



Northumberland
County Council

Healthy Weight Task & Finish Groups Feedback

30 September 2024

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Process

Facilitated Teams workshops during August / September 2024

Conception – 5 years

5 –19 years

Built Environment

Conception-5 and 5-19 Workshop Scope: To support healthy weight in Infants, Children & Young People through diet, nutrition, healthy eating & lifestyle – but not specifically around Physical Activity

Built Environment Workshop Scope: Focused on what is strong in terms of the current procedures in place to support a healthy environment and strengths and challenges within this area.

1. What can families do themselves?
2. What do families require support with?
3. What do families need partners to progress on their behalf?



Conception to 5 year olds

Stakeholders: Family Hubs, NHFT Maternity Services, Growing Healthy Northumberland 0-19 Service, Early Years Providers

Existing Opportunities around Nutrition and Healthy Eating

- Maternity Health Coach for all women with BMI >35 referred (opt out). Virtually clinic held weekly via Dr Doctor.
- Programme of Buggy Walks led by Maternity, 0-19 Health Visiting and Family Hub Workers
- Maternity Led Aqua natal Classes
- Maternity team (Midwives/MSW's/Best Start in Life Advisors) all trained in This Mum Moves Physical Activity in Pregnancy and Postnatal awareness.
- All activities/services monitored through Maternal Healthy Weight Steering Group

- Maternal Healthy Weight now a priority for NENC LMNS Public Health Prevention in Maternity.
- Northumberland Family Hubs HENRY programmes.
 - *Preparing for Parenthood.
 - *HENRY starting solids workshops.
 - *Healthy Families right from the start
- Family Hubs Infant Feeding Policy
- Family Hubs Wellbeing Practitioners
- Growing Healthy Northumberland Infant Feeding Policy
- Health Visitor weighing in Clinics
- 'Feeding Friends' Infant Feeding support groups delivered across Northumberland from Community Venues and some family Hubs. Delivered by the 0-19 Infant feeding teams.
- UNICEF Breastfeeding Friendly Awards – combination of GOLD and Level 3 accreditation across health and social care services

Conception to 5 year olds

- Public Health Campaigns
- Oral Health Promotion Programme
- Healthy Start Scheme
- 0-19 Team mandated contacts – diet and lifestyle advice provided. (infant feeding, weaning, school profile work – healthy lifestyles, NCMP)
- Mandated contacts: Antenatal, New birth visit, 6-8 weeks, (targeted 3-4 month), 9-12 month, 2 year (& targeted pre-school).
- Monthly weaning workshops
- Importance of Infant Nutrition and Breastfeeding Friendly culture – promote normalisation through BFF Scheme in hospitality
- Early Years providers (including schools, settings and childminders) have access to a wealth of tools and resources which support them to promote healthy weight in under 5s.
- Northumberland Oral Health Training for Early Years (which includes modules on breastfeeding and weaning, sugar reduction and healthy eating and making healthy choices)
- Training from the School Meals Team as part of the Early Years SLA
- Early Years statutory assessment points include a focus on physical development. This includes, statutory Progress Check at Age 2, EYFS Profile at the end of the reception year
- In Northumberland, the School Readiness Passport provides 6 monthly checkpoints for practitioners to monitor children's attainment. Physical development is included at every checkpoint from 6 months of age to the end of the reception year.

Conception to 5 year olds

Gaps identified within the current provision

- Access of guidance/training on cooking and healthy lifestyle skills, cooking on a budget, healthy packed lunches.
- Countywide packed lunch criteria
- Healthy eating resource boxes for provisions to borrow (like the oral health boxes which have been successfully rolled out)
- Messages to parents about healthy home time snacks
- Funding to support settings to establish a high quality, activity focused, outdoor offer across the full year
- Parental understanding of health & the many aspects of health, oral, food, physical
- Families living in SOA & rural areas experiencing limited finances and choice
- Training and staffing costs for antenatal programmes



What can families do for themselves

- Make small manageable changes e.g., eat more veg/reduce portion size/move more/eat together without distractions
- Make changes as a family, rather than as individuals
- Families to act as role model
- Share feedback about challenges and barriers
- Try to influence others/ extended families
- Give peer support
- Encourage mothers who wish to breastfeed in public places

Conception to 5 year olds

What might families need some help with?

