

# **LAMBETH**

## **NCMP (2008/09 – 2012/13)**

### **DEEP DIVE**

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London Borough of Lambeth

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- ❑ Lambeth NCMP Year 6 Data Analysis (2008/09 -2012/13)
- ❑ Assessing Population Churn (2008/9 – 2012/3)
- ❑ Designing, Implementing and Evaluating the Lambeth Evidence Based Childhood Healthy Weight Interventions
  - Promoting Breastfeeding
  - Early Years Nutrition
  - Lambeth Level 1 – Multi-agency Healthy Weight Capacity Building
  - Schools Healthy Weight Promotion Programme
  - Healthy Weight Specialist School Nurse
  - Lambeth Level 2 Children’s Weight Management Service
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# Background

# Background

- Public Health England (PHE) used Local authority level data from the National Child Measurement Programme to select local authorities with a downward trend in prevalence of child obesity in the Reception (4-5 year olds) and Year 6 (10-11 year olds) age groups.
- Since obesity prevalence at local authority level can vary considerably year to year, authorities with a linear trend of decrease over five years of NCMP data, from 2008/09 to 2012/13, were sought. This approach restricted the selection only to areas that exhibited such a trend over five years
- While Lambeth, Leeds and Brighton and Hove had a significant decrease in obesity prevalence in Reception children, ***Lambeth was the only local authority to show a significant decrease in obesity prevalence among Year 6 children.***
- The NCMP Programme Board decided to pursue a deep dive in Lambeth to understand what may have happened, but acknowledging that a limitation of this approach is that results from the NCMP (2008/09 - 2012/13) may not reflect the trend in obesity for all children in a local authority area. Additionally, any changes in prevalence may not have come about as a direct result of interventions by the local authority and their partners, though they are likely to have made some contribution. Factors such as demographic changes would also need to be considered.
- Public Health England therefore requested that Lambeth conduct a deep dive analysis of the approach to tackling child obesity. This includes the identification of initiatives being implemented and lessons learnt. It is anticipated that the analysis will provide insight that can be used for the development of a resource to allow sharing of practice and lessons learned with all local authorities.

**Lambeth NCMP Year 6 Data  
Analysis  
(2008/09 -2012/13)**

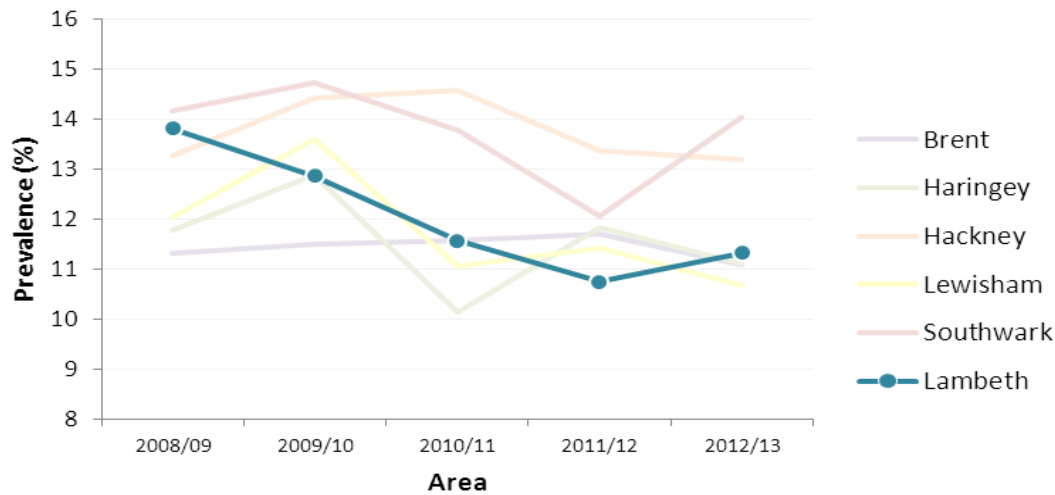
# Lambeth NCMP Analysis (2008/9 – 2012/13)

## Analysis Done

- NCMP Data validation
- Linear Regression for Lambeth school based NCMP - testing for statistical significance using a t-test
  - Whole population Reception Year
  - Whole population Year 6
  - Year 6 Sex
  - Year 6 Ethnicity
  - Year 6 Deprivation
- Year 6 Multivariate Analysis of Lambeth Year 6 NCMP data
- Exploration of potential Lambeth School Population changes in 10-11 year olds
  - Sex
  - Ethnicity
  - Language
  - Free School Meals
  - Cross border movement

# Overview of Lambeth Reception Year NCMP Obesity Prevalence (2008/9 - 2012/3)

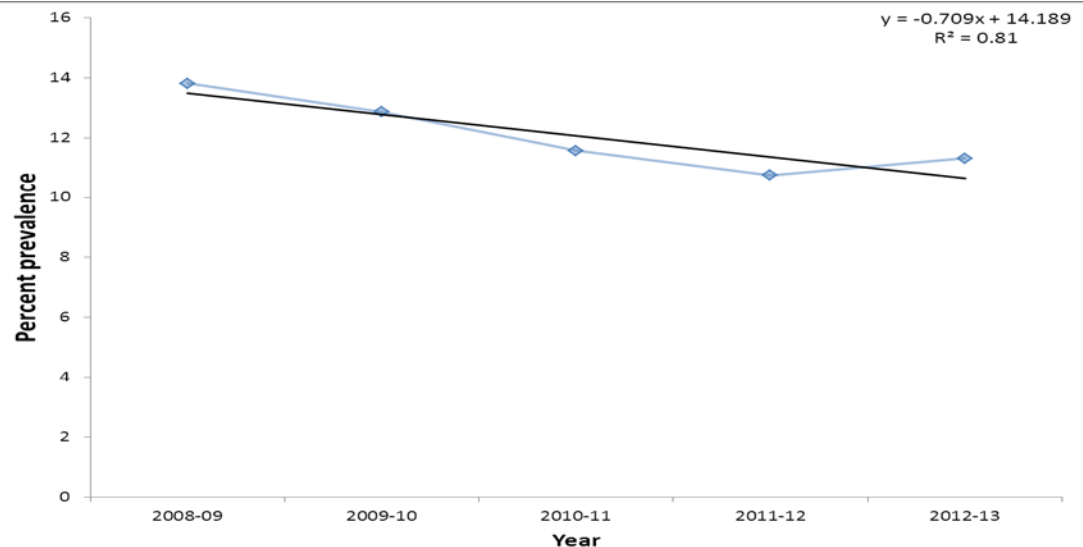
Percentage of Obese Reception Pupils, Lambeth and Statistical Neighbours, 2008/09 to 2012/13



