


Non-Executive Report of the:  <b>Health and Adults Scrutiny Sub-Committee</b>  2 September 2019	
<b>Report of:</b> Somen Banerjee, Director of Public Health	<b>Classification:</b> Unrestricted
<b>Report Title: Addressing Childhood Obesity in Tower Hamlets</b>	

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

### 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 logic models that has emerged from this work; highlights some of the key challenges in the area; and identifies metrics to monitor progress.

### Recommendations:

Health Overview and Scrutiny is recommended to:

1. Note the report.
2. Make recommendations on areas which are felt to need additional actions or a different approach.

#### 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.
- 2.2 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 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 Addressing childhood obesity will contribute towards all three of LBTH's Strategic Plan priorities:

a) Priority 1 - People are aspirational, independent and have equal access to opportunities.

We will support families to access a range of education opportunities in relation to healthy eating and physical activity; protect children and young people from an obesogenic environment; ensure services are joined up; and take action to help children and young people feel healthier.

b) Priority 2 - A borough that our residents are proud of and love to live in.

To make Tower Hamlets a place where it is easier for children and young people to be physically active, we will work with partners to ensure the borough is clean and green and neighbourhoods feel safer.

c) Priority 3 - A dynamic outcomes-based council using digital innovation and partnership working to respond to the changing needs of our borough.

We will continue to put residents at the heart of our plan to address childhood obesity; work with a range of partners to take a whole system approach; and seek innovative solutions to address this complex issue.

- 3.12 There are a number of council strategies and 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?**

- 3.13 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.
- 3.14 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.<sup>1</sup>

### **What are we doing currently?**

- 3.15 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

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<sup>1</sup> Government Office for Science (2007), FORESIGHT Tackling Obesities: Future Choices – Project Report 2nd edition: [www.gov.uk/government/publications/reducing-obesity-future-choices](http://www.gov.uk/government/publications/reducing-obesity-future-choices)  
Public Health England. Making the case for tackling obesity – why invest? 2015 Available from: [https://www.noo.org.uk/slide\\_sets](https://www.noo.org.uk/slide_sets).

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.

- 3.16 Current activity includes: an infant feeding support team; free/low cost healthy eating and physical activity programmes; action to stop new fast food outlets opening near schools through the Local Plan; a healthy early years and healthy schools programme; an active travel team; outdoor gyms; work to improve the public realm to support walking and cycling (Liveable Streets); the 'Food for Health' scheme that helps food outlets provide healthier food; a playground improvement initiative; new pocket parks; free swimming; and implementation of 'Sugar Smart', a campaign to help reduce overconsumption of sugar (see Appendix 1 for more details).
- 3.17 Although a wide range of activity is taking place, refreshed strategic direction is needed that identifies where we are having most/least impact; what more needs to be done; and how we can best work in partnership to maximise outcomes.
- 3.18 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.
- 3.19 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 2. 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.

3.20 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.

3.21 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.

3.22 A report was taken to Tower Hamlets Health and Wellbeing Board on 16<sup>th</sup> July 2019. Board members endorsed action to address childhood obesity and supported the draft logic models. Key points raised at the meeting included:

- a) There is disparity in schools regarding the opportunities for physical activity and healthy eating, with some schools being great examples of good practice and others needing improvement.
- b) The environment surrounding schools is often detrimental to health (e.g. fast food outlets close to schools).
- c) There are barriers to schools accessing space for physical activity. Council-owned sports facilities are often empty during the day but prohibitively expensive for schools to hire them. Schools with private finance initiative contracts are often required to pay to use the school facilities outside of school hours.

- d) There should be opportunities for children and young people to identify physical activities that they enjoy, recognising that competitive sport is not for everyone.
- e) Both mental and physical health needs should be considered.
- f) Safety concerns prevent residents using some open spaces/play areas/parks. Not all parks are representative of the local community.
- g) There are many opportunities to improve the physical environment to support physical activity, including removing 'no ball games' signs on housing estates and providing adequate bike storage facilities.
- h) The opportunity of the recommissioning of leisure services should be used to address childhood obesity.
- i) Consideration should be given to how childhood obesity is framed to different stakeholders (public, professional).

Opportunities to take forward action should be explored across different Board member organisations and LBTH divisions.

3.23 The logic models in Appendix 3 highlight the recommended actions required to increase healthy eating and physical activity levels and see a downward trajectory in childhood overweight and obesity levels in the borough, meeting at least the London average in the medium term. Progress will be measured through the Pupils Attitude Survey and the National Child Measurement Programme. Outputs and outcomes that align with the Draft Physical Activity Strategy are written in red in the logic models.

The metrics proposed to measure progress are outlined in Appendix 4.

### **What are the next steps?**

3.24 A detailed action plan will be developed with partners, using the inputs outlined in the logic models (Appendix 3) to inform this. It is expected that this plan will be finalised by end January 2020.

3.25 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**

4.1 The National Child Measurement Programme highlights inequalities in Tower Hamlets by ethnicity, gender and deprivation.

4.2 Children with learning difficulties are also at greater risk of being obese.

4.3 It is important that any action plan aims to address these inequalities.

## **5. OTHER STATUTORY IMPLICATIONS**

5.1 There are no other specific statutory implications to note.

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

6.1 There are no direct financial implications arising from this report. As the action plan for addressing childhood obesity is developed, the financial implications will need to be considered across partners to ensure this can be delivered with the financial resources available.

## **7. COMMENTS OF LEGAL SERVICES**

7.1 Sections 244-247 of the National Health Service Act 2006 govern the council's health scrutiny function. It is appropriate for Health Scrutiny Committee to review the partnership's action plan to address childhood obesity, to ensure that it is consistent with the council and its health partners' statutory duties under the following legislation:-

- a. Section 11 of the Children Act 2004 which places duties on a range of organisations, including local authorities and health to ensure their functions, are discharged having regard to the need to promote the welfare of children, including preventing impairment of children's health or development
- b. 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 and the related regulations 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.

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## **Linked Reports, Appendices and Background Documents**

### **Linked Report**

- NONE

### **Appendices**

- Appendix 1: Summary of current work in Tower Hamlets
- Appendix 2: Summary of findings from insight work
- Appendix 3: Childhood obesity logic models
- Appendix 4: 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