

Children and Young People's Overview and Scrutiny Panel

Date: 10 November 2022

Subject: Child Healthy Weight Programme Update

Lead officer: Julia Groom, Consultant in Public Health

Lead member(s): Cllr Brenda Fraser, Cabinet Member Children's Services, and Cllr Sally Kenny, Cabinet Member Education and Lifelong Learning

Contact officer: Sanjana Jio – Senior Public Health Principal

Recommendations:

- A. That the Panel review and consider progress to date on addressing child healthy weight and tackling health inequalities;
 - B. Review future priorities and opportunities as identified in the Child Health Weight action plan;
 - C. Consider how Members can champion promoting the voice of children and young and reducing health inequalities in child healthy weight.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The purpose of this report is to update Members on the local context, approach, progress and priorities for children and young people's (CYP) healthy weight in Merton and request that the Panel considers how Members can support promoting the voice of CYP and reducing inequalities in child healthy weight in the borough.

1.2. Living with obesity in childhood has profound impacts on health and life chances. Obesity in childhood is a significant risk factor for poor physical and mental health in childhood and is a significant risk factor for diabetes and other health conditions into adulthood.

1.3. Child healthy weight is a major health inequalities issue. The COVID pandemic has had a negative impact on child healthy weight and mental health and has resulted in an increase in children being overweight and living with obesity. In addition, the cost of living crisis is likely to have a negative impact on child healthy weight. This highlights the urgent need to tackle these major public health challenges.

1.4. Actions plans to tackle childhood obesity and support child healthy weight have had a positive impact over the recent years, with a number of successes achieved, despite the restrictions of the COVID-19 pandemic.

1.5. Future opportunities include harnessing the focus on Merton as the borough of sport, adopting an 'Actively Merton' partnership approach to physical and social activity, increasing support to address food poverty, adopting a whole borough approach to promoting breast feeding, enhancing communications and engagement, working with young people and families.

2 DETAILS

CHILD WEIGHT OVERVIEW

2.1. Childhood obesity is a significant risk factor for poor physical and mental health and the COVID-19 pandemic has had a negative impact on children's weight resulting in an increase in overweight and obesity. Stigma associated with obesity can be particularly severe for children and young people and can also lead to disordered eating, avoidance of physical activity and avoidance of support.

2.2. In Merton in 2019/20, nearly 1 in 5 children aged 4-5 years were overweight or living with obesity. Like nationally, during the primary school years, levels increase significantly and just over 1 in 3 children aged 10-11 years in Merton were overweight or living with obesity, an increase of 17%. By the time young people reach adulthood this increases further, with 1 in 2 adults in Merton classified as overweight or obese.

2.3. National data for 2021/22 indicates that the prevalence of obesity remains higher than any year up to 2019/20. Locally data shows a higher proportion of children in East Merton wards are living with obesity compared to West Merton wards and the inequality gap in obesity between the east and west of the borough has been steadily increasing since 2008/09. New national analysis tracking children between the first and last year of Primary school shows that out of the 85% of children who were a healthy weight in Reception, 20% moved to a higher weight category by Year 6, and for more deprived areas this was 24%.

2.4. About half of children and young people aged 5-16 years in Merton are not physically active enough, equal to 16,326 residents. Physical activity is associated with numerous health benefits for children, including muscle and bone strength and quality of sleep, and there is also evidence that physical activity and participating in organised sports and after school clubs is linked to improved academic performance.

IMPACT OF CHILDHOOD OBESITY

2.5. Living with obesity in childhood has **profound impacts on the health and life chances** of children including increasing the risk of developing a range of adverse physical health conditions such as type 2 diabetes, respiratory problems, cardiovascular disease, liver diseases, cancer and musculoskeletal pain.

2.6. The National Paediatric Diabetes Audit reported year on year increases in the numbers of children with Type 2 diabetes and that higher risk was found in girls, those of **Black Asian Minority Ethnic background** and those living in the **most deprived areas**.

2.7. These conditions have long-term consequences that can severely impact children's quality of life. There is a two-way association between **poor mental health and obesity** which emerges in mid-childhood and adolescence (from age 7 to 14yrs) stemming from young people's self-esteem and experiences of living in environments that promote obesity.

2.8. The **economic cost** of overweight and obesity is substantial; based on pre-pandemic figures it is estimated that the cost to wider society of obesity across the life-course is £27 billion and that the NHS spent £5.1 billion on obesity related ill health annually.