Source: Fingertips NCMP, Public Health England

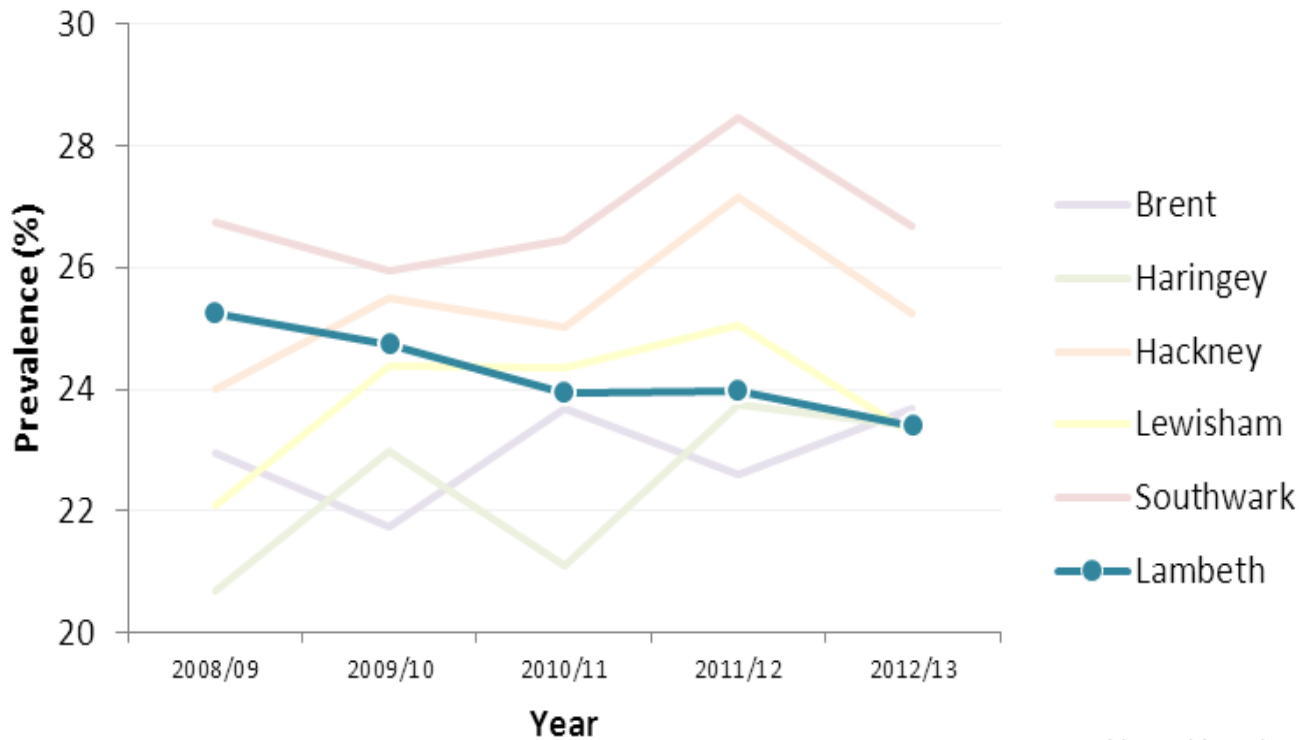
Lambeth Reception year NCMP obesity prevalence trend over the 5 year period (2008/9 - 2012/3)

There has been a statistical reduction in obesity levels in Lambeth Reception Year children over the 5 year period (2008/9 - 2012/3)



# Lambeth Year 6 NCMP Obesity Prevalence Trend (2008/9 - 2012/3)

Percentage of Obese Year 6 Pupils, Lambeth and Statistical Neighbours, 2008/09 to 2012/13

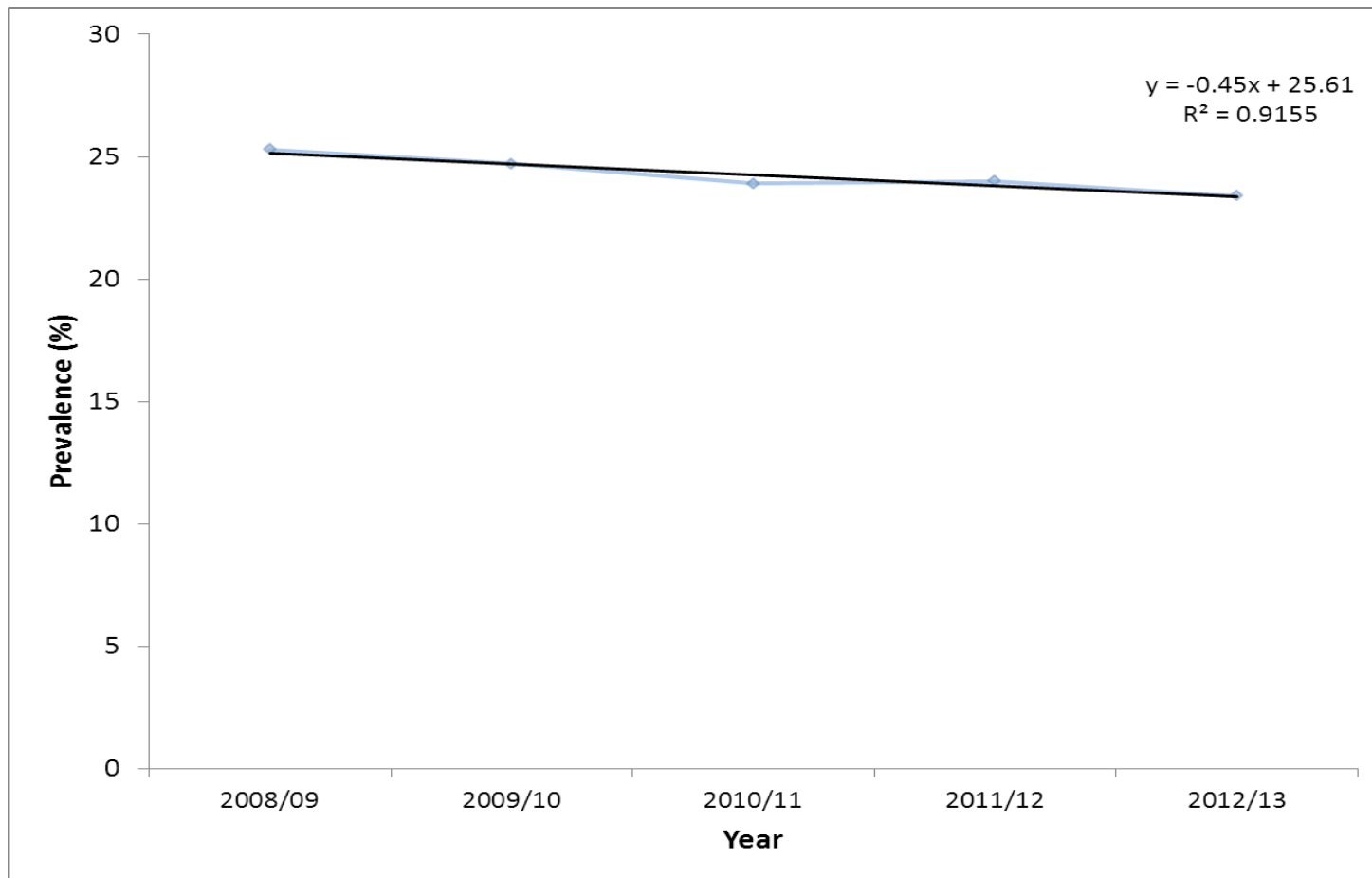


Source: Fingertips NCMP, Public Health England

The chart shows the Year 6 obesity trend for Lambeth and its statistical neighbours. The chart indicates an overall decline over the 5 year period



