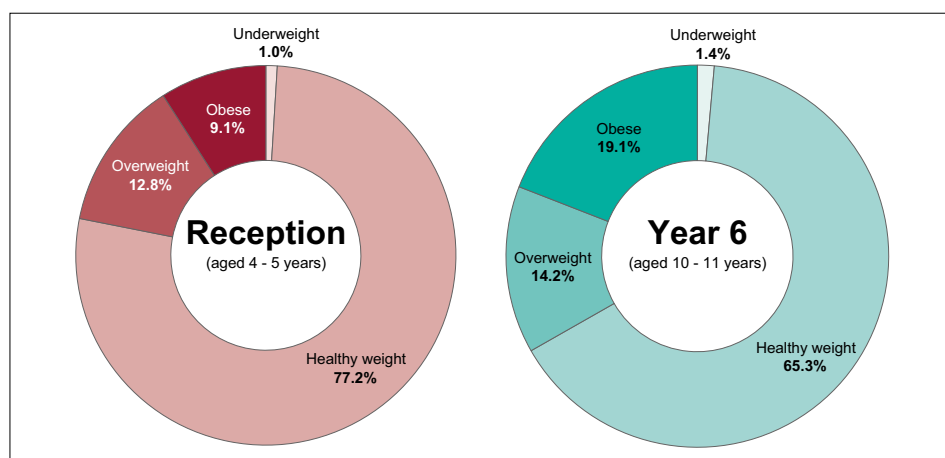


# Obesity Issues in Essex

A small sub-group of Essex County Council's Health Overview and Scrutiny Committee looked at preventative measures in place for 0-11 year olds to address the increasing national and local trend in the prevalence of obesity in that age group.



*Source: Public Health England – Patterns and Trends in child obesity presentation (January 2016)*

## The scale of the problem

Nationally one fifth of children will be obese or overweight when they start school in Reception Class. By the time they leave primary school this figure will have increased to one third. Children from deprived backgrounds are twice as likely to be obese at both the start and finish of primary school which points to a significant health inequality issue resulting in an even greater need now for the targeting of services at areas with higher rates of deprivation. There are also specific areas in Essex such as Basildon, Castle Point, Harlow and Tendring where the prevalence of obesity at year 6 is noticeably higher than elsewhere in the county and higher than the regional average.

The trends are not improving and, to the contrary, highlight the numbers obese at Year 6 actually to be increasing so what is currently being targeted at children and young people is not enough. Urgent and bold action is required to address this. The most effective interventions will be those that focus on prevention and promoting a healthy lifestyle from an early age.

The cost of ineffective action is significant with the total cost of obesity to the health system currently estimated to exceed £5 billion per year. It is also one of the risk factors for Type 2 diabetes, which accounts for spending of £8.8 billion a year – almost 9% of the NHS budget. The wider costs of obesity to society will be significantly more than this.

## Recommendations

### Early Years provision

- 1 That a breastfeeding support service should continue to be resourced to promote the benefits of breastfeeding either as a standalone service or as part of a more integrated 0-19 service offer.
- 2 Health Visitors should take every opportunity to signpost to other related prevention services.
- 3 A wider and continual promotion of the Healthy Start programme should be established using supermarkets, pharmacists and other relevant retail outlets.
- 4 The focus by Children's Centres to increasingly target their services and use Outreach services to improve access to traditionally hard to reach groups should be encouraged and supported.

### Working with schools

- 5(i) That efforts should continue to increase Universal Infant Free School Meals uptake.
- (ii) Schools should be encouraged to positively market Universal Infant Free School Meals all year round and not just at census time.
- (iii) Any new pilots to improve uptake, and promotion of Universal Infant Free School Meals should start in the most deprived areas which have the lowest current uptake.

*Continued...*



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## Recommendations

- 6 Local Education Authority maintained schools should further publicise the need for parents still to apply for Free School Meals so that the school receives Pupil Premium Funding for that child.
- 7 Further influence needs to be exerted by schools, and through the Healthy Schools Programme, to encourage parents to include healthier choices in packed lunches.
- 8 Universal School Food Standards should apply to academies and free schools in addition to local authority controlled schools.
- 9 The School Meals Service Advisor should speak at local/regional School Governor conference(s) to (i) raise the profile of Universal Infant Free School Meals (ii) encourage further improvement in uptake; and (iii) encourage eligible parents still to formally register for entitlement to free school meals so that schools do not lose pupil premium funding.
- 10 Leverage should be exerted over those schools applying for, or maintaining, Healthy Schools' status to get them to promote Universal Infant Free School Meals and school meals in Key Stage 2 and beyond.

