London Childhood Obesity Exchange

Systems Thinking and Framing Childhood Obesity to make it ‘everyone’s business’
# Outline of the Event

## Introductory Presentations

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
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</thead>
<tbody>
<tr>
<td>1.30</td>
<td>Childhood Obesity... What’s the problem &amp; the opportunity</td>
</tr>
<tr>
<td>2.00</td>
<td>Introducing a whole systems approach in the UK – Public Health England</td>
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<tr>
<td>2.15</td>
<td>Introducing a whole systems approach in London</td>
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<tr>
<td>3.15</td>
<td>Coffee and Exchange of Knowledge and Ideas</td>
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</tbody>
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## Facilitating Action...

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>3.30</td>
<td>Working together to map levers, challenges and associated priorities</td>
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<tr>
<td>4.00</td>
<td>Developing ideas and commitments to make small changes to make a big difference.</td>
</tr>
<tr>
<td>4.20</td>
<td>Into Action ... Resources and support to implement change</td>
</tr>
<tr>
<td>4.30</td>
<td>Close</td>
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</tbody>
</table>
Introducing the Issue
What’s the problem?

What % of 4-5 year olds in London are overweight or obese in London?

What % of 10-11 year olds in London are overweight or obese in London?
What’s the problem?

Almost one in four children in Reception and more than one in three children in Year 6 are overweight or obese

**In Reception (4 to 5 years):** London 23%, England 22.2% overweight or obese

![Stick figures showing overweight and healthy weight status](image)

**In Year 6 (10 to 11 years):** London 37.4%, England 33.3% overweight or obese

![Stick figures showing overweight and healthy weight status](image)
Why is it a problem...

2. The costs of obesity

Failing to address the challenge posed by the obesity epidemic will place an even greater burden on NHS resources.

Obese people are:

- at increased risk of certain cancers, including being 3 times more likely to develop colon cancer
- more than two and a half times more likely to develop high blood pressure - a risk factor for heart disease
- 5 times more likely to develop type 2 diabetes

Obesity can harm people's prospects in life, their self-esteem and their underlying mental health.

The economic costs of obesity:

- Obesity costs the wider society **£27 billion**
- The NHS in England spent an estimated **£6.1 billion** on overweight and obesity-related ill-health in 2014/15
- We spend more each year on the treatment of obesity and diabetes than we do on the police, fire service and judicial system combined
Moving from a problem to an opportunity.... Beyond health..

Action on obesity can lead to:

- Reduced health inequalities
- Greater social cohesion
- Stronger local economy
- Reduced demand on health and social care services
- Better quality of life
- Less discrimination and bullying
- Fewer people with long-term conditions
- Improved local environment
And Importantly..
It’s a priority for Londoners…
Residents want us to tackle it..

How much of a priority for London do you think tackling childhood obesity should be?

86% of Londoners responding to the Great Weight Debate survey thought that tackling childhood obesity in London was the top priority or a high priority.
We need to make it easier to ‘Eat well… Move more’

What do you think are the top three things that make it harder for children to lead healthy lives in your area?
What do Londoners think is the problem?

• 1. Too many cheap unhealthy food and drink options (60%)
• 2. Too many fast food shops (44%)
• 3. Safety concerns about children (not letting them play outside unsupervised) (33%)
• 4. Too much advertising of unhealthy food and drink options (30%)
Opportunities within the complex system

Media and Community voice and social norms

Planning – density and ‘visibility’ and healthy environment
Healthy Streets,

Food provision – leisure centres, govt buying standards, work, take-aways / festivals convenience stores, markets...

Health professionals – midwives, health visiting, school nurses, weight management programmes

Active journeys

Parks and green / blue spaces

Early years, childcare and school settings - School meals, fruit & veg schemes, water only policy, nutrition guidance on pack lunches, stay at school to eat policies, breakfast club, daily mile, active lessons...

