

Agenda Item:

Joint Public Health Board

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Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	8 February 2016
Officer	Director of Public Health
Councillor	Councillor Philip Broadhead, Bournemouth Borough Council - Chairman of the Task and Finish Group on Childhood Obesity
Subject of Report	Childhood Obesity
Executive Summary	This paper provides the Board with a series recommendations made by the Task and Finish Group on Childhood Obesity in reviewing work in relation to childhood obesity by emphasising the lead role that local authorities play in exercising their duty to improve population health across a range of core functions and, in particular, in targeting childhood obesity and how improvements might be able to be made to address this issue.
Impact Assessment:	Equalities Impact Assessment: Equality and diversity implications were considered in developing and agreeing the commissioning intentions plan. There are no further equality or diversity implications arising from this report.
	Use of Evidence: Evidence was used to underpin the recommendations and provider and user engagement to provide evidence of progress in this regard.
	Budget: Budgetary implications were considered in developing and agreeing the commissioning intentions plan. There are no further

	<p>budget implications identified as a result of this report.</p>
	<p>Risk Assessment: Having considered the risks associated with this decision using the County Council’s approved risk management methodology, the level of risk has been identified as: Current Risk: LOW Residual Risk LOW</p>
	<p>Other Implications: Nil</p>
Recommendation	<p>That the Board be asked to accept and approve the recommendations made in the final report by the Task and Finish Group on Childhood Obesity for implementation, as applicable.</p>
Reason for Recommendation	<p>To support the common aim of improving health, wellbeing and safeguarding</p>
Appendices	<p>N/A</p>
Background Papers	<p>N/A</p>
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Dorset Joint Public Health Board Task and Finish Group: Childhood Obesity

FINAL REPORT AND RECOMMENDATIONS

1. Introduction:

- 1.1 In May 2014 Dorset Joint Public Health Board agreed to establish a Task and Finish Group to review work in relation to childhood obesity. The group met on 28 January, 2015 and on four subsequent occasions over the past year.
- 1.2 The terms of reference set out the following aims:
- To review the available evidence and consider whether, in Dorset, we should be investing in the commissioning of individual weight management interventions for children and young people (0-19) in order to reduce the prevalence of obesity in that age group which is increasing and at levels damaging to health and wellbeing.
 - To consider other population based approaches to prevent the development of obesity in children, and identify those actions for all public and voluntary sector agencies in Dorset in order to make an impact at scale, for example:
 - Nutrition, and particularly national advice to limit daily consumption of sugar;
 - Physical activity – assess the consistency and effectiveness of local strategies to encourage children to adhere to national minimum recommendations on physical activity.
 - To make recommendations to the Dorset Joint Public Health Board on the basis of the review.
- 1.3 This report summarises key aspects of the review and sets out recommendations for the Joint Board to consider, emphasising the lead role that local authorities play in exercising their duty to improve population health across a range of core functions.

2. Individual weight management interventions for children and young people

- 2.1 The group initially focused on the question of whether there should be an investment in individual weight management interventions for children. The rationale for this was as follows:
- There is currently NICE Public Health Guidance (PH 47) that recommends Local Authorities commission lifestyle and weight management interventions for individual children and young people who are overweight and obese
 - Dorset currently does not commission these services for children and young people, although Dorset does commission weight management services for adults
 - There is an opportunity with the re-commissioning of adult health improvement services to consider how interventions aimed at the whole family, including children and young people, could be developed
 - The National Child Measurement Programme has been subject to criticism in that it is not clear what options are on offer for children and young people once they

are identified as obese or overweight – it is currently only measuring the scale of the issue.

Findings:

- 2.2 It is estimated that there are 24,000 children and young people (aged 2-17 years) across Bournemouth, Dorset and Poole that are either overweight or obese. The single greatest challenge to adopting an individual weight management approach would be the sheer scale of investment required to make a demonstrable impact in reducing childhood obesity at the population level.
- 2.3 A programme focusing on individual children and their families was piloted in Dorset (excluding Bournemouth and Poole) between October 2009 and March 2013. The programme, known locally as ‘Dimensions’, was based on NICE guidance and adopted a family based, multi-component approach that included goal setting, cooking, eating and physical activity. Whilst initial outcomes were promising, the costs of the intervention were high, working out at £683 per child over the course of the whole programme. Whilst allowing for a more differentiated approach by age, and acknowledging that there would be efficiencies associated with scale, replication of this type of intensive support for just half of the children and young people with weight problems across Dorset, would be likely to cost in the region of £6 – 8 million.

