



London Borough of Hammersmith and Fulham | The Royal Borough of Kensington and Chelsea | Westminster City Council

# Child Obesity Prevention and Healthy Family Weight Services' Review

**Tri-borough Public Health Service**

**April 2014**

## Contents

Executive Summary .....	3
1. Introduction .....	5
2. The Child Obesity Challenge .....	6
3. Current service provision .....	7
4. Level of need .....	8
5. Consultation Methodology .....	10
6. Evidence Base of what works for the prevention of overweight and obesity in children and for lifestyle weight management services .....	12
7. Summary of Review Findings on Existing Public Health Commissioned Services.....	14
8. Commissioning Intentions .....	19
9. Summary of Review Findings to Inform Health and Wellbeing Strategy .....	20
10. Consultation Feedback .....	22
11. References.....	38
Appendices	
Appendix A. Child Obesity Care Pathway .....	39
Appendix B. Consultation Questionnaire.....	40
Appendix C. Obesity service provision mapping and evidence base (Aug. 2013)....	42

## Executive Summary

There are currently a range of child obesity prevention and family health weight services commissioned by the Tri-borough Public Health Service. In 2014 it is the Local Authorities' intention to revise, improve and re-procure these services. The procurement aims to address the inequitable provision of services across the Tri-borough and to deliver re-designed services to support families to make healthier choices for their children and themselves.

As the first part of re-commissioning process Public Health has carried out a review of current Public Health service provision, mapping of activities that contribute to children's obesity prevention and a consultation exercise. The main findings are:

### Childhood Obesity Prevention and lifestyle weight management services for children and young people

- a. Universal early years programmes of practical education and advice and activities comprising of weaning, health eating and physical activity are:
  - Popular with parents
  - Achieve changes in knowledge and behaviour
  - Well attended
- b. Healthy Lifestyles Services for families with children who are overweight to be effective and cost effective need to be:
  - fun
  - better known and publicised
  - easy to book on to
  - non-stigmatising
  - run at convenient times and places
  - understood by all those who work with children and families so that they can refer
- c. The evidence base for these services for children up to age 18 years is well established however the format of services for adolescents needs careful tailoring and piloting to ensure it meets local requirements.
- d. The review clarified that there is no overlap or duplication of provision from any other local authority services.
- e. Current provision is not equitable and new services will be procured across the Tri-borough.
- f. There is a need to increase access to commissioned services by including outreach activity to engage more vulnerable children and families and to provide taster activities in local community settings.

- g. A rolling programme of workforce skills development is required for children's, NHS and other family service providers including understanding obesity prevention, motivational interviewing and delivering brief health promotion. This rolling programme is also required to equip wider local authority services such as sport and leisure to maximise their contribution to the wider obesity strategy.
- h. An integrated Child Obesity Care Pathway needs to be developed with CCGs and health service providers to generate appropriate referrals to services.

## **Childhood Obesity Prevention Strategy**

- a. A broader multi-departmental and multi-agency agency plan/strategy across the following eight areas needs to be in place across the Tri-borough in order to address the "obesogenic" environment and to support children and families' healthy behaviours and sustainable change.
  - 1) Support a healthy start in life
  - 2) Healthier schools and early years settings
  - 3) Make the healthy option the easy option
  - 4) Utilisation of legislative and other system levers
  - 5) Better informed families
  - 6) More physically active children
  - 7) Monitoring and evaluation
  - 8) Increased research
- b. A social marketing and communications strategy is critical to ensure all stakeholders and families know what is available for them to lead healthy lifestyles both from Public Health commissioned services and from parks, play, sports and leisure etc. and how they can easily access them.

## 1. Introduction

In 2014 it is the Local Authorities' intention to re-procure the child obesity prevention and family health weight services commissioned by the Tri-borough Public Health Service. The procurement aims to address the inequitable provision of services across the Tri-borough and to deliver re-designed services to support families to make healthier choices for their children and themselves.

As the first part of re-commissioning process Public Health has carried out a review of current Public Health service provision, mapping of activities that contribute to children's obesity prevention and a consultation exercise. Findings from the Services' Review will inform commissioning intentions and options for re-designed services. The report findings will also help shape a Tri-borough multi-agency obesity prevention strategy to address wider environmental factors contributing to current high rates of childhood and family obesity.

Proposed commissioning intentions for re-designed services have been developed from the existing evidence base, level of local need and a wide ranging consultation with current and potential providers, service users and other stakeholders. A review was also conducted of relevant reports including the Community Champions Baseline Survey Reports, the Westminster Major Health Campaign Report and the Early Help Review and quarterly reports from existing providers.

## 2. The Child Obesity Challenge

The World Health Organization (WHO) regards childhood obesity as one of the most serious global public health challenges of the 21st century. Obese children and adolescents are at an increased risk of developing social, psychological and other health problems. They are also more likely to become obese adults with poor health outcomes (National Obesity Observatory, NOO).

To deal with childhood obesity effectively, a holistic approach combining multiple components simultaneously is required:

- Multi-level: Preventing obesity and treating those already obese are necessary at the same time.
- Multi-stage: There are opportunities for intervention at key life stages from before birth until early adulthood and then again during pregnancy/parenthood.
- Multi-disciplinary: A range of stakeholders from different fields must work together. Health professionals cannot deal with the issue alone.

The current government's ambition is to achieve a sustained downward trend in the level of excess weight in children and adults in England by 2020 (Department of Health, 2011).

In childhood, obesity is associated with increased risk of:

- Physical health problems in childhood (with rising rates of hospital admissions in children/young people for conditions exacerbated by obesity such as asthma, sleep apnoea and pregnancy-related conditions).
- Psycho-social problems in childhood include low self esteem, anxiety, depression, bullying and poor educational attainment
- Physical and psycho-social health problems in adulthood include type 2 diabetes, coronary heart disease, hypertension, some forms of cancer, depression and premature mortality (NOO).

There are a number of factors underlying the child obesity problem. Over the past decades our food and physical environments have changed. Sugary drinks along with other high calorie dense foods are relatively cheap, often served in large portions and are actively promoted.

Physical activity has been designed out of our environment; fewer people engage in manual work, we use lifts and escalators instead of stairs, and much of our leisure time entertainment comes to us via the internet, television and game consoles.

### 3. Current service provision

The Local Authority Tri-borough Public Health Grant includes funding for childhood obesity prevention services; adult obesity and treatment services are commissioned by CCGs. The Public Health grant currently funds two providers to deliver different children's and family obesity prevention programmes across the Tri-borough.

My Time Active provides a borough-wide 0-5 years BOOST programme in Hammersmith and Fulham and a smaller 0-3 years BOOST programme in South Westminster. CLCH delivers two Kickstart programmes in Westminster, for 2-5 years and 6-12 year olds and provides a Public Health Nutrition service in Kensington and Chelsea.

Together, these services aim to establish healthy habits for life by increasing children's and families' knowledge of healthy eating, cooking and physical activity, training staff and supporting the development of policies to support healthier school and early years' settings.

As a result of different prioritisation, historic funding levels and commissioning decisions in each borough, there is inequitable provision of children and families' obesity prevention services across the Tri-borough, as shown in Table 1.

<b>Table 1. Current childhood obesity prevention programmes by borough</b>			
<b>Provider</b>	<b>LA</b>	<b>Annual Contract Value</b>	<b>Programme</b>
Mytime Active	WCC	£19,000	Boost 0-3 years
CLCH	WCC	£282,543	KickStart 2-5 & 6-12years
Mytime Active	H&F	£212,000	Boost
CLCH	RBKC	£898,061	Public Health Nutrition

A review of current service provision has demonstrated

- inequitable provision and gaps in services across the Tri-borough e.g. for 6-12 year olds
- widely differing costs per participant for broadly similar programmes, although the different models are not directly comparable
- insufficiently targeted services designed to reach children in the most deprived wards and those with the highest risk of obesity.

## 4. Level of need

Locally our knowledge about the scale of childhood obesity comes primarily from the National Child Measurement Programme (NCMP), where children in state reception classes (aged 4-5 years) and Year 6 classes (aged 10-11 years) have their height and weight measured and their body mass index (BMI) calculated. BMI is an indicator of body fat based on height and weight and is calculated by weight (kg) divided by height<sup>2</sup> (m<sup>2</sup>).

Across the three boroughs over 2 in 10 children are overweight or obese in Reception. This rises to nearly 4 in 10 by Year 6.

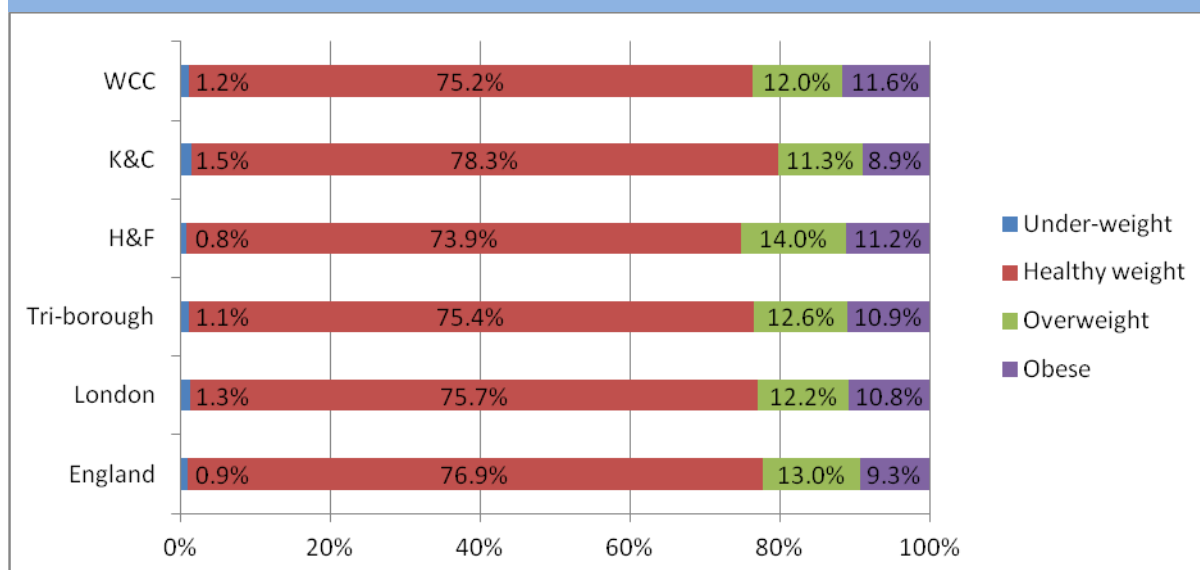
Rates of reception class obesity for 2012/13 in Kensington and Chelsea are not significantly different than England. For Hammersmith & Fulham and Westminster they were significantly higher than England.

