

Director of Public Health

Meeting of:	Date	Agenda item	Ward(s)
Health and Care Scrutiny Committee	14 th June 2018		All

Delete as appropriate	Exempt	Non-exempt

SUBJECT: An update on tackling child obesity in Islington

1. Synopsis

1.1 This paper and the accompanying presentation provide a brief overview of the issue of childhood obesity in Islington, and an update on key interventions and approaches being taken locally to support children and families to achieve and maintain a healthy weight. It has a particular focus on actions being taken following Islington Council becoming a signatory to the Local Government Declaration on Sugar Reduction and Healthier Food.

2. Recommendations

The Health and Care Scrutiny Committee is asked to note this update.

3. Background

3.1 Obesity is an important driver of preventable poor health in Islington, including cardiovascular disease and diabetes. Over 1 in 3 children aged 10-11 are classed as overweight or obese, and more than half of all adults are either overweight or obese¹.

3.2 Obesity, and associated diseases including type 2 diabetes, cancer and cardiovascular disease, is one of the most pressing public health issues of our day. Obesity costs the NHS alone £5.1bn every year², as well as leading to significant losses to the economy (through ill health, disability and early death). An estimated 7.1% of deaths in England and Wales are attributable to elevated Body Mass Index (BMI), with obese individuals losing an average of 12 years of life³. It can also have a significant impact on daily life and wider wellbeing for those individuals affected.

¹ PHE Fingertips data 2013-5. Haringey – 54.2%. Islington 52.8%.

² PHE (2015) Sugar reduction: the evidence for action

www.gov.uk/government/uploads/system/uploads/attachment_data/file/470179/Sugar_reduction_The_evidence_for_action.pdf

³ IEA (2017) Obesity and the Public Purse, citing figures from the Office for National Statistics

<https://iea.org.uk/wp-content/uploads/2017/01/Obesity-and-the-Public-Purse-PDF.pdf>

3.3 Obesity is also a pressing health inequalities issue. More deprived wards have higher rates of obesity, and obesity is highly correlated with deprivation. For example, in Islington, nearly twice as many children leaving primary school in Clerkenwell ward are overweight/obese (47%) as in St. Georges ward (24%).

3.4 Locally, more than a fifth of children start primary school overweight, and more than a third leave for secondary school overweight⁴, which is in line with the national picture. Recently released figures on children with severe obesity shows that 5.9% of Year 6 pupils had severe obesity which is higher than the England average (4.07%). BMI \geq 99th percentile is the most commonly used to define severely obese children who are at risk of developing a number of serious acute and chronic health problems.¹

3.4 Guidelines on sugar consumption were issued in July 2015 by the Scientific Advisory Committee on Nutrition (SACN). They recommended that sugar should account for a maximum of 5% of energy intake for adults and children. However it is estimated that sugar currently accounts for three times this proportion of children's energy intake, with sugar sweetened soft drinks being the largest single source of sugar for children⁵.

3.6 An important reason for this is because of the profound changes to the food environment over the last three decades. Food is now more readily available and heavily promoted, marketed and advertised. Combined with increasing consumption of meals from the out of home sector (coffee shops, cafes, fast food outlets) people have been pushed towards overconsumption through a food environment which normalises the provision of unhealthy food and drink in everyday life and settings.

3.7 A recent evidence review by Public Health England of sugar reduction interventions also outlined the significant changes to the food environment over the last thirty to forty years⁶. The report recommended a strong focus on the food environment and in particular:

- Strong controls on price promotions of unhealthy food and drink
- Tougher controls on marketing and advertising of unhealthy food and drink
- A centrally led reformulation programme to reduce sugar in food and drink
- A sugary drinks tax on full sugar soft drinks, in order to help change behaviour, with all proceeds targeted to help those children at greatest risk of obesity
- Improved education and information about diet

3.8 The need for action on obesity is well recognised and supported by our residents. The most recent survey of residents on the subject of obesity was the Great Weight Debate (GWD), undertaken in October 2016 as part of a London-wide programme of engagement. Although from a relatively small sample size locally (79 participants in Islington), the insights from the GWD show that Islington residents are concerned about the number of fast food outlets in their area and the ready availability of unhealthy food and drink. It also found significant demand for local action to improve the food environment to promote healthier choices. For example:-

- 32% of respondents were aware of the childhood obesity epidemic
- 33% of respondents felt that tackling childhood obesity should be a top priority
- 56% of respondents felt that tackling childhood obesity should be a high priority
- Islington residents told us that the top 3 things that made it hard for children to lead healthier lives were: too many cheap unhealthy food and drink options ; too many fast food outlets; and the cost of healthy food and drink
- Islington residents told us that the top 3 things in the local area that encouraged children to lead healthier lives were: parks ; local leisure facilities ; and local sports and youth clubs

⁴ National Child Measurement programme 2015/16. .

