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Title:	Child Obesity in Westminster
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Wards Involved:	All
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1.0 Executive Summary

- 1.1 Preventing childhood obesity is a key national and local priority. Obesity is associated with multiple adverse health outcomes and significant costs to the NHS and wider economy. Children in Reception (aged 4/5) and year six (aged 10/11) have their height and weight measured as part of a national annual National Child Measurement Programme (NCMP). Across Westminster, rates of childhood obesity are below the London and England average for children in Reception year but above the London and England average for children in year six.
- 1.2 In 2015 Public Health introduced a focused programme of work that aimed to halt and reverse levels of childhood obesity across Westminster in partnership with the NHS and wider Council. This involved the commissioning of new prevention and treatment services and cross-council action to create healthier local environments. As a result of our collective efforts, rates of childhood obesity are starting to reduce locally. Whilst this is positive news, inequalities are widening and there is a need for increased focus on improving outcomes for children living in the most deprived areas. In May 2019, Public Health will launch a refreshed approach to accelerate local efforts – this will include a range of accessible new services, a robust new cross-council action plan to create healthier local environments, and development of a new network to support collective action amongst all those with a role in promoting healthy lifestyles for children and families across Westminster.

2.0 Key Matters for the Committee's Consideration

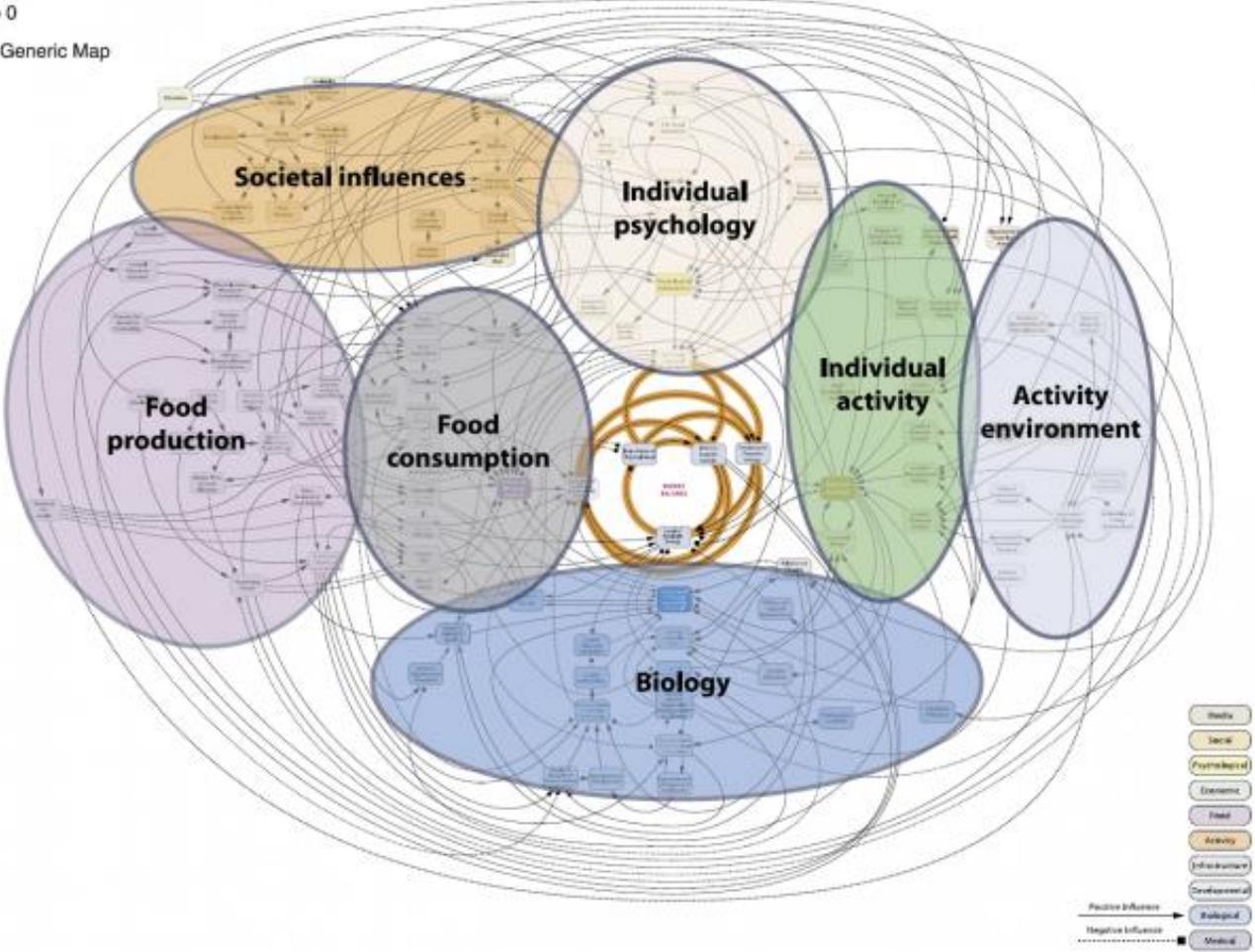
2.1 Public Health would like to seek the committee's views and support on the local approach:

