

# CHILD OBESITY IN HILLINGDON

<b>Relevant Board Member(s)</b>	Councillor Phillip Corthorne
<b>Organisation</b>	London Borough of Hillingdon
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<b>Papers with report</b>	None

## 1. HEADLINE INFORMATION

<b>Summary</b>	This report to the Health and Wellbeing Board sets out the approach taken to date to address childhood obesity in Hillingdon and assesses the need and issues locally. The Board is invited to agree further action across partners to review the effectiveness of interventions and to make proposals for further actions required to impact on issues in Hillingdon.
<b>Contribution to plans and strategies</b>	Hillingdon's Joint Health and Wellbeing Strategy
<b>Financial Cost</b>	There are no direct financial costs arising from this report.
<b>Ward(s) affected</b>	All

## 2. RECOMMENDATION

**That the Health and Wellbeing Board agrees the actions set out under next steps below and instructs officers to bring back an updated delivery plan to the next meeting.**

## 3. INFORMATION

### **Background**

At its last meeting in December 2018, the Board heard how the latest data from the National Child Measurement Programme was indicating that numbers of children in Hillingdon who were obese were increasing especially between their arrival at reception and school year 6.

Hillingdon also welcomed the Chief Executive of Public Health England, Duncan Selbie, to the Borough on 14 January 2019. He noted that most of the indicators in the public health outcomes framework for Hillingdon are the same or better than the London and England average. The notable exception being the high number of overweight 10 to 11 year olds, and he urged an approach that uses all means at the Council's disposal to tackle this. Officers were, therefore, asked to review the position, existing actions and come back to the Board with proposals.

## Child Obesity in Hillingdon

Overweight and obesity are defined as an abnormal or excessive accumulation of body fat that presents a risk to health. The common measure is the Body Mass Index (BMI) which is the person's weight in kilograms divided by the square of the person's height. This measure is used in the National Child Measurement Programme (NCMP) which measures the height and weight of children in Reception class (ages 4 to 5) and Year 6 (ages 10 to 11), to assess overweight and obesity levels in children within primary schools.

London as a whole has high levels of child obesity compared to the rest of the country. Over 38 per cent of London's 10-11 year olds are overweight or obese compared to 34 per cent nationally.

Hillingdon NCMP results (2017/18) show that one in every five (21.3%) children is overweight or obese when starting school in Reception year at age 4-5. By Year 6, age 11, more than one in every three (37.7%) children in Hillingdon is measured as overweight or obese. Previous analysis of the 2016/17 results showed in more detail the proportions and actual numbers of Hillingdon children affected by overweight and obesity:

### Reception Year (children age 4-5 years)

- 20.5% (818 children) were either overweight or obese;
- 9.3% (370 children) were obese; and
- 2.23% (89 children) were severely obese.

### Year 6 (children age 10-11 years)

- 38% (1,281 children) were either overweight or obese;
- 23.2% (781 children) were obese; and
- 4.74% (160 children) were severely obese.

The rate of increase in overweight (including obese) during a child's primary school years, from Reception to Year 6, is higher in Hillingdon than London or England (2010/11 to 2016/17). For example, in 2010/11 in Hillingdon, 22.2% of Reception year children were overweight (including obese). The proportion for this same group of children when they reached Year 6 in 2016/17 was 38.0%, a difference of 15.8% points. This difference is higher than the London (+15.0% points) or England (+11.6% points) figures for the same cohort.

In 2018, the Government strategy *Childhood obesity: a plan for action*, Chapter 2 noted that:

"The burden of childhood obesity is being felt the hardest in more deprived areas with children growing up in low income households more than twice as likely to be obese than those in higher income households. Children from black and minority ethnic families are also more likely than children from white families to be overweight or obese and this inequality gap is increasing".

Analysis of Hillingdon data for 2016/17 confirms that children living in the more 'deprived' areas of Hillingdon (according to the standard definitions) are more likely to be overweight or obese.

The prevalence of overweight and obesity among Year 6 children (age 10-11) was higher for most ethnic backgrounds in Hillingdon than it was for England, with the largest differences among children from Black Other, Indian, White & Black Caribbean and Asian Other

backgrounds.

