


Health and Wellbeing Board Tuesday 5 September 2017	
Report of the London Borough of Tower Hamlets	Classification: Unrestricted
Health and Wellbeing Strategy, delivering the boards priorities: Children: Healthy Weight and Nutrition – progress report	

Lead Officer	Debbie Jones, Corporate Director, Children’s Services
Contact Officers	Somen Banerjee, Director of Public Health Abigail Knight, Associate Director of Public Health
Executive Key Decision?	No

Summary

Oversight of delivery against this action plan is undertaken by the Board Champions for the Children: Healthy Weight and Nutrition priority:

- Cllr Amy Whitelock Gibbs, Lead Member for Children
- Dr Sir Sam Everington, Chair Tower Hamlets CCG
- Debbie Jones, Director of Children’s Services

Supported by Abigail Knight, Associate Director of Public Health

It was approved at the Health and Wellbeing Board on 18th April 2017.

Action 4. 1

We aim to strengthen existing school programmes by:

- identifying and supporting a 'health representative' on the governing body of every school
- telling parents what each school is doing for their child's health and wellbeing
- promoting the 'Healthy Mile' in schools, which is a scheme that ensures pupils run for a mile a day
- inviting a representative from the Tower Hamlets Education Partnership into the Health and Wellbeing Board

Action 4.2

- Develop and implement a community engagement and communications strategy around healthy weight and nutrition, with particular emphasis on high risk groups

Recommendations:

The Health & Wellbeing Board is recommended to:

1. Comment on the supporting presentation of progress against the Action Plan for Priority Area Four: Children: Healthy Weight and Nutrition.
2. Comment on the proposed changes to the School Health Service and the Child and Family Weight Management Service and their contribution to this priority

1. REASONS FOR THE DECISIONS

- 1.1 The supporting presentation will provide an update of progress against the action plan to address the Children's Healthy Weight and Nutrition priority within the Health and Wellbeing Strategy. The action plan has been developed based on knowledge of the existing work that is already ongoing, as well as additional activity that is realistically achievable within existing budgets.

2. ALTERNATIVE OPTIONS

- 2.1 Not to have oversight of progress against the agreed Action Plan for Priority Area Four: Children: Healthy Weight and Nutrition. This would not enable the Health and Wellbeing Board to fulfil its governance role, nor would it enable the ambition within the Health and Wellbeing Strategy to be realised.

3. DETAILS OF REPORT

Action 4. 1

We aim to strengthen existing school programmes by:

- identifying and supporting a 'health representative' on the governing body of every school
- telling parents what each school is doing for their child's health and wellbeing
- promoting the 'Healthy Mile' in schools, which is a scheme that ensures pupils run for a mile a day.
- invite a representative from the Tower Hamlets Education Partnership into the Health and Wellbeing Board

3.1 What will we have achieved by the end of March 2018?

- X% (TBC) of schools will have a 'health representative' as governor and evidence of increased engagement of schools in the health of their children
- Positive feedback from parents and schools on communications regarding child health and healthy weight

- Increase in numbers of schools achieving HLP Healthy Schools status at Silver and Gold levels, with sharing of good practice examples of projects undertaken to achieve gold status
- Increase in numbers of schools implementing 'Healthy Mile' and other initiatives to build regular physical activity into the school day
- Improvements in the quality of school meals and wider school food policies

3.2 What is the overall plan for the year?

3.2.1 Identifying and supporting a 'health representative' on the governing body of every school

- Scope how many school governors with a health background we already have
- Next step is to recruit a pool of people with health backgrounds interested in becoming a school governor – this could be done by contacting local health organisations (e.g. CCG, NHS Trusts, primary care and public health) for volunteers – might need some type of briefing pack
- Could try to engage 'head-hunters' to assist on a voluntary basis in recruiting the 'health representatives' as part of corporate social responsibility (CSP) – e.g. organisations such as Morgan Stanley, Tower Hamlets Education and Business Partnership – to match the 'health representatives' to schools working with LBTH Governors services

