

**Wiltshire Council**

**Children's Select Committee**

**March 14<sup>th</sup> 2016**

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## **Obesity and Child Poverty Update**

### **Purpose of Report**

1. To provide a 6 month update on progress on implementation of Wiltshire's Obesity Strategy following the outcomes of the Obesity and Child Poverty Task Group.

### **Background**

2. The Final Report of the Obesity and Child Poverty Task Group was endorsed by Health Select Committee on 8 March 2016 and by Children's Select Committee on 22 March 2016.
3. An Executive Response was presented to the Children's Select Committee on 31<sup>st</sup> May 2016 and Health Select Committee on 21<sup>st</sup> June 2016.
4. The Children's Select Committee agreed to undertake annual monitoring of progress against strategic targets within Wiltshire's Obesity Strategy to ensure that sufficient efforts and resources are directed towards its implementation and, in particular, towards protecting children in poverty from obesity and its associated impacts.

### **Update on progress in relation to the Obesity and Child Poverty Task Group's recommendations and executive response**

5. **Recommendation One**  
**To support the development and implementation of the first Wiltshire Obesity Strategy by the council and CCG as a crucial first step in addressing the prevalence of obesity in Wiltshire.**
6. **Executive Response**  
*We will support the implementation of the Children and Young People elements of the Wiltshire Obesity Strategy through the Child Health Improvement Group and the Children's Trust Executive. The strategy is a life course strategy and as a result some elements of the strategy will be led on elsewhere including through the Health Improvement Plan, Maternity Services Liaison Committee, CCG Governing Body and Health and Wellbeing Board. There are clear overlaps between the roles of adults as parents in influencing the outcomes for children and young people.*

7. ***Update***  
Wiltshire's life course Obesity Strategy was approved by Cabinet and NHS Wiltshire Clinical Commissioning Group (CCG) Governing Body in July 2016. It has subsequently been disseminated to a wide range of partners including GPs, early years settings, schools, public health nursing teams and Area Boards. An Obesity Strategy Implementation Group has been established, agreed terms of reference and governance structures. Leads for each of the four strategic priorities have been identified and the stream of work for Strategic Priority 2, focusing on giving children the best start in life is underway.
  
8. **Recommendation Two**  
**To acknowledge the scale of the obesity epidemic facing the country, the projected financial and human costs within Wiltshire if action is not taken, and the commitment required by the council, CCG and partners to tackle obesity as a joint strategic priority.**
  
9. **Executive Response**  
*We acknowledge the severity of the problem of obesity and the need to take action locally across all areas of the Council and CCG. In line with the targets set out in the strategy we will endeavour to halt and reverse the rise in prevalence of obesity. By 2020 we aim to see a 1% reduction in levels of excess weight in children (as measured by the NCMP) in each community area, and to reduce the variation in excess weight among children between the least and most deprived areas of Wiltshire by 2%.*
  
10. ***Update***  
We continue to recognise and raise awareness of both the long and short term consequences of increasing prevalence of obesity in childhood. We are committed to achieving our strategic targets through actions outlined in the Obesity Strategy Implementation Plan, which are described in more detail as updates to the recommendations below.
  
11. **Recommendation Three**  
**Children's Select Committee or Health Select Committee to undertake annual monitoring of progress against strategic targets within the Wiltshire Obesity Strategy to ensure that sufficient efforts and resources are directed towards its implementation and, in particular, towards protecting children in poverty from obesity and its associated impacts.**
  
12. **Executive Response**  
*We will provide updates for the Children's Select Committee and/or Health Select Committee as requested.*
  
13. ***Update***  
The most recent data from the National Child Measurement Programme (NCMP) presented in the table below shows that across Wiltshire, excess weight (overweight and obese combined) among reception year children (4-5yrs) has

increased slightly by 0.1% and decreased slightly by 0.1% for children in year six (10-11yrs).

