Kent Community Health
NHS Foundation Trust

Adult Tier 2 behavioural weight management services

Additional Funding Projects (OHID)

12-week Weight Loss Pilots

(January 2022- December 2022)

Evaluation Report (September 2023)

Authors

Lindsay Gilbert	Healthy Weight Programme Manager (Public Health)
Claire Buckingham	Specialist Service Manager- Weight and Activity (Adult Health Improvement)
Juliette Wales	Senior Engagement & Partnership Manager (Public Health)

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Executive Summary

In 2022, KCHFT Adult Health Improvement Service was awarded funding from central government via KCC to deliver three targeted adult weight management interventions.

Each programme was based on the current 12-week One You weight loss programme but underwent adaptation to meet the needs of each specific group. Considerations were also given as to the method and mode of delivery as well as incorporating feedback and insights from participants into the development of each programme.

The three target groups were; individuals with Learning Disabilities (LD); women who had given birth within a year (Postnatal); and individuals from Black, Asian and Minority Ethnic groups (BAME).

All three target groups either have a higher incidence of obesity compared to the general population or there is evidence that they are at a particular stage of life where weight management support could be most effective. However, in terms of uptake of local weight management services, representation is lower in these groups.

Results showed that working more collaboratively with community groups and clinical services, identifying different modes of delivery and utilising community assets could bring about positive outcomes, not only in terms of weight loss, but also improved access and engagement and an increased awareness for delivery staff of the cultural and clinical factors relating to each group.

The recently published 'Adult Tier 2 weight management services: short statistical commentary September 2023 from OHID (21st September) provides the final figures for the additional funding projects across all local authorities in England.

The table below highlights some of the key comparisons from the national average when compared to the three pilots delivered by the One You Service in Kent.

	National average	LD	Postnatal	BAME
Completion rate	37%	73%	71%	60%
Lost weight	43%	73%	86%	83%
Lost 5%	16%	25%	18%	0%
High risk group (includes individuals living in 20% most deprived area, participants with at least one disability and ethnic minority group)	44%	100%	81%	100%

Table 1 comparing the results of the Kent Pilots with the national average from all OHID funded pilots.

Key findings

- Providing healthy weight management interventions in children's centres is an effective method of delivery which increases accessibility and uptake. Findings showed a strong desire by all stakeholders for this service model and the positive outcomes reflected this.

- Working alongside local community organisations representing different ethnic groups is an effective method allowing the adaptation of traditional weight management services to more accurately reflect the needs of that group. This model provides an opportunity to more effectively reach those communities where the need is greater and an opportunity for greater sustainability going forward.

- By adapting resources and working closely with carers of individuals with Learning Disabilities, impressive improvements in outcomes were achieved for some individuals along with other benefits in terms of supporting clinical services.

Introduction

Obesity is one of the biggest health crises the country faces, with almost two-thirds (63%) of adults in England overweight (BMI ≥25kg/m^2) or living with obesity (BMI ≥30kg/m^2) and costing the NHS £6 billion a year with obesity-related illnesses.

The COVID-19 pandemic has shown that living with excess weight puts adults at greater risk of serious illness or death, with risk growing substantially as BMI increases. This has further highlighted the impact that living with obesity can have on people's health and it is more important than ever to make it easier for people to access support to achieve a healthier weight (Excess Weight and COVID-19: Insights from New Evidence, PHE July 2020).

As a result, in March 2021, the Government announced an investment of £100 million new funding to help support people achieve a healthy weight. In particular, over £70 million was earmarked for adult weight management services with £30.5 million made available via the NHS and councils. Essentially, the investment was to target and enhance local weight management services to support adults to lose weight and prioritise those who need the most support to achieve a healthier lifestyle.

KCC commissioned Adult Health Improvement, KCHFT to deliver upon this agenda locally with a focus on three separate target areas: individuals with a learning disability, post-natal parents and individuals from black, Asian and minority ethnic groups. Funding of £252,000 (£50,000 for the Postnatal Pilot and £202,000 for the LD and BAME Pilots) was received in Q3 (December 2021) recruitment of staff to deliver on the project in Q4, with mobilisation of the projects in Q1 2022 onwards. Operational delivery of the project closed at the end of Q3 (December 2022).

Background and rationale

Learning Disability

People with learning disabilities are at increased risk of being obese compared to the general population, with poorly balanced diets and very low levels of physical activity. The most recent data on the prevalence of excess weight in people aged 18 and older with learning disabilities shows a smaller proportion of people with learning disabilities are in the milder category termed 'overweight' (27% of people with learning disabilities compared to 31.8% of people without a learning disability). However, there are higher proportions in the more severe category of obese (37% of people with learning disabilities compared to 30.1% of people without learning disabilities).

People with learning disabilities face challenges accessing all the weight loss programmes that are available to the general population and require adaptations to enable access, including:

- ensuring promotional health resources are adapted to meet literacy needs
- an individualised, multi-disciplinary and multi-component approach
- appropriate information and support to understand the risks to health about being overweight to aid sustained motivation and develop a positive outlook about physical activity and maintaining a healthier lifestyle
- peer partners without disabilities who can encourage participation in exercise

Post-natal

In Kent, The Child Weight Health Needs Assessment (August 2020) highlights that approximately 1 in 2 pregnant women in Kent are living with overweight or obesity. At the start of pregnancy, 28% women are categorised as overweight (BMI >25 kg/m^2) and 22% categorised as obese (BMI >30 kg/m^2). Prevalence is associated with demographic health inequalities and maternal obesity is associated with numerous health risks to both mother and child (Marchi et al 2015).

PHE highlights the period before, during and between pregnancies as high impact areas to intervene to support parents around healthy weight and early infancy and childhood is a crucial time in the life course to intervene and enable positive behaviour change around eating and activity (Childhood obesity: Applying all our health).

The period after pregnancy & childbirth is identified as a time when women are more likely to gain weight and many women conceive again during this period meaning that their weight does not return to their pre-pregnancy weight. As a result, managing a woman's weight after pregnancy may reduce her risk of entering the next pregnancy overweight or obese

After having a child, many mothers find it difficult to eat a healthy diet and take regular exercise and may receive very little advice on weight management after birth. There is currently no national guidance on specific weight management after childbirth. (Overview | Obesity prevention | Guidance | NICE

Weight management before, during and after pregnancy (nice.org.uk)

Evidence indicates that;

- women living with obesity intend to lose weight postnatally (Smith & Lavender 2011) but there is a need to help women have a realistic expectation of the time it will take to lose weight gained during pregnancy
- there are many opportunities for referral to weight management services including; the 4 postnatal mandated health visitor appointments and additional child health clinics, postnatal 8 week check with GP, attending breastfeeding support and child immunisations etc

- most women accessing Slimming World postnatal weight management services do so between 6-26 weeks postnatal (45.7% vs 23.4% starting after 1 year) (Avery et al 2016)
- Encouraging weight loss findings, with more weight loss reported at 12 months compared to 6 months (SWAN feasibility RCT, Bick et al 2019)

Black, Asian and Minority Ethnic Groups

Excess weight affects all population groups but is higher for those people aged between 55-74 years, people living in deprived areas and in some Black, Asian and Minority Ethnic (BAME) groups compared with the general population. It is established that the health risk of excess weight for some BAME groups occur at a lower BMI than for White populations.

Differences are also seen in the prevalence of obesity between different ethnic groups. Obesity among Black women is 53.6%, White women 27.5% and Asian women 23.6%. Obesity among men was similar for Black men (27.7%) and White men (27.3%) and lowest among Asian men (16.3%).

Overall:

- 67.5% of Black adults were overweight or obese – the highest percentage out of all ethnic groups
- 32.2% of adults from the Chinese ethnic group were overweight or obese – the lowest percentage out of all ethnic groups

One You Kent data reports that for 2021/22 49 individuals from a Black, Asian and Minority Ethnic background engaged in the 12-week weight loss programmes in East Kent and Swale. This represents 7.3% of the total number of participants accessing the service within this year (n=667). The percentage of Kent residents from a Black and Minority Ethnic Group is 6.33%. Whilst this reflects the percentage of BAME individuals accessing the service, because we know that obesity effects those from BAME communities more than the white population, efforts should be made to increase this percentage to reduce inequalities in health.

Evidence indicates that:

- BMI is more strongly related to testing positive with COVID-19 in BAME groups compared with White ethnic groups
- The level of BMI recommended to refer into weight management services in relation to certain chronic diseases for BAME groups is lower than for White Europeans (WE's) 1, as health risk increases at a lower level of excess weight. BMI thresholds for intervention are set at a lower level (BMI 23kg/m^2 to indicate increased risk and 27.5kg/m^2 to indicate high risk) than for White groups 1 (PHE: Excess Weight and COVID-19 – Insights from New Evidence - July 2020)

- Black African and Black Caribbean adults in the UK generally have a higher risk for obesity than white adults (Ethnic inequalities in obesity among children and adults in the UK: a systematic review of the literature).
- Research has identified areas for some minority ethnic groups which may pose a barrier to accessing services including: poor health literacy and the need for culturally compatible information (PHE Local action on health inequalities Understanding and reducing ethnic inequalities in health).

