

Date:	21 st January 2016
Classification:	General Release
Title:	Childhood Obesity JSNA
Report of:	Director of Public Health
Wards Involved:	All
Policy Context:	Westminster Joint Health and Wellbeing Strategy Priority One: every child has the best start in life
Financial Summary:	There are no financial implications arising directly from this report. Any future financial implications that may be identified as a result of the review and re-commissioning projects will be presented to the appropriate board & governance channels in a separate report.
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1. Executive Summary

- 1.1 This report summarises the work and findings of the JSNA on Childhood Obesity, including the recommendations for key partners.
- 1.2 This report requests the Board to formally approve this JSNA for publication, and to take responsibility for monitoring the implementation of the recommendations, holding the relevant partners to account.

2. Key Matters for the Board

- 2.1 The Board is asked to approve the JSNA for publication.
- 2.2 The Board is asked to agree to monitor the progress of the implementation on the recommendations, holding to account the parties involved.
- 2.3 The Board is asked to continue to support and to actively promote the whole council partnership initiative to tackle childhood obesity

3. Background

- 3.1 A JSNA has been carried out to identify and provide an evidence base on the causes and consequences of childhood obesity in Westminster, and the prevalence in the local communities to identify who are most at risk.
- 3.2 While the proportion of children who are overweight has remained largely unchanged since the mid-1990s, there has been a substantial increase in those who are obese over time, which will have a significant impact on our population and services. The current numbers in Westminster is 25.6% obese and 14.4% overweight by the end of year 6, a total of 40%.
- 3.3 The JSNA provides a comprehensive evidence base and information about the local population to support the development of future strategies to tackle childhood obesity by all partners.
- 3.4 The JSNA will inform the next phase of the Tackling Childhood Obesity Programme, as well as the Whole Council Partnership approach to tackling childhood obesity in Westminster.

4. JSNA Findings

- 4.1 Nearly 1 in 4 Reception age children (23.2%) and over 1 in 3 children in Year 6 (40%) are overweight and obese, and around 70% of obese adolescents go on to be obese adults.
- 4.2 Childhood obesity presents a major challenge to health and wellbeing and is associated with an increased risk of premature mortality in adults as well as poor health and development in children. Childhood obesity also impacts on mental wellbeing including increasing the risk of low self-esteem, anxiety, depression, bullying and poor educational attainment.
- 4.3 An obese child in London is likely to cost around £31 per year in direct costs which could rise to a total (direct and indirect) cost of £611 per year if they continue to be obese in adulthood. This projection is likely to be an underestimate, because of the probability that prolonged obesity has more serious and other health consequences.
- 4.4 Childhood obesity has complex web of causes, and requires a whole system approach to tackle it.

5. JSNA Recommendations

- 5.1 Every department/organisation has a role to play in creating and / or supporting increasingly healthier environments to make healthy choices easy choices. Be creative within roles/responsibilities.
- 5.2 Utilise every engagement with partners to achieve shared understanding of the need to address this complex problem collectively and to identify opportunities, for example:
 - 5.2.1 Systematically use contracting as a delivery mechanism for healthy lifestyles.
 - 5.2.2 Find ways to encourage food businesses with poor hygiene ratings to improve and join in the Healthy Catering Commitment.
- 5.3 Focus on early years. Exploit all possible opportunities to encourage children and families to be more active.
- 5.4 Develop clear and consistent messages that are readily understood by all audiences. Use the optimal communication channels for each audience. Communicate constantly and consistently.
- 5.5 Contribute to, and keep abreast of, national and regional developments.
- 5.6 Act on, and increase the evidence base.

6. Legal Implications

- 6.1 The JSNA was introduced by the Local Government and Public Involvement in Health Act 2007. Sections 192 and 196 Health and Social Care Act 2012 place the duty to prepare a JSNA equally on local authorities (LAs), Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Boards (HWB).
- 6.2 Section 2 Care Act 2014 imposes a duty on LAs to provide or arrange for the provision of services that contribute towards preventing, delaying or reducing care needs.
- 6.3 Section 3 Care Act 2014 imposed a duty on LAs to exercise its Care Act functions with a view to ensuring the integration of care and support provision with health provision to promote well-being, contribute to the prevention or delay of care needs and improve the quality of care and support.
- 6.4 JSNAs are a key means whereby LAs work with CCGs to identify and plan to meet the care and support needs of the local population, contributing to fulfilment of LA s2 and s3 Care Act duties.
- 6.5 Implications verified/completed by: Kevin Beale, Principal Social Care Lawyer, 020 8753 2740.

7. Financial Implications

- 7.1 There are no financial implications arising directly from this report. Any future financial implications that may be identified as a result of the review and re-commissioning projects will be presented to the appropriate board & governance channels in a separate report.
- 7.2 Implications verified/completed by: Safia Khan, Lead Business Partner Adults, 020 7641 1060

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

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APPENDICES:

Childhood Obesity JSNA

BACKGROUND PAPERS:

[Childhood Obesity Services Review 2014](#)