

Scrutiny
Review
2018/19

Report of the Health Scrutiny Committee: System-wide Review into Childhood Obesity





Chair's Foreword

The Health Scrutiny Committee is one of two scrutiny committees of the London Borough of Barking and Dagenham. The Committee scrutinises health and social care outcomes for the borough's residents to improve outcomes. We do this by working with partners to improve services and hold decision makers to account.

In 2018/19 as the Chair of the Committee, I oversaw an extensive scrutiny review into childhood obesity, from a system-wide perspective. Barking and Dagenham have among the highest rates of overweight and obesity in reception and year 6 children in London and this review and the recommendations that have been produced as a result will provide an opportunity to impact the current and future health and wellbeing of children across Barking and Dagenham.

The review is timely as Public Health England and the Local Government Association have been working on developing guidance for a whole systems approach to obesity since 2015. The programme places considerable emphasis on creating the right environment for change in the local area, collaborative working across the local system and the dynamic nature of such a system.

The guidance and resources are due to be published in the Spring of 2019 and the Council will be one of the stakeholders who will contribute to the review of the draft guidance documents. Information from this scrutiny review will feed into the Council's response.

During the course of the review, the Committee had the opportunity to go out into the community and see and hear for themselves the work currently being undertaken to address excess weight in children. Visits to 'Lean Beans' and HENRY weight management courses were arranged and a Q&A session with Healthcare Representatives was held.

We want Barking and Dagenham to become a place where a healthy lifestyle, including good weight management is normal from the start, and where people who want to make healthier lifestyle choices, are supported to do so. This report sets out the local picture for obesity in children and makes recommendations that involve multi-agency action to support parents and families and that seek to embed effective weight promotion at the most important stages of a child's growth and development.

Finally, I would like to thank all the people who have contributed to this review. This includes all the Members of the Health Scrutiny Committee, the Cabinet Member for Social Care and Health Integration and all of the officers who presented evidence.

A handwritten signature in blue ink that reads "Cllr E Keller".

Councillor Eileen Keller
Chair, Health Scrutiny Committee 2018/19

Members of the HSC 2018/19

The HSC members who carried out this Review were:



Councillor E Keller
(Chair)



Councillor P Robinson
(Deputy Chair)



Councillor P Chand



Councillor I Freeborn



Councillor C Rice



Councillor E Rodwell

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List of Recommendations arising from this Review

For ease of reference, the recommendations arising from this Review are provided below **under 3 key headings**.

The Health Select Committee (HSC) recommends that:

Understanding the problem

1. The Council reviews how we use data to help us better understand residents' perspectives and needs, because the evidence demonstrates that we haven't understood enough about the obesity issue.
2. The Council's goal for residents becomes the achievement of healthy weight, rather than just excess weight, because being overweight and underweight are both indicators for poor health outcomes.
3. NELFT and the Council review the NCMP data and its use and consideration given to how the process can improve the targeting of weight management services, which will support families that need it most.
4. All partners, as part of the overarching work to review services ensure that the pathway for signposting and referral to the HENRY programme is able to reach the families most in need.

The Evidence Base

5. The council adopt a whole systems approach to obesity, as advocated by the LGA and PHE and follow in the footsteps of the vanguard local authorities who have been implementing the approach.
6. The HWB support the formation of a system-wide stakeholder group that includes all relevant personnel, to take forward the actions at a system level

Impact Maximisation

7. The Council supported by PHE, look to instigate a local healthier catering commitment by the fast food outlets.
8. GPs/GP networks commit to liaising with schools and education to support families with the greatest need to access services eg referrals into HENRY and Lean Beans and to make lifestyle changes
9. The CCG reviews its mental health commissioning arrangements to focus on work within education to support schools in improving the mental health and social integration of pupils.

10. NELFT and the Commissioning Director for Education review its 0-19 service to take account of the need for a more nuanced mental health offer and better support for obesity work in schools.
11. The Council, Education and Be First prioritise roads around schools with a view to making active travel for families the easiest way to get to and from school.

Measures of Success

- Community Solutions has increased uptake of its services in families from the black African community
- There is an increase in referrals through the NCMP
- Schools with the highest obesity rates have the highest uptake of Community Solutions services
- There are less pupils reporting poor mental health and low self-esteem in the school survey(s)
- Barking and Dagenham's fast food outlets would be offering healthier food options, eg less salt, sugar and fats in their foods.

1. Background to the Review

- 1.1. Why did the Health and Select Committee (HSC) choose to undertake a scrutiny review into childhood obesity system-wide?
- 1.2. The Council's scrutiny committees decide what topic to undertake a review on based on the 'PAPER' criteria. The section below explains why according to these criteria, 'system-wide' childhood obesity was a good topic to review.

PUBLIC INTEREST

Barking and Dagenham has the worst childhood obesity rates in London. Obesity carries a serious risk of causing long term and irreversible damage to health. Obesity in childhood tends to follow into adulthood and there is an increasing body of evidence to demonstrate that maintaining a healthy weight has a positive impact on educational attainment especially in young people.



ABILITY TO CHANGE

There is a direct correlation between obesity and poverty; the poorer people are, the more likely they are to become obese and therefore it perpetuates the health inequality problem.

Members felt that reviewing obesity from a system-wide perspective could help direct our actions in the future to tackle the problem of obesity at several levels and from different perspectives.



PERFORMANCE

The only tangible measure we have at present of the effect of our actions to tackle childhood obesity is the data from the weight management sessions. These are often under-subscribed, have a retention rate of about 50% and do not actively target those children who need it most. However, we have qualitative reports about the value that participating parents attach to the courses and about how the courses teach both parents and children the importance of a healthy lifestyle.



EXTENT OF THE ISSUE

Children in Barking and Dagenham are among the most overweight and obese in London and England and little has changed over the last 5 years. This is impacting our children now and will impact their lives in the future.



REPLICATION

The HSC members noted that there is a healthy weight strategy which recommended action, but that this review would seek to supplement this and build on the system-wide approach that was put forward in the strategy.



2. Scoping & Methodology

- 2.1. This Section outlines the scope of the Review which includes the areas the HSC wished to explore and the different methods the HSC used to collate evidence for potential recommendations.

Terms of Reference

- 2.2. Having received a scoping report at its meeting on 11 September 2018, the HSC agreed that the Terms of Reference for this Review should be:
- i) Are the identified outcomes from the Healthy Weight Strategy, the right ones to focus on?
 - ii) What is happening locally already to tackle obesity?
 - iii) What are the evidence-based interventions which will have most impact?
 - iv) What could we and should we be working together on in order to address gaps in the system and become more effective in making a difference at scale and pace?

Overview of Methodology

- 2.3. The Review gathered evidence from a variety of sources between the Committee meetings of 11 September 2018 and 18 December 2018. Details of stakeholder consultations and their contributions to this Review are outlined below.

Presentation by Public Health on 'Childhood Obesity'

- 2.4. On 11 September 2018, the Council's Public Health team delivered a presentation which considered:
- The current situation with overweight and obese children in reception and year 6
 - The current data on children who are seriously obese
 - The correlation between deprivation and obesity
 - Data on obesity and the BME population
 - Comparisons between Barking and Dagenham and the rest of London.
 - Action that is already being delivered
 - A plan of activity that will reliably inform the review and lead to an effective action plan.

Visit to weight management courses

- 2.5. There were visits to Roding Primary school on 11 October 2018 and Manor Junior school on 13 November 2018 to observe the Lean Beans course and to speak to participants, parents and staff. This provided the opportunity to view the courses in different settings and at different timepoints.
- 2.6. Members and Public Health undertook a visit to Barking Learning Centre on 29 October 2018 to observe the HENRY programme which is delivered to parents of infants from 0-5.

Question and Answer session with GLA and Public Health England.

- 2.7. Members met with a representative from the Greater London Authority (GLA), Public Health England's (PHE), Barking and Dagenham CCG and the local Director of Public Health to compare and discuss what effective action could be taken in Barking and Dagenham to progress a system-wide approach to the problem of obesity.

Stakeholder Workshop

- 2.8. A workshop was held on 6 November 2018 to bring together relevant personnel from public sector services, private sector voluntary sectors to discuss how we could all work together better as a system to tackle the problem of obesity.

Interviews with school headteachers

- 2.9. Public Health visited and interviewed four headteachers to gain their perspective on the contribution that schools were making to tackling childhood obesity

Resident Perspective.

- 2.10. Public Health undertook 2 focus group and spoke to parents who attended the weight management course. These together with the resident surveys helped inform the review about their opinions about childhood obesity and what should be done.

Research

- 2.11. During the Review, Council Officers considered the following pieces of research and evidence:

Trends in Children's body mass index between 2006/07 and 2016/17. Public Health England. July 2018

<https://app.box.com/s/oq3q86aqejc99okxe9xyvpfvo21xai21/file/306723044116>

Childhood Obesity: a plan for action. HM Government. June 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/718903/childhood-obesity-a-plan-for-action-chapter-2.pdf

Making Obesity everybody's business: A whole systems approach. Local Government Association. November 2017

<https://www.local.gov.uk/sites/default/files/documents/15.6%20Obesity-05.pdf>

Let's #makeachange: a healthy weight strategy for Barking and Dagenham. 2016-2020

<https://www.lbbd.gov.uk/sites/default/files/attachments/Healthy-Weight-Strategy.pdf>

Barking and Dagenham Public Health applied to be one of the reviewers of the draft guidance from Public Health England on adopting a whole systems approach to obesity. This will be published in the Spring of 2019, however the evidence within the guidance was used to inform this review.

