

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	PREVENTION AND MANAGEMENT OF CHILDHOOD OBESITY		
DATE OF DECISION:	27 JULY 2016		
REPORT OF:	INTERIM PUBLIC HEALTH DIRECTOR		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY

Not applicable

BRIEF SUMMARY

In Southampton 24.5% of children in year R (5 year olds) are either overweight or obese (England average 22.5%). Among year 6 pupils (11 year olds) levels of overweight and obesity increase to 36.8% (England average 33.5%, data from the National Child Measurement Programme for 2013/14). Levels of overweight and obesity among year R pupils have remained stable over time but for year 6 pupils levels have steadily increased. Among adults in Southampton 64.8% are either overweight or obese (Southampton Health Profile, 2015). Obesity in childhood is associated with reduced academic performance, low self-esteem, school absence, bone and joint problems, high cholesterol and type 2 diabetes, as well as obesity and premature mortality in adulthood. Since Public Health transferred to Local Authority in April 2013, Southampton City Council has had the responsibility for the prevention and management of obesity in the city. The council has a significant role to play in influencing whether the environment in the city is obesogenic (encourages behaviors towards developing obesity) and can encourage partnerships and new ways of working to tackle the issue. This paper outlines a proposal to develop a childhood obesity prevention plan and requests collaboration across council departments in the development and implementation of the plan.

RECOMMENDATIONS:

- (i) To endorse the development of a city wide plan for the prevention and management of childhood obesity. Action taken should seek to achieve a reduction in health inequalities by targeting the most deprived communities.
- (ii) To endorse and drive a city wide approach across a range of sectors to address wider determinants for childhood obesity.

- (iii) To agree a target to tackle childhood obesity as recommended by the workshop, to increase the proportion of healthy weight children in the city and reduce excess weight among children by 5% in 5 years.

REASONS FOR REPORT RECOMMENDATIONS

1. Childhood obesity is increasing in Southampton and Southampton City Council has responsibility for the prevention and management of childhood obesity.
2. Obesity affects disadvantaged communities most, action is required across organisations and systems to effectively address the issue
3. The previous strategy developed by the PCT has expired and there is a need to develop a new plan to drive action for children and young people in the city. This work aligns with the behaviour change themed priority in the draft HWB Strategy: **People in Southampton live active, safe and independent lives.**

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

4. Do nothing (no change)
Current trends indicate that childhood obesity especially among year 6 pupils will continue to rise. Childhood obesity is associated with low academic attainment, poorer employment outcomes and an increased likelihood of being in receipt of welfare in adulthood.
5. Those obese in childhood are likely to remain obese as adults and obesity in adulthood increases the risk of cardiovascular disease, cancer and type 2 diabetes, resulting in increased costs for health and social care.
6. In view of the upward trend in childhood obesity and given that the prevention and management of childhood obesity is now the responsibility of the local authority under the Health and Social Care Act 2012, this alternative option is not recommended.

DETAIL (Including consultation carried out)

Level of Childhood obesity in Southampton

7. Obesity prevalence increases with age, and is higher among those on the lowest incomes, those with no qualifications and those living the most deprived areas. Amongst men, those who are skilled manual workers and among women those who are unskilled manual workers have consistently higher obesity prevalence compared to other social classes. In ethnic minority groups the prevalence of obesity is higher among Pakistani women, Black African women and Black Caribbean men and women.

8. In Southampton 8.6% 5 year olds (year R) are obese (not including overweight), levels double for 11 year olds (year 6) to 20.8% (2014/15). A crude estimate suggests that there are approximately 19,500 obese or overweight 0-19 year olds in the city. Those who are obese in childhood are likely to remain obese as adults. Data indicates that obesity prevalence in children has increased steadily over the last 10 years.
9. Obesity is associated with lower academic attainment compared to healthy weight individuals. In addition research shows that obese individuals are less likely to pursue further education, are more likely to be in receipt of welfare support and have poorer employment and relationship outcomes.

