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Dear Tim

**Re: Report by Liverpool LINK Healthy Weight Task and Finish Group – Weighing
Liverpool Up”**

I would like to take this opportunity to thank Liverpool LINK for the work you have done in relation to obesity and weight management which remains a significant public health issue in the city. It is clear that much hard work has been undertaken by the task and finish group. The recommendations you have made are clear and many echo our own thoughts.

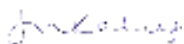
Please find attached individual responses to each of the recommendations made in the report. We have liaised with colleagues from Liverpool City Council in relation to a number of the responses in order to ensure we are able to give you as complete a response as possible. If you have any specific queries, please don't hesitate to get in touch.

We would very much like the opportunity to meet with you and members of the LINK task and finish group to talk through our responses to your recommendations and to discuss how we can work together more effectively in the future. Can you please provide me with a named contact who I can liaise with to set this meeting up?

We would also like to extend an invitation to the Liverpool LINK onto the Liverpool Obesity Task Force. My colleague, Annette James, Senior Public Health Practitioner will be in touch in relation to this.

May I once again take the opportunity to thank the Healthy Weight Task and Finish Group for its hard work and contribution to this key public health challenge.

Best wishes



Julie Kelly
Head of Public Health Commissioning
Liverpool PCT

cc. Kathy Hull, Service Manager, Liverpool LINK
Samih Kalakeche, Director, Integrated Adult Health and Social Care Commissioning
Mike Marsh, Chair of Liverpool LINK

Liverpool PCT response to key recommendations in Liverpool LINK Healthy Weight report

1. Schools, school meals and lunchboxes

Recommendation 9.4 - The Group would recommend the extension of the Pack It In lunchbox campaign in partnership with the Healthy Schools team at Liverpool City Council. Liverpool LINK would be happy to add its backing to such campaigns and to contribute to their ongoing social marketing.

Response

The Sportslink "Pack It In" campaign is continuing using staff from Sportslink and the PCT Community Food Workers team. Expansion of the scheme is subject to evaluation of its effectiveness and financial considerations. Parent's workshops are not always well attended. However, work on the contents of healthy lunchboxes is undertaken by the Food In Schools Team where this has been identified by the school as part of needs assessment. Schools are also expected to have a clear and enforceable policy on packed lunches as part of their School Food policy. This is monitored as part of the Transforming School Food Strategy

Recommendation 9.5 - Any move towards increasing the take-up of free school meals still further would be welcomed by the LINK as would a move towards providing free school meals for all primary school children. Outcomes of a proposed pilot scheme in Halton will be interesting to note.

Response

Liverpool's take up of school meals in secondary schools is 17% above the national average; in primary schools it is approximately 5% above the national average. Transforming School Food staff are continuing to work with the Benefits Agency to increase uptake of free school meal eligibility and we are in discussion with our Inclusion colleagues to see if we can do some targeted work on this with BEM families.

In relation to free school meals for all primary aged children, we are constantly reviewing this through the Healthy Schools Strategy. It is unlikely that free school meals for all primary school children will be funded in the current economic climate.

Recommendation 9.6 - The Group recommends that support for Healthy Schools initiatives should move beyond year-on-year funding packages as short-term funding contributes to a drop-off of staff and a lack of continuity and can make it difficult to attract the best available candidates

Response

Healthy Schools is funded via the Local Authority. Liverpool PCT has contributed to Healthy Schools funding for a number of years. Next year Liverpool PCT has put in a submission to secure Area Based Grant funding for work in schools and the outcome of this submission and the amount of funding available is still awaited. Liverpool PCT is committed to working in partnership with colleagues in Liverpool City Council to ensure that all funding opportunities whether they be long or short term are maximised. We believe that local people should be provided with high quality, seamless services regardless of how the service or scheme is funded.

Recommendation 9.7 - Despite encouraging examples of good partnership working there is still room for improvement to avoid such problems as have been experienced locally where

the Building Schools for the Future (BSF) programme designed school kitchens which were too small for purpose without using local expertise and knowledge.

Response

The PCT has been shown plans for innovative dining solutions which offer flexible and inviting spaces and also have the capacity to involve local communities for the new wave of buildings which are part of the Building Schools for the Future programme. However, we would welcome a further discussion with colleagues from the BSF programme and will progress this.

Recommendation 9.8 - The Group also recommends that more 'healthy lifestyles' work be undertaken with parents through Extended Schools Parent Support Officers.

