


<b>Health and Wellbeing Board</b> Wednesday 20 <sup>th</sup> December 2017	
<b>Report of the London Borough of Tower Hamlets</b>	<b>Classification:</b> Unrestricted
<b>Health and Wellbeing Strategy, delivering the boards priorities: Children: Healthy Weight and Nutrition – progress report</b>	

<b>Lead Officer</b>	Debbie Jones, Corporate Director, Children’s Services
<b>Contact Officers</b>	Somen Banerjee, Director of Public Health Jane Wells, Interim Associate Director of Public Health
<b>Executive Key Decision?</b>	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 Jane Wells, Interim Associate Director of Public Health

It was approved at the Health and Wellbeing Board on 18<sup>th</sup> 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
- Providing better information for parents on how schools support their children’s health and wellbeing
- promoting the 'Healthy Mile' in schools, which is a scheme that ensures pupils run or walk 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 attached update of progress against the Action Plan for Priority Area Four: Children: Healthy Weight and Nutrition.

## **1. REASONS FOR THE DECISIONS**

- 1.1 This paper updates on 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 existing work and additional activity that is realistically achievable within the timescale and existing budgets.

## **2. ALTERNATIVE OPTIONS**

- 2.1 If the Health and Wellbeing Board did not have oversight of progress against the agreed Action Plan for Priority Area Four: Children: Healthy Weight and Nutrition it would not be able to fulfil its governance role, and would not enable the ambition within the Health and Wellbeing Strategy to be realised.

## **3. DETAILS OF REPORT**

The priority actions agreed by the Health and Wellbeing Board are:

### Action 4.1

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### Action 4.2

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

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

- More schools will have a governor who acts as 'health representative' and evidence of increased engagement of schools in the health of their children
- Agreement on possible content, presentation of and audience for a schools dashboard presenting information on health activities and outcomes
- Increase in numbers of schools achieving 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 the '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
- Agreed communications and engagement plan and positive feedback from parents and schools on communications regarding children's health and wellbeing

## **3.2 What is progress to date?**

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

- Initial discussions have taken place with Governors who have a health role with their schools or a health background
- It is planned to discuss this role and potential benefits with a wider group of Governors at their next termly meeting
- This will provide an opportunity to recruit a pool of Governors who have a health background or an interest in a health lead role
- Further work will then be planned with this group to develop and define the role and share expertise
- Further steps will be taken to recruit more people with health backgrounds interested in becoming a school governor, for example through local health organisations and through local businesses as part of their corporate social responsibility role.

### **3.2.2 Providing better information for parents on how schools support their children's health and wellbeing**

- Following the proposal for development of a school dashboard, a draft set of indicators has been developed. This draws on information from a number of sources and partner organisations about activities and outcomes at school level in a range of health-related areas.
- This will be tested with potential audiences including school governors and parents, partner organisations and schools
- Various options for presentation and for providing easy access to the dashboard are being considered.
- This also links with other work already underway by services such as the School Health Service (Compass Wellbeing) which has developed a website with a range of health-related information and resources, and which provides parents with feedback on results from the National Child measurement Programme (NCMP), and the Healthy Lives service which provides information on school achievements in the Healthy Schools Programme.

**3.2.3 Increase in numbers of schools achieving Healthy Schools status at Silver and Gold levels, with sharing of good practice examples of projects undertaken to achieve gold status**

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

- This work is underway led by the Healthy Lives team who support schools with implementation of the Healthy Schools Programme and the Healthy Mile, as well as training and support around healthy eating and physical activity and other health-related areas.

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

- This action is in progress

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

- Work is ongoing with Communications Team to define key messages, content and delivery of the strategy
- Options for delivering a 'Health Summit' with schools are being explored

**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 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?**

- Further work will take place over the next few months to assess the nutritional quality of school meals and identify any changes needed, and deliver relevant staff training.
- The re-procurement process for the school health and wellbeing service will start in January 2018 and the new service specification includes a child and family weight management component. This defines responsibilities including developing whole school approaches to healthy eating and healthy weight, providing training to staff across front line services, and supporting children

identified through the NCMP as having excess weight to make lifestyle changes.

- A contract variation is also being made to the Health Visiting service to add specialist dietetic expertise to focus on training for health visiting staff on early years' healthy weight and nutrition, and provision of healthy weaning support to parents. The impact will be evaluated and will inform the re-procurement of the service in 2019.

#### **4. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 4.1 This report provides an update on the Children's Healthy Weight and Nutrition programme. This programme will be fully 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.

#### **5. LEGAL COMMENTS**

- 5.1 This report updates the Health and Wellbeing Board on the progress against the 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.

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## **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:**

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