

# Children and young people's new holistic, healthy lifestyle service

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**Statement of thanks:**

This is the start of the journey to design a new service for children and young people. What could be a better place to start than those with lived experience and the practitioners who work with them? I would like to give my thanks to those who gave up their precious time to get in contact, encourage parents or young people to take part, for the young people, parents, carers and practitioners who took part in groups and all who filled in forms or surveys. Your ideas and feedback have provided a rich mix to add into the design of what happens next. Our ambition is for this approach to continue through a process of co-design, delivery and review. All are welcome to continue this journey with us – just get in touch.

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**Children and young people's  
new holistic healthy lifestyle  
service**

**BACKGROUND**

NHS Nottingham and Nottinghamshire CCG sought to engage citizens to inform the development of a new holistic healthy lifestyle service for children and young people who are significantly above a healthy weight, without having other health issues.

A total of **141 surveys** completed by children, young people parents, carers and professionals

**83%** of children and young people who were surveyed **had experience of, or were eligible for weight management services**

**3/4 professionals** surveyed **noted that the gap** in weight management services **had an impact** on the child or young person they worked with

**Children and young people said**

- We need a mixture of support options
- We need friendly non-judgemental staff who can communicate with us
- Community settings are best

**Parents and carers said**

- Holistic approach is essential
- The service needs to be interactive with peer support for parents and carers.
- Staff need to be experienced in exercise, mental health, peer support as well as Doctors and Nurses.

**“ I like having someone to be accountable to with my weight ”**

Quote from a young person

**Professionals added**

- Include children up to 18 years over a specific Body Mass Index
- Make sure the pathway is clear and takes direct referrals
- Could the service act as a hub and link into others?

**Next steps**

The insight will be used to develop the new weight management service for children and young people. The design will be carried out in partnership with children and young people, parents and carers and professionals.

To request materials in a different language or format, email [nnccg.team.engagement@nhs.net](mailto:nnccg.team.engagement@nhs.net) or call or text 07385360071. If texting or leaving a message please provide your contact details and a member of the team will get back to you.

## 1. Executive Summary

In Nottingham and Nottinghamshire, services are available through the local authorities for children and young people who require mild to moderate weight management support. Children who are significantly above a healthy weight with other related health issues are seen by the relevant service in the hospital department relating to their other healthcare issues e.g. Diabetes.

This means there is a gap in services to support children and young people who are significantly above a healthy weight without other healthcare issues. The CCG want to fill this gap by developing a service for children and young people needing support at this stage.

NHS Nottingham and Nottinghamshire CCG sought to engage children and young people up to the age of 18, their parents and carers and frontline professionals with experience of weight management services.

Engagement commenced on 1<sup>st</sup> July 2021 and was conducted using a variety of methods including online surveys, virtual focus groups, interviews via existing Tier 2 services (i.e. those commissioned by Public Health) and telephone interviews. All engagement was concluded on 13<sup>th</sup> August 2021. A total of 25 young people, 28 parents and carers and 88 professionals engaged in the online surveys. A further 11 young people, 9 parents and carers and 11 professionals engaged via individual interviews or focus group discussions.

Findings included:

- The need for this service to offer support to all under the age of 18, who are over a specific Body Mass Index (BMI).
- The need for friendly staff, who know how to communicate well with children and young people, and who offer a non-judgemental approach to support.
- The need for the service to adopt a tailored approach to support by offering a range of support options that are delivered from community settings.
- The need for the service to be staffed with Doctors, Nurses, Exercise Specialists, Peer Support Workers, Mental Health Support, Dietitians and Key Workers who are skilled in working with families with weight management needs.
- The service should provide holistic family support and offer positive advice and tips to help children and young people make positive changes.
- The service should measure change in the young person's behaviour, overall confidence levels, confidence levels in maintaining a healthy lifestyle and overall wellbeing to understand how effective the service has been.

Further findings and recommendations based on findings can be found within the report.

A special thanks to all who promoted, assisted and participated in engagement.

## 2. Background

The Nottingham and Nottinghamshire Integrated Care System's (ICS) 5 year plan for health inequalities prevention and wider determinants identified a gap in weight management support for Tier 3 services for children who are significantly above a healthy weight. The plan also proposed Nottingham and Nottinghamshire should be a regional hub for individuals who would require a Tier 3 service who were significantly above a healthy weight and had comorbidities. Tier 3 for children who are significantly above a healthy weight should be funded by Clinical Commissioning Groups (CCG). However, if the child is significantly above a healthy weight and has comorbidities, or is at risk of surgery, the service is either funded via acute contracting or directly by NHS England (NHSE).

Currently Tier 1 and 2 weight management services for children and young people who are overweight or obese are funded through each Local Authority's Public Health Services. In the County this is provided by A Better Life known as ABL and in the City via CityCare's 0-19 provision. Children with severe obesity and comorbidities are seen by the relevant service in the acute sector (Nottingham University Hospitals (NUH) and Sherwood Forest Hospital Foundation Trust (SFHFT)) in the department relating to their comorbidity e.g. Diabetes.<sup>1</sup>

Severe obesity has been increasing in children and young people by 1.3% a year. Local data shows that for severe obesity, Nottingham City is significantly higher than the national average and Nottinghamshire is average or significantly lower. In Nottingham City 7 in 100 children were severely obese when they left primary school in 2020. There is a correlation between deprivation and severe obesity but in the City there is also a significantly higher ratio of severe obesity for those from Mixed, Black and Asian ethnicity compared to the national ethnicity ratio. There is also a significant growing gap in rates of severe obesity for boys compared to girls.

Nottingham and Nottinghamshire CCG therefore need to scope level of need, align pathways and engage the key stakeholders including children, young people and their families in ensuring the CCG's Tier 3 commissioning responsibilities are fulfilled.

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<sup>1</sup> Excess weight is classified by National Institute for Health and Care Excellence (NICE) as encompassing overweight, obese and severely obese according to Body Mass Index (BMI). This terminology is used when referring to statistical reporting. For the majority of this report and communication, however, the term "significantly above a healthy weight" is used following guidance from Public Health England's 'Let's talk about weight: A step-by-step guide to conversations about weight management with children and families for health and care professionals'.

## 2.1 Aim and Objectives

The aim of the engagement was to start with the voice of the child, young person and families who may have used a weight management service, or are eligible for the service or have an interest in improving weight management services for children who are significantly above a healthy weight. Their voice will inform how Nottingham and Nottinghamshire CCG meet Tier 3 needs within the responsible geography; align pathways and engage the key stakeholders. The information will also be used by the NUH service as they prepare to become a regional hub for children for the treatment of complications related to excess weight (CREW).

More specific aims for engaging children and young people, parents and carers and professionals can be found below:

**Aim for the engagement of children and young people and parents and carers:** To understand the current impact of the gap in services and their needs to inform the development of a new service.

**Aims for the engagement of professionals:** Understanding the impact of the current system on children and young people they support and views for a new service.

## 3. Engagement Methodology

Plans for engagement were shared with a group of professionals and parent representatives who were interested and involved in weight management support for children and young people. Such professionals included those from NUH, SFHFT, ABL, GP member of Clinical Design Authority, Coram Family and Childcare Trust and Public Health. Those who attended a planned workshop commented on the approach to engagement with feedback including:

- Feedback should also be sought from GPs
- The need for a leaflet to promote engagement
- Young people and families are more likely to participate face-to-face than virtually via video
- Engaging via existing clinics may generate higher levels of participation
- Link in with the National Child Measurement Programme (NCMP) to support with promoting and assisting with engagement
- Diversity of languages spoken by service users
- Advice that the service is best run through community centres and engage with community leaders, faith leaders, family support workers and link workers from diverse communities to work with a range of young people and families

At this meeting, partners had also volunteered to support the engagement by promoting the opportunity to engage via their services. Some agreed to further support by asking children and young people questions on our behalf when they worked with them in practice over the course of the engagement period. Further links were also made with partners outside of this meeting such as within the Local Authorities, Public Health, CityCare Partnership and Nottinghamshire Healthcare NHS Foundation Trust and Social Care.

Prior to launching engagement, drafts of the survey and resources were piloted with the NUH Youth Voice forum and the Sherwood Forest Hospitals Youth Forum. From this, the engagement resources were adapted to produce a more young person friendly survey and set of interview questions. The terminology used on promotional resources for engagement was also adjusted to reflect the development of a 'positive healthy lifestyle service', as opposed to a 'weight management service', as such positive language was preferred by some young people. However, the terms 'weight management service' and 'children and young people who are significantly above a healthy weight' were retained and referred to where it was felt that the remit of the service needed to be conveyed clearly.

All engagement commenced on 1<sup>st</sup> July 2021 and was initially shared and promoted through key stakeholders who work with young people and families with weight management needs. Due to a lack of participation, the decision was later taken to promote the engagement opportunity more widely through different community networks and groups to ensure the opportunity was widely available to reach target audiences in different ways (see Appendix 1 for list of stakeholders). The deadline for engagement was also extended from the initially planned end date of 30<sup>th</sup> July to 13<sup>th</sup> August to provide citizens with a greater chance to participate.

Hard copies of surveys and interview questions were sent to interested partners to ensure greater accessibility of engagement opportunities for children and young people and their parents and carers. The CCG also offered support to partners in attending their clinics or centres to assist in directly collecting views from service users.

Engagement took place via a range of methods to ensure greater accessibility for the public during the COVID-19 pandemic. The methods of engagement for children and young people, parents and carers and professionals are broken down below.

### 3.1 Children and young people

Opportunities for engagement were shared with communities and networks, along with a leaflet and social media asset to support promotion (see appendix 2 for a copy of the leaflet).

Children and young people were invited to share their views on a new weight management service:

- **Online or hard copies of surveys (via Survey Monkey):** This survey focused on understanding the impact of the gap in services, current experiences and needs going forward to inform a new service. The survey was informed by work previously conducted by The Association for Young People's Health (see appendix 3 for survey questions).
- **Interview via existing weight management support** (see appendix 4 for interview sheet): Interview questions were shared with providers who volunteered to further support engagement by asking children and young people questions on behalf of the CCG.
- **Telephone interviews:** Children and young people had the opportunity to participate in a telephone interview whereby the same questions would have been asked as in the one to one interviews.



Once engagement was promoted more widely in the community, we also welcomed the opportunity to attend any groups for children and young people to understand what they would like to see from a new service. The CCG attended a virtual group run by the Carers Federation and a face-to-face group that was hosted by the Rainbow Parents Carers Forum. A presentation was shared at the group hosted by the Carers Federation (see appendix 5). The CCG collected views from two young people. Further views were also shared by the NUH Youth Voice group whereby colleagues at NUH engaged and collected views on behalf of the CCG. No children or young people participated via telephone interviews offered.

Any completed hard copies of resources were also collected (i.e. surveys and interview questions) from partners once the engagement was completed. A total of five interview questions and twelve completed surveys were collected from Your Health Your Way as delivered by A Better Life and Nottingham CityCare Partnership's Community Dietitians.

### 3.2 Parents and Carers

Similar to engagement for children and young people, parents and carers were invited to share their views on a new weight management service in a range of ways including:

- **Online or hard copies of surveys (via Survey Monkey):** This survey focused on understanding the impact of the gap in services, current experiences and needs going forward to inform a new service. The survey was informed by work previously conducted by The Association for Young People's Health (see appendix 6 for survey questions).
- **Participating in a virtual focus groups:** Three focus groups were originally arranged on the 12<sup>th</sup>, 13<sup>th</sup> and 24<sup>th</sup> July. Due to a lack of uptake, a further two dates were added on the 27<sup>th</sup> and 28<sup>th</sup> of July. One group went ahead on 24<sup>th</sup> July (see appendix 7 for focus group presentation).
- **Telephone interviews:** Parents and carers had the opportunity to participate in a telephone interview whereby the same questions would have been asked as within the focus groups.

As part of the engagement, the CCG also welcomed opportunities to attend any parents and carers community groups to understand their views. The CCG attended the Rainbow Parents Carers Forum in person and gathered views from parents and carers individually. A second group was attended virtually as hosted by Coram Family and Childcare Trust. A total of three groups were conducted with views collected from nine parents and carers, including the one virtual group hosted by the CCG. No parents and carers participated via telephone interviews.

Hard copies of resources were shared with partners to encourage participation from parents and carers with the additional offer of support should partners need the CCG to assist in collecting views directly from the parents and carers of service users. Parents and carers did not engage via hard copies.

### 3.3 Professionals

Professionals had the opportunity to engage via:

- **An online survey** – To understand the impact of the gap in services and the needs for a future service (see appendix 8 for survey questions).
- **Participating in a virtual focus group:** A focus group was organised for professionals on 20<sup>th</sup> July. An additional group was later organised for those who expressed interest but were unable to attend on 20<sup>th</sup> July. This second virtual focus group took place on 27<sup>th</sup> July. (See appendix 9 for focus group presentation)

A total of 11 professionals participated in the focus groups.