MERTON'S CHILD HEALTHY WEIGHT INEQUALITY CHALLENGES

2.9. Childhood obesity is a major health inequalities challenge, both nationally and in Merton. There are disparities in relation to deprivation, ethnicity and gender, and there are disproportionate impacts in relation to the COVID-19 pandemic, cost of living crisis and climate change emergency.

2.10. Deprivation: There is an association between deprivation and childhood obesity where children in the most deprived areas, tend to have significantly higher obesity rates than those in the least deprived areas.

2.11. Between 2017/18 to 2019/20, the average prevalence of overweight and obesity in children in Year 6 ('excess weight') was 35.5%, however prevalence in the 30% most deprived wards in Merton (a proxy for East Merton) was 43.1%, higher than the 30% least deprived wards in Merton (a proxy for West Merton) at 25.6% - this is a gap of 17.5%. This gap in overweight and obesity prevalence has gradually been increasing as healthy weight has increased in the West of the borough and reduced in the East, and over the past 9 years the gap has increased by 9% (from 2008/09 to 2010/11, when it was 8.4%), see Figure 1 below.

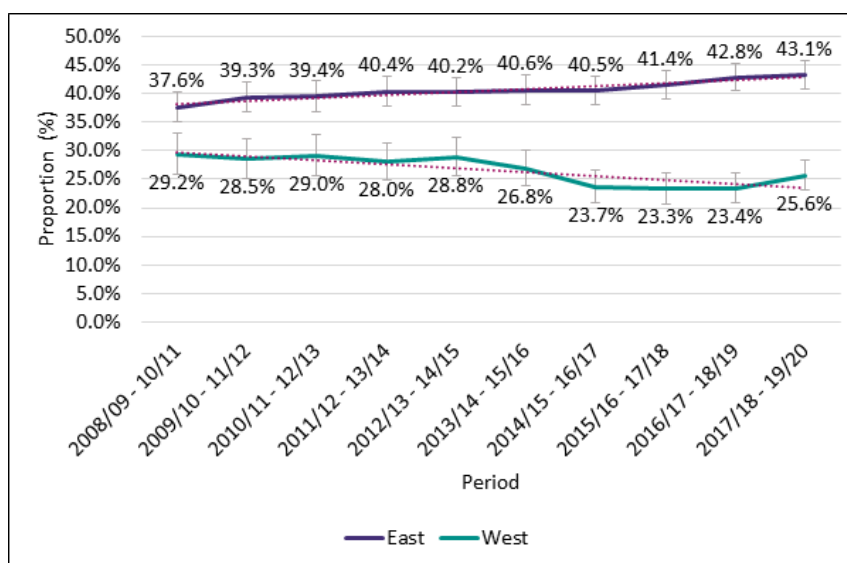


Figure 1. Prevalence of overweight (including obesity) in Year 6 children by 30% Most Deprived (East Merton) and 30% Least Deprived (West Merton), 2008/09 - 2019/20. Source: OHID, Public Health Profiles

2.12. The Merton wards with the highest prevalence (over 25%) of Year 6 children living with obesity (including severe obesity) were in East Merton and included Ravensbury, Cricket Green, Pollard's Hill, Longthornton and Figge's Marsh. Figure 2 below, shows the difference in obesity prevalence between wards in Merton.