Tax, incentives, Recognition / awards

Societal influences

Individual psychology

Individual activity

Activity environment

Food Production

Food Consumption

Biology
Working with partners across the system

Partnership: the key to success
Frame it so engages everyone - make it everyone’s business

Vermont, USA

3
4
50

3 behaviours…
4 diseases
50% of deaths.
Various levers we can use...
HM Govt Childhood Obesity Plan

1. Soft drinks industry levy
2. Taking out 20% of sugar in products
3. Supporting innovation to help businesses to make their products healthier
4. Developing a new framework by updating the nutrient profile model
5. Making healthy options available in the public sector
6. Continuing to provide support with the cost of healthy food for those who need it most
7. Helping all children to enjoy an hour of physical activity every day
8. Improving the co-ordination of quality sport and physical activity programmes for schools
9. Creating a new healthy rating scheme for primary schools
10. Making school food healthier
11. Clearer food labelling
12. Supporting early years settings
13. Harnessing the best new technology
14. Enabling health professionals to support families
New York…
A Whole System Approach

• The approach recognised there is no single most important ‘silver bullet’.
• This complex system acts at all levels of society, with numerous linkages and interactions as shown in the Foresight report system map.
• The main reforms in New York ranged from:
  - legislative bans on trans fats and mandated calorie labelling at point of sale for chain restaurants, nutrition standards for city run institutions.
  - Incentives to sell and buy ‘green’ vegetables and fruit such as FRESH and ‘green carts’
  - Infrastructure for more active travel such as park facilities and cycle lanes and ‘active design guidelines’ for the built environment.
(30+ initiatives in all, many of which have shown direct benefit in Kelly P et al (2016)
Epode in London – Tackling Childhood Obesity Together in the Three Boroughs

ONE SYSTEM, THREE COMPONENTS

1. Provision of comprehensive services accessed by children and their families via recognised pathways
   - Education
   - Health Care
   - Voluntary Sector

2. Whole council partnership to ensure that environment and facilities support newly learnt behaviours and identified needs
   - Communications
   - ASC
   - FCS
   - Planning
   - Leisure
   - Housing
   - Transport
   - Parks
   - Legal
   - Retail
   - Employers
   - Private Providers
   - NHS and other providers

3. Engaged communities tell us ‘what works’ for them
   - Local agencies work together to deliver solutions
Making it Easy, Attractive, Normal..

Bristol…. Make Sundays Special….closed streets to pedestrianise town centre

Warrington, reduced licence fee for mobile catering at markets / festivals by 50% if healthier options.

Use of Gamification – Pokemon Go / Beat the Streets – tie into children’s existing worlds.

Community-led ideas– Hammersmith & Fulham hackathon for proposal to develop local parks / open space to encourage greater physical activity.

Play Streets – London Play

The Daily Mile
Change is possible!
Introducing a whole systems approach to Childhood Obesity in the UK...

Public Health England
A framework to categorise obesity determinants and solutions

Swinburn et al, Lancet 2011
The whole systems approach to obesity programme

• Commissioned by PHE with support from LGA and ADPH

• Three year action research programme sharing learnings en route

• A different way of tackling obesity: realising Foresight at the local level

• Co-production of approaches with four local authorities pilot areas

• Community of Learning set up to share experience and good practice

• Aim to develop whole systems support, transferable to local authorities across the country
<table>
<thead>
<tr>
<th>Transition to systems thinking</th>
<th>Silo working</th>
<th>Integrated / the whole system</th>
<th>Tailored to context: what matters here?</th>
<th>Looking at how system works as a whole</th>
<th>Dynamic feedback loops</th>
<th>LA holding the ring, stakeholders are partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalising</td>
<td>Individual, isolated initiatives. Total impact unpredictable</td>
<td></td>
<td>Connected, networks, processes</td>
<td>Drivers and influencing actions</td>
<td>“Human and relationship aspect”</td>
<td>Tap into community consciousness &amp; enable distributed leadership</td>
</tr>
<tr>
<td>Linear cause and effect</td>
<td>Linear cause and effect</td>
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<td>Not static; agile and responsive</td>
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<tr>
<td>Top down control</td>
<td>Top down control</td>
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Programme objectives

• How can Foresight be translated into a ‘Whole Systems Approach’ locally?
• Creating a mindset: what does a “whole systems approach” mean in practice?
• How can LAs create one? Route map, strategies and tools to achieve one in practice
Appreciative inquiry approach
Key lessons from the programme

• Economy, jobs and prosperity are key drivers for local authorities
• Develop an understanding of ‘systems thinking’ and “a whole systems approach” at a department level
• Develop a whole systems approach in context of pre-existing priorities within the council, public health and other departments
• Build relationships and cooperation between public health and other departments
• “Sell” obesity to non-public health stakeholders to fit in with departmental and broader priorities
• Build the evidence base to make the case for a systems approach
• Ensure programme doesn’t increase inequalities
• Build sustainability into the programme
Emerging definition of whole systems approach to tackling obesity

