



National Children's  
Bureau

# Working together to reduce childhood obesity

Ideas and approaches involving the VCSE sector,  
education and local government

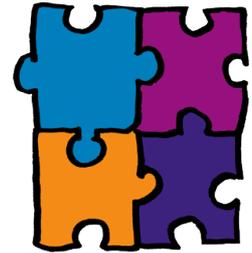
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May 2017

## Acknowledgements

This work has been undertaken as part of NCB's role in the Health and Care Voluntary Sector Strategic Partner Programme, which ran until 2017 and enabled voluntary and community sector organisations to work in equal partnership with the Department of Health, NHS England and Public Health England.

NCB would like to thank all those who helped disseminate our call for practice examples; responded to the call; contributed information and/or reviewed draft case studies. These individuals include:

- Paul Jarvis-Beesley, StreetGames
- Jenny Warner, Specialist Support Service
- Sarah Gorman, Edberts House; Dr Mandy Cheetham, Fuse Centre for Translational Research in Public Health; and members of the Fit 4 The Future steering group
- Hannah Sargeant and Deborah Dial, Mytime Active
- Dr Julie Lanigan, TrimTots CIC
- Russell Maddams, Richard Johnston and Jackie Hayhow, Active Cumbria
- Duncan Settrington, Active Cheshire
- Tim Sells, Kent Sport
- Gary Sheppard, Northamptonshire Sport
- Prof. Stuart Fairclough, Edge Hill University



# Contents

Introduction .....	4
Childhood obesity: the national context .....	5
Local authorities and the VCSE sector working together to reduce childhood obesity ..	8
* In practice: Fit 4 The Future in Gateshead .....	10
Working with children and families to build foundations for good health .....	12
* In practice: MEND (Mind, Exercise, Nutrition... Do it!) .....	14
* In practice: TrimTots Healthy Lifestyle Programme .....	17
Promoting physical activity in schools through local and regional partnerships .....	20
* In practice: Active Cumbria 100 Mile Challenge .....	22
* In practice: West Cheshire Smile for a Mile .....	24
* In practice: Northamptonshire Healthier Child Project .....	26
Multi-agency development, funding and delivery .....	28
* In practice: Kent Change4Life Champions Conference .....	31
Developing and expanding evidence based programmes in schools .....	33
* In practice: The Active Schools: Skelmersdale (AS:Sk) Project .....	35
* In practice: StreetGames Let's Get Physical Birmingham case study .....	37
Conclusions .....	40

## Introduction

This document will help agencies understand practical ways in which they can work together to reduce childhood obesity and improve health outcomes. By exploring promising local activity in the context of national policy, this document can inform how schools, early years settings, local authorities, voluntary organisations and others plan and deliver effective and joined-up initiatives. It can also provide ideas for how additional funding generated by the soft drinks industry levy can be used to best effect.

To do this, the document brings together information from a range of sources. It provides national context and explains key developments in policy, including the measures set out in the 2016 childhood obesity strategy, *Childhood obesity: a plan for action* (HM Government, updated 2017). It also showcases examples of local programmes and interventions that support children in early years settings or primary education to be healthy and physically active, particularly those benefiting children who experience health disadvantages and those living in areas of deprivation. In particular, examples highlight how early years providers or primary schools, local authority public health teams and local voluntary, community and social enterprise (VCSE) organisations have worked together. Whilst case studies appear in sections addressing particular policy areas or aspects of partnership working, most are relevant to multiple sections. The purple 'In practice' boxes summarise the topics covered by each case study.

## Background

NCB works to help improve child health outcomes and reduce child health inequalities. This activity has included working with the Department of Health, NHS England, Public Health England and the VCSE sector through the Health and Care Voluntary Sector Strategic Partner programme.

*Working together to reduce childhood obesity* has been produced in NCB's capacity as Strategic Partner. It is based on responses to a call for examples issued via NCB and Strategic Partnership networks in February and March 2017. NCB worked with respondents to develop selected examples into full case studies, using templates, written questions, phone interviews and reviewing of drafts. A particular focus was placed on drawing out experiences of VCSE sector involvement, partnership working and efforts to address health inequalities.

# Childhood obesity: the national context

## The impact of obesity on children

Concern about obesity in children is well-founded, with nearly one fifth of 11 year olds in England having been classified as obese in 2015/16.

Whilst levels of obesity no longer appear to be rising as steeply as in previous decades, there is still a clear imperative to tackle this issue. Obese children are at an increased risk of a number of health problems that can significantly impact on their lives, both in childhood and adulthood. Childhood conditions including asthma, sleeping problems and type 2 diabetes have all been linked to obesity (Reilly and others 2003), as has an increased risk of developing health conditions like cardiovascular disease and type 2 diabetes in later life.

Evidence also suggests that there is a complex but important connection between obesity and emotional and mental health and wellbeing. This emerges during a child's early years, with behavioural issues more prevalent among obese three year olds than their peers (Griffiths and others 2011). Obese children may be more likely than their peers to experience the burden of psychiatric and psychological disorders into adulthood (Rankin and others 2016).<sup>1</sup>

The costs associated with childhood obesity are significant. According to an economic analysis in the Chief Medical Officer for England's 2012 annual report, the short-term costs of childhood obesity are estimated at £51 million per year, and long-term costs (including health care and non-health care costs) estimated at £588–686 million (Strelitz 2013).

## Obesity and inequalities

The risk of obesity does not apply to all children equally and the relationship between obesity and socio-economic deprivation is complex. Poor children are more likely than their more affluent peers to be obese; among children from deprived backgrounds, those who are obese go on to experience worse health, economic and social outcomes as adults (Loring, B and Robertson 2014).

The differences in childhood obesity prevalence by socio-economic group are stark, and the gap widens over time. At age five the poorest 20 per cent of children are nearly twice as likely to be obese as the richest fifth; by the time children are 11 they are almost three times as likely (Goisis and others 2016).

The Millennium Cohort Study has highlighted the relationship between environmental factors, particularly socio-economic deprivation, and health behaviours that are linked to obesity (Goisis and others 2016). Risk factors relating to physical activity and diet are particularly important in explaining income inequalities in childhood obesity, and their widening across childhood.

There is also an association between increased prevalence of obesity and other health issues. Children with a long term health condition and a learning disability are nearly twice as likely as children with neither condition to be obese. (ChiMat 2011).

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<sup>1</sup> For further background information on childhood obesity and the interventions used to address it, see Public Health England's online guidance 'Childhood obesity: applying All Our Health', published in 2015: <https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health>

## Childhood obesity: a plan for action

The evidence and economic case suggest that tackling childhood obesity requires a comprehensive, multiagency strategy that focuses on reducing risk factors and their unequal impact from pregnancy through the early years.

National government's strategy is set out in *Childhood obesity: a plan for action*, published in 2016. The most significant step described in the plan is the introduction of a soft drinks industry levy across the UK from 2017. This levy on producers and importers will be based on the amount of sugar in drinks, and revenue will be invested in programmes to reduce obesity and encourage physical activity and balanced diets for school age children.

The plan for action sets out a number of other commitments:

- A voluntary sugar reduction programme for food and drink not covered by the levy, aimed at retailers, manufacturers, restaurants and takeaways. The programme will be led by Public Health England, which published targets for specific food categories in March 2017 and will produce six-monthly progress reports.
- A review of the nutrient profile model used to set advertising restrictions, to ensure it reflects the latest government dietary guidelines and 'focuses on the most unhealthy products, rather than adversely affecting products which are consumed as part of a healthy diet'.
- Encouraging more public sector bodies to adopt established standards for the procurement of healthy food.
- Voluntary guidelines for early years settings to help them meet current Government dietary recommendations.
- The continuation of existing work to reduce consumption of salt and saturated fats.
- Guidance for schools to set out how they can work with the school nurses, health centres, healthy weight teams in local authorities and other resources, to help children develop a healthier lifestyle.
- A target to increase the number of children walking, supported by measures including Bikeability cycle training for children.
- A new healthy rating scheme for primary schools which will be taken into account in Ofsted inspections from September 2017.

## Government and Sport England strategies for physical activity

In 2015 the Government published *Sporting Future: A New Strategy for an Active Nation*. This strategy included broadening Sport England's remit, making it responsible for sport outside school from the age of five, rather than 14. Other commitments related to:

- measuring children's engagement in sport and physical activity
- working to ensure all children become proficient in cycling and swimming
- continuing investment in the Primary PE and Sport Premium (see pages 28 and 33)
- working to address the drop-off in engagement from primary to secondary school
- assessing the effectiveness and future priorities of the School Games (see page 21).

Sport England's strategy for 2016–2021 includes a 'focus on pre- and post-school activities that increase children's capability and enjoyment and lay the foundations for being active throughout their lives'. Sport England committed to investing £40 million into projects which offer new opportunities for families with children to get active and play sport together, starting in 2017. Sport England also promised to ensure that at least 25 per cent (£265 million) of its total investment from 2016 to 2021 directly benefits inactive people, including £10 million of funding directed at children and young people.

## References

ChiMat (2011). *Disability and obesity: the prevalence of obesity in disabled children*. London: Child and Maternal Health Observatory.

