

CHILDHOOD OBESITY ACTION PLAN

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Kevin Byrne, Health Integration and Voluntary Sector Partnerships
Papers with report	Appendix 1: Draft Childhood Obesity action plan

1. HEADLINE INFORMATION

Summary	Childhood Obesity has been identified as a significant and growing public health priority in Hillingdon. This report sets out a proposed delivery plan identifying actions from across partners to tackle childhood obesity.
Contribution to plans and strategies	The report delivers on a key element of the Hillingdon Joint Health and Wellbeing Strategy and the North West London Sustainability and Transformation plan.
Financial Cost	There are no financial costs arising directly from the draft action plan. Some actions will require the development of business cases, to be considered on their merits in due course.
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board agrees to the delivery plan at Appendix 1 and instructs officers to implement and report back on progress at the Board's next meeting.

3. INFORMATION

Supporting Information

At its meeting on 5 March 2019, the Board considered evidence regarding levels of Childhood Obesity in Hillingdon and asked that officers develop a delivery plan to address issues identified.

Childhood Obesity in Hillingdon

The Board particularly noted the following facts:

Obesity causes harm. Children and young people who are overweight or obese are more likely to be ill and be absent from school. They are more likely to have asthma, sleep problems, lower self-esteem, pre-diabetes, pain in their joints and muscles. Obese children are much more likely

to become obese adults, where even more serious health consequences occur.

Childhood obesity rates in Hillingdon have been steadily rising and remain high. One in five children in reception year is overweight or obese and that rises to more than one in three in year 6. Early childhood is a critical time to intervene to avoid childhood obesity as children are developing and learning healthy or unhealthy behaviours from a young age.

By year 6 (age 10 to 11 years) a greater proportion of children in Hillingdon, carry excess weight than in London or nationally. One in three children aged 10 to 11 years are overweight or obese and this proportion is increasing over time.

Some groups are at greater risk. Residents living in poorer areas are more than twice as likely to be overweight as people living in prosperous areas. Other groups at increased risk are boys, people from BAME communities and children whose parents are overweight or obese.

Childhood obesity is a complex problem and change requires system wide engagement with a "multifaceted" approach. Evidence suggests that there are over 100 contributing factors (Foresight; Tackling Obesity) and the Government Action Plan sets out a national framework for action.

The Board agreed that under the support of the 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.
- explores routes to support families more through pathways, wellbeing services and social prescribing referrals.
- identifies gaps in current provision and make proposals for change.

The overarching aim of the Hillingdon action plan is to promote an environment that enables children, young people and their families to eat well, be physically active and maintain a healthy weight. It builds on some of our successes to date:

- Early years support and breastfeeding take up by nearly 60% of mothers.
- Excellent access to natural environment and green spaces with over 50 green flags in Hillingdon as well as state of the art leisure and cultural facilities.
- Physical activity and sport programmes delivering across communities, including opportunities for walking and cycling, fishing, golf, gardening and tennis.
- Over 5,000 attendances in organised park based activities during 2016 and 2018 (ParkLife, Xplorer and outdoor gym programmes).
- Increase in the number of schools applying for Healthy School London awards, focusing on physical activity and healthy eating.

The action plan draws on evidence of good practice and interventions in the Government's Plan for Action and from across North West London Sustainability and Transformation Plan. The action plan is structured around seven themes:

1. Early years and Maternity Services
2. Access to green spaces and supporting more physical activity
3. Schools
4. Access to healthy food
5. Public and community settings
6. Weight management services

7. Evaluation, Campaigns and communications

1. Early Years and Maternity Services

We know that providing children with the best start in life will establish healthy eating habits and behaviours and active lifestyles. The origins of obesity in young children can stem from parental choices and lifestyles. Babies born to obese mothers have increased body fat at birth. Babies who are breast-fed are at reduced risk of becoming overweight. Support for families before and after birth will be important to establish positive behaviours.

At present, front line maternity staff provide mothers-to-be with support and guidance around healthy weight and nutrition during pregnancy. Midwives, health visitors and Children's Centre staff are trained to support families with responsive feeding and encourage take up of breastfeeding, through ante and postnatal contacts and the provision of breastfeeding support groups.

Health visitors reinforce key messages in relation to nutrition and promote healthy weight and increased levels of physical activity at "mandated contacts" (ante-natal, new birth, 6-8 week review, 8 month and then 2.5 year development review), in relation to maternal health and child health.

The 0-19 Healthy Child Service delivered by CNWL, includes the National Child Measurement Programme (NCMP) contacts in Reception Year (4-5 years) and Year 6 (10-11 years). School Nurses are also commissioned to deliver a referral based healthy weight management programme for older children, currently MEND.