Response

The Food in Schools Team has recently been restructured to work in neighbourhoods so that they can liaise more effectively with Extended Services Support Officers and Parent Support Officers. We do recognise that parents are very influential and we agree that it is important to involve them more in the debate around healthy eating and physical activity

Recommendation 9.9 - A further suggestion would be to explore the possibility of incorporating 'healthy living' strategies into school Compacts and including them in pupil's Records of Personal Achievement.

Response

Healthy Living "strategies" should be included in the school's Self Evaluation Form (SEF) and in the School Development Plan. Pupil's "Records of Achievement" should include non-academic success and interests too.

Recommendation 9.10 - Finally, the Group would like to request that, as soon as it becomes available, Liverpool LINK be provided with:

a) ongoing 6 monthly data as to how successful the 8 objectives of the Transforming School Food in Liverpool strategy have been to date with a final report after the current strategy ends in 2011 and;

Response

Healthy Schools are happy to provide a six-monthly Action Plan update and/ or the evaluation reports from Wolverhampton University who are evaluating the Transforming School Food Strategy. The first report is available now and second will be prepared by March 2010. Please contact Linda Kerans, Healthy Schools Consultant for more information on 0151 233 3901.

b) data outlining the success of the aim to reduce the number of obese 11 year olds in Liverpool by 10% by this year as set out in the Liverpool Children and Young People's Plan 2006 – 2009.

Response

The target in the Children and Young People's Plan was aspirational. Before 2009, the targets set in the CYPP for children's weight were not the same as the PCT targets. The targets for the National School Measurement Programme are worked out using a formula which enables targets to be set in the same way across the country. Obesity trends are slowing down but we are still on a rising trajectory. We have increased the number of children who are weighed and would expect a rise of 0.6% of obese children for every extra 10% of

children weighed. Our target for year 6 children in 2009/10 is 21% who are obese and in 2010/11 it is 21.1%

2. The role of GPs

Recommendation 9.14 - The Group recommends that Liverpool PCT Providers work towards introducing information prescriptions for patients seeking support around achieving and maintaining a healthy weight for themselves and their families. These could be produced in partnership with locally-based Health Trainers or Active City Co-ordinators who will have up-to-date information available to back up any clinical advice provided by GPs

Response

The PCT Neighbourhood Model is predicated on the partnership between clinical services and health improvement services. For example, as part of our diabetes prevention work we have linked up Active City colleagues/ Community Engagement Officers/ Community Food Workers/ Walking & Cycling for Health/ Health Trainers supported by a mobile fresh fruit and vegetable shop to provide tailored programmes in at risk populations.

The broad principle of our social prescribing model in Ellergreen, which we hope to role out across the city, is to link patients with non-medical support within the community. This support includes prescribing for art, debt management, educational and job opportunities, health trainers and exercise. The social prescribing model is being delivered via primary care, initially by general practitioners. The type of support needed is determined by the nature of the presenting problem. However, in the prescribing for art model we are specifically targeting individuals who have mild – moderate anxiety and depression. In terms of evaluation both qualitative & quantitative measure are being developed.

Recommendation 9.15 - Given Liverpool's Neighbourhood Health Model plans to introduce 22 multi-disciplinary 'health hubs' across the city the opportunities to combine information prescriptions with more effective referral pathways – for example to dieticians based within the same building – should be promoted vigorously.

Response

Discussions are currently underway re relocation and co-location of services to support the Neighbourhood Model. As the neighbourhood hub and spoke model develops we will be proposing local mapping of relevant services and opportunities for GPs to expand social prescribing and information provision. This will hopefully include formal services and a range of opportunities provided by both NHS contracted and other third sector groups. How these are communicated in ways other than via GPs to enable those not visiting GPs will also be considered and through Liverpool PCTs developing third sector approach we would hope to use good community networks to assist in this and thus also support innovative community approaches to be more sustainable.

Recommendation 9.17 - It would be useful to link this, purely quantitative, indicator with anonymous qualitative data on the contents of information prescriptions given to patients to help them maintain a healthy weight.

Response

All referrals for Social Prescribing will be recorded on GP systems so it will be possible to monitor levels of activity (from a GP perspective) in addition to the usual quantitative/qualitative that would be routinely recorded in primary care.