Year 6 obesity rates in 2012/13 were significantly higher than England for Westminster but not significantly different for Hammersmith and Fulham or Kensington and Chelsea.

It is currently estimated that there are 10,000 obese 6-18 year old children resident across Hammersmith & Fulham, the Royal Borough of Kensington & Chelsea and City of Westminster. Overall, there are 18,000 overweight or obese 6-18 year old resident children. Typically 79% of obese children will go on to become obese adults (Chief Medical Officer, 2008).

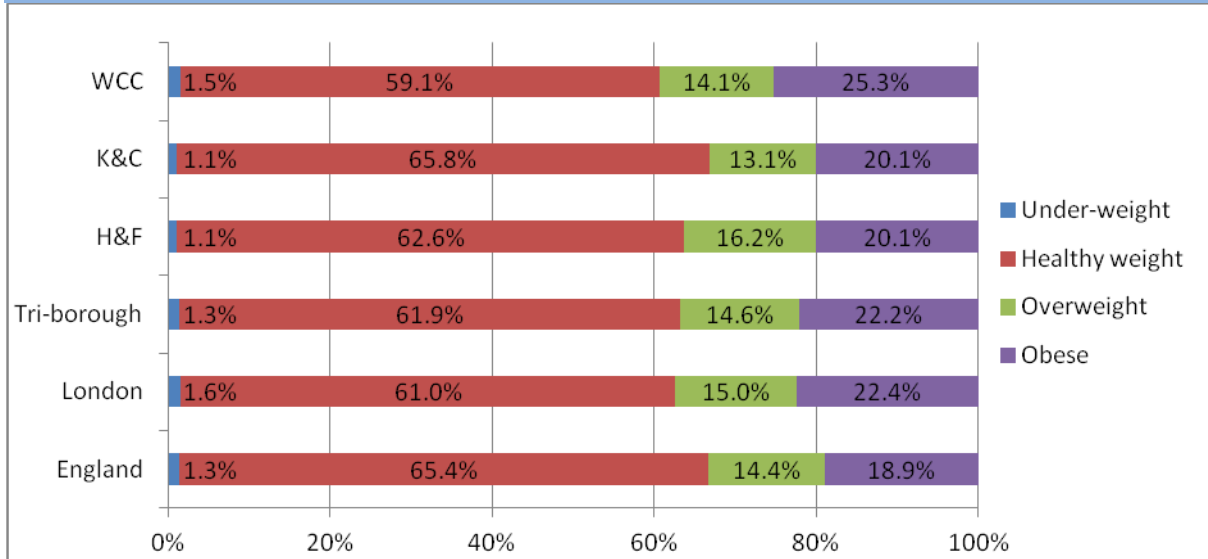
**Table 2. Tri-borough National Child Measurement Programme results for 2012/13.**

**Reception (4-5year olds in state funded schools)**





**Year 6 (10 to 11 year olds in state funded schools)**



Factors that correlate with child obesity rates locally are:

Gender: Year 6 boys have highest levels of obesity locally – a quarter is obese

Deprivation: Most deprived areas almost have double the rate as least deprived

Ethnicity: Asian, Other Black Minority Ethnic, and Black groups most likely to be obese. White groups least likely.

## 5. Consultation Methodology

The consultation asked a range of stakeholders to provide feedback on the current services and to suggest service improvements for re-procured services. Local authority services were also asked about the activity they provide which contributes towards obesity prevention. The methodologies used were as follows:

### 5.1 Stakeholder Engagement Workshop

Potential providers and stakeholders were invited to a workshop in December 2013 where they were presented with information about the pattern of childhood obesity across the Tri-borough, the existing services, preliminary commissioning intentions and the commissioning process. The delegates discussed the presentations in groups and were asked to feedback on the following questions as well as ask any questions.

- What have we missed that you would have liked to see included?
  - Are there any opportunities for joint working we should be aware of?
  - Do you have any recommendations for the service specification?
- a. Questionnaire
- A questionnaire was sent out to all directorates. The purpose of the questionnaire was to gather information on the child obesity prevention activity that is currently undertaken across the council not commissioned by Public Health, to gather feedback on the current provision commissioned by Public Health and improvements to re-procured services. For a copy see Appendix A.
- b. Focus Groups
- Focus groups were conducted with the four Community Champions programmes namely Dalgarno, Old Oak, Mozart and Church St. The members of the focus groups were both Community Champions and local parents. The purpose of the focus groups was to consult local members of the community drawn from groups most at risk of childhood obesity. A copy of the presentation to the focus group and the discussion questions is included in Appendix B.
- c. Interviews
- If key stakeholders could not attend the stakeholder engagement event e.g. GP Leads for children, then a telephone interview was conducted with them following the questionnaire in Appendix B.
- d. Meetings
- Meetings were held with key services such as Sports and Leisure and Children's Services to discuss specific areas such as workforce training.

Contributions to the consultation came from Central London Community Health Trust (Health Visitors, School Nurses, Oral Health Promotion), GPs, existing providers, potential providers, schools, Tri-borough Healthy Schools Partnership, Tri-borough Children's Services, Local Authority parks, sports and leisure services, planning departments, sports and leisure providers, environmental health departments, social housing, Community Champions and parents from areas of higher child obesity prevalence.

**In summary:**

- Obese children are at an increased risk of developing social, psychological and other health problems. They are also more likely to become obese adults with poor health outcomes.
- Today's generation of obese children in London will cost £111m per annum as obese adults.
- There are an estimated 18,000 children who are overweight or obese living in the Tri-borough.
- Across the three boroughs over 2 in 10 children are overweight or obese in Reception, this rises to 4 in 10 by Year 6.
- There is inequitable provision to address childhood obesity across the Tri-borough.

## **6. Evidence Base of what works for the prevention of overweight and obesity in children and for lifestyle weight management services**

It has been previously stated that an overall obesity prevention strategy will be made up of many different components. The strategy needs to address the wider environment but also work directly with children and families preventing childhood obesity and supporting families with children who are above a healthy weight to make lifestyle changes so their children grow into a healthy weight.

Under consideration is the commissioning of programmes to prevent overweight and obesity in children ( tier 1 services) and also lifestyle weight management services for families with children who are above a healthy weight ( tier 2 services) (See Appendix A for Care Pathway). Responsibility for commissioning tier 3 and 4 treatment services is with the relevant CCG.

### **6.1 Evidence for what works in the prevention of overweight and obesity in children**

A recent Cochrane review (Waters, et al., 2011) concludes the following strategies to be effective in preventing overweight and obesity in children:

- Parental support and home activities that encourage children to be more active, eat more nutritious foods and spend less time on screen based activities.
- Environments and cultural practices that support children eating healthier foods and being active throughout each day.
- A school curriculum that includes healthy eating, physical activity, body image and emotional well being.
- Increased school sessions for physical activity and the development of movement skills throughout the week.
- Improvements in nutritional quality of the food supply in schools.
- Support for teachers and other school staff to implement health promotion strategies and activities (e.g. professional development, capacity building activities).

Current evidence shows that in addition to health promotion and education programmes that support healthy lifestyles, integrated multi-agency action is required to consciously change the obesogenic environment within which families live to prevent the continuing rise in obesity among children.

## 6.2 Evidence for lifestyle weight management services for children and young people aged 5 to 18 and their families

NICE Guidance considers that lifestyle weight management services and programmes for children and young people are likely to be cost effective (NICE, 2013).

Children who are eligible for these programmes are on or above the 91<sup>st</sup> BMI centile. Children who have an underlying medical condition or complex needs and would benefit from the intensive clinical management should be referred to a tier 3 service.

Lifestyle weight management programmes need to promote and support:

- a healthy diet and eating habits
- physical activity
- reduction in the amount of time spent being sedentary
- strategies for changing parenting and families' behaviour to that which supports healthy behaviours of children and young people

Suitable outcome measures for programmes (typically 8-12 weeks) are to avoid further weight gain while the child or young person (and family) acquires the skills and knowledge they need to make behavioural changes. Over time, as these changes become established, there should be a positive effect on children's BMI as they continue to grow.

Programmes need to be tailored to ensure they meet local need and attract and retain participants. Consideration needs to be given to offering programmes in locations that are easily accessible and where the child or young person and their family feel comfortable.

A range of programmes should be offered for children and young people at different ages and different stages of development.

Although it is recommended that children and families attend together, it is noted that adolescents may respond better to programmes if their sessions are separate from those for their parents and carers.