Children's Centres provide a range of information, advice, and support in relation to healthy lifestyles for children and families. Activities include parent and child workshops, drawing upon the NHS Change for Life literature enabling parents to prepare healthy nutritious meals and snacks, consider portion size, reduce sugar intake and increase physical activity. The Brush for Life programme also encourages good habits for tooth brushing and visiting the dentist from an early age.

The Action Plan, therefore, takes a pathway approach from ante-natal and health of parents through to school age attendance and healthy weight in school. It recognises the importance of multifaceted intervention and proposes reviewing take up and outcomes of activities as cited above to identify any possible improvements and to make recommendations to ensure that children have the best start in life.

2. Access to green spaces and supporting more physical activity

Exposure to the natural environment and green space is associated with lower levels of obesity and higher levels of physical activity. However, despite the availability of good quality green spaces and leisure facilities in Hillingdon, some residents are still not physically active. Inactive parents are likely to have inactive children. A strong universal sport and leisure offer will help to support families to increase their levels of physical activity. In addition targeted provision can help to meet particular needs of those children identified as overweight or obese or at risk.

At present, Hillingdon runs a programme of exercise instructor led outdoor gym sessions (for adults) and plans are being developed to provide children and family led games and physical

activity programmes to run simultaneously in these parks.

Programmes to encourage outdoor play activities are being delivered with Children Centres and the Library Service for children aged under 5. Plans are being finalised to increase use of tennis courts in Hillingdon parks, free of charge, with an opportunity to book onto free coaching sessions for children and families.

Children with disabilities have access to weekly exercise instructor led multi-sports sessions at a local leisure centre. Free Sports Taster sessions for children and families at local sports clubs are offered twice a year over a 2 week period to encourage participants to try new sports and sign up to become members of sports clubs. The Council also runs a FIESTA programme of summer activities for 5-19 year olds in the Borough which include opportunities to try various sports and physical activity programmes.

Let's Get Moving is an exercise programme for residents over the age of 18; a person is referred by their local GP to a council leisure facility to undertake a 12 week programme (at a discounted rate). The programme was launched in 2018 and will be subsumed within the Council's current tender for Leisure contract services.

The Action Plan proposes to increase the offer of organised physical activity opportunities in parks through exploring a proposal to commission an Our Parks programme. Our Parks provide free and low cost sustainable exercise, offering a wide programme of exercise and sports, for whole communities ranging from children aged 3, to young people, women, families, older people and targeting those who are specifically inactive.

In addition, the Action Plan also proposes to explore whether there are further opportunities for referral from health partners (as social prescribing) to supporting families and children with accessing the support and help they need to lead active lives.

3. Schools

Schools are uniquely placed to promote healthy weight in their pupils, offering guidance and information as well as good quality meals and avoiding food, high in fat, sugar and salt. Encouraging, sport, physical activity and play within the curriculum and outside at break time can influence young people's behaviour and help to establish physically active adults. Initiatives such as school travel plans, which promote walking and cycling and "the daily mile" all have a role to play.

At present, we know a number of schools are following best practice. 64 Hillingdon schools are registered with the Healthy Schools London (HSL) programme (as at 21/05/19) which was established to encourage healthy diet and promote physical activity. The Council provides training to schools on how to progress through the HSL programme and as well as providing a quality assurance role to the award system.

The HSL foundation level is a good measure of schools following best practice. Schools that are just registered, are not yet actively involved in the programme. The Silver award requires schools to develop an action plan addressing a health priority (healthy eating and physical activity are 2 of 4 priority themes). Each priority must have measurable outcomes and will usually include parental engagement. Gold is reporting on the Silver plan. These awards are potential ways of addressing childhood obesity at a school level. We do not know, however, whether there is

universal coverage or whether there are gaps or further opportunities for intervention through schools.

The Council also delivers the annual London Youth Games which provides opportunities for children from age 7-15 to participate in a range of competitive sports; and the annual Mini Marathon for school children between 10-17 to participate in the final three miles of the London Marathon.

The Action Plan, therefore, proposes that a key workstream to develop a better understanding of where schools are at present and what more might be done to promote healthy weight initiatives and to make proposals. This includes:

- Raising the profile of Healthy Schools London programme as a tool for evidencing Personal Development requirements in Ofsted 2019 inspection framework.
- Encouraging schools to apply for HSL Silver and Gold awards as a way of reducing the number of children classified as overweight or obese (NCMP data).
- Mapping exercise of Primary PE and Sport Premium school action plans to see how funding is being spent and the impact it is having. Examples of good impact to be shared through school networks.
- Potentially promoting the Daily Mile.
- Promoting Active school travel plans (by foot/bike/scooter).

