TOWER HAMLETS HEALTH AND WELLBEING BOARD

Tuesday, 16 July 2019 at 5.00 p.m. MP701 - Town Hall Mulberry Place

This meeting is open to the public to attend.

Members:	**Representing**
Chair: Councillor Amina Ali	Cabinet Member for Adults Health & Wellbeing
Vice-Chair: Dr Sam Everington	Chair, NHS Tower Hamlets Clinical Commissioning Group
Councillor Danny Hassell	Cabinet Members for Children's Services
Councillor Sirajul Islam	Cabinet Member for Housing Management & Performance
Councillor Candida Ronald	Cabinet Member for Resources and the Voluntary Sector
Councillor Denise Jones	Mayor's Advisor for Older People
Dr Somen Banerjee	Director of Public Health, LBTH
Selina Douglas	Managing Director of TH, Waltham Forest and Newham CCGs
Debbie Jones	Corporate Director, Children's Services
Denise Radley	Corporate Director Health, Adults and Community
Co-opted Members	
Asmat Hussain	Corporate Director, Governance and Monitoring Officer
Chris Banks	Chief Executive, Tower Hamlets GP Care Group CIC
Randal Smith	Healthwatch Tower Hamlets
Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
Dr Navina Evans	Chief Executive East London and the Foundation Trust
Isabel Hodkinson	GP, Principal Clinical Lead Tower Hamlets CCG
Alison Robert	Partnership Manager, Tower Hamlets CVS
Jackie Fearon	Tower Hamlets Housing Forum
Jackie Sullivan	Managing Director of Royal London Site, Barts Health
Ann Sutcliffe	Corporate Director, Place
Vivianne Akinremi	Deputy Young Mayor Lead for Health & Wellbeing
Sue Williams	Tower Hamlets BOCU | Territorial Policing
Stakeholder:	
Stephen Ashley	Safeguarding Children Board Chair
Christabel Shawcross	Safeguarding Adults Board Chair LBTH
Councillor Kahar Chowdhury	Chair of Health & Adults Scrutiny Committee
Councillor Andrew Wood	Leader of the Conservative Group

The quorum of the Board is a quarter of the membership including at least one Elected Member of the Council and one representative from the NHS Tower Hamlets Clinical Commissioning Group**.**

Questions
Before the formal business of the Board is considered, up to 15 minutes are available for public questions on any items of business on the agenda. Please send questions to the Officer below by **5pm the day before the meeting**.

Contact for further enquiries:
Committee Services Officer - Rushena Miah
1st Floor, Mulberry Place, Town Hall, 5 Clove Crescent, E14 2BG
Tel: 0207364 5554
E:mail: rushena.miah@towerhamlets.gov.uk
Web: http://www.towerhamlets.gov.uk/committee

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Role of the Tower Hamlets Health and Wellbeing Board.

- To encourage integrated working between persons who arrange for the provision of any health or social services in Tower Hamlets for the advancement of the health and wellbeing of the people in Tower Hamlets.
- To identify needs and priorities across Tower Hamlets and publish and refresh the Tower Hamlets Joint Strategic Needs Assessment (JSNA) so that future commissioning/policy decisions are based on evidence.
- To prepare the Joint Health and Wellbeing Strategy.
- To be involved in the development of any Clinical Commissioning Group (CCG) Commissioning Plan that applies to Tower Hamlets and to give its opinion to the CCG on any such proposed plan.
- To communicate and engage with local people on how they could achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing. This will involve working with Local HealthWatch to make sure there's a continuous dialogue with the public to ensure services are meeting need.
- To carry out new functions as requested by the Secretary of State and as advised in guidance issued from time to time.

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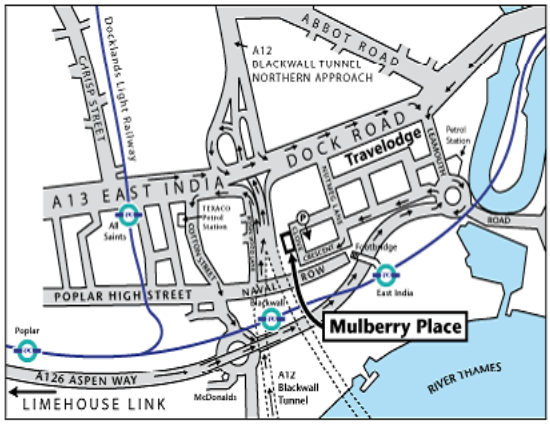

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PAGE NUMBER(S)

1. STANDING ITEMS OF BUSINESS

1 .1 Welcome, Introductions and Apologies for Absence

To receive apologies for absence and subsequently the Chair to welcome those present to the meeting and request introductions.

1 .2 Minutes of the Previous Meeting and Actions Log **7 - 14**

To confirm as a correct record the minutes of the meeting of the Tower Hamlets Health and Wellbeing Board held on 13 May 2019. To also consider the Board's Action Log and matters arising.

1 .3 Declarations of Disclosable Pecuniary Interests **15 - 18**

To note any declarations of interest made by members of the Board. (See attached note of Monitoring Officer).

1 .4 Forward Plan **19 - 22**

To note agenda items for upcoming meetings.

1 .5 Health & Wellbeing Board Terms of Reference 2019/20

To note the Health and Wellbeing Board Terms of Reference for 2019/20.

REPORT TO FOLLOW – reason for delay: Due to an IT failure affecting parts of the Council's infrastructure the report was unable to complete an internal clearance process and was therefore omitted from publication. The report must be noted at the 16 July 2019 meeting because committees are expected to review their terms of reference at the first meeting of a new municipal year.

ITEMS FOR CONSIDERATION

2. HEALTHWATCH : EXPLORING PRIORITIES FOR THE NEW HWB STRATEGY.

This will be an Interactive Workshop titled "What Would You Do?" to help inform the Tower Hamlets Health and Wellbeing Strategy. Facilitated by Healthwatch Members – Dianne Barham (Director Healthwatch) and Randal Smith (Chair Healthwatch).

5.20-5.50pm **(30 minutes)**

3. DEVELOPMENT OF A PHYSICAL ACTIVITY AND SPORT STRATEGY **23 - 32**

To be presented by Tracy Stanley, Strategy and Policy Officer, Children and Culture.

5.50-6.20pm **(30 minutes)**

4. ADDRESSING CHILDHOOD OBESITY

33 - 52

Presented by Katy Scammell – Associate Director of Public Health.

6.20-6.50pm **(30 minutes)**

5. ANY OTHER BUSINESS

To consider any other business at the Chair's discretion.

6.50-7.00pm **(10 minutes)**

6. DATE OF NEXT MEETING

Date of Next Meeting:
Tuesday, 17 September 2019 at 5.00 p.m. in Town Hall Mulberry Place

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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE TOWER HAMLETS HEALTH AND WELLBEING BOARD

HELD AT 5.05 P.M. ON MONDAY, 13 MAY 2019

C3 - TOWN HALL MULBERRY PLACE

Members Present:

Councillor Denise Jones (Chair)	Lead Member for Health & Adults
Dr Sam Everington (Vice-Chair)	Chair of London CCGs & Vice Chair HWB
Councillor Danny Hassell (Member)	Cabinet Member for Children, Schools and Young People
Councillor Sirajul Islam (Member)	Statutory Deputy Mayor and Cabinet Member for Housing
Councillor Eve McQuillan (Member)	Mayoral Advisor for Tackling Poverty & Inequality
Denise Radley (Member)	Corporate Director, Health, Adults & Community
Dr Somen Banerjee (Member)	Director of Public Health
Debbie Jones (Member)	Corporate Director, Children and Culture

Co-opted Members Present:

Randal Smith	Healthwatch Tower Hamlets
Chris Banks	Chief Executive, Tower Hamlets GP Care Group CIC
Dr Ian Basnett	Public Health Director, Barts Health NHS Trust
Dr Paul Guilley	Substitute for Navina Evans - East London and the Foundation Trust
Alison Robert	Partnership Manager, Tower Hamlets CVS
Jackie Fearon	Tower Hamlets Housing Forum
Jackie Sullivan	Managing Director of Royal London Site, Barts Health
Sue Williams	Tower Hamlets BOCU | Territorial Policing