Overall Aim and Objectives

The overall aim and focus of these pilot projects were to enable adults from different population groups, as part of a place-based, whole system approach to healthy weight, to access tailored behaviour change support to enable weight loss and maintain a healthier weight in the long term.

Objectives include;

- to work with targeted population groups identified as high need or currently underutilising services, to shape, adapt and test the **acceptability** and **effectiveness** of One You Tier 2 Weight Management programme
- to increase staff **awareness** and **confidence** working with different populations, considering the different needs of specific populations as identified by those populations.
- to increase **efficacy** both across the system and operationally to improve health outcomes that reduce health inequalities within these targeted populations

Settings and Project Partners

Across the three pilots, we worked with a range of partners and stakeholders in a variety of settings including;

- children's centres in Thanet
- community venues e.g. Ashford One You Shop
- learning disability day centres in Dover and Deal
- community centres in Folkestone e.g. Nepalese community centre

Our partners and stakeholders included; Karibu Kent, Folkestone Nepalese Community, Kent County Council children's centres in Thanet and Millmead Children's centre, Learning Disability services within KCHFT, Physical Activity instructors specialising in postnatal health, KCHFT maternal physiotherapy department, Thanet Health Visiting team and Thanet PCN.

including the South Kent Coast; Dover and Deal, Thanet and Canterbury.

The Model

All three pilots were based on the current Tier 2, 12-week weight loss programme delivered by the One You Kent team, in line with NICE guidance.

The current model includes a 1:1 session with the weight loss advisor in weeks 1 to take baseline measurements and to explore the individuals own health priorities and week 12 to take final measurements and reflect on progress and next steps. There are 10 group sessions covering the following topics:

One-to-one personal health assessment (initial)	**Group session 6** Building healthy habits
Group session 1 Goal setting and overcoming barriers	**Group session 7** Meal planning, breakfast and batch cooking
Group session 2 The Eatwell Guide and portion sizes	**Group session 8** Relaxation, sleep and stress
Group session 3 Physical activity and hydration	**Group session 9** Recipe adaptation and fibre
Group session 4 Fats, sugars and snacks	**Group session 10** Eating out and alcohol
Group session 5 Understanding food labels	**One-to-one** personal health assessment (final)

My Personal Weight Loss Plan.pdf

This project allowed for the model of delivery to vary slightly across each pilot according to the needs of each group, however universal elements were applied across each pilot; community engagement and insight work, a place-based approach, adaptation of the programme to meet the needs of the patient group and a process ongoing learning and reflection using the PDSA cycle.

Both face to face and on-line offers reflected the anxiety that remained post-covid in some of the populations.

Postnatal Pilot

Community Engagement

To help inform the programme development including the name for the programme, programme content and marketing strategy, two pre-programme Parent Advisory Group sessions were held; one at Millmead and one at Priory Children's centre.

16 parents in total were engaged at these events and they provided valuable insight which reflected the desire for a healthy weight loss service amongst this cohort and helped form understanding about; how parents find out about things happening in their local area, what being healthy meant to them, the type of exercise that would appeal, and the reasons why they would attend a programme. A summary of the findings can be found in appendix 1.

Out of the 16 parents who took part, 13 (81%) reported they would be interested in attending a healthy weight loss programme. This gave the project team confidence that this service would be acceptable to this cohort.

A place-based approach

For the postnatal pilot, we really wanted to capitalise on the community asset of children's centres for the delivery space for the programme. We felt that children's centres were in the perfect position to provide a safe, welcoming environment for families with babies and young children offering large, bright and clean spaces that could accommodate both parent and baby for both the nutrition education and physical activity components of the programme.

We worked closely with the children's centre managers for Thanet children's centre and Millmead children centre (an independently funded children's centre) and agreed locations in both Margate (Millmead and Six Bells) and Ramsgate (Priory and Newlands) to make the programme as accessible to parents as possible. The support the delivery team received from the centre managers as well as the wider team was a crucial factor in the success of the programmes.

We also hoped that by offering the programme within children's centres, we would be encouraging parents (who, due to Covid, had missed out on the vital support that children's centres offer) back into those settings and so remind parents about the wider benefits that children's centres can offer. We knew anecdotally that many parents were suffering from low confidence due to the effects of isolation caused by Covid, again something we hoped the programme could help rectify.

We also hoped to gain valuable insights from the Early Help staff within the children's centres who know the needs and vulnerabilities of the parents in their local community the best and to support in terms of recruitment to the programme.

We recruited participants to the programme directly from the children's centres via direct recruitment methods, by simply going in at the end of parent/baby groups to talk to parents about the programme and collect contact details of interested

individuals. Whilst quite time consuming, this was found to be the most effective form of recruitment and also supported the development of the relationship between KCHFT and the children's centres. Recruitment was conducted by the programme delivery team (n=10) and the healthy weight programme manager (n=2).

Social media adverts informed by parent insight were produced by KCHFT comms team these were also used effectively by KCHFT Facebook and Children's centre Facebook pages to recruit parents. Marketing leaflets were also available in the children's centres. See appendix 2 for a sample of engagement materials.

Direct referrals via the children's centres themselves as well as the wider primary care team (GP's/ HV's/ midwifery) were surprisingly low despite direct engagement with stakeholders about the pilot service. This included meetings with senior PCN teams, direct email to all GP's, attending departmental meetings with Health Visiting and delivering training to Early Help staff. This was disappointing and is something that would need to be considered as how to improve going forward.

Adaptation of the programme

The postnatal programmes were delivered by the One You Weight Loss team following advertisement of the post and the standard recruitment process.

The successful candidate for the Postnatal programme was already a member of the One You Healthy Lifestyle advisor team and therefore brought a wealth of knowledge and experience working with individuals on a 1:1 basis to support behaviour change.

The successful candidate underwent a period of training which included attending a 2-hour training session on postnatal and maternal nutrition to support effective delivery of the programme, including;

- Background evidence & rationale
- Losing weight after childbirth- key considerations
- Inclusion & exclusion criteria
- Evaluation Framework- aims & objectives of pilot
- Session content and handouts
- Postnatal mental health & ACE's
- Basic weaning advice

Once this training was complete, the successful candidate underwent a process to deliver the programme to a group. This included; observing a senior colleague delivering the session, co-delivering the session with a senior colleague before finally delivering the educational component of the programme alone.

The standard 12-week programme was adapted by the Healthy Weight Programme Manager to ensure that it met the needs of women postnatally including those who

were still breastfeeding and reflected the difference in weight loss expectations following childbirth. A number of additional resources were produced by the Healthy Weight Programme Manager to support women on the programme. These include;

- Losing weight after having a baby
- Losing weight and breastfeeding
- Looking after your mental wellbeing
- Keeping fit and healthy after pregnancy
- Breastfeeding and drinking alcohol
- Coping with relapse

The changes to the core programme and accompanying resources were peer-reviewed by dietetic colleagues within KCHFT and is currently being incorporated into the Personal Health Plan which is undergoing a major update to incorporate all learning from each of the pilots and work within School Health (Whole Family Approach). This information has been shared with all OY advisors to reference when supporting parents in this phase e.g. OY Lifestyle Advisers, Smoking In Pregnancy (SIP) Advisers and integrated into relevant training e.g. healthy eating/Food Champion Training.

In addition, the Healthy Weight Programme manager worked with Health Visiting, dietetics and the One You service to change the inclusion criteria so that women who were breastfeeding could attend the programme from 8 weeks (rather than the current 6 months) as long as there were no feeding concerns or concerns about the infant's growth identified by their health visitor at the 6-8-week developmental check. It was also stipulated that parents must also have attended their 8-week postnatal check with the GP and have been signed off as safe to take part in physical activity.

Each of the 10 group sessions lasted for 1 ½ hours and included a 45-minute nutrition education topic incorporating behaviour change methodologies, and a 45-minute physical activity session. These included; buggy walks, postnatal yoga and stretching, a hula hoop class, boxing & dumb bells and mindfulness. External delivery partners as well as One You physical activity instructors delivered the physical activity sessions and participants were signposted to local physical activity classes e.g. Zumba.

Please refer to appendix 3 for further information about the inclusion criteria and session amendments in the training slides.

Ongoing learning and reflection

After each postnatal session the delivery team reflected on how the session had gone and any feedback received from parents. At the end of each programme, the programme managers met to discuss what went well and what changes might be needed to improve the programme. The monthly reports also allowed to reflect on participant feedback and outcomes. An example of a monthly report can be found in appendix 4.

