes, and efforts (resource allocation) in this area/direction would have limited the amount of support we could provide our clients. This was done in the best interest of our clients although this does present risks to us as a business if we cannot prove our impact. This is also a longer-term risk given the impact on the economy and public finances. We welcome assurances from our commissioners that our efforts are supported.</p>

	<p>This has given us an impetus to:</p> <ul style="list-style-type: none">• develop improved and more dynamic data systems• develop a variety of additional digital generic support tools for all of our clients as we believe these stand-alone items provide brief intervention support as well as engagement approaches into more formalised support• develop an online support programme for our services, we are 6 weeks into a new online adult weight management programme. <p>What are the key learning points?</p> <p>It is possible to support clients even during such difficult times. However, support needs to be much more flexible; this feels difficult to evidence and it also feels we can be easily challenged on the ‘evidence based’ nature of our service.</p> <p>Do you foresee any changes to future WMS delivery as a result of COVID-19?</p> <p>We will not meet our KPIs and that is likely to put our business in risk both from a reputation perspective as well as a financial position.</p> <p>What barriers did you encounter?</p> <p>The most significant barriers were primarily in relation to communication and guidance from our commissioners. Public health departments are clearly important in the front line fight against COVID-19, however due to some inconsistencies in the information provided from commissioners around KPIs, continuing to deliver an effective service has been challenging. The need for clear communication, guidance and expectations between commissioners and providers is vitally important. Such information is available in the Cabinet Office guidelines that outlines support for providers. We also welcome a flexible approach on meeting KPIs to account for the difficulties that individuals, families and our staff face in these stressful and challenging times.</p> <p>How might the commissioning landscape change, in terms of current commissioning, future re-commissioning and new commissions?</p> <p>We see that digital offers will become more common. The development of digital approaches comes at a high cost and our concern is that without financial support, it would be difficult to meet similar outcomes to those that have previously been met. However, these tools are still in their infancy and especially when the development of such approaches are at a high cost of development, commissioners are outlining they expect significant price cuts for digital versions of support even if the outcomes are the same. We are very concerned about the future of</p>
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	<p>WMS, and support. Ten years on from the start of austerity, we could see further austerity and disinvestment in public health. We would instead like to see policies such as the government's obesity strategy have a genuine focus on weight management with targets and associated investment to support those living with obesity.</p> <p>What things you might do differently? It may well be that our plans to contact our clients and support them during COVID-19 was well meaning and impactful to the lives of clients but did not meet the commissioner's expectations on KPI's and difficult to prove. Whilst this approach feels more aligned to our culture and psychologically informed way of working with clients, particularly vulnerable ones, we maybe need to be more focused on KPI performance, or indeed try to work more closely with commissioners that have the same values we do.</p> <p>What future plans do you have to embed this? This is difficult to answer as public health teams remain under significant pressure and with limited commitment of future resources we are unable to plan how we might respond.</p>
<p>Contact and links</p>	<p>Paul Gately Paul.gately@more-life.co.uk www.more-life.co.uk</p> <p>Jennie Knight, Senior Transformation Manager, West Essex CCG Jennie.knight1@nhs.net</p>

9. Reaching service users using technology and the internet, in Newcastle

<p>Description</p>	<p>Newcastle City Council developed an online service that reached participants through various social media channels. We created an online platform that delivers live activity sessions each day as well as weekly nutrition messages and fun challenges to increase engagement. We used a combination of the group needs as well as latest insight from Sport England to create a user friendly online programme. The initial barriers to implementing was our limited experience around providing online sessions and resources as well as participants' confidence levels around using technology and the internet as a learning resource. Those who did not access the online service still receive a weekly phone call.</p>
<p>Context – what was the aim?</p>	<p>The aim was to ensure that during lockdown, our participants were not isolated and could still access a range of information and activity advice to continue to improve overall and fitness as well as weight loss.</p>
<p>Method – what did you do?</p>	<p>We set up Facebook and YouTube channels so information could be accessed digitally. Face to face interaction was still provided when needed. We also set up WhatsApp groups to maintain the social benefits and interaction as well as individual phone calls each week to more vulnerable clients.</p>
<p>Outcomes – what difference did you make?</p>	<p>In-depth analysis of social media interaction, collection of numerous practice examples and anecdotal evidence, for example Facebook comments, emails and WhatsApp comments were used collected.</p> <p>We used Sport England insight data (for example language used, clothing worn) to make sessions a friendly environment to participate.</p> <p>Use of polls/surveys in groups to find best the times of sessions and what content was needed. Working with local partners to share information and to increase the profile of our programme and what it can offer.</p>
<p>Key learning points</p>	<ul style="list-style-type: none"> • digital offer can reach more of the population than delivering sessions in a room. Having multiple ways information can be accessed (for example Facebook, YouTube, WhatsApp) helps to reach different audiences • initial confidence around using online resources, for both service users and providers • hard to provide individual advice on exercise technique • physical activity and online delivery workshops to partner groups and individuals

	We will continue with online delivery after lockdown but evolve and increase the offer to include more partners and new ways of delivery (for example broadcasting sessions into communal rooms of care homes).
Contact and links	Noel Hanlon, Health, Exercise and Fitness Specialist Newcastle City Council noel.hanlon@newcastle.gov.uk

10. North Yorkshire County Council (NYCC) adult tier 2 WMS COVID-19 adaptations, guidance development and client survey insights

