



<b>Title:</b>	Collective action to accelerate reductions in Childhood Obesity in London
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## Strategic Partnership Board

23<sup>rd</sup> July 2018

### 1. Purpose

- 1.1 At its meeting on the 22nd March 2018, the Board reconfirmed its commitment to tackling childhood obesity. This paper builds on this discussion and proposes how the SPB can add value to London's efforts to tackle childhood obesity.
- 1.2 The previous SPB paper set out the full scale of the childhood obesity challenge.

### 2. What is our challenge?

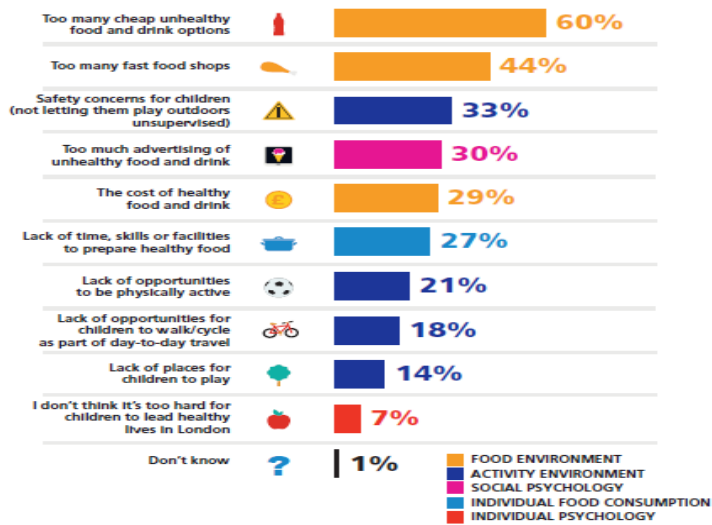
- 2.1 London aspires to be the healthiest major global city which will mean addressing childhood obesity. It is estimated that in 2016, 600,000 children (33% of those aged up to 16 years) were overweight or obese based on NCMP and HSE data<sup>1</sup>. A healthy weight is important for the physical and mental welfare of children, and health in later life. Already 40% of women who go to full term pregnancy are overweight or obese, influencing future generations.

### 3. What do Londoners want? - results of the Great Weight debate

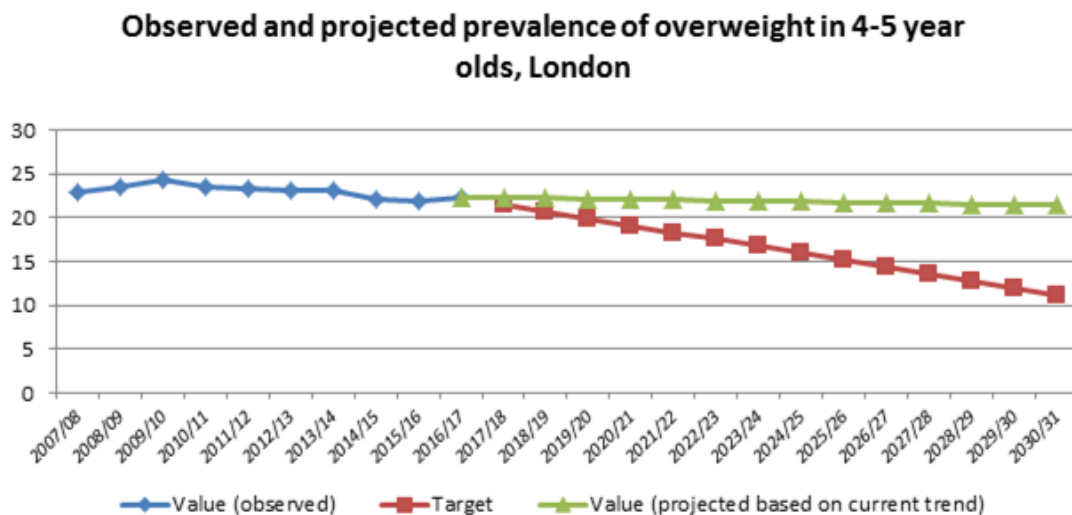
- 3.1 The important message from this debate was that families need support to take action themselves. This is more than helping with food at home, and includes shaping the places under the influence of SPB members. It also includes actions workforces employed by SPB members can take. Crucially, we need to move to a situation where healthy places, messaging and organisations are the norm in London.