Apologies:

Councillor Candida Ronald	Cabinet Member for Resources and the Voluntary Sector
Selina Douglas	Managing Director NHS Newham, Waltham Forest, Tower Hamlets CCG
Asmat Hussain	Corporate Director, Governance and Monitoring Officer
Isabel Hodkinson	GP, Principal Clinical Lead Tower

	Hamlets CCG

Others Present:

Dianne Barham	Director Healthwatch Tower Hamlets

Officers in Attendance:

Katie Cole	Associate Director of Public Health
Zereen Rahman-Jennings	Macmillan Living with Cancer Programme Lead
Becky Driscoll	Macmillan Living with Cancer Programme Coordintor
John O'Shea	Head of SEND
Warwick Tomsett	Joint Director of Integrated Commissioning
Somen Banerjee	Director of Public Health
Chris Lovitt	Associate Director of Public Health
Rushena Miah	Committee Services Officer

1. STANDING ITEMS OF BUSINESS:

1.1 Welcome, Introductions and Apologies for Absence

1.2 Minutes of the Previous Meeting and Matters Arising

RESOLVED:

1. The minutes of the Health and Wellbeing Board meeting held on 11 March 2019 were approved as an accurate record and signed by the Chair.
2. To note the Actions document.

1.3 Declarations of Disclosable Pecuniary Interests

There were no declarations of pecuniary interests.

1.4 Forward Plan

The Forward Plan was noted. It was highlighted the next Board meeting would take place on **Tuesday 16 July 2019.**

2. PREVENTING KNIFE CRIME

The Board received the report and presentation of Katie Cole (Associate Director of Public Health) and Ann Corbett (Divisional Director of Community Safety), on preventing knife crime.

Comments from the Board:

- The work should be connected with the Violence Reduction Unit headed by the Mayor of London.
- There was a suggestion to share patient stories at start of meetings across partner boards.
- Something should be done around knife sales in shops.

- Issues in Hackney around stop and search. We need to help police foster a positive relationship with young people. We could play an intermediary role as GPs/healt professionals.
- There was a suggestion for a social prescribing approach in casualty towards knife crime.
- Knife crime is a cross borough issue and should be on the agenda at the STP level.
- Knife crime should be explored at the next health summit. The outcome of the summit should include a plan that addresses the different facets of the issue and areas of intervention for health and community safety professionals.
- School engagement - explore linkages between school exclusion and knife crime.
- There is a link between mental health and knife crime. Young people could be traumatised from witnessing knife crime and in turn carry out a knife attack.
- ISTV programme shares data. It can pick up trends but is not real time data.
- Healthwatch reported that young people often felt blamed for knife crime. Those who struggled academically could not see a positive future for themselves. Helping to create a positive environment and opportunities for all young people should be addressed from a Public Health perspective.
- The Communities Driving Change Programme continues to work towards reducing ASB and knife crime.
- Are linkages being made with adverse childhood experiences, exposure to domestic violence and other traumatic experiences in the approach to tackling knife crime? Knife crime is a safeguarding issue, a lot of work has been done on this in the 'Troubled Lives Tragic Consequences' work stream on the Safeguard Board. It also continues to be addressed by the youth services team.
- We should look at projects that have been immediately successful and look to scale these up. The number of critical care beds taken up by knife crime has significantly increased and this is preventing elective scheduled surgeries taking place. Therefore knife crime has had a knock on effect on the community because people are being prevented access to surgery beds for other issues. Barts would be gathering data on the impact of knife crime on beds.
- The discussion came to a close. HWB partners were advised to contact Katie Cole and Debbie Jones to participate in the prevention work. It was decided the he primary board to oversee knife crime prevention should be the Community Safety Partnership Board.

ACTIONS:

- **Anne Corbett is to arrange a meeting with Sam Everington to discuss social prescribing around knife crime outside of the meeting.**
- **Denise Radley to raise the topic of knife crime at the Tower Hamlets Executive Group on Community Safety.**

RESOLVED:

1. To note the report.

3. TOWER HAMLETS LIVING WITH CANCER PROGRAMME

The Board received the report and presentation of Zereen Rahman-Jennings (Macmillan Living with Cancer Programme Lead) and Becky Driscoll (Macmillan Living with Cancer Programme Coordinator).

Member comments:

- There was a suggestion the presentation should be shared at partner boards – Alliance Partnership Board (community health services), CCG, Barts Health, ELFT, housing organisations.
- The voluntary sector could play a role in providing non-clinical care and support outside of hospital.
- Importance of ensuring sustainability of the work after Macmillan's funding ends in 2021.
- Importance of cultural change from the GP's and other health professionals perspective, a more holistic Tower Hamlets Together approach should be taken – e.g. looking at long term conditions and social issues such as finances and housing.
- People with cancer often experience a lack of joined-up working. This can be an issue even between specialities within cancer. This would be raised at the Royal London Cancer Board.
- Healthwatch life story film – noted a case of bureaucracy hindering the efforts of family carers, for example the difficulty in getting a parking permit from the council. Healthwatch agreed to share patient case studies.

ACTION:

- **Sam Everington THCCG, Jackie Sullivan Barts, Chris Banks GP Care Group and Paul Gilluley ELFT to invite Zereen and Becky to their respective boards to take forward the cancer work.**
- **Healthwatch to share cancer patient case studies.**

RESOLVED:

1. To note the report.

4. SEND PROGRESS UPDATE

[As of 6.30pm, elected Members and the Chair left the meeting. The Chair delegated authority to the Vice Chair Dr Sam Everington to chair the remainder of the meeting.

It was noted the meeting had become inquorate. The Board were informed that they were not permitted to make decisions].

The Board received a report from John O'Shea (Head of SEND) on the SEND progress update.

Comments from the Board:

- There was a suggestion to explore the transition period from child to young adult in care. Work should be done around enabling these young people to attain degrees.
- Ofsted reports have made link between exclusion and youth violence. Pupils with special educational needs have a higher likelihood of being excluded,
- There is a Transition Group that meets from education health and social care and prepares children in care for adulthood from age 14.
- SEND Team had placed 30 young people on supported internships over the year and plan to start an employment programme supported by Deutsche Bank.
- THCVS encouraged partners around the Board to support a young people's employment programme organised by the Leonard Cheshire charity. The income threshold for organisations to participate was £500,000, so many voluntary sector organisations were excluded from taking part.

ACTION:

- **John O'Shea to meet with Alison Roberts and Jackie Sullivan outside of the meeting to discuss employment opportunities for young people in care.**

5. DEVELOPING INTEGRATED COMMISSIONING GOVERNANCE

The Board received a presentation from Warwick Tomsett (Joint Director of Integrated Commissioning), on health and social care integration. The Board noted the report.

6. UPDATE ON THE DEVELOPMENT OF A REFRESHED HEALTH AND WELLBEING STRATEGY

Dr Somen Banerjee (Director of Public Health) summarised his report on the Health and Wellbeing Strategy update. The Board noted the report.

7. ANY OTHER BUSINESS

There was no other business.

8. DATE OF NEXT MEETING

Tuesday 16 July 2019, 5pm, Town Hall Mulberry Place.