	<b>Reception Year Children excess weight (NCMP)</b>	<b>Year 6 Children excess weight (NCMP)</b>
<b>Strategy Baseline 2014-15 data</b>	20.3%	29.3%
<b>2015-16 data</b>	20.4% (↑0.1%)	29.2% (↓0.1%)

14. Wiltshire remains below the 2015-16 South West average of excess weight among reception aged children (21.9%) and year 6 children (30.3%). Nationally, over the last year there has been an increase in the percentage of reception year children with excess weight from 21.9% to 22.1% and in year 6 children from 33.2% to 34.2%. Wiltshire's prevalence of excess weight is therefore positive in relation to rising national and regional prevalence.
15. There had been a significant decrease in excess weight for the previous year (2013-14) among reception aged children. While the data periods referred to are prior to the launch of our local strategy, data trends over the past 3 years are encouraging and may be an indication that we are beginning to see progress towards our strategic target of 'halting the rise' in excess weight among children in Wiltshire.
16. Wiltshire's Obesity Strategy includes a priority to reduce the variation in excess weight in children between the least and most deprived areas by 2% by 2020. As detailed in the table below there has been a slight increase in the gap for reception aged children with excess weight between the least and most deprived areas, and a slightly higher increase among year 6 children.

	<b>Inequalities gap between the most and least deprived areas for excess weight</b>	
	<b>Reception</b>	<b>Year 6</b>
<b>2012/13-2014/15</b>	5.2%	8.2%
<b>2013/14-2015/16</b>	5.3% (↑0.1%)	8.8% (↑0.6%)

17. There are challenges in drawing comparisons with national (England) data regarding the inequalities gap as the units of analysis are slightly different (deciles rather than quintiles) and the actual values are not reported. However, it appears that nationally the gap in excess weight among the least and most deprived children has also widened from 5.9% to 6.5% among reception age children and from 12% to 12.3% among year 6 children.
18. There is an established positive correlation between obesity and deprivation. It is worth noting as context that the most recent data available (2014) shows that there has been a rise in levels of child poverty both locally and nationally. In 2014, 11.8% of children in Wiltshire were living in poverty. The percentage of

children in poverty in Wiltshire had been steadily dropping since 2006 (previously 10.6% in 2013). This mirrors a similar picture nationally where England as a whole has seen a rise from 17% in 2012 to 20% in 2014.

19. The causes and consequences of child poverty are complex but it is highly likely that increasing prevalence is a contributing factor to the widening gap in excess weight among children from the least and most deprived groups. We recognise the challenge of reducing this variation and further work is required to plan and deliver targeted and universal support to our most deprived communities to reduce this gap. We are planning a 3<sup>rd</sup> Wiltshire Obesity Summit July 21<sup>st</sup> 2017 and will be seeking to identify opportunities for shaping and developing future work on this issue as a priority.
20. The target of achieving a 1% reduction in levels of excess weight in children in each community area by 2020 is ambitious. Closer engagement with local communities will be key to achieving this and it is positive that we have Community Engagement Managers represented on the Obesity Strategy Implementation Group.
21. There are challenges in comparing annual data by Community Area as the numbers of children in the cohort vary and are often very small meaning that percentage comparisons can be misleading. These concerns aside 2015-16 single year Community Area figures indicate for reception aged children, nine Community Areas have shown an improvement (decrease) in excess weight by  $\geq 1\%$  and the same number have shown an increase by  $\geq 1\%$ . For children in year 6, eleven Community Areas have shown a decrease by  $\geq 1\%$  and 7 have shown an increase by  $\geq 1\%$ .
22. We suggest that future reporting of excess weight data by Community Area is based on 3 yearly aggregated data so that the data are more robust.
23. **Recommendation Four**  
**The council, CCG and Area Boards to prioritise actions and resources focused on prevention, early intervention and the first two life stages ('Preconception to early years' and 'Children and Young people') and for this to be reflected in how resources are allocated towards implementation of the Obesity Strategy.**
24. **Executive Response**  
*We expect the Obesity Strategy Implementation Plan to have defined actions for the Council and CCG and to outline how information and guidance will be provided to Area Boards in order for them to prioritise tackling obesity in the first two life stages locally.*
25. **Update**  
Early intervention in the life course is a key part of addressing the obesity epidemic. Wiltshire's Obesity Strategy Implementation Plan has defined actions to support the first two life stages and includes provision of specialist weight management programmes to support groups at higher risk of obesity. The *Maternal Healthy Me; Specialist Healthy Lifestyle in Pregnancy* service has been

developed and commissioned by Public Health to support women to achieve and maintain a healthy weight in pregnancy and early parenthood. The service is delivered by maternity services to enable pregnant women who are obese to make healthy lifestyle changes to reduce obesity related health risks during pregnancy, and to reduce the risks of their child becoming obese in the future. We have also developed the *Healthy Me* programme, delivered by our Leisure Service for children 7-11yrs who are identified as being overweight/obese and their families.