<sup>1</sup> Source: National Child Measurement Programme and Health Survey for England 2016

Figure 1. Results of the Great Weight Debate 2016



The following graph shows the forecast trend using London's current progress against the new government target of halving the rate of childhood obesity in 4-5 year olds by 2030.



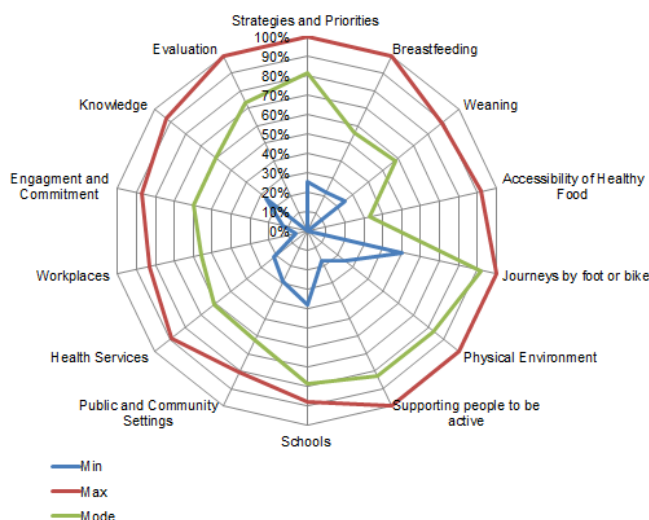
#### 4. Activities already in progress across the city by SPB partners<sup>2</sup>

4.1 There is much on which to build; a wide range of plans and activities are already underway. The spider diagram below is shared with the agreement of ADsPH London who undertook a sector led improvement assessment of their collective actions on child obesity.

<sup>2</sup> Please see [180322 - SPB - 02 Childhood obesity.pdf](#) for full details of activity underway.

## 4.2 London borough led activities already in train include:

### Average scores



The self assessment gave teams a score for each area of the framework. This was then summarised in a spider diagram.

This diagram shows the minimum, maximum and most frequent scores across the 33 authorities.

The most frequently highest scoring area was *journeys by foot and by bike*, and the most frequently lowest scoring area was *access to healthy food*.

- Development of their local leadership and accountability roles following the 2012 Health and Social Care Act, including Public Health and Health and Wellbeing Boards and strategies.
- All boroughs have obesity action plans which were developed following a London-wide sector led improvement review in 2014/15. Multi-faceted local action is being taken to promote healthy catering, healthy environments and healthy schools.
- Many boroughs have put in place weight management pathways and have undertaken work that builds on the NCMP programme to promote action by schools and parents.
- Seven councils have signed the local government declaration on sugar reduction and healthier food and a further nine are working towards it or have expressed an interest. Through the declaration, these councils are taking action on:
  - Advertising and sponsorship
  - Improving the food controlled or influenced by the council and supporting the public and voluntary sectors to improve their food offer
  - Reducing the prominence of sugary drinks and actively promoting free drinking water
  - Supporting businesses and organisations to improve their food offer
  - Improving the availability of healthy food and drink at public events
  - Raising public awareness
- Boroughs are supporting the implementation of London's devolution commitments.
- Early work has been completed under the umbrella of London's Devolution commitment to explore establishing Super Zones to create healthier environments around schools.

- Boroughs have supported over 2000 schools to achieve under the London Healthy Schools award programme.
- A range of wider work through local transport, leisure, play and education services

#### 4.3 The Mayor and GLA are taking forward:

- Proposals for an unhealthy food advertising ban on the TfL network, and restricting new takeaways near schools through the London Plan.
- The Mayor has appointed a London Child Obesity Taskforce (see below) and has consulted on both a new food strategy and a new health inequalities strategy.
- The Mayor convenes the London Healthy Schools award programme and building on this programme's success has recently launched a Healthy Early Year's programme for London.
- Active travel and the healthy streets approach to increase daily activity through the transport strategy and healthy streets framework.

#### **London Child Obesity Task Force**

Chaired by Paul Lindley (entrepreneur) and Vice-Chair by Corrina Hawkes (academic and food policy expert) the taskforce includes Local Government representation from the Association of Directors of Public Health (Danny Ruta, Lewisham), the Association of Directors of Children's Services (nomination in progress), and Public Health England (Yvonne Doyle), and the Guy's and St Thomas Charity (Keiron Boyle).

The Taskforce will meet formally for the first time in the Autumn.