The meeting ended at 7.00 p.m.
Chair, Councillor Denise Jones
Tower Hamlets Health and Wellbeing Board

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Health and Wellbeing Board (HWB) Strategic Action Log

Open Actions

No.	Reference	Action	Assigned to:	Due Date	Response
1	**HWB 13/05/19 ITEM 2**	Meeting to discuss social prescribing and knife crime	Ann Corbett & Dr Sam Everington	16 July 2019	
2	**HWB 13/05/19 ITEM 2**	To raise the topic of knife crime at the Tower Hamlets Executive Group on Community Safety.	Denise Radley	16 July 2019	
3	**HWB 13/05/19 ITEM 3**	THCCG, Barts Health and ELFT to invite Zereen and Becky to their respective Boards to take forward the cancer work.	Sam Everington, Jackie Sullivan, Paul Gilluley, Zereen Rahman-Jennings	16 July 2019	
4		To share presentation slides from 13.05.19	Rushena/Jamal	16 July 2019	Completed – email sent 10.06.19

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DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

Interests and Disclosable Pecuniary Interests (DPIs)

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

Effect of a Disclosable Pecuniary Interest on participation at meetings

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Monitoring Officer following consideration by the Dispensations Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Monitoring Officer of the interest for inclusion in the Register.

Further advice

For further advice please contact:-

Asmat Hussain, Corporate Director, Governance & Monitoring Officer,
Telephone Number: 020 7364 4800

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

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Health and Wellbeing Board
Forward Plan

DATE OF MEETING	ITEM	SENIOR RESPONSIBLE OFFICER	PRESENTED BY	COMMENTS
16th July 2019	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		
	HWB Strategy Refresh update	Somen Banerjee	Somen Banerjee	
	Children's Healthy Weight Management	Katie Scammell	Katie Scammell	
	Physical Activity and Sport Strategy	Tracy Stanley	Lisa Pottinger	
	Mental Health Strategy (TBC)	Somen Banerjee	Phil Carr/Carrie Kilpatrick	
	Substance Misuse Strategy (TBC)	Marion Morris	Marion Morris	
17th September 2019	Apologies & Substitutions Minutes & Matters Arising Forward Plan			
	Mental Health Strategy 2014-19	Somen Banerjee	Phil Carr/Carrie Kilpatrick	Final sign-off
	Communities Driving Change	Somen Banerjee		Discuss with Somen scope of item and the lead
	Employment and Health	Somen Banerjee		Discuss with Somen scope of item and the lead

DATE OF MEETING	ITEM	SENIOR RESPONSIBLE OFFICER	PRESENTED BY	COMMENTS
19th November 2019	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		
	SEND Improvement update	Ronke Martins-Taylor	Christine McInnes/Linsey Bel	
28th January 2020	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		
24th March 2020	Apologies & Substitutions Minutes & Matters Arising Forward Plan	Chair		

DATE OF MEETING	ITEM	SENIOR RESPONSIBLE OFFICER	PRESENTED BY	COMMENTS

LONG LIST ITEM	DATE	SENIOR RESPONSIBLE OFFICER	NOTES
Integration	September	Jospeh Lacey-Holland	

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Non-Executive Report of the: **Health and Wellbeing Board** 16 July 2019	
Report of: Judith St John, Divisional Director for Sport, Leisure and Culture	**Classification:** Unrestricted
Development of a Physical Activity and Sport Strategy	

Originating Officer(s)	Tracy Stanley, Strategy and Policy Officer, Children and Culture
Wards affected	All

Executive Summary

Tower Hamlets is developing a borough wide physical activity and sport strategy (PASS) that will complement local strategic priorities and aims. The strategy will be developed in alignment with the work around Childhood Obesity being undertaken by Public Health, priorities within the Health and Wellbeing Strategy 2017-2020 and the Sport England Strategic Visioning Guidance. This paper provides an introduction to the work around the PASS for the Health and Wellbeing Board, the progress made so far and next steps in developing the strategy.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the progress made so far in developing the Physical Activity and Sport Strategy.

2. Explore the following questions:

   a) What can the Board do to influence and address issues around levels of physical activity? What should be done at a local level and collaboratively across London? What should be advocated for at a national level?

   b) How can we ensure the system is better connected to enable people to get the support they need to be more physically active?

1. REASONS FOR THE DECISIONS

1.1 Not applicable as not an executive decision.

2. ALTERNATIVE OPTIONS

2.1 This is a noting report.

3. DETAILS OF THE REPORT

3.1 Purpose of the Physical Activity and Sport Strategy (PASS)

3.1.1 The PASS is being developed to provide a strategic response to local challenges in relation to sport and physical activity, with a view to improving health outcomes for children and adults across Tower Hamlets. The PASS will be integral to delivering the outcomes within the Childhood Obesity Plan and as such work on the two documents will be co-ordinated throughout the development process. The strategy will also be developed in alignment with a number of local strategies (as highlighted below):

- Health and Wellbeing Strategy 2017-2020
- Indoor Sports Facilities Strategy 2017-2027
- Open Space Strategy 2017-2027
- Ageing Well Strategy 2017-2020
- Child Obesity Plan (currently under development)
- Transport Strategy (currently under development)
- Mental Health Strategy (currently under development)

3.1.2 The PASS plays particular attention to the priorities within the Health and Wellbeing Strategy which it will help to deliver on, there are broad links between the two as follows:

Physical Activity and Sport Strategy	**Health and Wellbeing Strategy**
Priority 1: Driving health change	Priority 1: Communities driving change
Priority 2: Shaping places and communities	Priority 2: Creating a Healthier Place -
Priority 3: Sport as a community engagement tool	
Priority 4: Developing young interest	Priority 4. Children's Weight and Nutrition

3.1.3 The PASS seeks to provide a strategic direction by bringing together local drivers in health and wellbeing to look at how we can use assets in the borough to enable residents to better access and engage in physical activity and sport.

3.1.4 We first began looking at the need for a strategy in this area of work back in 2017. At the time, a number of drivers came together to make it a suitable time to look into the development of a Physical Activity and Sport Strategy. At

this stage some work was carried out to consider evidence and explore key issues with stakeholders. An external consultancy produced an initial outline of strategic priorities however after review it was felt that it did not deliver a vision that fully met expectations and requirements.

3.1.5 Development of an 'Expression of Interest' submitted to the Sport England's Local Delivery Pilots scheme in spring 2017 also provided an opportunity to examine existing evidence about the needs and priorities for physical activity and sport in the borough. Although the bid was ultimately not successful, this work helped to provide a foundation of local intelligence which was used to underpin a programme of further engagement with a wide range of stakeholders during late 2017 / early 2018.

3.1.6 Following the engagement activities a set of proposed outcomes were drafted but there has been a delay in taking this forward to the development of a strategy due partly to internal restructuring and temporarily reduced resources. Although these earlier activities will help inform the new strategy and provide context, a fresh review of evidence, and consultation, will be carried out as outlined in section 3.2.4.

3.1.7 Over this period of time there have also been ongoing discussions about the need for a strategic direction for play in Tower Hamlets. As the two pieces are closely interlinked the play work will be embedded within the wider PASS. Therefore the PASS will include a Play Charter which will set out the vision for play across the borough, aiming to provide guidance for individuals and organisations to examine, review and improve their provision for children and young people's play and informal recreation. The buy-in of the Children and Families Partnership will be crucial in making the Charter a success.

3.2 Stakeholder engagement

3.2.1 An initial set of interviews with key stakeholders was undertaken in March and April 2019, as outlined below. These early discussions were designed to secure buy-in and begin the process of forming a view on the strategic approach that should be taken, what the key priorities are and how we might address them, ready for further engagement with wider stakeholders.

<u>Initial interviewees</u>

- John Biggs, Executive Mayor
- Amina Ali, Cabinet Member for Adults, Health and Wellbeing
- Danny Hassell, Cabinet Member for Children, Schools and Young People
- Katy Scammell, Public Health
- Afia Khatun, Public Health
- Sandjea Green, Head of The Youth Service, Integrated Youth and Community Services (LBTH)
- Steve Murray, Head of Arts, Parks and Events (LBTH)
- Rob Morton, Active Travel Officer (LBTH)
- Keiko Okawa – Senior Strategy and Policy Manager, Place (LBTH)
- Hanif Osmani, Poplar Harca

- Peter Okali, CEO, Tower Hamlets Community and Voluntary Sector Organisation

3.2.2 The interviews were followed by an online consultation which took place over a 9 day period in May 2019 with almost 40 participants. Stakeholders from all sectors were invited to participate in an interactive consultation that offered a variety of engagement methods to raise topics and issues, seek views and then engage in in-depth discussions via an online community type approach.

