

sheffield-let's change4life: a whole systems approach to tackling overweight and obesity in children, young people and families



evaluation conference july 2011: summary report ¹

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¹ A comprehensive programme report will be published October 2011. Data here represents a summary of findings.

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contents

| | |
|--|----|
| introduction | 3 |
| the evaluation method | 4 |
| headline outcomes | 5 |
| reducing overweight and obesity | 5 |
| obesity prevalence data - year 6 | 5 |
| y6 obesity data school level comparisons | 6 |
| satisfied stakeholders | 6 |
| better diet and nutrition | 6 |
| increased physical activity | 7 |
| value for money & sustainability | 8 |
| components of theory of planned behaviour | 9 |
| changes to attitudes towards adopting healthy behaviours. | 9 |
| encouraging healthy choices as socially approved behaviour | 9 |
| perceived behavioural control | 10 |
| overcoming barriers to change | 10 |
| headlines per strand | 11 |
| creating a breastfeeding friendly city | 11 |
| parents as positive role models | 11 |
| schools at the heart of healthy communities | 11 |
| living neighbourhoods | 11 |
| healthy open spaces | 12 |
| social marketing - change4life | 12 |
| community health champions | 12 |
| cross sector innovation | 12 |
| capability & capacity elements | 13 |
| recommendations | 14 |
| for sheffield stakeholders | 14 |
| for wider stakeholders | 14 |
| references | 15 |
| sheffield-let's change4life activity map - a whole systems approach to tackling childhood obesity | 16 |

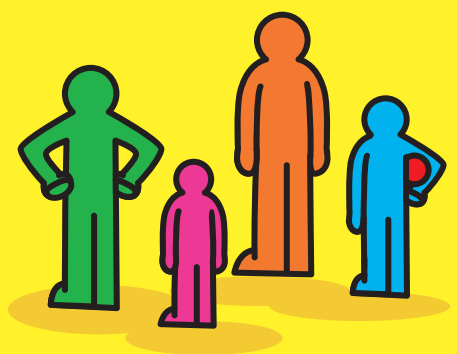


introduction

- Obesity has reached epidemic proportions globally with approximately 1.6 billion adults defined as overweight, and 400 million defined as obese (WHO 2010). In childhood the picture is equally worrying (Wang & Lobstein, 2006) with obesity now the most common disease of childhood and adolescence in the developed world (Reilly, 2006).
- The Foresight report 'Tackling Obesities: Future Choices' (2007) highlighted the potential health, social and economic impact of a continued rise in obesity and called for a systemic approach to tackle a wide range of factors influencing obesity in an integrated way (Aylott, Brown, Copeland & Johnson, 2008).
- In response to Foresight (2007), the Labour Government at the time, committed £30 million through the *Healthy Weight, Healthy Lives Strategy* (2008) to pilot a 'Healthy Town' approach. Every Town/City in England had the opportunity to bid for up to £5 million of funding to make their inhabitants more healthy and active.
- Sheffield was successful in its application along with 8 other towns and cities; Dudley, Halifax, Manchester, Middlesbrough, Portsmouth, Tewkesbury, Thetford, and Tower Hamlets.
- Sheffield created a whole systems approach to tackling childhood obesity under the banner of **sheffield-let's change4life (slc4l)**.
- The programme comprised of eight strands of work, underpinned by Foresight (2007), reflecting a targeted and universal approach to tackling obesity in the City.
- The eight strands of work were as follows:

1. **a breastfeeding friendly city:** To increase support for breastfeeding in communities, public places and workplaces.
2. **parents as positive role models for healthy eating:** To build the capacity of parents to improve their wellbeing and be positive role models for healthy living.
3. **schools at the heart of healthy communities:** For all schools to systematically empower children and families to live healthy lives and have good mental wellbeing.
4. **living neighbourhoods:** To remove barriers to active healthy living from neighbourhoods and create local environments that promotes wellbeing.
5. **healthy open spaces:** To increase the opportunities for children and families to enjoy safe, active and healthy recreation in the City's parks and open spaces.
6. **social marketing - change4life:** To develop an effective social marketing campaign that is owned by communities and that achieves positive behavioural change.
7. **community health champions:** To establish a network of local volunteers empowered to support people in their communities to live healthier lives.
8. **cross sector innovation:** To build innovative new partnerships that maximise the contribution of all sectors to reducing obesity and promoting healthy living.

- The primary aim of *SLC4L* was to act as a stepping stone towards a headline outcome that 'by 2012 the obesity rates in Sheffield will be falling'.



the evaluation method

- A number of theoretical models guided our approach in particular the Public Sector Scorecard (PSS) (Moullin, 2009) and the Theory of Planned Behaviour (Ajzen, 1991) which is summarised in the *SLC4L* Strategy Map (Figure 1.0)
- This report follows the structure of the *SLC4L* strategy map, examining headline outcomes first and finishing with the capacity and leadership elements.
- The first two rows (blue and purple) consider the main outcomes for the programme and represent an assessment of actual behaviour change and epidemiological benefit i.e. reduction in obesity prevalence.