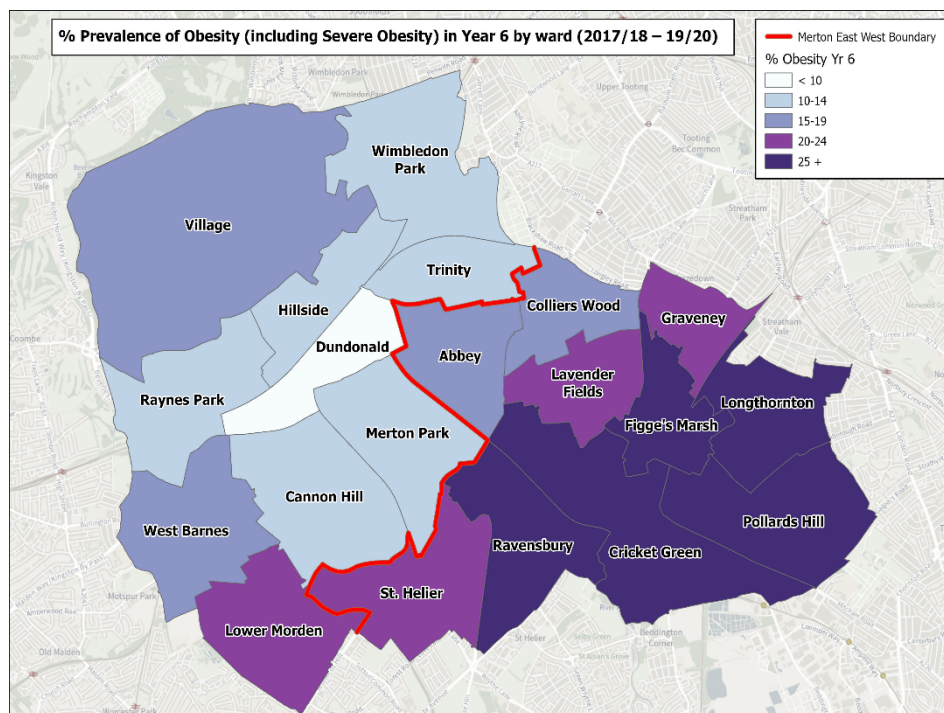


Figure 2. Prevalence of obesity (including severe obesity) in Year 6 (2017/18 – 2019/20) by ward

2.13. **Ethnicity:** In Reception, Black children are significantly more likely to have higher obesity rates compared to those from White and Asian ethnic backgrounds. In Year 6, Black and Asian children are significantly more likely to have higher obesity rates than those from White background.

2.14. **Gender:** In 2021/22, national data shows that there was a higher rate of overweight and obesity among boys in Year 6 at 41%, compared to girls at 35%, and although local data has not been published, we expect to see a similar pattern based on previous trends.

2.15. **COVID-19 Pandemic:** Stay-at-home guidance, the move to online education and closures of leisure facilities disrupted children’s routines and led to negative impacts on sleep, nutrition, isolation and physical activity levels for children and young people. The economic impact of the pandemic may also have impacted families’ ability to maintain healthy weight through accessing and being able to afford healthier food options.

2.16. Mental health needs amongst young people have increased during the pandemic. National survey findings indicate that 1 in 6 children had a probable mental health disorder in 2021, compared to 1 in 9 pre-pandemic. Nearly 2 in 5 children aged 6 to 16 years and over half of 17 to 23 year olds had experienced a deterioration in mental health since 2017.

2.17. The recent [Young People’s Survey](#) in Merton showed that over a third of young residents worried about their mental health during lockdown. Feeling bored and isolated, they spent a lot more time on screens during lockdown, with habits that might continue.

2.18. Eating disorders and disordered eating in children and young people increased during the pandemic. National survey findings indicate that the proportion of children and young people with possible eating problems have increased since 2017. This is

reflected in urgent referrals for treatment for eating disorders among young people, which have increased nationally by almost two thirds since before the pandemic a pattern mirrored in South West London.

2.19. **Cost of living crisis:** The rising costs of fuel, food and other essentials are combining with existing disadvantage and vulnerability and putting many households at greater risk of both immediate hardship and reduced opportunity and wellbeing. Food poverty is a driver of poor physical and mental health, including chronic diet-related conditions such as obesity and cardio-vascular disease. Food poverty is not always associated with obesity, however the opposite is often the case, with families experiencing food poverty often having to rely on cheap, poor quality food and less fruit and vegetables, which means that child hunger and obesity often co-exist. For children, experiencing food insecurity can limit their development and affect their ability to concentrate and engage in school, impacting their educational attainment and long-term life chances.

2.20. The Young people's survey highlighted that one in ten young people has had to skip meals during the pandemic because there wasn't enough food, while one in twenty went a whole day without eating. Additionally different groups disproportionately are impacted by food poverty. Nationally, emerging evidence on the impact of cost of living increases shows that families are cutting back particularly on fruit and vegetables and fuel poverty leads to more cold food which undermines healthy cooking.

2.21. **Climate change emergency:** There are close links between action to tackle healthy weight and actions to tackle climate change, for example, walking, cycling, active travel, food growing and promoting water. The Merton Climate Change action plan focuses on achieving a zero carbon targets with thematic area priorities on the Green Economy, Building and Energy, Transport and Greening Merton.

2.22. The Young people's survey highlighted that young people value the parks and green spaces in Merton and want to have a say and play a role in how they are developed. Action to tackle the food and physical environment can be challenging and contentious, such as restricting vehicle access through the school street programme, however by working in partnership and co-creating solutions with residents, including children and young people, we have the best opportunity for sustainable change.

WHAT WE ARE DOING LOCALLY TO IMPROVE CHILD HEALTHY WEIGHT AND REDUCE INEQUALITIES

2.23. Obesity is a complex problem and there is no single solution. Evidence indicates that a comprehensive programme that focusses on delivering population wide changes across aspects of the physical, food and cultural environment is most likely to be successful and cost effective, together with approaches with specific communities and groups. This has informed our approach in Merton.

