National Support Teams
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# Annual Report and Update on the Work of the Childhood Obesity National Support Team

## March 2010

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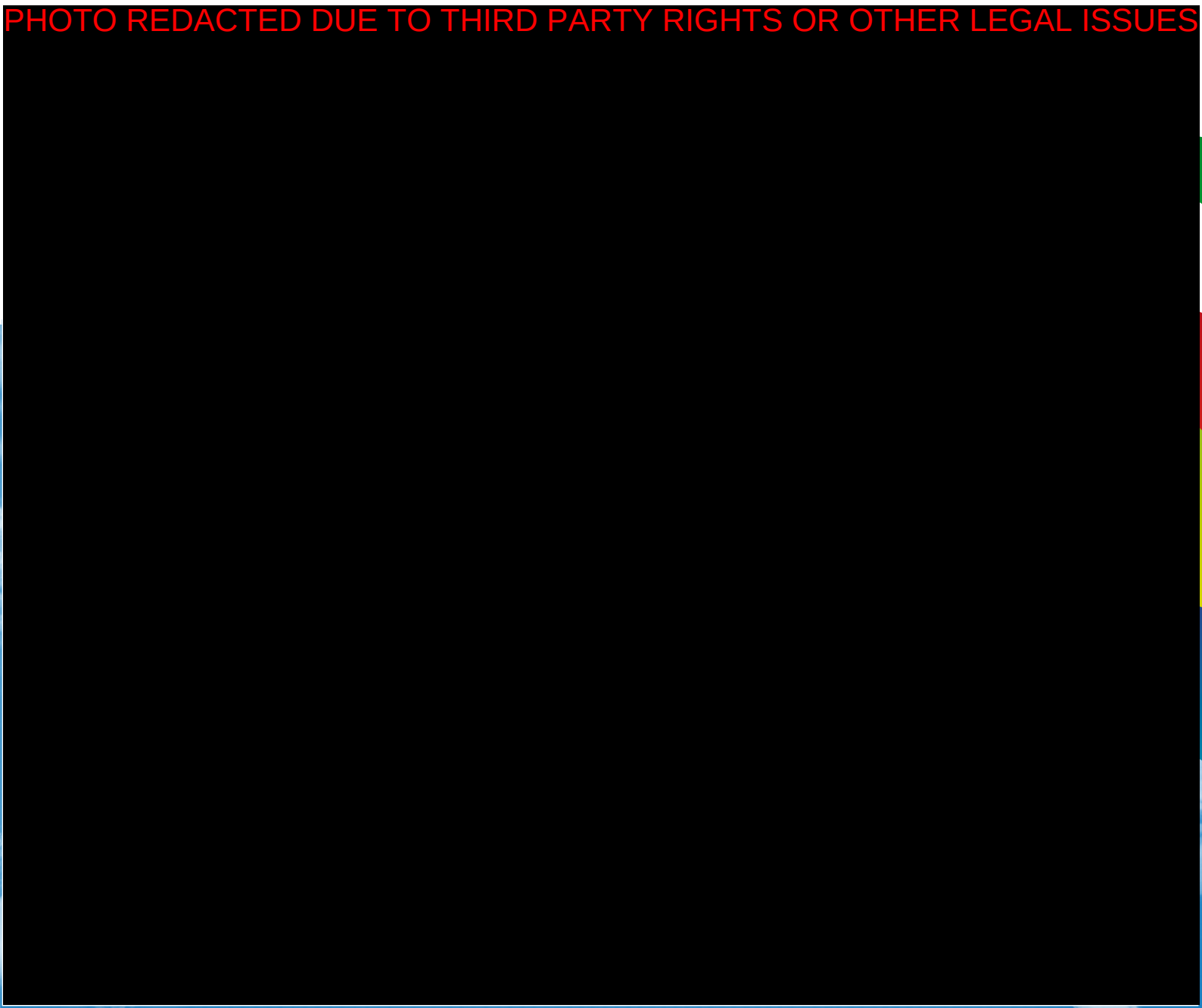

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# Foreword

Over the past two years there has been a growing recognition that helping people to achieve and maintain a healthy weight should be seen as a population wide issue with a role for everyone to play. Change4Life, of course, has had an immediate impact and is supported by a number of national and local programmes. The Childhood Obesity National Support Team as one of these initiatives has been striving to support existing, and create new, partnerships across the country to support delivery for this important agenda.

I am delighted to commend this 2nd annual report from the team which will provide you with a comprehensive picture of the team's commitment in supporting the local tier as well as for the first time being able to share learning from their comprehensive visit schedule.

By the end of 2009 the team had undertaken 36 visits in order to carry out diagnostic work in these areas and offer tailored, objective advice and support. We know that local areas have valued the focus and prominence that NST visits bring in their wake, often providing the impetus to take stock of where they are up to with their healthy weight strategy and bringing together staff who have not previously met.

Specifically the team have been actively supporting local areas in:

- identifying and meeting the needs of their own populations,
- addressing the specific local issues facing them; and
- helping them to meet their own local priorities and targets.

Comments from local areas would indicate that they have found the visits to be very beneficial:

*"I particularly welcomed the catalytic effect of the team's visit."*

*"I think the presentation of the issues was clear, well paced and well presented. The organisation of the feedback meant that we could each identify our roles and responsibilities in it."*

It has been an exciting and a challenging time to be involved in this public health agenda, with the rapidly emerging guidance and implementation of policy proposals. The National Child Measurement Programme is beginning to show a levelling off of the year on year increase in childhood obesity, and we know from our visits that local areas are keen to learn from each other, to know what is working and where to invest their resources.

I am pleased to be able to share with you the learning from those visits, both in terms of the identification of local strategies and initiatives that appear particularly promising and the areas where there appear to be room for further development. I hope that you find this report both interesting and useful.

