

Committee/Meeting: MAB CABINET	Date: 10 November 2010 1 December 2010	Classification: Unrestricted	Report No:
Report of: Kevan Collins, Chief Executive Originating officer(s) Katie McDonald Scrutiny Policy Officer		Title: Report of the Scrutiny Review Working Group on Reducing Childhood Obesity – increasing the availability of healthy choices Wards Affected: All	

Lead Member	Cllr Tim Archer
Community Plan Theme	A Healthy Community
Strategic Priority	- Reducing health inequalities - By 2020 local people will live longer and healthier lives.

1. **SUMMARY**

- 1.1 This report submits the report and action plan in response to the recommendations of the Scrutiny Working Group review on Reducing Childhood Obesity – increasing the availability of healthy choices. The Working Group recommendations set out the areas requiring consideration and action by the Council and the Partnership to help assist in this important area.

2. **DECISIONS REQUIRED**

Cabinet is recommended to:-

- 2.1 Consider the report of the Scrutiny Working Group on Reducing Childhood Obesity as set out in Appendix 1.
- 2.2 Agree the response to the recommendations from the Working Group as set out in Appendix 2 noting that continuing consideration is to be given to the emerging policy changes and public sector funding decisions of the new coalition government that have been made since the agreement of these recommendations by O&S in July 2010.

3. **REASONS FOR THE DECISIONS**

- 3.1 It is consistent with the Constitution and the statutory framework for Cabinet to provide a response.
- 3.2 In responding to the recommendations this report outlines how the issues raised will be taken forward by the Council.

4. **ALTERNATIVE OPTIONS**

- 4.1 In responding to the recommendations full consideration has been given on how the recommendations can be incorporated within existing and future work streams. It is essential to recognise that this review and its recommendations were developed before the election of the new coalition government and the announcement of significant reductions in public sector funding and emerging policy changes. Therefore, the action plan will need to be reviewed in line with emerging government policy and given the financial constraints ensure that activities can be met within existing budgets.
- 4.2 Any response to the recommendations will be considered by the Overview and Scrutiny Committee as part of their recommendation tracking report every six months.

5. BACKGROUND

- 5.1 The Childhood Obesity Scrutiny Review Working Group was established in September 2009 and undertook its work over six months. Chaired by Councillor Tim Archer, Scrutiny Lead for a Healthy Community, the aim of the review was to investigate the steps that health partners and the Council need to take to play their part in reducing childhood obesity in the borough.
- 5.2 The review had a number of key objectives.
- To develop appropriate recommendations to ensure the issue around prevention of an over-concentration of fast food outlets can be operationalised.
 - To explore the possibility for offering healthy free school meals for all.
 - To support schools to maintain their commitment to providing food in a pleasant, sociable environment with promotion of healthy choices.
 - To examine the possibility of further investment into improving school dining facilities.
 - To continue to develop current initiatives particularly under the Healthy Borough programme such as business advice to encourage healthier food choices.

6. BODY OF REPORT

- 6.1 The Working Group met with representatives from the Healthy Borough, Strategy Partnership and Performance and the Development and Renewal teams. The Group were given an overview of the healthy borough spatial planning process and how strategic planning is working with NHS Tower Hamlets to shape emerging planning policy by setting health policy within the Core Strategy. Members were keen to discuss the number of planning applications the Council receives for fast food outlets and what could be done to control this through tighter restrictions as well as influencing fast food outlets to sell healthier options.
- 6.2 The Healthy Borough team and Parental Engagement team arranged a total of five focus groups representing different groups within the community as part of the Tower Hamlets Healthy Borough Programme. The working Group were able to take part in these focus groups which enabled them to understand the perception of child obesity in the borough as well the barriers for parents trying to encourage children to eat healthily.
- 6.3 The Working Group heard from the Contract Services Manager, who provided the group with a sample of a healthy school meal and presented on the challenges of

reducing child obesity within the school setting, for example, encouraging pupils not to leave school during lunchtime as well as ensuring that the money that they were given from parents or guardians was spent on healthy food. At the same meeting the Head of Building Development at Tower Hamlets informed members that given the current impetus to reduce childhood obesity levels among young people, combined with an increase in capital funding available through Building Schools for the Future for investment in school buildings presented an invaluable opportunity to meet the aspirations of the Healthy Schools agenda. This meeting informed and inspired Members to hold a high level of debate around the key issues and possible solutions.

- 6.4 As outlined in paragraph 4, it should be noted the review recommendations were devised before emerging policy changes and public sector funding decisions of the new coalition government. These could potentially have an impact on a number of these recommendations and they may be challenging to meet. Recommendation 1 in particular cannot be considered in the current climate. There are other cost implications and work will be undertaken with the relevant services to review the action plan during the monitoring process.

7. COMMENTS OF THE CHIEF FINANCIAL OFFICER

- 7.1 This report describes the report and action plan in response to the recommendations of the Scrutiny Review Working Group on reducing Childhood Obesity.
- 7.2 The report in, paragraph 3.6 acknowledges the changed financial environment the Council now faces in particular the fact that the Council will no longer receive the same levels of government funding from 2011-12 onwards and therefore will not be able to continue or offer similar level of financial commitments it has up until recently.
- 7.3 Consequently, the reports' recommendations should be judged given the financial constraints the Council now faces and contained within existing current budget provision in particular recommendation one of the report to provide free school meals to all pupils in Tower Hamlets. Officers are obliged to obtain financial approval before further financial commitments are made.
- 7.4 There are no other specific financial implications emanating from this report but in the event that the Council agrees further action in response to this report's recommendations then officers will be obliged to seek the appropriate financial approval before further financial commitments are made.

8. CONCURRENT REPORT OF THE ASSISTANT CHIEF EXECUTIVE (LEGAL SERVICES)

- 8.1. The provision by the Overview and Scrutiny Committee of reports and recommendations to the Executive in connection with the discharge of the Council's executive and non-executive functions is consistent with Article 6 of the Council's Constitution, in turn reflecting the requirements of section 21 of the Local Government Act 2000. Cabinet should provide a response and one is proposed in the attached Action Plan.
- 8.2. The report makes recommendations in relation to tackling childhood obesity. Such recommendations are capable of relating to discharge of the Council's functions, some of which are referred to below.

- 8.3. The Council is empowered under section 2 of the Local Government Act 2000 to do anything which it considers likely to promote the social, economic or environmental well being of Tower Hamlets, provided the action is not otherwise prohibited by statute. This power includes the ability to incur expenditure or to give financial assistance to or enter into arrangements or agreements with any other person. The power may be exercised in relation to, or for the benefit of: (a) the whole or any part of Tower Hamlets; or (b) all or any persons resident in Tower Hamlets. In exercising the power, regard must be had to the Community Plan. Under the theme of “A Healthy Community”, the Community Plan states it is a priority to improve health and reduce differences in people’s health by promoting health lifestyles, more particularly by slowing down the increase in obesity.
- 8.4. The Council is subject to a duty as a children’s services authority to make arrangements to promote cooperation with its partners and other appropriate persons with a view to improving the well-being (including the physical, mental health and emotional well-being) of children in Tower Hamlets.
- 8.5. The Council has spatial planning powers under the Town and Country Planning Act 1990 and the Planning and Compulsory Purchase Act 2004, but the Council must take care before using these in respect of childhood obesity. When developing sound planning policy, the Council needs to ensure that: (a) the policy has a firm policy base (from higher level documents such as the Unitary Development Plan or Core Strategy); (b) that it is supported by robust and credible evidence; and (c) that it has been prepared in accordance with due process, including appropriate consultation.
- 8.6. The proposed response indicates that not all of the recommendations may be implemented. To the extent that they are, it will be for officers to ensure that they are carried out lawfully, having regard to the Council’s statutory functions.

9. ONE TOWER HAMLETS CONSIDERATIONS

- 9.1 A number of recommendations in this report have One Tower Hamlets implications as the intended outcome is to focus on reducing health inequalities that exist within the borough and narrowing the gap between Tower Hamlets and the healthiest parts parts of the country by supporting people to live healthier lifestyles.
- 9.2 Recommendations 1,7,8 outline issues the partnership should consider to increase the availability of healthy food and reduce the availability of unhealthy food. This will have particular implications for new communities, those from deprived backgrounds and BME communities.

10. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 10.1 There are positive affects for sustainable action for a greener environment through recommendation 12 targeting fast food outlets that are responsible for waste and litter around their shops.

11. RISK MANAGEMENT IMPLICATIONS

- 11.1 There are no direct risk management implications arising from this report.

12. CRIME AND DISORDER REDUCTION IMPLICATIONS

12.1 There are no crime and disorder implications arising from this report.

13. EFFICIENCY STATEMENT

13.1 If the recommendations are carried out and childhood obesity figures are reduced this will create savings for the Council and NHS promoting greater efficiency.

13.2 The recommendations also advocate developing a partner strategy to deal with childhood obesity, which will contribute to efficiency through sharing resources between partners.

14. APPENDICES

Appendix A – Reducing Childhood Obesity – increasing the availability of healthy options: Report of the Scrutiny Working Group

Appendix B – Action Plan and responses to the Working Group's Recommendations

Appendix C - R1 Costings

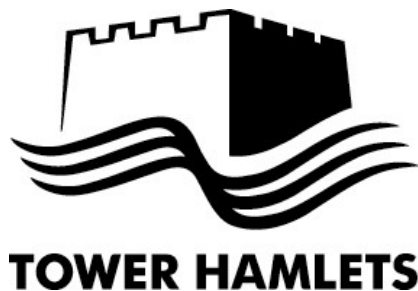
Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report

No background papers were used in this report.

Katie McDonald x0941

Afazul Hoque x4636

**Report of the Scrutiny Review Working Group
on Reducing Childhood Obesity – increasing
the availability of healthy choices.**



**London Borough of Tower Hamlets
May 2010**

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Acknowledgments

The Working Group would like to thank all officers and partners that embraced this review. The views and perspectives of all that were involved have been fundamental in shaping the final recommendations of this report. We want to thank particularly our colleagues from NHS Tower Hamlets who participated throughout, and willingly shared their expertise with us.

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Chair's Foreword

I am pleased to introduce the report of the Reducing Childhood Obesity Review Working Group, which undertook its work between October 2009 to March 2010. Obesity is a growing concern affecting the nation's health and is also an identified Tower Hamlets public health area for action.

Childhood obesity has been a growing health problem nationally subject to much media attention. Stories about an epidemic of childhood obesity are hard to avoid. The newspapers and television schedules seem to have an almost constant supply of stories about overweight children, school meals and unhealthy lifestyles. Children who are obese are more likely to become obese adults and therefore at greater risk of developing a number of related illnesses such as Type 2 Diabetes or Heart Disease. Childhood obesity blights the lives of an entire generation to come, and if left unchecked will lead to even greater health inequalities in our borough in future years.

The Wanless Report estimated that obesity directly costs the NHS £1 billion a year and the UK economy a further £3.5 billion in indirect costs. In response the Government launched the National Obesity Strategy for England in 2007. Increases in obesity and diabetes and other health complications associated with these conditions mean a bleak outlook for public health. In Tower Hamlets the scale of the problem is alarming, 1 in 7 children in reception (4-5 year olds) and over 1 in 4 children in year 6 (10-11 year olds) are now obese. This ranks us as the 5th worst in the country for 4-5 year olds and 2nd worst in the country for 10-11 year olds.

The working group recognised that there were already numerous services and initiatives in Tower Hamlets that have the potential to be part of the solution to addressing obesity and the aim of this inquiry was to investigate the ways in which the Council, the NHS and registered Social Landlords could work together to prevent the over concentration of fast food outlets in the Borough through the Healthy Borough Programme, the planning process and the Local Development Framework Strategy. It should be noted that NHS Tower Hamlets were particularly pleased for the extra focus that our review brought to this area.

