

Gloucestershire Health & Community Well-being Partnership

Health in Balance

A strategy for Reducing Obesity in Gloucestershire

Implementation Plan 2010 - 2013



A health promoting environment for preventing obesity
Effective and sustainable weight management
Improved health and wellbeing at any shape or size

Introduction

This implementation plan sets out what the Gloucestershire Health & Community Well-being Partnership (GHCWP) is planning to achieve over the next 3 years in line with 'Health in Balance: A Strategy for Reducing Obesity in Gloucestershire'. The original strategy and implementation plan were developed in 2007. This plan will be reviewed annually by the delivery partnership. It contains our joint priority aims and objectives and targets for delivering the countywide obesity and physical activity strategies.

The implementation plan is managed by the Gloucestershire Reducing Obesity Implementation Group that represents the relevant key settings or sectors and healthy weight 'strand' leads. This group meets on a quarterly basis and will undertake a milestone review at each meeting using the attached template (Appendix 3). Objectives will be RAG rated at each review and an action plan of corrective measures will be developed for any that are rated RED.

The Reducing Obesity Programme Board provides leadership and governance.

If you have comments or enquiries about this plan please contact:

Adrian Jevans, Chair of the Reducing Obesity Implementation Group

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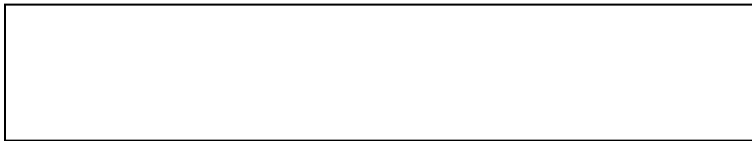
Overarching Strategies

This implementation plan, including mechanisms for delivery and monitoring are aligned to the following overarching strategies and strategic partnerships.

- Healthy Gloucestershire Strategy and in-year 'Reducing Obesity Priority Card'
- Community Sustainability Strategy
- Children and Young People's Plan and in-year 'Healthy Lifestyles Priority Card'

This implementation plan has been signed off by NHS Gloucestershire and Gloucestershire Health and Community Wellbeing Partnership.

Signature

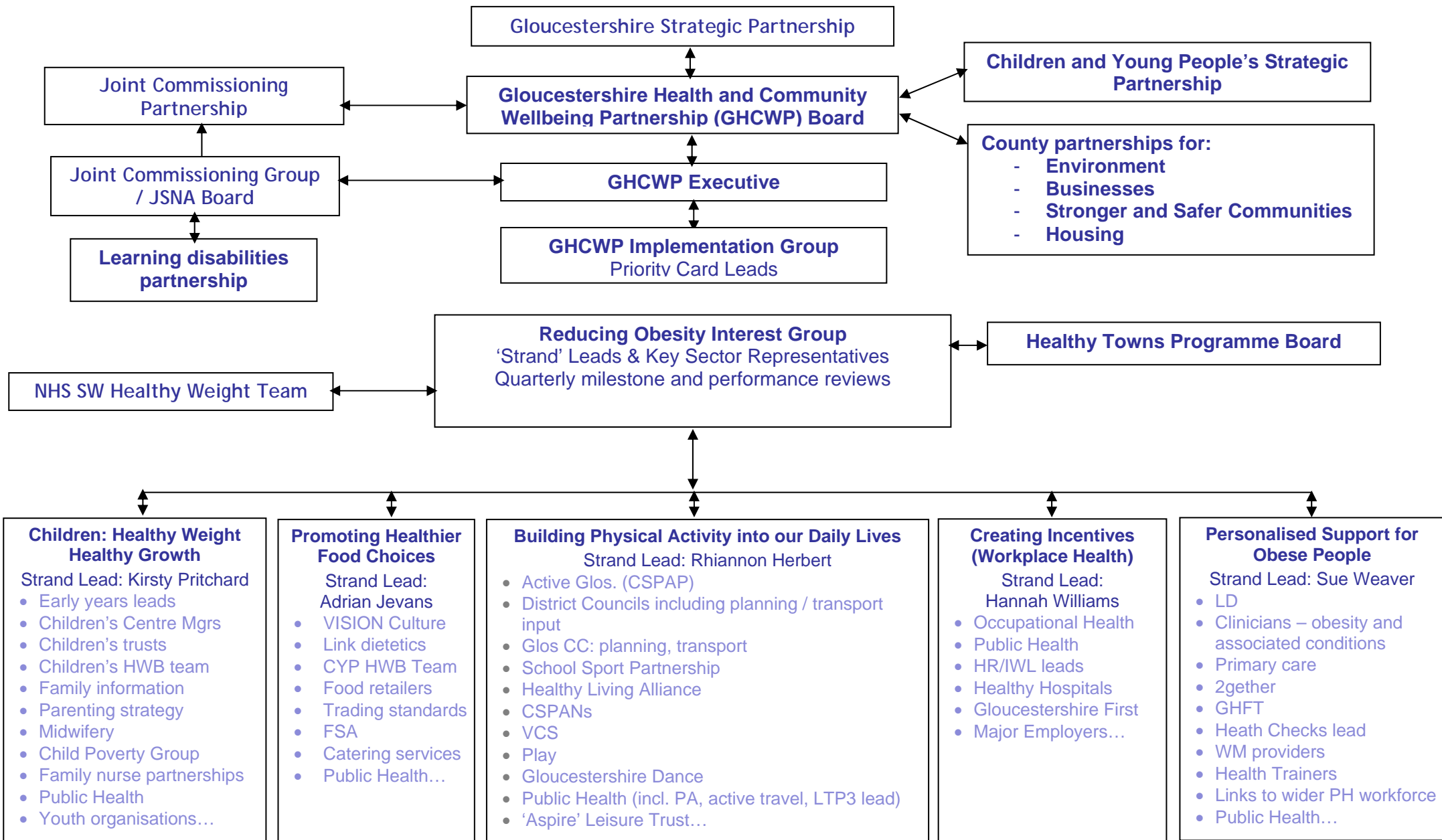


John Yarnold. Financial Director NHS Gloucestershire
(On behalf of Jan Stubbings. Chief Executive NHS Gloucestershire)

Date: 30th June 2010

This implementation plan will be updated in June 2011.

Reducing Obesity Programme Governance Structure



Guidelines for Choosing & Planning Interventions

All interventions and plans will be prioritised according to the following criteria:

1. There is robust evidence of need (e.g. linked to the Joint Strategic Needs Assessment)
2. There is robust evidence of effectiveness and improvements in health and wellbeing
3. There is scope for a reasonable number of people within the specified target group to benefit
4. There is evidence of cost effectiveness
5. Has the potential to have a significant impact on health inequalities
6. Addresses one or more strategic priorities or targets e.g. as indicated in Healthy Gloucestershire Priority Cards.
7. Demonstrates effective partnership working
8. Has undergone an equity impact assessment.

All interventions and plans will be implemented in line with the following quality standards:

1. Have a clearly defined aim, 'SMART' objectives and milestones
2. Adopt a 'whole family approach' where applicable
3. Comply with best practice guidance for health behaviour change
4. Clearly defined outcomes / success criteria, with a robust evaluation process identified from the outset
5. Delivered by trained staff with appropriate skills and competencies
6. Built on social marketing principles including local stakeholder and service user engagement
7. Seek first to do no harm i.e. doesn't produce weight loss at the expense of other aspects of health or wellbeing
8. Are client-centred, built around the needs and priorities of individuals, families and communities
9. Sustainable programme utilising existing networks, services and programmes where possible, and having a clear exit strategy from the outset
10. Comply with all relevant information governance legislation and policy.

Evaluation

For guidance on evaluating interventions within the healthy weight agenda please refer to the National Obesity Observatory Standard Evaluation Framework http://www.noo.org.uk/NOO_pub/evaluation or contact Sue Weaver at NHS Gloucestershire.