4. Access to healthy food

The thrust of Government intervention so far has been to influence the supply of healthy food and penalise unhealthy options. Nationally, the Government has sought to work with food and drink companies to reduce calories in food on sale and to provide clearer labelling. Advertising and promotion of unhealthy options (high in fat, sugar and salt) are under review with a view to introducing a watershed on TV advertising, for example. Voluntary schemes such as removal of confectionery from checkouts or restricting price promotions are being developed.

In addition, the soft drinks industry levy has been introduced to tackle the largest contributor of sugar in children's diets by instructing manufacturers to reduce the sugar in their drinks or pay the levy. Further action is proposed to continue to reduce sugar in takeaways and foods such as breakfast cereals.

With various interventions underway and being considered at national level to address the "supply side", the focus at a local level, therefore, should consider what might work to influence "demand" and behaviour. At present, advice and guidance is largely dependent upon front line staff in 0-19 settings and schools.

The Action Plan proposes to explore whether there is a gap in providing families and children and young people with practical help in making healthy food choices and to educate consumers. An example is the current roll out of water fountains in public places and through schools.

5. Public and community settings

The public sector including the NHS is ideally placed to lead by example and ensuring a healthy food environment for children and parents on their premises.

One option to consider may be the Government Buying Standards for Food and Catering Services

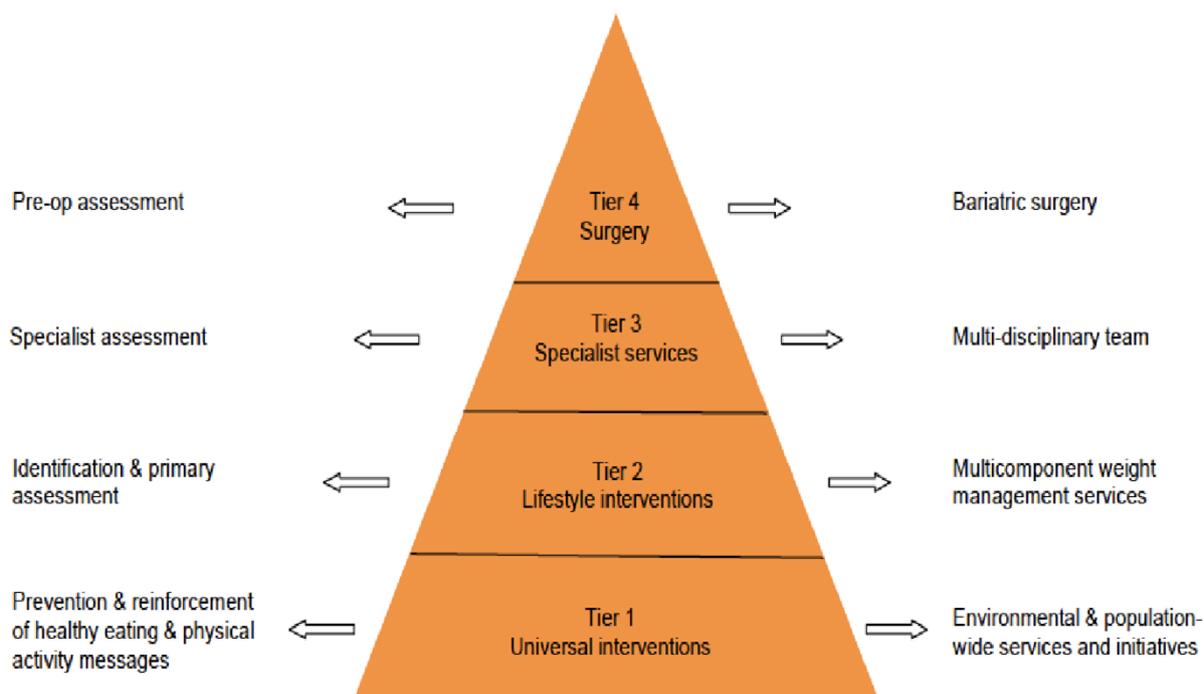
(GBSF), which are currently mandatory for central Government and hospitals but could also be encouraged in leisure centres and schools. The standards encourage provision of healthy food and drink in public settings and avoiding products that are high in sugar, fat or salt.

6. Weight management services

In addition to the early intervention and prevention actions covered in the Action Plan, there is a need to ensure that treatment services are delivering support needed for children and young people identified as overweight and obese.

The National Child Measurement Plan is now well established and provides good quality data on which children in Hillingdon are overweight and obese or at risk of becoming so.

There are established referral routes in place to support children and their families once identified under the NCMP. Parents of all obese and overweight children are sent information and invited to attend the family based the MEND (Mind Exercise, Nutrition, Do-it) programme which has been operating in Hillingdon for a number of years. The programme focuses on knowledge and skills related to healthy eating and behaviour change. Take up appears to be small but outcomes are positive. The Action Plan proposes to review the referral pathway of this cohort to understand whether the current interventions are working and sufficient to meet demand and to make proposals.



