

Tackling Childhood Obesity Together



ANNUAL REPORT

2016

Produced by the Public Health department covering the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and the City of Westminster

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Introduction

The World Health Organization (WHO) regards childhood obesity as one of the most serious global public health challenges for the 21st century. There are a number of potential health consequences associated with childhood obesity including impacts on mental health, type 2 diabetes and the likelihood of continuing obesity into adulthood, which is linked to a range of unfavourable health conditions. The current UK government is committed to publishing its childhood obesity reduction strategy, which is expected in the summer of 2016. Speaking on the subject in February 2016, Health Secretary Jeremy Hunt said “we have got to do something about this. I’ve got a one-year-old daughter, and by the time she reaches adulthood a third of the population will be clinically obese. One in 10 will have type 2 diabetes. It is a national emergency.”

Across the boroughs of Hammersmith and Fulham, Kensington and Chelsea and Westminster nearly one in four children in reception (four to five-year-olds) and one in three children in year six (10 to 11-year-olds) are overweight or obese ([National Child Measurement Programme](#) (NCMP) 2014/2015). Each council is committed to tackling childhood obesity and as such the five year Tackling Childhood Obesity Together programme (TCOT) has been developed.

With no single effective solution identified to tackle childhood obesity, TCOT, drawing on local, national and international evidence, has been designed to systemically address its wide range of contributory factors. The approach crosses the whole system of our society, its environment and its culture and involves a partnership between local government and the NHS and the science, business and community sectors. It encompasses all children and family public health services relevant to nutrition provided previously across the three boroughs such as Healthy Start and Healthier Catering and works particularly closely with relevant partner services such as Healthy Schools, School Nursing and Health Visiting to maximise effect and avoid duplication of effort.

Introduction

Figure 1: Vision of the TCOT programme

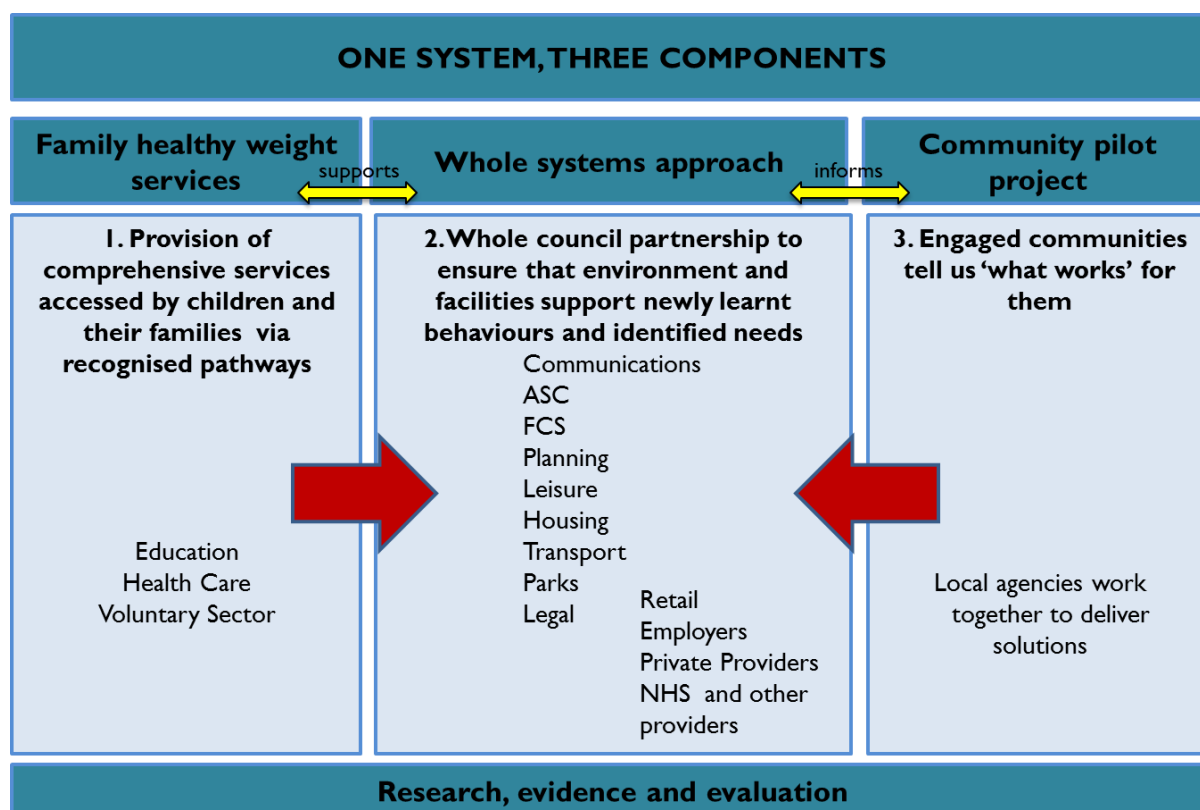


The key aim of the programme is to halt and reverse the rising trend in childhood obesity across the three boroughs.

It has three components:

- Family healthy weight services - the implementation of a family healthy weight care pathway, workforce training and family healthy lifestyle services across the three boroughs, led by the London Borough of Hammersmith and Fulham (LBHF).
- Whole system approach - working with internal partners within Westminster City Council (WCC) and external partners across Westminster to change the environment so that healthy choices become easy choices for residents.
- Community healthy lifestyle pilot - a community-led healthy lifestyle project, Go Golborne, focusing on the ward of Golborne in the Royal Borough of Kensington and Chelsea (RBKC).

Figure 2: The relationship between the three components of TCOT



These three programme components operate in close synergy and lessons learned are transferred and utilised across the three boroughs as they emerge. It is envisaged that, during the lifespan of the programme, different boroughs will test different approaches while rigorously evaluating them to inform future implementation of effective elements across the local geography to gradually achieve marked change in the environment, social norms and behaviours. We believe our approach is innovative, comprehensive and evidence-based where evidence exists.

Due to its comprehensive methodology, in November 2015 TCOT became the first UK local authority intervention to be accepted as a member of the EPODE International Network, a global network of community-based obesity prevention programmes.

This report describes the progress that has been made during the first year of the programme.

Eva Hrobonova, Deputy Director of Public Health

FAMILY HEALTHY WEIGHT SERVICES

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INTRODUCTION

Aim and summary

The aim of the family healthy weight services is to ensure that children and families in need are motivated and able to attend evidence-based, appropriate and acceptable preventative services to improve their chances of maintaining or regaining a healthy weight. With this in mind, a significant investment has been made by all three councils in a number of healthy lifestyle services for local families and a programme of workforce training and development. Additionally two care pathways have been designed in wide partnership to facilitate access, knowledge and uptake of these services.

What evidence is there to suggest that this approach will help to reduce childhood obesity?

The evidence base for childhood obesity prevention services for children aged up to 12 years is well established and includes the comprehensive Cochrane review¹, the Foresight report², the McKinsey report, *Overcoming obesity: An initial economic analysis*³ and the National Institute for Health and Care Excellence's (NICE) guidance on nutrition and physical activity. In April 2014, the public health department covering Hammersmith and Fulham, Kensington and Chelsea and Westminster completed and published the *Child Obesity Prevention and Healthy Family Weight Services Review*⁴, which clarified that service provision, as it stood then, was inadequate and unequal and that there was no overlap or duplication of relevant provision from any other part of the organisation/s. It also pointed out that a gap in evidence exists for teenage obesity prevention interventions, despite a clearly identified need for services targeted at this age group.

Findings from both the *Child Obesity Prevention and Healthy Family Weight Services Review* and the locally conducted 2013-14 *Children and Families' Early Help Services' Compare and Contrast Review* reinforced the need to include outreach services and taster activities in local community settings to engage more vulnerable children and families and to increase access to services.

The *Child Obesity Prevention and Healthy Family Weight Services Review* also highlighted the need to develop an integrated childhood obesity care pathway with clinical commissioning groups (CCGs) and health service providers to generate appropriate referrals to services. Additionally, the review identified a need to improve the skills of the children's, NHS and other family service providers' workforce in understanding obesity prevention, motivational interviewing and delivering brief health promotion.

¹ Waters et al (2011), *Interventions for preventing obesity in children (Review)*, *The Cochrane Collaboration*

² Butland et al (2007), *Tackling Obesities: Future Choices – Project Report*, *Government Office for Science*

³ Dobbs, R and Sawers, C et al (2014) *Overcoming obesity: An initial economic analysis, discussion paper*, *McKinsey Global Institute*

What process was taken to develop the approach?

Initially, a review of current service provision of the public health department, which included an evaluation of current service provision, a health needs analysis, mapping of relevant activities and a consultation exercise, was undertaken. This resulted in the publication of the Child Obesity Prevention and Healthy Family Weight Services Review.

This review, together with evidence of the size of the problem locally, was shared with lead politicians to establish childhood obesity prevention as a local priority for action. This has resulted in a mandate to plan and commission local services that will have the capacity and ability to effectively address the issue of individual behaviour change. It was also acknowledged that to maximise the effect of these interventions locally and to gain return on our investment, changes to the wider living environment and relevant policies will need to happen simultaneously.

In line with the evidence base, a holistic approach was taken to design the new services. This process brought together a number of essential partners and stakeholders to design locally tailored services procured through an open, competitive tendering exercise where quality of service was the paramount consideration. The successful service provider, MyTime Active (a social enterprise that currently delivers lifestyle preventative health services across the UK), commenced delivery of these services on 1st August 2015 under a three year contract.

A range of stakeholders from the public health and children's services departments that cover Hammersmith and Fulham, Kensington and Chelsea and Westminster, local CCGs, acute and community NHS trusts, obesity prevention and weight management services and consumer champions, Healthwatch, worked together to produce a holistic, evidence-based and system-wide care pathway to maximise appropriate referrals and uptake of the new services. Engagement with these stakeholders ensured their sense of ownership of the pathways, as well as their familiarity with the referral process.

