

**Report for:** Children and Young People Scrutiny Panel

**Item number:**

**Title:** Child obesity: what is being done locally to address the issue

**Report authorised by:** Jeanelle de Gruchy, Director of Public Health

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**Ward(s) affected:** All

**Report for:** Non Key Decision

**1. Describe the issue under consideration**

The increasing trend in child obesity is worrying. Obese children are more likely to be ill and therefore absent from school, experience health-related limitations and require more medical care than children with normal weight. They are also more likely to experience bullying and mental health issues including low self-esteem. Compounding factors such as poor oral health, linked to too much sugary drinks is also of increasing concern. Obese children are also at a higher risk of becoming an obese adult.

Tackling child obesity is a priority for the council. It is within the Corporate Plan (Priority 1, Objective 4) and the Healthy and Wellbeing Strategy.

The evidence<sup>1</sup> tells us child obesity should be addressed through multi-agency working at all levels, national regional and local. This report describes our local approach working alongside regional and national activity.

**2. Cabinet Member Introduction**

Not applicable

**3. Recommendations**

3.1 The panel to note the report and support the council's partnership approach.

**4. Reasons for decision**

Not applicable

**5. Alternative options considered**

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<sup>1</sup> McKinsey Global Institute. Overcoming obesity: an initial economic analysis. Nov, 2014

1. Focus on one element - for example, encouraging individual behaviour change (healthy eating and increasing physical activity levels) however the evidence shows this would have a limited impact on reducing child obesity.
2. Do nothing - this is not an option due to the cost implications, both economic and social.

## **6. Background information**

6.1 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's estimated that it takes 9 years off life due to obesity-related disorders and complications such as diabetes, with consequent huge economic burden on health services and the wider economy.

6.2 The increasing trend in child obesity is worrying. Obese children are more likely to be ill and therefore absent from school, experience health-related limitations and require more medical care than children with normal weight. They are also more likely to experience bullying and mental health issues including low self-esteem. Compounding factors such as poor oral health, linked to too much sugary drinks is also of increasing concern. Tooth decay is the most common chronic disease in childhood even though it is largely preventable and is the top cause for child non-emergency admissions in most London boroughs. Haringey has the 4<sup>th</sup> highest number in London of decayed, filled or extracted teeth in 5 year olds. Obese children are also at a higher risk of becoming an obese adult.

### **6.3 The data**

#### **6.3.1 The National Child Measurement Programme (NCMP)**

The height and weight of Year 6 and Reception aged children in Haringey is measured annually as part of the statutory NCMP. This is often regarded as world-class data, measuring over 1 million children nationally, and also collecting a wide range of data points such as ethnicity, postcodes which provides opportunity for robust analysis.

The latest data from 2014/15 shows a higher proportion of Haringey children are obese in both Reception and Year 6 than London and England as a whole.

In Reception (ages 4-5) – nearly 1 in 4 (23%) Haringey children are overweight or obese. In Year 6 (ages 10-11) - over 1 in 3 (36.67%) Haringey children are overweight or obese.

The Haringey trend for Reception aged children has been very similar to London and England. However for children in Year 6, Haringey has remained consistently above the national rate.

#### **6.3.2 Deprivation**

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 living in more affluent areas. Children in Year 6 are 2.5 times more likely to be overweight or obese.

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.

Seven Sisters ward has the highest proportion of overweight and obese Year 6 children at 50.51%, followed by Noel Park ward at 49.12%. Crouch End ward has the lowest proportion of overweight and obese year 6 children at 18.46%.

### 6.3.3 Ethnicity

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

## 7. National and regional approach

### 7.1 National

Public Health England (PHE) recently published a sugar reduction report commissioned by the Department of Health<sup>2</sup> to inform policy-making as part of the Government's forthcoming childhood obesity strategy, expected in January. The report outlines the evidence and provides details how a successful sugar reduction programme could look and emphasises that there is no one single approach to tackling this complex issue. They make recommendations to regulate marketing and promotions aimed at children along with a sugar tax.

