



Report to Health & Adult Social Care Select Committee

Date:	30 th September 2021
Title:	Child Obesity – a Review of the 2018 HASC Select Committee Inquiry Report
Relevant councillor(s):	Working Group HASC Members – Cllr Jane MacBean (Chairman), Cllr Mike Collins (Vice-Chairman), Cllr Chris Poll, Cllr Robin Stuchbury and Cllr Susan Morgan
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1. Executive summary

- 1.1 The Government published their strategy for tackling childhood obesity in August 2016 and its primary aim is to significantly reduce England’s rate of childhood obesity within the next 10 years. In response to this, the Health & Social Care Select Committee undertook an in-depth inquiry in 2018 to review how well Buckinghamshire was doing in tackling this issue.
- 1.2 Child obesity is a critical public health issue, putting children at greater risk of developing cancer, type 2 diabetes and heart disease in later life. Obesity rates are highest for children from the most deprived areas and this is getting worse. Children aged 5 and from the poorest income groups are twice as likely to be obese compared to their most well-off counterparts and by age 11 they are three times as likely. *(Source: HM Government Childhood Obesity – A Plan for Action)*. Delivery of the National Child Measurement Programme (NCMP) is one of the statutory public health duties that transitioned to local authorities in April 2013.
- 1.3 The Inquiry Group met with a number of key stakeholders and health partners as part of the evidence gathering, as well as undertaking a review of existing strategies and plans aimed at reducing child obesity.

“Whilst recognising there is no simple solution to this very complex area, the inquiry group hopes that this report will enable the Council to play an even greater role in facilitating change through stronger partnership working leading to measurable reductions in child obesity across Bucks over the coming years”.

Cllr Brian Roberts, HASC Inquiry Chairman (2018)

- 1.4 The final report with recommendations was presented to Cabinet in October 2018 and the progress in implementing the recommendations were monitored by the HASC Select Committee after 9 months. Due to the launch of the Unitary Authority in 2020 and the Covid-19 pandemic, the final recommendation monitoring has not taken place (would normally have been 6 months after the 9 month monitoring). To this end, the current HASC Chairman suggested setting up a working group of HASC Members to review the HASC’s 2018 Child Obesity report and to compile some further questions for the Cabinet Member with responsibility for Public Health and Public Health colleagues, based around the original recommendations.
- 1.5 The working group met on 6th September 2021 to discuss the original inquiry report and this report details their additional questions, general observations and next steps.

2. Content of report

- 2.1 We acknowledge that since completing the Child Obesity Inquiry in 2018, peoples’ lifestyles have been significantly impacted by the Covid-19 pandemic and for children this includes their school and home life. We also recognise that things have moved on since the original inquiry report was written and we understand that Public Health colleagues are now facilitating the development of a multi-agency approach to tackling obesity. On this basis, we hope that the work carried out by the HASC Select Committee in 2018 and the follow-on questions below will help to support and shape the ongoing work in this important area.
- 2.2 We are aware of the Government’s recent policy paper entitled “Tackling obesity: empowering adults and children to live healthier lives” (July 2020). In this paper, we noticed that the cost of obesity to the NHS has risen from £5.1 billion in 2018 to £6.1 billion per year. We also note the Government’s planned national consultations and legislation as part of this policy.

Follow-on Questions

- 2.3 **Q1.** Recommendation 1 in the Inquiry report refers to the development of a child obesity action plan with deliverables that align to the Government’s targets to reduce child obesity (outlined in the 10 year plan). Does the Healthy Communities Partnership still exist, was a sub-group set-up to develop the action plan? If so, could a copy of the action plan be shared with HASC Select Committee Members? How will this plan help to inform the wider system approach to obesity?
- 2.4 **Q2.** Whilst the HASC Inquiry Group did not gather evidence specifically on what interventions and support is available for children with learning disabilities and special educational needs, we would like more detailed information to be sought so that special needs children can be risk assessed prior to speaking to them or their families.
- Do we have dieticians who specialise in helping special needs families and children? If not, can provision be made specifically for these children and their families as we have received feedback that should this not be dealt with in the correct manner, it can have a detrimental impact on them.
- 2.5 **Q3.** We note that the National Child Measuring Programme (NCMP) is a statutory Public Health duty and that Reception and Year 6 child measurements are taken as part of this programme. We read with interest recommendation 6 and the innovative approaches introduced in Manchester around the benefits of measuring all age groups so that interventions can be introduced earlier. We would like to know more about how the data from the NCMP is used across the system to help target interventions and support parents and whether there are plans to introduce measuring across all primary school age groups. A member of the working group suggested a “welcome card” for all early years and reception children which they could take home and use to start the conversation around making healthy choices, benefits of exercise and examples of healthy meals with their parents/carers.
- 2.6 **Q4.** Recommendation 7 refers to the involvement of the Local Area Forums. We understand that the Community Board Chairman and Co-ordinators have been invited to attend the stakeholder workshops as part of the discussions around a whole system approach to tackling obesity. As the Community Boards develop, we see them as playing a key role in helping to harness partnership working and getting important messages out to local communities.
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We know that local public health data has been prepared for each community board area and would like to see further data supplied to each area on current levels of obesity (child and adult), mapped against areas of deprivation and other key health determinants.

