

Item No.	Classification: Open	Date: 29 th April 2014	Meeting: Southwark's Children and Families' Trust Executive
Report title:		Adopting and Implementing a Comprehensive Evidence based Approach to Tackle Childhood Obesity in Southwark	
From:		Ruth Wallis – Director of Public Health, Lambeth and Southwark Bimpe Oki - Consultant in Public Health, Lambeth and Southwark Public Health	

Purpose

To seek agreement of the recommendations proposed to the Southwark's Children and Families' Trust Executive on this cover sheet in support of an evidence based approach to tackling childhood obesity in Southwark. The recommendations for the Executive have been developed following the presentation of the accompanying report, "*Adopting and Implementing a Comprehensive Evidence based Approach to Tackle Childhood Obesity in Southwark*" to the Southwark Children's Commissioning Board in February 2014.

Recommendations

1. Members are asked to:
 - a) Receive the report "*Adopting and Implementing a Comprehensive Evidence based Approach to Tackle Childhood Obesity in Southwark*"
 - b) Demonstrate leadership and commitment to this approach by nominating a champion to sit on the steering group that is taking this work forward
 - c) Approve in relation to the recommendations and evidence based interventions in the report, the following:
 - i. A focus on children 13 years and under
 - ii. A total investment of £830,000/year to take forward the specific evidence based interventions highlighted in the report
 - iii. A more sustained long term approach, with an initial 4 year implementation plan

Background information

2. The report "*Adopting and Implementing a Comprehensive Evidence based Approach to Tackle Childhood Obesity in Southwark*" was prepared by the Lambeth and Southwark Public Health team and presented to the Southwark Children's Commissioning Board in February 2014. The recommendations were agreed in principle at this meeting.
3. In line with the agreements reached at the Children's Commissioning Board, the intention is that the implementation of the recommendations is taken forward by a steering group (chaired by the DPH) with endorsement from the Children and Families' Trust Executive.

Key issues for consideration

4. **(a) Population Focus for the Approach:** The National Child Measurement Programme results each year show that childhood obesity prevalence in Southwark is one of the highest in the country. The almost doubling of obesity rates between reception year and year 6 indicate the importance of prevention and early intervention. In addition the extremely high prevalence at Year 6 provides a suggestion of the

upward childhood obesity trajectory our children are on. This most likely resulting in an increasing significant proportion of teenagers in the obese category who require treatment. There is a need to understand where the focus of the work to tackle childhood obesity should be. Two options are presented.

Option 1: Focus on Early Years and Primary School Aged Children Only

Pros

- Concentrating on these age groups will enable a good focus on prevention as part of a long term strategy
- There is evidence of effective weight management interventions for primary school aged children
- Able to plan and track progress and impact due to the existing annual National Child Measurement Programme (NCMP) data monitoring

Cons

- Although evidence based interventions for this population group adopts a family based focus, adolescents will be missing from the life course approach to tackling childhood obesity
- Based on the results over the past 5 years of the NCMP, there are already thousands of adolescents who are overweight and obese who will continue to not have the opportunity to be appropriately supported.

Option 2: Focus on Early Years, Primary and also Secondary School Aged Children

Pros

- Childhood obesity is being addressed along the whole life course
- Children who have gone through the NCMP and have been identified as being overweight or obese are able to access appropriate support
- Opportunity to intervene to avoid conveyor belt effect into adult obesity and associated health conditions

Cons

- Difficult to have the right balance between prevention and treatment as a large proportion of children and young people will be in need of treatment
- The evidence of effectiveness for weight management services for over 13 years old is fairly limited
- Will need to introduce a monitoring system to assess the impact of the Programme

Recommendation: Based on the fact that most of the interventions recommended will be new, these could be deemed as developmental in their implementation. In addition the strength of the evidence for weight management is more for primary school aged children. It is advisable therefore to see this work as the first phase of a longer term strategy, ensuring that the most effective interventions are in place first, laying a good foundation for the opportunity to build on this in the future. The initial focus of this approach to address childhood obesity in Southwark should be children aged 13 years old and under. The age extension to 13 years old takes into account the opportunity to support children after their participation in the Year 6 NCMP.

(b) Level of Investment (approx £180k of the total amount is currently allocated to relevant interventions)

Option 1: Significant benefits realisation in childhood obesity reduction (observed after 5 years) – Estimated total £830,000/year

Option 2: Significant benefits realisation in childhood obesity reduction (observed after 8 years) - Estimated total £600,000/year

Option 2 is the threshold below which limited significant benefits will be realised in childhood obesity reduction

Recommendation: Option 1 - £830,000/year (i.e. additional £650,000/year to current allocation)

(c) Timescale

NICE recommends a 5 year strategy for the implementation of evidence based obesity interventions

Recommendation: An initial 4 year implementation plan is proposed, possibly aligning with political cycle.