Evaluation Method

A range of evaluation methodologies were employed to determine the outcomes including:

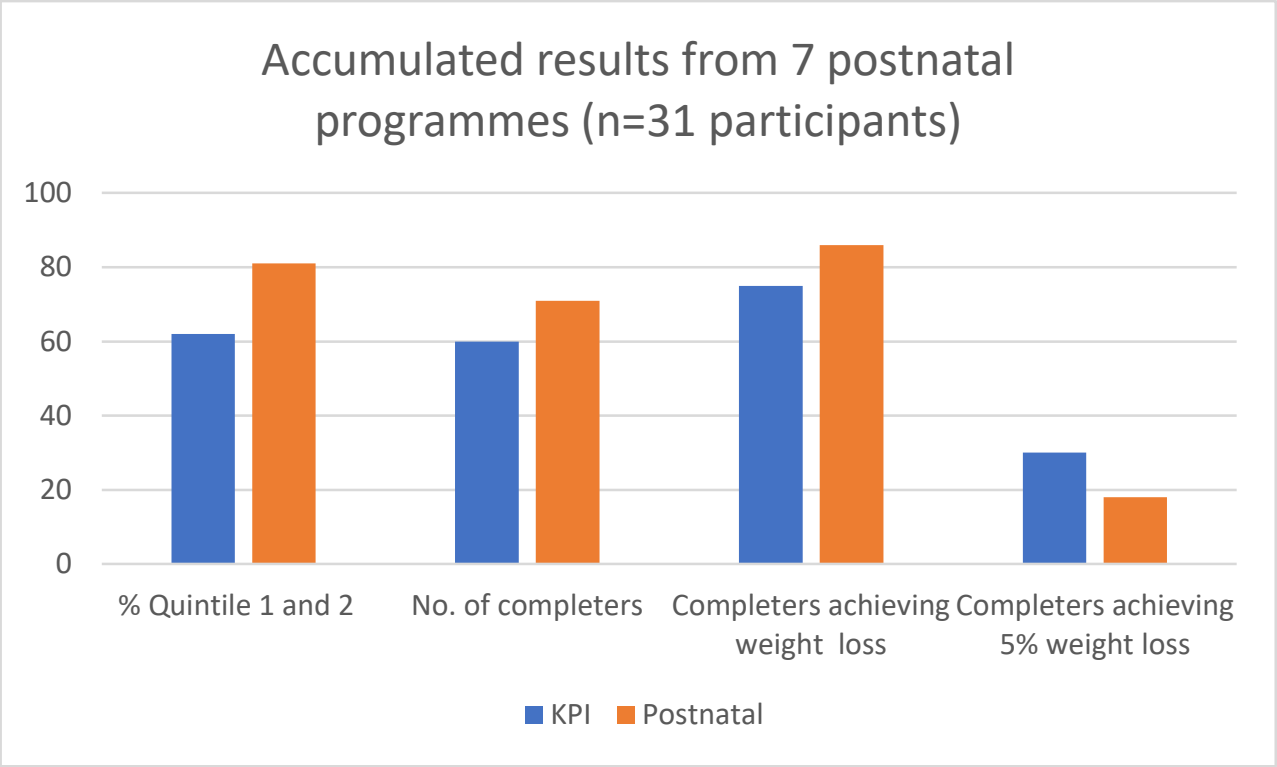
- Pre and post questionnaires assessing behaviour change relating to dietary habits, physical activity and sedentary behaviours
- Pre and post questionnaires assessing mental wellbeing
- Physical measurements pre and post intervention including height, weight, BMI and blood pressure
- Participant satisfaction surveys

Results; Data analysis- outputs and outcomes

The outcome data is compared against the core KPI targets and the results shown in the graph below:

OY Core Service KPIs - Weight Loss

- Quintiles 1&2 (62%)
- Number of Completers (60%)
- Completers Achieving Weight Loss (75%)
- Completers Achieving 5% Weight Loss (30-50%)



Seven programmes out of a proposed possible nine were delivered across Thanet to 31 participants. The aim was to deliver a minimum of 3 programmes over the year so 7 programmes indicates the relative ease of setting the programmes up and delivering them within the Children's centre timetable and the One You delivery team capacity.

The KPIs were exceeded in 3 out of 4 areas indicating the programme effectively targeted those parents from the most deprived quintiles 1 and 2 and with the highest need relating to levels of obesity. The programme exceeded the number of participants (n=22) completing the programme (attending 9 out of 12 sessions) indicating a level of accessibility and acceptability of the programme to participants and it also exceeded the numbers of completers who achieved weight loss indicating that is effective in supporting behaviour change that supports weight loss.

The only KPI not exceeded was for the clinically significant amount of 5% weight loss which is likely due to the recommended slower rate of weight loss for women following child birth.

The table below shows some of the changes relating to dietary and physical activity habits and changes in emotional wellbeing for the participants on the postnatal programme. Note that percentages are based on those individuals where pre and post data is complete and does not necessarily correlate to the number of completers or the total number of participants.

Outcome	Details
Participant satisfaction	100% extremely likely to recommend the programme to friends and family
Increase in physical activity	87.5% increased physical activity levels
Improvements in diet related behaviours	100% increased their fruit and vegetable intake (between 1 and 9 portions/day)
Improvements in mental wellbeing scores	81% either improved or maintained their health and wellbeing scores One case of postnatal depression was identified.

Table 2 highlighting outcome data for key dietary and lifestyle behaviour changes and emotional wellbeing scores pre and post intervention relating to the Postnatal Pilot..

Data was obtained from approximately half of the 31 participants who attended the postnatal pilot indicating the challenges in obtaining a fully robust and reliable data set. However, of the half who completed both pre and post questionnaires, excellent improvements in fruit and vegetable intake and physical activity levels were reported,

and the programme was associated with improvements in mental wellbeing for the vast majority of participants.

Secondary Outcomes

Below is a highlight of some of the secondary outcomes or other benefits that resulted from the pilot or that need to be considered going forward.

- A big part in the success of the postnatal pilot was due to the delivery practitioner. The post was a secondment opportunity and the postholder's keen desire to work with groups of mums and infants was a key factor. The postholder was able to use her transferrable skills from her OY Lifestyle Adviser role: working with targeted individuals in the community and utilising local knowledge of the area- organisations and partners and social prescribing to enhance the offer.
- The pilot helped establish links to KCHFT physiotherapy continence service who were really pleased to be approached for their input. This also had the benefit of helping with signposting to their services as well as supporting the pilot to increase knowledge about the importance of pelvic floor exercises during the postnatal period and beyond.
- Millmead children's centre now have Smoke Free advisers delivering 1:1 sessions at the centre, including Smoking In Pregnancy Adviser, and a One You Lifestyle Adviser is supporting the new family hub model. It is proposed to host a core 12-week weight loss programme and provide NHS Health Checks from this site by the end of 2023.
- New advisors to Thanet have now much easier access to delivering services from the children's centres in Thanet. The Pilot forged stronger partnership links with the children's centre and Specialist Advisor now delivers a OYLA clinic for anyone in the community to attend.
- The new Postnatal resources can be used in the core weight loss programmes or for the OYLA's to use in their 1:1's
- Trips to the Food Club and gardening project as part of the programme helping connect to additional support in the community.
- Staff at the Children's Centres plan to complete the Volunteer walk training so that they can offer health walks from their settings.
- The supportive nature of the participants within the groups was very strong. Whattsap groups were spontaneously set up by the women in the programmes which provided support and ongoing sustainability post programme. This was evident in the follow up review several months later.
- Feedback from a Health Visitor received during the pilot phase of the programme raised the issue for policy regarding language and terminology around the marketing and the name of the pilot 'Healthy Mum's Club'. The concern raised was that this was not seen as inclusive to the trans and non-

binary community. As a result of consulting with our KCHFT LGBTQ+ Network and Communication Team, the name was changed to 'Beyond the Bump Club' which was the second most popular choice from the Insight Survey.

Case Studies:


Post Natal Case Study Q1 - JR.docx


Post Natal Case Study Q2 - JR.docx

Local Press:

https://www.kentcht.nhs.uk/magazines/community-health-magazine-issue-36/

NHS
Kent Community Health
NHS Foundation Trust

Name of project: Postnatal Weight Loss Pilot- 'Healthy Mums Club'

Project leads: Lindsay Gilbert, Claire Buckingham, Juliette Wales

NHS
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NHS Foundation Trust

What was our aim?

To test the *acceptability* and *effectiveness* of a Tier 2 Postnatal Weight Management Intervention for women with infants under 1 year.

To deliver a minimum of 3 programmes in children's centres across Thanet by June 2022 with up to a further 6 programmes across the remainder of the year to be delivered by OYK

Why is it important to service users and carers?

The Child Weight Health Needs Assessment (August 2020) indicates that approximately 1 in 2 pregnant women in Kent are overweight or obese. Data from 2017/18 indicates that Thanet is one region of Kent that has 19.4% of pregnant women falling into the maternal 'obese' category at the time of booking and which is higher than the Kent and Medway average.

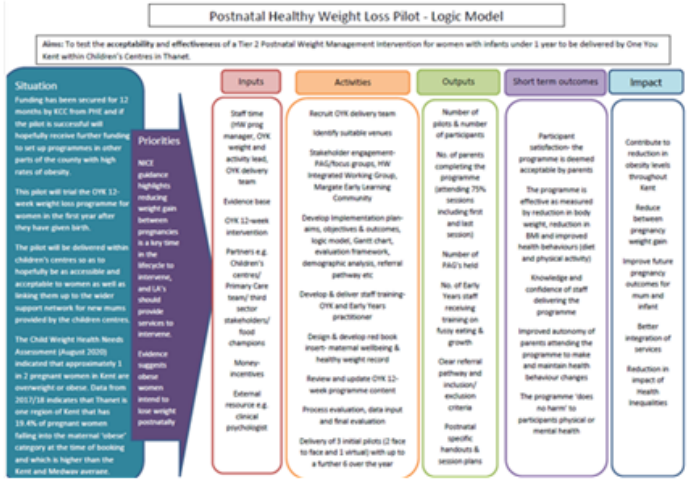
PHE and NICE guidance highlights that before, during and after (or between) pregnancy is a key time in the lifecycle to support women living with overweight or obesity to lose weight, and LA's should provide services to support women to do so. Evidence suggests women living with obesity intend to lose weight postnatally

The pilot will be delivered within children's centres so as to hopefully be as accessible and acceptable to women as possible, as well as linking them up to the wider support network for new mums provided by the children's centres.