Strategic Targets and Key Performance Indicators

Area	Target	Indicators	Local Target for 2010/11	Data Source(s)
Obesity (adults)	<ul style="list-style-type: none"> Reduce the prevalence of obesity and morbid obesity among adults in Gloucestershire 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> No local target 2008 HSE prevalence: 24.9 % 	<ul style="list-style-type: none"> HSE modelled data to PCT and LA level GP practice data (QOF)
Obesity (children)	<ul style="list-style-type: none"> Halt the rise in childhood obesity with the expectation being a downward trend in levels of childhood obesity by 2013 (SHA 030) 	<ul style="list-style-type: none"> NI 55: prevalence of obesity in reception aged children (%) NI 56: prevalence of obesity in year 6 children (%) VSB09: Obesity among primary school age children 	<ul style="list-style-type: none"> No local target for obesity prevalence 2008/09 obesity prevalence: <ul style="list-style-type: none"> - 7.76% reception (NI 55) - 15.9 % year 6 (NI 56) 	<ul style="list-style-type: none"> NCMP obesity prevalence data to PCT and school level
	<ul style="list-style-type: none"> Measure at least 85% of eligible children in reception and year 6 via the National Children's Measurement Programme (NCMP) 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Target for NCMP coverage is 85% for both year groups 2008/09 coverage: <ul style="list-style-type: none"> - 85% reception - 81.9 % year 6 	<ul style="list-style-type: none"> NCMP coverage data to PCT and school level
Eat well (adults)	<ul style="list-style-type: none"> Have the highest levels of fruit and vegetable consumption in England by 2013 (SHA 008) 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 2008 HSE % 'healthy eating adults': 31.0% 	<ul style="list-style-type: none"> HSE data modelled to PCT and LA level Health Acorn to postcode
Eat well (children)		<ul style="list-style-type: none"> NI 52: Uptake of school lunches 	<ul style="list-style-type: none"> No local target 2010 % children eating school meals: <ul style="list-style-type: none"> - Primary school 30% - Secondary school 37% - Special school 51% 	<ul style="list-style-type: none"> HSE data on fruit and vegetable consumption (national level) Online Pupil Survey to year group Local monitoring data for school lunch uptake Health Acorn to postcode
		<ul style="list-style-type: none"> LI 08: Percentage of schools achieving healthy schools status LPICYP101.1: Percentage of schools achieving healthy schools plus 	<ul style="list-style-type: none"> Target for healthy schools: 93% by March 2010 (achieved) Target for healthy schools plus: 50% by Dec 2010 	<ul style="list-style-type: none"> Local monitoring data

		<ul style="list-style-type: none"> LPICYP101.1: Percentage of schools engaged in the enhanced healthy schools model 		
Physical activity (adults)	<ul style="list-style-type: none"> Raise the levels of physical activity in the population in Gloucestershire to 50% in men and 40% in women by 2013 (SHA 009) 	<ul style="list-style-type: none"> NI 8: the percentage of adults that engage in regular sport and physical activity ('active recreation') for at least 3 x 30 minutes per week (Active People's Survey) 	<ul style="list-style-type: none"> 26.5 % (Active People Survey) APS 2010 prevalence: 17.2% APHO 2008/09 prevalence: 12.3% 	<ul style="list-style-type: none"> Active People's Survey (to PCT and LA level) to indicate % adults reporting 5 x 30 minutes a week APHO data (to PCT and LA level) modelled from Active People's Survey data to indicate % of adults achieving recommended 5 x 30 minutes 'active recreation' a week Health Acorn to postcode
Physical activity (children)	<ul style="list-style-type: none"> Increase the number of children and young people who achieve the levels of physical activity recommended by the CMO (2009) 	<ul style="list-style-type: none"> NI 57: CYP receiving 2 hours of quality curriculum PE and sport weekly 	<ul style="list-style-type: none"> APHO data (2007/08) prevalence of children achieving 2 hours a week: 90.2% APHO data (2007/08) prevalence of children achieving 3 hours a week: 53.2% 	<ul style="list-style-type: none"> APHO data (to PCT and LA level) Health Acorn to postcode Online pupil survey to year group
		<ul style="list-style-type: none"> NI 198: numbers of children travelling to school actively (walking or cycling) - mode of transport usually used 	<ul style="list-style-type: none"> NI 198: 26.2% 	<ul style="list-style-type: none"> School census data (mode of travel to school)
Breastfeeding	<ul style="list-style-type: none"> Increase the prevalence of breastfeeding at 6-8 weeks from birth, particularly those in areas of high deprivation 	<ul style="list-style-type: none"> VSB11: NI 53: 	<ul style="list-style-type: none"> Refer to breastfeeding strategy 	<ul style="list-style-type: none"> Local breastfeeding data
Other linked targets and indicators	<ul style="list-style-type: none"> NI 120: All age, all cause mortality rate VSB02: Mortality rates from CVD in people aged under 75 years Mortality rates from cancer in people aged under 75 years (VSB03) Per capita reduction in CO₂ emissions in the LAA area (NI 186) Planning to adapt to climate change (NI 188) Increase access to services by public transport, walking and cycling (NI 175). 			

PART ONE: STRENGTHENING DELIVERY

1.1 LEADERSHIP AND GOVERNANCE

IMPROVEMENT ACTIVITY

- To strengthen the leadership and governance structures for reducing obesity in Gloucestershire

RELEVANT TARGETS AND KPIS

SHA 030; NI 55; NI 56; VSB09;

NCMP childhood obesity data; HSE and local adult obesity data; Active People's Survey Data; HSE food and physical activity data;

OUTCOMES

- There is senior level buy-in to the reducing obesity agenda across the partnerships
- Clearly identified responsibility for actions with overall leadership and governance agreed by all parties
- Local partnership and accountable bodies boards are aware of relevant targets and any risks to achieving them
- Any risks affecting the delivery of this agenda are identified early and corrective action plans are implemented.

WHAT WILL BE DONE	IN-YEAR STEPS TO IMPLEMENTATION	TIMESCALE	OUTPUTS	WHO IS RESPONSIBLE
a) Review governance structure and performance monitoring arrangements, including assurances and controls, reporting and communication channels	<ul style="list-style-type: none"> Review current arrangements and make recommendations (July 2010 meeting) - consider one 'strategic group' linking with 'strand-specific implementation groups' in place of current programme board / implementation group Consult with relevant stakeholders Implement revised structure for 6 months and review Agree best mechanism for linking with QIPP agenda 	<p>July 2010</p> <p>Sept 2010</p> <p>March 2011</p>	<ul style="list-style-type: none"> Minutes of meetings Governance structural chart (including links to GHCWP) Quarterly performance monitoring charts Assurance framework / risk registers 	<p><u>Lead:</u> Chair of Programme Board</p> <p><u>With:</u> Reducing Obesity Sponsor, Outcome Leads and Chair of Implementation Group</p>
b) Revise the membership and terms of reference of the Reducing Obesity Programme Board, Implementation Group and themed delivery	<ul style="list-style-type: none"> Draft revised TOR and membership Implement revised group(s) for 6 months and review Agree regular chair for sub-group meetings Identify QIPP lead within reducing obesity agenda Embed QIPP into terms of reference and 	<p>Sept 2010</p> <p>March 2010</p> <p>Sept 2010</p> <p>July 2010</p>	<ul style="list-style-type: none"> Minutes of meetings Terms of reference Membership lists 	<p><u>Lead:</u> Chair of Programme Board</p> <p><u>With:</u> Reducing Obesity Sponsor, Outcome Leads and Chair of Implementation Group</p>

groups	meeting agendas	July 2010 onwards		
c) Clarify roles and responsibilities within the reducing obesity and physical activity agendas including senior sponsors and overall strategic lead	<ul style="list-style-type: none"> Agree roles and responsibilities and communicate to all stakeholders Send formal invitations to each lead to key stakeholders to secure commitment and clarify roles and responsibilities, and asking each stakeholder to agree a statement of commitment / contribution 	Oct 2010 Oct 2010	<ul style="list-style-type: none"> Governance structural chart Board and group membership lists Stakeholder and lead 'job descriptions' 	<u>Lead:</u> Chair of Programme Board <u>With:</u> Reducing Obesity Sponsor, Outcome Leads and Chair of Implementation Group
d) Clarify the funding approach, from the various stakeholders, around reducing obesity and physical activity agendas	<ul style="list-style-type: none"> Identify resources needed, and committed, for implementation plan delivery (and any gaps) Agree priorities according to agreed criteria set out above (align to QIPP) Identify opportunities to secure other sources of funding, to pool funds or to deliver interventions differently where there are gaps in funding 	Dec 2010 Dec 2010 Ongoing	<ul style="list-style-type: none"> Funding framework for reducing obesity and increasing physical activity 	<u>Lead:</u> Chair of Programme Board <u>With:</u> Reducing Obesity Sponsor, Outcome Leads and Chair of Implementation Group
e) Clarify the role of the voluntary and community sector in contributing to reducing obesity and supporting physical activity	<ul style="list-style-type: none"> VCS obesity steering group and PH commissioning lead for obesity to identify ways to strengthen, align, and embed VCS contribution to reducing obesity 	Dec 2010	<ul style="list-style-type: none"> VCS mapping Meeting minutes (VCS obesity group) Project evaluation reports 	<u>Leads:</u> Manager, GAVCA with PH Manager (Obesity Commissioning: NHSG) <u>With:</u> Reducing Obesity Sponsor, Outcome Leads and Chair of Implementation Group
f) Develop and support an effective local needs-led infrastructure for developing, coordinating and delivering community sport and physical activity	<ul style="list-style-type: none"> Continue to support the evolution of Community Sport and Physical Networks (CSPANs) to provide the key delivery mechanism for sport and physical activity at a local level 	Dec 2010	<ul style="list-style-type: none"> Structural chart Terms of reference Minutes of meetings 	<u>Lead:</u> Partnerships Manager (Active Gloucestershire) <u>With:</u> District Councils Health and Wellbeing Partnerships, NHS Confederates, NHS G, Aspire Leisure Trust, County Council, VCS

1.2 STRATEGY PLANS AND DELIVERY

IMPROVEMENT ACTIVITIES:

- To refresh the countywide obesity strategy and implementation plan
- To develop a countywide physical activity strategy and implementation plan.