3.2.3 A set of draft proposed priorities and outcomes were shared with consultation participants in order to gather their feedback, ask for any further suggestions, identify gaps and begin a conversation around possible actions. Table 1 below provides a brief summary of some of the key messages which came out of the consultation and suggestions for actions that might be developed.

3.2.4 Table 1: Summary of feedback from online consultation

Priority One: Driving health change **Long term outcome: People who are inactive are more physically active**
It was noted that there is overlap between this set of outcomes and others with someone saying that they have ability to impact on all other areas. Those consulted said suggested actions could be developed around: • Increasing physical activity opportunities for particular groups, i.e. most likely to experience barriers and lower levels of activity including people with disabilities and older people. • Actions to address obesity issues in the borough - **note: this is interlinked with childhood obesity work in Public Health.* • Linking with GP referrals and social prescribing.
Priority Two: Shaping places and communities **Long term outcome: People are empowered to drive increased levels of physical activity and sport in their local area**
There was a particular focus and interest in active travel amongst consultees. Comments on wider issues included: • *"More co production in the community is needed to get people active'* • *"More people need support to access physical activity local to where they live.* Those consulted said suggested actions could be developed around: • Work with the community empowering them and working with them to identify specific priorities and opportunities within the local environment. • Neighbourhood champions who could be embedded into communities and upskilled to act as role models for others.

Priority Three: Sport as a community engagement tool **Long term outcome: People take advantage of the opportunities to be physically active in the environment around them**
The approach of sport as a community engagement tool was well received with one consultee saying, *'I feel that through this you will target the whole community including disadvantaged groups, inactive groups and young people whilst facilitating a more cohesive environment.* Those consulted said suggested actions could be developed around: • Further research to understand how to target our communities • Addressing issues connected to community safety. • Better awareness and understanding of what is already available so that it can be more joined up. • Improving access to school facilities so that they can be used by others in the community.
Priority Four: Developing young interest **Long term outcome: Children and young people take advantage of engaging, varied opportunities to be physically active**
This outcome is seen as one of the most high priority areas to focus on with the most potential benefit to be gained from delivering change and improvements. One consultee commented on the role of play in the lives of children saying, '*unstructured outdoor play is essential for children's healthy development, both physical & mental. Non-competitive, social, inclusive and what children do naturally - they just need time & space to do so*'. Those consulted said suggested actions could be developed around: • A voucher scheme to increase access and take up of activities for children and young people – perhaps linked to a programme after school activities. • Increase in opportunities to be active at school – building on existing initiatives, perhaps more closely linked to the wider school curriculum. • Greater involvement of young people as facilitators perhaps delivering sessions to other young people - similar to the London Youth programme 'Activators".

3.2.5 The outcomes from the initial interviews and online consultation will inform further consultation activities which are currently being planned. This will include a Members Workshop, a workshop with internal officers and a dedicated session with young people. All of these activities will be planned with input from Public Health to ensure alignment with the Childhood Obesity Plan. The workshops will be an opportunity to explore the emerging priorities and outcomes, as well as early proposals for actions, develop these further and seek a consensus on the approach that the strategy should take.

3.3 Strategy development timescales

3.3.1 Table 2 below sets out the key activities which will underpin the development and completion of the strategy.

3.3.2 Table 2: Timeline for development of the PASS

Activity	Timescale
Desktop Research – review of national, regional and local policy and evidence.	March to May 2019
Stakeholder engagement and consultation Carried out: • Early interviews with key stakeholders • Online consultation • Workshops x4 Planned: • Workshop with Members • Themed workshops – these will include a workshop with internal officers and one with young people. Further workshops may be organised but this will depend partly on XX? • Workshop session with Children and Families Partnership	March to May 2019 July to Aug 2019 *to take place once meeting dates have agreed
Drafting of the proposed strategy outcomes	May to June 2019
Drafting of the full strategy	July to August 2019

4. EQUALITIES IMPLICATIONS

4.1 An equality assessment is underway using data and insight gathered through the desktop review phase. The strategy will include actions focused on addressing areas of inequality in relation to physical activity and sport.

5. OTHER STATUTORY IMPLICATIONS

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.
- Data Protection / Privacy Impact Assessment.

5.2 There are no further specific statutory implications at this stage.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 There are no financial implications identified at this stage. This strategy is currently in draft and will support the delivery of work to address childhood obesity.

7. COMMENTS OF LEGAL SERVICES

7.1 This strategy complies with section 2B of the National Health Service Act 2006 (as amended by section 12 of the Health and Social Care Act 2012) under which local authorities have duties to take such steps as they consider appropriate for improving the health of the people in their areas.

Linked Reports, Appendices and Background Documents

- Appendix 1 PASS Logic Modelv1

Linked Report
NONE

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
NONE

Officer contact details for documents:
N/A

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Tower Hamlets Physical Activity and Sport Strategy
- *Draft* Medium and Long Term Outcomes

Priority areas	Medium term outcomes	Long term outcomes
Driving health change	People know what physical activity & sport opportunities are available to them and how to access them	People who are inactive (especially those most likely to be inactive) are more physically active
	People are empowered to prevent health problems and improve their health through physical activity & sport	
	People experience better health and wellbeing from using safe and welcoming parks and open spaces, leisure centres and other community facilities for healthy activities.	
Shaping places and communities	People have the skills to take advantage of the opportunities to be physically active in the environment around them	People are empowered to drive increased levels of physical activity and sport in their local area
	People choose active travel options as a way of making their journeys and the environment facilitates this	
	People access and feel the benefits from major sporting events held in and around the borough	
PASS as a community engagement tool	People recognise that participation in physical activity and sport is open to all communities	People access high quality, safe sports provision in the borough
	People can access tailored, appealing sporting facilities and opportunities	
	People feel part of a cohesive, vibrant sporting community	
Developing young interest	Children and young people feel the benefits to their health and wellbeing from physical activity and sport	Children and young people take advantage of engaging, varied opportunities to be physically active
	Children and young people access a wide range of physical activity and sport opportunities though the services they engage with and places they go, including school	
	There are sufficient, good quality play spaces, and children, young people and families know about them and how to access them	

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Non-Executive Report of the: **Health and Wellbeing Board** 16 July 2019	
Report of: Somen Banerjee, Director of Public Health	**Classification:** Unrestricted
Addressing childhood obesity	

Originating Officer(s)	Katy Scammell, Associate Director of Public Health
Wards affected	All

Executive Summary

Excess weight in childhood is a key public health challenge in Tower Hamlets. Whilst the most recent data (2017/18) shows that rates in Reception are improving, Year 6 rates have not improved for many years.

Public Health have been working with partners to identify how we can work together to accelerate progress in this area and maximise outcomes. This paper presents a logic model that has emerged from this work; highlights some of the key challenges in the area; and identifies metrics to monitor progress.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the development of the childhood obesity logic model.

2. Provide comments on the draft model and proposed next steps.

3. Explore the following questions:

a) What can the Board influence to address this complex issue? What should be done at a local level and collaboratively across London? What should be advocated for at a national level?

b) How can we ensure the system is better connected to enable children and young people to get the support they need to be a healthy weight?

1. REASONS FOR THE DECISIONS

1.1 Not applicable.

2. ALTERNATIVE OPTIONS

2.1 The logic model outlines a number of proposed interventions to address childhood obesity. The borough could choose to take forward all, some or none of these. There may also be alternative options which have not be considered and we would welcome any further suggestions.

3. DETAILS OF THE REPORT

What is the issue?

3.1 Excess weight in childhood is a key public health challenge in Tower Hamlets.

3.2 More than 1 in 5 children (20.8%) in Reception are overweight or obese in the borough. The most recent data (2017/18) shows that rates are improving and are now slightly lower than London (21.8%) for the first time. This is likely to be linked to a significant focus on, and resource of, early years support and it is important that this investment continues if this downward trend is to continue.

