

## REPORT OF HEALTH IN HACKNEY SCRUTINY COMMISSION

<b>Childhood Obesity Review</b>  Overview and Scrutiny Board 25 <sup>th</sup> February 2009	<b>Classification</b> <b>Public</b>	<b>Enclosures</b>  <b>Appendix 1</b> Review Terms of Reference <b>Appendix 2</b> London Borough of Hackney School Cluster Map
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### 1 FOREWORD

- 1.1 The Government's National Obesity Strategy for England launched in 2007 set an ambitious goal: "Being the first major country to reverse the rising tide of obesity and overweight in the population...by 2020 we will have reduced the proportion of overweight and obese children to 2000 levels."

One aim of this inquiry was to investigate the steps that health partners and the council in Hackney need to take to play their part in achieving this national goal. However given the seriousness of the childhood obesity problem in the borough, an additional challenge was to identify ways in which Hackney can lead the way nationally – setting more ambitious targets, investing more and achieving results faster than anywhere else.

In Hackney there are a range of initiatives under way from free swimming for under 18s, GPs prescribing exercise to overweight patients, demonstration kitchens on our most deprived estates and the majority of our schools being supported to achieve Healthy School status. These are all to be warmly welcomed but we need to ask whether they are sufficient given the challenges we face as a borough.

The first step in addressing childhood obesity is recognition of the scale of the problem. This is a national health emergency but one that is more pressing in Hackney than in any other part of the country. Our children are the fattest in the country as they enter school for the first time and the second fattest in year six. Over 40% of Hackney's children are either overweight or obese at age ten. The implications for public services are dramatic. Left unchecked, this level of obesity will put the health service under enormous pressure.

More importantly, the impact on the life chances of those individuals who are overweight will be significant. A much increased chance of suffering from diabetes, heart disease, cancer and liver failure. A greater risk of depression and other mental health problems. Poorer social, educational and economic prospects. With obesity more prevalent amongst children growing up in poverty, a failure to tackle the problem will simply put more barriers in front of those children who already struggle to make the most of their potential. Childhood obesity is not therefore simply a health issue; it is an issue of fairness and equality of opportunity.

We have taken evidence from experts in the field, health partners, community groups, parents, children and teachers. We have developed a set of

recommendations that we feel are ambitious but realistic and achievable in the short term. If embraced by health partners we believe these can be important early steps in turning round the obesity epidemic for the sake of all of Hackney's young people.

## 2 INTRODUCTION

- 2.1 The publication of the Government's White Paper 'Choosing health, making healthier choices easier' identified obesity as a key area for action and was a key driver in raising the profile of obesity as a major public health concern.

Obesity is a growing problem; it is anticipated that without concerted intervention the majority of people in the UK will be obese by 2050 (and 1 in five English children will be obese by 2010) with an estimated cost to society of more than £50 billion per year. Growing concern about the prevalence of child obesity and obesity in the population as a whole led the Government to develop a Public Service Agreement (PSA) target jointly owned by Department of Health (DOH), Department for Education and Skills (DfES) and Department for Culture Media and Sports (DCMS). PSA's are announced in the Government's Comprehensive Spending Reviews and a PSA is a voluntary agreement negotiated between a local authority and the government that aims to improve delivery of local public services by focusing on a targetted outcome. PSAs detail the aims and objectives of UK Government department (or departments if jointly owned) over a three-year period).

Obesity levels have been increasing in developed countries around the globe but it is believed that no developed country has succeeded in reversing the trend. Action has been taken by the Government to tackle this issue in the form of 'Healthy Start Initiatives and the National Healthy Schools Programme. In addition there are requirements on Primary Care Trusts (PCTs) to complete various tasks to contribute towards tackling child obesity some of which are:

- Development of a comprehensive 'care pathway' for obesity
- Implementation of guidance on improved nutrition in schools
- Participation of all schools in free fruit and vegetable scheme for 4 to 6 year olds
- Community 5 a Day initiatives taken forward by PCT
- PCT to reinforce national messages about healthy eating and physical activity.

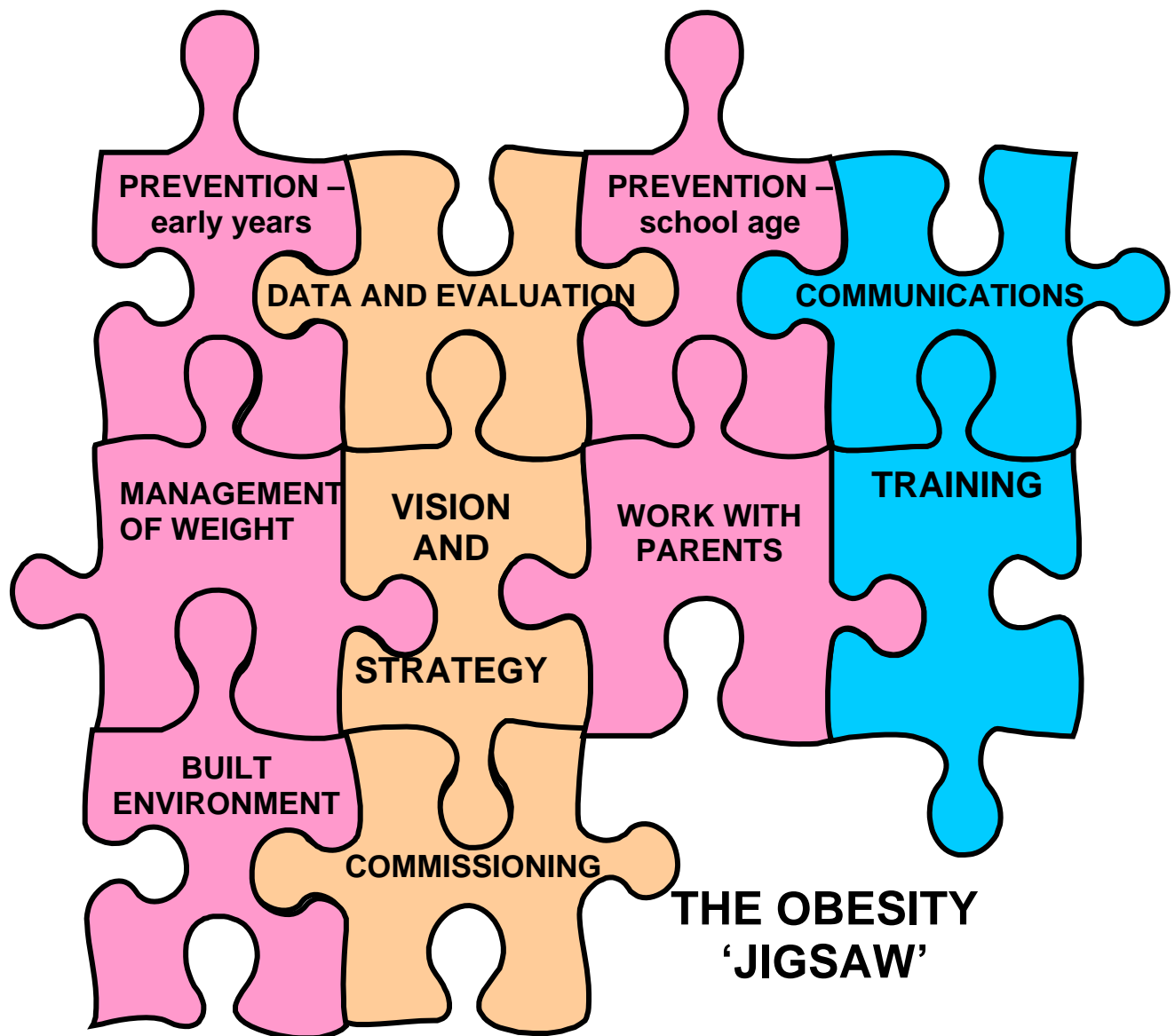
Medical evidence suggests obesity is linked to the risk of developing an array of medical conditions such as coronary heart disease, type 2 diabetes and cancer. Within Hackney prevalence and mortality of these associated medical conditions is higher than the national average.

Much evidence points to the fact that childhood obesity can lead to health problems in adult life and an increased likelihood of becoming an obese adult. It is therefore important that we make progress in relation to childhood obesity not only to maximise a child's opportunity but also to prevent problems in later life and to reduce costs to the NHS.

(CSR2007 PSA 12.3 Childhood Obesity)

*To halt the year on year rise in obesity among children under 11 by 2010 (from the 2002–04 baseline) in the context of a broader strategy to tackle obesity in the population as a whole.*

A joint report by Audit Commission, Healthcare Commission and National Audit Office (Tackling Child Obesity – First Steps) provided evidence which identified for the Government why they needed to address the issue of child obesity, highlighting if predictions were true today’s children would have a shorter life expectancy than their parents. This report also highlighted the challenges to local delivery and complexity of the number of different agencies initiatives and strategies required to achieve the PSA obesity target.



2.2 The report commissioned by the IDeA’s Healthy Communities Programme Foresight Report and Implications for Local Government’ identified four key functions where local government could contribute to tackling obesity:

- Planning
- Children’s Services
- Adult Social Care

- Parks and Leisure.

The report also highlighted the five main policy areas the Government should focus on:

- Increase the walk ability and cyclability of the built environment
- Target interventions for people at risk (Mind Exercise Nutrition Do It Programme)
- Control obesogenic food and drinks
- Early life interventions at birth or in infancy
- Increase the responsibility of organisations for employees.

The report noted we are facing a problem public health experts have told us is comparable with climate change in both scale and its complexity.

Following the release of the national strategy to tackle obesity 'Healthy Weight, Healthy Lives 2008' Health Secretary Alan Johnson said: *"Tackling obesity is the most significant public and personal health challenge facing our society. The core of the problem is simple - we eat too much and we do too little exercise. The solution is more complex. From the nature of the food that we eat, to the built environment, through to the way our children lead their lives - it is harder to avoid obesity in the modern environment."*

Both reports cover a wide range of actions at national and regional level; but for local interventions and the role of local authorities in reducing obesity more exploration is required.

The Commission's aim is that our Childhood Obesity Review will contribute towards the exploration of the local issue, the role of local government and partners and highlight the progress of local action plans and the agenda to tackle child obesity.

The Health in Hackney Scrutiny Commission completed a review of Coronary Heart Disease (CHD) in 2005/6 and this review builds upon the recommendations made in that report.

Reducing child obesity for Hackney has been captured in various targets Government Public Service Agreement (PSA), London Borough of Hackney Local Area Agreement LAA and Health Inequalities Action Plan (Healthy Weight Strategy). A LAA is a three-year agreement between a local area and central government. The LAA describes how local priorities will be met by delivering local solutions. Following the National Child Measurement Programme (NCMP) launched by DOH in 2005 child obesity in Hackney was highlighted a key public health priority for local health services.