Healthy Weight Resident Survey– ‘Changing Behaviour in Barking and Dagenham’

Evidence from the Aubrey Keep Library (based with NELFT) regarding effective interventions for reducing levels of childhood obesity.

3. Introduction – Childhood Obesity

What do we mean by obesity and why it is important to address?

- 3.1 Excess weight in adults and children is categorised into ‘overweight’, and ‘obese’ Excess weight is calculated slightly differently for children and this is adjusted for a child’s age and the sex of the child. The National Childhood Measurement Programme (NCMP) uses BMI reference charts to classify children which take into account children’s weight and height for their age and sex. Children over the 85th centile are considered overweight and those over the 95th centile, obese. The unit measure is ‘Body Mass Index’ (BMI)

The tables below show the NICE BMI classification for excess weight and obesity in adults and children.

Table 1: NICE BMI classification of overweight and obesity in adults

Classification	BMI centile
Underweight	<18.5
Healthy weight	18.5-24.9
Overweight	25.0-29.9
Obese	30.0-39.9
Morbidly obese	>40

Table 2: UK National BMI percentile classification for a child

Classification	BMI centile
Underweight	<2 nd centile
Healthy weight	2 nd – 84.9 th centile
Overweight	85 th -94.9 th centile
Obese	>95 th centile

- 3.2 All human bodies are built differently, therefore a ‘healthy weight’ is defined as when an individual’s body weight is appropriate for their height and benefits their health. The size of a person’s frame and bone structure will also vary and have an effect and BMI doesn’t take account of this; therefore, it can be difficult to determine the

extent of excess weight or obesity. However, it is a guide and is useful when taken together with waist measurement.

- 3.3 Healthy weight is maintained when calorie intake equates to what is being expended in energy. Excess weight on the other hand develops when energy intake (calories) exceeds energy expenditure. Simply put, if what a person eats and drinks (their calories intake) exceeds the amount of physical energy they expend, they may be prone to put on weight. If the process continues and the individual gains more and more weight, this will lead to them being obese.
- 3.4 Excess weight and obesity both cause health problems, but the person who is obese carries a more serious risk of causing long term and irreversible damage to their health as they are likely to develop conditions such as diabetes, cardiovascular and circulatory problems as well as severe muscular-skeletal problems.
- 3.5 We know that excess weight and obesity in childhood tends to follow into adulthood so if we continue to see the increases in childhood obesity that we have seen in the last decade (see section 4) then we will continue to see more people with the aforementioned health conditions, which cause incapacity, poor quality of life and create increased demand on our health and social care services.
- 3.6 There is an increasing body of evidence to demonstrate that maintaining a healthy weight has a positive impact on educational attainment especially in young people. The issue of excess weight and obesity is a sensitive issue and is associated with common mental health disorders, typically entwined with feelings of low self-esteem. There is also a direct correlation with poverty; the poorer people are, the more likely they are to become obese and therefore it perpetuates the health inequality problem.

The issue of underweight

This is defined as being below the healthy recommended level of weight for one's height and below the score of 18.5 or below the 2nd centile, as shown on the BMI charts (tables 1 & 2). At the simplest level its cause is the opposite condition to excess weight; that is the person is having less calorie intake than what they are expending in energy.

The prevalence figures from NCMP are of course small compared to excess weight:

- The rate for reception children in Barking and Dagenham was 1.4% in 2017/18 (49 children), compared with 1.5% in London and 1.0% in England.
- The rate for Year 6 children was 1.4% in 2017/18 (also 49 children), compared with 1.7% in London and 1.4% in England.

However, being underweight, like excess weight is also an indicator for poor health outcomes and like excess weight the underlying causes can be complex and variable. For example, it can be an indication of neglect of the child, commonly evidenced through failure to thrive; this would be a factor considered in decisions about whether there needs to be increased service input into a family or whether a child needs to be removed from the home.

Though investigation has been made, there is currently no dataset collected on the numbers of children taken into care who are underweight, and this information is only contained in individual personal records.

In older children and adolescence, the problem of anorexia is an example where an individual deliberately limits their food intake to a severe extent because they feel they need to lose weight. It's a mental health condition that needs specialist help, but it arguably has some roots in unrealistic societal expectations that have evolved, and which have created pressure on people to be ultra-thin, especially young women. This pressure combined with low self-esteem, anxiety or other 'low level' mental health issue can then develop into a longer term, chronic condition, which at the extreme can lead to starvation and serious health problems.

In the school survey of 2017 each indicator of emotional well-being was shown to be worse in females. Only 51 out of 973 year 10 pupils were satisfied with life, whilst only 51 out of 947 year 8 pupils were happy with their weight. We don't have as great a depth of knowledge of such results as we would like to have, but it's an indication that a significant proportion of young people exhibit some thoughts that could lead them on the path towards poor mental health.

4. The Incidence of Childhood Obesity in Barking & Dagenham

- 4.1. Barking and Dagenham Children are among the most of overweight and obese in London.

Table 3: Levels of overweight and obesity in children living in Barking and Dagenham in 2017/18

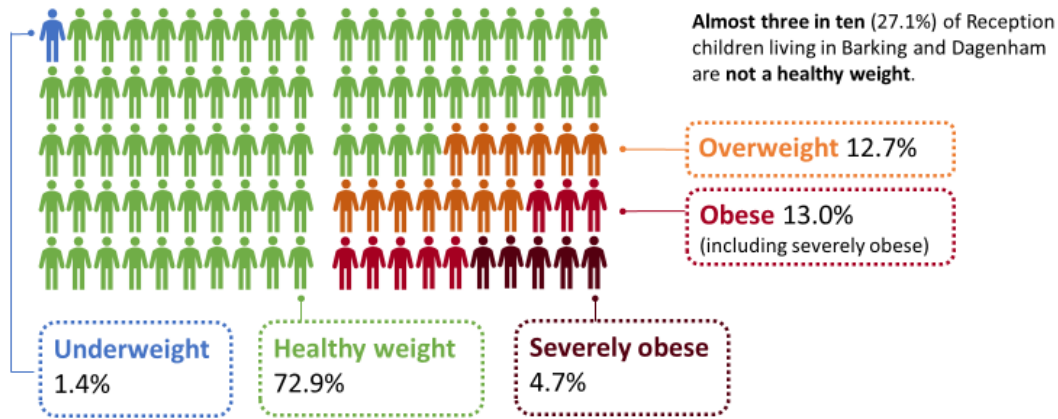
Group	2017/18 %	Rank in London (of 32 Boroughs) in 2017/18	London Average 2017/18 %
Reception overweight and obese	25.6	3 rd worst	21.8
Reception obesity (including severe obesity)	13.0	2 nd worst	10.1
Reception severe obesity	4.7	Worst	2.9
Year 6 overweight and obese	44.5	Worst	37.7
Year 6 obesity (including severe obesity)	29.7	Worst	23.1
Year 6 severe obesity	6.7	3 rd worst	5.2

- 4.2. The above table shows the current levels of excess weight in our children and highlights the challenge that we face as a borough to reduce the levels of overweight and obesity to better than the East London average by 2037, which is the ambition of the Borough Manifesto.
- 4.3. Over the last 5 years there has been little change in the level of childhood obesity in Barking and Dagenham and we remain consistently above the London and England averages. This tells the Health Scrutiny Committee that the work that has been ongoing to tackle childhood obesity has succeeded in only maintaining the status quo.
- 4.4. We know that childhood obesity is a condition that affects children from poorer backgrounds more. Across England children living in the most deprived areas are more than twice as likely to be obese than those living in the least deprived areas. This is important for Barking and Dagenham due to the number of children who are from some of the most deprived areas in London.
- 4.5. Childhood obesity is more likely in black African children, in both year 6 and reception. Due to the high proportion of black African residents in Barking and

Dagenham it is important that this review considers the needs of different communities, particularly BME communities.

Fig 1. Infographic showing levels of weight in Reception Children in Barking and Dagenham in 2017/18

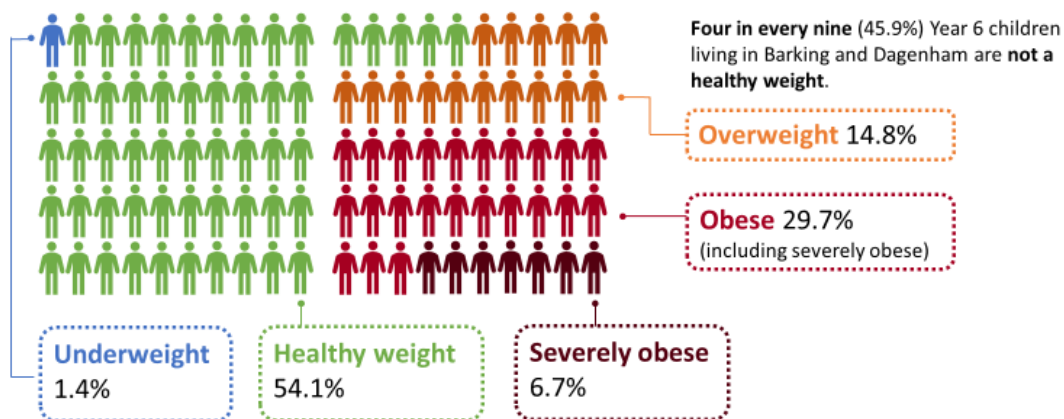
B&D Reception children



Based on child's postcode of residence. Rounded to nearest whole number in image. Block = 50%, row = 10%, person = 1%.