Description	To share experiences of how NYCC: supported their adult tier 2 WMS to adapt delivery during COVID-19, developed reset guidance and collated client insights through case studies and survey responses.
Context – what was the aim?	NYCC commissions 6 WMS who provide weight management support across the 7 districts. The aim was for NYCC to work closely with all service providers to support adaptation during COVID-19, provide guidance to help services to reset during the recovery period, and gain client insight in terms of the impact of COVID-19 and their engagement with the different WMS.
Method – what did you do?	<p>NYCC working in close consultation work with their WMS providers:</p> <ul style="list-style-type: none"> • assessed the impact of COVID-19 in March and postponed all face to face services on the 19 March and supported all providers to transition to some form of remote offer. This varied across the different services, using online platforms such as Zoom and Facebook Live, email and telephone support • co-developed a guidance document ‘working with COVID-19 and reset’ • distributed and analysed a service user survey.
Outcomes – what difference did you make?	<p>The reset guidance covers triage pathways, recommendations for starting face to face services that align with current government guidance. The guidance will evolve to reflect any national changes and is viewed as a guide to support each provider to tailor their service within their capacity and client needs.</p> <p>Service uptake during COVID-19 has varied across the different services. Findings from the client survey provides insights from 106 engaged clients, 69% of whom felt the adapted service continued to support their weight loss journey, whilst the 39% considered freezing engagement until face to face sessions returned. Behaviour changes that respondents reported during lockdown included some negative behaviours such as:</p> <ul style="list-style-type: none"> • snacking more and increased eating/less healthy foods • less physical activity • increased alcohol consumption • boredom, stress and lack of motivation <p>Positive behaviours that were reported:</p> <ul style="list-style-type: none"> • better eating habits

	<ul style="list-style-type: none"> • increased physical activity (sometimes counter-balancing the increased food consumption) • more time to prepare and to be active, and less time commuting
<p>Key learning points</p>	<ul style="list-style-type: none"> • a close working relationship between provider and commissioner was very helpful in responding rapidly to COVID-19, and adapting service delivery • COVID-19 reset guidance has been well received by providers • it is anticipated that some remote delivery will continue in order to continue engaging those clients who would not engage with face to face services, and the outcomes of this will be compared to the face to face delivery • some clients did not wish to engage with remote delivery as they prefer face to face support • some clients found the pressures of COVID-19 (for example being a key worker, home schooling, increased anxiety) prevented participation in the service • there is a need to support services in maintaining engagement with clients who have disengaged with the service due to COVID-19, as some services have found this easier than others.
<p>Contact and links</p>	<p>Ruth Everson, Health Improvement Manager, Health and Adult Services North Yorkshire County Council ruth.everson@northyorks.gov.uk</p>

11. Refocussing tier 3 WMS 'SHINE' for CYP during lockdown in Sheffield

<p>Description</p>	<p>Self Help Independence Nutrition and Exercise (SHINE) delivers psychosocial intervention programmes that concentrate on the person rather than their weight. During lockdown it was even more important to take this stance. We believed that trying to 'normalise' their situation and help them feel in control, would have more impact than concentrating on weight loss. We adapted our courses to deliver virtual exercise via Zoom classes until we could run outdoor 'sports bubbles'³. Most importantly we provided consistent mental health and emotional support and counselling therapy for those most vulnerable. Our biggest barriers were time and funding.</p>
<p>Context – what was the aim?</p>	<p>The aim was to take a priority shift for families to maintain health and emotional wellbeing during challenging times, rather than concentrate on weight loss.</p> <p>Thirty-three families, with CYP aged 8-17 years and all living with severe obesity (BMI ≥99.6th centile) and co-morbidities such as: type 2 diabetes, non-alcoholic steatohepatitis, asthma, anxiety, depression, binge eating disorder. These families live mainly from deprived wards, some supported by the local safeguarding team.</p> <p>Our first task was to contact all families for 1:1 reviews and undertake a needs analysis. Services then adapted to meet individual needs. Many had a poor relationship with food and were emotional eaters. Weight gain was a big threat during lockdown.</p>
<p>Method – what did you do?</p>	<p>Closed 16 March due to vulnerability and risks associated with being infected with COVID-19.</p> <p>From 23 March, these staff undertook the following tasks:</p> <ul style="list-style-type: none"> • project manager: 1:1 assessments of need; mental health assessments; self-monitoring guidance; on-call telephone support; summary of daily government briefs sent to all families • nutritionist: Menu planners; age related portion control; recipes (email/posted)

³ Following government COVID-19 guidance, sports bubbles or 'support bubbles' allow outdoor activities to occur with a maximum of 6 people. Social distancing guidelines were followed, with a distance of 2m between people from different households, or 1m plus mitigations (such as face coverings or avoiding face-to-face contact) where 2m is not possible.