A comment was made on the professional's survey about the lack of Endocrinology services at hospitals for children and young people who are significantly above a healthy weight. As the survey had initially referred to this service as an example of current support, this was later changed to reflect Diabetes instead.

All engagement was also shared via the CCG website ([Current and previous engagement & consultations - NHS Nottingham and Nottinghamshire CCG \(nottscg.nhs.uk\)](#)) and social media platforms.

All engagement materials were available in different languages and formats on request by contacting the engagement team via [nccg.team.engagement@nhs.net](mailto:nccg.team.engagement@nhs.net). This accessibility statement was also available in the most commonly spoken languages across Nottingham and Nottinghamshire and were included in a range of engagement resources including on the website, leaflets and surveys. All engagement activities ended on 13<sup>th</sup> August 2021.

## 4. Findings

The findings below are split into the categories of children and young people, parents and carers and professionals. Survey responses can be found below. Additional themes from survey responses can be sourced in the appendices for each cohort (i.e. children and young people, parents and carers and professionals).

The main themes from focus group discussions, open response survey questions and the ‘other’ options on the surveys are highlighted within the findings. All equality and diversity information can be found in appendix 10.

### 4.1 Children and Young People

Below are the insights collated based on the 25 children and young people who engaged with the survey either online or as a hard copy that were collected via their weight management services. Of those who reported where they lived (16), 94% (15) noted that they lived in Nottinghamshire County with 6% (1) noting that they lived in Nottingham City. The opportunity for engagement was shared widely across Nottingham City and Nottinghamshire County. Though most young people who completed the survey were based in Nottinghamshire County, there is a diverse representation of survey respondents and more detailed feedback from children and young people in Nottingham City were also gained via interviews conducted by CityCare Partnership. The key themes from these interviews along with the additional focus groups conducted with children and young people in Nottingham City and Nottinghamshire County are also summarised below.

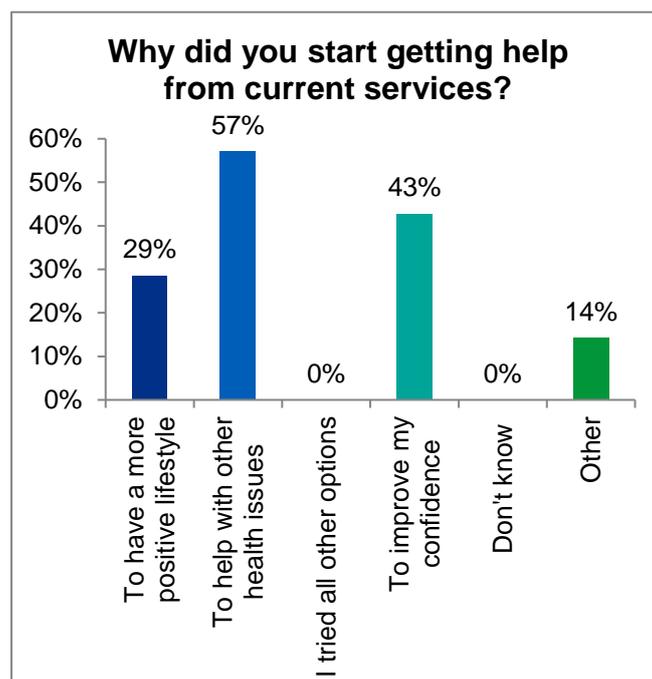
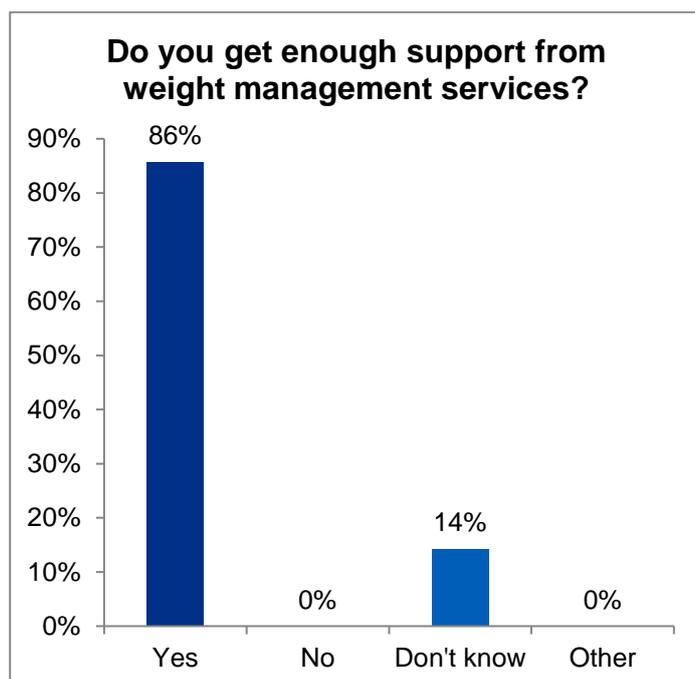
#### 4.1.1 Survey findings

Children and young people were first asked to identify their current status in terms of accessing support. The table below highlights the breakdown of current support status as reported by the 23 young people who answered this question:

Current support status	Number of young people (percentage)
I am struggling to get help to manage my weight	10 (43%)
I currently get help from weight management services	7 (30%)
I don't need help with my weight	4 (17%)
I can get help from weight management services, but I currently do not	2 (9%)

This table above highlights that the survey was mostly completed by children and young people who are struggling to access support to manage their weight, followed by those who currently access weight management support.

The young people who are currently accessing weight management services shared their experiences of support. The graphs below highlight their responses.



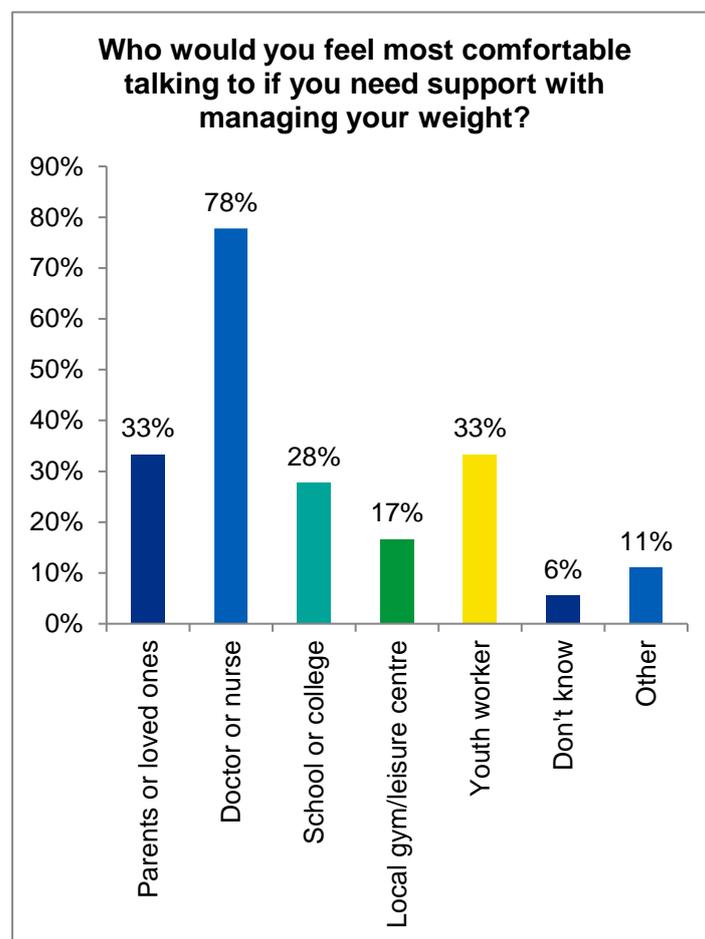
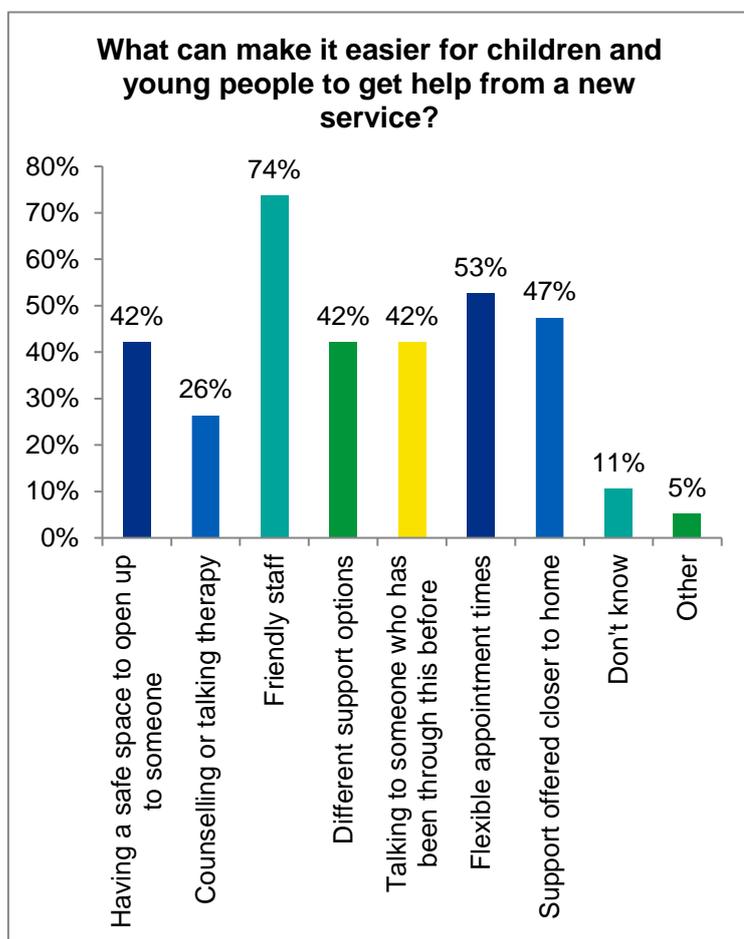
As seen in the graphs above, most young people who currently access services feel that they receive enough support from existing weight management provision. The main reason for young people accessing support was to help with other healthcare issues, followed by wanting to improve their confidence levels. The 'other' reason shared for accessing help was to enable the young person to gain a better understanding around their food choices and habits.

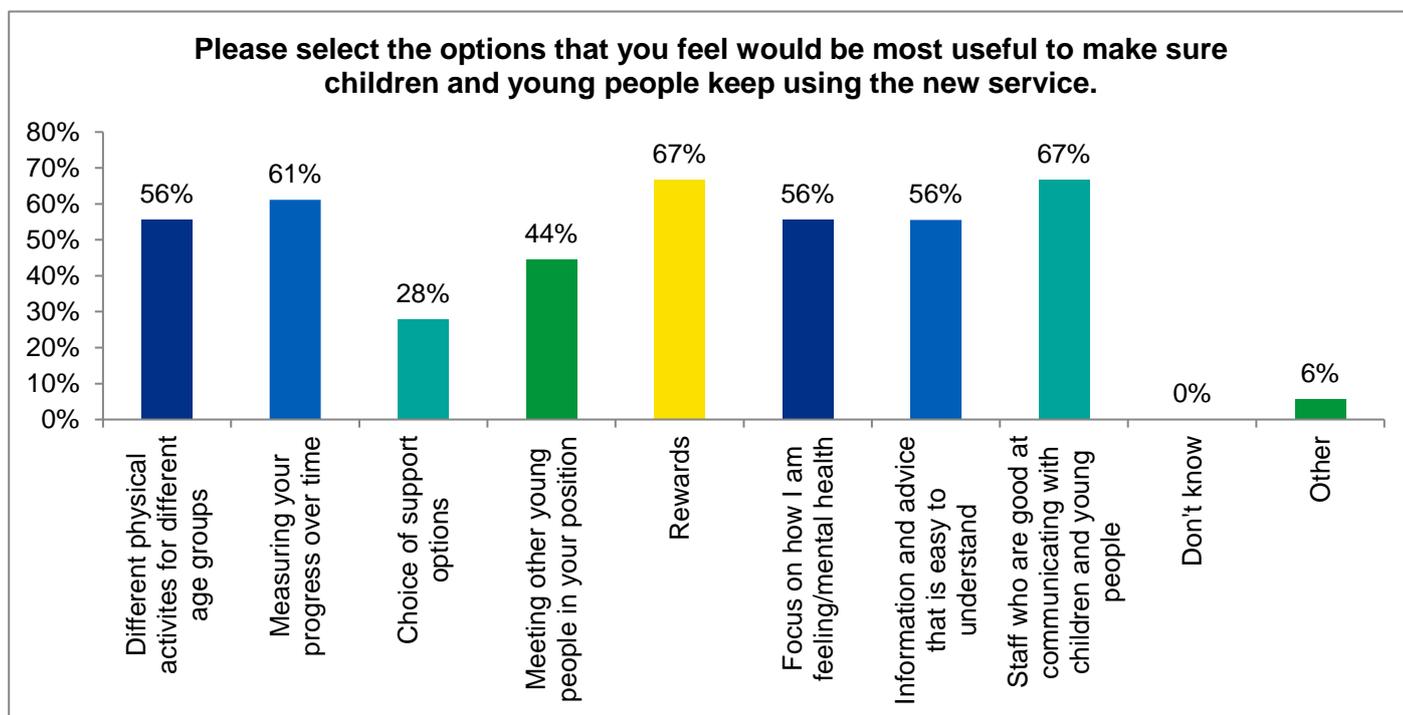
These young people then went on to report what they like and do not like about the support they receive at present to help inform a new service. The key themes from these are highlighted in the table below:

What do you like about support?	What do you not like about support?
Having supportive and friendly staff who offer a non-judgmental approach	Would like more activities such as cooking and exercise
I like the zoom sessions	I would prefer face to face as we don't have scales

Someone to ask lots of questions and knows the right things to do	No venue near my home
I like having someone to be accountable to with my weight	Not being allowed to have certain things and hearing they are bad for you

All children and young people, regardless of support status, were then asked a series of questions. This included understanding what would make it easier for young people to get help from a new service, understanding who children and young people would feel most comfortable talking to if they needed support and understanding what can be done to ensure children and young people keep engaging with the new service. The graphs below highlight their responses.