3.3 By Year 6, the proportion of children who are overweight or obese doubles to more than 2 in 5 children (42.1%); and has not fallen for many years. This rate is significantly higher than London (37.7%).

3.4 The data highlights inequalities by ethnicity, gender and deprivation. Children with learning difficulties are also at greater risk of being overweight or obese.

3.5 The challenge of excess weight is recognised at a national, regional and local level.

3.6 The UK Government's report, 'Tackling Obesities: Future Choices' (2007) highlighted that obesity rates are determined by a complex multi-faceted system of causes where no single influence dominates. Therefore, action needs to take place across the whole system in order to make an impact.

3.7 In 2011, the Government published 'Healthy Lives, Healthy People: a call to action on obesity in England' and set the target of a downward trend in the level of excess weight in children and adults by 2020. This target is unlikely to be achieved in Tower Hamlets for Year 6 children.

3.8 More recently, the Government published 'Childhood Obesity: A Plan for Action' (2016) which highlights the importance of addressing sugary drinks; meals in early years settings; physical activity and healthy eating within schools; and ensuring that the wider workforce 'make every contact count'.

3.9 At a regional level, action to help children achieve and maintain a healthy weight is also one of four priorities in the London Mayor's Health Inequality Strategy (2018), and a London Child Obesity Taskforce has recently been established.

3.10 The Health and Wellbeing Strategy has children's weight and nutrition as one of its five priorities, with the Mayor and Young Mayor also highlighting it as a priority.

3.11 There are a number of council strategies plans that will support the delivery of work to address childhood obesity. These include:

- Health and Wellbeing Strategy (2017-2020)
- Open Space Strategy (2017-2027)
- Tower Hamlets Local Plan (2019-2031, in draft)
- Transport Strategy (2019, in draft)
- Physical Activity and Sport Strategy (2019, in draft)

Why is this important?

3.12 Obesity doubles the risk of dying prematurely, increasing a child's risk of developing a number of health conditions, including type 2 diabetes, coronary heart disease, and some cancers, as well as conditions such as depression and low self-esteem. Obesity is also associated with school absence in children.

3.13 The annual cost of obesity is estimated to be £27bn, which includes £13.3m in medication; £16m in sickness days; £6.1bn in NHS care and £352m in social care costs.

What are we doing currently?

3.14 Significant activity has taken place in the borough to address childhood obesity. Historically, Tower Hamlets' 'Healthy Borough Programme' implemented a large programme of work to take a whole system approach to tackling obesity, which left a legacy of a number of programmes which continue today. Tower Hamlets was also part of a sector-led improvement programme, facilitated by the Association of Directors of Public Health for London, aimed at improving local action to address obesity, and this work has fed into existing programmes.

3.15 Current activity includes: an infant feeding support team; free/low cost healthy eating and physical activity programmes; action to control future fast food outlets near schools through the Local Plan; a healthy early years and healthy schools programme; an active travel team; work to improve the public realm to support walking and cycling; the 'Food for Health' scheme that helps food outlets provide healthier food; and implementation of 'Sugar Smart', a campaign to help reduce overconsumption of sugar.

3.16 Although a wide range of activity is taking place, refreshed strategic direction is needed that identifies where we are having most/least impact and how we can best work in partnership to maximise outcomes.

3.17 To achieve this, Public Health has brought together partners to take an outcomes based accountability approach to developing a childhood obesity plan, with a particular focus on outcomes.

3.18 Community insight work took place with Tower Hamlets' residents and key stakeholders, to understand their perspectives about the barriers and solutions to tackling childhood obesity. Researchers spoke with 10 individuals either working with children/young people or with substantial experience working on childhood obesity in the borough; led six focus groups with young people aged 10-15yrs; and interviewed 24 parents. A summary of the report can be found in Appendix 1. Key findings include:

a) Recognition that the environment does not always support health (particularly around access to healthy food and open space).
b) Cultural practices can increase the likelihood of a high calorie diet. Some young people are regularly eating four or five meals a day. There are also cultural barriers to young girls achieving sufficient physical activity levels.
c) The school is considered to have a strong role in providing physical activity and healthy eating opportunities.
d) A family approach is deemed important.
e) Although the link between health and obesity is recognised, it is often not deemed a problem until a child/young person begins to experience health issues.
f) Stakeholders highlighted that organisations/teams working in Tower Hamlets need to work better together and that the council had a key role to play in enabling partnership.

3.19 A workshop with senior leaders from the council and NHS took place, as well as another with community and voluntary groups. These meetings highlighted enthusiasm to work together on obesity, with a number of points raised, including the importance of:

a. Addressing wider issues that link to obesity (e.g. perception of safety, air quality, meeting a family/child's basic needs).
b. Ensuring that both the built environment and community settings make it easy for families to eat healthily and be active.
c. Engaging and empowering the whole family.
d. Building on existing assets and promoting these.
e. Connecting services and better joined-up working.
f. Raising awareness among residents, and those working in the community, about what a healthy weight looks like and the importance of this.
g. Adequate support for those identified as obese, and reaching the most vulnerable groups.
h. Ensuring childhood obesity is addressed across all policies/strategies.

3.20 The information from the community insight work and workshops was used to inform the logic models, along with evidence of best practice and national guidance. These were reviewed by the London Borough of Tower Hamlets' three director leadership teams and refined based

on feedback.

3.21 The logic models are provided in Appendix 2. Outputs and outcomes that align with the Physical Activity Strategy are in yellow red.

The metrics proposed to measure progress are outlined in Appendix 3.

What are the next steps?

3.22 Following agreement of the logic model, a detailed action plan will be developed with partners (completed by August).

3.23 Governance for delivery of the action plan needs to be agreed. It is recommended that the work is overseen by a multi-partnership steering group that includes representation from statutory, non-statutory sectors and local residents.

4. EQUALITIES IMPLICATIONS

The National Child Measurement Programme highlights inequalities in Tower Hamlets by ethnicity, gender and deprivation. Children with learning difficulties are also at greater risk of being obese. It is important that any action plan takes these inequalities into account.

5. OTHER STATUTORY IMPLICATIONS

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.
- Data Protection / Privacy Impact Assessment.

5.2 There are no further specific statutory implications at this stage.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 There are no direct financial implications at this stage. On completion of the action plan any funding required to support delivery will need to use existing resources.

7. COMMENTS OF LEGAL SERVICES

7.1 Having an action plan to ensure healthy weight and nutrition for children is consistent with the Council's statutory duties as per the following legislation:-

a. Section 11 of the Children Act 2004 which places duties on a range of organisations, including local authorities to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children, including preventing impairment of children's health or development

b. Section 1(a) of the Childcare Act 2006 refers to the general duty to improve the well-being of young children in their area. Well-being includes physical and mental health and emotional well-being, protection from harm and neglect, education, training and recreation, the contribution made by them to society and social and economic well-being.

c. Section 2B of the National Health Service Act 2006 places a duty on the Council to take steps for improving the health of the people in its area. Section 6C of the 2006 Act empowers the Secretary of State to issue regulations proscribing the Council's public health functions. These are set out in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, and include duties in respect of the weighing and measuring of children and health visiting functions.

7.2 In carrying out its functions, the Council must comply with the public sector equality duty set out in section 149 Equality Act 2010, namely it must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and to foster good relations between persons who share a protected characteristic and those who do not.

Linked Reports, Appendices and Background Documents

Linked Report
NONE

Appendices

- Appendix 1: Summary of findings from insight work
- Appendix 2: Childhood obesity logic models
- Appendix 3: Draft metrics

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
NONE

Officer contact details for documents:
N/A

Tower Hamlets children and young people's healthy weight insight

Headline findings

1. Introduction

The main aim of this research is to improve the LBTH public health team's understanding of the key target audience - parents and children and young people – in relation to achieving and maintaining healthy weight. The findings from this insight will be used to support the co-production of a children and young people's healthy weight strategy.

