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| <b>HEALTH AND WELLBEING BOARD</b> | <b>AGENDA ITEM No. 8</b> |
| <b>7 DECEMBER 2020</b>            | <b>PUBLIC REPORT</b>     |

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| Report of:          | Cambridgeshire and Peterborough Clinical Commissioning Group  |                   |
| Contact Officer(s): | Rob Murphy, North Alliance Programme Director<br>Laura Halstead, Head of Communications and Marketing | Tel. 01733 724000 |

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| <b>BMI CAN DO IT: PROGRAMME TO SUPPORT OBESITY AND DIABETES INEQUALITIES – DECEMBER UPDATE</b> |
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| <b>RECOMMENDATIONS</b>   |
| It is recommended that the Health and Wellbeing Board:   |
| 1. Acknowledge updates for the BMI Can Do It programme, including the rollover of some budget allocations due to current COVID-19 pressures within Primary Care. |

**1. ORIGIN OF REPORT**

1.1 This report is submitted to the Health and Wellbeing Board following a request from the Board.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to update on the work of the NHS-driven BMI Can Do It Programme, in accordance with proposals made to the CCG's Governing Body in July 2020.

2.2 This report is for the Health and Wellbeing board to consider under its Terms of Reference No.

2.8.2.1 To bring together the leaders of health and social care commissioners to develop common and shared approaches to improving the health and wellbeing of the community.

2.8.2.2 To actively promote partnership working across health and social care in order to further improve health and wellbeing of residents.

**3. BACKGROUND AND KEY ISSUES**

3.1 In July the CCG's Governing Body approved the launch of a major initiative across the system to address obesity, people who are overweight and diabetic patients specifically, that would benefit from losing weight. This initiative has become known by its brand name of BMI Can Do It and has so far been predominantly driven by a widespread healthy living movement, encouraging people to 'eat well, sleep well, and move more' through extensive communications and marketing.

3.2 Since the Governing Body approved the proposals to launch an Obesity and Diabetes programme, a small Project Management team was put in place and work to progress the individual elements of the programme commenced. The table in Appendix 1 summarises progress on the individual elements, or 'milestones' (M1-17), of the programme to date, all of which are RAG rated, and we will highlight key exceptions and successes below.

#### 4. COMMUNICATIONS AND ENGAGEMENT: BMI CAN DO IT MOVEMENT

4.1 The CCG communications team has worked in close collaboration with system partners and external stakeholders to make the public-facing BMI Can Do It movement a significant and growing success.



4.2 Key highlights of the programme to date include securing partnership with a range of fitness experts who have agreed to share exclusive content for free via BMI Can Do It, over a dozen healthy recipes approved by our dietician, and a number of guest blogs to help inspire a positive drive for change amongst our population.

From the outset of the movement we have worked with groups of people who have traditionally faced barriers in accessing health care. We have spoken with culture and faith groups, and charities as well as people from BAME backgrounds who work in the healthy living sphere. To date this has resulted in us being able to feature recipes co-created with individuals who are part of BAME communities, share free fitness content from instructors from a range of backgrounds, and receive positive feedback from culture and faith groups in response to our key messages. We have also had significant positive engagement with the movement from key system partners as well as from local organisations like the SUN Network, the University of Cambridge and Living Sport. We will continue to build on this work as the movement grows.

4.3 Our next steps on the public facing campaign are to generate even more original content that is free to access, launch a new standard “onboarding” challenge that will support new joiners of the movement irrespective of the month they join, and work towards exciting new partnership initiatives including development of a healthy living week with our LAs.

#### 5. BMI CAN DO IT PROGRAMME UPDATES

5.1 Programme work to date: The focus of activity has been on the Very Low Calorie Diet trial (M15); bringing Tier 4 bariatric services within area (M17); and supporting the current work of Family and Early Years services across the system (M10).

