

AGENDA

WEST KENT CCG HEALTH AND WELLBEING BOARD MEETING

Date: Tuesday 18 November 2014

Time: 5.00 pm

Venue: Medway Room, Medway Room, Wharf House,
Medway Wharf Road, Tonbridge, Kent TN9 1RE

Membership:

Gail Arnold, William Benson, Cllr Mrs Annabelle Blackmore, Dr Bob Bowes (Chairman), Lesley Bowles, Alison Broom, Cllr Mrs Alison Cook, Cllr Roger Gough, Jane Heeley, Fran Holgate, Dr Caroline Jessel, Dr Tony Jones, James Lampert, Mark Lemon, Reg Middleton, Cllr Mark Rhodes, Dr Sanjay Singh, Penny Southern, Malti Varshney and Cllr Lynne Weatherly

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Continued Over/:

Issued on 10 November 2014

The reports included in Part I of this agenda can be made available in **alternative formats**. For further information about this service, or to arrange for special facilities to be provided at the meeting, **please contact MARK LEMON** on 01622 696252

Kent County Council, Policy and Strategic Relationships, Room 2.65, Sessions House, Maistone, ME14 1XQ

7. Summary and Agree Next Steps
8. Any Other Business
9. Date of Next Meeting

WEST KENT CCG HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON TUESDAY 16 SEPTEMBER 2014

Present: Dr Bob Bowes (Chairman) and Julie Beilby, Benson, Mrs Blackmore, Bowles, Broom, Gough, Heeley, Holgate, Jones, Lemon, Varshney and Weatherly

In attendance: Louise Matthews and Linda Smith

12. **APOLOGIES FOR ABSENCE**

It was noted that apologies for absence had been received from Penny Southern, Gail Arnold, Dr Caroline Jessel, Reg Middleton, Dr Sanjay Singh and Councillor Mrs Alison Cook.

13. **DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS**

There were none.

14. **MINUTES OF THE MEETING HELD ON 15 JULY 2014**

It was agreed that the bullet points as minuted under Item 5 – Mental Health Needs Assessment for West Kent were important issues that should be kept sight of by the Board and that this should therefore become a regular agenda item.

RESOLVED: That the Minutes of the meeting held on 15 July 2014 be approved as a correct record and Mental Health Needs Assessment for West Kent should become a regular agenda item.

15. **BOARD DEVELOPMENT AND COG UPDATE - DR BOB BOWES**

Dr Bowes gave a presentation to the Board following the work undertaken with John Deffenbaugh. This detailed the journey through JSNA to the WKCCG HWB and who the commissioners were and who the Board providers are.

The Chairman suggested that the next meeting be dedicated to the future development of the Board and the way it is constituted.

A member of the Board suggested that an assessment should be carried out on the Children's Joint Strategy. Malti Varshney (MV) advised that this had last been carried out in 2010. She undertook to circulate a copy with the minutes.

RESOLVED: That the next meeting be dedicated to the future development of the Board.

16. BETTER CARE FUND UPDATE, CCG - GAIL ARNOLD/LOUISE MATTHEWS

Louise Matthews, after circulating the papers for the Better Care Fund, emphasised that the plan needed to be submitted by 12 noon on 19th September 2014 and asked for any further comments to be submitted to her by Thursday, 18th September.

The Board's attention was drawn to the following:-

- * that major changes had been made around the case for change from page 9
- * Section 4 Plan of Action on Page 13 – more detail had been given on the schemes and the details behind them
- * Section 5 – Risks and Contingency - although the risk factors had not changed greatly, more linkage had been included with strategic plans
- * Section 7 – more detail added to iii) onwards
- * Section 8 – More on engagement, separating it out
- * Annexes – repackaging the information, investment requirements and key success factors

The Board noted the financial aspects of this submission, which included a saving of £1.9m if A&E admissions could be reduced by 3.5%. The savings would go into a Kent pot and then redistributed to all the districts.

It was noted and agreed that money received for payment by results that comes in for health and social care should be monitored by the Board.

The Board was asked to sign up to the submission and this was agreed. Although some concern was raised as to the level of funding as a whole across all districts.

The Board acknowledged that this was a significant part of the process to get to where they wanted to be. However, it recognised that this only covered about 4% of the budget.