Cathy Hamlyn
Director of National Support Teams

# Contents

# Introduction

The Childhood Obesity National Support Team (CO NST) was established in September 2007 to provide intensive, tailored support for areas facing the largest challenges in making progress against this agenda. As stated in *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England* (p.29) and *Healthy Weight, Healthy Lives – One Year On Report* (p.46–48), the contribution of the CO NST is seen as an integral part of the Government's overall support in achieving their ambition to:

*"reverse the rising tide of obesity and overweight in the population, by enabling everyone to achieve and maintain a healthy weight with initial focus on children in order to, by 2020, reduce the proportion of overweight and obese children to 2000 levels."*

This target is jointly owned by the Department of Health (DH) and the Department of Children, Schools and Families (DCSF).

# Background to the National Support Teams

National Support Teams were established by the Department of Health in 2006 to support local areas at risk of not meeting key public health targets. The teams work by providing an intense visit, looking at all the contributory documents and talking to staff involved in the particular agenda. An objective assessment is then fed back to the local area in the form of a report containing recommendations for action.

We have a unique relationship with local areas as we do not have formal links to any performance management process. The local area is our client and the report and recommendations remain the property of the local area to act on accordingly.

The CO NST was the fifth NST to be established. Between September 2007 and December 2009, the CO NST has undertaken 36 visits to local areas covering each of the regional government office areas – 28 of those visits have been to 'Spearhead areas'.

In our first annual report *Childhood Obesity National Support Team – Update of Findings* we explained how we work and reported on what we had found. This is available at www.dh.gov.uk/const. This document builds on that report and outlines the work undertaken and the learning from that work between January and December 2009.

# Section 1
# Overview of the year

## Where we have been

Between January and December 2009 the Childhood Obesity NST has visited 14 local areas to conduct diagnostic visits. A further 12 follow-up visits were undertaken, hearing from local areas what progress they have made and what further personalised support they would like from the CO NST. (**Appendix 1/ Appendix 2**)

## Selecting appropriate areas

The process of selecting areas to visit is an important one. We have continued to work in consultation with the regional government offices, who suggest which local areas they believe would benefit from a visit. The Director of Public Health is then approached to see if a CO NST visit would be welcome. Most of the areas are selected, at least in part, because of the evidence provided by the National Child Measurement Programme (NCMP) data.

However, it has also become apparent during the year that there can be very large variations within a local area (between 'Super Output Areas'). There are some areas with high rates of children of an unhealthy weight, which are actually performing better than might be expected when this is adjusted for deprivation and ethnicity. The converse is true in other areas that appear to be performing reasonably well but actually have lower levels of deprivation and/or ethnicity and therefore could reasonably be expected to be performing better.

Despite focusing mostly on 'Spearhead areas' a comparison of the past three years' data from areas visited would support the idea that there is a levelling out of the upward trend in overweight and obesity even in these areas. Nevertheless, as some areas still have rates of obesity and overweight of around 33 per cent there is no question that this is a population-wide issue and that there is still a considerable amount of work to be done to achieve the Government's aspiration around healthy weight and healthy lifestyles for all children and young people.

## Other developments

During the course of the year, we have worked hard to stay abreast of developments in the field. Turnover within the team has presented the opportunity to recruit three specialist associate delivery managers in the fields of food and nutrition, physical activity and planning and the built environment. The posts mirror the national 'Healthy Weight, Healthy Lives' strategy and will support these key areas of work. These staff will be in a position to offer ongoing support in their areas of expertise to local areas.

## Other events/activities undertaken

In addition to these initial and follow-up visits, during the course of the year we have undertaken and contributed to numerous other events and activities.

We have had representation on the Cross Government Obesity Programme

Management Board and met regularly with policy colleagues in order to ensure that we have informed each other's agendas and kept abreast of developments. We have regularly provided an input at the Regional Obesity Leads meetings and have also provided advice to the DCSF regarding Early Years provision and developments around healthy weight.

We have designed a 'Pathways into Commissioning' workshop and we have run this as a follow-up session in Cornwall, Leicester and the Isle of Wight at the request of these local areas. Funding and advice have been provided to a data project in Liverpool to enable longitudinal data collected over a number of years to be compared with more recently collected NCMP data. We have also funded and supported a pilot project around Early Years and physical activity in Leicester.

Presentations have been delivered at the British Dietetic Conference, a local government unit healthy weight event and the 'Living Places' launch conferences in Newcastle and Cambridge. In addition we have contributed to the development of regional engagement events between planning and health in Yorkshire and the Humber and the North West and to a Capita Early Years Conference.

Our opinion has been sought regarding the development of the Obesity Learning Centre and we have reviewed and commented on the BMJ training modules around obesity and a CPD learning module for planners and health professionals being developed by the University of the West of England and SW regional office.

## The value of an NST visit

1) The team has now completed 36 diagnostic visits in local areas; we are uniquely placed to gather local intelligence and good practice and share this information through our visit process. Objectively tailored advice grounded in specialist knowledge and experience is at the heart of our approach. We are keen to understand and build on local progress, and to this end we:

- identify what is already working well locally;
- draw out key strategic and operational challenges to be faced locally; and
- provide recommendations that will assist them in moving forward.

2) We are in a strong position to be able to promote current opportunities and to encourage local areas to benefit from these.

In the first year we focused on:

- the inclusion of appropriate targets and indicators in Local Area Agreements and Children and Young People's Plans;
- social marketing and the training and funding being provided centrally;
- NCMP coverage rates; and
- maximising the resource available through Healthy Start.

During the current year we have encouraged local areas to:

- consider healthy weight as one of their World Class Commissioning priorities;
- maximise the widespread brand recognition of Change4Life;
- build on the impact of routine NCMP feedback to parents; and

- consider adopting healthy weight as an enhanced Healthy School indicator.