- Is the committee in support of the outlined approach?
- Are there any other Council departments or organisations not mentioned in the report that we should aim to engage?
- Are there any additional national strategies or programmes that we should explore to achieve whole system change?

3.0 Background

- 3.1 Childhood obesity is one of the most serious public health challenges of the 21st century. Around a fifth of children in England are overweight or obese by the time they start primary school aged five, and this rises to one third by the time they leave, aged 11. Children who are overweight or obese tend to remain so and are more likely to become overweight or obese adults.
- 3.2 Being overweight seriously affects quality of life and health. It increases the risk of heart disease, stroke, type 2 diabetes and some cancers. It is also associated with bullying in children and stigma in both children and adults, which is associated with common mental health disorders and low self-esteem. Obesity costs wider society £27 billion. We spend more each year on treatment of obesity and diabetes than we do the police, fire service and judicial system combined.
- 3.3 Tackling obesity is not straightforward. In 2007 the Foresight report [Tackling Obesity](#) underlined that there is no single solution to tackle obesity and a broad range of actions involving a range of stakeholders is needed. The diagram below illustrates the many influential and complex factors that surround obesity.

Map 0
Full Generic Map



4.0 ***The local picture: childhood obesity in Westminster***

4.1 In Westminster, the height and weight of school children (reception/4-5 year olds and year 6/10-11 year olds) is measured annually as part of the statutory [National Child Measurement Programme \(NCMP\)](#). This is often regarded as world-class data with over one million children being measured each year nationally, collected alongside post-codes and ethnicity to allow for thorough analysis.

Key findings are:

- 18.4% of **reception** are above a healthy weight. This is lower than the London (21.9%) and England (22.4%) averages (Appendix 1, fig 3).
- 39.1% of **year 6** are above a healthy weight. This this is higher than the London (37.7%) and England averages (34.3%) (Appendix 1, fig 4).
- There has been a significant decline in rates of obesity amongst reception aged children since 2016/7. This is a positive outcome of local efforts to prevent obesity across maternity and early year's services. However, these trends mask widening **inequalities** between children in most and least deprived wards (Appendix 1, fig 5).
- Given that a 'whole system' approach is needed to tackle childhood obesity, it is very difficult to identify which of the multiple interventions taking place across the area are having the most relative impact. Lines of attribution are often unclear as so much is happening across the 'system' to influence choices and behaviour. Academics in the obesity field highlight that it can be more helpful to look at the cumulative impact of the whole system and refine activities based on learning and reflection. Section 8.1 sets out how we think we can improve our local approach to maximise impact.
- **Ethnicity:** children from black and minority ethnic families are also more likely than children from white families to be overweight or obese: for example, over the last three years 39% of year 6 Asian pupils are overweight or obese, compared to 28% of year 6 white pupils (see Table 1). Deprivation is the strongest predictor of obesity

Table 1 shows a breakdown of overweight or obese in relation to ethnicity based on the last three years of NCMP Westminster data.

Y6	Male	Asian	39%
Y6	Male	Any other ethnic group	38%
Y6	Female	Mixed	35%
Y6	Female	Black	35%
Y6	Male	Not stated	33%
Y6	Male	Mixed	31%
Y6	Female	Any other ethnic group	30%
Y6	Male	Black	29%
Y6	Male	White	28%
Y6	Female	Asian	24%
Y6	Female	Not stated	24%
Y6	Female	White	22%
R	Male	Black	21%
Y6	Male	Chinese	20%
R	Female	Black	19%
R	Male	Any other ethnic group	18%
Y6	Female	Chinese	18%
R	Male	Asian	16%
R	Female	Any other ethnic group	16%
R	Male	White	15%
R	Male	Mixed	15%
R	Female	Mixed	14%
R	Female	Asian	14%
R	Male	Not stated	14%
R	Female	White	13%
R	Female	Not stated	10%
R	Female	Chinese	9%
R	Male	Chinese	8%

- In comparison to our 16 statistical neighbours, the prevalence of overweight and obesity is the third lowest in reception. However, in year 6 it is the fourth highest with Brent, Tower Hamlets and Southwark having higher rates (Appendix 1, figs 1 and 2).
- **Tooth decay** is also of huge concern and very much linked to child obesity: in Westminster, 30.3% of children suffer from tooth decay; this is the eight highest in London and higher than both the London (25.1%) and England (23.3%) average¹.

