



UPDATE ON HEALTHY WEIGHT BOARD'S PROGRESS 2011/12

AIM

- The purpose of the paper is to update the Children's Trust on the progress made on the board's delivery plan since June 2011. It will outline the achievements and lessons learnt and will offer recommendations for 2012/13.

OVERVIEW OF DELIVERY PLAN

- In June 2011, the Children's Trust agreed the terms of reference and the delivery plan of the Healthy Weight Board. This board is a partnership board made up of representatives from NHS Hounslow, Hounslow and Richmond Community Care Trust, London Borough of Hounslow, West Middlesex Hospital, Great West Clinical Consortium, voluntary and independent sectors. The task of the Healthy Weight Board is twofold:
 - To reduce the level of obesity within adult and child populations
 - To increase the level of physical activity within the adult and child populations

Both sub-populations are being targeted, as levels of childhood obesity are associated with levels of adult obesity within a population.

- The Healthy Weight Board's delivery plan takes a life course approach to preventing and reducing obesity in the population. The plan starts with preventative activities and weight management interventions at maternity through to adulthood. It also looks at trying to remove the barriers to healthy weight within the borough. The plan is outcomes based. It is hoped that through the efforts of implementing the plan - and subsequent plans in the following years – a reduction in the % of obese children in reception year and year 6 can be achieved from 14% and 24% to 12% and 23% by the years 2012/13. The other two outcomes were a 5% % of Year 1-13 children partaking in at least 3 hours of physical exercise from 64% in 2009/10 to 69% in 2011/12 and a further decline in the % of obese adults to 2006 level of 20% (as measured by modeled estimates from the Health Survey England).
- Under each section of the plan, each initiative has key actions and performance indicators (See Appendix 1 for the delivery plan in full). All members of the board were involved in the development of these initiatives. Where possible, initiatives were constructed from the best available evidence on what was effective in preventing and reducing obesity. Many initiatives were already ongoing – e.g. weight management programmes provided by the Healthy Weight Team or 'Weigh to Lose' programme. However, there is a consensus in the



literature that while there is a paucity of good evidence on preventative activities and interventions, support of local endeavours is adequate as long as there is proper evaluation of the programmes. The Healthy Weight Board's plan therefore offered the local providers a mechanism for monitoring their own performance that is then used to improve the delivery and the effectiveness of that programme. In addition, the quarterly performance reports from each provider represented on the Healthy Weight Board was compiled by the public health manager into a performance monitoring framework. This provided timely and up-to-date information regarding the physical activity, weight and levels of obesity within Hounslow's population. This information was used by the public health team to inform commissioning of healthy weight related services within the health services.

PROGRESS ON THE PLAN

- The Healthy Weight Board meets bi-monthly. Since June 2011, it has met 4 times. Attendance varies between meetings but participation from all members is high.
- There are very close links with C-SPAN (this group feeds into the board and the chair of C-SPAN reports on the group at each Healthy Weight Board meeting). This means that the 'Hounslow Physical Activity and Sport Strategy' ties in with the strategic direction for tackling obesity in Hounslow. In addition, the work of the Healthy Weight Board also links in with the Health Checks Programme, which has recently been re-started in GP practices and the Healthy Lifestyle Roadshow.
- The % of obese children in Reception dropped from 14% in 2009/10 to 12.7% in 2010/11 and the % of obese children in Year 6 dropped from 24% to 23.4%. While it is too early to tell if this decline will continue, the drop is welcomed and found to be encouraging by the Healthy Weight Board. Unfortunately it is difficult to ascertain whether or not the increase in % of Year 1-13 children partaking in at least 3 hours of physical exercise in school per week has been achieved. This is because the Schools Sports Partnership Survey is no longer been undertaken.
- Appendix 2 summarizes the progress made on the delivery plan since June 2011. Apart from four initiatives, all actions are either completed or on target for the end of 2011/12 (i.e. 31st March 2012).
- A few actions had to be modified since their inclusion in the delivery plan – e.g. provision of healthier foods in schools. This was either due to changing structures affecting delivery or due to an alternative more efficient way being identified. For example, in November 2011 the Consultant in Public Health