Recommendation 9.19 - LINK members report that advice received from sports centre staff can be inaccurate in relation to some conditions and GPs may be able to lobby the local Medical Committee or the Professional Executive Committee of the PCT to address this issue and ensure that accurate exercise advice is available to patients.

Response

Liverpool has an established "Exercise on Referral" Scheme. There are currently 11 Leisure Centres operating the scheme. Each centre has a Wright Foundation qualified instructor who is trained to level 3 in respect of exercise prescription for specialist populations. The referral consists of a strict procedure which ensures that exercise prescription is bespoke to the individual and their needs. The exercise referral period is 12 weeks and consists of 2 sessions per week, the cost of the referral to the patient is reduced based upon subsidy and signposting to further activity is included, inclusive of goal setting. The objective of the scheme is to follow the behavioural change model to create an independently active patient.

Recommendation 9.20 - A further recommendation for a simple improvement to patient knowledge and best use of services would be if GPs (and other health professionals) could explain BMI charts to parents/carers/families and indicate where the various points for healthy weight, overweight and obesity intersect with different age groups and by gender, as well as mentioning caveats in relation to Black and Racial Minority groups.

Response

Liverpool PCT has recently commissioned an expert weight management service called Aintree LOSS which went live in October 2009. The service is currently available in two community settings with a further venue planned to go live in the coming weeks. All GPs, Practice Nurses and Practice Managers have been contacted about the service and we used this as an opportunity to advise them of the whole host of other weight management services available to patients dependant on their BMI. The simple flow chart provided explains what services are available to those who need to lose weight and those who would like to maintain a healthy weight.

In addition to information for primary care staff, the new service is also producing patient information with input from local patients which will contain a range of weight management information including information about BMI and how to interpret it. People can access the Aintree LOSS information from the Liverpool PCT website. Patient leaflets are planned early this year. They have been developed in draft and we are waiting for patient groups to advise on the content. We would value the opinion of the LINK if they would like to be involved in this process.

The new service, as well as providing individual care to overweight patients also has a role to improve the management of weight in primary care. The PCT will ensure that as part of this package of training focus will be placed on the importance of how information about BMI is communicated by primary care colleagues and the specific issues relevant to some BEM groups.

3. Communication

Recommendation 9.21 - A more co-ordinated and 'customer focussed' approach to social marketing by the PCT and Liverpool City Council would be welcomed, as would improved communication between service providers in all sectors to avoid potential duplication of effort and to strengthen referral pathways.

Response

Liverpool's "Lose a Million Pound" Challenge, a 15 month social marketing campaign, brought many services in the city who are working towards a healthier weight under one umbrella. Through a community "tanker" tour these services were taken to each of the 5 neighbourhood areas in Liverpool. The campaign not only raised awareness of services and access points into them, but also enabled direct access to health trainers, dieticians and food workers.

Whilst lead by Liverpool PCT, Liverpool City Council is a key partner in the campaign and made its Lifestyles Centres freely available to Challenge members by issuing free leisure passes. Other organisations who provide activities for local people also gave free access for Challenge members eg. Aqua running

The campaign achieved significant awareness of healthy weight with local people pledging to lose over a million pounds of weight over the course of the campaign and has also increased the uptake at some weight management services in the city.

Recommendation 9.24 - The Group recommends a re-think of the city's communications strategy around healthy weight, eating and activities.

Response

Liverpool PCT and Liverpool City Council promote the Taste for Health and Active City websites. Liverpool PCT aims to carefully target leaflets and posters as feedback has shown us that having a wide range of different posters and leaflets can cause confusion. Leaflets are most effective at reinforcing information following a discussion or an event. It is always helpful to get feedback from the patients and public on what works and we always ensure that this feedback helps to inform future work.

A considerable number of up to date resources were developed to support the Liverpool Challenge campaign and these have been distributed widely across the City during the time of the campaign through workplaces, libraries, shops, GP surgeries, local community events, one stop shops etc. These resources will continue to be used and are being made available to any organisation that wishes to distribute them as part of 2010 Year of Health and Wellbeing which will also reinforce the importance of healthy weight.

The 2010 Year of Health and Wellbeing will showcase events taking place across the local economy that can improve the wellbeing of our communities. One of the key themes for 2010 is, "Be Active" which clearly links to issues around weight management and a marketing campaign is currently in development to effectively promote this message.