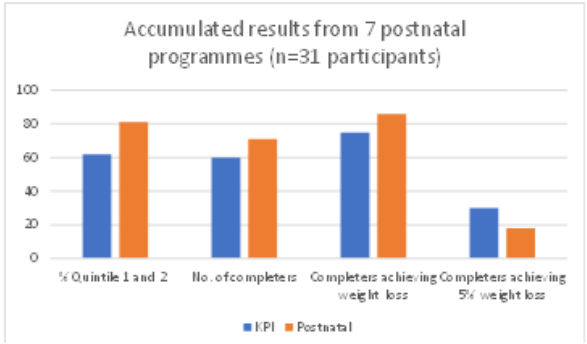
Ideas and tests of change

- Review of current OYK Tier 2 adult weight management programme and inclusion/exclusion criteria and adapt for a postnatal audience incorporating feedback obtained through participant focus groups/ questionnaires etc and including input from a clinical psychologist specialising in Perinatal mental health
- Deliver intervention within children's centres (including infants) utilising Food Champions to deliver additional sessions e.g. cooking on complementary feeding and nutritious family meals or a supermarket tour
- Establish a core working group of stakeholders to support roll out and focus on the system
- Deliver bespoke training for Children Centre staff to support recruitment and upskill knowledge about postnatal and infant nutrition
- Include a digital offer including 'bite size' videos and weekly text messages/ Facebook page etc
- Creation of red book insert- maternal wellbeing & healthy weight record/ information/ signposting

The tools we used



Results/How did we do/Anticipated outcome



7 programmes out of a proposed possible 9 were delivered across Thanet to 31 participants. The KPIs indicate that the programme exceeded the target for parents from the most deprived quintiles 1 and 2, exceeded the number of participants completing the programme (attending 9 out of 12 sessions) and exceeded the numbers of completers who achieved weight loss. The only KPI not exceeded was for the clinically significant amount of 5% weight loss which is likely due to the recommended slower rate of weight loss for women following child birth.

'it's like Weight Watchers but better. I have started Zumba and feel so much more body confident' quote from participant

What we learned and what's next

Children's centres are an acceptable venue for parents to access weight management services in their community

Direct marketing was the most effective form of recruitment, followed by social media adverts

Women particularly valued the social aspects of the group, and being able to bring the baby to the group and take part in exercise with their infant

The adapted programme and additional resources were effective at supporting women to lose weight in the postnatal period

Delivering the programme in the children's centres supported building relationships within the local communities e.g. community cafes and opportunities to link in with wider engagement events within the PCN

Having a dedicated OY member to deliver the service was fundamental to its success

For the future:

Develop the link that was established with physiotherapy maternal incontinence service

Strengthen relationships with midwifery as potential referrers and have a referral pathway more clearly communicated to all primary care staff to support recruitment

Follow up parents after 1 year to see if weight loss has been sustained

we care

Black, Asian and Minority Ethnic Groups

Community Engagement

A significant amount of time was spent forging a relationship and developing trust with Karibu Kent organisation and Nepalese community prior to setting up and delivering the pilots within each of these communities.

These pilots were co-designed with members of the populations through the facilitation and active involvement of the weight loss advisers who came from the African/African Caribbean and Nepalese populations but also had experience of delivering weight loss initiatives through the core service to a predominantly White population born in England. A summary of the outcomes of stakeholder meetings with Karibu Kent can be found in Appendix 5.

Two focus groups were held by Activ Mob for the Nepalese community and two focus groups were held with African/African Caribbean community (overall n=19 participants). A summary of insights work and evaluation reports can be found in Appendix 6.

In addition, 5 steering group meetings were held with community leaders. The finding from these community engagement events were used to adapt programme prior to the first pilot.

The approach to the pilots was a participatory approach, with participants encouraged to give feedback and contribute to adaptations of the pilot as the sessions were delivered.

Post evaluation session enabled participants to reflect on the overall pilot and contribute their thoughts and ideas and support the co-evaluation.

A place-based approach

A key aspect of the BAME pilots was to recruit and train staff from both the African Caribbean and Nepalese communities. This was achieved; however, staff were recruited internally via secondment from core service rather than externally as hoped. Attempts to recruit externally highlighted difficulties as external application did not attract enough, or suitable candidates. This raised issues around barriers to applying to NHS jobs and this was raised by Karibu Kent. Subsequently this was raised with KCHFT equality workforce team as to whether a different approach needs to be taken and more time allocated to this aspect of the project

As a result of the challenges with external recruitment and adjustments to internal workforce arrangements to fulfil staffing needs for the project e.g. staff secondment and additional training, this unfortunately led to further delays with the delivery of the project and timeframes set. However, we successfully recruited one OY Weight Loss Adviser from the Nepalese population and one from with a Caribbean background to support work with both communities as part of the pilot.

This approach enabled both advisers to work alongside members of the community who could 'champion' the programme for ongoing awareness and recruitment for sustainability and build trust amongst the communities involved.

Adaptation of the programme

Through the co-deign and co-evaluation of the pilot, the following resources and adaptations were made:

Let's Get Moving booklet redesigned to be more inclusive with KCHFT Cardiac and Pulmonary Rehabilitation Services. As agreed with the steering group to reflect a shared need to get moving across all ethnicities (neither exclusive of BAME communities or targeting BAME communities). Appendix 7.

Adapted programmes for Tier 2 programme co-designed with local populations. Inclusion of relevant Eatwell guides.

Video for recruitment– put on hold due to time issues created by difficulties recruiting and sickness, leading to difficulties advertising a programme which was coming toward the end of funding.

PHP booklet adaptations – to better reflect the cultural diversity of the service users to increase engagement and behaviour change.

Ongoing learning and reflection

Broad themes and similarities between both communities and the wider community emerged which raise the question of how models of engagement transfer to different populations.

Post Covid there is heightened awareness amongst Black, Asian and ethnic minority populations about the need to look after their health. Karibu Kent have suggested that a key message that is now being understood is, "you need to look after yourself, to look after others".

However, the proliferation of information about the disparity in health outcomes for Black, Asian or ethnic minorities populations, particularly when being heard alongside wider negative media messages around race and migration, can make populations feel under attack – "how come we are the ones who are always the problem?"

Food is at the centre of most cultures and so messages around changing diet, food preparation, perceptions of a healthy weight needed to be carefully considered within this wider context: "When you talk about BMI, we think, I bet they did not use any black people to test this with".

Suggested solutions from the steering group include:

- Messages advertising weight loss programme should come from our populations. For example, talking heads videos of people from the community

talking about why they decided to get healthy now – "**from within our communities to our communities**".

- **Inclusive messaging** – all resources need to reflect a range of people from different backgrounds, we need to feel seen. However, even if a project is targeted at a Black Asian or minority ethnic population we would like to see resources that include images of white people to show that the problem is shared by all communities.
- "We need to see that we are included so make sure that there are images of Black or Asian people in your booklets, but at the same time please include images of everyone, white or people of other backgrounds. It makes it clear that the problem is for everyone not just ours".

Considerations for the future;

- How do we develop easier systems for us to recruit people from community organisations that we work with?
- How do we support charities and community groups to up skill their staff & volunteers to work on weight loss promotion?
- Could we develop new models that sit between us recruiting or offering training to those within certain communities?

Evaluation method

As with the postnatal pilot, a range of evaluation methodologies were employed to determine the outcomes including:

- Pre and post questionnaires assessing behaviour change relating to dietary habits, physical activity and sedentary behaviours
- Pre and post questionnaires assessing mental wellbeing
- Physical measurements pre and post intervention including height, weight, BMI and blood pressure
- Participant satisfaction surveys

Results: Data analysis- outputs and outcomes

Two pilot programmes were delivered: one African-Caribbean pilot in Canterbury and one Nepalese pilot in Folkestone