Analysis of the NCMP data for 2006/07 showed:

**Prevalence of overweight and obesity by year group, 2006/07**

Region	Overweight		Obese	
	Reception	Year 6	Reception	Year 6
City & Hackney	14.4%	16.0%	16.0%	24.2%
London	12%	14.4%	11.3%	20.8%
England	13.0%	9.9%	14.4%	17.5%

These targets are centred at reducing child obesity through improved school travel plans, increase in schools designated as healthy schools and by working with parents. Local delivery of the main health prevention services is expected to be managed through PCT local delivery plan performance indicators on childhood obesity.

2.3 Through this review Members of the Commission were encouraged that Hackney planners were starting to think about giving more consideration to conducting health impact assessments for the decisions made. Members could not help but to ponder if this should have been taken into consideration earlier when planning policies are being developed / refreshed and now there is a need to make up for lost time. Hackney Council in a strong position Members feel given the scale of the crisis in Hackney we (Planning) should be aiming to be leaders for local development of innovative solutions that impact this issue.

2.4 **Terms of Reference**

<sup>1</sup>This scrutiny review will aim to:

- Develop an understanding of the role and impact of current prevention methods, national agenda and partnership working in Hackney to tackle childhood obesity.
- Contribute towards the refresh of the LBH/CHtPCT Healthy Weight Strategy which will be developed and published in the autumn.
- Contribute towards effective policy proposals across the Borough, PCT and The Learning Trust.
- Establish the needs of children and parents/carers where incidences of childhood obesity are prevalent.
- Establish the needs of Hackney in order to tackle childhood obesity.
- Explore the impact of the emotional side to childhood obesity – the impact of low self esteem. The impact of being overweight on a child's self confidence and self belief and the ability to maintain a healthy weight.

The review delivery timescale was altered to take addition evidence from two parties (Play Champion and Hackney Community Empowerment Network) who requested to give evidence at the last evidence session meeting about how their work will contribute towards reducing child obesity.

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<sup>1</sup> Full TOR is attached in appendix 1

### **3 SUMMARY AND RECOMMENDATIONS**

It is accepted that primary care has a key role to play in the prevention and management of obesity and no single factor exists to which the rise in child obesity can be attributed.

The changed patterns of our lives have effected food consumption and physical activity, making it increasingly hard for people to maintain a healthy weight. From the nature of the food that we eat, to the built environment, to the way children lead their lives, modern life is making it harder for all of us to fulfil our goal of staying healthy and well.

Tackling childhood obesity is known to require physical activity, family involvement, practical education in nutrition and diet and behavioural change. It is believed that an emphasis on practical, fun learning could deliver sustained improvements in families fitness levels, diet and overall health. The Commission is pleased to see Hackney currently provides free swimming to under 18 year old in the holidays and is preparing to participate in the Government funded scheme via Department of Culture, Media and Sports enabling boroughs to provide free swimming to children under 18s and adults over 60 all year round.

The White Paper 'Our health, Our care, Our say' sets out a new directions for community services and sees improved opportunities for greater partnership working between the NHS, voluntary and community sectors, local authorities and the independent sector, the leisure industry and other alternative service providers in tackling obesity. The Government expects NCMP data will identify high levels of obesity within schools, communities and areas, so local resources and interventions can be targeted accordingly.

Increasing levels physical activity is a challenge, not just for those directly involved in public health, but for professionals, groups and individuals in many sectors of society. However while interventions aimed at individuals may be important, they are not the only (or possibly the) solution. Environmental factors also need to be tackled as it has been noted it is unreasonable to expect people to change their behaviours when the environment discourages change. Being overweight and obese is also thought to have a significant impact on psychological well being leading to the development of a negative self image and lowered self esteem with a corresponding higher risk of depression.

It is thought interventions for overweight/obese children should address lifestyle within the family and in social settings. There is evidence to suggest that a moderate weight loss in overweight and obese individuals can improve physical, psychological and social health, but how to achieve and sustain such weight loss is less clear.

Evidence of effective interventions for tackling the prevalence of obesity is less developed. It would appear that the associated drivers of child obesity are complex and an effective response must involve co-ordinated partnership working between multiple agencies. Local services will need to be clear about any obesity hotspot

areas so that interventions can be targeted. However it is important to remember that a lack of strong evidence of effectiveness does not necessarily mean evidence of no effectiveness RATHER meaning more research is needed and better methods for evaluating interventions needs to be developed.

### 3.1 **Recommendation 1**

The Commission notes that there is evidence that school based initiatives have been successful in helping tackle a range of public health concerns including childhood obesity. The Commission heard that all state schools in Hackney are working towards the achievement of Healthy School Status (HSS). Whilst HSS is a welcome step forward, it involves relatively modest improvements to the way schools approach diet and exercise and is arguably an inadequate response to the crisis facing Hackney's children. All schools should be encouraged to meet the requirements of HSS as soon as possible with intervention from the Learning Trust where it is not happening quickly enough. Independent schools, predominantly serving the Orthodox Jewish community are not covered by the programme but should be supported to achieve HSS status. The Learning Trust should work with the PCT and others to develop a new, more challenging standard for Hackney's schools that more accurately reflects the challenges our children face.

#### ***Recommendation***

*The Commission encourages the Learning Trust to set a deadline for the achievement of HSS by all state schools in Hackney and to make an undertaking to intervene where schools face challenges in meeting this deadline. The Commission further recommends that the Learning trust works with health partners and community groups to identify a way forward to ensure all independent schools achieve HSS as soon as possible. Finally, the Commission urges the Learning Trust to work with health partners and others to develop a more challenging standard for Hackney's schools in terms of diet and exercise and bring proposals to the Commission by September 2009 detailing how this may be achieved.*

### **Recommendation 2**

The Commission notes the achievement of NHSS meant a school would have a minimum of 2 hours physical activity which can be in various formats not just physical education. Hackney's parks, play areas, leisure facilities, school land and estate open spaces offer under used resources for young people. The Commission heard how the play strategy consultation revealed young people wanted more opportunities to play but also wanted adult supervision to reduce the risk of trouble. Discussions with parents also indicated a desire for access to local, low cost activities for children with a degree of adult co-ordination and supervision. Parents referred to initiatives in leisure centres during school holidays where children could try a range of activities as a potential model for such an initiative. The Commission noted work by LBH and CHtPCT has and is being collated about service users of leisure centres and parks in Hackney.

**Recommendation**

*The Commission recommends LBH Community Services and Children Services pilot having a designated worker assigned to specific open spaces, parks, estate, schools, community halls or leisure centres to promote, oversee and co-ordinate activities for children ages 5-16 years after school, at weekends and during school holidays.*

*The Commission recommends LBH Community Services and CHtPCT use the data collected on users of parks, schools and leisure facilities to identify any under use by young people from specific communities or parts of the borough and develop an action plan to remove any barriers to access.*

**Recommendation 3**

The Commission site visits highlighted the challenges to maintaining a healthy lifestyle. It emerged during the course of discussions, with parents and teachers, that the availability of fresh fruit in the classroom was only available in infants (ages 4-6). The Commission is mindful of the prospect of increased cost to roll out this provision across a wider range of ages.

**Recommendation**

*The Commission would like detailed the barriers to provision of fresh fruit in the classroom being extended to nursery schools and all classes in primary school (ages 3-11). The Commission recommends CHtPCT and TLT explore the options for funding this proposal with partners and, for example, with local supermarkets in the areas of the primary schools.*

**Recommendation 4**

The Commission is aware of recent pressures on local NHS services budgets when the regional NHS authority exercised top slicing on their budgets. It is widely recognised that the services that seem to experience a resource reduction are services associated with prevention namely public health. The Commission noted during the review that tackling this problem will require intervention and prevention services budgets being maintained.

**Recommendation**

*The Commission requests production of a report by Director of Public Health (taking into consideration the views of all parties) demonstrating how child obesity intervention and preventive public health programmes more generally will be sustained and maintained over a period of five years*

**Recommendation 5**

The Commission noted during the review Government ministers announced 'Pupils in two areas of the country will be offered free school meals in pilots of a scheme which, if proved to make a marked difference to pupils' health and concentration, could be expanded nationwide'. Given that Hackney has the highest rates of childhood obesity in the country, some of the most deprived wards and easy access

of fast food outlets the Commission anticipates participation in this pilot would be beneficial.

***Recommendation***

*The Commission urges the Learning Trust, the PCT and LBH to work together to investigate putting together a bid for government funding for this pilot. The Commission would welcome receipt of a report by September 2009 detailing how and by when such a pilot may be achieved.*

**Recommendation 6**

Tackling child obesity effectively requires the development and implementation of a coherent approach that includes action to address all major factors. During the course of this review the Commission recognises to be successful Hackney will require a combination of initiatives to address physical activity, nutritional balance and emotional well being. New approaches will need to address risk factors from a preventive perspective as well as treatment of issues once overweight and/or obesity has emerged. The Commission heard about a lot of projects aimed at reducing child obesity but the Commission did not see how the work and effectiveness of various projects would be pulled together to provide a holistic picture and data for analysis of effectiveness. To address the issue the Commission note it will require action from across a range of areas.

***Recommendation***

*The Commission recommends the members of the <sup>2</sup>Thriving Healthy Partnership Board discuss and agree how and who should be responsible for the development of a coherent framework designed to track success in meeting targets e.g. PSA, LAA and LBH health inequalities action plan (Healthy Weight Strategy) in this area. The Commission recommends all parties (partners and voluntary sector groups) carrying out projects and service provisions to tackle childhood obesity in Hackney feed into an agreed monitoring framework. The Commission envisages such an arrangement will include the identification of a lead partner who will convene periodic co-ordination and review meetings. Outcomes should include the dissemination of evidence of progress through various communication channels (local media, website, health information events, health centres, community groups etc.)*

*The Commission requests it receive a report by September 2009 in order which will outline how such an approach may be achieved.*

**Recommendation 7**

The Commission heard that most new City Academies in Hackney prohibit pupils from leaving the school premises at lunch time requiring them to eat school meals or a packed lunch. Amongst other non academy secondary schools there are a range of policies. Some schools have policies on the contents of school lunches whilst others do not. In short there is a mixed picture across the borough's schools in terms of the approach to children's diet during the school day. A coherent set of principles

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<sup>2</sup> This may include wider liaison with other Local Strategic Partnership Boards

upon which schools can develop tailored local solutions would help ensure all school children in the borough were given the same opportunities to eat a healthy diet whilst at school.

The Commission recognises TLT has a healthy schools co-ordinator but Members think it would be beneficial the identification of a food champion to drive up food standards of schools in Hackney.