The Hillingdon prevalence for children in Year 6 who were overweight (including obese) was above England (2014/15 to 2016/17); there were therefore only 9 (of 22) Hillingdon wards where the proportion of overweight (including obese) children was below England.

### **The adverse effects of obesity**

The adverse impacts of obesity are well-documented. It increases the risk of heart disease, stroke, Type 2 diabetes, non-alcoholic fatty liver disease, mental health disorders and some cancers in adults.

In children, obesity is associated with a wide variety of health problems, including poor psychological and emotional health, breathing difficulties, increased risk of fractures, hypertension, high cholesterol, early markers of cardiovascular disease, gallstones, glucose intolerance and insulin resistance, Type 2 diabetes, sleep apnoea, asthma, skin conditions, menstrual abnormalities, impaired balance and orthopaedic problems.

Many children who are overweight or obese experience bullying, social isolation and low self-esteem linked to their weight. Such children are less likely to be physically active. Obesity is also associated with poor academic performance and a lower quality of life experienced by the child. Until recently, many of the above health conditions had only been found in adults; now they are extremely prevalent in obese children. Although most of the physical health conditions associated with childhood obesity are preventable and can disappear when a child or adolescent reaches a healthy weight, some continue to have negative consequences throughout adulthood. Obese children are more likely to become obese adults and have a higher risk of suffering with illnesses, disability and premature mortality.

### **National and regional approaches to tackling obesity**

The Government published *Childhood Obesity - a plan for action* in 2016. The plan announced three initiatives aimed at reducing the sugar content of food and drinks and improving the food environment in public sector buildings:

- The Soft Drinks Industry Levy - the revenue from the levy to be invested in programmes to reduce obesity and encourage physical activity and balanced diets for school age children.
- All sectors of the food and drinks industry challenged to reduce overall sugar across a range of products that contribute to children's sugar intake by at least 20% by 2020, including a 5% reduction in year one. Achievable through reduction of sugar levels in products, reducing portion size or shifting purchasing towards lower sugar alternatives.
- Every public sector setting, from leisure centres to hospitals, should have a food environment designed so the easy choices are also the healthy ones. Local authorities were to be encouraged to adopt the Government Buying Standards for Food and Catering standards, which include nutrition standards which require providers to offer the smallest available snack sizes and the smallest confectionery portion sizes; limit the size and availability of sugar drinks; conduct menu analysis and provide menus with calorie content and allergen labelling. The standards should apply to all food provision but particularly to leisure centre vending machines.

An update to the Government's Action Plan was issued in 2018. '*Childhood obesity: a plan for action, Chapter 2*' set a national ambition to "halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030." The updated plan included a series of proposals aimed at limiting the sale and promotion of unhealthy food:

- Proposals to consult on legislation to end the sale of energy drinks to children - the consultation has now closed and is under consideration;
- In response to evidence that, on average, overweight and obese children are consuming up to 500 extra calories per day from not just sugary foods, the Government challenged food and drink companies - manufacturers, retailers, restaurants and takeaways - to reduce by 20% the calories in a range of everyday foods consumed by children by 2024;
- Proposals to consult on introducing a 9pm watershed on TV advertising of High Fat, Sugar and Salt products and similar protection for children viewing adverts online, with the aim of limiting children's exposure to HFSS advertising and driving further reformulation;
- A proposed ban on price promotions, such as buy one get one free and multi-buy offers or unlimited refills of unhealthy foods and drinks in the retail and out of home sector through legislation; and
- A proposed ban on the promotion of unhealthy food and drink by location (at checkouts, the end of aisles and store entrances) in the retail and out of home sector through legislation.

The Action Plan noted that "the scale of the challenge means that Government, the food and drink industry, the NHS, local authorities, schools and families all need to play their part in helping to tackle childhood obesity and be ambitious in doing so." The following proposed measures were aimed at reducing sugar and improving nutrition standards in schools and other public sector organisations, and at increasing physical activity during the school day:

- An update of the School Food Standards to reduce sugar consumption, with detailed guidance to caterers and schools.
- Consult on strengthening the nutrition standards in the Government Buying Standards for Food and Catering Services, to bring them into line with the latest scientific dietary advice.
- Review how the least active children are being engaged in physical activity in and around the school day and promote a national ambition for every primary school to adopt an active mile initiative, such as the 'Daily Mile'.