The Board thanked Louise and Gail for their hard work in producing this submission.

RESOLVED: That the Board agree and sign up to the Better Care Fund submission.

17. KENT JOINT HEALTH AND WELLBEING STRATEGY; WEST KENT HEALTH AND WELLBEING BOARD'S PARTNER ORGANISATIONS' PLANS FOR PUBLIC ENGAGEMENT, IDENTIFICATION OF GAPS AND PLANS TO CLOSE THEM - DR BOB BOWES

The Chairman emphasised that a report needed to be brought to the Board in November.

Members of the Board commented that:

- a questionnaire had been put on the KCC website which related to the Healthy Weight Promotion and it indicated that the new service would go live in April. This could have implications for other Districts who are carrying out their own service. MV stated that the exercise was to look at what model of commissioning should be taken but no decisions had been taken.
- should the Board look at cold designing of services, ask other colleagues for their suggestions
- should the Board be talking about a partnership service rather than commissioning which is vital to the Board for development

RESOLVED: That a report be brought to the Board in November on this issue.

18. KENT JOINT HEALTH AND WELLBEING STRATEGY; WEST KENT HEALTH AND WELLBEING BOARD'S PARTNER ORGANISATIONS' PLANS FOR IMPLEMENTATION, IDENTIFICATION OF GAPS AND PLANS TO CLOSE THEM - DR BOB BOWES

The Chairman introduced this item and emphasised that any areas identified where there was gaps needed to be fed back to him.

RESOLVED: That information from partners should be fed back to the Chairman.

19. WEST KENT TOBACCO CONTROL AND SMOKING CESSATION WORKING GROUP - JANE HEELEY

Jane Heeley introduced this item by explaining that the action plan had been presented to the Board in April and following a development session which focused on how all partners could collectively work to address population needs, six principles were identified, which were:

- Problem-based approach
- Articulate ambition
- Population level
- Audiences

- Risk sharing
- Holding to account

The Board noted that:

- although there was a lot of success in reducing smoking nationally, there was still a high rate of smoking related deaths
- there was an emerging picture related to e-cigarettes and there needed to be a piece of work undertaken on this
- there needs to be more advocates within services that can talk confidently to people they come into contact with about quitting smoking, it was noted that a half day training session was available
- rates of referrals by GPs to the scheme had declined but this was thought to be somewhat due to the increased usage of e-cigarettes
- various initiatives had been introduced, including trading standards identifying hot spots where teenagers buy their cigarettes and talking to the shop owners
- GPs had indicated that patients prefer to go to local groups when referred and children seem to respond better when approached within school, rather than on their way out
- It maybe worthwhile engaging with local landlords and housing association to spread the message
- Work had been taken place with the Chamber of Commerce to promote the Healthy Business Award
- A lot of work on the Home First scheme had been carried out – an initiative to help older people stay well and independent
- Work was ongoing to target disadvantaged areas

RESOLVED: That the Board noted the approach taken so far and agreed to sign up to the Local Government Declaration on Tobacco control. Jane Heeley stated that she would circulate it to Board Members and also to partners to take this forward.

20. ALCOHOL STRATEGY FOR KENT 2014-2016 - LINDA SMITH

Linda Smith gave a presentation to the Board on the Kent Alcohol Strategy 2014-2016 that was approved by Kent Adult Social Care and Health Cabinet Committee earlier this year.

The key aims of the Alcohol Strategy for Kent 2014-2016 are to:

- a) reduce alcohol related specific deaths
- b) continue to reduce alcohol-related disorder and violence year on year
- c) raise awareness of alcohol-related harm in the population
- d) increase pro-active identification and brief advice at primary care
- e) increase numbers referred into treatment providers as appropriate

Six Pledges have been developed which are:-

Prevention and Identification – Identification and Brief Advice in Primary Care and pharmacies, training, social marketing and targeted promotion

Treatment – Improve liaison at A&E

Enforcement and Responsibility – Tackling night-time economy, reduction of violence, use of crime and community partnerships, spot checks on traders, working with industry

Local Action – Continue good practice using KCAP model and expand into areas where there is no KCAP