Department for Culture, Media and Sport (2015). *Sporting Future - A New Strategy for an Active Nation*. London: DCMS

Goisis, A, Sacker, A, and Kelly, Y (2016). 'Why are poorer children at higher risk of obesity and overweight? A UK cohort study', *Eur J Public Health*. 26(1): 7–13.

Griffiths, L J, Dezateux, C and Hill, A (2011). 'Is obesity associated with emotional and behavioural problems in children? Findings from the Millennium Cohort Study', *Pediatric Obesity*, 6(2Part2).

HM Government (updated 2017). *Childhood obesity: a plan for action*. London: DH.

Loring, B and Robertson, A (2014). *Obesity and inequities. Guidance for addressing inequities in overweight and obesity*. Copenhagen: World Health Organization.

Public Health England (2014) *Child obesity and socioeconomic status data factsheet*. London: PHE.

Rankin, J and others (2016). 'Psychological consequences of childhood obesity: psychiatric comorbidity and prevention', *Adolescent Health, Medicine and Therapeutics*, 7, 125–146.

Reilly, J and others (2003). 'Health consequences of obesity', *Archives of Disease in Childhood*, 88(9), 748–752.

Sport England (2016). *Towards an active nation – strategy 2016-2021*. London: Sport England

Strelitz, J, 'Chapter 3: The economic case for a shift to prevention', in Davies, S (ed.) (2013) *Annual Report of the Chief Medical Officer 2012: Our Children Deserve Better: Prevention Pays*. London: Department of Health.

# Local authorities and the VCSE sector working together to reduce childhood obesity

## Local authorities' responsibilities

Childhood obesity is one of many challenges presented by a rapid increase in preventable ill health associated with environmental and behavioural risk factors. Major transformation of the health and social care system in England is needed in response to this changing burden of disease. The *Five Year Forward View*, which was published in 2014 to set the direction of travel for the NHS, places significant emphasis on the important role of preventative, community and public health promotion in reducing the pressure on reactive, acute care.

In 2013 the responsibilities for public health promotion have been transferred to local authorities. Part of the motivation for this transfer of responsibilities was to integrate public health promotion with other key levers, including education, leisure and spatial planning, by enabling Directors of Public Health to work with members of local Health and Wellbeing Boards. Members include elected members of the local authority, Directors of Children's Services, Directors of Adult Social Services, Clinical Commissioning Groups and VCSE agencies.<sup>2</sup>

Local authorities' responsibilities include commissioning a range of health promotion services relevant to children and young people, including smoking cessation services, sexual health services and the Healthy Child Programme (HCP) and the national child measure programme which weighs and measures children in reception and year 11.<sup>3</sup> The HCP is usually considered in two parts, from pregnancy to age five and from age 5–19. The first part is led by health visitors and the second by school nurses.

These and other services commissioned as part of local authorities' public health role are funded by the local authority public health grant. In 2016/17 this totalled £3.3 billion and was shared across 152 local authorities in England.

The Spending Review of December 2015 announced cuts of an average of 3.9 per cent in real terms each year, as well as plans to eventually abolish the grant altogether, alongside plans for local authorities to retain their business rates.

This uncertainty requires effective joint working between partners and with communities to target resources where they are most needed and can be most effective. Statutory requirements under the Health and Social Care Act to reduce health inequalities should be foremost in local areas' planning processes.

## The role of the voluntary, community and social enterprise (VCSE) sector

The voluntary, community and social enterprise (VCSE) sector has a longstanding and extensive role in health promotion for children and young people, particularly in relation to facilitating physical activity.

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<sup>2</sup> Local governments' role in Education comes under the same organisation as that for public health in all areas, however in areas with both county and district or borough councils, public health is the responsibility of the county council and leisure and spatial planning the responsibility of districts/boroughs.

<sup>3</sup> See Sections 194–199 of the Health and Social Care Act 2012, Sections 116–116A of the Local Government and Public Involvement in Health Act 2007 and Department of Health (2013) Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

This includes the many sports and youth clubs, and national associations that are established as charities and support participants to engage in wide range of physical activity.

Data from the Charity Commission suggests that £800m a year is spent on culture, recreation and Scouts and youth group activity delivered by around 15,000 charities. A further £400m a year is spent on activities relating to health (NCVO and NCB 2016).

The sector also has any increasing role in the operation of leisure facilities formerly managed directly by local authorities, and in coordinating activity through mechanisms such as County Sports Partnerships (see page 20).

The small size of many VCSE organisations and the wide range of outcomes to which their activity contributes can make it challenging for them to engage in the commissioning processes of statutory bodies. However, a key strength of VCSE organisations is their ability to engage with disadvantaged groups, working flexibly around the needs of those with vulnerabilities and complex lives (NCVO and NCB 2016). The Health and Social Care Act 2012 codified clear duties on Clinical Commissioning Groups (CCGs) and local authorities to consult with communities when planning services, and to take action to reduce health inequalities.

As funding for local authorities, CCGs and the VCSE sector becomes tighter, it is vital that they work in partnership to deliver meaningful, demonstrable outcomes for children and young people (NCB 2013).

These successful partnerships, highlighted by the examples in this document, can avoid potential costs to statutory services.

## In practice

The case study below demonstrates how local authorities can meet their duties to involve communities and reduce health inequalities by working with the VCSE sector to address childhood obesity. It shows how approaches such as Community-Based Participatory Research can be used to that end, and the role of long-term investment in creating sustainable changes.

## References

Department of Health (2016). *Public health grants to local authorities: 2017 to 2018*. London: Department for Communities and Local Government and Department of Health.

Gill, C. and others (2011), *The Ripple Effect: The Nature and Impact of the Children and Young People's Voluntary Sector*, London: National Children's Bureau.

HM Treasury (2015) *Spending review and autumn statement 2015* (pp32, 8). London: HM Treasury.

NCB (2013), *Beyond the cuts: Children's charities adapting to austerity*. London: National Children's Bureau.

NCB (2016), *Local authorities' role in public health: Briefing for the children and young people's voluntary sector*. London: National Children's Bureau.

NCVO and NCB (2016) *The Children and Young People's Voluntary Sector in England, 2013/14*. London: NCVO and NCB.

NHS England (2014) *Five year forward view*. London: NHS England.

## Fit 4 The Future in Gateshead

Gateshead Council Public Health Team is working in partnership with Pattinson House, a community project in Felling, East Gateshead, to engage local residents in healthy activities. Pattinson House, which is operated by VCSE organisation Edberts House, aims to make Felling's Nest and Old Fold Estates happier, healthier, friendlier places to live. The estates fall within the 10 per cent most deprived Lower Layer Super Output Areas in England (Gateshead Council 2015).

The prevalence of obesity among reception and year 6 children in Gateshead is higher than the England average, with recent data suggesting a worsening picture for year 6 children. Felling is consistently among the wards with highest prevalence rates, and previous efforts to reduce childhood obesity have failed to address identified health inequalities and wider determinants of health.

Gateshead Council is keen to work in partnership with local communities in asset-based approaches to improve wellbeing and tackle health inequalities, engaging staff in VCSE organisations and schools along with children, young people and families. The Fit 4 The Future project builds on links established with three local primary schools through other work, benefiting 422 of their pupils, as well as parents, wider family and community members, and children who attend groups at Pattinson House. This work to address childhood obesity is one element of a broader community-led approach to health and wellbeing developed by Pattinson House in collaboration with People's Health Trust's Local Conversations programme and based on extensive community engagement.



**'Getting the children involved in cooking and trying healthy options, and doing the dancing, has been brilliant.'**

**Fit 4 The Future steering group member**

Women from the Pattinson's House steering group developed ideas to tackle childhood obesity and improve health and wellbeing. Their ideas, presented to Gateshead Council's Director of Public Health, included a school engagement project; promotion of the Daily Mile<sup>4</sup>; adult, family and children's exercise classes; family cycling; increased use of the local leisure facilities and parks; provision of healthy takeaways through a pizza-making social enterprise; and family cooking sessions. Funding from the local authority for activities taking place from September 2016 to November 2017, together with longer term funding from People's Health Trust, have enabled a sustainable, long-term approach to delivering healthy messages. These can become ingrained in the organisational infrastructure and day-to-day activity of Pattinson House beyond the funding period.

<sup>4</sup> See <http://thedailymile.co.uk> and the case study on West Cheshire Smile for a Mile.

Mandy Cheetham, a researcher from Fuse, the Centre for Translational Research in Public Health in North East England, is providing evaluation and support using Community-Based Participatory Research. Mandy's research explores various aspects of a whole-system approach to improving community health and wellbeing and preventing childhood obesity in the specific local context. Embedded research is recognised as one way to strengthen the integration of evidence into practice (Marshall and others 2016). Involving the communities accessing Pattinson House in co-produced evaluation enables impact to be treated as 'a gradual, porous and diffuse series of changes undertaken collaboratively' rather than 'a concrete, visible phenomenon that is fixed in time and space, that one party does to another party' (Pain and others, 2016).