It is highlighted that children with families have many commitments and, therefore, flexibility on times in evening and weekends, as well as rolling programmes will improve attendance and completion.

Ongoing support and follow-up are essential to achieve and sustain long term weight change.

## 7. Summary of Review Findings on Existing Public Health Commissioned Services

The consultation asked a range of stakeholders to provide feedback on the current services and to suggest service improvements for re-procured services. Local authority services were also asked about the activity they provide which contributes towards obesity prevention.

### 7.1 Early Years' Obesity Prevention Services

#### **Boost 0-5 years (LBHF) and 0-2 years (WCC) and Mini-KickStart 2-5 years (WCC) programmes**

These universal Early Years' programmes, and the recently introduced 'New Mum, New You' sessions, include parental education and advice, practical weaning sessions, healthy eating and physical activity activities.

Parents' feedback is that they value and enjoy these 'joined up' programmes delivered through local children's centres and gain new knowledge and practical ideas to try at home.

An extensive workforce training programme is available in Hammersmith and Fulham and there is also training support in RBKC. This training and support was valued by those who attended it and was a priority for commissioning in WCC where there is no training offer.

Services were found to be:

- accessible for most families
- well attended
- popular with parents, including those from diverse and black and minority ethnic communities
- able to achieve changes in knowledge and behaviour
- as they are mainly located in children's centres they also support children's centre staff workforce skills development

These integrated and practical programmes are considered to more effective in supporting healthy lifestyle changes than advice provided by other professionals; but parents also asked for additional individual support on children's feeding issues to be available.

#### **Service improvements for re-procured service**

- Provision of one to one to one support for parents on specific feeding/healthy eating problems, delivered by dietitians through Children's Centres concurrently alongside group programmes.

- Sustainability strategies and 'graduate' initiatives for participants to maintain healthy family lifestyle changes e.g. supporting regular use of sports and leisure services increased walking, use of parks and active play.
- Isolated or vulnerable parents with young children need outreach services to support engagement in group based programmes. Providers will need to work closely with children's centres, Early Help services and trained volunteers from voluntary and community organisations e.g. Homestart, Family Friends, to support access.
- Integrate oral health promotion into the programme to complement healthy eating messages.
- Re-procure provision in all three boroughs.

## 7.2 Lifestyle Weight Management Services for 6-18 year olds

### **KickStart targeted healthy weight programme for 6-12 year olds (Westminster only)**

This programme is designed for children who are overweight to support them and their family, including siblings, to adopt a healthier lifestyle and to prevent further weight gain. In addition to the 12 week after school programme, an intensive one week programme is provided during the school holidays. The majority of parents participating in the programme are also overweight or obese and most families attending are from BME communities.

Parents and children who accessed the programme report positive changes and there is a high level of satisfaction with the sessions. Most children who complete at least 6 sessions of the 12 week programme stabilise or reduce their weight by the end of the programme and most maintain this when followed up at 6 months. Parents particularly valued the whole family approach and the inclusion of siblings. They also liked the incentive scheme built in to the programme which was effective at motivating children to be more active.

Targeted programmes are more difficult to recruit to and have a higher cost per child than universal services. The referral and uptake rate of this programme is low and the service is not currently meeting performance targets. Some families do not complete the 12 week programme, although the one week Kickstart Express programme is more popular and has good attendance.

Community and stakeholder feedback indicated that there is support for universal family healthy lifestyle programmes to be run in areas of high obesity prevalence and in different settings – through schools or in community settings. This universal option is being trialled in two schools in Westminster later this year by the current provider with the objective of increasing participation rates.

Factors influencing referral and access to these services were identified as:

- Stigma attached to accessing a targeted service for overweight children and families
- Limited knowledge about the service and referral process amongst families, children's workforce and GPs
- Lack of children's workforce skills and confidence in raising the issue of overweight and obesity with parents and subsequent referral to the programme
- Time constraints of parents with school aged children
- Difficulty maintaining attendance over 12 weeks.

### **Service improvements for re-procured 6-12 years service**

- Improved promotion of the service and development of an easy to use referral process, including self referral
- Training and skills development to enable staff to sensitively and effectively raise the issue of obesity with families and children
- School nursing services to follow-up with parents all children identified as obese, offer a consultation to discuss and also encourage referral to the service
- Increased access through provision in different community settings
- Provide more programmes during school holidays and at weekends
- Provide universal healthy family lifestyle programmes in areas of high childhood obesity; this help will help reduce the stigma associated with the programme
- Re-procure provision in all three boroughs.

Consideration also needs to be given to:

- Sustainability - graduate programmes and follow-up sessions to keep families engaged in lifestyle change in the long term
- Incentives to get families and children active and keep them active e.g. free or subsidised sports and leisure service membership for those who complete the programmes.

### **New services for children aged 12+ years**

There are currently no programmes in any borough available for children aged 12 and over.

This gap in provision was raised as an area of concern by GPs, schools and others. It is recommended that the re-procurement asks for proposals for a pilot initiative for this age group, to be co-designed with young people themselves.



### **7.3 Schools' feedback on other related commissioned public health services that contribute to obesity prevention**

Schools value the support and guidance from the Tri-borough Healthy Schools Partnership and network in helping them to plan, maintain and improve health and wellbeing related activities. In particular, they find the Silver and Gold Award process effective in helping to develop whole school strategies to tackle childhood obesity.

They also appreciate the expertise of Registered Public Health Nutritionists, Dietitians and Physical Activity Specialists in providing training and advice and to run school based sessions with both children and parents. Campaigns are popular too e.g. "Water is Cool in School" which is run by the Public Health Nutrition Team in CLCH.

### **7.4 Other requested services**

The consultation found considerable support for a significant programme of healthy cooking skills and cooking on a budget for families in areas of high obesity prevalence. There was also support for more cooking activities in school and also after school with parents.

### **7.5 Communication and Referrals**

For the newly commissioned services to reach the target audience of families who are at greatest risk of obesity will require:

- A communications strategy to ensure that families know what is available
- Sign-posting and support from all those who work with families to encourage them to go to programmes.
- Use of active outreach with the local community resources e.g. Community champions, Community and Voluntary Sector to befriend and support families to attend.

### **7.6 Workforce Skills Development**

For the workforce in health, local authority and the wider voluntary and community sector to be able to play its part in helping families maintain a healthy weight they need they need access to a rolling programme of training. This is so that they can;

- Create environments which promote healthy weight
- Commission services which can contribute to healthy weight e.g. children's centres, leisure centres
- Generate referrals to healthy weight services.

The training available needs to include three main elements:

- Understanding local child obesity prevalence, the causes of childhood obesity, the strategies to help families maintain a healthy weight and how they can contribute
- How to raise the issue of a child's weight with a parent and how to refer e.g. motivational interviewing
- Specialist training for staff working directly with parents and children e.g. Children's Centre and Early Help staff to deliver specific health promotion and behaviour change interventions e.g. healthy eating, establishing sleep routines, physical activity.

For certain Local Authority services this training should form a compulsory requirement for their role.

## 8. Recommendations for Public Health Commissioning

In the light of the feedback on current Public Health commissioned services and the evidence base it is recommended that the following are commissioned for each borough. These services will need to be underpinned by a communication, sign-posting, referral and active outreach strategy to ensure that those most at risk childhood obesity are utilising commissioned provision.

- A universal tier 1 lifestyle parent and child obesity prevention service that will assist children aged 0-4 maintain a healthy BMI. This will comprise of delivery in community settings programmes on healthy eating, physical activity, behaviour management and formation of healthy habits for families with children aged 0 to 4. This service will also need to support a reduction in health inequalities by ensuring resources are targeted to priority communities.
- An accessible, tier 2 lifestyle child weight management service that will assist children and young people between 5 and 12 years of age who are on or above the 91st BMI centile to reach and maintain a healthier BMI.
- New tier 2 services for children aged 12+ years. There are currently no programmes in any borough available for children aged 12 and over. It is recommended that the re-procurement asks for proposals for a pilot initiative for this age group, to be co-designed with young people themselves.
- A rolling programme of workforce training for those working in health, local authority and the wider voluntary and community sector to be able to play its part in helping families maintain a healthy weight.
- Support for schools from Dietitians or Registered Nutritionists and Physical Activity specialists to include staff training, advice and to run school based sessions with both children and parents targeted on schools with higher than the borough average of childhood obesity.
- Consideration needs to be given to increasing the provision of cooking clubs/activities in schools particularly those with higher than the borough average of childhood obesity.
- Consideration needs to be given to increasing the provision of food growing clubs/activities in schools particularly those with higher than the borough average of childhood obesity.
- Consideration needs to be given to breakfast club provision in schools particularly those with higher than the borough average of childhood obesity.

## 9. Summary of Review Findings to Inform Health and Wellbeing Strategy

### 9.1 Physical Activity & Active Play

- PE – there is concern about both the quality and quantity of PE being provided in some primary schools which is affecting the amount of physical activity that children have and their skill development. It is recommended that this warrants further investigation.
- Sedentary behaviour – there was concern from some primary schools about the fine and gross motor skill development of children entering primary school. It is recommended that this is investigated further with the CLCH Paediatric Occupational Therapy.
- Provision for under 5 year olds and also inactive teenagers - is identified as a potential gap.
- The preference from inactive families is for more free or subsidised activities afterschool, supervised play in their local areas at weekends and in holidays. More activities provided close to where they live and there is a preference for inside provision.
- Active play – there are important opportunities for the provision and facilitation of active purposeful play in parks e.g. Park Makers, on social housing estates and in childcare settings. Also in teaching parents to play actively with their children and giving the opportunity to be play actively as part of their daily life.
- Social Landlords improving opportunities for formal and informal active play – social landlords need skilled guidance and encouragement to examine how they can improve opportunities for formal and informal active play. The development of relationships between parks, family and children's services and social landlords to prioritise play will need some officer support.
- Play Rangers in KC and Playmakers in WCC are a valuable resource to encourage families to use parks and get them playing actively together throughout the year particularly at weekends and in the holidays when children are the least active. Consideration should be given as to a similar programme in Hammersmith and Fulham.