The working group were keen to produce ambitious targets that would have an immediate impact on the problem of childhood obesity. In particular, after learning about the success of a pilot in Newham to provide free school meals to all primary school children, Members were keen to recommend a similar approach in Tower Hamlets. In these uncertain economic times and the tightening of budgets it is recognised that this recommendation cannot be considered at the current time. However, it is hoped that this policy is something that the Borough can aspire to in the future and we have recommended that it be considered again in a different economic climate.

It is to their credit that colleagues within the Council and the NHS took a very proactive approach in the meetings for this review and I would like to take the opportunity to thank everybody involved, the work would not have been possible without their enthusiasm and commitment.

It is clear that the solution to solving the child obesity endemic will require a genuine multi-agency approach and partnership ethos, and I am pleased that our recommendations reflect this. I have no doubt that we have the expertise and the ambition to follow the recommendations through.

Cllr Tim Archer

Chair of the Health Scrutiny Panel and Scrutiny Lead for a Healthy Community.

SUMMARY AND RECOMMENDATIONS

The Working Group recommendations set out the areas requiring consideration and action by the Council and the Partnership to tackle childhood obesity and promote healthy eating. The recommendations cover three main areas:

- School environment and a healthy school meal for every child
- Fast food outlets and planning regulations
- Improving partnership working to tackle child obesity

SCHOOL ENVIRONMENT AND A HEALTHY SCHOOL MEAL FOR EVERY CHILD

The Working Group noted that pupils in two areas of the country have been offered free school meals in a pilot scheme which, if proved to make a marked difference to pupils' health and concentration, could be expanded nationwide. Given that 70% of Tower Hamlets pupils already receive a free school meal, the Working Group strongly believes such a proposal would be of benefit to the local community and merits further investigation. The Group proposes that the Children, Schools and Families Directorate find resources to provide free school meals for all pupils.

Recommendation 1 – That the Children, Schools and Families Directorate find additional resources to provide free school meals for all pupils in Tower Hamlets.

The Working Group was aware that some pupils who receive lunch money from parents and guardians often purchase food outside of school premises. The result can be that pupils purchase less healthy foods including crisp, sweets and fast food. The Working Group heard that better regulation of what pupils eat during school time is required and that schools should seek to discourage parents out of giving lunch money to their children by introducing a cashless payment system for purchasing school lunch. This would work by providing pupils with an electronic card that is topped up with credit that can then be used to buy food. It should be noted that if recommendation one is adopted then this recommendation will be obsolete.

Recommendation 2 – That the Children, Schools and Families Directorate in collaboration with schools explore the possibility of introducing a cashless lunch payment system for all pupils to use when purchasing school lunch.

The Working Group's meeting with the Contract Service highlighted the challenges to encouraging pupils not to leave school during lunch time. It emerged that pupils became tired of having to wait for lunch in long queues. The Group heard that often this would lead to pupils either saving their money to buy food after school, or leave the school premises during lunch times. The Working Group request that schools look at staggered lunch hours to minimise the wait.

Recommendation 3 – That Children, Schools and Families Directorate work with schools to develop a staggered lunch hour, so that pupils are not queuing for long periods over lunch.

The Working Group encourages all Tower Hamlets schools to adopt a closed gate policy during lunch hours. This will increase the uptake of school meals and reduce the opportunity for pupils to eat fast food or other less healthy food.

Recommendation 4 – That Children, Schools and Families Directorate work with all secondary schools in the borough to adopt a closed gate policy preventing all pupils from routinely leaving school premises during lunch hours.

The Working Group noted the development of the lunch room environment as part of the Building Schools for the Future programme (BSF). The Working Group request that updates are given to the Overview and Scrutiny Committee every year, reporting on the effects of new developments on children’s dining experience. In particular, focus should be given to any increase on the number using dining rooms as a result of new developments.

Recommendations 5 – That Children, Schools and Families Directorate provide updates on progress of the BSF programme to the Overview and Scrutiny Committee. This should outline the effects new lunch room areas are having on the uptake of school meals.

The Working Group recognises that many of the local fast food outlets are owned by local business people. With the current economic climate already putting strains on local business, the last thing that the Group wants is for local businesses to close. However the Group is concerned at the huge concentration of fast food outlets in the borough, and ask that those places do more to encourage healthier eating. One suggestion is for all fast food outlets in the borough having calorie contents on menus.

Recommendation 6 – That the Environmental Health Team requests all fast food outlets to have calorie contents on menus.

FAST FOOD OUTLETS AND PLANNING REGULATIONS

The Working Group heard that the London Borough of Waltham Forest consulted on a new planning policy to restrict the opening of new fast food outlets within a specified distance of schools. Whilst the draft policy has proved popular with those who have responded to the consultation in Waltham Forest, the Group was concerned that the proposal did not appear to be rooted in solid evidence about the health benefits of such a move. There was also concern that a 400m exclusion zone around schools was not practical in a geographically small and densely populated borough like Tower Hamlets... The Working Group is aware that the Development and Renewal Directorate will be submitting a paper to Cabinet titled ‘Healthy Borough Programme – Managing Fast Food Outlets via Planning’. The Working Group would like to see proposals come forward to cabinet as quickly as possible so that actions can be implemented before the end of 2010.

Recommendation 7 – That Development and Renewal Directorate develop an evidence base to underpin emerging policy on managing fast food outlets in Tower Hamlets as outlined in the ‘Healthy Borough Programme’ report with a view of developing a means to restrict the over-concentration of fast food outlets in the borough, particularly those outside of town centres and within close proximity to schools.

The Working Group believes that tackling childhood obesity will require the Council to work more closely with fast food outlets. The Council and other partners need to review the way they lease their properties ensuring that encouraging healthy eating is a pre-requisite for any new food business. Moreover the Council needs to consider increasing levy charges to those that do not offer a healthy option, and reduce charges and business rates for those that do. As well as considering rewarding those owners of fast food outlets who are changing their menus towards healthy options.

Recommendation 8 -That tackling childhood obesity will require the Council, Tower Hamlets Homes and RSLs to work more closely with fast food outlets. The Group suggest the following recommendations that will enable this:

- **The Council, Tower Hamlets Homes and RSLs review the way they lease their properties ensuring that encouraging healthy eating is a pre-requisite for any new food business**
- **Consider increasing levy charges to those that do not offer a healthy option, and reduce charges and business rates for those that do**
- **Recognising owners of fast food outlets who are changing their menus towards healthy eating and rewarding those businesses**

IMPROVING PARTNERSHIP WORKING TO TACKLE CHILD OBESITY

The Working Group recommends that in order to promote healthy eating the Partnership needs to lead by example. The Working Group requests that vending machines found within Council and partnership buildings need to store healthier options. This will encourage adults to eat healthily, setting good examples for young people to follow. To that end, the Group recommends that the Council, NHS Tower Hamlets, Registered Social Landlords (RSLs) and other Partnership bodies including leisure centres and youth clubs provide healthy options in vending machines, or remove the vending machines if it is not practical to provide healthy options.

Recommendation 9 – That all vending machines found at Council and Partner buildings have healthy options.

The Group is acutely aware that the problem of childhood obesity is prevalent across London. In order to learn and adopt best practice and share experiences, the Group requests that a London wide group, made up of local authorities is set up.

Recommendation 10 – That the Council leads on developing a London Wide Network of practitioners to share best practice and develop strategic solutions to childhood obesity.

The Working Group noted that encouraging young people to grow their own food is an effective way to get them to eat healthily. The Group heard that such activities already exist and recommend that the Council and Registered Social Landlords (RSLs) use its land to continue with programmes that encourage food growing.

Recommendation 11 – That the Council and Registered Social Landlords utilise land for community food growing initiatives, encouraging residents to actively learn and enjoy techniques for growing their own food.

Visits to fast food outlets highlighted the effects on the environment as a result of litter from take away boxes. The Group recommends that Tower Hamlets Enforcement Officers (THEOs) target resources to areas with fast food outlets and report incidents back to the Council's Environmental Health Team to profile and target fast food outlets that are responsible for litter found on streets.

Recommendation 12 – That THEOs allocate resources towards targeting fast food outlets that are responsible for waste and litter around their shops.

The Working Group would like a review undertaken to look at the sustainability and legacy of the Healthy Borough Programme after March 2011. The Group noted that this programme has improved partnership working and relationships with fast food outlets and that it would be a shame to lose this resource.

Recommendation 13 – That a report be presented to the Overview and Scrutiny Committee detailing the success of the Healthy Borough Programme. This paper should form the basis for strengthening proposals for requesting further funding beyond March 2011.

Introduction

1. The Government's National Obesity Strategy for England launched in 2007 set an ambitious target of "Being the first major country to reverse the rising tide of obesity in the population...by 2020 we will have reduced the proportion of overweight and obese children to 2000 levels."¹
2. The aim of this review was to investigate the steps that health partners and the Council need to take to play their part in achieving this national goal. However given the seriousness of the childhood obesity problem in the borough, the challenge of this review was to identify ways in which we can reverse the tide of children eating fast food and accelerate the number of children eating healthy food.
3. It is well documented that the Council and local health partners have invested in a range of initiatives, including free swimming for under 18s and schools being supported to achieve Healthy School status. These are warmly welcomed but we need to ask whether they are sufficient given the challenges faced by the borough.
4. The first step in addressing childhood obesity is recognition of the scale of the problem. In Tower Hamlets nearly 1 in 7 children in reception (4-5 year olds) and over 1 in 4 children in year 6 (10-11 year olds) are now obese. We have the fifth highest proportion of obese 10-11 year olds in London and the sixth highest in the country. Self reported data from children surveyed in years 6, 8 and 10 shows that compared to the national average, fewer of our children eat three or more portions of fruit and vegetables per day and fewer participate in physical activity on three or more days per week.
5. More importantly, the impact on the life chances of those individuals who are overweight will be significant. A much increased chance of suffering from diabetes, heart disease, cancer and liver failure. A greater risk of depression and other mental health problems. Poorer social, educational and economic prospects. With obesity more prevalent amongst children growing up in poverty, a failure to tackle the problem will simply put more barriers in front of those children who already struggle to make the most of their potential. Childhood obesity is not therefore simply a health issue; it is an issue of fairness and equality of opportunity.
6. In 2005/2006 the Health Scrutiny Panel considered the Government's Delivering Healthy Choice Agenda and used obesity as a case study to undertake a review. This report was successful in bringing many of the issues surrounding obesity and choosing healthy lifestyles to the forefront. There were nine recommendations in total, with a focus on partnership working and the strategic action required by the Council, PCT and other stakeholders to improve action on obesity, which it suggested could be approached through the Local Development Framework and Local Area Agreement. Importantly, the report highlighted in one of its recommendations that childhood obesity would need more focus and discussion in future work programmes.

¹ Healthy Weight, Healthy Lives Strategy – Cross Government Strategy for England, *Department of Health*, published January 2008.

7. In July 2009, the Chair of the Health Scrutiny Panel and Scrutiny Lead for Healthy Communities, Councillor Tim Archer, identified tackling childhood obesity as a priority area for review and in the same month a Scrutiny Working Group was established. The key aim of the review was to identify ways the Council and NHS Tower Hamlets can promote healthy eating by increasing the availability of and access to healthy food choices and reducing the availability of and access to foods that are high in fat, sugar and salt.
8. The review had a number of key objectives:
 - To develop appropriate recommendations to ensure the issue around prevention of an over-concentration of fast food outlets can be operationalised.
 - To explore the possibility for offering healthy free school meals for all.
 - To support schools to maintain their commitment to providing food in a pleasant, sociable environment with promotion of healthy choices.
 - To examine the possibility of further investment into improving school dining facilities.
 - To continue to develop current initiatives particularly under the Healthy Borough programme such as business advice to encourage healthier food choices.
9. This report details findings from the review and lists recommendations agreed by the Working Group. The Working Group recommendations cover three main areas: School environment and healthy school meal for every child, Fast food outlets and planning regulations, Partnership working to reduce child obesity.