Learning from Fit 4 The Future is fed back to stakeholders and wider partners, including the Council, to inform future planning. Mandy explains that 'the partnership between the local authority public health team, Edberts House and the local primary schools has worked well, knitting together local community assets. The approach enables community members to identify sustainable solutions and use local skills to address childhood obesity and build community capacity. Shared values and principles, a commitment to improving health outcomes together, and trusting working relationships have helped overcome the challenges of working in partnership at a time of austerity and financial pressures.'

### Find out more

- Pattinson House: [www.facebook.com/oldfoldnestconversation](http://www.facebook.com/oldfoldnestconversation)
- Edberts House: [www.facebook.com/edbertshouse1719](http://www.facebook.com/edbertshouse1719)
- Fuse Centre for Translational Research: [www.fuse.ac.uk](http://www.fuse.ac.uk)

### Contact

- Sarah Gorman – Project Director, Edberts House [sarah@edbertshouse.org](mailto:sarah@edbertshouse.org)
- Dr Mandy Cheetham – Post doctoral Research Associate, Fuse Centre for Translational Research in Public Health, Teesside University [M.Cheetham@tees.ac.uk](mailto:M.Cheetham@tees.ac.uk)

### References

Gateshead Council (2015). *Gateshead Joint Strategic Needs Assessment, Obesity and excess weight*. Gateshead Council

Marshall M and others (2016) Increasing the impact of health services research on service improvement: the researcher-in-residence model *Royal Society of Medicine*, 109, 6, 220–225.

Pain, R and others. (2016). *Mapping Alternative Impact: Alternative approaches to impact from co-produced research*. Centre for Social Justice and Community Action, Durham University.

'Having a role at Pattinson House has felt like I can give something back to the community. I got my Food Hygiene qualification, and it has given me a new sense of confidence for my future.'

**Fit 4 The Future steering group member**

'We take part in making decisions on what happens at Pattinson House and within our communities. It's fantastic to see so many parents and children getting involved in discussions on health.'

**Fit 4 The Future steering group member**

'Being part of Fit 4 the Future was educational. I learnt a lot about kids being overweight.'

**Fit 4 The Future steering group member**

## Working with children and families to build foundations for good health

Growing evidence that the link between risk of childhood obesity and socio-economic deprivation manifests from early childhood means it is imperative that local authorities work with early years settings and VCSE organisations to target interventions towards young children most at risk. The current policy agenda on early years has focused on expanding access to provision and developing core standards which provide a framework for delivering programmes to reduce the development of obesity in the early years.

In September 2017, the free childcare entitlement for working parents of 3 and 4 year olds will be doubled from 15 hours to 30 hours per week. A Tax-Free Childcare scheme replaced the Childcare Vouchers Scheme in April 2017, covering up to 20 per cent of childcare costs for working parents.

The activities and early education delivered through this childcare provision is informed by the Early Years Foundation Stage (EYFS). This covers seven areas of learning, including physical development. Statutory guidance states that this involves 'providing opportunities for young children to be active and interactive; and to develop their co-ordination, control, and movement'. Following the childhood obesity plan for action, this guidance has been amended to add that 'children must also be helped to understand the importance of physical activity, and to make healthy choices in relation to food.' The plan for action also announced voluntary guidelines for early years settings to help them meet current Government dietary recommendations.

Children's progress in relation to the seven EYFS learning areas is reviewed between the ages of 2 and 3 by an early years practitioner or health visitor, and again at the end of reception class in primary school. Early years settings are also inspected under the same single inspection framework as schools, which includes judgement on children's 'personal development, behaviour and welfare'.

### In practice

Both of the following case studies feature VCSE-led initiatives.

MEND programmes aim to address childhood obesity from the earliest stage of life up to adolescence. MEND involves close collaboration with early years providers and a focus on whole families. It exemplifies how models can be expanded and tailored for specific areas and age groups, and how the VCSE sector can help early years settings, schools and food businesses to achieve quality standards.

Like MEND, TrimTots involves joint working between the VCSE sector and early years providers. It shares MEND's focus on whole families, and the flexibility to be adapted for specific areas or populations. TrimTots shows how a social enterprise can emerge from a successful academic study in order to roll out a real-world programme. Its story reflects the challenges VCSE organisations can face in getting commissioned, even with a strong evidence base.

## References

Department for Education, (updated 2017). *Early years (under 5s) foundation stage framework (EYFS)*. London: DfE

Department for Education (2016). *Thousands of parents benefit from 30 hours' free childcare early*. DfE press release available at: <https://www.gov.uk/government/news/thousands-of-parents-benefit-from-30-hours-free-childcare-early> [Accessed 10 May 2017].

HM Government (updated 2016). *Tax-Free Childcare: 10 things parents should know*. News story available at: <https://www.gov.uk/government/news/tax-free-childcare-10-things-parents-should-know> [Accessed 10 May 2017].

## **MEND (Mind, Exercise, Nutrition... Do it!)**

Mytime Active is a social enterprise delivering many initiatives, including children's weight management and obesity prevention programmes. They are commissioned by local authorities to work with families and children affected by health inequalities.

Mytime Active's MEND (Mind, Exercise, Nutrition... Do It!) programmes support and empower children and families to be more physically active, adopt healthy attitudes to eating and make informed food choices. The first MEND programme was developed from 2000 in the UK, and MEND is now licensed for use in six other countries.

Some MEND programmes are offered on a universal basis: for example, MEND 2–4 is for all children aged 2–4 and their parents and carers, and MEND Mums is for new mothers with children aged 0–2. Others are specifically for children aged five to 16 who have been identified as above a healthy weight, and their families. They can be referred to the programmes by health professionals or families can register themselves.

Family-focused MEND group programmes include discussions for parents, family workshops and physical activities for children. Topics covered include fussy eating, portion size, food labelling, active play and positive parenting. Mytime Active also develops innovative and engaging marketing campaigns to help families embed healthy behaviours in everyday life, long after programmes have ended.

Collaboration between Mytime Active and other agencies has been essential to delivering MEND programmes. Data sharing agreements often allow local authorities to share NCMP data identifying children above a healthy weight, in order that those families can be invited to participate in MEND. Local authorities also help link MEND with partners and practitioners who improve uptake of, and participation in, programmes by promoting sessions. Sessions are hosted in a range of community venues including children's centres, schools and libraries. Use of venues is sometimes offered at no cost to Mytime Active. This enables MEND to be offered free to families, whilst increasing families' engagement with the host settings and services.

It has been challenging at times for Mytime Active to establish new relationships with unfamiliar schools and settings. However, active participation in community engagement events alongside other VCSE organisations has helped, in addition to the strong evidence base demonstrating MEND's effectiveness (Sacher and others 2010).



*A MEND 2–4 session*

## Mytime Active in West London schools, children's centres and nurseries

Through the MEND in Schools initiative, Mytime Active runs whole-school programmes in the London boroughs of Hammersmith and Fulham, Kensington and Chelsea, and Westminster.

MEND in Schools is a multicomponent whole school obesity prevention programme which aims to achieve sustained changes in diet, physical activity and oral health, both at school and home. It was developed in response to alarming rates of childhood obesity across the Three Boroughs and is fully funded by the local authority public health team for the 2016/2017 and 2017/2018 school years. Participating schools have been prioritised based on high levels of obesity (as indicated by NCMP data) and deprivation (indicated by Free School Meal rates). This approach ensures that MEND contributes to reducing health inequalities, along with careful consideration of individuals' and communities' diverse needs. For example, when distributing nutritional information within school communities, lots of visual aids are provided to support children for whom English is an additional language, and pork recipes are omitted in schools with large Muslim populations.

Participating schools are allocated a dedicated MEND Nutritionist and Physical Activity Leader to work with their children, teachers, and parents over three years. These MEND staff deliver one term of weekly curriculum time sessions for children in Years 1 and 4, combining nutrition activities and physical activity. This is followed by two terms of a weekly extra-curricular club focussed on physical activity.

Teachers are provided with bags of activity equipment (e.g. balls and hoops) and visual materials, along with a manual containing session plans and training on how to implement the manual. They also observe the curriculum time sessions to increase confidence in delivering PE sessions and incorporating nutritional information in other subject areas. These measures enable teachers to continue sessions for a long-lasting impact. In addition, Family Workshops help bridge the gap between school and home, and weekly challenges, game ideas, and top-tips involve the wider school community. The MEND team also attend school and community events to increase the role modelling effect and widen the impact of the programme.

Since the launch of MEND in Schools in September 2015, uptake has grown rapidly from three schools to 46 as of January 2017. Further trials are now being held in schools in Croydon and Bromley.

Mytime Active is also working across Hammersmith and Fulham, Kensington and Chelsea, and Westminster to:

- support all primary and secondary schools to achieve the **Healthy Schools Awards** in partnership with Health Education Partnership, a VCSE organisation also commissioned by the local authority public health team
- help children's centres and nurseries to achieve the **Healthy Early Years Awards** in partnership with Health Education Partnership
- increase the number of local food businesses that achieve the **Healthier Catering Commitment**, in partnership with local authority environmental health departments
- train frontline staff who engage with children and young people to increase knowledge and awareness of key health messages
- distribute and monitor **Healthy Start vitamins**
- provide **MEND One to Ones** for parents/carers with children aged 0–4 for whom a group programme is unsuitable or with additional needs.