The diagram above sets out how treatment services may be considered under a tiered support service, with each tier providing a different intervention:

Tier 1: Primary activity, population level public health preventative action (universal).

Tier 2: Community based services for weight management through lifestyle change.

Tier 3: Specialist weight management services for people with severe and complex obesity.

Tier 4: Bariatric (weight loss) surgery (unlikely to be offered to children and young people).

Intervention such as the current MEND programme can be seen as tier 2 services and the Action Plan also proposes a review of tier 3 to ensure that support for when children and young people have more complex needs is also effective.

7. Evaluation, campaigns and communications

Evaluation

Given the complexity of the childhood obesity challenge, it is important that we take a strategic and longer term view of the effectiveness of our interventions in Hillingdon based on evidence of the changing needs and assessing the outcomes achieved. The Action Plan, therefore, proposes to develop a worksteam which evaluates the impact of current programmes against the understood need in Hillingdon, best practice and to make proposals. The evaluation will consider outcomes in respect of:

- **Improving social, educational and health outcomes:** supporting residents to ensure that we are doing all that we can to prevent long term damage to their physical and mental health, education attainment and social engagement.
- **Reducing cost to the local economy:** the financial burden of obesity is significant. In 2014/15, the cost of obesity related ill health to the NHS was estimated at £6.1 billion per annum. Wider costs to the economy estimated at £27 billion per annum.
- **Reducing the negative impact on personal productivity and public services:** Overweight and obesity levels in a population impact on public expenses and personal income due to increased body mass index (BMI) being associated with decreased work productivity.
- **Reducing future need for social care and treatment:** Tackling childhood obesity makes good business sense. Based on the current trends, the numbers of overweight and obese children in Hillingdon's population are projected to increase. If this is allowed to happen, in future, the corresponding need for social and health care services will increase. The prevalence of type 2 diabetes and non-alcoholic fatty liver disease in children is increasing; by 2022–23, the Department of Health expects a further 1,000 children every year will need to be treated for severe complications of obesity.

- **Application of the latest evidence:** There is new evidence emerging constantly on what works. We presume managers incorporate best practice on an ongoing basis but without review it is difficult to tell to what extent that happens, especially when the outcomes are moving in the wrong direction. As an example; a recent study concluded that parents may inadvertently promote excess weight gain in childhood by using inappropriately restrictive child-feeding behaviours. It would be appropriate to review that frontline staff and our local policies promote appropriate messages to encourage behaviours which are helpful towards healthy lifestyles.

Campaigns - explore developing local priorities utilising the “Change for Life” national branding and building on Hillingdon’s Residents First credentials.

Communications - reflecting the multifaceted nature of the action plan seek out regular opportunities for messaging residents through existing channels and alongside frontline contacts to promote the healthy weight messages and to signpost to activities and opportunities.

Childhood Healthy Weight Task and Finish Group

We propose that a new partnership task and finish group be established to oversee the actions contained in this plan and report via the Early Intervention, Prevention and Self Care group, upwards to the Health and Wellbeing Board and to sovereign governance bodies (for example, in relation to any commissioning decisions) regarding recommendations in this report. The group’s prime role will be to focus on actions identified, review options and to make recommendations and then ensure delivery. A core membership is suggested as:

- **Hillingdon Council** services and commissioners, including:
 - Public Health
 - Early Years
 - Sport and Physical Activity
 - Schools Engagement
 - Procurement
 - Communications
- **The Hillingdon Hospital:**
 - Dieticians and Maternity services
- **HCCG** Commissioner
- **CNWL** early years practitioner.
- Other expert input will be considered as appropriate.

Financial Implications

There are no financial implications arising directly from the report. Costs for existing programmes are being met from agreed budgets and any future recommendations for changes for example to commissioning plans would become proposals to governance boards in the normal way.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The recommendation will facilitate a more joined up approach to tackling childhood obesity in Hillingdon and promote healthy weight.

Consultation Carried Out or Required

Discussions have been held with partners at The Hillingdon Hospital and at CNWL and with HCCG and across Council services. These will continue under the auspices of the proposed task and finish group.

Policy Overview Committee comments

None at this stage.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance has reviewed the report and concurs with the financial implications set out above, noting that the recommendation in the report has no financial implications and will be delivered within the current approved budgets. Any additional expenditure arising from the implementation of the action plan will be subject to further proposals/business cases to the appropriate decision bodies.

Hillingdon Council Legal comments

The Borough Solicitor confirms that there are no specific legal implications arising from this report

6. BACKGROUND PAPERS

NIL.