Methodology

10. The group agreed the following timetable and methodology for the review:

Introductory review meeting (September 2009)

- Fact finding session to understand level of obesity amongst children and agree review plan.

Understanding planning regulations around fast food outlets (October 2009)

- Lettings Policy
- Planning Policy
- Developmental Control Mechanisms
- Local Development Framework Strategy

Focus Groups (throughout January 2010)

The Healthy Borough Team arranged a series of focus groups, to gather views of local residents about child obesity. A total of 5 focus groups took place, plus

another one arranged by the Parental Engagement team. Those that attended represented the following groups:

- Somali Mums and Carers
- Male Carers and dads
- Bangladeshi female carers and mums
- White working class female carers and mums
- Secondary School Children
- Mothers

School setting - encouraging healthy eating (February 2010)

- Evaluate the quality of school meals
- Consider the lunch environment to see if it can be changed to promote healthy eating
- Evaluate BSF plans to see how it will embed healthy eating
- Consider the possibility of free school meals for all

Background

10. Since 2000, the Government has taken action to promote healthier food choices and greater access to physical activity, especially among children. In particular, significant improvements have been made to food standards in schools, and to the amount of physical activity children do at school. However, the extent of the challenge means that more needs to be done to give people the opportunities to make healthy choices about activity and food.
11. To reflect this, the Government has set itself a new ambition of being the first major country to reverse the rising tide of obesity in the population by ensuring that all individuals are able to maintain a healthy weight. Initial focus is on children, the Government has suggested that “by 2020 we will have reduced the proportion of overweight and obese children to 2000 levels”².
12. The publication of the Government’s White Paper ‘*Choosing health, making healthier choices easier*’³ identified obesity as a key area for action and was a key driver in raising the profile of obesity as a major public health concern.
13. Nationally, obesity is a growing problem; it was anticipated in the Government’s White Paper that without concerted intervention the majority of people in the UK will be obese by 2050 (and 1 in five British children will be obese by 2010) with an estimated cost to society of more than £50 billion per year. Obesity is said to be responsible for more than 9,000 premature deaths each year in England, as a risk factor for a number of chronic diseases including heart disease, stroke, some cancers and type 2 diabetes reducing life expectancy by, on average, 9 years.
14. Obese people are also more likely to suffer from social and psychological problems such as low self esteem, depression, discrimination and stigmatisation. Obesity among children aged 2–10 years rose from 9.6% amongst boys and 10.3% amongst girls in 1995 to 17.1% and 13.2% in 2006. In 11–15 year olds obesity rose from 13.5% and 15.4% to 17.7% and 17.0% in boys and girls over the same period. The prevalence of an overweight population has remained at a similar level although there has been fluctuation between years.
15. It has been predicted that by 2020 about 33% of men, 28% of women, 20% of children could be obese. Also, if these trends continue, by 2050 60% of men, 50% of women and 25% of children in the UK could be obese. The implications of these trends are that today’s children could have a shorter life expectancy than their parents.
16. Growing concern about the prevalence of child obesity and obesity in the population as a whole led the Government to develop a Public Service Agreement (PSA) target jointly owned by the Department of Health (DOH),

² Healthy Weight, Healthy Lives Strategy – Cross Government Strategy for England, *Department of Health*, published January 2008.

³ *Choosing Health, Making Health Choices easier*, Department of Health, published November 2004.

Department for Children, Schools and Families (DCSF) and Department for Culture Media and Sports (DCMS). PSAs are announced in the Government's Comprehensive Spending Reviews and a PSA is a voluntary agreement negotiated between a local authority and the government that aims to improve delivery of local public services by focusing on a targeted outcome. PSAs detail the aims and objectives of UK Government department (or departments if jointly owned) over a three-year period.

17. In response to the Government raising awareness of the prevalence of childhood obesity as a public health concern, the National Institute of Clinical Excellence (NICE) produced guidance which stated interventions aimed at preventing and treating obesity in children outlining who and what should be focused on.

18. NICE guidance states that local authorities and partners should work with other local partners, such as industry and voluntary organisations, to create and manage safe spaces for incidental and planned physical activity, addressing as a priority any concerns about safety, crime and inclusion, by:

- Providing facilities and schemes such as cycling and walking routes, cycle parking, area maps and safe play areas.
- Making streets cleaner and safer, through measures such as traffic calming, congestion charging, pedestrian crossings, cycle routes, lighting and walking schemes.
- Ensuring buildings and spaces are designed to encourage people to be more physically active (for example, through positioning and signing of stairs, entrances and walkways).
- Considering in particular people who require tailored information and support, especially inactive, vulnerable groups.

19. An overview of the NICE recommendations associated to childhood obesity is that: all school policies should encourage healthy eating, physical activity and maintaining a healthy weight.

- Teaching, support and catering staff should be trained in healthy school policies.
- Links should be established with relevant organisations and Professionals to promote sports for children and young people.

20. Furthermore the report commissioned by the IDeAs 'Healthy Communities Programme Foresight Report and Implications for Local Government identified four key functions where local government could contribute to tackling obesity:

- Planning
- Children's Services
- Adult Social Care
- Parks and Leisure.

21. The report also highlighted the five main policy areas the Government should focus on:

- Increase the walkability and cyclability of the built environment

- Target interventions for people at risk
- Control obesogenic food and drinks
- Early life interventions at birth or in infancy
- Increase the responsibility of organisations for employees.

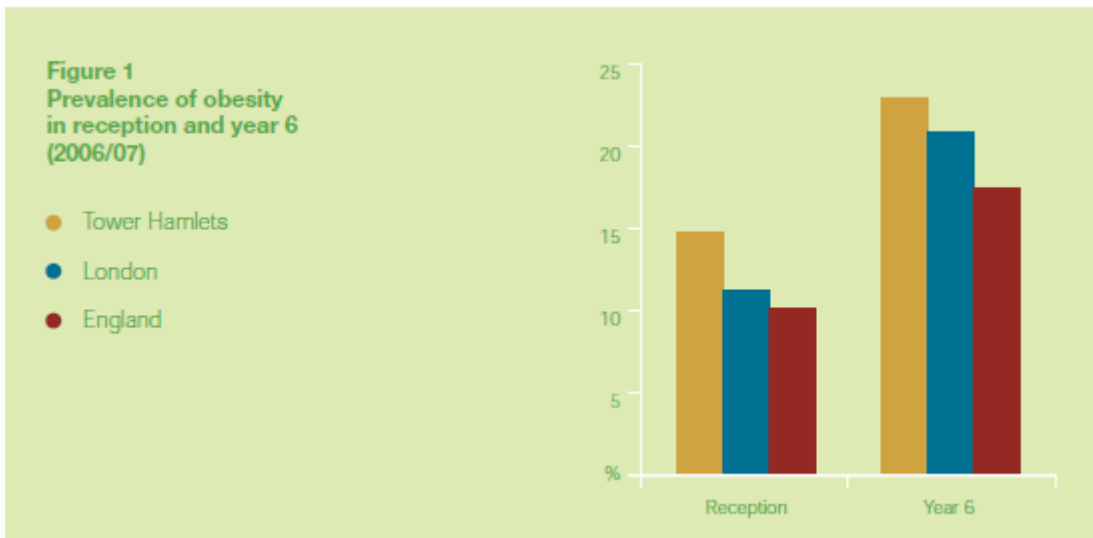
22. One element of 'obesogenic food' is the availability of fast food. There has been much media speculation about the role played by fast food in the rising levels of obesity but as the Foresight Report makes clear obesity is a multi faceted problem of which a prevalence of fast food outlets is but one strand which could be seen as much as a symptom rather than a cause. The Working Group spent considerable time discussing the link between obesity and the high concentration of fast food outlets in the borough. Discussions around this can be found later on in the report.

The Local Perspective

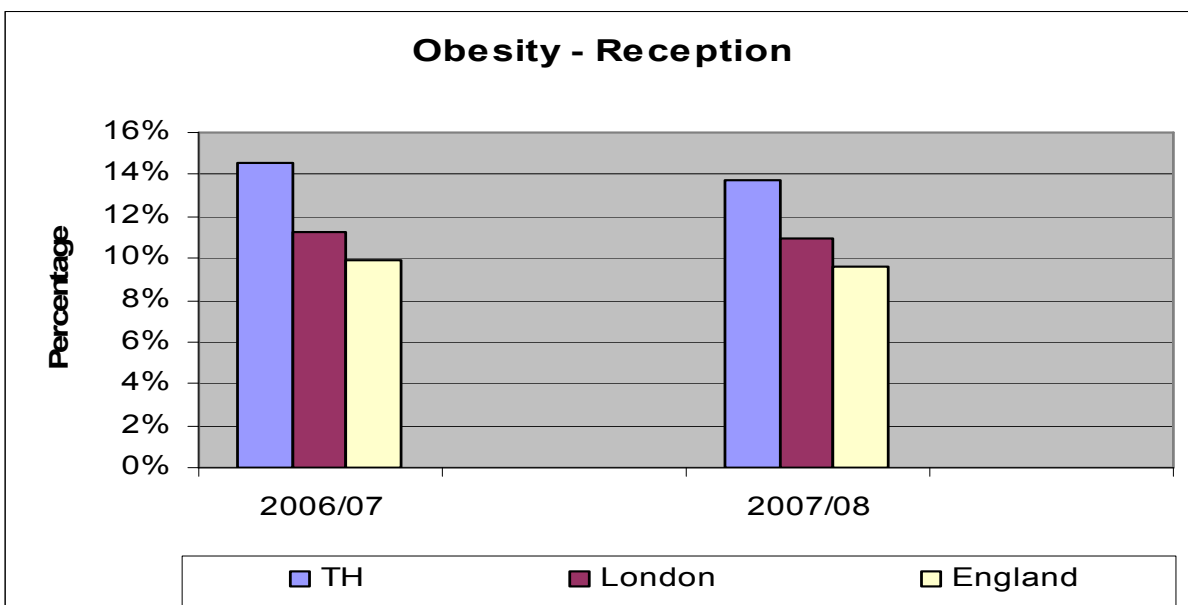
23. The Wanless Report (2007) highlighted that national levels of overweight and obesity figures have increased even faster than predicted and currently shows no sign of slowing down. The available local data indicates a similar picture in Tower Hamlets, which has some of the highest rates of childhood obesity in the country, reflecting an observed relationship between levels of obesity and areas of high deprivation.

24. The main source of local data is from the national child measurement programme. The height and weight of primary school children (state schools only) in reception and year 6 is recorded annually by school nurses. Data is currently available from 2006/07 and 2007/08 (academic years). In 2006/07 82.6% of children in reception and 88.6% of children in year 6 were measured and in 2007/08 85.8% of children in reception and 86.7% in year 6 were measured.