MEND (MIND, EXERCISE, NUTRITION...DO IT!)

Aim and summary

Following the Child Obesity Prevention and Healthy Family Weight Services Review in 2013/14, a range of new childhood obesity prevention and family healthy weight services have been commissioned by the public health department in close collaboration with the children's services department and local CCGs from across Hammersmith and Fulham, Kensington and Chelsea and Westminster. These aim to:

- Address the inequitable provision of services across the area.
- Provide effective evidence-based services to support families to make healthier choices for their children and themselves.
- Increase access to services through outreach activity to engage more vulnerable children and families in greater need.
- Ultimately result in a greater proportion of local children and families with a healthy weight.

The commissioned services delivered by MyTime Active are part of its MEND (Mind, Exercise, Nutrition...Do it!) programme and include:

- MEND Mini and MEND Mums - a universal tier-one parent and child obesity prevention course delivered in community settings to assist children aged up to four to maintain a healthy body mass index (BMI).
- MEND 5-7 and MEND 7-13 - an accessible tier-two family healthy lifestyle child weight management course to assist children and young people aged between five and 12, who are on or above the 91st BMI centile, to reach and maintain a healthier BMI.
- MEND in Schools - an intensive programme of activities for primary schools whose pupils have a higher risk of obesity involving all children in years one and four and their parents.

The above services aim to support families to make healthier choices easier through fun, interactive courses with sessions that cover healthy eating, physical activity and behaviour change in order to establish healthy patterns of eating and physical activity during the formative years. A pilot tier-two service for children aged 13 and over, to be co-designed by young people, is also planned.

These services are underpinned by a comprehensive workforce development programme and support to deliver the Healthy Schools and Healthy Start programmes and the Healthier Catering Commitment as described on pages 18-20.

Evidence of need

The number of places on MEND courses available to residents is based on the number of children in each borough (see Table 1 below). The courses for children aged up to four and their parents/carers were modelled on providing places for 30% of resident children and their parents/carers by the end of the third year of delivery. The courses for

Case study – MEND Mini

The MEND Mini course teaches parents creative ways to encourage children to taste and enjoy fruit, vegetables and other healthy snacks and to take part in active play. Each week children enjoy crèche-style activities while adults take part in discussion; topics include fussy eating, portion sizes and positive parenting. The following quotes, taken from parents who attended the course, demonstrate the positive impact of the programme:

- “I now have more ideas for playing with Louis and I have gained good and interesting advice on nutrition. Louis now initiates games from MEND, such as walking like giants and crabs, at the park with his dad. I had to explain to Louis’ dad what he was doing!”
- “I totally recommend MEND Mini! I have already recommended it to two other people. It’s a really interesting programme and my child is always learning new things when we come to the programme. The children learn fun games and they develop new skills. I now use the traffic light game at street crossings to help Mikey follow commands.”

children aged 5 to 13 were modelled on providing places for 70% of children identified as obese by the NCMP by the end of the third year of delivery. Place numbers for both sets of courses increase each year to reflect the time it will take to generate demand to fill places.

Table 1: Projected numbers of places on MEND courses by the end of the third year of delivery

Local authority	Children aged 0-5	30% of one year group	Children aged 6-12	Children identified as obese annually in reception and year six classes (NCMP)	70% of children identified as obese annually in reception and year six classes (NCMP)
LBHF	13,854	831	1,642	469	328
RBKC	10,827	649	1,268	362	253
WCC	14,797	887	1,931	552	386

For more detail on the evidence of need and effectiveness of the chosen interventions, see page 9.

Process

The process of needs assessment, political support, wider stakeholder engagement, service design, procurement and implementation is described in detail on pages 10-11.

Benefits

To date, six months after the new services commenced, the MEND courses (Mini, Mums, 5-7 and 7-13) have received overwhelmingly positive feedback from participants. 109 families participated in courses from September to December 2015. 100% of families rated the courses 'good' or 'excellent' for their suitability to their needs, for meeting their goals and objectives of positive food behaviours, increased physical activity and self-efficacy and decreased sedentary activity and were 'very likely' to recommend them to friends or relatives. There will be 21 courses, held in children's centres, schools and community centres, on offer across Hammersmith and Fulham, Kensington and Chelsea and Westminster during the forthcoming term (summer 2016).

MEND in Schools has proven popular with most available places already filled. In RBKC, all 10 places have been filled with participation from eight schools (reaching 444 children) and two more commencing in September. In LBHF, six schools (reaching 345 children) are currently participating with four more commencing in September and a further five to be recruited. In WCC, nine schools (reaching 538 children) are currently participating with four schools commencing in September and five more to be recruited. Evaluation of the impact of MEND in Schools will take place at the end of the school year with early indications showing increases in water consumption, active play and reductions in confectionery consumption.

Next steps

Efforts will focus on increasing awareness of the services among families and the children's workforce, which will help to increase referrals and

self-referrals to the programmes. Furthermore, schools will be recruited to the remaining available spaces on the MEND in Schools programme. Finally, a pilot programme for teenagers, which will be designed, delivered and fully evaluated, will be developed in full with local young people. Insight from focus groups held with young people so far indicates that the programme needs to consider the following elements:

- Choices of activity are important.
- Parental presence should be at the discretion of the participants.
- Weekend programmes would be better than weekdays.
- Tone and approach must be carefully managed and consideration should be given to whether schools are the right setting for the programme.
- Location needs to be 'safe'.
- Social media content needs to generate enough interest to warrant further self-motivated interaction.

Table 2: The key milestones for family healthy weight services from years one to three

	Year 1	Year 2	Year 3
0-4 child obesity prevention programme places and one-to-one appointments	Maximum 900	Maximum 1,600	Maximum 2,420
5-13 child obesity treatment programme places	Maximum 384	Maximum 600	Maximum 968
Teenage pilot programme	<ul style="list-style-type: none"> • Focus groups and other engagement • Design of programme • Pilot first programmes in the summer term • Review of first programmes – additional co-design and adaptation 	<ul style="list-style-type: none"> • 11 programmes delivered and evaluated • Additional co-design and adaptation 	12 programmes delivered and evaluated
MEND in Schools programme	Recruitment of schools with 50% commenced by January 2016	43 schools participating	43 schools participating

Figure 3: children take part in a MyTime Active MEND physical activity session



SCHOOL MEALS

Aim and summary

The provision of free school meals is a statutory provision within the Education Act 2003. Each governing body has a duty to provide free lunches for eligible pupils and to provide the opportunity for other pupils to buy lunch. Approximately 21,000 school meals are provided daily within 112 schools through contracts managed by the Children's Services Commissioning directorate.

When the Children's Services Commissioning directorate was formed, an opportunity was recognised to undertake a shared approach to procurement for school meals across Hammersmith and Fulham, Kensington and Chelsea and Westminster. It was recognised that this process would maximise the opportunity to achieve financial efficiencies and savings relating to contract spend and delivery. Schools in the area were in support of councils procuring sovereign borough contracts on their behalf for the delivery of school meals. Schools have the opportunity to opt in to borough-wide contracts or to make their own arrangements.

Evidence of need

A successful school meal service has the potential to help children and young people enjoy their school lunches, educate their palates and embed positive eating habits for life. It will also enable them to get the most out of their learning in school by aiding concentration.

Healthy eating and being physically active are particularly important for children and adolescents. This is because their nutrition and lifestyle influence their wellbeing, growth and development. The nutritional requirements of children and adolescents are high in relation to their size because of their demands for growth, in addition to the requirements for body maintenance and physical activity.

In England only 1% of the packed lunches children bring to school meet the current school food standards. Therefore the school meal service has a vital contribution to make to the health of children and young people by improving the nutritional quality of their diet. Provision of school meals also plays a role in the overall strategy to help children maintain a healthy weight. Essential to this is not only the quality of the food and beverages available throughout the school day but also the work done to encourage the enjoyment and consumption of the whole lunch.

Schools are supported to take a 'whole school approach' to healthy eating by the Healthy Schools Partnership. A key part of that approach will be partnership working between the school and its catering provider.

Opportunities for school meal providers to contribute to health

- Maximise uptake of all school meals and free school meals in particular.
- Participation in School Nutrition Action Groups.
- Consultation with children as to how to improve the school lunch experience.

- Ensuring that children have time both to eat lunch and play by minimising queuing.
- Sharing facilities with breakfast clubs.
- Getting involved in teaching cooking skills.
- Engagement with parents to show them the school lunch, share recipes children enjoy at school etc.
- Support the national Change4Life campaign and any other relevant local campaigns.

Process

The school meals procurement was informed by the School Meals Working Party, which contained representation from schools and the public health and children's services departments. Schools were given the opportunity to shape questions on the specification, technical quality evaluation and presentation topics to best reflect local priorities. The quality factors were weighted according to their importance with a greater percentage of the allocated 40% based on meeting the specification and service outcomes to ensure that catering provision was of the highest quality and to mitigate risks associated with health and safety, food hygiene and nutritional quality. The process of evaluating the food and its quality from a nutritional point of view and to ensure adherence to nutritional guidelines was strongly emphasised and reflected by weightings. The tender evaluation process included supplier presentations as well as the sampling and scoring of set meals produced by suppliers at the 'cook-off' session.

In developing the specification, consideration was given to provision of halal and non-halal meat within menu choices. The sample menus provided reflected the racial and cultural mix of pupils, including the requirement to provide a vegetarian option every day.

Benefits

The procurement exercise has delivered the best possible outcome for schools from both quality and financial perspectives. The procurement process was extremely competitive, resulting in strong bids. The new service will provide consistently high quality meals and maximise value for money to achieve efficiencies. There has been active involvement from schools throughout the commissioning process to ensure that local priorities shape subsequent service delivery.

Next steps

Following consultation with the Schools Heads Forum and Heads Executive Group it was agreed that RBKC would be first to call-off from the Framework Agreement, followed by WCC and then LBHF. The call-off and contract start dates are January 2016, April 2016 and June 2016 respectively.

