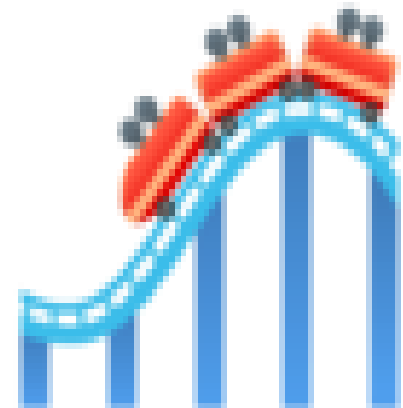


“Lets tackle Child Obesity”

Organisational learning from inception of the HEAT 3 to exit and beyond

“You will know (the good from the bad) when you are calm, at peace. ...Yoda from Star Wars”

Anne Gebbie-Diben
Health Improvement Lead
NHSGGC



Active Choices Eating Smart (ACES) and Active Choice

Healthy for 2 and MEND

What did we learn and what's next?

What should we do and what does that mean for NHSGGC



Evaluation

Securing "buy in"



Project Manager



Recruitment and retention

Development, QA and implementation



Performance management



What should we do
and what does that
mean for NHSGGC



Securing
“buy in”

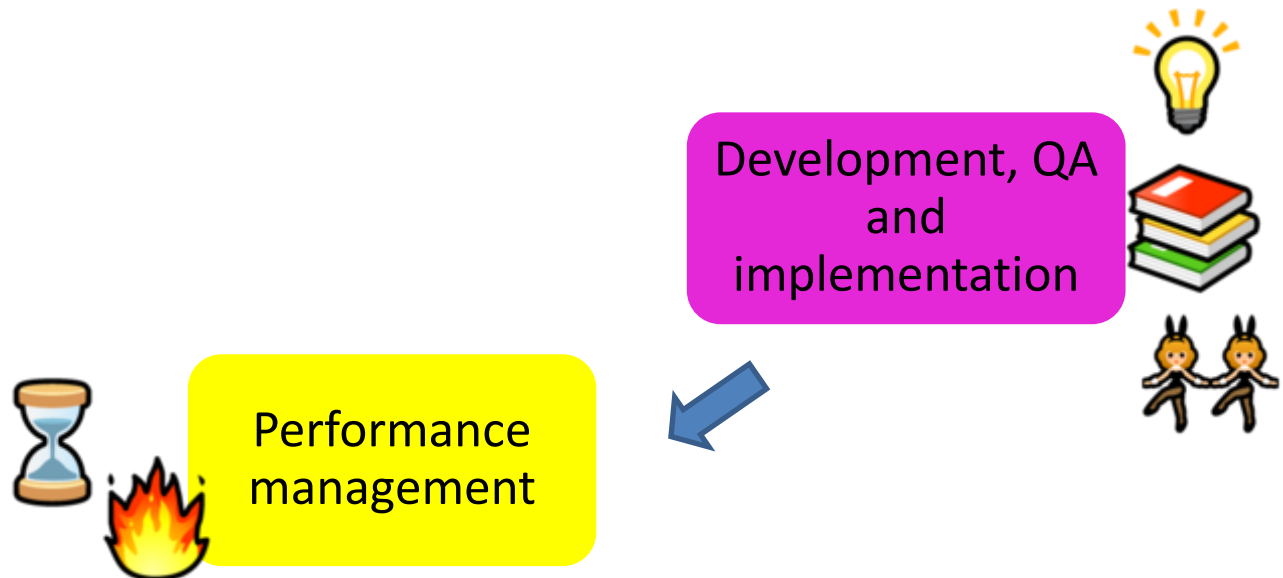


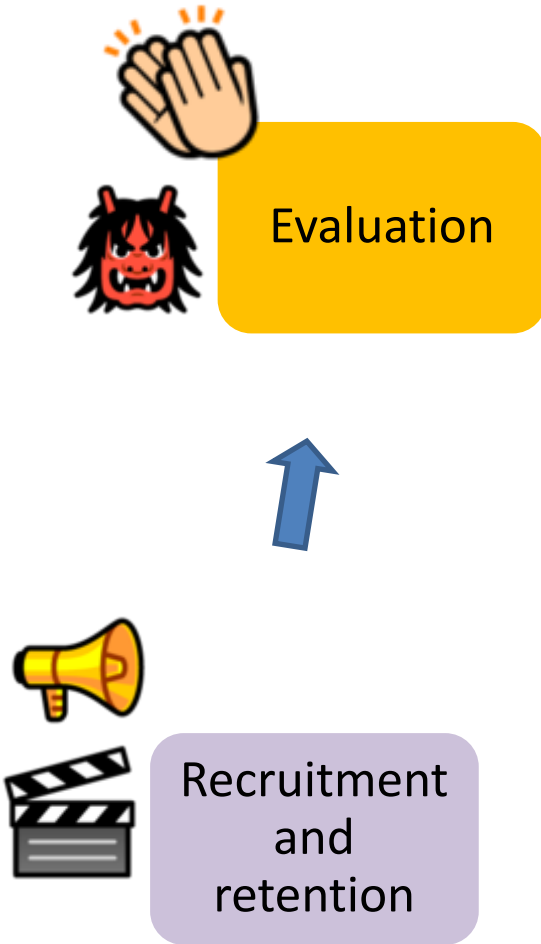
The challenges

- Evidence “informed”
- National criteria (perfect model)
- Few (very few) existing models
- What can you do for allocated budget?
- Prevalence?
- Who owns the target - “Sexy topic” versus “not touching it with a bargepole”

The challenges

- Who actually have the knowledge and experience
- Clinical versus group approach, treatment/prevention
- Professional barriers
- Training/briefs
- What data to collate and by whom
- Interpretation





The challenges

- Who and where do we recruit
- Promotion
- Referral sources
- Starting the programme/staying and leaving happy
- Evaluation.....

What did we learn and made use of?

- “Evidence” – not always right, local application
- Prevalence now captured, at 27-30 month and P1
- Raising awareness, breaking down professional barriers ongoing
- Data collection – over ambitious, simplify and question “why collect”?
- Trust and apply learning from within the organisation
- Recruitment never stop being challenging
- Smart promotional material
- Be realistic – re-define expectations
- Leadership/ownership?
- Understand what works/not in NHSGGC
- “Been there, done it and got the T-shirt” – is it worth it?

What's next (reflections)?

- Questionable approach if tackling population obesity
- Joined up approach between Public Health Priorities, Obesity Strategy and Diabetes Prevention Framework
- Leadership is absent at regional and local level, move away from a “band aid approach”
- Good practices should be shared e.g. Healthcare retail Standard
- Review maternity, early years priorities – staff mindset must shift from baby only to family
- Age 16-24 bucking trends– capitalise on opportunity