The Mayor of London has also established a Child Obesity Taskforce and has announced measures aimed at improving London's food environment. These include: introducing advertising restrictions across Transport for London's advertising estate to reduce exposure to advertisements for foods and non-alcoholic drinks which are high in fat, sugar and salt; supporting new and existing hot food takeaways to make simple, healthy improvements to their food; proposals to restrict new hot food takeaways opening within 400 metres of schools; and supporting the creation of 'health super zones' around schools, particularly in deprived areas.

NHS England has reduced or eliminated the sale of sugary drinks in hospitals across its estate, including by retailers operating in hospital premises. This follows a move in 2017 to remove 'super-sized' chocolates and snacks from hospital outlets.

## Tackling obesity in local areas

It is acknowledged that there is no single, obvious solution to reverse the trend towards excess weight in children. So far, no country has succeeded in reversing obesity trends. The central Government approach emphasises the need for consistent action at the national and local level: “long-term, sustainable change will only be achieved through the active engagement of schools, communities, families and individuals”.

The Government has suggested that local authorities use their powers to “limit the opening of additional fast food outlets close to schools and in areas of over-concentration; prioritise active travel in transport plans and deliver walking and cycling infrastructure through Local Cycling and Walking Infrastructure Plans; ensure access to quality green space to promote physical activity. They can also offer professional training, parenting support, social marketing campaigns and weight management services. They can partner with leisure and sport facilities to offer accessible physical activity opportunities.”

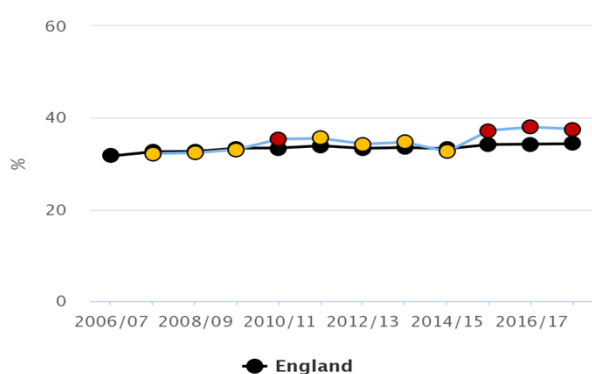
## Hillingdon

Hillingdon already provides a great deal to enable people to lead healthy lives, and there is already a lot being done by the Council, the NHS and other partners to encourage physical activity and to offer support to children and families who are identified as being an unhealthy weight.

The trend in child obesity remains a matter of concern. The figure and table below show that the levels of overweight including obesity in Hillingdon are continuing to rise and that the numbers of children affected are also increasing. Demographic and social changes suggest that the problem will continue to escalate unless a broad range of actions are taken to address the rising levels of obesity.

### Prevalence of overweight including obesity in children aged 10-11

2.06ii – Child excess weight in 4-5 and 10-11 year olds – 10-11 year olds – Hillingdon



Year	%	Number
2007/08	32.2	852
2008/09	32.4	913
2009/10	33.1	938
2010/11	35.4	1017
2011/12	35.5	1018
2012/13	34.3	971
2013/14	34.6	1076
2014/15	32.6	1003
2015/16	37.2	1227
2016/17	38.0	1281
2017/18	37.6	1314

Prevention and wellbeing is a key strand of Hillingdon’s Joint Health and Wellbeing Strategy 2018-21. Within the strategy, we have identified the need to provide a healthy start in life for children and young people, beginning with the health of mothers, promoting breastfeeding and physical activity and reducing child obesity.