RELEVANT TARGETS AND KPIS

SHA 030; NI 55; NI 56; VSB09; VSB02; SHA09; NI 8

NCMP childhood obesity data; HSE and local adult obesity data; Active People's Survey Data; HSE food and physical activity data;

OUTCOMES

- PCTs in conjunction with LAs have well developed local plans in place to tackle obesity
- A shared vision for Gloucestershire for reducing obesity and becoming more physically active
- Partners at all levels have ownership of the relevant targets and milestones and are clear about their role in achieving them
- Risks have been identified and corrective measures are in place.

WHAT WILL BE DONE	IN-YEAR STEPS TO IMPLEMENTATION	TIMESCALE	OUTPUTS	WHO IS RESPONSIBLE
a) Refresh countywide reducing obesity strategy and implementation plan	<ul style="list-style-type: none"> • [Peer review to took place April 2010] • Review Reducing Obesity Implementation Plan in line with recommendations of the SW Healthy Weight peer review and evidence base • Submit revised reducing obesity implementation plan to GOSW • Share peer review findings with wider partnership (GHCWP) and stakeholders • Agree local targets for reducing obesity (adults and children) • Revise obesity strategy in line with peer review recommendations • Undertake QIPP review and equity impact assessment of strategy and plans and agree key priorities accordingly • Share revised strategy and plans with wider partnership and stakeholders • Refresh 'steps to implementation' annually and implementation plan objectives every 3 	<p>June 2010</p> <p>June 2010</p> <p>July 2010</p> <p>Dec 2010 Dec 2010</p> <p>Jan 2010</p> <p>Next refresh June 2011</p>	<ul style="list-style-type: none"> • Final peer review report received • Partners aware of outcomes of peer review • Reducing obesity implementation updated in line with recommendations of peer review • Updated reducing obesity strategy in place and shared with partners including GOSW • Endorsement by GHCWP and senior sponsor (from GHCWP Board) • Quarterly performance reviews to GHCWP. 	<p><u>Lead:</u> Chair of Programme Board</p> <p><u>With:</u> NHS G obesity lead; Reducing Obesity Sponsor and Outcome Leads</p> <p><u>Key Links</u> Children and Young People's Strategic Partnership; Healthy Towns Programme Board; NHS South West Healthy Weight Team; GHCWP; Reducing obesity group and sub-groups; Localities (LA and PBC)</p>

	years			
b) Develop a countywide physical activity strategy and implementation plan	<ul style="list-style-type: none"> Identify examples of good practice from comparable local areas e.g. NHS Devon Encourage partnership to sign-up to The Toronto Charter for Physical Activity: A Global Call for Action Agree approach and responsibility for development of PA strategy and action plan Develop strategy and action plan 	<p>July 2010</p> <p>July 2010</p> <p>Sept 2010</p> <p>Dec 2010</p>	<ul style="list-style-type: none"> Physical activity strategy and implementation plan that all partners are signed up to 	<p><u>Lead:</u> Chair of Programme Board with Obesity Lead (NHSG) and PA Lead (Active Gloucestershire)</p> <p><u>With:</u> Local authorities, Aspire Leisure Trust, NHSG, GCC, U of G</p>
c) Identify other local strategies, policy frameworks and services that have an impact on the healthy weight agenda and develop links with relevant strategic groups	<ul style="list-style-type: none"> Develop and implement mechanisms to raise awareness and ensure appropriate links between reducing obesity and physical activity plans and pathways and others that impact on the healthy weight agenda 	<p>Dec 2010 (ongoing)</p>	<ul style="list-style-type: none"> Local strategies, plans and pathways that impact on obesity or physical activity are aligned to these agendas 	<p><u>Lead:</u> Chair of Programme Board and Obesity Lead (NHSG)</p> <p><u>With:</u> Reducing Obesity Sponsor, Outcome Leads and Chair of Implementation Group NHS SW Healthy Weight and PA Coordinators; Public Health Directorate</p> <p><u>Key links:</u> Children's Plan, Healthy Gloucestershire, Parenting Strategy, Breastfeeding Strategy, Mental Health Strategy, Alcohol Strategy</p>
d) Agree local targets for reducing obesity where these do not already exist	<ul style="list-style-type: none"> Explore scope to disaggregate targets e.g. to individual children's centres, schools, PBC confederations or local authorities 	<p>Dec 2010</p>	<ul style="list-style-type: none"> Monitoring data 	<p><u>Lead:</u> Chair of Programme Board</p> <p><u>With:</u> Reducing Obesity Sponsor, Outcome Leads; Implementation Group; Obesity Lead (NHSG); PBC Confederations; Local Authorities and Children's Centres</p>

1.3 NEEDS ASSESSMENT AND PRIORITISATION

IMPROVEMENT ACTIVITY

- To improve the use of the e-JSNA and other sources or intelligence to inform and monitor future strategy and delivery

RELEVANT TARGETS AND KPIs

SHA 030; NI 55; NI 56; VSB09; VSB02; SHA09; NI 8;

NCMP childhood obesity data; HSE and local adult obesity data; Active People's Survey Data; HSE food and physical activity data; Online Pupil Survey;

OUTCOMES

- A clear understanding of the prevalence of obesity (and trends), in adults and children, and the behaviours that contribute to it across the local area
- Good quality data and intelligence used to prioritise interventions and to target support at those in greatest need
- A coordinated approach to data collection and sharing
- Reduction in health inequalities
- Resources used cost-effectively.

WHAT WILL BE DONE	IN-YEAR STEPS TO IMPLEMENTATION	TIMESCALE	OUTPUTS	WHO IS RESPONSIBLE
a) Ensure the e-JSNA and other sources of local intelligence are used to inform local strategy, plans and priorities	<ul style="list-style-type: none"> • Contribute to commissioning briefings for localities and PBC confederations • Review sources of local data relevant to reducing obesity and physical activity and identify gaps • Develop action plans to address principal gaps in local data, including baseline data on adult obesity • Ensure key stakeholders are aware of the e-JSNA and other sources of intelligence, and know how to access and make use of them • Use e-JSNA and other sources of local data and soft intelligence to set strategic aims and objectives during strategy and implementation plan refresh, and to identify priority groups for targeting • Review findings of the 2010 on-line pupil survey (OPS) and use to inform and monitor healthy weight agenda • Use Health Acorn and obesity cluster 	<p>June 2010 and as required Sept 2010</p> <p>Oct 2010</p> <p>Dec 2010</p> <p>Sept 2010</p> <p>Sept 2010</p> <p>Sept 2010</p>	<ul style="list-style-type: none"> • Members of reducing obesity implementation group aware of e-JSNA and other sources of intelligence and how to use them • Refreshed strategy and implementation plans include clearly defined priorities informed by local intelligence • Evidence that health inequalities data has been used to prioritise programmes and services • A multi agency intelligence network with agreed information sharing protocols 	<p><u>Lead</u>: Chair of Programme Board</p> <p><u>With</u>: Reducing Obesity Sponsor, Outcome Leads and Chair of Implementation Group; Public Health Directorate (intelligence lead); PH Social Marketing Lead; PH Obesity Lead; PBC Confederates</p>

	segmentation data to understand local pattern of behaviours that contribute to obesity and to target interventions			
b) Strengthen local data collection where there are gaps	<ul style="list-style-type: none"> Review systems for collection of adult obesity data Develop system for monitoring adult obesity data collected via NHS Health Checks 	<p>July 2010</p> <p>Sept 2010</p>	<ul style="list-style-type: none"> More robust local adult obesity data to inform and monitor strategy and plans 	<p><u>Lead</u>: Chair of Programme Board</p> <p><u>With</u>: Public Health Directorate intelligence and social marketing leads</p>
c) Increase the % of eligible children taking part in the National Child Measurement Programme (NCMP)	<ul style="list-style-type: none"> Embed delivery of the NCMP into the core service specification for public health nursing services Review 2009/10 school year coverage rate and implement action plan as necessary Use 2008/09 NCMP school level data to target health improvement interventions within schools / associated children's centres with highest obesity levels 	<p>July 2010</p> <p>Sept 2010</p> <p>Sept 2010</p>	<ul style="list-style-type: none"> More robust local children's obesity data to inform and monitor strategy and plans NCMP data available to all schools and CCs Schools and CCs understand the NCMP data and implications for their work 	<p><u>Lead</u>: NCMP Commissioning Lead (NHSG) and NCMP Provider Lead (GCS)</p> <p><u>With</u>: Public Health Directorate (intelligence lead); CYP HWB Team, Childrens Centres, Primary Schools, Community Health Trainers</p>

