



ADPH London

Sector Led Improvement Childhood Obesity Thematic Review

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Executive summary



- This slide pack sets out the process and the findings from a peer review project on childhood obesity, between public health teams in London during 2015/16.
- All London local authorities completed a self assessment framework developed by the Healthier Child, Healthier Place Programme. Groups of local authorities then participated in peer challenge workshops led by London DsPH.
- The process supported teams to identify priorities for improvement at a local level. It also identified areas for improvement that can be addressed through boroughs and partners working together across London.
- Boroughs are now starting to work jointly on issues such as healthy vending and scoping a baby-friendly initiative for London.

About ADPH London



- The Association of Directors of Public Health for London (ADPH London) represents Directors of Public Health in London's 32 local authorities and the City of London.
- It supports its members to improve and protect the health of their local populations through sharing best practice, collaborating on cross-borough issues and developing professional peer networks.
- Examples of joint work include:
 - Establishing a London **HIV Prevention** Programme in 2013, supported by all 33 London local authorities – bringing economies of scale in condom distribution, outreach and communications campaigns;
 - Working together to prepare for the transfer of **health visiting** services in 2015;
 - Partnering with Public Health England and Health Education England to provide **workforce development** more efficiently across London, and;
 - Peer reviewing **smoking cessation and tobacco control** services to support improved outcomes and efficient delivery.

What is sector led improvement?



- Sector led improvement (SLI) is an approach to improvement where local authorities help each other to continuously improve. It is based on the underlying principles set out by the Local Government Association (LGA) that:
 - local authorities are responsible for their own performance
 - local authorities are accountable locally, not nationally
 - there is a sense of collective responsibility for the performance of the sector as a whole.
- SLI should provide confidence to both internal and external stakeholders and the public, and demonstrate continuous improvement.
- It seeks to improve outcomes and avoid top down inspection regimes.
- Methods include: peer challenge and self assessment; problem solving; and sharing best practice.

Why childhood obesity?



- Childhood obesity is a key public health challenge across all boroughs. Obese children are more likely to be ill, be absent from school due to illness, experience health related limitations and require more medical care than normal weight children. Overweight and obese children are also more likely to become obese adults with a higher risk of morbidity, disability and premature mortality in adulthood. Obesity is costly to health and social care and has wider socio-economic costs.
- London has the second highest rate of obesity for 4-5 year olds and the highest rate of obesity for 10–11 year olds in England.
- It is currently a priority for over half of London Health and Wellbeing Boards. Additionally London CCG's and NHS England are supporting this priority through their Healthy London Partnership Prevention Programme.
- The issue is currently receiving a lot of media and political attention both nationally and locally, for example the Government has recently produced a national action plan.

Data profile findings



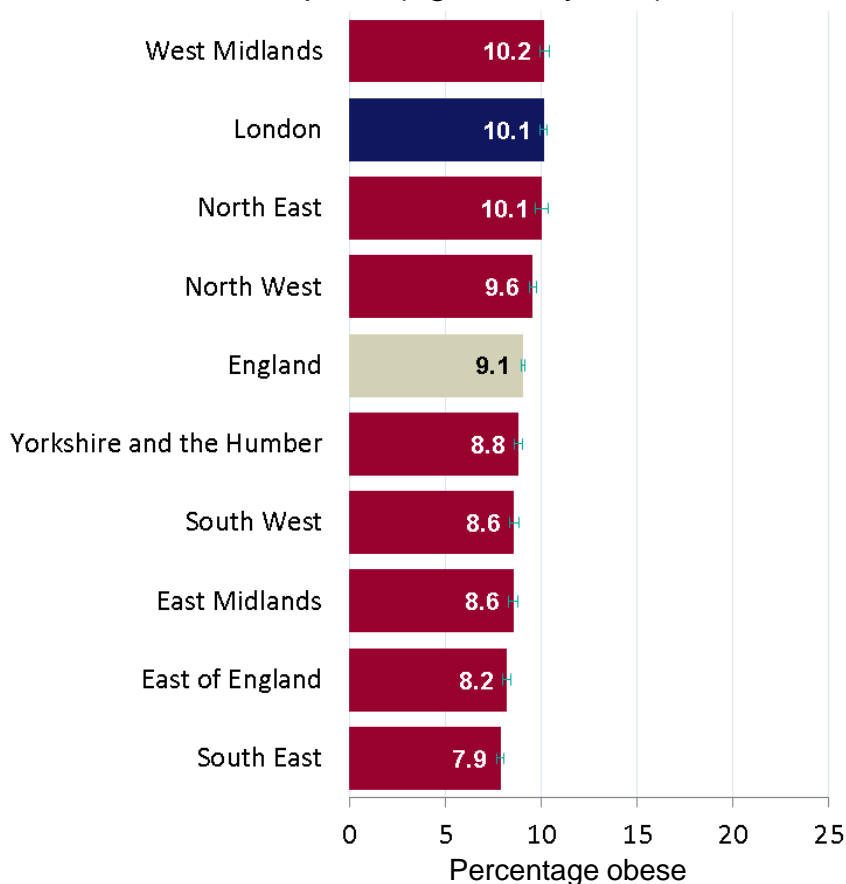
- The proportion of obese children aged 4-5 in London has reduced from 10.8% to 10.1% between 2013/2014 and 2014/2015, while the proportion in England reduced from 9.5% to 9.1%.
- The proportion of 4-5 year olds with excess weight in London has reduced from 23.1% in 2013/14 to 22.2 in 2014/2015 and remains significantly higher than England (21.9%).
- The proportion of obese 10-11 year olds in London increased from 22.4% in 2013/14 to 22.6% in 2014/15, while the proportion in England remained at 19.1%.
- The proportion of adults with excess weight is lower in London at 58.4% compared with the England average of 64.6 %. The proportion ranges from 46.0% in Camden to 68.4% in Barking and Dagenham.

