

Area	Interventions – Milestones on GB paper aligned with Project Plan (M1-17)	Cost agreed by GB	Est. time scales	RAG	Updates/next steps	Outcomes/impact
Communi- cations and Engagement	<b>M1</b> Large scale <b>Social Media &amp; community 'movement'</b> across all stakeholders to promote healthier lifestyle options (Sleep / Eat / Move / Live well) from 1st July to 1st January & advertise those resources already available (e.g. NHS weight loss plan). Work with people with larger body size and involve academic expertise as well as comms expertise when designing this campaign / movement. To aim to lose <b>1 million kg</b> in those C&P residents who are overweight and promote more physical activity	£20k	July onwards		<p>Website live and regularly updated</p> <p>Daily social media updates</p> <p>Worked with people with lived experience to ensure communications are sensitive</p> <p>Proactive collaborations with personal trainers and yoga instructors, creating a combined total of 9+ hours of free fitness content</p> <p>Proactive collaboration with food bloggers as well as CCG staff, creating over a dozen healthy recipes</p>	<p>12,900 website visits to date</p> <p>211,200 social impressions (Instagram, Facebook, twitter)</p> <p>Over 850 registered members</p> <p>Over 1,100 downloads of monthly challenges in October and November</p> <p>Over 550 visits to our healthy recipe page</p>
	<b>M2</b> To reach out to <b>older residents</b> and promote increased daily activity, promoting better cardiovascular and brain health and reduce risk of falls.	Inc. Above	July onwards		<p>Seated exercise challenge and video created for less mobile people</p> <p>Shared healthy living information with parish council magazines to reach target audience</p> <p>Contacted local voluntary organisations and charities with an older target demographic</p>	BMI Can Do It featured in a number of parish council magazines, reaching thousands of households
	<b>M3</b> To develop a <b>Health &amp; Wellbeing week for Year 10,11 and 12 students</b> , to promote self-care in minor injuries and illness, contraception, healthier lifestyle choices, maintaining a healthy weight, with height & weight measurements taken, immunisations offered and NHS career fair	Inc. Above	Delivery planned for Feb 2021		<p>Age focus changed to Y7 and Y8 following provider feedback.</p> <p>Communications team working with LAs to progress a plan for a virtual wellbeing week.</p>	Intended outcome: Delivery of the week in February.

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	<p><b>M4</b> To ensure all residents are reached with specific messaging to those <b>BAME communities</b> at increased risk of ill health. <b>Maternity</b> - overweight mothers are a group also requiring specific focus.</p>	Inc. Above	July onwards		<p>Reached out to 40 local faith/culture groups to signpost to BMI Can Do It</p> <p>Worked with BAME food bloggers on authentic recipes with a healthy twist</p> <p>Linked in with system partners to ensure all communications are sensitive to different cultures and backgrounds</p> <p>Partnered with local yoga school to create videos, featuring skilful teachers from a range of backgrounds and ages</p> <p>Worked with NCT on Starting Well DHSC funding bid that is geared towards expanding services for BAME mothers, with a specific focus on reducing health inequalities</p> <p>Linking with PH and the LMNS to support the Reducing Obesity in Maternity Project as part of <b>M10</b>.</p>	<p>Positive response from some community groups to indicate they would share with their members</p> <p>Several recipes representing culturally diverse diets</p> <p>Reputational risk avoided through sensitive comms</p> <p>Several hours of fitness content featuring teachers from BAME communities</p> <p>Bid for NCT BBCS HW Funding submitted and feedback expected December.</p>
<p><b>Provider weight loss interventions</b></p>	<p><b>M5 Primary Care</b> – Make weight and height measurement a routine part of primary care and promote <b>proactive opportunistic weight conversations</b>, including Very Brief Intervention, with those seeking healthcare advice, across the system</p>	In Diabetes LES.	Included in Nov update of October 2020 LES.		<p>Routine measurements/VBI are included in the Oct 2020 LES and the November update.</p> <p>Toolkits promoting BMI Can Do It/Healthy lifestyles have been shared with Primary Care.</p> <p>SMSs promoting BMI Can Do It to pre-diabetic patients and patients with high BMI also included in LES.</p> <p>See also: related updates in <b>M13</b></p>	<p>Patients to be measured for population data capture</p> <p>Promotion of BMI Can Do It to Primary Care patients and workforce via SMS, practice websites and extranets.</p> <p>See also: related outcomes in <b>M13</b></p>