learnt at the Heartbeat Awards Steering Group that Environmental Health were operating an Olympic Project and the Healthy Catering Commitment. The former identifies those premises that received 0-2 stars (in terms of food and hygiene standards) and works with them to improve the star rating in time for the Olympics. The latter project works with those eateries not doing well and aims to improve them including making food options healthier. It was decided to set up a new working group of the Healthy Weight Board (Food and Nutrition Group) which is dedicated to improving the quality and choice of food in catering throughout the borough. The group's work includes the Olympic Project, Healthy Catering Commitment, the Heartbeat Awards Scheme and developing and delivering healthy eating policies for early years, school and local authority settings. Membership of this group reflects key commissioners, planners and providers of catering, dietetics, environmental health and public health. This group is accountable to the Healthy Weight Board and will operate to a delivery plan including targeting Food Poverty areas. The group met for the first time on March 19th 2012 and is chaired by the Public Health Programmes Manager.

- Food Dudes programme started in Alexandria Junior School in February 2012. This school was chosen for the pilot as it has a high proportion of overweight and obese children. The first cycle commenced on the 5th March 2012 and there has already been some positive feedback from parents and the head teacher around children asking for fresh fruit and vegetables. This programme will be formally launched at Alexandria Junior School on March 27th at 9am. It will however, be some time before we receive the results on this programme but it does have a very strong evidence base of success.
- MEND for 5-7 years olds started in January 2012. This is commissioned by public health (on behalf of NHS Hounslow) and is part of the clinical care pathway for childhood obesity (Appendix 3). Three programmes were commissioned to cover Feltham, Central Hounslow and Brenford. These areas were identified as areas of need from the 2010/11 NCMP data for Hounslow. The first programme is running in Feltham with 7 children and their families taking part. (There is a maximum of ten children per programme). By week 7, all families were partaking regularly and there have been no drop outs. The siblings and parents are also obese and changes in behaviour around sedentary behaviour and diet have already been observed. An evaluation of the programme is due in June with a 6 month and 12 month follow up at a later date. The next two programmes start in April and referrals are coming in as part of the care pathway. A further three programmes will be commissioned from September onwards and MEND are currently working on a costings for running MEND for 7 to 13 year olds. This is for two programmes and all MEND programmes in Hounslow are delivered by Fusion, who offer all participants ongoing support through their facilities when the programmes end.
- The Healthy Weight Team provides weight management interventions for overweight children and for obese children aged 7 and older. Performance



reports for the Healthy Weight Board show that these interventions are being effective. However, when the children and young people's obesity care pathway is audited in June 2012, we will have more information on how successful these interventions have been. The Healthy Weight Team is currently developing a peer support programme for adolescents. Adolescents have been identified in the Obesity Needs Assessment (will be available from April 2012) as having unmet needs in regard to healthy weight. There is evidence from the United States that a peer support programme can be effective in reducing obesity in adolescents. The Healthy Weight Team is working with public health to develop a programme that will train and develop peer supporters for weight loss amongst teenagers. The programme will be accredited and will be evaluated to see if such a programme is acceptable, applicable and effective in Hounslow's population.

- Public Health undertook a review of the healthy weight services provided for adults by Hounslow and Richmond Community Care Trust. The results were fed into the contract negotiations for 2012/13 and hopefully will lead to improved provision of services for adults.
- The Children and Young People's Obesity Clinical Care Pathway was agreed by the Joint Commissioning Clinical Executive Committee (JCEC) in December 2011. It will be audited in June 2012. The adult clinical care pathway is currently underway and will be brought to JCEC in April 2012 for ratification.

'TACKLING OBESITY' LAUNCH

- Following suggestions from the Children's Trust in June 2011, the delivery plan was launched with a Health Fair on Tuesday 25th October 2011 at the Civic Centre. Named 'Tackling Obesity', the idea was to let the public know that we are working together to tackle obesity, particularly childhood obesity.
- Using the mechanism of a fair, providers of various healthy weight services were invited to have stalls or taster sessions of the services they provided. Members of the public could sample 'dietary makeovers', make smoothies using a bicycle, do Zumba and Bollywood dancing, Nordic walking, football and dance mats amongst other activities.
- Over 250 adults and children attended. Children were overheard saying that they never knew that exercise made them 'hot' and 'happy'. Parental feedback in the evaluation forms stated that they had no idea that being healthy could be so much fun and that the event was a great thing to do during the mid-term break.