The public health department and its Healthy Schools Partnership will be working closely with the Children's Services Commissioning Directorate and the new school meals providers to maximise the opportunity these new contracts provide to drive improvements in the nutrition of children attending schools in the boroughs.

WORKFORCE DEVELOPMENT

Aim and summary

In addition to the family healthy lifestyle services detailed on pages 12-15, a second programme of work was commissioned to equip those working with children to further support efforts to tackle childhood obesity. It aims to:

- Improve settings such as schools and food outlets to make healthy choices, easy choices for children and families.
- Support the workforce to understand its role in obesity prevention and to have the skills and confidence to discuss children's weight with parents/carers, motivate them towards a healthy lifestyle and signpost them to relevant services.

More specifically, the commissioned services:

- Provide training, guidance and support to all state-maintained schools to work towards achieving the relevant [Healthy Schools](#) awards (bronze, silver or gold). The awards recognise schools for supporting the health and wellbeing of their pupils. This will be delivered in collaboration with the [Healthy Schools Partnership](#), the organisation which administers the awards.
- Provide training, guidance and support for early years settings (nurseries, nursery classes and children's centres) to take a 'whole settings approach' to healthy eating, which includes meeting the [Children's Food Trust Eat Better/Start Better](#) guidelines. In addition they will provide support for the physical development aspects of the [Early Years Foundation Stage Framework](#) for Physical Development in order to attain the Healthy Early Years Award.
- Provide a rolling programme of training to priority members of the children's workforce on how to support children, young people and their families to achieve positive healthy eating and physical activity habits and subsequent healthy weight management. Examples of courses available include nutritional guidelines, active playtimes and cooking in the curriculum.
- Support the implementation of the Healthier Catering Commitment through the provision of specialist nutrition support.
- Provide training on the NHS's Healthy Start programme, which provides free vouchers to some pregnant women and parents of children aged up to four to buy healthy food and drink and coordinates the distribution of vitamins locally.

In addition to these commissioned services a care pathway that supports professionals to refer children to relevant services was developed.

Evidence of need

Evidence was gathered from national sources such as NICE's Obesity Prevention guidance and WHO's Population-Based Approaches to Childhood Obesity Prevention and local sources such as the Child Obesity Prevention and Healthy Family Weight Services Review and the Healthy Early Years Westbourne project in 2011-12. Findings strongly

Case study – Essendine Primary School

Essendine Primary School in north Westminster has achieved the Healthy Schools silver award for the priority area of healthy weight. MyTime Active is currently working with the school on the following activities to progress them towards achievement of their gold award:

- *Lunchbox audit – following an audit of 49 children’s lunchboxes, recommendations were made to the school to improve the quality and variety of food items within them.*
- *Cooking in the curriculum – practical training sessions for school staff demonstrating how to deliver effective and safe cooking lessons.*
- *Active playtimes – practical training sessions for school staff, particularly teaching assistants and midday supervisors, to support them to encourage children to be active during play times.*

Support has been well received by teachers and pupils and the school is on track to achieve the Healthy Schools gold award this year.

indicated the need to equip frontline staff with the knowledge and skills to approach the issue of weight with families and children in an effective manner and the need to improve settings to make healthy choices easier for children and families. The previously commissioned training did not offer sufficient capacity to cover the extent of identified need. For more detail, see pages 10-11.

Process

The process of needs assessment, support and wider stakeholder engagement, service design, procurement and implementation is described in detail on pages 10-11.

Benefits

Workforce training

Up to the end of January 2016 training has been delivered to 228 people across Hammersmith and Fulham, Kensington and Chelsea and Westminster. Training is offered either as a rolling programme in a central location or bespoke to a group within their own setting, e.g., [Community Champions](#), school or children’s centre staff or school nurses. Modules on offer include obesity: the whole picture, nutritional guidelines, cooking in the curriculum, active playtimes, obesity: raising the issue and delivering physical activity.

Advice and guidance for schools and early years settings

Mytime Active has successfully built relationships with schools across Hammersmith and Fulham, Kensington and Chelsea and Westminster. In the first term they were working with 24 schools and will be working with a further 26 in the spring term. Mytime Active’s nutritionists have been supporting schools in evaluating themselves against the healthy eating criteria of the Healthy Schools bronze award and advising on changes that schools need to make to attain the award, such as reviewing school food policies. It has also been supporting schools to improve lunchtimes, carrying out lunchbox audits and running workshops for parents as well as running healthy eating sessions with children including fruit and vegetable tasters, a sugary drinks activity and a session discussing the [Eat Well plate](#).

Family healthy weight care pathways and toolkit

Two family healthy weight care pathways (one for children aged up to four and one for children aged between five and 19) and an accompanying toolkit have been developed, distributed and are [available online](#). These resources provide a consistent set of messages, information about a range of universal preventative services and appropriate referral guidance for professionals to refer those who are already overweight or obese. They also reinforce the opportunities to intervene at key life stages from before birth until early adulthood and again during pregnancy.

Next steps

Training will continue to be offered with a greater focus on planned engagement with the wider children’s workforce. This will include:

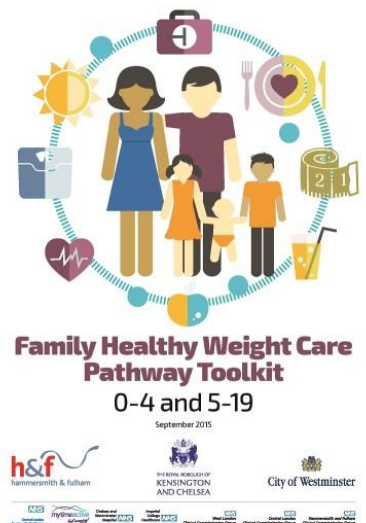
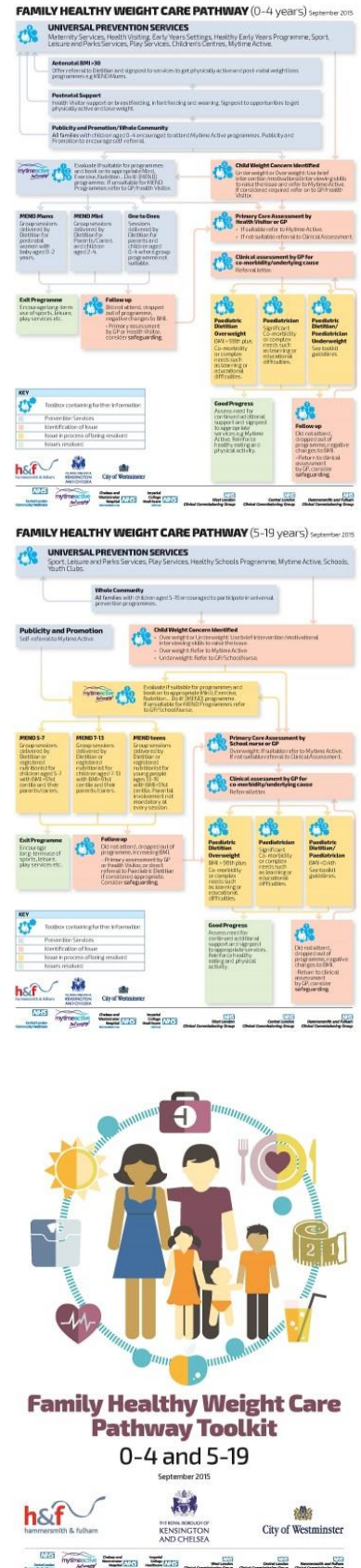
- Further work with the children’s services department to ensure the training offer is visible to all staff.

- Ensuring that the school nursing and health visiting workforce has had relevant training modules.
- Mytime Active including tracking of who is attending training in their reporting.
- Mytime Active attending borough community sports and physical activity networks to enable them to promote both its training offer and MEND programmes.

Work with schools and early years settings to support them to achieve Healthy Schools and Healthy Early Years awards will continue.

The family healthy weight care pathways working group will reconvene to review the pathways and evaluate them. The pathways will continue to be promoted at GP locality meetings and other means of promoting the use of them will be investigated, including laminated copies for all GPs and practice nurses and other health professionals.

Figure 4 (left, top to bottom): Family Healthy Weight Care Pathway (0-4), Family Healthy Weight Care Pathway (5-19) and the Family Healthy Weight Care Pathway Toolkit



WESTMINSTER WHOLE SYSTEM APPROACH

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INTRODUCTION

What is the 'whole system approach' and what are its objectives?

To ensure that the environment across Hammersmith and Fulham, Kensington and Chelsea and Westminster is conducive to healthy lifestyles, we have been working with numerous partners within WCC to test and evaluate the effects of a whole system approach.

Our aim is to identify opportunities, first within the council and then across external networks, to work with partners to make positive changes to the wider environment within the borough that contribute to reducing childhood obesity.

We want to ensure that children and young people, their families and whole communities as well as visitors to the borough benefit from an orchestrated effort to collaborate, co-design and implement changes to the current obesogenic environment. This effort will involve work between our colleagues in other departments, for example sport and leisure, planning and housing, children and family services, as well as partners across the local geography and economy including the NHS, education, academia, catering and retail.

The key aims of this component are to work with every council department to consolidate and strengthen activities that contribute to the prevention of childhood obesity by:

- understanding work already underway across the council that contributes to preventing childhood obesity;
- identifying actions to be included in departmental business plans to deliver the corporate strategy;
- understanding the areas where the council currently has limited control or opportunity to influence; and
- identifying opportunity areas for further development.

This approach is being developed in Westminster initially before being taken forward in Hammersmith and Fulham and Kensington and Chelsea..

What evidence is there to suggest that this approach will help to reduce childhood obesity?