Looking forward the focus is likely to be on:

- translating high-level strategic outcomes into action through commissioning;
- the requirements of Quality, Innovation, Productivity and Prevention (QIPP);
- the inclusion of healthy weight within children's workforce development strategies;
- the inclusion of adults (45–65) in the Change4Life campaign;
- the contribution that can be captured around active and sustainable travel in the revised travel plan (LTP3) proposals; and
- implications of the Boorman report on tackling workforce health.

3) We are also in a position to publicise and promote linked/allied Government policy and initiatives such as School Food Standards, Extended Services, Healthy Schools, etc. Next year this is likely to include the 'Active Travel Strategy', 'Let's Get Moving' and adult health checks.

## Knowledge management analysis

During the course of the year, work has been undertaken by the corporate NST team to analyse the recommendations made to local areas by National Support Teams, to identify common themes and priorities that are emerging nationally for key public health issues, as well as the more specific recommendations made by individual teams. Early findings from this work can be found in **Appendix 3**.

# Section 2
# Themes of childhood obesity and learning from visits

Until relatively recently the team focused its diagnostic visit process on 10 specific themes relating to healthy weight:

1) Vision and strategy
2) Data and evaluation
3) Commissioning
4) Prevention – early years
5) Prevention – school age
6) Work with parents and families
7) Management weight
8) Built environment
9) Workforce training and development
10) Communications.

The observations and learning from our visits during the course of this year will be addressed under each of the headings, together with examples of innovative approaches and promising practice.

## 1) Vision and strategy

In terms of vision, strategy and organisational arrangements, we are looking for evidence of clear leadership from the top, with an articulated direction of travel and senior staff support for this agenda.

Over the past year tackling childhood obesity has been included as a strategic objective within at least one high-level document in every area we have visited. Almost every area has adopted at least one of the childhood obesity indicators (NI55/NI56) in their Local Area Agreement. In the best examples there is a clear and obvious 'golden thread' linking Local Area Agreements, the Children and Young People's Plan and World Class Commissioning priorities. This is markedly different from the previous year and demonstrates considerable progress in addressing this agenda.

We have encountered a much greater understanding of the contribution of planning and the built environment, and this now needs further work to ensure areas are fully engaged at the appropriate time and in appropriate forums.

These are very positive steps in the right direction; however, it is still common to find healthy weight strategies written without the full engagement of all relevant stakeholders during the consultation process: This leads to poor ownership by partnership organisations and large sections of front-line staff. Reporting structures and action plans to support the implementation of the strategy are often piecemeal, and it is not uncommon to see a variety of local groups working in silos with overlapping agendas.

Examples of potential good practice include:

- South of Tyne and Wear has produced a fully comprehensive strategy and action plan which sets out the high-level outcomes and actions required of all partners.
- Nottingham has articulated a vision for tackling childhood obesity which can be followed through all their documents as a 'golden thread'.

## 2) Data and evaluation

Most areas are now meeting their data collection requirements. A small number are beginning to translate sections of their data into local intelligence, particularly with regard to the National Child Measurement Programme (NCMP). There are, however, significant challenges to face if local areas are to build robust intelligence systems to inform the commissioning of effective healthy weight interventions. Common problems include:

(i) Incompatible data systems together with poorly developed data-sharing protocols are preventing the sharing of data between local services (this is particularly problematic in Early Years' services where data-sharing between local NHS providers such as midwifery, health visiting and local children's centres is often very limited); and

(ii) Data are collected to meet performance targets; commitment to and investment in their conversion to local intelligence is limited.

There is emerging use of smart technology to capture data and provide genuine intelligence on which commissioning decisions can be made. Learning from these early adopters should be shared as early as possible, as mistakes in this field are very expensive to rectify retrospectively.

Local areas are beginning to include the National Obesity Observatory's Standard Evaluation Framework as a commissioning requirement for children's weight management programmes. We have found that most projects are not evaluated at all and, where they are, the evaluation is either insufficiently robust or challenging. Commonly there is a failure to ask questions relating to the desired outcomes and an over-concentration on satisfaction rates.

Examples of potential good practice include:

- Barking and Dagenham has introduced smart card technology to capture data and allow effective interrogation and analysis. This is gradually being extended to capture and analyse more real-time data.
- Poole has produced comprehensive neighbourhood profiles.
- Nottingham has a section dedicated to childhood obesity contained within its Joint Strategic Needs Assessment.
- The Isle of Wight has mapped its reception year NCMP data back to children's centre catchment areas.

## 3) Commissioning

As stated previously, reducing childhood obesity was a strategic outcome within at least one high-level document in every area we visited last year. Translating high-level strategic outcomes around this agenda into local commissioning frameworks with clear outcomes is a real challenge for local areas.

We have seen evidence of small-scale projects being commissioned, including from the voluntary and third sectors, but have not seen evidence of commissioning at a strategic or programme level.

Many areas we visited had not yet aligned or merged children's budgets and, whilst a strong commitment to joint commissioning was often expressed,

arrangements were often in the very early stages of development. Areas acknowledged that their local NHS organisation, children's services and the wider local authority were at different stages of development within the context of commissioning and that this was undermining progress.

Other factors identified by local areas as contributing to the slow development of commissioning to reduce obesity included:

(i) under developed local intelligence to inform the commissioning process;

(ii) little or no evaluation of local projects and programmes to support recommissioning, development and/or decommissioning of local services;

(iii) lack of robust evidence nationally to advise areas what and where to invest;

(iv) competency of commissioners – many of them felt under-skilled and in need of development and support;

(v) governance arrangements for this agenda relatively underdeveloped; and

(vi) gaps in or inconsistency in local policy and guidance in a number of areas contributing to this agenda.

Until these issues are addressed, local areas will have considerable difficulty achieving their strategic outcomes to reduce obesity.

## 4) Prevention – early years

More local areas have strengthened their focus and co-ordination of the healthy weight agenda in early years settings: for example, we have seen Healthy Early Years initiatives that mirror Healthy Schools and many that encompass a mix of food, physical activity, parenting support, breastfeeding support, etc.

