

# 16.Appendices

## I. Appendix A

### Briefing on the Adult Obesity statistics published by Public Health England 4<sup>th</sup> February 2014

#### Background:

Questions on self-reported height and weight were added to the Sport England Active People Survey (APS) in January 2012 to provide data for monitoring excess weight (overweight including obesity, BMI  $\geq 25\text{kg/m}^2$ ) in adults (age 16 and over) at local authority level for the Public Health Outcomes Framework.

Public Health England have performed extensive analysis to quality assure the data and by making comparisons with measured data from the Health Survey for England have produced adjusted prevalence of excess weight.

Differences between self-reported and measured height and weight vary in a systematic way, primarily as a function of age and sex. The variation can be described by formulas, which have been used to adjust self-reported height and weight at an individual level to estimate the likely actual height and weight of those individuals. Therefore the APS data after such adjustment can be used to provide robust estimates of excess weight prevalence at both national and local authority level and these estimates can be monitored over time.

#### Thurrock data:

The data for Thurrock shows that 70.8% of adults (aged 16 +) are overweight or obese. The England average is 63.8%. The graph below shows that of the CIPFA comparator local authorities Thurrock has the second highest prevalence of Excess weight in adults however this is only statistically significantly higher than one of the comparator local authorities (Bolton).

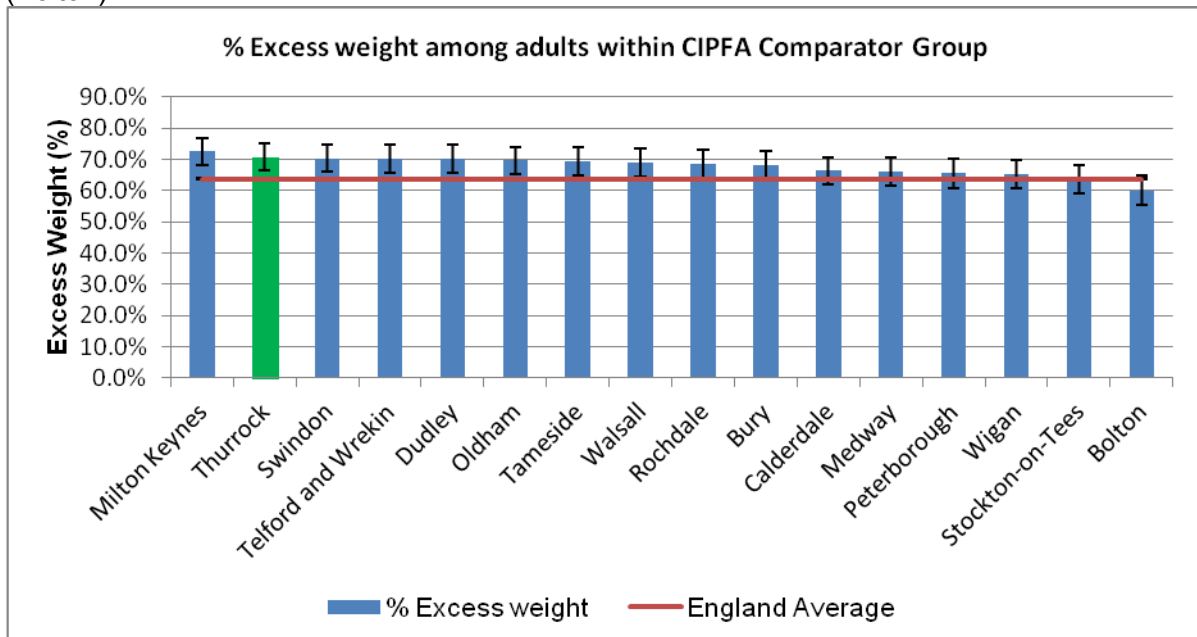


Figure 1 % Excess weight among adults within CIPFA Comparator Group

**Definitions:**

Excess weight is a term used for overweight including obesity; it is defined as a Body Mass Index (BMI) greater than or equal to 25kg/m<sup>2</sup>

Adults are aged 16 years and over

The data covers the period from mid January 2012 to mid January 2013

**About the Active People Survey:**

The Active People Survey (APS) is a large telephone survey of sport and active recreation among adults (age 16 and over) in England, commissioned by Sport England.

The APS results are weighted to be representative of the adult population at local authority level in terms of age by sex, ethnicity, working status by sex, household size and socioeconomic classification (NS-SEC).

The average sample size per unitary authority is 876.

**Note of caution:**

Whilst this data is the most accurate data currently available it is important to note that it is based on a small sample size and is self reported and is not directly comparable with the previous most recent data set.

**Previous data:**

The previous data showing prevalence of adult obesity was for 2006-08 and was from this Health Survey for England. This data was a modelled estimate and as such this most recent data from the APS is likely to be far more robust.

Thurrock's last recorded prevalence data for adult obesity (16+) was 28.1% in 2006-08 which was significantly higher than the national average of 24.1% and the east of England average of 23.58% This is difficult to compare with the most recent data release as this includes individuals with a BMI of 30+ where the most data release is for individuals with a BMI of 25+

