



The Kent and Medway Health and Care Symposium Thursday 31st October 2024

Report-back from our ‘reducing childhood obesity’ exercise.

Introduction

Our first task is to say a big ‘thank you’ for inviting us to speak at your leadership symposium. It was inspiring to hear how the statutory and voluntary sector bodies from across K&M’s health and care system were intending to accelerate the shift from treatment to prevention. Our thanks too for all the people who looked after us at Guru Nanak Darbar Gurdwara. It is a wonderful venue!

At the event we didn’t have long to talk about what we have learnt so far from the *Faversham Healthy Futures* project and not enough time to learn from you about how a well-integrated health and care system might tackle a classic disease prevention issue. So we had the idea of setting you a lunchtime project for you to work on! We chose an issue which has come up time and again in our local citizen ‘live talk’ events - that of reducing the level of obesity in school age children.

In order to access your ideas we left postcards around the lunch tables for you to tell us about how that problem could best be tackled. You really rose to the challenge!

What you said...

We extracted all your remarks from the cards and then clustered them into key themes. It was clear from the outset that there was a quite sophisticated understanding about what led to childhood obesity becoming a problem and what might be done to tackle it. The key ‘idea clusters’ that emerged are described below.

- *Fast Food* - There was a strong and consistent view that fast food outlets, particularly those near schools were a major contributor to childhood obesity. Children’s access to unhealthy foods had to be reduced by local council action regarding licensing and stronger government regulation.
- *Easier access to healthy food* - There was a smaller cluster around the benefits of providing free or subsidised healthy meals for children either through breakfast clubs or free school lunches. There were ideas about seeking the sponsorship of local businesses to support this. Related was the suggestion that community gardens could grow the ‘makings’ of health meals.
- *Education and Training* - Perhaps the largest cluster was about education and training about food. These ranged from cooking lessons provided as part of the school curriculum, healthy eating advice made available to children and families in schools and other local settings and community cooking clubs.
- *Travel to school* - Another cluster centred around how children travelled to and from school. Lots of ideas here about identifying safe walking routes, prohibiting cars from streets around schools at particular times and by creating ‘walking bus’ schemes. Such initiatives were seen as encouraging exercise whilst reducing pollution and accident risk.

- *Physical Exercise* - There were many ideas about increasing young people's access to physical exercise. Ideas about clubs for five-a-side football and park runs and dance classes and walking groups were alongside a more general plea for more PE in the school curriculum.
- *Planning a healthy environment* - On a more general level there was a strong feeling that local authorities needed a much clearer focus on creating healthy environments when making decisions about land use planning.
- *Listening not telling* - Threaded through the responses was a plea that we should make the effort to listen to both children and parents to understand the 'drivers' behind the problem of childhood obesity rather than just assume we know best how to fix it.

Commentary

From all these responses it was clear that there was a good understanding about the childhood obesity issue 'in the room'. However, what we found interesting was that amongst all the ideas about *what* should be done, there was little about *who* should do it and even less about *how* it should be planned, funded and managed. Perhaps it was just the way we asked our post-card question but it raises a quite fundamental issue about where community groups - no matter what their focus - should bind into the statutory systems.

In this case, it was clear that you felt a great deal of the energy needed to make improvements had to come from 'inside' the community - local charities, sports and other clubs, neighbourhood associations, parent groups many centred around local schools. No doubt this bottom-up approach has a significant part to play in any shift towards prevention. However, if there is a serious, strategic intention to 'shift left' (as the move towards prevention has become known) then all the partner organisations involved in an Integrated Care Board will have to be much clearer about how best they can:

- actively initiate community-based initiatives rather than just support ones that happen to occur 'naturally'
- help communities become part of regional and national 'prevention programmes'
- support local programmes by providing communications and engagement expertise, specialist advice and (especially) project-management support
- ensure that any provider and/or professional resistance to shifting patterns of service delivery can be overcome
- be clear about how change programmes should be overseen and how the benefits both to individuals and to the wider system should be monitored and evaluated.

We are confident that people within the Kent and Medway health and care system are already thinking about all this – especially which bit the system should be held to account for making it work. Should it be the ICB or the Health and Care Partnerships or perhaps the Primary Care Networks? Or maybe – with the right funding arrangements - it's the job of local authorities? Once decided, it is of crucial importance that the community agencies understand where to go for guidance and support.

At a time of intense pressure on our health and care system it may seem unreasonable to divert energy into working on the questions raised here. But it is worth remembering that as much as a 'shift left' is about creating healthier lives, it is also about improving the productivity of health and care services overall.

Gill Wagstaff and Laurie McMahon
Faversham Healthy Futures

11-12-24