

**Introduction and Covering Report (Simon Harris Ashford Borough Council)**

1. The priority theme for today's meeting is Healthy Weight (including obesity). Three presentations are being given. In order to help members to prepare for the meeting, a brief summary of each presentation is provided below along with specific recommendations for the Ashford Health and Wellbeing (AHWB).
2. The purpose of the presentations is to help the Ashford HWB identify progress and gaps in service provision and to question how the information provided can be used to influence future projects and inform commissioning decisions.
3. The Lead Officer Group along with the Ashford Health and Wellbeing Board highlighted "Healthy Weight (including obesity)" as a "must do" project with a strategic lead being provided by Kent County Council Public Health Team, working closely with Ashford Borough Council as the project coordinator.
4. Kent Fire and Rescue Service (KFRS) will be providing a presentation (including film footage) at the meeting. It should be noted that the Kent HWB on the 16 July recognised the valuable role that KFRS plays. While particular value was attributed to their work which is relevant to falls prevention and dementia this is another area in which joint work is enormously beneficial.
5. Members are asked, in advance of the meeting, to consider how the subject of obesity and healthy weight links to their sphere of influence, to ask what more they believe could or should be done and to think about how the Lead Officer Group might assist the Board in terms of this priority.

**Kent Fire & Rescue Service Fire Fit Scheme (Rachael Spencer, Vulnerable Person Liaison Officer)**

6. The presentation covers the "FireFit" initiative which focuses on improving inclusion, quality of life and a excellent engagement tool which can support multiple campaigns within KFRS and external partners.
7. An example of this work was previously carried out with the NHS Stop Smoking team who were able to highlight the advantages of a healthy lifestyle at a pop up event, whilst also promoting smoke free homes whilst conducting home safety visits.
8. KFRS would like to work closer with other partners in the borough of Ashford and would like to seek the support of the Health and Well Being Board in working towards achieving progress in a number of areas.

**Kent County Council Public Health** (Val Miller, Public Health Specialist)

9. The presentation reports on how KCC Public Health (KCCPH) is working towards creating a Healthy Weight Strategy. The timeline for the Kent Strategy will be available in draft form in early 2015 and will go back to the Kent Health and Wellbeing Board sometime after this.
10. KCCPH have recently carried out a countywide consultation on Healthy Weight which is currently being analysed and would be available in the early November. Stakeholder workshops will be arranged to shape the strategy and a model for a healthy weight service.

**Ashford Borough Council** (Simon Harris, Sports Projects Manager)

11. The results from three months of mapping and scoping current preventative schemes and local priorities and services required within the borough of Ashford are to be presented.
12. Appendix A provides further information. An example action plan covering the key themes which maybe incorporated within an Ashford plan is provided.

**Healthy Weight Recommendations**

**The AHWB is asked to:**

- a) Support the need for a localised action plan for subsequent consideration by the Board.
- b) Request an action plan that promotes healthy weight interventions be brought to a future meeting of the Board.
- c) Support the work of the KFRS as relevant to the Boards priorities as a “must do” project.

## Appendix A

**Brief:** The Ashford Health and Wellbeing Board highlighted (in July 2014) that one of the priority projects is Healthy Weight including obesity. Table 1 below provides the action point from the Board.

**Table 1**

What we are focusing on for the next quarter <u>specific to the key projects</u>	<ul style="list-style-type: none"><li>• <b>Healthy weight</b> – Preparation for the October Board meeting and the focus on obesity. This meeting needs to establish local priorities and service required. Need to establish whether focus is on adults or children. Scoping with key partners.</li></ul>
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Officers within Ashford Borough Council were tasked with scoping and identifying a project (s) on the subject and reporting to the board at the meeting in October 2014.

### **Background**

We know that physical inactivity and eating poorly contribute to gaining weight leading to obesity. Both obesity and a lack of exercise is more prevalent in areas of relative lower incomes and certain people in the borough of Ashford are more at risk of obesity and the related conditions such as diabetes and heart disease.

