

## **Expert Testimony presented to the NICE Programme Development Group on 'Obese and overweight children and young people: lifestyle weight management services'**

### **Findings of the former Childhood Obesity National Support Team**

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

#### ***1. How effective and cost effective are lifestyle weight management programmes in helping overweight or obese children and young people to achieve and maintain a healthy weight?***

Emerging cost-benefit analysis would suggest that lifestyle weight management programmes are both effective and cost effective. However, in the experience of the Obesity NST, local health partnerships were not undertaking systematic and routine evaluation on the impact of their healthy weight management programmes and, as a consequence, evidence to support analysis was often limited or unavailable.

In our experience, the majority of weight management programmes targeting overweight or obese children within local health partnerships were funded by external funding organisations e.g. Big Lottery etc. Local areas were funded to deliver a 'specified' weight management programme which was generally administered by a local health promotion officer or leisure service provider. Mandatory monitoring and reporting arrangements were limited in scope and did not provide the necessary information for a robust evaluation of the effectiveness and cost effectiveness of the programme. We saw little evidence of local areas developing their own management information systems to provide the intelligence necessary to inform the modification or improvement of local programmes and future commissioning decisions.

A number of local health partnerships had developed, or were in the process of developing their own 'home grown' programme; however, with a small number of exceptions (highlighted below) the service format adopted was similar to the format set by external funders. With the exception of one local health partnership, capacity always exceeded demand and local area administrators struggled to recruit children, young people and their families to the programme.

#### ***2. What are the essential components of an effective and cost-effective weight management programme for overweight and obese children and young people?***

- Need is identified from local intelligence
- Analysis is undertaken to identify target population/s
- Target audience consulted and their needs and motivations are determined prior to service design
- Service specification embeds clearly defined objectives, outputs and outcomes.
- Service specification clearly articulates monitoring and evaluation requirements; data collected should be relevant and proportionate; i.e. that necessary to support future commissioning decisions.

- Strong governance arrangements are in place that include; clear and adhered to reporting arrangements starting at front-line services and finishing at Health and Wellbeing Boards. There is a clear understanding of where service data and intelligence goes and how it is acted upon together with strong leadership of local policies and procedures.
- Robust management information systems are established, to enable providers to benchmark progress; data collected should be utilised to generate opportunities to modify and improve the programme. Where more than one programme has been locally commissioned the format should be consistent.
- The combination of monitoring and evaluation and robust management information systems should ensure that there is an appropriate division between internal (bench-marking data to modify and improve services) and larger scale objective evaluation to support commissioning decisions.
- Service specifications require staff delivering the service to have the appropriate skills and competency to deliver the weight management programme to the target population.
- A marketing strategy is developed that:
  - Draws on local health partnership's commitment to 'making every contact count'. As part of their contract arrangements, provider services are able to demonstrate competency and confidence of front-line staff in delivering healthy weight interventions.
  - Incorporates clearly articulated referral pathways
  - Ensures that the weight management service forms part of wider offer – that draws on the contribution of all locally available services that can help support healthy lifestyles.
  - Includes easy access to information and advice on locally available services i.e. 'one-stop-information service'. This should be easily accessible for both health professionals and the local population.
  - Utilises the NCMP programme, to identify target populations and actively promote local services.
- ◆ To assess the effectiveness and cost effectiveness of training investments provider services develop robust management information systems that include, for example; numbers of interventions undertaken, where and who specifically referrals come from, levels of behaviour change generated, impact on health and well-being of individuals etc.

### ***3.1 How does effectiveness and cost effectiveness vary for different population groups? (Examples may include children and young people from different black and minority ethnic groups, from low-income groups, of different ages or genders, or with special needs.)***

We saw very little evidence of the targeting of population groups in local health partnerships; where weight management programmes were offered they usually had a restricted age range (often 7-13 years) and a prescriptive approach to delivery. This makes it difficult to comment on whether weight management programmes are more effective and cost effective with different population groups. Exceptions to this included:

- Area one - targeted Year9 children (seeking to reduce the incidence of obesity in year 10), this programme was in the process of being initiated in the final year of the NST operating and we are thus unable to comment on it further.