1.4 BUILDING CAPACITY AND CAPABILITY

IMPROVEMENT ACTIVITY

- To support the development of knowledge, skills and confidence and increase 'buy-in' among the 'wider public health workforce' i.e. individuals and organisations involved in strategy and delivery around reducing obesity

OUTCOMES

- Local individuals and teams who understand their role in the healthy weight agenda and confident and competent in fulfilling it

WHAT WILL BE DONE	IN-YEAR STEPS TO IMPLEMENTATION	TIMESCALE	OUTPUTS	WHO IS RESPONSIBLE
a) Develop and implement a workforce development plan for reducing obesity	<ul style="list-style-type: none"> Identify health practitioners, community workers and others who have a role in supporting people to adopt healthy lifestyles Identify or develop competencies for reducing obesity (e.g. in raising the issue, brief intervention, motivational interviewing, signposting and weight management treatment) Work with PH colleagues to identify / develop, deliver and evaluate skills-based training (and the mechanisms to support those trained to maintain their skills) Develop and deliver an entry level 'healthy lifestyles' training / qualification for key practitioners, starting with early years (e.g. HENRY) Identify or develop toolkits and other resources (e.g. website) to help those identified above to support people to adopt healthy lifestyles e.g. packed lunch toolkit, breakfast toolkit, C4L toolkits, and Let's Get Moving resources Embed key messages and core skills training within staff induction (all relevant NHS and LA staff). 	<p>Ongoing</p> <p>Dec 2010</p> <p>March 2011</p> <p>March 2010</p> <p>March 2011</p> <p>March 2011</p>	<ul style="list-style-type: none"> Training database (numbers and skills of trainees) Competencies framework Training packs and tools Induction timetables 	<p><u>Lead</u>: Public Health NHSG with workforce development leads (NHSG and GCC)</p> <p><u>With</u>: Adult Education, University of Gloucestershire' NHS South West, HENRY, GCC, Active Gloucestershire, Glos. Food Vision, GHNHSFT (dietetics etc), 2gether FT, GCS, VCS, Primary Care, Healthy Workplace Lead, HR and IWL leads of major statutory employers</p> <p><u>Key Links</u> NHS Health Checks Community Health Trainers Workplace health agenda</p>

1.5 COMMUNICATION AND SOCIAL MARKETING

IMPROVEMENT ACTIVITY

- To improve the coordination of communication around reducing obesity (including stakeholders, professionals and the public)
- To strengthen engagement and service user feedback feeding into cycle of continuous improvement
- To apply a social marketing approach to all healthy weight related work.

OUTCOMES

- Wider stakeholder involvement and endorsement
- Increased awareness of the strategy and implementation plan among stakeholders
- All interventions and messages are tailored to meet the needs of local communities
- Public and professionals aware of key messages and services and how to access the information and support they require.

WHAT WILL BE DONE	IN-YEAR STEPS TO IMPLEMENTATION	TIMESCALE	OUTPUTS	WHO IS RESPONSIBLE
a) Develop a communications and social marketing plan for reducing obesity	<ul style="list-style-type: none"> • Identify a communications lead to support reducing obesity • Explore scope to use Healthy Foundations social marketing tool • Draft plan • Consult with local stakeholders • Sign-off by GHCWP • Contribute to regional and national workshops or sharing best practice • Develop healthy weight sections of the NHSG website 	Sept 2010 Oct 2010 Oct 2010 Nov 2011 Dec 2011 Ongoing Sept 2010	<ul style="list-style-type: none"> • Communications plan in place • Implementation plans, details of services and key messages accessible to stakeholders, professionals and the public • Local case studies / success stories written up, shared and submitted to SW Healthy Weight hub 	<u>Lead:</u> Chair of Programme Board and designated communications lead <u>With:</u> Communications and social marketing leads (NHS G); GUIDE/PALS and reducing obesity group
b) Strengthen local delivery of the Change 4 Life programme including new target groups (45-65 year olds, pregnant women and under 2's)	<ul style="list-style-type: none"> • Identify a Change 4 Life (C4L) champion for each reducing obesity sub-group • Embed C4L as rolling agenda item for obesity strategy implementation group • Raise awareness of the C4L programme with community groups and local providers and stakeholders to encourage sign up to the local and promotion of the messages 	July 2010 Oct 2010 Ongoing	<ul style="list-style-type: none"> • Meeting minutes • Group membership • 	<u>Lead:</u> C4L lead (NHSG) <u>With:</u> Social marketing lead (NHSG) and obesity implementation group

1.6 EVALUATION AND MONITORING

IMPROVEMENT ACTIVITY

- To ensure all interventions are robustly evaluated and that examples of effective practice are shared

OUTCOMES

- All commissioned programmes are fully evaluated to demonstrate best value for money
- Clear indicators of success for all programmes
- Robust monitoring of performance to update and improve programmes.

WHAT WILL BE DONE	IN-YEAR STEPS TO IMPLEMENTATION	TIMESCALE	OUTPUTS	WHO IS RESPONSIBLE
a) Develop and implement an evaluation framework (or adapt DH version due July 2010) for reducing obesity and physical activity agendas	<ul style="list-style-type: none"> • Identify an evaluation and monitoring lead • Share DH national evaluation framework with relevant stakeholders • Develop links with relevant academic research centres to support evaluation • Agree a core dataset for reducing obesity and physical activity related interventions • Agree key performance measures and obtain board level sign off • Agree 'realistic evaluation' toolkit for healthy weight related interventions and share with partners 	July 2010 July 2010 Oct 2010 Oct 2010 Oct 2010 Dec 2010	<ul style="list-style-type: none"> • Core data collected by local providers indicating that priority groups are accessing services as intended • Healthy Towns Outcomes • Local service, programme and intervention evaluation reports and monitoring data • Contract and service level agreement monitoring data 	<u>Lead:</u> Obesity Lead (NHSG) <u>With:</u> Research lead (Public health NHSG); Provider organisations; Health Improvement Practitioners (NHSG); Health and Wellbeing Partnerships; U o Glos / UWE, Research and Development (GHFT) <u>Key Links</u> <ul style="list-style-type: none"> • DH national evaluation framework (July 2010) • Local evaluation tool (in development) • District level service specification including evaluation advice

PART TWO: CREATING AN ENVIRONMENT THAT PROMOTES HEALTHY WEIGHT

2.1 PHYSICAL ACTIVITY AND THE BUILT AND NATURAL ENVIRONMENT

IMPROVEMENT ACTIVITY

- To increase the use of planning around the built and natural environment, and transport, in order to facilitate physical activity and healthier eating

RELEVANT TARGETS AND KPIS

SHA 030; NI 55; NI 56; VSB09; VSB02; SHA09; NI 8

OUTCOMES

- An environment that supports physical activity (via implementation of NICE guidance on PA and the built environment)
- Increased number of people who have built more physical activity into their daily lives, with a particular focus on those from disadvantaged communities and those who are currently the least active
- Easier access to affordable healthier foods including fruit and vegetables, particularly within deprived neighbourhoods
- Less easy access to 'fast food outlets' in areas close to local schools
- More people achieving the recommended fruit and vegetable intake.