Recommendation

- 5. Executive members approve focusing on children 13 years and under, with a total investment of £830,000/year for 4 years, using the recommended evidence based approach to effectively tackle childhood obesity in Southwark.***

Date: 25 th February 2014	Meeting: Children's Commissioning Board
Report title:	Adopting and Implementing a Comprehensive Evidence based Approach to Tackling Childhood Obesity in Southwark
Report Author	Bimpe Oki, Consultant in Public Health, Lambeth and Southwark Public Health
Lead Director	Ruth Wallis, Director of Public Health

1. Purpose

This paper has been produced by the Lambeth and Southwark Public Health Team to set out recommendations for an evidence based whole systems approach to preventing, maintaining and achieving a healthy weight for children and young people in Southwark, and highlights key commissioning priorities. The paper provides:

- a brief overview of childhood obesity in Southwark
- a very brief summary of obesity related activity in Southwark so far
- a summary of the evidence of what works to address childhood obesity
- recommendations for focused priorities to help Southwark tackle childhood obesity in an effective comprehensive and evidence based way. Those requiring urgent action are highlighted

2. Recommendations

Members are asked to:

Agree to commit to adopting and helping to take forward an evidence based comprehensive whole systems approach underpinned by partnership working to effectively tackle childhood obesity. This involves

- Commitment and prioritisation at strategic and operational levels
- Alignment of commissioning priorities across LA and CCG (and PHE & NHSE where relevant), this will allow for the maximising of outcomes, and achieving value for money
- An agreed multi-agency local obesity care pathways from prevention to treatment with supporting evidence based services
- Dedicated resources and investment (estimated £830k/year), with commitment where possible to longer term investment for services to achieve a greater impact. ***A 4 year strategy in the first instance is proposed***

The specific recommendations highlighted below are based on national good practice and guidelines as well as local needs.

Recommendation 1 – Development of a locally agreed, evidence based, multi-agency healthy weight care pathways need to be developed (for ages 0-4, 4-12 and 13-19 years old). These will provide guidance on identification, assessment, advice, signposting and highlight the relevant local support for underweight, healthy weight, overweight and obese children. This means that it is clear to Southwark practitioners what is required and available locally to prevent, achieve and maintain a healthy for all children 11 years and under. This enables children regardless of their weight status to be offered and / or have available to them the most appropriate support. Timescale: By May 2014

Recommendation 2 – Commissioning and implementation of evidence based interventions as outlined below:

- (i)** Promoting sustained exclusive breastfeeding through the implementation of the UNICEF Baby Friendly Initiative in the Community (i.e. children centres and other early year settings).
(Action: Service specification developed by July 2014, estimated cost £120,000/year)
- (ii)** Promoting good weaning practices and healthy eating practices in early years. Early years community nutrition support is required as a universal service. Currently in Southwark this is only available till March 2015 and the short term funding has been split equally between the CCG, Early Help team and Public Health. Early years community nutrition should be secured for 2015/6 and for the longer term.
(Action: Incorporating early years nutrition service as core early years offer and service specification developed by July 2014, estimated cost £140,000/year)
- (iii)** Capacity building of early years staff on healthy weight issues through training and the implementation of good practice health promoting policies and practices in early year settings – only the healthy eating element of policies and practices is addressed by the community nutrition team **(Action: Service specification developed by July 2014, estimated cost £25,000/year)**
- (iv)** Ensuring healthy eating, physical activity and emotional wellbeing form key planks in the proposed new Southwark Healthy Schools Programme. This will support Southwark Schools to adopt a whole healthy school approach that incorporates strategies to promote healthy eating, physical activity and healthy weight **(Action: Service specification developed for Southwark Healthy School)**

Programme by May 2014, estimated childhood obesity contribution £70,000/year)

- (v) Capacity building of health and non-health practitioners who work with children, young people and families on local childhood obesity issues. This will support the practitioners in being able to raise the issue of weight in an appropriate manner and give them confidence to provide evidence based advice and signpost to relevant local supportive services ***(Action: Service specification developed by July 2014, estimated cost £50,000/year)***

- (vi) Weight management services for Southwark children. Services which are evidence based and are sensitive to local needs should be commissioned. There should be a menu of services which support overweight and obese children, as well as obese children with additional and/or medical needs. ***(Action: (a) Service specifications developed for level 2 and 3 services by July 2014, estimated total cost £400,000/year. (b) In the interim extend current MEND programme until new services are in place £45k/year)***

- (vii) Evaluation of the Southwark children and young people healthy weight programme. This new programme needs to be evaluated to assess the impact and to contribute to the local and national evidence base around addressing childhood obesity ***(Action: Public Health to scope evaluation by August 2014 estimated cost £100,000 over the 4 years)***

Recommendation 3 – Maximising the impact of key local policies and strategies to improve health and reduce health inequalities.