**Recommendation**

- (a) *The Commission encourages TLT to endorse the appointment of a healthy food champion.*
  
- (b) *The Commission recommends the Learning Trust to conduct an audit of policies on food at all schools in Hackney. A core set of principles should be developed in conjunction with health partners and others that recognise the seriousness of the crisis facing Hackney's children and responds accordingly. The Commission would urge the Learning Trust to examine the evidence from City Academies of the impact of prohibiting children leaving school premises at lunchtime and consider making such a policy apply borough wide.*

*The Commission requests a report outline next stages by September 2009.*

**Recommendation 8**

It is widely recognised that encouraging active travel has an important part to play in tackling childhood obesity and improving public health generally. Indeed the NHS's National Institute for Clinical Excellence (NICE) has produced guidance on the built environment aimed at planners, architects and transport authorities. The broad thrust of the guidance is that towns and cities should be planned and developed to promote walking; cycling and public transport and crucially, restrain private vehicles.

Hackney has adopted policies and priorities that support active travel and accord with this guidance. However, if more residents are to integrate walking and cycling into their daily lives we need to develop a substantial programme to create a better balance between motor vehicles and pedestrians and cyclists. This will mean determination to resist other demands on our streets and translate our policies and priorities into actions that really do favour active travel. More consistent use of Health Impact Assessments such as that carried out by the PCT on the Draft Transport Strategy in 2005 would help ensure public health issues were given due consideration in major policy developments in future.

**Recommendation**

*The Commission recommends that the scale of the public health crisis in Hackney is fully recognised in all future reviews of policy around transport and the built environment. The Commission would like to see a commitment to Health Impact Assessments in all future policy developments.*

*The Commission believes such work will be enhanced through continued joint working between CHtPCT and LBH Neighbourhood and Regeneration when conducting Health Impact Assessments or review of future policy around transport and the built environment.*

**Recommendation 9**

LB Waltham Forest has consulted on a new planning policy that would restrict the opening of new fast food outlets within a specified distance of schools. Whilst the draft policy has proved popular with those who have responded to the consultation in Waltham Forest, the Commission was concerned that the proposal did not appear to be rooted in solid evidence about the health benefits of such a move. In Waltham Forest, the proposal was positioned as helping tackle not simply obesity but also issues relating to litter, anti-social behaviour and the physical appearance of streets.

***Recommendation***

*The Commission believes such a proposal merits further investigation by a group that can take a wider view of its implications across a range of areas. The Commission proposes making a reference to the Overview & Scrutiny Board requesting that it conducts a short inquiry into the merits of such a policy being applied in Hackney.*

**4 FINANCIAL COMMENTS**

- 4.1 With the exception of recommendation 2, the recommendations contained within this report do not require additional financial resource from the Council. The cost of the implementation of recommendation 2 will depend on the extent of the proposed pilot and, if the pilot cannot be contained within existing budgets, will need to be included as a priority growth proposal as part of the Resourcing our Priorities process.

**5 LEGAL COMMENTS**

- 5.1 The Local Government and Public Involvement in Health Act 2007 places a new requirement on the Local Authority and PCT to carry out a joint strategic need assessment of its local population.
- 5.2 The Strategic Needs Assessment (JSNA) will describe the future health and wellbeing needs of and will help the local authority and PCT decide how best to meet those needs and provide those services through their Local Area Agreements.

## 6 FINDINGS

### 6.1 Work of Government, Health Risks and Local Picture

National obesity rates among children aged 2-10 years rose from 9.9% in 1995 to 14.3% in 2004. Tackling child obesity is believed to require addressing these three areas:

- Healthy Eating
- Physical Health
- Emotional Wellbeing

Previously initiatives have been targeted at the first two areas and now emphasis is increasingly being placed on implementing a solution that combines all three areas.

The Government has set an ambitious PSA target to tackle childhood obesity and various publications and proposed action plans have been produced. In response to the Government raising awareness of the prevalence of childhood obesity as a public health concern the National Institute of Clinical Excellence (NICE) produced guidance which states interventions aimed at preventing and treating obesity in children outlining who and what should be focused on.

Health professionals have identified the health risks (physical and emotional) associated to childhood obesity to be:

Physical Risks
Respiratory disorders e.g. asthma
Endocrine disorders e.g. diabetes
Orthopaedic disorders e.g. joint problems
Cardiovascular disorders e.g. high blood pressure, chest conditions

Psychological Risks
Stigmatisation
Poor self esteem
Depression
Poor Social Functioning
Bullying
Social Exclusion

Obesity has always been associated with our genetic makeup which we understand influences our metabolism and distribution of body fat. However the rapid increase in obesity levels over a short period of time in the developed world appear to be indicating that the increase has been most influenced by the environment and behavioural changes. It is possible to conclude that the core of the problem is an imbalance between energy in – what is consumed through eating and energy out –

what is used by the body. The genetic, psychological, cultural and behavioural factors are seen to have an important role in obesity but also seen to be difficult to influence. Obesity is thought to often occur across generations of families linked to the mix of genetic and social determinants. It is thought that early interventions that do not penalise parents are particularly effective.

In 2006/07 CHtPCT measured approximately 94% of the borough's children for the DOH NCMP which established 30% of children in reception years and 40% in Year 6 in City and Hackney are overweight and obese. It is noted there is limited evaluation and evidence of proven obesity prevention methods, whereas evidence of the physical and emotional impact of obesity for children exists. In addition there is a growing recognition that working with families rather than children in isolation, has positive effects.

Whilst childhood obesity has been identified as a national issue there remains additional challenges for Hackney such as those identified following a review by the Childhood Obesity National Support Team:

- Scale of obesity is high and demand for services is likely to increase when parents begin to receive feedback on weight status
- Transitional population
- The cultural and ethnic diversity of the population – requiring numerous different approaches
- High levels of deprivation – third of the population economically inactive
- As an inner London borough - limited space for physical activity for children in schools and in built environment
- It is estimated 40% children go to school outside borough - implication on school based programmes with a large proportion of Hackney children going to school outside of the borough; high turnover of teaching staff and lack of access to national curriculum trained PE teachers
- Obesogenic environment with perceptions of Hackney as being unsafe and the ease of access to cheap high density food.

## 6.2 National Institute of Clinical Excellence (NICE)

NICE is a special (independent) health authority established in 1999. NICE produced a national guidance on the promotion of good health and the prevention and treatment of ill health on three areas – Public Health, Health Technologies and Clinical Practice.

The local NICE Consultant for London and the South East visited the Health in Hackney Scrutiny Commission (HiH) during its review of Childhood Obesity to outline the national view/guidance.

NICE guidance makes recommendations for Local Authorities, Schools and Early Years providers, Workplaces and the general public to inform about prevention, identification, assessment and management of overweight and obesity in adults and children. The guidance aims to:

- Stem the rising prevalence of obesity and disease associated with it
- Increase the effectiveness of interventions to prevent overweight and obesity
- Improve the care provided to adults and children with obesity, particularly in primary care.

Overview of the NICE recommendations associated to childhood obesity is:

- All school policies should encourage healthy eating, physical activity and maintaining a healthy weight
- Teaching, support and catering staff should be trained in healthy school policies
- Links should be established with relevant organisations and professionals to promote sports for children and young people.

Interventions should address the whole school, and be:

- sustained
- multi-component
- part of a long-term integrated programme and;

in addition

- Promote physical activities that children and young people find enjoyable
- Provide a pleasant, sociable environment for eating meals and supervise younger children
- Consider the students' views and, where possible, involve parents.

### Local Authorities

Local authorities and partners (local partners, voluntary sector and industry) should work to create and manage more safe spaces for incidental and planned physical activity addressing as a priority any concern about safety, crime and inclusion. The guidance recommends targeting:

- Prevention and manage obesity in local authority work places
- Policy and planning
- Encourage active travel in the community
- Promote and support physical activity
- Promote healthy foods
- Community programmes to prevent obesity and improve diet and activity levels
- Self health, commercial and community weight-loss programmes.

### Early Years

Pre-school years are a key time for shaping attitudes and behaviour with the view that childcare providers, should provide opportunities for children to be active and to develop healthy eating habits. The guidance recommends targeting:

- Improve physical activity levels
- Provide a health balanced diet
- Involve parents and carers.

## Schools

Head Teachers and Chair of Governors, in collaboration with parents and pupils, should assess the whole school environment and ensure the ethos of all schools policies help children and young people to maintain a healthy weight, eat a healthy diet and be physically active in line with existing standards and guidance. Schools promoting healthy lifestyles have other benefits which include higher motivation and achievement in school. The guidance recommends targeting:

- School policies and school environment
- Staff training
- Links with relevant organisations and professionals
- Interventions.

## NHS

It is clear that primary care has a key role in the prevention and management of obesity. The guidance recommends targeting:

- Preventions
  - Organisation and strategy
  - Programmes to prevent obesity and improve diet and activity levels
  - Additional action in primary care
  - Work with other organisations
- Manage Obesity
  - Identifying and assessing overweight and obesity
  - Lifestyle advice
  - Drugs – For children: dietary change should not be the only action
  - Surgery – For children consider only in exceptional cases and if the child is physiologically mature.

The HiH Coronary Heart Disease (CHD) Review made recommendations that covered some of the recommended NICE guidance giving examples of target areas to be tackled to impact childhood obesity like:

- Ensuring buildings and spaces are designed to encourage people to be more physically active e.g. through positioning and signing of stairs, entrances and walkways.
- Healthy catering (including provision within vending machines).

Recommendations from the HiH CHD review that can be linked to this current review covered some of the examples the NICE guidance states above progress update on these recommendations revealed they had been implemented e.g. LBH buildings have signage by lifts to indicate stairs locations, training for school kitchen staff and the removal of vending machines from LBH schools and LBH buildings. Members are keen to see this recommendation continues to be carried through to the new buildings LBH are constructing and schools being built under the Building schools for the future programme.

## 6.3 Local Health Services

### 6.3.1 City and Hackney Teaching Primary Care Trust (CHtPCT)

CHtPCT is responsible for delivery of primary care services and commissioning of health services for London Borough of Hackney and City of London.

CHtPCT has defined obesity in children to mean:

*A child is defined as “overweight” and “obese” by looking at their standardised BMI based on the national standardised growth charts - where this is between the 85th and 95th percentile, they are considered to be overweight; where it is greater than the 95th percentile they are considered to be obese.*

The Government has set a PSA child obesity target to be achieved by 2010 and CHtPCT has a role contributing towards the achievement of that target. The DOH established the National Child Measurement Programme (NCMP) in 2005 in line with the Government's Strategy to tackle obesity for PCTs to collect the data to:

- inform local planning and delivery of services for children
- gather population-level data to allow analysis of trends in growth patterns and obesity
- increase public and professional understanding of weight issues in children and be a vehicle for engaging with children and families about healthy lifestyles and weight issues.

The Commission established that although obesity was on the increase nationally, the picture locally for child obesity revealed the prevalence of obesity rates in Hackney to among the highest rates in the country higher than the London and England average for reception and year 6. Participation rates in the NCMP for CHtPCT were significantly higher than the national average (CHtPCT achieved 94% and 80% and was viewed as providing a reliable baseline of data from which CHtPCT can use to monitor, plan and target services.