A recent national study by the Chief Medical Officers (CMO) concluded that 77% did not recognise that they were overweight or obese.

Obesity is a complex problem for which there is no simple solution. It cannot be addressed through single interventions undertaken in isolation.

NICE recommendations on preventing obesity and helping people to manage their weight should be undertaken in parallel, wherever possible. They should also:

- be implemented as part of a broad approach, which involves a variety of organisations, community services and networks operating at a range of levels
- be implemented as part of integrated programmes that address the whole population, but also address local health inequalities, for example, within specific neighbourhoods
- be underpinned by a robust, community-wide approach that includes monitoring and evaluation
- comprise specific actions commissioned to meet local needs and priorities, for example to encourage healthy eating and physical activity and to develop community programmes to combat obesity.

The key stakeholders will include Kent County Council Public Health Team, the Ashford and Canterbury Clinical Commissioning Group (CCG) and Ashford Borough Council (ABC). Any partnership work should be encouraging outcomes on supporting healthy eating, physical activity and maintaining a healthy weight among the important lifestyle factors for primary prevention. This also reflects the Public Health Outcomes Framework 2013 – 2016 for England.

## **Rationale for decision**

For many years the health of the local community particularly from deprived backgrounds has worsened and the health bodies have attempted to engage with these groups providing a range of projects which are normally short term and may not achieve the agreed outcomes. The “sticky plaster” analogy needs to be addressed and now is the opportunity with organisations such as Public Health and the CCG now established of pulling resources together to improve the healthy of the community.

## **Project Proposal**

Following an in-depth scoping and consultation exercise the following recommendations should be discussed;

- 1) The Ashford Health and Wellbeing Board are asked to support a Healthy Weight Strategy for the borough to be written by April 2015.
- 2) This plan may include headline sections such as Maternity and Early Years, Maternity, Breast Feeding and Infant Nutrition , Early Years, Prevention in Schools, Treatment of children who are overweight (tier 2), Treatment of children who are obese (tier 3), Prevention of adults obesity (tier 1), Environment and Workplaces. Appendix 1 provides an example from Harrow on their Healthy Weight Strategy. It must also be noted that there is no targeted work on the subject of malnutrition and this could be developed in the planning.
- 3) The Action Plan would be produced with key stakeholders such as KCC, ABC and the CCG within a coordinated working group.
- 4) The Action Plan would support the KCC Public Health County plan but based on local need.
- 5) The Plan will include sections including Recommendations from the Needs Assessment, strategic actions, the Lead organisation, the Performance Measures, by when and any costs associated with the work.
- 6) The Terms of Reference would require sign off by the Health and Wellbeing Board.
- 7) The work from the action plan will support any commissioning decisions by the various bodies such as KCC Public Health and the CCG's.

## **Outcomes**

The Action Plan will achieve the following high level outcomes:

- 1) To ensure we have a fully operational pathway to prevent, identify and treat excess weight in the borough of Ashford that complies with national guidance.
- 2) To ensure we do not have any further increase in the prevalence of excess weight for young children.
- 3) To ensure we at least maintain or better our relative position for the prevalence of excess weight in adults compared to the rest of Kent and England average.

Simon Harris Sept 2014

## Appendix 1

### 4.2 Harrow Maternity and Early Years Obesity Pathway Strategic Action Plan

#### 1.0 Maternity and Early Years (General)

##### Recommendations from Harrow Obesity Needs Assessment:

- Services cannot be prescribed and must be based around the needs of the identified group
- Local areas need to take every opportunity in commissioning and funding processes to embed healthy weight outcomes
- Opportunities need to make healthy weight everyone's business by making every contact count within the public sector and community services
  - A review should take place of the policies within stakeholder agencies to ensure they actively support healthier eating choices and do not promote an obesogenic environment