⁵ Public Health England, Public Health Matters blog, [Exper interview: New sugar recommendations](#), 17 July 2015 (accessed 30 May 2017).

⁶ Public Health England (2015) Sugar reduction: the evidence for action

- Islington residents told us that in order for children to be better supported to lead healthier lives there needed to be:
 - Support or families to cook healthier food
 - Cheaper healthier food and drink options
 - Limit on the number of fast food outlets

4.0 Islington's approach to tackling obesity and joint work with Haringey Council

4.1 Islington Council takes a holistic, whole system approach to tackling obesity which recognises the complexity of the drivers and determinants of overweight and obesity, and the need for action across the system focused on a) Improving the food environment and the food offer and b) promoting physical activity. There are long established multi-sectoral partnerships established in the borough which oversee the implementation of key strategies and action in these areas – namely the Proactive Islington partnership, focused on physical activity and the Islington Food Strategy Group, focused on the food environment and access to healthy food.

4.2 The remaining sections of this paper provide a brief overview of the services and interventions currently commissioned by Islington Council, which are designed to support families to maintain a healthy weight, or provide more targeted support to children and their families who are overweight or obese. The paper then goes on to describe work being taken forward in conjunction with Haringey Council, through the Wellbeing Partnership, which is focused on some of the key policy levers available to both councils in creating and shaping healthy environments, and which support action to tackle obesity at a whole population level, rather than working with particular individuals or families.

4.3 Locally commissioned services

4.3.1 **Families for Life (universal Tier 1 Service)** is a 4-6 week programme on cooking and healthy lifestyles. From April 2018, this programme will be delivered directly by the Islington School Improvement Service and better integrated within with the Council's Early Years and School/s offer.

4.3.2 **Healthy Living Practitioner Service** (Tier 2 service) is delivered by Whittington Health. Owing to pressure on the service from the number and complexity of referrals, compounded by some staffing issues within the service, the service's limited resources are currently targeted towards those who are very overweight (>BMI 98 percentile). Islington's Child Measurement Programme identified 613 children in this BMI category who should all be offered this service by 1.0 FTE nutritionist. The future service model for tier 2 services will need to be reviewed in light of both these demand pressures and financial pressures on the Council.

4.3.3 **Enhanced Tier 2 Service.** This pilot service is provided by the Brandon Centre and supports children and families with more complex needs who need support in relation to overweight and obesity. It has shown promising outcomes for children engaged with the service. Taking a psychological approach to obesity has generated some detailed case-studies, showing how obesity is strongly linked to mental health. Islington CCG is looking at options for recommissioning this service from April 2019, potentially aligning it with the transformation of local CAMHS.

4.3.4 The above services make up the local child weight management pathway, and is designed to work as part of a tiered pathway in which children and their families are able to access the right type and intensity of support depending upon their needs. A multi-disciplinary team, chaired by a Consultant Paediatrician from UCLH, was established in October 2017 to help with the assessment and triaging of cases suitable for the enhanced service. The revised pathway has been circulated to all GP Practices in Islington.

4.4 The Local Government Declaration on Sugar Reduction and joint work with Haringey

4.4.1 At a joint meeting of Haringey and Islington's Health and Wellbeing Boards in January 2017, obesity was agreed as a shared priority and an area for joint action across the two boroughs. A focus on obesity prevention was also seen as an important part of the Wellbeing Partnerships' commitment to

focusing on prevention, early intervention and focusing on the determinants of poor health, as well as on improving and integrating health and care services for residents.