CHtPCT highlighted to the Commission obesity in children is likely to persist into adulthood and with it comes further impact on health and well-being. Health professionals are predicting for the first time in two generations children may live shorter lives than their parents. Noting obesity has more far reaching adverse effects, carrying financial implications too for the NHS and the economy in general.

Analysis of the local data collated through the NCMP CHtPCT identified nationally rates of obesity increased only slightly when comparing the Reception and Year 6 cohorts. Locally however the prevalence of obesity was 8% higher among the Year 6 cohort. Locally rates of child obesity are already high prior to entry to reception class suggesting interventions targeting both pre-school and primary school children is required if levels of overweight and obesity are to be reduced.

**Prevalence of overweight and obesity by gender – Reception year 2006/07**

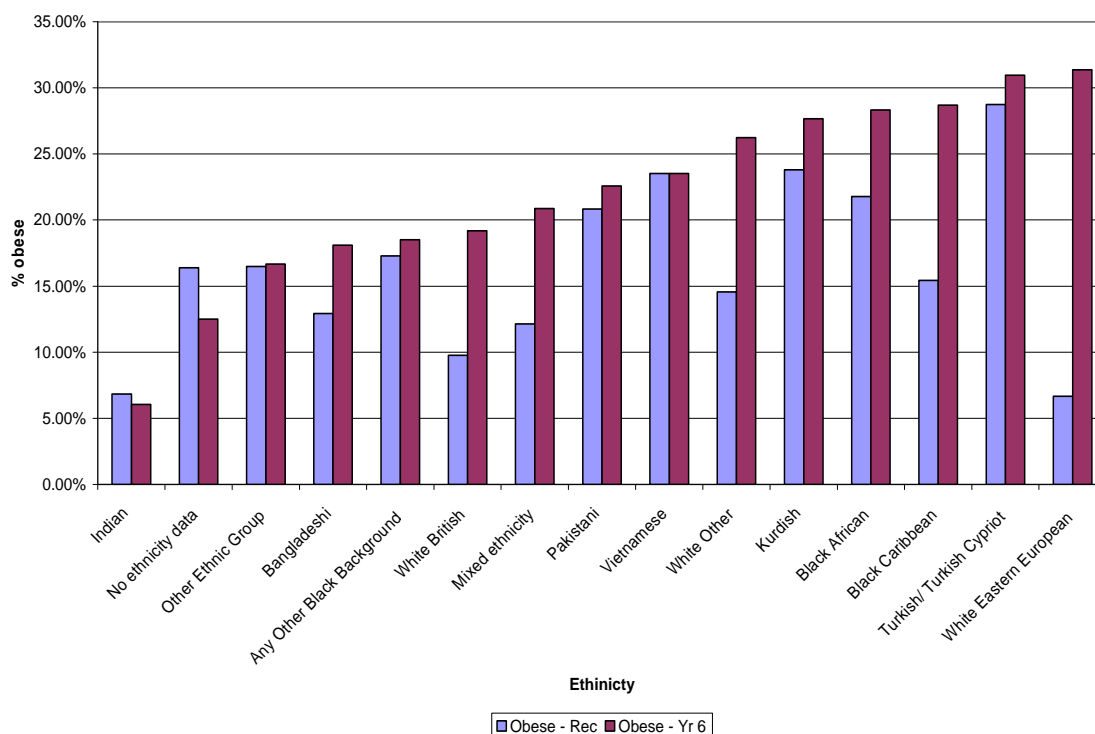
Gender	Neither overweight or obese	Overweight	Obese
Female	73.09%	13.31%	13.60%
Male	66.12%	15.40%	18.48%
All	69.64%	14.35%	16.02%

**Prevalence of overweight and obesity by gender –Year 6 2006/07**

Gender	Neither overweight or obese	Overweight	Obese
Female	59.37%	17.17%	23.45%
Male	60.06%	14.92%	25.02%
All	59.72%	16.05%	24.24%

Locally within Reception year overweight and obesity were more common among boys than girls. In Year 6 child rates of obesity were still higher among boys than girls but the difference was less marked at 25% and 23.5% respectively.

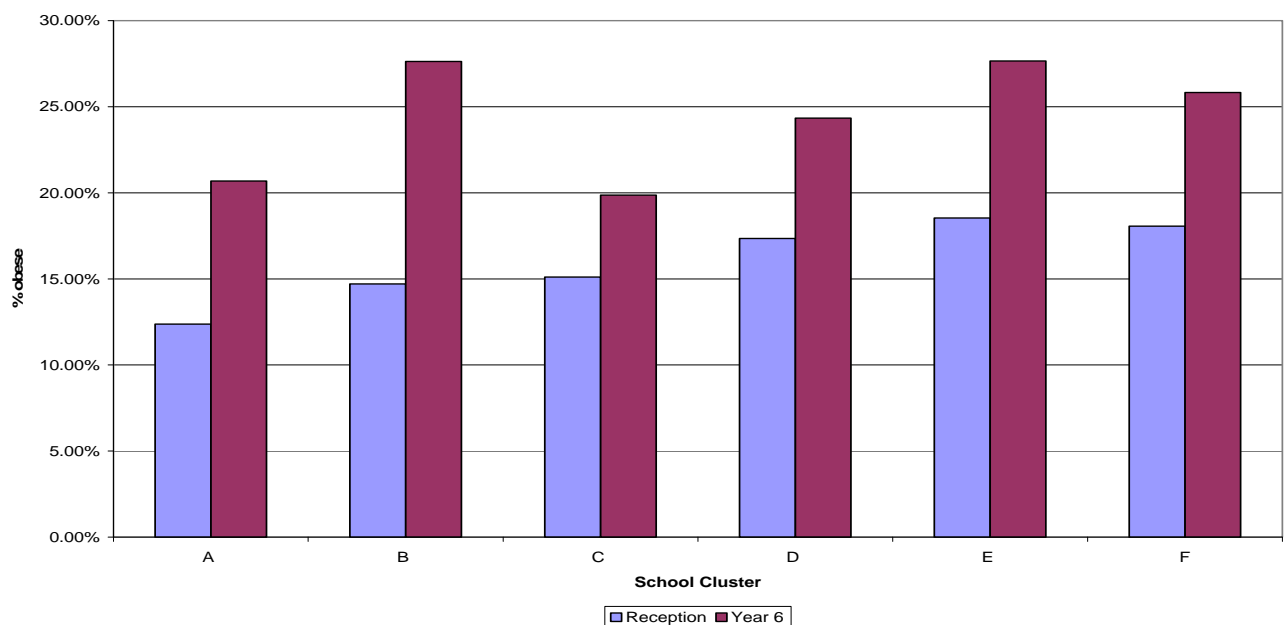
Prevalence of obesity by ethnicity, reception and Year 6 2006/07



Analysis by ethnicity highlighted some interesting differences in prevalence of overweight and obesity between different ethnic groups. The chart above shows that rates of overweight and obesity combined are highest among the Turkish/Turkish Cypriot group. Prevalence was also high among the Vietnamese (small sample size),

Black African, White Other and Kurdish Groups. In Reception year rates of overweight and obesity are lowest among the Asian ethnic groups, White British, children of mixed ethnicity and White eastern European children. Among Year 6 children prevalence of obesity remains highest among the Turkish/Turkish Cypriot children. With rates also above average for Black African, Black Caribbean, White eastern European and Kurdish groups. Whilst prevalence remained low among most Asian ethnic groups, prevalence among children from Bangladeshi backgrounds rose. This indicates that prevalence of obesity remains relatively stable, though sometimes still high, among Turkish/Turkish Cypriot, Kurdish, Vietnamese, Pakistani, Other Black, Other ethnic group and Indian ethnic groups. However there appears to be an apparent increase in prevalence seen when the two groups are compared among White eastern European (7% compared to 31%), Black Caribbean (15% to 28%) White other (14% to 26%), mixed ethnicity (12% to 21%) and White British (10% to 19%).

Prevalence of obesity by School Cluster for reception and Year 6 2006/07



<sup>3</sup>Cluster A =North Hackney  
 Cluster B = North Hackney  
 Cluster C =Central  
 Cluster D = East Hackney  
 Cluster E =South Hackney  
 Cluster F =South Hackney

Postcode data was not collected in this round of measurement data collation so geographical analysis was restricted to school cluster areas and this showed. However the collection of postcode data was made mandatory for the 2007/08 NCMP data collection and it is anticipated that this will enable better analysis to identify geographical hotspots.

<sup>3</sup> School Cluster Map is located in appendix 2

Though it is important to recognise that comparing Reception year and Year 6 results is not comparing like with like, as they represent two different cohorts of children. This analysis offers some insight as to when different ethnic groups may most benefit from intervention.

At Reception year clusters E and F appear to have the highest levels of obesity, with similar levels of overweight and obesity in both clusters. Prevalence is lowest in cluster A.

Analysis by school cluster for the Year 6 cohort shows prevalence remaining highest in cluster E however prevalence is also high in cluster B which had the 2<sup>nd</sup> lowest levels of obesity in Reception year (14.7%) but a prevalence of nearly 28% among its Year 6 cohort.

Tackling child obesity has been highlighted as a key public health priority for Hackney, in response to the scale of the challenge of child obesity locally considerable work is underway to tackle this concern these include:

- Work with partners to develop an environment conducive to healthy lifestyles choices
- Active support for initiation of breast feeding
- Health promotions campaigns building on national messages and highlighting local opportunities for physical activity and healthy eating
- Improved access to affordable fruit and vegetables, including school and nursery based initiatives
- Engaging local people a project to train local enthusiasts to work with their neighbours to be active and eat well e.g. organising football matches for young people or organising walks for older residents
- Organisation of healthy eating and associated skills development events
- Physical activity sessions in preschool, school and other community settings frequented by adults and young people
- Provision of school and preschool based healthy life style initiatives
- Capital investment to refurbish community kitchens and spaces on estates and introduce cook and eat sessions and other opportunities to be active e.g. tai chi, dancing etc.
- Brief interventions training for front line staff to enable them to effectively broach and address the issue of overweight/obese
- Development of local care pathways for the treatment of obesity and overweight.

The Commission was informed about strategies deployed which appeared to be effective in tackling obesity:

- Public health media campaigns
- Promotion of breast feeding
- Pre-school, school, work place and family based interventions focusing on diet and physical activity and behaviour modification
- Health promoting school travel plans

- Health professional led diet and physical activity interventions in primary care and community settings
- Creation of, or enhanced access to, space for physical activity
- Travel behaviour modification advice in combination with complementary actions such as subsidies for commuters
- Work across local providers ensuring provision of consistent message and creation of an environment in which the wider determinants can be tackled
- Specific medical treatments for obesity.