2.24. We have collaborated and engaged at a London level, through the development of the GLA plan '[Every Child a Healthy Weight](#)' which sets out 10 ambitions for

London, and the London Obesity Network¹. At a South West London level there are opportunities to take a more strategic approach following the creation of the Integrated Care Partnership.

2.25. Reducing Childhood Obesity in Merton has been a key priority within the Health and Well-being Strategy since 2015, alongside tackling diabetes, and is also a priority for the Merton Health and Care Together partnership. Merton’s Child Healthy Weight Action Plan (CHWAP) is endorsed by the Health and Wellbeing Board and the Children’s Trust Board (CTB).

2.26. The Merton Child Healthy Weight Action Plan is based on a review of the evidence, engagement with residents in East Merton (The Great Weight Debate Merton) and more recently the Merton Youth survey as well as considerable partnership working over the past 5 years through a Child Healthy Weight steering group.

3 MERTON CHILD HEALTHY WEIGHT ACTION PLAN (CHWAP) 2022-2025

3.1. Merton’s CHWAP consists of 3 key themes, progress against each theme is set out below:

Merton Child Healthy Weight Action Plan (2022-2025)		
Theme 1: Making Child Healthy Weight Everyone’s Business	Theme 2: Supporting Children, Young People and their Families	Theme 3: Healthy Place

3.2. Theme 1: Making child healthy weight everyone’s business:

- 50 schools in Merton have registered for the **Healthy Schools London** programme (of these, 18 schools have progressed to achieve the Bronze award, Silver = 9, Gold = 3), and 87 early years settings are registered for **Healthy Early Years** London Programme (‘First Steps = 53 settings, Bronze = 10, Silver = 3) which both support healthy eating and physical activity in settings.
- 31 schools in Merton undertaking a **daily/active mile programme** as part of their schools physical activity programme (in addition to PE curriculum) and 35 schools meeting CMO Active 30:30 target.
- 12 organisations in Merton are signed up to **Sugar Smart**, an initiative aiming to help organisations reduce sugar consumption.
- A **new school meals’ contract** has been awarded which includes nutritional outcomes and a move to more plant-based menus (two meat free days a week where schools can opt-out if preferable).
- **Face-to-face and online workshops for front line staff** working with CYP, to increase awareness and confidence of staff in talking about weight and

actions they can take to promote healthy environments and signposting to support.

- **'Merton Can'** is a campaign to increase activity across the life-course from babies and toddlers, children and young people to adults, pregnancy, and older adults. 'Try 22 in 2022' resources were launched earlier this year (digital and print versions click [here](#)).

3.3. **Theme 2: Supporting children, young people and their families:**

- Investment in Merton's **Food Poverty Action Plan** has ensured the continuation of Merton's Community Fridge Network and coordination of local efforts to reduce food poverty, through Sustainable Merton. Across the network between October 2021 to May 2022 nearly 4000 food parcels were distributed (approximately 27,218kg of food).
- **Local Healthy Start Voucher scheme** booklet has been developed and are being disseminated via Sustainable Merton and Children's Centres to increase access for families with young children to vouchers for free fruit, vegetables, milk and vitamins.
- Community Health Services, which include Health Visiting, have achieved and maintained the **UNICEF Baby Feeding Friendly** Initiative (accreditation Stage 3).
- New **'Stay and Play' pilot supporting Breastfeeding** for postnatal mothers from ethnic minority groups who may also be experiencing low mood and/or socially isolated (starting in November delivered by Central London Community Health).
- School Nurses deliver the **'Family start' programme**, a weight support service for children and their families to achieve healthy lifestyle and reduce their weight (particularly those identified through the National Child Measurement Programme)
- The **Holiday Activities and Food (HAF)** programme provides support to children in receipt of free school meals through holiday periods. Organisations delivering this locally have been supported through healthy food advice, training on talking about child weight and a wellbeing booklet for partners and families. This year in Merton, 1,015 children participated in HAF programmes over the summer holidays.
- **Children and Young People's Social Prescribing pilot** is being implemented for those identified as living with obesity and/or those with low level emotional health, taking a holistic approach to support reducing weight and improving emotional health. The pilot is taking place with East Merton Primary Care Network (PCN) and will be independently evaluated.

3.4. **Theme 3: Healthy place - shaping the places we live, learn, work and play and influencing choices on the food we eat:**

- Merton's **Climate Strategy and action plan** contributes to tackling child healthy weight, committing to active travel and increasing and protecting existing vegetation like trees, including the **school streets programme (adopted by 15 schools)**, which has the benefit of both reducing air pollution and promoting physical activity.