Figure 1: Child obesity in England

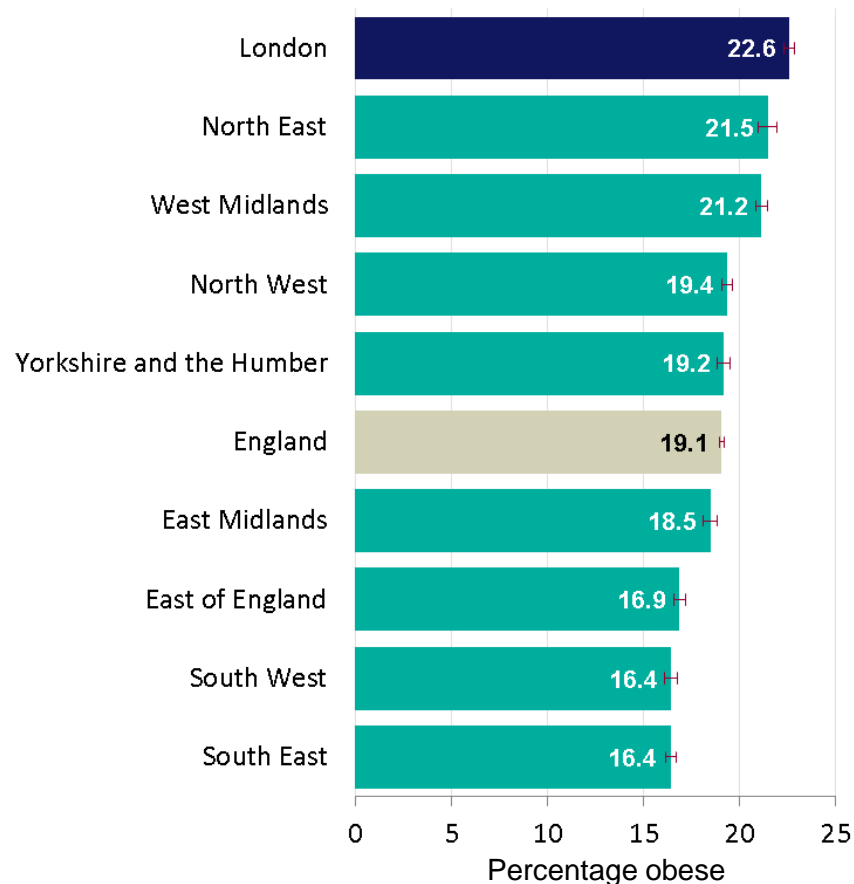
Prevalence of obesity by age



Children in Reception (aged 4-5 years)



Children in Year 6 (aged 10-11 years)