Whilst the Members became aware of the many different projects in the Borough they were equally encouraged to hear all partners had recognised the need for partnership working leading to the allocation of resources from City and Hackney Primary Care Trust commissioning a small group of colleagues in Hackney Council, Corporation of London and City and Hackney Primary Care Trust to bring together local agencies to collaborate to work to lay the foundations to tackle this very serious obesity crisis in Hackney.

***Recommendation 4***

*The Commission requests production of a report by Director of Public Health (taking into consideration the views of all parties) demonstrating how child obesity intervention and preventive public health programmes more generally will be sustained and maintained over a period of five years.*

**6.3.2 City and Hackney teaching Primary Care Trust – Child Adolescent Mental Health Service Obesity Project**

A clinical Psychologist from CHtPCT Child and Adolescent Mental Health Services (CAMHS) Tackling Obesity Project presented evidence to the Commission about the perceived psychological impact of obesity on children.

The Psychologist advised the Commission that although there are logical and rational recommendations for changing our lifestyle and eating habits it would appear some people fail to follow the solutions which experts in this field attributed to the fact that emotional factors intervene. It was reported emotional factors play a role in causing obesity, but there are also emotional consequences of being obese e.g. being bullied, teased, low self esteem, depression etc. It has been highlighted for some overweight children emotional factors were a component in their weight problem.

The Commission were told children today are not only living in an obesogenic environment, but also have obesogenic early programming in their brain.

It was also suggested obesity in children is linked to poor parenting. The Clinical psychologist advised us that it is widely accepted at the root of all emotional/mental health difficulties is attachment difficulties. Secure attachments are the basis on which a child forms relationships. If there are attachment difficulties experienced during early childhood the child was most likely to be insecure and have emotional difficulties and a self destructive way of dealing with self / self esteem:

- Ignoring and dismissing feelings

- Neglect
- Self-defeating behavior
- Self-destructive behavior
- Anxiety
- Depression.

Parents are important attachment figures and are responsible for their children's emotional well being in childhood. We heard that parenting skills (or lack of) play a critical role in preventing obesity, if there were problems around eating there was likely to be problems in other areas of parenting. The Commission was advised about practical steps parents could take to help tackle obesity:

- In infancy – breastfeeding is safeguarding against obesity
- Toddlers need opportunities to try new foods without being forced to eat them and allowed to stop eating when they are full
- Making nutritious food available at home
- Encouraging family meal times – eating patterns whether meals are shared or eaten alone
- Incorporating physical activity into daily routine
- Limiting television and other sedentary activities
- Serving as positive role models for modelling healthy lifestyles – eating behaviours, physical activity and self care
- Parent control over their children's eating and how much they apply pressure, restrictions and monitoring of what is eaten
- Emotional feeding – when excessive food is offered to calm or comfort a child
- Instrumental feeding, when adults provide food (usually high calorie) as a reward for good behaviour.

In considering what interventions for preschool children are found to be most cost effective the Commission were advised a decision had been taken to use the Henry Project which they reported had a strong evidence base for the techniques used. The programme would be aimed at the 0-5 age group and operated through children centre staff. The project aims to train community and health practitioners on how to work with and interact with families to tackle obesity during early years. At the time the Commission received evidence from them we heard that CHtPCT CAMHS was in the process of identifying which staff they would train in the children centres to operate groups.

### 6.3.3 Homerton University Hospital NHS Foundation Trust

The Homerton Hospital has a multi disciplinary team (Homerton Adolescent Weight Loss Team) and view their team as working in compliment to the existing obesity service provisions in the community. The hospital offers a service combination of diet, physical activity and behavior modification and noted the proposed expansion of service provision for obese adults and highlighted consideration by the trust of bariatric surgery in children. Bariatric surgical procedures are an option for treating severe obesity by reducing intake or absorption of calories. There are various procedures, all of which have potential complications.

The Homerton hospital reported there had been an increase in the number of referrals for obesity. If the current trend persists the hospital advised the Commission it expected to see an increase in the number of children needing treatment for medical conditions experienced by obese adults.

It was reported that obesity in in-patients could result in delayed diagnosis of illnesses and big wounds if surgery was performed (unless key hole surgery). Obesity could also affect the treatment of average conditions like acute appendicitis with the impact of:

- Increased operative time
- Increased length of stay in hospital – before and after
- Increased risk of wound infection
- Increased time to full feeds
- Increased time to walking.

In the last 4 months 10 children have been treated with the condition offered as an example and the hospital has found 4 out of the 10 were obese.

Obesity in patients also had non clinical implications for the hospital's premise and staff - Separate out-patient facilities, Separate in-patient facilities, Hoists, Back strain, Perceptions, Resources etc.

The Commission noted the National Institute Clinical Excellence (NICE) had agreed that bariatric surgery in adolescents should be an option for under 18 year olds and there is a set criterion for patients to meet for this option. Given the reported increase the hospital considered there may be a place for surgery for children in exceptional circumstances and see obesity surgery as a spectrum to managing a weight issue. It was highlighted this type of service is already available to patients in the United States of America.

## 6.4 **London Borough of Hackney (LBH)**

### 6.4.1 LBH Neighbourhoods and Regeneration – Planning

From this review the Commission was encouraged to hear LBH planning are starting to explore the appropriateness and practicality of how planning could contribute towards the childhood obesity agenda. In essence it would appear planning can and perhaps should be contributing to tackling child obesity but many of the initiatives aimed at combating obesity cover areas that are beyond the legislative remit of planners.

It was suggested town planners could contribute towards tackling child obesity in three broad areas:

- Management and control of development
- Implementing specific planning policies
- Supporting broader sustainable communities' strategies advocating healthy living.

Although planners are usually involved when planning permission is required it was suggested planners could review using the development control system to pro actively manage development in a manner that helps tackle child obesity by:

- Ensuring leisure, sport and open space facilities are accessible and well sited;
- Utilising better traffic management, control and calming so that children are not endangered by heavy traffic and do not have to negotiate busy roads to access sports and recreation facilities;
- Considering a wider and bespoke use of (mini) Health Impact Assessments for new developments (currently they are required for major new developments only) or;
- Considering the case for declining planning permission for hot food takeaways in proximity to schools and on the routes into schools, or applying conditions e.g. limiting opening hours.

### **Recommendation 8**

*The Commission recommends that the scale of the public health crisis in Hackney is fully recognised in all future reviews of policy around transport and the built environment. The Commission would like to see a commitment to Health Impact Assessments in all future policy developments.*

*The Commission believes such work will be enhanced through continued joint working between CHtPCT and LBH Neighbourhood and Regeneration when conducting Health Impact Assessments or review of future policy around transport and the built environment.*

Despite the attention the number and coverage of hot food takeaways have been attracting it was observed they were not the only outlets that sell unhealthy food - local supermarket and newsagents sell a variety of unhealthy food like chocolate, crisps and high-sugar drinks. Presently planners have a relatively minor role because planning cannot restrict fast food outlets based on them selling unhealthy food.

The Commission became aware of some policy changes implemented by other planning departments in local authorities in an attempt to tackle child obesity they were:

1. Permissive Policy - Salford City Council Supplementary Planning Document Hot Food Takeaways Adopted 18th July 2007
  - Healthy Eating Options Hot food takeaways are encouraged to provide a range of healthy eating options wherever possible.
2. New policy out for consultation LB Waltham Forest – Proposal to resist applications for hot food takeaways which fall outside designated town centre and local parade locations, hot food takeaways under the following guidance:
  - Fall within 400m of the boundary of an existing school or youth centred facility (e.g. YMCA, after school clubs)
  - Fall within 400m of a park boundaryIt was noted this policy is currently draft and has not been tested.

The Commission noted planning could have a role but to be successful any planning intervention would need to be part of a collaborative and integrated approach.

**Recommendation 9**

*The Commission believes such a proposal merits further investigation by a group that can take a wider view of its implications across a range of areas. The Commission proposes making a reference to the Overview & Scrutiny Board requesting that it conducts a short inquiry into the merits of such a policy being applied in Hackney.*

6.4.2 LBH Neighbourhoods and Regeneration – Transport

LBH carries out engineering and educational measures to improve road safety and reduce car use on the route between home and school. LBH Transport has responsibility for supporting schools to implement and monitor School Travel Plans (STP) with the aim of contributing towards reducing child obesity (PSA - child obesity target).

The key objective of STPs is to get people out of cars and since their introduction there has been an increase in pupils walking and cycling to school; in addition to a decrease in the number of pupils traveling by car to school. Schools with an approved STP receive a capital grant (both mainstream and independent schools) to implement the 'actions' from their STP's and to fund initiatives to increase the numbers of people making a healthier choice. 76 of 100 schools in Hackney have an approved STP as at June 2008. The London target is for all schools to have an approved STP by 2010. STP's aim to promote safer more sustainable and healthier ways of getting to and from school with particular emphasis on walking and cycling. For the future LBH is targeting a 1% reduction year on year.

Every School Travel Plan must contain targets for the school to meet each year. The LBH School Travel Plan Team ensures the targets a schools proposes are SMART (Specific, Measurable, Achievable, Realistic and Timed). Every year schools are required to undertake an annual review of their STP. It is at this time that schools report on whether each target has been met, not met or exceeded.

In summary the STPs for schools are helping to meet the aims of the local child obesity strategy by:

- Meeting or exceeding their targets of increasing the number of pupils walking to school.
- Making progress towards meeting their targets of increasing the number of pupils cycling to school.
- Making progress towards their targets of increasing the number of staff walking or cycling to school (teachers leading by example).

#### 6.4.3 LBH Community Services – 2012 Olympic Unit and Sports Development Team

LBH 2012 Olympic Unit and Sports Development team aim to increase participation in sport and physical activity, to raise local awareness of the Olympics and the health benefits of sport and physical activities; thus contributing towards reducing the high level of obesity amongst young people in the borough.

The Commission was told about several projects the 2012 Olympic Unit operate one of the projects being 'Activity for All' which included Hackney's Personal Bests Primary School Programme. A programme which targets schools with poor sports provision and aims to encourage children to do sport (Obese or at risk children) who would not normally do sports and set their own personal best to achieve in sport. The children were given time to improve at their sport and then were given the opportunity to compete in the personal best final to represent their school.

Utilising Olympians for inspiration and to provide encouraging role models they had Christine Ohuruogh (GB Olympic gold medallist) present medals at the personal best finals. At another event 'The Street Athletics' they had Olympic gold medallist Darren Campbell and Linford Christie involved in the event with. The street athletics was attended by over 300 children and events included street sprint, dancing and talent competition for young people aged between 5-20 years old. Councillors recognised that these events have benefits in terms of raising awareness of the 2012 Olympics, making contacts within schools and providing a positive way to increase participation and promote progressive self improvement.

