

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

**Item number:**

**Title:** Child obesity: 2016 update

**Report authorised by:** Susan Oti, Assistant Director of Public Health

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**Ward(s) affected:** All

**Report for:** Non Key Decision

**1. Describe the issue under consideration**

The children's and young people's scrutiny board requested an update on the issue of child obesity, following an earlier report in Autumn 2015.

**2. Cabinet Member Introduction**

Not applicable

**3. Recommendations**

3.1 The panel to note the progress report and continue to support Haringey's approach.

**4. Reasons for decision**

Not applicable

**5. Alternative options considered**

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**

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 a healthy 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.

Haringey currently has high levels of child obesity, with 1 in 4 year reception (4-5 year olds) overweight or obese, rising to 1 in 3 year 6 (10-11 year olds) overweight or obese. Haringey child obesity levels are higher than the England average, and just slightly lower than the London average.

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 outlines Haringey's progress since November 2015 on our local approach in tackling child obesity.

## 7. National and regional approach

### 7.1 National

On August 18<sup>th</sup> 2016 the UK government published their long-awaited strategy "Child Obesity: A plan of Action" outlining their plan to reduce England's rate of childhood obesity within the next ten years. The key actions outlined in the plan include:

- The introduction of a soft drinks levy with funds going towards schools to promote physical activity and a healthy diet.
- Taking out 20% of sugar in products through a voluntary programme.
- Developing a new nutrient profile to encourage companies to make food healthier
- Recommitting to the Healthy Start scheme (aimed at pregnant women and children under 5 which provides low income families vouchers in exchange for fresh fruit, vegetables and vitamins)
- Helping all children to enjoy an hour of physical activity every day by increasing schools PE and Sport premium
- Creating a healthy rating scheme for primary schools which will link to the Ofsted framework. In addition in 2017 Ofsted will undertake a thematic review of obesity, healthy eating and physical activity in schools.
- Making school food healthier by encouraging all schools to commit to school food standards and investing in breakfast clubs.
- Clearer food labelling
- Supporting early year's settings including guidance on healthy menus and a campaign to raise awareness of key messages including the Chief Medical Officers (CMO) physical activity guidelines.
- Harnessing new technology by working with Public Health England (PHE) and other organisations to help consumers make healthy choices
- Enabling all health professionals to make every contact count by always talking to parents about their family's diet and making it the default to weigh everyone.

### Haringey's view

The strategy disappointingly fails to mention the importance of the whole-systems approach, and focuses heavily on individuals behaviour change. Evidence tells us that there is no single solution to tackling obesity and that the whole-systems approach is fundamental, which is why we have developed a [whole-systems plan on a page](#) which covers the following key areas that the national strategy does not, such as:

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

- Developing infrastructure, partnerships and capacity amongst all sectors e.g. Haringey Obesity Alliance (HOA)
- Challenging social norms, attitudes and values. Lack of awareness and perceptions of a “healthy weight” particularly in certain cultures is a particular concern.
- Shaping the built environment to ensure the healthier choice is the easier choice such as shaping the high street design to maximise walking, cycling and play and the accessibility and affordability of fast food e.g. Healthier Catering Commitment and drafting a local hot food take-away policy that would restrict the over-concentration of fast food outlets within 400 metres of schools.

## 7.2 Regional approach

### **The Great Weight Debate:**

A recent development is the Great Weight Debate that is part of the Healthy London Partnership’s prevention board, which works with partners from London councils and CCGs, the Greater London Authority (GLA), NHS England and Public Health England to help start a conversation with Londoners around how we can make the city a healthier one, with lower rates of child obesity.

Over the summer they have hosted various engagement events including working with a panel of 120 Londoners and a wide range of experts in obesity, prevention, public health and health and social care to gather evidence and begin to discuss ideas for tackling obesity across the city.

Haringey has been heavily involved in this, and a Tottenham school was chosen to [make the video](#) for the Great Weight Debate.

In May they held an event for all involved to discuss all the challenges, look at ideas and solutions and decide which steps could be taken locally, at a community level and across London.