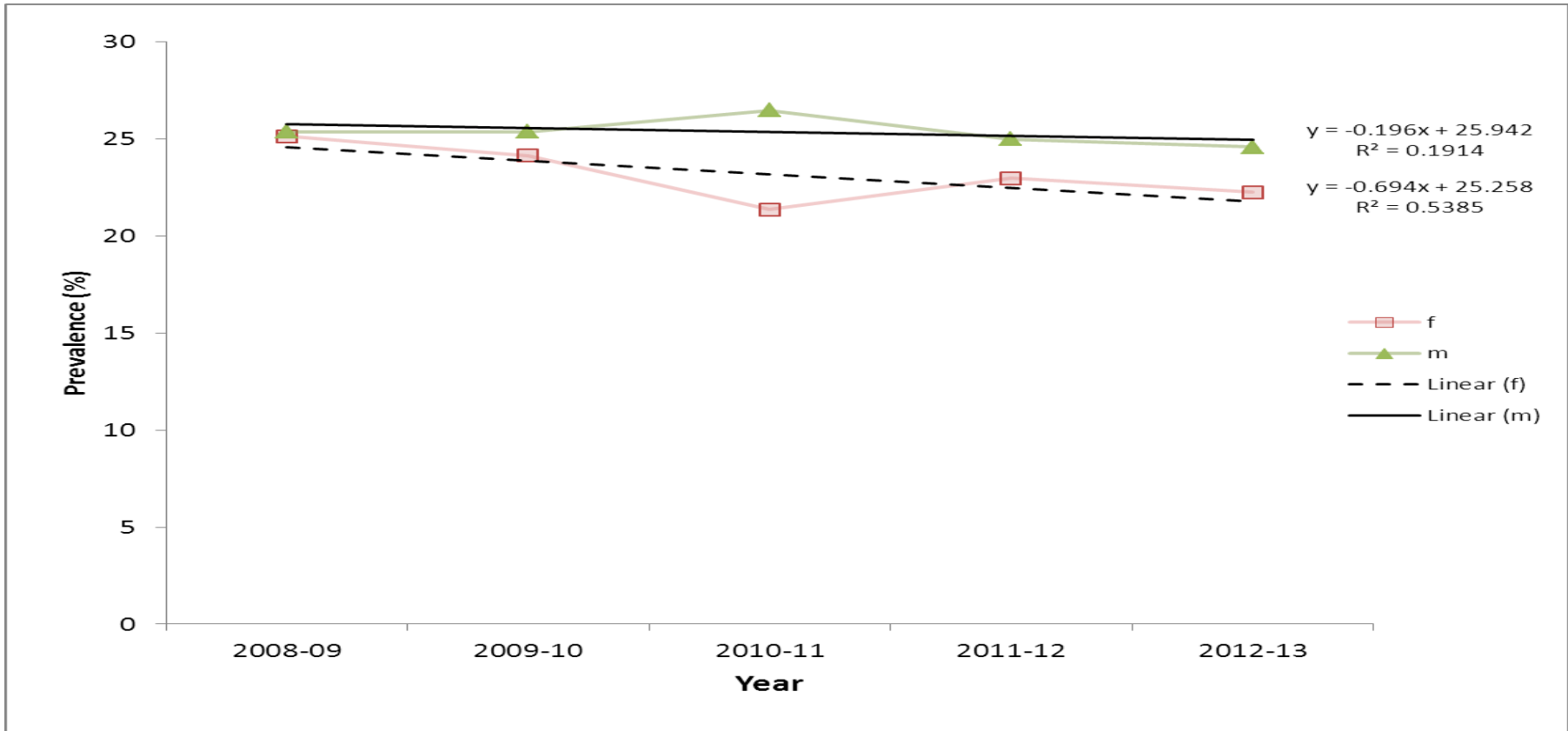
# Linear Regression of Lambeth Year 6 NCMP Obesity Prevalence (2008/9 – 2012/3)



The regression line over the 5 year period shows a statistically significant reduction in obesity prevalence

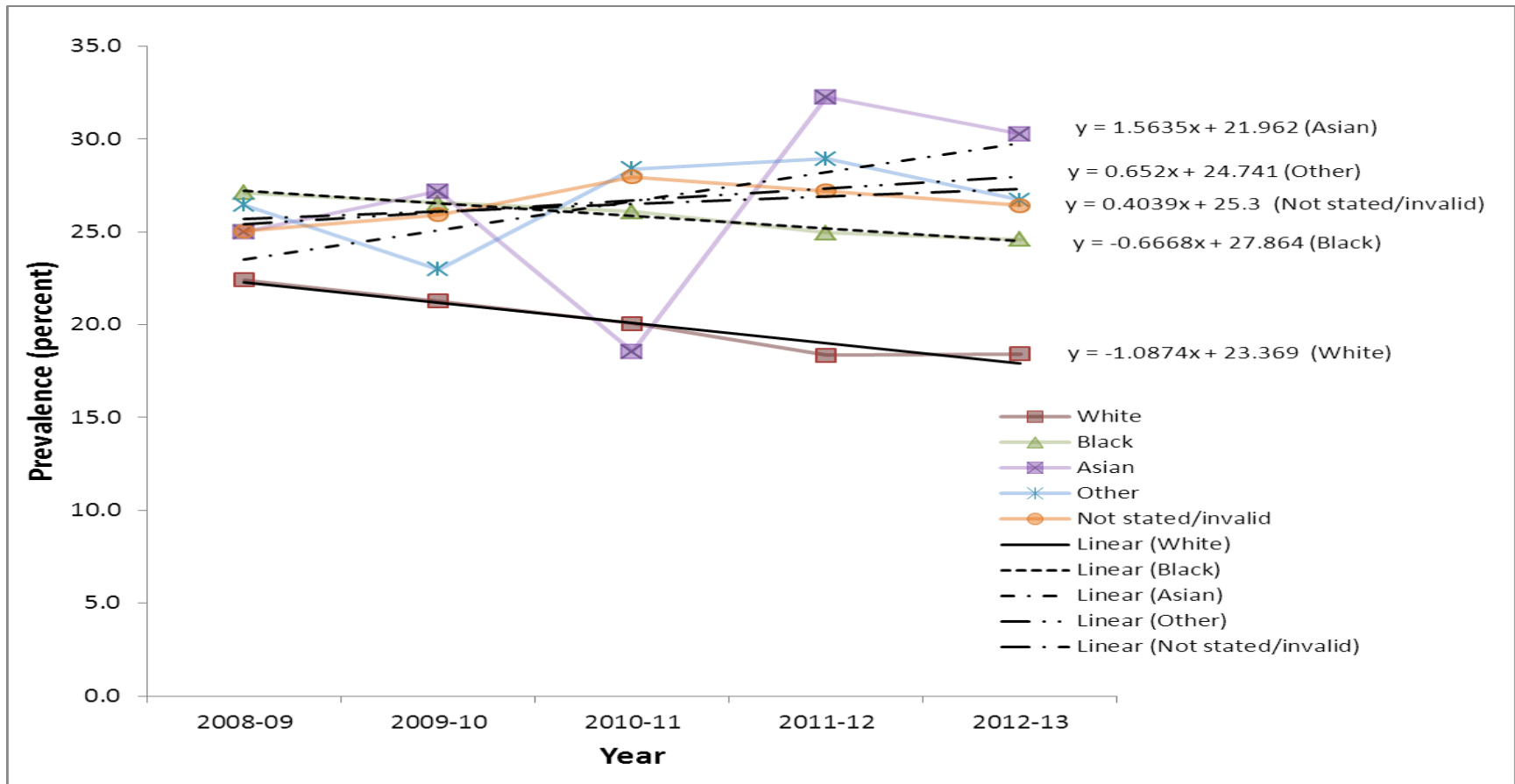
Prevalence (%)	Coef.	Std. Err.	t	P>t	[95% Conf. Interval]
Years	-0.45	0.079	-5.7	0.011	-0.70 -0.20
_cons	25.61	0.262	97.8	<0.0001	24.78 26.44