Child obesity: BMI \geq 95th centile of the UK90 growth reference

Source: National Child Measurement Programme 2014/15

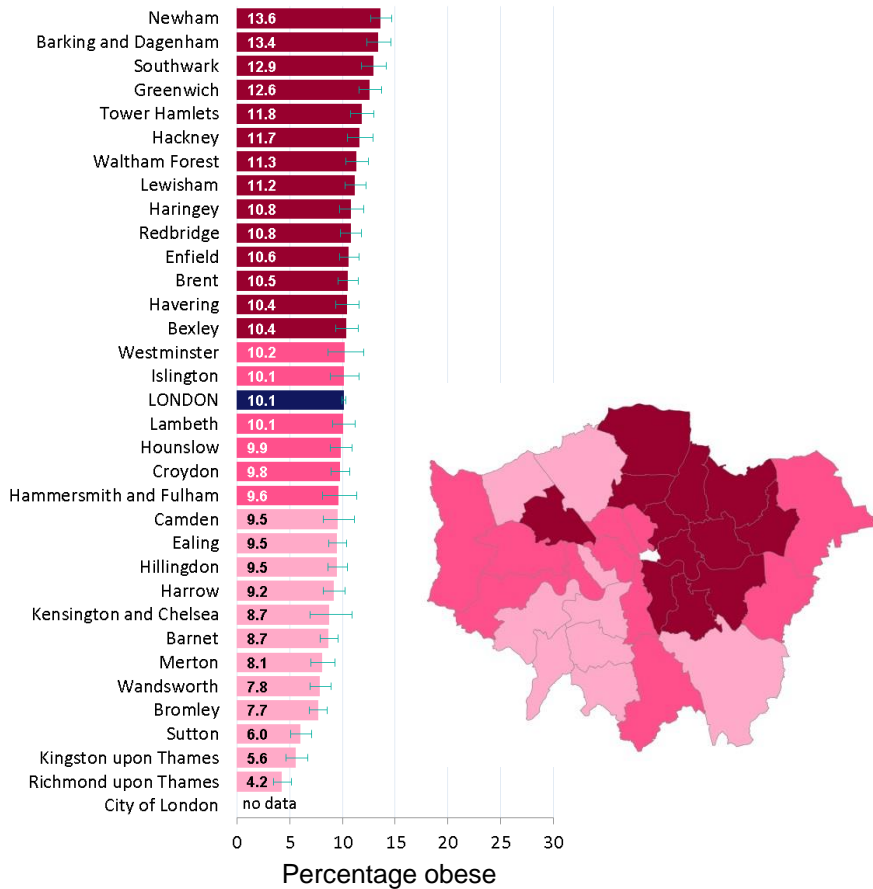
Graphs by Public Health England

Figure 2: Child obesity London boroughs

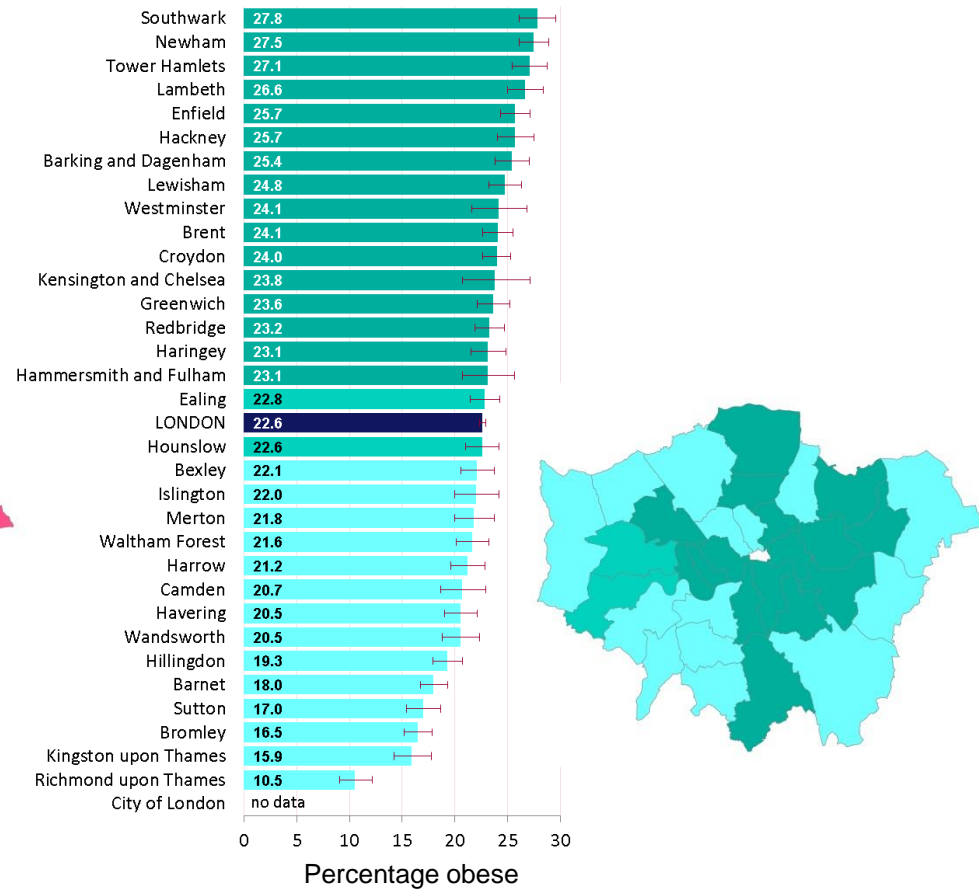
Prevalence of obesity by age



Children in Reception (aged 4-5 years)



Children in Year 6 (aged 10-11 years)



Child obesity: BMI \geq 95th centile of the UK90 growth reference

Source: National Child Measurement Programme 2014/15

Graphs by Public Health England

The process



Aims:

1. Identify local improvement actions for all boroughs
2. Identify joint actions for common issues

There were three stages:

1. **Borough self assessment:** using a tool based on the Healthier Child, Healthier Place Programme, the boroughs considered both strategic and practical approaches in tackling childhood obesity.
2. **Data insight:** PHE Local Knowledge and Intelligence Service developed a data profile for each borough
3. **Peer review workshops:** profiles were shared amongst boroughs and improvements identified for both local and London action