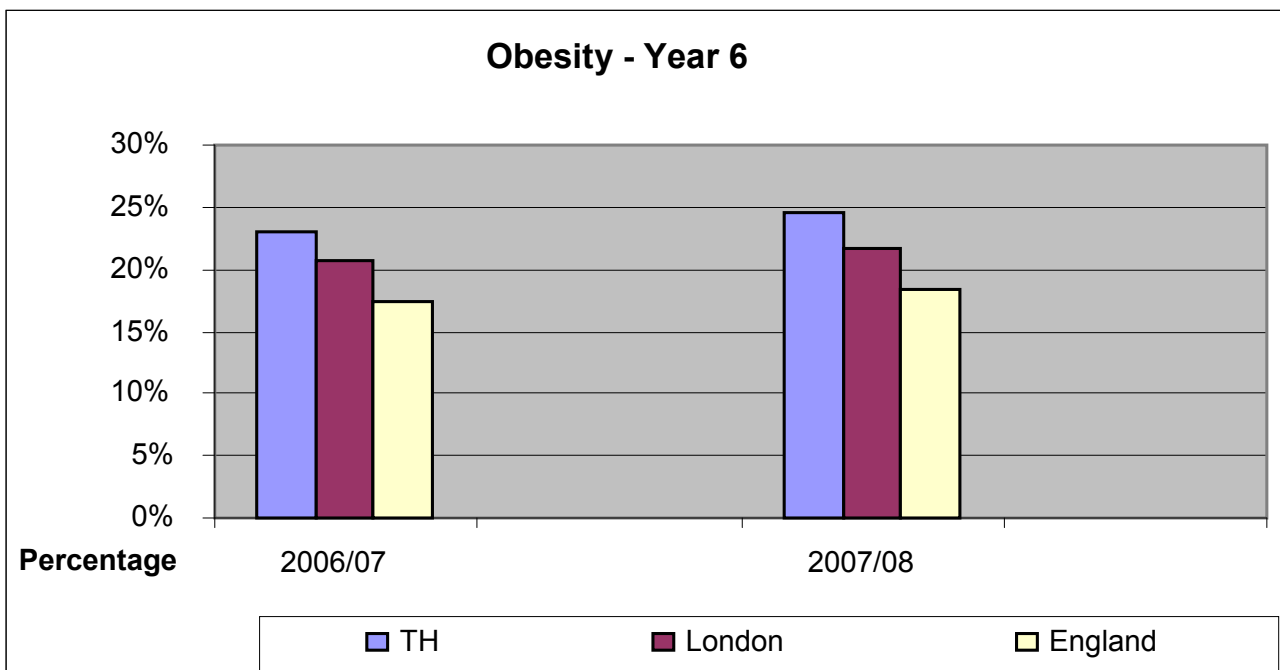
25. The results from the national child measurement programme (academic year 2006/07) shown below, indicate that levels of childhood obesity in Tower Hamlets are higher than average for London and England. The prevalence of obesity in children measured in reception was the 3rd highest in the country and the 2nd highest in London. The prevalence of obesity in children measured in year 6 was the 13th highest in the country and the 9th highest in London.



26. Data from 2007/08 has also been analysed by ethnicity and shows that the prevalence of overweight and obesity is highest in black, followed by white children but, due to the local demographics, the largest numbers of overweight and obese children are of Bangladeshi origin. The graph below shows that although obesity amongst reception children has reduced in 2007/08, it still remains significantly higher than London and National rates.



27. Data for Year 6 pupils (graph below) shows that obesity has increased in 2007/08 compared with 2006/07. Like figures for reception pupils, rates are higher than that of London and national rates.



28. Self reported data from children in years 6, 8 and 10 on consumption of fruit and vegetable and participation in sports and active pursuits is available from the Ofsted 'TellUs' survey 2006/07 and 2007/08. This indicates that children in Tower Hamlets are significantly less likely to eat 5 or more portions of fruit and vegetables per day or to participate in regular physical activity than the national average.

29. The table on the next page shows prevalence of obesity in reception and Year 6 compared to London and England 2008-09.

Academic Year	Prevalence of Obesity – Reception				Prevalence of Obesity – Year 6			
	TH	Rank*	London	England	TH	Rank*	London	England
2006/07	14.6%	2 (L) 3 (E)	11.3%	9.9%	23.0%	9 (L) 13 (E)	20.8%	17.5%
2007/08	13.7%	4 (L) 5 (E)	10.9%	9.6%	24.5%	5 (L) 6 (E)	21.6%	18.3%
2008/09	13.4%	5 (L) 6 (E)	11.2%	9.6%	25.7%	2 (L) 2 (E)	21.3%	18.3%
Change between 2007/08 and 2008/09**	-.3%	-1 (L) -1 (E)	.3 %	0	1.2%	+3 (L) +4 (L)	-.3%	0

*Rank shows Tower Hamlets compared to London and England, 1 = highest

** Negative value shows reduction in prevalence or fall in ranking, positive shows increase in prevalence or rise in ranking

30. We can see from the above table that in 2008/09 children of reception age in Tower Hamlets were ranked 5th highest in respect to prevalence of childhood obesity and 6th amongst all local authorities in England. Ranking is then 2nd for year 6 children.

SCHOOL ENVIRONMENT AND HEALTHY SCHOOL MEAL FOR EVERY CHILD

Free School Meals

31. The Working Group was informed that since September 2009, Newham has provided Free School Meals to all primary school children. The pilot, jointly funded by the Department of Health and the Department of Children, Schools and Families, has been running for two years.
32. The current uptake in Newham has raised a borough-wide average of around 75% compared with 51% of children last year who were either having a free school meal or paying for it. Twenty schools now have over 80% take-up, two of which are at 98%. Newham Council says the figures, which are being regularly and closely monitored, are still rising. There has also been a knock-on effect on secondary schools: Newham has achieved a school meal uptake increase of about 15% compared with the same time last year.
33. The Working Group noted that pupils in two areas of the country have been offered free school meals in a pilot scheme which, if proved to make a marked difference to pupils' health and concentration, could be expanded nationwide. The Group argued that given 70% of Tower Hamlets pupils already receive free school meals; A similar proposal merits further investigation by the Council. The Group proposes that the Children, Schools and Families Directorate find resources to provide free school meals for all pupils in Tower Hamlets.

Recommendation 1 – That the Children, Schools and Families Directorate find additional resources to provide free school meal for all pupils in Tower Hamlets.

34. The Working Group was specifically told that given the huge concentration of fast food outlets in the borough, inevitably they will be close to schools. The map below supports this. Each school shown in green is close to a fast food outlet.

Legend

Secondary Schools

- Female
- Male
- Mixed

FFO Density

- Lower
-
-
-
- Higher

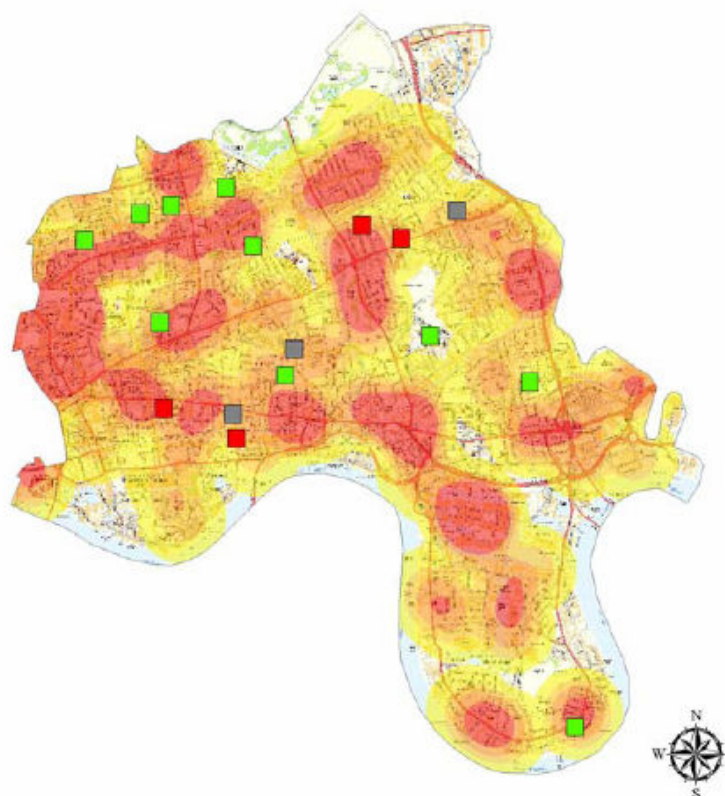


Figure 2 - Density of Fast Food Outlets and Secondary Schools

35. The Group were told that those who left school premises for lunch purchased food around the school area. Whilst an accurate picture of how many eat at fast food outlets is not available, it can be assumed that pupils will eat at those places. A study by City University on schools and fast food outlets in Tower Hamlets found from focus groups that:

- The students and their friends obtain food from local shops as opposed to from the school; some reported a deliberate abstinence from school lunches in order to be able to use their 'lunch money' to buy from a take-away on the way home from school.
- Where there was no closed-gate policy (Morpeth) some of those who could not or did not have permission to leave the school grounds got others with such permission to buy food from Fast Food Outlets for them.
- Many reported being hungry at the end of the school day and this was a reason for eating from Fast Food Outlets on the way from school to home.
- When students were paying for school meals they were extremely price sensitive and felt that school meals offered poor value in relation to what they could buy from local shops and Fast Food Outlets.
- While there were some expressions of dissatisfaction with the quality of school meals, there was a greater concern with the canteen atmosphere in terms of queuing, noise and time allocations.

36. The Working group was aware that some pupils who receive lunch money from parents and guardians often purchase food outside of school premises. The result being that pupils are able to purchase less healthy food including crisps, sweets and fast food. The Group heard that better regulation of what pupils eat at school times is required and that schools should seek to discourage parents out of giving lunch money to their children by introducing a cashless payment system for purchasing school lunch. This would work by providing pupils with an electronic card that is topped up with credit that can then be then used to buy food. This would mean that parents would not be required to give lunch money. But more importantly will result in pupils eating a nutritious school meal. However, this would be obsolete if Recommendation 1 to provide free school meals to all pupils was implemented.

37. The Working Group's meeting with Contract Services highlighted the challenges to encouraging pupils not to leave school during lunch time. It emerged that pupils tired of having to wait for lunch in long queues are often either saving their money to buy food after school, or leaving the school premises during lunch times. The Working Group request that schools look at staggered lunch hours to minimise the wait.

38. In light of this the Working Group suggested that all Tower Hamlets schools should adopt a closed gate policy during lunch hours which would lead to an increase in the uptake of school meals and reduce the opportunity for pupils to eat fast food or other less healthy food.

Recommendation 2 – That the Children, Schools and Families Directorate in collaboration with schools explore the possibility of introducing a cashless lunch payment system for all pupils to use when purchasing school lunch.

Recommendation 3 – That Children, Schools and Families Directorate work with schools to develop a staggered lunch hour, so that pupils are not queuing long periods for lunch.

Recommendation 4 – That Children, Schools and Families Directorate work with all secondary schools in the borough to adopt a closed gate policy preventing all pupils from routinely leaving school premises during lunch hours.

Building Schools for the Future (BSF)

39. The Working Group heard from Pat Watson, Head of Building Development, that the current impetus to reduce obesity levels among young people, combined with an increase in capital funding available through BSF for investment in school buildings, presents an invaluable opportunity to meet the aspirations of the Healthy Schools agenda.

40. Members heard that the BSF investment can support a reduction in levels of obesity in schools across a range of areas, through direct consideration of:

- the design approach for the preparing and serving of food in schools;

- the use of modern and fit for purpose Physical Education facilities; and
 - additional support in curriculum areas relating to health and wellbeing, making use of enhanced ICT provision to underpin this.
41. Moreover a well designed kitchen and dining spaces are an important part of any school, and key to encouraging children and young people to enjoy good healthy food. The Department of Health’s “Obesity Guidance for Healthy Schools Coordinators and their Partners” (January 2007) indicates a number of key factors which schools should consider in seeking to reduce obesity levels. This includes the provision of a welcoming eating environment which encourages the positive social interaction of pupils, promotes healthy eating, considers appropriate logistic/queuing arrangements, and is clean.
42. LBTH has followed the principles of the Department for Children Schools and Families, “Inspirational Design for Kitchen & Dining Spaces” (2007) which provides guidance to authorities on ensuring design quality in school dining which should foster good social interaction and provide an interesting context for enjoying eating. Guidance suggests that a dining space should express the ethos and ambitions of a school and should be a place where the school is proud to welcome visitors and the wider community.
43. The Group noted the development of the lunch room environment as part of the Building Schools for the Future programme. The Working Group request that updates are given to the Overview and Scrutiny Committee every year, reporting on the effects of new developments on children’s dining experience. In particular, focus should be given to any increase, as a result of new developments, to the numbers using dining rooms.

Recommendations 5 – That Children, Schools and Families Directorate provide updates on progress of the Building Schools for the Future programme to the Overview and Scrutiny Community. This should outline the effects new lunch room areas are having on the uptake of school meals.