- Understand what a healthy meal looks like
- Knowing healthy recipes/how to create a healthy packed lunch on a budget
- Incentive to move more - understanding why moving more is good for their health and the impact it can have on life expectancy etc.
- Building positive relationships with professionals/Family Hub



- Breastfeeding
- Positive weaning support
- Support to attend groups
- Understanding campaigns
- Understanding the elements of healthy eating, physical, emotions,
- Time management ideas and shortcuts, take 5 to do 5.
- Healthy snacks/ meal time
- Understand the culture that leads to poor choices
- Understand sometimes these value special offers are not best BOGOF, coop 5 meal deal

Conception to 5-year-olds

What can't families do that agencies and organisations can?

- Provide accurate education about how to prevent/tackle childhood obesity
- Provide resources in understandable formats that help families them cook a healthy meal/provide a healthy lunch
- Give simple, easy, cheap, ideas to help them families move more and eat better
- Provide effective tools so family members can support each other to move more and eat better
- Make family fitness easy to access – have safe open spaces, reopen closed leisure centres, keep access costs low (or free)
- Support EY providers to provide healthy meal choices suitable to their physical resources

Other areas that require consideration

- Oral health access
- Impact of screentime
- Have realistic understanding of pressures of time poor parents
- Align support to national initiatives for EY settings e.g. proposed universal breakfast club provision

5-19 year olds

Stakeholders: Public Health, Northumbria Healthcare Foundation Trust, North East & North Cumbria ICB, 0-19 Service, Family Hubs, Places for Leisure, School Meals Service, Leading Link, HAF

Existing Opportunities around Nutrition and Healthy Eating

- Mandated contacts with advice and support (0-5, NCMP & Pro-active follow-up, School Profile work)
- Starting Well NCMP follow up offer
- HENRY Programme delivered by Family Hubs for 5-11 year olds
- National Campaign messages
- GP referral pathway for NHCT Dietetics Services
- Holiday Activity & Food (HAF) Programme, includes opportunities for young people to plan meals and practice cooking skills
- HAF Provider framework around food
- Young People's Support Workers
- Social Prescribers Young Person Drop-in
- Cookery sessions delivered by Health Trainers and partners such as Full Circle Food
- Referral pathway for the Eating Disorders Intervention Team (EDIT)
- Children's Wellbeing Practitioners offering family help to support children with low to moderate wellbeing difficulties
- Family offer from Health Trainer Service
- SEND support in Family Hubs
- Partnerships working with VCS, community sports, Newcastle United Foundation etc

5-19 year olds

Gaps identified within the current provision

- Universal healthy weight support for 12-16 year olds
- A defined social prescribing offer for young people around nutrition
- Family approach to healthier lifestyles
- Support for food bank users to maintain a healthy diet
- Support for children experiencing sensory neurodiversity
- Practical support or staff training around nutrition
- Training and resources for HAF providers
- Supporting practitioners around language and child friendly approaches

What can families do for themselves

- Act on messages and education around healthy eating that includes buying fruit and vegetables, healthier options, encourage 5 a-day.
- Support children to eat healthier
- Self-educate – reputable websites (NHS and DOH guidance, change for life)
- Healthy child App
- Take responsibility for increasing activities and eating healthy (if families are aware)
- Families to recognise if their child is overweight.



5-19 year olds

What might families need some help with?

- Identification of reputable sources of information
- Healthier lifestyle education
- Support cooking skills, eat-well guide, healthy packed lunches etc.
- Tips on how to shop on a budget
- Understanding of the impact on an unhealthy lifestyle.
- Support and empathy for families to not feeling blamed, when being offered support following NCMP
- Promote options for families in non-judgmental way

- Consider our language and terminology when working with parents, with a understanding that this is a delicate subject.
- Look to see how we better support families who struggle to engage
- A clear pathway to options for support
- Look at how we can utilise stories from families who have been supported around healthy weight with good outcomes.
- Identify why a child may be underweight or overweight
- Promote the voice of the child



5–19 year olds

What can't families do that agencies and organisations can?

