



North West Centre for Transformation  
in Health and Wellbeing

**NHS**  
National Institute for  
Health Research

**NHS**  
North West

**North West Centre for Transformation in Health and Wellbeing/ NHS North West/Department of Health North West/The National Institute of Health Research, Research Design Service for the North West**

**Obesity Research Workshop/Catalyst Event  
Harris Park, Preston,  
4<sup>th</sup> November 2009 12.30 - 16.30**

### **Workshop Summary**

The Department of Health North West (DHNW), The National Institute of Health Research (NIHR) Research Design Service (RDS) for the North West, NHS North West and the new Centre for Transformation in Health and Wellbeing organised a joint interactive workshop to raise awareness of research strengths and expertise in the region and identify areas of common interest. It is anticipated that this will lead to new collaborations and innovative bids for NIHR funding.

The event is specifically aimed at the Health Technology Assessment/Public Health research programme joint call for obesity evaluation research.

### **Purpose**

- To contribute to the development of research questions of importance to public health practitioners, academics, policy makers, commissioners of services, clinicians, patients and the public.
- To create new collaborations and networks to develop bids for research funding.

A research strength in the region, childhood and maternity related obesity, has been identified as a key focus of the day. However, all aspects of obesity research are open to discussion.

An evaluation of the day by a research team from the School of Population, Community and Behavioural Sciences, University of Liverpool, was conducted as part of an ongoing study of the impact of catalyst events. The evaluation is being overseen by the MACRA (Merseyside and Cheshire Research Alliance) Board and the academic lead is Professor Mark Gabbay.

The event was conducted using a forum known as 'Open Space' led by Steve Pashley [www.stevepashley.co.uk](http://www.stevepashley.co.uk). The method is designed to enable people with mutual interests to meet and progress ideas in a short period of time. Participants have control over what is discussed and can choose to include themselves in various forums generated on the day. At the conclusion of the various forums, decisions are made about outcomes and further steps to progress them. Participants are expected to contribute further via the networks developed on the day.

A summary of the open space discussions, including the names of participants and those expressing an interest in being contacted at a later date, form the basis of this workshop summary.

The discussions are presented in random order and do not reflect the popularity or other merit of the research themes. Some themes are closely interlinked and could be collated.

### **Group 1**

#### Parent's role in the treatment and prevention of obesity

Convenor - Lindsey Dudgeon

Participants - Julie Abayomi, Kelly Mackintosh, Genevieve Warburton, Liz Harris, Glenis Tansey, Hannah Smith, Maria Thornton.

#### Key aspects of the research proposal.

- Parents are a key factor with strong influence on childhood nutrition and exercise.
- The message of how obesity prevention/treatment is conveyed to parents is an important aspect of the success or failure of the strategy. There are questions as to who might be best placed to deliver such messages and support compliance or acceptance, and how to gain the most impact from early interactions with parents when the scene may be set for future support. (Connections- Mark Gabbay - Lay health trainer interventions; Alison Nelson - Early Years practitioner training, lifestyle issues with parents).
- The importance of family dynamics was discussed and the role of family in influencing attitudes and behaviours in childhood and parenthood. Health messages may not reach the wider family and such members may have a more powerful contradictory stance.
- A longitudinal study is needed to assess the impact of interventions over time but it must include the understanding of the wider family's cultural beliefs and attitudes to nutrition and/or exercise.
- Grandparent influence is seen as a potential barrier, and children may perceive their own parents as a barrier/gatekeeper to healthy lifestyle choices. Historical/cultural barriers need to be explored in order to tailor specific advice, support and intervention. Example - breast feeding attitudes and practices may be heavily influenced by lifestyle, cultural or familial views which need to be addressed.

#### Next steps

None identified on the day

Others interested in further contact - Mark Gabbay, Alison Nelson.

## **Group 2**

### Early life nutrition and prevention of obesity

Convenor - Peter Bundred

Participants - Nabil Isaac, Debbie Smith, Glenis Tansey, Mark Gabbay, Margaret Charney, Will Sopwith, Tilly Reid, Helen Jamieson, Soo Downe, Hannah Smith, Amy Dunne, Julie Abayomi, Helen Turner.

### Key aspects of research proposal

- Excessive weight gain in infancy must be detected and acted upon if obesity is to be prevented in later life, and it is much easier and more effective to modify diet in the early years compared to later in life when lifestyle and habits are more entrenched. (Connection - Nabil Isaac - Pre school weight monitoring to tackle childhood obesity).
- There are questions about the relationship between maternal weight, weight in pregnancy and infant growth. Also the clinical outcomes of maternal weight gain in pregnancy. (Connection - Soo Downe - Maternal weight gain in pregnancy and outcomes). Discussion about the influence of deprivation and ethnicity on obesity - little evidence - difficult to identify clear risk factors in early years research.
- Could a risk predictor model be developed which included social/cultural/historical information? This may aid practitioners in taking initiatives at an early stage. Are there protective factors which ameliorate the effects of lifestyle/culture and if so can they be interpreted within a framework of intervention.
- Is it possible to interrogate other datasets to make observations about risks/influences on outcomes?
- Need to explore family dynamics (Connection - Lindsey Duggill - Parent's role in treatment and prevention of obesity).
- Need to explore the relative influence of pre pregnancy, pregnancy and early life nutrition factors and later outcomes.
- Need to include assessments of acceptability and compliance with interventions.