## Find out more

- Details of Mytime Active's programmes in the Three Boroughs can be found at: <http://www.mytimeactive.co.uk/health/health-services/hammersmith-fulham-kensington-chelsea-and-westminster/child-weight-management>
- Learn more about Mytime Active's full range of child weight management and obesity prevention work at: <https://www.mytimeactive.co.uk/cwm>

## Contact

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0203 795 9346

## References

Sacher, P M and others (2010). 'Randomized controlled trial of the MEND program: a family-based community intervention for childhood obesity'. *Obesity*, 18(S1), S62–S68

## TrimTots Healthy Lifestyle Programme

TrimTots Community Interest Company (CIC) is working with private, public and voluntary sector agencies to develop, deliver, evaluate and expand a healthy lifestyles programme focused on children aged 1–5 and their parents/carers.

TrimTots is one of few evidenced-based, community-based interventions that focus on reducing obesity in preschool children and target the whole family to improve lifestyles and health. The programme was developed by a team of child health and early years professionals from the UCL Great Ormond Street Institute of Child Health between 2008 and 2013. The team recognised that interventions that aim to achieve appropriate nutritional practice during the early years were lacking and urgently required (Lanigan and others 2013).



TrimTots is delivered in two hour weekly sessions over 24 weeks. Sessions include nutrition education, physical activity and behaviour change components with an emphasis on family involvement and learning through art and play. They take place in a visually stimulating environment based on an imaginary world called 'Planet Munch', designed by community artists experienced in delivering educational art workshops to young children.

Randomised control trials (RCTs) were run in 2008–10 and 2010–12 for overweight children and a group of children with mixed BMI respectively. The first tested TrimTots as a treatment intervention in South Oxhey Children's Centre, after which a wider roll-out of the programme in Hertfordshire was used to evaluate TrimTots as a preventative measure. Public health consultants, senior early years' staff, parents from the first RCT and others provided direction and endorsement for the second. The wider roll out involved 12 Sure Start Children's Centres and was funded by the Institute of Child Health, with contributions from the Medical Research Council some children's centres and Hertfordshire PCT.

TrimTots was found to be effective at improving health outcomes. Longer term follow-up, 1–2 years after taking part, found the effect on BMI to be sustained. Results have been published in the Lancet (Lanigan and others 2013).

Since establishing the effectiveness of TrimTots, Dr Julie Lanigan, a dietician and academic researcher at UCL, has worked to form partnerships with children's centres, public health teams and other VCSE organisations to make the programme available in the community. This has been very challenging because the research funding for the RCTs naturally did not cover implementation of the intervention beyond the studies. TrimTots laid dormant whilst funding was being sought.

In 2015, Julie co-founded TrimTots CIC to provide a vehicle for rolling out the programme. The following year, TrimTots CIC was awarded a place on the Health and Social Innovators (HSI) Programme. Jointly supported by UCL Business, The Cabinet Office, Numbers4Good and the Trafford Housing Association, the HSI programme provided upfront investment, support and training to help TrimTots CIC develop into a successful social enterprise. The Creating Connections programme of events from UCL's Public Engagement Unit also enabled TrimTots to connect with commissioners, including the London Borough of Camden's public health team.



Camden's public health team has provided funds, staff and a venue to run a 'Planet Munch' pilot in the borough. Seed funding from Numbers4Good is supporting a programme lead to deliver the programme, which will be made available to vulnerable families identified by the public health team from 2017.

'Our general view is that all the barriers to partnership working can be crossed. It just takes time and effort and funding is of course central to this.'

**Dr Julie Lanigan, Director of TrimTots CIC**



So far, several organisations in the private, public and voluntary sectors have been involved in the TrimTots journey. Julie Lanigan reports that there have been no major challenges, though minor challenges have included 'understanding the needs of organisations and finding ways of working together. For example, TrimTots typically runs in children's centres where the introduction of a long-running, complex intervention such as this has implications for the day-to-day running of the centres and affects staff workload'. Difficulties encountered have included use of space for storage and activities, and the provision of staff. Discussions with children's centre staff have led to mutually acceptable solutions being found. In one case, TrimTots ran in a local leisure centre to alleviate pressure on children's centre resources.

Considerations of equality and diversity will inform the pilot and further roll-out of the programme. Working closely with Camden's public health and early years teams, TrimTots CIC will conduct qualitative research among residents to explore what they need from the programme and any barriers to benefiting from it.

Since children's centres, the primary recruitment partners for the pilot, are located within easy reach of areas of deprivation, families affected by health inequalities were represented. However, some exclusion criteria were applied to the RCTs, including parents/carers or children affected by major congenital disease, illness or social problems, and temporary residents or those likely to leave the area. This was done to maximise compliance with TrimTots, thereby informing the most robust evaluation possible. The study budget also did not allow the expansion of the pilot to include groups with specific needs. TrimTots CIC now aims to secure funding for a larger scale cluster randomised trial, which would include groups not involved in the earlier trials. The team are exploring the diverse needs of children and families, and impact of health inequalities, with academic colleagues: for example, how the translation of resources might meet specific cultural and language needs in areas of London with significant immigrant populations.

TrimTots CIC is making some headway in using Camden's commissioning of 'Planet Munch' to generate further interest across the market.



## **Find out more**

<http://www.trimtots.com>

## **Contact**

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## **References**

Lanigan, J and others (2013). 'The TrimTots programme for prevention and treatment of obesity in preschool children: evidence from two randomised controlled trials'. *The Lancet*, 382, S58.

# Promoting physical activity in schools through local and regional partnerships

## Schools and the childhood obesity plan for action

*Childhood obesity: a plan for action* places significant emphasis on strengthening the role of schools in tackling childhood obesity in England, including through County Sports Partnerships.

The levy on producers and importers of soft drinks to be introduced in 2017 is a central mechanism of this approach. Revenue will be invested in programmes to reduce obesity and encourage physical activity and balanced diets for school age children. This includes doubling the Primary PE and Sport Premium and putting a further £10 million a year into school healthy breakfast clubs.

In addition to the levy, the Government committed to other measures to support schools to reduce childhood obesity:

- A new healthy rating scheme for primary schools will be initiated and taken into account in Ofsted inspections from September 2017.
- Public Health England will develop advice to schools for 2017–18 on how they can 'work with the school nurses, health centres, healthy weight teams in local authorities and other resources, to help children develop a healthier lifestyle.'
- County Sports Partnerships were asked to work with other providers, including National Governing Bodies of sport, 'to ensure that from September 2017, every primary school in England has access to a co-ordinated offer of high quality sport and physical activity programmes, both local and national'.

## County Sports Partnerships

County Sports Partnerships (CSPs) are networks of local agencies committed to working together to increase the number of people taking part in sport and physical activity. The **CSP Network** is a nationwide network of all 44 CSPs, which cover England and have a collective turnover of over £60 million. Sport England is a major funder of CSPs, which also develop sports programmes and policy on behalf of Youth Sport Trust; local authorities; the Department for Culture, Media and Sport (DCMS); and other stakeholders. National programmes including Sportivate, School Games and Satellite Clubs are delivered through CSPs.<sup>5</sup> They also help primary schools maximise the impact of Primary PE and Sport Premium.

CSPs work with a wide range of community groups including sports clubs and associations, community organisations that may have some interest in sport, and informal groups that might not be constituted. CSPs provide a range of services to support these groups to increase physical activity in local populations. These include providing and facilitating local collaborative leadership in order to understand local needs, co-ordinate delivery and ensure alignment and optimum use of resources; promoting a multi-agency approach and ensuring networks are effective and form a cohesive whole; working to strengthen volunteering; and organising and supporting activity to increase participation for under-represented groups.

CSPs vary in structure. Some are hosted by local authorities, whilst others are limited companies and registered charities. CSPs are changing following an independent appraisal to help strengthen sport in communities. This is in the context of the government strategy *Sporting Future* and Sport England strategy *Towards an Active Nation* (see pages 6–7).

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<sup>5</sup> See the CSP Network website for further detail: <https://www.cspnetwork.org/services/programmes>

## School Games

The School Games is a national sports competition in the style of the Olympic and Paralympic Games, launched in 2010<sup>6</sup>. Partners supporting the School Games include national government, Sport England, Paralympics GB and the Youth Sport Trust. School Games Organisers (SGOs) deliver the School Games and Change4Life<sup>7</sup> in schools. There are roughly 450 SGOs across England. National investment from DCMS and DH funds three days per week of SGO activity; many are employed for additional time through local funding.

In *Sporting Future*, the Government stated that 'the time is right to consider the future priorities of the School Games'. Sport England and the Youth Sport Trust reviewed the School Games and the role of SGOs. Sport England are working with partners to implement recommendations from this review.<sup>8</sup> Recommendations include maximising volunteering opportunities for young people and devoting more effort and resource to diversity and inclusion.