In 2014 McKinsey published a discussion paper that aimed to start a global discussion on the components of a successful societal response to overcome obesity. One of the main findings of the paper concluded that no single solution creates sufficient impact to reverse obesity; only a comprehensive systemic programme of multiple interventions is likely to be effective.⁵

This approach has been at the heart of our programme design. The evidence of behavioural change interventions at an individual level (our significant investment into the preventative behaviour change services)

⁵ Dobbs, R and Sawers, C et al (2014) *Overcoming obesity: An initial economic analysis, discussion paper, McKinsey Global Institute*

necessitating interventions at a societal/living environment and policy environments (our whole system approach).⁶

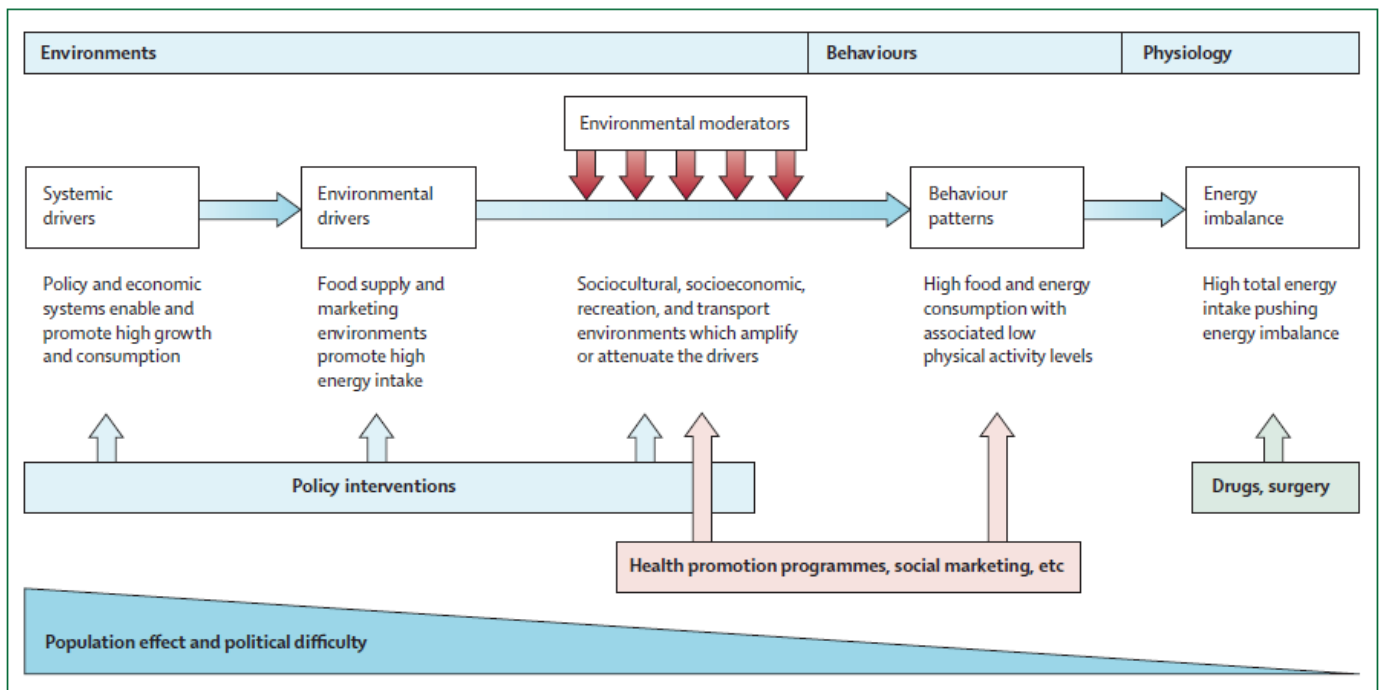


Figure 4: A framework to categorise obesity determinants and solutions

The more distal drivers are to the left and the environmental moderators that have an attenuating or accentuating effect are shown, along with some examples. The usual interventions for environmental change are policy based, whereas health promotion programmes can affect environments and behaviours. Drugs and surgery operate at the physiological level. The framework shows that the more upstream interventions that target the systemic drivers might have larger effects, but their political implementation is more difficult than health promotion programmes and medical services.

What process was taken to develop the whole system approach?

Initial scoping work identified the most relevant partner departments, followed by engagement with senior managers to discuss aims, recognise synergies, current work and identify future opportunities. Early cross-service workshops developed the first tranche of action plans signed off by members and officers. These cover:

- Food growing and education - pilot food growing projects in two schools and a housing estate in a regeneration area.
- Increasing physical activity - working with priority schools to engage with the school sports development team membership offer and services.
- [The Healthier Catering Commitment](#) - working with food premises to improve the nutritional content and quality of their food.

The progress against each action plan is described in more detail over the following pages. Further developments with other departments are also highlighted.

⁶ Swinburn et al (2011), *The global obesity pandemic: shaped by global drivers and local environments*, *The Lancet*

FOOD GROWING

Aim and summary

Three different food growing schemes were identified for Westminster, all of which aimed to develop sustainable and well-utilised garden resources to grow fresh produce and improve skills, knowledge and confidence in food growing, with a particular focus on children and families. The three schemes identified were 1) school food growing and education, 2) community food growing in Church Street and 3) a temporary pop-up community food growing resource at Lisson Street Community Gardens.

Evidence of need

The benefits of gardening and community food growing for both physical and mental health are well documented⁷. In schools, food growing has been shown to increase the take-up of school meals, support higher educational attainment, improve attitudes to healthy eating and develop employment skills⁸. In the community further benefits include a stronger sense of community developed through positive interaction between neighbours and the creation of safer environments.

The Social Return on Investment (SROI) of the Master Gardener programme, a report produced by the University of Gloucestershire, indicates that for every £1 invested in gardening initiatives, on average £10.70 is returned to society in the form of social, economic and environmental outcomes including health and wellbeing, community participation and training⁹.

Process

A successful food growing programme is well established in RBKC, therefore initial stages of the project focused on sharing best practice and developing a toolkit to support the development of the schemes. Additionally, a steering group was formed to oversee the process and ensure that relevant perspectives were addressed.

Scheme 1 – School food growing and education

King Solomon and Gateway academies were chosen as pilot sites for this project. Key members of staff were identified and plans tailored to each school according to need and opportunity. For example, a successful gardening club was already established at Gateway Academy so the focus was to maximise use of the existing garden resource. At King Solomon Academy there was very little existing provision but space to expand, therefore this was the initial focus.

[Hammersmith Community Gardener's Association](#) (HCGA) was commissioned to provide community gardener support at both school sites. This included 'teach the teacher' sessions, the development of lesson plans, weekly gardening sessions for pupils and the setting up of gardening clubs for pupils and parents.

Case study – The Fisherton Estate community pilot

Despite initial engagement being slow due to delays that led to the project beginning during Ramadan, take-up of and interest in the Fisherton Estate plots has been good. The project began with a 'getting started' workshop in which participants were provided with seedlings and given advice on other plants to grow. One participant brought her daughters, who were very keen to get started and plant the bed, with her. Watching them, she commented how wonderful it was and that they would never have got their hands dirty before the project! Over the next few weeks, attendance rates at the workshops increased as the weather improved and plants started to grow.

During the school holidays the community gardener encouraged lots of interest and participation from a wider range of children from the estate by holding child-focused workshops that included a smoothie bike activity in which 20 children took part, enjoying the healthy smoothies they created.

⁷ Shmutz et al., 2014 The benefits of gardening and food growing for health and wellbeing

⁸ Orme et al., 2011 Food for Life Partnership Evaluation

⁹ Schmutz, P, Ulrich, B, and Courtney, E (2014) *The Social Return on Investment (SROI) of the Master Gardener Programme*. technical report.

Over the winter months, when food growing activity was reduced, HCGA arranged a series of 'keeping in touch' days to retain momentum of the project and strengthen community cohesion. These were a great success and saw increased attendance rates with visits to Columbia Road Market, Spitalfields City Farm and Kew Gardens.

Scheme 2 – Community food growing in Church Street

In collaboration with the Church Street futures steering group (an established resident group), the Fisherton Estate was chosen as the community pilot site as it had nine existing plots and the space and demand to expand. 11 new plots were installed and residents were invited to apply for a plot, with priority for families. CityWest Homes agreed to install an additional water point close to the plots.

HCGA was commissioned to provide community gardener support and set up a series of regular gardening sessions for both plot holders and other residents of the estate.

Scheme 3 - Temporary food growing pilot at Lisson Street Community Gardens

It was decided not to pursue a project at this site as it was considered too dark for food growing and proposals exist to significantly alter the site within the next two years as part of the wider redevelopment of the area.

Benefits

The number of participants who benefited from the projects is estimated at 288 pupils at King Solomon Academy and 112 pupils (including 10 who regularly attend a gardening club) at Gateway Academy. There are 20 community plots in the Fisherton Estate with 70% allocated to families. Many plot holders involve their whole families in their maintenance. Attendance at the regular gardening sessions has fluctuated; however, as the project has gained momentum, there have been attendances of up to 22 at sessions.

Initial surveys have been carried out at all sites to understand participants' knowledge and attitudes towards healthy eating and food growing at the start of the project. These results will be compared against those of the follow-up survey, which is anticipated to be completed in May 2016, one year after the projects were established.

Ongoing qualitative evaluation has taken place and examples are provided below:

- Feedback from staff at King Solomon Academy suggests that they value the expertise HCGA provides and that they are committed to offering food growing to as many children in school as possible. To date they have focused resources on younger children, as they have more flexibility in their timetables and food growing fits well with foundation core outcomes. They are looking to extend this to older age groups next term.
- An observation from the community garden was made by one parent of two girls saying how wonderful it was that her daughters were digging in the soil and that they would never have got their hands dirty previously.

Next steps

Community gardener support in the two schools will continue to be offered until July 2016. The current focus for HCGA is to support the schools to embed food growing into their school programme to ensure the project is sustainable in the long term.

HCGA will continue to offer support to the residents of the Fisherton Estate until May 2016, at which point the Church Street Neighbourhood Upkeep Project is due to launch. It is anticipated that gardening support at Fisherton Estate will be continued beyond this point.

