

## Deep Dive into the Multi-Agency Response to Childhood Obesity October 2022

### Why we did this deep dive:

The latest data from the National Child Measurement Programme (NCMP) for the school year 2021/22 were released on 3rd November 2022. It covers children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) in mainstream state-maintained schools in England. This showed that both regionally and nationally, there have been decreases in the prevalence of children living with obesity in 2021/22 compared to 2020/21 in both Reception Year and Year 6. However

- Portsmouth is the only upper tier local authority in the region that has a percentage of Reception children living with obesity that is statistically significantly worse than the England average.
- Portsmouth is one of 3 UTLAs in the region that are statistically significantly worse than the England average for Year 6 children living with obesity.

Childhood obesity can be associated with various diseases (often called co-morbidities) such as sleep apnoea, type 2 diabetes, liver disease and orthopaedic problems. However, being overweight as a child can affect more than their health. It can also impact self-esteem, ability to participate in activities, mental health, and quality of life. All of which can last into adulthood.

Research shows that obesity is not simply a result of overeating and inactivity. It is a complex, systemic problem with much higher levels of obesity seen amongst the most disadvantaged sections of the population. So, we wanted to understand how effective our current response to childhood obesity in Portsmouth is and to think about what more could be done to improve this.

### How we did this deep dive:

The primary purpose of this Deep Dive was to explore the effectiveness of our response to childhood obesity. In order to achieve this the following was undertaken:

- Multi-agency practice reviews
- Learning from case review findings
- Review of multi-agency data

Within Portsmouth there are 2 specific health services that respond to children whose excess weight is of concern. These are:

- Optimising Lives Improving health Vitality & Education (OLIVE) programme - a health visitor led programme from children aged 0 to 5 that is offered when an expectant mother has a BMI of 30 or over; or the baby is born at 4kg or over; or the baby's growth increases over two centiles.
- Complications from Excess Weight (CEW) Clinic - a pilot multi-disciplinary team childhood obesity clinic funded by NHS England. It supports 40 children with medical complications of obesity including fatty liver disease, sleep apnoea, pre-diabetes etc. It provides bespoke support for children and families including support from a doctor, specialist nurse, dietitian and physio.

**What we learnt from this deep dive:**

**What's working well?**

- In the majority of the children reviewed their GP had been proactive in identifying that the child's weight was rapidly increasing and that they were overweight or obese. This was even the case when it was the child's first appointment at that practice or the child had attended for another reason other than related to measuring their weight. In all instances there was evidence of the GPs making appropriate referrals to other health services to help the family with their child's weight management.
- The CEW Clinic appears to be effective in helping children reduce their weight. For the children who had been receiving support from the CEW Clinic they had all managed to reduce their weight.
- There was evidence of health professionals recognising the child's reluctance/fear of attending the hospital to receive interventions from the CEW Clinic. Examples of how there were overcome were nurses going out to complete weight measurements or blood tests in the community; or supporting attendance by providing transport and accompanying them from home to the hospital.

**What are we worried about?**

- Children not being brought to appointments meant that in many of these instances the child was either discharged from the service or opportunities to identify concerns earlier and offer support were missed.
- For many of the families additional needs were identified that included bereavement, parental ill-health, domestic abuse, social isolation and/or poor parental mental health. Where these were identified, there was limited evidence of exploration of how these potentially impacted on the family's ability to engage in the support and advice being offered. However, this consideration was consistently apparent once a family was supported by the CEW Clinic.
- There was reference in the records to parents' lack of awareness of the complications upon their child's physical and emotional health and wellbeing from them being obese.
- There was limited evidence of the use of the Obesity Pathway and the Thresholds Document in helping practitioners consider an appropriate response.
- Practitioners need to ensure that there are no assumptions made about other services knowledge of the impact the child's weight might be having upon them. As such references to weight or BMI may not be meaningful to practitioners not familiar with what a healthy weight range should be for that child.
- There were examples of schools not recognising concerns about the child's excess weight or not being confident as to how to appropriately respond.

**What we will do next:**

Following this review the PSCP have made a series of recommendations based on this learning to improve practice and multi-agency arrangements when a child is excessively overweight.

These recommendations include:

1. Within the early help training and roll out of the Family Support Plan to include guidance to support practitioners in recognising that a child's increasing weight might be a potential indicator of broader familial and/or environmental factors. To give practitioners confidence to have conversations about emerging concerns in relation to a child being overweight and to offer an early help response
2. For the Partnership to sharing this learning write to the Portsmouth Health & Wellbeing Board, to ask that they review Portsmouth Child Obesity Pathway in light of these findings. To provide assurance provides sufficient guidance on the early identification and response to a child's

weight increasing and appropriate interventions that can be utilised to prevent a child becoming obese.

3. Share the learning from this deep dive with Public Health and ask for evidence of what campaigns they are directing towards parents to help them understand the impact of childhood obesity. To ask for how the advice they give on reducing childhood obesity takes into account the challenges of poverty, and what materials they have developed for those with English as an additional language and/or with reading difficulties.
4. For the PSCP Training Team to work with the CEW Clinic and Health Visitors to develop a masterclass on ' Working Together to Effectively Safeguard Obese Children' for the children's workforce.
5. For the Portsmouth Child Obesity Pathway to be embedded as part of mandatory training for all health and social care professionals working with children.
6. Advocate for further funding to continue the work of the CEW Clinic
7. For the Partnership to write to relevant health partners to seek assurance of their adherence to this HIPS Was Not Brought Policy.

The progress against these recommendations will be monitored on a regular basis to ensure they are embedded in Portsmouth.