The Council and CCG should review and / or conduct health and wellbeing impact assessments on their key policies and strategies to align and maximise their potential positive contribution to improving health and reducing health inequalities.

3. Next steps

Members are asked to progress these recommendations by:

- a) Endorsing the establishment of a working group comprising of Public Health, LA and CCG commissioners to develop an action plan and report to the Children's Trust Board by April 2014, to endorse taking forward the recommendations. The action plan should detail the prioritised interventions, the tasks required and who is responsible for these tasks and the associated timescales.
- b) Progressing the development of the new Southwark Healthy Schools Programme

Adopting and Implementing a Comprehensive Evidence based Approach to Tackling Childhood Obesity in Southwark

Author: Bimpe Oki, Consultant in Public Health, February 2014

1. Introduction

This paper has been produced by the Lambeth and Southwark Public Health. It provides:

- a brief overview of childhood obesity in Southwark
- a very brief summary of obesity related activity in Southwark so far
- a summary of the evidence of what works to address childhood obesity
- recommendations for focused priorities to help Southwark tackle childhood obesity in an effective comprehensive and evidence based way. Those requiring urgent action are highlighted

This paper focuses primarily on the weight status of children aged 0 to 11 years and not on adolescents. Although specific interventions may differ depending on the population group, many of the preventive strategies and underpinning good practice principles outlined apply to all age groups.

2. Childhood obesity in Southwark

Childhood obesity is a growing concern locally and nationally. Childhood obesity can cause social, psychological and health problems. 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 healthy weight children.

Overweight and obese children are likely to experience bullying and stigma. This can affect their self-esteem and may, in turn, affect their performance at school. Overweight and obese children are also more likely to become obese adults and have a higher risk of ill health, disability and premature mortality in adulthood. In Southwark obesity levels are higher than the average levels in London and England. The main source of local data is from the National Childhood Measurement Programme (NCMP).

The NCMP is an annual measurement of the height and weight of reception class (4-5 year olds) and year 6 (10-11 year olds) children in England. The programme has been implemented in Southwark since 2006-7. The purpose of the NCMP is

- To inform local planning and delivery of services for children
- To gather population level surveillance data to allow analysis of trends in growth patterns and obesity
- To increase public and professional understanding of weight issues in children
- To act as a useful vehicle for engaging with children and families about healthy lifestyles and weight issues

The data from the Southwark NCMP has allowed us to observe local trends and assess how local obesity levels compare to other boroughs and England as a whole (see figures 1 and 2). The findings show that obesity levels in Southwark children have been consistently higher than the London average and significantly higher than the England average. Worryingly, Southwark’s year 6 obesity prevalence has continued to be one of the highest in the country; the latest NCMP results. In the 2012-13 academic year, 26.7% of 4–5 year olds and 44.3% 10–11 year olds in Southwark were classified as being either overweight or obese (see figures 3 and 4). Of these a significant proportion are deemed obese, 14.2% at Reception Year, (2nd highest nationally); 26.7% at Year 6 (3rd highest nationally)

Nationally, the NCMP shows a strong, positive relationship between deprivation and obesity prevalence for children in each age group. However in a borough like Southwark where deprivation is fairly widespread, significant differences between the most and least deprived are not as stark. Inequalities are more evident between certain ethnic groups, with children in Black ethnic groups having a significantly higher risk of obesity than those in Mixed, Asian, Other and White ethnic groups.

Figure 1: Obesity Prevalence Trends – Reception Year (2007/8 – 2011/12)