### In practice

The following three case studies illustrate how County Sports Partnerships can coordinate and support initiatives to reduce childhood obesity, and connect schools with local communities.

The first two describe how partnerships can adapt existing ideas (e.g. the Daily Mile) to meet local needs, and how initial success can be built upon to continue and expand programmes. Active Cumbria 100 Mile Challenge is an example of a local partnership that has benefited from investment by a large funder.

The third case study, featuring Northamptonshire Healthier Child Project, exemplifies how practical support can help schools to identify their pupils' needs and respond effectively, with support from local health and VCSE sector partners.

## References

Reed, A (2016). *#CSPFUTURE: Appraisal of the Future Role of CSPs*. Sports Think Tank.

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<sup>6</sup> See the School Games website for further detail: <https://www.yourschoolgames.com/>

<sup>7</sup> Public Health England's national campaign to help families to eat well, move more and live longer. See the Change4Life website for detail: <http://nhs.uk/change4life>. Background information is available at: <https://campaignresources.phe.gov.uk/resources/campaigns/17>

<sup>8</sup> See <https://www.sportengland.org/our-work/children-and-young-people/school-games/> for up-to-date information from Sport England.

## Active Cumbria 100 Mile Challenge

Active Cumbria and New Balance are working with schools in Cumbria to help children meet the levels of physical activity recommended by government.

Active Cumbria is a County Sports Partnership hosted within Cumbria County Council's Public Health & Communities Team. The partnership includes representation from the sport, education, health, voluntary and local government sectors, all committed to working together to increase participation in sport and physical activity across the county. It has successfully delivered a range of national and local programmes since being established in 1999, with funding primarily provided through the National Lottery via Sport England.

New Balance, a multinational athletic shoe and sportswear company, has a large factory located in Cumbria. The company has worked for a number of years with Active Cumbria on a range of initiatives to increase levels of activity amongst children. Active Cumbria were made aware of New Balance's Global Sparkstart initiative, which seeks to inspire millions of young people to be more physically active. Following consultation and a small pilot scheme in West Cumbria, the 100 Mile Challenge programme was created. At the same time, a similar project was being developed in Cheshire, where New Balance has their UK Head Office.

The challenge encourages participating schools to get all of their pupils to complete and record 100 miles of physical activity during the academic year. Miles can be logged both within and outside the school day, through walking, running, cycling, swimming and other means. Like the Daily Mile,<sup>9</sup> the 100 Mile Challenge is a universal intervention that is designed to be fully inclusive. The programme's impact is measured through pupil surveys and a simple online mechanism for collecting data from schools.



*Pupils at Braithwaite School with certificates awarded to them in an assembly*

The main resource requirement for schools is a pack developed by Active Cumbria, which includes materials for mapping routes, tracking progress, and rewarding and motivating pupils. The New Balance investment subsidised this resource pack, reducing the cost of participating in the 100 Mile Challenge to just £1.40 per pupil.

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<sup>9</sup> See <http://thedailymile.co.uk> and the case study on West Cheshire Smile for a Mile.

Active Cumbria has been working with Cumbria County Council's Communities Teams to try to obtain additional funding to make the programme free of charge to schools. Particular focus has been given to the results of the National Child Measurement Programme in each locality, with targeting of the schools at highest risk being undertaken once investment is secured. To date four of the six locality areas of the county have been provided with additional investment, although the scheme is open to all primary and secondary schools in the county (including state, independent and special schools).

Schools from the two areas not currently receiving investment can fund the 100 Mile Challenge using a small amount of their Primary PE and Sport Premium monies. Active Cumbria continues to champion the scheme to headteachers, encouraging them to buy into the programme this way. It will also keep working with Communities Teams to promote the health benefits of the 100 Mile Challenge, in the hope that ongoing funding can be obtained to continue to reduce the costs.

The 100 Mile Challenge is part of wider work between Active Cumbria and New Balance. Other interventions have seen staff from New Balance volunteering in local schools and clubs, as well as at a number of Cumbria School Games events organised by Active Cumbria. They also provide sponsorship for Active Cumbria's annual Cumbria Sports Awards event.

New Balance has also provided financial investment and kit sponsorship for Active Cumbria's Physical Activity Workforce Bursary. This funding, which supports individuals from under-represented groups who live and volunteer in Cumbria to get into coaching, aims to develop a workforce that can better meet the needs of women and girls, disabled people, people from low-income backgrounds and people from black and minority ethnic groups. Whilst this initiative is separate from schools work, it should benefit school-age children who experience the impacts of health inequalities.

This work shows how County Sports Partnerships like Active Cumbria, by involving a wide range of agencies in strategic decision-making and delivery of specific programmes, are well-placed to lead work with schools to address childhood obesity. Relationships with large corporations like New Balance will not be widely available; however, the 100 Mile Challenge illustrates how businesses can support efforts to reduce obesity at a local level, and how global initiatives can be realised in local areas.

## Find out more

Watch a film about the 100 Mile Challenge in Cumbria at:  
<http://www.activecumbria.org/peschoolsport/spark-start/>

## Contact

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## References

Active Cheshire. 'Active Cheshire and New Balance deliver 100 Mile Challenge to local schools', Active Cheshire (19 April 2016). <http://www.activecheshire.org/news/view/active-cheshire-and-new-balance-deliver-100-mile-challenge-to-local-schools> [Accessed 10 May 2017].



## West Cheshire Smile for a Mile

A partnership in West Cheshire is working with local headteachers to implement Smile for a Mile, a physical activity intervention, in all schools.

The partnership was formed in 2016 to embed Smile for a Mile in West Cheshire schools. A project team brings together Active Cheshire, Cheshire West and Chester Local Authority Public Health Team, and NHS West Cheshire Clinical Commissioning Group. Active Cheshire is a key partner. It is a strategic commissioner of sport and physical activity in Cheshire and Warrington, a long-established social enterprise with charitable status, and a County Sports Partnership.

In Cheshire, over a third of children leave primary school overweight or obese. Active Cheshire recognised that its work to increase participation in sport and physical activity could contribute to reducing childhood obesity. It undertook in-depth sector development planning, research and engagement with a broad range of stakeholders including schools, Cheshire and Warrington's local authorities, young people, the Department for Education and parents, keeping in mind the current and future climate of politics, policy and strategy. This process revealed that, whilst tackling childhood obesity was a key priority for local health and education partners, the sector was crowded with overcomplicated, disjointed and costly programmes.

Smile for a Mile is based on The Daily Mile, an initiative originating in St Ninians School in Stirling.<sup>10</sup> Active Cheshire identified this as a simple, flexible and sustainable programme that schools, class teachers and pupils could own. Children run or walk outside in the fresh air for 15 minutes within each school day, in order to benefit physical, emotional and social health and wellbeing. A social, non-competitive and fun ethos is central to the intervention, as is inclusion for children with different needs and abilities. No equipment or kit is required.

NHS West Cheshire CCG and Cheshire West and Chester local authority have contributed funding together with project management resources, health insights and shared key messages through local network meetings. This investment has given resource to Active Cheshire to engage with headteachers, empower and upskill schools, and support practical aspects of delivering Smile for a Mile. Active Cheshire has also invested some of its own charitable funds into developing resources for teachers and working with six pilot schools on improving facilities.

The cost of Smile for a Mile mainly relates to initial set-up in each school. Estimating the cost per pupil is difficult, due to pupils at different stages of schooling benefiting for different lengths of time, and the diversity and increasing number of schools involved. Calculating a precise figure will be more achievable after completion of the third year of investment made in West Cheshire, but the current estimated cost of Smile for a Mile equates to only 40p per pupil, per year across a pupil's primary school years.

Reducing childhood obesity is a key priority for Cheshire West and Chester's Public Health Team and as such the team helped to identify school populations with the highest levels of childhood obesity. This data was used to target the most affected schools in the programme's first year, and encourage engagement by headteachers, whose response so far has been positive. Six pilot schools offer support for other local schools. Currently, 26 schools have implemented Smile for a Mile for every pupil, every day: this constitutes 910 new and unique activity sessions taking place in schools every week. These represent over a quarter of the West Cheshire primary schools that the partnership aims to reach within the three-year funding period. So far, the programme has been positively received by schools. West Cheshire CCG will be linking schools taking part in Smile for a Mile and their local GP practices to facilitate opportunities for joint working on obesity prevention.

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<sup>10</sup> See The Daily Mile website for details: <http://thedailymile.co.uk>

The West Cheshire Smile for a Mile model has provided an opportunity for a range of agencies with common aims to work together. At times the team have addressed challenges such as resourcing work to inform the University of Stirling's evaluation, but by supporting each other, they have overcome challenges and progressed the project. Duncan Settingington, Senior Partnership Manager for Active Cheshire, says that it has been 'an incredibly positive experience for all partners'.

The partners continue to progress the project within West Cheshire. Active Cheshire is now leading on scaling up the Smile for a Mile model across the remainder of Cheshire and Warrington, attracting new co-investment and support from other health and local authority partners. It is also supporting and encouraging the development of this model nationally, across the County Sports Partnership Network.