	<ul style="list-style-type: none"> • counsellor: Working with vulnerable CYP; family discussions on Zoom; online counselling; • virtual exercise coordinator: YouTube, exercise competitions, circuits, challenges • Board/Manager: health and safety risk assessments for all sessions <p>From 1 June, sessional facilitators undertook the following tasks:</p> <ul style="list-style-type: none"> • delivered Zoom classes • planned outdoor ‘sports bubbles’ • organised face to face counselling, as the most vulnerable were unable to engage with other mediums <p>From 29 June:</p> <ul style="list-style-type: none"> • health assessments and reviews (COVID-19 secure)
<p>Outcomes – what difference did you make?</p>	<p>Difference we made:</p> <ul style="list-style-type: none"> • emphasising care on the person rather than their weight. Continuation of Psychosocial Interventions in a fun and interactive way • bulk of our work was managing anxiety and binge eating, linked to boredom and depression • Zoom sessions helped connect people. The CYP valued that, although this was time consuming to plan and tiring to deliver • repetitive sessions as kept groups small so they could hold discussions. Longer to give feedback on work submitted • CYP didn’t have to travel, technology worked well (Zoom) • counselling: Hospital Anxiety and Depression Scores, Self Esteem scores and CORE assessments (Clinical Outcome Routine Evaluation) shows progress • very keen to do virtual sports initially and then became demotivated. ‘sports bubbles’ working really well and full of fun • our courses finished on 17 July. Evaluation feedback at the end during the Zoom award presentations • 1:1 health checks completed (with appropriate health and safety risk assessment COVID-19 secure): height; weight; BMI; body fat %; waist circumference. A summary is available on request.
<p>Key learning points</p>	<p>Key learning points</p> <ul style="list-style-type: none"> • we can fight adversity • we are strong as a team and passionate about our work

	<ul style="list-style-type: none"> • we are adaptable and flexible in our approaches to meet individual needs • CYP require face to face contact with both staff and peers to keep them motivated (100% said they wanted classes to return rather than continue Zoom) • our funders, Children in Need, were open to redistributing budget to meet new needs <p>Barriers</p> <ul style="list-style-type: none"> • time constraints, due to our workers being sessional or volunteers • currently tier 3 provision for CYP is not funded nationally or locally, however we do keep both local authority public health and CCG informed of our services and we hope that this will change in the future • lack of information related to CYP and the risk of COVID-19 for those living with obesity, or those from BAME groups. This may be due to the lack of sufficient data available to provide guidance, and we welcome more information on the impact of COVID-19 for CYP living with severe obesity
<p>Contact and links</p>	<p>Kath Sharman kath@shinehealthacademy.org.uk www.shinehealthacademy.org.uk</p>

12. Responding to the COVID-19 epidemic; Slimming World making changes to face to face WMS

<p>Description</p>	<p>This example shares the experience of how Slimming World adapted its provision of in-person, community-based weight management groups into a previously unused format of a virtual group service in order to continue to support members with challenges faced around healthy eating behaviours, physical activity levels and weight control, and recognising and rewarding behaviour changes made or sustained during the COVID-19 lockdown.</p>
<p>Context – what was the aim?</p>	<p>Slimming World provides face to face WMS to around 900,000 participants across the UK and Ireland with support from 4,500 self-employed consultants who conduct between them 20,000 weekly face to face community support groups. Slimming World members join through self-referral and via commissioners in a number of local authorities across England.</p> <p>As a result of the COVID-19 outbreak, meeting venues became unavailable overnight which displaced all of the face to face groups. Slimming World acted rapidly to support their consultants to sustain their WMS and ensure continuity of support and minimise disruption for members attending groups when lockdown started.</p> <p>Prior to the COVID-19 outbreak and lockdown, Slimming World had also started surveying members to assess behaviour change and mood, dietary behaviours and physical activity at initiation of the programme and regular follow up points. The first round of the survey began in November 2019 and was adapted for a 6 month follow up which occurred during lockdown to assess the impact of the COVID-19 outbreak and restrictions on health-related behaviours, wellbeing and weight control.</p>
<p>Method – what did you do?</p>	<p>Face to face group WMS were adapted to virtual sessions via a Zoom platform. Training sessions were provided to consultants to support them in using Zoom to run groups and to help them adapt their methods to give the ongoing weekly support in a virtual environment. A new weekly email newsletter was also created to provide ongoing ideas and tips on how to make the most of a virtual platform. Within 2 weeks of the initial lockdown the majority of Slimming World groups were running virtually, and members continued to be supported with the behaviour change programme. The content of the face to face groups was adapted to be disseminated virtually, including new recipe and healthy eating ideas, tips for mental wellbeing and additional physical activity content to be followed</p>

	<p>at home. Additional weekly cooking videos using store cupboard staples to cook healthy meals were developed and promoted and shared across social media platforms, and the Slimming World printed magazine (which would previously have been purchased in the community group or retail setting) was made into a digital edition and sent free of charge to all virtual group members. A month-long physical activity campaign was also developed with daily videos to help members get active at home and included planners, logs and competitions. This was promoted on social media and hosted on the members' digital site.</p> <p>Initially, attendance with WMS dropped but over the course of the weeks during lockdown numbers have begun to grow again.</p> <p>Because virtual groups didn't deliver the same level of personal contact as face to face groups, Slimming World offered the virtual groups at a significantly lower price and offered access to online support for longer than normal membership terms allowed. Where attendance fees had been paid in advance, sessions were offered on a 2 for 1 basis at no extra cost to the member or commissioner.</p>
<p>Outcomes – what difference did you make?</p>	<p>Around 50% of participants have continued with their weight management courses and transferred to the virtual platform and some groups have seen significant numbers of new members joining.</p> <p>All members signed up for face to face also have full access to the Slimming World digital support tools (such as, website, member app), to keep them supported until their next meeting. Consultants also facilitate members supporting each other between sessions via social media for example through their own Slimming World closed Facebook groups.</p> <p>Locally commissioned services have recently seen new referrals starting again which is a positive sign.</p>
<p>Key learning points</p>	<ul style="list-style-type: none"> • early assessment of the survey data shows that starting the weight management programme prior to lockdown may have a protective effect against some of the behaviours observed during lockdown such as high snacking, increased alcohol intake, reductions in fruit and vegetable intake, reduced physical activity and more sedentary behaviour. The findings indicate the value of continuing to provide support to help empower individuals to develop protective coping strategies to overcome the challenges to health-related behaviours. Results from the survey will be available in the coming months

