



**BAME  
Weight  
Management  
Report**

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# 1. Background

## 1.1 What is Healthwatch?

Local Healthwatches have been set up across England to create a strong, independent consumer champion whose aim is to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services in order to better meet their needs.
- Enable people to find the right health and social care services for them by providing appropriate information, advice and signposting.

Local Healthwatch works with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services.

## 1.2 What are Weight Management Services?

Tees Valley Public Health commission South Tees Hospital NHS Foundation Trust (STHFT) Health Improvement Service to deliver the Tier 2 weight management service. As stated below this is for those with a BMI  $\geq 25$  with no known significant co-morbidities. There is no specific separate contract for the Trust to deliver a BAME programme, however, they do deliver one predominately to Asian women - this is part of the overall contract with the Trust.

Weight management service provision for adults (16+) in South of Tees follows a four tiered model:

- Tier 1 - population wide basic intervention and prevention for adults with a BMI  $\leq 25$
- Tier 2 - community weight management services for adults with a BMI  $\geq 25$  with no known significant co-morbidities
- Tier 3 - Specialist weight management service for adults with a BMI  $\geq 40$  or  $\geq 35$  with significant co-morbidities
- Tier 4 - Access to Bariatric Surgery

The Local Authority is responsible for commissioning services for Tier 1 and 2; South Tees Clinical Commissioning Group (CCG) is responsible for Tier 3 and NHS England is responsible for Tier 4.

Clients can access Tier 2 either through referral or they can self-refer. The current service provides 3 service models - a structured group programme, a drop in rolling programme and 1-1 for those who might need additional support.

There are no specific targets within this contract in relation to access from the

BAME population. The service as a whole is commissioned to provide 900 places per annum.

The CCG do not commission any Tier 2 services, however, they are responsible for the LifeStore which hosts a FREE 12 week weight management course.

Services available include:-

**SHAPE UP** - This structured eight-week programme of 90 minute sessions aims to help manage weight and gain new skills to support long term lifestyle change. The programme focuses on a behaviour change model and is not suitable for those wanting a quick-fix weight loss solution.

**ONE 2 ONE** -This weight management programme offers personalised support to vulnerable clients to help them address their individual barriers to weight management.

**LEAN** - Lifestyle, energy, activity and nutrition - This flexible drop in programme aims to support people to achieve realistic goals in order to make lifestyle changes. This programme will support people to lose weight and maintain it. As part of the LEAN Weight Management Group, sessions are provided to BAME women's groups.

### **1.3 How to refer to the service**

To access a weight management service, an individual can self-refer or be referred from a health professional e.g. GP. There are inclusion criteria to access the service.

## **2. Aim of the Report**

### **2.1. Rationale**

Engagement carried out by Healthwatch Middlesbrough during autumn of 2013 indicated that there was a lack of awareness and understanding of what services are available to support people with weight management, particularly within the BAME community. Initial themes that were identified through direct contact and engagement with the Regional Refugee Forum and North East Women in Action included:

- Lack of understanding and support from GPs towards people who are overweight from BAME communities. People expressed that GPs advise weight loss but do not direct to support agencies.
- The need for increased promotion of the available services and how to eat healthy through community events.

Further discussion and feedback from Ethnic & Minorities Training & Education Project (EMTEP) and the LINX Project confirmed that there was a general lack of

understanding of what help was available, how to access the help and if the service met the needs of BAME communities. Due to trends in the data collected, the Healthwatch Middlesbrough Board made a decision to further investigate dietary information and support for BAME communities regarding weight loss.

### 3. Methodology

Healthwatch used a mixed method approach of gathering information to ensure a good overview of the public perception of the BAME Weight Management services. Below is a list of the methods used to gather information from the public, commissioners and providers:-

- Information was gathered from Public Health and the CCG to see what services currently existed.
- A meeting took place between staff and Health Improvement Specialist Public Health from Middlesbrough Council.
- Our investigations were publicised on Healthwatch Middlesbrough's website including Facebook and Twitter accounts asking for members of the public to get in touch to share their experiences.
- An e-bulletin was sent out to all organisation and individual members asking for their feedback.
- Staff attended focus groups and meetings including but not inclusive to:
  - North East Women in Action (NEWIA)
  - Regional Refugee Forum
  - Haven Medical Practice
- Information was gathered at Healthwatch Network Events during June and July.
- Intelligence was gathered at a specific Community Healthwatch Event held in June that was attended by refugees and asylum seekers.

### 4. Findings

Feedback from both users and people who would like to engage with the service was collated and themed. At the Healthwatch Network Event and Community Event held for asylum seekers and refugees, people were asked if they had heard of the BAME weight management service and how it could be further promoted to raise awareness amongst communities. The following theme was identified:

## 4.1 Awareness and promotion

- Improve awareness and promotion of the weight management services amongst BAME communities through engagement with community leaders.
- Raise awareness of weight management services amongst GPs.

*“GP’s advise to lose weight but do not provide support or advice on how to do so”*

*“Community leaders could pass information to people. Communities listen more to trusted community leaders, especially when English is not their first language”*

*“In our country we cook with a lot of salt and fat as traditionally it is very hot so people sweat the salt out and we walk everywhere so easily burn off the fat”*

Some people had heard about the service via groups they attended, not from Public Health or GPs. However, most people had not heard of the service at all, but said they would use it if they knew how to. People strongly acknowledged that they needed support adapting to British culture in a healthy way and demonstrated they were ready and willing for behaviour change, but needed help from a brief or longer term interventions. Suggestions for promoting the service included Weight Management Services’ staff visiting community venues such as the Newport Settlement Hub to inform people about the services they can offer. These sessions could be used to promote healthy eating, fitness and general health issues such as eye health, dentistry and diabetes. In turn, the people who are active in their communities would spread the word on health issues and the help available.