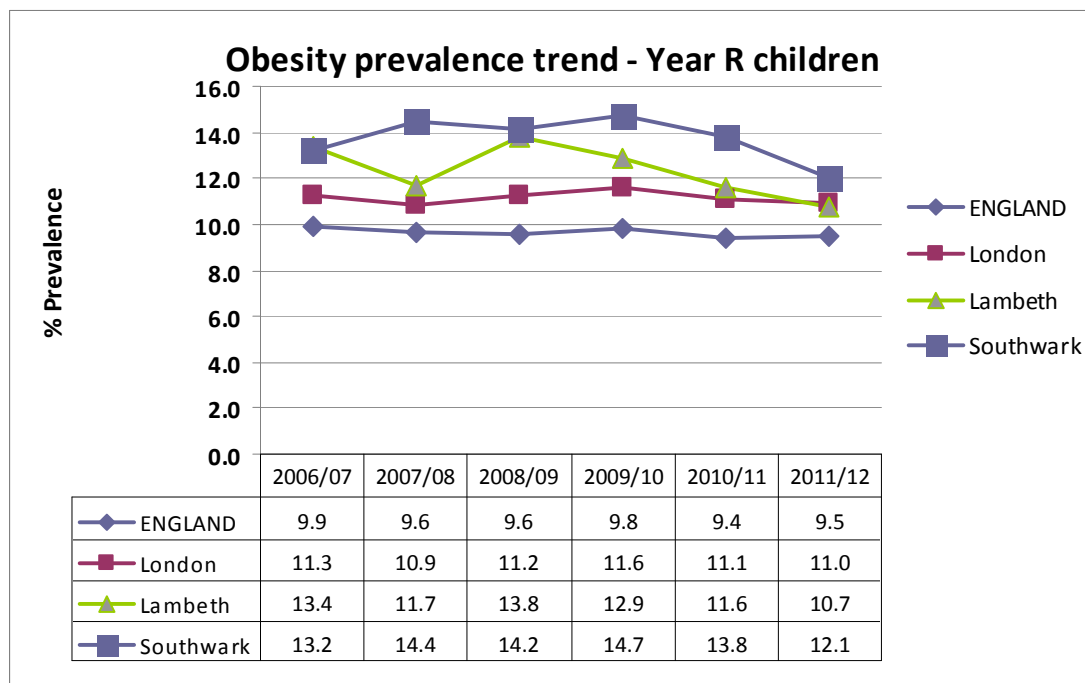


Figure 2: Obesity Prevalence Trends – Year 6 (2007/8 – 2011/12)

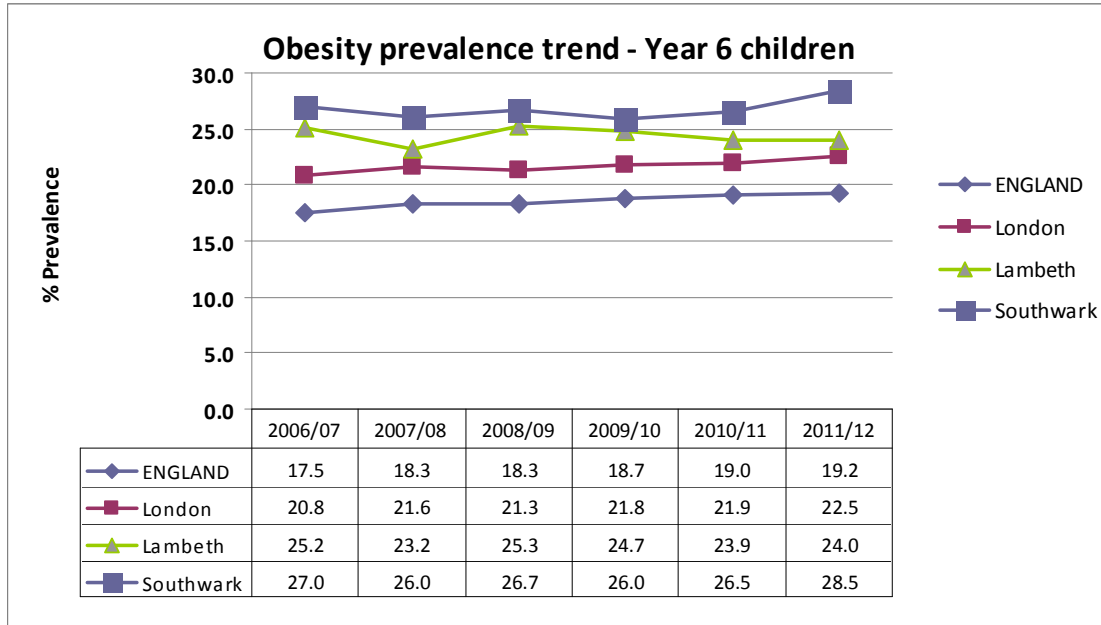


Figure 3: Weight Status for Southwark Reception Year Children (2011/12 Academic Year)

