

Southend Health & Wellbeing Board

Agenda
Item No.

Report of
Director of Public Health

to
Health & Wellbeing Board

on
7th April 2016

Report prepared by:
Andrea Atherton, Director of Public Health

For discussion		For information only	X	Approval required	
----------------	--	----------------------	---	-------------------	--

Childhood Obesity Update on Task & Finish Group

Part 1 (Public Agenda Item)

1 Purpose of Report

- 1.1 To provide the Health and Wellbeing Board with a progress report on the work of the Childhood Obesity Task and Finish Group.

2 Recommendations

- 2.1 The Health and Wellbeing Board is asked to note the report and the proposal for taking forward action to tackle childhood obesity in Southend.

3 Background & Context

- 3.1 The World Health Organisation regards childhood obesity as one of the most serious global public health challenges of the 21st century. Obese children and adolescents are at an increased risk of developing a range of health problems and are also more likely to become obese adults.
- 3.2 The 2015 Annual Public Health Report highlighted that a fifth of 4-5 year olds and a third of 10-11 year olds in Southend are overweight or obese (2013/14 data from the National Child Measurement Programme), which is broadly similar to the England average. The Report also highlighted aspects of the environment of the borough which may impact on population levels of overweight and obesity, including access to green spaces and that Southend has a fast food rich environment.
- 3.3 The Health and Wellbeing Board considered the 2015 Annual Public Health Report at its meeting on 9th February 2016. The Board subsequently

requested that a Task and Finish Group should be established to develop options for action to reduce childhood obesity in Southend. The Task and Finish Group was asked to report back to the Board within 3 months on its findings and proposals/recommendations.

- 3.4 The membership of the Childhood Obesity Task and Finish Group includes the Chief Executive of Southend-on-Sea Borough Council, the Chief Executive of Pre-school Learning Alliance, Directors of People, Place and Public Health for Southend-on-Sea Borough Council and the Chief Officer of NHS Southend Clinical Commissioning Group.
- 3.5 The first meeting of the Task and Finish Group was held on 23rd March, when they considered a report on childhood obesity in Southend. This highlighted the complex multifaceted nature of obesity which requires action to be taken across the life course. The report also highlighted that childhood obesity is strongly linked to deprivation. It was agreed that diet and nutrition would be a key focus of the work of the group, including looking at access to healthy food.
- 3.6 The first five years of life are a crucial time in establishing healthy eating patterns into adulthood. A Better Start Southend, which is focused on parents through pregnancy until their children reach their fourth birthday in six target wards, has diet and nutrition as one of its key outcomes.
- 3.7 The Task and Finish Group recognised the work that has already commenced on diet and nutrition as part of A Better Start Southend. In addition to this work the Group agreed that a further piece of work should be commissioned to look at broader influences on diet and nutrition with a particular focus on the six target wards. The output from this work would then be used to develop a proposal for a set of strategic interventions that could be implemented as a pilot in the six wards, and their impact subsequently evaluated.
- 3.8 The Task and Finish Group also supported the proposal to use this work to inform a development session of the Health & Wellbeing Board, looking at possible strategic interventions that could be supported and implemented locally to reduce childhood obesity in Southend.

4 Health & Wellbeing Board Priorities / Added Value

The work on tackling childhood obesity contributes to delivering HWB Strategy Ambitions / Added Value in the following ways:

- 4.1 Ambition 1 - A positive start in life. A healthy diet both during pregnancy and in childhood is a key component of giving every child the best possible start.
- 4.2 Ambition 2 - Promoting healthy lifestyles. Establishing healthy eating patterns from an early age will help to reduce levels of childhood obesity, and the number who subsequently become obese adults.
- 4.3 Ambition 3 - Improving mental wellbeing. Assisting children to maintain a healthy weight will help to reduce psychological problems, low self-esteem and teasing and bullying that children who are obese are more likely to experience.

4.4 Broad Impact Goal A: Increased physical activity (prevention). Getting children to be more physical activity benefits their mental and physical health, and helps to maintain a healthy weight.

5 Reasons for Recommendations

5.1 The proposed work to implement actions to reduce childhood obesity supports the Health and Wellbeing Board in its strategic role for the physical and mental wellbeing of children and young people.

6 Financial / Resource Implications

6.1 The exact cost of undertaking the additional piece of work on childhood obesity has yet to be determined. This cost will be met from within existing budgets.

7 Legal Implications

7.1 None.

8 Equality & Diversity

8.1 Equality considerations will be embedded in the approach to tackling childhood obesity, as any proposed new initiatives arising from this piece of work will initially be implemented in the six target wards for A Better Start Southend.

9 Background Papers

None.

10 Appendices

None.

HWB Strategy Ambitions

<p>Ambition 1. A positive start in life A. Children in care B. Education- Narrow the gap C. Young carers D. Children’s mental wellbeing E. Teen pregnancy F. Troubled families</p>	<p>Ambition 2. Promoting healthy lifestyles A. Tobacco – reducing use B. Healthy weight C. Substance & Alcohol misuse</p>	<p>Ambition 3. Improving mental wellbeing A. Holistic: Mental/physical B. Early intervention C. Suicide prevention/self-harm D. Support parents/postnatal</p>
<p>Ambition 4. A safer population A. Safeguarding children and vulnerable adults B. Domestic abuse C. Tackling Unintentional injuries among under 15s</p>	<p>Ambition 5. Living independently A. Personalised budgets B. Enabling community living C. Appropriate accommodation D. Personal involvement in care E. Reablement F. Supported to live independently for longer</p>	<p>Ambition 6. Active and healthy ageing A. Integrated health & social care services B. Reducing isolation C. Physical & mental wellbeing D. Long Term conditions– support E. Personalisation/ Empowerment</p>
<p>Ambition 7. Protecting health A. Increased screening B. Increased immunisations C. Infection control D. Severe weather plans in place E. Improving food hygiene</p>	<p>Ambition 8. Housing A. Partnership approach to; Tackle homelessness B. Deliver health, care & housing in a more joined up way C. Adequate affordable housing D. Adequate specialist housing E. Strategic understanding of stock and distribution</p>	<p>Ambition 9. Maximising opportunity A. Population vs. Organisational based provision B. Joint commissioning and Integration C. Tackling health inequality (improved access to services) D. Opportunities to thrive; Education, Employment</p>