However, the partnership's work so far has made an impact beyond Smile for a Mile, providing a springboard for promoting the wider health and wellbeing agenda. The initiative has provided a mechanism by which the partnership can inform Cheshire West and Chester Council's fulfilment of broader education-related priorities, e.g. around improving school environments and upholding school food standards. The council and Active Cheshire have supported schools to build all-weather trail infrastructure, and leisure providers offered free passes to Smile for a Mile pilot schools to help keep families active over the summer school holiday in 2016.

Over the long term, the partnership aims to incorporate more organisations and individuals to achieve cultural change at whole population level, including workplaces and community settings. Partners have long wanted to realise this kind of change, but implementing Smile for a Mile has provided a tangible starting point to unite around.



### **Find out more**

In 2016, the Royal Society for Public Health and ITN Productions partnered to produce a programme exploring some of the UK's major public health challenges and the initiatives tackling them. Watch an excerpt from 'Championing the Public's Health' that features Smile for a Mile, the West Cheshire version of the Daily Mile, here: <https://www.youtube.com/watch?v=6sAIK70oDbU>

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## Northamptonshire Healthier Child Project

Northamptonshire Sport has been working with local partners to establish a multi-agency approach to promoting health and wellbeing in primary schools.

The Healthier Child Project works by providing schools with free advice, support and interventions in the areas of physical activity, mental health and wellbeing, and healthy eating. It is managed by Northamptonshire Sport, a County Sports Partnership hosted by

Northamptonshire County Council (NCC), and delivered in partnership with the council's public health team, First for Wellbeing CIC, Northamptonshire Healthcare NHS Foundation Trust (NHFT), and primary schools. It is being evaluated by the University of Northampton (UoN). First for Wellbeing is a social enterprise founded by NCC, NHFT and UoN to improve and streamline existing health and wellbeing services, and to create innovative ways to help people live well.



After various partners inputted into the initial scoping for the need of the Healthier Child Project, the public health team at Northamptonshire County Council funded the project for three years. This investment has covered a team of Healthy Child Advisers to work in schools. Key schools have been targeted using data from Northamptonshire's Joint Strategic Needs Assessment and the National Child Measurement Programme. Although the project was devised in response to levels of childhood obesity in Northamptonshire, which were above the national average and rising, a more holistic approach to health and wellbeing was subsequently developed, including supporting mental wellbeing and emotional resilience.

The first step for a participating school is a guided audit of the needs of pupils and the school's existing responses to these needs. An action plan is then created, taking a whole school approach and involving parents and the wider school community. Changes to be implemented may include policy development (e.g. school eating policy), practical solutions to address identified issues, and linking with providers to deliver interventions. For example, Deanshanger Primary School has a 'fruit only' policy at break time and 'water only' policy through the school day. Schools have changed school meals and involved pupils in improving dining experiences; introduced 'zoning' in playgrounds; offered cookery lessons and clubs; issued water bottles for children; developed 'walking buses'; increased after-school physical activity provision and participation in School Games competitions; and engaged with programmes including Change4Life, Real PE and Forest Schools.

The Healthier Child Project aims to tackle health inequalities through operating in areas of deprivation and working in special schools as well as mainstream provision. Delivery partners also take account of the particular needs of pupils with SEND in mainstream schools, and ensure the project includes and supports these children.

Collaboration has been central to the Healthier Child Project, providing the necessary expertise, data, funding and capacity. Schools are linked up with local partners who can deliver healthy lifestyle activities within the school, including health services and VCSE organisations and projects. These have included local gardening and 'grow your own' groups; sport physical activity clubs and providers; child care providers; cooking groups; and local food providers. These partners have benefited from being involved in

**'The project has facilitated useful links with agencies and projects (e.g. the health service, the Change4Life project) that perhaps otherwise would not have happened and that will prove to be very useful in the coming months.'**

**Janis Zakis, Principal, Freeman Endowed Junior Academy**

the project through improved links with schools, awareness of their work, and engagement from young people and families.

First for Wellbeing have worked closely with the project to ensure it is linked to local voluntary groups, as well as providing connections to other services such as the Clinical Commissioning Groups and local GPs. The contribution of First for Wellbeing has also involved project development, overall project management, and accessing funding.

The main challenges to this partnership work have been around changes in school staff and level of prioritisation within the school setting. Gary Sheppard, Assistant Director at Northamptonshire Sport, explains that 'many schools have made excellent progress over the course of their involvement. Others have made less progress as staff change and pressure and priorities mean a school changes its focus. However, in the main the project has been very positively received by all involved.'

The Healthier Child Project is due to finish at the end of the 2016/2017 academic year. However, due to its success, options for continuing the work are being explored.

### **Find out more**

Watch a film about the Healthier Child Project at:  
<https://www.youtube.com/watch?v=7p2xqtpFRdY>

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# Multi-agency development, funding and delivery

## Public funding for tackling obesity in schools and early years settings

As highlighted in the childhood obesity plan for action, schools have a key role to play in reducing childhood obesity. However, along with many other public services, schools are operating in difficult financial circumstances.

While funding for schools has been protected in cash terms, inflation and increased pupil numbers challenge schools to make the most effective use of resources possible to meet pupils' needs (DfE 2016a).

Schools, local authority public health teams and CCGs all receive funding that can be used to promote healthy behaviours and reduce childhood obesity. By coordinating and pooling the available resources, partners can develop and deliver a strategy that makes the most of the capacities of their local communities to help reduce childhood obesity.

Recipient of funding	Funding stream and purpose	Potential applications to help reduce childhood obesity
<b>School</b>	<b>Local Funding Formula</b>  This comes from the Dedicated Schools Grant and is made up of a Schools Block and High Needs Block.  Distributed through local area Schools Forum, or directly from the Education Funding Agency for Academies and Free Schools.	This funding is for schools to provide core education provision to every student, and meet the needs of pupils who require additional support. This can include funding to promote physical wellbeing.  There are currently proposals to reform the schools funding formula by 2019/20 which may be subject to change (DfE 2016b).
	<b>PE and Sport Premium and breakfast clubs</b>  In 2016/17 this was an average of £9,000 per primary school.  The Government has committed to doubling the PE and Sport Premium in 2018/19, when money from the soft drinks industry levy will become available (HM Treasury 2016).	This funding is for schools to make additional and sustainable improvements to the provision of PE and sport for the benefit of all pupils. It aims to encourage the development of healthy, active lifestyles.  £10m has been earmarked for expansion of school breakfast clubs.
	<b>Pupil premium</b>  The amount of money received by schools is primarily determined by the number of children eligible for free school meals, with £1,320 per pupil available to primary schools.  This money is not ring-fenced. Schools are required to publish information about their use of the premium on their website by the end of each financial year (DfE 2016 updated 2017).	This funding is aimed at raising the attainment of disadvantaged pupils of all abilities and closing the gaps between them and their peers. This could include promoting activities that relate to health eating and physical activity.

<b>Recipient of funding</b>	<b>Funding stream and purpose</b>	<b>Potential applications to help reduce childhood obesity</b>
<b>Local authority</b>	<p><b>Public Health Grant</b> from the Department of Health to local authority public health teams.</p> <p>Local Authorities must commission the National Child Measurement Programme.</p>	<p>NCMP provides valuable prevalence data, but can also play a role in effective healthy lifestyle strategies at an early age, linking to local authorities' activities to reduce childhood obesity</p> <p>Local authorities do not have to commission any particular interventions in this area but they are required to report their spend each year.</p>
	<p><b>Healthy Pupils Capital Programme</b></p> <p>£415 million local authorities and larger multi-academy trusts (MATs) will receive an allocation for schools and will make decisions locally on how this money is invested (DfE 2017).</p>	<p>Schools can access funding to provide new or improved facilities for extra-curricular activities promoting healthy behaviours.</p>
<b>CCG</b>	Allocation from NHS England to CCG	<p>CCGs use this funding to arrange provision to provide health services but also to invest in interventions that can reduced demand for these services. This can fund child obesity treatment and prevention programmes, individually or in partnership with the local authority.</p>
<b>Early years settings</b>	<p><b>Early Years National Funding Formula (EYFF)</b> and <b>Early years pupil premium (EYPP)</b></p> <p>Allocated funding for early years provision to local authorities.</p>	<p>EYFF is universal funding and funding to meet additional needs. Promoting physical activity is a core element of the Early Years Foundation Stage.</p> <p>EYPP is additional funding for early years settings to improve the education they provide for disadvantaged 3- and 4-year-olds.</p>

## In practice

The following example of Change4Life Champions in Kent shows how a local social enterprise and County Sports Partnership can work together to coordinate and support action on childhood obesity: in this case, implementing a national public health campaign. It illustrates how initial success can be built upon to expand programmes, and how children can be supported to disseminate health messages and leadership skills themselves.

## References

Department for Education (2016a) *Schools that work for everyone: Government consultation*. P5. Consultation document available at <https://consult.education.gov.uk/school-frameworks/schools-that-work-for-everyone/> London: DfE.

Department for Education (2016b) *Schools national funding formula: government consultation response - stage 1*. London: DfE.

Department for Education (2016 updated 2017) *Pupil premium 2016 to 2017: conditions of grant*. London: DfE.