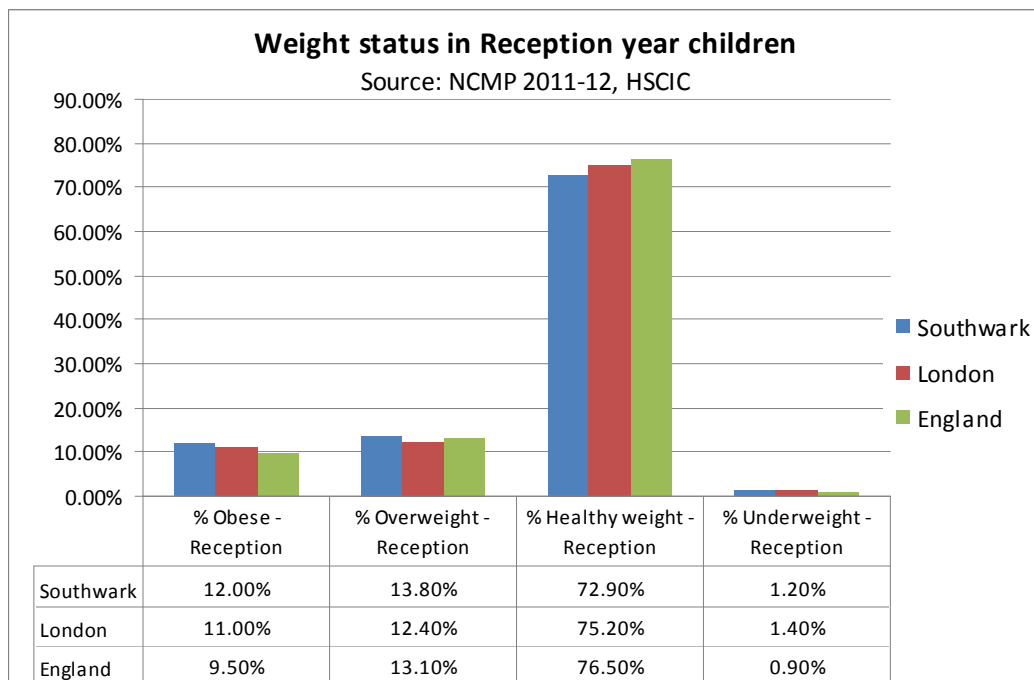
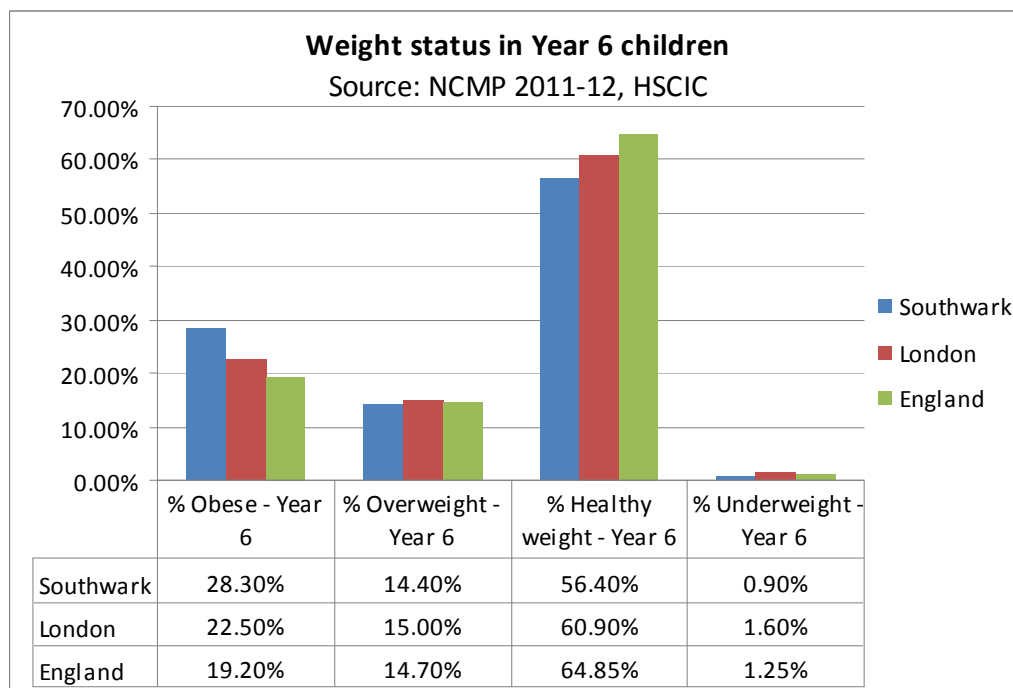


Figure 4: Weight Status for Southwark Year 6 Children (2011/12 Academic Year)