- Leading up to the event, we ran a 'Healthy Project' competition during the summer holidays for school children. Primary and secondary school children were encouraged to be as creative as possible in thinking of how they would get their families to eat and live more healthily. The entries were outstanding from short stories on protagonists learning the value of healthy eating to comic strips and movable cardboard models on exercise. Prizes were given out on the day by a local celebrity, Red Madrell (star of 'Kidulthood').
- We also launched the 'Healthy Hounslow Cookbook'. This is a collection of recipes from members of the public and reflected the diversity of cooking in the borough. This cookbook is being used in cooking classes at children's centres.
- The launch was evaluated using participant feedback and checking with providers on the uptake of their services following the event. All have found in an increase in uptake and awareness about their programmes and services which has been sustained.

HOUNSLOW TRAVEL MILES CLUB

- In December 2011, the Consultant in Children's Public Health applied and won a small grant to run a workplace initiative (Travel Miles Club) to improve the amount of incidental exercise NHS and LBH employees do in a week. The aim is to get the staff doing their minimum 30 minutes of exercise a day whilst travelling to and from work. The scheme works like an air miles scheme. For every minute of exercise you do, you earn a point. Staff can compete as teams of four people for a 4 week period, 5 days a week. Each participant receives a 'passport' to record their daily activities and/or can complete it electronically on the Hounslow Travel Active website. When people complete 5 days of 30 minutes exercise each, they will have gone 'Coach' (2400 travel "miles") and cash in their points for book vouchers. If they do more exercise – like getting involved in a workplace lunchtime activity or walk between sites for meetings – they get upgraded to Business Class (3350 travel miles) and can cash in their points for shopping vouchers. The best performing team will get upgraded to 'First Class' and they can win up to £100 each.
- This scheme started on the 13th March 2012. It will be evaluated 6 weeks after the project ended and again at 6 months to see if any changes in behaviour have been sustained. The results will be fed into evidence base on whether or not such a scheme does or does not work in improving uptake of physical activities and improvement of health in the workplace.

LESSONS LEARNT

- It has been difficult to collect performance reports from some members of the board. The introduction of a standardized template in July 2012 has helped but



there is still a gap in information. The public health programmes manager is continuing to work with providers to encourage them to submit information as without data to monitor progress, it is difficult to ascertain effectiveness of programmes.

NEXT STEPS

- As the National Obesity Strategy was published in 2011, Hounslow's strategic direction needs to be updated to take into account the Government's thinking. Whilst the 2011/12 delivery plan already reflects the life-course approach, working in close partnership on a local level to seamlessly deliver preventative and weight management interventions and 'action learning' (i.e. making sure that we learn as much as we can from initiatives and interventions as they progress), we should have an updated Obesity Strategy. This strategy is currently being drafted and a sub-group of the Healthy Weight Board will meet before May 2012 (the next Healthy Weight Board) to discuss and amend the draft. Following presentation to the Healthy Weight Board in May 2012, it is proposed that the strategy along with the related 2012/13 delivery plan will be presented to the Children's Trust in June 2012.
- The public health programmes manager has been compiling all performance reports from members on the board into a local performance monitoring framework. It is proposed that at the next Healthy Weight Board meeting, this dataset is presented to the group for discussion on how to continue to develop this into a local data or indicator set that can help inform whether or not healthy weight initiatives are being successful. An update on this can be presented to Children's Trust in June 2012.
- In April 2012, there will be a review of the Healthy Weight Board. It was agreed at the last meeting that while the board has come a long way, there is still room for improvement. This review will consist of each member completing a questionnaire on their views on the operations of the board, their role on the board and how they think the board could improve. It is recommended that this be an annual review to ensure that the momentum of good partnership work continues and improves.
- The year 2012/13 will be a year of immense organisational changes both for the NHS and local authority. There will be changes to the commissioning of healthy weight services. It is recommended that a group of current LBH and NHS commissioners meet to take stock of what is currently being commissioned and what resources are available. These conversations have already informally started including ideas of setting up a fund and requesting 'expressions of interest'. Such a group can also take stock on what is and should be



commissioned around the five approaches that have been deemed to be effective in preventing obesity and managing weight in children:

1. Whole school approaches (e.g. Food Dudes School Programme)
2. Provision of family programmes (e.g. MEND) – there is a greater likelihood of success if family-based and individual interventions are utilised (NICE 2006)
3. Provision of better sports facilities in the community
4. Development of local cycle routes and facilities and promotion of walking and cycling
5. Improving street safety for families.

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