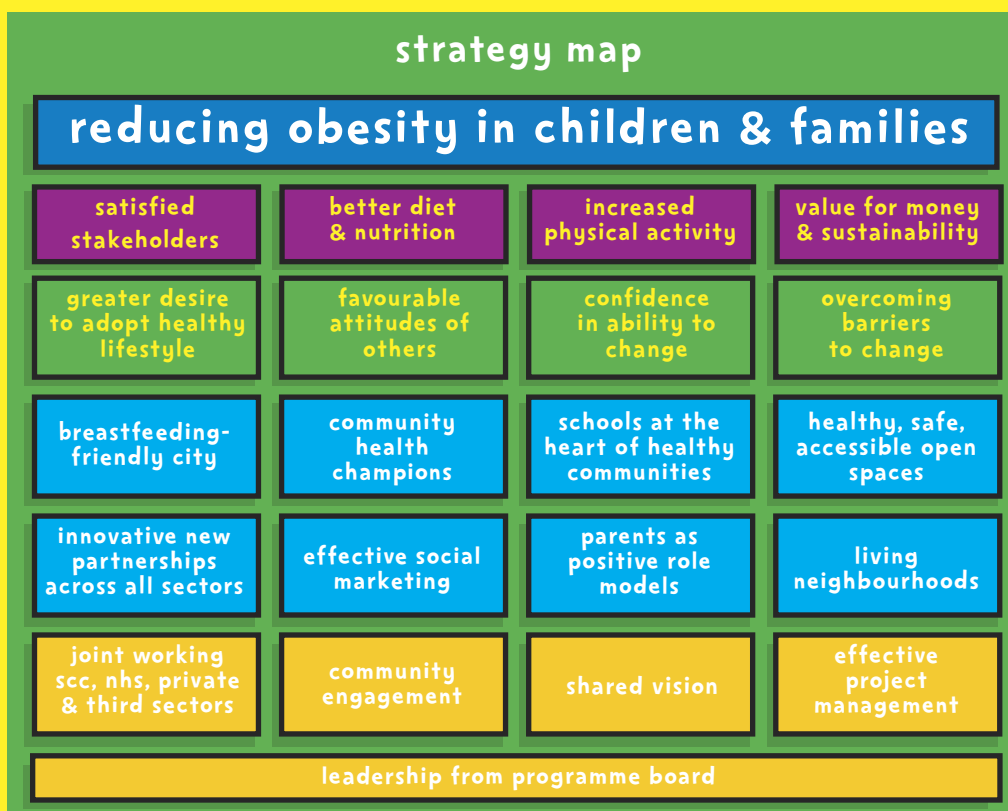
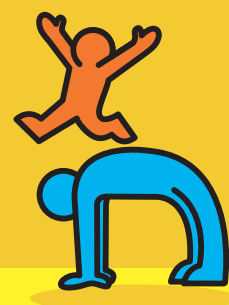


Figure 1.0 PSS Strategy Map

- The third row (green) represents the impact of the programme on people's attitudes and cognitions i.e. the Theory of Planned Behaviour.
- The elements in light blue (rows 4 and 5) represent the 8 different strands. Within each strand there were several initiatives aimed at preventing overweight and obesity in the City.
- The final two rows (in yellow) show the capability and capacity elements required to support the 8 strands in achieving their outcomes. The programme was to be underpinned by effective leadership and receive high quality support from the programme board.
- Routinely collected data was combined with nested studies using a mix of methods and media, across age groups, sectors and activities to explore the effects of a whole systems approach on overweight and obesity in young people in Sheffield.
- When viewing the data presented it is important to be mindful of the following caveats:

1. Much of the data was collected in the absence of an experimental research design. Therefore, causal reasons for change and the extent to which observed changes are due solely to the programme itself and must be treated with caution.
2. Some participants engaged with strand activities, but did not engage or complete evaluation. Therefore, this evaluation reports the outcomes of participants who engaged and/or completed the evaluation and we are mindful of the potential self selection bias in the data.
3. For some of the activities only small sample sizes were recruited which limits the generalisibility of the results to the wider population.
4. In the evaluation we have attempted to control for seasonal variations however, this was not always possible. Furthermore, the project timescales allowed limited opportunity for follow-up.
5. Whilst every attempt was made to utilise objective measures of assessment, in the majority of cases, the data provided is self-reported. Findings should be considered in light of the inherent biases that exist with this form of data.



headline outcomes

reducing overweight and obesity

The following observations can be made from the National Child Measurement Programme (NCMP) 2008-2010² data. The real impact of *SLC4L* is more likely to be reflected in the 2010/11 NCMP data which will be available in October 2011. For brevity, comment here focuses on Y6 data. The full report will also consider reception year data.

obesity prevalence data - year 6

- Year 6 obesity prevalence data comparing Sheffield to the mean scores for England, Statistical neighbours, Yorkshire & Humber and Core Cities is presented in Figure 2.0.