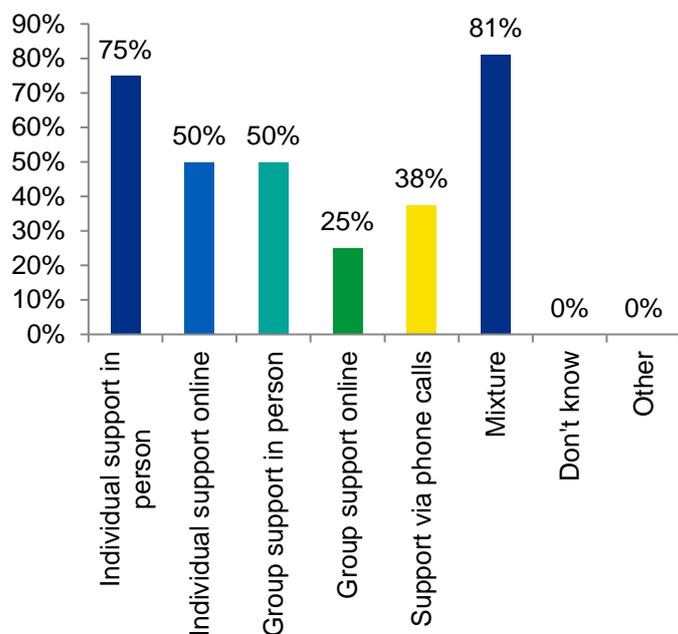
The children and young people who completed these questions noted that having friendly staff was the most important factor in making it easier for them to start getting help from a new service. This was followed by offering flexible appointment times. The comments noted under the 'Other' section referenced having access to knowledgeable staff who do not shy away from difficult situations and knowing what physical activities are available to participate in, in the community.

Children and young people also reported feeling most comfortable talking to a Doctor or Nurse about their weight management needs. The comment provided in the 'Other' section suggested the need for having knowledgeable staff who will not shy away from difficult situations. It was also noted that there is a need for professionals who can support children and young people around activity and nutrition.

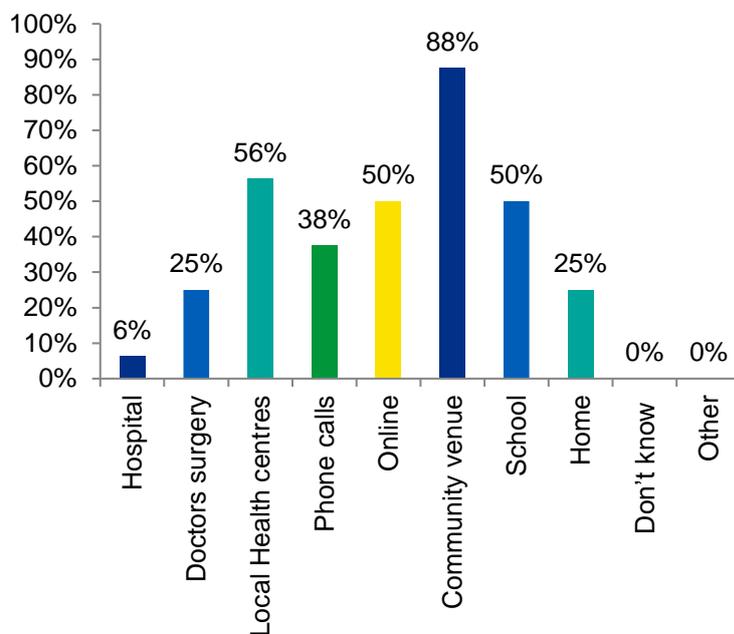
To ensure that children and young people keep using the service, it was felt that a combination of offering rewards and having staff who are good at communicating with children and young people are the most important factors. Again, the need for having knowledgeable staff who can support and not shy away from difficult situations was raised via the 'Other' comment that was offered within this question.

Children and young people then went on to provide responses to help inform more specific service operations. This included, how, where and when support should be delivered and what staff they would like to see as part of the new service. The graphs below highlight their responses.

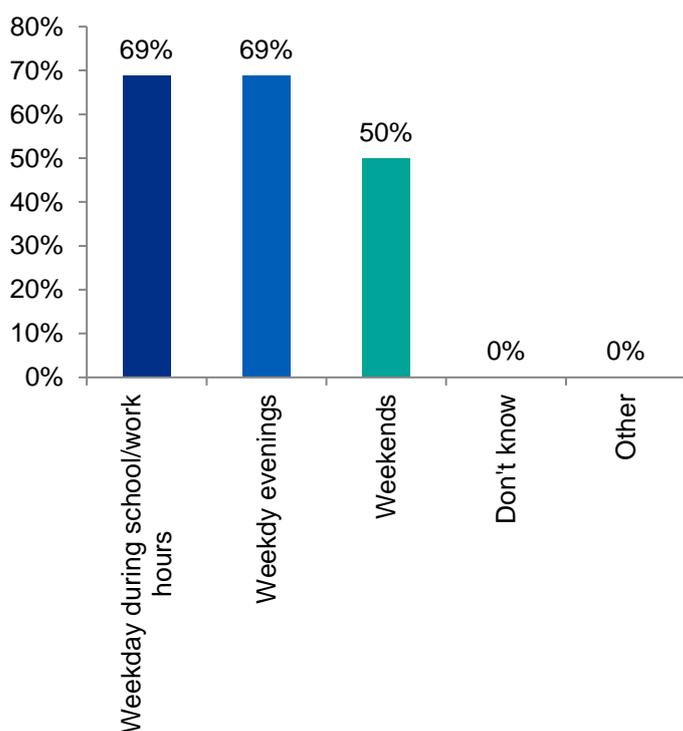
### How should support be delivered for a new service?



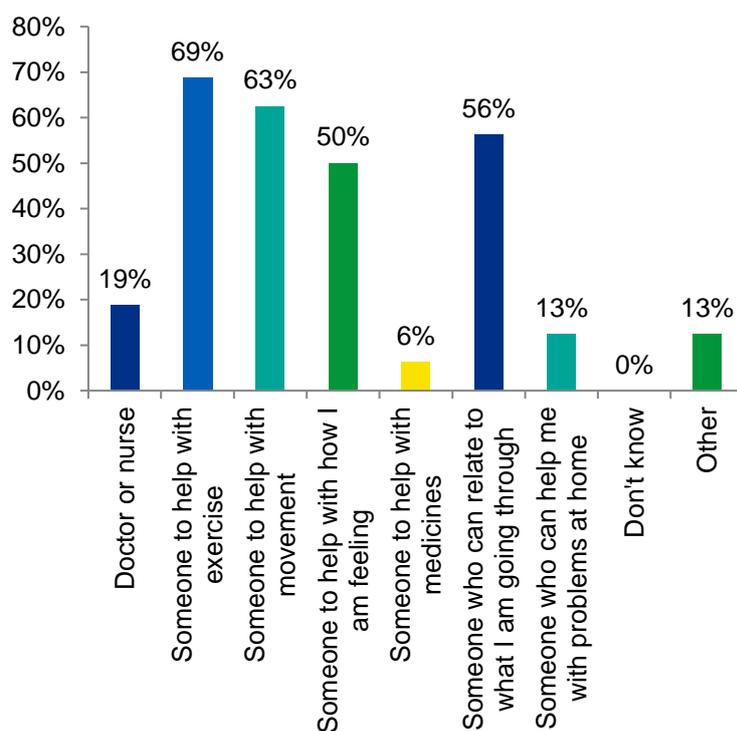
### Where should support be delivered for a new service?



### When should support be delivered for a new service?

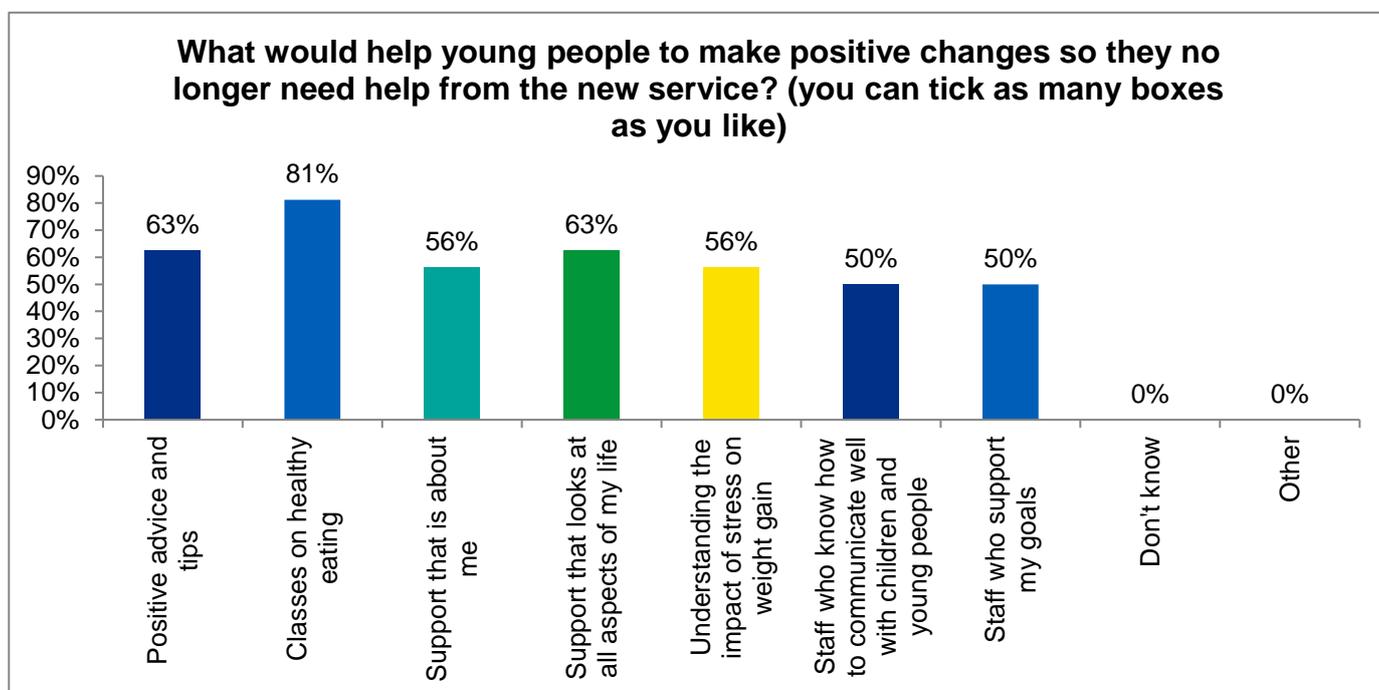


### What staff would you like to see within a new service?



These graphs indicate that children and young people would prefer for support to be delivered using a mixture of options to choose from e.g. individual support in person, group support in person. There is a clear preference for support to be delivered in a community setting to be accessed on weekday evenings or during school or working hours. The staff that children and young people would like to see within the new service includes someone to help with exercise, someone to help with movement, someone who can relate to what they are going through and someone who can help with how they are feeling. Comments provided in the 'Other' section also referenced having access to a Nutritionist and having knowledgeable professionals who do not shy away from a difficult situation.