Health effects of eating fast food

44. During the Introductory meeting NHS Tower Hamlets informed Members that fast foods are extremely high in fat, sugar and calories than other food items; which make them low on nutritional value. Fast food and childhood obesity are very much interrelated due to the popularity of the various fast food dishes. The Group were told that fast food also contains high levels of the following:
- **Sugar** - High sugar levels make children more prone to developing type 2 diabetes. Getting affected by diabetes at such an early age reduces or actually stops the insulin production in their body, which can be very harmful.
 - **Fats** - Saturated fats in fast food are really very harmful for children’s health, which leads to heightened levels of blood cholesterol (LDL) and triglycerides, leading to many early age problems with respect to heart health and many other cardiovascular diseases like dyslipidemia and coronary heart diseases.

- **Salt** - Excessive salt levels in fast food ultimately results in high blood pressure which leads to rupturing and cracking of the arteries and veins.

45. The Working Group noted other effects including high consumption of fast food which makes children more prone to illnesses, including loss of appetite, constipation, tiredness, fatigue, lack of concentration and conditions like anaemia which are caused by vitamin deficiencies. Fast foods are very high in starch, which raises the food cravings in children and as a result they are likely to eat more and thus gain more weight. High consumption of fast food can often make healthy foods like vegetables; fruits and other natural food almost vanish from the daily diets of children, which further results in the calcium deficiencies that can seriously damage the health of nails and teeth.

46. The Working Group were told that better information about the dangers of consuming fast food is required to get the message across to young people that over consumption of fried chicken and chips is bad for them. Members recognise that many local fast food outlets are owned by local business people. With the current economic climate already putting strains on local business, the last thing that the Group wants is for local businesses to close. However the Group is concerned at the huge concentration of fast food outlets in the borough, and ask that those places do more to encourage healthier eating. One suggestion is for all fast food outlets in the borough having calorie contents on food packaging.

Recommendation 6 – That the Environmental Health Team requests all fast food outlets to have calorie and nutritional contents on menus.

FAST FOOD OUTLETS AND PLANNING REGULATIONS

Obesity and fast food

47. A key contributor towards obesity is the widespread availability of fast food as identified by Healthy Weight, Healthy Lives (2008), the cross Government strategy document. Fast food refers to the consumption of energy dense fried food high in saturated fats. Such foods contribute towards an over consumption of calories and saturated fats which is associated with an increase in people being overweight and obese.

48. When people think of fast food, the common image is of McDonalds, Burger King or KFC, however within Tower Hamlets the nature of fast food outlets is completely different. These outlets are small often locally owned and run by businesses selling fried chicken, burgers and donar kebab meals. Often these types of food are offered together by owners to ensure that regular customers have choice under one roof, thereby maximising sales. Research commissioned by the Tower Hamlets Healthy Borough Programme suggests the outlets are highly profitable with higher profit margins than other small retail businesses such as corner shops.

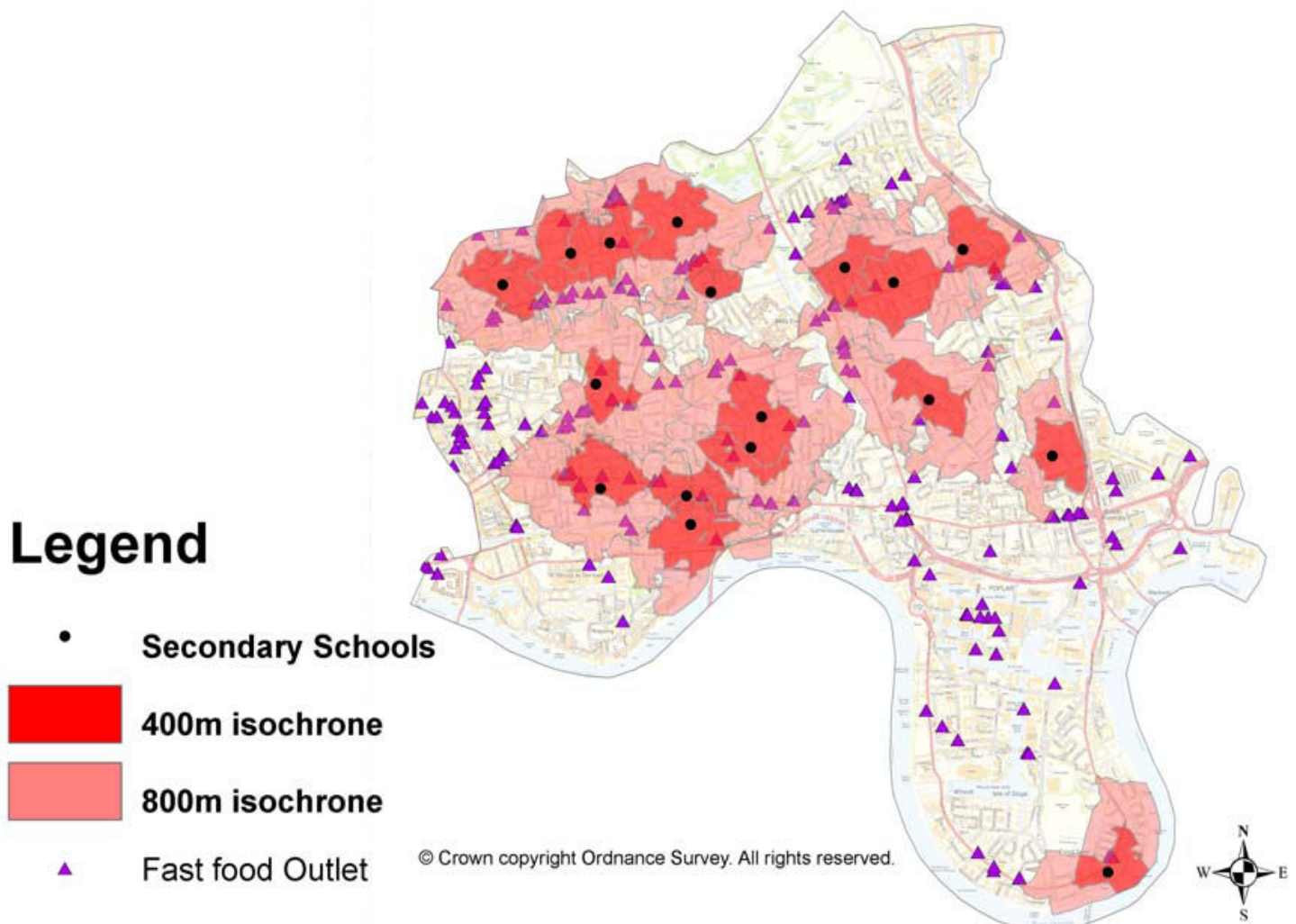
49. For fast food outlets in Tower Hamlets, school children are an important customer group because of volume. Consequently owners work hard to satisfy the needs of school children by selling foods within their price range and offering special deals.

Location of fast food outlets in Tower Hamlets

50. In Tower Hamlets there are 203 hot food takeaways and 604 restaurants and cafes as of September 2008 (Environmental Health database). These are clustered along the main thoroughfares in the borough, namely Bethnal Green Road/Roman Road, Whitechapel Road/Mile End Road and Commercial Road/East India Dock Road.

51. Tower Hamlets is a small borough by area and the concentrations of fast food outlets are more focused and distanced less than in some other London boroughs where outlets can be more dispersed with regards to location. Fast food outlets do not appear to be over concentrated near schools, although due to the compact size of the borough the majority of schools have fast food outlets within a ten minute walk. Analysis below shows 12% of fast food outlets and 17% of all households were located within 400 metres of a school (5 minutes walk). Within 800 metres (10 minutes walk) this increased to 43% of fast food outlets and 52% of all households within the borough. The map below outlines the location of fast food outlets to secondary schools within the borough.

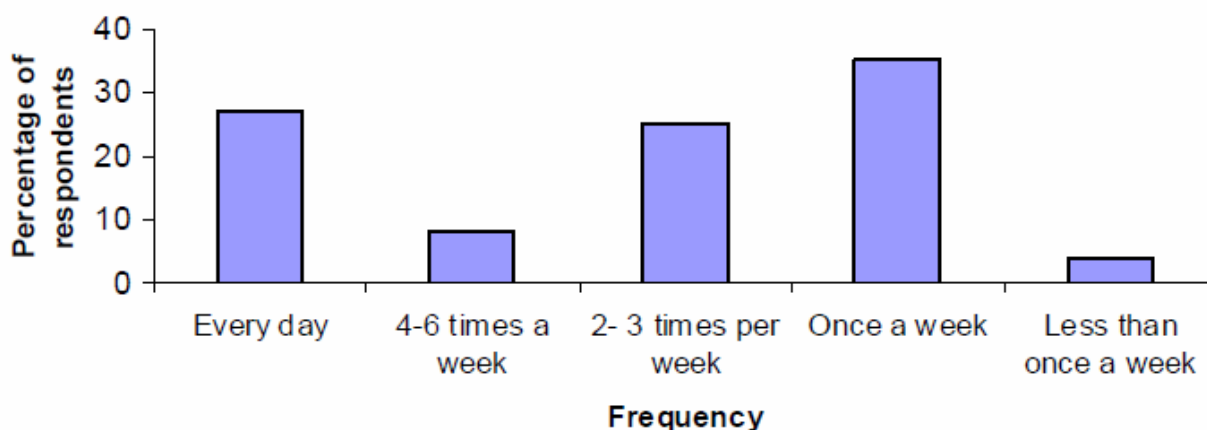
Map of Fast Food Outlets



Consumption of Fast Food in Tower Hamlets

52. The Working Group learnt about a study of fast food outlets in Tower Hamlets carried out by the Metropolitan University in 2009. Results from this study showed that young men form the vast majority of customers (74.5%). 96% were under 40 years of age with 67% being 25 or under. 43% of those interviewed were school or college students and 47% were in employment. Over half the respondents bought food from a fast food outlet at least 2-3 times a week with 27% purchasing food every day. (See graphs below). The majority of customers spent less than £3 on their meal.

How often do you buy food from a Fast Food Outlet such as this one?



How much do you spend on a meal on average?



53. The Working Group was concerned at the frequency of purchase and the relative low cost. During the session with Michael Hales, Head of Contract Services, it was suggested that young people possibly saved their lunch money to spend on fast food after school. In fact a study by City University found that some secondary students, also in Tower Hamlets, are skipping lunch so they can fill up on junk food on their way home. Also school children

questioned said they found local chip shops in Tower Hamlets offered better value than school meals.

Role of planning in managing fast food outlets

54. Owen Whalley, Service Head of Major Project Development informed Members that spatial planning is the statutory means by which places are planned and managed in line with the principles of the borough community plan. In regulatory terms, spatial planning primarily deals with matters relating to land use, relationship with the built environment and building control. It has to adhere to specific legislation such as the Town and Country Planning Act 1990 and the Planning and Compulsory Purchase Act 2004.
55. In relation to managing the proliferation of fast food outlets, it is important to bear in mind the limitations of planning. Firstly, there is no planning definition of fast food outlets, instead such outlets are commonly encompassed within the broad town planning Use Class Order as A5 'hot food takeaways'. Secondly, the town planning use class order process does not define what kind of food is offered in these premises only that it has to be 'hot' and for 'takeaway'. Furthermore it cannot dictate what type of food is sold within approved premises or deal with established and permitted fast food businesses already operating within the borough. What it can do is recommend the location of specific uses (i.e. type of activity defined under the 'Use Class Order') to guide and manage permissible development within the borough through policy.