# Linear Regression of Lambeth Year 6 NCMP Obesity Prevalence (2008/9 – 2012/3) by Sex



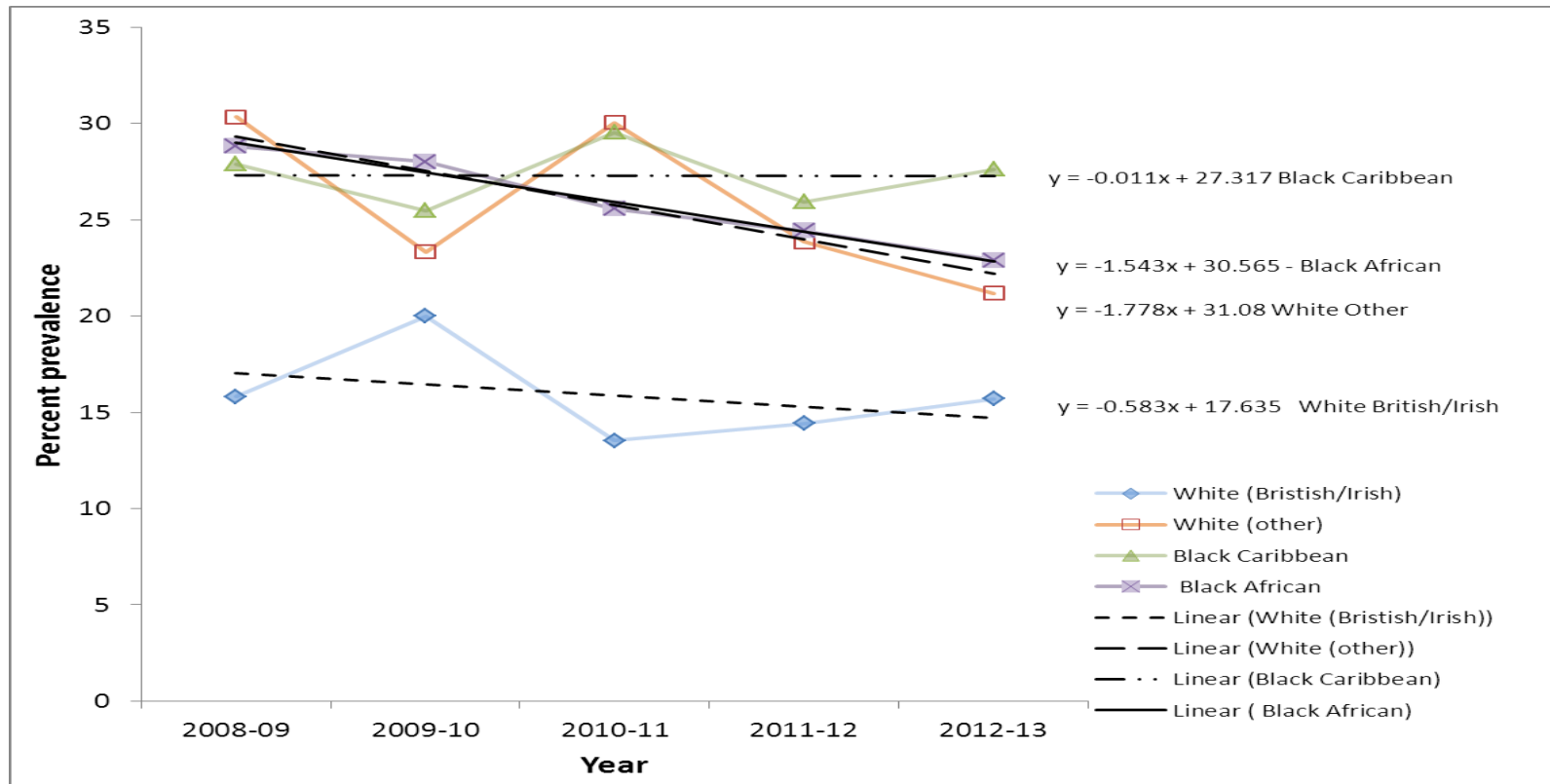
The chart shows the relationship between Year 6 obesity prevalence in boys and girls separately over the 5 year period. There is a no statistically significant decline in trend in obesity prevalence in year 6 individually in boys or girls over this period. Girls however appear to show a greater decline in obesity compared to boys.

# Linear Regression of Lambeth Year 6 NCMP Obesity Prevalence (2008/9 – 2012/3) by Ethnic Group



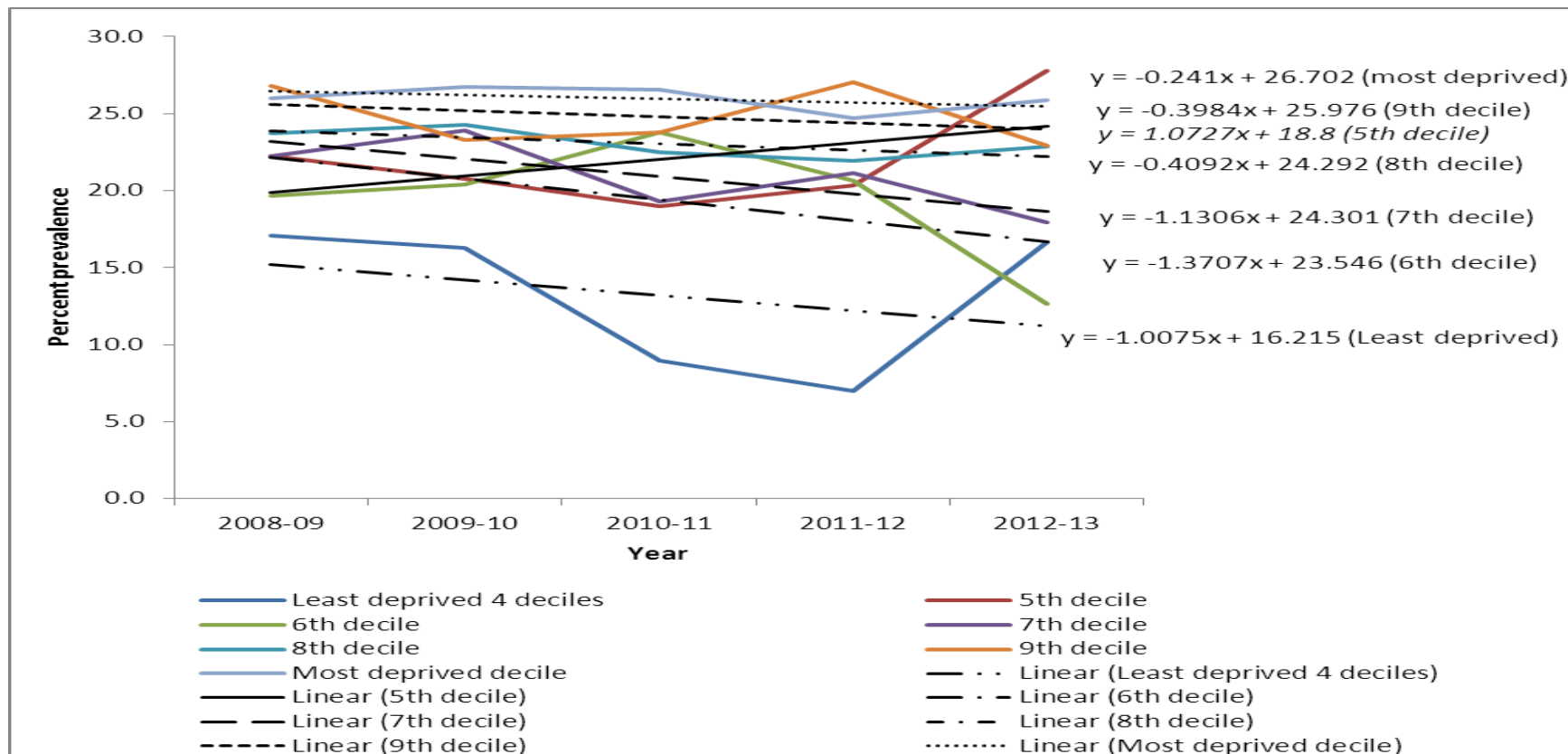
The chart shows the relationship between Year 6 obesity prevalence in different ethnic groups over the 5 year period. There is a statistically significant decline in trend in obesity prevalence individually in the white and black groups overall over this period. All the other ethnic groups are showing worsening (although non-significant) trends in obesity with time.

# Linear Regression of Lambeth Year 6 NCMP Obesity Prevalence (2006/9 – 2012/3) by Broad Selected Ethnic Sub-Groups



The chart shows the relationship between childhood obesity prevalence in the white and black sub-groups over the 5 year period. There is a significant decline in trend in obesity prevalence in year 6 individually only the black African sub-group with minimal change in the black Caribbean sub-group. Although both white subgroups declined individually these were not significant over this period.

# Linear Regression of Lambeth Year 6 NCMP Obesity Prevalence (2008/9 – 2012/3) by Deprivation Categories



The chart shows the relationship between childhood obesity prevalence in deprivation categories over the 5 year period. There is no significant decline in trend in obesity prevalence individually in any of the deprivation categories. All deprivation categories show a decline in this period but there appears to be greater decline in least deprived groups compared to most deprived groups.

# Year 6 NCMP (2008/9 -2012/3) Multivariate Analysis

The table shows multivariate analysis of the Year 6 data over the 5 year period, based on different factors associated with childhood obesity. The key messages are:

- 1) Boys are more likely to be obese compared to girls
- 2) All ethnic subgroups are more likely to be obese compared to White British group with Black Caribbean and Asian nearly twice as likely to be obese
- 3) Childhood poverty is significantly associated with obesity 1.5 to 2 times higher from 7th to the worst decile.