Finally, children and young people were asked what would help to ensure they make positive changes, so they no longer need help from the service. The graph below highlights their responses.



To ensure that long term positive changes are made, children and young people felt that classes on healthy eating would be very important. This was followed by receiving positive advice and tips and having received holistic support on all aspects of their life.

#### 4.1.2 Focus group/Interview findings

Over the course of engagement, feedback was sought from children and young people by attending community and voluntary organisation groups or collected from partners who gained direct feedback from their service users and existing forums. Key themes emerged from the conversations and discussions that took place. These themes are divided into three

sections to reflect what would encourage young people to use the service, what should be included in the new service and how the service should be evaluated.

### **What would encourage children and young people to use the service?**

- Online self-referrals to enable the access of timely support without long waits and without having to go through the GP.
- Receiving information about the service offer in advance and information on how it could help children and young people.
- Offering flexible appointment times including evenings after school and at the weekends. Children and young people should be able to access this support when they want to.
- Offering a tailored approach to how the young person receives support e.g. online, in-person etc.
- Having a choice of accessing support either one-to-one or in a group as young people have different needs and may want to discuss these individually, or they may prefer to work in a group with others who are going through similar experiences.
- Offering an interactive and fun approach to support including activities such as sport.
- Offering free or discounted leisure activities to promote healthy lifestyles.
- Ensuring supportive staff are available via the service who can understand the young person's goals, take time to set goals with them and provide reassurance around reaching their targets.

### **What would you like to get from this service/what should be included?**

- Accessing holistic and non-judgmental support that does not only focus on the weight of the young person as this could result in young people disengaging.
- Promote and incorporate more positive language within the service and when advertising the service such as 'healthy bodies and healthy minds' instead of weight management.
- Having staff who are well informed on how to support young people with weight management needs.
- Having access to Doctors and Nurses for more clinical needs and peer support workers for other issues as young people would feel more comfortable talking to them. Professionals who can support with diet and active lifestyles should also be included. First aiders may also need to be involved if sporting activities are offered as part of the service.
- Having access to mental health support via the service.
- Offering a good continuity of care by ensuring that young people do not have to repeat their story to many different professionals.
- Providing support with physical activity and diet on a more regular basis.
- Offering support for young people with mobility issues.
- Having a choice in how support is accessed whether this is one-to-one, via a group or also inclusive of the young person's family and friends.

- Incorporating support both in-person and online and accessing communications via social media and other digital platforms.
- Offering support that is close to home and is easily accessible via public transport. This can be in locations that young people already attend such as community groups or school. However, accessing support at school or via existing community groups is not the preference for all young people and individual needs should be considered.
- Focusing on prevention and education for families to ensure that young people do not reach the point of needing support for weight management.

### Service Evaluation

- Feedback is best collected via surveys online, hard copies or via text message.
- Assess what is working well and what needs to be improved within the service.
- Collect feedback from children and young people and their parents and carers as young people may mask what they are feeling to please the service, but parents may be able to provide a better insight.

## 4.2 Parents and Carers

Below are the insights collated based on the 28 parents and carers who engaged with the survey online. Of those who reported where they lived (20), 90% (18) reported that they lived in Nottinghamshire County and 10% (2) reported that they lived in Nottingham City. Similar processes for promoting engagement and participation were used across both Nottingham City and Nottinghamshire County and the key themes taken from focus group discussions with parents and carers in Nottingham City and Nottinghamshire County are also reflected below.

### 4.2.1 Survey findings

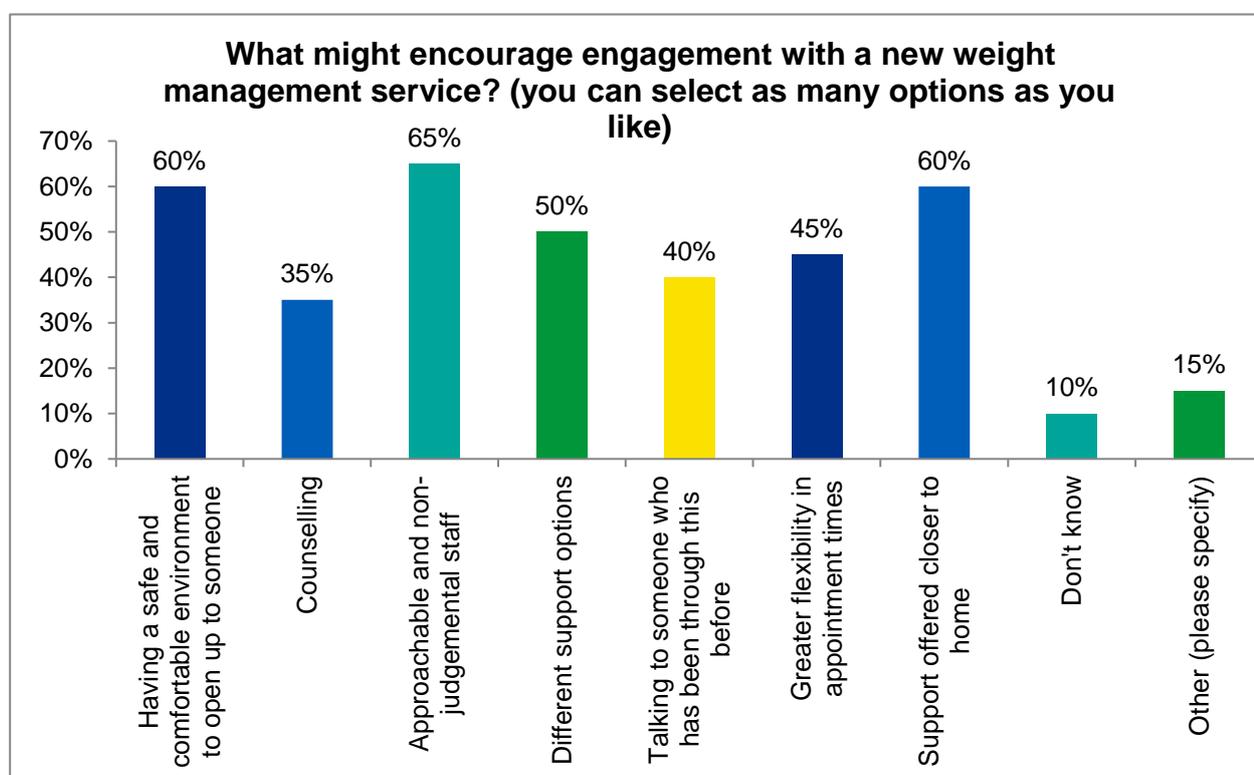
Parents and carers were first asked to identify their current status in terms of their young person accessing weight management support. The table below highlights the breakdown of current support status as reported by the 27 parents and carers who answered this question:

Current support status	Number of parents/carers (percentage)
I am a parent/carer of a young person who does not have a weight management concern.	21 (78%)
I am a parent/carer of a young person who should be eligible for support but has not been offered a service.	6 (22%)
I am a parent/carer of a young person who has been referred	0 (0%)

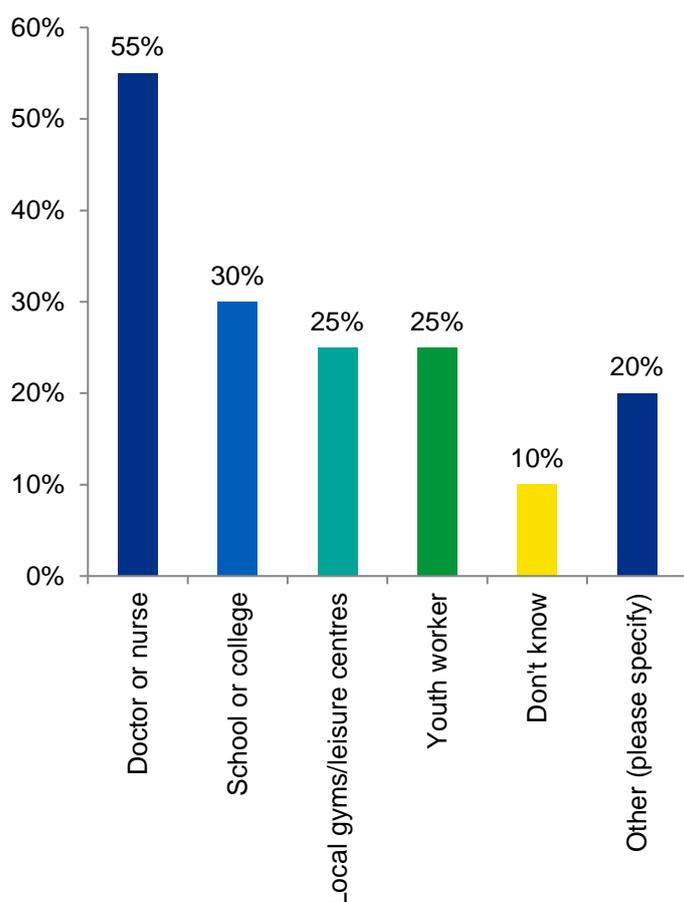
to weight management support but who is struggling to access it.	
I am a parent/carer of a young person who is accessing existing weight management support.	0 (0%)

As seen in the table above, most parents and carers who completed the survey were those of children and young people who do not have weight management concerns. However, 22% were parents and carers of those who should be eligible for support but have not been offered this. Parents and carers of those who currently access support and those who are struggling to access this, did not engage via the survey. Consequently, no views were shared on current provision via the survey. However, these views were captured in the focus group discussions with parents and carers and through children and young people as reflected earlier within this report.

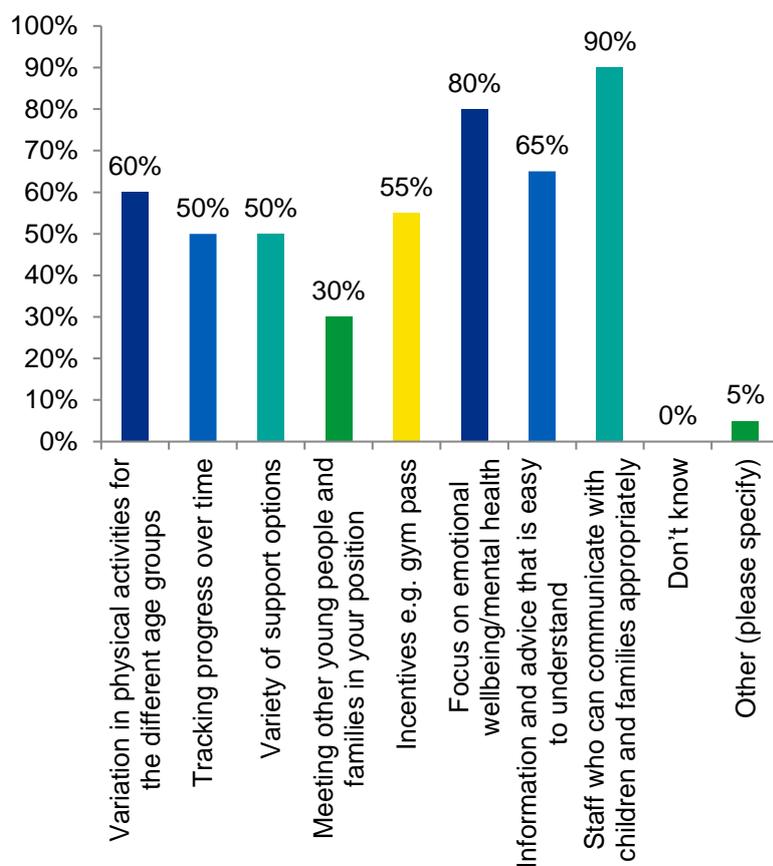
The 20 parents and carers who continued with the survey, were asked a series of questions to understand what might encourage engagement with a new weight management service, to understand who they would feel most comfortable talking to if their child needed support and to understand what can be done to ensure engagement with the service in maintained. The graphs below highlight their responses.