Use Class Order

56. Planning regulations can be used to manage the spread of certain 'uses' within the borough in terms of guiding new development and change of use. Local planning authorities have responsibilities for town planning functions i.e. managing development or land use within their administrative areas. Planning permission is not only needed to allow development (i.e. new build) but also substantive changes of use relating to existing properties.
57. The Town and Country Planning (Use Classes) Order 1987 as amended defines broad classes of use for buildings or other land. Within this statutory instrument there is currently no clear legal definition of what constitutes fast food so consequently there is no specific Use Class Order for fast food outlets. As outlined above, such types of businesses are normally incorporated within the A5 use class (hot food takeaways). Restaurants or cafes are classed as A3 (consumption of food and drink within the premises), drinking establishments are classed as A4 while shops are A1. Planning permission is sometimes not required for changes of use within the same use class, this includes A5 into A1, A2 or A3, however an A1, A2, A3 premises cannot change its use to A5 without planning permission.
58. There are difficulties with the adopted definition of A5 use (hot food takeaway) as it is very broad encapsulating healthy and unhealthy foods or a combination of both. Furthermore, fast food outlets such as McDonalds, Burger King, and KFC, often come under A3 use classification in terms of consumption of food and drink within the premises as they provide seating, under the Use Class Order this is classed as a restaurant. While A3 and A5 uses have often

become blurred with regards to primary and ancillary uses, premises which are granted A3 use may also sell hot food which can be taken off site without planning permission.

59. The Working Group is aware that the Development and Renewal Directorate will be submitting a paper to Cabinet titled 'Healthy Borough Programme – Managing Fast Food Outlets via Planning'. The Group welcomed this report and would like to endorse it and the recommendations made, which include:

- Working with NHS Tower Hamlets to develop a strong overarching policy in the Core Strategy to manage the health issues in the borough, including fast food takeaways.
- Developing an evidence base to underpin emerging policy on managing fast food take-away and other A5 uses in Tower Hamlets. Consult with stakeholders as required (publish findings and use as a material consideration for planning applications in the short term).
- Informing and develop policy to manage fast food takeaway through: a) Development Management DPD and possibly a Supplementary Planning Document (SPD) if required.

Examples of other Planning Authorities approaches to managing fast food takeaways

60. A number of other local authorities in London and across the country have sought to develop a means to manage fast food outlets in their local areas. These authorities include Waltham Forest and Barking and Dagenham who have chosen the option of developing Supplementary Planning Documents (SPD).

61. Waltham Forest was the first London borough to release an SPD on fast food takeaways. The driver for this being as much about revitalising town centres as it was for tackling issues of obesity.

62. Each SPD has a common approach including tackling over concentration by restricting the quantum of A5 uses both in town centres and outside of town centres as well as tackling obesity by restricting access to fast food takeaway near schools and parks. They also seek to address the issue of residential amenity in terms of noise, vibrations, odour, traffic disturbance, litter or hours of operation.

63. Whilst these other Council examples provide some helpful ideas for Tower Hamlets, further work needs to be undertaken to ensure the policy development is both sound and robust. For example, unlike Waltham Forest and Barking and Dagenham where schools are often situated in more suburban locations, using the 400 metres exclusion zone in Tower Hamlets is not practical since the borough is highly urbanised and densely populated.

64. The Group heard that LB Waltham Forest consulted on a new planning policy to restrict the opening of new fast food outlets within a specified distance of schools. Whilst the draft policy has proved popular with those who have responded to the consultation in Waltham Forest, the Group was concerned that the proposal did not appear to be rooted in solid evidence about the health

benefits of such a move. The Group recommends that the Council follow Waltham Forest, but ensure that a solid evidence base is in place.

Recommendation 7 – That Development and Renewal Directorate develop an evidence base to underpin emerging policy on managing fast food outlets in Tower Hamlets as outlined in the ‘Healthy Borough Programme’ report with a view of developing a means to restrict the over-concentration of fast food outlets in the borough, particularly those outside of town centres and within close proximity to schools.

Food for Health Award

65. The Working Group noted that the Tower Hamlets Healthy Borough Programme is running a number of projects to make it easier for people to become more active and eat more healthily in the borough. One of those projects included the Food for Health Awards, which recognises restaurants, cafés and fast food outlets that have made healthy changes to menus or ingredients to reduce the amount of calories, fat and sugar. The award indicates to customers that by buying from one of the places with a Gold, Silver or Bronze award, they will be able to make a healthier choice.
66. The Working Group was encouraged to hear that the Council and its partners are working together with fast food outlets to promote healthier choices. However, only a few fast food outlets have signed up to the Food for Health Award. Members argued that more is required to change attitudes of fast food owners when it comes to offering a healthy choice.
67. The Working Group heard that changes to the way it leases its properties can influence the type of food served at fast food outlets. For example it should ask for higher levy charges to those that want to use Council owned properties for fast food restaurants, or reducing business rates for food business that serve healthier choices.
68. The Working Group believes that tackling child obesity will require the Council to work more closely with fast food outlets. The Council, Tower Hamlets Homes and RSLs need to review the way they lease their properties ensuring that encouraging healthy eating is a pre-requisite for any new food business. Moreover the Council needs to consider increasing levy charges to those that do not offer a healthy option, and reduce charges and business rates for those that do. As well as rewarding those owners of fast food outlets who are changing their menus to include healthier alternatives.

Recommendation 8 -That tackling child obesity will require the Council, Tower Hamlet’s Homes and RSLs to work more closely with fast food outlets. The Group suggest the following recommendations that will enable this:

- **The Council, Tower Hamlet’s Homes and RSLs review the way it leases it’s properties ensuring that encouraging healthy eating is a pre-requisite for any new food business**
- **Consider increasing levy charges to those that do not offer a healthy option, and reduce charges and business rates for those that do**
- **Recognising owners of fast food outlets who are changing their attitudes towards healthy eating and rewarding those businesses**

Focus Groups with Residents

69. The Tower Hamlets Healthy Borough Programme (HBP) is piloting environmental approaches to make it easier for children and families to be more physically active and to eat more healthily. To support delivery of this programme, a Community Engagement Strategy was developed. The strategy sets out a range of consultation activities involving diverse communities as a means of finding out how and if the HBP is reaching all communities and is making a difference.

70. One aspect of the strategy was to hold a series of focus groups asking for participants’ perception of the programme to assess if it has made a difference and invite feedback on services. The Working Group were able to take part in these focus groups.

71. All groups demonstrated an understanding of the link between obesity, lifestyle and health and the potential impact on the individual through conditions such as diabetes, cholesterol and high blood pressure. The Young People 16+ group pointed out the link between ethnicity and health risk. Two groups (Male Carers and White, Working Class Women) also highlighted the potential cost to the NHS. In answering the question “Is it a problem in your area / community / the people around you?” The answers pertained more to lifestyle issues rather than obesity itself, although some groups addressed obesity directly:

“Yes it is an issue; you can see it all around us” (Somali Women)

“These are all issues we’ve experienced in our own families, in our parents’ generation and even among people in our own age group” (Bangladeshi Women)

“They (the children) think they’ll lose the weight as they get older” (White, Working Class women)

“Eating lots of fatty food will catch up with us” (Young People 16+)

72. All groups showed a good understanding of the issues that affect obesity with some common themes emerging including lack of exercise and the availability of cheap, fast foods. Three groups - Somali Women, Bangladeshi Women and Young People 16+ commented on the cultural aspects of food such as the use of oil in cooking. There was also recognition in all of the groups that being physically active could include day-to-day activities as well as doing exercise classes or sport.

73. The main messages around current lifestyles seem to be that:

- With regard to food, people are aware of what constitutes healthy and unhealthy eating and move between the two i.e. sometimes eat healthily and sometimes not.
- A lot of the physical activity undertaken by adults is as a result of a busy lifestyle – walking to work, taking children to school etc.
- Children of school age tend towards unhealthy snacks.
- Levels of physical activity in children is varied with some leading sedentary lifestyles outside of school and others joining clubs, taking part in sports etc. This was evidenced from both the young people’s groups and the adults talking about their own children.

74. With regard to barriers to a healthy lifestyle, some common themes emerged from most of the groups:

- A perception that healthy food is more expensive than unhealthy food.
- People are busy and therefore go for the easiest option.
- The prevalence of chicken shops in the area contributes to young people having unhealthy diets.
- It can be expensive for both adults and young people to take part in physical activity e.g. cost of swimming and gym membership.
- For parents with more than one child the expense increases.
- A perception that primary schools are better than secondary schools in providing opportunities for physical activity.
- Nowhere for children to play - limitations due to lack of green spaces, particularly for those living in flats.
- Parks perceived as unsafe.
- A perception that open spaces are used for building programmes rather than being developed as play areas.
- Free bus travel for children.

75. When looking at how these barriers can be overcome, again there were some common themes:

- Education and raising awareness for adults, children and school catering staff.
- Taking steps to limit or reduce the number of chicken shops in the area.
- Addressing the costs of physical activity e.g. swimming and gym membership, particularly in peak times where those in employment or

education would need access. In particular there was a view that concessions should apply to those on low income as well as those unemployed.

76. Although the adult groups raised the issue of making children more aware of the factors influencing health, the evidence from the two young peoples groups was that they have quite a good knowledge of what constitutes healthy eating, with the '5 a day' message, and also an understanding of different food types, for example which foods contain protein, carbohydrates, iron etc. The issue seems to be more about how they can act on this information. What they eat at home may be outside of their control but their choice of food throughout the day falls more within their control.

77. When asked about current initiatives both nationally and within Tower Hamlets, most groups recognised the Change4Life branding but were unaware of the Healthy Borough Programme and its associated initiatives. One person had taken part in the Family Bike Rides Cycling Club at Victoria Park, although she did not associate it with the Healthy Borough Programme.

78. Groups were then asked what else they felt would be helpful in enabling people to have a more healthy lifestyle. Suggestions related to:

- Food available in schools – as snacks and at meal times.
- Classes available in schools – more cookery to teach healthy cooking techniques / information from dieticians and nutritionists.
- Suggestions for parents including how to adapt e.g. Asian dishes to make them healthier, how to disguise vegetables to encourage children to eat them, provision of healthy cook books / pamphlets.
- Vegetable growing projects.
- Funding for activities to cover summer break.
- More swimming for women and children only.
- Offer a range of different sports for children e.g. abseiling, rock climbing, horse riding, canoeing, karate, judo, trampoline.
- Easier access to parks and leisure centres.

Focus Groups with parents at Old Palace School

79. In December 2009, the Working Group attended a focus group with parents of children that attend Old Palace Primary School. The aim was to understand and listen to parent's views about barriers to encourage children to eat healthily. Over 15 parents attended, the key discussion points are summarised below:

- **Perception of obesity** – overall most parents agreed that obesity is a problem in Tower Hamlets and that the local authority needs to do more to help parents support their children to eat healthily. However a few believed that there is too much emphasis on this issue and that at times it was unsubstantiated.
- **Home** – when asked what prevented parents from providing healthy options at home. Most agreed that modern lifestyles i.e. parents working, meant that less time was spent preparing food at home. As a result, parents

get takeaways. Also some said children are bored of eating traditional food all the time (reference made to Bangladeshi children). This leads to children buying alternative food, of less nutritional value from fast food shops.

- **Schools** – the majority of parents were aware of the types of food provided at their child’s school. A menu is sent to all parents. Nearly all parents agreed that the food available is healthy and nutritious. However, some parents did say that the dining area needed modernising to encourage children to stay within school premises. Parents also said the school should teach children, as part of the national curriculum, the benefits of eating well. This should start at a very young age so that positive attitudes towards healthy food are developed early.
- **Fast Food** – all parents agreed that fast food outlets encouraged obesity, mainly due to the cheap cost of buying a meal. Parents suggested that they have noticed a sharp rise in new fast food outlets in their area. Parents also commented that many of these areas encouraged anti- social behaviour, with young people ‘hanging around’ fast food shops and causing nuisance for local residents. Parents recommended that fast food shops provide a healthy option to offer customers an alternative.
- **Parks and Open Spaces** – parents felt that there are adequate open spaces around their local area for children to participate in physical activities. Some said that more gyms needed to be provided with concessions for children. Parents argued the need to better promote activities in the borough, to increase and encourage participation.

