



## Summary of the National Child Measurement Programme and nutrition and healthy weight regional events

### Background

1. In winter 2013, Public Health England (PHE) held six regional events focused on child obesity, the National Child Measurement Programme (NCMP), healthy weight and nutrition. The events were aimed at staff with responsibility for these topic areas in local authorities and provider organisations.
2. The events were split into two half days with child obesity and NCMP covered in the morning, and nutrition and healthy weight covered in the afternoon.
3. The child obesity and NCMP workshops provided an opportunity to support local authorities with their child obesity and NCMP responsibilities through sharing information and guidance on recent changes to the programme, demonstrations of the new tools available to support delivery, examples of good practice and relevant research, discussion of transition issues, and networking amongst partners.
4. The nutrition and healthy weight workshops allowed PHE to share information on diet and obesity guidance and resources, discuss local authority support needs, consider the nature of challenges and opportunities to local action, inform local and national strategies and actions plans, and engage with partners.

### Child obesity and NCMP workshops

5. The child obesity and NCMP workshops enabled PHE to get a better insight to current child obesity and NCMP implementation. Many of the workshop discussions corresponded with the recent PHE and Association of Directors of Public Health obesity [survey findings](#) confirming that tackling obesity remains a high priority for local authorities, and highlighting most Joint Strategic Needs Assessments and Health and Wellbeing strategies feature child (and adult) obesity as a priority.
6. The workshop discussions and survey results also reinforced that the NCMP is a key asset for bringing together the range of local partners with a role in healthy weight priorities, including schools, professionals, parents, carers and the wider community to achieve healthier lifestyles.
7. The NCMP was acknowledged as important in providing Health and Wellbeing Boards with a rich source of data on obesity and overweight in children in local populations, as well as local case studies and stories on tackling obesity, and an increasing range of research, evaluation and evidence of promising practice.

8. A lot of positive and innovative child obesity and NCMP practice was shared at each workshop, and PHE was alerted to how it could better support local delivery. A number of common themes emerged and have been summarised below.

#### *The normalisation of child obesity*

9. The lack of recognition of child obesity, as the population becomes accustomed to heavier children as the norm, was highlighted as a key issue. This was also emphasised through a **research presentation** from Liverpool University at the Manchester event. PHE was asked to explore the use of social marketing to raise awareness of this issue, and of child obesity as a major public health concern, to encourage behaviour change.

#### *Capacity*

10. Another common theme was the lack of capacity of school nursing teams to deliver the statutory and non-statutory elements of the programme. Many areas are not carrying out proactive follow up due to resource and time constraints.

#### *Local partner engagement and making every contact count*

##### *Parents*

11. Information and evidence on the impact on attitudes and behaviour to be expected from the feedback of NCMP results to parents, and best approaches for effectively engaging parents, were commonly raised issues. It was felt that greater attention to this is needed to support commissioning decisions and operational delivery.

##### *Schools*

12. PHE was asked to consider how local authorities and NCMP providers could better work with schools so they have an improved understanding of the purpose and benefits of the programme, and how to best share NCMP results with schools to ensure they receive meaningful information from the programme.

#### *Engaging with general practitioners*

13. Local authority staff and NCMP providers advised they found it difficult to engage general practitioners in child obesity and the NCMP, and with correct assessment of BMI centile. Many examples were shared where parents had received NCMP feedback stating that their child was overweight, but were later given conflicting advice from general practitioners saying their child was a healthy weight without assessment of BMI centile. There was also a lot of discussion around the need for more obesity training for specialists and non-specialists to help increase their understanding and confidence to tackle the issue.

#### *Weight management services*

14. Getting children and families referred into weight management services and retaining them on weight management programmes were challenges raised at each event. PHE has been asked to provide evidence and support to encourage more referrals, better uptake of services and positive outcomes.

#### *Additional measurements*

15. Some areas considered it would be useful for more children to be involved in the NCMP and analysed dataset, including other primary, middle and secondary school year groups, and children with disabilities.

#### *Sharing information*

16. Many local authorities and providers asked if more examples of effective NCMP delivery could be developed and shared.