Vulnerable groups and inequalities – Priorities dual diagnosis by improving the links between mental health workers and substance misuse treatment providers, domestic violence awareness campaigns and working with perpetrators

Children and young people – Continue with Riskit, lead a Kent-wide campaign, co-ordinate hidden harm strategy linked to KIASS, systematic screening in A&E

The Board noted that:-

- the majority of people in West Kent and the UK consume alcohol responsibly, however excessive consumption of alcohol is a growing problem in Kent and nationally
- Alcohol contributes to crime and disorder, is linked to domestic violence, mental distress and family disruption
- Liver disease is almost wholly attributed to alcohol misuse and is the fifth largest cause of death in England
- It is a huge cost to the public purse but many costs are not able to be taken into account
- In Kent it is estimated that alcohol harm accounts for approx £108m of health commissioning resource each year
- Initiatives include shops/clubs stocking only alcohol reduced wines and spirits (trialled in Brighton)

RESOLVED: That the Board:

- a) noted the report and agreed the key actions from the strategy;
- b) agree to the development of a Local Alcohol Action Plan to

implement the Kent Alcohol Strategy; and

- c) agree to the creation of a multi-partner Task and Finish Group which would address the six pledges.

21. TEENAGE PREGNANCY STRATEGY CONSULTATION - MALTI VARSHNEY

Malti Varshney updated the Board on the work being undertaken in relation to the teenage pregnancy strategy. It was noted the consultation had now finished on the website and all the feedback was being collated which would inform the final version of the strategy.

RESOLVED: That the action taken to date be noted.

22. ANY OTHER BUSINESS

Dentistry – The Board had a discussion on access to NHS dentistry which the lack of appeared to be huge problem in Kent, especially for older people.

RESOLVED: That Board Members feed back to the Chairman to appraise him of any experiences that they had heard about (within the next couple of weeks) and he would write to NHS England to express the concerns on behalf of the Board.

23. DATE OF NEXT MEETING

The next meeting would be held at Tonbridge & Malling Offices on 21 October 2014 starting at 4 p.m. The meeting would include one agenda item, 'Development of the Board'.

Report of: Katie Latchford, Maidstone Borough Council on behalf of Childhood Obesity Task and Finish Group

To: West Kent CCG Health and Wellbeing Board

Subject: West Kent Childhood Obesity Task and Finish Group

Classification: Unrestricted

Summary

Following its August 2013 meeting this Board requested a number of Task and Finish Groups were established, to review how collaborative working and a co-ordinated provision of services can better address specific causes of ill health.

This is the final report of the Childhood Obesity Group on how it met its aims and identified areas for future multi-agency work.

1 INTRODUCTION

- 1.1 The Childhood Obesity Task and Finish Group agreed to focus on the broadest definition of childhood obesity through concentrating on a system wide approach across the life course of the 'child' – i.e. -9 months to 18.
- 1.2 The group remit included:
 - Developing a sound common understanding of the issues related to childhood obesity
 - Developing an understanding of cross organisational issues i.e. planning, transport, health and care, levels of physical activity which contribute towards obesity prevalence at population level
 - Articulating clearly how different organisations are linking up to resolve the issue
 - Reporting to the board issues that are barriers
 - Developing a plan of action that will resolve the identified issues
 - Making strategic recommendations to the board that require senior support
 - Underpinning recommendations with sound evidence.
- 1.3 The membership of the group included representatives from both delivery and commissioning partners; these included representatives from:
 - Kent County Council (various including Public Health, Children's Centres, Early Years, Sport)
 - Midwifery, MTW
 - Health visitors
 - Breastfeeding, CIC
 - Kent Community Health NHS Trust
 - Maidstone Borough Council,
 - Tonbridge and Malling Borough Council
 - Tonbridge Wells Borough Council
 - Sevenoaks Borough Council

2 PROGRESS

2.1 The group mapped intervention and outcomes across the life-course identifying 6 key areas for focus, these were:

- Pre-conception and maternity
- Health visiting
- 0-5/ children's centres
- Primary school age
- Secondary school age
- Family

The draft mapping is attached at appendix 1.