The personal best programme has been presented at curriculum planning meetings and was well received and it is hoped it will be included in the primary curriculum by 2010. It was reported that success of this programme was phase 1, it is intended to expand the project next year and introduce a further 5 schools with the highest BMI records for year 6 and another two classes for reception or year 1.

The Sports and Development team operate a range of programmes to combat obesity in young people they are:

- Youth games
- Free swimming
- Healthy lifestyles
- Disability sessions
- Dance programme
- Community Investment Fund project – disability
- Bowls project.

LBH Communities Services 2012 Olympic unit and Sports and Development team see future partnerships to tackle child obesity being with CHtPCT Obesity programme, involving young people and recruiting Hackney 2012 ambassadors.

#### ***Recommendation 2***

*The Commission recommends LBH Community Services and Children Services pilot having a designated worker assigned to specific open spaces, parks, estate, schools*

*community halls or leisure centres to promote, oversee and co-ordinate activities for children ages 5-16 years after school, at weekends and during school holidays.*

*The Commission recommends LBH Community Services and CHtPCT use the data collected on users of parks, schools and leisure facilities to identify any under use by young people from specific communities or parts of the borough and develop an action plan to remove any barriers to access.*

## **6.5 The Learning Trust (TLT)**

6.5.1 The Learning Trust (TLT) operate the healthy schools programme, Healthy Activities Practices with Pre-school Years (HAPPY) in Hackney, HAPPY @ home and Motor Skills programmes in response to tackling child obesity.

TLT told the Commission the approach to tackling obesity needed to be a whole school approach with schools addressing the core themes:

- Personal social health education
- Emotional health & well being
- Healthy eating – what are the barriers to healthy eating
- Physical activity – kin-phobic: fear of physical activity

Which would impact on leadership and management, school policies, Curriculum Planning, teaching and learning, culture and environment, giving pupils a voice, pupil support services, staff health and well being, partnership with parents and local communities and assessing, recording and reporting pupil achievement.

All schools (state) in Hackney have signed up to working towards achieving the Healthy Schools Status (HSS). The Commission heard in Hackney as at July 2008 63% of schools had achieved the healthy schools status and the national target was to achieve 65% by December 2008. It is anticipated that all schools (state) would achieve HSS by 2010, taking into consideration it takes a school 1-2 years to build up the evidence base needed to demonstrate suitability of the accreditation. Following an enquiry the Commission was advised the Healthy Schools Team do not provide support for the achievement of HSS to independent or faith schools.

### ***Recommendation 7***

- (a) The Commission encourages TLT to endorse the appointment of a healthy food champion.*
- (b) The Commission recommends the Learning Trust to conduct an audit of policies on food at all schools in Hackney. A core set of principles should be developed in conjunction with health partners and others that recognise the seriousness of the crisis facing Hackney's children and responds accordingly. The Commission would urge the Learning Trust to examine the evidence from City Academies of the impact of prohibiting children leaving school premises at lunchtime and consider making such a policy apply borough wide.*

*The Commission requests a report outline next stages by September 2009.*

### **Recommendation 5**

*The Commission urges the Learning Trust, the PCT and LBH to work together to investigate putting together a bid for government funding for this pilot. The Commission would welcome receipt of a report by September 2009 detailing how and by when such a pilot may be achieved.*

The work of HAPPY in Hackney is a healthy early years setting award for under 5 years health promotion programme promoting healthy environments & lifestyles - choice, behaviour, knowledge, skills, and positive attitudes. The HAPPY in Hackney has had agreement from 82 early years' settings in Hackney of which 38 have achieved this award. The Commission was told the target is to have 45 early years' settings with this award by March 2009. The Commission established that the Hackney Healthy Schools Team and HAPPY in Hackney had produced 2 booklets (at the request of parents) for parents providing tips and advice for encouraging children to keep active, eat healthy to develop health and well-being.

The HAPPY @ home programme is an extension of HAPPY in Hackney in 18 children centres. HAPPY @ Home is an under 5s family learning programme about healthy lifestyles - Healthy Eating / Physical Activity was developed in 2006/07. This involves parents (carers), and young babies (children) in parent/child workshops. We were told 140 parents attend these workshops in 2007/08.

It was explained the Motor Skills programme is for children who have co-ordination difficulties with physical activities. Movement skills - to improve gross (running and jumping) and fine (hand writing) motor skills.

#### **6.5.2 Hackney's Play Strategy**

Hackney's educational service is different in that the education and play service are operated by an independent body, The Learning Trust, and not the Council. Hackney's Play Strategy was written by The Learning Trust in collaboration with statutory and voluntary sector partners and stakeholders, but it is a borough-wide strategy covering 2007-2010 and the strategy's objective is to:

- To improve the ability of local provision to include/reach all children and young people
- To improve the quality and accessibility of new and existing play environments
- To raise the awareness of the importance of play
- To support new and existing play provision.

Consultation for the play strategy included talking to children. Children expressed the desire to play outside wanting more adventure playgrounds; however they did express feeling unsafe and wanting adult supervision to give confidence in security.

The Commission heard there is evidence to show children get as much physical activity from playing outside as playing a range of sport type activities; and this was supported recently by the British Heart Foundation.

Hackney has been highlighted as a path finder to raise awareness of the importance of play which includes improving the opportunities children have to play. LBH has received funding from Department for Children Schools and Families (DCSF) for the Play Pathfinder project and it is anticipated it will fund 28 public play spaces in parks and on housing estates. The first 12 sites are scheduled to be completed by end of March 2009. The GLA population predictions for children anticipate an increase of 5-12% over the next 8 years.

The Commission became aware that a number of the ways to improve children's physical health would mean changes to the environment, promoting the importance of play and having good quality outdoor areas. In which it was highlighted planning was important, to influence building design and public spaces to encourage and enable more physical activity, safer streets and safe play areas. Expressing the ambition to see all partners work together so the play strategy could be embedded.

## **6.6 Community Representatives and Voluntary Sector Organisations**

The Commission acknowledges the benefits of including the voluntary and community sector groups / representatives in their scrutiny reviews. For this review the Commission used the voluntary sector communication networks available to issue an invitation to such groups to participate in the review. The Commission received a response and contribution for the organisations below.

### **6.6.1 Shoreditch Spa**

The Shoreditch Spa is a voluntary sector organisation serving the residents of Hackney promoting health and well-being.

The Commission was advised Shoreditch Spa have been operating a healthy eating programme that aims to give young people life skills in the form of cooking knowledge and how to read food packaging. Through their work the Shoreditch Spa have identified some young people have strange relationships with food; and in these cases they use other techniques like their peace of mind project which provides support in the form of stress management, talking therapies, problem solving e.g. with support for bullying etc.

As well as providing healthy eating and cooking classes for teens Shoreditch Spa has the Health Wize one to one programme for young people with referrals from City and Hackney Young People Services Plus (CHYPS+) and GPs to which they have received 40 referrals. The Shoreditch Spa informed the Commission they spent 18 months conducting a review to identify a holistic approach with young people to tackle obesity resulting in a service young people could be referred too who had a weight problem. The service aims to provide knowledge, experiences to influence and change and also create a buddy system. The Commission noted Health Wize was an 18 week one to one individually tailored programme. In the programme the young person take small steps of improvement aiming for a weight loss of 1-2 lbs a week; taking a holistic view to identify issues / areas of concern linked to obesity. Health Wize's ambition is to equip young people to make healthy life choices

throughout their life. The majority of young people entering the programme have a BMI above 30 (usually obese).

The Commission were advised that Shoreditch Spa had identified barriers getting young people active e.g. peers embarrassment. It was found that one to one sessions were useful and helpful in increasing a young person's confidence to allow the introduction of physical exercise. The programmes over arching aim are to pass on the learning through peers, to encourage other young people entering the programme to become personal trainers.

It was recognised that young people do not control the resources that provide what they eat so other family members are encouraged to join in too.

#### 6.6.2 SONshine Club (Orthodox Jewish Community Project)

The SONshine Club was founded in 2004 and is a voluntary sector organisation serving the Orthodox Jewish Community (OJC) in LBH. Although there are no formal figures related to obesity SONshine Club estimate in an average class of twenty five children two and a review of adult obesity in the community estimate one in four adults are obese. SONshine Club reported they are the only provider of this service in their community.

It was reported the average family size within the Charedi Community is six children with the SONshine Club reporting the community population was projected to rise at an annual rate of 3.5%. Children within the Charedi community attend independent faith schools. Specific cultural observations being no access to television or videos and single gender activities which meant children did not access main stream after school activities. The Commission were advised traditional emphasis is on educational attainment, particularly for boys and in faith schools there are almost no sporting activities (some for girls but none for boys).

The SONshine Club told the Commission they have made available various after school activities for boys:

- Plant Your Own Garden' Project
- Outdoor Sports on the Fields – supervised in Springfield park
- Fit 4 Fun Exercise Classes – operated for 12 weeks and has a waiting list
- Ride with Pride Cycling Sessions – Early Friday afternoons after school for fathers and sons.

The SONshine club recommended to the Commission a programme they had for a trial period the Mind, Exercise, Nutrition, Do it (MEND) programme. This is a family based programme for overweight and obese children aged between 7-13 and their families. MEND combines all elements increasing physical activity; family involvement; practical education in nutrition and diet; and behavioural change. The emphasis being on practical, fun learning the programme is designed to deliver sustained improvements in families' fitness levels, diet and overall health. MEND is not a diet, and expressly does not encourage rapid weight loss. Rather, the MEND programme is about empowerment – putting the child at the centre of a range of

ways to make life changes in terms of physical activity, food, self confidence and personal development.

The Commission noted the MEND programme would appear to incorporate all the areas highlighted as needing to be addressed to tackle obesity. However findings from the pilots had not been presented and it was highlighted CHtPCT had chosen to adopt a different programme called the Henry Project which was reported to have a stronger evidence base than the MEND programme.

### 6.6.3 Community Empowerment Network

Hackney Community Empowerment Network (CEN) is a group of representatives from Hackney's voluntary and community sector; whose role it is to support the voluntary and community sector to participate as fully as possible in decision making and shaping local services. It was highlighted in Hackney there is a significant proportion of children who did not attend state schools.

The Hackney Community Empowerment Network in partnership with Team Hackney (LBH LSP) will be seeking to commission an organisation to deliver a twelve month pilot project to develop a customised Healthy Hackney Standard to work in a range of non-statutory community settings. The project will work with children between the ages of 5-13 years and their families targeting the communities where the culture does not recognise the issue of childhood obesity. This will be a pilot project specifically focusing on the areas of healthy eating and physical exercise.

The pilot will test out appropriate activities to provide information, research and evidence to develop case studies to learn from building up a local evidence base.

A host organisation will be asked to develop, establish and operate a programme for children and families in the voluntary sector for use by other voluntary sector organisations for their settings and disseminate learning from good practices i.e. Happy in Hackney.