WHAT WILL BE DONE	IN-YEAR STEPS TO IMPLEMENTATION	TIMESCALE	OUTPUTS	WHO IS RESPONSIBLE
a) Embed and build on the work around planning and health impact into existing work streams	<ul style="list-style-type: none"> Continue to engage with planners around use of health impact assessments for all future building developments and facilities across the County with a view to increasing physical activity Share planning toolkit (commissioned by NHSG) with local and regional stakeholders Share ruling around planning, fast food outlets and proximity to schools with local stakeholders 	Ongoing Oct 2010 July 2010	<ul style="list-style-type: none"> Health impact toolkit for planners Health impact assessments 	<u>Lead:</u> Sustainability Lead Consultant in Public Health (NHSG) <u>With:</u> LA planners and architects; University of Bristol; NHS SW planning and PA lead <u>Key Links</u> Building Schools for the Future programme
b) Deliver Environment Strands of Tewkesbury Healthy Towns programme (Count Me In!)	Agree and implement plan for sharing learning and supporting roll-out from pilot interventions found to be effective in increasing physical activity levels or encouraging healthier eating	March 2011	<ul style="list-style-type: none"> Count Me In Evaluation 	<u>Lead:</u> Healthy Tewkesbury Programme Lead <u>With:</u> GHCWP;

2.2 TRANSPORT PLANNING AND ACTIVE TRAVEL

IMPROVEMENT ACTIVITY

- To increase the number of people who walk or cycle (or use public transport) to school or work

RELEVANT TARGETS AND KPIS

SHA 030; NI 55; NI 56; VSB09; VSB02; SHA09; NI 8

OUTCOMES

More schools children walking or cycling to school (or using public transport for longer journeys)

More people walking or cycling to work (or using public transport for longer journeys)

WHAT WILL BE DONE	IN-YEAR STEPS TO IMPLEMENTATION	TIMESCALE	OUTPUTS	WHO IS RESPONSIBLE
a) Develop and implement active travel plans across the partnership	<ul style="list-style-type: none"> Monitor and support schools receiving Department for Transport (DfT) "Walking to School Initiatives Grants" for Walking Buses and pupil centred incentive schemes Promote and engage with 100 plus schools each Walk to School Week 	Ongoing Ongoing	<ul style="list-style-type: none"> All schools and statutory organisations with active travel plans 	<u>Lead:</u> GCC and NHSG Active Travel Leads <u>With:</u> Children's Health and Wellbeing Team; GHCWP
b) Raise the profile of the links between improving health and wellbeing, active travel and carbon reduction targets across the partnership	<ul style="list-style-type: none"> Agree and implement action plan 	March 2011	<ul style="list-style-type: none"> Key stakeholders and local businesses being aware of the link between health and carbon reduction 	<u>Lead:</u> GCC and NHSG Active Travel Leads <u>With:</u> GHCWP; local business
c) Continue to embed health into key local authority documents including local transport plans (e.g. LTP3)	<ul style="list-style-type: none"> Build on the progress made in conducting a health impact assessment of local travel plans 	Ongoing	<ul style="list-style-type: none"> Health impact assessments have informed all local travel plans 	<u>Lead:</u> GCC and NHSG LTP Leads <u>With:</u> SW physical activity lead

2.3 DEVELOPING HEALTHIER SETTINGS

IMPROVEMENT ACTIVITY

- To develop healthier settings that encourage and enable people to adopt healthier lifestyles

TARGETS AND KPIS

NI 52; LI 08; LPICYP101.1

OUTCOMES

- More settings that encourage and enable healthy lifestyles
- Increased number of people who achieve the recommended levels of physical activity
- Easier access to affordable healthier foods including fruit and vegetables, particularly within deprived neighbourhoods
- Less easy access to 'fast food outlets' in areas close to local schools
- More people achieving the recommended fruit and vegetable intake.

WHAT WILL BE DONE	IN-YEAR STEPS TO IMPLEMENTATION	TIMESCALE	OUTPUTS	WHO IS RESPONSIBLE
a) Identify or develop and implement a Healthy Children's Centre programme across the county	<ul style="list-style-type: none"> Establish an H&WB Children Centres Focus Group Agree a Healthy Children Centre programme and provide training and support for its implementation and evaluation Consider extending to other early years settings across the county 	<p>Sept 2010</p> <p>Dec 2010 - ongoing</p> <p>March 2011</p>	<ul style="list-style-type: none"> Number of Children Centres working towards implementing the programme and using agreed audit tool to provide baseline information and identify priority areas 	<p><u>Lead:</u> Children's Health and Wellbeing Team Manager</p> <p><u>With:</u> Children's Centre Managers, Health Improvement Lead for children.</p> <p><u>Key Links</u> HENRY, Active Start and First Food Programme and to healthy eating award being piloted in Tewkesbury, Ofsted</p>
b) Support schools in achieving Healthy Schools and Healthy Schools Plus standards	<ul style="list-style-type: none"> Set up cluster group support for HS+/enhancement schools across the county Support HS+ schools as they move onto the enhancement model to ensure they continue to hold National Healthy School Status 	<p>March 2011</p>	<ul style="list-style-type: none"> % Of schools qualifying for healthy schools plus status % Of schools engaged in enhanced healthy schools model 	<p><u>Lead:</u> Children's Health and Wellbeing Team Manager</p> <p><u>With:</u> Schools, Health Improvement led for children</p> <p><u>Key Links</u></p>

	<ul style="list-style-type: none"> • Ensure robust quality assurance system in place through facilitating the QUAG and SWAG • Continue to populate the SW HS+ reporting tool to record this work • Support schools to use online HWIT to maintain their healthy schools status 			NCMP, Ofsted
c) Review and evaluate the progress of FE sector with Healthy FE programme	<ul style="list-style-type: none"> • Attend all meetings of the new H&WB Focus Group. • Visit all of the six FE Institutions • Write up the report and disseminate 	July 2010	Number of FE colleges that have signed on to the Excellence Gateway and used the Audit Tool to give feed-back	<u>Lead:</u> Children's Health and Wellbeing Team Manager <u>With:</u> FE colleges <u>Key Links</u> NEETS (Rob Rees), Connexions
d) Identify or develop a Healthy Workplace Award and implement in statutory organisations across the county	<ul style="list-style-type: none"> • Develop a healthy workplace Award for major statutory employers in Gloucestershire • Pilot Healthy Workplace Award scheme in Tewkesbury (CMI Sept 09-Mar 11) • Further extend healthy catering provision within major statutory employers 	March 2011	Number of workplaces who have achieved or are working towards the healthy workplace award	<u>Lead:</u> Healthy Towns Lead <u>With:</u> Healthy Workplace Lead (NHSG); GCC; District Councils, GHNHSFT <u>Key Links</u> Health Promoting Hospitals Group
e) Encourage food businesses (including retain outlets) to reduce HFSS foods and increase fruit and vegetables	<ul style="list-style-type: none"> • Pilot scheme in Tewkesbury Explore feasibility of implementing the C4L convenience store project in at least one store in a deprived area of Gloucester and Cheltenham 	March 2011 March 2011	Number of food businesses that have reduced HFSS foods and increased fruit and vegetables Number of convenience stores adopting C4L convenience stores programme	<u>Lead:</u> VISION Culture <u>With:</u> Trading Standards; Gloucestershire Food Vision; local food outlets <u>Key Links :</u> NHS South West Food & Health Lead;

PART THREE: HELPING PEOPLE MAKE HEALTHIER CHOICES

3.1 HEALTHY WEIGHT AND HEALTHY GROWTH (OBESITY PREVENTION FOR FAMILIES)

IMPROVEMENT ACTIVITY

- To encourage and enable families to adopt healthier lifestyles from the start

RELEVANT TARGETS AND KPIs

SHA 030; NI 55; NI 56; VSB09; VSB02; SHA09; NI 8: NI 53

County rates for uptake & duration of breastfeeding; School meals data; On-line Pupil Survey; 5 hour sport offer monitoring data; PESSYP data; NCMP data; School travel data

OUTCOMES

- Increased number of CYP physically active and eating a healthier diet, with a particular focus on those from disadvantaged areas/communities.
- Increased uptake of 'Healthy Start' milk and vitamins, particularly by target groups (Countywide uptake data)
- Reduced prevalence of obesity in reception age children and children at year 6

WHAT WILL BE DONE	IN-YEAR STEPS TO IMPLEMENTATION	TIMESCALE	OUTPUTS	WHO IS RESPONSIBLE
a) Develop and deliver a targeted obesity prevention programme for high risk families with children under the age of 11 years	<ul style="list-style-type: none"> • Implement HENRY train the trainer training for the first phased of early years workers • Develop implementation plan for HENRY (linking with C4L, Active Start, First Food Programme, breastfeeding and parenting programmes) • Start to implement HENRY to target families 	<p>Dec 2010</p> <p>Nov 2010</p> <p>Jan 2011</p>	<ul style="list-style-type: none"> • 2 local practitioners trained as HENRY 'trainers' • All local early years workers have accessed core skills training • One early years lead from 10 target Children's Centres have accessed group skills training • One 'Lets Get Healthy with HENRY' programme 	<p><u>Lead:</u> NHSG obesity lead</p> <p><u>With:</u> Public Health Nursing; Health Improvement Practitioner (Food and Health); Health Improvement Lead for Children (NHSG); Children's Health and Wellbeing Lead; NHS South West Early Years Lead; HENRY; Children's Centres; Parenting organisations</p> <p><u>Key Links</u> Healthy Child Programme; Start 4 Life programme; Active Start; First Food; Play Strategy; Parenting Strategy; NCMP; Extended Services;</p>