Fig 2. Infographic showing levels of weight in Year 6 Children in Barking and Dagenham in 2017/18

B&D Year 6 children

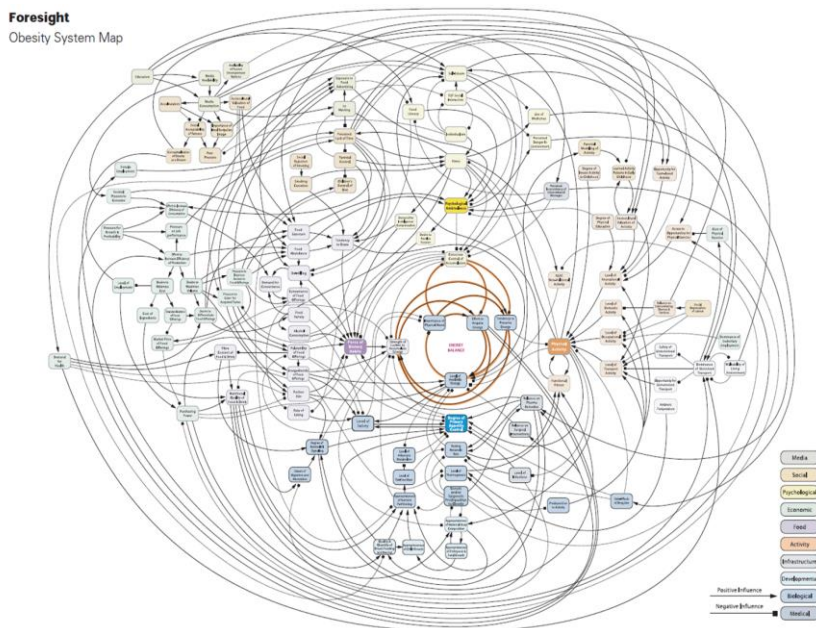


Based on child's postcode of residence. Rounded to nearest whole number in image. Block = 50%, row = 10%, person = 1%.

5. What works: The Evidence

- 5.1. Obesity is a complex problem with many different but often interlinked causes. No single measure is likely to be effective on its own in tackling obesity and no single agency, however committed holds the answer to the problem. Indeed, the Foresight report of 2005 identified 108 causes of obesity and over 300 interconnections which it pulled into a 'map' of rather mind-boggling density (see Fig 3 below) to show in a very visual way just how complex the issue is.

Fig 3. The 'Foresight' obesity system map



- 5.2. Public Health England and the Local Government Association, supported by the Association of Directors of Public Health and in conjunction with Leeds Beckett University have, for the past 3 years or so, been working on producing evidence and guidance for local authorities to help support the development of a whole system approach to tackling obesity. Some key points from the guidance are set out in this section.
- 5.3. Implementing a whole system approach involves:
- Bringing stakeholders together to share an understanding of the reality of the challenge and consider how the system is operating
 - Identifying the greatest opportunities for change
 - Generating sustainable change by stakeholders agreeing actions and deciding as a network how to work together in an integrated way
 - Responding to complexity and on-going change through a dynamic and flexible way or working
- 5.4. The tenet of the whole system approach is that the system or environment within which obesity is found to exist is key and needs to be altered in order to effect peoples' behaviour and bring about the required changes; it identifies 4 levels of change that need to take place, which are visually summarised in **Fig 4**.

Fig 4. Changing the system – factors.



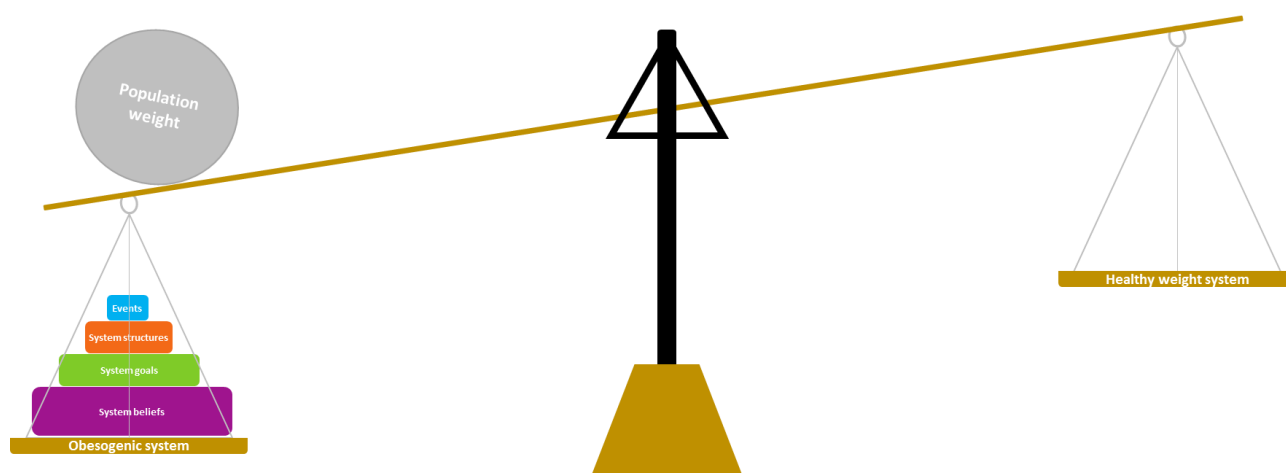
5.5. When viewing this approach through the lens of childhood obesity it is possible to understand how a systems approach can help to bring about behaviour change. Using the example of travelling to school enables us to see how such an approach can be implemented.

Fig 5. Example of changing the system – Travelling to school.

Event	System Structure	System Goals	System beliefs
<ul style="list-style-type: none"> • Voluntary sector run a road pollution lesson with children • School and Local Authority run a closed road morning showing what impact cars have on travel times to school 	<ul style="list-style-type: none"> • BeFirst provide cycle infrastructure for active travel to school. • Active travel information leaflets are handed out to parents. 	<ul style="list-style-type: none"> • Reduce airpollution at the school • Increase active travel to school and the physical activity levels of children increase. 	<ul style="list-style-type: none"> • Parents and children understand the physical and long term health benefits of not driving to school.

5.6. The Whole system approach states that If we understand where we can intervene and what action will have the greatest leverage for change, then we can move from an obesogenic system (ie our current system) to one which promotes the healthy weight. This is demonstrated visually in Fig 6.

Fig 6. Altering the system



- 5.7. The idea of working together is not new but moving to a whole system approach requires a greater depth of collaboration than we have previously experienced. However, the development of this approach should benefit from the momentum and traction generated from the current integrated care system agenda and what that is aiming to achieve in terms of a system that works together; therefore, whole system action on childhood obesity links very well with the emerging landscape for integrated care.
- 5.8. Public Health in Barking and Dagenham commissioned a piece of research in 2017/18 into resident's beliefs and approaches to healthy lifestyle behaviours. This qualitative research provided insights to commissioners and providers about what is currently working and what programmes or messages are failing to connect with our residents. Prior to the research there was very little evidence around how residents responded to the Council's efforts to promote healthy lifestyles.
- 5.9. The key finding from this research was that residents of Barking and Dagenham view health as the presence or absence of an illness. Throughout the research it was clear that residents place a high value on 'health', however it also appears that excess weight, for many, isn't considered a health issue.
- 5.10. The rise in the number of people in Barking and Dagenham who are overweight or obese has led to normalisation of the issue resulting in many people not identifying themselves as overweight. This is an important consideration when designing interventions or programmes around healthy weight.
- 5.11. This research highlighted that there is a willingness in residents to change but there needs to be an awareness of people's wider needs which can impact their adoption of healthier behaviours. Throughout the research participants expressed that they would be more likely to adopt new behaviours if they provided wider social benefits or these could be adopted as a family rather than as individual endeavours.
- 5.12. The findings from this work are key in ensuring the recommendations from this report are appropriate for Barking and Dagenham and give our residents the best chance of living healthier and longer lives.