This document outlines the initial headline findings ahead of the full report being provided with recommendations.

1.1 Methodology

We designed and developed different research methods to gather insight for the different audiences. We developed qualitative research approaches to gather insight from parents and children. The final research approach for different groups was:

- Six mediated children's discussion groups with:
  - 8 boys aged 14-15 in the Bethnal Green area
  - 14 Bangladeshi boys aged 14-15 in the Bethnal Green area
  - 9 girls aged 14-15 in the Bethnal Green area
  - 6 boys aged 10-11 in the Poplar area
  - 6 girls aged 10-11 in the Poplar area
  - 6 Bangladeshi boys aged 10-11 in the Poplar area
- Twenty four parent interviews with:
  - 16 mums (14 Bangladeshi, 2 white British)
  - 8 dads (5 Bangladeshi, 1 black British, 2 mixed race)
- Ten interviews with stakeholders engaging schools, children, parents and families, and experts.

We developed tailored topic guides for the discussion groups and depth interviews that ensured we captured:

- current behaviours and attitudes towards physical activity and diet and potential enablers to support positive action
- individual, social and environmental influences (positive and negative) on health behaviour
- the relationship between a healthy lifestyle and connection, control and confidence in children and young people
- trusted communications channels, message carriers and opinion formers

2. Headline findings from stakeholder insight

2.1 Introduction

As part of this research, 10 depth interviews were conducted with a number of stakeholders who:

- represented some of the universal services provided by Tower Hamlets to support families and children in healthy lifestyles; or
- had access to the target audience (children and young people); or
- had subject matter expertise in the issue of childhood weight management in Tower Hamlets

The purpose of the interviews was to obtain their expert or professional insight on the opportunities and barriers that exist in supporting children and young people to achieve and maintain a healthy weight. The details of the stakeholders are listed in the table below:

Organisation	Role of participant in organisation	Role in healthy weight management across Tower Hamlets
Stakeholders that influence parents and families		
Tower Hamlets Community Engagement Team (Parent & Family Support Service)	*Family support and engagement practitioner*	*Provider:* Parent & Family Support Service (across the borough)
Poplar Abertots	*Early Years Playgroup Manager*	*Channel:* Access to parents of 2-5 year olds (in E14 Aberfeldy Estate)
Stakeholders that influence schools		
Tower Hamlets Healthy Lives team	*Head*	*Provider:* Healthy Schools programme (across the borough)
School Food Matters	*Founder and Chief Executive*	*Provider:* Food education programmes in schools (operate across England and with a number of (self-selected) schools in the borough)
Mytiime Active	*Programme co-ordinator / nutritionist*	*Provider:* Free healthy lives services in children's centres and schools (across the borough)
Stakeholders that have direct access to target audience		
Voluntary Sector C&YP Forum	*Development Worker*	*Channel:* Access to C&YP in community settings (across the borough)
Manorfield Primary	*Head-teacher*	*Channel:* Access to primary school children
Experts		
TH Food Partnership / Sugar Smart	*TH Food Partnership Co-ordinator*	*Provider:* Provide advice and guidance to influencers and target audience (across the borough)

Organisation	Role of participant in organisation	Role in healthy weight management across Tower Hamlets
Public health lead on TH C&YP strategy	*Retired former Associate Director in Public Health*	*Decision-maker*
TH Community Dietitian GP Care Group	*Public Health dietitian*	*Provider:* All residents (across the borough)

2.2 Summary findings

An overview of the findings from this insight is summarised below.

Attitudes towards healthy weights

- There was widespread recognition that childhood obesity was a serious problem for Tower Hamlets and that the problem was worse here than in other London boroughs. Many stakeholders also noted that being underweight was also an increasing problem.

- Stakeholders recognised that both deprivation and ethnicity (particularly within the Bangladeshi community and among Bangladeshi boys in particular) were determinants of childhood obesity in the borough. However, there was acknowledgement that, increasingly, deprivation had a bigger impact on obesity among families and that more should be done to support families experiencing poverty.

- Other local factors that impacted on childhood obesity included:
    - The prevalence of 'chicken shops' and the difficulty in finding healthy foods
    - Lack of green and open spaces for families to exercise and the lack of affordable places for children and young people to do physical activity
    - Entrenched cultural practices around food and feeding habits within the Bangladeshi community that are difficult to change

Equipping influencers

- Parents and schools were identified as the most important influencers on childhood weight and a number of suggestions were made on how they should be equipped or educated to support children in achieving a healthy weight. This included:
    - Providing accessible and affordable health promotion services to families in a non-judgemental way
    - Understanding some of the cultural differences and barriers within the Bangladeshi community and encouraging "food providers" (generally mothers or grandmothers) to make small changes that could make a big impact (eg reducing salt; not using ghee, etc)
    - Educating parents in their own wellbeing so that they can role model healthy behaviours

  - Encourage shared 'healthy' activities within families from cooking together to exercising together
  - Equip schools to provide healthy lunch options or snacks at breaks
  - Educate teachers, dinner ladies and other school staff on how to promote healthy behaviours
  - Focus on prevention at early years stages so that parents and children can develop healthy habits at an early age

- Parents were viewed as the main barriers and enablers to achieving and maintaining healthy weight in children so a number of suggestions were made to equip or educate parents with the skills and knowledge to overcome these including:
  - Educating parents to budget for healthy food and /or teach them how to cook cheap and healthy meals
  - Promoting strong parenting skills to help parents resist 'pester power'
  - Change cultural habits such as 'rewarding through treats'

Working in partnership

- It was recognised that there were a lot of agencies across the health, educational and voluntary sectors that worked to support families in trying to achieve and maintain a healthy childhood weight. It was felt that they could probably work better together to share some of their (limited) resources, information and expertise and to make sure that this information was up to date. Having a database or dedicated website with service provider details – across all sectors- was suggested by a number of stakeholders.

- Some stakeholders felt they got asked to intervene too late – there should be more prevention activities. Many felt that there were fewer prevention activities now than in previous years because of public sector cuts

- Some felt that the Council had a key enabling role to play to promote partnership working and equip partners (eg schools, healthcare professionals, voluntary sector) and should show more visible leadership – if this is an important priority for the Council then they need to make difficult (financial) decisions to support it.

3. Headline findings from children and young people insight

3.1 Introduction

Six discussion groups were held with 49 children and young people aged 10-11 and 14-15 years old, these consisted of the following:

- 8 boys aged 14-15 in the Bethnal Green area
- 14 Bangladeshi boys aged 14-15 in the Bethnal Green area
- 9 girls aged 14-15 in the Bethnal Green area

- 6 boys aged 10-11 in the Poplar area
- 6 girls aged 10-11 in the Poplar area
- 6 Bangladeshi boys aged 10-11 in the Poplar area

3.2 Summary findings

An overview of the findings from this insight is summarised below.

Attitudes towards healthy weights

- Whilst many children had an understanding of the issue of obesity, it still felt like a very abstract concept for most, or at least one that would affect others and not them.
- Some, in particular those of Bangladeshi background, were aware of the risks, such as diabetes, which may only present themselves in adulthood and younger age groups, in particular boys, felt that they would begin to grow out of any additional weight they had ('puppy fat').
- Others were as concerned about the issue of being underweight, particularly amongst older girls. A finding reflected by both stakeholders and parents with teenage daughters.
- There is a key difference with regards to the motivation of being of healthy weight between girls and boys: where boys are more likely to be interested in body image and girls describe wanting to feel better and healthier.

Healthy weights behaviour

- Diet and eating habits are heavily influenced by parents at a very early age. This is both in the type of food offered and the way it is cooked but also the timing and structure of meals. Many Bangladeshi children in particular are being offered four meals a day (breakfast, lunch at school, after school meal and a later evening meal) and this is a habit that continues through later childhood years.
- The transition from primary school to secondary school is a key point in a child's life where the balance of control shifts from parent to child in how they spend their time and, linked to this, in the food they eat. Many parents and children reported this age as being the time when they allowed children to visit PFCs on their own with friends, and this is particularly the case for boys, as well as fewer children reporting eating breakfast as they get older.
- Boys are much more likely to pursue exercise as a route to maintaining a healthy weight, whereas girls favour eating healthily. This is broadly in line with the findings from earlier adult healthy weight insight in Tower Hamlets.