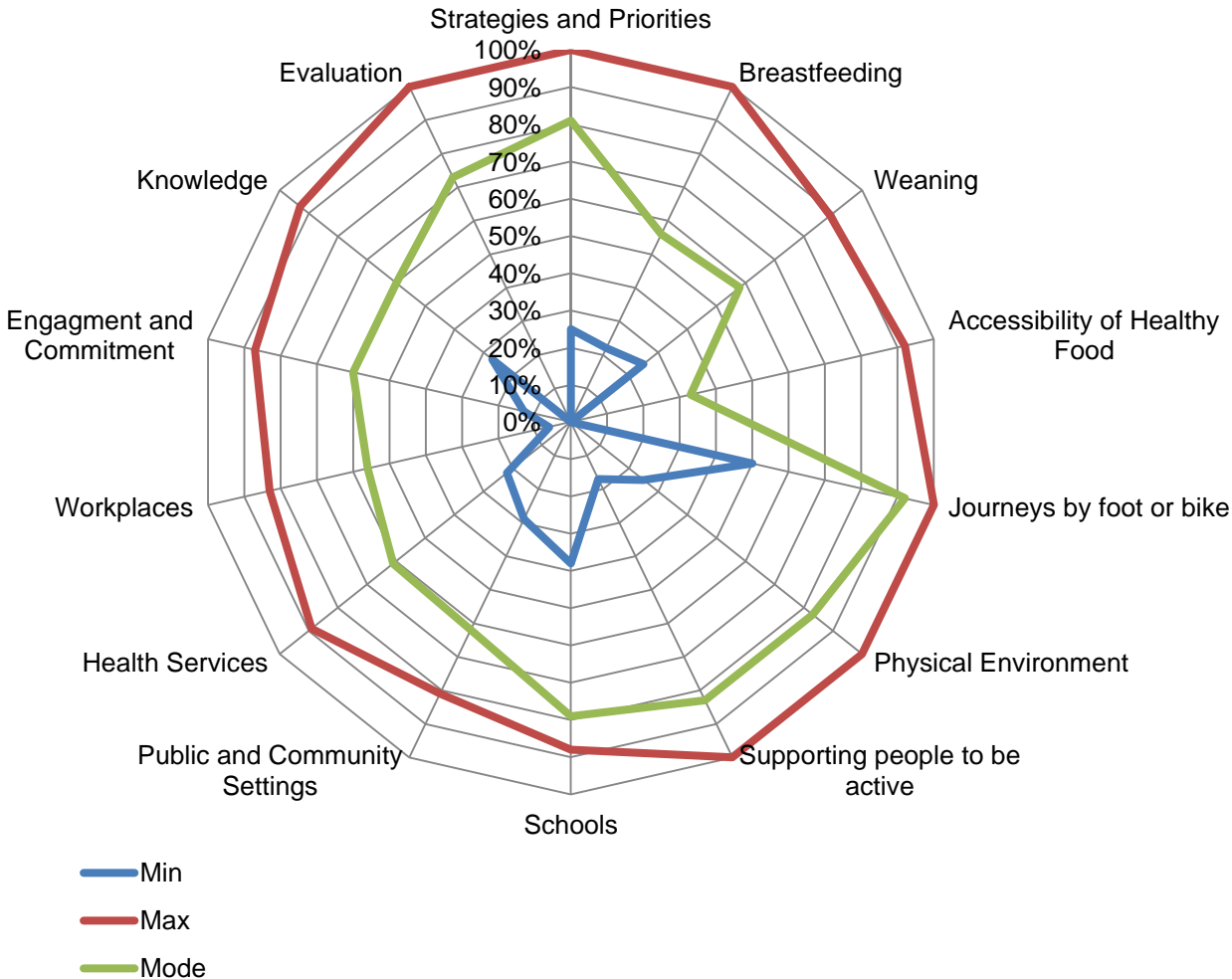
Borough self assessment



Boroughs rated themselves and provided descriptions of their actions on the following areas:

Self assessment areas	
Identifying long term goals and priorities, then reviewing their leadership and governance arrangements	Supporting schools to promote healthy eating and physical activity
Increasing the number of babies that are breastfed, promoting a wider understanding of the value of breast feeding	Increasing the number of public and community settings that promote healthy choices
Supporting parents to establish a healthy diet for their children early	Increasing the number of health services that promote healthy choices
Increasing the range and accessibility of healthier food locally	Increasing the proportion of employers and workplaces that promote healthy choices
Increasing the proportion of journeys that are made on foot or by bicycle	Increasing engagement and commitment to tackle child obesity among partners in all sectors
Altering the physical environment to influence people to achieve and maintain a healthy weight	Improving children and families' understanding of, and feeling of control over, their own health and wellbeing
Supporting and enabling people to be more active less sedentary	Ensuring delivery can be supported by robust evaluation

Average scores



The self assessment gave teams a score for each area of the framework. This was then summarised in a spider diagram.

This diagram shows the minimum, maximum and most frequent scores across the 33 authorities.

The most frequently highest scoring area was *journeys by foot and by bike*, and the most frequently lowest scoring area was *access to healthy food*.

Findings, recommendations and case studies



This section sets out the overall findings, recommendations for London and case studies from the thematic review. These have been split into the following areas:

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Strategy and priorities

Findings



- Boroughs agreed that taking a whole systems approach is key to ensuring progress is made on obesity at a local level.
- Diminishing resources available for lifestyle interventions mean there is greater emphasis in many boroughs on upstream environmental interventions and policy action.
- The process also identified a need to engage local politicians, senior officers and other key stakeholders to ensure action.
- Framing the obesity agenda to find a common priority and shifting the debate were viewed as key to a successful whole systems approach.

Strategy and priorities

Recommendations



Local improvement	Joint action
<p>Share examples of good practice on different council declarations or motions relating to obesity/healthy food</p>	<p>Use funding from the Public Health Academy for London, Kent, Surrey and Sussex to fund master classes on:</p> <ul style="list-style-type: none">a) Theory and practice of whole systems thinking and the leadership challenges and approaches for effective system-wide action,b) The importance of framing and language, to make work on obesity relevant in different contexts.