Department for Education (2017). *New funding to boost schools facilities and healthy lifestyles*. DfE press release available at: <https://www.gov.uk/government/news/new-funding-to-boost-schools-facilities-and-healthy-lifestyles> [Accessed 10 May 2017].

HM Treasury (2015) *Spending review and autumn statement 2015* (p44). London: HM Treasury.

HM Treasury (2016). *Budget 2016*, p35. London: HM Treasury.

## Kent Change4Life Champions Conference

A partnership in Kent has offered primary schools the opportunity to create Healthy Lifestyle Ambassadors among their pupils, beginning with the Change4Life Champions Conference in October 2016. The child-centred conference was funded by Kent Sport, the County Sports Partnership, working with Take Pride CIC, Kent's Public Health team, School Games Organisers (SGOs) and local Healthy Weight teams. SGOs support the delivery of Change4Life (see page 21) in schools across the country. Take Pride, a Community Interest Company, provides schools in the Gravesham borough of Kent with specialist expertise in sport and PE, and is run by an SGO.

The conference trained 240 children in the importance of living a healthy, active lifestyle. Schools representing every district in Kent and Medway were each asked to nominate 15 Year 5/6 pupils to attend the conference. Schools' knowledge of their pupils enabled them to select those who would themselves benefit from being involved with a Change4Life program, including pupils with low self-esteem, weight issues or a need to improve their social and communication skills.

At the conference, children were given information about healthy behaviours and involved in fun activities that they could run in their own schools, such as running with a weighted life jacket. Sixteen teachers and teaching assistants were also trained to mentor the Change4Life Ambassadors so that they could deliver an assembly at school and set up their own 'child-led' Change4Life Club. The premise is that the Ambassadors then hold assemblies and train children at other schools within their district, so that all state schools in Kent eventually have their own Change4Life Ambassadors.



This work has been led by Julia Youens, owner of Take Pride CIC, alongside Tim Sells, Sports Project Officer (Children & Young People) at Kent Sport. Tim is funded by Sport England to support effective and sustainable spending of the Primary PE and Sport Premium money by schools. His role is sport-focused but he works closely with Kent's Public Health team, and together they help schools to bridge gaps between their sport provision and health promotion work with pupils.

SGOs in each Kent district deliver the mini-conferences and Change4Life Ambassador activity in their area, using their own funding and working alongside staff mentors trained at the conference and Healthy Weight teams.

Tim believes that the collaboration between Kent Sport, Take Pride, Public Health, schools, School Games Organisers and local Healthy Weight teams has brought great benefits. Pooling a wide and varied range of expertise has maximised the reach and impact of this programme, and the experience has helped to forge promising new working relationships: for example, between Kent Sport and Take Pride CIC, or between Healthy Weight teams and school staff mentors. The familiarity of school staff with individual children has added value to evidence such as National Childhood Measurement Programme data, enabling responsiveness to health inequalities within specific school populations.

The targets set by or for some partners have sometimes presented challenges: for example, the target schools for Healthy Weight teams may be different from those schools involved in the initial conference. However, children at those target schools are being trained by the original Change4Life Ambassadors as the programme filters out across Kent. By being involved in this process, Healthy Weight teams are able to strengthen connections with their target schools.



In 2017, fourteen mini-conferences led by Change4Life Ambassadors will be held across Kent. Supported by Take Pride's Change4Life lead, via the organisation's website, the Ambassadors will continue to develop new skills and knowledge to help them in their roles as healthy, active lifestyle champions for their school and surrounding schools.

The partnership's ultimate aim is for the Kent-wide conference to be an annual event, with new Ambassadors trained each year. Kent Sport is exploring funding and sponsorship options to take this forward.

### **Find out more**

Watch the Change4life Champions Conference film at:  
[https://www.youtube.com/watch?v=ROWk\\_8b2Da4](https://www.youtube.com/watch?v=ROWk_8b2Da4)

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## Developing and expanding evidence based programmes in schools

The previous chapter highlighted the funding available locally to develop and fund programmes to promote physical activity and healthy behaviours.

Schools may commission interventions directly using their own funding, or participate in programmes funded from elsewhere. The day to day functions of purchasing and commissioning is carried out by school business managers (SBMs). Government policy has increased delegation of funding to schools. As part of its *Schools Buying Strategy*, the government has committed to further work to support SBMs. This includes specific actions to help SBMs with more complex commissioning processes, which would be required when commissioning VCSE organisations to deliver programmes. Local SBM networks are being established to provide all SBMs with a first line of support to ask questions and share knowledge. During 2017, School Buying Hubs are also being piloted. These will be single regional units designed to communicate with and support all schools in their area, including through phone and online services.

It is not expected that schools commission services in isolation. Both maintained schools and academies can benefit from working in partnership with their local authority to coordinate procurement and commissioning. In some cases this may involve a multi-academy trust (MAT). The Government intends to increase the number of academies that are part of a MAT, having stated various benefits to MATs including their ability to 'direct funding for the whole group of schools where it can do most good, commissioning support and services from a variety of providers, or developing the services themselves if they think they can perform better' (DfE 2016).

When making commissioning decisions aimed at promoting their pupils' health and reducing childhood obesity, schools need to consider how they can ensure the action they take will be effective, defining the outcomes they want to achieve for their pupils.

The Department for Education has developed guidance to help schools utilise evidence-based strategies when introducing programmes to reduce childhood obesity, including examples of how the PE and Sport Premium funding could be used (DfE updated 2016). These examples include:

- hiring qualified sports coaches to work with teachers
- providing existing staff with training or resources to help them teach PE and sport more effectively
- introducing new sports or activities and encourage more pupils to take up sport
- supporting and involve the least active children by running or extending school sports clubs, holiday clubs and Change4Life clubs
- running sport competitions
- increasing pupils' participation in the School Games (see page 21)
- running sports activities with other schools.

In some cases this may involve directly commissioning a programme that already has an established evidence base relevant to their school environment. In others, schools can take the opportunity to engage with existing partnerships which are offering to work with schools to support the development of approaches.

## In practice

The example of Active Schools: Skelmersdale (AS:Sk) shows how interventions can be identified, tested, developed and reviewed to achieve the best fit for specific school populations. This project demonstrates how academic institutions can add value to school-based efforts to reduce obesity, through the projects to which they contribute but also by generating findings of wider interest.

The second case study, of StreetGames' Let's Get Physical programme, shows how one VCSE organisation has created and scaled up a model that local authorities can commission to tackle childhood obesity in their areas. This work involves expertise and coordination from a national organisation, whilst maximising local assets and responding to local needs.

## References

Department for Education (2016). *Educational Excellence Everywhere*. London: DfE

Department for Education (updated 2016). *PE and sport premium for primary schools*. London: DfE

Department for Education (2017). *Schools' buying strategy*. London: DfE

## The Active Schools: Skelmersdale (AS:Sk) Project

Active Schools: Skelmersdale (AS:Sk) is a programme of research designed to improve primary school children's wellbeing through enhanced physical activity engagement. It is led by a partnership between Edge Hill University, the West Lancashire School Sport Partnership (SSP)<sup>11</sup>, and West Lancashire Community Leisure (WLCL), and jointly funded by the partners. WLCL is a registered charity managing West Lancashire Borough Council's leisure facilities; their primary role has been funding the PhD student who runs the AS:Sk project.

AS:Sk focuses on seven schools in Skelmersdale, West Lancashire. Skelmersdale contains seven of the most deprived wards not only within West Lancashire but also the whole of Lancashire and England (Collins, 2015). AS:Sk is operating in Skelmersdale because of the high levels of overweight and obesity among local children, reflecting wider health inequalities in the area.

The first phase of the AS:Sk project involved gathering baseline data from participating schools. Pupils' levels of health-enhancing physical activity and fitness were found to be low, with very few children meeting recommended levels of physical activity.

In the second phase of the project, individual schools discussed their respective phase 1 findings with the researchers. These included pupils' activity levels and related factors including pupils' enjoyment of activities and the amount of playground space available. Each school then targeted one intervention component to pilot. These included classroom physical activity breaks, the use of dynamic movement videos for structured pre-lesson activities, and support for playground supervisors to encourage active break times.

The final study phase will be a multicomponent physical activity intervention trial starting in September 2017. This phase will combine the acceptable intervention components over a full school term, and compare the effects on the children's physical activity engagement with children from control schools who will not receive the intervention until after the end of the research project.

Due to the schools' competing priorities it was initially challenging to secure their commitment to the project. This was overcome by articulating how the project would operate and its long-term benefits to the schools and their children. All of the partners in AS:Sk share an ambition to improve Skelmersdale children's physical activity and subsequent wellbeing. The research team invested time in building relationships with schools, engaging with headteachers and nominating AS:Sk 'champions' in each school. Staff from the West Lancashire SSP have facilitated this using their close working knowledge of the schools and their children.

**'The project would not have been possible without the shared partnership working and vision of the research team, the schools, and the School Sport Partnership'**

**Professor Stuart Fairclough, Edge Hill University**

AS:Sk's partnership approach has enabled evidence about the needs of individual schools and their pupils to inform the design of sustainable interventions that can be delivered in school time, at no financial cost to the schools.