Co-location of staff is becoming more common and in the best examples there is easy access to a wide range of services, a good skills mix and clarity amongst all the staff as to their specific contribution. In line with the recent Audit Commission report, we have found the reach of children's centres to be limited in many areas, and greater consideration needs to be given to reaching families who choose not to attend or are unaware of them.

Awareness and take-up of Healthy Start is still patchy in many of the areas we visited, and stronger co-ordination is needed. Many areas are not re-charging for the vitamins they supply thorough the scheme.

Examples of potential good practice include:

- Bournemouth and Poole have demonstrated system and scale in their approach to addressing healthy weight in Early Years through a wide range of interventions and initiatives, including Healthy Early Years standards and a large-scale investment of time and resources in breastfeeding.
- Lewisham has produced comprehensive nutritional guidelines for the under-5s which incorporate culturally appropriate advice.

## 5) Prevention – school age

One significant change within schools settings over the past year has been widespread acceptance that schools have a role to play in children's health. Attainment is still a priority in many areas, but the correlation between healthy and happy children and attainment is much more widely acknowledged. The inclusion and strengthening of Ofsted indicators around health and wellbeing in schools and the recent Pupil Guarantee have helped.

The original target for participation in Healthy Schools and achievement of Healthy Schools status is now being met by most areas we have visited. We are now encouraging the adoption of healthy weight as one of the local/school indicators required by the Enhanced Healthy Schools framework.

The 2 hours of high-quality physical education and school sport is also now being provided by most schools (although less frequently at Key Stage 4), and most areas are working towards the 5-hour sport and activity offer.

School meals nutritional standards are being met in primary schools, though in secondary schools there are still some challenges. More secondary schools are considering school gate policies, which will help to ensure that the improved nutritional standards for school meals can make a useful contribution to this agenda.

Most schools in the areas we visited had school travel plans in place and many had received grant monies to invest in safer routes to school. Unfortunately, the impact of initiatives from this funding are not evaluated.

Consistent concerns around school-based initiatives expressed by local areas have included:

(i) a decrease in the length of time that pupils are physically active each week, as time during the PE and sport curriculum is spent in planning and evaluation, which are essentially sedentary in nature;

(ii) confusion around what can actually count towards the 5-hour target and how data can be captured and recorded to evidence progress towards the meeting of this target;

(iii) little or no monitoring of the impact of school-based sport and physical activity programmes, which is leading to concerns over funding beyond 2011; and

(iv) meeting school meal targets is largely seen as the responsibility of the school meal providers. Without the support of the wider school environment they are unlikely to progress beyond current levels of provision.

With regard to school meals we would add that over half of all pupils do not eat school meals and we have seen very little evaluation of packed lunch initiatives. There is also still considerable scope for improving the uptake of free school meals.

Examples of potential good practice include:

- Hull has run a proactive campaign to increase the uptake of school meals and has provided training for all midday supervisors to skill them in encouraging games and activities in the playground.

- Barking and Dagenham has adopted healthy weight as the local and school priority for Enhanced Healthy Schools.
- Lewisham has piloted making school meals mandatory in one primary and one nursery school.
- Wakefield is using the School Health Education Unit survey to gather additional information around obesity and weight issues.
- The Isle of Wight is using 6th formers as Change4Life champions working in primary schools.
- Western Cheshire has introduced the 'Stride Project' to encourage healthy lifestyle in young people aged 13+.
- Redcar and Cleveland has an exemplar training programme run by the school catering service.

## 6) Work with parents and families

We encountered a much greater understanding of the need to involve families and provide appropriate support around healthy lifestyles than in last year's visits. However, all areas are struggling to engage local families.

A few local areas had included positive parenting and healthy lifestyles within their parenting strategy, though the focus for many remained in combating antisocial behaviour rather than a wider approach to health and wellbeing.

We found that many interventions currently provided do not meet the needs of the children or families and are, in the main, undersubscribed with relatively high drop-out rates. Only one area we have visited has consulted with families whose children received an NCMP letter to explore how these had been received and the impact they had had on the child and family. More consultation needs to be conducted in local areas to find out what would be appropriate/acceptable and to encourage families to participate.

Examples of potential good practice include:

- Barnsley has consulted parents about the impact of routine NCMP feedback.
- Hull has launched a very well-received cycle facility in a local park for children with disability and their families, capitalising on the cross-cutting contributions this has made to areas such as 'Aiming Higher' and satisfaction surveys with local parents.
- Wakefield has paid particular attention to ensuring that provision is considered around healthy weight for children with special needs.
- Bournemouth and Poole has developed a 'One Stop Shop' specifically promoting physical activity opportunities across the area.
- Bournemouth and Poole has also focused on the mental health aspects of healthy weight.

## 7) Management of weight

### Pathways

All the areas we visited had committed to the development of care pathways and some had pathways in place.

Where these are developed however, they tend to focus on the more specialist end of the spectrum and largely fail to capture or explain the contribution of the wide

range of locally available provision and interventions in place.

Maternal care pathways for overweight and obese women had only been given serious consideration by two areas. The majority of areas did not collect baseline data on levels of overweight and obese pregnant women at booking, and investment in clinical interventions, and birthing facilities have therefore relied largely upon anecdotal evidence.

### Support services

- Age-appropriate provision is always limited and rarely includes any provision for reception-aged children, despite the fact that the NCMP process highlights the need for services for this age group.
- Weight management programmes offered largely rely on and promote 'MEND-type' programmes for families, and the number of places available is usually vastly below the potential demand. However as stated previously, despite this under-provision, take-up of places is usually extremely low.
- The choice of services provided is limited, mainly offering structured, group-based programmes. The potential of wider, community-based services is seldom explored or harnessed.