IMPROVING PARTNERSHIP WORKING TO TACKLE CHILD OBESITY

80. At the final meeting NHS Tower Hamlets informed the Working Group that there are many health initiatives currently in progress, for example the Tower Hamlets Partnership is holding a series of consultation events on the ‘Improving Health and Wellbeing Strategy’. These events give local residents an opportunity to tell experts what the health priorities and issues are in their local area. Also as mentioned earlier the food for health award is a project which involves the partnership.

81. The Working Group was encouraged to hear that partnership working is happening and stressed that it was the best way to tackle the issue of childhood obesity. Members argued that Partnership working should exist to:

- Determine the priority that should be attached to child obesity in their area and decide on the best means to bring together the relevant agencies and a process for establishing a lead;
- Ensure data is available at a local level to support appropriate targeting of resources;
- Ensure appropriate linkages and communication between children’s trusts and Local Strategic Partners, using Local Area Agreements as appropriate;
- Identify available resources and mechanisms (such as Local Area Agreements) to bring together funding so that resources can be more sharply focused around agreed priorities;
- Establish local indicators to measure progress against priorities.

82. During discussions at the final review meeting, the Working Group was told that if we are to tackle child obesity we would need to lead by example and change our own attitudes towards less healthy food. NHS Tower Hamlets raised alarm around the type of food employees eat. They were very critical about the vending machines found at Council and Partnership buildings which only seemed to store high sugary and salt products.
83. The Working Group recommends that in order to promote healthy eating the Partnership needs to lead by example. The Working Group request that vending machines found within Council and partnership buildings need to store healthier options. This will encourage adults to eat healthily, setting good examples for young people to follow. To that end, the Group recommends that the Council, NHS Tower Hamlets, Registered Social Landlords (RSLs) and other Partnership bodies including leisure centres and youth clubs provide healthy options in vending machine.
84. The Group noted that childhood obesity rates in London are higher than in the United Kingdom. London faces many challenges as it is a city with a highly mobile population, child poverty and overcrowding. Nearly 23 per cent of London's four year olds are obese, rising to 36.3 per cent by the age of eleven. Also obesity rates are higher in boys than in girls, and tend to be found in the poorest children.
85. The Group is acutely aware that the problem of child obesity is prevalent across all of London. In order to learn and adopt best practice and share experiences, the Group requests that a London wide group, made up of local authorities is set up.
86. The Working Group noted that encouraging young people to grow their own food is an effective way to get them to eat healthy food. The Group heard that such activities already exist and recommend that the Council and Registered Social Landlords (RSLs) use its land to continue with programmes that encourage food growing.

Recommendations 9 – That all vending machines found at Council and Partner buildings have healthy options.

Recommendation 10 – That the council leads on developing a London Wide Network of practitioners share best practice and develop strategic solution to childhood obesity.

Recommendation 11 – That the Council and RSLs utilise land for community food growing initiatives, encouraging residents to actively learn and enjoy techniques for growing their own food.

Visits to fast food Outlets

87. In November 2009, the Working Group visited Mile End Road in E1 to understand and observe activities inside and around fast food outlets. The visit was on a Friday during school lunch time. Key observations were:

- Majority of eaters were Bangladeshi
- Mostly male.
- Young boys mainly in groups
- Fast food litter on street

88. Visits to fast food outlets highlighted the effects on the environment as a result of litter from take away boxes. During visits to fast food outlets, the Group saw that boxes and food waste surrounded fast food outlets. The Group recommends that Tower Hamlets Enforcement Officers (THEOs) target resources to areas with fast food outlets and report incidents back to the Council's Environmental Health team. The Environmental Health team is then asked to profile and target fast food outlets that are responsible for litter found on streets.

Recommendation 12 – That THEOs allocate resources towards targeting fast food outlets that are responsible for waste and litter around their shops.

Healthy Weight, Healthy Lives in Tower Hamlets

89. The key components of the PSA target are: 'To reduce the rate of increase in obesity in children under 11 as a first step towards the long-term national ambition by 2020 to reduce the proportion of overweight and obese children to 2000 levels in the context of tackling obesity across the population'. To achieve this ambitious target, the Healthy Weight, Healthy Lives Strategy was introduced.

90. The strategic objectives of the Healthy Weight, Healthy Lives strategy are:

- To gain high level support and commitment from all members of the Tower Hamlets Partnership to the strategy and to integrate the strategic objectives across relevant policy areas
- To actively involve the wider community in developing and implementing the strategy
- To increase participation in physical activity by creating social, cultural and physical environments that encourage and support active lives
- To promote healthy eating by increasing the availability of and access to healthy food choices and reducing the availability of and access to foods that are high in fat, sugar and salt
- To create healthy organisations that encourage and support physical activity and healthy eating
- To provide consistent, evidence based information, education and advice on how to maintain a healthy weight

- To provide evidence based advice, support and treatment for people who are overweight or obese, targeting high risk groups

Change 4 life

91. Tower Hamlets is the only London borough to be awarded 'healthy town' status along with eight other 'healthy towns' nationally. It is part of the Government's national Change 4 Life initiative.
92. The Change 4 Life initiative aims to prevent people from becoming overweight by encouraging them to eat better and move more. It is a marketing component of the Government's response to the rise in obesity. The campaign aims to inspire a societal movement in which everyone who has an interest in preventing obesity, be they Government, businesses, healthcare professionals, charities, schools, families or individuals, can play their part.
93. Change 4 Life corner shops have been launched across Tower Hamlets to give people a new way to get their 'five-a-day' of fruit and vegetables. Participating Stores which sign up to take part in the initiative will be encouraged to stock more fruit and vegetables, appoint a 'fruit and veg champion' to work in the shop, and be given Change 4 Life posters and signs to show they are taking part.

Healthy Borough Programme

94. The Tower Hamlets Healthy Borough Programme is piloting new environmental approaches to make it easier for children and families to be more physically active and eat more healthily wherever they live, work, travel, play or learn. The long-term goal is to help everyone to maintain a healthy weight throughout their lives which will also reduce the risk of diseases such as diabetes, cardiovascular disease and cancer.
95. The Programme is part of the *Healthy Weight; Healthy Lives in Tower Hamlets* strategy. The Programme brings together NHS Tower Hamlets, the local authority, voluntary and community organisations, the private sector and local people.
96. The Healthy Borough Programme aims to make it easier for children, families and the wider community to be more physically active, eat well and maintain a healthy weight throughout their lives. The programme takes a whole systems approach to tackling the environmental causes of obesity across three themes: healthy environments, healthy organisations and healthy communities. Each theme has three cross cutting strands: active travel, active lives and healthy food and supports the Council's sustainable land use and transport planning strategies. With policies and actions to promote greener, healthier, more active, less car dependent, energy intensive lifestyles and better public spaces.

97. The 'Healthy Environments' theme includes:

- Proposals to transform spatial planning for health and to develop a green grid
- Active travel routes – which will help to improve walking and cycling routes
- Active Lives – which is promoting physical activity through parks and open spaces, active play and access to swimming for women
- Healthy food – including a pilot awards scheme for restaurants and work with fast food outlets.

98. It was noted during review meetings that the Healthy Borough programme has proposed a comprehensive whole systems approach to managing the consumption of fast food by local people in the borough. Members heard this programme of work is being undertaken by a number of different organisations such as NHS Tower Hamlets and Council departments and includes:

1. Improved education for children and families on the importance of healthy food choices and regular physical activity, primarily through work with parents in school and early years settings.
2. Working with fast food owners to improve the healthiness of their products as well as promote healthier options.
3. Reviewing the Council's own commercial letting policies to promote healthier food offer in local retail centres.
4. Undertaking a social marketing programme to help overcome perceived barriers to healthy eating in Tower Hamlets, including identifying healthy options.

100. The Working Group was keen to ensure that the knowledge and skills obtained as part of this programme remained. The Group was told that joint working with fast food outlets had improved since the initiation of the Healthy Borough Programme. Members were keen for this to remain. Whilst the Group was pleased to hear that the programme had received £4.68 million of funding, it raised concerns that the programme was only funded until March 2011. Members argued that tackling child obesity will always be an issue for the Council and that funding programmes such as the Healthy Borough will help tackle the issue.

101. The Working Group would like a review undertaken to look at the sustainability and legacy of the Healthy Borough Programme after March 2011. The Group noted that this programme has improved partnership working and relationships with fast food outlets and that it would be a shame to lose this resource.

Recommendation 13 – That a report be presented to Overview and Scrutiny detailing the success of the Healthy Borough Programme. This paper should form the basis for strengthening proposals for requesting further funding beyond March 2011.

Conclusion

102. The local authority and the local community have a significant role to play in increasing the opportunities people have to make healthy choices for themselves and their families. Making sure that people have clear and effective information about food, exercise and their well-being; and in ensuring that policies across the piece support people in their effort to maintain a healthy weight.
103. Tackling child obesity in Tower Hamlets will involve major social changes and development of difficult approaches to raising awareness and changing behaviour, as well as the use of a comprehensive range of policy measures and interventions. Notwithstanding emphasising the need for the food and advertising industries to make significant changes.
104. This review and report fundamentally asks the question, how do we manage and better regulate fast food outlets? It is important that the reader understands the important need to carry out recommendations found within this report to fully realise the radical culture shift that is required in order to avoid our local communities slowly, unwittingly and mistakenly falling into a position of decline where the list of challenges to overcome will only become greater and greater still.
105. The Working Group requests that the Council and NHS Tower Hamlets continue working closely together to encourage fast food outlets to be healthier. The Working Group Members hope that this report will act as a catalyst for much of the good work already being undertaken, result in improved co-ordination and capture some much needed momentum in this important public health area.

Appendix B

The Majority of the recommendations in this report will be implemented from existing resource. Specific financial implications on individual recommendations are highlighted in the action plan below.

SCRUTINY REVIEW – REDUCING CHILDHOOD OBESITY ACTION PLAN			
Recommendation	Response / Comments	Responsibility	Date
R1 That the Children, Schools and Families Directorate find additional resources to provide free school meals for all pupils in Tower Hamlets.	<p>If free school meals were offered to all pupils and the take up was 90%, the additional cost would be the lost income from pupils and schools of £2.990m and the additional costs of providing 8,650 more meals daily of £3.456m. This produces a total estimated cost of £6.446m, which would rise by a further £1.421m if the take up were to be 100% (full costings are explained at Appendix C).</p> <p>Children Schools and Families Directorate do not currently have the resources to provide free school meals to all pupils. However, if financial circumstances change and members still wish to make this a priority for the borough, Children, Schools and Families directorate will re-visit this recommendation.</p> <p>Whilst the coalition government has abolished plans to extend free school meal eligibility, Newham, who were a pilot area for the proposal, have pledged to continue funding for their free school meal scheme when the pilot</p>	Layla Richards Service Manager, Strategy, Partnership and Performance	Update March 2011

	ends in 2011.		
R2	<p>That the Children, Schools and Families Directorate in collaboration with schools explore the possibility of introducing a cashless lunch payment system for all pupils to use when purchasing school lunch.</p>	<p>There are many benefits for installing a cashless system into schools especially when combined with an online payments system for parents.</p> <p>The report suggests that if a free school meals policy for all were to be adopted then this option would be obsolete however cashless systems have other benefits, for example tracking usage and uptake and managing the free school meals administration which is still likely to be required.</p> <p>For an online payments system, annual costs would be around £330 per primary and £900 per secondary school, with first-year set up costs of £250 per school.</p> <p>For a cashless system, the costs are approximately £3500-4500 per primary and up to £20,000 per secondary, dependent on the number of tills required. Transaction charges of approximately 1.2% to 1.6% should also be budgeted for.</p> <p>Cashless payment systems are already operating in a number of schools in the borough and more schools are keen to adopt</p>	<p>Michael Hales, Head of Children Schools and Families Contract Services</p> <p>Update March 2011</p>