Category	Number	Obese	Percent obese	Adjusted Odds Ratio	Std. Err.	p-value	[95% Conf. Interval]	
Sex								
Girls	5,452	1,277	23.4	1	(base)			
Boys	5,486	1,403	25.6	1.12	0.05	0.01	1.03	1.22
Age (months)								
	10,938	2,680	24.5	1.02	0.01	<0.001	1.01	1.03
Ethnic sub-group								
White (British/Irish)	1,426	225	15.8	1	(base)			
White (other)	1,077	280	26.0	1.76	0.18	<0.001	1.44	2.15
Mixed	970	211	21.8	1.42	0.15	0.001	1.15	1.75
South Asian	456	125	27.4	1.89	0.24	<0.001	1.47	2.43
Black Caribbean	1,735	478	27.6	1.90	0.17	<0.001	1.59	2.27
Black African	1,988	519	26.1	1.73	0.16	<0.001	1.44	2.06
Black (other)	620	134	21.6	1.35	0.17	0.016	1.06	1.71
Other ethnic group	579	157	27.1	1.86	0.22	<0.001	1.47	2.35
Not known/not stated	2,087	551	26.4	1.78	0.16	<0.001	1.49	2.12
Income deprivation (Child)								
Least 4 deciles of (child) income deprivation	158	27	17.1	1	(base)			
5th decile of (child) income deprivation	291	55	18.9	1.79	0.45	0.021	1.09	2.92
6th decile of (child) income deprivation	711	147	20.7	1.47	0.36	0.112	0.91	2.36
7th decile of (child) income deprivation	1,685	386	22.9	1.55	0.34	0.044	1.01	2.37
8th decile of (child) income deprivation	3,147	758	24.1	1.76	0.36	0.006	1.18	2.63
9th decile of (child) income deprivation	4,133	1,087	26.3	1.86	0.38	0.002	1.25	2.77
Most deprived decile of (child) income deprivation	802	214	26.7	1.97	0.40	0.001	1.33	2.92
Constant								
				0.01	0.005	<0.001	0.00	0.03

# **Assessing Population Churn (2008/9 – 2012/3)**

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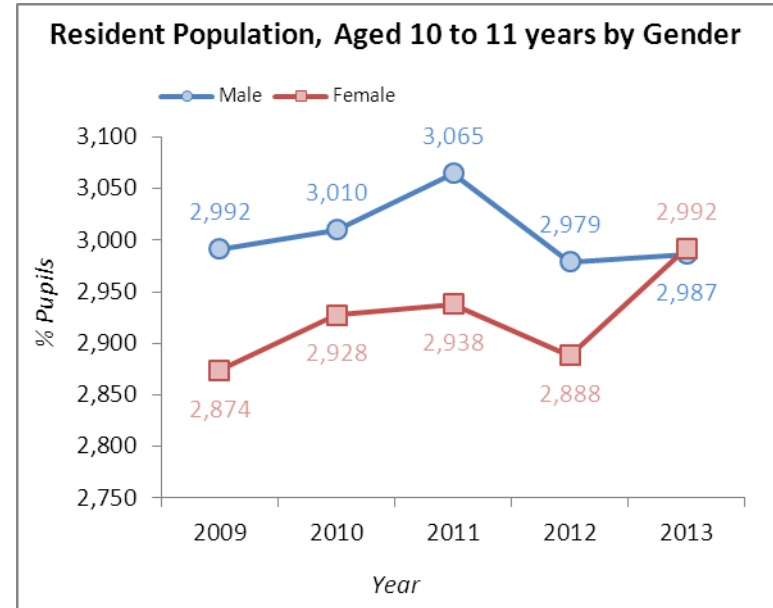
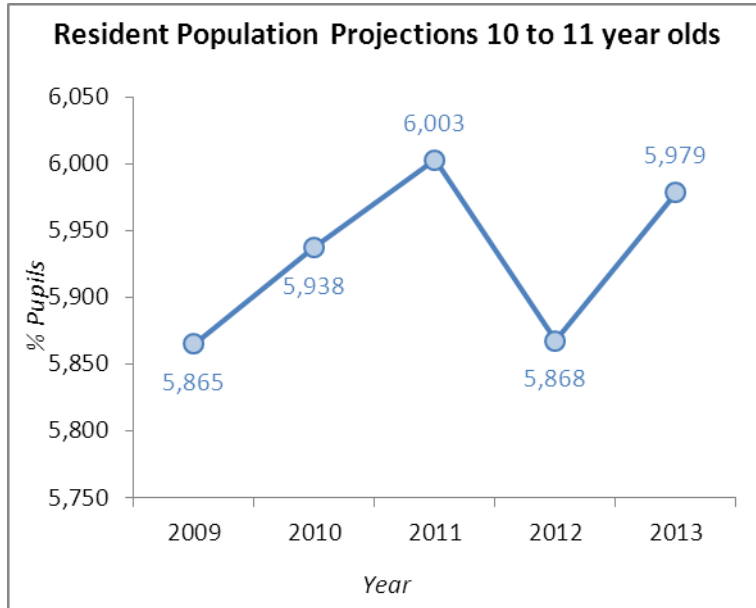
To understand population churn, the following were looked at:

- Resident population projections (10 -11 year olds)
- Actual numbers on roll for state funded schools (2008/9 – 2012/13)
- State Funded Primary Schools, Number of Pupils Known to be Eligible for Free School Meals (2008/09 to 2009/10)
- Local Authority cross border movement of state-funded primary school pupils resident in England



# Lambeth 10- 11 year olds (2009 -2013) - 2014 Round of Demographic Projections

## Lambeth population projections - SHLAA-based population projections, Capped Household Size model, short-term migration scenario

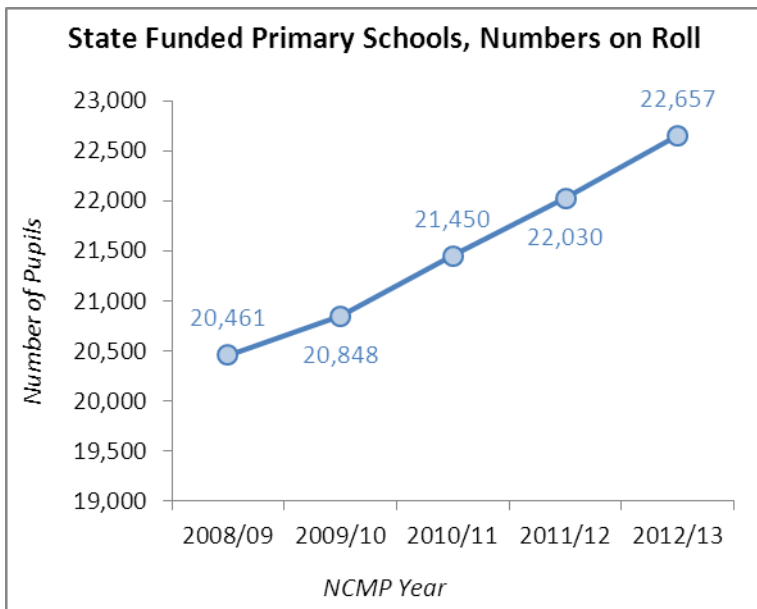


Period	Male	Female	Persons
2009	51%	49%	100%
2010	51%	49%	100%
2011	51%	49%	100%
2012	51%	49%	100%
2013	50%	50%	100%