At the end of the programme it is hoped they will identify:

- What is effective
- What can be mainstreamed
- What can be incorporated by organisation into their regular everyday activities, e.g. running healthy cooking classes for pregnant women.

#### **Recommendation 1**

*The Commission encourages the Learning Trust to set a deadline for the achievement of HSS by all state schools in Hackney and to make an undertaking to intervene where schools face challenges in meeting this deadline. The Commission further recommends that the Learning trust works with health partners and community groups to identify a way forward to ensure all independent schools achieve HSS as soon as possible. Finally, the Commission urges the Learning Trust to work with health partners and others to develop a more challenging standard for*

*Hackney's schools in terms of diet and exercise and bring proposals to the Commission by September 2009 detailing how this may be achieved.*

#### 6.6.4 Councillor Vincent Stops

Councillor Vincent Stops is Ward Councillor for Hackney Central and Chair of London Borough of Hackney Planning Sub Committee.

Cllr Stops showed the Commission the visible changes of obesity trends in the United States of America. In summary it reported in 1985 approximately 22 states reported no data on obesity this gradually increased resulting in 2007 all states reporting not less than 10% having a BMI >30 or 30lbs overweight and 4-5 states reporting 25-29% with BMI >30 or 30lbs overweight.

It was reported to the Commission there needed to be a willingness to put constraints on vehicle traffic (like the congestions charge) which was difficult to implement but important and good for the community. Trends produced by the Department of Transport showed Londoners are walking slightly less than they used to ten years ago. However cycling had increased with the implementation of the congestion charge, but it was suggested more cyclists were needed to improve cycling conditions.

Cllr Stops referred the Commission to the NICE guidance 'Physical Activity and the Environment' presenting recommendations to local authorities and partners about promoting and creating built or natural environments that encourage and support physical activity. The Commission was told by designing cities around walking and cycling it would increase social interaction among people and recreation whereby open space, interaction with one another becomes a key attraction for urban living. Producing a calmer traffic environment, friendly and making crossing the streets safer. The Commission was informed Copenhagen changes to the environment for cyclist between 1995 - 2005 - cycling increased 100% to a figure of 36% of people cycling to work, 23% using the car and 33% using public transport.

#### 6.7 **Site Visits**

In London Borough of Hackney 63% (as at July 2008) of primary schools have achieved Healthy Schools Status which means they are promoting healthy living and have a minimum of 2 hours physical activity lesson per week.

The Commission contacted fellow Councillors who were school Governors in local schools to ask for their assistance with identifying potential schools to participate in the review. Arising from such interest the Commission was able to identify two appropriate schools that were also willing to participate in the review. Members of the Commission met with parents and the children and held discussions about what they felt were the barriers or challenges to adopting a healthy lifestyle.

### 6.7.1 Our Lady and St Joseph Roman Catholic Primary School (Nursery – Year 6)

This school has achieved Healthy Schools Status (HSS) and has a School Travel Plan (STP) with a valid status which means it has been reviewed in the last year. Members of the Scrutiny Commission met with some parents and teachers in the school in which the following comments were made:

- Parents expressed the view that the London Borough of Waltham Forest planning proposal targeted tackling the issue of obesity for secondary school age children rather than primary school.
- Consideration should be given to keeping school children in the school premises at lunch time until they are 16 years of age.
- School meals should more reasonably priced - taking into consideration people with two or more children.
- Schools tuck shops could sell healthier snacks - food children like cooked in a healthier way i.e. chunky potatoes, kebabs alongside other food they would not normally eat to introduce them to healthier food options.
- Access to land to encourage communities to grow their own food.
- Encourage more physical activity to increase a child's awareness and desire to eat healthy as they become more interested in taking care of their body.
- Improving access to parks (parking facilities) taking into consideration people who do not live near a park and want to drive to the park but have difficulty finding parking – this discourages access.
- Access to more after school exercise clubs.
- More organised activities for children on estates.
- Pick up points for walk to school days to encourage more children to walk to school.
- Parents felt the Sure Start concept would benefit from being extended to primary school and secondary school age children.
- Parents thought it might be a good idea to have youth workers based in leisure centres e.g. 2 hour slot where children could go to do school type activities with the option of trying something for free to see what activity they liked.
- Activities for secondary school age children would benefit from being linked to the school or a network near the school to encourage teenagers to be active.
- Teachers suggested the school council representatives obtain the views of children and note what activities they suggest.
- Parents felt cycling on the roads was not an option and would if there was dedicated cycle paths and encourage cycling in parks.
- Parents felt peer group pressure has an impact on what children choose to eat especially from year 6.
- Parents questioned the reason for such a substantial price increase from previous years for after school care. Pointing out after school care could provide an opportunity for children to play in a safe environment but the cost now is very high and not affordable to everyone.
- Parents advised to allow your child(ren) to have activities outside of school parents have to be prepared to pay approximately £50 or more a month per child dependant on the activity.

### 6.7.2 Parkwood Primary School (Nursery – Year 6)

This school has achieved Healthy Schools Status and has a School Travel Plan with a valid status which means it has been reviewed in the last year. Members of the Scrutiny Commission met some parents and teachers in the schools of which the following comments were made:

- Parents commented there should be more school based activities because parents trust the school and were more likely to allow children to do activities associated with the school.
- Parents commented for school activities it would be helpful to have access to organised transport for children taking part in the activity because some children did not participate because their parents could not take them to the destination of the activity.
- Parents thought learning to swim should be throughout primary school and not just from year 4 because the first stages of learning to swim was not exercise and for those who already knew how to swim they did not get the full benefits (physical activity) of the swimming lessons.
- Parents felt infants had less opportunity to participate in sport because it was targeted more at the juniors in primary school.
- Parents thought the provision of fruit in the class was good and considered this should be extended to all the classes in primary school and not stop at infants as it does currently.
- School meals should reduce the hot dessert option i.e. cake and custard (maybe once a week) and only provide fruit and yoghurt for dessert.
- Parents considered leisure centres could play a more active role and have youth workers based in centres.
- Athletic activities in the holidays. An example was given where by Haringey Council hosted an athletic week in the summer holidays where children attended from 10am - 4pm and tried different sporting activities throughout the day. It was highlighted this provided children with the opportunity of being out all day with a packed lunch and being active.
- Parents felt children should be encouraged to do more activities from when they are young and not when they get older.

#### **Recommendation 3**

*The Commission would like detailed the barriers to provision of fresh fruit in the classroom being extended to nursery and all classes in primary school (ages 3-11). The Commission recommends CHtPCT and TLT explore the options for funding this proposal with partners and, for example, with local supermarkets in the areas of the primary schools.*

The Head Teacher joined the discussion and highlighted the challenges schools faced to provide more activities for children:

- The school operated after school activity sessions every day except Friday.
- The school day (national curriculum) does not afford any more time in the day to do extra physical activity lessons.
- Restrictions on the activities provided are influenced by staff availability.

- In response to swimming - the Government require children to have the ability to swim 25 metres by the end of key stage 2 and restrictions are also linked to funding as it was highlighted there are several other costs associated with providing this activity.
- The reason fruit in the class room stopped after infants was because the government provided the funding only up to infants.
- The school incorporated exercise every morning for 10-15 minutes into the school day.
- The school has noticed a drop in school meal take up since the changes to qualify for free school meals.
- The Head Teacher highlighted children knew what food they should and should not be eating because when asked they gave the right answers. So she felt the focus should be on changing life styles and not just what is being eaten.

Throughout the review Members were pleased and encouraged to hear about all the different projects being commissioned with the aim of reducing child obesity in Hackney. However what Members remained unclear about was the methods by which the results and learning from these projects would be captured. Given the seriousness of this issue for Hackney Members wanted the pace and momentum to remain strong but most importantly for the benefits of such projects to be realised.

### **Recommendation 6**

*The Commission recommends the <sup>4</sup>Thriving Healthy Partnership Boards discuss and agree how and who should be responsible for the development of a coherent framework designed to track success in meeting targets e.g. PSA, LAA and LBH health inequalities action plan (Healthy Weight Strategy) in this area. The Commission recommends all parties (partners and voluntary sector groups) carrying out projects and service provisions to tackle child obesity in Hackney feed into an agreed monitoring framework. The Commission envisages such an arrangement will include the identification of a lead partner who will convene periodic co-ordination and review meetings. Outcomes should include the disseminating evidence of progress (positive and negative) through various communication channels (local media, website, health information events, health centres, community groups etc).*

*The Commission requests it receive a report by September 2009 in order which will outline how such an approach may be achieved.*

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<sup>4</sup> This may include wider liaison with other Local Strategic Partnership Boards

## **7 CONCLUSION**

- 7.1 The Government and the local community have a significant role to play in expanding the opportunities people have to make the right and above all healthy choices for themselves and their families. Making sure that people have clear and effective information about food, exercise and their well-being; and in ensuring that its policies across the piece support people in their effort to maintain a healthy weight. Building a strategy that covers policies for early years, schools, food, sport and physical activity, planning, transport and health services.

Achieving the PSA obesity target locally or anywhere in the country will involve major social change, development of sophisticated approaches to raising awareness and changing behaviour, and the deployment of a comprehensive range of policy measures and interventions. Notwithstanding emphasising the need for the food and advertising industries to make significant changes in order for the PSA target to be achieved locally.

Local public health networks have an important role in leading the development of effective training and information support to local staff. All community services need information and training framework, consistent messages for parents and children and the skills to identify and refer children most at risk of obesity. Strong effective local partnerships are critical and it is important that local partners make best use of existing partnerships such as LSPs, LAAs and children trusts to monitor progress and the effectiveness of their joint working arrangements. Local co-ordination can avoid duplication, reduce back office cost and bureaucracy.

This review and report cover an extremely important but also a complex area. It is easy for a reader to sympathise with the information and evidence contained within this report but sympathy and understanding will not be sufficient to fully realise the radical culture shift that is required in order to avoid our local communities slowly, unwittingly and mistakenly falling into a position of decline where the list of challenges to overcome will only become greater and greater still. This Commission believes the time to act is now. The problem is developing and growing, the issues are relatively well understood and evidence exists to give us a clear idea of where we should be headed. The Councillors involved in this review hope that this report will act as a catalyst for much of the good work already being undertaken, result in improved co-ordination and capture some much needed momentum in this important public health area.

## **8 CONTRIBUTORS**

- 8.1 The following people attended the Scrutiny Commission's meetings and gave evidence. The Scrutiny Commission owes a great deal to them not only for what they contributed to the investigation but also for the enthusiasm and commitment they brought to the task. Others present, both officers and members of the public, made informal contributions.

The Commission is grateful to all those who took part. Error and omissions are the responsibility of the Commission.