All the areas we visited had improved their take-up of NCMP and demonstrated a clear commitment to continued improvement. Most areas had elected to provide routine feedback to all parents informing them of their child's weight status and advising them where there were concerns. In most areas, little resource has been invested in the provision of signposting, support and appropriate opportunities for families who have received a letter informing them of issues around their child's weight status.

Examples of potential good practice include:

- In two schools, Nottingham has piloted a telephone follow-up by school nurses to all parents who had received a letter saying that their child was either overweight or obese, followed by the offer of a face-to-face meeting.
- Bournemouth and Poole has produced comprehensive care pathways for maternal obesity and for 0–3 year-olds, which are currently being piloted.
- In response to NCMP routine feedback, Barnsley has produced a letter incorporated Change4Life branding, which includes a parents survey on what type of intervention would help and which they would find most acceptable.
- Hull has been routinely collecting the BMI (body mass index) of pregnant women over a number of years.

## 8) Built environment

Consideration of the contribution of the built environment to this agenda is becoming much more evident, and many areas are routinely undertaking Health Impact Assessments on all new policies and large-scale developments.

Local areas are also beginning to use their planning powers to investigate and restrict planning applications and hot fast-food outlets, especially in areas around schools and community facilities.

Whilst the opportunities presented by Building Schools for the Future have been

welcomed in most areas, we have picked up concerns around loss of open space/ playing fields as part of the building programme. Additionally, some areas have expressed concerns about new kitchen facilities with insufficient capacity to deliver on school meal targets and dining facilities with insufficient capacity to accommodate pupils.

We have seen moves towards greater integration of green and open spaces with cycling and walking networks and allocation of funding for Active Travel in local transport plans to help achieve this. The ability to complete these networks, however, is often reliant on financial contributions from new development along the routes.

Geographic Information System (GIS) mapping is increasingly being used to identify play and open-space deficiencies and as a means of targeting Play Builder and Play Pathfinder monies to underserved and relatively deprived areas.

Examples of potential good practice include:

- Barking and Dagenham has produced an excellent document (*Saturation Point*) mapping existing hot-food outlets, with plans to use their local planning powers to limit further outlets.
- Bournemouth and Poole has included health explicitly in their Core Strategies.
- Wakefield has made good use of GIS mapping to provide excellent detail in their green space strategy.
- Nottingham has invested in 100 additional neighbourhood wardens and park rangers, as well as increased CCTV and lighting in parks to encourage greater usage.

## 9) Workforce training and development

### Staff development

A small number of local areas have made progress in addressing staff competencies around this agenda, though primarily to deliver healthy weight interventions to the local adult population.

Over the past two years front line staff have consistently expressed their concerns about initiating discussions on weight as an issue with a patient or client, as this is such an emotive topic. Excessive weight is highly visible (unlike other lifestyle issues), and this can further exacerbate the difficulty. Healthy Weight, Healthy Lives and One Year On estimated that around 60 per cent of NHS staff fall outside the healthy weight category.

No local area had conducted a systematic review of the competencies and confidence of front-line staff across the Children's Workforce. The small number of training programmes we have seen were designed to improve the knowledge and competencies of staff, but none of them have addressed the issue of confidence.

The mandatory requirement upon local areas to develop a Children's Workforce Development Strategy presents a real opportunity to ensure that all staff develop the necessary competencies and confidence to deliver effective interventions and contribute to local healthy weight strategic outcomes.

### Healthy workforce

All local areas visited acknowledged the importance of a healthy workforce and had made some progress in supporting staff and/or introducing measures likely to have a positive impact on their health. There were limited examples of a strategic approach to workforce health within our visits and, where these existed, they were usually being adopted on too small a scale to have a significant impact. Examples of partnership working around this agenda are rare.

The combined workforce of local NHS and LAs means they are nearly always the biggest employer in the area. For example in the one local area 65 per cent of the employed population worked within the public sector. Individual employees sit within families and community networks, and their potential reach into local communities goes way beyond patient and client contact. Within local areas this remains a hugely underdeveloped sphere of influence.

Examples of potential good practice include:

- Middlesbrough has included mandatory brief intervention training within all their service specifications and has commissioned a bespoke training package around raising the issue.
- Lewisham has a workforce travel plan in place, which has been commended by the Mayor of London's Office.
- Nottingham has introduced a workplace parking levy, with funds raised being reinvested in public transport.

## 10) Communications

We have seen widespread endorsement of the Change4Life programme within local areas visited in the past 12 months although levels of engagement do vary.

In developing local communications strategies, local NHS organisations have largely focused on their corporate requirements. All areas recognised the importance of social marketing, and a number of areas were making good use of the consumer insight work, although its application was often piecemeal.

We did not come across any examples of joint communications strategies between local PCTs, LAs and wider partners.

Examples of potential good practice include:

- Nottingham has made a strong commitment to embedding social marketing principles across the organisation; and to investment in training for all commissioners and front-line management.
- Isle of Wight – good co-ordination of Change4Life, including training all front-line staff to ensure the campaign's impact was maximised locally.

# Section 3
# Revised themes of childhood obesity

Over the past 12 months there has been an increasing expectation from local NHS and LAs that we:

- understand commissioning;
- embed it within our recommendations; and
- support the development of local commissioning.