Strategic Actions for Pathway Group:	Lead	Performance measure	Date
1. Develop an obesity pathway for Maternity and Early Years	Public Health and Maternity	1. An operational pathway in line with national guidance	Dec 2014
2. Promotion and communication of the agreed obesity pathway to all stakeholders and promotion that obesity is 'everyone's responsibility'	Public Health	2. Engagement from stakeholders through the pathway group and implementation of Obesity Communications Plan	Sep 2014
3. Development of a central information point on obesity services and pathways for professionals	Public Health	3. An operational information point and number of hits on the webpage	Sep 2014
4. Development of self assessment tools for promotion in appropriate settings	Public Health	4. Operational self assessment tools in settings across Harrow and self referral to appropriate tier 2 services	Dec 2014
5. All stakeholders should agree a Harrow Obesity Charter for participating agencies and their approach to healthy eating which includes workplace catering	Public Health	5. Number of agencies signed up to the Obesity Charter (Target number tbc)	July 2014

## 2.0 Maternity

### Recommendations from Harrow Obesity Needs Assessment:

To develop a maternity obesity pathway which includes;

- Clear brief advice guidelines for professionals in Harrow on healthy eating, nutrition and physical activity advice from preconception, during pregnancy to postnatal and early years (should include active travel and play)
- The antenatal and postnatal pathway to be led by maternity provider services and a pathway for new mothers to be led by public health
- Postnatal weight management services should include prevention of childhood obesity and be linked to the children's obesity pathway

Strategic Actions for Pathway Group:	Lead	Performance measure	Date
1. Develop an obesity pathway for Maternity (antenatal and postnatal) and 'New Mothers' (post 6 weeks)	Public Health and Maternity	1. An operational pathway in line with national guidance	Dec 2014
2. Devise a clear message regarding nutrition and physical activity which is consistent for obese and non obese women (and is culturally specific)	Public Health	2. Development and implementation of an Obesity Communications Plan	Sept 2014
3. Review appropriateness of weight management services available for antenatal and postnatal women (including education groups run by dietetics)	Dietetics	3. Coordination of a review of existing services to inform the new pathway development	Dec 2014
4. Development of a postnatal weight management programme, making use of existing adult physical activity services	Public Health	4. A specified and operational postnatal weight management pathway	Dec 2014

### 3.0 Breast Feeding and Infant Nutrition

#### Recommendations from Harrow Obesity Needs Assessment:

- All health professionals including early year's practitioners to be following Weaning Guidelines for Harrow when promoting good infant nutrition
- Protocols around data sharing should be in place to help assist in identifying mothers where there may be areas for additional support
- Breastfeeding peer support should be included as part of the pathway to tackle obesity
- Weaning workshops to be provided via health visitors and early years practitioners across the borough

Strategic Actions for Pathway Group:	Lead	Performance Measure	Date
1. The breast feeding and infant nutrition pathway should aligned to the new Maternity (antenatal and postnatal) and 'New Mothers' (post 6 weeks) Obesity Pathway	Public Health	1. Clear guidance in the obesity pathway linking to the breast feeding and infant nutrition services.	Dec 2014
2. Weaning guidance to be developed	HV (Health Visitors)	2. The production and adoption of weaning guidance.	May 2014
3. Health professionals and early years professionals to receive standardised training to ensure quality of messages distributed around infant nutrition	HV	3. The development and attendance of training sessions (Target number tbc)	Sep 2014

## 4.0 Early Years

### Recommendations from Harrow Obesity Needs Assessment:

- Nurseries and all other childcare facilities in Harrow should be supported to minimise sedentary activities during play time, and provide regular opportunities for enjoyable active play and structured physical activity sessions
- All childcare facilities and nurseries should be supported to review their catering procurement to encourage healthy eating
- Children's Centres should engage with the Harrow's Healthy Children's Centre Programme where they can seek support and training regarding nutrition

Strategic Actions for Pathway Group:	Lead	Performance Measure	Date
1. Incorporate and promote local physical activity services in early years settings	Children's Centre	1. Refinements to the pathway to include development physical activity in early years setting and numbers of activities taking place	Dec 2014
2. Continuation of healthy eating work in children's centres	Public Health (PH)	2. Number of active healthy eating champions and cooking classes (Target number tbc)	