5.2 Key successes to date include:

- Milestone 8 is complete, following the successful joint promotion of the 15 Health checks via Local Pharmacies working with Diabetes UK.
- BMI Can Do It supported a local National Childbirth Trust bid for Starting Well Health and Wellbeing Funding. If funding is awarded, the local NCT would expand their Birth and Beyond Community Support project, further reaching out to young families in local BAME communities.
- The new Diabetes Local Enhanced Service (LES) agreement has been rolled out with an alternative agreement in place for the remainder of the financial year to take into consider the impact COVID-19 has had on Primary Care. This will focus on the 8 Care Processes, including calculating the BMI of patients and offering Very Brief Interventions to improve their outcomes.
- In light of COVID-19 pressure on primary care, the additional £500k for targeting the 3 treatment targets as outcomes is being deferred into 2021/22. One of the recommendations to the December private meeting of the CCG’s Governing Body is for this funding to be available in 2021/22.

- Promotion of the National Diabetes Prevention Programme (NDPP) is prepared and text messages to patients are ready to be sent as part of the Diabetes LES following the change of NDPP provider. The October NDPP Activity overview is at Appendix 2.
- Agreement of the local specification/protocol for the Very Low-Calorie Diet with an aim to start patient recruitment in January.
- System consensus on starting Tier 4 bariatric services from April 21 subject to contract agreements.
- Rollout of Patient Activation Measures (PAMs) to the Early Adopter Primary Care Networks (PCNs) is restarting following a pause, due to COVID-19. Social Prescribing Link Workers have been trained and are using PAM to assess patient progress. Workshops for other Health Professionals are scheduled for December 2020 and February 2021.
- Engagement with Trusts to work on the inclusion of healthy lifestyle messaging to be included in patient letters in advance of surgery as part of the pre-hab programme.

5.3 Summary updates on all the programme workstreams, set out as per the July proposals to the CCG's Governing Body for ease of reference, are available in Appendix 1; BMI Can Do It update table – December 20.

## **6. ANTICIPATED FINANCIAL IMPACT**

6.1 No additions to the current budget are proposed.

6.2 The CCG's Governing Body has been asked to approve the rollover of the £500k allocation for diabetes 3 treatment target outcomes incentive for Primary Care to 2021/22 due to current COVID-19 pressures.

6.3 Without funding available for Eating Disorders (ED) pathway support there is a possibility that M12 work may have to be postponed until Spring 2021, when Obesity-related ED and Nutrition training for Primary Care health professionals could be included as part of the 2021 Diabetes Local Enhanced Service. This would, however, then coincide with the proposed launch of the integrated ED service.

## **7. PROJECT DELIVERY**

7.1 A small project team oversees the delivery of this programme, with specialist support from other CCG Teams and system partners as required. Update reports will be taken to all future Governing Body meetings. The team is supported and advised on appropriate and realistic prioritisation of work within the set timeframe by the CCG Programme Director, who has oversight of the BMI Can Do It programme. A Task and Finish Group, chaired by the CCG Accountable Officer also takes place monthly, bringing together external partners to ensure a continued system wide approach.

## **8. REASON FOR THE RECOMMENDATION**

8.1 The Impact of health inequalities on obesity and diabetes has been highlighted through the COVID-19 epidemic. The death rate in the areas of highest deprivation is significantly higher for COVID-19 due in part to obesity and diabetes. There is an existing health inequality for non COVID-19 patients within our area which also results in worse outcomes for some of our patients. This could result in c. £3m of savings to the system if the weight loss across the population is achieved, some mitigation of second – or subsequent – wave COVID-19 risk for our population, and will address some of the pre-COVID-19 health inequalities in the STP.

## **9. CONCLUSION**

9.1 The BMI Can Do It programme has made significant gains in its Communications and Engagement workstreams to date. The focus is also now on finalising the clinical workstreams in Q4 with project support, and regular reporting to the Governing Body until the projected end of the programme.

*Rob Murphy, North Alliance Programme Director*  
*Laura Halstead, Head of Communications and Marketing*  
**Cambridgeshire and Peterborough Clinical Commissioning Group**  
**24 November 2020**

**10. APPENDICES**

- 10.1 Appendix 1: BMI Can Do It update table – December 20
- Appendix 2: NDPP Activity October 20