## Nutrition and healthy weight workshops

17. The dialogue during the nutrition and healthy weight workshops provided a good insight to the services that exist across the country and the current focus of work going on. The most referred to activity included strategy development; training the workforce including health professionals to raise and discuss the issue of weight; travel and fast food outlet planning; and education around healthy eating and catering marks/standards, including workplace, schools and local businesses.
18. For the obesity care pathway there were a range of tier 1 and 2 weight management services across the country covering the life course and ranging from small and large locally developed interventions to national and international commercial interventions. However, it was repeatedly expressed that the evaluation of these services is often lacking and there is a notable lack of tier 3 multi-disciplinary services thought largely due to a lack of clarity over the commissioning responsibilities between local authorities and Clinical Commissioning Groups.
19. The group discussions during the nutrition and healthy weight workshops highlighted a number of common barriers and opportunities to local action on diet and obesity, and request for support from PHE in certain areas.

### *Barriers to local action on diet and obesity*

20. Barriers were a key focus for discussion and represented a significant opportunity for the Diet and Obesity Team to listen to, understand and reflect on the issues faced by colleagues at a local level. The recurring barriers included:
  - political – lack of understanding at local authority level regarding the time required to develop, implement and evaluate interventions and commissioning within political timescales (ie. one year at a time) not behaviour change timelines (ie. three years plus); and fast food guidance being difficult to implement
  - funding and commissioning – clarity on each of the tiers and responsibility for tier 3 commissioning; staff capacity; insufficient funding to meet targets; and other budgetary issues
  - information and evaluation – lack of robust evidence and tools for evaluation; mixed messages; lack of coordinated and strategic approaches; lack of guidance; lack of a social cost effectiveness tool
  - engagement and social norms – lack of engagement from children and families; communication of what interventions are available; attitudes towards obesity; stigma surrounding obesity

### *Opportunities for local action on diet and obesity*

21. There was much less consensus amongst delegates about the opportunities compared to barriers. This potentially demonstrates the strengths of commissioning at a local level, but could also represent one of the perceived issues that there is a lack of coordinated action. The most popular themes and approaches included:
  - political – providing support with applications for housing builds and fast food outlets; creating an understanding with elected members on the importance of long-term change and prevention
  - funding and commissioning – cost effectiveness support; integrated and coordinated commissioning approaches across work (and geographical) areas
  - information and evaluation – evaluation support; flexible information that can be used for different audiences
  - engagement and social norms – behaviour change training and information for the workforce; engagement with schools; more community champions; networking opportunities for all staff; new media

### *PHE support required*

22. A key element of the nutrition and healthy weight workshops was to learn how PHE can best support local colleagues. There were a number of support areas identified including some that would require co-production and wider partnerships:
- political – selling public health messages to councillors and senior local authority managers; influencing legislation, including fat tax, sugar tax, labelling and food choices; encouraging cross-government action and whole system approaches; political lobbying for 'hot topics'; working with the Department for Education; improving national and local communication
  - funding and commissioning – providing rationale for local authorities procuring obesity prevention and management interventions; providing guidance on tier 3 services
  - information and evaluation – developing a cost-effectiveness tool that estimates social care costs and savings; developing an overall cost-effectiveness tool that is easy to use; case study sharing; evidence of what works; providing short, meaningful summaries and briefings of new reports; sharing tendering examples and templates between local authorities; sharing evidence on interventions that work and those that do not; providing short evidence briefings; providing independent advice and evaluation of interventions
  - engagement and social norms – PHE-led networking; developing some raising the issue training for healthcare professionals; electronic media resources; providing provider and commissioner events

### **Evaluation from the events**

23. Following each event, delegates were sent an online evaluation to complete. 75% of respondents rated the workshops either 'Excellent' or 'Good'. PHE also received positive feedback regarding the workshops and areas for improvement.
24. The evaluations asked delegates to specify how often they would like NCMP and diet and healthy weight events. The majority of respondents indicated annual events were sufficient. 75% considered a PHE produced newsletter on the NCMP and diet and healthy weight would be useful, and nearly half were keen for an online forum to be set up.
25. The event feedback is currently being used to inform team business planning and PHE will endeavour to focus attention on the areas of greatest need.

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