

## Healthy Places, Healthy Lives – Tackling Childhood Obesity in Luton Case Study

### **Introduction**

Luton was an early adopter of the national Healthy Places, Healthy Lives (HPHL) programme<sup>1</sup>. The aim of the partnership programme is to reduce health inequalities, as discussed in the Marmot report on wider social determinants of health<sup>2</sup>. Both Luton PCT and Luton Borough Council pledged commitment to the programme by contributing to the overall funding available for consultancy, support and learning. Healthy Places, Healthy Lives was sponsored by the Director of Public Health, a joint NHS/Local Authority post and the programme steering group reported to the Health and Wellbeing Board.

Childhood obesity was selected as the local priority based on data collected through the National Childhood Measurement Programme (NCMP)<sup>3</sup>, which showed a higher average rate of obesity for reception and year six children. Luton took an area-based approach to the programme, concentrating on Neighbourhood Area South. By focusing on area South, the programme was able to link in with the Neighbourhood Governance process, with the intention of piloting ideas in a diverse area that covers three wards, which include two of the priority Middle Super Output Area's (MSOA) with poorer health outcomes and lower life expectancy.

Reception year obesity data from NCMP:

	2006/07	2007/08	2008/09	2009/10
<b>Luton</b>	11.30%	12.50%	12.70%	14.30%
<b>Statistical Neighbours</b>	11.20%	10.90%	11.80%	10.90%
<b>East of England</b>	9.10%	9.30%	8.70%	9.2%
<b>England</b>	9.90%	9.60%	9.60%	9.8%

Year 6 obesity data from NCMP:

	2006/07	2007/08	2008/09	2009/10
<b>Luton</b>	21.10%	20.50%	21.30%	Data N/A
<b>Statistical Neighbours</b>	20.90%	22.10%	21.00%	
<b>East of England</b>	15.70%	16.70%	16.60%	
<b>England</b>	17.50%	18.30%	18.30%	

### **Programme start-up**

The aim of the local programme was shaped at an initial workshop by members of the public health team, children's services commissioning, local authority colleagues from social care and leisure and community representation from the leisure trust and voluntary sector.

A smaller steering group emerged from this workshop and was responsible for leading the programme and included:

<sup>1</sup> [http://www.institute.nhs.uk/commissioning/general/healthy\\_places\\_healthy\\_lives.html](http://www.institute.nhs.uk/commissioning/general/healthy_places_healthy_lives.html)

<sup>2</sup> Fair Society, Healthy Lives: The Marmot Review, 2010. Marmot Review.

<sup>3</sup> [http://www.dh.gov.uk/en/Publichealth/Obesity/DH\\_100123](http://www.dh.gov.uk/en/Publichealth/Obesity/DH_100123)

- Deputy Director of Public Health (NHS Luton)
- Public Health Programme Manager (NHS Luton)
- Health Improvement Specialist (NHS Luton)
- Head of Resources & Performance Review, Housing & Community Living (Luton Borough Council)
- Health Inequalities Officer (NHS Luton / Luton Borough Council)
- Healthy Schools Coordinator (Luton Borough Council)
- Community Development Officer (Luton Borough Council)
- Children's Commissioning Manager (NHS Luton / Luton Borough Council)

Although it was a partnership programme with local authority and others, Public Health was the main driver throughout. Engagement from local authority increased as the programme progressed, particularly at an operational level.

Following on from this a larger partnership workshop was arranged to raise awareness of the programme, map existing services and identify gaps and highlight priorities. The workshop was well attended by colleagues from across health, local authority and community, covering many of the wider determinant areas, including planning and transport. The priorities that the participants identified were distilled down by the steering group to form the programme objectives. The objectives delivered short term gains and tangible outputs that were achieved during the year the programme ran as well as longer term goals that would provide the foundation for a more strategic way of addressing childhood obesity in Luton.

Luton Healthy Places, Healthy Lives objectives:

1. Review the governance arrangements for groups or organisations that have a remit or influence over the drivers of childhood obesity
2. Explore a single agency approach to commissioning for the prevention and management of childhood obesity
3. Increase access to existing services through signposting and referrals
4. Ensure consistent messages around healthy weight and obesity are delivered to and by professionals
5. Review and develop service pathways through the Healthy Child Programme to improve early intervention
6. Maximise opportunities to influence the drivers of childhood obesity through the built environment by improving accessibility and influencing local planning policy
7. Keep partners up to date with HPHL programme progress and opportunities to contribute directly or through their organisations

A number of activities were planned under each objective and the programme continually developed and refined. Factors influencing the shape of the programme included level of partner engagement, other local work programmes, resource constraints, learning from other pilot sites and the HPHL themed online seminars.

### **Neighbourhood Governance**

The decision to focus on area South was taken to capitalise on the Neighbourhood Governance programme<sup>4</sup>. Although the objectives do not specifically refer to this area of work, it was a common thread that ran through all activity where pertinent. The programme's public facing name is 'Your Say, Your Way' and is cyclical, with each ward within the area having their own programme that includes a community planning decision day where issues and priorities are discussed, a community funding decision day to vote on project funding, a community festival and newsletter.

At the planning decision day, data and information based on the town's sustainable communities strategy was presented to the community by relevant partner organisations. Health had the opportunity to highlight issues the community may not be aware of by using data and information

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<sup>4</sup> [http://www.luton.gov.uk/internet/Community\\_and\\_living/Neighbourhood\\_and\\_village](http://www.luton.gov.uk/internet/Community_and_living/Neighbourhood_and_village)

from documents such as the joint strategic needs assessment and health needs assessments for the priority MSOAs. For Farley and Dallow wards, two of the priority MSOAs, childhood obesity was raised as an issue for the community to consider.

