

Lincolnshire Activity

1. Introduction

During compiling this report a number of partner organisations were contacted to identify what support was being offered in Lincolnshire and where there were gaps. It was noted that the impact of Covid 19 has curtailed some program plans and a full review of provision is needed to better assess what work has progressed and what may have slowed or ceased. The Healthy Weight Partnership has not met for over a year and the group has been paused due to the main leads for this area of work within LCC being re-deployed or no longer working for LCC.

2. Staff Training

Active Lincolnshire's offer a pre and post-natal programme, designed to give healthcare professionals in maternity services the awareness and confidence they need to promote the benefits of physical activity – both during and after pregnancy.. <https://www.activelincolnshire.com/what-we-do/in-health-wellbeing/pre-post-natal-physical-activity>

3. Children's Programs

3.1 Pre-Conception – No Service – Gap in provision

3.2 Ante-Natal Weight Management Service (ANWM) – At risk

The aim of the service is to provide information, advice and support for pregnant women with a BMI of 35+ to achieve a healthier lifestyle. It is not a weight loss programme as dieting during pregnancy is not recommended. It is about developing a healthier approach to eating and physical activity to manage weight more effectively.

Prior to Covid this service was delivered by a team of Family Health Workers, provided with additional training who offered a face-to-face service to women. However, it is currently delivered by the 0-19 transition to parent pathway lead over the telephone. Due to staffing challenges, they are the only provider of the service working 2-3 days per week, therefore unable to provide the service face to face, they are not able to meet demand for the service.

Women are identified and referred at 8-10 weeks gestation, and contact is usually made when they reach 16-18 weeks gestation. It is recommended that the intervention is provided over 7 sessions during the pregnancy, averaging one per month, although this depends on the needs of the woman. Recent feedback from women suggest that 7 sessions is too many, often they have complex health needs, so have multiple competing appointments, which women report leave them feeling bombarded with appointments, the ANWM is often dropped due to that. The service is due to stop by 36 weeks as the women have had their last weigh-in with midwifery and they are at higher chance of going into labour. The service provides a booklet at the first session which contains everything they need to know (see attached below).



Session Booklet July
2018.pdf

The measure of success is based on the KPI that was set when it was a commissioned service and managed under Phoenix and aims that 72% of attenders gain up to the recommended weight which is up to 9kg (for a singleton pregnancy) or 19kg (for a multiple pregnancy) by 36 weeks gestation.

The table below provides some recent data on numbers of referrals and those completed. Completed is deemed when women have had their first 3 sessions worth of information, as that level of information would enable them to make changes and be successful. However, many do not engage beyond the first contact. In addition, due to staff capacity many women are not offered the service which may account for the low number of completers.

Date of referral for ANWM	Amount of Referrals for ANWM	Amount of Package of care completed successfully
April 2021 – March 2022	318	70
April 2022 to date	79	3 so far

The ANWM service were aware of the Post Natal Weight Management (PNWM) service pilot described below and at the 6-8 week check a reminder would appear for the Health Visitor to promote the PNWM service. It was acknowledged that many women did not want support at that time.

As previously mentioned, the ANWM service was established many years ago and the transfer of health visiting from the NHS to the LA left this service as a legacy programme. Children's Services who are currently providing this offer, want it to cease due to current pressures on their service and the updated Healthy Child programme commissioning model does not include ANWM provision. This would leave us without an offer for ANWM and the cessation may cause some friction in the system.

It would be of value to review this programme to evaluate all the evidence including user feedback and to establish its effectiveness in helping women to achieve a healthy weight during pregnancy and to maintain that lifestyle for future pregnancies.

3.3 National Diabetes Prevention Programme (NDPP) - Active

The NDPP do not have a specific service for ante natal weight management, however if women have suffered with Gestational Diabetes at any point in the past, then they are eligible for their programme, this includes if their current blood glucose reading is normal. The reason being that women are 10 times more likely to go on to develop Type 2 Diabetes in the future without intervention.

Women who are pregnant are excluded on the referral criteria for the programme but can be referred by their Health Care Professional post-natal if they fulfil the remaining criteria.

Weight is obviously a significant contributory factor in this risk but not all these women are overweight or obese.