- 5.13. The following evidence summary was taken from: *Evidence Search: Evidence based policies or interventions for reducing levels of childhood obesity. Lisa Burscheidt. (19th November 2018). ILFORD, UK: Aubrey Keep Library Service.*
- 5.14. Public Health requested an evidence search on evidence-based policies or interventions for reducing levels of childhood obesity to be conducted by a clinical librarian based at the Aubrey Keep Library, NELFT Foundation Trust. As expected, there is an extensive body of evidence and research into effective policy interventions to reduce childhood obesity. This evidence, whilst being wide ranging, often fails to identify individual interventions that are successful at reducing levels of childhood obesity.
- 5.15. A Cochrane review entitled 'Interventions for preventing childhood obesity' identified the following measures which showed some level of success in reducing the BMI of children.
- school curriculum that includes healthy eating, physical activity and body image
 - increased sessions for physical activity and the development of fundamental movement skills throughout the school week
 - improvements in nutritional quality of the food supply in schools
 - environments and cultural practices that support children eating healthier foods and being active throughout each day - support for teachers and other staff to implement health promotion strategies and activities (e.g. professional development, capacity building activities)
 - parent support and home activities that encourage children to be more active, eat more nutritious foods and spend less time in screen-based activities
- 5.16. These findings encapsulate some areas where Barking and Dagenham is already performing well, and others where improvements could be made. The findings from the Cochrane review, which is accepted as the highest standard of evidence, highlight how difficult it is to measure the impact of interventions that are not delivered in a controlled setting, such as a school.
- 5.17. Other reviews highlighted that the most successful interventions have been based in schools with a home or community component to be most effective and that interventions for school aged children have the greatest potential to alter levels of BMI.
- 5.18. As reported by Public Health England during this Scrutiny Review, the evidence shows that the best approach will be one that considers the system as a whole and supports work across sectors and settings to help reduce the levels of childhood obesity.

5.19. This evidence has been taken into consideration by Public Health officers when making the recommendations throughout this report.

Key messages from the Evidence

- 1. The Whole Systems Approach to obesity has shown to have success in reducing obesity levels and is promoted by Public Health England***
- 2. Residents in Barking and Dagenham don't see weight as a health issue.***
- 3. Evidence from peer reviewed literature demonstrates the best approach is a series of interventions***

Recommendation 1: The Council reviews how we use data to help us better understand residents' perspectives and needs, as the evidence demonstrates that we haven't understood enough about the obesity issue.

Recommendation 2: The Council's goal for residents becomes the achievement of healthy weight, rather than just excess weight, as being overweight and underweight are both indicators for poor health outcomes.

6. What is happening locally to tackle childhood obesity?

- 6.1. Members previously heard about the following actions being taken in Barking and Dagenham to address the obesity:
- The application of fast food exclusion zones around schools across the borough.
 - The implementation of the Healthy Pupil's Capital Fund (the soft drinks sugar levy) to improve health and wellbeing of school children.
 - Street Tag – a fun and interactive game designed to get people walking more.
 - A recently completed piece of work into behaviour change and attitudes to weight management, which will influence how we develop future obesity prevention and support programmes in the borough.
 - LEAN Beans and HENRY weight management programmes for children and infants.
 - Around a quarter of our primary schools offering a daily mile initiative.
 - Linking with East London Health and Care Partnership (STP) which has obesity as a priority of its prevention work.
 - Healthy living promotion is a key requirement of our commissioned children's 0-19 services, including the application of the National Childhood measurement programme.
 - A fully subsidised year-round holiday activity programme for children and young people aged 5 – 11 years. This works in partnership with local clubs and organisations to deliver a range of inclusive cultural, sport, health and fitness activities.
 - We are using better data gathering technology, for example 'Borough Explorer' to help us map wards with highest obesity rates which can then help us to see which schools we should be targeting.

The Health and well-being Strategy: impact on Childhood obesity.

- 6.2. One of the three priority themes within the upcoming 2019-2023 Joint Health and Wellbeing Strategy is Best Start in Life. This priority theme focuses on preconception up until the age of 5 and aims to increase the percentage of children in Barking and Dagenham that are best prepared to start school by the age of 5 to give them the best opportunities for the rest of life. Childhood Obesity is a key element of ensuring our young residents are best prepared for school, with one of the performance measures within the strategy, namely the NMCP figures to be monitored by Health and Wellbeing Board.
- 6.3. The third priority theme within the upcoming Joint Health and Wellbeing Strategy is building resilience, which focuses on enabling our residents to not just survive but to thrive. One of the outcomes around resilience is to improve multi-agency support for those who have suffered from Adverse Childhood Experiences (ACEs). ACEs are stressful events occurring in childhood that include domestic violence, being the victim of child sexual abuse, parental abandonment, parental alcohol and substance misuse. Experiencing 4 or more ACEs within Childhood have a range of impacts on health and wellbeing related behaviours. Those with 4 or more ACEs are twice as likely to have a poor diet, and further evidence points to the link between obesity as

protective solutions to problems within childhood. Focusing on building resilience will have a range of benefits across for health and wellbeing.

Visit to 'Lean Beans' weight management programme

- 6.4. Public Health officers attended the Lean Beans weight management courses at Roding Primary School on the 11 of October 2018 and at Manor Junior School on 13 November 2018. Lean Beans is a nutrition and weight management programme developed specifically for Barking and Dagenham children and their families. It is a course that caters for children between 5 and 12 years old and their families, this can include brothers and sisters who do not fit the age range.
- 6.5. The course runs for 12 weeks and each week and covers a new aspect of weight or nutrition. The week that the HSC visited was Portion Control week. The course content covered what different portion and serving sizes are. Each week is 2 hours and is broken down into a one-hour family theory session and an hour physical activity session for the children while the parents are able to ask any further questions.
- 6.6. During the visits Public Health had the opportunity to direct questions to the providers and to the parents in order to understand what was being provided, any gaps that existed, how well the service was utilised, if it catered for the parents and families' needs and how families implemented this in their home lives.
- 6.7. Lean Beans runs in different locations every quarter and is hosted by schools. The schools that the providers select are identified through the National Childhood Measurement Programme (NMCP), the aim being to run the programme in the 10 primary schools that have the highest BMI results from the NCMP.
- 6.8. Previously the course was operated on a referral or qualification scheme where a child had to be a certain weight category to be eligible. This was deemed ineffective as children and their families reported feeling like they were being singled out. When it was re-launched it was opened to any children and families in the schools, and the approach became more holistic with a focus on healthy lifestyles as opposed to being all about weight. It was noted during both Lean Beans sessions that not all of the children appeared overweight.

How the session is run:

- 6.9. Lean Beans is run as a whole group session where there is an emphasis placed on group learning and group reward. There is a set of agreed behaviours which are signed at the start of every session to build an environment of group learning as opposed to being taught. This appeared to be a very effective way of building group ethos.
- 6.10. The first half of the session is a group education session which parents and children attend together. It is set around a theme each week, and the session that Public Health attended focussed on portion size and control and eating out.
- 6.11. The second hour of each sessions sees the group split and the children take part in an hour of active play and games while the parents receive a more in-depth session

to help them implement the learnings from the session and ask any further questions they have about the session.

Questions to the Area Manager, Weight Management

- 6.12. Public Health officers talked to the Area Manager – Weight Management, about the course and how it all works. The aim of the programme is to help children grow up with healthy lifestyle habits and achieve and maintain a healthy BMI. The outcomes for the participants are about providing them with the education and tools to live a healthy life. The Lean Beans course captures information for commissioners which includes weight loss, increased activity levels and measures of waist circumference. These measures are initially over the 12-week course, but there is a further weigh-in at 3 months after the last session. We were informed that these were poorly attended. Only the attendance and completion levels are reported at corporate level.
- 6.13. Attending 9/12 weeks is defined as having completed the course so far. In Q4 of 17/18 88.1% of participants completed the courses and in Q1 of 18/19, 64.1% of participants completed the course. The Area Manager felt that not enough people complete the course but also that there are not enough places for people. When it is in a conflict with other activities Lean Beans is often considered as a lower priority by participants. Staffing issues mean less courses are being run, and we were informed that the course run at Roding Primary school could take 30 participants, but it doesn't due to the small classroom sizes.
- 6.14. However, the course which was run at Manor Junior School was under subscribed. Facilitators said that they couldn't get the course full through their normal methods of recruitment. When talking to staff there was a desire to help those families who need it most but that the universal model of delivery meant that wasn't always possible. It was suggested that working closer with schools or using the National Childhood Measurement Programme data better might bring more success in helping those families who need a little more help.

Parents opinions

- 6.15. Parents heard about the course through a variety of means, including council led networking events, the school websites and the Lean Beans course promotion at the school.
- 6.16. Participants said that they joined Lean Beans because of the perks included in membership, including discounted leisure centre opportunities and a priority booking facility for out of school holiday activities. Others joined due to the healthy advice that they could get to help themselves as parents. Some parents had signed up because it provides them and their children with a positive after-school activity.

“I always look to fill up the girls' evenings with activity”

- 6.17. While the parents were positive and tended to be aware of opportunities within the borough, they noted that many parents weren't always aware of the activities and

that more could be done to promote them; parents suggested this could be improved through using the schools, and emailing, texting and sending newsletters.

- 6.18. Parents were asked what they found most difficult when trying to implement what they have learnt from the course. Parents expressed that they often struggle for time or that they are unsure about the nutritional value of traditional foods, or how to cook healthier versions of traditional dishes.

“The trouble is, I love African food but I know it’s not very healthy!– could be adapted to be healthier – the eatwell plate is not BME-friendly!”