28 <sup>th</sup> July 2008	National Institute of Clinical Excellence Implementation Team – Steve Sparks
3 <sup>rd</sup> September 2008	City and Hackney teaching Primary Care Trust - David Woodhead LBH Community Services – David Toombs LBH Neighbourhood and Regeneration Planning – John Hudson LBH Neighbourhood and Regeneration Transport – Andy Cunningham
6 <sup>th</sup> October 2008	Shoreditch Spa – Rachel Hughes SONshine Club - Rachel Gruber The Learning Trust – Liz Prosser and Penny Dixie Homerton University Hospital NHS Foundation Trust – Dr Naill Jones and Dr Pal Cauvery
10 <sup>th</sup> November 2008	City and Hackney teaching Primary Care Trust Child and Adolescent Mental Health Service (Tackling Child Obesity Project) – Dr Sharon Lewis and Sherbanu Sacoor London Borough of Hackney - Councillor Vincent Stops
3 <sup>rd</sup> December 2008	Site visit to Our Lady & St Joseph Roman Catholic Primary School – Head Teacher Sean Flood
9 <sup>th</sup> December 2008	Site visit to Parkwood Primary School – Head Teacher Pat Cardis
10 <sup>th</sup> December 2008	Hackney Play Champion – Councillor Patrick Vernon The Learning Trust – Jackie Hopfinger Hackney Community Empowerment Network – Mary Cannon

## 9 MEMBERS OF THE SCRUTINY COMMISSION

### 9.1 Members of the Scrutiny Commission

Councillor Jonathan McShane (Chair)  
Councillor Daniel Kemp (Vice Chair)  
Councillor Maureen Middleton  
Councillor Tom Price  
Councillor Joseph Stauber  
Councillor Sem Moema  
Councillors Katie Hanson  
Councillors Feryat Demirci

### 9.2 Co-opted Members

Joy Beishon  
Clare Wykes  
Sebastian Taylor

### 9.3 Scrutiny Officer

Tracey Anderson

Legal by Comments: Suzanne Bond ☎ 020 8356 6116

Financial by Comments: Deirdre Worrell & Jackie Moylan ☎ 020 8356 7350 / 3032

## BACKGROUND PAPERS

The following documents have been relied upon in the preparation of this report or were presented to the Scrutiny Commission as part of the investigation:

Description of document	Location	Date
Choosing Health, making healthier choices	<a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550</a>	November 2004
HiH Coronary Heart Disease Review	Scrutiny Team Library	March 2005
Our Health, Our care, Our say	<a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453</a>	January 2006
Tackling Obesity – First Steps	<a href="http://www.nao.org.uk/publications/0506/tackling_child_obesity.aspx">http://www.nao.org.uk/publications/0506/tackling_child_obesity.aspx</a>	February 2006
Choosing health Obesity bulletin issue 1	<a href="http://www.dh.gov.uk/en/Publichealth/HealthImprovement/Obesity/DH_078292">http://www.dh.gov.uk/en/Publichealth/HealthImprovement/Obesity/DH_078292</a>	May 2006
NICE – Obesity guidance on prevention, identification, assessment and management	<a href="http://www.nice.org.uk/CG043">http://www.nice.org.uk/CG043</a>	December 2006

of overweight and obesity in adults and children		
Healthy weight, healthy lives	<a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082378</a>	January 2008
Tackling Obesity – Foresight report and implications for local Government	<a href="http://www.idea.gov.uk/idk/aio/8268011">http://www.idea.gov.uk/idk/aio/8268011</a>	March 2008
Feedback to city and Hackney from the Childhood Obesity National Support Team	Scrutiny Team Library	May 2008
Article APSE Direct News – Effective, efficient, collaboration to overcome child obesity	Scrutiny Team Library	May / June 2008
City and Hackney Obesity Strategy 2007/10	Scrutiny Team Library	

## Health in Hackney Scrutiny Commission Childhood Obesity Review Proposal

### **1. Proposed review**

Childhood obesity has been identified as a national public health concern by the Department of Health (DOH). This review will consider the scale of childhood obesity in Hackney, building upon the figures recently published by the London Health Observatory; and acquire an understanding of the prevention methods required to tackle the increase of obesity among children. It is anticipated the review will look at prevalence across Hackney and identify any resultant inequalities in health, and therefore consider the differing needs of the community in relation to prevention.

The review will build on previous review work carried out during the Coronary Heart Disease Review and current initiatives/actions taken like the National Healthy Schools Programme promoting healthy well being.

It is anticipated the review will incorporate a case study approach drawing on the work of the Council, health services and voluntary sector provision to provide an insight and highlight lessons that can be applied throughout the borough.

### **2. Origin of proposal (e.g. Surgery, Neighbourhood Committee, outside body, performance indicator, Mayor's Priority)**

Hackney experiences a higher than average BMI rate compared to the England average for overweight and obese children in reception and year 6. Hackney weight measurement has shown 30% of children in reception years and 40% in Year 6 in City and Hackney are overweight / obese.

Tackling the increase of childhood obesity has been highlighted as an area of priority for the borough through its choice as an LAA Stretch target as well as being a public health priority for City and Hackney teaching Primary Care Trust (CHtPCT).

The review has links to the Local Area Agreement Priority areas:

- Tackling Childhood Obesity
- By 2020 to reduce the proportion of overweight and obese children to 2000 levels in the context of tackling obesity across the population.

Of the three Mayor's Priorities the one most relevant to this review (as detailed below) would be priority number 1:

1. Improving services and increasing opportunities for all, raising the life chances of the most disadvantaged
2. Ensuring the Council is high performing and efficient.
3. Providing effective community leadership and involving the whole borough in what we do.

The review has links to 'Every Child Matters Aim 1 - Being Healthy'.

### **3. Scope and terms of reference**

In 2006/07 CHtPCT measured approximately 94% of the borough's children for the DOH National Child Measurement Programme which established 30% of children in reception years and 40% in Year 6 in City and Hackney are overweight and obese. It is noted there is limited evaluation and evidence of proven obesity prevention methods, but evidence of the physical and emotional impact of obesity for children. However there is a growing recognition that working with families rather than children in isolation, has positive effects.

Whilst childhood obesity has been identified as a national issue there remains additional challenges for Hackney such as:

- Transitional population
- The cultural and ethnic diversity of the population
- High levels of deprivation – third of the population economically inactive
- As an inner London borough - limited space for physical activity for children in schools and in built environment
- 40% children go to school outside borough
- Obesogenic environment with perceptions of Hackney as being unsafe and the ease of access to cheap high density food.

The issue of obesity is not just connected to healthy eating and physical activity there are other factors that contribute to this like:

1. Fast Food Outlets – Planning Control
2. Transport – Travel plans
3. Emotional Wellbeing – evidence of the impact of obesity on the physical and emotional wellbeing noting that obese children suffer depression, stress, are bullied, have low self esteem and are under achieving in school
4. Aspiration of the population
5. Availability of safe green spaces

This scrutiny review will aim to:

- Develop an understanding of the role and impact of current prevention methods, national agenda and partnership working in Hackney to tackle childhood obesity.

- Contribute towards the refresh of the LBH/CHtPCT Healthy Weight Strategy which will be developed and published in the autumn.
- Contribute towards effective policy proposals across the Borough, PCT and The Learning Trust.
- Establish the needs of children and parents/carers where incidences of childhood obesity are prevalent.
- Establish the needs of Hackney in order to tackle childhood obesity.
- Explore the impact of the emotional side to childhood obesity – the impact of low self esteem. The impact of being overweight on a child's self confidence and self belief and the ability to maintain a healthy weight.

#### **4. Timescales and methods (including details of formal meetings, public engagement, site visits and other sources of evidence)**

The review will commence in July 2008 with the draft terms of reference which will be considered and approved.

*28<sup>th</sup> July 2008*

- Terms of Reference
- National Institute for Health and Clinical Excellence – Local (NICE) Team

*3<sup>d</sup> September 2008*

- City and Hackney teaching Primary Care Trust
- LBH Community Services (including the 2012 Olympics and Paralympics Team)
- LBH Neighbourhoods and Regeneration

*6<sup>th</sup> October 2008*

- The Learning Trust & Hackney Free & Parochial - School Sport Partnership / Extended Services NST 08
- Homerton Hospital
- SONshine Club (Orthodox Jewish Community Project)
- Shoreditch Spa

*10<sup>th</sup> November 2008*

- East London Foundation Trust – Child and Adolescent Mental Health Services
- Hackney Transitional Local Involvement Network (LINK)

*10<sup>th</sup> December 2008*

- Recommendations Discussion

12<sup>th</sup> January 2009

- Final Report to Commission

## 5. Objectives and likely outcomes

Raising awareness of the challenges and the scale of childhood obesity in Hackney. It is noted that the issue of obesity is not confined to being a health issue but affects all policy areas within LBH and among partner organisations. The aim is to have obesity recognised as a wider issue and give greater focus in policy development and review by all service areas.

To encourage discussions and the creation of incentives to engage local businesses in promoting healthy wellbeing like the provision of more healthy foods.

## 6. Lead Member

Cllr Jonathan McShane – Chair of Health in Hackney Scrutiny Commission

## 7. Details of how the review and its outcomes will be publicised

The scrutiny review will be promoted through Hackney Today and other appropriate publications via the LBH Communications team.

Outcomes and conclusions of this scrutiny exercise will be reported to all appropriate decision making forums.

## 8. Key contributors to the review

Contributor	How have they been consulted on proposal
<p><b>Council Lead Officer</b> Kim Wright London Borough of Hackney</p> <p>Alan Wood The Learning Trust</p>	Proposals circulated for comment
<p><b>Council Officers</b></p> <ul style="list-style-type: none"> <li>• Director of Public Health</li> <li>• LBH Community Services Directorate</li> </ul>	Proposals circulated for comment and lead officer identification

<p>• Head of Healthy Communities</p> <p>LBH Neighbourhoods and Regeneration</p>	
<p><b>Executive Member(s)</b> Councillor Nargis Khan Cabinet Members – Community Services</p> <p>Cllr Rita Krishna Cabinet Member – Children Services</p>	Proposals circulated for comment
<p><b>Team Hackney Partnership</b></p> <p>Thriving Healthy Partnership Board</p>	Proposals circulated for comment
<p><b>Partners Organisations</b></p> <p>City and Hackney Teaching Primary Care Trust</p> <p>The Learning Trust</p> <p>Homerton University Hospital</p> <p>East London Foundation Trust – Child and Adolescent Mental Health Services</p>	Proposals circulated for comment and lead officer identification
<p><b>Voluntary Sector</b></p> <p>Transitional Local Involvement Network (LINK) for Hackney</p> <p>SONshine Club – Orthodox Jewish Community Project</p>	

Shoreditch Spa	
<b>Live/Pending Consultations</b>	None

*To be considered during the course of the review*

**9. Scale of recommendations and parties requested to implement**

Service/organisation	Timescales and method for response

**10. Details of how outcomes will be monitored**

**School Cluster Area Map**