### 9.2 Environment

- Concern was expressed at the proliferation of Take-aways selling high calorie dense food in areas of high obesity prevalence. It is recommended that planning investigate and look at the feasibility of limiting the numbers.
- Healthier Catering Commitment for London is supported by Environmental Health teams in all three boroughs but is limited in its current capacity.

Options need to be considered to expand capacity to work with food business in areas of targeted high obesity prevalence.

- Concern was expressed about the cost and quality of fresh fruit and vegetables in some areas. The retail offer in areas of high obesity prevalence should be investigated and a range of options considered including learning from the Phoenix High Schools and other local pop-up fruit and vegetable stalls.
- Ensure play provision is at the heart of local development plans not just in designated play spaces but also consideration is given to design that encourages street play. A good example of where play has been built into design is the Earls Court development.

### **9.3 Contracts**

There is significant scope to build health outcomes including obesity prevention into Local Authority commissioned provision in sport, leisure, parks and child care, play provision, including nutritional standards, encouragement and facilitation physical development and active play, minimum requirements on staff training.

## 10. Consultation Feedback

A wide range of stakeholders including, health, local authority services, community, schools and sports and leisure providers were asked:

- What their service/organisation currently does to support children and families maintain a healthy weight and how they thought it could be improved.
- What they think of the current services commissioned by Public Health and for suggestions for future commissioning.

### 10.1 Children's Services

#### 10.1.1 Children's Commissioning

The Children's Commissioning Directorate commission a number of services which contribute towards supporting children, young people and their families maintain a healthy weight. These include:

- **School meals service**  
School meals service (to 112 schools in the 3 boroughs), is currently being retendered for April 2015 commencement. There are three different school meal services in operation across the tri-borough at a combined cost of £9.9m per annum. Across the three boroughs, 112 schools currently buy into the service with between 70-75 % of primary pupils taking up a school meal (above the national average of 42- 45%). Currently each of the three boroughs has a different approach to funding schools meals through its formula and different contract relationships with the providers, the retendering project seeks to develop a consistent approach, whilst addressing the requirements of the school funding reform.  
Remodelling the school meal service across the Tri-borough offers the opportunity to make more efficient use of resources and potentially reduce contract management costs. The school meals retendering project is working with colleagues in public health to ensure that their outcomes and ours achieve the best possible results for all our children and young people in all three boroughs.
- **Children's Centres**  
Specific 'healthy weight' programmes are not commissioned but the contracts for children's centres, have clear outcomes for 'healthy children under 5', including healthy eating, promotion of breast feeding, weaning advice, etc. Contracts specify that only healthy snacks are made available for children during sessions. There are different programmes available for Children's Centres (e.g. Boost, Kickstart) to refer to when overweight/obese children are identified by staff which are commissioned by Public Health.
- **Early Years Provision (childcare)**  
Private, Voluntary and Independent (PVI) nurseries and childminders who are rated less than 'good' receive support from the LA and this would include ensuring they meet the 'healthy lifestyle' criteria. There is limited capacity in the team to provide training/information sessions to all providers

now. Providers can refer to Kickstart, Boost etc if a weight issue is identified and parents agree. Some providers in RBKC are involved in the Healthy Eating Awards which are organised by the Public Health Nutrition Team in CLCH.

- **Youth Services**  
Providers are commissioned to achieve outcomes, including health and well-being. There is an expectation that all services will contribute towards these outcomes although they may specialise in an area. There are no specific 'obesity' indicators used but the physical activities offered and health discussions which are facilitated by youth workers have the potential to contribute to the maintenance of a healthy weight.
- Some youth provision, such as at Caxton in Westminster for young people with learning difficulties and disabilities, has a specific outcome focussing on healthy living and achieving independent living. This provision has an onsite kitchen for healthy cookery classes, takes young people to the supermarket to buy nutritious food within a household budget etc.
- **Play Service (WCC and RBKC) for 5-13 year olds**  
This includes the commissioning of play sites, such as adventure playgrounds and of staff, Play Rangers. Active, physical play is a key priority and the prevention of obesity is a key outcome. Some community play settings are involved in the Healthy Eating awards.
- **Specialist Services also commissions some specialist play for children with disabilities.**
- **Specialist services for Looked After Children (LAC)**  
The Local Authority should act as a 'good parent' in relation to the health of Looked after Children. Within that role it has the right to consider the management of weight for the children placed in their care. CLCH produce a quarterly audit of LAC health information across four boroughs (tri-borough, plus Barnet) which is monitored by the LAC teams in each borough. The LAC nurses, commissioned by the NW CSU (contact Steve Buckerfield) carry out initial and review health checks of all LAC within given timescales.

### **Ideas and suggestions**

- Staffs have training to understand the priority area of child obesity prevention and their role in contributing to it.
- Training modules for all new staff in Children's Centres (or other early intervention sites) as part of their induction – a rolling programme of training rather than one-off investment.

- Coordinated and targeted approaches (on particular “hotspots”) are required working through schools, nurseries and Children’s Centres for early intervention and prevention.
- Universal non-stigmatizing information and support sessions for families – portion sizes, cooking, nutrition, amount of exercise for each age group etc.
- Clear referral routes for targeted work – clarification of which programme is best for which child.
- Where appropriate, ensure specifications fully support options which enable children and families to make healthy choices.
- There is a need to examine the gap in provision for adolescents.

### **10.1.2 Early Years Providers and frontline staff**

The ideas and suggestions for future commissioning from Early Years providers include:

- Work on obesity prevention in early years settings is piecemeal and needs to form part of an overall strategy.
- Guidance and training is required for the workforce on recognising when a child is overweight or obese and how to raise the issue with parents.
- The Early Years workforce needs advice, guidance and training on healthy eating and physical activity.
- Training should be made available as part of a rolling programme not a one off.
- Providers would like resources that they can use with parents about health eating, physical activity and maintaining a healthy weight.
- Dental health workshops with parents by the oral health team (CLCH) should also include messages on wider healthy eating for a healthy weight
- Physical activity/exercise needs to form part of daily activity in all Children’s Centre Drop-ins and in Early Years settings.
- There is an opportunity to work with Parents/Community Champions so that they can promote healthy eating to families
- The opportunity of community events should be maximised by CC staff and Public Health commissioned providers to promote physical activity and healthy eating in an engaging way.
- Early Years settings need training to be able to effectively record, update and regularly evidence anti-obesity activities in SEF.
- Examine the potential to work with planning to restrict the proliferation of fast food outlets in areas of high obesity prevalence.
- Effective parenting skills are an important factor developing healthy eating habits and routines and avoiding the use of food as means of rewarding children or controlling their behaviour.
- The importance of sleep routines should be included in obesity prevention training.



### 10.1.3 Play

The play review currently being undertaken will be reporting in the summer. Its focus is on LA commissioned provision and also the legacy of recent investment in play spaces and parks in the boroughs. The review covers WCC and RBKC but findings may have implications for HF.

The ideas and suggestions for play in relation to its contribution to obesity prevention include the following:

- Build health outcomes including obesity prevention into the commissioning of play provision. Specifically having play contracts with providers e.g. schools, third sector that reflect health outcomes and include nutritional standards and healthy eating policy for food provision, encourage and facilitate physical development and active play.
- When prioritising grants for funding community play consider obesity prevention as one of the criteria.
- Consider the use of targeted places for children above a healthy weight.
- Consider targeted play places for a children being used as an opportunity for work with parents by a nutritionist on Healthy Eating for a healthy weight.
- Increase the use of play spaces as hubs of physical activity by developing local resident feelings of local ownership.
- Ensure play provision is at the heart of local development plans not just in designated play spaces but also consideration is given to design that encourages street play. A good example of where play has been built into design is the Earls Court development.
- Encourage and guide social landlords to examine how they can improve opportunities for formalised and informal active play. The development of relationships between parks, family and children's services and social landlords to prioritise play will need some officer support.
- Play Rangers in KC and Playmakers in WCC are a valuable resource to encourage families to use parks and get them playing actively together throughout the year particularly at weekends and in the holidays when children are the least active.

## 10.2 Sport and Leisure

### 10.2.1 Hammersmith and Fulham

The principle strategic document is the Hammersmith and Fulham CSPAN Physical Activity Strategy 2011-2016 and the main goal is:

To specifically assist those who have been identified as not participating in enough sport or physical activity to benefit their health and wellbeing.

- Adults 16 – 24years
- Adults 35 – 39 years
- BME Groups
- Women and Girls
- Disabled People

### **Existing provision includes**

The sports development team who:

- Promoting parks and open spaces.
- Link families with the Change4life programmes.
- Walking programmes.
- Support local communities with physical activity programmes.
- Link in with primary schools and secondary schools.

Sports and Leisure services such as swimming pools and sports centres are contracted out to a private provider. The service does not have a concessionary membership scheme.