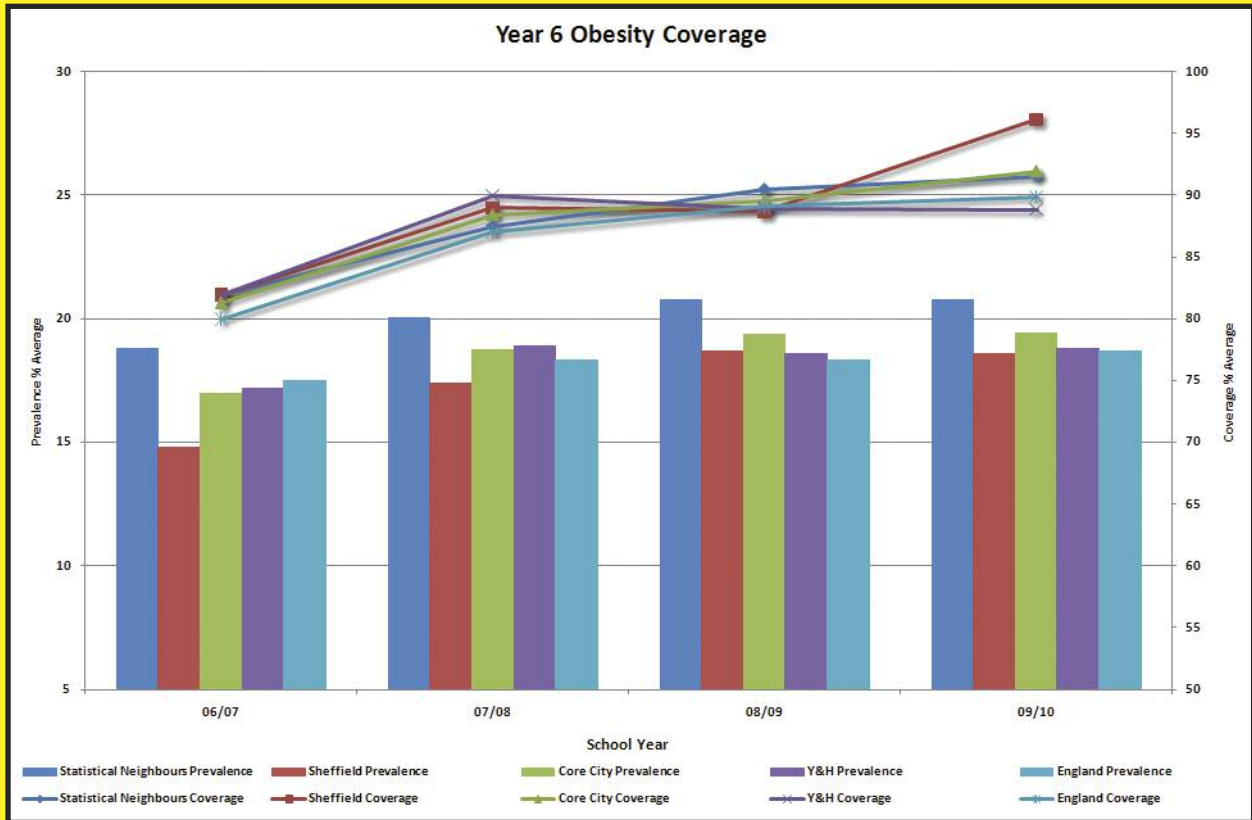


Figure 2.0

- In Sheffield, a marginal fall in obesity prevalence between 2008/09 and 2009/10 (18.7% vs. 18.58%) has been observed. This should be compared to marginal increases in obesity rates in Core Cities, Yorkshire and Humber and England nationally. No change was observed in Statistical Neighbours obesity data.
- In comparing changes in obesity prevalence, it is important to note the large increase in coverage in Sheffield (88.7% to 96.6%), while those for the other comparators rose only slightly. Given anecdotal evidence that a rise in coverage is generally accompanied by a rise in prevalence, as the more overweight and obese children tend to opt out, the data therefore reflects a 'levelling off' of increasing year on year rates for obesity in the City since 2006/07 which is encouraging.
- A plateau in BMI has been observed elsewhere in the UK (Boddy, Hackett & Stratton, 2010) and in other countries (Ogden et al., 2010) with authors suggesting that these results may be due to the cumulative impact of national and local initiatives to promote healthy weight (Boddy, Hackett & Stratton, 2010) such as *SLC4L*. However, the lack of longitudinal data and the absence of an experimental research design suggest any causal link between falling obesity rates in Sheffield and *SLC4L* must be treated with caution.

² Data and comments here are based on the analysis conducted by the public health analysis team, NHS Sheffield.

- The major point to consider here is that although obesity prevalence rates in Sheffield and indeed elsewhere appear to be slowing, the prevalence is still unacceptably high. Moreover, unpublished longitudinal data suggests that a levelling off of BMI can occur whilst direct measures of adiposity (such as waist circumference) increase (Griffiths, 2011).
- It is crucial therefore that tackling obesity remains a priority for the City and momentum generated by *SLC4L* activities must not be lost.
- Of equal concern is data suggesting aerobic fitness has significantly declined in young people in the UK (Boddy, Hackett & Stratton, 2010). Given cardio-respiratory fitness tracks from childhood into adulthood (Wedderkopp et al., 2004); low levels in childhood are likely to increase the risk of long-term health complications in later life.
- Increasing physical activity and improving cardio-respiratory fitness in young people should be a priority. Moreover, this should be done in conjunction with interventions to help obese children reduce their BMI given recent evidence suggesting obesity appears to precede inactivity rather than the traditional belief that sedentary behaviour underpins weight gain and obesity (Metcalf et al., 2010).

y6 obesity data school level comparisons

- There was no significant difference between matched (similar demographic profiles) schools with or without *SLC4L* interventions in terms of rates of obesity prevalence.
- In the most deprived areas of the city (IMD 2007) there was greater progress in reducing the rate of increase in obesity prevalence in schools with *SLC4L* interventions compared to non-*SLC4L* schools.
- Obesity prevalence fell in schools with *SLC4L* physical activity interventions whereas a marginal increase was observed in matched non-*SLC4L* schools over the programme period. Given that schools were selected for physical activity interventions on the basis of obesity prevalence data, this outcome would appear to offer some encouragement.
- To robustly evaluate the impact of future interventions in schools a longitudinal measurement programme of a consistent cohort of children is required.

satisfied stakeholders

food glorious food

“an excellent display that can be related on many levels, ideal for three generations to visit together and for schools. thanks for a very good learning experience that was also joyful”

- Stakeholder response to *SLC4L* has been positive, particularly from participants in strand activities. An example quote is presented here from Food Glorious Food.
- 93% of strand leads positively rated their engagement in *SLC4L*, 90% of mothers were extremely satisfied with the breastfeeding peer support service and participants in the living streets training reported *“having their eye’s opened to the needs of their communities concerning barriers to physical activity”*. A 15% increase in young people's satisfaction with Sheffield's Parks and Green Spaces was also reported.
- In terms of wider stakeholders, 97% of those attending *SLC4L* conferences indicated a belief that the programme would have a positive impact on the obesity targets and priorities of the City.

better diet and nutrition

- Free school meal take up (as a percentage of children on the roll) in *SLC4L* schools has risen significantly with nearly 78% of those eligible claiming schools meals compared to 72.6% in Sheffield as a whole. Combined with changes to the school meal provider contract which emphasise the importance of healthy options, data here is encouraging.
- Programmes such as the Introduction to Community Development for Health and Community Health Champions are having a positive impact on the lifestyle choices of users and their families. The increase in breastfeeding maintenance rates is also positive given the literature regarding breastfeeding and obesity prevention (Harder et al., 2005).
- The improvements in diet noted here are welcome however it is important to recognise the lack of objective measures of actual behavioural change.