	<ul style="list-style-type: none"> • consultants were supported in using technology for groups sessions and quickly adapted to using Zoom • not all members have access to technology, however it does not look like age has been a barrier to using the virtual platform • some benefits of using virtual platforms is that cooking demonstrations have been conducted, members can easily show their kitchen cupboards, and food to the group for discussion • accountability in terms of weekly ‘weigh-ins’ are highly valued and come with the face to face group sessions. In the virtual groups members are self-reporting weight and feedback generally is that this accountability mechanism is welcomed to keep members on track with their weight loss • recent qualitative, insight research confirms that meeting as a group, in person, is highly valued by members. Whilst the virtual groups have allowed continuity of service to support members with their weight control during this time, Slimming World is looking toward reinstating group meetings in the future, as government recommendations permit. Reflecting on hard to reach groups of the population, Nottingham City Council which Slimming World provides WMS for, shows that referral members from ‘priority groups’ was 50% (in the new contract at least 60% and up to 100% of clients accessing the service must meet 1 or more of the target group criteria). These groups include: <ul style="list-style-type: none"> • people of African, Caribbean or South Asian descent, especially women; people with learning disabilities (as defined by the Quality Outcomes Framework 2016/17); • people with mental health problems (defined as adults who, at point of referral, are receiving (or have received in the last 12 months) treatment and or support for mental health problems including GP prescribed medication and or support from primary care psychological (talking) therapies and or Nottinghamshire Healthcare NHS Foundation Trust mental health services) • pregnant and post-natal women • men
<p>Contact and links</p>	<p>Jacque Lavin, Head of Nutrition and Research jacque.lavin@slimmingworld.co.uk</p> <p>Paul Sharpe, Head of Partnerships paul.sharpe@slimmingworld.co.uk</p> <p>Claire Novak, Insight Specialist Public Health, Nottingham City Council Claire.Novak@nottinghamcity.gov.uk</p>

13. Free activity packs to support engagement with adolescents and adolescents living with a disability. A pilot in South Tees

<p>Description</p>	<p>Using available resources from funding provided by Sport England, practical activity packs were provided to adolescents and those living with a disability to support physical activity during lockdown and to engage with those who are hard to reach and who do not have access to the internet.</p>
<p>Context – what was the aim?</p>	<p>Within the Tees Valley, there are 2 local authorities that fall in the top 20 of districts where neighbourhoods are in the most deprived 10% of neighbourhoods nationally on the IMD 2019.</p> <p>Adolescents were identified as most in need, the packs aimed to provide equipment and practical ideas to encourage more physical activity, to offer hope and to increase morale in these challenging times.</p> <p>To support physical activity to continue in a park, garden, or even indoors, so suitable to those who have been shielded.</p> <p>To build links with communities that support young people and those with a disability by working in partnership with Active Partnerships, school games organisers, local youth charities, voluntary community sector (VCS) organisations and councillors.</p>
<p>Method – what did you do?</p>	<p>Insight from an artificial intelligence technology, named ‘Sentiment’ was used to analyse online conversations to create themes of discussion. Lack of support around physical activity for these groups was highlighted more frequently.</p> <p>A Zoom forum was set up to speak to adolescents to collate their ideas on what should be included in the activity packs. Teachers and staff that support special schools with regards to disability provision were also contacted for their insights into the best equipment for those with a disability.</p> <p>1000 activity packs (700 for adolescents and 300 for those living with a disability) went out across the 5 districts of the Tees Valley. Activity cards showing different activities that can be done with the equipment was also provided. The number of packs were determined by the amount of funding available.</p> <p>An online consultation was undertaken to ensure what was included in the packs would meet the needs of individuals. Further discussion with school</p>

	<p>games organisers who work in special schools helped to decide what equipment would be of most benefit for those living with a disability, which also helped with co-designing the packs.</p> <p>The councillors, VCS leads and Active Partnership helped to distribute the packs to families' homes.</p>
<p>Outcomes – what difference did you make?</p>	<p>Feedback provided by individuals has been positive and in a time of need, these hard to reach groups were very appreciative of receiving the packs. Feedback includes:</p> <p>“These packs will create a tiny bit of positivity. We know that are families have suffered nothing but bad news since COVID-19”.</p> <p>“These packs will be great for our young people. To have a disability element to them is really refreshing as we always feel that inclusive sport is left out”.</p> <p>“These packs allow us to reach out to our families again and gives us another reason to see them. It creates another contact point so that we can see how they are getting on and ask about how they are keeping physically well”.</p> <p>There were challenges around access to the equipment from suppliers as lockdown created a delay in availability and delivery.</p>
<p>Key learning points</p>	<p>A success with this project was how the team identified the 2 groups who would benefit the most from receiving activity packs, so good communication between partner organisations and access to social media intelligence helped with this.</p> <p>A barrier on accessing the equipment required was due to the number of suppliers who could provide a quote versus the local authority policies and procedures in providing at least 3 quotes.</p> <p>The delivery of the packs provided another opportunity to contact families, who otherwise could slip through the gap in terms of other issues that may lead to excess weight, such as access to other services including mental health support.</p> <p>This pilot will be evaluated to determine whether it can be continued alongside the local ‘exercise on referral’ offer across South Tees, to support people who were initially participating in the scheme, but due to COVID-19 are unable to attend leisure services or are isolating at home.</p>