Using Dallow ward as an example, the three priorities the residents identified were more job opportunities, activities to bring the community together and more affordable activities. At the funding decision day, residents voted for which projects they wanted to see funded in their ward. The projects are proposed and delivered by local community groups and the voluntary sector. A number of the projects directly relate to obesity such as family sports activities at the primary school, Runley Road Park clean up and orchard planting and a children's centre play scheme.

It was beneficial to utilise a process that was already in place to engage communities as the cost to health was minimal, it avoided consultation fatigue and enabled the programme to tap into the expertise of colleagues working in community development. The HPHL programme in turn benefited local community development as it provided opportunities to learn and increase knowledge through access to national and international professionals and academics. Two workshops were held in Luton to raise awareness of and discuss how community and asset-based approaches could compliment the work already underway. Hazel Stutely presented on Connecting Communities and the Beacon Project<sup>5</sup> and the community development team are taking forward learning from this event.

### **Targeting specific groups**

The local authority and NHS data teams collaborated on a project using Mosaic<sup>6</sup> and NCMP data to identify groups that are more at risk of childhood obesity through geodemographic segmentation. Four groups stood out with one more significantly over-represented in the local population and mainly residing in Dallow ward in area South.

Dallow has a high concentration of people of Pakistani and Bangladeshi origin. Working with health trainers, health ambassadors and the Luton Council of Mosques, the Healthy Weight team was able to access members of these communities through local events. Using the Department of Health's Healthy Foundations segmentation tool<sup>7</sup>, over 200 people were surveyed. The insight provided by the tool gives a more detailed picture of the health attitudes and beliefs of a specific group of people living in Dallow ward and the messages and means of communication they are more likely to respond to. This will help to reduce some of the barriers often encountered when attempting to engage communities.

As an example, the Healthy Foundations segment 'Live for Today' is over-represented in this Mosaic group and future health is clearly not on their agenda so messages need to be relevant to their immediate concerns such as employment. This attitude to health is a concern in light of the Health Weight Healthy Lives consumer insight report<sup>8</sup> which found that parents believe happy children are healthy children, and so sacrifice health by unintentionally prioritising unhealthy behaviours to satisfy immediate need.

Plans for utilising this insight in Luton are currently in development.

It is easier to target specific groups to address inequality when partner priorities align. Increasing physical activity in adults is a priority for both health and local authority, however health also considers targeting to reduce inequality. Luton was successful in gaining transportation funding and included active travel as part of the funding bid as a result of work with health colleagues. This may not contribute to reduced health inequality as it is easier to influence more affluent groups to change car usage behaviour and the local authority must meet targets that are not incentivised to address inequalities.

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<sup>5</sup> [http://www.healthcomplexity.net/content.php?s=c2&c=c2\\_background.php](http://www.healthcomplexity.net/content.php?s=c2&c=c2_background.php)

<sup>6</sup> <http://www.experian.co.uk/business-strategies/mosaic-uk-2009.html>

<sup>7</sup> Healthy Foundations Life-stage Segmentation Model Toolkit, 2010. Department of Health.

<sup>8</sup> Healthy Weight, Healthy Lives: consumer insight summary, 2008. Crown copyright.

### **Cost and Effectiveness**

The experience of the partnership approach for the HPHL programme in Luton was health leading and driving the activity. Four members of the Public Health team were involved with the programme and organised and managed the workshops, steering group, stakeholder meetings and updates, programme documentation and activity plan. Over the course of the programme it is estimated that one day per week was spent on HPHL related activity.

The early months of the programme were spent trying to engage partners as it is often the same people who are required for partnership activity. Time constraint can therefore be a barrier for partner commitment as although they see the benefit of addressing issues such as obesity, actions fall down their list of priorities.

There is commitment as evidenced by the number of stakeholders who participate in the healthy weight strategy partnership meetings and who attended HPHL stakeholder workshops. For those partners not directly involved in health, the task is to get it into their normal working agenda. An example of this is the Health and Built Environment Group which is made up of Luton Borough Council officers, voluntary groups with links to transport or land use, and health. It is an operational group that looks to evidence and partnership working to address health issues through planning, transport and regeneration.

Individual activity within the Luton HPHL plan had success criteria against it but the overall programme was not measured for effectiveness and locally the programme has not been evaluated. The national indicator for sites addressing childhood obesity is the NCMP data for reception and year six though it is not possible to attribute rates with HPHL activity.

In Luton, it was felt that the national HPHL programme evaluation was lacking and the indicator work disappointing as it didn't add any more value to what we could do locally. It is not possible to say if the programme approach was successful in addressing the policy directives outlined in the Marmot review<sup>9</sup>.

At the outset of the HPHL programme, it was unclear as to what the programme would look like locally. As it developed, the benefits became clearer and it was easier to engage relevant partners. The amount of financial investment that Luton contributed was minimal and thought locally to be good value for money. The opportunities for learning from other sites and through the online seminars were valuable for introducing new ways of doing things. For example, an asset based approach to improving health and wellbeing, increasing social capital and mobilisation.

The programme also had a positive effect on building stronger links with Neighbourhood Governance, the progression of an early intervention pathway and a governance review. These pieces of work will continue as part of Luton PCTs legacy to addressing childhood obesity as the organisation comes to an end in April 2013 and public health moves across to local authority.

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<sup>9</sup> Fair Society, Healthy Lives: The Marmot Review, 2010. Marmot Review.