Recommendations:

- 2.4 When it comes to adopting an individual-based approach to weight management in children, the level of investment required to make a significant difference locally is simply not available. Furthermore, local and national examples of these programmes consistently highlight problems with the acceptability of the approach, with under-recruitment from key target audiences. It is therefore recommended that no new investment is made in individual weight management interventions for children and young people at the current time in Dorset.
- 2.5 Public Health Dorset does currently commission weight management services for adults across Dorset. As there is strong evidence of familial links in terms of weight, the Task and Finish Group recommends that a more bespoke approach to parents/carers in receipt of these services is explored that might bring benefit to the whole family.

3. Population based approaches

- 3.1 Early on the group acknowledged the hugely complex web of factors that combine and have contributed to the increases in childhood obesity observed over recent decades. National and international reports have been written that describe our ‘obesogenic society’, but many of the determinants of childhood obesity are the result of drivers over which local authorities and other organisations have little influence. The Task and Finish group has therefore focused its enquiries on areas of policy and activity over which local authorities have some control or influence. The emphasis is upon a combination of approaches and interventions, on the basis that no single initiative is likely to be effective in isolation.
- 3.2 Sections 4 – 7 of this report focus on the key aspects of the review and associated recommendations.

4. Early years

- 4.1 Habits relating to food and activity are learnt very early on in life and the opportunities to promote health and wellbeing amongst families are significant. Local

authorities already lead on the commissioning, and in some cases the provision of, Children Centres and from October 2015 are picking up responsibility for the commissioning of Health Visiting Services also. There has never been a better opportunity to join up these services, and to promote breastfeeding, healthy weaning, early nutrition and active play.

Recommendation:

- 4.2 Public Health Dorset and Children’s Services across Bournemouth, Dorset and Poole should work collaboratively to review their commissioned services in relation to activities that impact upon children’s weight in order to develop improved and consistent pathways of support and education for families that are identified as needing additional support. This work should be based on evidence of what is effective, and will also need to involve other key stakeholders and of course children and families themselves.

5. Schools and colleges

- 5.1 Schools and colleges are key settings from which to influence the health-related behaviours of children and their families. Primary schools are also the settings in which children’s height and weight is monitored as part of the National Childhood Measurement Programme.
- 5.2 The Task and Finish Group received evidence from commissioners and providers of school meal services across Dorset. Whilst it was acknowledged that issues of quality and by association uptake of school meals had been a problem in the past, the group was encouraged to find that significant progress has been made in the provision of school meals to primary schools. Nutritional guidance for schools meals has been adopted locally and has transformed the way in which school meals are produced. Furthermore the introduction of free schools meals for all children in Key Stage 1 during 2014 has brought about a really significant increase in uptake and hence the level influence schools have over the diets of younger children.
- 5.3 Bearing in mind the considerable improvements to school meals over the past year, the group remain concerned about the quality of pack lunches that children bring in to school and the apparent variability in the response and advice that schools give about pack lunches. There is also interest in the coverage of hot school meal provision as opposed to the less appetising cold meal alternatives, where there would appear to be a lack of facilities or equipment in schools. Concern also remains about the provision and uptake of school meals in secondary schools.
- 5.4 Schools are also well positioned to promote daily physical activity, with OFSTED monitoring the number of hours physical activity schools deliver. Clearly there is opportunity through physical education (PE) and personal social and health education (PSHE) classes, but schools should also consider physical activity across the wider curriculum as well as through playtime and after school clubs. Accessibility to play and sporting facilities and outdoor space is also key, with a focus on how well they are utilised – not just their existence. Safe, active routes to school that prioritise pedestrian access over vehicle traffic encourages the adoption of more active and healthy modes of travel that can also involve the wider family.

Recommendations:

- 5.5 There is a need to improve the advice and guidance schools give to parents and carers on improving the nutritional content of pack lunches. In particular, this needs

to incorporate key guidance on reducing sugar intake. This work should include a review of existing resources to recommend to schools and co-ordination with national campaigns so as to maximise their impact locally.