Annexe 1: BMI Can Do It update table – December 2020

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Provider weight loss interventions	<b>M6 Acute and community contract</b> - To promote <b>proactive opportunistic weight conversations</b> , including Very Brief Intervention (VBIs), with those seeking healthcare advice, across the system. Pre-hab initiative.	None	Sept onwards		Working with acutes on additional text for prehab letters  Working with acutes to include VBIs within 2021/22 contracts.	Intended outcomes:  Elective patient 'Pre-hab' letters to feature BMI Can Do It as a helpful resource  VBIs ideally to be included in next round of acute provider contract (s).
	<b>M7</b> To promote uptake of self-referrals of those residents with Pre-Diabetes to the remote <b>National Diabetes Prevention Programme</b>	SMS costs £25k	Sept onward. SMS included in October 2020 LES and its Nov update		SMSs promoting NDPP and BMI Can Do It are part of Diabetes LES.  Preparing promotional materials to increase uptake of self-referrals.  CCG sharing NDPP data to allow us to pinpoint any uptake in self-referrals as well as follow progress	Primary Care notified of switch to new NDPP provider.  Intended outcome: monitor NDPP data to evaluate effectiveness of NDPP promotion via SMS
	<b>M8</b> To work with Diabetes UK to promote the <b>15 Health checks through Local Pharmacy</b>	No additional cost	Complete		Complete. Diabetes UK survey runs until 15 Nov.  Evaluative outcomes to be shared with the CCG.	Leaflets included in patient prescriptions, survey details for evaluation also disseminated  Achieved coverage via a joined press release for this strong piece of work
	<b>M9</b> Support overweight or obese NHS staff in the CCG and our NHS providers to lose weight through provision of on-site lifestyle support services (which should also be able to support change in other lifestyle factors)	Providers	Sept onwards		On-site lifestyle support services are available through LAs and offered to all NHS employers in our area, but current uptake is low. Communications team to work with LAs in New Year to ensure BMI Can Do It is signposted to.	Intended outcome:  Promote BMI Can Do It to NHS staff when lifestyle services are refreshed in 2021.

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Prevention in the community	<b>M10</b> To engage proactively with all families identified to have Primary school age children who are overweight or obese - the intention is to work with Healthy Schools Services, Tier 1 weight loss services and Family Support Workers to encourage healthier shopping/cooking/eating habits in 500 families.	£50k	Sept onwards		Working with commissioners and providers on BMI Can Do It signposting within Family/Early Years services.  Working with Public Health to include BMI Can Do It messaging within the National Child Measurement Programme letters to families of Reception/Y6 age children.  Despite available funding, capacity for additional funded pilots is currently limited due to COVID-19. <b>Meeting to review clinical support opportunities 11 Dec.</b>	Intended outcome is to direct families who might need additional support to BMI Can Do It  Intended outcome is for NCMP letters to feature BMI Can Do It as a helpful resource in 2021  Intended outcome is to identify clinical opportunities to support existing work
	<b>M11</b> To utilise the 50,000 Patient Activation Measure licenses and support improved activation amongst our residents	Licences available	July onwards		21 Patient Activation Measure licenses have been activated, 1 for each Primary Care Network (PCN).  Social Prescribing Link Workers (SPLWs) have undertaken PAM training and are supporting patient progress with PAMs  PAM training scheduled in for other Health Professionals  Roll out to Early Adopter PCNs, focusing on people with Diabetes now restarted, post pause due to COVID-19.	SPLWs already supporting PAM use.  Intended outcomes:  More health professionals trained to support people in using PAM tool  People with Diabetes empowered to self-manage their LTC, with support, leading to better health outcomes  Qualitative data expected Spring 2021
Management and Treatment	<b>M12</b> To improve access to <b>Eating Disorders (ED) pathway</b> for those with emotional eating and binge eating disorders. Identify sources of advice and support for patients who do not meet criteria for ED pathway.	None	July onwards		3 <sup>rd</sup> sector ED service PEDS is best clinical pathway to support. Working with Mental Health Team and partners to identify next steps. One option is nutrition and obesity-related ED training for Primary Care Health professionals via the 2021 LES.	Intended outcome: raise awareness within Primary Care of common but lesser known eating disorders related to obesity, e.g. binge eating disorder, to support patient pathways.