3. Addressing obesity – what should we be aiming to achieve?

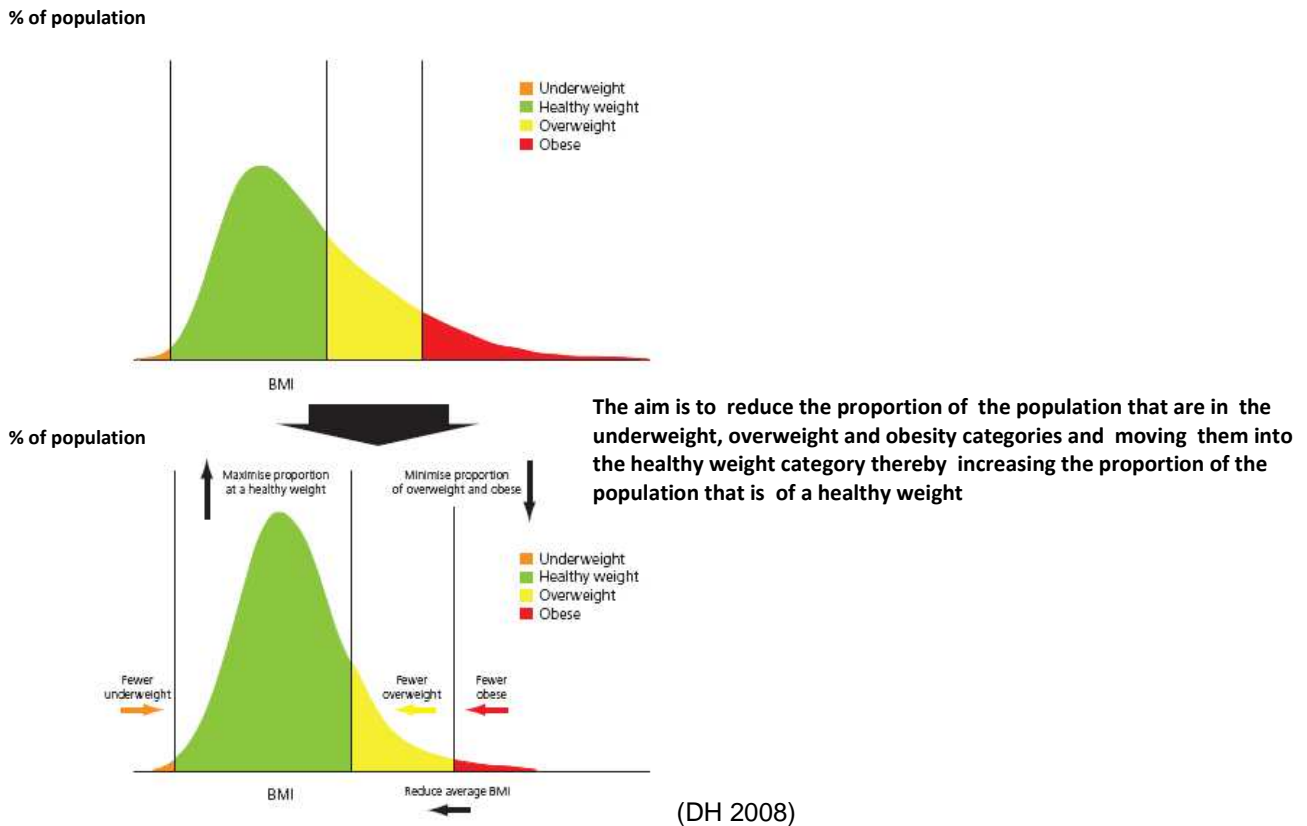
Addressing obesity requires a whole systems approach to enable a population shift towards more children being in the healthy weight category and fewer children moving towards being overweight and obese. Taking this population approach means working towards

- shifting more underweight children into the healthy weight category
- supporting healthy weight children to maintain their healthy weight status
- preventing overweight children from becoming obese and helping them achieve healthy weight status; and
- reducing the proportion of children that are obese by moving them towards the healthy weight category

The ultimate aim is to have a greater proportion of healthy weight children within the population (see figure 5 illustrating shifting weight distribution).

Achieving a reduction in childhood obesity levels require both preventive and treatment measures. Strategies for both measures rely on addressing or modifying risk behaviours of unhealthy eating and physical inactivity. The case for prevention is strong but over the years through the NCMP, we already have identified thousands of children in Southwark who are obese. Treatment interventions also need to be put in place.

Figure 5: Illustrative Chart Showing the Aim to Shift Weight Distribution in the Population to a Healthy Weight in Southwark



Shifting the weight distribution in the desired direction requires long term sustained co-ordinated action.