3.4 (Pilot) Post-Natal Weight Management Service (PNWM) – Ended June 2022

The Post-Natal Weight Management Service was grant funded by OHID, to develop a 12-month pilot. Delays to agreement sign-off meant that the pilot did not start until late September 2021 and was planned to run until 31st March 2022. However, an extension of 3 months allowed clients to enter the service up to and including 31st March and be supported until 30th June 2022. The pilot was provided by our commissioned integrated lifestyle service, One You Lincolnshire (OYL) only recently ending when proposed funding for future years was discontinued; data is still to be provided on the programme's efficacy.

The programme was introduced to women at 8 week postpartum to offer 12 weeks of support to help them to re-engage with a healthy weight programme. The PNWM programme offered support to women with a BMI of 30+ who had given birth within the last 12 months. Whilst still eligible for OYL's integrated lifestyle service, the PNWM pathway offered additional weekly 1:1 support from a healthy lifestyle practitioner.

The PNWM pathway included triage, which assessed the woman's eligibility for the service, before referral onto an adult weight management course such as Slimming World, Weight Watchers, or OYL's Lose Weight With. These courses have all been verified to meet the clinical requirements for post-natal weight management.

The triage team booked the woman into their first support telephone call from a healthy lifestyle practitioner who would introduce the pathway and offer weekly 1:1 support alongside the weight management referral. The details of each weight management option would be explained and discussed with the woman to assess their needs prior to them agreeing which WM course they would like to go on. Follow up calls were scheduled at intervals appropriate to the woman's needs and they would also be offered free access to "The Other Room Gym", an online bank of at home workouts that can be completed with little to no equipment. Access to a private Facebook group specific to the PNWM pathway was also made available to help build social support alongside the 1:1 practitioner support.

Helpful articles and posts were uploaded to this, and the group was moderated by the PNWM healthy lifestyle practitioner.

The PNWM healthy lifestyle practitioner continually assesses the woman's progress on their chosen AWM pathway with appropriate goal setting and help to facilitate behaviour change to help them achieve weight loss. If preferred the woman were offered other forms of communication such as texts or emails, as scheduling in phone calls at specific times could be challenging when taking care of a baby under 12 months of age.

Despite the short timescale of this pilot the 1:1 level of support offered by the PNWM healthy lifestyle practitioner has proved key in supporting a high level of clients achieve weight loss on this programme. Allowing self-referral onto the programme was seen vital to the higher than anticipated referral numbers achieved, particularly as referrals from GP's, health visitors and partner services were lower than initially anticipated. Early reports showed self-referral equating to 75% of total with on average, 15 referrals being received per month into this service. It was hoped that had the PNWM programme continued this number would have increased with better established links to external referrers.

4. Schools and Early Years Settings

4.1 [Food Education Team \(FET\)– Health and Wellbeing](#), - Active

NB: this is a service offered by LCC to schools that pay.

The FET provides information, support and practical tools to help schools which covers all aspects of food education and catering advice to support health and wellbeing.

- A free initial telephone or Teams conversation to gain an insight into how food provision and education works in the school and a talk through some of the main areas where they can help the school improve.
- Embedding a whole school approach to school food they offer a complete package of 12 months support including a review of the school's food provision and food education, compliance with the mandatory School Food Standards, staff and governor training, parental engagement, policies and resources to help school leaders to embed a positive school food culture and increase meal take up.
- School food standards certification three or six week menu – can be done on site or remotely. Full compliance review and recommendations for sugar reduction/increased fibre/product swaps to support children's health and oral health.
 - Will request menus, product specification and recipes.
 - Certificate and log provided for full compliance.
- School food standards on site or video training - training for staff and governors on embedding whole school approach to food, school food standards, compliance and recommendations to support children's health and oral health.
- MSA on-site or video training- CPD for lunchtime staff teams emphasising importance of MSA role in children's health and education, school food standards, managing lunchtimes effectively, tackling fussy eaters and encouraging children to eat well.
- School food and lunch dining review on site and report and action plan - detailed review of all food provided across the day (breakfast club, tuck shop, snacks, lunches and after school clubs) and lunchtime food and dining routines.
 - Recommendations on site and follow-up report, action plan and signposting provided.
- Bespoke support - a wide range of bespoke services to support food education and provision, including:
 - School catering recruitment
 - Menu setting support
 - Catering team support
 - Free School Meals training or 1-2-1 sessions
 - Marketing support
 - Pupil voice and parental engagement

The FET are currently funded through public health to review and improve food provision and food education in eight Early Years Settings across Lincolnshire. There is a high prevalence of dental decay in 2- to 4-year-olds, which is the key focus, however, the messages are also relevant to tackling

childhood obesity. This is delivered via staff training, parental engagement, menu checking, developing and embedding food policies and general advice/support.

