

West Kent Health & Wellbeing Board 20 June 2017  
Healthy Weight Workshop Notes

Who have we not taken in to account in developing the Action Plan?	How to work with other stakeholders to reduce prevalence?	What can commissioners do to better integrate services?
<p>Specific target groups:</p> <ul style="list-style-type: none"> <li>• People with hypertension</li> <li>• People on specific care /treatment pathways (Musculo Skeletal)</li> <li>• People undergoing current assessment by physiotherapists</li> <li>• Young People</li> <li>• Commuter groups</li> <li>• Older People</li> <li>• BME Communities</li> </ul> <p>- Businesses are important contributors</p> <p>- Workplaces are important settings</p>	<ul style="list-style-type: none"> <li>- Audit outcomes in Primary Care</li> <li>- All promote One You</li> <li>- Better recognition of the role of the Voluntary Sector</li> <li>- Need to see information about 'area-based deprivation' overlaid onto GP Cluster maps (these show the groups of GPs who are planning to work together more collaboratively. Across West Kent there are 7 clusters). This will help with joining up healthy weight and health improvement agendas</li> </ul>	<p>Focus on ensuring appropriate advice, information and sign-posting is made available for:</p> <ul style="list-style-type: none"> <li>• People on specific care /treatment pathways (Musculo Skeletal)</li> <li>• People undergoing current assessment by physiotherapists</li> </ul> <p>- Work with different population groups to encourage their participation in the development of potential measures to promote healthy weight.</p> <p>- Recognise the role of the Voluntary/Community sector and the need to encourage communities to make better use of open spaces.</p> <p>- Help people make better use of web-based resources.</p> <p>- Commissioners to engage leisure service providers</p> <p>- Need to see information about 'area-based deprivation' overlaid onto GP Cluster maps (these show the groups of GPs who are planning to work together more collaboratively. Across West Kent there are 7 clusters). This will help with joining up healthy weight and health improvement agendas</p>

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<ul style="list-style-type: none"> <li>- Target commissioning to those in most need/who could benefit most, e.g. deprivation, ethnicity, hard to reach groups, young people</li> <li>- Find the motivating factor for the targeted groups (it is not their first priority to lose weight if they have other bigger issues such as housing and employment)</li> <li>- Teach people related skills, e.g. cooking, nutrition, self-esteem</li> <li>- Out-reach to where people meet/gather, e.g. arts centres, healthy living centre, interest groups, schools, use community leaders (tackle industries such as care, shop staff and those in the building trades)</li> <li>- Improve promotion of healthy eating and local initiatives</li> </ul>	<ul style="list-style-type: none"> <li>- Use collective power of public sector to drive change in organisations and communities, e.g. start in-house and with contracted providers on weight management initiatives, put OneYou on email signatures</li> <li>- Public sector to stop short-termism – reduce focus on quick results and focus on longer term interventions and support</li> <li>- All to give the same message and use the same data source and language</li> <li>- Stop normalising being overweight and obese : clear messaging about knowing your BMI and what is healthy weight</li> <li>- Sign-posting all services using a service directory via One You</li> <li>- Try to get workplace communities to make changes together</li> </ul>	<ul style="list-style-type: none"> <li>- Longer lead-in times for new services to establish themselves</li> <li>- Encourage links between services</li> <li>- Better inter-working between exercise and dietary services – reinforce the messages about the link between weight and exercise/moving more</li> </ul>

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<ul style="list-style-type: none"> <li>- Young People and Peer Champions/Mentors use 'Lancaster' Model/Approach</li> <li>- Men aged 35+ (via social networks)</li> <li>- Specific occupational groups (e.g., Taxi Drivers)</li> <li>- Businesses</li> <li>- Known Communities in Need</li> <li>- BME people</li> <li>- People with Learning Disabilities</li> <li>- More work with local people</li> <li>- Midwives and importance of Ante Natal period</li> <li>- Ensure consistent messages that encourage behavioural change</li> </ul>	<ul style="list-style-type: none"> <li>- Health in All Policies</li> <li>- Promote One You Website</li> <li>- Promote Social Prescribing</li> <li>- Use Make Every Contact Count (MECC) approach/principles – find ways to measure and monitor</li> <li>- Review content of Health Checks and Health MOTs</li> <li>- Asset Mapping – highlight work in known areas of deprivation</li> <li>- Use CCG development of 'Local Care' approach as vehicle for 'joined up' work with primary care workers, GPs and community sector</li> <li>- Greater emphasis on utilising the Kent Healthy Business Award</li> <li>- Better support for local workforce activities</li> <li>- Food Champions in Kent Community Health Trust</li> </ul>	<ul style="list-style-type: none"> <li>- Promote issue with contractors</li> <li>- Better emphasis on maternity services and links with the GP Clusters</li> <li>- Ensure consistent messages that encourage behavioural changes</li> <li>- Ensure focus on universal services</li> <li>- Ensure the issue has a strong focus in the Kent &amp; Medway STP</li> <li>- One You should be an integral part of all relevant commissioning activity</li> <li>- Commissioners to communicate with one another to ensure Tier 2 – Tier 4 Pathway</li> <li>- Consider targeted commissioning of support and services</li> <li>- Need to ensure effective sign-posting</li> </ul>

**KEY MESSAGES from discussion:**

- 1) All to promote One You
- 2) Access to service and support directory/sign-posting
- 3) Target communities and areas which would benefit most/work with local people and in communities
- 4) Commission for outcomes that have a direct effect on prevalence
- 5) Use the One You resources, tailor promotions and offer solutions too
- 6) Need to ensure links with the self-care agenda
- 7) Action Plan required for MECC – NHS WK CCG and providers
- 8) Draft Action Plan to include more about being active and should offer measures to promote encouraging people to move more
- 9) Consider specific ways of engaging Primary Care/GPs
- 10) How can we support innovation?