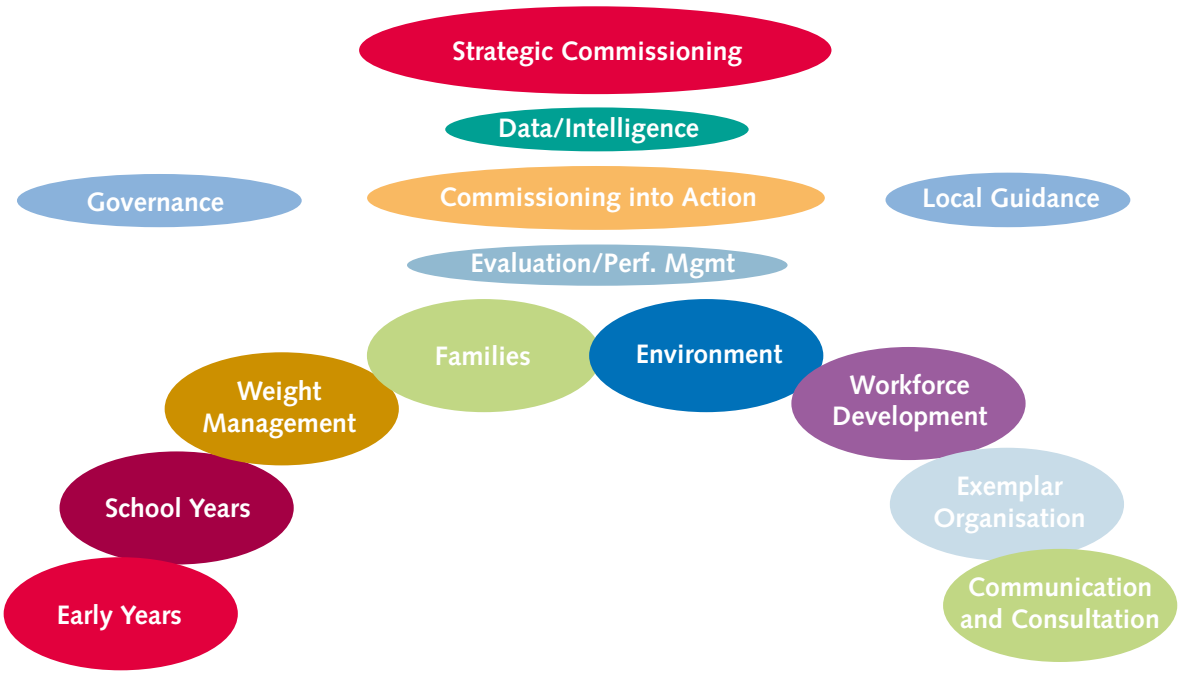
It became clear that we needed to align our diagnostic model with these expectations, and in early August the team undertook bespoke training with both the DH World Class Commissioning Team and Children's Commissioning Support Team (DSCF).

A considerable amount of work was undertaken during August to ensure that the learning from this training was captured and integrated into our diagnostic process. This led to a restructuring of our model and a change in our themes, which in turn has improved our ability to reflect and support local areas. The new model was first introduced in September and has been applied to all subsequent visits. The most significant changes included:

- Strategic Commissioning has replaced Vision, Leadership and Strategy.
- Data and Evaluation have been separated into two separate themes. As well as looking at the appropriate collection of data, under this theme we also now focus on how this is translated into local intelligence. Under the Evaluation theme we focus on the relative success or otherwise of commissioned services.
- Operational Commissioning was added as a new theme. Here we focus on a local area's ability to translate its strategic outcomes into commissioned services and the effectiveness of governance arrangements. We also ask whether local strategies, policies and guidance are in place to inform and support the commissioning process.
- Appropriately aligning our recommendations to local areas with the 11 commissioning competencies.

The new model and revised themes can be seen on the following page, along with an example of a recommendation linked to commissioning competencies.

## NST Healthy Weight Model




**An example of a recommendation incorporating the appropriate WCC (World Class Commissioning) competency**

Recommendations:

- The NST recommend that all relevant data are made available in appropriate format to all local partners, including provider services, to inform the commissioning process and the development of local services.
- WCC Competency 2 (work with community partners) – actively shares relevant information so that informed decisions can be made across the commissioning community.
- WCC Competency 5 (manage knowledge and assess need) – shares data with current and potential providers and with relevant community groups.

# Section 4
# Looking forward

In line with national strategy and in order to support the healthy weight agenda over the next year we will:

- continue to realign ourselves to market need;
- continue to provide diagnostic visits, (including signposting to other local areas, which local areas have told us is a very valued part of our process) and associated follow-up support;
- complete and distribute our second annual report;
- develop an adult obesity workshop and pilot this in Birmingham in May; and explore the potential to link adult obesity into future visits, especially in the light of the broader focus of Change4Life from February 2010 to include adults;
- produce a healthy weight 'Strategic High-Impact Changes' document based on the findings from our visits. This will identify the changes most likely to impact on local areas' ability to meet strategic healthy weight outcomes and most likely to benefit from a national or regional approach;
- in partnership with local areas and regional offices, develop tailored support and a portfolio of workshops/ masterclasses; and
- revisit previous Childhood Obesity NST local area reports to draw out 'potential good practice' and develop evaluation criteria. These evaluated examples will then be distributed through the Obesity Improvement Programme. Learning from visits and areas of good practice will be placed on the Obesity Learning Centre website for everybody to access – including good local examples of strategies and policies and examples of promising or innovative practice.

# Appendix 1

## Visits completed between January and December 2009

| | |
|---|---|
| North West | Ashton, Leigh and Wigan, West Cheshire |
| North East | South Tyneside, Gateshead, Sunderland, Redcar and Cleveland, Middlesbrough |
| Yorkshire and the Humber | Hull, Wakefield |
| East Midlands | Nottingham City |
| London | Lewisham, Barking and Dagenham |
| South Central | Isle of Wight |
| South West | Bournemouth and Poole |

# Appendix 2

## Follow-up visits undertaken between January and December 2009

| | |
|---|---|
| North West | Ashton, Leigh and Wigan |
| North East | South Tyneside, Gateshead, Sunderland |
| Yorkshire and the Humber | Sheffield, Hull, Wakefield, Barnsley |
| West Midlands | South Staffs |
| London | Newham, Lewisham |
| South Central | Isle of Wight |

# Appendix 3

## LEARNING FROM NATIONAL SUPPORT TEAM VISITS:

## CHILDHOOD OBESITY NST

**SUMMARY**

Analysis of recommendations made to local areas by the National Support Teams (NSTs) has been undertaken to identify common themes and priorities that are emerging nationally for key public health areas.