Source: 2014 Round of Demographic Projections

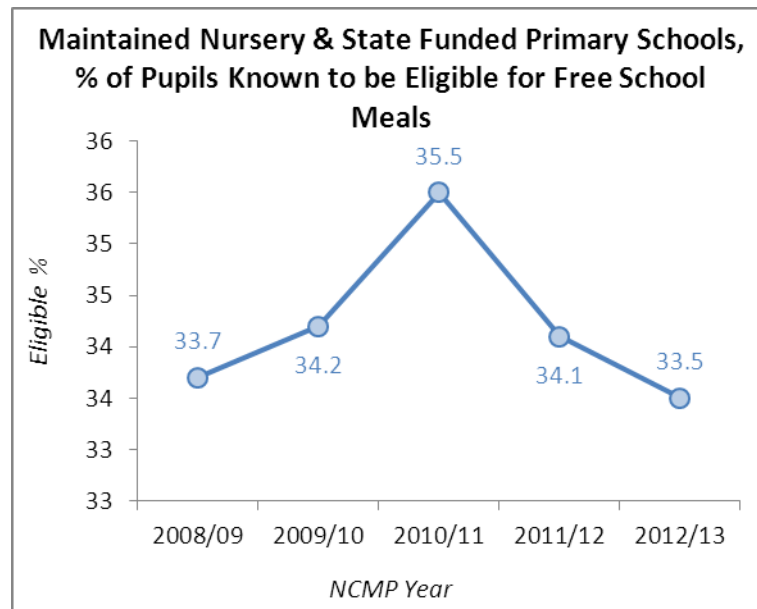
The charts and table show that population projections for 10 -11 year olds are relatively constant over the 5 year period

# Number of Pupils on State Funded Primary Schools Roll and Number Known to be Eligible for Free School Meals (2008/9 to 2012/13)



Period	Count
2008/09	20,461
2009/10	20,848
2010/11	21,450
2011/12	22,030
2012/13	22,657

Source: School Census

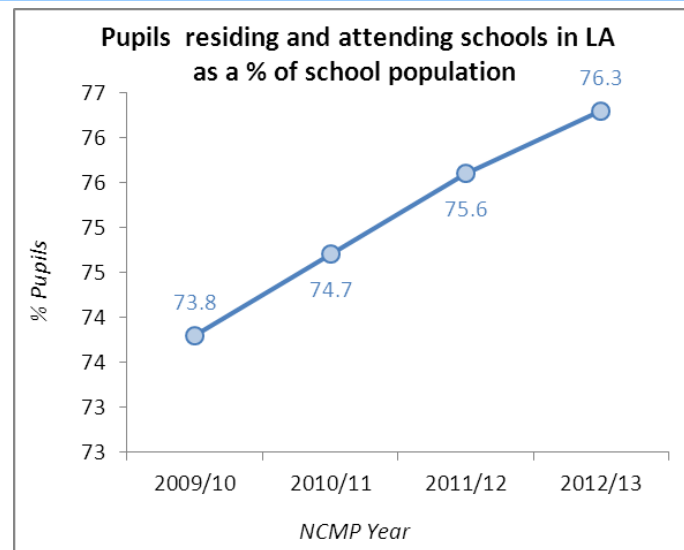
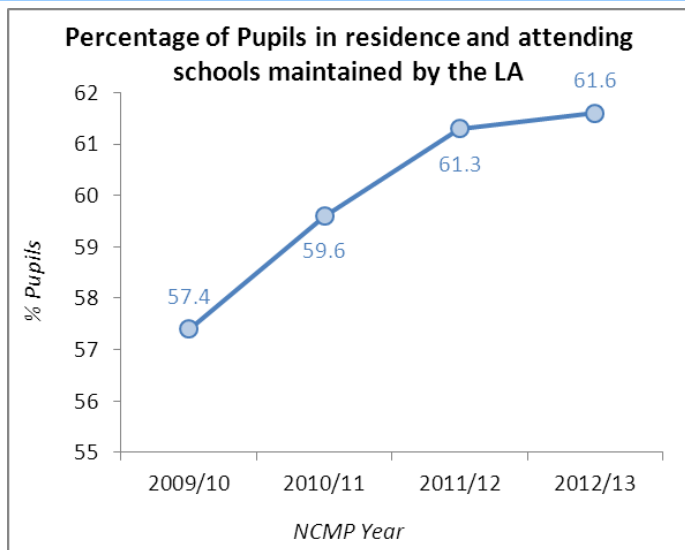


Period	Number of pupils known to be eligible for free school meals	Percentage known to be eligible for free school meals
2008/09	7,053	33.7
2009/10	7,297	34.2
2010/11	7,776	35.5
2011/12	7,684	34.1
2012/13	7,757	33.5

Source: School Census

The charts show a relatively small increase in numbers on the school roll and the numbers eligible for free school meals across the whole state funded primary school population.

# Lambeth Local Authority Cross Border Movement of State-Funded Primary School Pupils (2009/10 -2012/13)



Period	No. of pupils residing in LA	No. of pupils attending schools maintained by the LA	No. of pupils in residence and attending schools maintained by the LA	Pupils residing and attending schools in LA as a % of resident population	% point change since 2002	Pupils residing and attending schools in LA as a % of school population	% point change since 2002	No. of pupils residing in other LAs attending schools maintained by the LA	% of pupils residing in other LAs attending schools maintained by the LA	% point change since 2002	No. of pupils residing in LA attending schools maintained by other LAs	% of pupils residing in LA attending schools maintained by other LAs
2008/09												
2009/10	19,038	18,371	16,339	85.8	3.1	88.9	-2.9	2,032	11.1	2.9	2,699	14.2
2010/11	19,407	18,945	16,763	86.4	3.7	88.5	-3.3	2,182	11.5	3.3	2,644	13.6
2011/12	19,849	19,539	17,290	87.1	4.4	88.5	-3.3	2,249	11.5	3.3	2,559	12.9
2012/13	20,348	20,173	17,854	87.7	5.0	88.5	-3.3	2,319	11.5	3.3	2,494	12.3

Review of cross border movement of Lambeth primary school children suggest slight changes in those attending Lambeth maintained primary schools

# Summary of Key Messages from NCMP (2008/9 - 2012/3) Data and Population Analysis - (1)

- There was a statistical reduction in obesity levels in Lambeth Reception Year and Year 6 children over the 5 year period (2008/9 - 2012/3)
- Lambeth girls appear to show a greater decline in obesity compared to Lambeth boys (not significant)
- There was a statistically significant decline in trend in obesity prevalence individually in the white and black groups overall over this period.
- All deprivation categories showed a decline in this period with the appearance of a greater decline in least deprived groups compared to most deprived groups. However there was no statistical significant decline in trend in obesity prevalence individually in any of the deprivation categories.

# Summary of Key Messages from NCMP (2008/9 - 2012/3) Data and Population Analysis - (2)

- Multivariate analysis of the Year 6 data over the 5 year period, based on different factors associated with childhood obesity revealed:
  - Boys are more likely to be obese compared to girls
  - All ethnic subgroups are more likely to be obese compared to White British group with Black Caribbean and Asian nearly twice as likely to be obese
  - Childhood poverty is significantly associated with obesity 1.5 to 2 times higher from 7th to the worst decile.
- Population changes over this 5 year period seem to be small and appear not to be significant.

# Designing, Implementing and Evaluating the Lambeth Evidence Based Childhood Healthy Weight Interventions

- (1) Identification and Designing the Lambeth Evidence Based Childhood Healthy
- (2) Weight Prioritised Commissioning Interventions
- (3) Lambeth Prioritised Commissioned Childhood Healthy Weight Interventions
  - Promoting Sustained Breastfeeding
  - Promoting Healthy Weight in Early Years Settings
  - Bespoke Capacity Building of Health and Non-Health Practitioners around Children's Healthy Weight
  - Schools Healthy Weight Promotion Programme
  - Community Weight Management Programme (Level 2 Weight Management Programme)
- (4) Specialist Children's Weight Management Programme (Level 3)
- (5) Monitoring and Evaluation
- (6) Summary of Learning from Commissioned Childhood Healthy Weight Interventions

# Identification and Designing the Lambeth Evidence Based Childhood Obesity Prioritised Commissioning Interventions

- Co-produced with a range of partners to support the Lambeth Children's Multi-agency Care Pathway
- Identification of local priority interventions based on the collation and synthesising of different information sources. In addition to local and national policy drivers, main sources consisted of:
  - A literature review on what works to prevent and manage childhood obesity.
  - Stakeholder Involvement: The Lambeth Healthy Weight multi agency Taskforce played a significant role in providing views of potential services based on their experience and expertise. Key health and non-health practitioners (e.g. GPs, school nurses, children centre managers, school headteachers, social workers) were consulted to understand their perspectives on childhood obesity
  - Parents and children who had participated in a pilot children's weight management service fed back on important elements of an acceptable local weight management programme.
  - Research was commissioned to understand knowledge, attitudes and behaviour of families of interest in Lambeth. This focused on mothers of children aged 4 – 11 years old from Black West African, Black Caribbean, Somalian, Portuguese and Social Class C2DE White British.

