From:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
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То:	Health Reform and Public Health Cabinet Committee - 13 March 2019
Subject:	Childhood Obesity - report on joint working between agencies to tackle obesity
Classification:	Unrestricted
Previous Pathway: This is the first committee to consider this report	
Future Pathway:	None
Electoral Division: All	

# Summary:

This report is presented as a follow up to the overview of childhood obesity in Kent presented at the meeting in January 2019. This report provides details of the joint working between agencies to tackle obesity.

Childhood obesity is a major public health challenge, it has a wide-ranging impact on health and wellbeing throughout the life course. The causes of childhood obesity are complex, they include biology and individual behaviour, but this is set within cultural, social and economic environment in which we live. These causes cannot be overcome by the action of single agencies alone, therefore there are a number of initiatives underway across Kent using a partnership approach. This includes a pilot service being delivered by the district councils and the School Health Service in Dartford and Gravesham and a whole systems obesity project being planned for Maidstone.

### **Recommendation:**

The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the joint work being undertaken by agencies to tackle childhood obesity.

# 1. Introduction

- 1.1 Kent County Council (KCC) Public Health has a responsibility to deliver improved health and wellbeing and reduce inequalities for Children and Young People living in Kent.
- 1.2 Childhood obesity is a major public health challenge, it has a wide-ranging impact on health and wellbeing. Children who are obese are more likely to have asthma and other respiratory problems, skin infections, type 2 diabetes and some cancers. Obesity in childhood is also linked to psychological disorders including poor self-esteem, eating disorders and anxiety. In the longer-term obese children are more likely to be obese in adulthood, carrying with them the increased risk of disease, disability and premature mortality.

- 1.3 The causes of childhood obesity are complex, they include biology and individual behaviour, but this is set within cultural, social and economic environment in which we live. Our environment provides us with access to cheap energy dense foods and less active ways of living<sup>1</sup>. Eating healthily and being active are not the most accessible ways for people to live their lives. Only focussing on changing individual behaviour is unlikely to lead to any large reduction in the prevalence of obesity. This was reflected in Making Obesity Everyone's Business A Whole Systems Approach to Obesity (2017)<sup>2</sup>. This report highlighted the importance of local authorities adopting a Whole Systems Approach to tackling obesity. Referring to the Obesity Systems Map, the report argues that the complexity of the obesity issue makes it a difficult problem to tackle one component at a time.
- 1.4 This complexity means that even on a local level, working as a single agency is less likely to be effective in reducing childhood obesity than working in partnership with other bodies who have access to other levers which might help reduce and prevent obesity. Therefore, KCC works in partnership with a number of agencies to ensure that the programmes developed or commissioned maximise impact and deliver value for money.

## 2. Joint working across agencies

- 2.1. In the early years, the promotion and support of breastfeeding contributes to the prevention of obesity, as breastfeeding is known to be protective for the child. Through the Local Maternity System, a multiagency partnership of the Kent and Medway maternity services, CCGs, KCC Public Health, KCC Early Help and third sector organisations, an antenatal and postnatal infant feeding pathway has been developed. This pathway presents an evidence-based step by step journey for families, whatever the challenges they face, to provide support to both initiate and continue to breastfeed. This pathway has been in place since June 2018 and will be audited in summer 2019 to assess how effective the partnership has been in implementing the pathway. The LMS is also developing a Kent and Medway wide resource to provide easily accessible advice and support to families which will be supported by the whole partnership.
- 2.2. Delaying introducing solid food until 6 months of age and introducing food using appropriate portion sizes and healthy foods are key interventions to prevent obesity. The health visiting service and children's centres are committed to providing good quality information and support to families on this issue. Open access "introducing solid food" sessions are held in every district in children's centres delivered by the health visiting service, and where possible jointly with children's centres staff. The Health Visiting Service have provided training to children's centre staff on introducing solid foods.
- 2.3. Born to move is an award-winning initiative of the Health Visiting service. Its aim is to provide information about the early child development and the importance of providing early sensory and movement experiences from birth. The initiative has three key

<sup>&</sup>lt;sup>1</sup>Government Office for Science. (2007) *Tackling Obesities: Future Choices-Summary of Key Messages*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/287943/07-1469x-tackling-obesities-future-choices-summary.pdf [Accessed 10 December 2018]

<sup>&</sup>lt;sup>2</sup> Local Government Association. (2017) *Making obesity everybody's business, A whole systems approach to obesity.* Available at: <u>https://local.gov.uk/sites/default/files/documents/15.6%20Obesity-05.pdf</u>. [Accessed 10 December 2018]

messages, the importance of awake tummy time from birth in preparation for crawling, eyes need to move too and chatter matters. One of the key aims is to increase activity from birth with a view to setting habits around activity for the rest of childhood. The key born to move messages are communicated at each mandated contact by health visitors. The health visitors have trained children's centre staff across the County. The Children's centre staff deliver the messages directly to families they are working with, through message and information boards in the centres and hold regular born to move open access sessions for families.