				Common Assessment Framework
b) Implement plans to increase the uptake of Healthy Start, particularly among teenage mothers and those living in the most deprived quintile areas	<ul style="list-style-type: none"> Establish baseline for uptake of Healthy Start, particularly among teenage mothers and those from areas of deprivation Engage early years settings to implement Healthy Start across the County Review uptake of healthy start, particularly among target groups 	March 2011	Proportion of eligible mothers who are claiming healthy start milk and vitamins	<p><u>Lead:</u> NHSG Health Improvement Lead for Children</p> <p><u>With:</u> Public Health Nursing; Children's Centres; Breastfeeding Peer Supporters; Maternity Services</p> <p><u>Key Links</u> Implementation of Healthy Child Programme; Start 4 Life programme; Breastfeeding Strategy</p>
c) Implement plans to increase the prevalence of breastfeeding at 6-8 weeks, particularly among mothers living in the most deprived quintile areas	<ul style="list-style-type: none"> See breastfeeding strategy and implementation plans 	N/A	See breastfeeding strategy and implementation plans	<p><u>Lead:</u> NHSG Health Improvement Lead for Children</p> <p><u>With:</u> Breastfeeding Governance Group</p> <p><u>Key Links</u> Implementation of Healthy Child Programme; Start 4 Life programme; HENRY</p>
d) Continue to implement the 5 hour offer ensuring all young people aged 5 - 19 years, including those with disabilities, have access to 5 hours appropriate physical activity opportunities	<ul style="list-style-type: none"> Ensure health is represented on each School Sports Partnership (SSP) Strengthen links between CYP Plans, SSP Plans and CSPAN plans Support SSPs to work with schools currently not achieving 2 hours high quality PE for all Support SSPs to extend and target provision to reach CYP who may not currently undertake sufficient activity for health Support Further Education Sports Coordinators (FESCos) to increase the activity levels of students to 3 hours 	March 2011	All schools achieving 2 hours PE for all All FE colleges working towards 3 hours physical activity for all All disabled children and their families aware of inclusive opportunities for sport and PA Number of families accessing short breaks through sport and PA	<p><u>Lead:</u> Active Gloucestershire</p> <p><u>With:</u> Children's Health and Wellbeing Team: Schools: FE colleges</p> <p><u>Key Links</u> Glos. Dance; Children and Young People's Plan;</p>

	<ul style="list-style-type: none"> • Support the Sport Unlimited programme • Increase number of inclusive opportunities across the county, for children with disabilities to access sport and PA • Continue to develop links with Gloucestershire Short-breaks Pathfinder Team to increase the number of families accessing short breaks through sport and physical activity provisions 		provision	
e) Develop and deliver District level play strategies	<ul style="list-style-type: none"> • See District Level Play strategies 	March 2011	District and Borough Council Play strategies monitoring and evaluation reports	<u>Leads:</u> District Councils <u>With:</u> Play Rangers
f) Strengthen and embed NCMP delivery	<ul style="list-style-type: none"> • Embed NCMP In public health nursing service specification • Implement parental feedback / proactive follow-up plan for 2010/11 school year using learning from 2009/10 to inform • Agree pathway and mechanisms for providing information and support for families who want it • Link with work around potential disaggregating of targets e.g. for coverage or obesity levels to schools, children's centres, local authorities 	June 2010 Sept 2010 Sept 2010	More parents aware of their child's weight status and seeking support if their child is not a healthy weight	<u>Lead:</u> NCMP Commissioning Lead (NHSG) and NCMP Provider Lead (GCS) <u>With:</u> Public Health Directorate (intelligence lead); CYP HWB Team, Children's Centres, Primary Schools, Community Health Trainers; HENRY
g) Continue to deliver the Active Start programme for 0-5 year olds and their families	<ul style="list-style-type: none"> • Encourage all Children Centres across the County to deliver the Active Start programme • Increase the capacity of the Active Start team to deliver in all Children's Centres across the county and other key early years providers • Support the development and implementation of the Active Start Toolkit 	Ongoing	All children's centres participating in Active Start Number of children and parents participating in Active Start Reported impact on families physical activity levels	<u>Lead:</u> Active Gloucestershire <u>With:</u> Children's Health and Wellbeing Team; Children's Centres; NHSG <u>Key Links</u> CYP Plan; HENRY; First Food Programme

3.2 BUILDING PHYSICAL ACTIVITY INTO OUR DAILY LIVES

IMPROVEMENT ACTIVITY

- To increase awareness of the importance of physical activity (and reducing sedentary behaviour) as a means of improving health and wellbeing
- To identify and support the reduction of barriers to being physically active (or factors encouraging sedentary behaviour)
To encourage and enable local people to build physical activity into their daily lives (and reduce levels of sedentary behaviour), particularly those who are currently the least active or most sedentary

RELEVANT TARGETS AND KPIS

SHA 030; NI 55; NI 56; VSB09; VSB02; SHA09; NI 8: NI 53

County rates for uptake & duration of breastfeeding; School meals data; On-line Pupil Survey; 5 hour sport offer monitoring data; PESSYP data; NCMP data; School travel data

OUTCOMES

Increased number of people meeting the recommended physical activity levels, with a particular focus on those from disadvantaged communities.

WHAT WILL BE DONE	IN-YEAR STEPS TO IMPLEMENTATION	TIMESCALE	OUTPUTS	WHO IS RESPONSIBLE
a) Embed targeted interventions that encourage and support people to build physical activity into their daily lives	<ul style="list-style-type: none"> • Audit current physical activity related work and strengthen those interventions that represent the best value for money • Agree an evidence based implementation plan for physical activity (cross reference section 1.2) focusing particularly on families with young children and those from disadvantaged communities • Continue to deliver Get Up, Get Out, Get Active social marketing campaign • Develop and implement training packages for staff supporting other to become active • Develop user focus groups to identify barriers to PA and test interventions and resources • Regularly update GUGOGA website to reflect the needs of those becoming active and those supporting others • Provide information about GUGOGA and physical activity to GP Practices for VRA 	March 2011	<ul style="list-style-type: none"> • Number of people accessing the website • Number of people accessing the training • Number of people on focus groups and insight gained • Number of people with medical conditions benefiting from a PA scheme • Number of people accessing Health Walks • Baseline and follow-up physical activity levels of those accessing interventions 	<p><u>Lead:</u> County Physical Activity Manager (Active Gloucestershire)</p> <p><u>With:</u> Local Authority PA Development Officers NHS Health Checks Health Trainers; Public Health PA lead; University of Gloucestershire</p> <p><u>Key Links</u> LTC pathways; Active Start; Play Strategy; Active Ageing; Physical Activity on Referral Schemes; NHS Health Checks; Aspire Leisure Trust</p>

	<ul style="list-style-type: none"> • Create links for existing provision to harness and utilise the benefits of the GUGOGA campaign • Evaluate the GUGOGA programme 			
b) Agree approach for embedding 'Let's Get Moving' (LGM) physical activity pathway (focusing on inactive adults) into wider healthy lifestyles agenda, by end Sept 2010	<ul style="list-style-type: none"> • Deliver CPD session to Public Health Network to raise awareness of LGM and engage partners in its local implementation • Undertake cost/benefit analysis of rolling out LGM (QIPP criteria) • Agree approach for implementing and evaluating LGM and start implementation 	<p>March 2010</p> <p>Oct 2010</p> <p>March 2011</p>	<ul style="list-style-type: none"> • District council participation in activity data • Number of professionals trained to deliver LGM • Number of people accessing support via LGM • Baseline and follow-up physical activity levels of those accessing interventions 	<p><u>Lead:</u> Public Health PA lead</p> <p><u>With:</u> Local Authority PA Development Officers NHS Health Checks; Health Trainers; County Physical Activity Manager (Active Gloucestershire); Primary Care</p> <p><u>Key Links</u> LTC pathways</p>
c) Create and promote opportunities for people to walk more often	<ul style="list-style-type: none"> • Link with Natural England's 'Walking for Health' to provide support existing walking programmes • Further enhance local walking opportunities, by working with Walk England and other key partners to identify potential best practice interventions 	<p>March 2011</p> <p>March 2011</p>	<ul style="list-style-type: none"> • New 'walks' and numbers of people accessing them • Baseline and follow-up physical activity levels of those accessing new walking opportunities 	<p><u>Lead:</u> County Physical Activity Manager (Active Gloucestershire)</p> <p><u>With:</u> Local Authority PA Development Officers NHS Health Checks Health Trainers; Public Health PA lead; Natural England; Walk England</p> <p><u>Key Links</u> LTC pathways; Active Start; Play Strategy; Active Ageing; Physical Activity on Referral Schemes; NHS Health Checks; Aspire Leisure Trust</p>
d) Promote dance as a key activity to help increase physical activity levels	<ul style="list-style-type: none"> • See Gloucestershire Dance implementation plan 	<p>March 2011</p>	<ul style="list-style-type: none"> • Numbers and demographics of people accessing dancing opportunities 	<p><u>Lead:</u> Gloucestershire Dance</p>

3.3 EAT WELL

IMPROVEMENT ACTIVITY

- To increase public awareness of the key 'Eat Well' messages
- To improve public access to healthier foods
- To help those at greatest risk of a poor diet to develop the skills and confidence to eat well.