Strategy and priorities

Case study



Hackney's strategic whole systems approach to obesity

Tackling childhood obesity has been one of Hackney's Health and Wellbeing Board's four key priorities for the past four years and is their key children's Joint Health and Wellbeing Strategy priority. The Board has invested in a large scale prevention programme as part of a whole borough approach to increasing positive child and family health outcomes. Focussed on 0-5s, they have resourced children's centres, communications campaigns, direct school, play and community programmes and work with families; seeing a reduction in Reception age obesity rates of 2% at 2015/16.

In addition to a strong lead Member champion, a 2012 Overview and Scrutiny review made a number of recommendations which are re-visited annually. There is a strong focus on resourcing coordination for projects and investment, evaluating interventions and coordinating local action. In February 2016 an Obesity Strategic Partnership (OSP) was established, with an all-age and family approach.

The role of the OSP is to set the strategic direction for reducing obesity and associated health inequalities across the borough, and to support the implementation of a 'whole systems' approach to obesity. The OSP is chaired by the Chief Executive and includes partners spanning public services (NHS and local authority commissioners, planning, housing, transport, environmental health, parks and public realm, leisure and sports, libraries and cultural services, and public health). The OSP is developing into a successful partnership, putting obesity at the forefront of work across the Council and with key partners. Next steps include working collaboratively with academic partners to run robust evaluations to find out 'what works' locally.

Contact: Jayne Taylor (Email: Jayne.Taylor@Hackney.gov.uk)

Early years Findings



- There is strong evidence that babies who are breastfed are at a reduced risk of becoming overweight.
- Many teams indicated that breast feeding was one of their successes. This related to achieving baby friendly accreditation and implementing peer support projects.
- Key challenges relating to breast feeding related to low initiation rates. The review also highlighted that reduced workforce capacity of frontline staff was an issue when looking to increase the number of babies who are breast fed, as it reduced levels of support for mothers.
- Appropriate weaning (not introducing solids food before the baby is ready and introducing a range of healthy food) has been shown to reduce the risk of becoming overweight.
- Reduced capacity was also an issue in relation to supporting parents with weaning.
- Teams also indicated challenges in developing relationships with the commercial sector which is important when supporting mothers to breast feed outside the home and ensuring the availability of food suitable for weaning.

Early years Recommendations



Joint action

Work with partners to develop a baby friendly/ breast feeding friendly initiative across London, in order to support breastfeeding outside the home.

Provide support to the GLA for the development of a Healthy Early Years scheme, in order to support appropriate weaning.

Early years Case study



Breastfeeding in Enfield

The London Borough of Enfield wanted to promote breastfeeding, as part of the Infant Mortality and Healthy Eating strategies.

Local women were concerned about breastfeeding in public and the public health team decided to assist local women to find a safe, comfortable place to breastfeed when out with their babies. A local health trainer was employed for a week to identify premises that were willing to declare themselves baby friendly.

An app was then commissioned for Android and i-Phones that not only listed baby friendly premises in the borough, but mapped them so that women could find the one closest to their location. The app also lists the advantages of breastfeeding, along with useful tips to help with positioning and attachment and lists local breastfeeding support groups.

The app has been well received and there are now over 200 local baby-friendly premises.

Contact: Glenn Stewart (email: Glenn.Stewart@enfield.gov.uk)

Access to healthy food

Findings



- The availability and price of food and drink is a major factor in influencing the diet of children and families. It is difficult to eat a healthier diet if foods are expensive or unavailable in local food outlets.
- Access to healthy food was the area that scored lowest in the thematic review. Seven teams indicated access to healthy food was a key issue in their area.
- Many teams had worked with their planning teams to establish restrictions on A5 outlets near schools. Some teams questioned the effectiveness of these policies, given the prevalence of existing outlets.
- Many areas were using healthy eating award schemes such as the Healthy Catering Commitment to improve the quality of food sold in hot food takeaways. Some boroughs were looking to extend these schemes to corner shops.
- Examples were given of teams that were including food standards in commissioning of leisure centre contracts and catering provision in colleges.
- Some boroughs had also stimulated the development of good food business (linking with planners and redevelopment).

Access to healthy food Recommendations



Local improvement

Share examples of good practice from local work and elsewhere at the Obesity Leads Network on:

- Implementing the Healthy Catering Commitment.
- Contractual levers e.g. standards clauses in contacts with providers relating to nutritional standards in the food and drink offer including vending machines.
- Stimulating the development of good food businesses in relation to linking with planning, regeneration and growth agendas.

Joint action

Use funding from the Public Health Academy to fund a master class in conjunction with planning and regeneration teams on working with existing businesses and stimulating new good food businesses.

Engage DsPH in the refresh of the London Plan.

Access to healthy food

Case study



Chicken Town in Haringey

Fried chicken is one of the most popular fast foods. But the way it is cooked makes it highly calorific. In Tottenham, there is an over-concentration of fast food outlets offering cheap and easily accessible food high in fat, sugar and salt. Given their high use by young people, Haringey Council has invested in a social enterprise that produces healthier fast food and is marketed to appeal to younger people.

Chicken Town, in the old fire station in Tottenham Green, serves up high-quality fried chicken with a fraction of the fat and salt of its high street equivalents. The cooking method includes removing the skin and steaming the chicken prior to flash-frying to minimise the frying time to create a healthier option to traditional fast food. It is then offered with sides such as baked sweet potato wedges, fresh coleslaw using yogurt instead of mayonnaise and salads. What is more, it is sold at high street prices. For example, the restaurant offers £2 daytime “junior specials”.

