



Public Health
England

Protecting and improving the nation's health



Healthy Weight & Physical Activity Community of Improvement

Fiona Phillips- Assistant DPH City of York Council & Chair

Nicola Corrigan- PHE Y&H lead Healthy Weight & Physical
Activity

Background

Transition PCT to LA

Review of networks paper

Improve collaboration and coordination

Increased efficiencies by working at scale

Feeds into work programme of ADsPH – group has to annually report on progress

Challenges (i)

Diminishing resources

Mixed models of delivery

Scalable programmes to address issues facing populations rather than individuals

Challenges (ii)

Purpose of these meetings?

How should we work best as a network?

Am I realistically going to change this one person at a time?

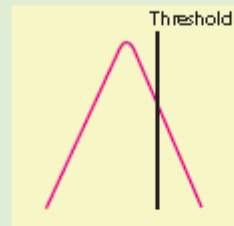
Are you commissioning services in a way that:
makes them dependent on the people they serve or
that makes the people they serve dependent on them?

Shifting the agenda

Individual- Resources, identification, assessment of risk and behaviour change

Population-Structural interventions, wider determinants, sustainable, evidence base (?)

Exhibit 12: Population-wide and individual-based strategies



Original distribution

The level of risk factors is normally distributed within the population as illustrated by the red curve — It means that majority of people have risk factor level below the threshold, while minority are above the threshold.



Individual-based approach

This approach concentrates its efforts on the high-risk individuals with risk factor level above a certain threshold. When preventive measures are targeted at these identified people at high-risk, the distribution of risk factor level can only shift a little to the low level direction as indicated by the green curve.



Population-wide approach

This strategy seeks to shift the whole distribution of risk factor level to the low level. The whole distribution of risk factor level, as indicated by the shifted green curve towards left to lower values.



Combined strategies

Therefore, combining individual-based and population-wide approach will shift the distribution of risk factor level to a lower range that yield better health outcome among the whole population.

(Source: Rose 1985)

Population-wide and individual-based strategies

Original distribution

Individual-based approach

Population-wide approach

Combined strategies

Theme	HW & PA priorities
Influencing others	<ul style="list-style-type: none"> • Departments/ directorates • Stakeholders • Populations- behaviour change- links to social marketing and PHE CRC
Childhood Obesity Plan	<ul style="list-style-type: none"> • Sugar reduction work/ tax and drinks and levy • Physical activity/ school and home • Healthy schools mark
Leadership/ collective voice	<ul style="list-style-type: none"> • Travel policy • Planning policy • Green infrastructure
Public health development	<ul style="list-style-type: none"> • MECC • Elected members • ROI and other tools
Workplace health Date	<ul style="list-style-type: none"> • Council and NHS as employers • Other workplace settings • GBSF

Knowledge Hub

yorkshire-and-humber-healthy-weight-and-physical-activity-community-of-improvers

Forum

Library

Events

Blogs

Progress

Identified LA leads and increased contact with PHE Y&H

Terms of reference

Annual work plan

Agreed action(s) to take forward

Evaluation of sessions delivered

Flash updates and the role of PHE Y&H centre lead