Contact and links	<p>Scott Lloyd, Middlesbrough County Council Scott_Lloyd@middlesbrough.gov.uk</p> <p>James Hartley, Programme Officer, Sport England Pilot South Tees james.hartley@YOUVEGOTTHIS.ORG.UK</p> <p>Lauren Perkin, Programme Officer, Sport England Pilot South Tees Lauren.perkin@YOUVEGOTTHIS.ORG.UK</p>
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14. Tier 3 adult WMS at Sussex Medical Centre operating remotely during COVID-19 to provide care for new and existing patients

<p>Description</p>	<p>Sussex Medical Chambers, tier 3 adult Weight Management Programme, named 'Feeling Good Service' for complex obesity has been commissioned by West Sussex CCG since 2011.</p> <p>The programme is well-established covering West Sussex, with average numbers of 450-500 active patients per year. Patients are supported for 18-24 months on a non-surgical or a pre-preparation surgical route with onward referral to tier 4 (bariatric) surgical services if appropriate.</p> <p>The patients get access to a combination of appointments with dietitians, health advisers, psychologists and exercise specialists. The patient throughout their journey is allocated a dedicated health adviser. A combination of telephone as well as face to face appointments are offered either at the patient's home, workplace, clinic or community centre. We also run educational workshops (covering activity, psychology, and nutrition) at various locations. Peer support is actively encouraged via a closed group on Facebook as well as telephone contacts.</p>
<p>Context – what was the aim?</p>	<p>The aim was to provide continuity to our WMS and ensure minimal disruption to the patient's clinical care.</p> <p>We were very mindful of the social deprivation, ill-health and day to day struggles our patients face and the unforeseen circumstances due to COVID-19. Patients were also reporting concern regarding the higher prevalence of COVID-19 related to obesity.</p> <p>We also saw this as an opportunity to support more lifestyle changes. Time was often quoted as a major barrier by some patients in making changes.</p>
<p>Method – what did you do?</p>	<p>Since COVID-19 we have adapted our service promptly to make the following changes:</p> <ul style="list-style-type: none"> • all staff, including clinical and administrative were set up via virtual private network (VPN) and a Horizon hosted cloud phone system to work from home • communication was sent out to all our stakeholders that we were continuing to operate remotely in the pandemic • all patient appointments are now conducted via telephone or video • multi-disciplinary team meetings are conducted now using an online platform

	<ul style="list-style-type: none"> • interactive patient group sessions have been held via an online platform • our Facebook group was actively promoted, and we saw an increase in its activity. We are using this format to share new information on several topics. For example, easy budgeted recipes, how to stay active, planning finances, where to/how to seek help for your mental health and local sources of information • approximately 90% of our patients have an email account. We have also used that widely for communications. Paper copies are sent for patients who do not have access or prefer that format • patient questionnaires and food diaries have gone digital and we encourage the use of apps where possible • emailing all patient care plans via nhs.net <p>Barriers:</p> <ul style="list-style-type: none"> • the main barrier is not all patients are able to weigh themselves accurately. We have supported this by sign-posting to local GP surgeries, local pharmacies and an option to purchase own scales if requested • some staff have found it isolating to work on their own, so we have encouraged virtual coffee mornings and lunch breaks to boost staff morale. Frequent meetings are also encouraged with senior clinical staff for support.
<p>Outcomes – what difference did you make?</p>	<p>We have been continuing to collect feedback from patients. A formal analysis has not been completed but we have had many informative comments:</p> <p>“Patient has been struggling with personal issues as well as the COVID-19 situation so was very grateful for my call & support”.</p> <p>“You have been an inspiration and thank you so much for the support”.</p> <p>“Appreciate the service and the regular telephone appointments really help me stay positive/focused despite the current situation with COVID-19”.</p> <p>“Patient is aware that bariatric surgery has been postponed but she said this call has re-focussed her & she is grateful for the support & wishes to continue on the programme”.</p> <p>“Thanks for the call, has really put a smile on my face during this crazy time’. Felt encouraged to stay on track despite the difficult circumstances”.</p>

“Appreciate the support especially resources sent in email”.

“Patient really struggling living in a flat. Feeling low. Telephone appointment gave her something to look forward to and keep looking after her health and wellbeing”.

Patient says: “great service, and helping me stay positive through lockdown, health adviser was very understanding and compassionate when rang for appointment and I was too upset to talk as my friend had just died from COVID-19. He arranged another appointment immediately a week later”.

Outcomes:

- we are still collecting data from PHQ-9 questionnaire and sleep scores We can analyse this and compare with previous scores to check any impact
- the DNA rate is also reported as lower. 4% (n=16 DNA’s from n=421) in Quarter 4 compared to 8% (n=70 DNA’s from n=830) in Quarter 3

Referrals impact:

The table below shows the number of referrals and comparison to last year. The active communication has helped increase the numbers of referrals since May.

Month	2019	2020
March	60	65
April	60	19
May	111	15
June	93	51

- we have kept a log of patients who only wanted face to face appointments. To date we have only 7 who wanted to wait for a face to face appointment
- Zoom and MS Teams are working well. However, for individual appointments most patients opt for a telephone call rather than a video
- we have great partnerships with our wellbeing local authority services. We have communicated regularly to seek help for our vulnerable groups and tier 2 patients
- by making the changes we are actively tackling health inequalities
- encouraging patients to continue to manage/seek help for their other health problems, such as diabetes and heart disease.