Throughout 2016, eight further sites will be identified and prioritised for implementation before March 2017. These will comprise a combination of school and community sites and will include sites in the south of the borough. Particular care will be taken to choose sites based on their long-term viability to ensure projects are self-sustainable after March 2017.

Building on the success of these initial projects, it is anticipated that a borough-wide food growing programme can be developed across Westminster and be sustained beyond the life of the current funding. Options for how the programme can be taken forward in the future, including sponsorship or business partnership, are being considered.

Political support to progress any of these options is vital. There is a line in the Capital Programme over the coming years to support the WCC's Open Space Strategy, which is designed to improve the quality, management, accessibility and usage of parks and other open spaces in the city and provide new facilities where there are deficits in provision. Although this has to be secured on a year-by-year basis, there is potential to support the food growing programme to achieve one of the strategy's emerging aims: to encourage food growing within communities to contribute to healthy lifestyles (and the sustainability agenda).

Figure 5 (left, top to bottom): Plots at the Fisherton estate, children with smoothies created using a smoothie bike, proud plot holders



HEALTHIER CATERING COMMITMENT

Aim and summary

The Healthier Catering Commitment is based on the principle that small changes can make a big difference. It aims to support food businesses to make straightforward changes to ingredients and preparation techniques in order to offer healthier food to customers. Once businesses have met certain criteria they are awarded different levels of the Healthier Catering Commitment award.

In Westminster, this project aimed to support 20 small and medium-sized food premises in 2015/16 in the borough's most deprived areas to successfully achieve the award.

Evidence of need

The increasing consumption of fast food is thought to be one of a number of contributory factors leading to rising levels of obesity¹⁰. Fast food tends to be more energy-dense and has a higher fat content than meals prepared at home¹¹. Furthermore, outlets are often concentrated in areas of deprivation, where obesity levels are highest¹².

Process

This project was open to all independent point-of-sale food businesses in Westminster, with a particular focus on those in the most deprived wards including Harrow Road, Queens Park, Edgware Road and Churchill.

Prior to engaging businesses, five environmental health officers successfully completed Healthier Catering Commitment training, which covered the aims of the project, award criteria and how to support businesses to implement the changes needed. Later, three officers went on to complete the Chartered Institute of Environmental Health (CIEH) level 2 award in healthier food and special diets.

Following identification of eligible businesses, a letter was sent out to 163 businesses inviting them to consider their involvement in the project. The letter explained what the Healthier Catering Commitment was, including the key points of the project and the benefits of joining the scheme.

Shortly after, visits were made to the 100 most eligible businesses with the intention of engaging the relevant person at the business to explain the project, the criteria of the award and to begin audits. The amount of time taken to engage businesses varied depending on whether managers worked on site or not, perceived relevance of the Healthier Catering Commitment by staff and the food hygiene rating of businesses.

¹⁰ GOS, 2007 Tackling Obesities: Future Choices Government Office of Science, Department for Innovation, Universities and Skills, London

¹¹ Prentice, A & Jebb S (2003) Fast foods, energy density and obesity: a possible mechanistic link. *Obesity Review* 4(4) 87-94

¹² Fraser et al (2010) The geography of fast food outlets: a review. *International Journal of Environmental Research and Public Health*. 7 (5) 2290-2308

As described by [CIEH](#) (PDF), for a business to achieve the Healthier Catering Commitment award, it must conform to a minimum of eight criteria from a list of 22, which include conditions in relation to the use of fats, oils, salt, availability of lower sugar drinks and snacks, fruit and vegetables. Joint visits between environmental health officers, dieticians and nutritionists supported businesses to implement the necessary changes.

Furthermore, a selection of food samples from businesses who had signed up to the scheme was submitted for nutritional analysis. The reasons for this were twofold: firstly to support engagement of businesses and secondly to evaluate the success of the Healthier Catering Commitment by comparing results from samples of food before and after the business had implemented the changes needed to achieve the award (the latter results are currently being awaited).

Benefits

Over the course of the project, 23 businesses in Westminster signed up to work towards achieving the Healthier Catering Commitment award.

To date, 19 businesses have successfully achieved Healthier Catering Commitment status and their efforts to serve healthier food were recognised at an awards ceremony at Westminster City Hall on 23rd February 2016.

The main catering changes made by businesses include:

- Use of grilling and baking methods rather than frying wherever possible.
- Use of low fat fillings for sandwiches.
- Use of semi-skimmed milk as a default for hot drinks.
- Removal of high sugar drinks from prominent displays.
- Offering smaller portion sizes.
- Actively promoting healthier choices to customers.

A survey with businesses to gather views on the Healthier Catering Commitment and recommendations for its future is due to be conducted in April 2016. A further follow-up survey will be undertaken to review the number of changes implemented by businesses that have been maintained.

Next steps

Support will continue to be offered to all businesses signed up to the scheme to date and a target of awarding a further 20 businesses in target areas in 2016/2017 has been set. We will however continue to work closely with colleagues in the city management department to explore opportunities to extend this initiative on a larger scale, as well as to seek opportunities for a better balance of retail on our streets.

The Healthier Catering Commitment award is valid for up to two years. Therefore monitoring reviews will be incorporated into future food hygiene inspections for those businesses who have been awarded to ensure they are maintaining their commitment, while minimising environmental health officer time to review this. The introduction of a

Case study - Fishing for a healthier option

Little Venice Fish Bar is located on Harrow Road, W9, and is situated on the corner directly opposite Westminster Academy and beside the Harrow Road Health Clinic. The business is owned by a local, Mr Nawid Aiobi, who was keen to be involved in the scheme from the start. Most customers are children and local residents with whom the business has a good relationship and it was evident from visits that the business plays an important part in the community.

Through working with environmental health officers and dieticians throughout the year, Little Venice Fish Bar has made subtle healthier alterations to the food they provide to improve the health and wellbeing of its customers. The business does not add salt to its chips, instead giving the option to its customers. The salt shaker used has a smaller number of holes, which prevents too much salt being added to a portion of chips. Further changes include using rapeseed oil, which has a lower amount of saturated fat compared to other oils, for deep fat frying and where soft drinks are sold the business positions healthier fruit drinks and water in a more prominent position to encourage its customers to choose the healthier option.

tiered scheme will be explored to encourage businesses to achieve the highest standard.

The Healthier Catering Commitment and successful businesses who have achieved the award will be further promoted to the public through the development of a page on WCC's website and social media presence.

The Healthier Catering Commitment in RBKC and LBHF

The Healthier Catering Commitment is well established across the other two boroughs. In RBKC, 99 businesses have successfully achieved the award to date with many premises located in the most deprived wards in the north of the borough. RBKC's environmental health team has targeted specific businesses in Golborne in order to support the Go Golborne project.

In LBHF, nearly 30 businesses have successfully achieved the Healthier Catering Commitment award. Similarly, many of these premises are located in the most deprived wards in the north of the borough.

Environmental health departments across all three boroughs have been supported by nutritionists from MyTime Active as part of its work to improve settings within the commissioned services.

Figure 6: Businesses are presented with the Healthier Catering Commitment awards at a ceremony at Westminster City Hall on 23rd February 2016



INCREASING PHYSICAL ACTIVITY

Aim and summary

The aim of this project is to increase opportunities for children and young people to participate in high quality physical activity, with a particular focus on areas in the borough with higher levels of deprivation and obesity.

The public health department in collaboration with WCC's sports, leisure and wellbeing team has worked to maximise physical activity opportunities for children.

Evidence of need

Regular physical activity is a key contributor to energy balance, helping to prevent excess weight and obesity¹³. The Department of Health recommends that children and young people (aged five to 18) should engage in moderate- to vigorous-intensity physical activity for at least 60 minutes every day. However, the proportion of those meeting the recommendations is low; among five-to-15-year-olds, only 24% of boys and 22% of girls in London achieve the guidelines¹⁴.

Westminster is faced with high levels of inactivity that are even more prevalent in areas of high deprivation. There is also mounting evidence that participation in PE and school sport has plateaued, if not decreased, in some areas. In addition to quantity, the quality of physical activity offered, particularly in PE and school sport is also an important consideration¹⁵.

The [Physical Activity Joint Strategic Needs Assessment \(JSNA\)](#), produced by the public health department, highlights that there is good evidence that school-based interventions are effective in increasing the duration of physical activity but not in increasing the levels of physical activity in leisure time. Multi-component school-based strategies are the most effective and should encompass physical education, classroom activities, after-school sport, active transport and a family/home component.

Process

Active Westminster is a partnership of organisations with an interest in physical activity in Westminster that works to improve opportunities that encourage those who live, work and study in Westminster to participate in sport and physical activity. The sports, leisure and wellbeing team (part of WCC's City Management and Communities department) is responsible for developing and promoting Active Westminster's sport and physical activity strategy through sports development and PE and school sport for all those that live, work and study in Westminster.

¹³ Butland B, Jebb S, Kopleman P, McPerson K, Thomas S, Mardell J et al., (2007) Tackling obesity: future choices – project report, London

¹⁴ British Heart Foundation (2015) Physical Activity Statistics 2015
file:///Q:/bhf_physical-activity-statistics-2015feb.pdf

¹⁵ Ofsted (2012) Beyond 2012 – outstanding physical education for all

One area of cooperation has been the re-procurement of the new leisure service contract. The new service will come into effect in July 2016. As part of the revision and development of the service specification, the team has worked closely with colleagues in the public health department and WCC's procurement department to incorporate key areas identified in the action plan.

Another key area of work has been the development of the Active Westminster Strategy (2015-2020) in collaboration with a wide range of partners across the council and its external networks. The strategy highlights the links between physical activity and childhood obesity and emphasis has been placed on creating better connections at a local level through the Active Communities programme, which aims to develop opportunities for formal/informal and everyday activity in less traditional and more accessible locations, and maximising public health opportunities.

Benefits

Increasing physical activity opportunities for children

Active schools - we will work closely with our schools and partners to ensure all schoolchildren in Westminster have access to at least one hour of physical activity a day.