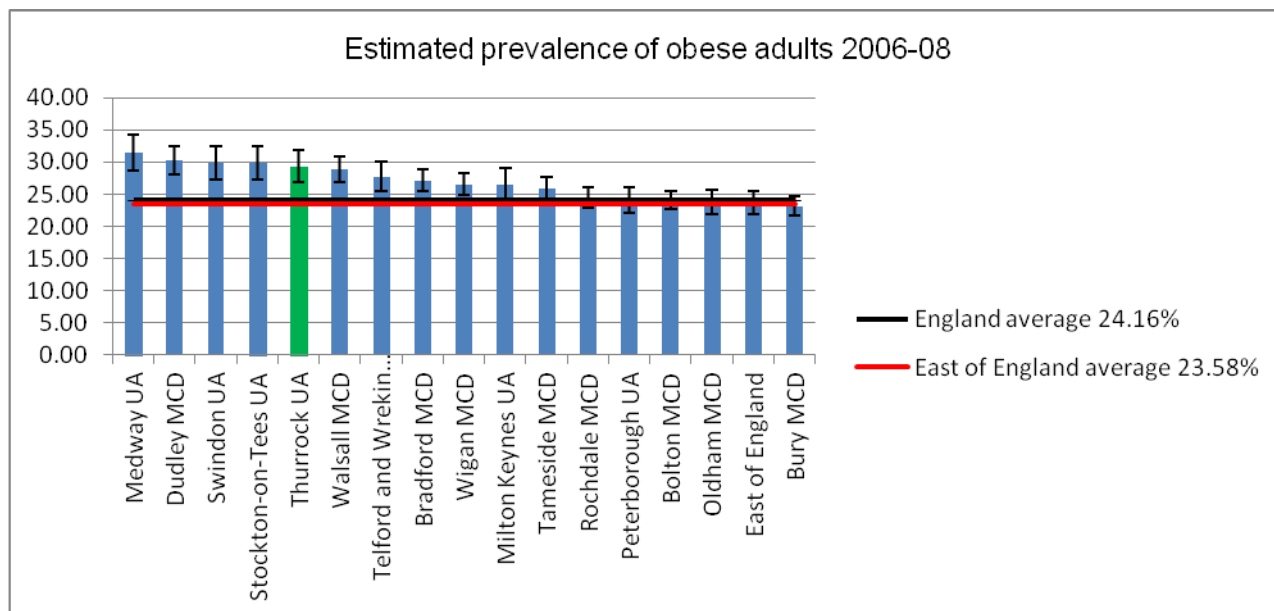


Figure 2: Estimated prevalence of obese adults 2006-08

## II. Appendix B

### Childhood Obesity in Thurrock

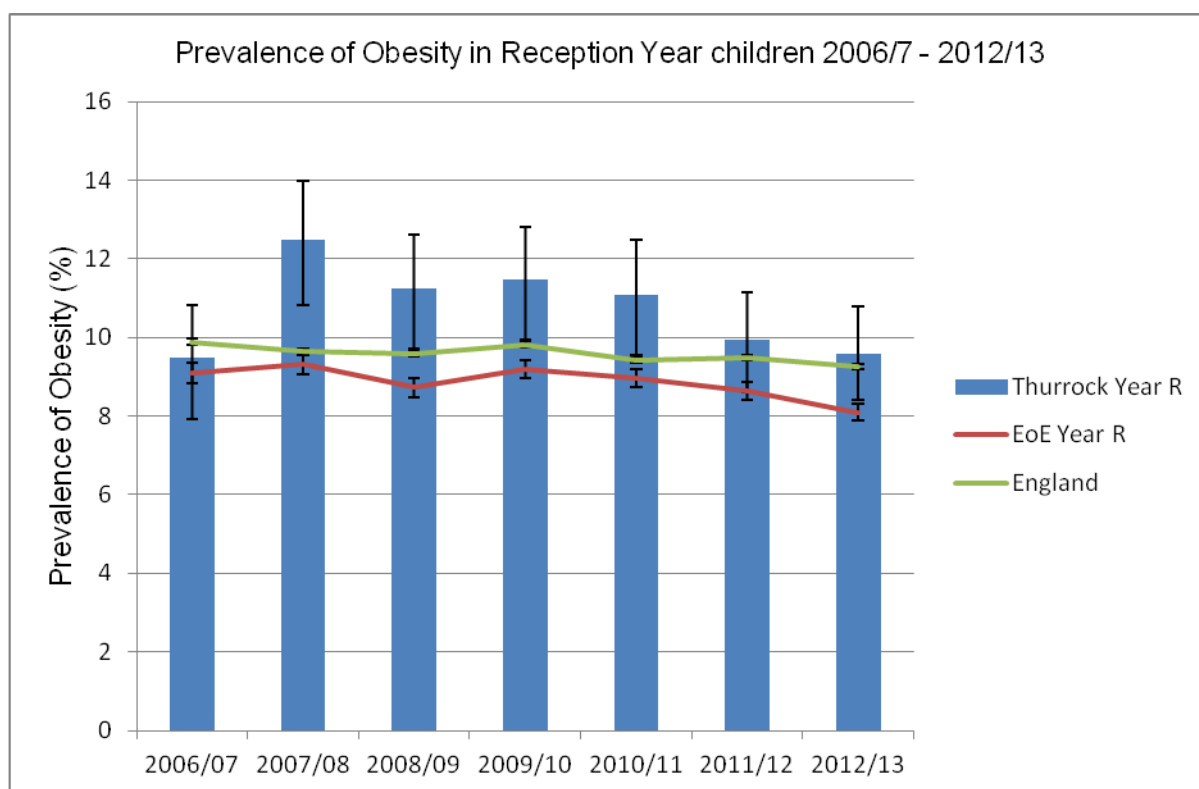
#### Summary

The most recent data from the NCMP was released at Local Authority level in December 2013, which reports on the measurements of children in Reception and Year 6 during the 2012/13 academic year. All data is sourced from the Health and Social Care Information Centre.

#### Reception Aged Children

The 2012/13 data shows Thurrock to have an obesity prevalence in Reception-aged children of 9.6%, which is significantly higher than the East of England average (8.1%), and above the England average of 9.3%, although not significantly so. Upon comparing Thurrock to its 15 CIPFA Comparators, it is not significantly different from any.

Upon comparing this to data from previous years, the obesity prevalence has decreased in line with the regional and national trend – see Figure 1 below. For 2012/13 the Thurrock prevalence is statistically significantly higher than the East of England prevalence but not significantly different from England average, whereas in 2011/12 there was no significant difference.



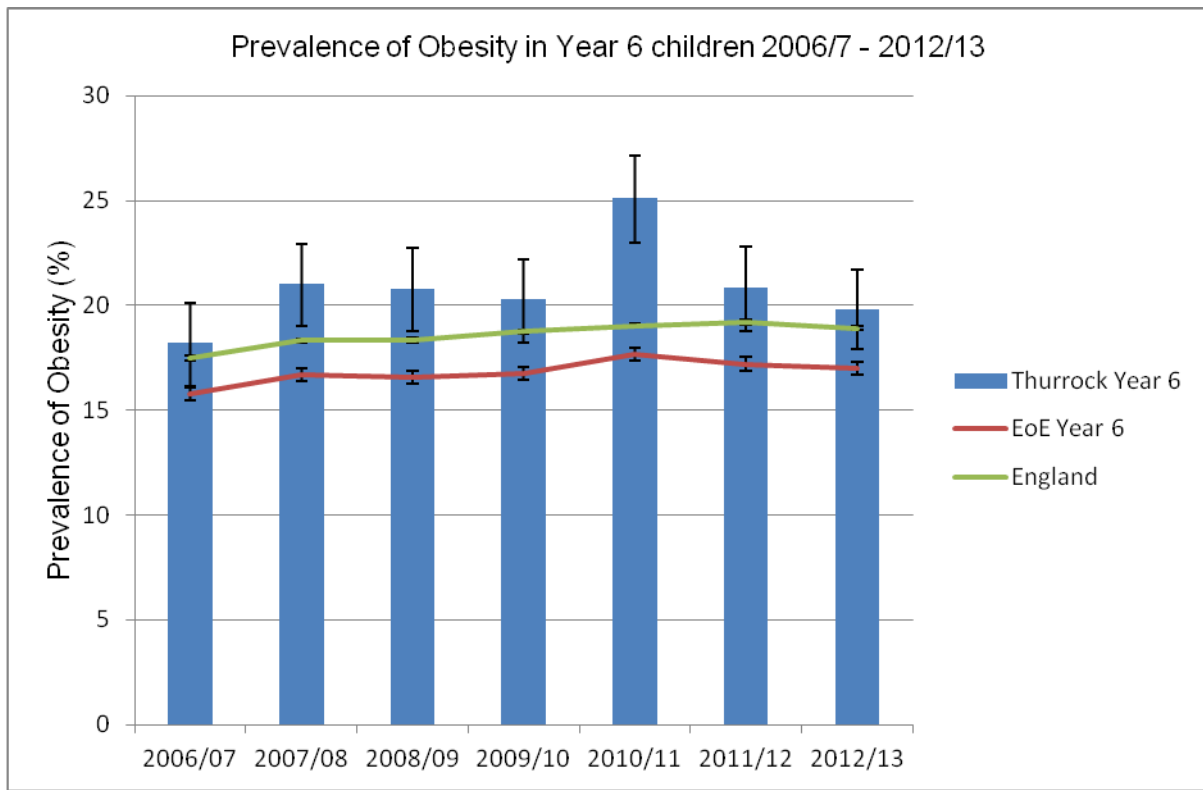
Source: Health and Social Care Information Center, 2013

Figure 1: Prevalence of Obesity in Reception Year, 2006-07 – 2012/13

#### Year 6 Aged Children

The 2012/13 data shows Thurrock to have an obesity prevalence in Year 6-aged children of 19.8%, which is more than double the local prevalence at Reception Year. Thurrock's prevalence is significantly higher than the East of England average (17.0%), and is above the England average of 18.9%, although not significantly so. Upon comparing Thurrock to its 15 CIPFA Comparators, it is not significantly different from any.