<p>Key learning points</p>	<p>Over the last 3 months we have learned a lot and would look at considering several changes to our service delivery in the future. These include:</p> <ul style="list-style-type: none"> • use of more online/telephone video appointments • encourage patients to self-monitor their own weight and blood pressure measurements • streamlining our paper resources and, if appropriate, for patient using more online methods • developing further formal measures of outcomes other than weight • developing further training for our staff to use online platforms more effectively <p>Barriers we encountered:</p> <ul style="list-style-type: none"> • at the initial stages not all patients were ready to accept more telephone appointments • some patients do not have the technology or knowledge to use online methods • not all patients can weigh themselves at home • staff are missing the face to face contact with patients • staff have now learned to pace their appointments as it can get very exhausting • the perception that our service is closed! <p>What things you might do differently? What future plans do you have to embed this?</p> <p>Our future plans are:</p> <ul style="list-style-type: none"> • continue to develop the work already started. For example, more online formats, such as cookery demonstrations, psychology, bariatric surgery awareness seminars and activity sessions • create further peer support groups, not only on Facebook but using other methods, for example, support a meeting in a community centre • continue to locate suitable and safe clinics for face to face appointments • develop further online questionnaires that are acceptable to patients • ensure that all our processes are clinically safe and robust for the new ways of delivering the service
<p>Contact and links</p>	<p>Suk Maal, Managing Director, Sussex Medical Centre suk@sussexmedicalcentre.co.uk</p> <p>Versha Talati, Lead Dietitian versha.talati@sussexmedicalchambers.co.uk</p>

15. LiveWell team in Swindon utilise their skills in providing adapted support to service users of tier 2 child and family WMS

<p>Description</p>	<p>Staff adapted to the COVID-19 pandemic to support service users complete the last 2 weeks of their child and family weight management programme by offering telephone support to help to maintain motivation and to provide on-going support and advice.</p>
<p>Context – what was the aim?</p>	<p>Face to face WMS provision had to cease and alternative ways to stay in contact with service users were sought to keep them motivated with changing lifestyle behaviours to be healthier and address other issues that could be a barrier to staying motivated at this very stressful time.</p>
<p>Method – what did you do?</p>	<p>Child and family weight management programme (healthy families)</p> <p>We contacted individual families on the child and family weight management programme weekly, by phone, to provide on-going support. There is a closed Facebook group for current and historic members of our child and family weight management programme. The healthy families coordinator supports the Facebook group with regular challenges and fun quizzes to keep families motivated.</p> <p>Staff utilised their skills in being able to maintain families’ engagement and completion of the programme.</p> <p>Staff were already trained with Making Every Contact Count to support having brief conversations on how service users might make positive improvements to health or wellbeing and, also how to set SMART goals⁴. Swindon Borough Council encouraged staff to support each other through this period, setting up creative ways for staff to stay connected, and by having peer groups that share lessons learnt.</p> <p>We are planning for weight management provision in the autumn term. We have had some referrals coming in during lockdown and plan to contact these families to find out what service provision they feel they would like, including:</p> <ul style="list-style-type: none"> • virtual groups, adults only or family groups • 1:1 contact, by phone or virtual meeting, including which virtual offer is best

⁴ To make sure goals are clear and reachable, each one should be SMART; Specific, Measurable, Achievable, Relevant and Time bound

	<ul style="list-style-type: none"> • socially distanced meeting 1:1 in the community (for example, a park) <p>We are considering providing a core 5-week syllabus, then reviewing whether to then offer weekly challenges, with a check in and catch up virtual session. We used to offer supermarket tours, cookery and taster visits to local sporting sessions, so will consider how we replace this. We have a programme work book which can be emailed or posted to participants to work through week by week via virtual sessions.</p> <p>Weight management provision for children is open to all families within Swindon, however we target health inequalities.</p> <p>For adults</p> <p>For a commissioned service named 'football fans in training', the face to face sessions were adapted to be provided virtually so that they could still support each other through lockdown. This happened from week 8 of a 12-week programme. They are now considering how to provide the next courses in the autumn.</p>
<p>Outcomes – what difference did you make?</p>	<p>We need to review how effective these virtual services are in supporting weight management.</p> <p>Feedback from service users has been positive. Staff have felt empowered as they used their skills to communicate effectively with individuals who had concerns that needed to be addressed to help them stay motivated to continue with their goals in making healthier behaviour changes, to complete the programme and how to continue with progress going forwards.</p>
<p>Key learning points</p>	<p>Reviewing this service is important to see if it is effective in terms of weight management. If it is effective, should we consider providing some virtual services for families who find attending groups difficult, when groups can meet face to face.</p> <p>For those without scales or measuring tape, alternative ways to assess progress with weight loss or maintenance were provided, such as how tight clothing is fitted. However, this method is not very accurate and objective measures are usually required for monitoring purposes.</p> <p>Consider training those who do not currently have the skills to access digital and/or online platforms.</p>