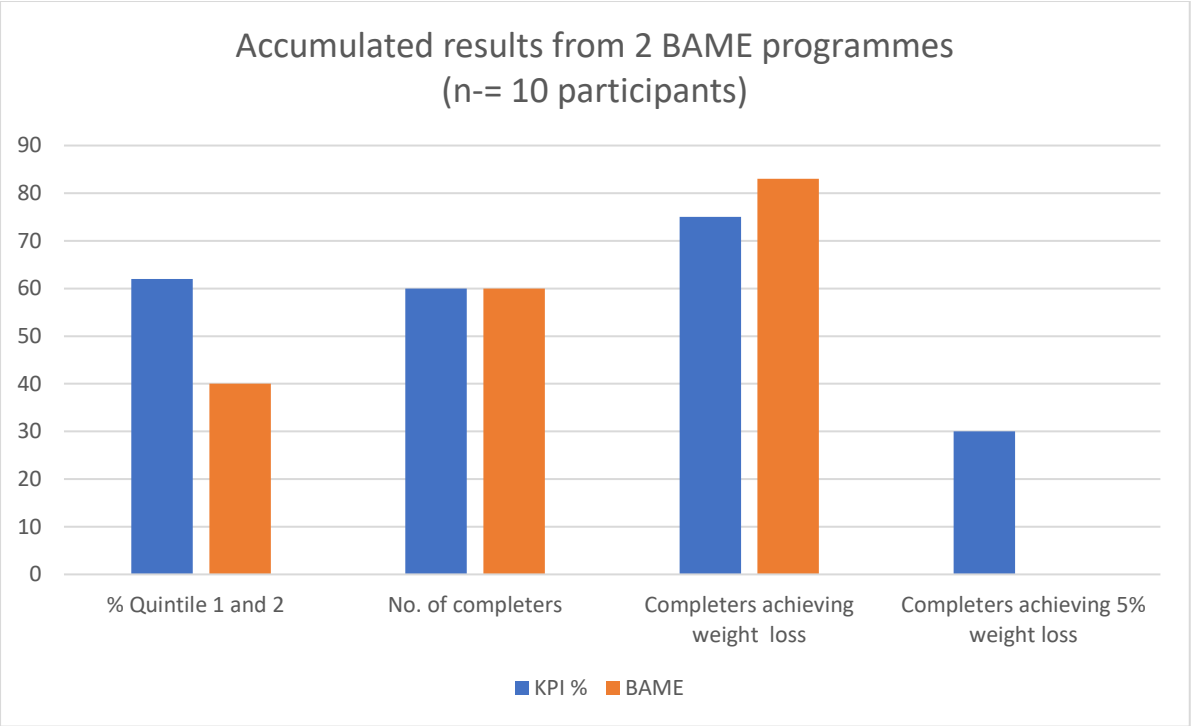
The outcome data is compared against the core KPI targets below**:**

Quintile 1&2 % (62%)

Number of Completers (60%)

Completers Achieving Weight Loss (75%)

Completers Achieving 5% Weight Loss (30-50%)



The results show that the pilot met the KPI for the number of participants who completed the programme. The programme also exceeded the KPI by 8% the number of completers achieving weight loss. These indicate the pilot is an effective and acceptable method to support behaviour change leading to weight loss in these communities. However, the numbers achieving the KPI for 5% weight loss was not met by any of the participants and this may reflect the relatively lower level of desirability amongst the community to strive for weight loss, when the main focus (which came out of the insight work) indicates that focusing on changing eating and physical activity was the intrinsic motivators for these communities not weight loss per se.

Data analysis – outputs and outcomes

The table below shows some of the changes relating to dietary and physical activity habits and changes in emotional wellbeing for the participants on the BAME pilot programme. Note that percentages are based on those individuals where pre and post data is complete and does not necessarily correlate to the number of completers or the total number of participants.

Outcome	Details
Participant satisfaction	Small number completed PES (n=3) but all reported on excellent quality of service and extremely likely to recommend to friends and family.
Increase in physical activity	60% increased their levels of physical activity

Improvements in diet related behaviours	67% increased their fruit and vegetable intake (between 1 and 2 portions per day)
Improvements in mental wellbeing scores	100% either improved or maintained their health and wellbeing scores (80% improved their scores)

Table 3 highlighting outcome data for key dietary and lifestyle behaviour changes and emotional wellbeing scores pre and post intervention relating to the BAME pilot.

Data was obtained from approximately half of the 10 participants who attended the BAME pilot indicating the challenges in obtaining a fully robust and reliable data set. However, of the half who completed both pre and post questionnaires, very good improvements in both fruit and vegetable intake and physical activity levels were reported. The programme was associated with excellent improvements in mental wellbeing for the vast majority of participants.

Secondary outcomes

The pilots generated a huge amount of understanding about the two communities; cultural differences around eating and lifestyle habits; the intrinsic motivations that can support behaviour change and also the barriers to more traditional methods of behaviour change.

For example, the African/African Caribbean community highlighted;

- Acknowledgement that traditional African diets may be changing due to obesity
- There is a focus and interest in fat, sugar and salt and particularly an interest about diabetes and an understanding that they are at higher risk
- Participating women focussed on a family approach rather than on themselves as individuals
- There was a focus on how to use less oil in cooking and incorporate more vegetables, particularly grated.
- Takeaways were seen as a ‘snack’ rather than a meal. As a result, family members may eat their takeaway and then go home and have their large African diet in addition as this is the main evening meal.
- There was a need for more information about why there are poorer health statistics for Black populations e.g. stroke and diabetes as this can shift the conversation onto diet e.g. fat oil and salt
- The health MOT was seen as very important as this was the start of the conversation around providing the medical evidence for making changes- it makes it relevant to them

- Focussing on reducing salt, fat and oil was important and to make small changes without compromising beliefs and respects. The changes needed to be small and not noticeable so that family members would not be upset. This is seen as a danger of becoming westernised and giving up traditional ways of eating.
- They wanted more pictorial prompts like recipes and cooking lessons- to learn British recipes
- There were misconceptions highlighted e.g. that palm oil was better as it was not bleached
- People do not consider portions. A portion is something you can get someone to eat
- Also need to consider the drinks- as many of these have high calorie content e.g. coffee made with condensed/ evaporated milk, Guinness Punch etc.
- Participants did not want to be seen as a 'problem community' in the advertising of a programme but wanted a more direct statistical approach drawing upon literature and resources developed for black people.

The Nepalese community highlighted;

- There is a cultural expectation to eat sweets and food, often beyond what feels comfortable. For example, offering lots of food as a host and eat lots of food as a guest is a central part of the culture.
- Water is not seen as a drink you would offer a guest as a good host.
- Food consumed outside the home as a guest is not considered when participants reflected on what they ate.
- There are many festivals within the Nepalese culture and food is central to the festivals. This was something (along with the need to be a good host by offering food) as something that the Nepalese community would need to address.
- Walking is common but is very slow and doesn't raise the heartbeat. However, participants were engaged at the idea of active walking and effective exercise with a number joining a walking club.
- Medical indicators of health e.g. blood pressure and weight are particularly motivating indicators and they were keen to have these taken at each session.
- A more direct behaviour change approach was favoured. Participants wanted to be told what to do- this is very different to traditional approach i.e. *'behaviour change is what we do with someone, not to someone'.* This was identified as being because they were used to a more medical 'top down' approach to health and how they are brought up to do as they are told. More support identifying goals is needed with more directive and specific instructions as this is not a familiar concept.
- The session on stress and eating was particularly challenging, as there is no word for stress in Nepalese culture and discussing emotions was a new

experience for the participants particularly in a group setting. This required skill on the part of the adviser to navigate. Participants in the African pilot reported that stress was a luxury for white people.

- There were misconceptions around health messaging e.g. eat less red meat which resulted in one person cutting off the fat to eat and discarding the protein. There was a lack of people in their community to get clarifications on these questions and really underlined the importance of a Nepalese weight loss advisor.
- Overall a community-based approach was seen as crucial where communities can discuss aspects of health together rather than focusing on individual weight.
- Language and confidence were barriers that would prevent individuals from signing up to core services and therefore delivering the service within the Nepalese community centre itself was a fundamental element.

In both populations, eating until your stomach hurts and always having more food than is needed if you are hosting was important as was encouraging your guests to keep eating.

Other outcomes included establishing links to other services and creating new pathways for example developing the relationship between the community centre and health checks which were delivered at:

- World in a tent
- Limbu festival
- Ongoing visits to the centre; 3 visits to the centre.
- Factory employers of large numbers of Nepalese community developed links with NHS Health Checks. Workplace visits by the team have enabled local employers to support staff to access a health check on site.
- Health Checks at Canterbury resident association Christmas party – large black population – invited by Karibu.

Learnings shared via a cultural and healthy eating awareness masterclass across the One You service to include insights gained from pilots. The learning was also shared across the Public Health division & wider trust with insights shared across the system at population health action learning sets.

Members from both Karibu Kent and the Nepalese Community Centre have expressed an interest in undertaking Food Champion Training to support key messages around healthy eating and behaviour change to sustain ongoing support within the community. Currently, two members of staff from the Nepalese Community Centre have been trained and are delivering upon Food Champion goals relevant to their local community needs.

Case studies:

BAME Case study V2 - CB.docx

NHS
Kent Community Health
NHS Foundation Trust

Name of project: Adapting the One You Weight Loss Programme with BAME communities

Project leads: Claire Buckingham, Juliette Wales

NHS
Kent Community Health
NHS Foundation Trust

What was our aim?

To test the **acceptability** and **effectiveness** of a co-produced Tier 2 weight management intervention for people of Nepalese and African Caribbean background delivered by One you Kent to support increased uptake.

To share any learnings with the wider One You service that can be incorporated into the core offer and consider the implications to changing the model of delivery for this population based on the outcomes.

Why is it important to service users and carers?

Excess weight affects all population groups but is higher for those people aged between 55-74 years, people living in deprived areas and in some Black, Asian and Minority Ethnic (BAME) groups compared with the general population. It is established that the health risk of excess weight for some BAME groups occur at a lower BMI than for White populations.