The information and ideas generated at the event are now being used to shape the next phase of the Great Weight Debate, which will be to support London councils to maximize the on-going conversations they are having with their residents about childhood obesity. Haringey will keep up to date with these recommendations and are exploring ways in which we can run our own “Great Weight Debates”.

### **Sector Led Improvement (SLI)**

The London Association of Directors of Public Health undertook a sector led improvement programme focussing on child obesity earlier this year. Haringey participated in this and are now participating in the recently devised task and finish groups to help take the recommendations forward e.g. healthy vending machines and how London can become a breast feeding friendly city.

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

### 8.1 Strategic approach

As mentioned above, Haringey is tackling obesity by developing a [whole systems approach \(PDF, 450KB\)](#) which includes a strong place based approach to the built environment. This includes a range of population level interventions which rely less on conscious choices by individuals and more on changes to the environment and society norms through strong healthy public policy that promotes behaviour change.

## 8.2 What's "new" since the last report to scrutiny

HOA helps provide the framework from the work in the borough. The recent alliance meeting was attended by over 80 colleagues from across the borough from a range of organisations. Key outcomes from the event were the two new councillor pledges, and the need to strengthen the alliance to ensure high quality and joined-up pledges.

Some examples of pledges from local schools are:

- 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

In line with the national strategy, the recent London-wide sector lector improvement review on child obesity, our whole-systems approach and the obesity alliance we are looking at strengthening the following areas:

### Primary care

- Strengthening our brief Interventions approach (Making Every Contact Count - MECC) in primary care, to make it more "routine", as we know this is one of the most effective means of promoting physical activity. The new MECC e-tool launched this month. The tool complements the existing face to face training days, and a MECC pathway will also be developed to support professionals.

### Community

- We will continue to explore, both locally and regionally, how we can best engage parents and families, particularly those from different cultural backgrounds who have varying attitudes around healthy lifestyle and healthy weight: schools tell us that this is a particularly challenging area.
- We will continue to support schools in achieving their Healthy School awards, particularly around increasing physical activity. A recent development is the "Active classrooms" pilot where a school is supported in making simple changes to increase low level habitual physical activity throughout the school day. We are also part of a London-wide Healthy London partnership pilot (Healthy Communities), and are entering the implementation phase of the programme, where we will develop a healthy tuck-shop social enterprise model, working with local food businesses and a school to enhance the healthy food offer.
- Healthy weight is one of the six high impact areas for the health visiting service and runs through the thread of all contacts with families whether universal or targeted. All health visiting teams will be trained in HENRY (Health, Exercise, Nutrition for the Really Young) so that staff will be skilled at having conversations with parents.

- There are also plans for some health visitors to become healthy weight champions by attending the Institute of Health Visiting (IHV) training and implementing the learning at scale. We also plan to work towards achieving our level 2 UNICEF baby friendly accreditation and progress towards level 3
- We will utilise findings and recommendations from the London-wide child obesity sector led improvement review and the Great Weight Debate. This will probably include looking at how London can become more of a Breast-feeding friendly city.

## Environment

Making the healthy choice the easier choice is a key focus of our approach in Haringey. Some examples of how we build healthy and active-friendly places are:

- Utilising regeneration and planning opportunities to influence the availability and accessibility of green space and play areas in new council developments/estates. An exciting development was the [“No ball games”](#) signs being removed from council run properties in March 2016.
- Maximising the assets that already exist, to promote (and provide) physical activity: our parks, outdoor gyms, leisure facilities, community halls, libraries, and schools.
- Developing and strengthening Playstreets so that they are more regular, in more locations. We are currently working on a recent HOA pledge made by Cllr Weston, for Haringey to host a weekend of playstreets. This will probably happen in the springtime of 2017.
- Increasing the number of healthy food options and consider a local sugar tax for council owned premises such as leisure centres, children’s centres and our parks. This will form Cllr Arthurs pledge, as the chair of the obesity alliance, and highlight Haringey’s preventative approach.
- A disappointing recent development is Haringey’s plans to implement a 400m exclusion zone of hot fast food takeaways around schools has been rejected by the external planning officer. We are working up the next step in our approach to this.

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