Barriers and enablers

- Strong correlation between cooking confidence and ability to make healthy compromises. Young girls were most likely to help their parents in the preparation of meals - this had given them a more pragmatic knowledge of what goes into food and where they could make compromises to prepare healthier versions of food that they're used to.

- Low uptake of school dinners has a knock-on effect, contributing to after-school meals of PFC and rice and curry. However, dislike of school dinners is only one cause, as trust is developed in parents' food from a young age, and PFC shops provide a warm dry social space for connection, especially for boys.
- Girls are far more severely disadvantaged by opportunities for physical activity. Seeking their preferred sports - dancing, swimming - requires sports centres, but they are often denied entrance without adult supervision. For less formal exercise, girls are rarely allowed to be active without the company of an older family member.
- Among boys, cheap and improvised physical activities like football and basketball are still an important part of the social life of boys, although gyms are becoming a preferable social space, seemingly due to the increased emphasis on strength-building and body image.

Support services

- Health professionals were identified as the preferred communicator of any personal health diagnosis, as teachers, parents and friends were perceived as too personally involved and could easily cause offence.

4. Headline findings from parent insight

4.1 Introduction

It is widely recognised that parents have a critical role to play in identifying, achieving and maintaining healthy weights in children. As part of this research, depth interviews were carried out with 24 parents to explore their attitudes towards healthy weights in children. This consisted of 16 mothers and 8 fathers from British Bengali, Bangladeshi, White British and Mixed Race backgrounds.

4.2 Summary findings

Attitudes towards healthy weights

- Whilst many parents described their family's diet as fairly healthy, most of these were also aware that improvements could be made to the way they eat and what they eat. For example, introducing vegetables, reducing oil in cooking and swapping to semi-skimmed milk.
- Parents are largely aware of the future risks of their child/ren being an unhealthy weight, with most mentioning that healthy weight in childhood leads to prevention of associated risks and conditions later in life. A smaller number mentioned the immediate impact on a child's health, such as difficulties breathing and taking part in every day activities.
- Describing what a healthy weight looked like seemed to be challenging for some parents, with some stating that it depended on the child and their age. Many do not

think their child has a weight problem until there is a physical problem, for example breathing difficulties).

Attitudes to diet and eating habits

- As described in the key findings from children and young people, diet and eating habits are strongly influenced by parents especially for younger children. This is both in the type of food offered and the way it is cooked but also the timing and structure of meals.
- There are some key differences around eating habits within the Bangladeshi community. Children will tend to have four (and sometimes five meals) a day – breakfast, school lunch, a 4pm 'lunch' of rice and curry, and an evening meal (often rice-based). This is the cultural norm and is seen as being a healthy / balanced approach. Parents of secondary school children acknowledge that sometimes their child may have been to the chicken shop before their "late lunch" but they are still expected to eat their planned meals at home.
- At home, mothers, or grandmothers in extended families, tend to take control of decisions relating to the food that is cooked and eaten by everyone in the family. Some parents described sharing responsibility for food shopping, which could be a route to engaging fathers in making small changes to diet and eating habits at home.
- As children move through primary school it appears that the level of pushback, or 'pester power', increases and the biggest changes in control of what is eaten on a daily basis follows the transition to secondary school. This is evident in the changes to breakfast habits, snacks that are consumed and the ability, particularly of Bangladeshi boys, to attend fast food outlets alone with their friends.
- This transition of control also appears to influence the diet of younger siblings in the household, with many following the lead of older siblings in either refusing to eat certain foods, following unhealthy breakfast patterns and expectations to eat outside of home regularly.
- Parents of younger children tend to have a more favourable view of school dinners, with many describing them as an opportunity to have fruit and vegetables and easier than providing a packed lunch. However, parents feel that choice should be offered as part of the school meal.

Attitudes to physical activity

- Most parents rely on the school environment to provide physical activity for their child and walking to and from school appears to be a core part of the physical activity for children of all ages.
- Parents will take responsibility for making sure that their children go for walks, go to the park or undertake light exercise (eg through playing outside) when they are younger. This is often part of family or weekend time and, as such, control over this time is lost as children get older.
- Parents also control 'screen time' of younger children although they feel they start to lose this control when their child starts secondary school. Some parents use 'extra screen time' as a reward mechanism (and this is seen as being a healthier alternative than food-based treats).

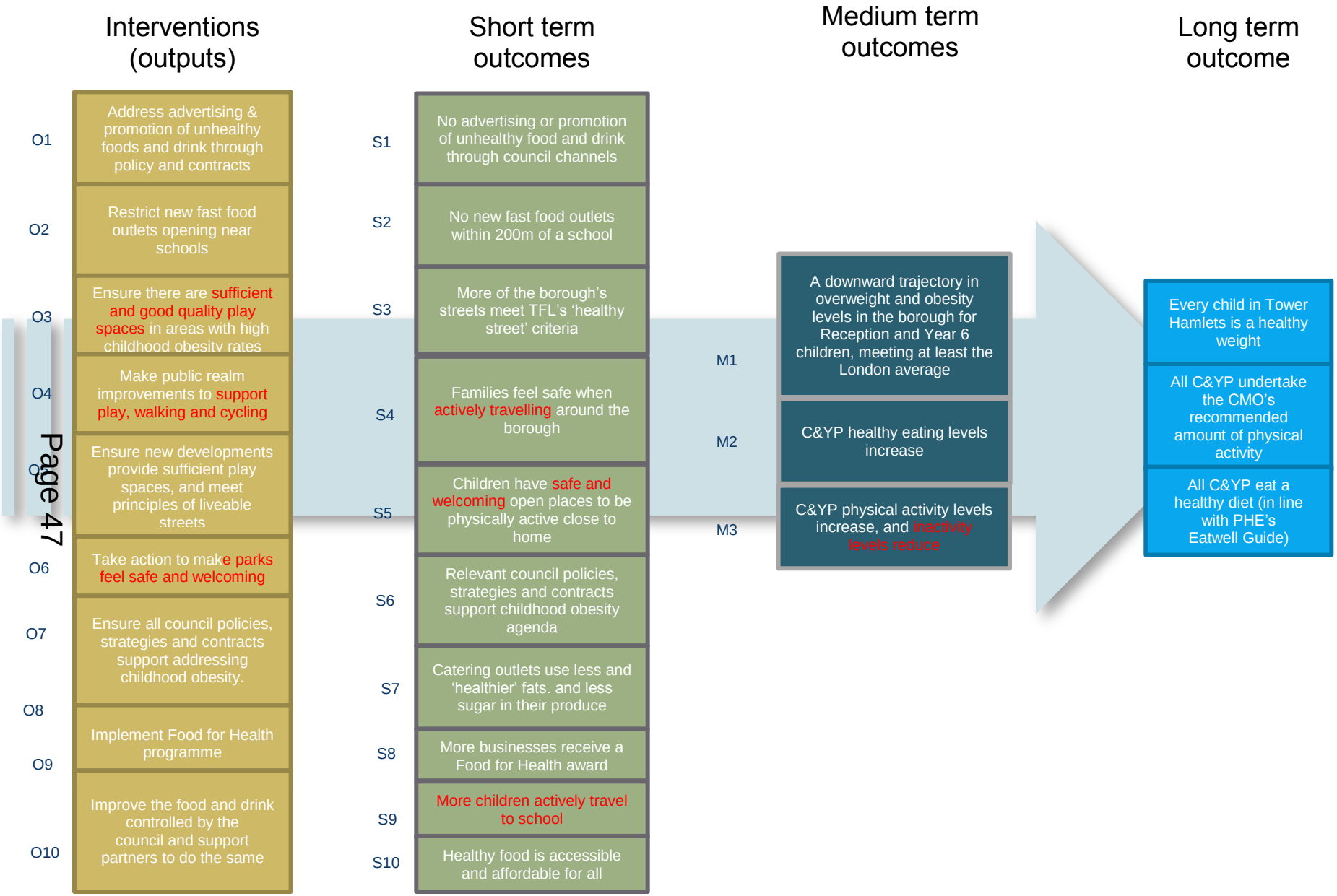
Responsibility and influences

- Parents recognise that they have responsibility for ensuring their child's healthy weight although a number do not think this is an issue to worry about.
- Many parents see the responsibility for being physically active as sitting firmly with schools. However, parents who are health conscious for themselves tend to do more physical activity, for example swimming or cycling with their children. This tends to be seen with younger parents across all ethnicities.
- Parents also recognise that their children have agency which they, as parents, cannot often control in both what they eat ("My child will refuse to eat fruit or vegetables") and who they would listen to with regards to healthy weight ("My child won't listen to the GP").
- Some of the barriers to ensuring healthy weight for their children identified by parents include time and money.