Overall, 67.5% of Black adults were overweight or obese – the highest percentage out of all ethnic groups

Research has identified areas for some minority ethnic groups which may pose a barrier to accessing services including: poor health literacy and the need for culturally compatible information (PHE Local action on health inequalities Understanding and reducing ethnic inequalities in health).

OYK data reports that for 2021/22 only 49 BAME individuals engaged in the 12-week weight loss programmes in East Kent and Swale representing 7.3% of the total number of participants accessing the service this year.

Ideas and tests of change

The pilot will, work with community organisations, Karibu Kent (Canterbury) and Nepalese community centre (Folkestone) to identify barriers and solutions to engaging people of an African/African Caribbean or Nepalese background within the current OYK weight loss offer

Work with the community organisations to co-design a Tier 2 weight loss pilot reflecting the cultural attitudes, specific food types and diets of people of African Caribbean and Nepalese backgrounds.

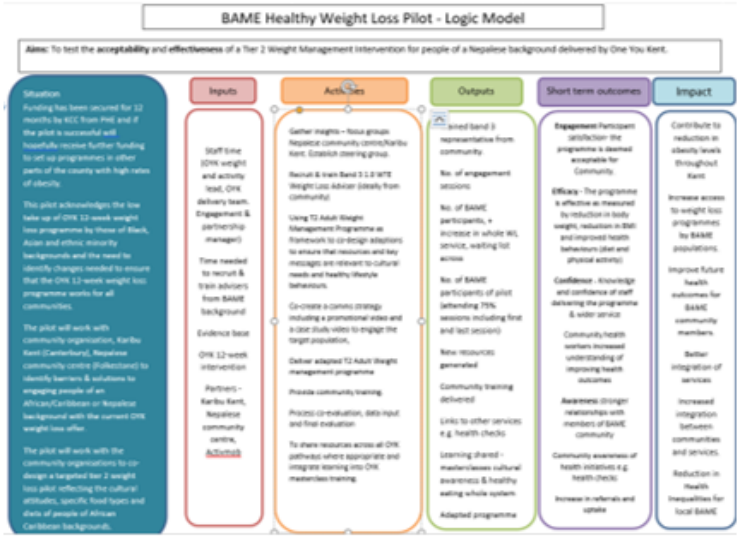
Recruit and train a weight loss advisor from both communities

Gather insights via focus groups to support co-design adaptations of the core T2 weight management programme to ensure that resources and key messages are relevant to cultural needs and healthy lifestyle behaviours

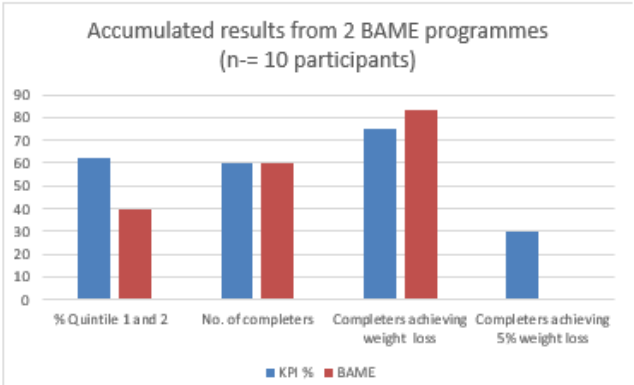
Co-create a comms strategy and promotional video and a case study video to engage the target population

Ongoing process co-evaluation, data input and final evaluation

The tools we used



Results/How did we do/Anticipated outcome



The results show that the pilot met the KPI for the number of participants who completed the programme. The programme also exceeded the KPI by 8% the number of completers achieving weight loss. These indicate the pilot is an effective and acceptable method to support behaviour change leading to weight loss in these communities. However, the numbers achieving the KPI for 5% weight loss was not met by any of the participants and this may reflect the relatively lower level of desirability amongst the community to strive for weight loss, when the main focus (which came out of the insight work) indicates that focusing on changing eating and physical activity was the intrinsic motivators for these communities not weight loss per se.

What we learned and what's next

Working with community groups to co-design and adapt current T2 12-week weight loss programme is an effective and acceptable way to support weight loss and healthy behaviour change in those communities.

The co-design process helped to build trust between those community groups and the NHS which resulted in better engagement with target population.

The pilot helped increase cultural awareness that will help shape resource development, marketing and behaviour change approaches going forward.

The pilot raised awareness of KCHFT services within those communities e.g. NHS health checks

Improved confidence within KCHFT in terms of our understanding of the population and adaptability and appropriateness of our resources.

Considerations for the future include;

1. How do we develop easier systems for us to recruit people form community organisations that we work with

2. How do we support charities and community groups to up skill their staff & volunteers to work on weight loss promotion?

3. Could we develop new models that sit between us recruiting or offering training to those within certain communities?

we care

Learning Disabilities

Community Engagement

The One You service worked closely with the Learning Disability community - both clients and their carers particularly involving them in the co-design of resources used during programme delivery. Adapting the resources so that they met the needs of the community was a key aspect of this pilot and client engagement via focus groups led by the One You team helped facilitate the co-design process. Additional support and insights were gained via an Expert by Experience volunteer who was able to provide integral feedback on the resources to promote and engage with community members.

A place-based approach

The pilots were delivered in local community settings to increase accessibility of the service to the LD community. These settings included the Ashford OY Shop which is situated in Ashford high street and which is very well attended by the local community for a variety of services, and day care settings which are already attended by individuals with Learning Disabilities and their carers.

The programmes were hosted by local community partners who identified, and recognised, the need for weight management support for their client group and carers. Links were made, and were fortuitous, due to the previous working relationships the newly recruited One You Weight Loss Adviser had made within her previous role with the Learning Disability Nursing and Physiotherapy Service. As a result, the focus of this work was in the South Kent Coast area. No other community centres/organisations volunteered to participate following meetings with KCC and Learning Disability Partnership Board.

Adaptation of the programme

The Learning Disability programmes were delivered by the One You Weight Loss team following advertisement of the post and the standard recruitment process.

The successful candidate was seconded from the KCHFT Learning Disability Nursing and Physiotherapy Team and brought a wealth of knowledge and experience from working with individuals on a 1:1 and group basis in relation to lifestyle, life skills and behaviour change.

The successful candidate underwent a period of training as part of the core OY Weight Loss Team induction process with a focus of aligning and adapting the programme to the pilot for clients living with a learning disability. This included:

- Evaluation Framework - aims & objectives of pilot
- Communication and engagement

- Inclusion & exclusion criteria
- Referral pathway & partner involvement
- Session content and resources

Once the training/induction was complete, the successful candidate underwent a process to deliver the programme to a group. This included; observing a senior colleague delivering the session, co-delivering the session with a senior colleague before finally delivering the educational component of the programme alone

The changes to the core programme and accompanying resources were peer-reviewed by KCHFT LD Nursing and Physiotherapy Team colleagues and also with an Expert by Experience volunteer. All changes are currently being incorporated into the Personal Health Plan which is undergoing a major update to incorporate all learning from each of the pilots.

The One You team worked closely with the LD community to incorporate the insights from focus groups to adapt the resources to need and inform the programme design.

A referral pathway was developed from KCHFT clinical services to the One You service which helped raise awareness of the pilot and strengthened relationships between services.

Ongoing learning and reflection

A continuous learning and reflection (PDSA cycle) was utilised throughout the pilots to capture the diverse range of client needs and make amendments and adjustments as necessary throughout the programme. During the first pilot programme, the OY Weight Loss Adviser kept a reflective practice log on the delivery and feedback received on each education session. Sessions were streamlined into ‘bitesize’ sessions with more interactive resources to retain motivation and engagement. An example of this was in Session 4 ‘Fats and Sugars’ – using food products and visual aides had the most impact with this client group, and in particular with a client who had been diagnosed with diabetes and felt that they were unable to eat certain fruit and vegetables due to the sugar content. This session dispelled any confusion and as a result, the client improved their fruit and veg intake and was able to make alternative and healthier choices.

Monthly and quarterly reports and regular meetings with the working group enabled ongoing learning, discussion and reflection throughout the term of the pilot phase and where necessary, make appropriate adaptions to programme delivery to meet client need.

Evaluation method

As with the postnatal and BAME pilots, a range of evaluation methodologies were employed to determine the outcomes including:

- Pre and post questionnaires assessing behaviour change relating to dietary habits, physical activity and sedentary behaviours
- Pre and post questionnaires assessing mental wellbeing
- Physical measurements pre and post intervention including height, weight, BMI and blood pressure
- Participant satisfaction surveys

Results: Data analysis – outputs and outcomes

Six face to face groups were run during the pilot with a total number of 17 participants (8 males = 47%).