For the last few years, FET have provided a School Food Standards Certification Scheme, where we recognise compliance with the standards but also best practise such as sugar, salt and fat reduction, increased fibre, increased fruit and vegetable consumption etc. They check lunches as well as all other food served across the day including wraparound provision and snacks.

FET offer frequent “School Food Bites” webinars for school cooks, governors, head teachers and all school staff on all aspects on school food and drink provision and education e.g. junk food marketing, what a good dining experience looks like, governors’ responsibilities for school food, free school meals etc.

Launched in June 2022, the FET have introduced a support package for schools to develop and embed their school food vision. This package includes:

- Unlimited advice and support on whole school approaches to food
- Training on school food standards
- Midday Supervisor training on a range of issues, including tackling fussy eaters.
- FET attendance at parents evening, open events, etc.

Inequalities in Provision - One known gap is packed lunch brought from home – schools frequently ask FET for guidance as packed lunches are often poor quality and contain many items high in fat, sugar and salt. There are no restrictions on packed lunches currently, unless schools decide to take a local approach, often this is light touch as they are concerned about challenging parents. FET have guidance translated into 6 languages which can be sent to schools, but they are sometimes asked for a county wide packed lunch policy to offer a more robust and consistent approach.

Another area of concern is secondary schools lack of compliance with the mandatory standards – they understand there are significant challenges around this, but it is concerning given that the majority of primary schools comply. FET hope that the DfE pilot will help them to tackle this gap.

FET provide advice and support to school caterers across the county who are largely reliant on a transported meal service (Lincolnshire has an unusual and fragile school catering infrastructure due to lack of primary school kitchens – this is an ever changing picture and caterers are currently experiencing very significant challenges around providing good quality meals within the insufficient school meal funding, exacerbating by rising food, utility, fuel and staffing costs, supply issues, rural locations) FET have a combination of private catering companies of varying sizes and in house catering from schools with on-site kitchens.

4.2 Proposed Future Working – **Launching September 2022**

From September 2022 the FET and City of Lincoln Council will be working with the DfE and Food Standards Agency to review monitoring and compliance of the mandatory School Food Standards across Lincolnshire. Currently in the planning stage so not all details are available. The theory being tested is whether environmental health officers can ask key questions during their food hygiene inspections, to identify whether a school is compliant with the standards and if not, to raise red flags and then direct to appropriate support i.e. FET.

It has also been proposed that as part of the pilot/Levelling Up programme, schools will be asked to provide a voluntary statement of their Whole School Approach to School Food (school food vision). It is expected to become mandatory after a trial period. FET have developed the **attached package**, to provide schools with the knowledge and skills to embed this.

4.3 Holiday Activities and Food Programme (HAF) - **Active**

The Holiday Activities and Food Programme (HAF) provides children and young people who are in receipt of benefits-related free school meals access to free holiday clubs during the Easter, Summer and Christmas holidays until March 2025.

Holiday clubs provide children and young people from reception to year 11 an opportunity to participate in a wide range of sports and games, enrichment activities, food/nutrition education and at least one healthy meal (preferably hot) which must be compliant with the school food standards. The school food

standards are intended to help children develop healthy eating habits and ensure that they get the energy and nutrition they need across the whole school day.

The aims of the HAF programme are for children who access the provision to:-

- Eat healthily over the school holidays
- Be active during the school holidays
- Take part in engaging and enriching activities which support the development of resilience, character, and wellbeing along with their wider educational attainment
- Be safe and not to be socially isolated
- Have a greater knowledge of health and nutrition
- Be more engaged with school and other local services

4.4 Oral Health program – Active

Dental caries and obesity are two of the most prevalent health conditions affecting children. Consumption of free sugars* is a risk factor both for dental caries and obesity. In their report on carbohydrates and health, The Scientific Advisory Committee on Nutrition concluded that higher consumption of free sugars is associated with a greater risk of dental caries.¹ In addition, increasing the percentage of total dietary energy consumed as free sugars leads to increased total energy intake. For children and adolescents, the consumption of sugar-sweetened beverages was found to lead to greater weight gain and increases in body mass index.¹

Working with the HAF program the 0 – 19 oral health team provide every child with a free toothbrush, toothpaste and water bottle; together with an oral health leaflet and information for parents. They work with the children and their parents to discourage the use of fruit and flavoured drinks and encourage and promote the benefits of drinking water. During the HAF clubs they run oral health workshops, talking about good hygiene and reinforcing good dental habits.