**Who would you feel most comfortable approaching if your child required support with weight management? (you can select as many options as you like)**



**Please select the options that you feel would be most useful to ensure children and families maintain their engagement with support via the new weight management service. (you can select as many options as you like)**

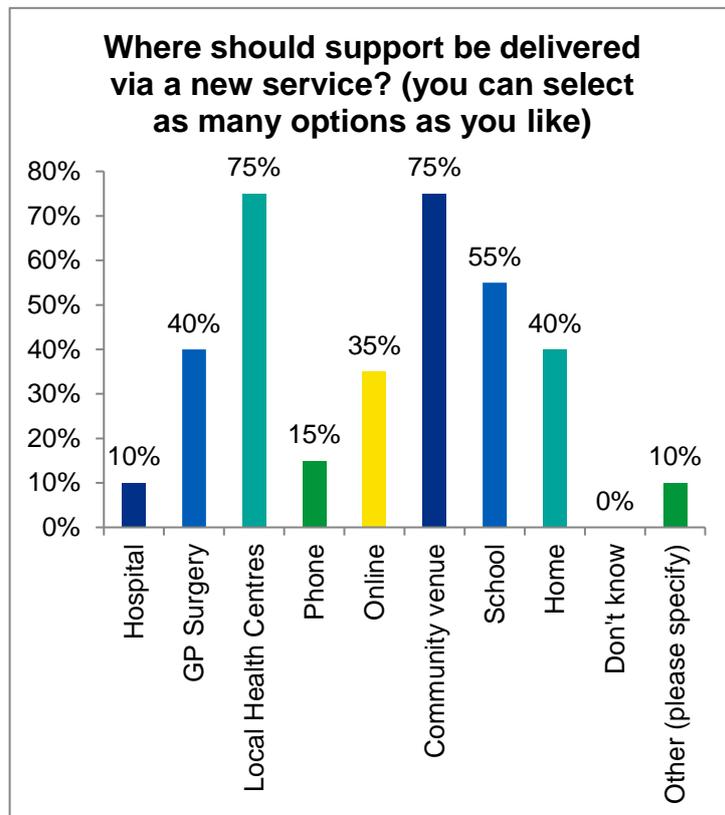
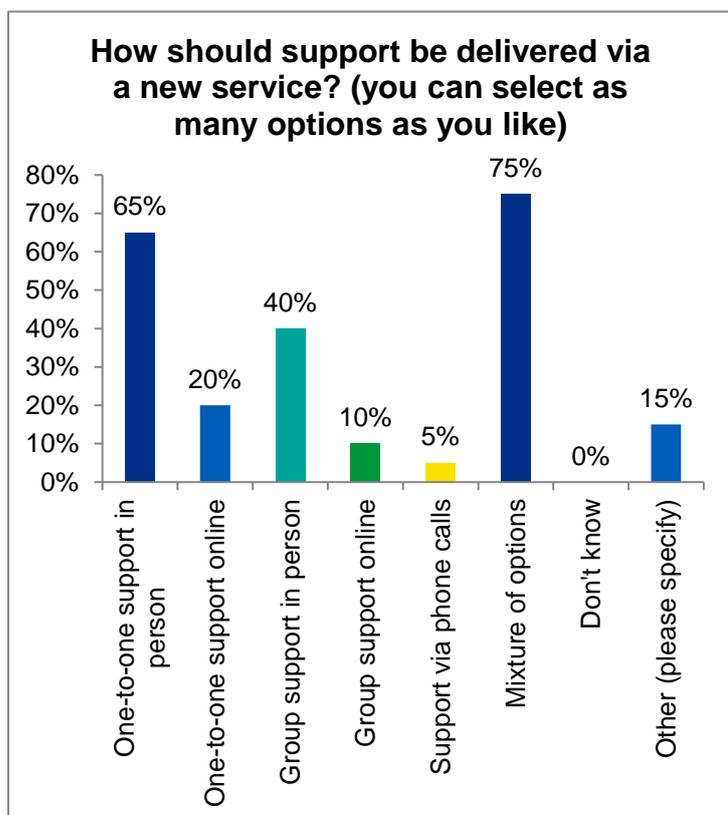


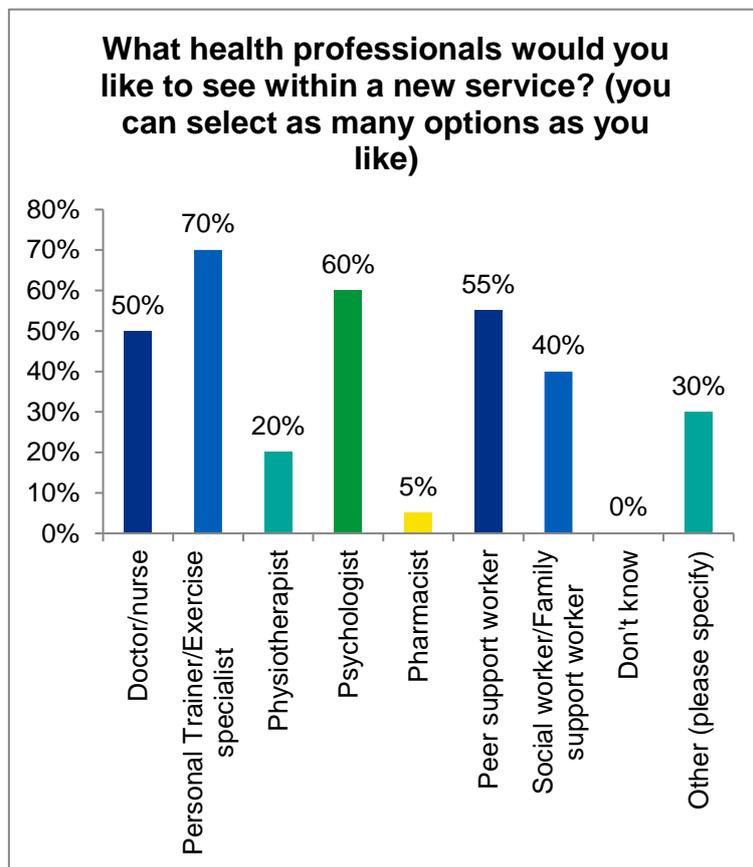
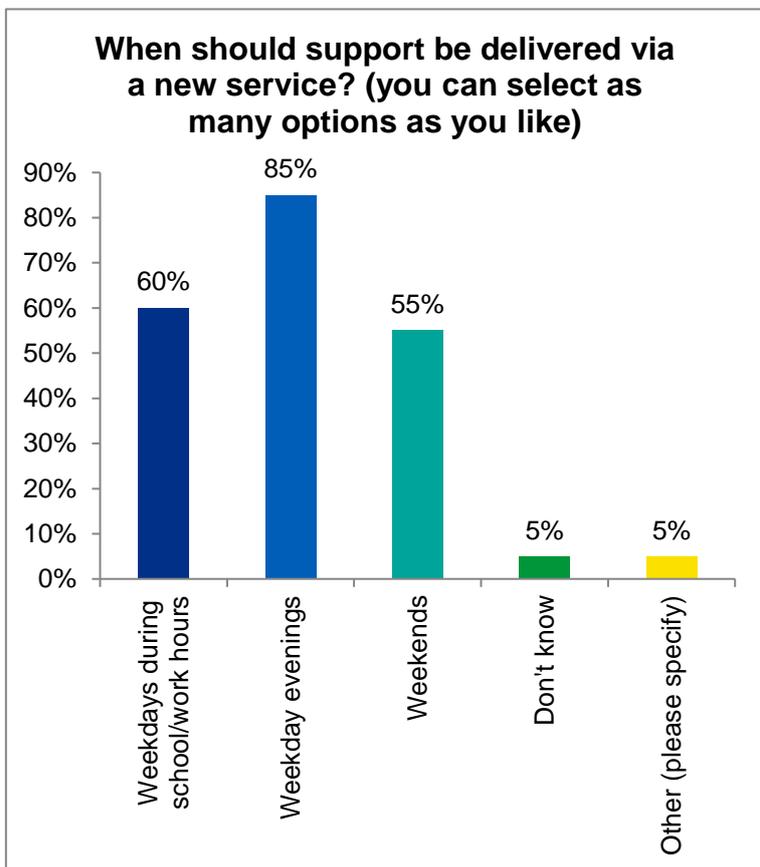
Parents and carers felt that having approachable and non-judgmental staff was the most important factor to ensure that children and families are encouraged to engage with the new service. This was followed by ensuring support is offered close to home and having a comfortable environment to open up to someone. Comments in the 'Other' section referenced the need to screen for adverse childhood experiences that may have contributed to eating patterns and the need for support with weighing for those who are unable to do this themselves e.g. powerchair users. Additionally, it was noted that there is need to understand what support is available and how this can be accessed.

Much like children and young people, parents and carers noted that they would be most comfortable talking to a Doctor or Nurse if their child required weight management support. Comments in the 'Other' section referenced speaking to specialists who are knowledgeable in the area and who adopt a sensitive approach. Further 'Other' comments included accessing support from local charities and community centers and the need for peer support.

The graphs above also indicate that most parents feel that having professionals who can communicate appropriately with children and families is very important to ensure continued engagement with the service. This is followed by ensuring that the service also focuses on emotional and mental wellbeing. The 'Other' comment noted addressed the need for engaging in community and voluntary activities, where the focus is no longer on weight management, but the desired outcome would be weight loss. Participating in such activities can also help to increase other aspects of wellbeing such as self-confidence and self-efficacy.

Parents and carers then went on to provide responses to questions on more detailed service operations. This included, how, where and when support should be delivered and what staff they would like to see as part of the new service. The graphs below highlight their responses.



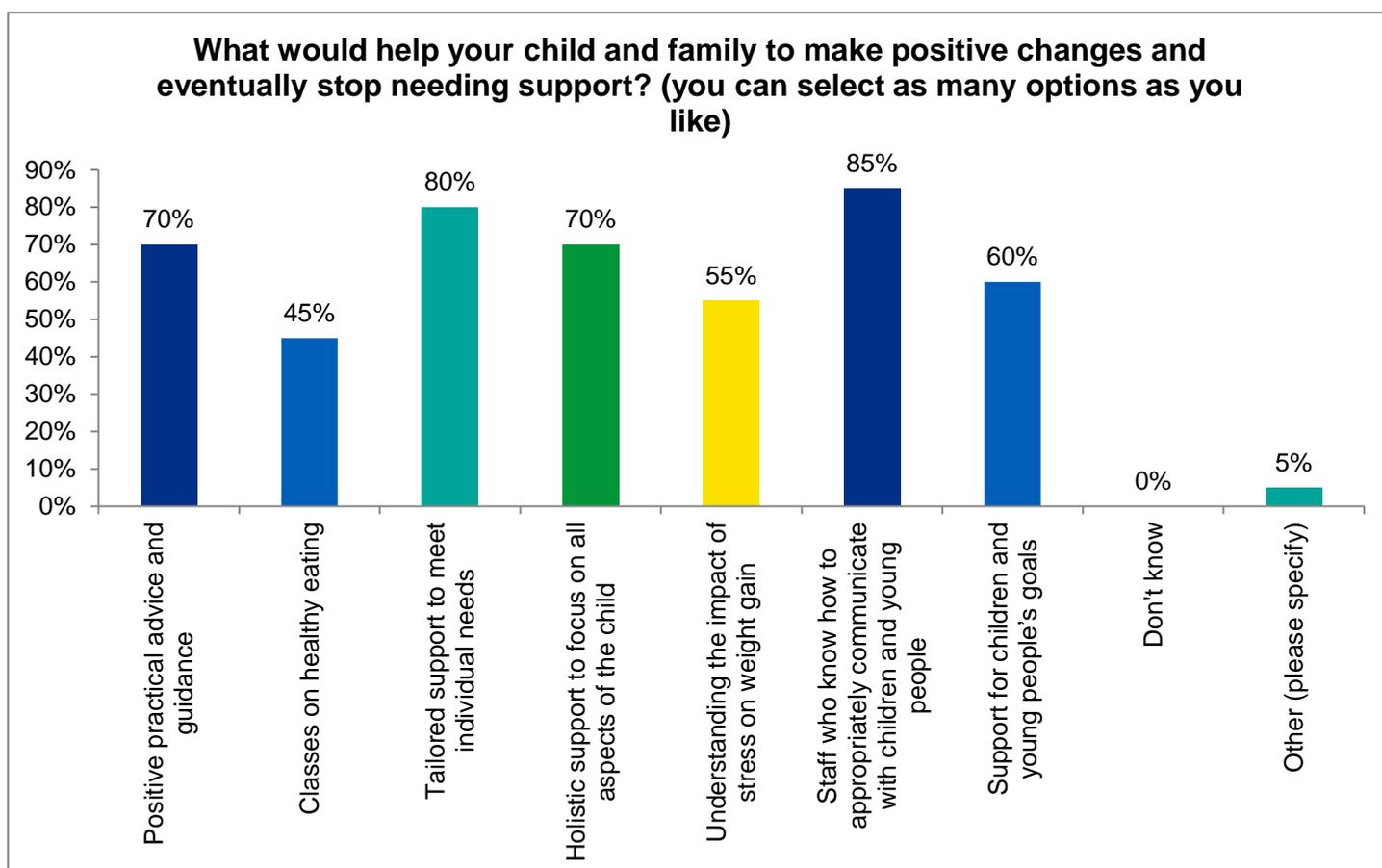


As seen in the graphs above, most parents noted that the service should offer a mixture of support options to choose from. This was followed by a preference for one-to-one support delivered in person. The 'Other' comments that were noted included the need for the service to offer a mixture of support options to meet individual preferences. A further comment noted that all approaches to support are good but having a consistent, trusting therapeutic relationship is very important, as well as understanding how the young person would like to be supported.