- 4.4.2 In October 2017, following further work by officers, both Councils agreed to sign the Local Government Declaration on Sugar Reduction and Healthier Food, and committed themselves to taking forward a [series of actions and pledges](#) focused on creating a healthier food environment in both boroughs, and to monitoring progress with implementation.
- 4.4.3 The Local Government Declaration on Sugar Reduction and Healthier Food (LGD, or the Declaration) is a voluntary initiative developed by Sustain, which aims to help local authorities tackle the proliferation and marketing of unhealthy food and drink. To sign the Declaration, a local authority must make pledges across six different areas:
- tackling advertising and sponsorship
 - improving the food controlled or influenced by the council
 - reducing the prominence of sugary drinks and promote free drinking water
 - supporting businesses and organisations to improve their food offers
 - public events
 - raising public awareness.
- 4.4.4 In addition, the local authority must commit to report on progress annually. The Declaration supports a whole-systems approach, helping to address unhealthy eating through targeted action across these six key areas of commitment. By signing the Declaration, the Council makes clear its commitment to tackling the causes of obesity. The aim of signing the Declaration and making these pledges is not to ban sugar or eliminate choice for our residents. Instead, it is about making a range of changes to the wider food environment which make it easier, more convenient and / or more affordable for residents to make healthier choices
- 4.4.5 Since October 2017, good progress has been made across Islington Council implementing the pledges that were presented to the joint HWB in October 2017. An update on each pledge is given in the presentation attached.
- 4.4.6 There has been particular success on developing a policy on corporate advertising, sponsorship and commercial partnerships, which legal services have now approved. The next steps are to get this agreed at a corporate level, with a clear framework for maintaining and implementing the policy across the council.
- 4.4.7 Joint commissioners and procurement officers have also been looking at ways to embed healthy eating into new contracts and procurement processes. All environments where the food on offer is controlled by the council have been considered and mapped, and good progress has been made with piloting healthy options in vending machines in Council controlled premises.
- 4.4.8 As part of their joint commitment/pledge to raising public awareness, both Councils agreed to take forward the Sugar Smart campaign – a vehicle for engaging our local communities and businesses to take their own action on sugar reduction, and which has been used successfully by other areas and local authorities, such as Brighton and Hove, Lewisham and Greenwich. This work has been slower to get off the ground as a joint endeavour between the two Councils, and due to the pre-election period in the run up to local elections in May 2018. The official launch for Sugar Smart is now planned for later in Summer 2018, and some key local organisations have already given their commitment to signing up and to taking action.
- 4.4.9 The “Refill Islington” initiative has been very positively received by colleagues across the Council, owing to its dual focus on and benefits for both health/obesity as well as tackling plastic waste/recycling. It will be launched in July 2018. Work on increasing the availability and awareness of water refill stations in the borough has been embedded into the Council’s work on reducing plastic waste and a day of action is planned for the 8th June as part of ‘World Oceans Day’. Bids have also been submitted by colleagues to the GLA to support the installation of water fountains in public

places, in order to enhance the original pledges made around increasing access to drinking water in the borough.

5. Implications

Statutory Officers Comments (Legal and Finance)

5.1 Legal

Under Section 2B National Health Service Act 2006 (as amended by Section 12 of the Health and Social Care Act 2012) each local authority must take steps as it considers appropriate for improving the health of people in its area. The steps that may be taken include providing information and advice; providing services or facilities designed to promote healthy living; providing financial incentives to encourage individuals to adopt healthier lifestyles and making available the services of any person or any facilities. The recommended pledges falls within the statutory duty to improve public health.

The Sugar Reduction and Healthier Food initiatives fall within the Terms of Reference of the Joint Sub-Committee to encourage joint consideration and co-ordination of health and care issues that are of common interest to the population of Haringey and Islington.

The Finance Act 2017 has established a new tax called the Soft Drinks Industry Levy (the Levy) and provides that HM Revenue & Customs (HMRC) will be responsible for its collection and administration. The levy is intended to apply from April 2018 and is aimed at producers and importers of soft drinks containing added sugar. It is intended to tackle childhood obesity by encouraging the reformulation of drinks to reduce levels of added sugar, as well as portion size reduction and marketing of low sugar alternatives.

5.2 Chief Finance Officer (ref: CAPH58)

There are no financial implications arising from the recommendations in this report. Officers will need to ensure the implications of accepting any grant funding are understood before entering into any new commitments. This might include any requirements for matched funding or prescribed use of monies or clauses relating to repayment in particular circumstances.

5.3 Environmental Implications

This report has limited environmental implications; however it should be noted that a campaign to promote the availability of free drinking water and refill drinking points would deliver environmental benefits (reduced plastic waste, reduced waste going to landfill and reduced carbon emissions from transporting bottled water).

5.4 Resident and Equalities Implications

Both councils have a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share those protected characteristics and people who do not
- Foster good relations between people who share those characteristics and people who do not.

The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

This report sets out a summary of the need in Haringey and Islington to create healthier environments with the aim of tackling obesity, specifically for children, and possible interventions to meet this need.

Analysis by both councils has demonstrated that some groups are disproportionately affected by obesity and the health problems which are associated with being overweight. More people are obese in more deprived areas, and children from Black African, Caribbean and "White Other" backgrounds are more affected than those of White British backgrounds.

The proposals outlined in this paper aim not only to reduce overall levels of obesity and overweight in the borough, but also to close these health inequalities, by focusing action in schools and other educational settings and in more deprived areas, and by building the public-facing Sugar Smart campaign in collaboration with a range of partners, including small voluntary and community organisations.

In addition, consultation undertaken to date (see "The demand for action" in Section 2 above) via the Great Weight Debate demonstrates that residents in the two boroughs are keen to see action taken to improve the local food environment as a way to tackle obesity.

6. Conclusion and reason for recommendations

Appendices

Background papers: Presentation:

Final report clearance:

Signed by:



Director of Public Health

Date

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