- 5.6 To identify the primary schools that do not currently provide hot school meals, with a view to removing any barriers that may exist, and improving coverage. To review the quality and uptake of school meals and food provided in secondary schools; and, based on best practice, promote the use of 'cashless' food voucher systems that discourage children from carrying cash which enables them to choose less healthy food options from nearby food outlets.
- 5.7 Planning departments (including transport planners) should specifically consider the promotion of physical activity in relation to plans and developments of school sites and their surrounding areas. This work should be integrated as part of local planning frameworks and local authorities should seek to mainstream the 'Bike It' work previously undertaken in partnership with Sustrans.
- 5.8 Public Health Dorset commissions the school nursing service that currently oversees the National Childhood Measurement Programme. Further developmental work on the prevention of excess weight and support for children identified as being overweight/obese could be considered as part of the future model for the commissioning of 0-19 public health nursing services. This would include the leadership role of public health nurses in, for example, schools.
- 5.9 As schools become increasingly independent of local authorities, with many moving to academy status, the group acknowledged the more limited role that councils have in influencing these issues. However, it is recommended that Public Health Dorset actively consider the lessons learned from the long-running local Healthy Schools Programme with a view to developing an alternative means of influencing schools in the current era. Academies could be approached to see whether there is a willingness to collectively buy into a new package of support for health in schools. In order to engage schools in the agenda, the group recommends emphasising the evidence that demonstrates healthier lifestyles improves academic performance. Members felt that a competitive element to any future project may encourage schools to become involved.

6. Planning – transport and the environment

- 6.1 The environments that children and young people live in can predict their behaviours in relation to diet and their levels of physical activity, so the teams responsible for spatial planning, homes and transport have a key role to play in preventing childhood obesity. There are common agendas concerned with access to leisure facilities, promoting safer more active travel, the licensing of fast food and alcohol outlets and the livability and quality of public spaces.
- 6.2 The emphasis is not only about understanding the impacts of new developments on health and wellbeing, but on proactive planning where people's wellbeing drives key decisions in planning processes and the allocation of resources.

Recommendations:

- 6.3 With ever more pressure to find areas for the development of new homes and infrastructure, it is imperative that local authorities work with communities and developers to safeguard and plan for open spaces in which children can play and explore safely, as well as for access to suppliers of fresh, affordable food.

- 6.4 Every opportunity to should be taken to promote walking and cycling as an alternative to car use. There is a need to prioritise investment in these measures and the Association of Directors of Public Health has called for a minimum allocation of 10% of transport budgets to active travel as well as 20mph speed limits in cities, towns and villages. This will require political will as much as a determination from planners. Children in particular are likely to benefit directly from these measures as perception of safety is a major consideration for parents in determining whether their children can walk or cycle.
- 6.5 There is little evidence that local initiatives to improve the nutritional content of food sold through takeaways, cafes and restaurants has much effect. However local authorities need to take their duty to protect and promote public health seriously and should actively consider the impact on the health of children and local communities when presiding over applications for licences or planning consent in relation to hot food takeaways, particularly where there is close proximity to secondary schools. The impact of changes made to planning policies by other local authorities should be reviewed so as to harness the lessons learnt from elsewhere.

7. Leisure

- 7.1 Access to attractive leisure opportunities and facilities is instrumental in promoting physical activity for many people and children in particular are often inspired to become more active through following their favorite teams or sporting heroes.
Recommendation:
- 7.2 To sustain and promote the use of local leisure facilities, clubs and programmes that enable and inspire children and young people to become physically active. This should incorporate both structured and unstructured opportunities for physical activity. Local authorities should also promote the value and benefits (health and otherwise) of an active lifestyle. The group recommends revisiting initiatives such as the Active Factor that promote opportunities through initial subsidy or free access. Councils also have a key role to play in facilitating the work of voluntary and community sector organisations in the provision of sporting opportunities and youth services.

8. Summary

- 8.1 The Task and Finish group have made twelve recommendations based on the findings of their review. It is proposed that these recommendations are disseminated widely in order that specific actions can be identified. As the recommendations apply across a wide range of council departments and other stakeholders, and not only to Public Health Dorset, it is suggested that the Health and Wellbeing Boards may be best positioned to oversee the development and implementation of actions to prevent childhood obesity. This, of course, would need to be negotiated as part of their wider remit.