The graphs also highlight that parents and carers believe support should be offered in a community venue or a local health care setting. 'Other' comments provided include children centres and the need to suit individual preferences as some may prefer home or non-clinical environments. Most parents and carers also prefer for the service to be offered on weekday evenings. A further comment noted that digital support can be offered to children and young people.

The healthcare professionals that parents and carers would most like to see within the service include a Personal Trainer/exercise specialist followed by Psychologists and Peer Support workers. Many provided comments in the 'Other' section with most noting the need for a Dietitian or Nutritionist and others reporting the need for a point of contact for advice and staff who can visit homes to teach healthy cooking and also budgeting as this may be a barrier for some. Additionally, it was also noted that all professionals mentioned above are important to suit individual needs but more importantly, they should be able to spend time with young people and families to build trusting, therapeutic relationships.

Finally, parents and carers were asked what would help their child or family make positive changes and eventually stop needing support. Their responses are shared in the graph below.



Parents and carers noted that having staff who know how to appropriately communicate with children and young people was the most important factor in ensuring that young people and families make positive changes. This is closely followed by offering tailored support to meet individual needs. The comment provided in the 'Other' section referenced the need for the service to link into others, such as mental health support.

### 4.2.2 Focus group findings

During the period of engagement, focus group conversations took place with parents and carers via community and voluntary organisation groups and a CCG hosted meeting. Key themes emerged from the conversations and discussions that took place. These themes are divided into four sections to reflect experiences of current/previous weight management support, potential barriers in accessing support, recommendations for the new service and service evaluation.

#### **Current/Previous experience of weight management support**

- There is a lack of awareness on what support is currently available. Those who are aware of support options are already involved with other services who can refer the young person onwards.
- There are delays with referrals being made to support and delays with accessing the right support. As a result, some young people's weight management needs and other health issues have increased.
- Professionals do not always understand the impact that mental health has on weight. It was felt that their understanding and use of language around this area needs to be improved.
- Letters received from the National Child Measurement Programme are not helpful for families and make parents feel like they are doing something wrong. Little support has been offered after receiving the letter. A suggestion was made around measuring a child's weight to height as opposed to weight to age, as some children are tall for their age and are being highlighted as overweight. Parental stature also needs to be considered.

#### **Potential barriers to accessing support**

- Stigma around being above a healthy weight.
- Fear of being criticised, judged and not being listened to by professionals.
- Feelings of guilt around being unable to provide or afford healthier foods for their child or young person.
- Fear of potential intervention from social services.
- Negative experiences with previous services can impact on families' confidence in engaging with future support.
- Disabilities can be a significant barrier to a mainstream service offer hence children would require a tailored package of support.
- Cultural differences, as cultures perceive being above a healthy weight as a sign of the child or young person thriving.
- Barriers for people who do not speak English as a first language.
- Childcare issues if a parent or carer needs to take one of their children for an appointment.

### **Recommendations for the new weight management service**

- The support offered by the service should be tailored to suit individual needs to accommodate preferences and differences such as cultural beliefs and disability.
- Include interactive elements within support such as games around food and diet, exercise boot camps and introduce cooking classes to keep families engaged. By introducing cooking classes, you can advise families and young people on what is healthy for them and provide dietary options for those who are very selective with what they eat.
- The service should provide age appropriate activities for children and young people.
- Parents should be included in support to talk to professionals about their young person's health. Parents should also be included in activities as parental behaviours and thought patterns can also influence the relationship that young people can have with food.
- For children with an Education, Health and Care Plan, support could be offered through this with a Dietitian and provided in an educational setting to ensure it is flexible to suit the young person.
- The service should be integrated with social care, education, hospital and home.
- Paediatricians and social care services such as nurseries should be able to refer the young person into the service directly.
- The service should provide good advice that is accessible for all to support their child or young person.
- Peer support should be offered to parents and carers to provide them with an opportunity to talk to others who have previously been through similar experiences. This can take place as group support for parents and include children, so they feel excluded.
- The location of the service needs to be flexible to enable more people to engage. Some suggestions include community centres, community groups, home, school and hospital. The service should be linked with trusted forums and groups for families and young people.
- The service should offer flexible appointment times to suit the needs of the family. This includes evenings and weekends.
- The service should not only focus on the weight of the young person. Being negative about weight and complaining about a young person's weight will not help them lose weight.
- The service should be staffed with Doctors, Nurses, Dietitians, Peer Support Workers (someone who has been through the experience previously) and Psychologists who should provide a non-judgmental approach to support. Such staff need to be trained and well educated on how to support young people and their families with weight management needs.
- Professionals need to have the same training and knowledge to ensure they all have the same sensitive approach and understanding. This includes GPs who are often the first point of contact.

- Early education on food and lifestyle is needed for families and young people so the young person does not reach the point of needing intervention. When the younger generations become parents, they can pass this knowledge down and use it to support their own children.
- Support families in gaining access to organised sport activities and high-quality foods.
- Raise awareness of the service in a way that is accessible to the differing needs of the local population (e.g. different formats and languages). These promotional resources should also include images that are reflective of different ethnicities and disabilities and should be shared widely including within school newsletters.
- Parents also felt that services should be provided to support young people beyond the age of 18.

### **Service evaluation**

- Do not only focus on measuring the weight of the young person. Rather it is important to measure the changes in a young person's behaviour, assess their relationship with food and measure changes to their wellbeing over time. This can be achieved by assessing the child or young person when they first refer to the service and re-measuring these factors as time progresses.
- Feedback is best collected online or via hard copies (e.g. postcards) from parents and carers.
- It is important to gain feedback from parents and carers as well as the child or young person.

### **Additional comments:**

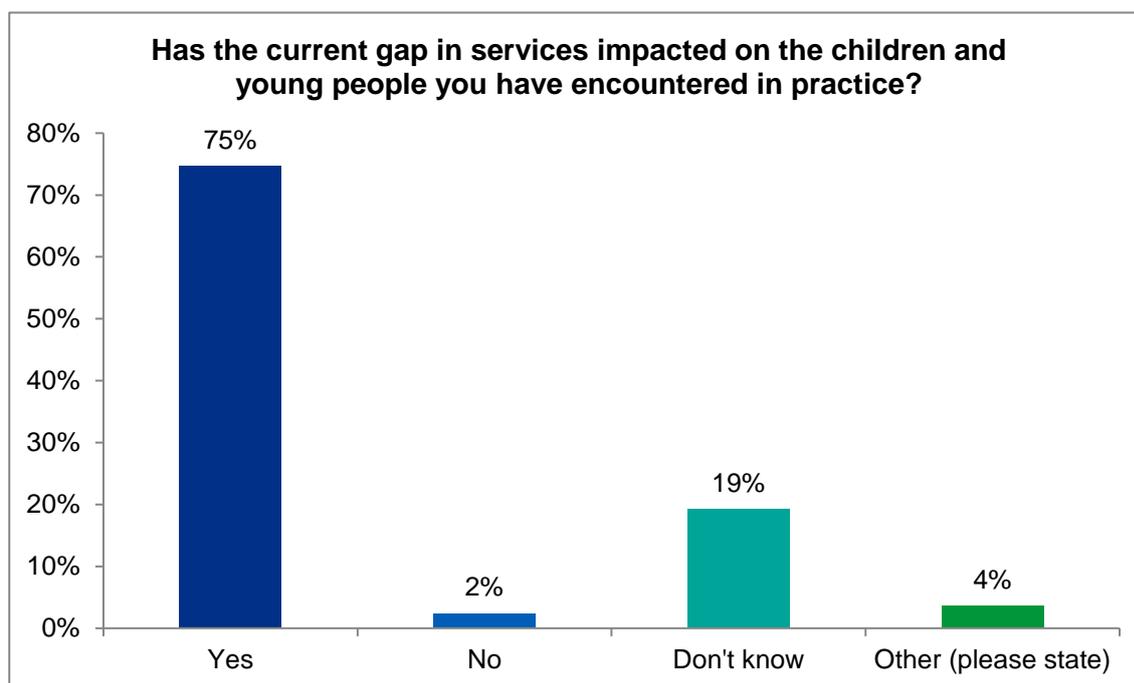
- Fruit and vegetables are more expensive and often cannot be afforded by some families.
- Consider the impact of food packaging and advertising. Often high calorie foods are packaged in a more attractive way.

## **4.3 Professionals**

Below are the insights collated based on the 88 professionals who engaged with the survey online. Of the professionals who reported which area they worked in, 57% (37) noted that they worked in Nottinghamshire County, 31% (20) reported working in Nottingham City and the 11% (7) who reported 'Other' noted that they worked across both Nottingham City and Nottinghamshire County. A professional also advised that when considering a service, it is important to be mindful of area boundaries and how this can have a negative impact on the support young people can access.

### **4.3.1 Survey findings**

Professionals were asked if the current gap in services have impacted on the children and young people they encounter in practice. Their responses are highlighted in the graph below.



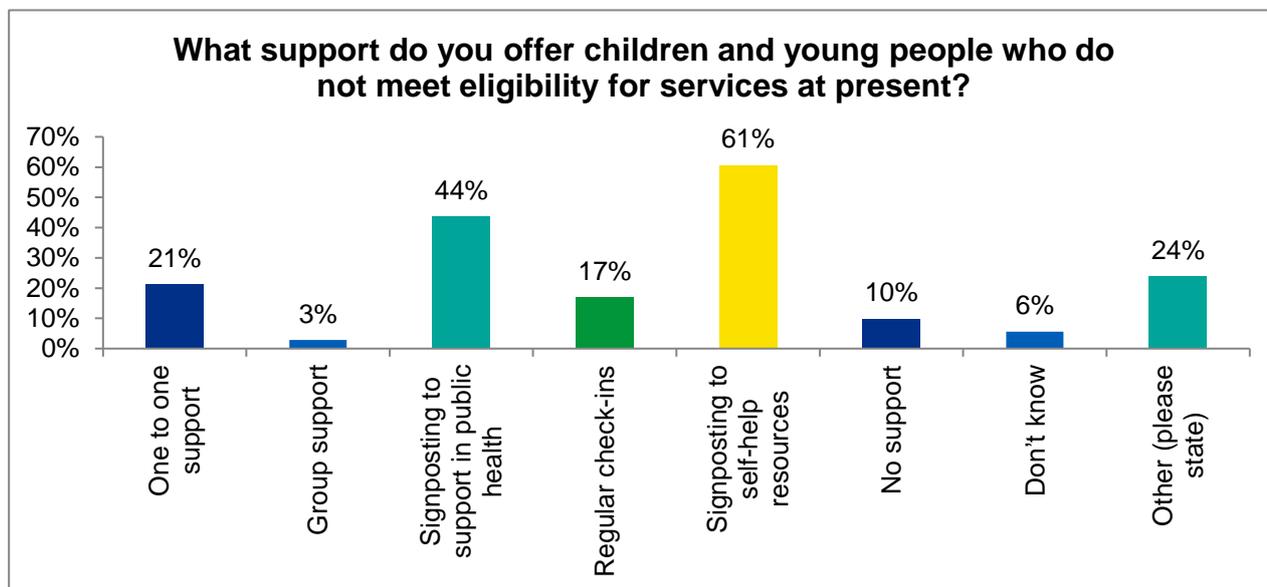
Most professionals felt that the gap in services had impacted on children and young people. Comments noted in the 'Other' section referenced, a gap for children who are significantly above a healthy weight as there is no Dietetic support available at Nottingham University Hospitals. It was also noted that being significantly above a healthy weight negatively impacts on a young person's mobility, menstrual cycle, mental health and general health. A final comment referenced a service that is available to support those up to the age of 5.

When asked how the gap has impacted on the children and young people that professionals have worked with, the following key three themes were noted:

- Lack of appropriate services to signpost or refer these young people into
- The gap has led to additional health concerns associated with increased weight which needs further support
- Lack of resource in terms of time and expertise, in existing services, to support these children and young people

Other comments on the impact of the gap in services highlighted a continued struggle with weight management for young people and these young people having to deal with society's negative perception of them. Additionally it was also noted that referral pathways to services are complicated and not accessible, the gap has led to increased weight management needs, professionals have felt frustrated at the lack of services available to support children and young people and the lack of services has discouraged people from seeking advice as expectations are low. It was also noted that other services are trying to support these young people as there is a current gap in provision.