### **Ideas and suggestions**

- Outdoor gyms need to be more widely promoted and supported.
- Provide tailored sport and leisure programmes that address weight management issues in young people. This should be in the form of provision that differs from the sports provision they receive at school in PE lessons.
- Improved provision of parent & children sport programmes to inform parents of how their children need to engage in physical activity and how they can help improve the type and frequency of exercise they do.
- Social meet-up groups/family days where there is an emphasis on activities promoting health and nutrition.
- Information for parents on physical activity and dietary advice for children, together with what local activities are available online needs to be made more easily accessible e.g. website.
- There needs to be better promotion/communication of the services are being commissioned by Public Health
- GPs need to generate more referrals to services both for physical activity and for healthy weight.
- Improved joint working between sports development and Public Health.

### **10.2.2 Royal Borough of Kensington and Chelsea**

The main strategic document is “A sports and physical activity policy for Kensington and Chelsea 2010 to 2016”

The four priorities are:

- Targeting areas and groups where health is poor and participation levels are low.

- Providing children with a positive experience of sport and physical activity from an early age, and providing pathways for them to continue to enjoy sport and physical activity throughout their lives.
- Helping our clubs and organisations provide high quality opportunities for residents to volunteer their skills and services.
- Ensuring that, over time, all our parks, sports, leisure, and transport infrastructure reaches a consistently high standard across the whole borough.

### **Existing provision**

GLL hold the leisure contract and Quadron Services Ltd. hold the contract for parks and open spaces. There is currently one sports centre run by the local authority in Chelsea.

The Kensington Academy and Leisure Centre in the north of the borough is due to open in September and December 2014 respectively. The Westway Development Trust also has a leisure centre in the north of the borough.

### **Concessionary Rates**

There are concessionary memberships for eligible residents in the Royal Borough of Kensington and Chelsea including a Family Pass for up to 2 children for those in receipt of Income Support; unemployed or in receipt of Job Seekers Allowance; full-time student; Pension Credit. This includes free swimming and half price jungle gym for children with a Family Pass and half price tennis courts and cricket nets in the borough parks during opening hours

### **Ideas and suggestions**

- Improve consultation and engagement with local communities about the provision in the sport, leisure and physical activity is an area for development. The new leisure centre in the north of the borough will give an ideal opportunity to work with the local community to inform the provision.
- More sport and physical activity provided after school.
- Improved relationships between clubs and providers and schools to provide afterschool sport and physical activity and also feeding children and young people on to joining activities at weekends and in the evenings.
- Afterschool child care to include more active play, games etc.
- The parks and leisure services staff would benefit from training about their role in preventing childhood obesity, consistent messaging on making lifestyle changes, referral to services and for some staff raising the issue of childhood obesity. Training could be built in as part of their standard training programme for staff.
- Public Health Nutrition team (CLCH) are working with Parks and Leisure as part of the Healthier Parks initiative to implement the Healthier Catering Commitment and Baby Friendly Initiative in parks. The aim is that this will rollout to Leisure Centres in the future.

### 10.2.3 Westminster City Council

The principle strategic document is the Active Westminster Sport and Physical Activity Strategy 2008 – 2013.

The Strategy's four strategic themes are Participation, Places, Progression and People and it sets out a framework to achieve our aim of better opportunities and greater participation.

- Provide and promote more sport and physical activity opportunities for all members of our community.
- Increase and extend the range and quality of sports facilities, active places and spaces and services and programmes, available in the locations where they are most needed.
- Increase locally available competitive opportunities for people to develop their sporting skills and improve the sporting 'pathways' from playgrounds to podiums.
- Increase 'workforce' capacity through the development of volunteering, education, training and employment opportunities throughout the sport and active leisure sector.
- Encourage partners to pledge their commitment to ActiveWestminster, deliver the strategy and pursue joint programmes.

#### Current provision

There is a range of provision that the service either promotes through the ActiveWestminster Partnership or directly commissions through accredited clubs and providers which is publicised on the website [www.westminster.gov.uk/active](http://www.westminster.gov.uk/active) and the ActiveWestminster guide.

- There are concession cards for 0-19s called the Active Westminster Passport which gives free swimming and other discounts. There are also discounts for those who are disabled, seeking employment or aged 60 plus.
- There are 100 hours of free activities every week for 8 to 19 year olds.
- Free swimming lessons in the school holidays.
- Edutain- A low cost sports and arts based programme for 8-13 year olds which takes place during the school holidays.
- ParkMakers - parks staff, personal trainers and volunteers run free activities in parks.

#### Ideas and suggestions

For the sport and leisure service:

- Improve sharing of information, which identifies key groups and localities that need to be engaged with sport and physical activity provision. This will help to better inform the 'offer' and promote more of a 'neighbourhood' approach to address local issues.

- Implementation of the ActiveCommunities programme (ActiveChampions)
- Utilise the Active Passport and promote a range of suitable activities to 0-19 year olds.
- Implement a programme of 'ActiveFamily' activities across all leisure and partner facilities that attach to existing junior provision.
- Utilise the Change4Life programme better with partners.
- Contribute to a more consistent/shared message to children and young people.
- Deliver a programme of workforce training across ActiveWestminster providers (particularly the sports and leisure facilities contractor) to communicate Change4Life messages.

For Public Health Commissioning:

- Improved exit routes from public health commissioned interventions to mainstream provision so that lifestyle changes are maintained
- Common messaging
- Shared intelligence
- A clearer package of sports and physical activity provision
- Improved connections with specific programmes (e.g. Kickstart) and the mainstream offer.

#### **10.2.4 Greenwich Leisure Ltd (GLL)**

GLL who are a sports and leisure provider, have identified a gap in provision in their services for inactive young adults and very young children.

### **10.3 Environmental Health**

The environmental health teams in RBKC have been working with Public Health on the Healthier Catering Commitment for London which is a scheme run by the London Boroughs with support from the Mayor of London that recognises those businesses in London that demonstrate a commitment to reducing the level of saturated fat and salt in the food sold, to offer some healthy options (for example, lower sugar drinks and snacks) and to make smaller portions available on request. For more information go to: <http://www.cieh.org/healthier-catering-commitment.html>

They have successfully targeted working with businesses in areas of higher obesity prevalence. Both Hammersmith and Fulham and Westminster Environmental Health Departments have been supportive expanding the scheme to incorporate their boroughs and a business case has been put forward for additional nutritional support to enable this to happen.

#### **Ideas and suggestions**

Environmental Health have fed back that communities where there is an increase prevalence of obesity need to have more affordable healthier food options within their communities and fewer fast food outlets.

They are supportive of nutrition education and cooking skills as part of the school curriculum.

They also would like more nutritional support for the Young Chef of the Year Award which is run in HF and will be in RBKC and managed by Environmental Health.

They think that there may be gaps in support for the elderly, disabled and children in residential care.

## **10.4 Planning**

All three boroughs contributed their feedback to the review outlining how their boroughs contribute to obesity prevention.

### **10.4.1 Hammersmith and Fulham**

All policies go through the appropriate 'Equalities Impact Assessment' and 'Sustainability Appraisal' processes which often include consideration of health inequalities and impacts.

The Core Strategy Oct 2011 notes that many of the schools in H&F are built on sites with limited outdoor space and therefore it is important to improve access to and provision of sports facilities in order to improve health and to reduce child obesity levels.

It also mentions that there is evidence that convenient access to takeaways can have an adverse impact on child health, particularly child obesity rates. Therefore, the council considers it is particularly important that additional hot food takeaways are not located in the vicinity of schools and other centres focusing on children's activities. The strategic policy objectives recognise the importance of the promotion of healthy lifestyles to address health inequalities; open spaces, parks and play spaces; protection of private gardens, leisure recreation and sport.

### **10.4.2 Royal Borough of Kensington and Chelsea**

The borough has planning policies in place to protect existing social and community facilities (including health and sports facilities) and to encourage new health and sports facilities across the borough.

It also has policies to ensure neighbourhoods benefit from shopping facilities and community facilities within a walkable distance.

From major planning applications we also collect financial contributions from developers to help fund additional 'sport and leisure' and health facilities across the borough.

### 10.4.3 Westminster

City Planning prepares the development plan which is used to manage and deliver future sustainable development in Westminster. The plan (currently consists of 'Westminster's City Plan: Strategic Policies' and saved Unitary Development Plan Policies) covers a range of policies which can impact obesity prevention including:

- Protecting and enhancing open spaces, including addressing active play space deficiency.
- Protecting existing and encouraging new social and community facilities including playgrounds, leisure centres, sports facilities.
- Prioritising pedestrian movement.
- Protecting local shops and street markets.

City Planning is also preparing strategies for Walking and Cycling, Open Space and Biodiversity. It has worked on implementing the Legible London project, public realm improvements, parks and landscape projects, street market regeneration, and is involved in the regeneration such as Church Street in conjunction with other units in the council.

### 10.5 GPs

The GP Leads for Children in each CCG were interviewed and their ideas and suggestions were:

- The importance of the wider children's workforce to be trained in raising the issue
- The need for programmes to educate parents
- That there is a gap in provision for teenagers
- That schools play an important role in promoting healthy lifestyles
- GPs need to be able to easily refer patients by form being available on their system
- GPs want feedback about those who have attended
- To engage GPs in the issue about childhood obesity they need to be supplied with prevalence data and information about what services available via practice visits and locality meetings.
- There is a need to develop a joined up care pathway or service offer with CCGs including universal preventive, targeted and tailored healthy weight management and treatment services – for pregnancy to age 19 years.

### 10.6 Social housing

There are a range of opportunities to work with social housing landlords to develop active environments. Examples are to increase opportunities for play and active transport; to act as hubs for programmes to connect with the local community; as a location for the sighting of programmes.

There is also the opportunity for social housing provider's community development and estate based workers to facilitate estate based activities e.g. Football and play facilities (Churchill Gardens).