increased physical activity

- Since *SLC4L*, there has been a significant increase in the proportion of children walking (56% - 57%) and cycling (0.16% - 0.24%) to school³. The proportion of children being driven to school has fallen over the same period from 22.9% to 20.7%.
- The neighbourhoods with the highest proportions of children cycling to school are host to a Bike It! school.
- Although results here should be viewed in the context of a nationwide reduction in car use as a result of rising petrol prices (30% reduction in a sample of 1000 motorists reported by RAC in 2011), data is nevertheless encouraging. Moreover, the rising fuel prices present an opportunity to re-engage individuals and families with activity out of financial necessity rather than for health benefit alone.
- In terms of adult (16+) participation in Sport & Physical activity, a gap observed in 2007 between predicted participation rates in the more affluent west compared to more deprived east has closed with particularly rapid acceleration observed in some of the most deprived parts of the city as illustrated in Figure 3.0⁴.

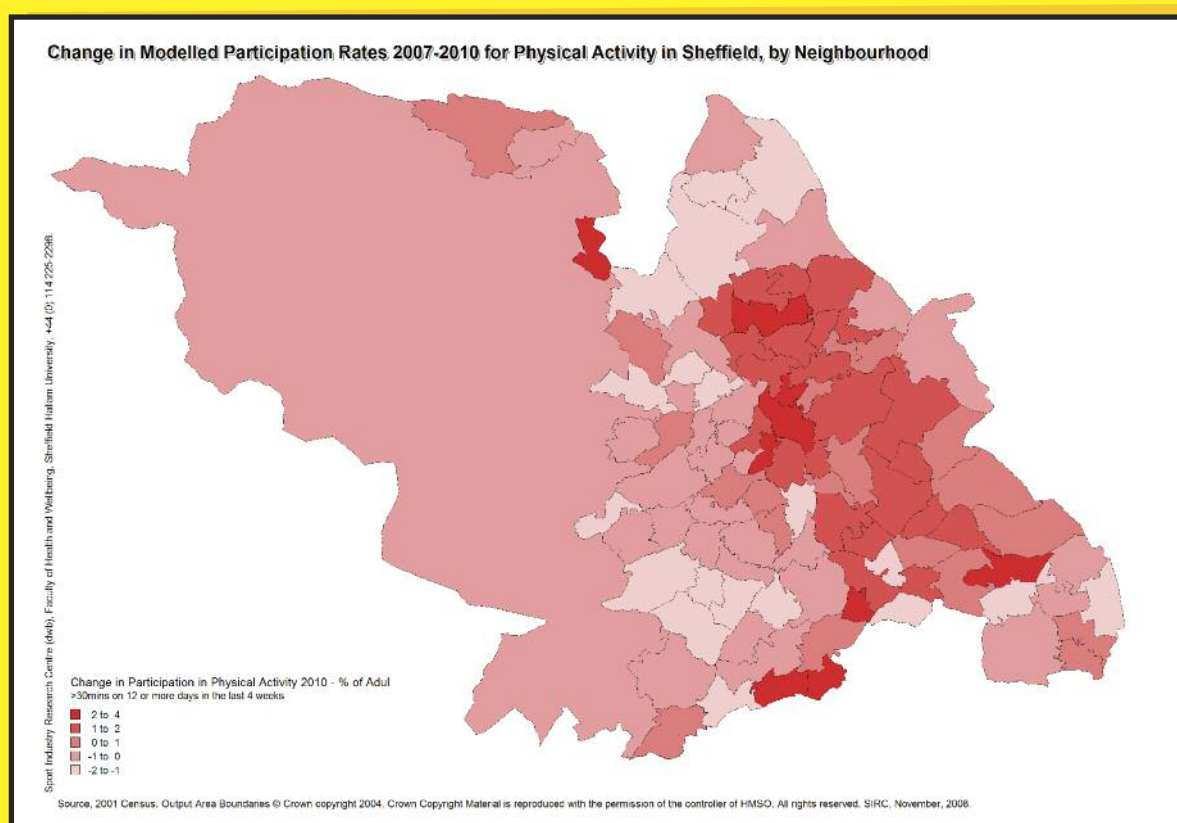


Figure 3.0 Modelled participation rates 2007-2010 for Physical Activity in Sheffield, by neighbourhood

- Much of this change may be accounted for by two activities in particular, namely walking and cycling. The increase in adult participation is particularly encouraging given the potential influence of parental behaviour on offspring physical activity (Welk, Wood & Morss, 2003).

³ Data should be viewed in light of the relative quality of school census self-report data and school catchments are not co-terminus with neighbourhood boundaries, and children do not always attend their nearest school. Thus the connection between school-based interventions and cycling or walking rates is only inferred.

⁴ The model used here has been validated to local authority level, calculations at small area level are based on predicted estimates. They should therefore be treated with some caution.



value for money & sustainability

- A full cost-effectiveness study was outside the scope of this evaluation. A crude cost per head summary using data from strand activities (e.g attendance at food festival, *SLC4L* Schools, training & awareness and cohort) and evaluation studies suggested a minimum of 253,912 individuals and families engaged with *SLC4L* equating to a cost of £34.96 per person for the programme.
- Figure 4.0 presents strand spend as a percentage of overall project budget (includes 2011/12). A fuller breakdown of programme costs will be available in the evaluation report.