4.5 Children and Families Weight Management Service (CFWM) – Launching September 2022

The child and family weight management and healthy lifestyle service will provide direct support to Lincolnshire children, aged four to twelve, and their families, to help them adopt and maintain healthier lifestyles, in particular with respect to diet and physical activity, as well as greater resilience and improved mental and emotional wellbeing.

Eligibility for the service will be via identification of children as overweight or obese by the National Child Measurement Programme (NCMP) or through referral from a range of partner organisations according to a child or family's capacity to benefit with respect to the key service outcomes. Whilst the service will be universally available, a targeted approach will seek to address inequalities by focusing resources on those areas with greatest need in terms of both weight status and deprivation.

Aims

The provider will deliver interventions that support children and their families to modify those behaviours that have the greatest impact on childhood obesity, i.e., diet and physical activity, as well as supporting improvements to social, emotional and mental wellbeing more broadly. This will be achieved by the provision of a high-quality service that adopts a holistic approach to families' needs, operates in a non-stigmatising way, is co-produced with local families and contributes to a reduction in health inequalities.

A countywide, branded programme will contribute to:

- Increased levels of childhood and family physical activity
- Improvements in children's and families' diet and an increase in fruit and vegetable consumption
- Improved health and reduced health inequalities

*All monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and unsweetened fruit juices

¹ Scientific Advisory Committee on Nutrition. Carbohydrates and Health [Internet]. London: The Stationary Office; 2015. Available from: <https://www.gov.uk/government/publications/sacn-carbohydrates-and-health-report>

- Improved wellbeing, better parenting skills and greater resilience amongst families with complex needs
- A stabilisation or reduction in childhood obesity, especially in areas of greatest need
- Lincolnshire's whole system, preventative approach to tackling obesity and inactivity
- A long-term reduction in the cost burden of health and care services

Objectives and outcomes

The objectives of the service are:

- To implement a needs-led intervention that aligns closely to the NCMP as well as allowing for children with a broader range of needs to receive support
- To support children and families to make sustainable, positive lifestyle choices whilst reducing inequalities
- To monitor and evaluate the delivery and impact of the service and provide robust data in line with local indicators to demonstrate the health and wellbeing outcomes

5. Adult Programs

5.1 Tier 2 Adult Weight Management Service - Active

One You Lincolnshire are commissioned by Lincolnshire County Council to deliver the Tier 2 Adult Weight Management support for Lincolnshire Residents. They have a range of support available that includes face-to-face groups, app based or remote weight loss programme. Delivered by 'One You Lincolnshire' practitioners, sessions explore all aspects of a healthy lifestyle, which in turn underpin successful weight loss and habit change.

Men can access Man v Fat Football, a male weight loss programme offering team based football. Leagues meet in Grantham, Boston and Lincoln. Over 90% of men lose weight who take part in Man v Fat. Slimming World access is a option for some of the clients who would like to attend face-to-face groups and points based weight loss is something they are interested in. For motivated clients OYL offer support via Gloji digital, with phone conversations with Health Mentors, perfect for people who don't want to take part in group activities.

For clients who are less motivated, or would benefit from further support the team of Health Coaches offer telephone appointments working with people on motivation, behaviour change and troubleshooting barriers to successfully accessing the programmes.

Referrals to the programme come via Primary or Secondary Care, it is also possible for people to self-refer.

5.2 T3 AWM – No service in Lincolnshire

Referrals for T3 support are made to Derby.

5.3 T4 AWM – No service in Lincolnshire

Referrals for T4 support are made to Derby.

5.4 Older People – Strength and Balance program – Launching Autumn 2022

This will be an extension of the Integrated Lifestyle Service and will pilot some chair-based exercises with older people living in care homes.