2.2 Interim findings presented at the December 2013 meeting of the West Kent health and wellbeing board included:

- Work on childhood obesity needs to focus on early intervention and prevention with families and children aged 0-5.
- Support should be given in pregnancy to those women identified as having a high BMI. There is currently a minimal service offered in West Kent and no consistency in referrals or support across the area.
- There needs to be more consistency and clarity on referrals following the 2 year check where children are identified as overweight or obese. Currently referred back to GP, onward referral and support not monitored or reported – pathway needs to be clearer.
- There are currently no comprehensive 0-5 preventative services and thought needs to be given to how we deliver this in partnership, including weight management for under 2s and services for under 5s.
- Work needs to be undertaken to support professionals across the sector in challenging where obesity is present in a child or family, and giving consistent messages and advice.
- Current child weight management pathway is not working for under 5s and further work needs to be undertaken to identify the barriers for older children and adolescents.

2.3 Work to address and distil these down to key priorities for action was the focus of the last 3 meetings.

3. CONCLUSIONS: Gaps in Service, Barriers to Success and commissioning opportunities

3.1 In identifying and attempting to address existing barriers, the group drafted the plan at appendix 2.

3.2 The plan raised 3 overarching principles:

3.2.1 There is a need to commission a pathway and associated services for childhood obesity that represents a whole system approach across the early years of the life course; that identifies and understands the different pressures that come in to play at different ages and can flex accordingly.

3.2.2 Work needs to be developed to identify a coherent lead for commissioning this stream of work that bridges the differences in practice and contracting between midwifery, health visiting, primary care and those

who commission and delivery services focused on specific age and geographical criteria outside of the 'health' sphere.

- 3.2.3 Communication is key – be that communicating information on programmes that are available, communication between different parts of the system, communicating referrals and results; or communicating with children or families about obesity.
- 3.3 The action plan also highlighted the barriers identified and commissioning needs as a consequence. In summary, the group identified the following barriers and gaps in service provision in West Kent:
 - 3.3.1 There are currently no comprehensive services provided for pregnant women with a high BMI. There is patchy provision and local pilot projects, but comprehensive contracted provision is not there.
 - 3.3.2 The provision of breast feeding support in West Kent is not consistent across the area.
 - 3.3.3 There are no weight management services for children under the age of 5 and for all ages access to tier 3 services are not available unless there is illness or co-morbidities present. Current referral processes from front line/ primary care to specialist services are not clear, and a feedback loop is not present.
 - 3.3.4 There are currently gaps in collected data on childhood obesity as no comprehensive data collected on young children's referrals or outcomes.
 - 3.3.5 The current pathway for weight management in children and young people is not functioning as it stands.
 - 3.3.6 There is a gap in commissioning and coordinating weight management services across the early stages of the life course between partners at all levels; universal, tier 2 and tier 3.
 - 3.3.7 Professionals at all levels still feel that they are not able to talk to children, young people and their families on weight issues.
 - 3.3.8 There are currently no specifically commissioned services for weight management in adolescence.

4. RECOMMENDATIONS

- 4.1 The West Kent Health and Wellbeing Board are asked to consider the following recommendations in light of the barriers identified by the task and finish group listed at 3.3.
 - 4.1.1 Consideration is given to the provision of specialist services within the midwifery contract for women with a high BMI during pregnancy. This should be linked to services provided by GPs and health visitors through

the 6 week check and information shared to increase referrals to community weight loss programmes post-partum.