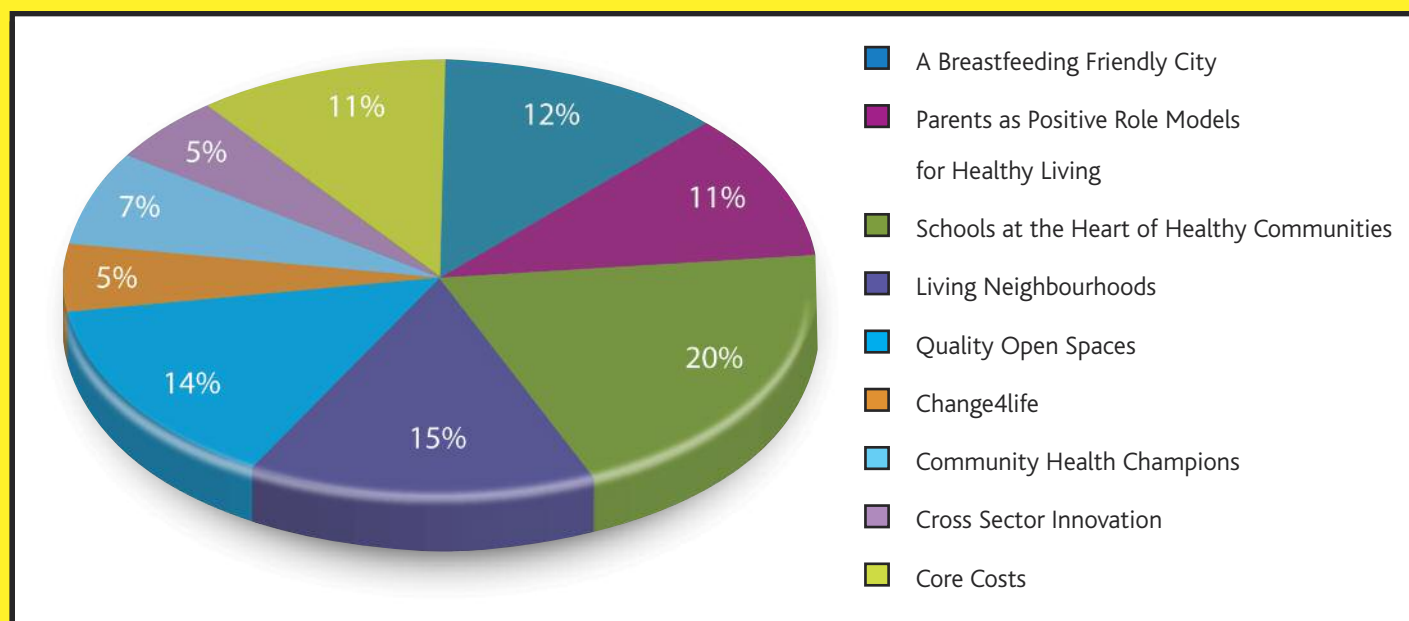


Figure 4.0 Strand spend as a percentage of overall project budget

- Maintaining political and senior leadership support and prioritising obesity in the strategic fabric of the City will be critical to the sustainability of the *SLC4L* programme vision.
- This could be achieved through prioritisation of obesity within the Cities shared targets and policies, including the yet to be confirmed public health outcomes framework. The development of a multi-stakeholder City wide obesity strategy could be an appropriate mechanism for translating the programme's vision and plans for sustainability into a commitment for action.
- However, overcoming the funding barriers and the likely need to also consider alternative agendas (e.g. social welfare issues) means plans for sustainability will require careful consideration and ownership from key partners across the City.
- Nevertheless it can be stated that a number of elements of the programme, such as the new Sheffield Development Framework which is expected to be in place until 2026, are expected to leave a sustainable legacy.
- Partnership working at board and operational level is also likely to have a positive impact on the obesity agenda at least in the short term.

components of theory of planned behaviour

One of the strengths of our approach here has been an attempt to understand the causal mechanisms of change albeit from an individual perspective using the theory of planned behaviour model. These are the key findings with this regard:

changes to attitudes towards adopting healthy behaviours

- In the majority of cases baseline attitudes towards healthy behaviour were very positive suggesting that individuals viewed making healthy choices favourably.
- Significant ($p < 0.05$) improvement in attitude towards physical activity were observed for pupils accessing targeted physical activity, growing clubs and those receiving Bike It. Mothers receiving peer support reported more favourable ($p < 0.05$) attitudes towards breastfeeding and a significant ($p < 0.05$) positive increase in attitudes towards healthy lifestyle choices was observed in employees who had taken part in workplace training & awareness activities.
- Data from the Museums Sheffield's Food Glorious Food exhibition suggested that 61% of those sampled planned to make lifestyle changes as a result of the exhibition. Cooking clubs, school nutrition action groups and growing clubs also improved the attitudes of children and parents towards healthy eating.
- Conversely, children receiving free fruit reported a decrease in positive attitudes towards healthy eating which data revealed was most likely due to the presentation of some of the food in schools. Clients accessing the community health champions 1-to-1 scheme reported wanting sustainable lifestyle options rather than a quick fix such as a cash bursary and these short term approaches appear to be a negative influence on attitudes towards behaviour change for some.

encouraging healthy choices as socially approved behaviour

- Targeted physical activity, growing clubs and cooking clubs all reported making a positive contribution to an individual's desire to comply with the social norms of making healthy choices. Policies in schools such as stay on site and School Nutrition Action Groups have also positively influenced the dining culture of children and improved behaviour as a result.
- There is however work still to be done to engage all parents in the obesity debate with recruitment difficulties encountered by some school and training & awareness activities. Future efforts need to focus on supporting parents to model healthy behaviours to their children and enhancing the social acceptability of healthy living within the City might help facilitate this process.
- The healthy choices award has been presented to 150 outlets while 210 achieved baby friendly status. Both of these contributed to creating a normative environment where healthy choices are available. Moreover large retailers in the city such as John Lewis and Sheffield Arena have made alterations to their menu content and methods of food preparation which helps re-enforce positive normative beliefs.
- In the longer term, the implementation of the Sheffield Food Plan to combat 'food deserts' and changes to the Sheffield Development Framework to promote health and well-being will in the latter case influence planning decisions until 2026. The brand of *SLC4L* appears to have done much to foster a consistent and normative message about healthy lifestyles and it will be important these messages are maintained within the social structure of the city.



