

## Health and Wellbeing Board

11 July 2018

Report of the Health and Wellbeing Board Theme Lead for the Starting and Growing Well of the Joint Health and Wellbeing Strategy 2017-2022

### Inequalities within the Starting and Growing Well Theme

#### Summary

1. As part of the work to refresh York's Joint Strategic Needs Assessment a number of reports are being prepared to describe inequalities within the population of York. These are intended to offer a more detailed insight into health and wellbeing in York and to help focus resources and effort into areas of greater need.
2. The first of these is focused around the starting and growing well theme in the joint health and wellbeing strategy 2017-2022 and is attached at **Annex A** to this report.
3. Members considered this report at a Health and Wellbeing Board workshop in June 2018 and began to think about the action that would need to take place to address the identified areas of inequality.

#### Background

4. The report focuses on three areas of inequality:
  - obesity in childhood
  - hospital admissions for self harm
  - childhood poverty
5. These topics were chosen according to national research demonstrating the presence of inequality and the availability of good quality local data that describes the picture for York.

6. The recent HWBB workshop predominantly focused on the obesity in childhood element of the report at **Annex A**. Obesity through the life course has a significant affect on health and makes a substantial contribution to many chronic long term health conditions. Although childhood obesity is a persistent health issue for our time; there are opportunities to influence change. The workshop focused on how organisations represented at HWBB could better understand childhood obesity and what interventions and schemes might have the most impact.
7. **Annex A** also sets out York's response to childhood obesity by way of setting out a number of the initiatives already taking place across the city.

### **Discussion at the Health and Wellbeing Board Workshop**

8. Obesity in childhood is a complex issue and there have been a number of systematic reviews<sup>1</sup> looking at which types of intervention are most effective.
9. As well as the information at **Annex A**, a presentation was given summarising published systematic reviews of interventions relating to childhood obesity. The presentation focused on the characteristics of interventions that evidence indicated would make an approach more or less likely to be successful to reducing or preventing childhood obesity.
10. It was noted that the interventions which were delivered with greater intensity or those interventions that focused on boosting physical activity were found to have a stronger evidence base of effectiveness. However, throughout the research there were examples of approaches that were successful at encouraging a child to engage in healthy habits such as physical activity or improved diet, but when physical measures were taken it was shown that these behaviour changes did not automatically translate to measurable changes in BMI or obesity levels.
11. It was also noted that involving and motivating parents is an important part of improving child health, but that several systematic reviews found that interventions were not always successful in achieving this. In contrast, the evidence indicates that it is not

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<sup>1</sup> A method of searching all the academic published work to find everything written about a topic and summarising it in a single report

effective to work with families exclusively, without also engaging schools or primary care.

12. In addition to **Annex A** and the presentation on systematic reviews a short video was shown about what was working in Amsterdam; this stressed the importance of developing consistent messages across agencies.
13. Having considered the evidence presented to them at the workshop the board highlighted the following as key points:
  - The role and influence of parents was key to addressing the issues highlighted around childhood obesity and self-harm. It was about seeing families as part of the community and not about delivering specific obesity interventions;
  - Parents need to be role models for their children;
  - Need more interventions and a targeted approach in the areas where needs are higher;
  - Need to tackle the contributing factors through locality based strategies including Local Area Co-ordinators; social prescribing and other local community initiatives;
  - Community based approaches would work best;
14. In summary; discussions at the HWBB workshop highlighted that interventions, particularly those that are treatment based and solely targeted at those children who were obese were not necessarily the most effective. Interventions that were community based and involved families, schools and primary care and also sought to promote and support behavioural change through consistent messaging about healthy eating and sustaining a healthy lifestyle were seen as more effective.
15. Additionally the workshop discussions demonstrated that there was an interrelationship between the three themes set out in **Annex A** (childhood obesity, self-harm and poverty). The three least affluent wards in the city have the highest rates of childhood obesity. Thought needs to be given as to how best to specifically target these areas. Different messages may be needed for different communities.

16. Achieving a reduction in childhood obesity cannot be achieved by one single agency in the city; there is a need for this issue to be approached from a multi-disciplinary and holistic perspective.
17. The agenda for this will need to be developed strategically and coordinated with clear messages; learning from successful approaches that have taken place elsewhere and supported as a co-ordinated 'campaign' or culture and behaviour change approach.
18. There is still work to do to map York's community assets and identify different and more co-ordinated ways to engage with residents such as health champion approaches and/or volunteers supported by a strategic level message to reinforce why this agenda is important.
19. There is a need to agree and utilise consistent messages and be aware what and where the HWBB can influence and where it can't.

### **Consultation**

20. No formal consultation process has been undertaken. However, in the early stages of developing **Annex A** the Health and Wellbeing Board Steering Group were asked for their input, along with key officers.

### **Options**

21. Having considered this report and the presentations, reports and discussion at the recent workshop Health and Wellbeing Board are asked:
  - To agree the direction they wish to take for reducing obesity in children and what action they would like to see take place;
  - To consider whether they would wish the existing Healthy Weight Steering Group to develop a proposal for how best to develop community interventions to reduce childhood obesity based on the discussions at the recent workshop and in this report.

### **Analysis**

22. This was the first of the new style Health and Wellbeing Board workshops and Health and Wellbeing Board should consider what

they would like the outcome of this, and future workshops, to be. This may be to initiate and support action; if so then the Board are asked to agree what that action should be.

23. A multi-agency Healthy Weight Steering Group already exists and is working on a number of topics, including childhood obesity. The Board may wish to request that the Healthy Weight Steering Group take responsibility for further developing proposals on how to reduce childhood obesity, with a focus on behavioural change rather than treatment led interventions.
24. Additionally this would be a good opportunity to trial the Health in All Policies<sup>2</sup> approach in a multi-agency setting across a complex agenda.

### **Strategic/Operational Plans**

25. This report relates directly to the starting and growing well theme of the joint health and wellbeing strategy 2017-2022.

### **Implications**

26. Dependent on the interventions chosen there may be financial implications for one or more of the agencies represented at the Health and Wellbeing Board.
27. The difference in life expectancy between the most and least deprived wards across the city is now 9.1 years lower for men and 5.5 years lower for women in the most deprived areas of York than in the least deprived areas. By intervening at an early age and supporting children and young people to make healthy lifestyle choices this report seeks to narrow that gap.

### **Risk Management**

28. There is a risk that childhood obesity will stay the same or rise if interventions are not in place to support children and young people to make healthy lifestyle choices.

### **Recommendations**

29. Health and Wellbeing are recommended :

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<sup>2</sup> An approach to public **policies** across sectors that systematically takes into account the **health** implications of decisions, seeks synergies, and avoids harmful **health** impacts in order to improve population **health** and **health** equity

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- To consider whether they wish the existing Healthy Weight Steering Group to develop a proposal for how best to develop community interventions to reduce childhood obesity based on the discussions at the recent workshop and in this report.

Reason: To address the inequalities around childhood obesity

### Contact Details

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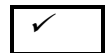
**Report  
Approved**



**Date** 02.07.2018

**Wards Affected:**

**All**



**For further information please contact the author of the report**

**Annexes**

**Annex A:** Starting and Growing Well in York – Inequalities Report