# Lambeth Prioritised Commissioned Childhood Obesity Interventions

- The interventions commissioned as part of the Lambeth Childhood Obesity Programme and used to model 5 year ambition were:
  - Promoting sustained breastfeeding (Implementation of UNICEF Baby Friendly Initiative in Children Centre)
  - Promoting Healthy Weight in Early Years settings through capacity building of relevant staff
  - Capacity building of health and non-health practitioners
  - Schools Healthy Weight Promotion
  - Localised Level 2 weight management service
  - Localised Level 3 weight management programme
  - Specialist Healthy Weight School Nurse
  - Evaluation



# Promoting Sustained Breastfeeding

## Description

- Implementation of accredited UNICEF Baby Friendly Initiative in Community Settings
- Conducting a Breastfeeding Needs Assessment (incorporating parent views) to inform broader breastfeeding policy

## Learning

- 1) Need for dedicated resource to implement BFI and clinical buy-in
- 2) Support in early weeks crucial for families, provide from antenatal & recruit peer support from groups less likely to breastfeed
- 3) Improve communication and referral routes between services, training for staff
- 4) BFI Implementation should link to wider policies such as promoting local breastfeeding friendly places

## Findings

### ***Least likely to exclusively breastfeed***

- Mothers under 24 years old
- Mothers over 45 years old
- Black African, Black Caribbean and Asian Mothers
- Mothers from the most deprived areas
- Mothers of children born of low birth weight

### ***Local barriers to breastfeeding:***

- Feeding in Public – including public attitude and places to feed
- Social Influence – media as well as family and friends
- Knowledge and Information – culture, unrealistic expectations, milk supply
- Conflicting Messages - Not enough information on breastfeeding before birth

### ***Local enablers to breastfeeding:***

- Breastfeeding services including Milk Spots and midwife influence
- Breastfeeding Culture in Lambeth
- Bonding with child during breastfeeding

# Promoting Healthy Weight in Early Years Settings

## Description

- Supporting children centres to provide healthy weight promoting environments through capacity building of early years staff
- Conducting introduction to solids sessions
- Community Food workers – family cooking sessions, shopping and cooking on a budget

## Findings

- Variable engagement of staff across children's centres due to competing priorities
- Cultural weaning practices play a role in early introduction of solid food
- Although families know the healthy eating messages, they struggle to apply to their lifestyles

## Learning

- Support from children centre staff management needed to effectively engage with staff recognising competing and capacity issues.
- Practical support around buying and cooking is beneficial to families taking into account social and cultural circumstances
- Importance of taking a family approach, working with children and carers together around healthy eating practices

# Bespoke Capacity Building of Health and Non-Health Practitioners around Children's Healthy Weight

## Description

Equipping health and non-health workers with knowledge, skills and tools to effectively work with local children and their families to tackle obesity by providing training to:

- Understand local context and the Lambeth Children's Multi-agency Care Pathway.
- Receive up to date knowledge on healthy weight; overweight; nutrition & physical activity in the local context
- Know how to effectively raise the issue of healthy weight with children & families
- Be able to provide evidence based advice & assist children & their parents to access local support and services.
- Understand how to use information and practical tools in the Resource Pack
- Incorporate learning into routine practice

## Findings

- Over 900 participants trained (from clinical, Non-clinical and voluntary sector backgrounds)
- 82.3% felt workshop fully achieved objective of providing individuals with information about healthy weight; overweight; nutrition & physical activity,
- 80% felt workshops fully achieved objective of showing how to raise the issue of healthy weight with children & their families
- No attendee thought that their knowledge of the subject had not been enhanced.
- 77.6% of attendees have, on return to their work, instigated more dialogues about healthy weight for children with clients, with 45.7% of these saying clients had actively taken on the advice , & made positive healthy weight
- 87.5% found the bespoke resource pack useful

## Learning

- 1) Workshop popular with frontline staff– effective for healthy weight for children is “everybody's business”
- 2) Evidence that training is reaching significant numbers working in a variety of different environments
- 3) Majority perceive to have improved their skills, confidence, and behaviours with clients leading to more dialogues about healthy weight for children with their clients, with examples of changing behaviours.
- 4) The value of bringing together participants from a wide spectrum of different roles is beneficial, with positive interaction adding value and applied learning to the overall experience.

# Schools Healthy Weight Promotion Programme

## Description

- Build capacity of schools and school staff and community, to promote healthy weight as part of a whole schools approach
- Targeted at senior management and governors (and can include all staff)
- The training was designed as a 4 hour workshop.
- Co-development of a Virtual Learning Environment (VLE) with relevant resources to support schools.

## Findings

- At the beginning of sessions: 43% of staff agreed that School staff have a potential role in addressing unhealthy weight in children. 57% of staff felt that the training should be aimed at parents, & not staff.
- By the end of sessions: 75% of staff agreed that School staff have a potential role in addressing unhealthy weight in children. 24% of staff agreed that School staff have a potential role in addressing unhealthy weight in children, but felt that parents have a bigger role to play
- >80% indicated that the majority of the content is highly relevant, and majority of attendees acquired new knowledge related to childhood obesity, and their potential role in combating it.
- Direct contact with over 400 school management and staff, 800 pupils & 150 parents
- Curriculum & other school resources developed on VLE

## Learning

1. Schools are limited in the amount of time they can offer for the training, delivery must be flexible
2. Due to the time reduction was the VLE online resources, originally intended to be supplementary to the workshop, have become central to the delivery of the programme
3. Training appears to be a powerful tool in changing school staff perceptions of childhood obesity, and their potential roles in combating it. Findings validate the underpinning rationale for the intervention.
4. The training provides an important 'first foot' in the door that could lead to greater penetration and influence within schools.

# Healthy Weight Specialist School Nurse

## Description

- Dedicated support to proactively follow up “at risk” families identified through the NCMP
- Provision of expert advice and resource for children, families, schools, health and non-health sectors
- Assessment of families to enable the most appropriate service and/or support
- More engagement of and support to the most vulnerable families and those with complex needs

## Findings

- Specialist school nurse has been working closely with wider school nursing team to develop capacity and to enable prioritisation of most “at risk” families
- Approximately 500 NCMP children followed up every year. Multiple approaches to engage with families (letters, phone calls, drop in sessions, face to face assessment)
- Families outside the NCMP referred by a range of health and non-health practitioners
- Relationships built with key stakeholders e.g. School heads, GPs, family support workers, social workers, children centre staff and the Lambeth Children Healthy Weight Care Pathway providers.

## Learning

1. Developmental nature of role allows for innovation for relation building, e.g. Pre NCMP sessions with parents, involvement with children at school on a regular basis
2. Increased confidence of general school nursing team to address the issue
3. Relationship allows further take up of Lambeth Level 1 Healthy Weight Training
4. Key contact for referral to programmes and interventions supporting the local care pathway
5. Better understanding of family context and offers support particularly for the more vulnerable and complex cases
6. “Holding on to Slippery Fish” – families that do not tend to engage or want to engage
7. Ability to continue to motivate and follow up post intervention
8. Supports a holistic approach to addressing obesity

# Community Weight Management Programme (Level 2 Weight Management Programme)

## Description

- Locally designed service, offering both evidence based structured and a developing flexible access weight management programme components, for overweight and obese children aged 4-12 years old
- Supporting children and their families make sustained behavioural changes to achieve increased physical activity & reduction in sedentary behaviour; improved eating behaviour and quality of diet; and improved emotional wellbeing and self esteem
- Primary outcome is a reduction in the BMI (Z-score) of children engaged. Secondary outcomes physical activity, diet, self-esteem and includes equity of access and results

## Findings (over 1<sup>st</sup> 2 years of service)

- Participants **51.9%** of which were Male, and **48.1%** Female; 73.8% from Black background, over 50% from most deprived wards
- 73.2% programme completion rate
- 90% of programmes reporting a reduction in average BMI Z-scores in Year 1, and 73% of all individual participants exhibiting a reduction in BMI Z-score in Year 2.