26. In addition to targeted services we also work closely with colleagues in Children's Services to support healthy education and child care settings including Children's Centres and schools. We plan to work with early years settings to enhance the provision of healthy eating and physical activity opportunities and are currently undertaking scoping work to identify any gaps in provision for this stage of the life course.
27. In response to feedback from the 2016 Wiltshire Obesity Summit we are developing an Obesity e-toolkit which will hold useful resources and ensure consistent evidence-based messages encouraging healthy eating and physical activity tailored to each phase of the life course, including the first two life stages. The e-toolkit will be available for health professionals and the wider community such as Area Board Community Engagement Managers and community leaders to support the dissemination of key messages and resources within their community areas.
28. **Recommendation Five**  
**The council, CCG and Area Boards to prioritise actions and resources targeted at groups vulnerable to obesity, particularly children living in poverty and for this to be reflected in how resources are allocated towards implementation of the Obesity Strategy.**
29. **Executive Response**  
*We expect the Obesity Strategy Implementation Plan to have defined actions for the Council and CCG for reducing inequalities and to outline how information and guidance will be provided to Area Boards as part of the Community Area Joint Strategic Assessment, and associated workshops in order for them to prioritise tackling inequalities and supporting groups at higher risk of obesity, including children living in poverty. Area boards are uniquely placed to deliver support to their local communities to achieve and maintain a healthy weight and will be key to delivering the strategic target of reducing the variation in excess weight between the least and most deprived children.*
30. **Update**  
The Obesity Strategy Implementation Plan includes actions for strategic partners around addressing inequalities. NCMP data has been shared at local level as part of Community Area Child Poverty Profiles and Community Joint Strategic Assessment (CJSA) events to enable local areas to identify priorities and actions around childhood obesity and child poverty.

31. The Obesity Strategy Implementation Group membership includes Community Engagement Managers who are tasked with taking a lead role in planning focused actions within their Community Areas. We are in the process of collating outcomes following the recent Community Area Joint Strategic Assessment (CJSA) events. Of the Community Areas that have sent through their priorities following the event, Malmesbury, South West Wiltshire, Corsham, Pewsey, Melksham have all voted to prioritise reducing childhood obesity, while Tidworth, Westbury, Pewsey, and Melksham to reduce child poverty which is very encouraging.
32. The Child Poverty Steering group are exploring opportunities on how best to sustain, develop and share best practice in relation to the work at local Community Area level following the Child Poverty Community Area Profile dissemination. We are exploring the option of holding an annual event to bring together stakeholders to share best practice and review progress.
33. **Recommendation Six**  
**When developing the Obesity Strategy's implementation plan, the council, CCG and partners to consider the particular challenges faced by people on low incomes in achieving good health outcomes so that maximum equity of access can be ensured.**
34. **Executive Response**  
*We will expect an Equalities Impact Assessment on the Strategy to address this issue.*
35. **Update**  
An Equalities Impact Assessment has been completed with CCG colleagues and is included among the background papers.
36. Local NCMP data has informed decisions around appropriate locations for our specialist weight management service (*Healthy Me*), so that they are located in areas with higher prevalence of excess weight among children. However, there are inevitable issues around ensuring equitable access across a county the size of Wiltshire, particularly for families living far from the market town localities and with limited access to transport. We are currently exploring how we can provide a more flexible approach to support to these families to access the programme.
37. The e-toolkit we are developing will provide information and resources including signposting to local services which can be accessed by anyone living in Wiltshire. We also plan to work with our Community Engagement Managers to identify and maximise community led interventions to support the obesity agenda.
38. **Recommendation Seven**  
**Schools to be given a greater profile within the Obesity Strategy to reflect the opportunity that schools' unique access to all children and young people presents, including access to 'hard-to-reach' groups such as those living in poverty.**

39. **Executive Response**

*We will ensure that Children's Services colleagues are involved in developing the strategy implementation plan in order to provide opportunities to maximise schools' engagement in this agenda. Healthy Schools has a key role and work is planned to support enhancing the expectations on schools in relation to nutrition and physical activity when they apply for Healthy Schools status.*

40. *School nurses provide our universal public health services in schools and will be key in both influencing schools to take a holistic approach to the wellbeing of their children and young people as well as in supporting individual children with concerns about maintaining a healthy weight.*

41. **Update**

The Government launched the National Childhood Obesity Plan in August 2016. Many of the recommendations within the plan support the actions outlined in Wiltshire's Obesity Strategy Implementation Plan including; the commitment to increasing children's physical activity levels, supporting early years settings, and improving school food. Public Health England are a main partner responsible for delivering the Plan nationally and will be guiding local authorities in how they can support its implementation.