- 6.19. Parents mentioned that they often don’t feel safe in the parks, and damage to outdoor gyms or play equipment is never repaired. There are a lack of park rangers patrolling parks and residents are afraid to confront teenagers who hang about there. Mayesbrook and Valence parks were mentioned particularly as park that families didn’t feel were inviting for families.
- 6.20. Parents often expressed views that they require support and help for activities with their children, however they aren’t always easy to access or easy to manage with multiple children. For some parents they want their children to be more active and have opportunities for play and social interaction, but for some there are too many obstacles.

Lessons from Lean Beans

- 6.21. The branding that Lean Beans use is based on Change4Life this can sometime lead to confusion when parents go on the Change4Life website. Staff commented Lean Beans could benefit from a website.
- 6.22. Sessions and learnings from the course are one piece of the puzzle, however providers feel that due to the obesogenic environment there is an uphill battle to help residents.
- 6.23. Lean Beans was launched in January 2018 due to the previous iteration of the course failing to meet targets. This locally created campaign has been a greater success, with higher completion rates. There are lessons about how we can replicate or increase the local campaigns. These would help with engaging harder to reach communities, such as communities in Marks Gate who the Lean Beans team are finding difficult to engage.

Key messages from the Visits

- 1. The course provides a great opportunity for group learning and high engagement of both adults and children.**
- 2. It is not always the right people who are attending these courses**
- 3. By being universal access, the providers don't have the opportunities to help those families who need it most.**
- 4. Parents would like more opportunities for their children to play and be active**
- 5. Parents feel that the parks do not provide a safe, family-friendly place where they can be active**

Visit to the HENRY course

- 6.24. Members attended the HENRY Course which is a weight and nutrition course for 0-5 year olds in the borough. HENRY stands for Health and Nutrition in the Really Young and is a course that is run nationally as opposed to the Lean Beans course which is designed as a bespoke course for the borough.
- 6.25. The course is run over 8 weeks and as with Lean Beans each week covers a different aspect of healthy lifestyle habits and parenting tips to help support children in Barking and Dagenham have the best start in life.
- 6.26. The week that was observed by the committee was week 3 and focussed on setting boundaries and limits.

How the course is run:

- 6.27. The course takes place in one room where half of the room is dedicated to a creche for the participants' children, and half the room where the parents are taken through the course content.
- 6.28. This presented some challenges which involved the children often coming over to the parents and occasionally making it difficult for the course to progress. The course content is in a book which participants work through, including group exercises and course discussions. The workbook also contains exercises to carry out throughout the week which helps to reinforce the learnings from the last week and previous weeks.
- 6.29. At the end of the session the class are often provided with materials to take home, and in this week, they were provided with charts to help them set boundaries and rewards.

Discussions with facilitators:

- 6.30. Members of the committee had the opportunity to discuss the course with the facilitators. They outlined that the best bits of the course are the community aspects

and the parents learning together. They cited that many parents value the fact that the course introduces them to other parents who are in the same position as them.

- 6.31. The course is adaptable which means that it can be changed and catered to the group which allows the course to run even with disruptions, or in a way that benefits the group dynamics.
- 6.32. The course facilitators also call or text with reminders about the course which helps with attendance rates.
- 6.33. Most parents sign up for the course when they have heard about it through another council service. With staff and services still adjusting to the new ComSol structures and way of working, there has been a decrease in referrals. New staff who are working with these families are not familiar with the courses yet, but staff hoped this would change with time. The staff that were trained to deliver HENRY are now in different roles, so a new cohort of facilitators is being trained. Staff that were previously trained working in different areas shouldn't have any impact on how referrals are received from children's centres, as there are still staff delivering groups and they promote HENRY to parents.

Discussion with parents:

- 6.34. Members of the Health Scrutiny Committee were able to speak to parents at the end of the HENRY course. Parents had very positive things to say about the course, and most of them had found out about the course from other programmes run by the council including the Incredible Years programme run at Becontree Children's Centre or from early intervention services.
- 6.35. Parents mentioned that a separate room for the children would help them in the course, as sometimes this can distract them from the course content. This was also something that members noticed.
- 6.36. However, the parents felt very positively about the course and all expressed an intention to finish the course. They felt that more opportunities for play throughout the borough, both in parks but also organised by the council such as more activities in children centres would help them as parents.

..'Makes you question what you're doing.. things you wouldn't have known..'

Key messages from the Evidence

- 1) The parents involved in the HENRY course highly value it and the recognition that others are experiencing the same things as them.**
- 2) Most parents are already aware of council services and known to the council.**
- 3) There are low numbers taking part in the courses.**
- 4) The course is very much based around positive parenting skills and therefore helps to give parents the confidence to manage routines and good health behaviours from an early age.**

'You learn about the things you didn't know'

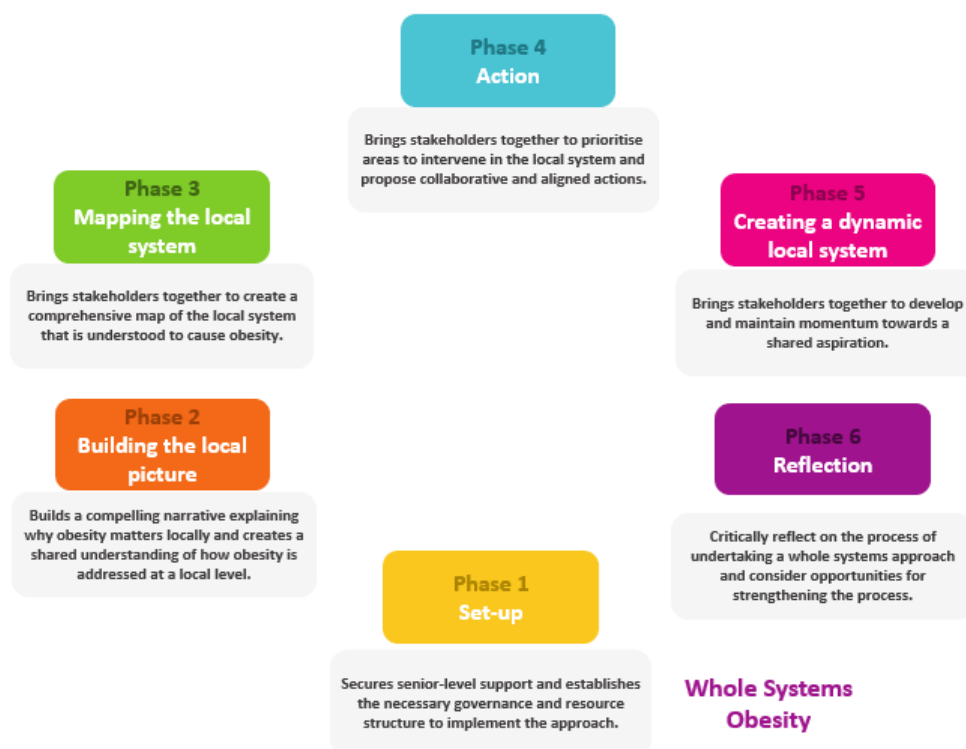
Recommendation 3: NELFT and the Council review the NCMP data and its use and consideration is given to how the process can improve the targeting of weight management services, which will support families that need it most.

Recommendation 4: All partners, as part of the overarching work to review services ensure that the pathway for signposting and referral to the HENRY programme is able to reach the families most in need.

7. Stakeholder workshop

- 7.1. Part of the Scrutiny Review work programme was to conduct a stakeholder workshop which would seek to bring together partners from across the system to understand how the system can work differently and with a greater degree of integration to offer innovative solutions and partnerships to the issue of childhood obesity.
- 7.2. The aim of the workshop was to present the scale and complexity of the issue of childhood obesity and encourage stakeholders to understand their place in the current system. The workshop would also set out the case for adopting a whole systems approach to obesity and begin the process of taking action towards this approach.
- 7.3. The PHE guidance cites a process for change that comprises the elements as set out below in fig 6. This workshop focussed on Phase 2 and 3, whilst exploring any opportunities for action in Phase 4.

Fig 6. Process for Change to a Whole Systems Approach to Obesity



- 7.4. The workshop was attended by the following groups:
- Education Commissioners
 - Healthy Lifestyle Commissioners
 - Education
 - Children Centres
 - ComSol Early Years
 - Children's Commissioning
 - Healthy Lifestyle Delivery

- Participatory City
- CCG
- NELFT
- Public Health
- BeFirst
- Community Rangers
- Enforcement – Food Safety Team

7.5. In addition to these groups, the following stakeholders were invited but were unable to attend: Community Voluntary Sector, the Chamber of Commerce, Comms, the Local Pharmacy Committee, the BAD youth Forum, Children in Care Council, Health Watch and our Community Dental Provider.

Pre-workshop survey:

7.6. As part of our aim to ensure that we had representation of the views of residents for the review, we requested the completion of some pre-work from our stakeholders in the form of a resident survey. We received 122 survey responses from residents using parks, parents of school students – including some from parents of children who live outside of the borough, the adult weight management service and the Barking and Dagenham Youth Forum.