## Learning

- 1) Amount of time and effort required to engage with children and families through schools, social networks and media campaigns to encourage take up of programme should not be estimated.
- 2) Although flexible element of programme allowed access to those unable to commit to main programme, positive outcomes were limited
- 3) Innovative ways of attracting families and helping them to commit include running specific school sessions, incentives such as links to sports clubs.
- 4) Developmental approach to commissioning has enabled service improvement and an additional 6 and 12 month follow up sessions to be added to programme

# Specialist Children's Weight Management Programme (Level 3)

## Description

- Locally designed service works with families of children aged 4- 12 years old who are obese (above 98<sup>th</sup> centile) and have additional social and/or medical needs.
- Support from multi-disciplinary team (family therapist, community paediatrician, dietician and exercise facilitator). Based on systemic/family therapy principles and an assertive outreach approach e.g. meeting families at home / place of their choice.
- Primary outcomes BMI z score reduction.
- The approach offers a dynamic way of thinking about family difficulties whilst at the same time, focusing on family strengths and resources Central to its understanding is the importance of context e.g. race, culture, family and community

## Findings (for first 2 years of service)

- Participants: 56.3% male and 43.7% female; 35.9% have some form of disability; over 63.2% from Black background; 65% were from most deprived wards; 45.0% live in a family unit where both parents live together and 43.3% live in single parent households
- Over half are youngest sibling in the family
- Psychosocial factors were recorded for 41.0% of referrals including parents with English as their second language; incidents of domestic violence in the family; and child protection issues in the family
- 65% z score stabilised, 18% z score reduced, 4% Z score increased over the 3 month period. Service managed to stabilize or reduce the BMI Z-Score of **82.6%** of clients who engaged with the Service

## Learning

- 1) Clear association between children's excess weight and family psycho-social issues
- 2) Individuals most likely to make a long-term commitment to the service are boys than girls, from either a Black background, or to a lesser extent, White background, and are likely to have been age 11 on referral. They probably either live with both parents, or have contact with both parents, although they may not actually live together as a family any more.
- 3) The service is effective in helping to tackle underlying family issues either directly or by referrals to appropriate services

# Monitoring and Evaluation

- Monitoring and Evaluation is an integral part of the Lambeth Childhood Obesity Programme, with some dedicated resources allocated to evaluation.
- Close monitoring has enabled service improvement particularly the locally designed services
- Indication from early evaluation of local services show promising results
- Evaluation of Lambeth Childhood Obesity Programme would benefit from academic input



# Assessment of Findings from Monitoring and Evaluation of the Lambeth Interventions

## Assessment from Independent Evaluation

Baby Friendly Initiative

**Great start!**

Breastfeeding

96% initiation rate  
88% sustained (6-8 weeks).

30% for six months

Level 1 Healthy Weight Training

**Building local networks !**

Over 900 health and non-health professionals increasing their knowledge, skills, confidence and behaviours

School Healthy Weight Programme

**Engaging Schools!**

Over 683 attending and proving to be a powerful tool in changing staff perception of obesity and their role in combatting it

Lambeth Ready, Steady, Go! Children's Weight Management (Tier 2) Service

**Changing behaviours!**

Reduction in Children's z scores

Families adopting healthier behaviour

Specialist Healthy Weight School Nurse

**Stretching impact!**

Post has potential to join up and extend the impact of all five interventions.

Specialist Children's Weight Management (Tier 3)

**Reaching the most vulnerable!**

Stabilising weight in most vulnerable obese children and addressing significant other health related conditions and social issues

# Summary of Learning from Commissioning and Implementing Healthy Weight Interventions – (1)

## Generally

- It is important to take an evidence based approach for identifying and prioritising interventions
- There is evidence to show that that the local initiatives benefited from being informed by stakeholders and appear to be acceptable to the local population
- Success of programmes is dependent on level of relationship with children, families as well as stakeholders including schools
- Services seem to be supporting those families at greatest need such as certain ethnic and socio-economic groups
- Developmental commissioning and learning approach has helped refine and improve service delivery
- Taking a 5 year commissioning approach has enabled effective planning and evaluation of services
- There are clear associations between children's excess weight and family psycho-social issues. With the right services in place, many of these could easily have been picked up earlier through mainstream children services

# Summary of Learning from Commissioning and Implementing Healthy Weight Interventions – (2)

## Specifically

- The time required to mobilise and set up the interventions should not be underestimated – it could take up to 18 months
- Families appreciate practical support around both shopping and cooking healthily and on a budget
- The multi-agency training to almost 1,000 practitioners so far, demonstrates the reach that can be achieved to helping “Making Every Contact Count”. Having practical resources and local information to support engagement with families are valued and welcomed.
- Helping schools to understand their role in the healthy weight agenda is critical to enable them adopt a whole schools approach.
- The Specialist School nurse role has proved to be valuable in being able to address potential underlying cause of obesity in families and to motivate more vulnerable families to take on some responsibility for their health
- It is often a challenge to get families to take up weight management services, however once they participate results are positive. Often the balance between receipt of an evidence based programme and engagement to motivate families needs to be made. It is worth considering in commissioning weight management services including specifications around engagement of families prior to starting the programme

# **Supporting Strategies, Policies and Practices – Wider Partnership Work**

# Other Supportive Local Measures

## Nutrition

- ✓ Healthy Catering Commitment
- ✓ Lambeth Local Plan – Fast Food Outlets restrictions around schools
- ✓ Lambeth Food Partnership and Strategy
- ✓ Lambeth – Inner London Flagship Food Borough

## Physical Activity

- ✓ Lambeth Sports & Physical Activity Strategy (+ transport)
- ✓ Lambeth Local Plan – incorporating promotion of physical activity in new building developments

**Lambeth Healthy Weight Taskforce**  
**Lambeth Schools Health and Wellbeing Programme**  
**Lambeth Early Action Partnership**

# Conclusions

# Conclusions from Lambeth NCMP (2008/9 – 2012/3) Deep Dive - (1)

- In depth analysis confirms that between 2008/9 and 2012/3 , although two other boroughs showed a statically significant reduction in Reception Year obesity prevalence, Lambeth was the only borough in the country to have statistically significant obesity prevalence reductions both for Reception and Year 6 children
- The Year 6 NCMP obesity prevalence reduction seen between the 5 year period 2008/9 and 2012/3 occurred across most population groups. However statistical significant reduction was only seen in children from the White background and Black African background
- Population change was not significant and cannot explain the prevalence reduction
- Analysis of the Year 6 data during this period revealed that children from all ethnic subgroups were more likely to be obese, with Black Caribbean and Asian nearly twice as likely to be obese. Obesity was 1.5 – 2 times higher for those living in 7th to the worst decile for child poverty.

# Conclusions from Lambeth NCMP (2008/9 – 2012/3) Deep Dive - (2)

- There is limited evidence to suggest that the Lambeth interventions and population changes explain the Lambeth NCMP downward trend. However, the analysis and lessons learnt so far suggest the following:
  - The importance of taking a systematic and co-ordinated evidence based approach to tackling childhood obesity locally
  - The value of strong leadership that clearly articulated its ambition around childhood obesity and provided the infrastructure to support monitoring and evaluation.
  - The benefits of sustained action, particularly in commissioning evidence based interventions over a 5 year period. Also endorsing a developmental approach and learning culture with commissioners and providers in the implementation of these interventions
  - Monitoring and evaluation have been integral in supporting service improvement and a local evidence base
  - Using a holistic approach with families is critical; risk factors seem to be strongly linked to social, mental and economic circumstances.
  - Relationships at different levels are key to effectively tackle obesity. Time should be factored in to develop relationship with children, families, communities, and statutory and non-statutory partners
- There is a wealth of experience gleaned from the work on childhood obesity in Lambeth. Different elements of this work can be used as case studies to share learning and good practice with other local authorities.



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