It was noted that leaflets can be difficult to understand if English is not your first language and that adding pictures and diagrams can help. It was also suggested to distribute information and leaflets to the active community members with an explanation about the service as this would help them to explain what the service was about and how it could help other people.

## 5. Summary

Intelligence gathered indicates that current methods of promoting services require review. GP’s need to be made aware of services in order to signpost patients.

Public Health and South Tees CCG have appointed NWA Social and Market Research Ltd to carry out insight research that includes the BAME population. The insight

work will build on the information we received from last year's consultation and further investigate what barriers exist in accessing services, which services work well and why, and how could (if any) new services fill existing gaps. Their report will be produced early September, just in time to inform local commissioning intentions. Due to the timing of this report the findings are not included but we are aware that they reinforce the work that is going on to improve services.

## 6. Recommendations

Healthwatch Middlesbrough make the following recommendations to Public Health Middlesbrough:-

1. Promotion of the service by South Tees CCG, Public Health and the providers to be more joined up with the introduction of a Joint Communication Strategy. Most people we talked to were unaware of the service.
2. Many of the people we spoke to told us that leaflets were not the best way to communicate information. Rather, they would prefer to receive the information from their community leaders. Healthwatch has established excellent working relationships with local community leaders and would be prepared to offer assistance to the CCG and Public Health to further develop their links. It would be our recommendation that as part of the Communication Strategy, alternative ways such as talking to community leaders be adopted alongside the more traditional poster and leaflet drops. Our recommendation would be that information is shared by developing "health champions" within communities. These champions would require basic training and on-going support by Public Health.

It is thought that these small inexpensive recommendations will further enhance the service received by the public. The recommendations are in keeping with current strategic priorities such as the CCG Clear and Credible Plan and the Joint Health and wellbeing Strategy.

Healthwatch Middlesbrough would like to thank all those involved in informing these recommendations.

### Responses from initial public consultation 2013

(Source- LINX, North East Women in Action, EMTEP, Regional Refugee Forum, Erimus BAME Tenants Group & LINX)

#### Healthy eating

##### Dietary information and support

- *Diet within Asian community- lack of support and information around eating healthy.*
- *Lack of understanding and support from GPs towards people who are overweight from BME community. GPs advise to lose weight but do not provide support or advice on how to do so. People need to know what to eat and how they can adjust from ingredients such as rice and potatoes.*
- *Better access to dietary information and support to improve overall health and wellbeing. The following was suggested as support: Advice and information from general practice nurse during first visit in country, 1:1 cooking demonstrations with community groups, healthy budget meal recipe cards and respecting cultural differences to adapt services to support and encourage improvement in health and wellbeing e.g. ladies only gym or swimming sessions.*
- *Better information around diet and exercise is needed within BME communities.*
- *Nutrition- healthy eating, knowledge and cooking. Specific acknowledgement and education around different cultures. What nutritional values go into a meal and how this affects weight gain and heart disease.*



### Weight Management

- Communities not aware of service and haven't used it.
- If knew about service would use it.
- Increase GP awareness of service.
- Increase awareness with health visitors
- Accessing the service in a community venue, eg community hub
- Keeping a diary of what people eat - may work for some but not others - keep flexible.
- Found out from Methodist church
- Found useful - balanced diet - how to eat healthier.
- Utilise community venues
- Promote through community events.
- Use community leaders to spread messages about services, eg RRF
- Home visits - be flexible - not just in a community venue.
- Use volunteers to spread information and say how services can help them.
- Information can be given too late - info needs to be more timely, e.g. make aware of bad habits such as high sugar intake.
- Information on service at reception of GPs
- Put information where people access after first coming into country.
- Health trainers there at first point of contact.
- Activity/event drop in for people to find out about services - help those people who are alone and encourage friendships.
- Compulsory session - make aware of weight management and other services - information on improving health and wellbeing.
- For people with children use schools to inform parents.

### Weight Management

#### Have you heard of weight management services?

Through social gathering groups - Women in Action, Middlesbrough Council and New Life New You.

We heard about it through the regional refugee forum (RRF)

Community Meetings

By distributing flyers

Having the information in diagrams because of language barrier.

Through community leaders

The refugee services

The RCO's

Self awareness - Got the information by googling for BMI - I then bought a weighing scale and height measurement board.

We need to work with community groups by buying weighing scales and height boards and distributing them.

Can we set up a group email so Healthwatch can tell people what we are doing/need etc.

If GP notice someone is overweight give BMI check and advice what to do.

GP vouchers for gym due to cost whilst still claiming asylum.

Give out certificates for everyone attending today.

Have heard about it through Women in Action (Pamela) not GP.

No self awareness. I measured my own health/size chart.

Culturally - big=wealth

Cultural - men doing keep fit

Staff training - in general - not just one platform - African/Asian, etc

GP - community groups - height pole/BMI scale.

Work with community leaders. BMI to send message out.

Refugee council - leaflets/flyers and more pictures.