Headline results:

- 69% said they were aware of the level of childhood obesity in the borough.
- 66% said that this was primarily down to fast food being too available, with the second causes being families being too busy and not having enough time to cook and TV and Games consoles.
- 92% said that they knew it had a negative impact on health with a lot of people quoting heart issues, diabetes, and mental health issues as ways that obesity impacts health. When mentioning mental health, they often said this started in younger people, whereas the physical impacts were apparent later on in life.
- The top 3 options for helping respondents make healthier choices for their families were:
 - Less junk food and sweets available to children – 49%
 - Cheaper healthy food – 44%
 - Free community exercise opportunities – 43%
- Noticeably lowest in this question was streets being closed for play days at 12%.

7.7. These results informed some of the discussion at the workshop and along with visits to the weight management programmes and the focus groups, have informed the recommendations of this report, ensuring the resident voice is heard.

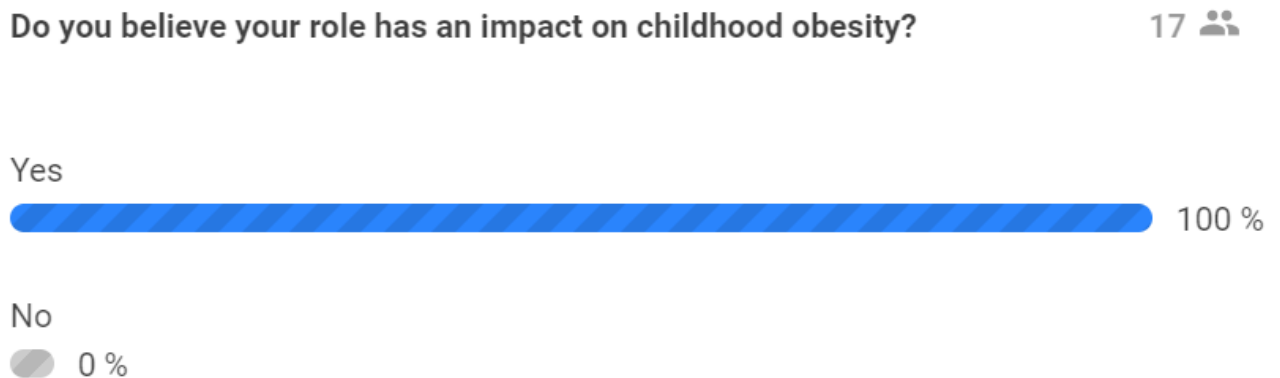
Residents top 3 options to help them make healthier choice:

- 1.) Less junk food and sweets available to children – 49%***
- 2.) Cheaper healthy food – 44%***
- 3.) Free community exercise opportunities – 43%***

How the workshop was run:

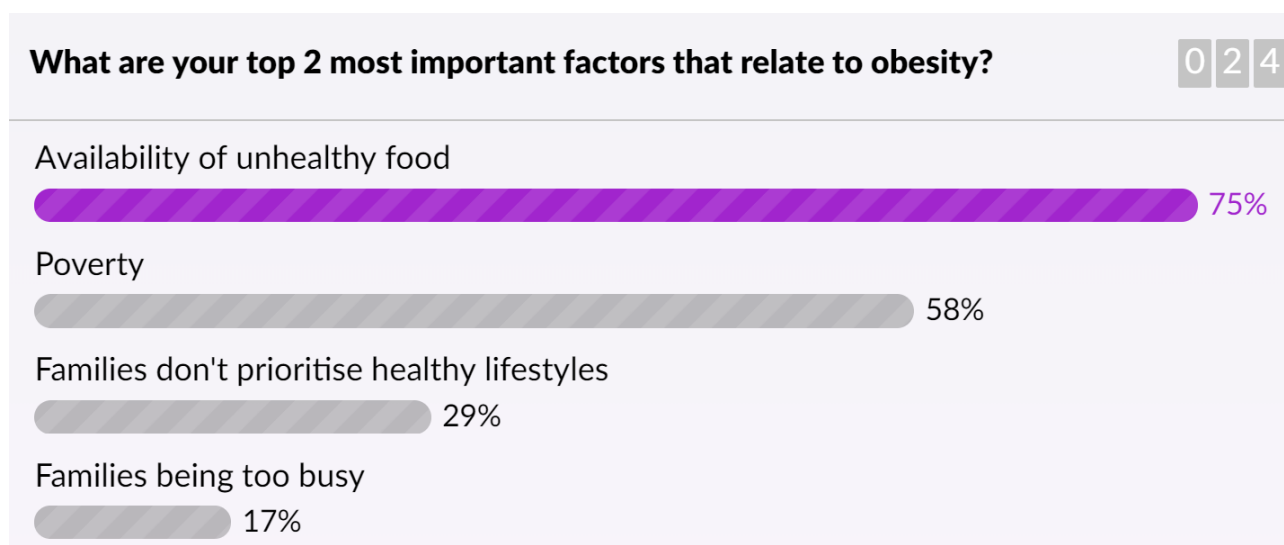
- 7.8. At the start of the workshop there was an interactive question up on the screen which participants could answer via their smartphone or laptop.
- 7.9. The results, in fig. 7, showed that we had a workshop that consisted of people who believed their role could have an impact on childhood obesity.

Fig 7. Workshop responses to the questions: Do you believe your role has an impact on childhood obesity?



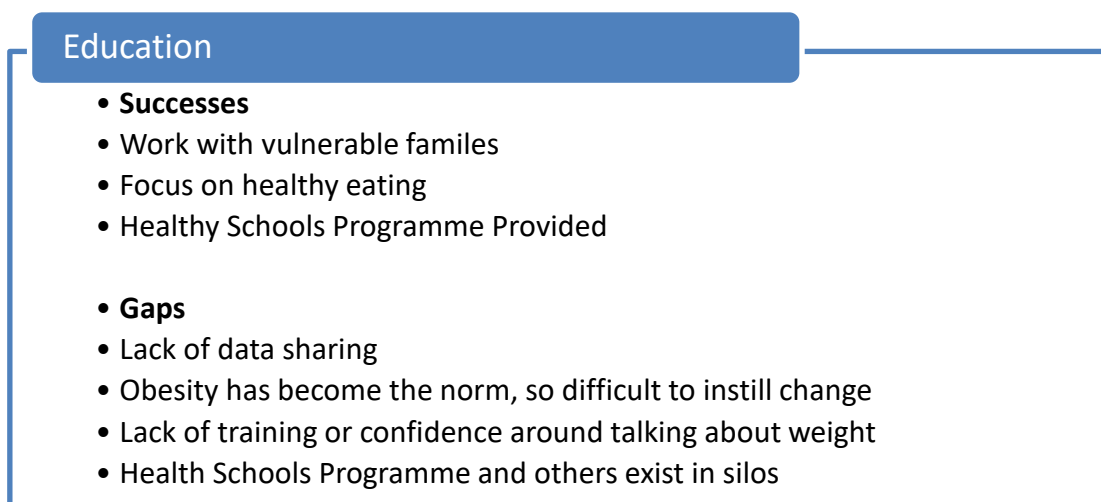
- 7.10. The workshop was run in a world café style with 4 tables where group work would take place. The aim of the workshop was to help the scrutiny review understand what services and partners were currently providing, identify what gaps services are aware of, and create the beginning of new partnerships.
- 7.11. For the first half of the workshops the tables were divided up between service areas; Education, Healthcare, Healthy Lifestyles and Environment. They were tasked to create a list of anything that is linked to childhood obesity. In the break participants were asked to vote for their top two causes of childhood obesity. These results can be seen in Fig. 8.

Fig 8. Workshop attendees votes on their top two cause of childhood obesity (not all options shown)



7.12. The second activity was to identify what their service already provided that impacted childhood obesity and where they felt there was greater potential to act. This provided the review with a map of what is currently provided across the system as well as highlighting gaps that the system is already aware of.

Fig. 9. Summary of current service success and gaps stakeholders are aware of



Healthy Lifestyles

• **Successes**

- Lifecourse approach is taken in the borough, with work from early years through to adulthood.
- Participatory City provides fun and healthy activities for families like Yoga for Kids Commissioned programmes such as Lean Beans and HENRY

• **Gaps**

- Need to promote self-help rather than just signpost to commissioned programmes
- More ethnically diverse advice is required
- Better utilisation of health champions to support residents in the community
- Policies around schools travel and unhealthy food could do more to support healthy lifestyles in the borough

Healthcare

• **Successes**

- Antenatal work is ongoing,
- 6-8 months health review offers nutrition and healthy mother advice
- Running health and nutrition programmes including work around breastfeeding
- Supporting the NCMP work

• **Gaps**

- Lack of affordable healthy food, especially in areas such as Thames Ward.
- Activities and programmes that already run are not utilised enough

Environment

• **Successes**

- BeFirst have a focus on improving the borough for cycling and walking
- Engaged and active food safety teams
- Parks have summer holiday activity programmes and have a focus on improving natural play over the next 5 years

• **Gaps**

- Parks are underused, potential for more outdoor gyms or foraging activities to help support healthier lifestyles
- Use food safety teams to promote healthier catering practices across fast food outlets
- More joined up work across sectors, for example schools are aware of activities they can promote or take part in.