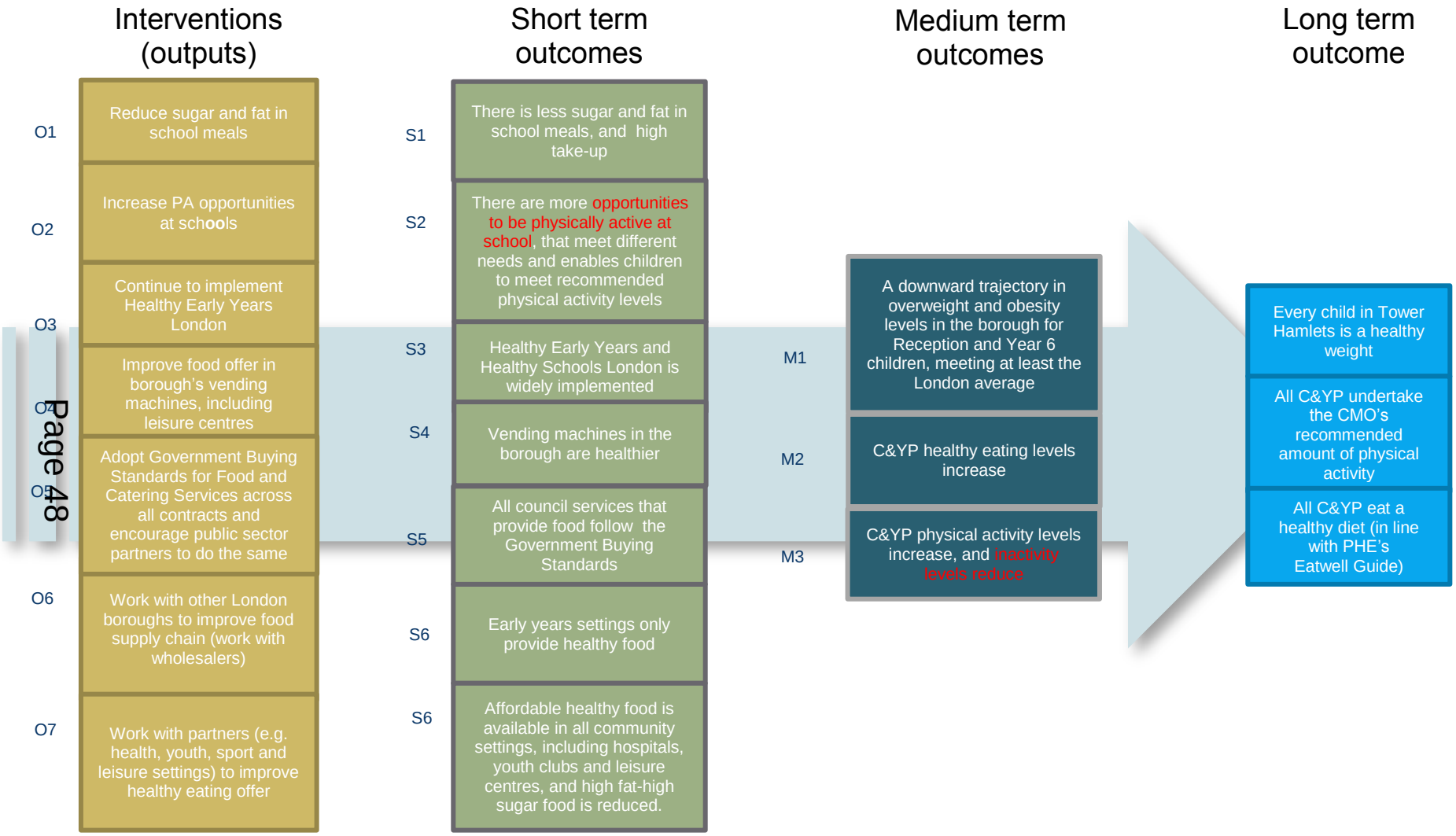
Sources of advice and support around healthy weights

- Many parents do not think their child has a weight problem until there is a physical problem, for example breathing difficulties. Many recognise that they do not spend a lot of time thinking about healthy weight and would not necessarily be able to tell if there was a problem. There were mixed views about the role of teachers but most say they would rely on a trusted professional (GP or teacher) to let them know.
- Many parents say they would turn to their GP to seek advice if they thought their child had a weight problem, and some had already done so.

Tower Hamlets Childhood Obesity Logic Model:
Healthy places (environmental interventions at a borough level)



Tower Hamlets Childhood Obesity Logic Model:
Healthy settings (interventions at the 'settings' level, such as public facilities)



Tower Hamlets Childhood Obesity Logic Model:
Healthy services (interventions targeted at the individual)

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Appendix 3: Measuring progress

Below outlines the provisional metrics we will use to measure progress. This will be refined as we work with partners to develop the action plan.

Data we will use to measure how much we have done and how well

Healthy places	Healthy settings	Healthy services
Proportion of council-owned advertising channels not promoting unhealthy food and drink	Percentage reduction in sugar content in LBTH school meals	Number of healthy eating and physical activity sessions provided for families with an overweight/obese child, and reported increase in knowledge and behaviour change
Proportion of new fast food outlets opened within 200m of a school	Proportion of schools with a LBTH school meals contract choosing the healthy dessert menu	Number and % of children and young people completing cycle training in the borough, and reported increase in confidence and skills
Rates of cyclists and pedestrians killed or seriously injured on our roads	Number and % of early years settings achieving Healthy Early Years Accreditation Scheme standards	Number of people working in the community who receive training on healthy weight, and reported increase in knowledge and skill set
Air quality levels	Number and % of schools achieving Healthy Schools bronze status, and number and % of schools who complete a silver/gold award on healthy eating or physical activity	Number and % of mothers receiving support from the Infant Feeding and Wellbeing Service. Feedback from service and speed at which mothers are contacted
Number of new or refurbished playgrounds	Number and % of schools signed up to the Daily Mile	Proportion of eligible families who receive healthy start vouchers
Number of council policies/strategies that reference action to reduce childhood obesity	New leisure contract that includes a requirement for leisure centres to have healthy vending machines	Childhood obesity comms plan developed and implemented, for both residents and those working in the community
Number of businesses with a Food for Health award	Number of council contracts that require providers to adopt Government Buying Standards for Food and Catering Services	Childhood obesity pathway developed

Data we will use to measure the difference we have made

- Reception and Year 6 excess weight and obesity levels (PHE).
- Healthy eating levels: fruit and vegetable intake (Pupil Attitude Survey).
- Physical activity levels: something active in last week (Pupil Attitude Survey). (More detail would be available from the Sport England survey but there was insufficient local data for 17/18).
- Breastfeeding prevalence (at 6-8 weeks after birth; exclusive and partial) (PHE).
- Proportion of 5 year olds and 12 year olds free from dental decay (PHE).

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