Recommendation 9.25 - There is already a lot of impressive outreach work being carried out by Active City staff, Health Trainers, Community Food Workers, the 5-a-day scheme and CHAT staff but it is the Group's opinion that this work in the community is under-staffed and under-resourced – perhaps at the expense of a 'social marketing' approach that is less person-centred – and would benefit from additional financial input to ensure that more local residents are able to access the services they clearly value.

Response

Liverpool PCT is committed to ensuring that it provides a range of services to local people and we recognise that one size does not fit all. We are committed to delivering the neighbourhood model of care and have recently commissioned a combined Health Trainer and Community Health Ambassador Service which went live September 2009. This amounts to a total investment over the next three years of £3.5 million, a clear commitment on our part

to continuing with our community based approach to supporting local people to make real changes in their lives, particularly those traditionally considered hard to reach.

Recommendation 9.25 continued - The public face of healthy weight information and support is most valued when it is visible in neighbourhoods in the form of real people not websites and there may be a case for reform of the Neighbourhood Management structure to enable public health messages to be delivered more pro-actively and effectively by the PCT and Liverpool City Council with local participatory budgets available and input from LINK Neighbourhood Champions.

Response

We fully agree that the best way for relevant health related priorities to be tackled within neighbourhoods is through a joined up approach involving the PCT working alongside a range of partner organisations including amongst others the Local Authority and the LINK Health Champions. This is our approach and proposals are being developed around neighbourhood resources, both financial and staffing which can be pooled and directed effectively to address local health priorities. The LINK has been fully involved in these discussions.

Recommendation 9.26 - A further benefit could be gained by ensuring that all services work within the same geographical parameters.

Response

The PCT recognises that different services working to different geographical boundaries can cause confusion but acknowledges that it is not always possible to ensure that every service in the city is co-terminus. However, we believe that our neighbourhood hub and spoke approach will enable seamless service delivery throughout the NHS family and with our partner organisations.

Recommendation 9.27 - With respect to appropriate referral pathways, the Group recommends that referrals to GOALS could be improved by including referrals through the National Child Measurement Programme and that parents/carers could be referred directly into the programme as well as children. Better targeting, based on evidence about which families the programme currently works most, and least, successfully for would also be welcome.

Response

We agree that this is the best way forward and a process is already in place to address this. Children identified in the NCMP as overweight and obese will be referred as appropriate to the GOALS programme. However, we know that many children who are referred do not access GOALS for a whole host of complex reasons. We know for example that many parents do not recognise that their children are overweight or obese – there is a real need to work with both these children and their parents to support them to eat a healthier diet and take regular exercise through a range of activities and to motivate them to seek further help and support as appropriate.

We are working hard to train all frontline staff in brief intervention skills alongside Choosing Health/ Health Improvement training so that people are able to get good advice and information from any front line staff member on a range of lifestyle issues.

A seminar with 100 frontline staff is planned in February to ensure the staff can help families access the Change4Life information and support. All children under 17 can access a Futures pass which gives them access to a range of activities in Leisure Centres across the city.

4. Food and Quality of Care

Recommendation 9.28 - The Group recognises the limitations of this report in addressing all aspects of healthy eating within health and social care settings but would like to recommend that more work is needed on the quality of food (including culturally appropriate choices) within hospitals and care homes.

Response

An audit of food provision was undertaken by Heart of Mersey between September and November 2007. Whilst the work predominantly focussed on staff, a number of key challenges became clear which most Trusts were struggling with for staff, patients and visitor food. Through the Greater Merseyside Hospital Food Project, Heart of Mersey is supporting the Trusts by co-ordinating:

- Nutrition training for caterers as part of their professional development
- Training on effective social marketing techniques to promote better nutrition and raise awareness of the Trust's commitment to this agenda
- Opportunities to network and exchange best practice on food and nutrition initiatives

This work continues with visitor food and complements the work that all Trusts already undertake focussing on patients. The work to date has contributed to raising awareness, improving skills and healthier menus for hospitals.

Recommendation 9.29 - Furthermore, a review of food waste in hospitals and care homes and an analysis of potential cost savings to be gained by improved meal planning, including the use of locally sourced produce, would be welcomed.

Response

Liverpool PCT will shortly be consulting on a Good Corporate Citizenship Sustainability Strategy which includes how we will require improved sustainability from all of our providers. This proposes continuous improvement approaches through PCT contracts whereby providers would be required to set out how they will improve the sustainability of the delivery of their service and would address issues such as minimising waste, energy use and increasing use of local suppliers. There are national issues of NHS procurement which can provide additional barriers to making these changes but there is a commitment to taking these approaches locally as we acknowledge the benefits they will bring to the local economy, health and environment.