- 7.13. The tables were then mixed up so that stakeholders from each of the four groups were sitting with each other. Stakeholders were introduced to the principle of a whole systems approach to obesity, which is being championed by Public Health England. This was explained to the committee members at the session with Public Health England and outlined in this report. ([see section 5](#)). The aim of this was to introduce different organisations to each other and create an opportunity for silos to be broken down. The final activity was then to identify new opportunities that the table and new partnerships could present for system wide approach to obesity.
- 7.14. Before participants left they were asked to pledge an action that they would take forward with them. A few are included below

Embed HENRY within integrated community solutions and health.

Early years to partner with parks and wider stakeholders to create more opportunities for children and families to take part in physical activities in outdoor spaces.

BeFirst to expand active travel and cycle training programmes to all schools

Support further analysis of the NCMP

- 7.15. The workshop provided a first opportunity for stakeholders from across different sectors, teams and roles to come together and understand the role that they can play in a whole systems approach to obesity.

Key messages:

- 1) ***Currently there is a lot being provided for our residents on obesity, however due to a lack of partnership the impacts of these are limited***
- 2) ***There is no lack of enthusiasm within this stakeholder group to work together to tackle childhood obesity.***
- 3) ***Partners can amplify the impact of their work by collaborating.***

Recommendation 5: The council adopt a whole systems approach to obesity, as advocated by the LGA and PHE and follow in the footsteps of the vanguard local authorities who have been implementing the approach.

Recommendation 6: The HWB support the formation of a system-wide stakeholder group with all relevant personnel included to take forward the actions at a system level

8. Meeting with the GLA and PHE representatives

- 8.1. Members of the committee attended a meeting with Professor Paul Plant, Public Health England representative and Matthew Cole, Barking and Dagenham's Director of Public Health to discuss PHE's perspective on childhood obesity and what support there was from PHE for helping local authorities tackle childhood obesity. Dr Jagan John, also joined the meeting by phone to represent the Clinical Commissioning Group and Primary Care. Members also heard written responses from the Greater London Authority on what actions were being taken at a London level to support the issue of childhood obesity.

Paul Plant gave a brief presentation which contained the following key messages:

- PHE is a national organisation with a local presence; a third of its work is focussed on measures to improve health
- Everyone has an opinion of what will help solve the obesity crisis and they are all right. However, it is a sandbag effect, one sandbag won't keep out the flood, but all the sandbags together can hold the flood waters. There is an obesogenic environment which needs to be tackled.
- Physical exercise is important, but the role of excess calories is huge. eg excess sugar coming in fizzy drinks; we cannot expect children to exercise their way out of obesity.
- Don't always focus on the headline obesity rates as those are hard to change, look at smaller measures and changes in behaviour.
- There is evidence of success in using a whole systems approach such as the work in Amsterdam and Parisienne suburbs.
- Work that has been going on in London has not had an equal impact – the rich appear to be reducing the prevalence of obesity, whilst the poorer are increasing.
- Allocation of resources is a problem when so much can have an impact, but nothing will work in isolation.

“as you build into a whole-systems approach you will become more effective”

- PHE can aid development at scale and partner with agencies eg Change 4 life, Disney and the food scanner app
- A key insight from Public Health England is that people don't give things up but they do swap.
- Public Health England's role is to help with tools and resources, not with people on the ground.
- Targeted weight management services are not the solution to population level obesity problems. It is impossible to run them at the scale required, even without funding issues.

There were several questions and comments from members:

- The rich aren't getting skinnier due to money, it is down to what they eat. There is now a lack of cooking going on in families. There needs to be education on cooking.
- Early years intervention is important and this can link with the oral health work that is ongoing. Wealthier families are eating similar food to poorer families ie ready meals. But there is a need for education on cooking. Time and resource a problem.

- Paul Plant commented that people feel ‘time poor’ and hence a reason not to cook.
- It is hard getting this message out to parents. Health isn’t hard. People don’t know what good looks like so they feel unable to be healthy.
- Fast food shops are every other shop. How can we change this?
- How can PHE support in tackling the scourge of fast food outlets?
- What is being done about vulnerable families? Sport events could provide touch points and she queried if there was enough being done to link families into opportunities for watching world-class sport at neighbouring venues. Are our residents accessing all they can? We know they aren’t with regard to benefits.

PHE made the following comments in response:

- PHE had estimated that there are a small number of wholesalers who provide all the chicken shops in the capital – it is easier for PHE to tackle these instead of trying to petition each individual store.
- There is a question to be answered about whether, we should alter the environment without people’s conscious behaviour
- PHE know that poorer families are very efficient at moving income into calories – however there is a disconnect with the number of calories people should be eating.
- A key action for members is to start talking to their residents and understand where it is acceptable or there is appetite to push. Not everywhere has the same response.
- There is nothing wrong with changing the environment. PHE are adept at challenging the food and drinks industry without provoking challenge; there is an understanding of the power of ads and what works

Key messages:

- 1.) Councillors all expressed the Importance of addressing education around cooking skills and food behaviours**
- 2.) Target the environment and fast food outlets, eg healthier catering commitment should be explored**
- 3.) Weight management courses are not the solution to rising levels of childhood obesity.**

“understand what people value, where they are and what could change them”

Discussion and questions with Dr Jagan John

Question: What can we do to help residents improve their lifestyle?

Response: National communications have greatly helped GPs and getting that right is important. He has noticed an increase in patients raising weight as a concern in the aftermath of the CRUK obesity campaign.

Childhood obesity is only one of the problems, it is often familial, so action must take into account the impact on families.

Fast food culture is huge in Barking and Dagenham; healthier catering commitments would be helpful

Question: Are our schools doing enough?

Response: No. There is a disconnect between schools and the health service. He had attempted to engage schools over targeting his patients who are overweight and attend their school to do something in partnership, however it never really took off. He questioned whether there was potential for collaboration between schools and nearby GPs.

Question: How can we get the schools to take this seriously?

Response: He suggested that he could visit schools and felt that local GPs would be enthusiastic to engage in this. Many wish that they had more than the 10 minute consultation and this could capitalise on that. There is an issue because the council programmes aren't working.

Comment: Social media could be used as a resource, and school comms etc. The dental video was really helpful and something similar for obesity could be good. There are the smart TVs in surgeries that are a resource that could be used.

Question: What are the gaps and weaknesses in the current approach to obesity?

Response: Health and local authorities need to work together more, and there needs to be a wider approach that isn't just about GPs but utilises allied healthcare professional too. Cultural or community champions are important to steer the change in beliefs of certain groups.

Key messages:

- 1) ***Most councillors are governors of schools, could they use that to have one councillor in each ward to raise issue of obesity with schools in their position as a counsellor and a governor.***
- 2) ***Cllr Chand pledged to take this to the next labour group.***

Local Health Perspective – Director of Public Health

“Our evidence tells us that for many people in this borough a message of stop smoking, and live a healthy lifestyle doesn't resonate as they are not in a position where this is important or relevant to them”

Matthew Cole outlined the local public health perspective and how obesity, which is one of the big issues raised by the new 18/19 JSNA is covered in the new Health and Wellbeing Strategy.

The new Joint Health and Wellbeing Strategy is moving to a new model of care and takes into account the wider BHR integrated care system. The 3 themes of Best Start in Life, Early Diagnosis and Intervention and Resilience focus on the wider determinants of health and will hope to put people into a position where they can change.

This iteration of the Joint Health and Wellbeing Strategy looks to start reducing the burden on social care by enabling people to care for themselves and thus heavily invests in early intervention, as well as the recognition that we can't change without their input.

There is also a new way of working emerging, joining up with Havering and Redbridge and partnership with London wide work is also needed. We know from our work with regeneration and the Barking riverside project that we need to tackle the obesogenic environment; we cannot keep doing the same thing and think that we will be able to change figures.

Regional Health Policy Perspective – Written Response from Matt Creamer, Greater London Authority

The Greater London Authority (GLA) has established a Childhood Obesity Taskforce which is committed to providing a strategic, focusses and coherent approach to tackling childhood obesity and the inequality that lies within this. They provide system and political leadership to the capital, something evidence tells us is critical to making change and progress in this area.

The Taskforce can help Barking and Dagenham's efforts in tackling childhood obesity by addressing levers which are beyond that of Local Governments alone and can help to shift the obesogenic environment of the city as a whole.

An example of this work is the advertising ban that the GLA has rolled out over its TFL estate for all junk food and drink. This will reduce the amount of advertising for food and drink that are high in fat, sugar and salt that our young people are exposed to at bus stops, road sides, train stations, and any other TFL owned property. This ban will come into effect on the 25th of February 2019.

Recommendation 7. The Council supported by PHE look to implement a local healthier catering commitment by the fast food outlets.

Recommendation 8: GPs/GP networks commit to liaising with schools and education to support families with the greatest need to access services eg referrals into HENRY and Lean Beans and to make lifestyle changes

9. Visits to schools and Focus Groups

- 9.1. As part of the scrutiny review four primary schools were visited to understand what our partners in schools were providing in terms of nutrition and exercise. Given the amount of time children spend in a school setting their environment is influential and therefore the input that the school has plays a key role. The visits to different schools provided some interestingly different views and perspectives on the issue which has helped inform the review.