perceived behavioural control

- One of the strongest determinants of future behaviour is an individual's perceived confidence. Therefore, empowering individuals with a sense of control over their choices and providing opportunities to gain positive experiences of health promoting behaviours seems particularly important. This has been the case for many of the programmes within *SLC4L*.
- Data revealed that increases in physical activity that were observed with targeted physical activity & growing clubs and increases in breastfeeding maintenance were largely explained by increases in perceived behavioural control. Individuals supported by community health champions, breastfeeding peer support workers, training & awareness activities and ICDH programmes all reported that increases in self-confidence were important in helping initiate behavioural changes.
- Although increases in confidence can do much to support individuals into new behaviours, we found cognitive change is not always accompanied by behavioural change (e.g. some cooking clubs). To overcome this 'intention-behaviour' gap (Orbell & Sheeran, 1998) future programmes should provide strategies which help individuals to plan and prioritise health promoting behaviour in accordance with their individual circumstances.
- When individuals are ready to change, the provision of information and signposting to appropriate support is critical. Whilst there are some examples of this, such as breastfeeding peer support and community health champions, data from the Food Glorious Food exhibition identified that of those who reported thinking about making a change, 32% were not sure how to go about it, suggesting there is still more to do to support people to make healthy changes to their behaviour.

"i find the thought of breastfeeding embarrassing and to watch breastfeeding is embarrassing .without support i may not have maintained breastfeeding"

overcoming barriers to change

- One of the strengths of the systems approach of *SLC4L* has been overcoming barriers to change. Community street audits have challenged barriers to activity in the physical environment of communities including drop kerb installations, improved street lighting, and the provision and distribution of dog-poo bags.

"community health champion volunteers are meeting people and taking them to sessions and supporting them as many of my patients are afraid to go to new places alone" - sheffield gp

- The extension of the breastfeeding peer support programme, the coverage of community health champions and the introduction of Business Health Champions has strengthened the number of positive role models in the city, contributed to a significant ($p < 0.05$) increase in awareness of the *SLC4L* brand and helped overcome barriers to accessing supportive information and in doing so helped individuals and workplaces to implement new behaviours.
- Data suggests that the universal training and awareness programme has done much to de-stigmatise the conversation of obesity between professional and patient and challenge commonly held beliefs regarding obesity and overweight. However, more evidence is required to assess the long-term impact of such interventions.



headlines per strand

creating a breastfeeding friendly city

- A programme of breastfeeding awareness & peer support has contributed to a city wide increase in:
 - Breastfeeding initiation rates (76.43% to 79.2%).
 - Breastfeeding prevalence at 6-8 weeks post birth (44% to 54.7%).
 - Confidence of mothers to breastfeed in public.
- Although breastfeeding maintenance is increasing, the health inequality gap is widening. This suggests that a tailored approach to breastfeeding peer support might be beneficial

parents as positive role models

- A training and awareness programme contributed to a significant ($p < 0.05$) improvement in health professionals' intention & confidence to influence the management of obesity.
- The Healthy Early Years Award has been adopted as the 'gold standard' in promoting healthy lifestyles in children's centres and opportunities to access healthy options have increased with 150 outlets being awarded the Healthy Choices mark and 210 achieving baby friendly status.
- Sheffield Food Festival attracted 20,000 people to the City while Museums Sheffield Food Glorious Food exhibition had a positive impact on visitors' intention to make lifestyle changes. However, data also identified a need to provide more information about services in Sheffield that can help with lifestyle change at the point of decision.

schools at the heart of healthy communities

- A multitude of personal and social benefits were reported as a result of participation in cooking clubs, targeted physical activity & growing clubs. A significant ($p < 0.05$) improvement in physical activity and physical activity & physical fitness, was observed for pupils accessing growing clubs and targeted physical activity respectively.
- Stay-on-site policies and changes to the school dining environment encouraged more pupils to dine in school, enhanced social interaction and improved the behaviour of the children and good communication with kitchen staff and the pupils is key to implementing activities successfully.
- Systems such as bio-metric payment (finger/card readers instead of cash), pre-ordering food and having multiple food stations have been shown to drastically reduce queues and improve the lunchtime experience.
- Promoting physical activity in young people remains a priority. For example only 6 pupils in the evaluation cohort study of 32 met the recommended number of steps per day (12,000 - 15,000).
- Pupils and parents reported positive attitudes and intentions towards healthy lifestyles but this was not always manifested in actual behaviour change. Future interventions should focus on closing this intention-behaviour gap with life-skills and time management strategies a core part of interventions.

living neighbourhoods

- Street audits enhanced community dialogue and reduced barriers to activity. However, implementing capital projects is a challenge in such short timescales and could instead form part of a long term strategy.
- Significant ($p < 0.05$) increases in cycling to school, reduction in sedentary travel to school and walking to school was observed in schools receiving Bike It! and 'Travel for Life'. The largest decrease was seen in bus use in Bike It Schools. (5.7% reduction compared to a 1.6% reduction in car use).



healthy open spaces

- Delays to match funding significantly delayed the Play Sites programme. Despite this, 11 sites were completed in Year 1 with a 15% reported increase in young people's satisfaction with Sheffield's Parks and Green Spaces.
- Although the community garden programme has experienced implementation difficulties due to a change in site and land contamination, 58 people and organisations have expressed an interest in having a plot. Furthermore, growing training is underway with Sheffield Wildlife Trust and the park ranger is delivering informal training to local people.