RELEVANT TARGETS AND KPIS

SHA 030; NI 52; NI 55; NI 56; VSB09; VSB02; SHA08
 NCMP childhood obesity data; HSE food data; Online Pupil Survey;

OUTCOMES

- Increased proportion of the population eating a healthy diet, with a particular focus on those from disadvantaged communities
- Increased proportion of the population eating 5 or more portions of fruit or vegetables a day
- Increased average daily intake of fruit and vegetables.

WHAT WILL BE DONE	IN-YEAR STEPS TO IMPLEMENTATION	TIMESCALE	PERFORMANCE MEASURE	WHO IS RESPONSIBLE
a) Embed targeted interventions that encourage and support people to eat well	<ul style="list-style-type: none"> • Audit current 5-A-DAY and Eat Well work and strengthen those interventions that represent the best value for money • Agree an evidence based implementation plan for food and health work, focusing particularly on families with young children and those from disadvantaged communities • Continue to endorse and promote the Schools4Health Programme • Continue to deliver Food First Programme in CCs, linking with HENRY programme, Get Gloucestershire Cooking in schools • Build the support resources available (e.g. VISION Culture, GCC websites) • Continue to produce the Food & Health newsletter and disseminate to local partners, quarterly 	Sept 2010 Dec 2010 Ongoing Ongoing Ongoing Ongoing	<ul style="list-style-type: none"> • Number and demographics of people accessing eat well opportunities • Baseline and follow-up fruit and vegetable intake of those accessing interventions 	<u>Lead:</u> Health Improvement Specialist (Food & Health) <u>With:</u> Children's Health and Wellbeing Team, Gloucestershire Food Vision, Children's Centre, Health Improvement Lead for children, adult education, local food outlets and retailers. <u>Key Links</u> HENRY, Active Start, First Food Programme, healthy eating award being piloted in Tewkesbury, Ofsted
b) Improve quality and uptake of school meals	<ul style="list-style-type: none"> • Support schools to meet the food and nutrition based standards and increase the 	March 2011	<ul style="list-style-type: none"> • Uptake of schools lunches 	<u>Lead:</u> Children's Health and Wellbeing Team

and the quality of packed lunches brought in by children	<p>uptake of schools meals</p> <ul style="list-style-type: none"> Support schools to improve the standard of packed lunches brought in by children, using the packed lunch audit toolkit. 		<ul style="list-style-type: none"> Number of schools meeting the school meals standards Number of schools auditing their packed lunches providing pre and post data for evaluation Number of schools showing improvement in packed lunch scores 	<p><u>With:</u> Gloucestershire Food Vision; Schools; Parents</p>
c) Reduce food poverty and improve access to healthy food across Gloucestershire	<ul style="list-style-type: none"> Agree plan for assessing levels of food poverty and location of 'food deserts' in the County Develop proposal for addressing food poverty 	<p>Dec 2010 March 2011</p>	<ul style="list-style-type: none"> Mapping information Proposal (including identified resources) 	<p><u>Lead:</u> Gloucestershire Food Vision</p> <p><u>With:</u> Public Health; Districts</p>
d) Deliver and monitor the 'Eat Well' elements of the Healthy Towns Programme in Tewkesbury	<ul style="list-style-type: none"> Continue to support the existing delivery plan and develop an exit strategy to support local people to eat well 	<p>March 2011</p>	<ul style="list-style-type: none"> Count Me In Evaluation 	<p><u>Lead:</u> Healthy Tewkesbury Programme Lead</p> <p><u>With:</u> GHCWP; VISION Culture</p>

3.4 CREATING INCENTIVES FOR BETTER HEALTH (SUPPORTING PEOPLE TO BE HEALTHY AT WORK)

IMPROVEMENT ACTIVITY

- To support the implementation of the Healthy Workplace Strategy to encourage and enable people to adopt healthier lifestyles at work

TARGETS AND KPIS

SHA 030; VSB09; VSB02; SHA08; SHA09; NI 8; ; NI 55; NI 56;

OUTCOMES

- More workplaces that encourage and enable healthy lifestyles
- Increased number of people who travel actively to work and are more physically active (less sedentary) during the working day
- Easier access to affordable healthier meals, snacks and drinks in workplaces including fruit and vegetables and less easy access to HFFS meals and snacks
- More people eating more fruit and vegetables during the working day

WHAT WILL BE DONE	IN-YEAR STEPS TO IMPLEMENTATION	TIMESCALE	PERFORMANCE MEASURE	WHO IS RESPONSIBLE
a) Implement roll-out of Lighten-Up programme across statutory employers	<ul style="list-style-type: none"> Implement and evaluate Lighten-Up across for NHSG and partners' employees (evaluation plan underway with Price Waterhouse Cooper) 	March 2011	<ul style="list-style-type: none"> Number of employees accessing Lighten-Up courses Lighten-Up evaluation 	<u>Lead:</u> Lighten-Up Team <u>With:</u> Healthy Workplace Group; GHCWP; statutory employers;
b) Develop and implement a Healthy Workplace toolkit relevant to local organisations across Gloucestershire	<ul style="list-style-type: none"> See Healthy Workplace Strategy and implementation plans 	March 2011	<ul style="list-style-type: none"> Healthy Workplace Toolkit in place Number of employers implementing toolkit 	<u>Lead:</u> Healthy Workplace Coordinator (NHSG) <u>With:</u> Healthy Workplace Group; GHCWP; statutory employers <u>Key Links</u> C4L workplace toolkit
c) Support the implementation of healthy weight aspects of the healthy workplace priority action card	<ul style="list-style-type: none"> See Healthy Workplace Strategy and implementation plans 	March 2011	<ul style="list-style-type: none"> Healthy Workplace Strategy monitoring data 	<u>Lead:</u> Healthy Workplace Coordinator (NHSG) <u>With:</u> Obesity and Physical Activity Lead (NHSG); Active Travel Leads; Healthy Workplace Group; GHCWP; <u>Key Links</u> C4L workplace toolkit

PART FOUR: EFFECTIVE SERVICES FOR THOSE AT GREATEST RISK

4.1 PERSONALISED SUPPORT FOR THOSE WHO ARE OBESE

IMPROVEMENT ACTIVITY

- To provide information and support to help people who are overweight or obese to lose weight and improve their health and wellbeing in a sustainable way