The project is the brainchild of local arts charity Create, which was supported by £300,000 in loans and grants from the Council’s Opportunity Investment Fund, and is run in partnership with the Mayor of London’s Office. Hundreds of individuals also made contributions totalling £55,000 through the crowd-funding website Kickstarter.

The initiative received the backing of London Food’s chair Rosie Boycott. She says:

It’s absolutely crucial that we encourage our children to develop healthy food habits so that they can lead happy and fulfilling lives. Chicken Town proves that it is possible to have tasty, succulent chicken, cooked in a wholesome and nutritious way without costing the earth.

Contact: Deborah Millward (Email: Deborah.Millward@haringey.gov.uk)

Supporting people to be more physically active

Findings



- Physical activity is important in losing and in maintaining a healthy weight. Enabling people to walk and cycle more as part of their daily routine or for leisure is important in increasing activity levels. The street and outdoor environment also has a strong influence on activity. Planned activity such as sport and exercise also provides an important opportunity for people to be physically active however people may not feel motivated or able to participate.
- Many teams indicated that active travel was one of their successes. Challenges in supporting journeys by foot and by bike included reducing resources leading to reduced numbers of frontline staff, such as travel planning officers and difficulty in increasing cycling and walking.
- Teams also reported successfully supporting people to be more physically active. These related to including public health outcomes in leisure contracts, others included installing green gyms and the importance of symbolic acts such as the removal of no ball games signs and the creation of play streets.
- In many areas the levels of people using parks for health reasons was low.

Supporting people to be more physically active

Recommendations



Local improvement

Share examples of good practice from local work and elsewhere at the London Obesity Leads Network and Physical Activity Leads Network on improving the accessibility and appeal of parks and open spaces.

Joint action

Engage the London DsPH in the refresh of the GLA's Transport Strategy.

Use funding from the Public Health Academy for London to fund a master classes on good practice in **adapting the physical environment**, such as community street audits, play street programmes and challenging barriers – no ball games

Supporting people to be more physically active

Case study



Havering Council promoting participation in physical activity

Capacity within Havering's Public Health and Health and Sports Development teams has reduced due to local authority budget cuts. In light of this, officers considered opportunities for contracted providers to take on a greater role in promoting and sustaining residents' participation in physical activities.

When re-procuring the leisure contract, method statements incorporated a requirement for tenderers to submit an 18-month Sports Development Plan and Community Health and Wellbeing Development Plan. Targets set within these plans aim to ensure that all members of the community have the opportunity to use the facilities, through direct provision and outreach, and that the provider takes a proactive approach in addressing the needs of priority groups including young people, students, people with disabilities, older people, health referrals, ethnic minorities and people who are inactive. A further contractual requirement is for the provider to employ a contract-specific Sports Development post to deliver these two plans plus a pre-set Aquatics Development Plan and Ice Sports Development Plan.

After the initial 18-month period, development plans will be submitted and reviewed annually. The targets within the plans will be used to monitor and evaluate the provider's performance in delivering them, including engaging under-represented groups.

Contact: Claire Alp (Email Claire.Alp@havering.gov.uk)

Schools

Findings



- The school environment influences children's behaviour both through the influence of the curriculum and the culture of the school. Schools also provide a valuable opportunity for engaging families and the wider community. There is a growing evidence base on the effectiveness of school based interventions to promote health, diet and physical activity.
- The Healthy Schools London initiative was seen as a key healthy weight asset.
- In line with other council services many public health teams offer support to schools looking to achieve Healthy School status as a traded service that schools pay for.
- Some teams indicated that they found it hard to engage with schools, particularly free schools.

Schools Recommendations



Local improvement

Share examples of good practice from local work and elsewhere at the obesity leads network on approaches to implementing the healthy schools, including as a traded service.

Joint action

Continue to support healthy schools settings initiatives including the GLA Healthy Schools initiative.

Schools

Case study



Mayor of Barnet's Golden Kilometre

Since October 2015, primary school children in Barnet have been taking part in a new project aimed at getting pupils fit, active and improving concentration by jogging or walking 1 kilometre every school day.

The scheme has been inspired by the success of the 'Daily Mile' project run by a school in Stirling. Since October last year, 8 primary schools in the borough have taken part in the Mayor of Barnet's 'Golden Kilometre Challenge'. Children who have taken part range from Year 1 to Year 6.

The London Sport Institute at Middlesex University have been periodically monitoring the progress of the pupils taking part in the first cohort to help understand the health benefits of daily exercise for school pupils. Early findings suggest a positive correlation between the children taking part in daily activity and an increase in muscle mass, improved concentration in class, greater confidence in some children and increase in energy during the day. The initiative is being driven by an local elected Member from Barnet Council, Saracens Sport Foundation, the Council's Public Health team, School Travel Planning team, the Sport and Physical Activity team, Middlesex University and Barnet Partnership for School Sports.

The challenge is now being expanded to all primary schools across the borough. The agreed approach is to encourage primary schools with higher a prevalence of overweight or obese children, as obtained from NCMP data, to take part. Several schools are planning to take up the initiative to help them achieve their silver healthy school award which recognises schools in the borough who are taking steps to improve their health of their pupils.

