

## **Effective partnership working and stakeholder engagement in the delivery of obesity prevention and treatment programmes in Kirklees**

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### **1. Introduction**

The aim of this paper is to provide a summary of the approach taken to enable the people of Kirklees to achieve and maintain a healthy weight through the provision of a high quality, responsive and coordinated programme of services and initiatives.

### **2. Background**

Within Kirklees there are programmes of action in place to address the three key elements to reducing the challenge of obesity:

1. Enabling people to eat a healthy diet
2. Enabling people to be more physically active
3. Enabling those who are already overweight or obese to reduce their weight.

The Food Programme and Physical Activity Programme are tackling a wide range of challenges in supporting at risk groups throughout Kirklees. This enables the Obesity Programme to focus on those people who are at a greater risk due to their weight. The programme focuses on helping them to lose weight. Strong links have been built between the physical activity, food and obesity programmes to ensure the delivery of a holistic, coordinated and cost effective patient centred obesity prevention and treatment programme across Kirklees.

### **3. Programme Structure**

The programme structure has been developed to ensure all internal and external stakeholders work in partnership to provide a high quality, responsive and joined up programme of services and initiatives. The structure enables any gaps in provision to be highlighted at an early stage and any duplication of effort to be managed effectively to maximise productivity. A diagram of the performance management structure can be found in Appendix 1.

#### **3.1 Obesity Programme Board**

The development, implementation and review of programmes related to the treatment and prevention of obesity is the responsibility of the Obesity Programme Board. This is a strategic group of partners who are the key decision makers with the ability to establish the strategic direction of the programme, ensure a strategy and action plan and developed; commission and performance manage the delivery of the action plan and manage risk.

The Programme Board is governed by the Choosing Health in Kirklees (CHIK) Group; which reports to Kirklees PCT Finance and Performance Committee and the Kirklees Wellbeing and Health Inequalities Team. The Clinical Obesity Lead and a GP representative sit on Obesity Programme Board as well as senior managers from the Council, voluntary and community

sector and NHS. GP involvement in the programmes will now provide a valuable link with the Clinical Commissioning Consortia.

### 3.2 Obesity Workstream Leads (OWL's)

The delivery of the programme is via a series of focused workstreams which each have clear aims, outcomes and evaluation measures. Workstream leads are identified and their role is to deliver the changes required within the action plans to achieve the overall vision of the programme. Delivery of each workstream involves multiagency teams working together in their current roles to achieve a specific purpose.

Workstream leads work together through the OWL's group to minimise duplication, resolve issues and ensure the effective delivery of the programme plan. This group is responsible for the successful delivery of the programme on behalf of the Programme Board. The role of the group is to implement the obesity programme plan which will include coordinating the delivery of workstreams, manage their interdependencies and any risks or issues that may arise.

Membership of this group consists of all the current workstream leads, a senior public health manager acting as the Obesity Programme Manager, programme managers from other relevant programmes including physical activity and food.

## 4. Involving Stakeholders

The involvement of stakeholders including the target audiences is central to the development and implementation of person centred services and initiatives to enable people in Kirklees to achieve and maintain a healthy weight. Insight has been integral to the development and implementation of the programme.

### 4.1 Consultation with Stakeholders

The programme has commissioned a series of consultations to help shape the design of initiatives and services. These focus on understanding behaviours, motivational issues, barriers and incentives to ensure the programme commissions the right service in the right place at the right time. Utilising this insight enables us to put the target population at the heart of delivery to encourage behaviour change, improve health and reduce health inequalities.

Insight has been generated through consultation with:

- Health Practitioners from a range of settings
- Target groups (e.g. children, young people and their families, women of child bearing age and adults not accessing weight management support)
- Service users (e.g. children, young people and adults undertaking weight management activity)

The insights have enabled a detailed understanding to be developed of the behaviours and motivational issues related to food, physical activity and weight management.

Key insights include:

- The main motivation for adults is to secure an improvement in their physical appearance or in the quality of their relationships with others.
- Health Practitioners are happy to raise the issue but struggle with how to motivate behaviour change.
- Practitioners felt there were inadequate pathways/communication between primary and secondary care and did not feel anyone is taking the lead locally and there is a need for a partnership approach/network
- A lack of skills and confidence in cooking ability was seen as a barrier to consuming a healthy diet
- Poor availability of fresh produce was highlighted as a reason for the high consumption of convenience and takeaway foods
- Time taken to prepare a healthy meal put many people off cooking from scratch.
- Cost is a barrier to adults attending weight management programmes.
- Men perceive weight management services as inappropriate and want material targeted at them

#### 4.2 Expert Reference Group

NHS Kirklees identified key stakeholders who were currently involved or had a potential future role in the delivery of the obesity programme, to act as the expert reference group for the review and redesign of weight management provision. These include Dietitians, Pharmacists, GP's, Health Visitors, School Nurses, Health Trainers and Hospital Consultants. These clinicians have played a vital part in the development of the Obesity Care Pathway.

The insight gained from health professionals and the development of an expert reference group ensured committed partnerships were developed that were able to tackle obesity within Kirklees. Stakeholders were instrumental in developing a clear vision for the obesity programme in Kirklees which has provided leadership and buy-in locally.

Through this group mechanisms have been put in place to support and enable stakeholders to play a role in the implementation of the programme. An online network has been developed which provides an opportunity for staff to share best practice and keep up to date with the current evidence base; standardised weighing and measuring equipment has been provided to each GP practice in Kirklees and a locally enhanced service developed and implemented.

#### 4.3 Partnership group

All providers contributing to the implementation of the food, physical activity and obesity programmes form a partnership which meets quarterly to update each other and network. The role of the partnership is to inform and engage members to help and support the delivery of the programmes. The group shares and communicates expertise and experience in delivering food, physical activity and obesity services in Kirklees and ensures any service delivered by partners is coordinated and evidence based. The membership of this group covers representatives from commissioners, providers and support programmes of the obesity programme and each member of the partnership has a responsibility to disseminate information through their networks to the groups they represent.

## Appendix 1: Programme Structure