4.2 *Inequalities*

4.3 Children and families on a low income can face multiple barriers that make it more difficult for them to access and enjoy a healthy diet and sufficient opportunities to be physically active.

4.4 This includes the relative cost and availability of healthy food relative to cheap convenience food, time constraints, limited education about healthy eating and cooking skills and facilities. Children living in deprived areas are less likely, than their more affluent peers, to have access to gardens and safe places to play

¹ Public Health England - [Oral health survey of 5-year old children in 2017](#)

and be active. The costs often associated with organised sports and physical activity are also important factors.

5.0 *Our local response to the issue*

5.1 In 2015, Westminster's Public Health team developed a programme which aimed to halt and reverse the rising trend in childhood obesity across the bi-borough. The programme, entitled [Tackling Child Obesity Together](#) (TCOT), came to an end in October 2018 and had three components:

- Healthy weight services: the implementation of a family healthy weight care pathway, workforce training and family healthy lifestyle services.
- Engaging the whole system (internal Council, NHS, science, business and community sectors) across Westminster to change the environment so that the healthy choice is the easy choice for residents.
- A community led healthy lifestyle pilot – Go Golborne, initially focused on the ward of Golborne in RBKC to trial activities for future replication elsewhere in the Bi-Borough.

5.2 As part of this whole-systems approach in WCC, opportunities were identified within the council and with partners to make positive changes to the wider environment that contribute to reducing childhood obesity. The outputs of the TCOT programme are illustrated in appendix 2. Key highlights of this have included:

- 58 food businesses (cafes, restaurants and take-aways) have achieved the [Healthier Catering Commitment](#) award, a joint initiative led by environmental health colleagues to make it easier for residents to make healthier food choices. To achieve the award businesses need to demonstrate that they comply with a number of healthy catering standards, such as providing sensible portion sizes and reducing salt, fat and sugar content. This year environmental health have been working with secondary schools to identify fast food outlets most used by school children.
- Westminster's leisure contractor has installed water fountains in entrance foyers that are accessible to the public and has banned price promotions on sugary drinks. Colleagues in Community Services are leading on further improving accessibility to free water fountains such as installing water fountains in all WCC libraries.
- Growth, Planning and Housing colleagues installed 18 new food-growing projects in nurseries, schools and housing estates to promote healthy eating.

- Removal of restrictive signage: 15 “No balls games” signs have been removed encouraging active play and physical activity. In addition, two Playstreets² (Church St, Lisson Grove and Luxborough St, Marylebone) have been introduced to encourage active play. Westminster council now has a strong strategic narrative around this, outlined in the [Active Westminster](#) strategy.
- Air Quality, Asthma, and Physical Activity: studies conducted around the globe demonstrate a consistent and statistically significant association between long-term exposure to air pollution and the risk of premature mortality. The relationship between exposure to air pollution and health impacts, including the limitation of physical activity is supported by a strong body of evidence³. Additionally, people with asthma engage in lower levels of physical activity compared with controls. Higher levels of physical activity may positively impact on asthma clinical outcomes. Sedentary time should be more widely assessed.⁴ As such, improving air quality remains a local public health priority alongside prioritising active travel initiatives.
- Sport and Leisure colleagues have supported schools to implement the [Daily Mile](#) initiative: around 50% of primary schools in Westminster are now actively participating. There is a national ambition outlined in the Governments’ [Child Obesity Plan for action](#) for all primary schools to adopt a similar initiative. A key challenge is around space and that this is not mandated for schools.
- A recent exciting development is the implementation of the [Junior parkrun at Paddington Recreation Grounds](#) (to commence 27th January 2019)⁵.
- The Licensing team has introduced measures to limit advertising of unhealthy food and drink via council-owned advertising space. This has included refusing a license for Coca Cola to bring its Christmas truck to Leicester Square.