42. School nurses continue to support children and young people within the school setting providing advice and support around healthy weight/healthy lifestyles. They plan to run a campaign in the next academic year in relation to healthy weight. School nurses and primary health care professionals are a key source of referrals to the *Healthy Me* weight management programme. We are currently developing training on *Raising the Issue of Weight* which will enable school nurses to improve their confidence in talking about obesity with children, young people, parents and carers, raising their awareness and signposting to services and information resources available locally.

43. In addition, the school nursing service is currently undertaking health needs assessments (HNA) for local schools, compiling data from various sources including NCMP results and from the school health behaviours survey. They will share findings with senior management within schools to identify shared priorities, including highlighting health inequalities and identifying actions e.g. in relation to Healthy Schools. The HNA will also be used to inform the school nurse work programme tailored to the needs of the individual school community.

44. We continue to work closely with Wiltshire Healthy Schools colleagues to maximise opportunities for schools to engage with the programme. We are pleased that as a result of the Area Board engagement work in part prompted by the Community Area Child Poverty Profile dissemination that a number of Area Boards have offered support for schools in their area to join the programme.

45. The Healthy Schools programme supports schools to take a whole setting approach to improving health and wellbeing of pupils. Healthy weight is one of 4 themes linked to a set of standards which schools must meet to gain Healthy Schools recognition. Over the last year the Healthy Schools standards, resource library and web page relating to healthy eating and physical activity have been reviewed and are fully up to date with the latest evidence base.

46. We have recently undertaken a review of the provision of physical activity in schools, including the content of Healthy Schools standards and suggested physical activity interventions for schools. While schools may choose from a suite of suggested interventions, we plan to develop specific resources to encourage more schools to take part in the 'Daily Mile' (an opportunity at school for all children to run 1 mile every day), or a variation of it, and to sign up to Wiltshire's Big Pledge 2017. Further information will be forthcoming and we would welcome Area Board/Councillor support in encouraging take up of the initiative by schools.

47. **Recommendation Eight**

**Work to be undertaken with schools to increase the take-up of free school meals by eligible families in order that children from families on low incomes reap the associated health benefits, with an update on free school meal take-up to be provided to the Committees in 12 months' time.**

48. **Executive Response**

*The Obesity Strategy Implementation Plan will include actions to increase uptake of free school meals by eligible families. Public Health and Children's Services to provide an update on progress in relation to increasing the uptake of free school meals in June 2017.*

49. **Update**

The Council's Revenue and Benefits team has recently taken responsibility for the coordination of Free School Meals (FSM) in Wiltshire. All primary school children from reception to year 2 (infants) are entitled to the universal free school meals offer regardless of income level. This presents challenges in monitoring and reporting on numbers of children in families that would be eligible for free school meals as understandably many eligible families who meet the criteria for FSM are not registering for the entitlement as they receive FSM regardless. As a consequence of low levels of registration among eligible families the school does not receive the full Pupil Premium potential funding for these children which could be used by the school to fund a range of resources targeted to the most disadvantaged pupils such as school trips, books, additional tuition, breakfast clubs, additional teaching assistants etc.

50. We understand that the process of applying for FSM can be quite complex and have formed a group with colleagues in the Revenue and Benefits service to assess the perceived barriers of parents in accessing FSM. Together we plan to pilot some work in one primary and one secondary school to provide clear messages and increase the uptake of FSM. We will then hope to share the learning with other schools across the county linking with Healthy Schools to communicate the messages. In addition the Revenue and Benefits team will begin reviewing FSM take up among families who have been affected by the benefits cap, as we know these families are more than likely to be entitled to Free School Meals.

51. The Revenue and Benefits team are currently pulling together baseline figures on current uptake of universal free school meals and free school meals. We plan to report against this in future.