The Task Force will be developing its work plan over the summer, but emerging issues include the quality and uptake of school food, rebalancing the high street food offer, developing a healthier food supply chain, and taking opportunities to promote physically active lives.

An expert advisory group will be convened to support its work, and it is proposed that this advisory group could also support the SPB ensuring that the work led by the two leadership groups is complementary and reinforcing.

It is proposed that a series of engagement events take place with SPB nominated leads to work with the Childhood Obesity Task Force expert advisory group aimed at developing a longer term strategy for the SPB. This will carefully work through the relationship with the Childhood Obesity Task Force and clarify the role of the SPB and Prevention Board and how this work could be resourced.

#### 4.4 Activities commissioned through NHS providers include:

- Delivery of NCMP and weight management services in many Boroughs
- Delivery of reproductive health, maternity, ante natal, health visiting, school nursing, GP, CAMHS and other child health services
- CQUINS or local QIPPs focused on prevention or health improvement

#### 4.5 Public Health England led activities include:

- Reducing sugar and calorie intake by working with industry on reformulation<sup>3</sup>.
- Scaling back the portion size/ calories in takeaway food by working with wholesalers who supply high street shops.
- Social marketing campaigns aimed at increasing physical activity and reducing calorie and sugar intake.
- Support implementation of the new government childhood obesity plan.

## 5. Accelerating progress: using the available evidence

5.1 There is still a substantial challenge to London's obesity problem. The trends in child obesity indicate that while a slowing has occurred in the pre-school ages, it has risen from 21.6% in 2007/8 to 23.6% in 2016/7, a significant increase of 2 percentage points over 9 years in the year six children.

International experience<sup>4</sup> indicates that trends can reverse in the most deprived communities within five years. The overall aim should be to ensure the normal environment of a child is by default a healthy environment. To achieve this the following factors are in play:

- a) A whole city, whole system approach - everyone plays their part, even if this is small<sup>5</sup>
- b) A programmatic approach to delivery and accounting for progress
- c) Political leadership at all levels
- d) Parents thrive with peer, community, school and professional support in their efforts.
- e) A culturally sensitive approach works well in mobilising particular communities, working along the grain.

5.2 Expert opinion<sup>6</sup> points to the need for action:

- a) During the first 1000 days, covering pregnancy, breastfeeding and ensuring a targeted approach to healthy infant development to tackle inequalities.
- b) To address obesity as part of healthy early years, pre-school actions in the home, health locations and children's centres.

<sup>3</sup> London has 8,662 fast food outlets and 6,200 convenience stores in London

<sup>4</sup> Sheldon T 2018. BMJ;361:k2534

<sup>5</sup> Shared examples: <https://www.gov.uk/government/collections/childhood-obesity-plan-case-studies>

<sup>6</sup> <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action/childhood-obesity-a-plan-for-action>

- c) The primary school environment (5-12 years) that uses the NCMP to maximum impact.
- d) That ensures physical activity forms part of a child's journey to and from school.
- e) To help treat overweight children.
- f) That fosters a healthy child health environment in the NHS, including an environment where those treating children are familiar with best practice for the workforce itself.
- g) That offers parents targeted advice and if available, social prescribing solutions when they approach the NHS, including where staff feel confident in offering brief advice<sup>7 8</sup>.
- h) That environments that support health (outside of schools, hospitals, childrens centres, etc.) are essential to ensuring that Londoners are enabled to make healthier food choices and undertake physical activity.

## 6. The role of the SPB

6.1 The SPB's unique role puts it in an important position to affirm London's determination to address the challenge of childhood obesity. This will give confidence that those who have the expertise and responsibility for the welfare of children are willing to play their part, however small. Those inspired to go further can offer many ideas, assets and support. **Attached** as appendix 1 to this report is a menu of options which health and care partners may choose to take forward individually.

6.2 Alongside the work of local partners and the SPB, the Childhood Obesity Task Force will develop a road map for action in London over the next 5-10 years, seeking to add value to London initiatives, drive progress and change in policy areas that have been outside the direct influence of the health and care sector.

6.3 In June 2018, the government published its chapter 2 of the national childhood obesity plan. A summary of key components of that plan are attached as appendix 2. London being known for its ambition to tackle childhood obesity may wish to become an early implementer of actions that require a place based approach and are aligned with planned city actions.