Since 2009 the Department of Health has led the Change4Life programme that focuses on behavioural change and offers people a range of free resources, such as healthy eating recipe cards, ideas on how to reduce sugar intake through 'sugar swaps' and information on increasing physical activity levels. Haringey Public Health team use the resources in local promotions and encourage settings such as Children's Centres and schools to use the resources and encourage parents to sign up to the Department of Health website to access directly the full range of free materials

The Department of Health has the Healthy Start scheme. For pregnant women and mothers with a child under 4 years of age, the Healthy Start scheme can help buy basic foods like milk, fruit and vegetables. If an individual qualifies for the scheme they are sent vouchers to use in over 30,000 shops in the UK. The scheme also includes access to free vitamins suitable for; pregnant women, breastfeeding women and children aged 6 months to 4 years old. In Haringey the Public Health team offers a universal vitamins programme through the Children's Centre's and Health Centre's.

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<sup>2</sup> [Sugar reduction: the evidence for action](#)

## 7.2 Regional approach

PHE London brings together local authorities as part of the Obesity Network. One aspect of their work has been to establish Obesity Action Learning Sets to enable boroughs to share good practice and ways of working. Haringey participates in this.

The Greater London Authority (GLA) leads on the Healthy Schools London programme. Haringey Public Health leads on this popular programme locally. Healthy Schools London is undertaking an evaluation of the programme, due to publish in Spring 2016. The Public Health team will participate in the evaluation and ensure our local programme implements the recommendations.

The London Association of Directors of Public Health is undertaking a sector led improvement programme focussing on child obesity. Haringey will participate in this.

## 8. How the evidence has informed our local approach

### 8.1 Strategic approach

As described earlier tackling the obesity epidemic is complex; education and personal responsibility are critical elements of any approach to reduce obesity but they are not enough on their own.

Additional interventions are needed that rely less on conscious choices by individuals and more on changes to the environment and societal norms. Such interventions help make healthy behaviours easier to adopt. They include reducing default portion sizes, changing the way food is marketed, and changing the urban and school environment to encourage physical activity.

Evidence strongly suggests that any single type of intervention is unlikely to be effective on its own, but many will contribute to a change. A recent report noted 74 cost-effective interventions in 18 areas<sup>1</sup>. Similarly, no one part of society – local authorities, the NHS, community groups, traders, restaurants, employers or individuals can address obesity on their own. All need to be involved.

To support this approach Haringey held an obesity conference at Tottenham University Technical College on 25<sup>th</sup> June. A diverse field of expert speakers addressed the conference on some of the most pressing issues around obesity. Over 200 participants including schools, community and voluntary organisations, council members and officers, health care providers including NHS Hospital Trusts attended lively workshop discussions. During the conference participants were encouraged to identify pledges to take action to reduce obesity in Haringey to create a health enhancing environment where the healthy choice is the easy choice.

Following the conference the Council have established the Haringey Obesity Alliance led by Councillor Morton. It is a partnership between the Council, health and care services, schools, local businesses and voluntary sector and a wide variety of community groups committed to tackling obesity. The Obesity Alliance will provide a platform for partners to advocate, exchange information,

and develop joint projects that help create a healthier Haringey. By working in partnership we can ensure that activities to tackle obesity are co-ordinated, effective and sustained.

Haringey Obesity Alliance members commit to delivering key and significant change themselves through an organisational pledge and to be an active member of the collective effort. We have over 20 pledges so far and are continuing to support organisations to develop their pledges.

Example pledges from local schools

- All teachers pledge to have a certain amount of time each week on top of P.E. where teachers plan active lessons so children are moving and learning: No Bums on Seats!
- To achieve Healthy School Gold award
- Increase P.E. sessions to two hours
- Increase the number of children attending our free breakfast club
- Ensure active after school clubs and healthy cooking clubs are on offer
- Design a curriculum rich with topics which develop our children's understanding of diet, health risks, exercise and emotional, social, moral, cultural and spiritual well-being
- Promote child volunteers for roles such as serving a variety of salad and fruit options with lunch and peer mediators and play leaders for break and lunch times in the playground

The Obesity Alliance will develop, implement and monitor a delivery plan for fulfilling the Health and Wellbeing Strategy's ambitions around obesity that are; fewer children and young people will be overweight or obese and more adults will be physically active.

The majority of the interventions (sub-categorised into three main areas) outlined below will be overseen or directly delivered by the Obesity Alliance (some are distinct projects to be delivered by the Council).

## 8.2 Interventions

### 8.2.1 Create a healthy environment

Our aim is to create an environment where the healthy choice is the easier choice. One way to do this is for the Council to work with residents, developers and businesses to create healthy-weight environments through strong healthy public policy.