Promotes collaboration:
• Considers wider determinants of health
• Involves all sectors in design & implementation
• Maximises opportunities across sectors, settings and lifecourse

But also focuses on systems thinking – how system works as a whole, including:
• Recognising obesity exists in a complex adaptive system
• Considers and addresses broad range of drivers
• Connecting causes to actions
• Joined up co-ordinated action at leverage points
• Promotes dynamism: on-going and flexible
Route Map Process

1. Pre-systems: environment for change
2. Understanding local causes and linkages
3. Identifying opportunities to disrupt the existing system
4. Building and aligning actions around key points
5. Creating and maintaining a dynamic system
Next steps

- Finalise definition of whole systems approach to obesity
- Publish systematic review
- Develop a case for obesity across all policies
- Group model building with pilots to map out causes and consequences and develop action plans
- Develop tools to support the programme
- Testing the route map/tools with non-Pilot local authorities
- Explore synergies with systems leadership programmes
Thank you - any questions?

Jamie.Blackshaw@phe.gov.uk

Website for further information: http://www.leedsbeckett.ac.uk/wholesystemsofobesity
A Whole Systems Approach in Practice in London

Lewisham
Taking a Whole Systems Approach to Tackling Obesity in Lewisham

Gwenda Scott, Public Health Strategist
May 2017
In 2016 Lewisham Council was awarded National Pilot status for a whole systems approach to obesity, one of only four local authorities in the country and the only London borough.

The pilot sites are working alongside Leeds Beckett University on the whole systems approach. [http://www.leedsbeckett.ac.uk/wholesystemsobesity/](http://www.leedsbeckett.ac.uk/wholesystemsobesity/)

Three year programme. LA commitment with senior level sign up.
The current picture of obesity in Lewisham

- **Nearly 1 in 4** children aged 4-5 are overweight or obese (similar to London 2014/15).
- **2 in 5** children aged 10-11 are overweight or obese.
- **3 in 5** adults are overweight or obese.

Lewisham – why a Whole Systems Approach to Obesity is necessary.
Deprivation/inequalities

- Most deprived 20% in England
- Least deprived 20% in England

Diverse

- over 130 languages spoken
- 46% of residents from black and minority ethnic backgrounds, rising to 76% of the schools population
• Obesity a long term **strategic priority** Health and Wellbeing Strategy (2013-23), Children and Young People’s Plan (2015-18)

• Good evidence of **working in partnership**

• Build on the borough’s **commitment to early intervention, prevention and community development approach** to improving the health and wellbeing of our residents

• **Resilient communities** - an active and engaged voluntary and community sector (over 800 active voluntary and community sector organisations and more than 200 individual faith groups).
Explore how to maximise the impact of the actions we were already taking, and learn how to make more effective use of all the levers that the Council could employ for a better coordinated ‘whole systems’ approach around the wider determinants of obesity.
Lewisham Scores 2016 and Progress Aimed for in 2-3 Years

Breastfeeding
Weaning
Accessibility of healthy food
Journeys by foot or Bike
Physical Environment
Supporting people to be active
Schools
Public & Community Services
Health Services
Workplaces
Engagement & Commitment
Knowledge
Evaluation

Now
Progress

Lewisham Self Assessment Framework
A whole systems obesity project board was established which included: **senior officer representation from three of the four council directorates**: Community Services, Children’s Services and Customer Services; the **cabinet member** for Children & Young People; and **Lewisham CCG**.

Developed a whole systems approach to obesity action plan

**Our Goals**

- Change the impact of the obesogenic environment
- Increase the proportion of residents with a healthy weight
Overarching aims:

- Promote an environment that supports healthy weight and wellbeing as the norm, making it easier for our residents to choose healthier diets and active lifestyles.
- Supporting our communities and families to become healthier and more resilient, which will include addressing the wider determinants of health.
- Tackle the weight issues of those who are already overweight and obese.
Four Priority Areas:

- **Children and Young People**
  - Increased Public Awareness and engagement

- **Health and Public Services**
  - Breastfeeding
  - Early years
  - Schools
  - Health services
  - Engagement & commitment
  - Workplaces
  - Strategies and policies