## 4.3 Harrow Children and Young People Obesity Pathway Strategic Action Plan

### 1.0 Prevention in Schools

#### Recommendations from Harrow Obesity Needs Assessment:

- Schools should provide regular opportunities for physical activity with the types of activity directed student choice (at break times, before, after school, in the curriculum)
- School policies should support children to maintain a healthy weight in line with national school food standards (as set out in the Education (Nutritional Standards and Requirements for School Food) (England) Regulations 2007)
- Schools should review their catering procurement to support healthier options in line with the school food plan
- More schools should engage with the TFL travel plan initiative and those already engaged should improve their accreditation
- More schools in Harrow should engage with Healthy Schools London and gain accreditation for Bronze, Silver and Gold
- A review should take place of the policies within stakeholder agencies to ensure they actively support healthier eating choices and do not promote an obesogenic environment

#### Strategic Actions for Pathway Group:

Strategic Actions for Pathway Group:	Lead	Performance Measure	Date
1. Encourage schools to access specialist support from Public Health and Harrow School Improvement Partnership (HSIP) particularly regarding the use of DfE School Sports funding	PH & HSIP	1. Number of schools signed up for specialist support such as the School Sports funding and TFL travel plan (Target number tbc)	Sept 2014
2. Create a network of partners for school health to guide any new developments, to include school governors	Public Health	2. Establishment of a school health network and engagement with key groups e.g. governors	April 2014
3. Commission specialist support to schools to implement the school food plan	Public Health	3. Procurement and delivery of the specialist support to school food plan	Sept 2014
4. Where possible, PH should influence the schools expansion programme	Public Health	4. Evidence of partnership working with schools expansion programme	July 2014

<p><b>Create a programme of support for Healthy Schools London</b></p> <p><b>All stakeholders should agree a Harrow Obesity Charter for participating agencies and their approach to healthy eating which includes workplace catering</b></p>	<p>Public Health</p> <p>Public Health</p>	<p>5. An established programme of support offered and number of schools accepted.</p> <p>6. Number of agencies signed up to the Obesity Charter (Target number tbc)</p>	<p><b>July 2014</b></p> <p><b>July 2014</b></p>
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## 2.0 Treatment of children who are overweight (tier 2)

### Recommendations from Harrow Obesity Needs Assessment:

- Children who are measured and classified as overweight should be referred to a programme that addresses lifestyle within the family and social setting
- NCMP results should be routinely fed back to families and then follow up children who are above a healthy weight
- NCMP data by ward or NCMP data by school clusters should be used to inform commissioning of weight management services
- All treatment of overweight children should be multicomponent and include recommendations to be physically active and to reduce inactivity
- The target audience should be consulted and their needs and motivations determined
- Interventions should include measures to help develop a positive body image and build self-esteem

Strategic Actions for Pathway Group:	Lead	Performance Measure	Date
1. Review the NCMP pathway and consider re-commissioning an age specific weight management service (tier 2)	PH and SN*	1. Review of tier 2 completed and procurement of services where necessary	Dec 2014
2. Guidance to be produced for primary care regarding NCMP pathway, correspondence with parents should be adapted to reflect pathway changes	PH and SN	2. Development and circulation of guidance of the children and young people's obesity pathway to primary care	Dec 2014
3. Return of Investment analysis (ROI) of interventions	Public Health	3. Completion of a review of ROI of interventions and any appropriate recommendations that are agreed by the pathway groups included in the pathway	Dec 2014

\*SN= School Nursing

### 3.0 Treatment of children who are obese (tier 3)

#### Recommendations from Harrow Obesity Needs Assessment:

- A care pathway for tier 3 services should be specified and agreed by all relevant stakeholders and should commence with the accurate assessment of children using the appropriate techniques and equipment
- Referral to an appropriate specialist should be considered for children who are overweight or obese and have significant comorbidity or complex needs (for example, learning or educational difficulties)
- Children who are measured and classified as obese should be referred to family based programmes, which are multi-component and include recommendations to be physically active and to reduce inactivity