Upon comparing this to data from previous years, the obesity prevalence has decreased in line with the regional trend – see Figure 2 below. The Thurrock prevalence is statistically higher than the East of England prevalence, which continues the trend observed since the 2007/08 data. Thurrock prevalence is not significantly different from England average in 2012/2013.



Source: Health and Social Care Information Center, 2013

Figure 2: Prevalence of Obesity in Year 6, 2006/07 – 2012/13

### Child Weight Categories

Figures 3 and 4 below show the prevalences of underweight, healthy weight, overweight and obese children in Thurrock from 2008/09 – 2012/13 for Reception-aged and Year 6 children respectively. Both figures show that there is a greater proportion of Healthy Weight children in Reception than there is in Year 6, and this was true for all academic years recorded. For both Reception and Year 6, there is an increase in the percentage of Healthy Weight children in 2012/13 since 2011/12, and a reduction in the percentage of overweight and obese children.

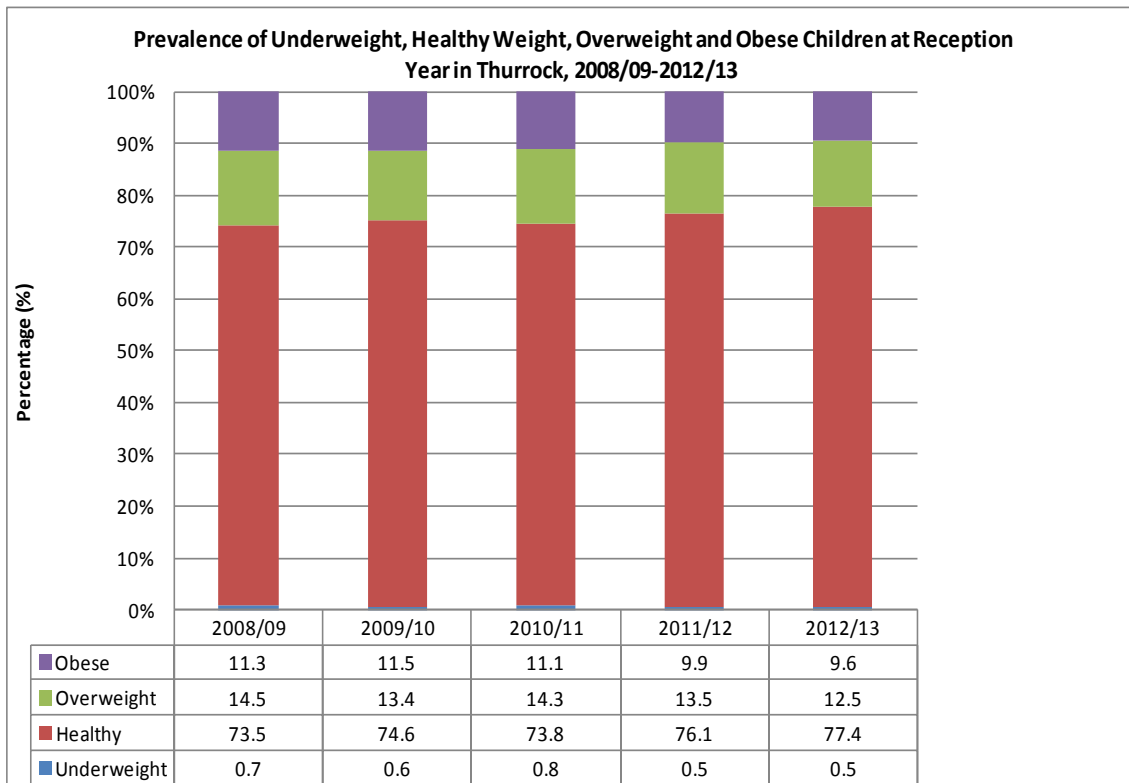


Figure 3: Prevalence of Underweight, Healthy Weight, Overweight and Obese children at Reception age in Thurrock, 2008/09 – 2012/13.