- **Increased Public Awareness and engagement**

- **Environment**
  - Journeys on foot or bike
  - Supporting people to be more active
  - Knowledge
  - Access to healthy foods
  - Physical environment
  - Public & community settings

Work on thirteen themes under 4 priority areas
<table>
<thead>
<tr>
<th>Wider Obesity Alliance</th>
<th>Who is included in the wider audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Health and Wellbeing Board</td>
<td>Local residents</td>
</tr>
<tr>
<td>• Elected Members</td>
<td>Community groups</td>
</tr>
<tr>
<td>• Healthwatch</td>
<td>Faith groups</td>
</tr>
<tr>
<td>• Adult and child social care</td>
<td>Third Sector</td>
</tr>
<tr>
<td>• Planning and environment</td>
<td>Local employers</td>
</tr>
<tr>
<td>• Transport</td>
<td>Education (schools, colleges, adult learning)</td>
</tr>
<tr>
<td>• Public health</td>
<td>Early years</td>
</tr>
<tr>
<td>• Lewisham Clinical Commissioning Group</td>
<td>Leisure/fitness providers</td>
</tr>
<tr>
<td>• NHS partners</td>
<td>Arts and Culture</td>
</tr>
<tr>
<td>• Primary Care</td>
<td>Food industry</td>
</tr>
<tr>
<td>• Local health professional networks</td>
<td>Housing</td>
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<tr>
<td></td>
<td>Food Partnership</td>
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<td></td>
<td>Physical Activity Network</td>
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<td>Local, national and social media</td>
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</table>

How will we know if we have engaged our audience?

• Long term - commitment and full engagement delivering an evidence-based whole systems approach strategy
• Medium term – changes to food, physical activity and social environments
• Short term – shared learning, health outcomes embedded in policies, community led actions (e.g. pledges to sugar smart)
Group Model Building
Stakeholder workshop to consider what was happening/what more could be done in relation to a number of themes

Senior management involvement

Very successful event, with the formation of the Lewisham Obesity Alliance. Identified the overall ‘system’ and priorities created by the council and its stakeholders. Next steps: follow up event to consider how to address each theme

Key stakeholder interviews helped to engage senior management sign up across the council

Whole systems working – key outcomes
External perspective on our current approach and how we can alter it:

Analysis of policies, plans and interventions (causes of obesity vs intervention/action) confirmed shift from actions at an individual lifestyle to wider determinants.

Bringing together stakeholders – facilitated conversations with different parts of the system – revealed need for a dynamic feedback system.

Beginning to identify opportunities to disrupt the existing system.

Research on culture and ethnography regarding attitudes to weight.

Whole systems working – learning.
Whole Systems Obesity – key priority area for Public Health

Health in all Policies approach to maximise healthy weight outcomes

Consolidating new models of delivery/ new services to maximise healthy weight outcomes

Integrate *Making Every Contact Count* approach with all key stakeholders

Share good practice and learning to create healthy environments

Work in progress
Three Key Actions

**SUGAR SMART LEWISHAM**

**Food** - Become a Sugar Smart Borough

**Physical activity** - Implement the Daily Mile in primary schools

**Communities** - Improve access and appeal of parks for recreation

Work with stakeholders to embed the 3 cross cutting actions to create healthy environments
Tackling obesity in Lewisham: a whole system approach

Annual Public Health Report for Lewisham 2016

Share good practice and learning
Case Studies in Lewisham

Featuring the work of the wider Lewisham partnership

Focus on key work creating healthier environments
Whole systems approach needs:

- Senior leadership buy-in
- Build on the linkages and interactions
- Regular feedback to partners
A Whole Systems Approach in Practice

Haringey
Strong Health in all Policies approach in place
Testing the limits of our planning and licensing powers to create a healthy environment and change society norms
Collaborating and building strong local partnerships
Over 1 in 3 Haringey children aged 10-11 are overweight, similar to London (2014/15)

Nearly 2 in 3 Haringey adults are overweight, similar to London (2014/15)
Children living in deprived areas in Haringey are 2.5 times more likely to be obese or overweight.