4. Progress being made to address childhood obesity in Southwark

Several initiatives have been undertaken in Southwark to help address obesity. These have included engaging with the community to obtain their views, awareness raising activities with the community, using planning powers to restrict the opening of fast food outlets, promoting cycling, provision of leisure opportunities, the promotion of healthy eating via children centres and schools and the provision of free healthy school meals. In addition GP practices have been encouraged to provide brief intervention and school nurses proactively follow up children identified as being obese through the NCMP. A children's weight management programme has been running in the borough for more than four years.

The range of initiatives demonstrates the willingness of local agencies to tackle obesity and specifically childhood obesity. Many of the initiatives could form components of a well co-ordinated programme to address obesity. However

several of these initiatives have been short term, have not had the sufficient scale or scope required or have not been sufficiently evaluated to understand the impact on obesity levels.

It is of great concern that every year via the NCMP well over 1500 children in Southwark are identified as being overweight or obese. Their parents/carers are informed of their child's weight status, however there is very limited, evidence based, specific weight management support programmes for families who are motivated to make lifestyle changes.

5. Summary of evidence of how to effectively address obesity (based on the Foresight Obesity Report¹ & relevant NICE Guidance²)

- A cross-cutting, comprehensive, long-term strategy that brings together multiple stakeholders is essential. This should comprise of a portfolio of interventions targeting a broad set of variables and different levels within the obesity system
- Interventions need to cover the entire terrain; otherwise continued drivers acting on one part of the obesity system might undermine positive action elsewhere
- Single isolated initiatives do not work
- An all age approach is important with emphasis made on a good start for children and addressing health inequalities.
- Social, environmental and economic factors must be considered in addressing the obesogenic environment. .
- The distinction between prevention and treatment is important. Emphasis on prevention is vital. However, there are already significant numbers of obese people requiring treatment and the numbers will require short-term measures. Treatment interventions are therefore also needed
- The need for short-term action and impact must be balanced against the drive for longer-term sustainable change

6. Evidence based interventions to prevent of childhood obesity

Obesity prevention does not simply mean preventing normal-weight individuals from becoming obese; it encompasses a range of strategies that aim to prevent:

- the development of overweight in normal-weight individuals
- the progression of overweight to obesity in those who are already overweight

¹ Foresight (2007) Tackling obesities: future choices – project report. London: Government Office for Science

² NICE has produced over 12 obesity related guidance documents since the 2006 [NICE clinical guidance: Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children](#) . The most recent obesity related guidance is the NICE: Managing overweight and obesity among children and young people (2013). www.nice.org.uk

- weight regain in those who have been overweight or obese in the past but who have since lost weight

These lead to the general reduction of the average weight of the whole population.

Early Years: Promoting breastfeeding, good weaning practices and developing positive healthy eating and activity behaviours

Primary School Children: Development of life-long healthy eating and physical activity practices through a whole, healthy school approach (pupils, staff, parents, curriculum, environment, school policies and practices)

The specific interventions highlighted above for early years and primary school should be supported by universal services that promote healthy eating and physical activity. Within these universal services there should be targeting more resources proportionately to those who are more disadvantaged or are at greater risk. Examples of universal service include:

- Health and social care practitioners routinely raising the issue of weight and providing brief evidence based advice and signposting to appropriate services
- Transport and built environments plans that promote physical activity (e.g. active travel and play)
- Environmental and planning strategies that increase access to, and opportunities for physical activity and healthy food (e.g. provision of and access to safe green open space and opportunities for play and food growing, working with food businesses)
- Leisure and culture strategies to improve access to and facilities for structured leisure programmes and unstructured opportunities for physical activity (e.g. access to parks, open spaces and safe play areas, ensuring access to all including those with disabilities).
- Community led initiatives using community action and assets to support individual and community action to promote healthy weight. (e.g. grow, cook and eat clubs)

7. Evidence based interventions to treat childhood obesity

Treatment strategies refer to weight management services. In the case of children, most of the time these services do not aim for weight loss but weight maintenance to allow children to “grow into their weight.”

Guidance from NICE indicates that evidence based children weight management services should be multi-component (comprising of behaviour change, physical activity and diet) and family focused, i.e. involve parents and carers. Single-strategy approaches to managing weight are not recommended for children. A range of weight management services must be available to effectively support children with different severity of overweight and obesity. These services should

be accessible for children who have been part of the National Child Measurement Programme.