3.2.2 Telling parents what each school is doing for their child's health and wellbeing

- If parents are given information on what their school (and other schools) are doing to improve the health of their children they can be drivers of change
- School Health (Compass Wellbeing) already send out letters to both parent / carers and schools giving the results from the National Child Measurement Programme (NCMP).
- Can give parents more information on whether their school has achieved HLP Healthy School status at Bronze, Silver or Gold and what their school has done to achieve this (coordinated by the LBTH Healthy Lives team)
- Need to give head teachers (and other school staff) comparative health information, particularly on health outcomes – ensure that we do annual presentations on the National Child Measurement Programme (NCMP) data at the Head Teachers Forum updating on overall trends plus letter giving their individual school results
- Could develop a 'health report' that goes to each school governors board

3.2.3 Promoting the 'Healthy Mile' in schools, which is a scheme ensure that pupils run or work for a mile a day

- The 'Healthy Mile' has already been introduced to Tower Hamlets schools following a briefing event by Elaine Wyllie on 10th June 2016, 10 schools have introduced the programme with support from Healthy Lives Team and 10 additional schools have shown interest and Healthy Lives Team will support them to start the programme in September 2017
- Share good practice on other ways of building in regular physical activity into the school day, including after school activities

3.2.4 Invite a representative from the Tower Hamlets Education Partnership onto the Health and Wellbeing Board

3.3 How will we measure success?

- NCMP trend data on the BMI of children aged 4-5 and 10-11 years
- Feedback from parents and schools on communications regarding child health and healthy weight
- Numbers of schools achieving HLP Healthy Schools status at Silver and Gold levels, with sharing of good practice examples of projects undertaken to achieve Gold status
- Numbers of schools implementing 'Healthy Mile' and other initiatives to build regular physical activity into the school day

3.4 Are there any further issues to share with the Board at this point?

- To consider measures to further improve the quality of school meals
- To consider how proposed changes to the school health service can support delivery of this priority

Action 4.2

3.5 Develop and implement a community engagement and communications strategy around healthy weight and nutrition, with particular emphasis on high risk groups

3.6 What will we have achieved by the end of March 2018?

- Evidence of engagement parent/carers and schools and local champions taking a leadership role

3.7 How will we measure success?

- As above (3.3)

3.8 What is the overall plan for the year?

- Focus needs to be on the engagement of parents/carers and schools
- Key issue is sustainability through genuine engagement of parents/carers and schools

- To engage schools could explore some type of ‘contract’ where the school commits to undertaking certain measures, with a dashboard to measure progress. This could build on the two-way service agreements that School Health (Compass Wellbeing) are currently negotiating with schools and also the Healthy London Partnership Healthy Schools standards.
- Could work with school clusters and introduce an element of competition between schools
- Organise a ‘Health Summit’ with high profile speakers to engage schools (probably in the Autumn term 2017)
- Look at how to build on the role of the ‘Healthy Family Parent Ambassadors’ – coordinated by the LBTH Parent and Family Support service
- Possible project working with the ‘Healthy Family Parent Ambassadors’ to interview all of the parents of primary school aged children in a specific area
- Review ‘primary school neighbourhood pathfinders’ piloted with Marner and Cubit Town Primary Schools to inform future work
- Identify some head teachers (or other school) health champions

3.9 Are there any issues to share with the Board at this point?

- To consider how to maximise benefits of the ‘Health Summit’

Proposed changes to the Health Visiting, School Health Service and Child and Family Weight Management Service

3.10 What are the proposed changes?

- The current Child and Family Weight Management service will not be recommissioned when the contract comes to an end in January 2018.
- It is proposed that a contract variation to the Health Visiting service will allow some additional nutritionist and administrative support to the service. This resource will focus on training for health visiting staff on early years’ healthy weight and nutrition, and provision of healthy weaning support services to parents. This contract variation will last for a period of one year, during which time impact will be closely monitored. We will consult more broadly with local residents on this service when the Health Visiting Service is reprocedured in 2018/19.
- We are currently consulting on the proposed addition of a child and family weight management component to the school health service as part of the service reprocurement process. This consultation includes an online public consultation, focus groups with parents, primary and secondary school children, as well as key stakeholder groups. The consultation was brought to the Health and Wellbeing Board on 26th July 2017.

- Consistent with early years' healthy weight and nutrition support, it is proposed that the school health service provides some additional nutritionist and administrative support. This resource will focus on training for school staff on healthy weight and nutrition advice, supporting communication to schools and families and delivering workshops to high risk groups / families on healthy weight and nutrition.