- Area two - targeted overweight and obese children with disabilities and were unable to provide robust evaluation of its impact on the weight status of the participants.
- Area three - were in the process of trialling a weight management programme, originally developed in a hospital setting for very obese children, in GP settings. The programme was struggling to secure funding and no further information can be provided.

### ***3.2 What are the most effective and cost effective ways of addressing and sustaining behavioural change among overweight and obese children and young people using community-based weight management programmes?***

Without the approach highlighted above it is unlikely that we will be able to establish evidence base to answer this question. Behaviour change programmes do not exist in isolation and need the support of the larger systems to firstly, give them their best chance of reaching those in need and secondly, establish their impact.

### ***3.3 How does the inclusion of parents, carers and the wider family impact on the effectiveness of community-based weight management programmes for children and young people?***

Evidence clearly supports the view that the majority of overweight and obese children and young people live in families where weight management is an issue. Including parents, carers and the wider family in programmes makes sense however we found, local health partnerships regularly struggle to both recruit and retain them. Where families resist inclusion; consideration need to be given to an alternative means of support to ensure equity of provision.

There is a clear need to determine whether there is a genuine low level of demand for such programmes; whether the format for delivery is flawed (often a standardised approach to delivery); or whether local systems and processes are inadvertently contriving to set up a resistance in families and prevent engagement.

### ***3.4 What barriers and facilitators affect the delivery of effective weight management programmes for children and young people and how do they vary for different population groups?***

- Taking a prescriptive approach to delivery instead of designing services around the needs of an identified population group (the need for a social marketing approach to service design and delivery).
- 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 and 'make every contact count' whether employed within the public sector or community programmes are frequently missed.
- A lack of confidence and competence amongst the workforce to deliver interventions: Without exception; in each of the 44 areas supported by the NST, front-line staff expressed the view that they lacked the necessary skill set, information on local services and confidence to deliver interventions around

weight management. Their lack of confidence was, in the main, linked to their own unhealthy weight status.

- A lack of clearly developed referral pathways to enable front line staff to signpost local people to the wide range of community provision.
- A lack of easily accessible information on locally available resources to support healthy lifestyle choices. No single point of access providing comprehensive information and support to the local population.

### ***3.5 What are the views, perceptions and beliefs of the children, young people and their families who use weight management services?***

In our experience, the views, perceptions and beliefs of children, young people and their families were, in the main, only sought from participants who had completed programmes; these results were largely positive. We saw very little evidence of a social marketing approach to the delivery of weight management programmes.

### ***3.6 What are the views, perceptions and beliefs of the staff responsible for commissioning and delivering weight management services to children and young people?***

In our experience weight management services for children and young people were rarely commissioned; funding generally came through short term external funding arrangements: Consequently, such services did not enter local commissioning processes: local strategic objectives were not considered from the outset and the service specification did not generally include clearly defined outcomes. We encountered only one local health partnership that had drawn on local intelligence to identify a specific need; developed a comprehensive service specification that included robust evaluation requirements; and commissioned the service through a tendering process. Individual's within the target group were identified through local NCMP data and actively targeted.

Officers responsible for the delivery of local weight management programme regularly expressed frustration about the low levels of referral from front-line staff across the local health community. Conversely, front-line staff often revealed little or no knowledge of locally available weight management services.

### ***3.7 How can more overweight and obese children and young people be encouraged to join, and adhere to, lifestyle weight management programmes?***

Proactively identifying and targeting children, young people and their families through the NCMP. From around 2010 we began to see some evidence of local health partnerships including written information about their weight management service in letters sent to parents as part of the NCMP process: A small number of areas proactively targeted parents and carers through telephone and/or face to face appointment to discuss support options. In other areas we found that, despite the fact that the local weight management programme was operating under capacity, there was a reluctance to 'over promote' it in case it led to excess demand and resource implications.