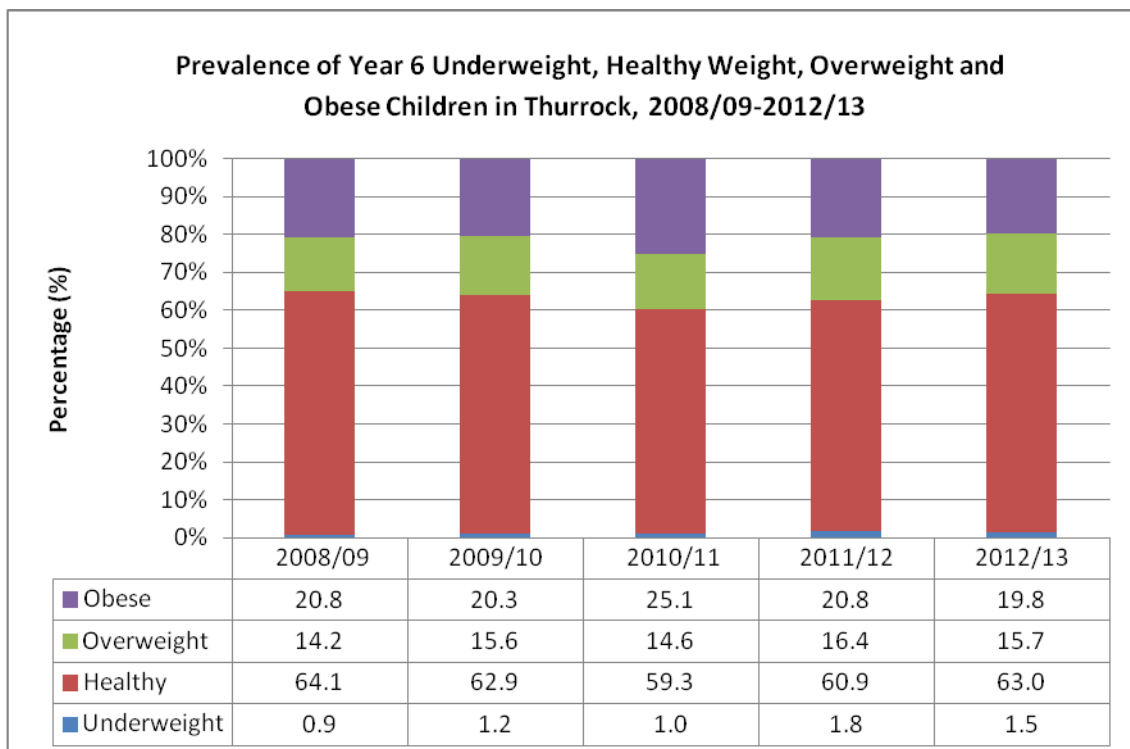
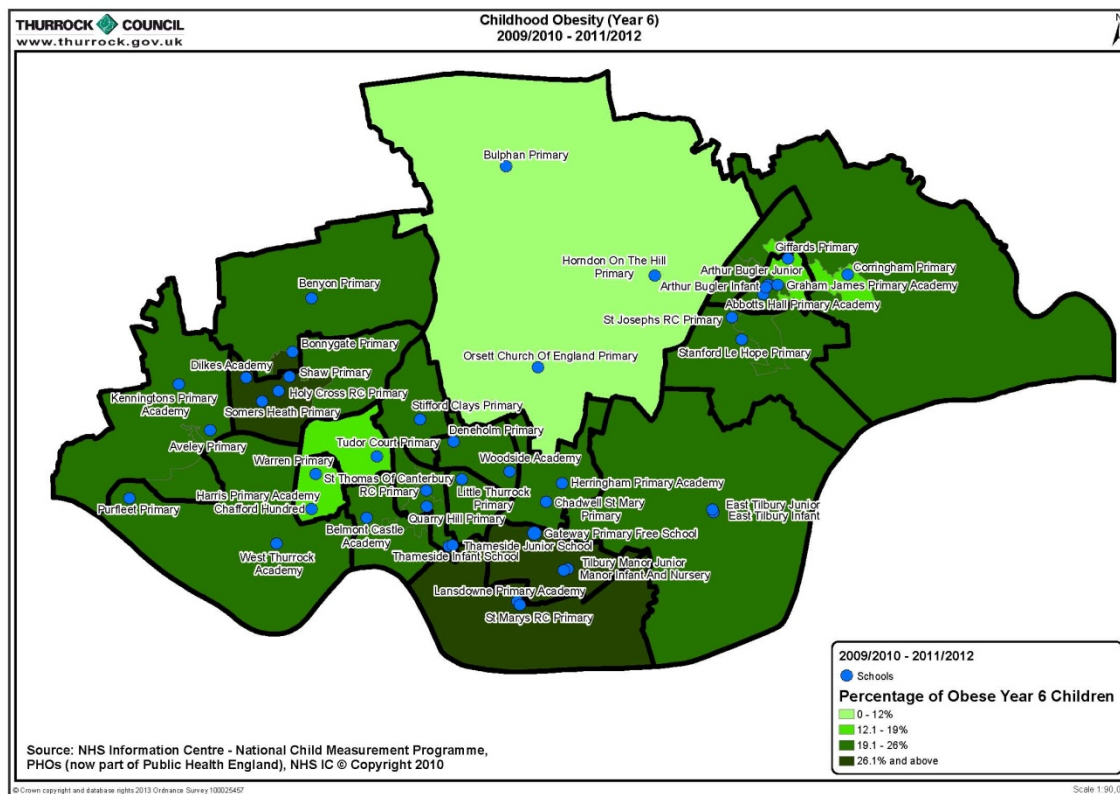
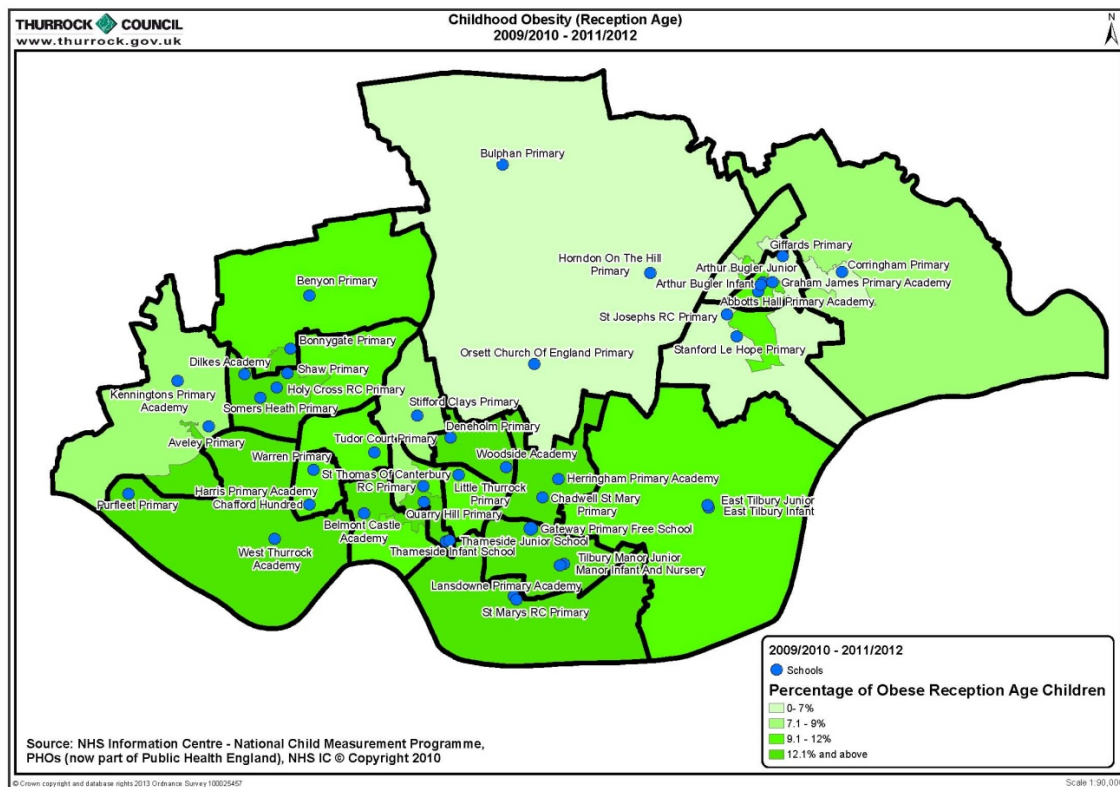


Figure 4: Prevalence of Underweight, Healthy Weight, Overweight and Obese children in Year 6 in Thurrock, 2008/09 – 2012/13.

The maps below show how the percentage of reception and year 6 children measuring as obese varies across the areas within Thurrock.



**III. Appendix C**  
**Healthy Weight Community Engagement x3 Questionnaires**

**Community Questionnaire**  
**Weight management – Voluntary/Community sector**

**About you**

**Age** \_\_\_\_\_

**Gender**

*(please select  
one answer)*

*Female*

*Male*

*Prefer not to say*

**Weight management**

We are keen to get your views about what the new weight management service should look like.

Please note any thoughts on any of the following by writing comments in the box.

**Question 1**

Where groups should be held?

What should be included in the programme each week?

What resources needed to deliver i.e. Kitchens, halls etc?

Who should this be delivered to? - People who are overweight or to all the community?

Who should run these; healthcare provider, Council, community, schools etc?

How would you attract people to the groups?

How do you think these groups could be evaluated?

What additional things should be added to the programme, exercise, labelling advice etc?

What do you think an adult community weight management project should consist of?

.....

**Question 2**

Where groups should be held?

What should be included in the programme each week?

What resources needed to deliver i.e. Kitchens, halls etc?

Who should this be delivered to?- People who are overweight or to all the community?

Who should run these, healthcare provider, Council, community, schools etc?

How would you attract people to the groups?

How do you think these groups could be evaluated?

What additional things should be added to the programme, exercise, labelling advice etc?

What do you think a children's community weight management project should consist of?

.....

**Question 3**

Have you participated in a community weight management group before? For example, Weightwatchers, Slimming World, Vitality etc

*(Please select one answer)*

*Yes / No*

If yes, please state which and how effective you felt it was and any problems you encountered.

.....

**Question 4**

We are trying to map out activities around exercise and healthy eating that may be available in or near the area you live.

Do you currently partake in any regular physical activity, walking groups, swimming, football, gardening etc?

*(Please select one answer)*

*Yes / No*

If yes, what are these? (Please list and state location/ times etc.) Please say how often do you do activities and for how long, i.e. 1 x week for 20 minutes.

.....

If no, are you aware of any activities that take place in your area? (Please list and state location/ times etc)

.....

**Question 5**

Do you currently partake in any regular healthy eating activity such as lunch clubs etc?

*(Please select one answer)*

*Yes / No*

If yes, what are these? (Please list and state location/ times etc)

.....