- 4.1.2 That all partners support and link in to the new Breast Feeding Service that will be in place in West Kent by October 2014.
- 4.1.3 That consideration be given to commission comprehensive services for weight management for under 5s that complements existing provision from health visitors, but provides a coherent pathway from community based provision to specialist services at tier3. A review of specialist services provided to obese young people is undertaken, including criteria, referral routes and pathways. That consideration is given to the provision of a comprehensive specialist service for obese children and young people and funds sought from across the system to commission appropriately.
- 4.1.4 That work is undertaken with the Kent Public Health Observatory to establish what data is collected, what data could or should be collected and what data best represents the efficacy of work to reduce childhood obesity to provide a comprehensive evidence base.
- 4.1.5 The current pathway is not functioning well, with a disconnect at certain points. A simplified healthy weight pathway is being developed through the local NCMP operational groups to cover local universal provision to specialist services. Care needs to be taken to ensure that the pathway covers the whole of the life course of the child. Also the pathway needs to cover all (not just medical) work that is being commissioned to reduce childhood obesity i.e. work to limit access to take aways near primary schools; provision of sport and physical activity in children's centres, schools and community based settings; work on community engagement and healthy cook and eat programmes.
- 4.1.6 The task and finish group attempted to map any and all services that were provided by other partners to tackle obesity in children and young people. It became clear that individual parts of the system were commissioning limited services to tackle childhood obesity, but these were not coherent or joined up. Work needs to be completed to identify a lead commissioning body for services to tackle childhood obesity across the life course and system, so that there is an overview of services that are commissioned within and outside the 'health' sphere. This might be the children and young people's commissioning function, or the newly established West Kent level COG that is now a sub-groups of the West Kent Health and Wellbeing Board.
- 4.1.7 Issues were raised by professionals from all parts of the system that do not want to or do not feel equipped to talk about weight with children and families. Training should be identified and commissioned to support professionals in talking about weight issues. This should include elements of the NICE behaviour change guidelines and motivational interviewing.
- 4.1.8 Whilst the task and finish group identified the lack of services specifically for adolescents as a gap in provision, on consultation with KIAS and

other agencies providing support to that age group, they felt that commissioning weight management interventions was counter productive as issues often stemmed from very complex emotional/ psychological issues. Further work needs to be undertaken to commission appropriate weight management interventions for adolescents that are agreed by all commissioning partners.

Mapping childhood obesity interventions and outcomes

Pre-conception

& maternity

H&WB in pregnancy
 Mind the gap: increase BF prevalence, BF friendly, increase awareness
 Should be 1:1 support for women with high BMI in all districts
 Advice
 Breastfeeding Buddies
 Nutritional advice
 Lactation consultants
 Volunteer peer support
 Breast feeding friendly
 Active baby programme
 Reduced BMI of mother – less complications in pregnancy and birth
 Reduced risk of obesity in later life for child

pregnancy and birth
 Reduced risk of obesity in later life for child
 Reduce issues during pregnancy related to increased weight e.g. GD
 Housing – minimum standards housing
 DV
 Teenage mums
 Normalise breast feeding

in

Health Visiting

Interventions

Advice
 Breastfeeding Buddies
 Nutritional advice
 2 year checks -> GP referral if weight concerns
 Not able to offer antenatal breastfeeding advice until staff levels increase
 No specific service to refer to

Outcomes

Reduce weight
 Reduce issues during pregnancy related to increased weight e.g. GD
 Supporting breastfeeding workplaces and business
 Increase breastfeeding numbers
 Healthy eating award
 Campaigns 'here & now'
 Support breast feeding

Pre-school (0-5)

Interventions

Breastfeeding peer supporter groups
Advice
Active baby programme rolled out
Breastfeeding Buddies
Little stirrers
Nutritional advice
Sporty Kidz
2 year check
Health walks
Diet/ cooking advice
New baby targeted services
Community chef
Cook and eat
Organised play
Play schemes
Active travel
Toddler gym equipment
Whole family involvement

Outcomes

Lessen weight problems in yr R

Increase physical activity

Increase knowledge base for parents

Primary (5-10)

Interventions

Kent School Games/ school games – local intra and inter school activities leading to county finals
Outdoor leisure facilities
Primary school PE & Sport Premium funding to improve PE & Sport offer and engage the least active
Maintain/ improve free access
Change4Life clubs – alternative activities to attract the least active.
Council open spaces
Other providers – e.g. cricket (Chance to Shine), Bikeability, Tesco's FA Skills, Local 'But in@ schemes led by secondary schools
Planning OS policy
PE sport play – more sport/ fitness advice
Cycling strategy
Cycle training offered to year 6 -0 could we offer level 1 lower?
LEAP/ go for it
Mind the gap: promote HW for children, healthy activities healthy choices awards in schools
NCMP locality
Leisure pass
Free school meals
Sport/ outdoor workshop
Sport clubs
Leisure cook and eat
Summer play scheme
Walk to school
Little stirrers
Spring in to sport
Go for it
DMAX
Kick start 0-10

Outcomes

Active travel to school
Increased physical activity
More exercise
Reduce obesity
Uptake of free school meals
Change in behaviour