Contact: Chimeme Egburah Chimeme.Egburah@harrow.gov.uk

Public and community settings

Findings



- A wide range of services delivered by or in partnership with local authorities offer opportunities to engage and influence children and families.
- It was generally agreed that public and community settings should act as exemplars and implement initiatives such as the Healthy Workplace charter and the Healthy Catering Commitment.
- Teams suggested that initiatives such as the Healthy Workplace Charter, the Healthy Catering Commitment and Making Every Contact Count (MECC) should be embedded within local authority contracts.

Public and community settings

Recommendations



Local improvement	Joint action
<p>Share examples of good practice from local work and elsewhere at the Obesity Leads Network on contractual leavers e.g. standard clauses in contracts with providers relating to participating in the London Healthy Workplace Charter.</p>	<p>Map MECC programmes across London with a view to adding value for money by sharing resources.</p> <p>Provide continued support for healthy workplace initiatives, including the GLA's Healthy Workplace Charter.</p> <p>Explore a systematic approach to the Healthy Hospitals with the Healthy London Partnership.</p>

Public and community settings

Case study



Lambeth healthy weight training for the frontline

Following the co-production of an evidence based multi-agency children's healthy weight pathway, Lambeth developed a bespoke training programme to equip health and non-health professionals with the knowledge, skills and tools to effectively work with children and families to tackle obesity.

Through participating in the training, more than 1,000 multi-agency health and non-health professionals have received support to be confident in raising the issue of unhealthy weight, provide consistent and evidence based advice and have knowledge of where to sign post children and families to. Participants have included clinical staff e.g. GPs, health visitors and school nurses; as well as non-clinical practitioners e.g. play workers, children centre staff, childminders and local councillors.

Evaluation showed that this capacity building programme has proved popular with frontline workers, with the majority of respondents in the evaluation perceiving themselves to have improved their skills, confidence, and behaviours with clients. In addition, the evaluation showed that the workshop lead to more dialogues about healthy weight for children with their clients, with examples of changing behaviours. The value of bringing together participants from a wide spectrum of different roles is beneficial, with positive interaction adding value and applied learning to the overall experience.

Contact: Bimpe Oki (Email Boki@lambeth.gov.uk)

Healthcare Findings



- Health services are a trusted source of support and information and a vital contact point with children and families. Health services have a clear role in helping people to manage their health, including through the provision of treatment and services for overweight individuals.
- A key issue identified with healthcare was how professionals raised the issue of weight with patients and a lack of clarity around services to signpost.
- Teams also reported a lack of awareness by healthcare professionals of the risks of obesity in pregnancy.
- Some teams saw weight management services as one of their main successes, with high numbers of people attending and services having good outcomes. Others indicated that they had or were planning to decommission these services or had embedded weight management services within universal services.
- It was suggested that it would be helpful to review the NCMP letter..

Healthcare Recommendations



Local improvement

Share examples of good practice from local work and elsewhere at the Obesity Leads Network on: Local obesity pathways, approaches to appropriate care in relation to maternal obesity, Weight Management Services and procurement plans

Joint action

Work with the Obesity Leads Network to review NCMP letters and supporting health improvement and signposting information accompanying the letter

Healthcare

Case study



Lewisham's maternity obesity CQUIN

Overweight or obese pregnant women and their babies face an increased risk of complications in pregnancy, labour and post-birth. In Lewisham, data from Lewisham and Greenwich Trust (LGT), suggested that in 2014, 42.8% of women booking for maternity care were of excess weight. Collaborative work between Lewisham CCG, Public Health and LGT led to a maternity Obesity CQUIN (Commissioning for Quality and Innovation). This resulted in a redesigned maternity care pathway for pregnant women with excess weight, which includes bespoke antenatal sessions called Pregnancy Plus Clinics. These clinics are run by midwives who have undergone specific training on motivational discussions and healthy weight management. The pathway includes an annual evaluation of maternal and fetal outcomes as well as a satisfaction survey completed by women using the service.

Since pathway implementation on 21st October 2015, 147 women have been referred to the Pregnancy Plus Clinic with 115 seen. The team offering this service are looking to incorporate Healthy Walks into the pathway. We look forward to the outcome and service-user evaluation planned for November 2016.

Contact: Gwenda Scott (Email Gwenda.Scott@Lewisham.gov.uk)

Knowledge Findings



- Healthy choices are enabled by the environment and also by individuals' knowledge, motivation and feeling that their choice can make a difference.
- A common theme highlighted across boroughs was the way that different cultures perceive healthy weight.
- In some communities being overweight is seen as indication of health, wealth and beauty. It is also linked to higher levels of self confidence. This means that these communities are less likely to act on messages relating to healthy weight.

Knowledge Recommendations



Joint action

Use funding from the Public Health Academy to fund a master class on:

1. understanding attitudinal challenges
2. cultural beliefs on weight across different communities
3. the 'normalisation' of obesity across society

Evaluation Findings



- The evidence base on what works to tackle childhood obesity is growing but remains limited. In particular the evidence of what works at systems or local level to achieve sustained reductions in obesity.
- A key challenge raised by several boroughs was the lack of evidence of where the greatest gains can be made in terms of childhood obesity.
- Teams also indicated a challenge linked to a lack of evidence to demonstrate, to other council functions, positive impact and evaluating the impact of a whole systems approach.
- A key action highlighted in the learning points and next steps was sharing good practice.