- The Council's **Local Plan** was inspected during June-October 2022 and is expected to be adopted in 2023. Once this happens the Plan's policy for managing and monitoring new fast-food takeaways within 400 meters of schools will become planning policy.
- **Water fountains** have been installed in Mitcham, Colliers Wood, Morden and Raynes Park and Wimbledon which in part support drinking water rather than sugary drinks.
- A Transport for London (TFL) style **advertising policy** aiming to tackle unhealthy advertising and promote wellbeing has been adopted in Merton.
- A **School Superzone pilot** will be testing out ways to make the environment around schools healthier, an initial pilot school has been funded by the GLA and further application for a second pilot has been submitted. In addition, 10 schools have been funded locally to make 'jumpstart' improvements, such as developing a school garden or open space.
- A Tri-borough **healthy catering commitment** has been agreed across Merton, Richmond and Wandsworth Councils. This initiative will survey current food standards in area in which it is difficult to buy affordable or good-quality fresh food and with the highest child obesity levels, in order to design interventions. A Tri-borough officer will coordinate progress.
- A **Green Social Prescribing pilot** has been commissioned through the 'Walk and Talk' programme and offers free social walking groups in Merton parks on a weekly basis open to all ages. Since March 2022 over 1,000 people have taken part in walks across Merton, with over 2,000 miles walked and over 4 million steps.
- Additional funding was allocated to the Merton Giving Fund, for Green Social Prescribing, launched in May 2022. This has provided small grants to seven local organisations to support residents' physical and mental health via pilot projects connecting with nature and taking place outdoors such as Pollards Gardening and History Walks at Commonsides Community Development Trust.

FUTURE PLANS AND OPPORTUNITIES

3.5. Current actions to address inequalities in child healthy weight will continue and, working with Merton Young Inspectors, we will seek out opportunities to strengthen our approach in 2023, this includes:

- Refresh and strengthen the **Merton Food Poverty Action Plan** and invest further in local voluntary and community organisations to deliver a food response for residents facing food insecurity which also addresses the stigma associated with hardship.
- Develop a borough wide approach to promoting breastfeeding by working towards **UNICEF Baby Feeding Friendly Gold** award, led by Community health service providers, which requires support from all sectors and leadership within Merton.
- Building on Merton's commitment to becoming a **Borough of Sport**, promote inclusive activity for all children and young people.

- **Actively Merton** – the first exemplar from Merton's Health in All Policies (HiAP) approach, which aims to support residents to be more physically and socially active in the way that they want. This will raise awareness of existing activities and sporting assets and develop new highly visible evidence-based interventions, such as **beat the street** which connects residents to activities and builds upon digital and face to face connectors in the community. It applies an evidence-based 'gaming' approach and leads to long term behaviour change by creating a social norm around walking and cycling.
- **Evaluate our children and young people social prescribing pilot** and explore opportunities for ongoing sustainability, working closely with NHS partners.
- Working with Young Inspectors, refresh and develop an inclusive **communications and engagement plan**, which includes CYP friendly resources, signposting and more peer led support. Plus a new 'Try 23 in 2023' campaign is being developed, part of the 'Merton Can' approach, to signpost to 23 activities in the borough for residents to try.
- Look for opportunities in the '**Every Child a Healthy Weight – London Action Plan**' to strengthen our approach in Merton, including opportunities for inward investment in the borough.

4 ALTERNATIVE OPTIONS

4.1. N/A

5 CONSULTATION UNDERTAKEN OR PROPOSED

5.1. Engagement was undertaken through the 'Great Weight Debate Merton (2017)', which engaged 2,100 residents and stakeholders in the east of the borough; and the Young People's Survey on the impact of COVID (2021), which engaged 2,073 young people via a survey and 200 young people via focus groups and interviews, and through stakeholder engagement via the child healthy weight steering group.

6 TIMETABLE

6.1. Timetable for work is as per the Child Healthy Weight Action Plan deadlines.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1. The Child Healthy Weight Action Plan is being implemented within existing resources of all partners.

8 LEGAL AND STATUTORY IMPLICATIONS

8.1. N/A

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1. Inequalities are detailed in the main report above.

10 CRIME AND DISORDER IMPLICATIONS

10.1. N/A

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1. N/A

12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

12.1. N/A

13 BACKGROUND PAPERS

- [The Impact of Covid19 on young people in Merton - Final.pdf](#)
- [every child a healthy weight.pdf \(london.gov.uk\)](#)