Active communities - the new programme will include over 130 hours of free activities, which will take place in a variety of community venues including parks and open spaces, city estates, schools, colleges and community halls, every week. Delivery of the programme has been approved through the new leisure centre contract, which commences on 1st July 2016 for 10 years.

School sport competitions - a range of competitive opportunities have been made available to primary and secondary schools, including festivals and multi-skill fun days that promote engagement and participation in physical activity.

World beating events - the [Westminster Mile](#) is set to become the largest and most inclusive event of its type in the world, attracting 10,000 participants in 2016.

Quality of PE in school

Approved by all schools in Westminster, the Continuing Professional Development programme is currently training teachers to understand the importance of increasing levels of physical activity through efficient delivery plans and techniques. Work is underway to integrate key messages from the [Making Every Contact Count](#) concept and youth volunteering programme, Active Champions, into training.

Forest Schools

The [Forest Schools](#) process focuses on child-led learning, allowing children to be independent, explore the environment and discover nature. A pilot scheme is being delivered at Paddington Recreation Ground in collaboration with St. Saviours, Edward Wilson and Essendine Primary Schools. The pilot is working with nine classes (250 children) from nursery to year four.

Physical activity strategy

The Active Westminster Physical Activity Strategy 2015-2020 is currently in development and will include priority work that links to TCOT.

Next steps

One of the key areas of focus will be strengthening links with the Healthy Schools Partnership programme and prioritising those schools with the highest prevalence of overweight and obesity to develop individual physical action plans as part of achieving the Healthy Schools bronze award.

Work will also focus on engaging partners within the council and its external networks to scope the possibility of developing a 'Westminster Standard' for participation in PE and school sport to ensure all children and young people have the opportunity to be active for at least five hours per week.

Further development of the Active Westminster passport scheme to engage more children from target areas will also be considered. The scheme offers free and discounted access to leisure services to young people resident in Westminster.

ENGAGEMENT WITH SERVICES

In addition to the three initial action plans agreed with council departments, a number of other activities have been initiated and some delivered to maximise the levers offered by the council. These more informal pieces of work, which are at different stages, have been summarised below.

Social supermarket application for funding to the Greater London Authority (GLA)

The social supermarket model works by securing high-quality residual food from retail and manufacture supply chains that would otherwise be sent as waste to landfill and sells this food to social supermarket members at a reduced price. Membership is carefully targeted at residents on the lowest incomes. Members are also supported by a range of on-site support services, including financial advice, employability and vocational skills training and courses on healthy eating and cooking on a budget.

In July 2015, the GLA invited applications from London boroughs to bid for capital funding to support the development of a social supermarket. A joint bid was developed with WCC's economic regeneration department, together with a number of partners in the voluntary sector, with potential premises identified on Harrow Road. Although unsuccessful on this occasion, other opportunities to implement this model in Westminster are being explored.

Planning and regeneration

The public health department is working with colleagues to maximise opportunities to promote health within large scale regeneration projects, including Church Street and Harrow Road.

The Church Street renewal programme has commenced and incorporates a work stream around the public realm. A key element of this work stream is the development of a 'green spine' running north to south across the neighbourhood, connecting green spaces such as children's play areas and community gardening projects. The intention is to encourage active travel around the neighbourhood and active play/leisure for residents and visitors of all ages.

The Harrow Road management plan is at an earlier stage in its development. Drivers for change include the high level of obesity among young children but also poor environmental air quality, traffic and congestion, poor public realm and a reduced retail offer, all of which deter active travel and leisure in the area. Renewal of Harrow Road therefore affords a set of opportunities including improvements to the canal frontage and to footpaths and cycle ways to encourage active travel and leisure and an improved surrounding area to create an appealing and genuine local retail offer, potentially including the above mentioned social supermarket model.

Housing and social landlords

A series of discussions are underway with Westminster housing provider CityWest Homes to explore how they might engage with their residents to improve health and wellbeing. The emphasis of the

engagement is on prevention, supporting residents to engage with their own health and wellbeing and to choose healthier lifestyles, including increasing physical activity levels and eating well.

Similarly registered social landlords are recognised as having a vital connection with residents who might not engage with other services. A number of providers are engaged with the Community Champions programme and we are keen to build on existing partnership work to explore other opportunities for engagement with their residents, many of whom are vulnerable.

Strategy development

The public health department is also working with colleagues across the council to maximise public health opportunities as part of the development of new strategies, including walking, cycling, open spaces and biodiversity strategies and the air quality action plan.

Procurement

Initial discussions have taken place with WCC's procurement department to incorporate quality standards and assurance for vending machines and other food provision within council contracts.

Beat the Street

The [Beat the Street](#) project aims to inspire people to walk and cycle more by engaging the whole community in a physical activity game over a period of six weeks. Participants compete for points by walking or cycling around the local area and scanning smart cards onto sensors known as 'Beat Boxes' to record their journeys. We have worked closely with Central London CCG to develop a proposal for this programme in Westminster.

COMMUNITY HEALTHY LIFESTYLE PILOT – GO GOLBORNE

Introduction

5 A DAY Your Way

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INTRODUCTION

What is Go Golborne and what are its objectives?

[Go Golborne](#) is a healthy lifestyle initiative that launched across the Golborne area of RBKC in May 2015. It aims to support a 'whole system' approach to promote healthy lifestyles by supporting a network of local agencies and groups to increase opportunities for children and families to make healthy choices.

The objective of Go Golborne is for children and families in Golborne to increase their awareness, knowledge and skills of how to live healthy lifestyles leading to increased levels of physical activity and healthy eating. It aims to do this by maximising the use of assets in the area, making changes to the local environment and providing consistent healthy lifestyle messages. Local stakeholders will be supported and trained to implement healthy lifestyle activities in Golborne. Additionally, the initiative aims to contribute to the evidence base on community-led approaches to tackling childhood obesity.

What evidence is there to suggest that this approach will help to reduce childhood obesity?

Go Golborne is a unique model developed as a result of a review of international evidence on the best methods to effectively prevent childhood obesity at a local level. Evidence suggests that effective strategies need to include action on multiple levels across a wide range of domains. Given the complex number of factors that influence a child's ability to eat well and keep active it can be difficult to understand and adequately address them at scale. Emerging evidence from research suggests there is much to be gained from developing 'whole system' approaches in smaller geographical areas so that actions can be shaped to meet the unique needs of local communities.

We also consulted local children, families and community organisations through workshops and creative consultation activities at local festivals and events to identify what is needed locally and inform our plans. The model is being piloted in Golborne with a view to extending its reach to other areas of the borough once there is sufficient insight into its impact and effectiveness.

Evidence suggests that preventative interventions targeting children and young people pay off – the upfront costs of most preventative interventions will usually be small in comparison with the future health benefits and long term cost savings across the economy from reductions in type 2 diabetes, cardiovascular disease and some cancers¹⁶.

Figure 7 (left, top to bottom): Logo created for the Go Golborne project, learning how to grow herbs at the 5 A DAY family fun day, Go Golborne 5 A DAY Your Way shopping bags

¹⁶ National Institute for Health and Care Excellence (2006) *Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children* (NICE)

What process was taken to develop Go Golborne?

The area of Golborne was chosen as a test bed for this initiative as it is one of the most deprived areas of RBKC and levels of childhood obesity are high relative to more affluent areas of the borough. Furthermore, there was potential to reach a large number of children (around 2,000) and a range of local amenities that provide opportunities to explore how the local environment can help support healthy lifestyles.

A scoping exercise took place to map out the organisations and key stakeholders operating across Golborne that support children and families and play a role in shaping the local environment. Meetings and workshops took place to build a multi-agency network of relevant colleagues. A Go Golborne ‘supporter pack’ was developed to set out the scope of the project and the benefits of getting involved.

A small steering group was established to oversee the development and implementation of the project. It includes senior level representatives from key council departments (such as leisure services and community engagement), a local councillor and leads from the local school nursing team, nutrition service and voluntary sector. This group acts as a ‘sounding board’ to critically appraise project plans and progress against key aims and objectives.

Following considerable consultation with partners, it was agreed to develop a range of activities that include a comprehensive social marketing campaign, a small grants scheme for local organisations to deliver activities, continual growth of the community network to inform the development of the campaign and collaborative work with other council departments to influence the environment.

It was agreed that the programme should feature a different ‘headline’ campaign every six months, which are as follows:

- Five a day - to increase consumption of fruit and vegetables.
- Sugar swaps - to reduce consumption of sugary drinks and snacks.
- Snack check – to encourage healthy snacking habits.
- Active travel – to encourage walking and cycling.
- Screen time – to reduce the amount of time children spend on screens.
- Active play – to encourage physical activity.

How will Go Golborne be evaluated?

The [University of Kent’s Centre for Health Service Studies](#) is conducting an independent evaluation of Go Golborne to assess the extent to which the project achieves its aims and objectives. It includes both quantitative and qualitative methods including an annual child and parent survey administered via schools and interviews with key stakeholders involved in the project. The university will also look at information gathered via an extended version of the NCMP to investigate if and how this work correlates to any significant increase in the number of local children who are a healthy weight.



Case study: 5 A DAY Your Way

Family Fun Day

A family fun day was held at the Venture Centre, a community centre in Golborne, in November 2015 and was attended by over 200 families.

Many local organisations and volunteers helped run the event that featured a host of fun activities that encouraged children to experiment with fruit and vegetables – from making soup with smoothie bikes to blind tasting games. Fruit and vegetable physical activity games took place in the outside play area and local musician Alexander D

Great performed the song commissioned by the project, which includes healthy eating messages, with local children. Free health checks, recipe cards and information on the local services that support healthy lifestyles for families were available to parents.

5 A DAY YOUR WAY

Aim and summary

The objective of [5 A DAY Your Way](#), the first of Go Golborne's six campaigns, was to promote fruit and vegetable consumption among children in Golborne. The campaign aimed to do this by increasing the access, availability and affordability of fruit and vegetables and improving children and parents' attitudes, awareness and skills towards eating healthily.