social marketing - change4life

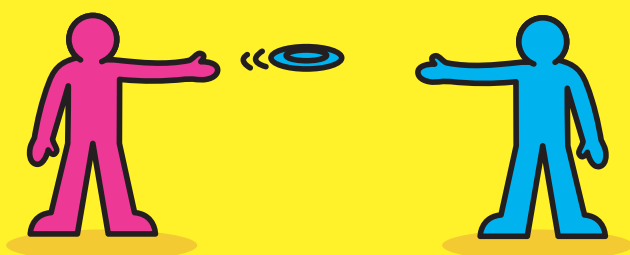
- The *SLC4L* website has proven a consistent method of promoting the programme with an average of 512 unique visitors to the site each month. A significant ($p < 0.01$) increase in knowledge and awareness of the *SLC4L* brand was also observed throughout the programme.
- Establishing shared ownership of project communications was difficult with a lack of consistency in understanding the importance and benefits of 'one brand' communications. Therefore, future programmes might wish to seek a communications agreement with all partners prior to commencement.

community health champions

- The ICDH course appears to elicit positive change in several domains of wellbeing and contributes to the uptake of health promoting behaviours in participants and their families.
- Data here confirms that a programme of Community Health Champions has been of great benefit to those individuals who were champions themselves with 59 obtaining paid work and numerous social and wellbeing benefits. However, the extent to which people and communities live healthier lives as a result of the Community Health Champions support is less clear with only 30 Personal Health Improvement Plans delivered in the community (6% of the target).
- Despite the 1-to-1 programme failing to achieve its targets, those clients ($n=6$) who did engage reported improvements in physical activity, self-confidence and social isolation. High quality training is required to provide Health Champions with the skills and confidence to deliver a 1-to-1 service.

cross sector innovation

- Significant strides have been made to embed health and well-being in future planning policies including changes to the Sheffield Development Framework, the reference document for planning decisions until 2026, promoting active travel and access to healthy food and open spaces. However there is some way to go before these issues are seen by planners as part of their 'core business'.
- Awareness of the key messages of *SLC4L* in workplaces has been enhanced through the recruitment of Business (Health) Champions in 8 of the City's largest employers, with 4 hosting Weight Management workshops and 693 people engaged against an initial target of 150.
- However, there appeared to be limited progress on employers 'owning the bottom-line' benefits of a healthy workforce and there is still work to be done to overcome cultural resistance to workplace health promotion in male-dominated organisations with mainly manual employees. However, the use of sport-based tournaments and festivals such as 5-a-side appear promising.



capability & capacity elements

These are the key messages from the Capability and Capacity review of the programme:

- The *SLC4L* programme board has been successful in steering the project smoothly through a number of political and financial challenges with evidence of strong leadership from the Director of Public Health and Executive Director of Children and Young People's Services, with good support from the Cabinet Member for Children and Young People's Services.
- Attendance at board meetings from partners other than NHS and SCC has been inconsistent which is perhaps linked to some board members expressing a lack of role clarity. A private sector representative on the board might also have had a positive impact on the project.
- Expressing the vision of a complex programme like *SLC4L* appeared difficult at all levels. As a result, it was not articulated in the first instance loudly enough or broadly enough to enhance shared ownership. A 'vision sound bite' that represents the essence of the programme is recommended for future complex & multi agency public health programmes.
- The operational focus of the board, although understandable given time constraints at implementation, potentially limited opportunities for strategic leadership.

it is recommended that the roles and responsibilities of board members & the balance between operational and strategic duties are made explicit within the terms of reference of a board.

- There was evidence of a shared agenda and a desire to overcome differences in organizational culture. However, the challenge remains for partners to extend and embed services beyond the short term timescales and funding of *SLC4L*.
- A long term vision and multi-agency obesity forum is therefore required to maintain the priority status of obesity across relevant stakeholders in the City and it will be important for senior leaders to set the culture of partnership for this forum.

- Programme away days helped to breakdown internal, historical and organisational barriers and improve communication and strengthen links between partners. They also facilitated a sense of contribution to the broader agenda of tackling obesity amongst strand leads.
- A systems approach greatly encouraged joint working between strands and has a positive impact on working practices.
- Community engagement and the development of external partnerships have been key strengths of this programme. Importantly, these partnerships were formed between individuals, organisations and communities who would not have come together had it not been for the systems approach adopted here.
- The programme benefitted from strong project management however the lack of availability of good news stories from the project activities was a frustration. Where this has been done well such as community health champions, the projects themselves have benefitted.
- The scale of audit reporting was a common frustration for all professionals involved in the programme. This was exacerbated when the programmes were supported by external funds and required more than one report to be undertaken.
- Email correspondence was mentioned in both good and bad terms and although it is the most common method of communication, there is a danger that it can be overwhelming.
- The positive referencing of strand away days is a good reminder of the importance of face-to-face communication.

"having the knowledge and experience of this programme to draw on, we're now very aware of the obesity issue when we design things. for example if somebody says oh, we need to have the car park right next to this building, you say well why? you know, you can walk a bit further" – strand lead

recommendations

for sheffield stakeholders

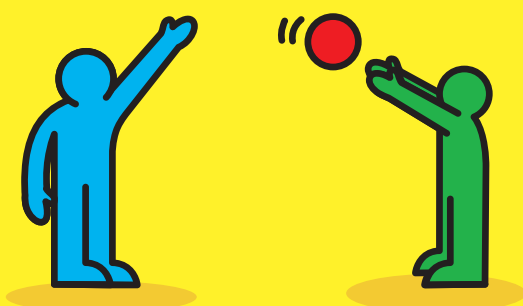
Although the rise in obesity at year 6 appears to have slowed in Sheffield, the prevalence is still unacceptably high. It is crucial therefore that tackling obesity remains a priority for the City. To achieve this Sheffield should:

- Maintain political and senior leadership support for tackling obesity through a multi-agency City-wide forum that holds a strong strategic focus with clearly identified roles and responsibilities for all members.
- Embed '*tackling obesity*' in the strategic fabric of the City via shared targets and policies, including the new public health outcomes framework.
- Continue to foster a consistent and normative message about healthy lifestyles through the brand of *SLC4L* so that these messages are maintained within the social structure of the city.
- Maintain and build on partnerships at operational level between individuals, organisations and communities who would not have come together had it not been for the systems approach adopted here.
- Ensure that commissioned activities have clear strategies to support motivated individuals and their families to 'implement their intentions' to make healthy choices.