The key findings for the **Childhood Obesity NST** were as follows:

- Several common themes emerged across the visits. The most common themes were *data*, *weight management*, *organisational and partnership arrangements* and *leadership*.
- Recommendations around *data* were most common. Issues to emerge were the need for local areas to widen the data sources used to analyse and track progress with obesity, undertake more detailed analysis of the existing data (such as data from the National Child Measurement Programme) and use of these data to inform commissioning.
- In terms of *weight management*, the need to prioritise work on *care pathways* was mentioned in all but one of the visits analysed. This related predominately to the development or improvement of care pathways for children and adults, including maternal obesity pathways.
- In terms of *organisational arrangements*, the main themes to emerge were the establishment or adaptation of existing partnership arrangements to deliver on obesity and the need to engage a wider range of partners within these structures. Those perceived to be less engaged were frequently senior-level staff with responsibility for planning, transport and other aspects of the built environment.
- In terms of *leadership*, the main themes to emerge were the need for local areas to establish an obesity or healthy weight lead of sufficient seniority and/or with sufficient capacity to lead the agenda across the NHS and local authority.

Other key themes to emerge were:

1) the need to develop or improve *strategies or action plans* around healthy weight locally;
2) *commissioning* – commonly the need to develop commissioning frameworks, develop common service specifications making healthy weight everyone's business, and better contract management of providers; and
3) the development of *breast or infant feeding strategies*;
4) *school-age prevention work* – incorporating the need to focus on a range of activities from school food to school sport; and
5) *The application of a social marketing approach to obesity itself, or specific aspects of this, and improved* communications.

# KNOWLEDGE MANAGEMENT: Childhood Obesity NST

## 1. Background

The Childhood Obesity National Support Team (NST) was set up in September 2007. National Support Teams (NSTs) were established by the Department of Health to support local areas at risk of not meeting key public health targets. During intensive support visits to local areas, NSTs work with local partnerships and stakeholders to make an assessment of the major blockages to success and provide local areas with a series of tailored recommendations, highlighting a smaller number of early or key priorities for action, to support local areas in meeting national targets.

The aim of this project was to systematically assess the types of recommendations made during NST visits, in order to identify common issues emerging around key public health topics such as obesity.

## 2. Methodology

### *Development of themes*

The recommendations which NSTs produce and present to local areas following their visits are generally structured under a small number of main theme headings, such as 'Data', 'Communications' and 'Commissioning'. Not all main themes will appear in each visit report as, clearly, local areas vary in terms of their stages of development and their progress with specific public health issues, and NSTs aim to highlight issues of particular relevance to the individual local area. The full range of main themes that have been addressed by NSTs is shown in Table 1 below.

**Table 1: Main themes developed to code NST visit reports**

| | |
|---|---|
| Vision | Leadership |
| Strategy and performance | Commissioning |
| Data | Evaluation |
| Organisational and partnership arrangements | Communications and social marketing |
| Training | Access |
| Targets | Resources |
| High-Impact changes | Guidelines |
| Community engagement | Determinants of Health |

### *Development of sub-themes*

A project was undertaken to develop a series of *sub-themes*, to adequately account for and describe the wide range of recommendations that have been made to local areas by NSTs within each of the main theme categories shown above. This project involved members of each NST, using a 'grounded theory' approach, whereby staff scrutinised recommendations from actual visit reports to create discrete sub-themes. The number of sub-themes varied for each main theme. For example, the main theme of 'Evaluation' consisted of just two main sub-themes, covering recommendations relating to the undertaking of evaluation (eg being more systematic or robust in evaluating projects) and the actual application or use of evaluation results to inform commissioning. Other main themes contained many more sub-themes, reflecting the diverse range of recommendations made by the NSTs. For example, ten sub-themes of the main theme of 'Commissioning' were created, and eight sub-themes of 'Data'.

### *Generic and specific sub-themes*

The above describes sub-themes that were created for what could be considered 'generic' issues – ie issues that were not specific to an individual topic area, but which could potentially apply to more than one NST. More than 50 generic themes emerged. In addition, a smaller number of sub-themes specific to the NST topic area were created.

### *Coding of visit reports*

Following the creation of sub-themes, analysis was subsequently carried out using previous visit reports. For each area having received an NST visit, the recommendations from the relevant report that had been identified by the NST as being 'early priorities' or 'top take-home messages' were systematically coded. Recommendations covering more than one sub-theme were coded more than once to reflect this.

Childhood Obesity NST visit reports

For the Childhood Obesity NST, a total of 24 visit reports were studied, incorporating all visits undertaken by the team since January 2008, up to and including those undertaken in July 2009. The number of key recommendations scrutinised ranged from 8 to 20 and averaged 12 per visit report.

## 3. Findings

The distribution of the main themes that emerged from analysis of the reports from Obesity NST visits was much more balanced than for other NSTs. Table 2 illustrates the number of times the most common themes emerged. Although *data* was the most popular theme, several other themes (notably *weight management*, *organisational and partnership arrangements* and *leadership*) appeared on a regular basis. Overall, the most popular recommendations were on the theme of data, with 37 references to data across the 24 visit reports.

## Table 2: Summary of key themes emerging from analysis of Obesity NST visit reports*

| Main theme | Number of times cited as a key recommendation |
|---|---|
| **Data** | **37** |
| **Weight management** | **31** |
| **Organisational and partnership arrangements** | **28** |
| **Leadership** | **25** |
| Strategy and performance | 23 |
| Commissioning | 22 |
| Early years prevention | 22 |
| School age prevention | 21 |
| Social marketing | 21 |
| Training | 20 |
| Evaluation | 19 |
| Vision | 17 |

(*from analysis of 24 visits undertaken between January 2008 and July 2009)

### *Data*

The types of recommendation around data are shown in Table 3 below. The two most common issues were widening the data sources used (ie pulling together a wider range of data sources to better analyse the full range of indicators on obesity) and undertaking more analysis of the data – chiefly, better analysis of the National Child Measurement Programme (NCMP) data (such as analysis by ward, gender, etc) and collation of data on maternal obesity at booking, to inform approaches to weight management in a particularly vulnerable group.