If no, are you aware of any activities that take place in your area? (Please list and state location/ times etc)

.....

**Question 6**

Once the information on physical activity and healthy eating has been collated how would you like to see the results?

*(Please select one answer)*

- Hard copy*
- On-line*
- Other*

**Question 7**

How would you like the information to be set out?

*(Please select one answer)*

- Alphabetical*
- Free activities*
- Geographical*
- Other*



Please comment in the box below:

**Thank you for your participation in this questionnaire. If you have any further ideas or questions please contact Sue Bradish, Public Health Manager on 01375 652632 [publichealth@thurrock.gov.uk](mailto:publichealth@thurrock.gov.uk)**

## **GP Questionnaire**

### **Weight management survey GP**

#### **Question 1**

Does your surgery currently offer any weight management services?

*(Please select one answer)*

*Yes / No*

**If yes, what are they?**

*(Please select all that apply)*

- Dietary advice by GP or Nurse*
- Weighing and measuring*
- Referrals into dietetics services*
- Referral to Vitality*
- Weight management medication*
- Other (please state) .....*

#### **Question 2**

Do you currently discuss patient's weight during a consultation, even if that was not one of the reasons for the appointment?

*(Please select one answer)*

*Yes / No*

#### **Question 3**

Do you sign post your patients to tier 1 (Community based prevention) weight management programmes?

*(Please select one answer)*

*Yes / No*

If no, please explain why .....

If yes, which of the following groups do you sign post your patients to?

*(Please select all that apply)*

- Cambridge diet (Meal replacement)
- Lighterlife (Meal replacement)
- Weightwatchers (Diet)
- Rosemary Conley (Diet & Exercise)
- Slimming World (Diet)
- Other (please state) .....

Which appears to be most popular with your patients?

.....

Which service do you feel is the most effective?

.....

**Question 4**

Do you sign post your patients to tier 2 (community/primary care) weight management services e.g. Vitality?

*(Please select one answer)*

Yes / No

If no, what stops you from using these services?

.....

Have your patients commented on these services? If so please briefly explain

.....

Do you currently get feedback from Vitality about patients referred to weight management programmes?

*(Please select one answer)*

Yes / No

How would you like to receive feedback concerning patients referred to the weight management programme?

*(Please select all that apply)*

- Email
- Fax
- Post
- Telephone
- Text

**Question 5**

Have you referred any patients to tier 3 or 4 services (specialist team weight management & medical/surgical services) during 2013?

*(Please select one answer)*

Yes / No

Please indicate approximate numbers if available

(April 2013-September 2013) .....

Tier 3: Specialist multi disciplinary team weight management services

Please indicate approximate numbers if available

(April 2013-September 2013) .....

Tier 4: Specialist medical and surgical services

.....  
**Question 6**

Do you signpost patients to activities in the community? For example organised sports, walking groups etc

*(Please select one answer)*

*Yes / No*

If yes what are they? .....

**Question 7**

What do you think the barriers are for people accessing healthy weight groups?

.....

**Question 8**

What areas in addition to the following (Exercise education, cooking lessons, shopping/label advice) do you think should be included in a healthy weight group?

.....

**Question 9**

If a new database was to be developed for healthy living activities in the local area, what would you like to see it contain?

.....

How would you like the database catalogued? (e.g. by area, cost, age etc)

*(Please select all that apply)*

- Age
- Area
- Cost
- Gender
- Type of activity
- Other .....

How would you like to gain access to this information?

*(Please select all that apply)*

- On-line
- Paper
- Both
- Other .....

How would your practice cascade this information?

*(Please select all that apply)*

- Electronic message board
- Email
- Leaflets

- Paper
- Posters
- Verbally

**Question 10**

What would you like to see locally for patients within a weight management programme? .....

**Question 11**

How do you think the 4 tiers of weight management should interact within a weight management pathway? .....

- Tier 1 - Community based prevention
- Tier 2 - Community/primary care
- Tier 3 - Specialist multi disciplinary team weight management services
- Tier 4 - Specialist medical and surgical services

**Please comment in the box below:**

GP/Surgery Name: .....

F Code: .....

Name of contact: .....

**School Nursing**

**School Nursing - Headteachers**

**School information**

School name: .....

Contact person: .....

**Question 1**

Do you have access to a school nurse?  
*(Please select one answer)*  
 Yes / No

How often does the nurse report to senior school staff/managers?  
*(Please select one answer)*

- Daily
- Weekly
- Fortnightly

Other

How does communication take place?  
(Please select all that apply)

- Email
- Face to face meeting
- Letter
- Phone
- Other

### Question 2

What services does the school nurse deliver? .....

### Question 3

How satisfied are you with the school nursing service?  
(Please select one answer)

- Very satisfied
- Fairly satisfied
- Neither
- Fairly dissatisfied
- Very dissatisfied

### Question 4

We are keen to know how you would improve the school nursing service.  
What one change would you make to improve the school nursing service?

.....

### Question 5 - Weight management

Does the school nurse discuss any of the following with pupils?  
(Please tick all that apply)

- Drug use
- Healthy eating
- Healthy weight
- Physical exercise
- Sexual health
- Smoking
- Stress
- Other .....

### Question 6

Would it be useful to have a directory of physical activities, outside of school, where the school nurse can sign post pupils to?

(Please select one answer)

Yes / No

What activities would you suggest? .....  
(Please note that this question is related to question 7)

Is your school primary or secondary?  
(Please select one answer)

- Primary
- Secondary

**Question 7**

How many hours per week of physical activity (PE/Games etc) does the average pupil receive?

- Year 1 .....
- Year 2 .....
- Year 3 .....
- Year 4 .....
- Year 5 .....
- Year 6 .....

**Question 7(A)**

How many hours per week of physical activity (PE/Games etc) does the average pupil receive?

- Year 7 .....
- Year 8 .....
- Year 9 .....
- Year 10 .....
- Year 11 .....

**Question 8**

Have you seen a link or correlation between under achievement and pupils that are overweight?

(Please select one answer)

- Yes
- No
- Don't know

**Question 9**

Would it be of benefit to explore options for jointly commissioning with the Public Health team interventions around pupil's healthy weight?

(Please select one answer)

Yes / No

If yes, please outline any ideas you have for this .....

If no, please explain why .....

**Question 10**

We are in the process of reviewing weight management services for children and young people. Please outline what you see as important or should be considered when looking at weight management interventions for children and young people.

How do you think weight management groups for children and young people should be advertised to encourage them to take part?.....

**Question 12**

Does your school have a food and beverage policy?

*(Please select one answer)*

*Yes / No*

**Question 13**

How do you ensure healthy school meal provision at lunch times?

.....

**Please comment in the box below:**

**Thank you for taking part in this survey. If you have any questions please feel free to contact the Public Health team on 01375 652632 .**

## IV. Appendix D

### Satellite Groups

#### Information for Group Facilitators

This pack will guide you through how to run the session; we expect the session to take approximately an hour.

Things you will need in addition to this document:

- Appendices 1- 9
- Post in notes (for mapping exercise)
- pens
- x2 large maps (please don't write on these so as they can be reused).

Please record all ideas and questions on the sheets to be handed back at the end so all the groups' thoughts and ideas are captured.