### Barriers

- Lack of convincing normative data about the relative effects of maternal weight, pregnancy weight, birth weight and subsequent infant growth. Maternal weight only recorded at booking.
- Lack of qualitative data about maternal/familial attitudes to infant growth monitoring and possible early intervention. (Connection - Kirsty Pine - Patient experience and community engagement).

Others interested in further contact - Alison Nelson

### **Group 3**

#### Non diet, non exercise interventions study to develop psychological intervention.

Convenor - Paola Dey

Participants - Allan Hackett, Kirsty Pine, Cara Callaghan, Amy Dunne, Gail Green, Margaret Charnley, Catherine Sharman.

#### Key aspects of research proposal

- Treatments for obesity rarely work so new approaches are needed. The interventions must be sustainable and acceptable, perhaps a focus on psychosocial therapy would work. Aspects such as self esteem, resilience, motivation, self efficacy, etc.
- Breaking cycles of emotionally negative perceptions and boosting self worth.
- Requires feasibility study to develop psychologically based interventions, examples - motivational interviewing, positive psychology such as sports psychology. Need to reduce the stigma of obesity.

#### Next steps

- Perhaps needs to be taken out of NHS setting - perhaps local authority or within existing commercial networks (contact – Catherine Sharman, Kirsty Pine, Halton & St Helens PCT)
- Must be experienced based and incorporate psychosocial dimension.
- Physical strategies must individually tailored to increase compliance (personal trainer model?)

**Comment [g1]:** Contact what? Is this the PCTs?

**Comment [g2]:** Are there meant to be two ? marks here one before the text?

Others interested in further contact - Alison Nelson.

### **Group 4**

#### Early years practitioner training to support staff and raise lifestyle issues with parents- evaluation of impact.

Convenor - Alison Nelson

Participants - Kirsty Pine, Stuart Duff, Paula Wheeler, Cara Callaghan, Catherine Sharman.

#### Key aspects of research proposal

- The 'HENRY' programme has been developed and partially evaluated by Leeds University, but further evaluation is needed. It is essential to measure changes in skills and knowledge of practitioners and also the longer term impact, and whether the programme influences the commissioning process. The programme aims to target 450 practitioners across the NW. 2 different models of follow up are proposed, 1 intensive and 1 less intensive and this needs to be included in the impact assessment.

### Barriers

- Lack of instruments to measure skills change
- Difficulty in releasing staff for follow up
- Practitioners participating in training may feel threatened by pre course evaluation of current knowledge/skills base.

### Next steps

- Seek FSF funding
- Engage with universities to explore outcome measurements and overall research design
- Need to show health impact of resource intensive follow up
- Need to engage public health networks
- Need to collaborate with multiple stakeholders and explore funding opportunities.

### **Group 5**

#### Patient experience and community engagement

Convenor - Kirsty Pine

Participants - Maria Thornton, Katheryn Cobain, Phil Elliott, Cara Callaghan, Amy Dunne, Glenis Tansey, Nabil Isaac, Genevieve Warburton.

#### Key aspects of research proposal

- Obesity research and intervention suffers from poor patient compliance in general. To date, little evidence exists of effective prevention or treatment pathways. Is it time to explore the user perspective to gain insight into acceptability or lack of acceptability and other aspects of programme failure, and design trial/intervention which is generated from patient perspectives.
- Successful strategies will vary between individuals and blanket interventions will not work for everyone. We need to study pre during and post intervention perceptions, expectations, goals etc in order to design various strategies, and to inform research design.

### Barriers

- Intervention pathways not always clear and effectiveness is difficult to evaluate. Are we looking at appropriate measures to assess success or failure? Need to study people who have dropped out of programmes.
- Many services are outside of the NHS need to look for partners in the commercial sector, gyms, slimming clubs, or forums set up for other purposes such as young parent groups.
- Case study methods (diaries, blogs?) may highlight individual issues and lead to more individualised lifestyle plans. May also raise awareness of diet/lifestyle habits.

- Seek advice from communities and user groups about local resources and what is feasible and realistic.

#### Next steps

- Include user perspective in design of studies, both interventional and observational.
- Need to explore relationships between planned outcomes and patient experiences (i.e. dissonance between service goals and individual goals?) and aspects of compliance and non compliance.
- Use community engagement to inform interventions and redesign services.
- Feed back to Chris Joseph, Patient experience lead at NHS North West.