Secondary (11-18)

Interventions

Kent School Games/ school games – local intra and inter school activities leading to county finals
Sportivate – sports programme for 11-25 year olds
Excel 11-18
Satellite Clubs – clubs for 11+ linked to main sports club, but located on secondary school site where possible
Cook and eat
Highways – being developed for year 7/8 level 3
Health trainer sessions
Outdoor leisure facilities
Maintain/ improve free access
Council open spaces
Planning OS policy
Cycling strategy
Mind the gap: promote HW for children, healthy activities
Leisure pass

Outcomes

Active travel
More exercise
Body image?

Children and families

Interventions

Healthy club/ active Kent – online information resource on activities and healthy eating
LEAP
National governing body of sport products/ programmes: E.g. No strings/ smash-up Badminton; instant Ping Pong; back to netball; run England project/ Park Run etc
Planning family
'Dance for fun' (follow on for LEAP families)
Active travel options
community events
Cycle 2 work
Go care (discounted gym membership for low income)
Travel plans
Encouraging cycling/ walking for leisure
Park fit/ park run
Health walks

Outcomes

Increased activity levels for children and families
Reduced levels of obesity for children and families
Increased levels of healthy eating for children and families
Activity for whole family as a choice
Increased physical activity
Reduced obesity/ health issues

DRAFT: Childhood obesity barriers and actions

Key points:

Can we commission a pathway and associated services that represent a whole system approach across the early years of the life course which identifies and understands the different pressures that come in to play at different ages and is able to flex accordingly?

Work needs to be developed to identify a coherent lead for commissioning this stream of work that bridges the differences between midwifery, health visiting, in to primary care and those who commission and deliver services focused on specific age and geographical criteria.

Communication is key – be that communicating information on programmes that are available; communication between different parts of the system; communicating referrals and results; or communicating with children and families about obesity

Barriers identified	Action taken	Barriers still existing	Commissioning need/ who leads
No comprehensive services provided for pregnant women with a high BMI	Tunbridge Wells currently running a pilot to run a 6-8 week course in children’s centres (Tunbridge and Cranbrook) Not identified any areas of specific need.	Current provision of specialist midwifery services limited to a maximum of 3 hours per district, with coverage patchy.	Need to increase provision of specialist midwifery services to women with increased BMI. Need to link service in to health visitors who can refer and signpost in to T2 services delivered by Districts in West Kent. 6 week check as primary first referral point, however unclear if GPs are happy to speak about weight to post-partum women.
Comprehensive provision of breast feeding support across WK	Tender for new service about to be released (07 April 2014) with decision on providers being taken in May and new service fully in place by October. Baby friendly initiative being rolled out across Kent. Health visitors providing universal	Problems with data collection from 6-8 week check. 2 key issues are that data is not being submitted/ collected correctly. Firstly, data is not passing from practices to child health records and secondly that data is not accurately recording breast feeding status.	Are GPs the right people to complete the 6-8 week check, or are health visitors better placed as they were historically. Is there are need to commission training for GPs?

	services - new leads now appointed.		
T1 & T2 no service provision for under 5s	<p>Mapped pockets of provision that are being piloted by districts and providers:</p> <p>Maidstone is piloting a sporty kidz programme run with 'fire fit' in children's centres</p> <p>Maidstone is running a pilot with Active kidz in private nurseries focused on increasing physical activity and reducing obesity through healthy eating</p> <p>Maidstone and Sevenoaks are piloting a project with south east dance that focuses on family physical activity and developmental play</p> <p>Maidstone, Tunbridge Wells and Tonbridge and Malling are working with Little Stirrers to deliver family cook and eat courses in children's centres, primary schools and community settings.</p>	<p>All work described in action taken are ad hoc programmes commissioned by Districts – not systematic commissioned approach in west Kent. There is no centrally commissioned approach to providing early intervention services for obese children and their families.</p> <p>Still issues of who leads what and who commissions what – not finding duplication, rather that there is little or no commissioning of scaleable services.</p>	<p>Need to identify a lead commissioner for T2 services for obese children and their families under 5. To be commissioned alongside universal services that run with midwifery and health visiting.</p> <p>This should be the children and young people's commissioning function; however it was questioned whether this was in fact working in West Kent.</p>
T3 no service for under 5s unless co morbidities / illness	<p>In developing the current pathway for children (5+) discussions with paediatrics highlighted that there was not the capacity to offer paediatric and dietetic services to children and young people who were only obese, there had to be illness or co-morbidities for services to be offered. No services were offered to those under 5.</p>		<p>The possibility of a comprehensive service for children and young people at T3 needs to be investigated and funds sought from across the system to commission appropriately.</p>
T3 no coherent services for children	Current referral pathway identifies		Following on from the above,