**ACTION 1** Group facilitator to welcome the group and introduce the session by reading the script below:

#### ***Introduction Script***

***Welcome*** to this Public Health Healthy Weight satellite group.

*The Public Health department, within Thurrock Council, is responsible for identifying ways to look after some of the elements of the health and wellbeing of people who live in Thurrock.*

#### ***What we are doing....***

- *Part of the work we do is looking at ways to prevent health problems from arising through identifying services to help people to stop smoking, eat healthily, be active and in general encourage healthy lifestyle choices.*
- *Part of this work is to develop a Healthy Weight strategy and that is where your help is invaluable. What we need to know is what is already happening in Thurrock, what the gaps are and how we can design services that suit people's needs, remove barriers and ensure success.*
- *This isn't something we can do alone it needs everyone to be working together to influence the factors that help people stay healthy.*

#### ***Why?***

*It is important that we develop these services as Thurrock is not comparing very favourably with the National figures around obesity and overweight.*

*The costs of rising ill health in Thurrock will affect us all as we have to put more money into solving the problems that can arise from lack of So why it is important for you to take part in today's session?*



*It's because this is your opportunity to be involved right at the beginning of our service review of what is being provided at present around healthy weight opportunities. You will be able to help us to decide how to spend our limited resources differently and to use your local knowledge to influence what the services will look like:*

*It's your opportunity to share your local knowledge of what is happening in your area around activity and healthy eating opportunities and you may even be surprised at what you learn!*

*To start us off try and have a guess at the correct answer to these couple of questions about Thurrock health statistics....*

## **ACTION 2**

**Give out Appendix 1, sheet with questions on as prompts for people.**

## **ACTION 3**

**Read out the questions, give time for answers from participants and then give answers allowing time for a bit of discussion.**

**(PLAN approx. 10 MINUTES FOR THIS EXERCISE)**

- 1) *The national figure of children in year 6 (10 and 11 year olds) that measure as obese, (a measure that is given that shows when their weight is likely to have a significant impact on their health), is 1 in 5 what do you think this figure in Thurrock is?*

- a) **1 in 4**
- b) 1 in 10
- c) 1 in 8

**Answer is a) 1 in 4 children which when compared to the national figure of 1 in 5 show that Thurrock has a higher level of obese pupils in year six.**

- 2) *How many adults in the UK measure as obese according to the last national survey?*

- a) **1 in 4**
- b) 1 in 3
- c) 1 in 8

**The answer is a) almost 1 in 4**

- 3) *Do you think this is higher or lower in Thurrock?*

**In Thurrock it is nearly 1 in 3 which shows that adult obesity in Thurrock is higher than the national average**

- 4) *The % of the Thurrock population who have been diagnosed with diabetes was 6.5% in 2012, if we do nothing about the upward trend in obesity what do you think the estimated % of people could be in 2020?*

- a) 6.10%
- b) **7.2%**
- c) 7.5%

**The answer is b) 7.2% which shows a steady increase which will have an effect on our health services.**

5) *The daily recommended salt intake for adults is no more than 6g. What percentage of this recommended daily intake do you think the standard takeaway portion, served with pilau rice contains?*

- a) 54%
- b) 88%
- c) **92%**

**Answer is c) 92% of the daily recommended amount.**

6) *What do you think the recommended weekly amount of exercise for adults is?*

- a) 3.5 hours
- b) 2.5 hours**
- c) 4.5 hours

**Answer is b) 2.5 hours of moderate activity such as fast walking or cycling.**

**You should also try to add in some muscle strengthening activities on two days per week. Aerobics, weights etc.**

#### **ACTION 4**

**Facilitator to read script below**

*Thanks for taking part to in that, now to introduce the group work.....*

*We are now going to do a mapping exercise split into groups and then have some discussion to identify the elements that you feel are important in designing a Healthy Weight management group/ programme that you think would be attractive for your community members and people who live in Thurrock.*

*We would like to capture your innovation so think thinking outside the box, at this stage- no suggestion is too outrageous we'd like to capture it all before we have to think of the practicalities!!!*

#### **ACTION 5**

**Split group into smaller groups (unless less than six)**

**Choose a table facilitator (or if a smaller group you could do this yourself) to give instructions and to write down answers.**

#### **ACTION 6**

**Give out table facilitator sheets (Appendix 2) and (Appendix 3) and maps and post it notes, 1 map per table.**

**(PLAN approx. 15 MINUTES FOR THIS EXERCISE)**

## **ACTION 7**

Read the following script for an Explanation of Question 1

### **Question 1**

*We are really interested in what you know is going on in your area that you think can help with maintaining a healthy weight for adults and children so we are going to do a short exercise to gather this knowledge. We are planning to collate this information into a database with other information that we are gathering that will show what is available in Thurrock.*

*In front of you there is a map of Thurrock and some post it notes. The table facilitator has a sheet with headings and numbers and will write down your comments, and then you have to put the number on a post it note and place this onto the map so we can see at a glance where it is happening. Your table facilitator has some further prompts that will help you to think about what to write.*

## **ACTION 8**

Ask the different groups to look at all the maps and see how many post it notes are on them. (This will give an idea of how much is actually happening in their areas and enables them to add more if they want to).  
Collect in MAPS and POST it NOTES and FORMS.

## **ACTION 9**

Give out Table facilitator sheet, (Appendix 4), and Appendices 5 & 6 (these are data collection sheets for the facilitator to complete. They are titled either Adults or Children and each group works on one of these and the results are shared with all at the end. ) IF THERE ARE LESS THAN SIX PEOPLE THEY NEED TO DO BOTH ADULTS AND CHILDREN'S.

## **ACTION 10**

Introduce next question by reading the following script.  
(PLAN approximately 20 MINUTES FOR THIS EXERCISE)

*The next exercise is about how we develop our services. From the questions at the beginning of the session you can see that Thurrock already has a problem with obesity within not only some adults but also some children, in order to control this and not let it rise any more we are looking at the healthy weight services that are currently commissioned and how we can change these to be most efficient and so people will want to participate to improve their health.*

*On the table is a sheet for your comments that the **table facilitator** will write up. The table facilitator also has some prompts to get your ideas flowing. One of these sheets is for an adult healthy weight programme and one is for children's healthy weight programme.*

*This is your opportunity to write down anything you would like to see in one of these groups, it is your wish list for how you would like personally, or your children, to be able to be part of one of these. Write down anything you can think of no matter how whacky or silly you think it is!*

### **ACTION 11**

Ask the Table facilitator to feed back their suggestions and to ask for any additional ideas from each group and add to sheets.  
Collect in sheets.

### **ACTION 12**

Give out table facilitators sheet Appendix 7 & Appendix 8 (Titled: How would you like to access this information?)

### **ACTION 13**

Introduce Question 3 by reading the following script:  
(PLAN 10 MINUTES FOR THIS EXERCISE)

*The last part of today's session is to get your ideas around how you would like to access information, in what format and where from?*

*So there are three elements to this:*

- *How and what you would like to receive the information about activities available? (from the mapping exercise, e.g. such as on line, hard copy.)*
- *How and what you would like to receive in relation to information about adults healthy weight programmes/services?*
- *How and what you would like to receive in relation to information about children's healthy weight programmes/services?*

### **ACTION 14**

Collect in sheets and give out evaluation sheets (Appendix 9).

### **ACTION 15**

Summing Up – Read following script:

*Thank you once again for attending this session, your ideas and suggestions will be collated and used to add to information already known about activities in Thurrock and to design services and projects around healthy weight and obesity reduction. If you would like to receive a copy of the feedback report from these sessions please complete the section on the evaluation sheet.*

*Thank you.*

### **ACTION 16**

Gather all the information together and return to the Public Health department at civic offices in Grays or contact them on 01375 652632 to collect.