10. **National and local Insights**

- The national family food survey indicate that low income households consistently purchase less fruit and vegetables, more pork, eggs, sweets and chocolates. A poor quality diet, low in fruit and vegetables, high in fat, saturated fat, sugar and salt is linked to a number of diet-related diseases including diabetes, cardiovascular disease and certain cancers. Those on the lowest incomes are at greater risk of having a poor quality diet.
11. Insights from local families suggest that parents understand the healthy eating messages and would like to eat more healthily but there are often barriers to putting them into action. The key barriers are; mixed messages in the media, the higher cost of healthier food options, opposition from family members and lack of confidence about their cooking skills. Increasingly local families are shopping for food more often but buy a smaller number of items with a reliance on bargains, indicating that there was less planning involved in family meals.
 12. Insights gathered from agencies that support local families generally reported trends towards unhealthier food choices and missed meals. The agencies also reported that after school sports and activity clubs were well attended but fundamental physical skills such as catching, throwing jumping are lacking.
 13. Action taken to tackle obesity should seek to achieve a reduction in health inequalities and target the most deprived communities.
14. **What Action is Required**
- In recent months Southampton participated in a pilot of the Childhood Obesity Prioritisation tool, (commissioned by Public Health England) which highlighted that tackling childhood obesity was not a strategic priority. Public interest in reducing childhood obesity is increasing, and it was recognised by the HWB that the City could and should do more and ensure that tackling childhood obesity is a strategic priority.
15. The national childhood obesity strategy is due to be published later in 2016. A local prevention plan should be developed for Southampton to provide a

strong, local vision outlining how the council and partners can tackle the issue. The plan should be regularly reviewed to enable the Health and Wellbeing Board to be a critical friend for delivery teams and partners.

16. Public Health have lead an initial stakeholder workshop this included representatives from Health, Leisure, planning academia and Public Health England. A key recommendation of the workshop was that the plan should outline clear aims to reduce childhood obesity by 5% in 5 years and detail the actions that will be taken.
17. The causes of obesity are complex and a single intervention or programme will not address the issue. Action needs to be taken at all levels using a “whole systems approach”, across all sectors, organisations and communities. The current approach points the responsibility to the individual and focusses on encouraging individual behaviour change. However, habits, the environment, limited choice and other constraints can thwart efforts made at an individual level. The approach should go beyond health education/behaviour change and include environmental changes to improve the lifestyle choices and behaviours of a population.
18. The Childhood Obesity Prioritisation tool exercise identified an imbalance between opportunities for physical activity and improving diet & nutrition. There were a range of opportunities for children and young people to increase their physical activity levels (it was not clear if these activities engaged the communities most at risk). However, little is offered to improve food choices, both in terms of targeted interventions and universal interventions, such as restrictions on the concentration of takeaways in areas in close proximity to schools.
19. Schools are well placed and already do much to encourage healthy lifestyle choices. More targeted work is required to improve food choice among families with primary school aged children, as the prevalence of childhood obesity doubles during this period. Families should be supported to improve food shopping and cooking skills. The Youth Health Champion model could be rolled out in secondary schools, so more young people can promote healthy lifestyle choices among their peers. For children and young people who have been identified as having excess weight the plan will ensure there is a clear pathway of self- help and support available.
20. The prioritisation process also identified the need for a more robust system for monitoring and evaluation of existing services. This would provide useful data to improve service provision and development. The service provided by Public Health School Nursing was identified as a key provision particularly the initial contact and support provided to children identified as having excess weight through the National Child Measurement Programme.

21. The strategic approach should address healthy food choices across the system including the concentration of hot food takeaways in the city, healthier vending machines and adopting national UK guidance on Healthier More Sustainable Catering.

22. Central to all action undertaken, children, young people and their families must be engaged throughout the development of a childhood obesity prevention and management plan, to ensure that actions taken address the priorities reported by the target groups.

RESOURCE IMPLICATIONS

Given the extent of childhood overweight and obesity in the city and the cuts to the public health grant, tackling the issue requires collaboration across the city to make the best use of existing resources. The council has identified resources in the public health team to develop a city wide plan.

Capital/Revenue

N/A

Property/Other

N/A

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

Health and Social Care Act 2012 section 2B subsection 3

Functions of local authorities and Secretary of State as to improvement of public health

- (3) The steps that may be taken under subsection (1) or (2) include—
- (a) providing information and advice;
 - (b) providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);
 - (c) providing services or facilities for the prevention, diagnosis or treatment of illness;
 - (d) providing financial incentives to encourage individuals to adopt healthier lifestyles;
 - (e) providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment;

- (f) providing or participating in the provision of training for persons working or seeking to work in the field of health improvement;
- (g) making available the services of any person or any facilities.

Other Legal Implications:

POLICY FRAMEWORK IMPLICATIONS

The proposals are in accordance with the council's Health and Wellbeing Strategy

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:

SUPPORTING DOCUMENTATION

Appendices

1.	None.
2.	

Documents In Members' Rooms

1.	
2.	

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