from primary care through to dietetics/ peads	the need for referrals to be made from primary care through to Paediatrics/ dialectics following concerns raised, however it is clear that services are not available for many children and young people to be referred in to. Data collection and feedback is also problematic with primary care professionals reporting that they are not able to see the progress of any referrals made to services.		referral routes and data collection need to be improved to allow all parts of the system to analyse the efficacy and value for money of any interventions put in place.
Referral routes/ reporting not clear	Discussions with key people to understand how the system works currently and the referral routes for obese children and their families	A key barrier identified was that where concerns were raised at the 2 year check by health visitors regarding a child's weight, they were referring the family to the GP. There was no follow up to check that the family had attended and discussed the issues with their GP. Even if they had, it has become clear that the referral route available to the GP to paediatrics and dietetics is not clear and that services are difficult to refer in to in their current form. There are also concerns that the 2 year check is still patchy in some areas of West Kent. This means that a child may not be assessed in terms of their weight until the NCMP measurements in year R.	A lead needs to be identified to work on developing a clear referral system for obese children that ensure follow ups are taking place.
No coherent pathway/ commissioning model esp. through	The current pathway was discussed at length and gaps identified. A	There is still a 'disconnect' in referrals at certain points.	Sense check the new pathway to see if it has solved any of the barriers

the early stages of the life course	simplified healthy weight pathway has been developed that allows flexibility to show local delivery. This has been developed through the local NCMP operational groups (which focus mainly on school aged children) who have done a very good job of bringing people and services together to understand what is out there.		identified through this process. Look at replicating the simple governance seen in the NCMP operational groups to enable coherent commissioning across the system.
How do we link/ coordinate commissioning outside of our control i.e.: <ul style="list-style-type: none"> • KIASS • Children's Centres • Education • Midwifery • Health Visiting • School nurses 	Attempted to map any and all services that were provided by other partners to tackle obesity in children and young people	It became clear that individual parts of the system were commissioning limited services to tackle childhood obesity, but these were not coherent or joined up/	Identify a lead commissioning body for services to tackle childhood obesity across the life course and system, so that someone has an overview of services that are commissioned within and outside the 'health' sphere. This might be the children and young people's commissioning function, or the newly established West Kent level COG that is now a sub-groups pf the West Kent Health and Wellbeing Board.
Primary care information in and information out	All local services for weight management (currently commissioned 5+) are now on DORIS so that GPs are able to make informed referrals.	Still issues with professionals from all parts of the system that do not want to or do not feel equipped to talk about weight with children and families.	Training identified to support professionals in talking about weight commissioned and delivered. TO include elements of the NICE behaviour change guidelines and motivational interviewing.
There are no T2 weight management services for adolescents	Spoke to KIASS and other agencies providing support to adolescents. They are not currently commissioning weight management	There are no T2 weight management services for adolescents	Investigate the possibility of commissioning a partnership service across the agencies involved which tackles the mental and physiological

	<p>interventions and not planning to as they feel that a focus on weight is counter productive as issues often stem from very complex emotional/ psychological issues.</p> <p>There is no commissioning specifically focused on adolescents from KCC Public Health.</p>		<p>issues of weight management for adolescents. Funding for this will need to be sought from across the system which will be difficult.</p>
<p>Communication issues – no one understands each others programmes</p>	<p>Investigated the possibility of more closely unifying commissioning so that a universal service is available across West Kent and scaleable to Kent level.</p>	<p>Still issues as complex landscape of commissioned and universal services provided which is difficult for professionals to navigate</p>	<p>Investigate commissioning a single point of referral that is able to take referrals from all people and direct to the most appropriate services.</p>