Executive Response to the Final Report of the
Obesity and Child Poverty Task Group

Purpose of the report

1. To present the response of the following to the Final Report of the Obesity and Child Poverty Task Group:
   - Cabinet Member for Children’s Services
   - Cabinet Member for Health (including Public Health and Adult Social Care)

2. Recommendation 12 also relates to, and has been referred to, the Cabinet Member for Planning, Property, Waste and Strategic Housing.

Background

3. The Final Report was endorsed by Health Select Committee on 8 March 2016 and by Children’s Select Committee on 22 March 2016.

4. Both Committees resolved to refer the Task Group’s findings and recommendations to the relevant parties for response.

5. Health Select Committee also asked that the further points raised during their discussion be responded to. These are detailed under paragraph 6.

Executive response to the Task Group’s recommendations

1. 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.

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.
2. 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.

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%.

3. 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.

We will provide updates for the Children’s Select Committee and/or Health Select Committee as requested.

4. 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.

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.

5. 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.

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.

6. 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.

We will expect an Equalities Impact Assessment on the Strategy to address this issue.

7. 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.

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.

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.

8. 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.

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.

9. 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.
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

10. 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.

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.

11. 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.

Public health will work with Corporate Services to explore how future Service Plans could include a core commitment to addressing obesity.

12. 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.

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.

Further points raised by Health Select Committee

6. Health Select Committee raised the following further points and asked that the Cabinet Members and CCG respond:

   a) The possibility of increasing the frequency of child weight checks beyond the current checks performed in infancy and those in Reception year and Year 6 at school. A suggestion was made as to whether dentist could be approached to undertake weighing as part of their check-ups.
The National Child Measurement Programme is currently delivered in line with national guidance and informed by best practice. It is felt that it is unlikely that the additional resources required to fund weighing and measuring beyond reception and Year 6, or in additional settings would add significant benefit, and resources would be better directed at interventions to address obesity.

b) Whether the multi-agency approach to child protection through the MASH hub could be adapted and employed for child obesity.

A multi-agency approach will be key to successfully reducing levels of childhood obesity in Wiltshire as highlighted through the recommendations and responses above. We currently deliver multi-disciplinary interventions for children who are overweight or obese that address physical activity, healthy eating and emotional wellbeing for the child and their families in line with NICE guidance. However engagement of families into these types of programmes can be potentially stigmatising and we try to deliver services in a way that doesn't label the young person. We would have concerns that the development of a specific ‘obesity hub’ could lead to services being viewed negatively and lead to a fall in participation.

7. As well as responses to the individual recommendations above, this section is space to provide a general response or comment as necessary.

We welcome the focus on health inequalities that this task group on child poverty and child obesity has provided. The recommendations will enable us to ensure wider engagement and commitment across the Council to delivering the Obesity Strategy Implementation Plan.

Proposal


Cllr Laura Mayes, Cabinet Member for Children’s Services
Cllr Keith Humphries, Cabinet Member for Health and Adult Social Care
Cllr Toby Sturgis, Cabinet Member for Planning, Property, Waste and Strategic Housing

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