6.4 Subject to confirming that the SPB agrees to collective and individual action to address childhood obesity in the capital, the SPB may wish to be kept updated on the progress being made across health and care partners. For instance, it is proposed that members consider the suggestions in Appendix 1, and SPB may wish to receive updates from the Prevention Board on the impact of such actions in order to develop new strategic response. While the Board is not an accountable body for childhood obesity, it could act as the catalyst for building consensus around city wide action. The Prevention Board also holds

<sup>7</sup> For instance advice to parents: <https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health>

<sup>8</sup> Resources for healthcare staff at : <http://bit.ly/allourhealth>

responsibility for progressing the prevention devolution commitments, some of which relate to the healthy child environment.

6.5 The SPB could also encourage the sharing of best practice and learning across the city through reviewing its own outcomes as a board.

## 7. Resourcing delivery

7.1 The London Prevention Partnership Board relates to both the London Health Board and the SPB. The SPB and The Childhood Obesity Task Force will need to work together to develop an appropriate governance map for the full range of activity that will be required to address child obesity in London.

7.2 Much can be achieved within current resources in London by re-thinking how to maximise opportunities that exist such as delivering the forthcoming Mayor's Inequalities Strategy, sharing out devolution actions appropriately, using our advocacy to get goodwill support and sharing good practice.

7.3 The London Prevention Board is exploring alternative methods of funding preventive activities and will continue will report progress through its updates to the SPB

7.4 However the experience of other cities internationally is that certain actions require (mainly project and human capital) support. The first call on this may be the Obesity Task Force who will need programme delivery funding and policy officer support. There is currently funding only for 1.5 secretariat post no programme or policy officer support. Looking ahead, the SPB, with recommendations from TFOG, may wish to consider the potential for additional investment in activity to tackle childhood obesity in future years.

## 8. Recommendations

The Board is invited to:

8.1 Contribute to development of a narrative statement on the priority it places on reducing child obesity in London.

8.2 Make commitments to accelerate the actions already in train, make new offers as suggested in this paper (see appendix 1), and discuss whether any of these options could be adopted and championed by the SPB collectively as flagship London commitments behind which the system can convene.

8.3 Agree to the creation of a childhood obesity portal for London to act as a repository of data, effective practice and news about latest developments across health and care in London as partners tackle childhood obesity. This portal will include information about action being taken by the Mayor, boroughs and NHS commissioners and providers.



- 8.4 Request that the London Prevention Partnership Board undertake regular assessments of progress, developing a deeper understanding of the impact of SPB members actions and report back to the SPB.
- 8.5 Nominate leads to work with the expert reference group and participate in a series of engagement events to be held later in 2018, aimed at developing a longer term strategy for both the SPB and the Childhood Obesity Task Force.
- 8.6 Act as a significant promoter of learning to ensure best practice is shared and implemented more quickly across the city as part of its sponsorship of this topic.



## Possible ambitions and actions health and care partners could adopt

	STPs	NHS				Local Government			PHE	HEE	GLA
		NHS E London	CCGS	Acute Trusts	Primary Care	Boroughs	DPH Network	Schools			
<b>Healthy schools</b>											
<ul style="list-style-type: none"> <li>70% of primary schools in London will become water-only schools by December 2019 and 90% by December 2020.</li> <li>All primary schools to meet national nutritional guidelines by 2020 and</li> <li>By March 2020, 50% of young Londoners will move more each day through the daily mile or the London active movement programme</li> </ul>						X		X			
<b>Healthy places</b>											
Every young Londoner will benefit from fast food exclusion zones implemented in 90% of boroughs by 2020.						X					X
13 boroughs will pilot health 'super' zones within 400m of every primary school with no unhealthy food/drink advertising, reduced junk food, improved air quality, and reduced exposure to gambling, alcohol and tobacco. These boroughs will be supported to apply for funding from TfL's 'liveable neighbourhoods' scheme.						X					X
All unhealthy food and drink advertising will be prohibited on TfL estate											X
<b>Intensive support for children most at risk</b>											
Jointly commissioned weight management high quality programmes across local government, primary care and community care will provide intensive support for children identified as being overweight. Progress will be assessed every 6 months to enable the most effective interventions to be spread and shared between boroughs an assessment of impact on health inequalities will be included.			X		X	X	X		X		

