

## **Expert Testimony presented to the NICE Programme Development Group on Obesity.**

**Presented by Kim Hastie 14<sup>th</sup> September 2011**

This paper is based on the insight, experiences and evidence of the Childhood Obesity National Support Team in providing intensive diagnostic and follow-up support to 44 local area partnerships from the period September 2007 to March 2011.

### **What are the essential elements of a local, community wide approach to preventing obesity that is sustainable, effective and cost effective?**

- Strategic buy-in by all local partners to the agenda, evidenced by clearly articulated and aligned strategic priorities. Golden thread linking related local strategic plans.
- Commitment to making the achievement of healthy weight, at a population level, everyone's business.
- Demonstrable commitment to the building and effective use of local intelligence; all local partners including provider services understand their contribution.
- Clarification on the contribution of all relevant local services to addressing obesity and, where ever possible, responsibilities are embedded within contracts, service agreements and funding arrangements.
- The requirement for local planners to draw on local public health intelligence when developing strategies and policies; and when awarding contracts.
- Increased use of local licencing laws to improve access to healthy food?
- Clearly articulated referral pathways that include a single point access to information and advice.
- Front-line staff are competent and confident to deliver interventions and understand local referral pathways.
- Clear reporting mechanisms that start with front-line services and finish at Health and Wellbeing Boards.
- Robust management information systems established by all local providers, in a consistent format, to help monitor effectiveness and inform cost effectiveness.

### **What barriers and facilitators may influence the delivery and effectiveness of a local, community-wide approach (including action targeting specific groups)?**

- Failure to translate healthy weight from a strategic priority into achievable action plans. Articulating healthy weight as a strategic outcome is only the first step, we

saw little evidence of local partnerships taking a co-ordinated approach to how specifically they intended to achieve their strategic outcomes.

- There is a need to move beyond simply mapping existing provision, to the development of action planning that identifies the potential contribution of all local partners. To move from a position of asking '*what do we currently provide that should make a contribution*' to asking '*what specifically are you doing to contribute to healthy weight, and how will you know it's making a difference?*'
- Consultation with target audiences needs strengthening if it is to be effective; in our experience services are too often shaped by professionals, i.e. what professionals believe is needed.
- Local areas need to take every opportunity within commissioning and funding processes to exploit opportunities to embed healthy weight outcomes within contracts and service level agreements. Opportunities to make healthy weight the business of all front line staff whether employed within the public sector or community programmes are frequently missed.
- Opportunities to build and effectively use local intelligence are missed. There is a need to: Effectively market the contribution of all local partners to building the JSNA and; Translate local intelligence in to useable formats that engage local provider services and community programmes and the wider community.
- Lack of confidence and competence amongst the workforce to deliver interventions.
- Lack of clearly developed referral pathways to enable front line staff to signpost local people to the wide range of community provision.
- Poor understanding of local area priorities amongst front line staff which can lead to working practice that is not aligned to local priorities. This is also contributing to capacity issues, staff feeling overwhelmed by the range of issues they believe they are being asked to address.

#### **Who are the key leaders, actors and partners and how do they work with each other?**

- Most local areas visited by the NST identified an obesity/healthy weight lead. In the main, the role had been delegated to a senior public health consultant or specialist as part of their portfolio. A small number of areas had a nominated lead within Children's Services.
- Many of the delegated leads struggled to engage partners and some struggled to find enough time to dedicate to healthy weight, often due to competing priorities within their portfolio.
- A significant number of local areas had established a wide range of groups relating to obesity with overlapping/competing agendas, demonstrating poor co-ordination.

- Local reporting structures were usually evidenced in paper documents however in practice these were not always strongly managed or effective in achieving their stated aim/role.
- On a more positive note, we experienced strong commitment that often translated into leadership, from a range of executives, senior managers, front line staff and local councillors. Their passion and commitment was evident and in some cases resulted in stronger local co-ordination, resource allocation and the challenging of current practice. Many sought to lead by example by addressing their own lifestyles.
- In our experience effective leadership is achieved when all local leaders across the health partnership understand the contribution of their specialist areas to achieving healthy weight outcomes, and act upon this.

**What factors need to be considered to ensure local, community-wide approaches are robust and sustainable?**

- The strength and effectiveness of engagement with local communities and local providers, to ensure investment is underpinned by local intelligence.
- Whether culturally appropriate messages are being delivered, in a way that paces and leads the local population into healthier lifestyle choices in a realistic way. For example it is unrealistic to expect someone who consumes one portion of fruit or vegetables a week to move to 'five a day'.
- Local information management systems that demonstrate small step changes in the behaviours of individuals and families are also important. They let the local area know whether or not they are moving in the right direction.
- Whether the contribution of all local providers has been clearly identified and made explicit within contracting or funding arrangements.
- As part of their contract arrangements, provider services are able to demonstrate competency and confidence of front line staff in delivering healthy weight interventions.
- How easy it is for the local population to access information on locally available resources to support healthy lifestyle choices. Is there a single point of access providing comprehensive information and support for the local population?

**What does effective monitoring and evaluation look like?**

- Clear outcomes are established prior to commissioning.
- Evaluation is built in from the beginning and this includes both subjective and objective data.
- Provider services develop robust management information systems that move beyond client/patient experience and include, for example:

- Impact of investment in training including; numbers of interventions undertaken, where and who specifically referrals coming from, impact on behaviour change, sustainability of behaviour change and health outcomes achieved.
  - Impact of investment in local facilities including; usage prior to and after investment, profile of users, perceptions of usersl.
- Consistency in approach to the collection of local data i.e. same format irrespective of collection point

**Can the cost effectiveness of local, community-wide obesity interventions be established and, if so, what is the best method of use?**

- During the three and half years of operation the NST saw limited examples of areas addressing this issue
  - One area had developed a metric for community based healthy lifestyle projects to help inform re-commissioning and decommissioning decisions
  - A second area was making progress in ascertaining the cost benefit of health intervention workers
  - A third area embedded good performance management requirements within a healthy weight programme for children.

To our knowledge no area has sought to establish the cost effectiveness of obesity interventions at a community wide level.

- There is a clear need for provider services to develop robust evaluation and management information systems, as outlined in question 5. This needs to ensure
  - There is a clear understanding where the information goes and how it is acted upon
  - Monitoring and evaluation is appropriate and proportionate
  - The right questions are asked – in our experience this was rare
  - There is appropriate division between internal (on-going) monitoring and larger scale objective external evaluation – to meet different functions
- The information could be used to determine both the return on investment in staff and on investment in local interventions. Local intelligence should not only focus on impact of weight management services but also assist local areas in determining for example; costs of training, return on investment, levels of behaviour change generated, impact on health and well-being of individuals etc.