An unequal borough

Availability
Affordability
Acceptability
Strong local political leadership and decision making (HWB)

Cross Cutting Theme in the Corporate Plan- ‘Working in Partnership’

Embedded in cross departmental strategies and priorities i.e. Transport, Planning, Place-Shaping and Design Strategy

Dedicated Public Health resource to embed and identify shared priorities through:

- An internal Healthy High Streets Steering Group
- Overarching external partnership through Haringey’s Obesity Alliance
No silver bullet

- Haringey’s Obesity conference – one Haringey approach (summer 2015)
- No single solution or organisation but many – Haringey’s Obesity Alliance
- Member pledges are part of the jigsaw – multiple actions to achieve scale
Tackling such a complex problem
Our Mission
Come together to boost our efforts by providing a forum for partners to advocate, develop and coordinate activities and projects.

Our Vision
To work together to reduce obesity in Haringey so that by 2018 fewer children, young people and adults will be overweight or obese.

Our Ask
All members to commit to delivering significant change themselves through an organisational pledge and to be an active member of the collective effort.
Obesity Alliance footprint

Haringey’s Obesity Alliance launched in June 2015

- 65 Members
- 60 Pledges
- Focus on school curriculum provision, staff health & wellbeing, physical activity and cooking skills classes
- Schools, housing, health & social care and community & voluntary sector organisations

HARINGEY OBESITY ALLIANCE
What makes a good pledge?

- Specific, tangible or incremental
- Include implementation (responsibility)
- Above and beyond what the organisation is already doing
- Captures attention
- Cultural and organisational change at scale
150 No Ball Games signs removed, 24 Play days and a Weekend of Play delivered.

Over 100 fast food outlets signed up to the Healthier Catering Commitment

“Timecredits, one of many organisations providing healthier lunches and snacks at meetings”

families identified and referred by frontline services, 191 parents received training.

20 walking events and 284 walkers over one weekend

Place-making and regeneration opportunities
Population effect and political difficulty

<table>
<thead>
<tr>
<th>Environments</th>
<th>Behaviours</th>
<th>Physiology</th>
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<tbody>
<tr>
<td>Systemic drivers</td>
<td>Environmental drivers</td>
<td>Environmental moderators</td>
</tr>
<tr>
<td>Policy and economic</td>
<td>Food supply and marketing environments</td>
<td>Behaviour patterns</td>
</tr>
<tr>
<td>systems enable and</td>
<td>promote high growth and consumption</td>
<td>High food and energy consumption</td>
</tr>
<tr>
<td>promote high growth</td>
<td>Sociocultural, socioeconomic, and transport</td>
<td>with associated low physical activity levels</td>
</tr>
<tr>
<td>and consumption</td>
<td>environments which amplify or attenuate the</td>
<td>High total energy intake pushing energy imbalance</td>
</tr>
<tr>
<td></td>
<td>drivers</td>
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Policy interventions

Health programmes, social marketing, etc

Drugs, surgery

Source: Swinburn et al, Lancet 2011
Next steps

- Increasing collaboration and engagement through dedicated resource for the HOA.
- Empowering our partners to make it business as usual
- Maximise the opportunities through regeneration to create healthier environments
Into Action

Key learnings we can put in practice:

- Small changes across the system, by all players can make a big difference and achieve the tipping point needed to reverse norms.
- Consider ‘what’s in it for me?’ for all stakeholders, we have a role in tackling childhood obesity, and also that childhood obesity has a role in our priorities.
- Consider the changes made and adapt, based on intended and unintended outcomes.
- Make sure we can measure changes and see what is working and isn’t working...
- No blame..... Work together to make the system better...
- And believe it’s possible......
A whole Systems Approach in Greenwich

Claire Pritchard

GCDA
So how can we adopt this approach?
Into Action.... Today
Activities
Opportunities within the complex system

Media and Community voice and social norms

Planning – density and ‘visibility’ and normalisation of environment

Health care including Weight management programmes

Active journeys

Parks and green / blue spaces

Food provision – leisure centres, govt buying standards, work, take-aways / festivals convenience stores, markets...

Early years, childcare and school settings - School meals, fruit & veg schemes, water only policy, nutrition guidance on pack lunches, stay at school to eat policies, breakfast club, daily mile, active lessons...

Tax, incentives, Recognition / awards
Wrap Up and Into Action
What’s next...

Make the Change....Obesity leads co-ordinate action from today’s event...

Access the Website after election June 9th...
. With presentations, resources, posters examples, toolkit

Feedback progress, challenges and experiences at Ideas Exchange
Wednesday July 12

Share knowledge, examples and activities with wider teams across Boroughs with materials available on the website.