Strategic Actions for Pathway Group:	Lead	Performance Measure	Date
1. Review gaps in tier 3 provision	Public Health and CCG	1. Review of tier 3 completed	Dec 2014
2. Establish a clear pathway with all commissioners	Public Health	2. 2. Specified pathway and procurement of tier 3 services	Dec 2014
3. Consider providing cognitive behavioural therapy or health coaching (poss. health trainers)	Public Health	3. Review of tier 3 completed	Dec 2014

## 4.4 Harrow Adults Obesity Pathway Strategic Action Plan

### Prevention of adults obesity (Tier 1)

#### Recommendations from Harrow Obesity Needs Assessment:

- Staying active should be promoted across Harrow and with particular focus on those wards identified as having higher obesity and lower physical activity in the South and East, and should be using all professionals who work within the community; health, social services, housing, education and workplaces in these areas.
- Leisure services provision should include reviewing the barriers to using these services such as affordability, access, and their location and the transport within the borough.
- A review should take place of the policies within stakeholder agencies to ensure they actively support healthier eating choices and do not promote an obesogenic environment

Strategic Actions for Pathway Group:	Lead	Performance Measure	Date
1. A new Adult Obesity Pathway should be developed in Harrow which includes physical activity and brief advice for those with a BMI of over 25	Public Health	1.An operational pathway in line with national guidance	Dec 2014
2. A communications plan of the agreed Adult Obesity Pathway should be developed and include engagement of all stakeholders	Public Health	2.Development and implementation of communications plan	Dec 2014
3. A universal means of the promotion of physical activity should be introduced using available resources such as the Get Active London online resource	Library, Sport and Leisure	3.Number of searches for Harrow on the Get Active London website ((Target number tbc)	Sep 2014
4. Development of physical activity opportunities for specific and vulnerable adult groups such as people with disabilities and people with poor mental health and their carers	Public Health	4.Procurement and development of physical activity opportunities for vulnerable groups as part of the pathway	Dec 2014
5. All stakeholders should agree a Harrow Obesity Charter for participating agencies and their approach to healthy eating which includes workplace catering	Public Health	5.Number of agencies signed up to the Obesity Charter (Target number tbc)	Jul 2014

## Environment

### Recommendations from Harrow Obesity Needs Assessment:

- Cycle lanes, cycling and walking routes or clubs green spaces that help facilitate staying active should where appropriate be supported and promoted across the borough
- Planning, licensing or other regulations should assess their impact on people's health and should include the impact of concerns about safety and crime.
- Data on obesity should be shared with planning teams to contribute to an assessment of the health impacts

Strategic Actions for Pathway Group:	Lead	Performance Measure	Date
1. Ensure the obesity pathway groups have links to green grid planning and strategic planning decisions	Public Health	1. Attendance in the pathway group from Planning and completed examples of joint working in the pathway action plan	July 2014
2. Strategic links should be developed between the Obesity Pathway groups with the Harrow Council Active Travel programme which address the identified needs	Transport	2. Attendance in the pathway group from Transport and completed examples of joint working in the pathway action plan such as promotion of cycling	Aug 2014

## Workplaces

### Recommendations from Harrow Obesity Needs Assessment:

#### Workplaces should be supported to have the following:

- Healthy choices in workplace restaurants, hospitality, vending machines and shops for staff and clients, in line with existing Food Standards Agency guidance
- Active travel policies for staff and visitors
- Supportive physical environment (easily visible stairwells, showers and secure cycle parking)
- Recreational opportunities (out-of-hours active social activities, lunchtime walks and use of local leisure facilities)
  - Employers should be engaged and supported to have travel plans that facilitate active travel and include measures such as cycle facilities and travel expenses for active work journeys
  - Effective ways to monitor the number of high energy 'junk' type food outlets in Harrow should be developed through partnerships between schools, children centres, community centres, regulatory services, public health, planning and environmental health. Support should focus on promoting healthier options in premises.
- The community should have support to ensure they have easy access to affordable fresh produce