The campaign incorporated a range of different activities, including:

- The creation of new materials to communicate key five a day messages such as a song written by a local musician with the help of local children, a family healthy eating magazine, a wallchart encouraging children to take part in a challenge to eat five portions of fruit and vegetables every day for 20 days, the design of cartoon superhero characters to inspire children to complete the challenge and collateral including shopping bags, posters, flyers and fridge magnets with positive healthy eating messages.
- A series of family events delivered in collaboration with community partners to reinforce messaging including:
 - A family fun day.
 - Pop-up fruit and vegetable snack stalls in school playgrounds.
 - Healthy cooking workshops.
 - Themed rhyme time sessions in the local library.
 - 'Create and play' workshops at a local play centre.
 - An 'eat the rainbow' photo competition in conjunction with RBKC's markets department that culminated in a pop-up healthy eating event for children at Portobello Market Square.
- Themed assemblies at five schools in Golborne.
- Work with partners across the council to explore other opportunities to increase access to fruit and vegetables – such as identifying local food outlets to join the Healthy Catering Commitment scheme and supporting local market traders to accept Healthy Start vouchers for fruit and vegetables.

Process

A systematic social marketing process was used to develop the campaign. Initially, desk research was conducted to identify key learning from other similar initiatives and relevant local reports. Two multi-agency workshops with local organisations were delivered to shape the mini-campaign. The Food Access Model¹⁷ was used as a framework for discussion, which encouraged the group to consider factors including access, affordability and awareness. Children and families were also consulted through local events.

Figure 8 (left): Logo created for Go Golborne's 5 A DAY Your Way campaign

¹⁷ Dowler EA, Dobson BM, (1996) Nutrition and poverty in Europe: an overview

Evidence of need

Eating five portions of fruit and vegetables a day plays a key role in maintaining healthy weight. However, very few children (or adults) manage to achieve it: among 11-to-18-year-olds only 10% of boys and 7% of girls meet the recommendation. Children in lower income groups eat up to 50% less fruit and vegetables than those with a higher income¹⁸. This was also considered to be a high priority by partner organisations during consultation.

Benefits

To date around 1,500 children have taken part in the 20 day challenge, approximately 200 people attended the family fun day and 2,500 magazines were distributed in the community. Social marketing activities have been further developed to enhance messaging. Channels include dedicated content on the Go Golborne website, social media engagement and print advertising.

The impact of the 5 A DAY Your Way campaign will be explored by the University of Kent as part of the wider evaluation of Go Golborne. As part of this, levels of fruit and vegetable consumption among local children will be analysed. Positive feedback about the campaign has been received with some quotes from local parents below:

- *“My daughter has been trying really hard with her wallchart – she loves the superpower characters!”*
- *“Thanks, it was a lovely event. My son enjoyed the art and crafts and the ‘make your own fruit and veg’ activity. I loved the face painting. I will make more soups at home.”*
- *“Jibril made a special wrap - it was a really good experience, especially the bike blender soup. That was something new. Thank you.”*
- *“(the fun day) was the first time my son tried to eat vegetables.”*

Next steps

Planning for Go Golborne’s 2nd campaign will commence in March 2016. The theme will focus on reducing ‘screen time’ and increasing levels of physical activity. Five a day messages will continue to be promoted and reinforced throughout.

¹⁸ Public Health England (2011), National Diet and Nutrition Survey

Figure 9: Local songwriter, Alexander D Great, and local children perform his healthy eating song, 5 A DAY Your Way, written specially for Go Golborne at the 5 A DAY Family Fun Day



THE CHILDHOOD OBESITY JOINT STRATEGIC NEEDS ASSESSMENT

THE CHILDHOOD OBESITY JOINT STRATEGIC NEEDS ASSESSMENT

Aim and summary

The [Childhood Obesity JSNA](#) was published in February 2016. It explores the causes and consequences of childhood obesity and provides a local picture of its prevalence in our local communities, identifying those groups most at risk. The JSNA also aims to capture a range of existing programmes of work that support the development of healthier environments and identify further opportunities that can further focus our joint efforts to tackle this issue.

Evidence of need

The JSNA was developed in order to provide a baseline against which progress of TCOT will be measured. In addition to quantitative data regarding the prevalence of childhood obesity, existing programmes of work both within the council and through its external partners were to be identified in order to capture the wide range of work currently being delivered.

Process

Following an initial application to the JSNA steering group and subsequent approval, a comprehensive literature review was undertaken, as well as extensive data analysis and service mapping. Drafts were circulated to a range of internal and external partners. The JSNA was taken to the governing bodies and/or transformation redesign groups of the three local CCGs, as well as a range of voluntary sector forums including the [BME forum](#) and [Kensington and Chelsea Children and Youth Forum](#) for feedback.

Three stakeholder workshops were held with partners to identify any further gaps in the JSNA and to develop recommendations. The JSNA was taken back to the JSNA steering group, before being signed off by the Health and Wellbeing Boards in each borough.

Next steps

Key recommendations from the JSNA highlighted that every department and organisation has a role to play in creating and supporting increasing healthier environments and all engagement opportunities with partners should be used to achieve shared understanding of the need to address this issue collectively.

Additionally, the importance of developing clear and consistent messages that are readily understood by all audiences and delivered through the optimal communication channels for each audience was emphasised, in addition to a particular focus on early years. Finally, the need to act on and increase the evidence base and contribute to and keep abreast of national and regional developments was also raised.

NEXT STEPS FOR TCOT

NEXT STEPS FOR TCOT

Westminster – whole system approach

Three specific areas of work likely to be pursued in Westminster during the next year will be:

- Improving accessibility to water – to counter the effects of widespread consumption of sugary drinks, we will explore the introduction of water fountains to residential areas to provide free, healthy refreshment to residents.
- Increasing accessibility to low-cost, nutritious food – we will explore the idea of creating a social supermarket in Westminster. Social supermarkets provide members with cheap, nutritious food by redistributing surplus food.
- Promoting health-supporting built environments – utilising the opportunity of large developments such as Harrow Road and Church Street to improve play and recreation environments as well as street layouts to encourage physical activity and active travel.

Existing areas of work including food growing projects and the Healthier Catering Commitment will also be expanded upon during the next year. Additionally, Creating Healthy Places – a whole system approach to food and active living framework - will be used to identify further areas of work across the council that create healthy eating- and physical activity-supporting environments within neighbourhoods, high streets, new developments, connecting routes and institutions.

Hammersmith and Fulham

Details of the next steps to be taken in Hammersmith and Fulham are being considered following the outcomes of the H&F Healthy and Fit Hackathon, which took place in May 2016. The ideas, energy and enthusiasm of the day were captured in mini films and by a graphic illustrator, as below:

- [Better at it](#) – an inter-school challenge to help young people improve their skills at physical activities.
- [Fitness Phood](#) – an app that calculates the amount of physical activity you'd need to do to burn off the food you're about to eat. (the people's choice)
- [My Lifestyle](#) – an app to help improve fitness.
- [Fun Free Fitness](#) – a programme of free activities and sessions that take place around existing facilities such as parks.
- [Cook Local](#) – an app that helps people cook healthy food.
- [Shake It, Make It](#) – an app that gives people ideas for healthy lunches.
- [Breast Friends](#) – a social movement and initiative to support women to breastfeed in public.

- [Real Beauty](#) – a marketing campaign to improve people's attitudes to body image.



Figure 10 (above): graphic mural created during the H&F Healthy and Fit Hackathon that represents the creativity and ideas that were generated throughout the day

Kensington and Chelsea – Go Golborne

The Go Golborne initiative will launch two further campaigns, following 5 A DAY Your Way during the next year. The first, Unplug and Play, will be launched in June 2016 and will encourage children and families to reduce the amount of time spent using screens such as phones, laptops and televisions and increase the amount of time spent participating in physical activity. The main focus of the following campaign is to be decided but will focus on changing food habits. The initiative is also looking to expand work with local retailers and shoppers to understand the barriers to buying and selling fresh produce and prioritising this when it comes to e.g. shop offers.

LESSONS LEARNED FROM TCOT YEAR ONE

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The following is a series of lessons that have been learned throughout the first year of the TCOT programme.

- Political support at a local level is crucial.
- Taking time to engage communities is well spent.
- Developing partnership and exploring synergies with our own and partner's services pays off in creating a whole system.
- Using positive language and looking for suitable changes in asset-based approach is key to engagement.
- There can never be enough communication.
- The NHS engages willingly but more capacity is needed to promote the programme and the Family Healthy Weight Care pathways in particular.
- Space is a real limitation, especially for schools.
- Synchronisation of activities could be improved to boost uptake of activities, e.g., NCMP timing and recruitment to MEND programmes.
- Where connections/synergies have been made, effect is beginning to show.
- Creativity, flexibility and engaging children and families as early in the planning process as we can is essential in order to gain their interest and to align activities with local unmet needs.
- Where and when presented to experts, the programme has been highly commended for its comprehensive, systematic and evaluative approach.
- Robust evaluation must continue and where possible external partners should be engaged to enhance the process and increase credibility.
- Setting up an expert advisory body may be beneficial.

EVALUATION

EVALUATION

TCOT takes a complex, novel and somewhat experimental approach to a difficult problem and as such warrants rigorous evaluation.

To this end, the public health department has developed a number of partnerships with leading academic institutions and individuals. These include the University of Kent, public health physician, Harry Rutter, Professor of Nutrition and Childhood Obesity at Leeds Beckett University, Pinki Sahota, and the Department of Primary Care and Public Health at Imperial College, London. Additionally, the department has partnered with social enterprises such as MyTimeActive and other institutions including Public Health England to deliver a high quality evaluation of the programme.