5. Food Deserts

Recommendation 9.32 - The Group is encouraged to learn that Liverpool City Council has plans to establish a committee to look at the possibility of restricting licensing for certain fast food (and alcohol) outlets. The Group suggests that Liverpool LINK would be well placed to contribute to the work of this committee.

Response

We have asked colleagues in Liverpool City Council for further information on this matter and will share this with you as soon as we have it.

Recommendation 9.34 - The Group therefore recommends that Liverpool PCT and Liverpool City Council should jointly commission further research into this topic (of changes in food

shopping) so that future health promotion and planning can use more informed judgment to help reduce health inequalities.

Response

Merseyside Transport Partnership have done some mapping of food deserts and addressing access to food in the Local Transport Plan. Access to food maps have been prepared for Liverpool and community grants are being considered by Merseyside Transport partnership for two Liverpool projects to introduce healthy food schemes (decision due shortly). Improved collaboration regarding this work would be beneficial and is in discussion. The next Local Transport Plan (Merseyside Strategy for 15 years) is currently being devised. Liverpool PCT are actively engaged with the development of this strategy through the Director of Stakeholder Engagement and aiming for health to be included as a core goal of the strategy. This would enable more emphasis to be placed on issues ranging from access to food and healthcare and opportunities for regular physical activity for all ages through increased walking and cycling.

For further information on the work of the Merseyside Transport Partnership contact John Smith, Access Plan Co-ordinator on 0151 330 1307

6. Commissioning and funding of services

Recommendation 9.35 - Given the amount of good work taking place within the voluntary, community and faith sectors the Group is concerned both that these should not be unnecessarily duplicated by public sector schemes and that statutory bodies should continue to work in partnership with 3rd Sector groups to best meet the needs of the public.

Response

Liverpool PCTs draft Good Corporate Citizenship Sustainability strategy proposes that Liverpool PCT will seek to improve engagement with third sector partners and also to enable assets to be shared with the community wherever possible. The neighbourhood hub and spoke model, linked to mapping of opportunities of supporting the third sector to be taken forward as part of this work would support this direction.

Liverpool PCT remains committed to working with the third sector both as providers of local services and as key partners in the development of local strategies and plans.

Recommendation 9.38 - The Group recommends consideration of the possibility of building 'community-access' kitchen facilities into the specifications for the new health hubs / polyclinics which are planned across the city.

Response

Discussions are underway to see if it might be practical for a Health Eating Community Cafe to operate from the next of the Neighbourhood Health Centres which is in Garston. This will also be a consideration for any proposed future Neighbourhood Health Centres

Recommendation 9.39 - The Group would also like to recommend consideration of longer term funding for successful public sector initiatives. The issue of challenges faced as a result of year-on-year funding has been raised above (9.6) in respect of work in schools but this also applies elsewhere including for the GOALS project. It would also be useful to combine Liverpool PCT funding for adult and child obesity initiatives within one central 'pot' to enable more innovative family and cross-generational working.

Response

The structures for funding are complex and there are many of them. By working closely in partnership between directorates within the PCT and with key commissioning partners such as Liverpool City Council we aim to ensure we can maximise resources and achieve economies of scale as much as possible with the aim that this will lead to improved outcomes for local people. Liverpool PCT and Liverpool City Council have entered into a Section 75 agreement which means that where it is believed health gains can be made, money can be pooled between health bodies and health-related local authority services, functions can be delegated and resources and management structures can be integrated .

Liverpool PCT, Liverpool City Council and Liverpool First for Health and Wellbeing share a vision for a healthier, happier city for all local people and strive to ensure that any funding adds value to the delivery of our local priorities.

Recommendation 9.40 - Finally, the Group recommends that a nominated Liverpool LINK representative is included as part of the Obesity Task Force working to develop and oversee Liverpool's Healthy Weight Strategy in order to ensure a continued public involvement in the direction, monitoring and successful delivery of this important public health issue.

Response

Liverpool PCT would be delighted for a member of the Liverpool LINK to sit on the local Obesity Task Force. The PCT Public Health lead for Obesity, Annette James will be in touch to arrange this.

*Prepared by Julie Kelly
Head of Public Health Commissioning
February 2010*