Evaluation Recommendations



Local improvement

Share examples of good practice from local work and elsewhere at the Obesity Leads Network on:

1. Return on investment and social return on investment in relation to obesity
2. Approaches to evaluation

Joint action

Support boroughs' access to evidence and best practice by developing a self assessment tool into a web based resource, supporting quick access to evidence and best practice examples and London initiatives.

Evaluation

Case study



Evaluating the Go-Golbourne pilot in Kensington and Chelsea

Go-Golborne is a four year pilot intervention to prevent childhood obesity in the Royal Borough of Kensington and Chelsea. Led by the Public Health Service, it is a multi-strategy approach targeting children and families who live, learn and play in the Golborne area of the Borough.

Go-Golborne aims to mobilize everyone in the community who has a role or interest in shaping the local environment, norms and behaviours related to healthy eating and physical activity. Key components include community capacity building via training and small grants, social marketing campaigns, environmental change and evaluation. A community network of local organisations has been established to co-design and support implementation of all programme activities.

The programme uses a quasi-experimental design for the evaluation of changes in weight status using data from the National Child Measurement Programme (NCMP) and an extended NCMP across six participating primary schools. The University of Kent is undertaking an independent evaluation of the project. For specific behavioural change objectives, baseline self-reported lifestyle measures will be compared against annual follow-up data over the study period. This data is being collected via child and parent surveys in collaboration with local primary schools. Qualitative methods are being used to explore the perceptions of stakeholders and participants and organizational change.

The pilot aims to test the effectiveness of this approach in preventing unhealthy weight gain in children and will inform the development of an intervention model for potential replication across other communities.

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Joint action next steps



A delivery group will oversee the delivery of the following:

- Development and implementation of a communications strategy
- Series of master classes scoped, planned and delivered
- Map MECC across London
- Development of a website to support access to best practice
- Engage the DsPH for influencing the London Plan, Health Inequalities Strategy, Transport Strategy
- Provide support to the GLA for the development of a Healthy Early Years scheme
- Scope the possibility of a London baby friendly programme through a task and finish group
- Scope options for London wide projects on healthy food procurement through a task and finish group
- Review the NCMP letter at the London Obesity Leads Network
- Provide continued support for healthy workplace initiatives, including the GLA's Healthy Workplace Charter
- Explore a systematic approach to the Healthy Hospitals with the Healthy London Partnership.
- Continue to support healthy schools settings initiatives including the GLA Healthy Schools initiative

Local improvement next steps



1. Obesity leads and teams to choose area(s) from self assessment to improve- this will be reviewed 2017
2. Best practice is shared at Obesity Leads Network meetings, including:
 - Return on investment and social return on investment in relation to obesity
 - Approaches to evaluation
 - Local obesity pathways
 - Approaches to appropriate care in relation to maternal obesity
 - Weight Management Services and procurement plans
 - Healthy food procurement contractual leavers
 - Implementing the Healthy Schools programme, including as a traded service
 - Improving the accessibility and appeal of parks and open spaces.
 - Implementing the Healthy Catering Commitment
 - Different council declarations or motions relating to healthy food/obesity
 - Stimulating the development of good food businesses in relation to linking with planning and regeneration

Links to other initiatives

The Great Weight Debate



- A multi-stage engagement exercise called the ‘Great Weight Debate’, organised by the Healthy London Partnership is exploring the opinions of a cross-section of Londoners on childhood obesity and aims to galvanise social action.
- The first stage of this included focus groups, roundtables and a Citizens’ Panel in May 2016 involving members of the public and professionals to explore and test Londoners’ support and views on action to tackle childhood obesity.
- Boroughs have then been invited to join the Great Weight Debate by engaging their constituents in similar conversations at a local level. The Healthy London Partnership is developing materials to support this. The outcomes of this engagement exercise will report in early winter.
- The outcome of the Great Weight Debate conversations would be helpful in shaping local action.

Links to other initiatives

Childhood Obesity Plan of Action



On the 18th August 2016 the UK government published “Childhood obesity: A plan of action”. The plan aims to significantly reduce England’s rate of childhood obesity within the next 10 years, and states that it seeks to do this while respecting consumer choice and economic realities. The key actions outlined in the plan include:

- The introduction of a soft drinks levy, with funds going towards schools to promote physical activity and healthy diet.
- Taking out 20% of sugar in products through a voluntary broad structured food reduction programme.
- Developing a new nutrient profile to encourage companies to make foods healthier
- Recommitting to the Healthy Start Scheme.
- Helping all children to enjoy an hour of physical activity every day by increasing the schools Primary PE and Sports Premium, and improving the coordination of quality sport and physical activity programmes for schools.

Continues on next page

Links to other initiatives

Childhood Obesity Plan of Action

Continued from previous page



- Creating a healthy rating scheme for primary schools which will be taken into account in Ofsted ratings.
- Supporting early years settings through the development of voluntary guidelines on dietary recommendations and updating the Early Years Foundation Stage to make reference to physical activity guidelines.
- Making school food healthier by encouraging all schools to commit to school food standards and investing in the expansion of breakfast clubs.
- Asking health professionals to support families by asking parents about diet, weighing everyone and referring people to local weight management services.
- Making it easier for consumers through clearer food labelling and development of digital technology to make information how much sugar, fat and salt food contain more accessible.



ADPH London

