

Protecting and improving the nation's health

NEY Healthier Weight Intelligence Tool Background and development

September 2021

Introduction

- In October 2019 North East ADPH Healthy Weight and Physical Activity Network requested, through a LKIS forward planning process, a State of the Region Obesity Report
- NE LKIS team had published a series of State of the Region Reports
- Initial meeting held to start to scope this work which was then paused due COVID-19
- From April 2020 North East and Yorkshire and Humber PHE Centres came together as one NEY Region
- Opportunity for some joint working and collaboration across NEY

Policy context

Excess Weight and COVID-19: Insights from new evidence

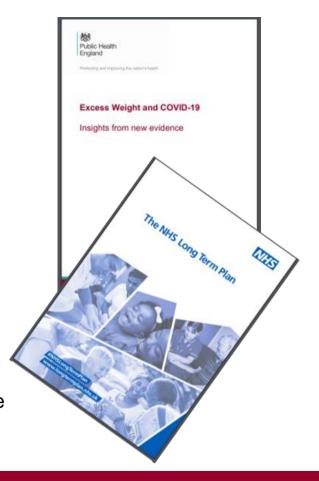
 People living with excess weight or obesity are at increased risk of serious complications and death from COVID-19

NHS Long Term Plan

- More NHS action on prevention and HI obesity included
- Digital access to WMS in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+
- Increased funding for NDPP

Tackling Obesity Policy Paper (July 2020)

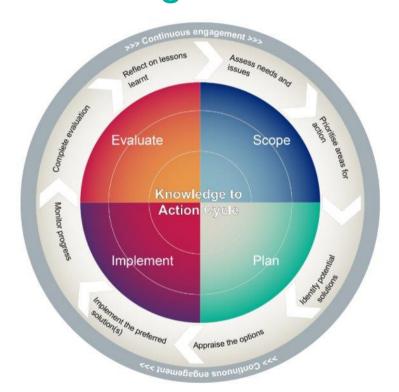
- Call to action with emphasis on prevention to proactively tackle the burden of preventable ill health
- Expansion of WMS for people living with obesity

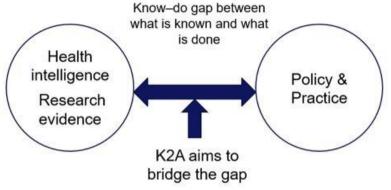


Development of a proposal

- Policy context and restart of implementation of the obesity commitments in the LTP (NHSE procurement of a digital WMS)
- Learning from previous State of the Region reports although very well received by stakeholders extremely time consuming to produce
- Developed a proposal for a product that:
 - would complement existing whole system work at place-based level
 - be more streamlined than a state of the region report using Power BI
- Steering group with NHS and LA partners to ensure product meets stakeholder needs

Knowledge to action cycle





It helps support us to:

Reach the **right** audience
At the **right** time
In the **right** format
With the **right** messages

Who?

Primary audience

- Health NHS colleagues (CCGs, PCNs, acute trusts, MH trusts, GPs etc.) and ICS senior leaders
 - Making the case for importance of addressing obesity as laid out in LTP
 - Impact of COVID-19 on health outcomes for people with raised BMI, diabetes, hypertension
 - Making the case for commissioning T3 and T4 WMS as part of locally integrated pathway
- Local authorities multiple departments, senior leadership team and elected members
 - Making the case for commissioning T1 and T2 WMS
 - Understanding and leading whole systems approach to addressing obesity

What?

- Resource to support organisations around planning, commissioning and delivery to reduce weight and reduce the gap in health inequalities associated with excess weight
 - Interactive visual PowerBI tool bringing together data & evidence into one place
 - Provides an overview of the national offer through to potential local interventions supported by the evidence base
 - Understanding of where a locality is and needs to be along a whole systems approach pathway

Why?

- High prevalence of and inequalities in excess weight in NEY
- A tool was needed to support:
 - Organisations to make the case to prioritise tackling excess weight across the life course through provision of knowledge and intelligence, supporting behaviour change and influencing policy and decision making in relation to commissioning services
 - The implementation of the LTP, Government Obesity Strategy
 - Conversations and engagement with other partners as part of the whole system approach

How?

- Launch webinar!
- Distribute via ICS, LA PH leads, PHINE network, NHS Provider Network
- What else would be useful??
 - e.g. a series of tailored briefing reports to accompany dissemination of PowerBI tool that can be shared at different levels with different partners?
 - Please put any ideas in the chat box as we go through the webinar

What next?

Beta version of the tool

Over to you to start to use it

Let us know what works, doesn't work, is or isn't useful

Feedback to LKISNorthEastandYorkshire@phe.gov.uk

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