- 2.7 **Q5.** We note that in 2018, the Government introduced a Healthy Pupils Capital Programme to help promote healthier lifestyles in schools. Is this funding still available and how has this money been spent to date? Will there be central government funding available to support the multi-agency, whole system approach? If so, how will this be allocated, managed and evaluated?
- 2.8 **Q6.** Recommendations 10 and 11c in the Inquiry report refer to working with the PSHE Leads in schools to devise programmes around the benefits of making healthy choices and providing cooking skills training. Linked to this, a member of the working group suggested CPR training for children, as part of PSHE which would provide an opportunity to talk about making healthy eating choices and exercising to help reduce the risks around heart disease in later life.

Other general observations

- 2.9 We note that the Inquiry report recommended close working with planners and developers in influencing the use of green spaces and also that the use of retail space for food outlets should be included as part of the action plan developed by the Healthy Communities Partnership. Being a Unitary Authority now does provide an opportunity for closer partnership working and we hope representatives from these sectors will be present at the stakeholder workshops and will play a key role in helping to deliver the multi-agency plan.
- 2.10 Again, the Inquiry report refers to opportunities to influence Leisure Services, including catering contracts and incentivising local gyms to offer free/discounted membership for young people. We hope this sector will also be represented at the workshops.
- 2.11 We noted that there was a lack of specific initiatives to target people on low incomes in the original inquiry report. With a rise in demand for food banks over the recent months, we feel that income disparity will impact peoples' eating choices and interventions need to be specifically developed to help to support this.

We are aware of the work of “Helping Hands” and would suggest that a few simple menus and key messages around healthy eating and how you can “eat well for less” could be included when food vouchers are handed out.

- 2.12 Linked to the above, we felt that the report needed to strengthen the role that parents play in ensuring children make healthy choices based on sound education around nutrition, diet and exercise. We hope that the system wide approach to obesity will look more closely at this and ensure parents play a central role in helping to achieve the priorities outlined in the plan.
- 2.13 As Members, we are aware of two programmes aimed at weight management “MEND” and “SPARK” for residents of Buckinghamshire and we would like to know how many people have benefitted from both of these programmes, year on year over the last 5 years and what the plans are for both of these programmes in the future? How does Buckinghamshire compare with other authorities in terms of its weight management interventions and level of funding to address this?
- 2.14 We feel that the success of a whole system approach relies on everyone taking responsibility and playing their part in driving forward the key priorities for tackling obesity. We see digital advancements as playing a part in ensuring all key partners can share information easily across the system so that those needing support are identified and supported in a timely way.

3. Next steps and review

- 3.1 At the Health & Adult Social Care Select Committee meeting on 30 September 2021, Members will hear from Public Health colleagues about the plans to develop a multi-agency, whole system approach to obesity.
- 3.2 This report will be circulated to the Cabinet Member with responsibility for Public Health and Public Health colleagues and this report will be attached to the agenda for the 30th September HASC meeting. Some of the additional questions will be addressed at the meeting.
- 3.3 HASC Select Committee Members will be invited to attend the stakeholder meetings in September and November.
- 3.4 HASC Select Committee Members will ask to review the multi-agency plan for tackling obesity once it has been drafted (December time).

4. Background papers

4.1 HASC Select Committee Child Obesity Inquiry Report (2018);

[FINAL Child Obesity Inquiry report v10.pdf](#)

4.2 Government policy paper “Tackling obesity: empowering adults and children to love healthier lives”.

[Tackling obesity: empowering adults and children to live healthier lives - GOV.UK \(www.gov.uk\)](#)