TARGETS AND KPIS

SHA 030; VSB09; VSB02; SHA08; SHA09; NI 8; Online Pupil Survey

OUTCOMES

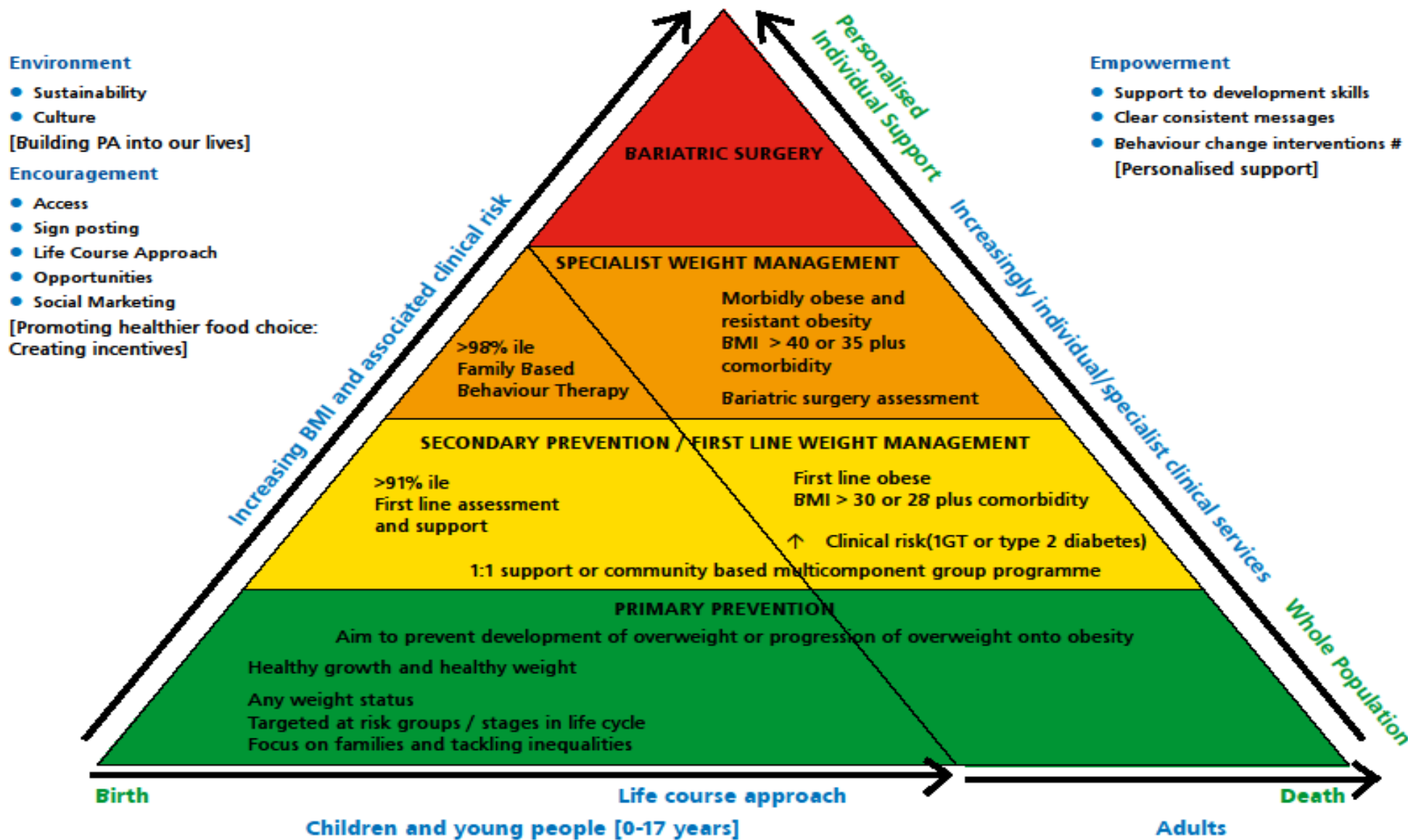
- Effective services to support people who are at high clinical risk because of their weight, to improve their health and wellbeing
- Increasing numbers of obese individuals are able to access appropriate weight management information and support
- Increasing proportion of obese individuals who access NHS weight management support achieving sustained weight loss and health improvement

WHAT WILL BE DONE	IN-YEAR STEPS TO IMPLEMENTATION	TIMESCALE	PERFORMANCE MEASURE	WHO IS RESPONSIBLE
a) Implement interventions and services for the secondary prevention and treatment of obesity (within healthy weight care pathway) for overweight and obese children and young people	<ul style="list-style-type: none"> • Review Shape Up for Success and MEND (Forest of Dean) and use to inform planning • Agree approach for embedding community based weight management support for families into wider healthy lifestyle agenda • Proceed with procurement of community based weight management support for obese children and young people 	<p>Dec 2011</p> <p>Jan 2011</p> <p>March 2011</p>	<ul style="list-style-type: none"> • Monitoring data (number and demographics of people accessing services and outcomes) 	<p><u>Lead:</u> NHSG obesity lead</p> <p><u>With:</u> Public Health Nursing; Community Health Trainers; Head of Health Improvement; PBC Confederates; Local Authorities; Children's Centres: GHNHSFT; primary mental health services; Learning Disability Teams</p> <p><u>Key Links</u> HENRY; NCMP; C4L; Integrated Healthy Lifestyles (planning); QIPP</p>
b) Implement interventions and services for the secondary prevention and treatment of obesity (within healthy	<ul style="list-style-type: none"> • Finalise procurement of Tier 3 weight management service (WMS) for morbidly obese adults • Review Cots DC community WM service pilot and TakeAway pilot and use to inform 	<p>July 2010</p> <p>Nov 2010</p>	<ul style="list-style-type: none"> • No. of interventions (service activity data) • Service outcomes • GP BMI register • Hospital admission data 	<p><u>Lead:</u> NHSG obesity lead</p> <p><u>With:</u> Public Health Nursing; Community Health Trainers; Head of Health Improvement;</p>

weight care pathway) for overweight and obese adults	<p>planning</p> <ul style="list-style-type: none"> Review 6 month performance of Tier 3 WMS against quality and activity targets Agree approach for embedding community based weight management support adults - linking in with support for families 	<p>March 2011 Dec 2010</p>	<ul style="list-style-type: none"> Conversion rates from Tier 2 to 3 Conversion rates from Tier 3 to 4 User satisfaction surveys 	<p>PBC Confederates; Local Authorities; GHNHSFT; smoking cessation services; primary mental health services; Learning Disability Teams</p> <p><u>Key Links</u> HENRY; NCMP; C4L; NHS Health Checks; Physical Activity on Referral Schemes; Integrated Healthy Lifestyles (planning); QIPP</p>
c) To utilise existing physical activity schemes to help support the obesity agenda	<ul style="list-style-type: none"> Ensure local physical activity referral schemes can deliver obesity prevention and management interventions Map capacity of physical activity referral schemes in relation to demand and develop plan to address pressures Ensure physical activity referral schemes are following best practice guidelines Ensure best practice is being shared across the county 	<p>March 2011</p>	<ul style="list-style-type: none"> Number, demographics and outcomes of those accessing referral schemes User satisfaction surveys 	<p><u>Lead:</u> Countywide Physical Activity Lead (Active Glos); NHSG obesity and PA lead</p> <p><u>With:</u> Healthy Living Alliance; weight management service providers; primary care; District Councils</p> <p><u>Key Links</u> NHS Health Checks; Integrated Healthy Lifestyles (planning)</p>
d) Develop a local healthy weight policy, including guidance on use of AOM and bariatric surgery	<ul style="list-style-type: none"> Review the prescribing of AOM and make recommendations to establish and improve its efficacy Agree policies and share with stakeholders 	<p>Dec 2010 March 2011</p>	<ul style="list-style-type: none"> Prescribing rates and outcomes Policies in place and known to key stakeholders 	<p><u>Lead:</u> NHSG obesity lead</p> <p><u>With:</u> Public Health Nursing; Community Health Trainers; Head of Health Improvement; PBC Confederates; Local Authorities; GHNHSFT; smoking cessation services; primary mental health services; Learning Disability Teams; medicines management; SWSCG</p> <p><u>Key Links</u></p>

				NICE; National Obesity Forum and SIGN best practice guidance
e) Develop obesity care pathways for key target groups e.g. maternal obesity, patients commencing anti-psychotic medication	<ul style="list-style-type: none"> • Develop care pathway for maternal obesity linking with C4L Programme for pregnant women • Develop healthy weight care pathway for patients commencing anti-psychotic medication 	Dec 2010 March 2011		<u>Lead:</u> NHSG obesity lead <u>With:</u> Public Health Nursing; Maternity Services; Community Health Trainers; Head of Health Improvement; PBC Confederates; Local Authorities; GHNHSFT; smoking cessation services; primary mental health services; Learning Disability Teams <u>Key Links</u> HENRY; NCMP; C4L; NHS Health Checks; Physical Activity on Referral Schemes; Integrated Healthy Lifestyles (planning); CEMACE report

APPENDIX 1: HEALTHY WEIGHT DELIVERY MODEL - TO BE UPDATED



GLOSSARY OF TERMS

AOM	Anti-obesity Medication e.g. Orlistat, Sibutramine	NHSG	NHS Gloucestershire (formerly Gloucestershire PCT)
BMI	Body Mass Index (means of estimating grade of obesity in adults)	NI	National Indicator
BMI Percentile	Body Mass Index Percentile (age and gender corrected means of estimating grade of obesity in children)	NICE	National Institute for Health and Clinical Excellence
CSPSPAN	Community Sport and Physical Activity Networks	PCT	Primary Care Trust
CYP	Children and Young People	PA	Physical Activity
GCC	Gloucestershire County Council	PESSYP	Physical Education and School Sport for young people
GCS	Gloucestershire Care Services	PSHE / PSE	Personal, Social and Health Education
GHCWP	Gloucestershire Health & Community Well-Being Partnership	SHA	Strategic Health Authority (i.e. NHS South West)
GHNHSFT	Gloucestershire Hospitals NHS Foundation Trust	VCS	Voluntary & Community Services
HCOP	Healthy Community's and Older People	VS	Vital Signs (national performance indicators)
KPI	Key Performance Indicator	WM	Weight Management
LAA	Local Area Agreement		
NCMP	National Children's Measurement Programme		