## 10.7 Community Champions

### 10.7.1 Ideas and suggestions from Focus Groups

#### Healthy Lifestyle Programmes

- Those who had attended current programmes with their children such as Mini-Kickstart and BOOST and 1 to 1 drop-in support valued them.
- That Community Champions are a good opportunity to provide support to promote programmes with parents e.g. coffee mornings, estate outreach, discussion at school gates
- Mothers (parents) may be reluctant to attend on their own for the first time but might with a CC or friend
- Face to face promotion of programmes is better than leaflets for many groups as they are often discarded and those with English as an additional language cannot read them.
- Taster sessions are also an idea to promote programmes
- Consider more universal programmes for families not just ones for those overweight to overcome the potential stigma for those attending
- Programmes wanted at weekends and school holidays.

#### Physical Activity

- Needs to be close to home and preferably inside
- Martial arts are popular choices
- Needs to be Free or low cost
- Need to engage fathers to be physically active with their sons so they can act as good role models
- Managed / supervised active play requested
- Community Walks/walk leaders/ go in groups to outdoor gyms

#### Environment

- Wormwood Scrubs was felt to be not clean, too many dogs, dog mess and does not feel safe
- Local shops near Old Oak were felt to not provide good quality food or fresh fruit and vegetables
- Too many fast food outlets selling unhealthy food

#### Schools

- Concern at the low amount of PE/sport is done in school
- Want more afterschool PE/sport and active play in school



- Some in KC were suspicious of school meals, worried children will be hungry, need for parents to experience school meals so have more confidence in them and then will not give children too many snacks, large meals afterschool. Parents seem overly concerned that the children were hungry after school

### **Cooking**

- Support more cooking workshops for children and also for parents both in schools and community. Cook and taste.

### **Other professionals**

- Health Visitors, Midwives and GPs were generally not seen as good sources of support and advice on healthy eating, physical activity or obesity prevention/management.
- Dietitians were found to be helpful.

## **10.7.2. Findings from Community Champions Baseline Survey Reports and the Westminster Major Health Campaign Report**

### **Westminster Major Health Campaign Report**

Less than a quarter (22%) of Westminster's current population aged 16 or over eats the recommended five portions of fruit and vegetables per day and is lower amongst those in lower socio-economic groups. It is particularly low among the main BME communities.

Fruit and vegetable consumption appears related to takeaway consumption - those who eat fewer than five portions of fruit and vegetables are almost twice as likely to have a takeaway at least once a week.

Mothers stressed the challenges they faced when trying to provide a healthy diet when both their partners and children prefer a diet based on meat and carbohydrates. Traditional diets for some BME communities were also reported to be low in vegetables. Many felt that fruit and vegetables are expensive and unappetising. Young people and children described strong peer pressure to eat fast food. Shortage of time was seen to be a barrier to healthy eating for many (34%), with fast food seen as a more convenient alternative.

This suggests that, whilst awareness of the importance of fruit and vegetable consumption is high, there is a widespread underestimation of the extent to which these should form a part of a healthy diet.

Survey findings suggest that 76% of Westminster's population, an estimated 154,000 people, are not achieving recommended levels of activity (at least 30 minutes of moderate activity on five days per week).

Activity levels for some ethnic groups are particularly low, for example only 11% Chinese, 15% of Caribbean, 15% of Other Asian, 15% of Mixed White, 16% of North African Arab, and 18% of Bangladeshis managed five sessions a week.

Only half of those not achieving five-per-week activity levels expressed a desire to become more active. Of those physically active less than three times a week, the largest group is those in full time work, most of whom have expressed a desire to change.

The overriding perceived barrier was lack of time (48%).

People from some BME communities face particular challenges due to cultural norms which conflict with the health goal of increased physical activity.

### **Community Champions Baseline Survey Reports**

The baseline survey reports from the Community Champions initiatives in Edward Woods (EW), Old Oak (OO), Church St (CS) and Mozart (M) and the themes arising are as follows.

All but CS had only 25 to 30% consuming at least five portions of fruit and vegetables per day. CS had higher than the national consumption with 60% consuming at least five portions of fruit and vegetables per day.

Those wishing to eat more healthily ranged from 43% in EW to 59% in M.

The chief barrier to eating more healthily was felt to be with the cost. Access to fruit and vegetable was only mentioned as a barrier in OO. The pop-up fruit and vegetable stall run by the Phoenix High School's Community nutritionist after school in a number of schools was commended as a model to improve access. Lack of knowledge was only mentioned in one report as a barrier to healthy eating with 32% of the 43% of those in EW who wanted to eat more healthily indicating it was a barrier. However the Westminster Major Health campaign report indicated suggested that, whilst awareness of the importance of fruit and vegetable consumption is high, there is a widespread underestimation of the extent to which these should form a part of a healthy diet.

Only 13% of those in the CS survey met the government's physical activity guidelines for adults, which is well below the national average. The other EW and OO reports indicated physical activity levels similar to the national average and M was above the national average.

Lack of motivation, finance and caring responsibilities were mentioned in some but not all reports as barriers to physical activity. Better sign-posting to facilities was also mentioned.

M commended a previous initiative funded by the Well-London Project of an initiative called Active Families which got parents and children doing fun structured activity together which was thought to be successful and they would like revived to run weekends and school holidays.

### **Ideas and suggestions**

#### Healthy Eating

- Cook and eat classes
- Cooking on a budget advice and tips.
- Training for community champions on healthy eating
- Pop-up fruit and vegetable stores on the Phoenix High model in areas identified to have a lack of availability.

#### Physical Activity

- Investigate the Active Families programme

## **10.8 Schools**

Schools that took part in the consultation contributed that they were doing a wide range of activities as part of their Healthy Schools work to support and encourage healthy eating and physical activity. The amount however does vary considerably from school to school. Activities healthy tuckshops, after school sport, growing clubs, cooking clubs, school travel plans, love your bike workshops, biker breakfasts, encouraging water drinking, playground games.

Some felt that they could do more to monitor what children are eating at lunchtime from their school meals.

They feel they would like to offer more free/subsidised physical activity programmes after school.

They feel families need workshops on health eating and healthy cooking. They felt that there is an opportunity to run these after school. However some families also need one to one support in this area. They also felt some parents needed support in not giving in to requests for unhealthy foods.

Outside of school they were conscious of the stretched finances of their families. They felt that opportunities for being active by free/ low cost sport and leisure services were important at weekends and in the school holidays. But what was also required was more outreach to families to get them to use the facilities. They also felt active opportunities for supervised active play was important as many families felt anxious about the safety of their children.

Another area they felt important to encourage was families to be active together perhaps through greater visibility of national Change4Life Programme.

They would like to be able to signpost parents to programmes like KickStart and other opportunities but want to be better provided with the information e.g. website.

They would like to know which parents to talk to by getting feedback from the results of the NCMP.

Working towards the Tri-borough Healthy Schools Silver Award with a priority on childhood obesity was found to be helpful.

The special school who contributed to the consultation felt that it has particular requirements for support on eating feeding and also feels that parents need more support in this area. They would like to do more work with parents on to encourage them to include healthier food and drink options in their child's packed lunch but would like nutritionist support to do this.

They would like more opportunities for family learning activities delivered in school by community programmes such as – cook & eat sessions, or healthy lifestyles programmes.

They would like the school meal services to give more information to parents about what they offer, how menu's support healthy eating choices and catering for cultural needs. They felt this may encourage more parents to take up a school meal for their children which is healthier than the majority of packed lunches.

### **Growing**

Schools would like to develop more growing activities in school. There is some very limited support from voluntary and community sector organisations that support schools e.g. GLA's Food Growing Schools: London Project which has been just set up, Food for Life. But to develop this area of activity with school as part of an obesity strategy would require some investment in training for schools, setting up relationships with supporting organisations and potentially funding for equipment.

RBKC - 11 schools in currently have an allotment or growing area.

Westminster - 3 Food for Life Schools. Bronze Award schools which requires growing activity.

Hammersmith and Fulham – 3 schools with the Food for Life awards and so will have a growing area. Phoenix High school has an extensive growing programme.

Other schools may of course have growing activity and growing clubs but this information is not collected.

### **Breakfast**

Breakfast is an important element in helping children to avoid unwanted weight gain; children who eat breakfast are around one half to one third less likely to be overweight compared to those eating breakfast infrequently. In October 2013 the Public Health Nutrition Team in RBKC surveyed 398 pupils in 9 schools to ascertain if poor quality breakfast or breakfast skipping was an issue. Only 3% of children reported not having breakfast and 2% said this was because they did not have food to eat. Offering free or subsidised places in breakfast clubs may be an option for some families to address this. 91% reported eating breakfast, 85% ate breakfast at home. There was evidence that the quality of breakfast (particularly sugar and fat content) may represent a problem for many children in the borough. There therefore is evidence of the need to develop work with schools and families to raise awareness

of the fat and particularly the sugar content of some of these breakfast foods and suggest alternatives.

### **Curriculum**

Practical cookery is compulsory for children up to Year 9 in the new national curriculum. The new curriculum lays out the importance of 'instilling a love of cooking' in pupils from a young age. The requirement for cookery lessons will come into effect in 2014.

### **After school cooking clubs**

Let's Get Cooking Clubs - originally funded by the lottery these afterschool clubs were set up schools in England. According to Let's Get Cooking there are 8 in HF, 5 in RBKC and 9 in WCC.

Kids in the Kitchen – a cook a taste programme of children and parents run after school by the Public Health Nutrition team in PBKC in two schools.