**V. Appendix E**  
**Healthy Weight Workshop**

**Public Health Strategy Board- Healthy Weight Workstream**



**Stakeholder Workshop Report**

**Thursday 5<sup>th</sup> December 2013 12-5pm**



**1. Introduction**

The Thurrock Council Public Health Strategy Board (PHSB) was established in June 2013 reporting to the Thurrock Health and Wellbeing Board. The Healthy Weight workstream of the PHSB was tasked with producing a stakeholder workshop to achieve the following aims and objectives:

- Agree on a vision for Thurrock in relation to achieving and maintaining healthy weight
- Consult and gain views as to make up of and inclusions within the Healthy weight strategy
- Inform development of a sustainable weight management service
- Carry out a mapping exercise of physical activity opportunities in Thurrock
- Develop the community engagement in this agenda

There was a total of 450 stakeholders invited to the event and in excess of 55 delegates participated in a full afternoon of activities and presentations at the Beehive community resource centre in Grays. Delegates included representation from schools, GP practices, NELFT Health Improvement providers, Active Essex, Council Members, children's services, adult's services, and community members.

A light healthy lunch, provided by the Thurrock's schools catering service, was enjoyed by participants and helped open up discussion on some tables around healthy lunch provision at meetings.

**2. Structure of the workshop**

The workshop was split into learning from information via the delivery of presentations and participation via group work sessions. Delegates were seated in mixed groups of between 8 and 10 on 6 round tables. Each table had a facilitator from the workstream group or the Public Health team who helped to guide discussions. Each table nominated a scribe and someone to feedback at the end of the group work.

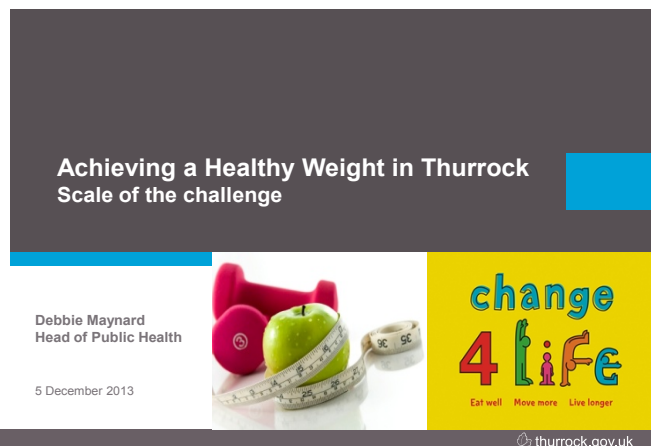


Councillor Rice opened the workshop giving a personal account of her own challenge to maintain a healthy weight. Debbie Maynard, head of Public Health then gave a 'Scale of the challenge' presentation that summarised some of the most recent statistics around adult and childhood obesity, the implications for health of being overweight and obese were discussed as well as the cost to the NHS and society. The actions the Local authority are already taking including re commissioning of weight management services and the approach of the Public Health strategy board were summarised to set the scene for the workshop.

Following a break in the group work Jason Fergus, director of Active Essex (County sports partnership for Essex, Southend and Thurrock) introduced part two by giving an overview of the function of the partnership and the work of Active Essex The presentation included statistics for Thurrock around participation in sports and physical activity and some social marketing segmentation work. The presentation included details of some case studies to inform the workshop including 'Beat the Street' a community walking programme.

### Agenda

12.00	Refreshments and mapping exercise
12.45	Welcome – Beth Capps
12.50	"A personal journey" – Cllr Barbara Rice, Thurrock Council
13.05	Scale of the Challenge –Debbie Maynard
13.30	Group Work Session 1
14. 20	Feedback from groups
14.30	<b>Break</b>
14.45	Introduction to part two – Jason Fergus Active Essex
15.15	Group Work Session 2
16.15	Feedback from groups
16.30	Where do we go from here?
17.00	<b>End</b>



### 3. Feedback from Group work

#### Question1:

The development of the directory of physical activity and sporting opportunities which was building on the consultation work carried out prior to the workshop with different groups. The workshop tables were asked for views on the following points.

- **In what format do you think the information should be displayed?**
- **Where would you like to be able to access this information?**
- **How would you like it to be set out?**
- **How do we ensure that the information is up to date?**
- **How do you think you, or your group, can be involved in distributing/sharing this information?**

The main themes discussed on the tables are summarised below:

### ***Format***

Feedback indicated that the information should be available both in hard and online formats. The format should be accessible to all sensory and diverse community groups. Links should be added to existing directories, health campaigns and community groups. It was suggested that maps or QR code boxes could be used and that a post code locator would also be useful to identify nearby facilities.

### ***Access to information***

The most popular responses were about the possibility of developing an APP (or joining an existing one such as Travel Thurrock), social media and updates via texts and emails. Other suggestions included areas where children and families frequent such as schools, children's centres, parks, libraries, shopping centres, and youth clubs and then the more traditional venues of GP's, supermarkets, sporting venues, hubs and community halls. It was also suggested that the use of media such as community television in hospitals and GP surgeries and forum and community newsletters would also be useful to cascade information out.

### ***Structure***

Feedback suggested that the brochure should be eye catching with clear, simple, and colour coded information. Content should be placed in 'chunks' so that it captured everything within a postcode area. The content needs to include information relevant to all community sectors such as older people and families and that there needs to be an ease of access for all groups. A guide to using the brochure was suggested. A section for volunteering opportunities was also suggested.

### ***Updating of information***

The main consensus of all the groups was that individuals and organisations should take responsibility for updating their sections with a time line for deletion of out of date information. There was also discussion around a forum for community feedback on the activities. Version control was also deemed to be important to be able to assess if the information was current.

### ***Involvement in cascading of information***

Participants felt that they would be able to cascade information through Face book and social media, websites, in schools and within their newsletters. Voluntary and community groups would also be important in delivering this information to their members.

A large A1 map was displayed on the wall and an accompanying list of activities provided participants with those activities and sports gathered prior to the workshop. The delegates added to the list in the break time and during lunch creating a fuller directory.

## **Question 2:**

### ***Children***

#### ***“What should a children’s community weight management project look like?”***

Two of the top questionnaire responses were “prevention in schools” and “joint delivery of services for families”.

2a) To build upon this please discuss on your table the following questions:

- Who should be involved in delivering a family-focused weight management programme? What would their roles be?
- What else do you think we should all be doing (e.g. within schools/ homes/ communities) to promote a healthy weight in our children?

The key findings that evolved out of the questions were that involvement from universal services was important, libraries, youth workers and teachers were listed consistently.

A strong referral process was also identified as crucial in order to tackle overweight children.

Cohesive family physical services were also mentioned as being a potentially good idea in attempts to educate parents as well as placing importance on an active lifestyle for the whole family.

A key message was also that engagement should be sought from local businesses and suggested that perhaps a working together agreement be implemented for not only large supermarkets but small chip shops and newsagents were equally important.

## **Question 3:**

### ***Adults***

#### ***“What should an adult’s community weight management project look like?”***

Two of the top questionnaire responses were “focus on everyday activity, and fun exercise for all” and “Community involvement”

2b) To build upon this please discuss on your table the following questions:

- What would fun exercise look like for the whole family?
- How can we make this sustainable?



- How can we involve communities and volunteers in adult healthy weight management groups/ activities?

Suggestions for an adult weight management service seemed to be very physically focused with most suggestions encouraging active participation rather than nutritional education. The suggestions including themed exercise sessions and linking into the above there was a strong recommendation for active sessions which included the whole family.

Geo caching was suggested as a fun idea that is becoming increasingly trendy. The idea would essentially be a large scale scavenger hunt incorporating adults and children through a range of difficulty levels.

