


<p style="text-align: center;">London Borough of Hammersmith & Fulham</p> <p style="text-align: center;">HEALTH & WELLBEING BOARD 9 February 2016</p>	
<p>CHILDHOOD OBESITY JSNA</p>	
<p>Report of the Director of Public Health</p>	
<p>Open Report</p>	
<p>Classification - For Decision Key Decision: No</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: Liz Bruce, Executive Director for Adult Social Care and Health</p>	
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1. EXECUTIVE SUMMARY

- 1.1. This report summarises the work and findings of the JSNA on Childhood Obesity, including the recommendations for key partners.
- 1.2. This report requests the Board to formally approve this JSNA for publication, and to take responsibility for monitoring the implementation of the recommendations, holding the relevant partners to account.

2. RECOMMENDATIONS

- 2.1. The Board is asked to approve the JSNA for publication.
- 2.2. The Board is asked to agree to monitor the progress of the implementation on the recommendations, holding to account the parties involved.
- 2.3. The Board is asked to continue to support and to actively promote the whole council partnership initiative to tackle childhood obesity

3. REASONS FOR DECISION

- 3.1. A JSNA has been carried out to identify and provide an evidence base on the causes and consequences of childhood obesity in Hammersmith and Fulham, and the prevalence in the local communities to identify who are most at risk. The JSNA will inform the next phase of the Tackling Childhood Obesity Programme.
- 3.2. The Health and Social Care Act 2012 placed the duty to prepare a JSNA equally and explicitly on local authorities (LAs), Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Boards (HWB). Local governance arrangements require final approval from the Health and Wellbeing Board prior to publication.

4. INTRODUCTION AND BACKGROUND

- 4.1. A JSNA has been carried out to identify and provide an evidence base on the causes and consequences of childhood obesity in Hammersmith and Fulham, and the prevalence in the local communities to identify who are most at risk.
- 4.2. While the proportion of children who are overweight has remained largely unchanged since the mid-1990s, there has been a substantial increase in those who are obese over time, which will have a significant impact on our population and services. The current numbers in Hammersmith and Fulham is 22.4% obese and 15.2% overweight by the end of year 6, a total of 37.6%.
- 4.3. The JSNA provides a comprehensive evidence base and information about the local population to support the development of future strategies to tackle childhood obesity by all partners.
- 4.4. The JSNA will inform the next phase of the Tackling Childhood Obesity Programme.

5. JSNA Findings

- 5.1. In Hammersmith and Fulham, 1 in 5 Reception age children (20.3%) and over 1 in 3 children in Year 6 (37.6%) are overweight and obese, and around 70% of obese adolescents go on to be obese adults.
- 5.2. Childhood obesity presents a major challenge to health and wellbeing and is associated with an increased risk of premature mortality in adults as well as poor health and development in children. Childhood obesity also

impacts on mental wellbeing including increasing the risk of low self-esteem, anxiety, depression, bullying and poor educational attainment.

- 5.3. An obese child in London is likely to cost around £31 per year in direct costs which could rise to a total (direct and indirect) cost of £611 per year if they continue to be obese in adulthood. This projection is likely to be an underestimate, because of the probability that prolonged obesity has more serious and other health consequences.
- 5.4. Childhood obesity has complex web of causes, and requires a whole system approach to tackle it.

6. JSNA Recommendations

- 6.1. Every department/organisation has a role to play in creating and / or supporting increasingly healthier environments to make healthy choices easy choices. Be creative within roles/responsibilities.
- 6.2. Utilise every engagement with partners to achieve shared understanding of the need to address this complex problem collectively and to identify opportunities, for example:
 - 6.2.1. Systematically use contracting as a delivery mechanism for healthy lifestyles.
 - 6.2.2. Find ways to encourage food businesses with poor hygiene ratings to improve and join in the Healthy Catering Commitment.
- 6.3. Focus on early years. Exploit all possible opportunities to encourage children and families to be more active.
- 6.4. Develop clear and consistent messages that are readily understood by all audiences. Use the optimal communication channels for each audience. Communicate constantly and consistently.
- 6.5. Contribute to, and keep abreast of, national and regional developments.
- 6.6. Act on, and increase the evidence base.

7. CONSULTATION

- 7.1. A stakeholder workshop was held in Hammersmith and Fulham on 23/11/15 with attendees from departments across the councils, the NHS, and the Community and Voluntary Sector.
- 7.2. The JSNA was presented to the Hammersmith and Fulham CCG Governing Body Seminar on 03/11/2015

8. EQUALITY IMPLICATIONS

- 8.1. JSNAs must consider the health, wellbeing and social care needs for the local area addressing the whole local population from pre-conception to end of life.
- 8.2. The “local area” is that of the borough, and the population living in or accessing services within the area, and those people residing out of the area for whom CCGs and the local authority are responsible for commissioning services
- 8.3. The “whole local population” includes people in the most vulnerable circumstances or at risk of social exclusion (for example carers, disabled people, offenders, homeless people, people with mental health needs etc.)

9. LEGAL IMPLICATIONS

- 9.1. The JSNA was introduced by the Local Government and Public Involvement in Health Act 2007. Sections 192 and 196 Health and Social Care Act 2012 place the duty to prepare a JSNA equally on local authorities (LAs), Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Boards (HWB).
- 9.2. Section 2 Care Act 2014 imposes a duty on LAs to provide or arrange for the provision of services that contribute towards preventing, delaying or reducing care needs.
- 9.3. Section 3 Care Act 2014 imposed a duty on LAs to exercise its Care Act functions with a view to ensuring the integration of care and support provision with health provision to promote well-being, contribute to the prevention or delay of care needs and improve the quality of care and support.
- 9.4. JSNAs are a key means whereby LAs work with CCGs to identify and plan to meet the care and support needs of the local population, contributing to fulfilment of LA s2 and s3 Care Act duties.
- 9.5. Implications verified/completed by: Kevin Beale, Principal Social Care Lawyer, 020 8753 2740.

10. FINANCIAL AND RESOURCES IMPLICATIONS

- 10.1. There are no financial implications arising directly from this report. Any future financial implications that may be identified as a result of the review and re-commissioning projects will be presented to the appropriate board & governance channels in a separate report.

10.2. Implications verified/completed by: Safia Khan, Lead Business Partner Adults, 020 7641 1060

11. RISK MANAGEMENT

11.1. Public Health risks are integrated into the Council's Strategic Risk Management framework and are noted on the Shared Services risk register, risk number 5. Market Testing risks, achieving high quality commissioned services at lowest possible cost to the local taxpayer is also acknowledged, risk number 4. Statutory duties are referred to in the register under risk 8, compliance with laws and regulations. Risks are regularly reviewed at Business Board and are referenced to in the periodic report to Audit, Pensions and Standards Committee.

11.2. Risk Management implications verified by Michael Sloniowski, Shared Services Risk Manager, telephone 020 8753 2587.

12. PROCUREMENT AND IT STRATEGY IMPLICATIONS

12.1. Any future contractual arrangements and procurement proposals identified as a result of the JSNA and re-commissioning projects will be cleared by the relevant Procurement Officer.

LOCAL GOVERNMENT ACT 2000

LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
	None.		

LIST OF APPENDICES:

Appendix 1: Draft Childhood Obesity JSNA