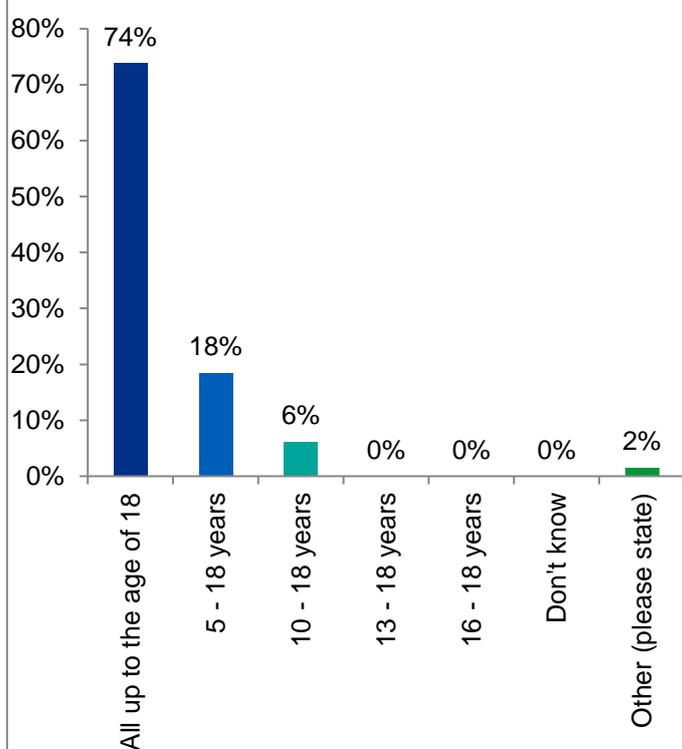
Professionals then shared what support they currently offer children and young people who do not meet eligibility for services at present. Their responses can be found in the graph below.



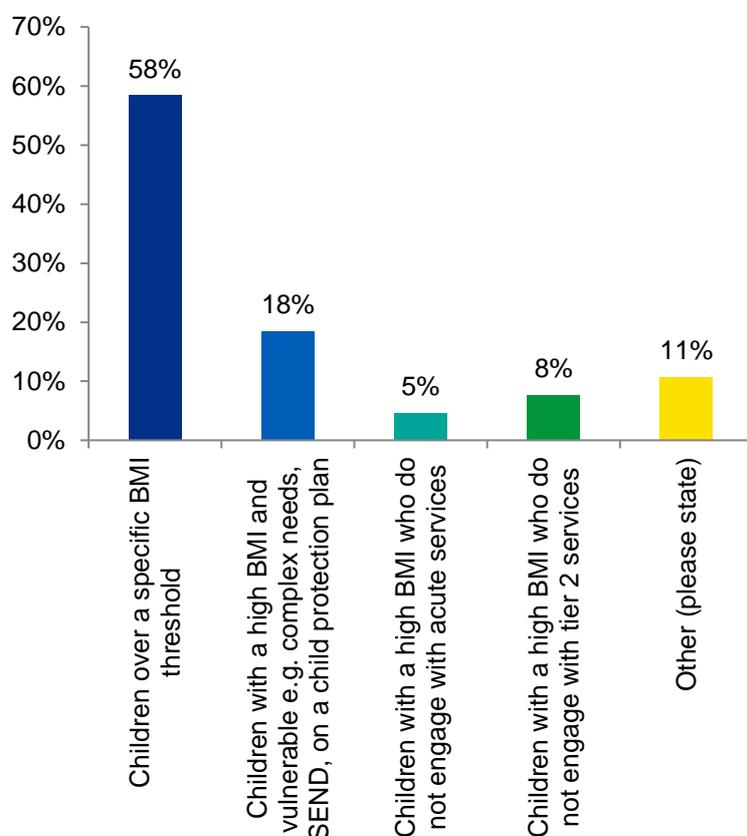
As highlighted in the graph above, the most common form of support that is currently offered to children and young people who do not meet eligibility is signposting to self-help resources, followed by signposting to support in Public Health. The three key themes that were noted in the 'Other' comments included, signposting or referring into Public Health services, signposting to the GP or to self-help resources and services trying to offer support to young people themselves. Additional comments referenced signposting to exercise support from local charities and offering advice. A final point reflected the negative impact that weight management needs can have on a young person's life such as leading to a lack of attendance at school.

Professionals were then asked what age groups should be seen via the new service and which groups of children and young people should be able to access this. Their responses are highlighted in the graphs below.

**Considering current Tier 2 targeted provision (via Public Health) and current offer for children with comorbidities (via acute), what age groups should be seen by the new service?**



**Considering current Tier 2 targeted provision (via Public Health) and current offer for children with comorbidities (via acute), how would you define the group of children who should be seen by the new service?**



Professionals prefer for the service to see all children and young people up to the age of 18. An additional comment that was provided in the 'Other' section reflected that there is no severe weight management service available currently at Nottingham University Hospitals as services such as Endocrinology are not commissioned to see children and young people who are significantly above a healthy weight. It was noted that there is a lack of Dietetic and Mental Health support and an all age service is required. This comment was taken on board and the wording within the questionnaire was subsequently changed to reflect support with other comorbidities such as Diabetes as referenced in the methodology section of this report.

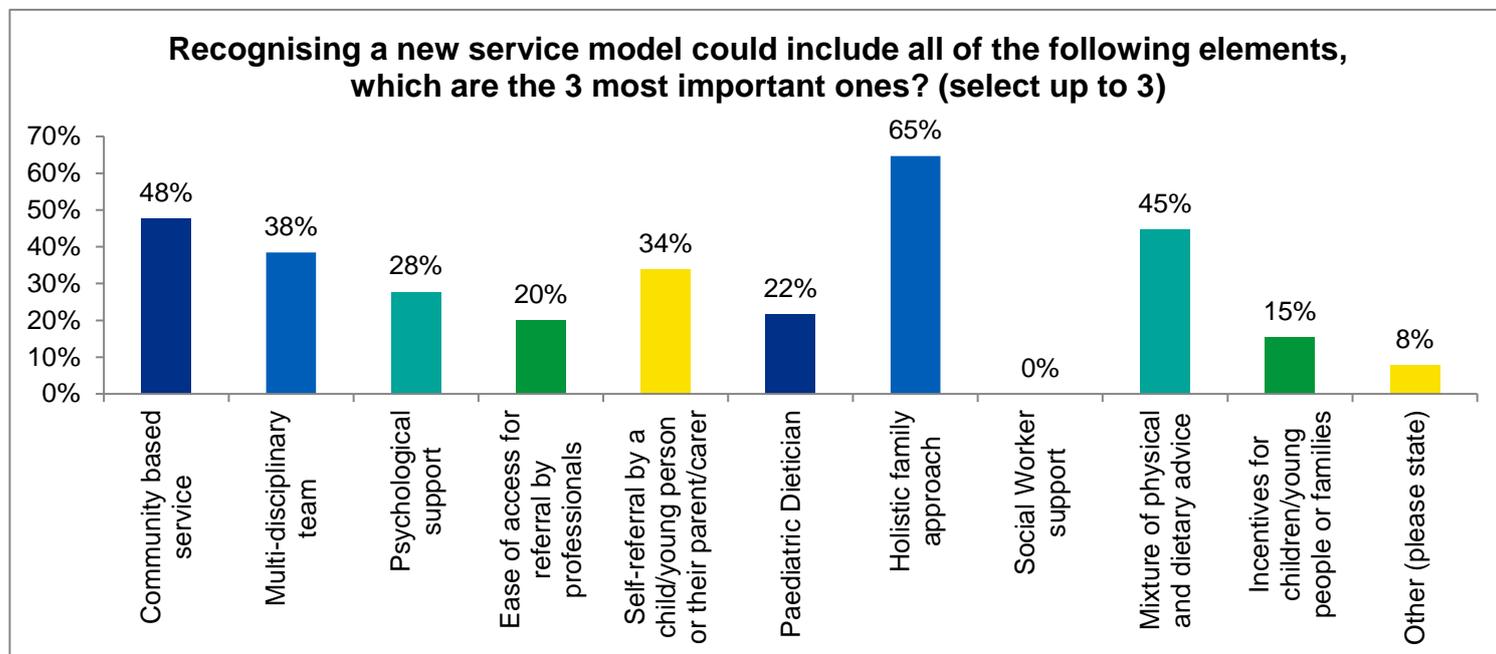
In terms of defining the group of children and young people who should be seen by the service, professionals mostly preferred that the service supports children over a specific BMI threshold. Comments that were provided in the 'Other' section included all those who may think they may benefit from support, all categories of young people as defined above especially those who are vulnerable or whose parents may be significantly above a healthy weight and those with a high BMI with additional vulnerabilities and complexities.

Professionals were then asked to provide any other comments they wished to make on the group of children and young people who should be seen by the service. The three most common themes that were identified are:

- All children and young people with weight management concerns
- All children and young people with weight management concerns, including support for their families
- Children and young people with a high BMI

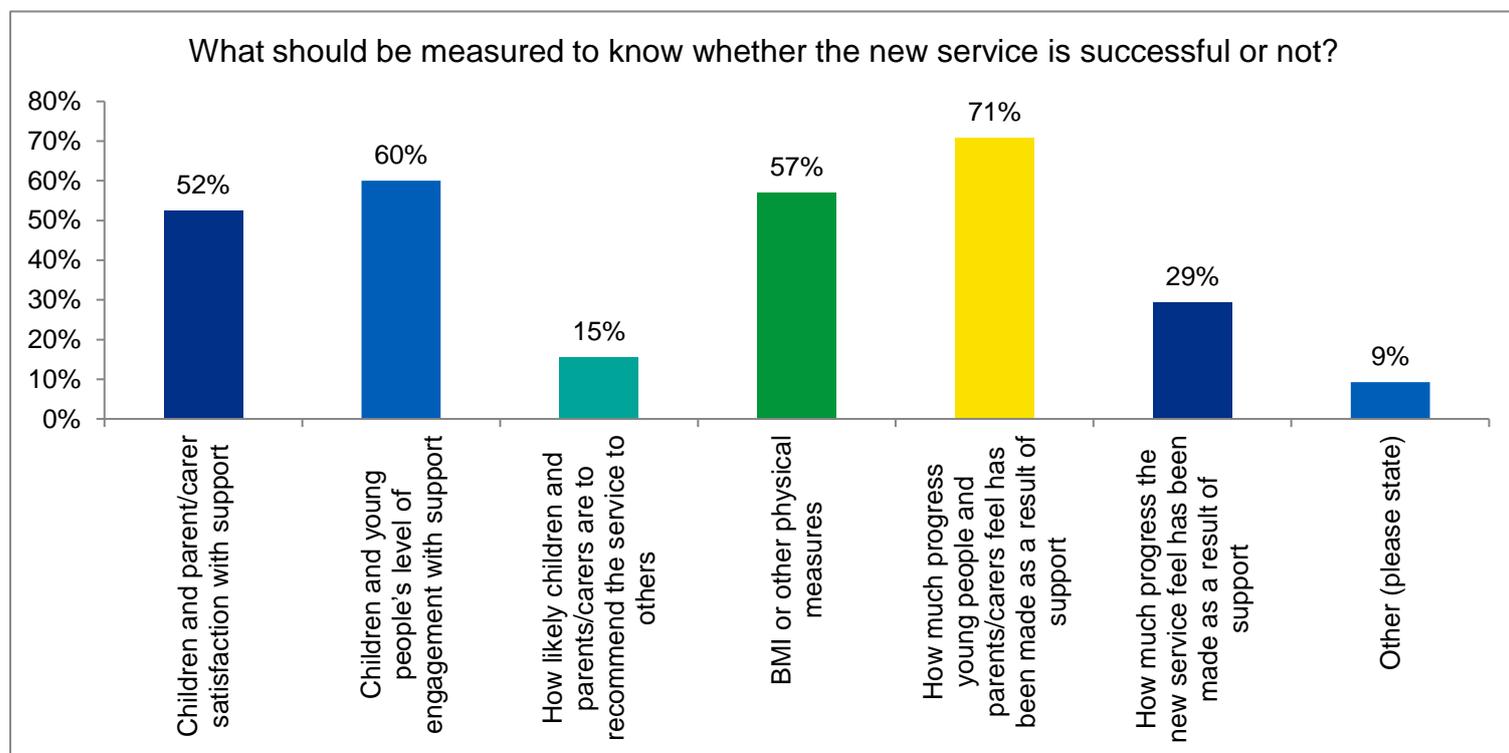
Other points included the need for early intervention and prevention and support for children with Special Educational Needs (SEND) and those with an Education and Health Care Plan (EHCP). Support for those with weight related comorbidities was also noted. Other comments referred to ensuring that there is an appropriate direct referral process for existing Tier 2 services and ensuring that individual assessments with a multi-disciplinary team approach are offered. It has also been noted that children and young people who are not currently eligible for services should be accommodated in the new service. Additionally, children and young people with complex needs who are already under regular hospital follow up may not need to be seen via this service. This new service should also look at providing support for those with other healthcare issues as otherwise the service risks excluding key young people who need support. Finally there was also mention that Acute providers do not currently have a service and can only support any other co-morbidities that a young person may have.