Visit to Grafton School

- 9.2. The school has 950 pupils and there are 40 different languages spoken in the school. It is a changing community with an increasing Bangladeshi population and eastern European. It has a small playground and very little green space, but there is a small garden which the school make the most of for environmental education and 'green' topics. It is part of the healthy schools initiative and has attained its silver award.
- 9.3. The head reported that there are serious issues with poverty and that many families are really struggling, therefore healthy lifestyles are not a priority. Overcrowding and frequent evictions make life very difficult for many families.
- 9.4. In spite of the life circumstances of families as described above there was evidence of a lot of enthusiastic work on the part of the school to provide an environment in which healthy eating and exercise featured. The school have attained silver award in the Healthy Schools programme. To promote healthy eating, there is a breakfast scheme, prior to the start of the school day, free for some, but otherwise a small charge which includes supervision of the children. The school also funds a fruit snack for key stage 2 pupils (key stage 1 is government funded) and past work with caterers has resulted in healthier food options. There is an after-school cookery club and nutrition and diet are included in the school curriculum.
- 9.5. To promote exercise the school started the daily mile in 2017 for KS2 pupils – they do laps around playground at 8.am, but the Bangladeshi families and those who are deemed to be more in need tend to opt out. Year 6 goes swimming, but the Bangladeshi girls tend to opt out. There are designated play leaders amongst the pupils who role model and try to encourage others to participate in activity.
- 9.6. Lean Beans course was well attended, however the head commented that he did not think the right children attended (on the most part) which is a point that was referenced from the visit to the Lean Beans courses.
- 9.7. The head was asked about the National Childhood Measurement Programme (NCMP). He felt the letters tended to cause a 'battleground'; they were not well received by parents and they don't respond. Over targeting can cause problems of stigma, making it even less likely that those most in need will respond. There are parent workshops – they value the academic input, but don't respond to the issues around healthy diet

Key messages:

- 1) The right children and families don't respond to the support offered.**
- 2) Overcrowding and frequent evictions make life difficult for many families.**
- 3) The school is making huge efforts to help improve diet and increase exercise with children.**

Visit to Manor Junior School

- 9.8. The school has 600 pupils and is made up predominantly of children from Punjabi and Bengali families. It is in the 'leafier' part of Barking and subsequently has a large playground and grounds. The head had been at the school for only a year and had been engaged in making quite a few changes. When she first came to the school it was only half way to bronze healthy school status and she commented that school governors did not recognise the problem of obesity. There isn't a great uptake of the NCMP, nor vaccination, but the school nurse is engaged and is effective at tackling difficult issues. They have just started to host a Lean Beans, so it is too early to tell what different it is making.
- 9.9. The head reported that despite the leafy and suburban environment of the school, there is significant multi-occupancy and overcrowding. Families are traditional and hierarchical with a traditional view of learning. However, it is difficult for pupils to be able to do school work at home because of the circumstances. The head is aware that there are some children living in very difficult conditions and in safeguarding situations. She thinks it is important to encourage the children to have a voice and to be able to challenge in order to grow their confidence and develop good mental health.
- 9.10. Food is a big part of family life, a culture of eating. There tends to be a lot of fried food in lunch boxes; quite often curry is put in sandwiches. The hot lunch menu has been revised and now contains healthier foods. There was initially some demand from parents for bigger portions for the children, but this has now lessened. The school morning and evening snacks used to be unhealthy which she has changed and there is not now an afternoon snack. The head would like to tackle lunchbox content next. There are education sessions around what a healthy eating school should be which includes growing food and using the outdoor spaces. They are currently engaged in developing an eco-trail around the grounds to further this kind of education.
- 9.11. The 'daily mile' is being trialled by some staff, though the head feels that it isn't always very appealing for children; it's important that children enjoy activity.
- 9.12. The head supports other ways of being active – dancing and singing – looking at making the best use of the open space that the school has – children can run around, though they fall over and get dirty and the parents don't always like it.

- 9.13. Also looking at developing playground better to make it more interesting and engaging.
- 9.14. There is now a PE coach. School offers football, archery, gymnastics and swimming in alternate years. However, the sports are mainly taken up by the white children, the BME families do participate in the swimming but only until girls start to approach puberty.
- 9.15. The school have just got a changing room and new girls' toilets there which is making a huge difference to girls wanting to get changed for PE.
- 9.16. Use of cars is a status symbol and is a challenge. Cycling and walking is being encouraged and rewarded with stickers. The school have just had a bicycle shed erected. If they have school trips they always walk to the tube or bus. The school is engaged with the B & D active travel plan.

Key messages:

- 1) The right children and families don't respond to the support offered.**
- 2) Families have difficult living conditions**
- 3) Food and eating are very much part of the culture**
- 4) Car use is a status symbol**

Visit to Ripple Road Primary

- 9.17. This school is 5 form entry and based over two sites near the centre of Barking. It is an incredibly diverse schools where 80% of pupils have English as a second language. There is a focus in this school on social integration and they employ an 8 person team who work with children and their families. Their focus is very much on the positive mental wellbeing of their students, and their catering provision focusses on healthy food, but also positive meal times. Whilst this school's main focus was on the mental health and social integration of pupils and their families it demonstrates a way of approaching health and wellbeing that addresses the wider determinants. It was noted that every fortnight around 1 family is facing eviction and for many family time isn't a priority. The head teacher mentioned that we cannot expect parents to worry about a child's weight when there are more pressing concerns. This is a key learning from visiting this larger school – how can we equip children and families with the means to thrive in Barking and Dagenham, but also to thrive in a healthy way.

Key messages:

- 1) Families live with difficult life circumstances – high proportion of private rented sector housing.**
- 2) School needs to focus on mental health and better social integration of pupils**

Visit to St Vincent's Catholic school.

- 9.18. This school is a one form entry and is over 80% black African. The school focusses on providing a lot of sporting opportunities both through organised inter-house activities and as paid extras during lunchtime and after school. The school stressed that if their families cannot afford the activities then they will support them financially so that no child who wishes to take part will miss out. They said that the size of their school was a benefit for engaging families in activities. They are currently aiming to achieve gold standard in the London Healthy Schools Programme, part of which is focusing on the implementation of Sugar Smart. We currently have 36 schools with at least a bronze level of award, and 55 out of 60 schools registered with interest or with an award. St Vincent's Catholic school also runs a daily mile programme which they began in 2016. Education staff highlighted that St Vincent's manages to run a lot of activities and has a heavy focus on sport, healthy eating and participation with a very small site. They use local parks well and even manage to run a sports day on their small playground. The school felt that the surrounding roads are not suitable for active travel and have previously asked for the road directly outside to be made one way.

Key messages:

1)The surrounding roads don't support active travel to and from school.

2)The school is focussed on implementing 'sugar smart' as part of their aim for gold award in the Healthy Schools programme.

Focus Groups

- 9.19. As part of the review process it was important to understand the views beliefs around Childhood Obesity in Barking and Dagenham. Officers from Public Health visited Gascoigne Children's Centre and Excel Women's Centre in Barking. These two locations were chosen as they would provide insight into what ethnic minority groups thought about obesity. In total we spoke to over 30 women from a variety of different backgrounds, however all were from ethnic minorities.
- 9.20. The sessions focussed on understanding if women felt their families were able to lead healthy lifestyles in Barking and Dagenham, and if there was more that they felt could be done to support them in this. Many residents we spoke to, particularly those in the Children Centre, felt that the council led services were very helpful. Resident's felt that they were able to obtain reliable advice around healthy eating from their GPs and health visitors.
- 9.21. Women in the focus group at the Excel Women's Centre mentioned that they tried to be active every day, and most did this by walking. Someone shared how they did this on local roads or in parks. Other women said that they felt unsafe walking around the borough, especially when it is dark.
- 9.22. In common with the other residents we have spoken to from Lean Beans and HENRY, those in Gascoigne Children's Centre and the Excel Women's Centre said they often cooked traditional food which was harder to cook healthy varieties of.

9.23. Residents at the Excel Women's Centre talked about their view of obesity, many women said it meant someone was happy or wealthy. This is in line with the piece of research carried out in 2017/18 which outlined resident's approaches to healthy lifestyles. Many Barking and Dagenham residents only see something as a health issue if they are ill and have to visit a doctor.

Recommendation 9: The CCG reviews its mental health commissioning arrangements to focus on work within education to support schools in improving the mental health and social integration of pupils.

Recommendation 10: NELFT and the Commissioning Director for Education review its 0-19 service to take account of the need for a more nuanced mental health offer and better support for obesity work in schools.

Recommendation 11: The Council, Education and BeFirst prioritise roads around schools with a view to making active travel for families the easiest way to get to and from school.

10. Next Steps

- 10.1. This report and its recommendations will be submitted to the Health and Wellbeing Board and relevant health partners, who will decide whether to agree the recommendations. An action plan will be draw up describing how the recommendations will be implemented. In approximately six months' time, a monitoring report explaining the progress of the implementation of the recommendations and whether anything could be said of the early impact they have had will be produced.

The HSC would like to extend its thanks to the following for contributing to this Review:

Members also thank the following Council officers for their support during this Review:

- 1) Mary Knower: Public Health Strategist; and
- 2) Tom Stansfeld, Policy Officer