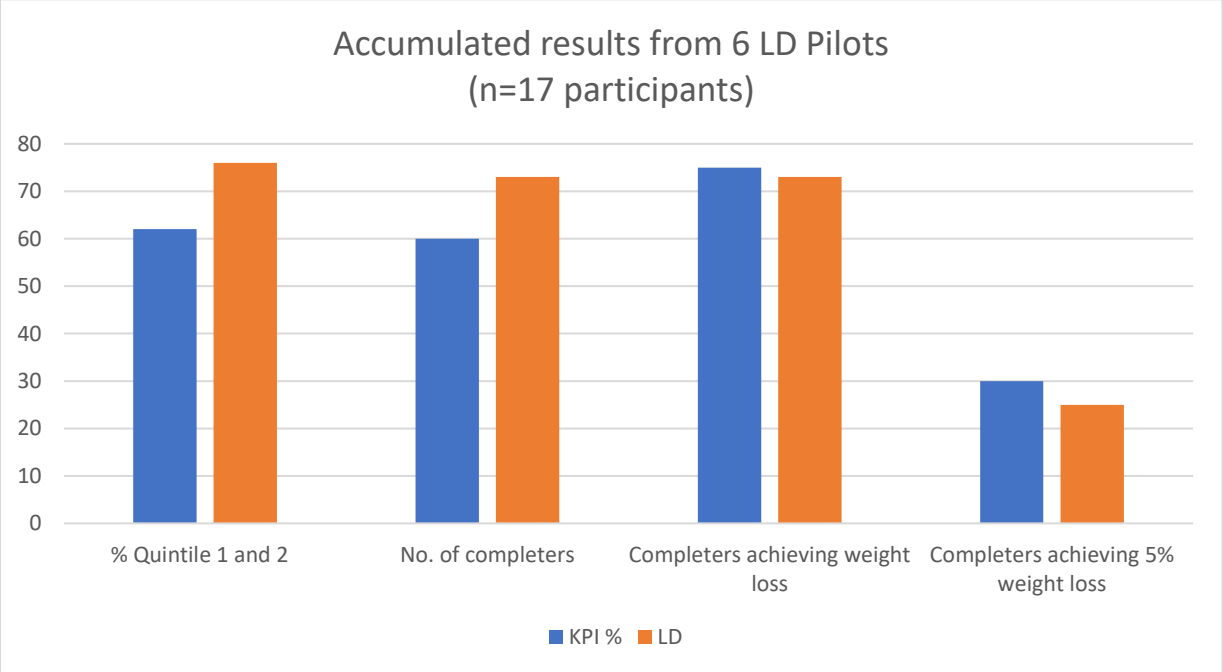
The outcome data is compared against the core KPI targets (in bold) and the results shown in the graph below:

Quintile 1&2 % (62%)

Number of Completers (60%)

Completers Achieving Weight Loss (75%)

Completers Achieving 5% Weight Loss (30-50%)



The results show that the KPI for targeting individuals from more deprived backgrounds was exceeded with (n=13) 76% of participants from quintiles 1 and 2. This demonstrates the pilot was reaching those individuals with LD from the backgrounds where obesity rates are highest.

The number of completers also exceeded the KPI (n=11) with 73% attending 9 out of 12 sessions indicating the programme was accessible and engaged participants.

The number of completers achieving weight loss was comparable to the KPI but was 2% lower (73% n=8) showing that the programme was effective at achieving behaviour change leading to weight loss. However, the KPI for the clinical level of weight loss was lower than the 30-50% KPI at 25%. This may reflect specific challenges relating to individuals with Learning Disabilities that means a slightly longer time period is required to achieve the 5%. However, there were certain individuals within the cohort that achieved significantly more than the 5% (refer to Case Study on page 33 for more detail).

The table below shows some of the changes relating to dietary and physical activity habits and changes in emotional wellbeing for the participants on the LD pilot programme. Note that percentages are based on those individuals where pre and post data is complete and does not necessarily correlate to the number of completers or the total number of participants.

Outcome	Details
Participant satisfaction	Small numbers completed (n=6) of which **all** would highly recommend the programme to a friends and family
Increase in physical activity	83% increased or maintained their levels of physical activity
Improvements in diet related behaviours	62.5% increased or maintained their fruit and vegetable intake (50% increased between 1 and 3 portions per day)
Improvements in mental wellbeing scores	75% either improved or maintained their health and wellbeing scores

Table 4 highlighting outcome data for key dietary and lifestyle behaviour changes and emotional wellbeing scores pre and post intervention relating to the LD pilot.

Other than participant satisfaction, data was obtained from approximately two thirds of the 17 participants who attended the LD pilot which was encouraging. Of those who completed both pre and post questionnaires, very good improvements in both fruit and vegetable intake and physical activity levels were reported. The programme

was associated with very good improvements in mental wellbeing for the vast majority of participants.

Challenges

The pilot was delivered via face to face to face groups only, and therefore potentially excluded those who were not confident or able to join a group.

Because of the needs of the community preferring smaller groups, this reflected the lower numbers per programme making these sessions less cost effective.

Participants had little control over their shopping and cooking and therefore the commitment and engagement of carers and support workers was essential to the success of the programme for their clients. Carers and support workers need to be included in sessions and would need to be appropriately trained to enable/support long term change.

There were limited pre-existing weight loss resources for Learning Disability clients so these had to be designed in-house in order to meet the needs of the population which took additional time and resource.

Secondary outcomes

Below is a highlight of some of the secondary outcomes or other benefits that resulted from the pilot or that need to be considered going forward.

- A clear project plan and working group to establish the aims and objectives of the intervention before the implementation of the intervention was essential to the mobilisation and delivery of the programme. Ongoing and regular meetings with the working group to ensure that the project has kept on track and to monitor progress/make adjustments as and when necessary to the meet the needs of the client group has been vital with regards to development and progress.
- Engagement work with the client group and partners prior to the intervention to ensure that the resources and course delivery was based on feedback and was co-designed by those who use the service was key. Utilising our KCHFT Public Health Senior Engagement and Partnership Manager to support the focus groups and provide clear guidance on questions/analysis to develop the programme provided key expertise to achieve valuable insights. Providing local vouchers as incentives to clients who attended and contributed to focus groups was positively received and an invested resource.
- The successful recruitment of a dedicated members of staff to focus on supporting people with a learning disability (One You Weight Loss Adviser and One You Physical Activity Adviser). Both members of staff have experience of working with people with a learning disability, experience in delivering behaviour change and healthy lifestyle programmes in the

community – this effectively help to mobilise the project efficiently within the tight project timeframe.

- The set up on a 'drop-in' clinic in the community with the One You Weight Loss Adviser to discuss the programme with clients, appropriately triage and provide information to engage in the programme has been a huge success. This was also available for health professionals to access and for the adviser to provide information not only about the weight loss programme but all OY core services.
- The pilot also improved engagement between One You staff and LD clients. Delivering the pilot in the Ashford One Stop Shop has seen LD service user uptake of the shop itself and One You staff are more confident working with LD clients. Using the One Stop shop to deliver services for LD clients has also extended to the use of other services by the LD community which presents the opportunity for ongoing support and consistent messaging around healthy lifestyles. The LD service is also running clinics out of the shop.
- One of the key positive outcomes was the improvements in integrated working with the Learning Disability Nursing and Disability service. Clinical time was freed up and this was commented and complimented on by the clinical leads for the service leading to greater efficiency (see Professional Feedback).
- Ensuring that the 12-week educational programme was adapted to meet the needs of both client and carer/support worker – this proved to have a positive impact on engagement and outcomes.
- A face to face method of delivery for individuals with Learning Disabilities was essential and individuals preferred a small group setting of between 4 and 5 individuals. This was based on guidance from our clinical KCHFT Learning Disability Nursing and Physiotherapy Team and the experience gained from running groups with low to high complex patients. This would need to be considered in any future KPI's for the number of participants per programme and expectations around associated outcomes e.g. timeframes to achieve behaviour change and % weight loss.
- Social media campaigns and the development of professional resources has assisted with raising awareness and promotion – being able to utilise these at partners meetings, presentations and events to encourage uptake and referrals has been invaluable.
- Working alongside community partners e.g. day centres, to host the programmes and to link with other services who can support our client's long term e.g. food banks, food champion training, leisure providers has developed a sustainable network for this client group.
- Integrating the adapted resources into the core Tier 2 Adult Weight Management Programme and providing training to all staff within the OY Service to share best practice on how to support people with learning disabilities with healthy eating and engaging in physical activity has increased knowledge, awareness and skill to provide ongoing support outside of the pilot phase with this client group. As a result, an LD Masterclass is offered as part of the core OY training timetable.

- An easy read version of the Personal Health Plan will be developed to support LD individuals accessing the service in the future. In addition, new educational videos will be developed to complement the new PHP booklet to support clients living with a learning disability.

Case studies:

LD Case Study 1 - JC.docx

Client Feedback:

"I am mindful of what I am consuming every day I have started to bulk my meals with veg, beans and pulses instead of using lots of meat this has also helped me financially; especially with the cost of living going up"

"I have learnt a lot from attending this course – excellent, thank you!"

Professional Feedback:

Clinical Lead, KCHFT Learning Disability Nursing Team:

"The development of this programme has not only supported us in the Learning Disability Nursing Team but also from social care – we are now referring directly to the One You Weight Loss Learning Disability pathway which will take the pressure off us within our service. I am aware that also other health professionals from the Ashford and Canterbury Team are considering direct onward referrals to One You.