8. Recommendations to effectively address childhood obesity in Southwark

An evidence based comprehensive whole systems approach underpinned by partnership working needs to be developed to effectively tackle childhood obesity. This requires:

- Commitment and prioritisation at strategic and operational levels
- Alignment of commissioning priorities across LA and CCG (and PHE & NHSE where relevant), this will allow for the maximising of outcomes, and achieving value for money
- Agreed multi-agency local obesity care pathways from prevention to treatment
- Dedicated resources and investment (estimated £830k/year), with commitment where possible to longer term investment for services to achieve a greater impact. ***A 4 year strategy in the first instance is proposed***

There should be a focus on priority interventions that are evidence based, which would form part of the whole system approach. Based on the current situation in Southwark some of these priorities are urgent and require immediate action, the others are able to have a longer lead in time to allow for scoping and stakeholder engagement. The scale and design of the relevant initiatives will depend on the desired pace of change and the availability of the relevant resources to meet needs.

The specific recommendations highlighted below are based on national good practice and guidelines as well as local needs.

Recommendation 1 – **Development of a locally agreed, evidence based, multi-agency healthy weight care pathways need to be developed (for ages 0-4, 4-12 and 13-19 years old).** These will provide guidance on identification, assessment, advice, signposting and highlight the relevant local support for underweight, healthy weight, overweight and obese children. This means that it is clear to Southwark practitioners what is required and available locally to prevent, achieve and maintain a healthy for all children 11 years and under. This enables children regardless of their weight status to be offered and / or have available to them the most appropriate support. Timescale: By May 2014

Recommendation 2 – **Commissioning and implementation of evidence based interventions** as outlined below:

- (viii) Promoting sustained exclusive breastfeeding through the implementation of the UNICEF Baby Friendly Initiative in the Community (i.e. children centres and other early year settings).

(Action: Service specification developed by July 2014, estimated cost £120,000/year)

- (ix)** Promoting good weaning practices and healthy eating practices in early years. Early years community nutrition support is required as a universal service. Currently in Southwark this is only available till March 2015 and the short term funding has been split equally between the CCG, Early Help team and Public Health. Early years community nutrition should be secured for 2015/6 and for the longer term.
(Action: Incorporating early years nutrition service as core early years offer and service specification developed by July 2014, estimated cost £140,000/year)
- (x)** Capacity building of early years staff on healthy weight issues through training and the implementation of good practice health promoting policies and practices in early year settings – only the healthy eating element of policies and practices is addressed by the community nutrition team **(Action: Service specification developed by July 2014, estimated cost £25,000/year)**
- (xi)** Ensuring healthy eating, physical activity and emotional wellbeing form key planks in the proposed new Southwark Healthy Schools Programme. This will support Southwark Schools to adopt a whole healthy school approach that incorporates strategies to promote healthy eating, physical activity and healthy weight **(Action: Service specification developed for Southwark Healthy School Programme by May 2014, estimated childhood obesity contribution £70,000/year)**
- (xii)** Capacity building of health and non-health practitioners who work with children, young people and families on local childhood obesity issues. This will support the practitioners in being able to raise the issue of weight in an appropriate manner and give them confidence to provide evidence based advice and signpost to relevant local supportive services **(Action: Service specification developed by July 2014, estimated cost £50,000/year)**
- (xiii)** Weight management services for Southwark children. Services which are evidence based and are sensitive to local needs should be commissioned. There should be a menu of services which support overweight and obese children, as well as obese children with additional and/or medical needs. **(Action: (a) Service specifications developed for level 2 and 3 services by July 2014, estimated total cost £400,000/year. (b) In the interim extend current MEND programme until new services are in place £45k/year)**

- (xiv) Evaluation of the Southwark children and young people healthy weight programme. This new programme needs to be evaluated to assess the impact and to contribute to the local and national evidence base around addressing childhood obesity (**Action: Public Health to scope evaluation by August 2014 estimated cost £100,000 over the 4 years**)

Recommendation 3 – Maximising the impact of key local policies and strategies to improve health and reduce health inequalities.

The Council and CCG should review and / or conduct health and wellbeing impact assessments on their key policies and strategies to align and maximise their potential positive contribution to improving health and reducing health inequalities.

9. Next steps

Members are asked to progress these recommendations by:

- c) Endorsing the establishment of a working group comprising of Public Health, LA and CCG commissioners to develop an action plan and report to the Children's Trust Board by April 2014, to endorse taking forward the recommendations. The action plan should detail the prioritised interventions, the tasks required and who is responsible for these tasks and the associated timescales.
- d) Progressing the development of the new Southwark Healthy Schools Programme

**Bimpe Oki
Consultant in Public Health
Lambeth and Southwark Public Health Team
January 2014**