**Table 3: Details of recommendations around the theme of data**

| Sub-theme | *Number of times cited as a key recommendation to a local area* |
|---|---|
| Widen data sources used | 10 |
| Undertake more analysis of the data | 10 |
| Use data for commissioning purposes | 5 |
| Improve data sharing | 4 |
| Improve data presentation | 4 |
| Ensure data systems are linked together effectively | 3 |
| Comply with data guidance | 1 |
| *Total number of references to data* | *37* |

## Weight management

The second most common theme to emerge was weight management. Detailed analysis of the sub-themes showed that recommendations were overwhelmingly related to the need for local areas to establish or adapt care pathways for healthy weight, for children and adults, including maternal care pathways: 23 of the 31 references to weight management included recommendations on this theme. Seven included references to the need to extend the capacity of weight management programmes offered locally, and one to the need to achieve a better balance between prevention and management within the pathways.

## Organisational and partnership arrangements

The third most common theme related to organisational and partnership arrangements around obesity and healthy weight. Of the 28 references to this theme, around half (15) related to organisational models – setting up or adapting existing organisational arrangements on obesity, and another half (13) to the need to engage within these structures a wider range of partners. Main gaps in existing partnership models were overwhelmingly related to the built environment and included planners, parks and open spaces, transport and so on.

### Leadership

The next most common theme to emerge was around leadership. In the main, these recommendations related to the need for local areas to establish an obesity or healthy weight lead of sufficient seniority, and with sufficient capacity to lead the agenda across the NHS and local authority. Less common sub-themes related to the need to identify champions for the issue locally and to provide leadership for the agenda by acting as a 'corporate citizen' and an exemplar with regards to policies, eg on food and physical activity at work.

## Other key themes

Many other common themes emerged, namely:

- *strategy and performance* – the need to develop or improve strategies or action plans around healthy weight locally;
- *commissioning* – commonly the need to develop commissioning frameworks, develop common service specifications making healthy weight everyone's business, and better contract management of providers;
- *early years prevention work* – specifically the development of breast or infant feeding strategies;
- *school-age prevention work* – incorporating the need to focus on a range of activities from school food to school sport; and
- social marketing and communications.

### Sub-themes

Analysis of the broader themes sometimes masks the importance of smaller sub-themes. Within the broad themes areas, the 'top ten' sub-theme recommendations made by the Childhood Obesity NST were as follows:

### 'Top ten' common priorities for obesity

1. developing or improving existing *weight management pathways* for children and adults, including maternal obesity pathways (23 of the 24 areas);

2. establishing *strategic leads for obesity* with sufficient seniority and capacity to drive the agenda forward both within the NHS and with the local authority and other partner agencies (18/24 areas);

3. reviewing *organisational arrangements* for obesity to ensure fitness for purpose (15/24 areas);

4. Developing *breast and infant feeding strategies* (15/25 areas);

5. developing or improving *strategies or action plans around healthy weight* locally (14/25 areas);

6. engaging a *wider range of partners* in the partnership arrangements for healthy weight, principally senior representatives for planning, transport, parks and open spaces, and the built environment in general (13/25 areas);

7. undertaking *evaluation*, or being more systematic or robust about the local approach to evaluation (13/25 areas);

8. developing a *clearer, shared vision* for addressing healthy weight locally (13/25 areas);

9. developing a comprehensive *workforce strategy* to up-skill the workforce in relation to the prevention and management of a sensitive public health topic (13/25 areas); and

10. *improving data collection and analysis*, eg better analysis of the National Child Measurement Programme (NCMP) data, collation of data on maternal obesity at booking, and drawing a wider range of data sources together to better analyse the full range of indicators on obesity (10/25 areas).

## Conclusions

- This analysis captures a 'moment in time'. During the period covered (Jan 2008–July 2009) a huge amount of additional guidance has been produced (primarily by NICE), which has added to the understanding of the issues around this agenda.
- Some issues that featured as recommendations in early visit reports have been largely resolved and are therefore no longer key issues. For example, initially local areas were struggling to get obesity indicators included in Local Area Agreements (LAA), but now virtually all areas have either NI55 or NI56 in their LAA and over half of PCTs in England have it as a World Class Commissioning (WCC) priority.
- The ability to advise and encourage areas to capitalise on these immediate opportunities is crucial to the value of the NST process, but results in recommendations constantly changing. For example, most areas now are aware of social marketing and have healthy weight indicators in their performance monitoring framework, but the opportunity afforded by routine feedback to parents and Change4Life are areas that currently need to be capitalised upon.
- The complex nature of the obesity agenda was graphically illustrated in the Foresight report. The focus on partnership working continues to be of vital importance but, once again, things have moved on and in most areas food and physical activity are now seen as part of the solution as a matter of course. The health implications around planning and the large contribution that sound planning, open spaces and transport policies can make to this agenda are now beginning to be better understood and embedded.
- Most reports contain a balance between recommendations that are very important to progressing the agenda (such as robust and regular data collection and evaluation) and those that represent 'quick wins' for the local area (such as the development of a breastfeeding policy). It is important to recognise that not all the recommendations carry equal weight.
- In two key areas, commissioning and the built environment, there has been substantial additional guidance produced and training undertaken by the NST during the 18 months covered by this report, and this has impacted on the ability to make informed recommendations in these two areas that were not available in the early visits.
- The Childhood Obesity NST has recently undertaken a review of its current structure to put commissioning at the centre of the reporting structure, which will fundamentally change the emphasis of the resulting report provided to local areas and the recommendations contained in it.



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