for wider stakeholders

There is little doubt that the whole systems approach adopted here represents a significant step-forward in the design of population based prevention programmes in public health. Those adopting a 'Systems Approach' should consider the following:

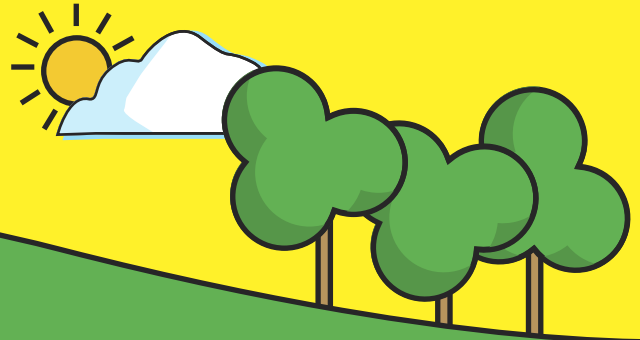
- Strong senior leadership (i.e. Director of Public Health & Director of Children & Young Peoples Services), political support and a shared desire to overcome differences in organizational culture should be the starting point for a systems approach.
- Short-term timescales can create an environment of client provider. Instead, establish a 'long term' agreement with stakeholders to work towards a shared vision that cohesively tackles the thematic clusters of the Foresight map (2007).
- A '*vision sound bite*' that represents the essence of a complex & multi agency public health programme might enhance understanding and shared ownership.
- The *Healthy Towns* funding acted as a catalyst for action in Sheffield. Similar investment or resource might be required.
- Low control but high accountability is recommended at board level to allow the balance to be in favour of strategic rather than operational duties. This should be supported by a desire to translate quality programmes into mainstream activity and not to forgo long term gain for short term success and headlines.
- Create opportunities such as discussion forums and away days for project designers, managers and deliverers to interact and develop partnerships with individuals and organisations from different backgrounds.



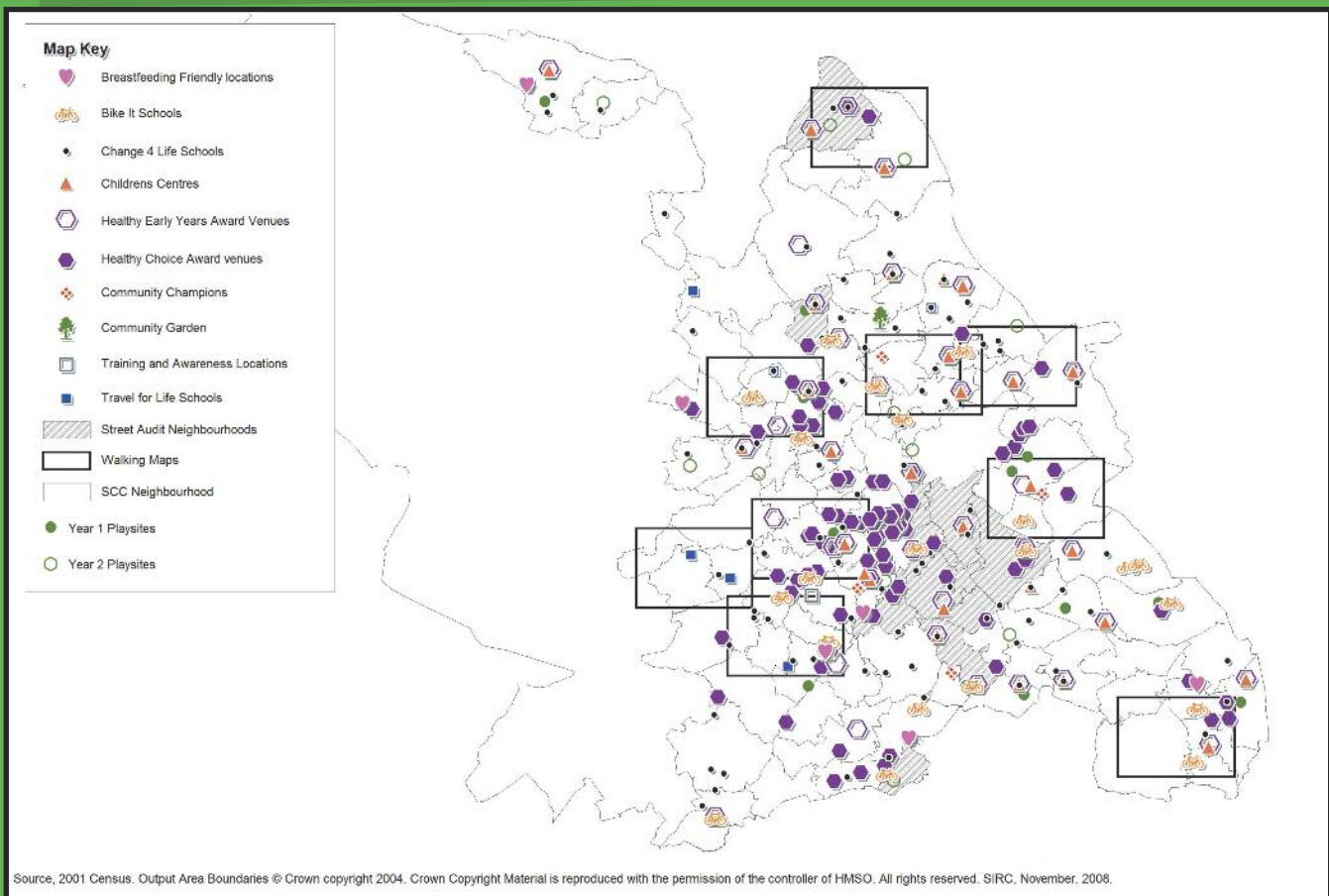
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