3.11 How will these changes contribute to Priority Area Four: Children: Healthy Weight and Nutrition?

- Despite good performance from the current provider of the Child and Family Weight Management service in terms of partnership development and service delivery, outcomes in term of maintenance or reduction of body mass index (BMI) remains poor. This would appear to reflect the intrinsic difficulty in achieving weight loss once a child has become overweight and reinforces the need for a preventive and system-wide approach, strengthening the capability of frontline staff across services (including health, schools, local authority and community organisations) to provide consistent messages and support on child nutrition, physical activity and healthy weight.
- Strengthening the availability and quality of early years' healthy weight and nutrition support is critical to the continued reduction in numbers of children who are overweight or obese in reception years. Best evidence shows that healthy weaning practices are an important component in childhood obesity prevention, an area where we currently have a gap in service provision.
- Providing preventative nutritional advice and support to children before they reach year 6 is a key strategy to enable a healthy weight to be maintained in the school age population. Working with families and improving communication with schools and families has been highlighted as an important component of this action plan, and these proposals will provide the ongoing resource to enable this.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 Children's Healthy Weight and Nutrition programme will be funded from existing LBTH resources (Public Health Grant and Children Services budget). This programme ensures that resources are redirected to deliver some of the priorities of the Health and Wellbeing Board strategy.
- 4.2 There is clarity around the available funds hence the programme activities being limited to what can be delivered within existing earmarked resources.

5. LEGAL COMMENTS

- 5.1 This report sets out the proposed action plan to address the Children's Healthy Weight and Nutrition priority within the Health and Wellbeing Strategy.

- 5.2 Section 11 of the Children Act 2004 ('the 2004 Act') places duties on a range of organisations, including local authorities, and individuals 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.
- 5.3 Safeguarding is a term which is broader than 'child protection' and relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding is everyone's responsibility. Safeguarding is defined in Working together to safeguard children 2013 as:
- protecting children from maltreatment
 - preventing impairment of children's health and development
 - ensuring that children grow up in circumstances consistent with the provision of safe and effective care and
 - taking action to enable all children to have the best outcomes
- 5.4 Actions around safeguarding therefore include ensuring healthy weight and nutrition for children and therefore having an action plan to address such is meeting the Council's statutory duty under section 11 of the 2004 Act.
- 5.5 Further the general duty contained in section 1(a) of the Childcare Act 2006 ('the 2006 Act') is 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.
- 5.6 Having an action plan to ensure healthy weight and nutrition for children is therefore also meeting the statutory duty under section 1 of the 2006 Act.
- 5.7 Section 2B of the National Health Act 2006 ('the NHS Act 2006') also places a duty on the Council to improve the health of 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.
- 5.8 Having actions to ensure healthy weight and nutrition for children is therefore also meeting the statutory duty under section 2B of the NHS Act 2006.
- 5.9 The Council is obliged as a best value authority under section 3 of the Local Government Act 1999 to "make arrangements to secure continuous improvement in the way in which its functions are exercised having regard to a combination of economy, efficiency and effectiveness'. Best value is in part a financial consideration in terms of value for money but best value can also include consideration of community or social value.
- 5.10 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.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1 Children living in the most deprived communities in England are twice as likely to be obese or overweight as those in the least deprived communities. Children from Black and Minority ethnic groups and boys are also more likely to be obese or overweight. We see similar patterns within Tower Hamlets. Childhood obesity increases the longer term risk of diabetes, heart disease and some cancers and all of these conditions are also associated with deprivation.

7. BEST VALUE (BV) IMPLICATIONS

- 7.1 The proposals are mainly focussed on engagement with schools and parents but any procurement that is subsequently undertaken would be carried out in line with the Council's BV Action Plan.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 8.1 While there are no direct implications arising from these proposals, it should be noted that a broader strategy to promote healthy weight would have a number of co-benefits for sustainable action for a greener environment, e.g. promoting active travel (walking and cycling), reducing car use and the procurement of healthier, and sustainably produced food.

9. RISK MANAGEMENT IMPLICATIONS

- 9.1 Once the draft action plan is finalised it will be important to identify the risk management implications.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

- 10.1 There are no direct crime and disorder reduction implications arising from these proposals.

Linked Reports, Appendices and Background Documents

Linked Report

- Tower Hamlets Together: Tower Hamlets Health and Wellbeing Strategy, 2017-2020.

Appendices

- NONE

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- NONE.

Officer contact details for documents:

- Abigail Knight, Associate Director of Public Health, LBTH
Abigail.Knight@towerhamlets.gov.uk