This includes plans to restrict the over-concentration of fast food outlets within 400 metres of schools. At the same time, we will work with and support schools and academies on their school food policies including their policies on 'open gates' at lunchtimes and possible alternatives.

We will shape the built environment through regeneration in Tottenham, in partnership with residents, businesses and communities as part of the Healthier Catering Commitment Scheme to improve the availability of healthy food.

Council planners will work with developers to promote cycling and walking.

### 8.2.2 Work with communities

We are working with residents and communities to build their ability to help themselves and others alongside offering 'early help' to those who need it.

For example:

We continue to raise awareness and provide information to families and professionals who work with children and young people, linking in with the national Change4Life campaign as mentioned in section 7.1.

We know that breastfeeding decreases the risk of obesity we continue to support women to breastfeed. Haringey has achieved the evidence-based Level 1 Baby Friendly Accreditation that has created supportive environments for women to breastfeed. Alongside this, Haringey has a universal healthy start vitamin offer, which provides vitamins to all pregnant and breastfeeding women and children under four as mentioned in section 7.1. Furthermore Health Visitors promote the Healthy Start fruit and vegetable scheme to eligible families, mainly in the east of the borough where we know the need is highest

We will continue to support parents with very young children, helping the whole family make positive changes to their lifestyle via the evidence-based HENRY (Health, Exercise, Nutrition for the Really Young) programme. The HENRY programme is targeted in the east of the borough, where there are higher levels of deprivation and a large proportion of BME families.

We will continue to work closely with schools to support them in promoting healthy eating, physical activity and emotional wellbeing throughout the whole school community. This includes the Healthy Schools Programme linked with the council's Smarter Travel and Sport, Leisure and Park initiatives.

This type of work also allows us to target resources where we know the need is highest for instance the Public Health team support schools in achieving their healthy schools awards where schools identify a chosen health priority (e.g. healthy eating) and devise an action plan around it, with both universal and targeted outcomes. The Healthy Schools programme is very popular with Haringey schools. In September 2015, 31 Haringey schools (44%) had achieved the Bronze award and 10 schools (10%) had achieved the Silver award. Across London it was 42% Bronze and 10% silver.

The council will work with local residents and community leaders to expand the number of Haringey 'Playstreets'. This is a scheme that allows local children and families to reclaim their neighbourhoods by closing selected streets to through traffic, and turning them into temporary play streets.

We will build on links with sports activities (schools, leisure and key partners – e.g. Tottenham Hotspur Football Club) to improve access to and engagement for young people and for adults.



### 8.2.3 Support through services

We are ensuring that tackling obesity is an integral consideration within the Council's transformation programmes such as the Best Start in Life work stream (Priority 1 within the Corporate Plan), the Early Help offer, the Tottenham regeneration programme, and within NHS plans.

We are transforming the commissioned health visiting service to enable universal delivery of the evidence based Healthy Child Programme (pregnancy to age five) to support prevention and early intervention.

Schools and all professionals who work with children and young people continue to have access to funded child obesity training to enable them to work sensitively and effectively with families.

We will ensure all services 'make every contact count'. We will train health and social care professionals and other front-line staff to promote healthy lifestyle messages and information to residents in this evidence-based approach. This will include mental health promotion given the role that mental wellbeing plays in tackling obesity.

- 8.3 We will continually review our approach to tackling obesity. We are taking a multi-layered, multi-agency approach based on the evidence, however we know that no authority internationally has been overly successful nor is there a silver-bullet solution, therefore we will keep up-to-date with developments in other areas.

## 9. Contribution to strategic outcomes

Child obesity is a priority in;

Haringey's Corporate Plan 2015-18: Priority 1, Objective 4; children and young people are happier, healthier and more resilient.

Haringey's Health and Wellbeing Strategy

## 10. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

### 10.1 Finance and Procurement

There are no direct financial implications arising from the recommendations in this report.

### 10.2 Legal

There are no legal implications.

### 10.3 Equality

The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:

Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;

Advance equality of opportunity between people who share those protected characteristics and people who do not;

Foster good relations between people who share those characteristics and people who do not.

The approach taken by the council and partners is informed by equalities analysis. The needs of protected characteristics including age, race and maternity inform our approach, for example, the HENRY programme is targeted to the east of the borough.

### **Use of Appendices**

None

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

Not applicable