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	<b>M13</b> To ensure that local referral pathways for people with Diabetes are functional and meet national guidelines, including DISN and MDFT, and meeting the 8 Care Processes and 3 Treatment Targets and to be the regional pilot site for NHSE Eclipse Healthcheck 2020 - Between £100- £500k incentive for patient total completion bonus (£10 per wtd patient) for 20/21 only	Addition to Diabetes LES – propose to postpone until 21/22	October onwards		Alternative Diabetes LES discussions are ongoing due to delays linked to pandemic response and flu vaccination programme delivery.  Practices have been asked to focus on the 8 Care Processes for the remainder of 2020/21 as an interim measure to include BMI assessment  £500k to be deferred until 21/22	Current anticipated outcome for 2020/21 – to capture BMI of patients and offer appropriate interventions.  Intended 2021/22 outcome: a revised, more outcomes based Diabetes LES.  Intended outcome: follow Eclipse data to evaluate ongoing effectiveness of diabetes pathway
	<b>M14</b> To promote the implementation and evaluation of remote digital support for People with Diabetes, including the trial of MyDESMOND and Low Carb DDM apps. Evaluate the overall weight loss programme.	From within system resource	March '21		Working with University of Cambridge to implement these two apps for patients next year, including formal research study.	Intended outcomes:  Roll out digital support via apps and evaluation
	<b>M15</b> To replicate the DiRECT trial success for 400 people with diabetes, holding an #AmbitionForRemission for 1000 people through offering a <b>Very Low Calorie Diet (VLCD) programme</b> . Maximum uptake and cost for 1000 people. 1000 VLCD programme - £1900 per patient – max £1.9m	Initial pilot of 100 patients - £190k	Sept onward. Estimate recruit to pilot Jan '21, estimate launch pilot		Work underway to launch pilot before end of 2020/21 financial year.	Intended outcomes:  Patients take part in VLCD pilot  Patients identified as in Diabetes remission post pilot.

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Management and Treatment			March '21 latest			
	<b>M16</b> To promote utilisation and implementation of virtual group consultations to support our residents using the full MDT (both community-based e.g. Health Coaches & Practice Nurses; and secondary care)	Working with external providers and practices	Sept onwards		The CCG's North Alliance hosted a webinar to promote Virtual Group Consultations to Primary Care Networks  Very well attended webinar with re-run later in November. VCR bookings increased significantly and looking to increase capacity to keep wait times to 6 weeks.	Increase in skills and training in practices.  Reduced referral to CPFT/acute
	<b>M17</b> To develop the local Tier 3 and 4 Bariatric services at Peterborough. Tier 3 requires more funding due to demand. Tier 4 cost neutral.	£100k recurrent cost to meet demand.	From Sept; launch of new services estimate April 2021		System meetings taking place to evaluate Tier 4 business case and mitigate risk of 'bottlenecking' Tier 3 services by anticipating further increased demand/ provision of Weight Management Services overall  Tier likely start in Q1 21/22. Tier 3 backlog clearance and increased capacity starting in January.	Intended outcomes: Improved Tier 3 service provision within area  Tier 4 service available within area  RTT, patient experience and patient outcomes improved
<b>Total</b>		<b>£635k (Max £2.6m)</b>	July onwards			