Strategic Actions for Pathway Group:	Lead	Performance Measure	Date
1. Further development of the Healthy Catering Commitment (HCC) in 2014-15 and effective use of existing partnerships with businesses within the council on travel planning and workplace health initiatives	Environmental Health	7. Number of new premises signed up to the HCC accreditation (Target number tbc)	July 2014
2. Development of a workplace health programme to engage with employers in Harrow and include smaller and medium sized businesses	Public	1. Development of workplace programme and number of employers signed up to self assessment and implementation of programme (Target number tbc)	May 2014

## Treatment of Adults who are overweight (Tier 2)

- Recommendations from Harrow Obesity Needs Assessment:**
- All agencies in Harrow should recommend to patients, or consider endorsing, self-help, commercial and community weight management programmes only if they follow best practice (See NICE Guidance CG43).
  - All advice on weight management should include being physically active and the reduction of inactivity.
  - The requirements for referral to tier 2 services should be specified as part of the pathway and those people who are identified as overweight with a BMI of over 25 should be referred to behavioural support:
  - An appraisal of the efficacy and cost effectiveness of tier 2 weight management services should be completed to inform both the model and approach. The review should inform the commissioning process and be based on the desired outcomes and resources available.

Strategic Actions for Pathway Group:	Lead	Performance Measure	Date
<ol style="list-style-type: none"> <li>1. A review of tier 2 weight management interventions and consider recommissioning.</li> <li>2. A review of the identification of overweight and obesity, and access to weight management services to inform improvements to accessibility</li> <li>3. Review and improvements should continue to the Health Check pathway and use of the Healthwise weight management programme.</li> </ol>	Public Health	<ol style="list-style-type: none"> <li>1. Completed review of tier 2 and where appropriate procurement of tier 2 services</li> <li>2. Completed review of identification as part of the pathway redesign</li> <li>3. Number of overweight and obese people referred and taking up the Healthwise programme as part of the Health Check pathway (Target number tbc)</li> </ol>	Dec 2014



## Treatment for adults who are obese (tier 3)

### Recommendations from Harrow Obesity Needs Assessment:

1. Health professionals should be encouraged to assess the weight of patients who they suspect as being obese by measuring their BMI. Those patients with BMI of 30 and above should be referred to a multi-component intervention in Harrow that includes interventions to:
  - Increase physical activity
  - Improve eating behaviour
2. Drug treatments for obesity should only be considered after dietary, exercise and behavioural approaches have been started and evaluated.
3. A referral should be made to the appropriate surgical clinician for adults with obesity if all of the following criteria are fulfilled:
  - They have a BMI of 40 kg/m<sup>2</sup> or more, or between 35 kg/m<sup>2</sup> and 40 kg/m<sup>2</sup> and other significant disease (for example, type 2 diabetes or high blood pressure) that could be improved if they lost weight
  - All appropriate non-surgical measures have been tried but have failed to achieve or maintain adequate, clinically beneficial weight loss for at least 6 months if they have a BMI greater than 50 and for 12-24 months otherwise
  - The person has been receiving or will receive intensive management in a specialist obesity service
  - The person is generally fit for anaesthesia and surgery
  - The person commits to the need for long-term follow-up<sup>62</sup>.
4. All surgical interventions are followed up with multi component weight management including physical activity support

Strategic Actions for Pathway Group:	Lead	Performance Measure	Date
<ol style="list-style-type: none"> <li>1. Review gaps in tier 3 provision of multicomponent and multidisciplinary weight management support</li> <li>2. Establish a clear pathway with all commissioners</li> <li>3. Psychological input should be included into the tier 3 pathway</li> <li>4. The pathway should include synergy with the eating disorder programme</li> </ol>	CCG	<ol style="list-style-type: none"> <li>1. Review completed of tier 3 and re modelling of provision</li> <li>2. Agreed pathway and model for tier 3</li> <li>3. Agreed pathway and model for tier 3</li> <li>4. Agreed pathway and model for tier 3</li> </ol>	Dec 2014