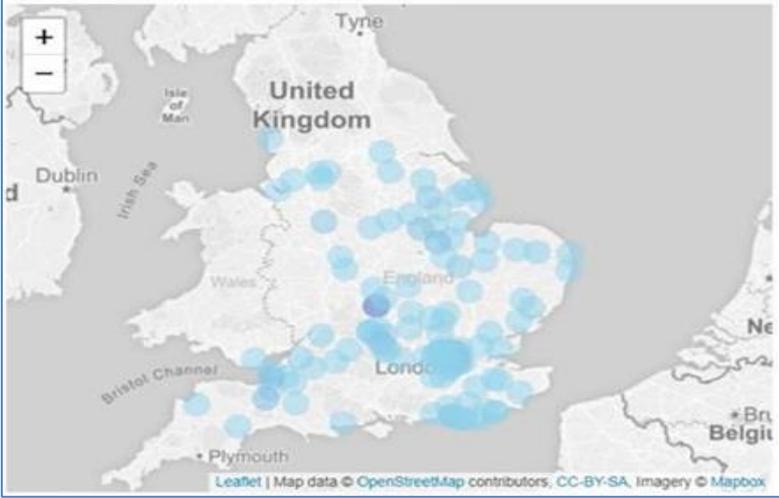
	<p>For adults</p> <p>For 'football fans in training', despite the groups continuing, the group coordinators feel that the virtual group hasn't been as effective as meeting up in terms of building friendships and support within the groups.</p>
Contact and links	<p>Fiona Dickens, Public Health Programme Manager, Swindon Borough Council</p> <p>fdickens@swindon.gov.uk</p>

16. Thrive Tribe. ‘The other room’ supporting clients weight loss journey by accessing a range of exercise activities

<p>Description</p>	<p>Thrive Tribe have created a virtual gym to support client’s weight loss journey by accessing a range of exercise activities whilst in isolation during the COVID-19 period.</p> <p>Led by a fully trained team of advisors, clients have 24hrs/7 day access to a range of activities at an appropriate level in the comfort of their own home. Our motivation was to provide a platform to enable weight loss, improve motivation and support positive mental health through maintaining/increasing activity in a safe environment during the COVID-19 pandemic.</p> <p>We created ‘the other room’ virtual gym www.theotherroomgym.co.uk which offers:</p> <ul style="list-style-type: none"> • the mobility room is at entry level • the progression room is at moderate level • the sweat room is at advance level • the challenge room is for peer activities • the vault is a 24/7 library of online resources <p>This was developed whilst working in isolation, which created some issues, specifically:</p> <ul style="list-style-type: none"> • when buying and distributing equipment due to restrictions • agreeing new timetables of work for staff and adopting new ways of working
<p>Context – what was the aim?</p>	<p>The aim was to supplement our tier 2 WMS in various locations across the country⁵ to connect on-line education with activity, ensuring we widen accessibility enabling clients to continue their weight loss journey.</p> <p>The need arose due to COVID-19, prior to the pandemic we delivered a 100% face to face model. Subsequently educational sessions are delivered by webinar and ‘the other room’ didn’t exist prior to this period.</p> <p>We designed; commissioned; developed the platform; ordered hardware; trained staff, created the brand, tested delivery, launched the product</p>

⁵ In Oxfordshire the service is branded Achieve Healthy Weight Loss Oxfordshire; in Lincolnshire, One You Lincolnshire; East Sussex, One You East Sussex; Westminster, One You Westminster; Royal Borough of Kensington and Chelsea, One You Kensington and Chelsea; Hammersmith & Fulham, Healthy Hearts

	<p>across the wider services, introduced commissioners and communicated to clients during COVID-19.</p>
<p>Method – what did you do?</p>	<p>Work started 27 March and launched 4 May.</p> <p>The steps taken:</p> <ul style="list-style-type: none"> • identified the client need and any gaps in our physical activity provision as a result of COVID-19 • platform requirements were outlined, and digital solutions identified and sourced • formed a steering group which included experts in physical activity and our clinical and quality lead • adopted a recruitment process to identify trained physical activity delivery staff • developed the technical aspects of the platform • created a communications plan to launch the platform to both staff and clients • created supplementary resources to support the healthy lifestyle journey, for example existing recipe book/home exercise workbooks • soft launch conducted week commencing 27 April • post launch development based on client feedback
<p>Outcomes – what difference did you make?</p>	<p>As this service is still in its infancy, we are still measuring the longer term effectiveness, the platform was developed at pace and we're still designing the fuller reporting aspects of the system. The platform was launched to clients on 4 May and since that date, we've had 1,450 members sign up.</p> <p>Since launch, 882 of those users have taken part in a session. Of those 882 users, they have accessed a total of 4,009 sessions across both the live and pre-recorded options. The heat map below depicts our spread across the UK over the past 30 days.</p>

	 <p>User feedback has been pleasing, many members have contacted us to convey praise. We experienced some feedback from members who have struggled with technology, we have subsequently adjusted the platform to improve the user experience. Some of the team were struggling with the bandwidth of their WiFi systems at home, we have bought WiFi boosters to broaden bandwidth to improve production of sessions.</p>
<p>Key learning points</p>	<p>The key learning points that we've learned throughout this process have been:</p> <ol style="list-style-type: none"> 1. It is possible to design and launch a product of this quality over a short period within budget, if you have the right people involved. 2. The steering group was key, included experts in physical activity and our clinical and quality lead. Their remit included the training of staff in use of software, guidance on delivery style, development of live stream schedule, overview of service quality and ensuring we provided a safe service 3. Supplementary resources were key to connect the client healthy lifestyle journey with activity. Our existing recipe book and home exercise workbooks were rebranded and now supplied as e-books to all users of the virtual gym upon sign-up 4. Soft launch and testing were essential, Thrive Tribe staff and commissioners were granted access to the platform. This provided the development team with an opportunity to test and gain feedback ahead of the client launch 5. Post launch review was key, our team continually develop the platform based on client feedback and adapt the live stream schedule to consider client preference