Following this, professionals provided information on the three most important elements for the new service model. The graph below highlights their responses.



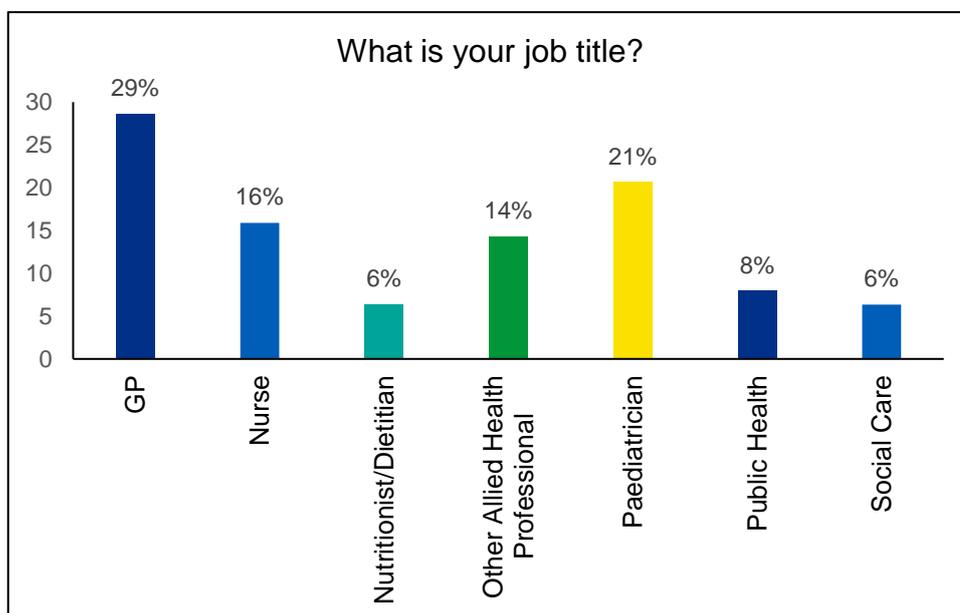
As seen in the graph above, the three most important elements were reported to be the provision of holistic family approach, ensuring that the service is community based and ensuring that the service offers a mixture of physical and dietary advice. ‘Other’ comments that were noted included the need for any professional to be able to directly refer to the service without always having to go back to the GP, the service should be linked into community and hospital services and offer a personalised approach as families will have varying needs. Accountability should also be a part of the service as weight management issues are often linked to larger safeguarding issues and a comment was provided which highlighted that all the options above are of importance.

Professionals finally commented on what should be measured to know whether the service is successful. The graph below highlights their responses.



As seen in the graph above, professionals reported that most helpful indicator of success would be to measure how much progression young people and their parents and carers feel has been made as a result of support. This is followed by measuring children and young people's level of engagement with support. 'Other' comments referred to gathering professionals and partner's views of the service, measuring long term outcomes for children and young people, measuring overall wellbeing of the young person and assessing the severity of other physical health issues, as a result of weight management needs, such as weaning off ventilator support.

The graph below highlights the breakdown in profession as reported by those who participated in the survey.



### 4.3.2 Focus group findings

During the period of engagement, two focus groups were conducted with a range of professionals to understand the impact of the gap in current services and what is needed for a new service. Key themes emerged from the discussions that took place. These themes are divided into three sections to reflect current experiences of weight management support, recommendations for the new service and service evaluation.

#### Current experiences of weight management support

- The gap in services is having a negative impact on children and young people as adequate resources are not available to support their level of need.
- Parents and families are frustrated at lack of services and support.
- Professionals who work at the hospitals are unable to prescribe Dietetic or physical activity support which results in the young person gaining weight and leads to other healthcare issues. Children and young people can only access Dietetic support if they have other specific healthcare conditions such as Diabetes.
- Tier 2 services are trying to support these children and young people but are unable to support to their level of need.
- There is little support for those who are under the age of 5 other than the GP, who may or may not refer onwards to Paediatrics.
- Having to refer people back to their GP to enable them to access weight management support can act as an additional barrier to support. Professionals should be able to

make direct referrals into these services. This includes professionals who work in Emergency Departments who are seeing more illness in children who are significantly above a healthy weight.

- There is also some reluctance in children and families to engage with existing support as they may perceive the child to be healthy. This may be due to society as a whole seeing more people who are above a healthy weight thereby becoming the norm.
- Early intervention needs to be in place. By the time children and young people access Tier 2 support, they are already above a healthy weight.

### **Recommendations for the new service**

- Referral pathways should be clear and easy and should be followed by a post referral triage to assess the young person's needs.
- There is a need to understand the physical and psychological needs of the child or young person rather than studying their BMI in isolation. BMI is not always a good reflection of the young person's physical health.
- Some professionals stressed that it is important that the scope of the service is as wide as possible, without any upper cut off limits in terms of BMI, to ensure children are accessing the right support. This will enable a range of professionals, including those in Emergency Departments, to refer young people with weight management needs or those with precursors to weight management needs. However, others noted that referral criteria for existing and other planned services (i.e. Nottingham University Hospital's regional hub) should be shared so the new service aligns with other provision and no gaps in support are present. Overall, it was felt that the service should be available to those who are risk of negative outcomes as a result of their weight and to those who need extra support due to complex issues.
- The service could operate as a central hub that feeds into other services for children and young people and bring in existing support options where available. This includes good links with mental health support services for children and parents.
- It is important for all Tiers of weight management support to link together to enable children and young people to easily move between them as needed. Virtual multi-disciplinary team meetings can take place with partners to discuss which children and young people may need to move between their services.
- When designing the service, partners such as those who provide existing weight management support, should be involved in these discussions to share learning, to understand what already works and to ensure pathways align.
- A holistic, family approach to support should be taken to ensure that the lifestyle of the whole family is improved. This may also include linking into adult weight management services to offer support to parents and carers where needed.
- Families should be educated on food choices and learn fun ways to be more active especially for those who are not keen on exercise e.g. through play.
- Support to physical activity is needed. By offering something different, the service can incentivise children and young people to engage.

- A multi-disciplinary team approach is needed to further enhance support and promote a healthy lifestyle and positive mental health. Specialists including Nutritionists, Doctors, Nurses, Exercise Specialists and Psychological care are all needed. In addition, it was also noted that it was important to have Key Workers who are guided by the specialists and are able to spend sufficient time with children and families to better support them. By doing this, it is felt that the overall costs to the NHS would be reduced compared to prescribing medication for a young person due to complications related to their weight.
- Skilled workers are required to manage sensitive conversations with children and families.
- Support should be offered close to home for families as some have difficulties travelling.
- The service should be marketed in a supportive way to families rather than placing blame on parents and carers.

### **Service Evaluation**

- Work with the Universities to develop standardised questions to embed into the service. In addition to this, understand the research on this subject area to shape these measures.
- Measure both quantitative and qualitative outcomes (e.g. confidence intervals). Measuring level of engagement with the service, changes in behaviour and confidence levels in sustaining a healthy lifestyle are better measures than measuring satisfaction with the service.
- Long term measurements would be beneficial to understand whether the service has a lasting positive impact on the young person rather than short term gains. Such measurements can take place, once a year for five years to measure impact. Some services in Tier 2 conduct evaluations at 12 weeks, 26 weeks and a final 6 month follow up.
- Gather information from GP central systems to understand rates of diagnosis of other health conditions such as Type 2 Diabetes, Hypertension or Obstructive Sleep Apnoea. This will help determine whether the service has been successful in reducing the number of young people with weight related healthcare issues.

### **Additional comments**

- There is a need to normalise conversations about weight and support.
- There is a gap in identifying children who are above a healthy weight between the ages of 2 and 4 years old.
- Food poverty for families mean they cannot always eat healthily.
- Work collaboratively with partners to understand how to tackle weight management needs at an early stage looking at the wider determinants of health such as environment. This pre-intervention work also needs to be offered as routine for all families without singling out families for special care. If it becomes the norm and

people can recognise the benefits of this and engagement with services may then improve.

## 5. Additional Comments

Feedback was also provided by a member of the public who wished to share their views. They noted that education on lifestyle choices is an important starting point for children and families to understand how to develop and maintain a healthy lifestyle and to navigate current societal views and beliefs to prevent unrealistic expectations about weight loss and body image. Such education should cover information on physical health and nutrition and its impact on mental health. Additionally, activities such as cooking should be taught in schools and made available to the wider community to ensure people have the relevant knowledge and skills to develop a healthy lifestyle. Such information on nutrition and cookery can be promoted through platforms such as social media.

## 6. Recommendations based data and feedback collected

### 6.1 Children and Young People

Below are key recommendations based on the broader views and feedback from children and young people. It is also important to consider further recommendations from children and young people which are available in the findings:

- Ensure that the service has friendly staff who know how to communicate well with children and young people and provide a non-judgemental approach to support.
- Adopt a tailored approach to support by offering a mixture of support options to choose from, that are delivered in community settings located close to the young person's home.
- Ensure staff who can support with exercise, movement, mental health and peer support are accessible through the service. They can be supported by Doctors and Nurses who children and young people feel most comfortable talking to.
- Provide holistic support for the young person that is fun and interactive such as sporting activities and hosting classes on healthy eating. This in addition to offering positive advice and tips can help children and young people make positive changes.
- Collect feedback on the service from children and young people and their parents and carers to understand what is working well and what needs to be improved further.

### 6.2 Parents and Carers

Below are key recommendations based on the broader views and feedback from parents and carers. It is also important to consider further recommendations from parents and carers which are available in the findings:

- Ensure the service has friendly staff who know how to communicate well with children and young people and provide a non-judgemental approach to support.
- Adopt a tailored approach to support by offering a mixture of support options to choose from, that are delivered flexibly throughout the community. Such support should include interactive elements and peer support for parents and carers.

- Ensure staff who can support with exercise, movement, mental health and peer support are accessible through the service. These professionals can be supported by Doctors and Nurses who families feel most comfortable talking to.
- Provide holistic support that includes families and is tailored to suit individual needs. This combined with receiving positive tips and advice and having staff who know how to communicate well with young people can help young people to make positive changes.
- To understand service effectiveness, evaluate changes in the young person's behaviour over time.

### 6.3 Professionals

Below are key recommendations based on the broader views and feedback from professionals. It is also important to consider further recommendations from professionals which are available in the findings:

- All children up to the age of 18 over a specific BMI should be seen by the service.
- The referral pathway should be clear, easy, and direct into the service.
- The service should provide a holistic family approach to support, in a community setting and offer a mixture of physical and dietary advice.
- The service should be staffed with Doctors, Nurses, Exercise Specialists, Dietitians, Psychological Support and Key Workers who can spend time with families to better understand and support their needs.
- The service could act as a central hub that links into other service to ensure young people can move between services as needed.
- The service should measure how much progress young people and families feel have been made as a result of support and measure changes in behaviour. Additionally, measuring overall confidence levels and measuring confidence levels in sustaining a healthy lifestyle, can also help to understand whether the service is effective. These measurements can be taken at different intervals on a longer-term basis.

## 7. Conclusion and next steps

The insight gathered from engagement will be used to inform the development of a new weight management services for children and young people who are significantly above a healthy weight without other healthcare issues. The CCG will look to work closely with partners who supported this engagement and others to help inform the design of this service. Following this, a 'You Said, We Did' style report will be published to reflect how citizens' voices have shaped helped to inform the development of the new service.

## 8. Appendices



Key stakeholders.pdf

Appendix 1 – List of stakeholders



Leaflet

Appendix 2 – Leaflet

Appendix 3 – Children and young people’s questionnaire and overall responses



Children and young  
people’s questionnaire



Children and young  
people’s interview qu

Appendix 4 – Children and young people’s interview questions



CYP group  
presentation.pptx

Appendix 5 – Children and young people’s presentation



Parent/carer  
questionnaire and ove

Appendix 6 – Parent/carer questionnaire and overall responses



Parent focus group  
v2.pptx

Appendix 7 – Parent/carer focus group presentation



Professionals  
questionnaire and ove

Appendix 8– Professionals questionnaire and overall responses



Professionals focus  
group v3.pptx

Appendix 9 – Professionals focus group presentation



E+D data.pdf

Appendix 10 – All equality and diversity data