Chris Ricketts
Public Health Dorset

Appendix 1: Recommendations summarised

Individual approaches:

1. When it comes to adopting an individual-based approach to weight management in children, the level of investment required to make a significant difference locally is simply not available. Furthermore, local and national examples of these programmes consistently highlight problems with the acceptability of the approach, with under-recruitment from key target audiences. It is therefore **recommended that no new investment is made in individual weight management interventions for children and young people at the current time in Dorset.**
2. Public Health Dorset does currently commission **weight management services for adults** across Dorset. As there is strong evidence of familial links in terms of weight, the Task and Finish Group recommends that a more bespoke approach to **parents/carers** in receipt of these services is explored that might bring benefit to the whole family.

Early years:

3. Public Health Dorset and Children's Services across Bournemouth, Dorset and Poole should work collaboratively to **review their commissioned services** in relation to activities that impact upon children's weight. To develop **improved and consistent pathways of support and education for families** that are identified as needing additional support. This work should be based on evidence of what is effective, and will also need to involve other key stakeholders and of course children and families themselves.

Schools:

4. There is a need to improve the **advice and guidance schools give to parents and carers on improving the nutritional content of pack lunches.** In particular, this needs to incorporate key guidance on reducing sugar intake. This work should include a review of existing resources to recommend to schools and co-ordination with national campaigns so as to maximise their impact locally.
5. To identify the **primary schools that do not currently provide hot school meals**, with a view to removing any barriers that may exist, and improving coverage. To review the quality and uptake of **school meals and food provided in secondary schools**; and, based on best practice, promote the use of 'cashless' food voucher systems that discourage children from carrying cash which enables them to choose less healthy food options from nearby food outlets.
6. Planning departments (including transport planners) should specifically consider the promotion of physical activity in relation to plans and developments of **school sites and their surrounding areas.** This work should be integrated as part of **local planning frameworks** and local authorities should seek to mainstream the 'Bike It' work previously undertaken in partnership with Sustrans.
7. Public Health Dorset commissions the **school nursing service** that currently oversees the National Childhood Measurement Programme. Further developmental work on the prevention of excess weight and support for children identified as being overweight/obese could be considered as part of the **future model for the commissioning of 0-19 public health nursing services.**

8. As schools become increasingly independent of local authorities, with many moving to academy status, the group acknowledged the more limited role that councils have in influencing these issues. However, it is recommended that Public Health Dorset actively consider the **lessons learned** from the long-running local **Healthy Schools Programme** with a view to developing an alternative means of influencing schools in the current era. Academies could be approached to see whether there is a willingness to collectively buy into a new package of support for health in schools. In order to engage schools in the agenda, the group recommends emphasising the evidence that demonstrates **healthier lifestyles improves academic performance**. Members felt that a competitive element to any future project may encourage schools to become involved.

Transport and the environment:

9. With ever more pressure to find areas for the development of new homes and infrastructure, it is imperative that local authorities work with communities and developers to safeguard and plan for **open spaces in which children can play** and explore safely, as well as for **access to suppliers of fresh, affordable food**.
10. Every opportunity to should be taken to **promote walking and cycling** as an alternative to car use. There is a need to prioritise investment in these measures and the Association of Directors of Public Health has called for a minimum allocation of 10% of transport budgets to active travel as well as 20mph speed limits in cities, towns and villages. This will require political will as much as a determination from planners. Children in particular are likely to benefit directly from these measures as perception of safety is a major consideration for parents in determining whether their children can walk or cycle.
11. There is little evidence that local initiatives to improve the nutritional content of food sold through takeaways, cafes and restaurants has much effect. However local authorities need to take their duty to protect and promote public health seriously and should actively consider the impact on the health of children and local communities when presiding over **applications for licences or planning consent** in relation to hot food takeaways, particularly where there is close proximity to secondary schools. The impact of changes made to planning policies by other local authorities should be reviewed so as to harness the lessons learnt from elsewhere.

Leisure

12. To sustain and promote the use of **local leisure facilities, clubs and programmes** that enable and inspire children and young people to become physically active. This should incorporate both structured and unstructured opportunities for physical activity. Local authorities should also promote the value and benefits (health and otherwise) of an active lifestyle. The group recommends revisiting initiatives such as the Active Factor that promote opportunities through initial **subsidy or free access**. Councils also have a key role to play in facilitating the work of voluntary and **community sector** organisations in the provision of sporting opportunities and youth services.