	<p>the system. Children's, Schools and Families will update the Overview and Scrutiny Committee on which schools have already installed the system and provide some analysis on whether this is successful.</p> <p>The cost of moving towards a cashless system is not something that has been provided for through delegated budgets to schools. The funding would either need to be found from individual school surpluses or from a corporate fund. The Children's, Schools and Families trading account would not be able to cope with this expenditure. This recommendation will be re-visited in 6 months to see whether it is feasible to carry out the cashless payment system in more schools.</p>		
<p>R3 That Children, Schools and Families Directorate work with schools to develop a staggered lunch hour, so that pupils are not queuing for long periods over lunch.</p>	<p>Head teachers to be asked to review lunch arrangements to ensure that lunchtime queuing is kept to a practical minimum. School council members could be involved in collecting students' views on this issue. In schools where queuing is an issue they are to be encouraged to consider alternative arrangements, for example, timetable adjustments and staggered lunchtimes. These arrangements can be very disruptive and</p>	<p>Layla Richards Service Manager, Strategy Partnership and Performance.</p>	<p>2010/11 for research into schools where queuing is an issue and a plan set for 2011/12 implementation</p>

	sometimes not practicable so creative and clear planning would be needed.		
R4 That Children, Schools and Families Directorate work with all secondary schools in the borough to adopt a closed gate policy preventing all pupils from routinely leaving school premises during lunch hours.	<p>Most secondary schools adopt this policy for 11-16 but it is not practicable for post-16 as many students travel to other institutions (e.g. Wessex Centre).</p> <p>We need to identify which secondary schools have an open gate policy and then School Improvement Service can work with heads to encourage them to adopt a closed gate policy and to discuss with them reasons why this is not the case.</p>	Layla Richards, Service Manager, Strategy Partnership and Performance.	Autumn Term 2010 for discussion with schools and if policy agreed, date for implementation would be set.
R5 That Children, Schools and Families Directorate provide updates on progress of the BSF programme to the Overview and Scrutiny Committee. This should outline the effects new lunch room areas are having on the uptake of school meals.	<p>BSF investment can support a reduction in levels of Obesity in schools across a range of areas including:</p> <ul style="list-style-type: none"> ▪ The design approach for the preparation and serving of food in schools; ▪ The use of modern and fit for purpose PE facilities ▪ Additional support in curriculum areas relating to health and well-being including flexible spaces and an enhanced use if ICT. <p>LBTH BSF has followed the principles of the DfE “Inspirational Design for Kitchen & Dining</p>	<p>Ann Sutcliffe, BSF – Service Head</p> <p>Katie McDonald, Scrutiny Policy Officer</p>	As per programme Update January 2011.

	<p>Spaces” (2007) which provides guidance to authorities on ensuring design quality in school dining which should foster good social interaction and provide a more interesting context to enjoy and promote healthy eating.</p> <p>The BSF Programme team can provide further updates to the Overview and Scrutiny Committee as required and this has been programmed for the January 2011 OSC Meeting.</p>		
<p>R6 That the Environmental Health Team requests all fast food outlets to have calorie contents on menus</p>	<p>This recommendation is a good idea in theory, in practice it can't work. Anybody preparing and cooking food for consumption will not be in a position to accurately state what the calorific content of their food will be. If they do they run the risk of misdescribing their food which could make them liable for prosecution under the Food Safety Act.</p> <p>However, the Environmental Health Team has been involved in initiatives to improve the food served in fast food outlets as part of the Healthy Borough programme. All food businesses in the Borough are being targeted and advised how to provide healthier food. Training sessions have been given to fast food businesses on healthier frying and nutrition workshops have been given.</p>	<p>Collin Perrins Head of Trading Standards and Environmental Health (commercial)</p>	<p>Update March 2011</p>

	<p>Businesses are also being encouraged to apply for the Food for Health award. If they are successful, they are demonstrating that they are compliant for food hygiene and that they are providing healthier food choices.</p> <p>The Environmental Health Team can provide updates on the progress of the Healthy Borough programme initiatives as required.</p>		
<p>R7 That Development and Renewal Directorate develop an evidence base to underpin emerging policy on managing fast food outlets in Tower Hamlets as outlined in the 'Healthy Borough Programme' report with a view of developing a means to restrict the over-concentration of fast food outlets in the borough, particularly those outside of town centres and within close proximity to schools.</p>	<p>Following the completion and subsequent examination of the Core Strategy the Strategic Planning Team has begun work on the Site & Place making and Development Management Development Plan Documents (DPDs).</p> <p>The Development Management DPD is exploring the extent to which the Planning system can manage the over-concentration of Hot-food takeaways, for example through restricting these uses to town centres, and only in town centres where there is no over-concentration. Other policy tools to restrict the over-concentration of uses are being explored and tested.</p> <p>As part of developing policy and testing identified implementation tools the Council is working in partnership with the PCT to develop an evidence base which will support these</p>	<p>Owen Whalley (Service Head, Planning & Building Control).</p>	<p>March 2011</p>

	<p>policies. Funding has been identified to undertake this research.</p> <p>In addition other policies and strategies which will encourage healthy lifestyles include the Green Grid Strategy, aiming to provide better connections between open spaces, and the forthcoming Local Implementation Plan, which aims to promote cycling and walking as means of active travel.</p>		
<p>R8 That tackling childhood obesity will require the Council, Tower Hamlets Homes and RSLs to work more closely with fast food outlets. The Group suggest the following recommendations that will enable this:</p> <ul style="list-style-type: none"> • The Council, Tower Hamlets Homes and RSLs review the way they lease their properties ensuring that encouraging healthy eating is a pre-requisite for any new food business • Consider increasing levy charges to those that do not offer a healthy option, 	<p>The report of this working group and this requirement was outlined to RSLs at the Development sub group on the 1st July 2010.</p> <p>It was discussed briefly and has since been circulated to each RSL. It was agreed that organisations should comment individually on the practicalities of implementing the recommendations by the next meeting which is scheduled for the 2nd September 2010.</p> <p>The council is currently in the process of finalising its RSL Preferred Partner Agreement and will seek to ensure that partners adhere to the Councils policy direction in this area as part of that programme.</p> <p>There are no resulting financial implications for the Council from these actions as RSLs will seek to implement as part of their ongoing</p>	<p>Jackie Odunoye (Head of Strategy, Innovation & Sustainability)</p>	<p>December 2010 finalise partnering agreement</p>

<p>and reduce charges and business rates for those that do</p> <ul style="list-style-type: none"> Recognising owners of fast food outlets who are changing their menus towards healthy eating and rewarding those businesses 	<p>business planning and will cost accordingly</p> <p>PCTs response:</p> <p>Public Health is supporting LBTH on developing 'healthy spatial planning' as part of the Healthy Borough Programme. This includes health impact assessments on 3 housing estates and the production of guidance for LBTH planners on integrating health into planning decisions.</p> <p><u>Financial implications</u></p> <p>There are no resulting financial implications for the Council from these actions as RSLs will seek to implement as part of their ongoing business planning and will cost accordingly.</p>		
<p>R9 That all vending machines found at Council and Partner buildings have healthy options.</p>	<p>Facilities Management are currently reviewing the existing vending contract and are hoping to go out to tender soon. The specification given includes having healthy options available to staff on vend as well as Fair Trade products, so we should see a healthier range of products available in the four Council administration buildings supplied.</p> <p>The current contract does give the option to vary the products being sold apart from having</p>	<p>Amanda Baird (Strategy & Performance Manager, Facilities Management)</p>	<p>Update March 2011</p>

	<p>two Fair Trade products (drinks). Unfortunately we cannot make changes to the machines at this present time but it is something that can be considered in future planning.</p> <p>NHS TH agree that the Council and NHS need to lead by example in tackling healthy eating and physical activity at work. NHS TH will ask its Healthy Workplace scheme to audit food provision in vending machines on NHS premises and advise on the possibilities and barriers for improving the health content.</p> <p>We would support a similar approach by LBTH e.g. to review provision of chocolates and crisps in leisure centres. In response to this NHS TH will lead in setting up a working group to look at this issue in the Autumn.</p>	<p>Esther Trenchard Mabere. – Acting Joint Director Public Health, NHSTH</p>	
<p>R10 That the Council leads on developing a London Wide Network of practitioners to share best practice and develop strategic solutions to childhood obesity.</p>	<p>NHS Tower Hamlets agree the Council and partners should share best practice. We propose this could best be achieved by:</p> <ul style="list-style-type: none"> a) Dissemination of the Healthy Borough Programmes work. NHS TH and LBTH are already planning a conference for early 2011 and the dissemination of significant evaluation reports. b) Bringing together NHS, Local Authority and Voluntary sector organisations in 	<p>Cathie Shaw Senior Public Health Strategist, NHS TH</p> <p>Mary Durkin Service Head of Youth and Community Learning</p>	<p>Conference early 2011. On-going</p>

	London which have an interest in obesity, possibly as a follow up to our HBP conference.		
R11	<p>That the Council and Registered Social Landlords utilise land for community food growing initiatives, encouraging residents to actively learn and enjoy techniques for growing their own food.</p> <p>This activity is now well established, CLC have engaged with registered landlords through THHF, and 8 RSL projects have been established, with a further 2 projects being established by THH .</p> <p>Further planned activities for 2010 are :-</p> <ul style="list-style-type: none"> • Develop a “Growing Network” set up for LAP projects • Food show • Photo exhibition <p><u>Financial implications</u></p> <p>This programme is already funded through DoH: Healthy Community Challenge Fund plus local match funding.</p> <p>In December 2008 Tower Hamlets was chosen to be one of 9 Healthy Towns nationally and was the only London Borough to be successful. Tower Hamlets is receiving £ 4,680,000, the second highest level of funding nationally, over 2 years and 4 months (from December 2008 up to April 2011).</p>	Jackie Odunoye (Head of Strategy, Innovation & Sustainability)	May 2010

<p>R12 That THEOs allocate resources towards targeting fast food outlets that are responsible for waste and litter around their shops.</p>	<p>The method of tasking THEOs is via the joint tasking process. It is difficult to target one issue with limited resources for this reason.</p> <p>As part of the Youth Participatory Budgeting, activity towards this objective will be undertaken as part of the after school patrols which are planned to take place from Sep – Dec 2010. The THEOs will patrol o/s problem locations across the borough close to schools to prevent ASB and reduce litter.</p>	<p>Gavin Dooley Head of Enforcement and Community Safety</p>	<p>On-going</p>
<p>R13 That a report be presented to the Overview and Scrutiny Committee detailing the success of the Healthy Borough Programme. This paper should form the basis for strengthening proposals for requesting further funding beyond March 2011.</p>	<p>Through the Partnership we are developing proposals for continuation of the elements of the Healthy Borough programme where we can show a positive impact with robust evidence. This work will be ongoing over the next few months with key dates in September and October for decisions to be made about work that can be mainstreamed or supported in other ways. There may be a funding gap that would still need to be addressed.</p> <p>A report to update the Overview and Scrutiny Committee could be presented in January 2011. By that time the overall position should be reasonably clear.</p>	<p>Keith Williams Head of the Healthy Borough Programme & Katie McDonald (Scrutiny Policy Officer)</p>	<p>January 2011</p>

Appendix C: R1

Primary	Current		Possible Future		Difference	
Free meal	9,499	43%	19,859	90%	10,360	
Paid meal	6,273	28%	0	0	-6,273	
No meal provided	6,294		29%	2,207	10%	-4,087
	22,065		100%	22,065		0

Secondary	Current		Possible Future		Difference	
Free meal	6,457	47%	12,359	90%	5,902	
Paid meal	1,339	10%	0	0	-1,339	
No meal provided	5,936		43%	1,373	10%	-4,563
	13,732	100%	13,732		0	

NB Sir John Cass, Swanlea and Raines are not in the school meals contract, but their estimated numbers have been added here to reflect the overall cost for the sector.

Cost of all free meals	Loss of income	More meals	Total extra cost at 90%	Total extra cost if 100%
	2,443,33			
Primary	4	1,591,887	4,035,220	859,627
Secondary	546,992	1,863,847	2,410,840	560,952
	2,990,32			1,420,57
Total	6	3,455,734	6,446,060	9