- 2.4. For primary school age children, a pilot began in mid-January 2019 to provide an intervention for children who are already overweight or obese in 8 schools across Dartford and Gravesham. This is partnership project, commissioned by KCC Public Health, utilises existing resources from the District Council family weight management programme and the school health public health service 1:1 package of care. Families are recruited by the school health service, via self -referrals and follow up from the national childhood measurement programme (NCMP) and by engagement with the school by the District Council Teams. Ten-12 families will attend 8 sessions and will engage with group practical nutrition and physical activity sessions led by the District Councils and receive 1:1 support from the school health support. School health staff will also be present at the group sessions, to support families and to be better able to embed the learning in the 1-1 sessions. As well as delivering the intervention, the Districts will be developing health lifestyles partnership groups in each school, to support the schools to become healthier environments and support other initiatives. This will run from January 2019 - July 2020 and is being evaluated by the University of Kent. This evaluation will inform the future commissioning plans.
- 2.5. Kent CCGs through Children and Young People's Mental Health Transformation Fund have developed the Good Mental Health Matters Campaign. KCC Public Health are key members of the Transformation programme. Two of the five key message of the campaign are Eat Well and Exercise. This campaign has run so far for secondary aged children, with booklets being sent to homes across Kent, the development of a website and events being run in schools and the community to promote the key messages. The campaign has also developed curriculum resources for schools to deliver the key messages. The campaign is now being rolled out to primary school children in school with the same key messages, reinforcing and delivering messaging about healthy eating and being active.
- 2.6. PHE provide healthy lifestyle messaging for children and young people through the Change4Life initiative. It aims to reduce adult and childhood obesity simultaneously by making health a family issue. The campaigns are promoted consistently across partners in Kent. Through the Public Health/Early Help Agreement Children's Centres promote the change for life messaging and run Change for Life events through the summer holiday. This year the summer campaign was to "train like a Jedi", over 1000 children across the county attended these events. The Change4Life messages are also used by the School Public Health service to promote messaging for schools to adopt and through their 1:1 and group activities. The messaging is also delivered by Districts in their healthy lifestyles work, for example the pilot in Dartford and Gravesham is using change for life resources.
- 2.7. Whole Systems Approaches work on smaller geographical areas to bring together stakeholders to develop a shared understanding of the local causes of obesity, identify

assets and opportunities to mitigate these and develop local action plans using the joint resources available across the partnerships. PHE are due to publish guidance imminently about how to deliver a whole systems approach. KCC Public Health have had sight of the draft guidance and are using this to plan the delivery of whole systems approaches in local areas. KCC Public Health are currently working with Maidstone Borough Council and Bright Futures/Healthy Systems Partnership to develop a social marketing campaign to deliver a whole systems approach to reducing obesity. This is with a view that if successful, the approach could be localised for other areas of Kent. This programme is supported by the Association of Directors of Public Health and enables us to trial this approach in Kent at a minimal cost.

2.8. The issue of childhood obesity is being considered by the Joint Health and Wellbeing Board and the STP Prevention Workstream. This is within the context of the planned whole systems obesity work and to consider the provision of targeted and specialist services including tier 3.

## 3. Next Steps

- 3.1. KCC Public Health is currently working on the implementation of the new draft guidance on the use of a Whole Systems Approach to obesity with partners from PHE and Leeds Beckett University. This approach will work on smaller geographical areas to bring together stakeholders to develop a shared understanding of the local causes of obesity, identify assets and opportunities to mitigate these and develop local action plans using the joint resources available across the partnerships. This is at an early stage as it will be challenging to implement this approach in such a large geographical area and complicated health economy.
- 3.2. The evaluation of the trial partnership service between the School Health Service and Dartford and Gravesham districts will be considered and used to inform the targeted service for children of primary school age who are already overweight or obese. An adolescent package of care for healthy weight will be developed by the School Health Service in the first quarter of the new year working in partnership with schools, early help and other local partners to both develop and support its use.
- 3.3. A full needs assessment for obesity across the life course will be published in the new year, informing where partnership action should be prioritised.

### 4. Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the joint work being undertaken by agencies to tackle childhood obesity.

### Background documents: none

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