We have encouraged people we support to make their own direct referrals to One You and to informally visit and meet the One You Weight Loss Adviser at the One You Shop. This has been great – as they have accepted support from yourself at this venue – where they have not wanted to engage with nursing and healthy lifestyle sessions (but have done so with you). This will not only improve their health but also enables them to be more independent. This has been so helpful as we have discharged clients from our caseload, with knowing we have sign-posted onto your service. As an adviser and having previous experience of how the Learning Disability Nursing Team functions, and the needs of the people we support and the barriers people with learning disability experience, your approach and support has been invaluable. Thank you"

Local Press:

Working together Learning Disability Awareness Week (June 2022) – OYK Shop:

LD Awareness Drop In - Client Pic.jpg

NHS
Kent Community Health
NHS Foundation Trust

Name of project: Adapting the 12- week weight loss programme for adults with Learning Disabilities (LD)

Project leads: Claire Buckingham

NHS
Kent Community Health
NHS Foundation Trust

What was our aim?

To adapt via a co-design process the 12-week One You weight loss programme to better meet the needs of individuals with Learning Disabilities as part of a place based, whole system approach to healthy weight.

Why is it important to service users and carers?

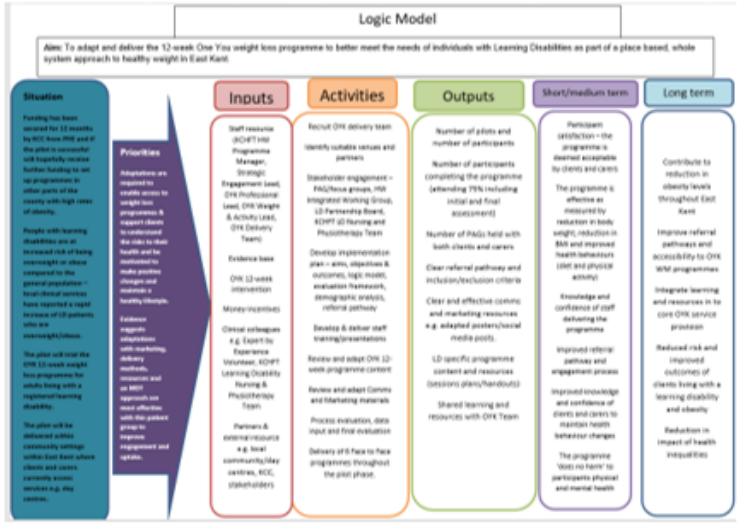
People with learning disabilities are at increased risk of being obese compared to the general population, with poorly balanced diets and very low levels of physical activity (37% of people with learning disabilities compared to 30.1% of people without learning disabilities). – local clinical services have reported a rapid increase of LD patients who are overweight/obese.
People with learning disabilities face challenges accessing all the weight loss programmes that are available to the general population and require adaptations to enable access, including:

- ensuring promotional health resources are adapted to meet literacy needs an individualised, multi-disciplinary and multi-component approach
- appropriate information and support to understand the risks to health about being overweight to aid sustained motivation and develop a positive outlook about physical activity and maintaining a healthier lifestyle
- peer partners without disabilities who can encourage participation in exercise

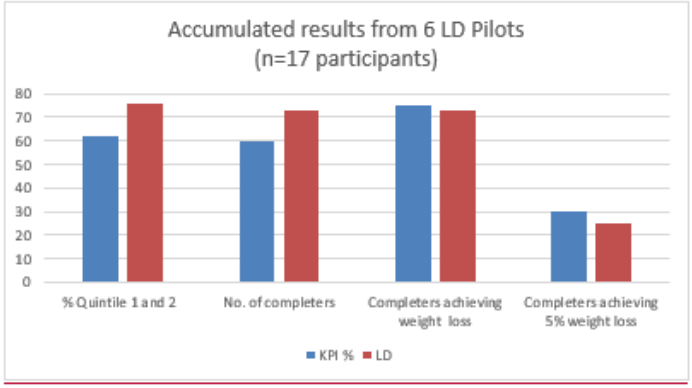
Ideas and tests of change

- Co-design of resources between One You and individuals from the LD community and their carers via focus groups led by the One You team and feedback from an Expert by Experience volunteer who supported engagement with the community and provided feedback on resources
- The service was hosted by local community partners in the South Kent Coast area who recognised the need for a dedicated service for their service users. By using the Ashford one stop shop it was hoped this would improve accessibility to the LD community
- A number of changes and adaptations were made to the core programme and accompanying resources to improve accessibility of the resources. These included; developing more interactive resources, streamlining content to make it more 'bite sized'
- Develop a referral pathway from the KCHFT adult LD service to One You, to raise awareness of the service, strengthen relationships between services and ultimately help with referrals to the service

The tools we used



Results/How did we do/Anticipated outcome



The graph results show that the pilot effectively targeted individuals from more deprived backgrounds and the number of completers exceeded the KPI indicating the programme was accessible to and engaged well participants with LD.

The number of completers achieving weight loss was comparable to the KPI (73% against 75%) showing that the programme was effective at achieving behaviour change leading to weight loss. However, the KPI for the clinical level of weight loss was lower than the KPI. This may reflect specific challenges relating to individuals with Learning Disabilities that means a slightly longer time period is required to achieve the 5%.

What we learned and what's next

A tailored 12- week group weight loss intervention was effective and acceptable to the LD community and their carers with positive changes made to eating and lifestyle habits and improvements in mental wellbeing scores.

Adapting the core resources and content supported engagement and behaviour change for individuals with Learning Disabilities.

Clients from the LD community preferred smaller groups which could potentially affect the cost-effectiveness of the programme, although efficiencies in other areas were made e.g. the referral process improved links with clinical LD services, freed up clinical time and the use of community venues.

The involvement and support from the carers is fundamental to the success of behaviour change for the individual.

Going forward;

Consider amending the KPI for 5% weight loss to make it more achievable in the time frame which better reflects the specific needs of that group.

Consider how to meet the needs of individuals who do not wish to attend a group setting

we care

Conclusion and Recommendations

The three weight loss pilots all clearly show the benefits of focussing efforts on specific communities where there is a higher incidence of obesity than the general population as part of a place-based, whole system approach to healthy weight.

The adapted models were shown to be **effective** in terms of weight loss and behaviour change and **acceptable** to the target communities. By working more closely in a more reciprocal way and using insight and co-design methodologies to shape the programme, clear improvements in our **awareness** of the specific needs of those communities could be incorporated into the programme. The increased **confidence** of staff working with these communities was also demonstrated. Changes to referral pathways helped increase **efficacy** within the system and operational leading.

It is acknowledged that short-term investment funding has limitations with regards to impact and outcome. This pilot was no exception and therefore essential to manage expectations with regards to mobilisation, impact and outcome prior to implementation. With a limited timeframe, one of the key outcomes was to focus on proof of concept and build upon key learning for future service delivery. It is evident that this was achieved and the effectiveness, acceptability, awareness, confidence and efficacy has been highlighted throughout this report with each of the three pilot projects.

The opportunity to focus our efforts and pilot programmes with specific communities has enriched our local knowledge, understanding and skills for current and future service delivery. Furthermore, this provides rich evidence to support future investment and to be considered as part of any service re-design for the delivery of targeted weight management programmes with local populations.

Working directly with each of these population groups has enabled strong working relationships with key stakeholders, all of which have the potential for sustainability to impact on health inequalities. The partnerships established will continue post-investment to ensure that our shared vision of putting communities first and better patient experience will be maintained and strengthened going forward within Kent.

Recommendations;

Develop community-led model for achieving a healthier weight through:

- Incorporating key messages into core service to increase inclusivity and appropriateness of service to different groups – needs to be supported by ongoing training package.
- Acknowledge challenges around workforce and time commitment to work effectively with wide range of different communities who are currently under served due to barriers of language, culture & trust.

- Acknowledge opportunities to work in an integrated way with community assets to impact healthy weight across the whole system, such as community organisations or children centres.
- Develop ongoing partnerships, beyond involvement work, to utilise & empower community assets to deliver healthy lifestyle messages and programmes alongside KCHFT.
- Look at developing food champion training & volunteer walk leader programmes as potential models to enable supporting community assets and broadening the programme offer.
- Working as partners with community organisations to support those who access funding (i.e. Big lottery funding available to charities and children centres) to deliver healthy lifestyle programmes.

Appendices

Appendix 1 **Postnatal Pilot- Community engagement summary**	Key findings from the Parent worksho
Appendix 2 **Postnatal Pilot- Marketing Materials**	I22032146 -Mums dub-A6 postcard-v3
Appendix 3 **Postnatal Pilot- Training Slides**	Postnatal Training Update for OYK tear
Appendix 4 **Post Natal Pilot - Monthly Report October (example)**	7. PHE LD Project Report October 202
Appendix 5 **BAME Pilot - Karibu Kent stakeholder engagement & focus group summaries**	African communities weightloss pilot - PP a Focus Group 2 Notes.docx Focus group 1 Notes final.docx
Appendix 6 **BAME Pilot - Activ Mob stakeholder engagement summary & evaluation**	AM MINORITY ETHNIC GROUPS INSI AM Nepalese Briefing sheet.pptx
Appendix 7 **'Let's Get Moving' Booklet**	Let's Get Moving - 2022.pdf
Appendix 8 **Learning Disabilities Pilot - adapted education sessions (examples x 2)**	Week 2 - Eatwell Guide and Portion Siz Week 5 - Food Labels.pptx
Appendix 9 **Learning Disabilities Pilot – marketing material (OY Shop)**	I22044594 -OY shop-LD-A4 poster-v2