## Sport and physical activity

- 11 There should be a stronger link between the activities supported in schools by Active Essex and the activities promoted under the Healthy Schools Programme.
- 12 That the expertise of Active Essex as an in-house resource for the County Council should be valued and protected as it provides the foundation for leading co-ordinated working with local partners.

## How to stop the upward trend

The increasing trend of obesity has to stop as society cannot afford the financial, community and social costs of not doing so. There are no easy answers to solve what is now commonly being termed the obesity epidemic. Commentators will push for either improved education and communication, greater exercise, the role of marketing and promotions, portion sizes or a role for sugar tax yet the solution will be a combination of all of these. There is no one factor that should be targeted alone. Our more sedate, inactive modern lifestyle needs to be tackled and regular physical activity and exercise needs to be built into everyone's lifestyle. However, changing the food environment and industry away from promoting high fat, salt and sugar ingredients would also be a significant contributor.

The nutritional ingredients of meals provided at schools is an important part of encouraging and ingraining healthy eating at an early age. The local take-up rates for Universal Infant Free School Meals generally seem to be good although they should be further improved and schools need to encourage parents to continue take-up of both Universal Infant Free School Meals at Key Stage 1 and the merits of continuing with school meals in Key Stage 2 and beyond whether or not they qualify for free school meals.

However, even once children have a healthy eating environment at school there is still the outside school environment. The economic and social environment can be such a large influence on lifestyles and increasing focus on approaching the obesity issue through an all-systems approach has to be encouraged. Therefore, the outcomes from the all-systems pilot in Braintree need to be monitored and, if there is improvement, then the approach must be extended elsewhere, concentrating initially on those other areas that have the highest rates of childhood obesity, namely Basildon, Castle Point, Harlow and Tendring.

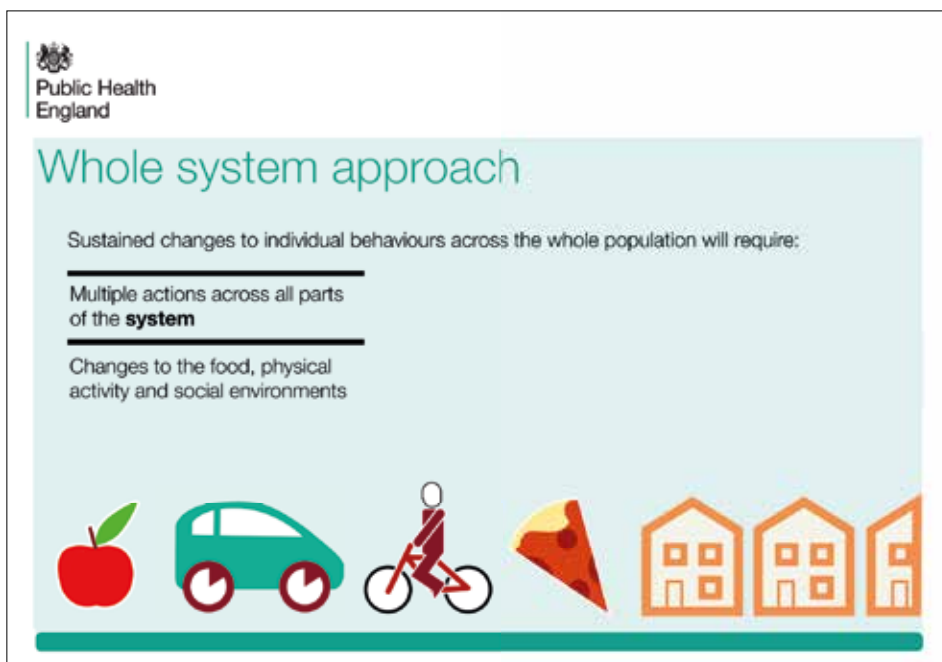


**Source: Public Health England – Making the case for tackling obesity – why invest?**

## Co-ordination and leadership

The Group's conclusions and formal recommendations reflect that there is significant risk and opportunity around the format of future prevention services. The review has highlighted that the provision of some current services is fragmented yet there is likely to be further financial and resource pressures on all areas of local government in future and it is essential that greater co-ordination and joint working is undertaken to focus attention and resources more effectively and efficiently. Closer relationships with other stakeholders such as districts, community providers, and the private sector, will be important as part of encouraging greater focus on personal responsibility for healthy lifestyles and strengthening local communities to provide support for that.