- Commission services to support gap in the current provision. .
- Promote services that families can contact and access for support
- Look at the infrastructure around children's food providers. The scale of influence reduces as children get older.
- Support the auto-enrolment of free school meals with families
- Re-frame the language around healthier options so that it is appealing to young people.
- Get young people involved in the planning and cooking of food.
- Healthy food messages targeted at families who chose packed lunches.
- Look at how families who are reliant on free school meals cope during school holidays

Other areas that require consideration

- Representation on the group to include education, emotional health and wellbeing, SEND, social prescribers,
- A whole systems approach including those families on low incomes, SEND children, parents
- Long term plan in promoting a culture shift in the way we approach meals.
- Support around healthy eating for older children
- Engagement with young people's forums



Built Environment- Across the life course

Stakeholders: Planning, RISE, Public Health Team, NCT, Strategic Transport and Environment.

Existing Opportunities around the built environment

- Strong working relationship with public health including planning outputs
- Updated version of Healthy Planning Checklist
 - Additional Rapid Health Impact assessment option (with guidance)
- Design code- currently in scoping phase and health and wellbeing a priority area
- Looking to develop an open space assessment which will support the need to save green space in certain areas.
- National data on takeaway consumption
- Current policies restricting the number of hot food take aways at ward level.
- Opening School Facility Funding – DfE funded, Monies available to targeted schools via RISE.
- Inclusive cycling HUBs
 - Working with charity wheels for all
- Active travel corridor

Built Environment

Gaps identified within the current provision

- Different tools being used across different departments to collect information
 - How do we use all of the data we have available to make informed decisions?
- Sharing of data especially at a local level
- Research into "dark kitchens" in Northumberland
- Usage classifications used to 'bypass' policy criteria.
- Lack of engagement outside the usual NCC procedures
 - And the need to use our VCSE partners more
- Multitude of messages communicated through various channels – confusing to the general public?

Built Environment

What can families do for themselves

- Access their local facilities – parks, green spaces, countryside.
- Engage with local stakeholders regarding the use of community facilities.
- Promote / Share – opportunities to be active
- Make small, step change behaviours such as active travel.

What might families need some help with?

- Accessing shared spaces such as community allotments / growing areas.
- Implementing community level interventions such as play streets.
- Engagement in the design and planning of development proposals.

What can't families do that agencies and organisations can?

- Shape the local food landscape
- Ensure that 'where I live' is conducive to walking and cycling and / or promotes public transport.

Built Environment

Other areas that require consideration

- Difficulties implementing policies and strategies.
- Design code next steps – engaging with our residents.
- Working with take-aways to increase healthy food alternatives.
- Addressing wider Transport issues.

Common themes across the task and finish groups

- Education for parents and settings- cooking skills, healthy options etc.
- Accreditation for settings
- A shift in culture/ attitudes – including two-way communication with residents
- To concentrate on overall health not just weight
- To look at a family approach
- Community involvement in services and support- resident and young people's voices, use of communities as assets- people, facilities
- Uptake of services/ gaps in provision for certain age groups
- Wider support e.g., low-income families to be considered for support.
- Need to share good practice e.g. use of consultation
- Support from comms- consistent approach and messages

Reflection on Task and Finish Groups

- Good participation and discussions in the task and finish groups- passionate about topic area
- Groups willing to share experiences and some collaboration work out of discussions
- Completed templates before the meetings and gave an overview presentation at the start of each meeting.
- Gaps in representation e.g. education, other health professionals, residents voice
- Some groups struggled with "what families can do for themselves" question- need further support with exploring this.

QUESTIONS?

Recommendations for next steps

- Feedback to task and finish groups
- To create a prioritisation framework
- To agree 2 or 3 actions from the priorities
- Identify stakeholders that can take on the actions
- Identify how best to monitor progression of the actions
- Complete written report for the prioritisation process
- Feed into health and wellbeing board