52. **Recommendation Nine**  
**To support the continuation and/or expansion of the targeted Wiltshire Food in School work supporting schools in deprived areas to improve the health and wellbeing of their school community.**
53. **Executive Response**  
*We will work to develop a sustainable package of support to schools on improving whole school approaches to food e.g. through the Healthy Schools Programme*
54. **Update**  
Learning from Wiltshire's Food for Life (FFL) initiative, a 10 month pilot project (which ended in August 2016) to scope and support food in school initiatives and implementation of the School Food Plan is being incorporated into Healthy Schools and the Eat Out Eat Well programmes. For example through the Healthy Schools programme we will develop and disseminate useful resources for schools to share with families around healthy packed lunches. We have also completed a piece of work mapping the links between FFL criteria and Healthy Schools criteria to encourage schools to evidence their achievements in relation to both awards. In addition the Wiltshire Schools Cooks Network which formed through the pilot project agreed to continue to meet and share best practice.
55. Wiltshire Council's *Healthy Me* programme promotes healthy eating in schools during assemblies as part of their promotion and recruitment drive. Wiltshire Council's Big Pledge is an annual campaign to increase physical activity within our communities, with a lot of the work being targeted and promoted with schools as described previously.
56. **Recommendation Ten**  
**Further information to be provided on how Area Boards and communities will be supported to address issues identified in child poverty profiles for their community areas.**
57. **Executive Response**  
*The Reducing Child Poverty Strategy Group will produce an end of year report in January 2017 which will include an outline of the work undertaken by Area Boards as a result of the Child Poverty Profile workshop/presentations held 2015/16. This report can be shared with members of the Health Select Committee as requested.*
58. **Update**  
Community Area Child Poverty Profiles have now been shared with all of Wiltshire's Community Areas. This has led to actions to address both child poverty and child obesity. Please refer to Child Poverty Report (background papers) for further detail. In addition the CJSA events held over the past few months have provided an additional opportunity to share local data including child poverty and child obesity data with Area Boards in a meaningful way (see update to recommendation five).

59. **Recommendation Eleven**  
**To support the continuation of cross-team work led by Public Health supporting every council service to consider what it can do to encourage healthy eating and activities.**
60. **Executive Response**  
*Public health will work with Corporate Services to explore how future Service Plans could include a core commitment to addressing obesity.*
61. **Update**  
The Obesity Strategy Implementation Group includes colleagues from planning, leisure, area board community engagement, adult and child health improvement. The contribution of these teams reflects the complexities in tackling obesity and the need to engage with a variety of partners to achieve our strategic objectives.
62. There are a number of other groups and partnerships within the council including the Child Health Improvement Group, the Early Years Board, the Safe Active Travel Group and Healthy Schools Partnership which will all be overseeing aspects of strategy implementation in relation to children and young people. In addition, Wiltshire Council's focus on Workplace Wellbeing will support our workforce and their families to pursue healthy lifestyles within and outside the workplace.
63. Leisure colleagues are developing a 'leisure offer' which spans across the life course working in conjunction with health improvement services. Training on *Making Every Contact Count* to encourage healthy conversations and asking the right type of questions to elicit change is being cascaded to key members of staff across the Council.
64. **Recommendation Twelve**  
**The Cabinet Member for Health and Adult Social Care, and the Cabinet Member for Planning, Property, Waste and Strategic Housing, to advise if the council currently seeks to influence the proliferation of fast food outlets (particularly near schools) through the planning process and, if not, whether they are plans to consider doing so.**
65. **Executive Response**  
*Discussions are at an early stage to develop and amend planning policies within the Wiltshire Core Strategy. Such policies have been implemented in other areas of the country and would help to mitigate against the effects of obesogenic environments in Wiltshire. Public health officers will work with public protection colleagues, the Spatial Planning Team and Development Control to gain consensus on developing supplementary planning guidance setting out prescribed exclusion zones (400m restriction) around schools and FE College campuses, and restrictions on the number of hot food take aways along the high street.*
66. **Update**

We are currently awaiting further confirmation from the Spatial Planning team regarding the refresh of Wiltshire's Core Strategy and the timescales for this. Once this information is provided we will be in a position to explore the incorporation of a health and wellbeing policy into the Core Strategy. A recent briefing paper was submitted to Councillors on the proliferation of fast food outlets within the proximity of schools. Whilst this doesn't seem to be an issue in all areas of Wiltshire, developing supplementary planning guidance around this would be beneficial for children's health and wellbeing. We will continue to work with planning colleagues to support this work.

67. **Proposal**

To note the update on progress and to ask the Committee to continue to support implementation of Wiltshire's Obesity Strategy, particularly through local action to address inequalities, encourage uptake of Healthy Schools, and the Daily Mile initiative.

To participate in the Obesity Summit planned for July 21<sup>st</sup> 2017.

To agree a schedule for future reporting on progress.

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**Background Papers**

The following unpublished documents have been relied on in the preparation of this report: Equalities Impact Assessment; Child Poverty Report 2016-17.