With Public Health now integrated within the County Council, it provides the opportunity for stronger strategic leadership on prevention on a local level across the county. Strong and visible leadership is essential to take a whole-systems approach to tackling obesity. There is also now a greater opportunity to link up with local government to increase the influence on local planning, encouraging the development of walking and cycling routes, areas for sport and recreation as well as greater regulation of fast food outlets.



*Source: Public Health England – Making the case for tackling obesity – why invest?*

## Evidence base:

The Group spoke to commissioners and providers of services aimed at pre-birth, pre-school, infant schools, the promotion of physical activity, changing fast food provision and social prescribing.

## Recommendations

### Regulation, planning and enforcement

- 13 Further efforts to drive and expand the Tuck-in scheme should be encouraged with local Environmental Health Officers further incentivised to increase take-up.
- 14 All planning areas and Public Health departments across Essex should promote low fat, sugar and salt in all takeaways.
- 15 Public Health should be a material planning consideration for all business/commercial planning applications for food outlets.

### An All-Systems approach

- 16 The Live Well Child Whole Community Approach pilot in Braintree must be extended elsewhere if it is successful, and concentrate initially on those areas that have the highest rates of childhood obesity – namely Basildon, Castle Point, Harlow and Tendring.

### Integration and partnership working

- 17 The establishment of social prescriptions pan Essex, albeit using different models, should continue to be supported.
- 18 Any commissioned projects to reduce or prevent obesity should make use of local social prescribing programmes, and those local social prescribing programmes should support signposting and referral to local sources of help with obesity reducing behaviours, such as local walking, exercise, cooking, environmental and commercial weight loss groups.

*Continued...*

## Recommendations

- 19(i) Common branding be developed to link all healthy living initiatives and related prevention programmes.
- (ii) Learning from the Whole Community Approach pilot in Braintree should be used to inform both the convening of a multi-agency Obesity Summit for Essex and;
- (iii) The County Council reasserts its commitment to tackling obesity through a vision statement to which every council service and all public sector partners commit and;
- (iv) This report and the recommendations therein be included as part of a Childhood Obesity Strategy to be developed.
- 20(i) Public Health should explore opportunities for joint working with local celebrities to provide a high profile focal point for the promotion of future campaigns.
- (ii) Public Health explores the local opportunities for investing the proceeds from the Sugar Tax to encourage greater participation in sport and physical exercise.
- 21(i) The Public Health Team should continue to receive the resources necessary to further develop and expand their prevention programmes.
- (ii) The Public Health Team increase its profile within the County Council so that the prevention agenda is incorporated into everyday considerations and decision-making.

## Next steps

The Obesity crisis is a “ticking time-bomb”. Transformational change, new models of commissioning services and local partnerships should be at the heart of a new integrated approach putting ‘Health Prevention’ firmly on the agenda of Public Health in Essex.

Models of Local Devolution will need to be further explored and expanded across Essex in a targeted approach to meet need and reduce inequalities in Essex. Local Government is the “Sleeping Giant” of Public Health and needs to be fully awake across Essex. Implementation, driven by examples of best practice across Essex, will need to be strongly led and supported.

There is a risk if transformational change, local partnership working and integrating services is not successfully implemented. The risk is reduced if implementation is embedded, through partnership, at a local level (the level closest to people). Strong local leadership and support of community partnerships is key (refer Sir Thomas Hughes-Hallett ‘Who Will Care?’ Commission’s report into health and social care for Essex). Good community wellbeing is dependent on the effectiveness of joined up Public Health collaborative networks and is best coordinated, through local devolution, at a local level. Outcomes and examples of best practice must be captured and measured to demonstrate success.

Councillor Margaret Fisher, Lead member said:

“With obesity trends still increasing, a co-ordinated all-systems approach needs to be taken to look at a child’s community, home, school and local business environments and embed healthy living in all those domains.

“National evidence suggests it is important to influence lifestyles at an early age as it is difficult to treat obesity once it is established. It is considered highly likely obese children will then become obese adults. More needs to be done to integrate existing and new services to improve their effectiveness and efficiency. We must get a stronger message out there amongst the wider population to change from our sedate way of living and lead healthier and more active lifestyles.”

The full report is available online, please [click here](#)

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Essex County Council, Corporate Law and Assurance

### You can contact us in the following ways

@ scrutiny@essex.gov.uk  
cmis.essex.gov.uk  
03330 139 825

D101, County Hall, Chelmsford, Essex, CM1 1LX

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