


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

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

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 been 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 Obesity: 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