## **10.9 Oral Health Promotion CLCH**

The oral health promotion team currently contribute to obesity prevention as a part of the dental programme by speaking about cutting down sugary foods and fizzy drinks from diet and promote healthy eating. They also do some sessions with new mums to raise awareness of amount of sugar content in readymade baby meals, problems of prolonged use of bottle feed etc.

### **Ideas and suggestions**

They felt that parents need more practical guidance on weaning. But that for them to help contribute to this they need more training on the ethnic diets so that they can tailor their advice accordingly.

They currently work with the Boost and the Public Health Nutrition Team on events and joint programmes. They would like to do more work jointly.

## 11. References

CMO. (2008). The Chief Medical Officer's report 2007. Under their skins: tackling the health of the teenage nation. London: Department of Health.

Department of Health. (2011). Healthy Lives, Healthy People: A call to action on obesity in England. London: COI.

London Assembly. (2011). Tipping the scales : Childhood Obesity in London. London: GLA

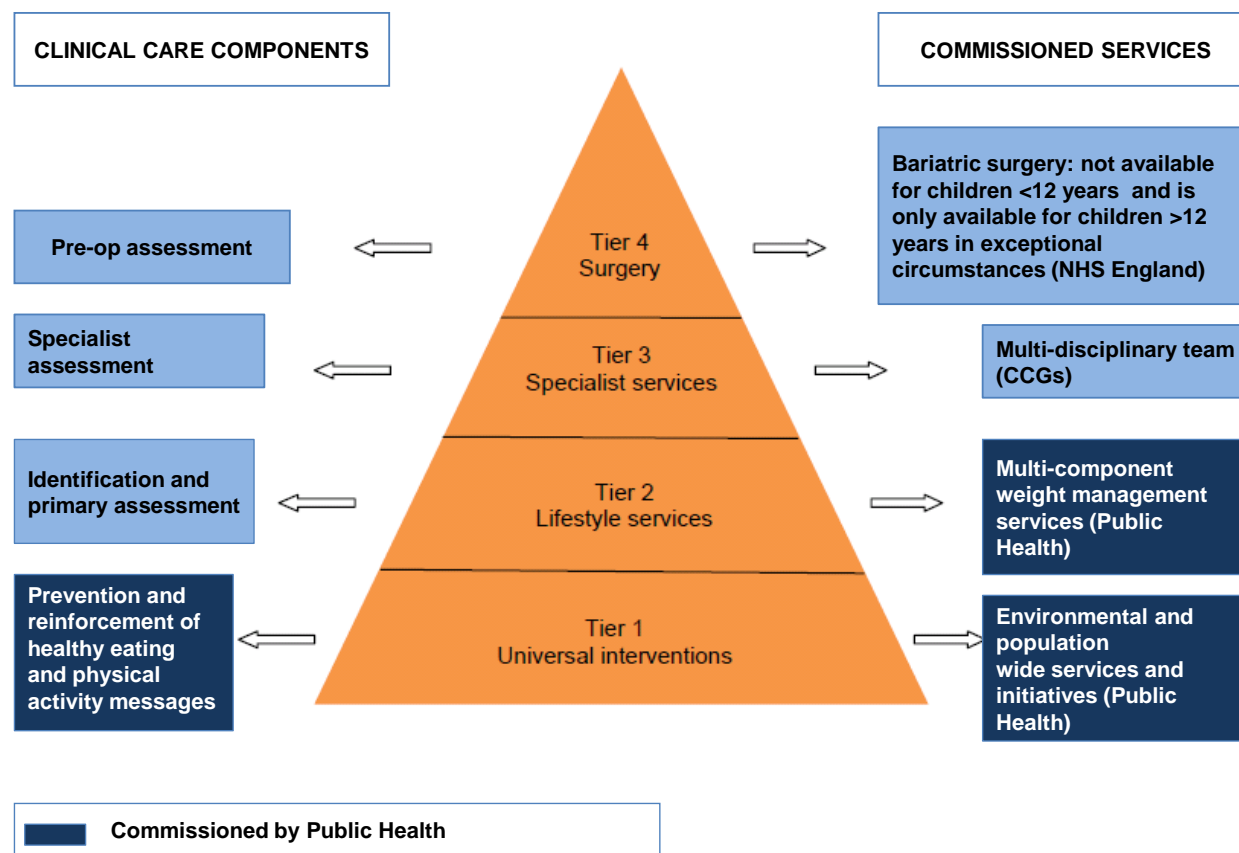
National Institute for Health and Clinical Excellence. (2013). PH47 Managing overweight and obesity among children and young people: lifestyle weight management services. London: NICE.

Public Health England. Health Risks. Retrieved 03 05, 2014, from PHE Obesity: [http://www.noo.org.uk/NOO\\_about\\_obesity/child\\_obesity/Health\\_risks](http://www.noo.org.uk/NOO_about_obesity/child_obesity/Health_risks)

Waters, E., de Silva-Sanigorski, A., Hall, B. J., Brown, T., Campbell, K. J., Gao, Y., et al. (2011). *Interventions for preventing obesity in children*. Cochrane Database of Systematic Reviews.

WHO. Global Strategy on Diet, Physical Activity and Health. Retrieved 03 05, 2014, from World Health Organisation: <http://www.who.int/dietphysicalactivity/childhood/en/>

## Appendix A. Child Obesity Care Pathway



NICE Commissioning Guidance

## Appendix B. Consultation Questionnaire

### Children and Family Obesity Prevention Service Review and Commissioning Consultation

Department/Service:

Borough:

Name:

Role:

Email:

Tel:

#### About your service (please expand the boxes as required)

1. What does your service currently provide to support children and families maintain a healthy weight?

--

2. What do you think your service could do better/differently to support children and families maintain a healthy weight?

--

3. What else from your experience do you think children and families need above and beyond your service?

--

4. How does your service link to other services that support children and families maintain a healthy weight?

--



**Public Health Commissioned Obesity Prevention Services Commissioned  
Across the Tri-borough**

1. Do you know about the current Public Health commissioned services (see Pg 3 and 4 for details)? And if so how?
2. Do you consider there are groups within the local population who are not served by the current Public Health commissioned services, if so please give details?
3. How do you think the current Public Health commissioned services could be improved?
4. What recommendations would you have for a future Public Health commissioned service?

Please return by:

Elizabeth Dunsford – Senior Public Health Officer, Children and Families

Email: [edunsford@westminster.gov.uk](mailto:edunsford@westminster.gov.uk)

Tel: 020 7641 4655

**Thank you!**

**Appendix C – Obesity service provision mapping and evidence base conducted in August 2013.**

**Commissioned obesity prevention and weight management programmes**

Key:

	Services commissioned by Tri-borough Public Health
	Services commissioned by other Local Authority Services

<b>NOO</b>	National Obesity Observatory
<b>NICE</b>	National Institute for Health and Clinical Excellence
<b>HLHP</b>	Healthy Lives, Healthy People

	Universal/Targeted Service	Programme/Service	H&F	RBKC	WCC	Supporting evidence/guidance	Source of evidence/guidance
<b>0-24 months</b>							
Breastfeeding promotion, infant feeding, weaning, healthy eating, parenting advice on healthy family lifestyle	T	Mytime Active - Baby Boost (Jan-Dec '12 - 22 programmes)	Y	N	Y	Strong	Cochrane (3), Foresight (2,5), NICE (1,6)
New Mum New You - Pilot lifestyle programme - help mothers return to pre-baby weight and nutrition advice	T	Mytime Active - New Mum New You - results of the pilot not yet available	Y	N	Y	Emerging	Cochrane (3), NOO (9)

Advice and training for early years settings to create environments to prevent childhood obesity, weaning standards development	U	Public Health Nutrition Team CLCH.	N	Y	N	Strong	Cochrane (3)
<b>Pre School 2-5 years</b>							
Family based programmes in early years settings to teach families to how to get active and eat healthily so they maintain a healthy weight.	U	Mytime Active - Boost Exercise (Jan-Dec '12-23 programmes)	Y	N	Y	Strong	Cochrane (3), NICE (1), Foresight (2,5)
	U	Mytime Active - Toddler/Mini Boost (Jan-Dec '12 - 33 programmes)	Y	N	Y	Strong	Cochrane (3), NICE (1), Foresight (2,5)
	U	Mini-Kickstart	N	N	Y	Strong	Cochrane (3), NICE (1), Foresight (2)
	U	Change 4 Life Clubs (5 Nurseries)	Y	N	N	Strong	Cochrane (3), HLHP, NICE (4)
Advice and training for early years settings to create environments to prevent childhood obesity	U	Public Health Nutrition Team CLCH.	N	Y	N	Strong	Cochrane (3), NICE (1)