Others interested in further contact - Mark Gabbay

#### **Group 6**

What needs to happen to make cycling and walking the predominant mode of travel for short journeys at community level? What impact can this have on the weight of the population, and what might the cost benefits be?

Convenor - Liz Harris

Participants - Lindey Duggill, Allan Hackett, Phil Elliott, Anthony Larkin, Gail Green.

#### Key aspects of research proposal

- What factors are changeable and what can be done to change? (John Boothby Liverpool JMU reader in geographical information systems)
- How do we get parents/young children engaged?

#### Barriers

- Town planning/built environment
- Roads/cycle lanes
- Road safety
- Social issues

#### Next steps

- Check out healthy towns demonstration projects- Bristol, Chester, Lancaster. (Nick Cavill independent consultant [nick@cavill.net](mailto:nick@cavill.net) )
- Compare (fitness levels) of walkers/non walkers cyclists/non cyclists.

**Comment [g3]:** Again a ? in front of text

#### **Group 7**

Physical activity/nutrition interventions to decrease childhood obesity.

Convenor - Kelly Mackintosh

Participants – Katheryn Cobain, Genevieve Warburton, Julia Davies, Paula Dey, Nabil Isaac.

**Comment [g4]:** Is this spelling correct not how I normally spell Genevieve

#### Key aspects of research proposal

- Need to engage children, parents and leaders in focus groups to design acceptable prevention and intervention strategies (Connections - Kirsty Pine - Patient experience and community engagement, Lindsey Dudgeon - Parents role in treatment and intervention).
- Need to target 9-10 age group as beginning to develop independence and own ideas and are less influenced by parents. Might also be more influenced by peer pressure and peer groups.
- Need to link with Change 4 Life.
- Needs a holistic approach and a prevention agenda (Connection Peter Bundred - Early life nutrition and prevention).
- Needs to be local and engage communities. Start in areas with high deprivation.

#### Barriers

- This age group not traditionally targeted by PCTs for intervention.
- Schools have some services but target already overweight, and have a top down approach.
- Need to consider diffusion of good practice.
- Large scale study with follow up needed- expensive.

#### Next steps

- Explore MRC framework for evaluation.
- Identify barriers to uptake/ acceptability of current programmes.
- Identify criteria for success and target interventions towards these.
- Link to external services.

#### **Group 8**

##### Lay health trainer interventions

Convenor - Mark Gabbay

Participants - Paula Wheeler, Catherine Sharman, Debbie Smith, Julie Davies.

##### Key aspects of research proposal

- Can lay workers be more effective/cost effective in delivering programmes?
- Study needs to describe and evaluate the impact of trainers on nutrition/weight targets.
- Explore parent/family influences.

- Needs to be community based.

#### Barriers

- Unclear what model/framework to base training or intervention.
- Unclear what restrictions (resource limits? eligibility for services?) on interventions are in place.
- Learn from LHT study
- Lorraine Hartnett to scope intervention models.

Comment [g5]: And again?

#### Group 9

##### Normal weight gain in pregnancy and the effects of pathologising weight gain/overweight on pregnancy outcomes.

Convenor - Soo Downe

Participants - Debbie Smith, Will Sopwith, Helen Jamieson, Paola Dey, Tilly Reid, Liz Harris, Hannah Smith, Margaret Charnley, Julie Abayomi.

#### Key aspect of research proposal

- Gap in primary data about normal/healthy weight gain and what is optimal. (systematic review needed)
- Weight after booking not routinely recorded, so is booking weight being used as a pre-pregnancy weight screen.
- How does weight gain or loss equate to nutritional status?
- What are staff attitudes and beliefs about healthy weight and how might this influence clinical decision making?
- Are there cultural/familial/genetic influences on diet and weight?
- How does maternal weight impact on maternal growth (Connection - Peter Bundred - Early life nutrition)
- Should we be assessing nutritional status in other ways as weight is only one dimension of diet/intake adequacy?

#### Barriers

- Potentially large scale observational studies and need to collect extensive longitudinal data.
- Need for extensive scoping at outset including intervening factors.
- Time and initial data to produce a viable bid.
- Requires long term commitment.

#### Next steps

- Maintain e mail contact with sub group.