	STPs	NHS				Local Government			PHE	HEE	GLA
		NHS E London	CCGS	Acute Trusts	Primary Care	Boroughs	DPH Network	Schools			
25% of crèches , children’s centres and nurseries in London to be signed up to the Healthy Early Year’s Programme in order to maximise good child nutrition and physical activity by end of 2019.						X	X				X
Every STP will develop a child obesity strategy by spring of 2019. This will clearly describe how inequalities will be reduced & clearly set out the role of STP in tackling Childhood obesity rates. This will be aligned to the first phase of the Childhood Obesity Task Force due by December 2018.	X										
By the end of FY18/19, 50% of acute trusts will conform to national food and drink guidelines enabling them to achieve healthy food CQUIN. By the end of FY19/20, 100% will achieve this - one year ahead of the rest of the country. In 2017 only 13% hospitals met CQUIN for healthy food and drink.				X							
The local authority will demonstrate their progress in supporting breastfeeding by collecting validated data from their provider. The provider will supply validated data from the new birth visit and by 8 weeks following birth on whether the infant is 1) breastfed 2) partially breastfed 3) not breastfed						X	X				
Every London child will benefit from the Smile London programme which promotes healthy eating, daily tooth brushing and access to NHS dental services. This includes supervised tooth brushing in nurseries and schools for 55,000 children across the 5 most deprived wards in each London Borough.		X	X						X		

### Childhood Obesity: A Plan for Action

The following summarises the key elements of the Government's childhood obesity announcement on 25 June 2018.

#### *Sugar Reduction*

There is an acknowledgement that the sugar reformulation proposed to industry – which asked for a reduction of sugar content by at least 5% by 2020 – has only yielded a 2% reduction.

Government will undertake a consultation before the end of 2018 to review the possibility of introducing legislation to end the sale of energy drinks to children. In addition, Government may also consider further use of the tax system to promote healthy food if the voluntary sugar reduction programme does not deliver sufficient progress. Government will also consider the sugar reduction progress achieved in sugary milk drinks as part of its 2020 review and may include them in the Soft Drinks Industry Levy (SDIL), if insufficient progress has been made.

#### *Calorie Reduction*

Government will monitor progress of the calorie reduction programme against the target of a 20% reduction by 2024 closely once the programme begins, and consider what additional steps could be taken if progress is not delivered.

Notably, calorie labelling is being approached as a means of encouraging better food choices. To this end, Government will carry out a consultation by the end of 2018 on introducing legislation to mandate consistent calorie labelling for the out of home sector. The Government will also explore what opportunities leaving the European Union present for food labelling.

#### *Advertising & Promotions*

Government will undertake a consultation on introducing a 9pm watershed on TV advertising of HFSS products and similar protection for children viewing adverts online by the end of 2018. The Government will also consider whether online advertising of unhealthy food and drink should continue to be administered by the Committee of Advertising Practice, or whether legislation is necessary. Government will undertake a consultation before the end of 2018 on the intended ban on price promotions, as well as promotions by location (at checkouts, the end of aisles and store entrances), of unhealthy foods and drinks in the retail and out of home sector.

#### *Local Areas*

In order to ensure that all local authorities are able to use powers available to them to effect the health environment (eg. encouraging more walking and cycling, or limiting the number of FFO near schools), the Government will:

- Develop a three year trailblazer programme for a small number of local authorities - focusing on inequalities and ethnic disparities to show what can be achieved within existing powers and share best practice.

- Develop resources that support local authorities who want to use their powers. We will help set out the economic business case for a healthy food environment and provide up to date guidance and training for planning inspectors.
- Define a set of standards to demonstrate what “good” green infrastructure looks like by 2019.
- Provide health and care professionals with the latest training and tools to better support children, young people and families to reduce obesity, including a digital family weight management service.

### *Schools*

The Government will undertake a consultation on strengthening the nutrition standards in the Government Buying Standards for Food and Catering Services, as well as on plans to use Healthy Start vouchers to provide additional support to children from lower income families.

In addition, Government will seek to:

- Incorporate guidance to caterers and schools when they update the School Food Standards to reduce sugar consumption,
- Review how the least active children are being engaged in physical activity in and around the school day.
- Promote a national ambition for every primary school to adopt an active mile initiative, such as the Daily Mile.
- Invest over £1.6million during 2018/19 to support cycling and walking to school.

Ofsted will:

- Develop a new inspection framework for September 2019. This will consider how schools build knowledge across the whole curriculum and how they support pupils’ personal development more broadly, including in relation to healthy behaviours.
- Undertake research into what a curriculum that supports good physical development in the early years looks like.