Primary School Age 5-11							
Tri-borough Healthy Schools Partnership-supports schools take a whole school approach to health and wellbeing including, policy, curriculum and environment.	U	Health Education Partnership	Y	Y	Y	Strong	Cochrane (3), HLHP (8)
Active Boost - Family based healthy lifestyle weight management programme children aged 5-7 (pilot)	T	Mytime Active - Active Boost	Y	N	N	Strong	Cochrane (3), NICE (1), Foresight (2,5)
Afterschool Sport and PE sessions targeted for pupils who are less active	T	Change 4 Life Clubs	Y	N	Y	Strong	Cochrane (3), HLHP (8), NICE (4)
Advice, guidance and training to schools to take a wholeschool approach to healthy eating including; afterschool clubs, healthy lunchbox, etc and delivers family cooking classes	U	Public Health Nutrition Team working as part of Tri-borough Healthy Schools Partnership	N	Y	N	Strong	Cochrane (3), NICE (1)
National Child Measurement Programme (weigh and	U	School Nursing Service -CLCH	Y	Y	Y	Strong	Cochrane (3), NICE (1),

measure all children in reception and year 6); 121 advice on healthy lifestyles, deliver health promotion sessions, contribute to whole school health policies							Foresight (5)
<b>Secondary School Age 11-18</b>							
Tri-borough Healthy Schools Partnership-supports schools take a whole school approach to health and wellbeing including, policy, curriculum and environment.	U	Health Education Partnership	Y	Y	Y	Strong	HLHP (8), Foresight (2), Cochrane (3), NICE (1)
<b>Targeted Programmes</b>							
<b>Primary School age 5-11</b>							
Family based weight management programmes	T	CLCH - Kickstart (April '12-March '13 - 6 programmes)	N	N	Y	Strong	Cochrane (3), NICE (1), Foresight (2,5)
	T	CLCH - Kickstart Xpress (April '12-March '13 - 3 programmes)	N	N	Y	Strong	Cochrane (3), NICE (1), Foresight (2,5)
	T	Boost Active for children aged 5-7 (pilot)	Y	N	N	Strong	Cochrane (3), NICE (1), Foresight (2,5)

<b>Secondary School age 12-18</b>							
Family based weight management programmes		N/A	N	N	N		

## References

1. National Institute for Health and Clinical Excellence. Promoting and creating built or natural environments that encourage and support physical activity. London: NICE. 2008.
2. Brown, T., Kelly, S. and Summerbell, C. 2007. *Prevention of Obesity: A Review of Interventions*. Short Science Review. Foresight Tackling Obesity: Future Choices. *Obesity Reviews*, 8(s1):127–130
3. Waters E, de Silva-Sanigorski A, Hall BJ, Brown T, Campbell KJ et al.. Interventions for preventing obesity in children. Cochrane Database of Systematic Reviews 2011, Issue 12. Art. No.: CD001871. DOI: 10.1002/14651858.CD001871.pub3
4. National Institute for Health and Clinical Excellence. Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation. London: NICE. 2012.
5. Jebb, S.A., Kopelman, P. and Butland, B. 2007. *Executive Summary Foresight Tackling Obesity: Future Choices Project*. Foresight Tackling Obesity: Future Choices. *Obesity Reviews*, 8(s1):vi–ix
6. Singhal, A. and Lanigan, J. 2007. *Breast-Feeding, Early Growth and Later Obesity*. Short Science Review. Foresight Tackling Obesity: Future Choices. *Obesity Reviews*, 8(s1):51–54
7. Wilding, J. 2007. *Treatment Strategies for Obesity*. Short Science Review. Foresight Tackling Obesity: Future Choices. *Obesity Reviews*, 8(s1):137–144.
8. Healthy lives, healthy people. A call to action on obesity in England. 2011.
9. Rudolph, M. (2008). Tackling obesity through the healthy child programme: A framework for action. National Obesity Observatory Data Sources.
10. National Institute for Health and Clinical Excellence. Weight management before, during and after pregnancy. London: NICE. 2010

Obesity service provision includes prevention and early intervention services, working across key life stages, at settings accessible to children and families. Current levels of provision across the three boroughs are provided below.

**Non directly commissioned programmes and services that provide a contribution to the obesity prevention service**

Key:

	Services commissioned by Tri-borough Public Health
	Services commissioned by NHS - CCGs
	Services commissioned by NHS - NHS England
	Services commissioned by Tri-borough Children's Services
	Services commissioned by other Local Authority Services
	Charitably funded services

<b>NOO</b>	National Obesity Observatory
<b>NICE</b>	National Institute for Health and Clinical Excellence
<b>HLHP</b>	Healthy Lives, Healthy People



	Universal/Targeted Service	Programme/Service	H&F	RBKC	WCC	Supporting evidence/ guidance	Source of evidence/ guidance
<b>Pregnancy</b>							
During Pregnancy - Advice on a healthy diet importance of preventing excess weight gain	U	Maternity Services	Y	Y	Y	Strong	NICE (10), Foresight (2)
<b>0-24 months</b>							
Breastfeeding promotion, infant feeding, weaning, healthy eating, parenting advice on healthy family lifestyle	U	Health Visiting	Y	Y	Y	Strong	NOO (9), NICE (6)
	U	Family Nurse Partnership (for teen mums and children)	Y	Y	Y	Strong	Foresight (2), NICE (6)
As above, also physical activity/play sessions, cook and eat	U	Children's Centre Offer	Y	Y	Y	Strong	Foresight (2), NICE
<b>Pre School 2-5 years</b>							
Family based programmes in early years settings to teach families to how to get active and eat healthily so they maintain a healthy weight.	U	Children's Centre Offer	Y	Y	Y	Strong	NOO (9), Foresight (2)

Oral Health Promotion - Advice on healthy eating following common risk factor approach (Commissioned by NHS England and work in partnership with Tri-borough Public Health)	T	Public Health Oral Health Promotion Team	Y	Y	Y	Strong	
<b>Parenting programmes</b>							
Programmes include cook and eat lunches, parenting advice on managing mealtimes, fussy eating, etc	T	Different parenting programmes	Y	Y	Y	Strong	NOO (9), Foresight (2)
<b>Primary School Age 5-11</b>							
Healthy Lifestyle Education Programme ( 1 term short intervention)	T	QPR Health Stars (11 schools engaged)	Y	N	N	Strong	Cochrane (3), NICE (1)
Active school travel - Increase cycling and walking as travel methods	U	Sustrans - Bike It Scheme	Y	Y	N	Emerging	Foresight (5), NICE (4)
	U	Free Cycling Training - Level 1 and 2 Bikeability; Bikeworks	Y	Y	Y	Emerging	Foresight (5), NICE (4)
	U	School Travel Advisor	Y	N	Y	Emerging	Foresight (5), NICE (4)

Child Obesity Services' Review

School sport - Increase and support provision of school sport and PE	U	Westminster Sports Unit - PE and School Sport Development Network	N	N	Y	Strong	Cochrane (3), NICE (1)
Oral Health Promotion - Advice on healthy eating (Commissioned by NHS England and working in partnership with Tri-borough Public Health)	T	Public Health Oral Health Promotion Team	Y	Y	Y	Emerging	(11)NHS North West London
<b>Secondary School Age 11-18</b>							
Active school travel - Increase cycling and walking as travel methods	U	Sustrans - Bike It Scheme	Y	Y	N	Emerging	Foresight (5), NICE (4)
Supports schools develop school travel plans to increase walking and cycling to school.	U	School Travel Advisor	Y	N	Y	Emerging	Foresight (5), NICE (4)
School sport - Increase and support provision of school sport and PE	U	Westminster Sports Unit - PE and School Sport Development Network	N	N	Y	Strong	Cochrane (3), NICE (1)
<b>Other</b>							
<b>NHS</b>							
Community Pediatric Obesity Treatment Service for clinically obese children	T	CLCH	N	Y	Y	Strong	NICE (7)

Child Obesity Services' Review

Hospital Pediatric Obesity Treatment Service for clinically obese children	T	Chelsea and Westminster/St. Marys	Y	Y	Y	Strong	NICE (7)
<b>Parents</b>							
Weight Management Programmes - Overweight parents have access to CCG commissioned weight management services on referral from GP.	U	Parental Weight Management Programmes	Y	Y	Y	Strong	NICE (7)
Parenting Programmes - Educate parents on healthy lifestyles; Support parents to enable their children to live a healthy lifestyle	T	Children's Centres	Y	Y	Y	Strong	NOO (9)
	T	Health Visiting	Y	Y	Y	Strong	NOO (9)
<b>Sports, Leisure and Play Services</b>	U	All councils provide a range of sports, leisure and play services which make an important contribution to helping children and families maintain a healthy weight and active lifestyle.	Y	Y	Y	Strong	Cochrane (3), HLHP (8), NICE (1)

References:

1. National Institute for Health and Clinical Excellence. Promoting and creating built or natural environments that encourage and support physical activity. London: NICE. 2008.
2. Brown, T., Kelly, S. and Summerbell, C. 2007. *Prevention of Obesity: A Review of Interventions*. Short Science Review. Foresight Tackling Obesity: Future Choices. *Obesity Reviews*, 8(s1):127–130
3. Waters E, de Silva-Sanigorski A, Hall BJ, Brown T, et al. Interventions for preventing obesity in children. Cochrane Database of Systematic Reviews 2011, Issue 12. Art. No.: CD001871. DOI: 10.1002/14651858.CD001871.pub3
4. National Institute for Health and Clinical Excellence. Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation. London: NICE. 2012.
5. Jebb, S.A., Kopelman, P. and Butland, B. 2007. *Executive Summary Foresight Tackling Obesity: Future Choices Project*. Foresight Tackling Obesity: Future Choices. *Obesity Reviews*, 8(s1):vi–ix
6. Singhal, A. and Lanigan, J. 2007. *Breast-Feeding, Early Growth and Later Obesity*. Short Science Review. Foresight Tackling Obesity: Future Choices. *Obesity Reviews*, 8(s1):51–54
7. Wilding, J. 2007. *Treatment Strategies for Obesity*. Short Science Review. Foresight Tackling Obesity: Future Choices. *Obesity Reviews*, 8(s1):137–144.
8. Healthy lives, healthy people. A call to action on obesity in England. 2011.
9. Rudolph, M. (2008). Tackling obesity through the healthy child programme: A framework for action. National Obesity Observatory Data Sources.

10. National Institute for Health and Clinical Excellence. Weight management before, during and after pregnancy. London: NICE. 2010
11. NHS North West London, Child Oral Health Improvement Strategy and North West London, 2011.