- Determine important mediating variables
- Systematic review needed
- Scope existing studies more fully
- Explore other related initiatives in region that we know about.  
Currently these include:
  - Cheshire and Mersey - promoting change 4 Life in pregnancy and studying attitudes towards it.
  - Fit for birth- Liverpool Women's Hospital - obesity and pregnancy outcomes - measuring calorie intake, relationships between placental function, body weight and fetal outcomes.
  - Systematic review of pregnancy outcomes (Paola Dey)
  - CEMACH audit of current approaches to the management of overweight women during pregnancy and birth.
  - Staff attitudes towards overweight women in pregnancy (e.g. pathologising management). Nicola Hessehurst (not sure if this name relates to above study or the next one)
  - Slimming World – Slimming interventions in pregnancy
  - USA - physical activity in pregnancy questionnaire - validated so being used in UK though may need more validation work for British context.
  - Intervention lifestyle programme - internet/phone based.
  - Hawaii - Impact on physical activity postnatal.
  - Tommy's charity - lifestyle programme feasibility study comparing diet advice versus programme of activity. Emotional wellbeing/women led parenting support.
  - Kings - RCT lifestyle programme.

Others interested in further contact - Mark Gabbay, Peter Bundred.

### **Group 10**

#### Wealth inequality and social inequality and obesity.

Convenor - Phil Elliott

Participants - Julie Davies, Anthony Larkin, Katherine Cobain.

#### Key aspects of research proposal

- Sense of inequality impacts upon receptiveness to health messages.
- Psychosocial aspects must be taken into account.
- Community level interventions can influence individual behaviours

- Role of community researchers (connection - Mark Gabbay - Role of lay trainers) and value of feeding back to policy makers, health professionals.
- Professional assumptions may need to change.
- Structure of capitalist society.
- Effectiveness of tackling health inequality when wealth inequality isn't tackled.

#### Next steps

- Design exploratory community based study to explore food availability and diet in communities and attitudes and behaviours.
- How does this fit with health messages.
- Explore attitudes of front line staff.
- Explore relationships with NHS services and external agents e.g. commercial providers, volunteers.

Others interested in further contact- Mark Gabbay.

#### **Group 11**

##### Pre-school weight monitoring to tackle childhood obesity.

Convenor - Nabil Isaac

Participants - Mark Gabbay, Peter Bundred, Paula Wheeler, Alison Nelson, Will Sopwith, Stuart Duff.

##### Key aspects of research proposal

- Early detection and prevention crucial in the prevention of childhood obesity.
- Problems with current monitoring systems.
- Problems with how to approach parents with concerns and how to intervene.
- NICE guidelines not conclusive or helpful.
- A RCT would have to demonstrate effects of intervention vs other effects. This would be large scale and costly - and is it possible to have a control group who have been identified as overweight?
- How would a community based programme work? Initial premise is to target overweight infants and young children so is it by definition individualised rather than community based?
- Is it possible/ethical to use incentives to achieve target outcomes?
- What expertise and resources are available to offer specific support for intervention group? As early childhood intervention is not common
- Need to accurately measure growth not just weight BMI, length/height etc.

- Consider DVD as an intermediate intervention compared to clinical growth assessment, profiles and other interventions.

#### Barriers

- Growth assessment must be reliable, not currently done in general practice.
- Needs training to ensure reliability.
- Need to explore the acceptability of study and programme on health professionals, parents and children and explore reasons for non compliance.
- Need to have a clear intervention strategy to test – consensus required.
- Explore role of HV/GP and others who currently assess growth and how they intervene (who, when, what)

#### Next steps

- Existing protocol developed by Dr Isaac needs further revision and collaboration.
- Need to design proposals around grant opportunities and develop full proposals.
- Consider how to engage public/users in design of study.

#### Group 12

Developing a flexible bed/mattress for a variety of conditions including improving mobility in obese patients and improving comfort in pregnancy.

Convenor-Soo Downe

***This theme was not progressed further on the day, but is being explored via TrusTECH.***

**Comment [g6]:** Correct name is TrusTECH

#### Group 13

Health eating and weight gain in pregnancy

Convenor- Hannah Smith

***This theme was merged with group 9 (Soo Downe)***

#### Group 14

Maternal obesity research; In what ways can we determine healthy nutrition/weight gain and how can we provide intervention services to reduce risk?

Convenor- Will Sopwith

***This theme was also merged with the above forum.***

## **Summary**

This summary is for the purposes outlined at the outset; that is to make notes of the dialogue and to circulate this to the participants as a reminder of discussions and to locate individuals who were involved or who have since expressed a wish to be kept informed.

~~If there are any major inaccuracies in the notes please contact [tilly.reid@northwest.nhs.uk](mailto:tilly.reid@northwest.nhs.uk). Minor modifications or revisions can be dealt with during any further dialogue within or between network groups.~~

There are several themes common across different groups. Notably these include:

- The importance of parental/familial/cultural context
- The importance of psychosocial influences
- The need to explore individualised, contextualised interventions
- The relative lack of evidence of particular intervention programmes or guidelines for initiating dialogue when weight is identified as problematic.
- The importance of early detection and intervention before obesity becomes entrenched
- The relatively poor success rates for existing strategies
- The added value of user input in the design of studies and programmes
- The importance of working across agencies and to invest resources at the local level and to engage the community.