5.3 In addition we have supported the development and promotion of educational campaigns across the Westminster including:

- Active promotion of the [Change 4 Life’s ‘Be Food Smart’ app](#) in partnership with the communications team. This shows families how much sugar, saturated fat and salt is in their food and drinks so they can make healthy choices. Westminster achieved the highest total clicks of any UK authority (6607) and

² Playstreets is a scheme that allows local children and families to reclaim their neighbourhoods by closing selected streets to through traffic, and turning them into temporary play streets

³ Air pollutants, oxidative stress and human health. Yang W and Omaye ST. *Mutat Res* 2009; 674 45-54

⁴ A systemic Review of Associations of Physical Activity and Sedentary Time with Asthma Outcomes Cordova Rivera L, Gibson P, Gardiner P, McDonald V. *The journal of allergy and clinical immunology: in Practice* 2018, 6 1968-1981

⁵ Parkrun is a free and timed weekly run, jog or walk 5k. Junior park runs (2k) were introduced nationally in some areas in 2018 for 4-14 year olds.

hundreds of App downloads. In 2019, we will be promoting the Change 4 Life sugar swap campaign across the borough.

- In 2017, the council also developed an oral health Campaign called ‘The Tale of Triumph Over Terrible Teeth’ aimed at reducing tooth decay, which encourages children to brush in the morning and before bed with fluoride toothpaste, to cut down on sugary foods and drinks and to visit the dentist regularly. The campaign features an animation and quiz. It has been screened to children and their parents at 5 libraries and 23 schools to date.
- Incentives: research suggests that incentivising physical activity to tackle inactivity and sedentary lifestyles can lead to better activity levels. This is an area Public Health could explore further especially in relation to advancements in technology (Fitbits, Apple watches and other trackers).
- Current national advancements in this area include: One you couch to 5k App, and the Change 4 life 10 minute shake ups teaming up with Disney. These 10-minute activities count towards 60 active minute kids need every day.

6.0 Local services

6.1 A range of local services are in place to provide children and families with support to eat well, keep active and achieve a healthy weight. This includes universal prevention services and targeted treatment services. A detailed overview of local services is outlined within the local Family Healthy Weight Care Pathway Toolkit that was published in 2015 and developed in partnership with key local stakeholders including the NHS. A diagram of the Pathway is included as Appendix 3. Local services include:

- **A school-based programme (Mind Exercise Nutrition Do It! (MEND) in Schools)** that has so far supported over 1341 primary school children across Westminster to be more active and learn about healthy eating.
- **Family focused MEND programmes delivered in community settings;** this includes specialised courses for expectant mothers, families with young children, and teenagers.
- **Health visiting and the school health services** - these key front-line commissioned services provide individual healthy lifestyle support and support a whole-school approach, in line with the council’s wider early intervention and prevention strategies.
- **Weight management services** - parents of children who are identified as being above a healthy weight as part of the NCMP are sent a letter to let them know about local support services and invite their attendance. Referrals are also made by GP’s, health visitors and other professionals in line with processes set out in the local Healthy Weight Care Pathway.

- **Paediatric Nutrition and Dietetic Services** – children who are very overweight and/or have more complex needs can be referred to specialist paediatric obesity clinics held in Bessborough Health Centre and Chelsea and Westminster Hospital

6.2 In addition, the following services are available to build the skills and capacity of the local workforce to prevent childhood obesity:

- **Workforce training** – a rolling programme of free training is available. This includes modules on physical activity, nutrition, and how to raise the issue of weight with parents. Around four hundred staff and volunteers from local organisations have been trained each year since 2015. A particular emphasis is given to support community organisations that work with families most at risk of poor health outcomes.
- **The Bi-borough Healthy Schools and Healthy Early Years programme**, a GLA initiative, adapted locally. This programme encourages schools to adopt best practice approaches to healthy eating and physical activity and is delivered by Health Education Partnership (HEP) in partnership with local schools, children’s centres, nurseries, and early year’s settings.

7.0 National and pan-London activities

7.1 At a national level, there is a lot happening to complement our local efforts. In June 2018, the Government published the second chapter of [Childhood Obesity: a plan for action](#). The plan sets the bold ambition to halve childhood obesity by 2030 and significantly reduce the gap in obesity between children from the most and least deprived areas. A key part of the plan is sugar reduction. The soft drinks industry levy (also known as the sugar tax) came into force in April 2018. Soft drinks companies pay a charge for drinks with added sugar and total sugar content of 5g or more per 100ml. £100m of revenue has been generated from the levy, which will form the healthy pupil capital fund for schools.

7.2 This fund is intended to improve children’s and young people’s physical and mental health and medical conditions. A challenge is that this money is not ring-fenced; Public Health and Children Services are exploring this further.