	<p>We foresee some changes in the future depending what clients do when COVID-19 restrictions loosen:</p> <ul style="list-style-type: none"> • the volume and scheduling of live sessions may change to include more early morning/evening sessions • potentially a change to more pre-recorded sessions less live streaming may be needed <p>We fully recognise that face to face delivery of adult weight management sessions and physical activity interventions is the ‘gold standard’ so the balance of delivery may move to a ‘hybrid’ model or face to face and remote going forward.</p>
<p>Contact and links</p>	<p>Co-authored by Andy Emerson and Peter Aston.</p> <p>Andy Emerson, Head of Service Delivery andrew.emerson@thrivetribe.org.uk</p> <p>Peter Aston, Health Improvement Principal East Sussex County Council peter.aston@eastsussex.gov.uk</p> <p>Neil Colquhoun, Strategic Commissioner, Royal Borough of Kensington and Chelsea Neil.Colquhoun@rbkc.gov.uk</p> <p>Jannette Smith, Health Improvement Principal Oxfordshire County Council Jannette.Smith@Oxfordshire.gov.uk</p> <p>Miguel Duran, Senior Contract Officer Miguel.Duran@Lincolnshire.gov.uk</p>

17. Wellbeing packs for CYP as an adaptation to family tier 2 weight management programmes, in Sunderland

<p>Description</p>	<p>TfC (Together for Children, who work on behalf of Sunderland City Council to deliver children's services in Sunderland) teamed up with Tyne and Wear Sport (part of Sport England) to develop and distribute 400 wellbeing packs to some of the most vulnerable CYP in Sunderland.</p> <p>Distribution of packs was based on the professional opinion of social workers who were asked to nominate the families they expected to benefit most from the packs. Families with very little access to sporting equipment due to their current financial situation and/or without access to the internet were prioritised.</p> <p>Note: Sunderland have additionally delivered a wide range of online activities during COVID-19.</p>
<p>Context – what was the aim?</p>	<p>Encourage regular participation in mindfulness to:</p> <ul style="list-style-type: none"> • learn coping techniques • subtly include behaviour change techniques to encourage healthier eating and exercise • increase physical activity at home
<p>Method – what did you do?</p>	<p>Packs were developed and delivered in the space of a week. Timescales were very short due to the necessity to supply the packs at the earliest opportunity and to tie in the distribution of the activity and mindfulness packs to minimise risk of contact for families and workers. Mindfulness packs were compiled with the support of local child and adolescent mental health services professionals, a special educational needs and disability school, Sunderland public health and the school nursing service.</p> <p>Packs contained:</p> <ul style="list-style-type: none"> • an introduction to mindfulness consisting of a range of simple mindfulness exercises; many developed purposefully to encourage the reader to interact with healthy food and/or physical activity (such as mindful walking) • activity kits containing sports equipment such as bats, balls, hula hoops, and a booklet of solo and group games • additional relevant local information such as details of the local Sunderland C4L offer.
<p>Outcomes – what difference did you make?</p>	<p>Wellbeing packs were distributed in May. Due to positive feedback from families via social care staff, additional funding has been utilised to produce and deliver an additional 3,600 mindfulness packs to every child and young person open to Early Help and Social Care within Sunderland.</p>

	<p>This work is ongoing therefore evaluation has not been done although there are plans to conduct simple evaluation with families via their social care worker to identify if and how often exercises within packs have been followed. Positive feedback has been received directly from young people on social media. Social care staff reported that families were excited and receptive to receiving the activity packs as they contained a wide range of activities that could be enjoyed by the whole family in safe spaces outside or inside the home.</p> <p>Postcode data of all families who have received packs has been collected. This information will allow city wide and localised comparison and mapping against other data sets such and the National Child Measurement Programme.</p>
<p>Key learning points</p>	<p>Key learnings:</p> <ul style="list-style-type: none"> • children’s social care is a central access point to some of the most vulnerable children and young people • to maintain healthy weight related support for vulnerable families who may not have been able to access support online • distribution of resources via children’s social care should be done so in a way that compliments practice. For example, to not expect all resources to be distributed in a week as some social work visits will be less frequent • attempt to coordinate distribution of resources alongside any other distribution to minimise disruption. This will also ensure any evaluation data can be captured jointly • exploring the option of having easy read text to increase the accessibility for the most vulnerable • explore the option of providing technology (such as tablets) pre-loaded with activities and guides. These could contain media such as videos and interactive challenges • the recovery phase will include a menu of options to consider, using the feedback from families to inform this • an alternative to C4L, developing mindfulness videos to reach children in assemblies are being considered.
<p>Contact and links</p>	<p>Karen Lightfoot-Gencli, Sunderland City Council karen.lightfoot-gencli@sunderland.gov.uk</p> <p>The Mindfulness Pack was jointly coordinated and delivered by Together for Children’s Prevention and Innovation Team.</p> <p>Contact YouthVoice@togetherforchildren.org.uk for additional information.</p>

References

¹ Rouse M. (2020) Social media definition. <https://whatistechtarget.com/definition/social-media> [accessed 22/08/2020]