MyTime Active

An important part of evaluation is collection of the right kind of data. In collaboration with MyTime Active we are collecting data on skills, attitude and confidence following workforce training with their trainers. This includes data on their knowledge of childhood obesity and their strategies to broach the topic with parents and children and motivate them towards a healthy lifestyle and signpost them to relevant services. We collect extended NCMP data to include all school years and repeat measurements for four years to monitor change, as well as collecting data on healthy eating, physical activity and behaviour change. We will be able to look at the uptake of MEND courses and whether particular parents and children need extra help to change, if there are gaps in service and if so, what ways there are to remedy them. We are also looking at ways health professionals can help. The evaluation of MEND in Schools will be carried out at the end of each school year measuring increases in water consumption and active play and reductions in the consumption of unhealthy food.

Whole system approach

We are evaluating the impact and costs of collaborative initiatives between council departments that support healthy lifestyles to identify future opportunities to create maximum impact on health. The approach is currently being piloted in Westminster with a view to rolling out across Kensington and Chelsea and Hammersmith and Fulham in future.

The public health department is working with colleagues in the business intelligence and adult social care departments in an effort to unify the way strategies are evaluated for impact on council targets as well as public health outcome framework indicators.

Go Golborne

The University of Kent's Centre for Health Service Studies is conducting an independent evaluation of Go Golborne to assess the extent to which the project achieves its aims and objectives. The public health department and the University of Kent have developed a 'theory of change' framework to guide the evaluation.

Baseline data on diet, physical activity and screen time is currently being collected and follow-up questionnaires will be repeated annually. NCMP

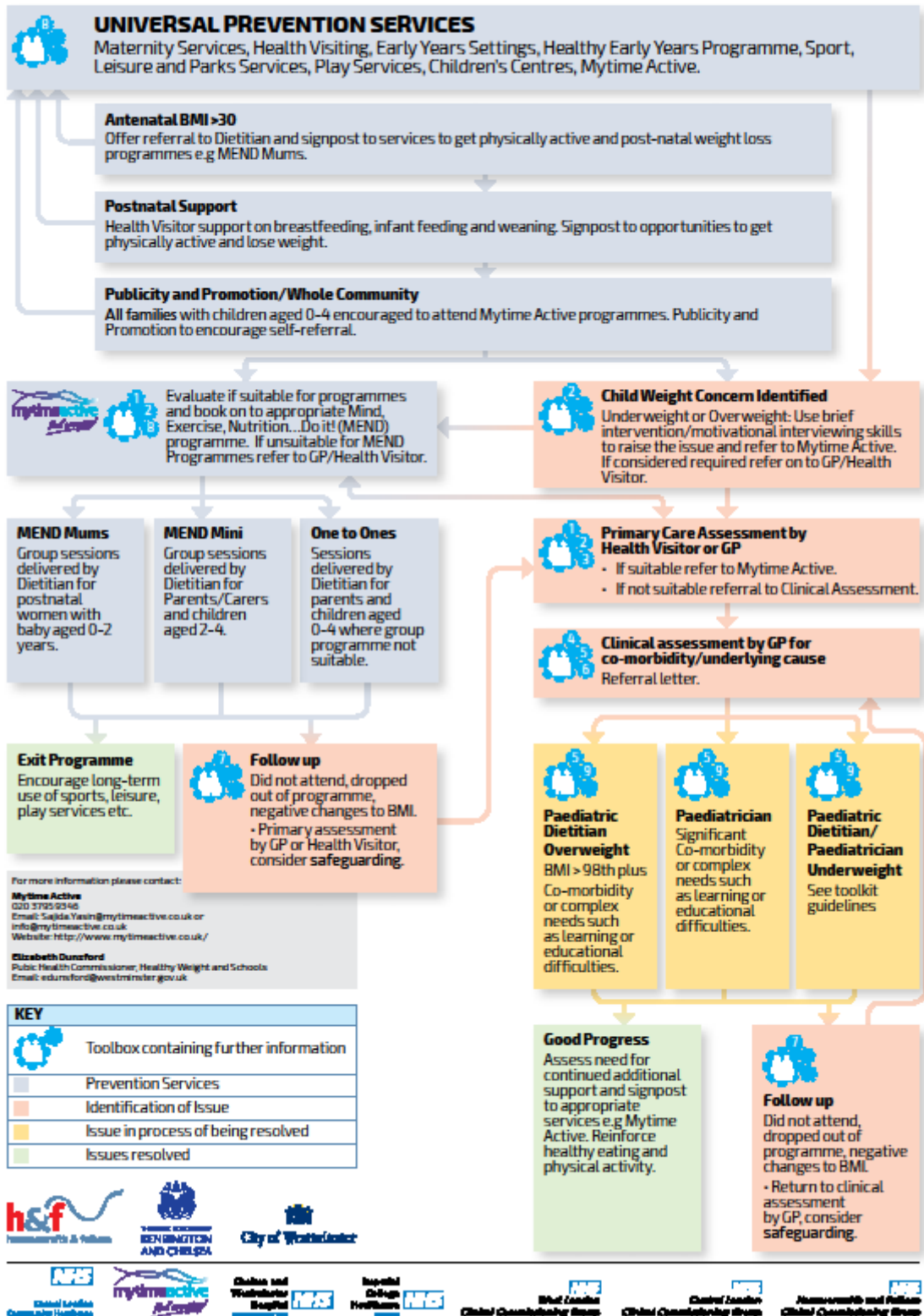
data will help correlate information and tell us whether changes in lifestyle happen in the children outside of the healthy weight range.

Qualitative data will also be collected with stakeholders to give rich context to the findings and identify the main drivers of any change. Process and cost data will also be collected in order to develop a toolkit to help other communities run similar programmes to implement sustained change.

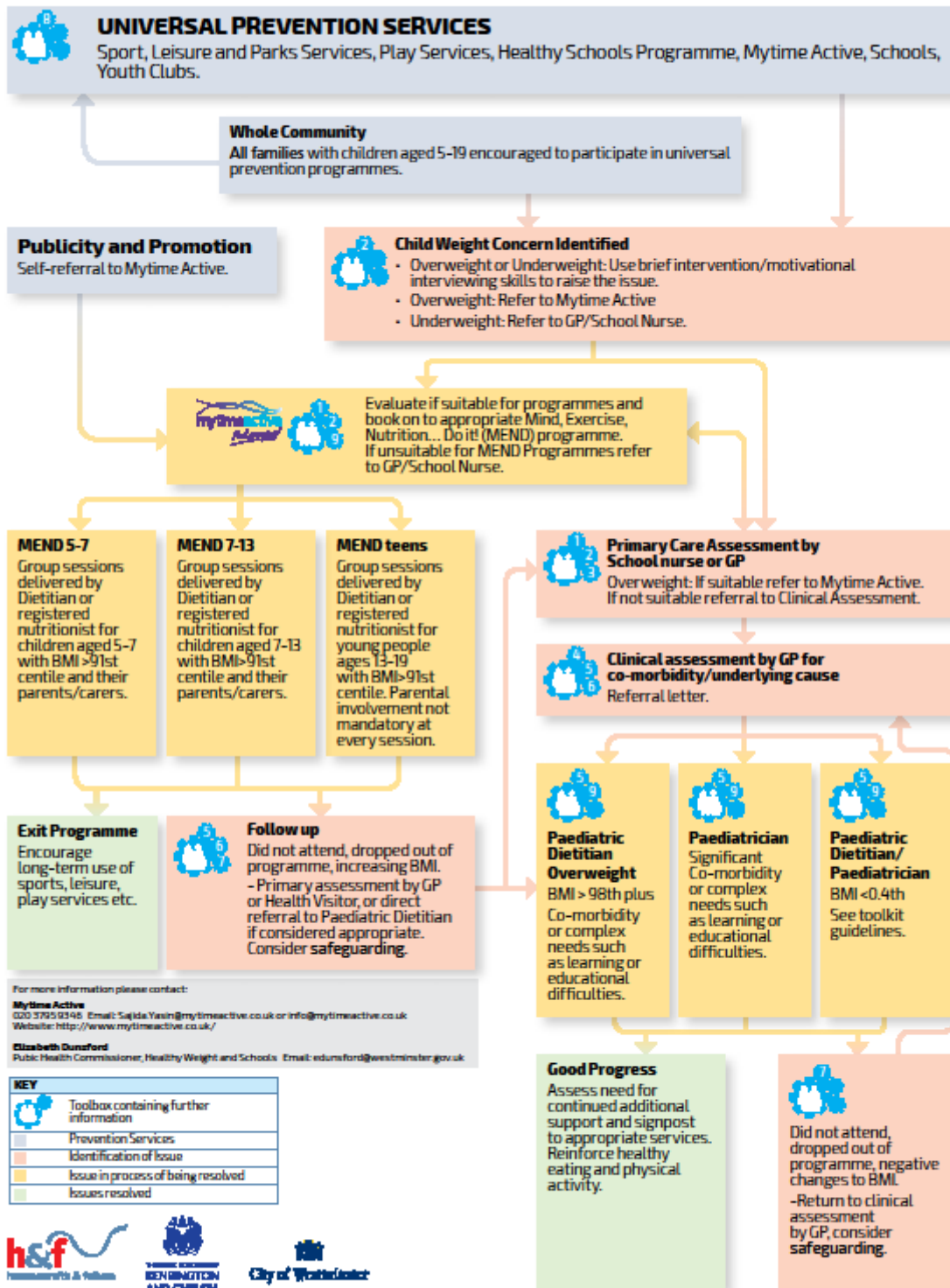
APPENDIX I

**The family healthy
weight care pathways
and toolkit (click to
open PDFs)**

FAMILY HEALTHY WEIGHT CARE PATHWAY (0-4 years) September 2015



FAMILY HEALTHY WEIGHT CARE PATHWAY (5-19 years) September 2015



KEY

	Toolbox containing further information
	Prevention Services
	Identification of Issue
	Issue in process of being resolved
	Issues resolved





Family Healthy Weight Care Pathway Toolkit

0-4 and 5-19

September 2015



Tackling Childhood Obesity Together, Annual Report 2016

Produced by the Public Health department covering the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and the City of Westminster