Consistently through the adult and child focused question almost every table emphasised the need to utilise existing services and groups and were clear duplication would not be useful.

Suggestions were also made around the way the programme, in whatever form, was communicated to the community and it was suggested that council offices, GP surgeries TVs, leaflets and local media should all be considered.

Finally, a theme emerged around engaging young people to become trainers of active sport within the community. Incentives of employment, training schemes or accredited courses would inspire young people to become more active and community focused which could potentially be a good sustainability tool.



#### Question 4:

#### Beat the Street – Thurrock



Beat the street' is a project focussing on reducing inactivity within the population and increasing physical activity through walking.

- This project uses a coordinated approach between general practice, schools, local businesses and the local authority. The proposal is based on 'Beat the Street' which was a project carried out in Reading by the company 'Intelligent Health'.
- The project will be approached jointly between Public Health, Strategic transport (LSTF) and potentially Thurrock CCG.
- Walk Tracking Units (WTUs) placed at bus stops, shops, schools, surgeries and other key locations within Thurrock.
- Cards distributed by: Schools, GPs, Work places (approximately 13,000 were distributed per 30,000 of population in Reading).
- Set a target to walk or cycle a set distance of twice round the world during the 8 weeks of the walk tracking part of the project.
- A system of points will be developed for walking set distances, for example 0.2 miles equated to 10 points. A graphic can be created to show progress against a pre set target for an area which can be related to whichever cause is being supported. The important part here is to identify something that is relevant locally and that most people care about.
- School leader board to encourage and motivate.
- Dedicated website to record miles walked where individuals register their cards to keep track of the miles walked and progress with the community target.
- It is envisaged that the website will link to invite people to use the Travel Thurrock app which then can carry on being used after the end of the project and perhaps linked back to points continuing to be gained to encourage use.

The idea of the 'Beat the Street' project was introduced in the Active Essex presentation. The following questions were asked of the workshop delegates:

#### ***Where do you think would be key destinations for WTUs (Walk Tracking Units)?***

Feedback from participants included places with high footfall such as school routes, stations, parks and supermarkets. Other suggestions were to include landmarks such as forts, nature reserves and memorial and blue plaque venues. GP's and sport centres were also included along with libraries and council office.

***Some key groups to engage are: Schools, employers, GPs. Who else should be involved to ensure engagement for the whole community?***

A variety of organisations and venues were suggested as useful in cascading out the information and also being involved in undertaking the activity. Community venues suggested included children's centres; churches sheltered housing complexes and residential care homes. Individuals and organisations who could be involved in the activity included community groups, youth uniformed groups, disability groups, youth offending team, families and childminders. Local artists were also discussed as possibly taking a role in using their skills to decorate the routes.

***When the walk tracking element of the project ends how do we ensure the benefits of the project continue?***

Utilising and involving local businesses was one of the main themes that emerged as possible sponsors of the units and also maybe in providing infrastructure such as better paths and lighting. Borough wide competitions between communities and schools and the use of the Thurrock Travel App were also popular themes that emerged. Over time it was envisaged that the routes would become embedded into everyday routines.

***Which charity/group/cause do you think the fund raising element of the project should support? How do you see the reward element working?***

The groups again all agreed that local businesses and supermarkets should be approached to provide rewards or discounts for points gained by participants. Raising money for local community sports facilities and charities was seen to be an important element and the suggestion of a school trophy, charity walk and employer supported events were also discussed.

In conclusion for this section this information will be used to inform the design of the Beat the Street project for Thurrock. The feedback from the tables on the project was very positive with one participant noting that it "should be implemented as soon as possible".

**Question 5:**

**A Vision for Thurrock**

Fun ideas for a vision for Thurrock were developed from each participant being given a word to put into a sentence that highlighted healthy living. A sample of those suggested:

- *"All areas of community communicates to change 'Healthy Thurrock'"*
- *"Integrating healthy weight community cohesion"*
- *"Meat, fruit, veg and fish combine to make a healthy dish"*
- *Helping Thurrock put a swing in its step"*
- *"The GRASS is greener for those who stay leaner"*

This was a fun activity to end the work shop with although the ethos of these will be used to direct an overarching Vision for Thurrock around healthy weight with the strategy.

### **Additional issues**

There was uncontrollable weather constraints which were being risk assessed through the day. This unfortunately led to a conclusion of the event a little earlier than planned and it was noted that the conclusion of the workshop could have been clearer however, given the urgency of attendees needing to leave it was inevitable and was controlled as much as was possible.

There was disappointing attendance from some Workstream members on the day which will be discussed within the workstream and the Public Health Strategy Board.

Event Bright attendance online tool was used to book participants onto the workshop day. It was noted a few days before that the visual map of location was incorrect on the page; however it didn't appear to affect attendance. This programme was difficult to use and didn't lend itself towards the information break down the planning team would have liked to have reported and therefore at future events this will be need to be re-evaluated.

Attendance to the event was confirmed very late in the planning process and therefore made preparations difficult to manage, for example space needed and food allocation. Following such good and varied attendance and although it was adequate, with hindsight, more space needed to be available for participants to be comfortable throughout the whole day.

It was identified that the important role that diet plays in healthy weight was not highlighted to a great extent throughout the workshop activities. It is expected that this will be balanced with the responses from the satellite groups and questionnaires that we have been undertaking to compliment the workshop feedback as there seems to have been more discussion around diet from the group work within these satellite work shops.

It was highlighted through participant feedback that it was a great networking event and the planning enabled good links to other participants which was highly valued – to further this next time the planning team will ensure that job titles are listed on name badges.

### **Recommendations and Next Steps**

- ***Lack of voluntary sector engagement*** – It was noted that there was little representation from the voluntary and community sector which the healthy weight workstream will look to resolve. Healthwatch and CVS are represented on this workstream. The questionnaire was cascaded out to community leaders and groups and so there has been some consultation with this sector but further work will continue to build upon this.
- ***'Physical activity connector' with Active Essex*** – Through Collaboration with Active Essex a post of a Physical Activity Connector has been developed in order to project manage the development of the directory as well as to coordinate

accessing funding streams around physical activity through the Thurrock Sports and Physical Activity partnership.

- **The Thurrock Healthy Weight Strategy** will be developed in draft by the end of January and circulated for comments.
- **Commissioning** – A new service model for weight management services will be commissioned and active from 1 April 2015. The approach and direction of these services will be influenced by the comments of the workshop detailed in section 2. The service specifications will be developed in summer 2014.
- **'Beat the street Thurrock'** this project to get Thurrock more active is planned to progress in 2014, the comments of the workshop and ideas discussed will be used to shape this project development.

## Conclusion

In conclusion it was felt that the event was well organised and attended. The expertise and experience within the group of participants was invaluable and the rich data that was gleaned from involvement in the activities provided a basis for meeting the aims and objectives of the day. Participants indicated that they felt the Healthy Weight agenda is important to the people of Thurrock and there was an enthusiastic engagement in planning how this problem could be addressed in the future.

The evaluation forms of the participants have been analysed and presented in a summary document:



Feedback Evaluation  
summary.docx

Participants will be updated as the Healthy Weight strategy and directory evolves in the future, the draft strategy will be cascaded out for comments at the end of January 2014.

This was the first workshop that Public Health has undertaken within Thurrock Council and the team will be able to learn from the experience for future events.

Thank you to the speakers, the Healthy Weight Workstream members and the wider Public Health team for their support with the event planning and delivery.

Thank you to all the participants for your involvement, energy and enthusiasm at this event.

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