7.3 In addition, the government has launched a calorie reduction campaign challenging industry to take 20% of sugar out of food most commonly eaten by children by 2020. They are also looking to update current marketing restrictions of the promotion of unhealthy food and drink on TV, online and in shops. This includes banning price promotions such as buy one get one free and multi-buy offers on unhealthy food. The plan also includes measures to introduce mandatory calorie labelling on food served outside the home, banning the sale

of energy drinks to children, and strengthening of nutrition standards in the Government Buying Standards for Food and Catering Services.

7.4 In 2018 the London Childhood Obesity Taskforce was launched by the Greater London Authority (GLA). The Taskforce is taking an action-focused approach to address the factors that encourage obesity and make recommendations for action in collaboration with children and young people. The action plan will be introduced in February 2019 and the implementation phase will run until November 2020.

8.0 Next Steps

8.1 Whilst many positive outcomes have been achieved, reflection and learning from the TCOT programme highlights that there is scope to further refine and improve our approach. In particular, we have identified the need for:

- A more systematic approach to engage with Council departments on issues affecting access to healthy food and opportunities to be active, including planning and licensing decisions
- A more flexible approach to the delivery of weight management services to increase accessibility and engagement
- A more focused strategy for supporting teenagers to eat well and keep active
- Increased support for community and voluntary organisations to implement best practice approaches and ensure consistent messages across sectors
- A refined and less resource intensive version of Go Golborne that extends the reach of activities to all communities with high levels of childhood obesity
- Increased integration between services and programmes that impact on childhood obesity, clearer alignment and more consistent messaging
- A more holistic approach that more actively addresses the links between children's physical health and wider emotional well-being

8.2 Public Health is developing a new and invigorated Bi-Borough programme that will build on this learning and accelerate efforts to prevent childhood obesity from April 2019 onwards. Our vision is for all children and families across the bi-borough to live in communities where:

- Every child and family receives the right information and support to make healthy lifestyle choices;
- Children most at risk of becoming an unhealthy weight and their families receive targeted practical non-stigmatising support;
- All children and families will live in communities where it is easy to make healthy choices

8.3 The key aims of the programme, provisionally entitled 'Healthy Families, Healthy Communities' are to:

- Significantly reduce inequalities in health outcomes between children living in the most and least deprived wards across the Bi-Borough
- Contribute to central Government's target to halve childhood obesity rates by 2030

8.4 This will be achieved by:

- **Cross council** activities to maximise use of policy levers and powers that can help further develop healthy environments for children and families including development of a robust cross-council action plan (i.e. action to ensure 100% local schools participate in the Daily Mile initiative)
- **Commissioning** of a range of new healthy lifestyles support services across the communities and revision of the local healthy weight care pathway
- **Targeted community engagement** activities in areas where children are most at risk of poor health outcomes and creation of a network to guide and support local organisations who play a role in preventing obesity

8.5 The specification for the new healthy lifestyle support services is in development and has been informed by consultation with key stakeholders. The new services will replace the current childhood obesity services when the contracts end later this year and will include:

- Workforce training and capacity building support to promote best practice across school and community settings
- Family, child and teen prevention and treatment sessions in school, early years and community settings
- Enhanced activities and campaigns in targeted wards (e.g. Churchill Gardens, Queens Park and Westbourne)

8.6 The combination of these new services and a renewed focus on cross-council policy levers will create a robust and holistic 'whole system' response to local drivers of childhood obesity. A visual representation of the new programme is included as Appendix 4.

8.7 The refreshed approach will be launched in May 2019 with an inaugural conference to engage colleagues working with children and families across the Bi-borough in activities that support healthy eating and physical activity. The new healthy lifestyle support services will go live across Westminster in November 2019.

A revised Healthy Weight Care Pathway will be developed to support delivery of the new services and ensure all relevant health and social care professionals are aware of how to refer children, young people and families.

A strategy for promoting the new services and associated health messages will be developed in partnership with the communications team – this will include activity to promote the national Change4Life campaigns led by Public

Health England at a local level and to co-ordinate dissemination of publicity materials and resources across all key settings including schools, Children's Centres, libraries and community venues.

- 8.8 Lastly, Public Health recently submitted an expression of interest to be part of the [LGA's Childhood Obesity Trailblazer Programme](#)⁶: we find out if we have been successful at the end of January.

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

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APPENDICES:

Appendix 1: Data and Trends

Appendix 2: TCOT Infographic

Appendix 3 and 3 (b): Family Healthy Weight Care Pathway

Appendix 4: Healthy Families, Healthy Communities outline diagram

⁶ The LGA Childhood Obesity Trailblazer programme is a three-year programme supporting local councils to lead innovation action in their local community.