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<sup>11</sup> School Sport Partnerships (SSPs) were introduced as part of the *Physical Education, School Sport and Club Links (PESSCL) Strategy*, launched in 2002 by the Government at the time. They are clusters of secondary, primary and special schools collaborating to improve PE and sports opportunities for young people. Ring-fenced funding from central Government for SSPs ended in 2011, with further changes to the funding of school sport subsequently introduced by the Coalition Government. SSPs continue where schools fund them themselves.

AS:Sk aims to create change that can be sustained long-term. West Lancashire SSP staff have been involved in aspects of the intervention training and delivery, could assist with some ongoing delivery, and may receive training to support this. Simple adjustments to school structures and policies can support the continuation of most intervention components, such as extending break times or incorporating classroom activity breaks regularly. Where others do require additional resources, schools may wish to use the PE and Sport Premium.

West Lancashire Borough Council are aware and supportive of AS:Sk. This has enhanced project partners' involvement in discussions about the local authority's healthy lifestyles scheme, Active West Lancs.

Findings from the final phase of AS:Sk will be shared in due course. In the meantime, the project team provide Twitter updates @ActiveSchoolsSk.

### Find out more

Learn more about Edge Hill University's physical activity and health research projects online at: <https://www.edgehill.ac.uk/sport/physical-activity-health-research/>

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### References

Collins S (2015) *The Seven Wards: A Focus on Skelmersdale*. Preston, England: Lancashire County Council.



# StreetGames Let's Get Physical Birmingham case study: Twickenham Primary School

## Background

Let's Get Physical is a physical activity programme for 8–14 year olds from national charity StreetGames.

StreetGames manages a network of over 600 Doorstep Sport providers. These are community groups, local authorities, sports clubs and other types of organisations doing independent, localised work to change young lives and disadvantaged communities through sport.

Let's Get Physical was designed specifically for non-sporty children, with the aim of making activity fun and setting them up with a sporting habit for life, including engaging them in community based activity. Taking part in sport in a community setting makes it much more likely that a young person will develop a long-term 'sporting habit'.



Since launching in 2011, it has been delivered in schools, through 6–9 week after-school activity courses, and in the community via Doorstep Sport Clubs. It has been commissioned in eight areas around the country to date, reaching around 200 schools. So far, almost three quarters of children who have completed Let's Get Physical maintained or increased their levels of physical activity between the first session and follow-up nine months after taking part.

StreetGames' model aims to maximise the use of existing local assets. Let's Get Physical is usually commissioned as part of a local authority's integrated set of weight management services and often involves signposting and referrals of individuals to and from other services. StreetGames also work closely with local providers to ensure children have lots of options for taking part in activities outside school.

The Let's Get Physical package includes face to face meetings plus phone and email support for delivery organisations; regular review meetings with commissioners; accredited training for delivery staff and volunteers; branded merchandise; a 'How To' manual; templates and recording systems; and financial management and accountability. As well as supporting delivery, StreetGames' involvement helps to build capacity within and relationships between providers and local commissioners. Let's Get Physical meets standards from NICE (NICE 2009) and Public Health England (PHE 2015) and is fully evaluated, providing assurance for commissioners.

## Let's Get Physical at Twickenham Primary School

Birmingham City Council funded the delivery of Let's Get Physical in 64 schools to the end of March 2017, with up to 20 pupils at each school participating.

The impact of the programme in Birmingham and Lincolnshire has been assessed by independent evaluator VAGA Associates. A case study of Twickenham Primary School was developed to gain insight into the factors contributing to positive changes and the project's impact from the perspectives of the lead teacher, headteacher, other teachers, coach, pupils and parents/relatives. Twickenham Primary School is located in Birmingham's Kingstanding ward, of which 66 per cent is classified as being within the 5 per cent most deprived areas in England.

StreetGames asked the school to select participants for Let's Get Physical: inactive children who might be reluctant to engage with physical education (PE) lessons or the regular after-school activities on offer. StreetGames contracted a local charity, Sport 4 Life UK, to deliver the school-based programme. Let's Get Physical was also delivered at weekly community-based sessions for participants from all participating schools in the area. Pupils were encouraged to attend these, and also signposted to other local activities and leisure facilities.

**'I go running round the block at home to get more steps on my pedometer. I go out with my friend, she goes to Warren Farm Primary school and she's doing the same thing, so we'll do more stuff together'**

**Year 5 participant (female)**

The evaluation identified a range of positive benefits to children's physical fitness, confidence, behaviour, attitudes and relationships with family and peers. One notable finding was that activity levels at home increased significantly, with pedometers motivating children to move more, for example through dog-walking or running up and down stairs. The PE Co-ordinator's support for the sessions included engaging parents. This potential for independent changes beyond formal sport suggests that parents and organisations involved in children's home environments and time outside school have an important role to play.

The benefits achieved by Let's Get Physical depended upon effective partnership working between StreetGames and Twickenham Primary School. The evaluation report describes how both wanted to support inactive children to improve their health, and that active commitment to this goal was demonstrated by the school's headteacher, PE Co-ordinator and all teachers involved. Teachers recognised a need to move away from traditional approaches and find new ways of working with non-sporty children. VCSE organisations with the necessary skills and community links are well-positioned to support this, whilst the school staff bring familiarity with factors including children's engagement with school and reluctance in PE lessons, enabling the right participants to be selected.

The evaluation noted the importance of Let's Get Physical being free of charge for schools. One challenge observed was that 'the programme stimulated interest and commitment amongst the children, their parents and the staff, however, the future plans of the school were unclear' (Walpole and Enoch 2016). The report identified a need for local authorities and/or StreetGames to assist schools in embedding programmes and building whole-school approaches. This is one example of how further partnership working, with appropriate resources, could extend and sustain efforts to help more children develop healthy behaviours that last.

### **Find out more**

<http://www.streetgames.org/resource/lets-get-fizzical>

**'It really provides that preventative approach around addressing childhood obesity and reducing the risk of some of these other chronic diseases later on in life.'**

**Commissioning Lead for Lifestyles Birmingham City Council**

**'It has been a really positive experience for everyone.'**

**Headteacher, Twickenham Primary School**

## Contact

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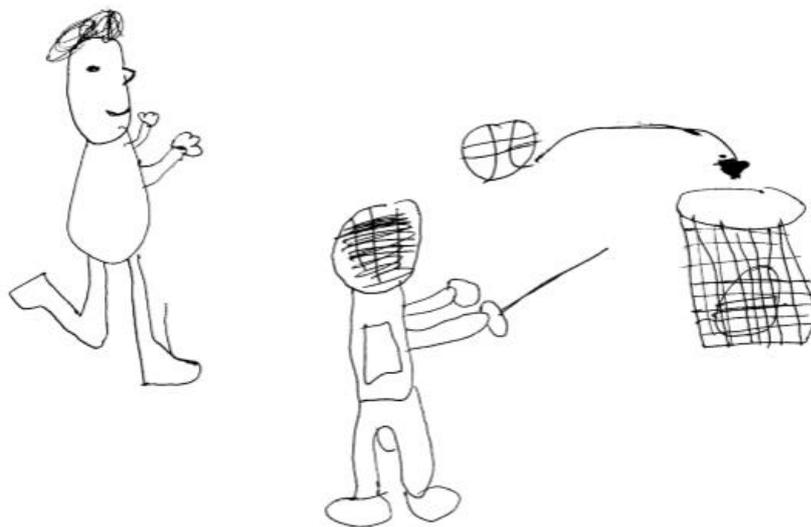
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## References

NICE (2009) *Promoting physical activity and sport for children and young people in school and community settings*. London: National Institute for Health and Care Excellence.

Public Health England (2015) *Everybody active, everyday – an evidence-based approach to physical activity*. London: PHE

Walpole, C and Enoch, N (2016) Evaluation Report: Let's Get Physical Birmingham Case Study – Twickenham Primary School. VAGA Associates.



Picture drawn by Let's Get Physical participant as part of the programme's evaluation (Walpole and Enoch 2016)

## Conclusions

Childhood obesity is an increasing challenge for England, and is not just an issue stored up for the future as today's children reach middle age. Its impact on children's physical health, mental health and wellbeing, and life chances is being felt now. Children experiencing socio-economic deprivation are worst affected.

Effective measures to reduce childhood obesity requires plans developed and owned by local communities, focusing on reducing inequalities and valuing the contribution different partners can make.

*Childhood obesity: a plan for action* is a start in this process recognising that addressing childhood obesity requires long-term, comprehensive commitment to addressing environmental risk factors and supporting the children, families and communities most affected.

This document has set out a range of examples showing local authorities, schools and early years settings working with VCSE organisations, on large and small scales, to deliver programmes that work for children. Where this is happening, it must be built on, with ongoing support from national and local government.

In other areas, developing local partnerships will enable funding and expertise to be pooled, making the most of limited resources. We hope this document provides ideas, inspiration and guidance for partners who want to work together to help children in their early years settings, schools and communities live healthy, active lives.

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