The table below sets out some activity currently in place to support residents and help reduce child obesity:

	<b>Existing Local actions</b>
<b>Physical environment</b>	Hillingdon has 200+ <b>green spaces</b> covering 1,800 acres with 50 parks or open spaces designated with the Green Flag quality mark. There is ongoing investment in upgrading footpaths and canal towpaths to encourage walking and cycling and investment in outdoor recreation and events to promote health and physical activity
<b>Pre-conception, maternity and early years</b>	<p>THH, CNWL have achieved Level 2 of the UNICEF 'Baby Friendly' accreditation which ensures staff are able to advise parents and parents to be on the importance of breastfeeding, infant nutrition and weaning. Children's Centres are about to commence the accreditation process.</p> <p>All pregnant women receive advice on healthy weight, with additional weight management support for women who are obese.</p> <p>Children's Centres provide a variety of sessions which focus on nutrition and physical activity.</p>
<b>Journeys by foot or bike</b>	<p>Planning for <b>active travel</b> focusses on measures to encourage walking and cycling to school and ensuring accessibility for all across the Borough.</p> <p>There is <b>cycle training</b> for children alongside <b>school travel planning</b> and promotion of walking to school.</p>
<b>Child weight management</b>	<p>Parents of all children who are measured as overweight or obese are sent information and are invited to attend the MEND programme which offers obesity treatment for children and young people aged 5-7 and 7-13.</p> <p>A recent change in the letters sent to parents with results from the child measurement programme (which follow a national standard) has increased demand for the MEND programme, which is currently oversubscribed.</p>
<b>Supporting people to be active</b>	<p>Improvements to children's playgrounds and equipment.</p> <p>Family use of Hillingdon outdoor gyms has been encouraged by instructor-led sessions.</p> <p>In 2018, many sports clubs offered free taster sessions to encourage more participation in sport by younger people.</p> <p>Hillingdon participates in the London Youth Games, the annual mini-marathon, and promotes outdoor play activities through children's centres.</p>
<b>Access to healthy food</b>	<p>Current and proposed Government interventions (such as sugary drinks tax) and initiatives with industry to reduce high fat sugar and salt in foods.</p> <p>Supply side controls via advertising restrictions and proximity to schools.</p>
<b>Schools</b>	<p>62 Hillingdon schools are registered with the Healthy Schools London programme which encourages a healthy diet and physical activity.</p> <p>Participation in the 'Daily Mile' and other initiatives is the responsibility of individual schools.</p> <p>Roll out of water drinking fountains to schools and in other public areas.</p>

## Next Steps

It is clear that in Hillingdon there is a lot available and going on to support people to stay fit and healthy. We have a wealth of good quality parks and green spaces and state of the art leisure

centres. We have physical activity programmes including several that are targeted at those most in need such as the MEND programme. Our maternity and early years support is in place and providing children and their families with a good start in life.

However, despite all this positive work, the outcome indicators on child obesity are still moving in the wrong direction and seem intractable. Obesity is a national (if not international) phenomenon and many of the powers to intervene, such as supply side controls on unhealthy foods, would naturally fall to national Government. The challenge for a local obesity plan is to identify which interventions offer greatest return on investment and are the most effective in reaching those that need help. Overall, we need to establish the very best starts in life for all young people and their families, through breastfeeding and then healthy eating, good nutrition and exercise, and in doing so "sow the seeds" of positive behaviour throughout childhood and into adulthood.

It is proposed, therefore, that under the support of our Early Intervention, Self Help and Prevention Working Group, we develop a child obesity delivery plan which:

- Reviews effectiveness of interventions in terms of take up, throughput, outputs and outcomes so as to see what is working and where there may be gaps.
- Explore routes to support families more through pathways, wellbeing services and social prescribing referrals.
- Identify gaps in current provision and make proposals for change.

It is proposed that officers be instructed to work with partners and to bring a fuller plan be brought back to the next Board for agreement.

### **Financial Implications**

There are no financial costs arising from the recommendations in the report.

## **4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES**

### **What will be the effect of the recommendation?**

Activity to reduce levels of Child Obesity will benefit residents

## **5. CORPORATE IMPLICATIONS**

### **Hillingdon Council Corporate Finance comments**

Corporate Finance has reviewed the report and confirms that there are no financial implications arising from the report recommendations.

### **Hillingdon Council Legal comments**

All necessary legal implications are contained within the body of the report

## **6. BACKGROUND PAPERS**

None.