



**Haringey Council**

<b>Report for:</b>	<b>Health and Wellbeing Board</b>	<b>Item Number:</b>	
<b>Title:</b>	<b>Performance Report on Child Obesity: Public Health Update</b>		
<b>Report Authorised by:</b>	<b>Jeanelle De Gruchy, Director of Public Health.</b>		
<b>Lead Officer:</b>	<b>Debbie Arrigon – Public Health Commissioner</b>		
<b>Ward(s) affected: All wards but with a priority on the 8 Tottenham wards as in the Tottenham Regeneration Strategy</b>	<b>Report for Key/Non Key Decisions: N/A: for noting</b>		

## **1. Describe the issue under consideration**

- 1.1. Childhood obesity is priority three in the Health and Wellbeing Strategy Outcome 1: Giving every child the best start in life
- 1.2. This presentation is an update on analysis of child obesity in the borough for the Health and Wellbeing Board
- 1.3. The Health and Wellbeing Board are asked to
  - 1.3.1. Note the key issues raised
  - 1.3.2. Understand and contribute to the whole-system approach to tackling child obesity and further advise on how the Health and Wellbeing Board will be involved in this whole-system approach

## **2. Cabinet Member introduction**

N/A

## **3. Recommendations**

- 3.1. It is recommended that the Health and Wellbeing Board:



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3.1.1. Note the key issues raised

3.1.2. Understand and contribute to the whole-system approach to tackling child obesity and further advise on how the Health and Wellbeing Board will be involved in this whole-system approach

### 4. Alternative options considered

No alternatives were considered.

### 5. Background information

5.1. Obesity in the UK is rapidly rising. By 2050 it is predicted that 60% of men and 50% of women will be obese. Obesity has serious implications in reducing life expectancy. On average it is estimated that it takes 9 years off life due to obesity-related disorders and complications such as diabetes, with the consequent huge economic burden on health services estimated at £27 billion for 2015.

5.2. Child obesity is a particularly worrying trend, with often long-term effects: obese children are more likely to be ill and therefore absent from school, experience health-related limitations and require more medical care than healthy weight children. They are more likely to experience bullying and mental health issues including low self-esteem and are also at a higher risk of becoming an obese adult.

5.3. Child obesity is measured annually as part of the National Child Measurement Programme (NCMP), **key findings** are:

5.3.1. In Haringey, a higher proportion of children are obese in both reception and year 6 than London and England as a whole.

5.3.1.1. In Reception (ages 4-5) - **1 in 4** children are overweight or obese

5.3.1.2. In Year 6 (ages 10-11) - over **1 in 3** children are overweight or obese

5.3.2. The Haringey trend for reception aged children has been very similar to England's; however for children in Year 6, has remained consistently above this.

5.3.3. Obesity levels in Haringey are closely linked to **deprivation**: Reception year children living in deprived areas are 2 times more likely to be overweight or obese than children in more affluent areas; this rises to 2.5 times more likely in Year 6 children.

5.3.4. Children living in the **east** of the borough generally have higher levels of overweight or obesity than children living in the west of the borough.

5.3.5. Children from **Black and minority ethnic (BME)** groups are more likely to be obese than children that are White British. Rates of overweight or obesity



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amongst Black African children are double those of children that are White British.

#### **5.4. Key Actions and Challenges:**

- 5.4.1. Child obesity is a complex issue which has several complex challenges such as:
- 5.4.1.1. Lack of awareness and perceptions of a “healthy weight” (issues around social norms.
  - 5.4.1.2. Difficulty in raising the issue of weight and the patterns and/or sensitive nature of familial obesity
  - 5.4.1.3. Access to affordable and healthy food and the marketing (and specifically the targeted marketing to children) and availability/affordability of fast food.
  - 5.4.1.4. An important local challenge is looking at the clear disparity between overweight and obesity levels in the east compared to the west of Haringey, particularly our Tottenham wards.
  - 5.4.1.5. To help tackle these issues we are working closely with early years settings and schools: strongly promoting early intervention and prevention strategies through breastfeeding initiatives and the HENRY (Health Exercise Nutrition for the Really Young) programme, which helps families with very young children, develop skills around healthy eating and leading an active lifestyle.
  - 5.4.1.6. Making every contact count – and ensuring that the brief intervention training – *Raising the Issue of Weight* - is well attended from a variety of local professionals.
  - 5.4.1.7. Strengthening our Healthy Schools Programme to help support schools in becoming natural hubs of health & wellbeing, including targeting evidence-based interventions in schools where they are most needed.

#### **6. Financial Implications and comments of the Chief Finance Officer**

- 6.1. There are no direct financial implications arising from this report. Work on reducing childhood obesity is funded from existing resources within Public Health and Children’s services.

#### **7. Head of Legal Services and legal implications**

- 7.1. The Assistant Director of Corporate Governance has been consulted on this report. There are no specific legal implications.



## **8. Equalities and Community Cohesion Comments**

- 8.1.** As highlighted in paragraph 3 of this report, there are pronounced disparities in the prevalence of child over-weight and obesity across areas and ethnicities in Haringey, with children in the east of the borough more likely to be overweight and obese than in the west and children from certain ethnic groups more likely than others to be overweight and obese than children of similar age who are from other ethnic groups.
- 8.2.** This threatens to add a new dimension to health and other inequalities that already exist in Haringey
- 8.3.** The Council has a public sector equality duty to amongst other things, advance equality of opportunity to health among all groups in Haringey.
- 8.4.** The measures outlined in this report to this duty by targeting actions at all groups, especially those at a higher risk of overweight and obesity.

## **9. Head of Procurement Comments**

No comment required as this paper does not relate to the procurement of services.

## **10. Policy Implication**

- 10.1.** The Health and Wellbeing Strategy aims to improve the health and wellbeing of children and adults in our borough and reduce health inequalities between the east and west of the borough. The main objective of this Delivery Group is to improve outcomes contained in Outcome 1 of the strategy: 'to give every child the best start in life'.

## **11. Reasons for Decision**

No decision required.

## **12. Use of Appendices**

- 12.1.** Childhood Obesity in Haringey presentation

## **13. Local Government (Access to Information) Act 1985**

N/A

## **14. Appendix 1: Childhood Obesity in Haringey presentation**



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