

<b>25 July 2024</b>		<b>ITEM: 4</b>
<b>People Overview and Scrutiny Committee</b>		
<b>Childhood Obesity Task and Finish Group Scoping Report</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> No	
<b>Report of:</b> Sharon Stoltz (Interim Director of Public Health); Sareena Gill (Senior Public Health Programme Manager)		
<b>Accountable Assistant Director:</b> Andrea Clement		
<b>Accountable Director:</b> Sharon Stoltz Interim Director of Public Health		
<b>This report is</b> Public		
<b>Date of notice given of exempt or confidential report:</b> Not applicable		
<b>Version:</b> Final		

## Executive Summary

The People Overview and Scrutiny Committee has requested that a task and finish group be set up to review the system-wide actions being undertaken to address the problem of childhood obesity in Thurrock.

Thurrock has the highest rate of childhood obesity for children in Reception year and second highest in the East of England region for children in year 6 and is significantly worse than the rate for England.

The former Childrens Services Overview and Scrutiny Committee received a report at their meeting on the 12 March 2024 which described the weight management services available to children in Thurrock to help them to achieve and maintain a healthy weight.

However, the causes of excess weight are complex resulting less from individual behaviours and more from the many factors which collectively make up an obesogenic environment and no single organisation or service has the knowledge, tools or power to solve it and so a 'whole system' approach is needed to make change happen.

Thurrock has adopted a whole system approach to tackling obesity and produced a Thurrock Whole Systems Strategy 2018-2021 which is now out of date and work is underway being led by the council's public health team to refresh this. It is timely that the task group undertake a review to help inform the refresh of the strategy.

This report outlines the proposed scope of this task group and a proposed work plan that can be found in the Appendix.

## **Commissioner Comment:**

Not applicable

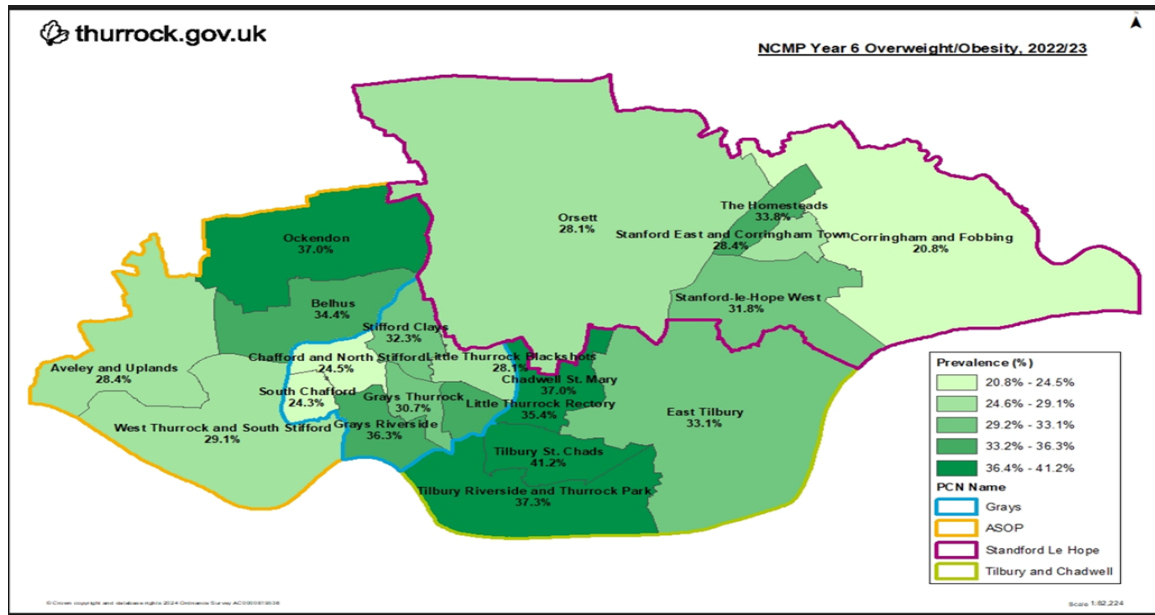
### **1. Recommendation(s)**

- 1.1 The People Overview and Scrutiny Committee is asked to set up the Task and Finish Group, agree the scoping document and Terms of Reference, to appoint a chair and to seek nominations of who is going to sit on the group. The numbers should be between 4-7 members (subject to confirmation by Democratic Services).**

### **2. Introduction and Background**

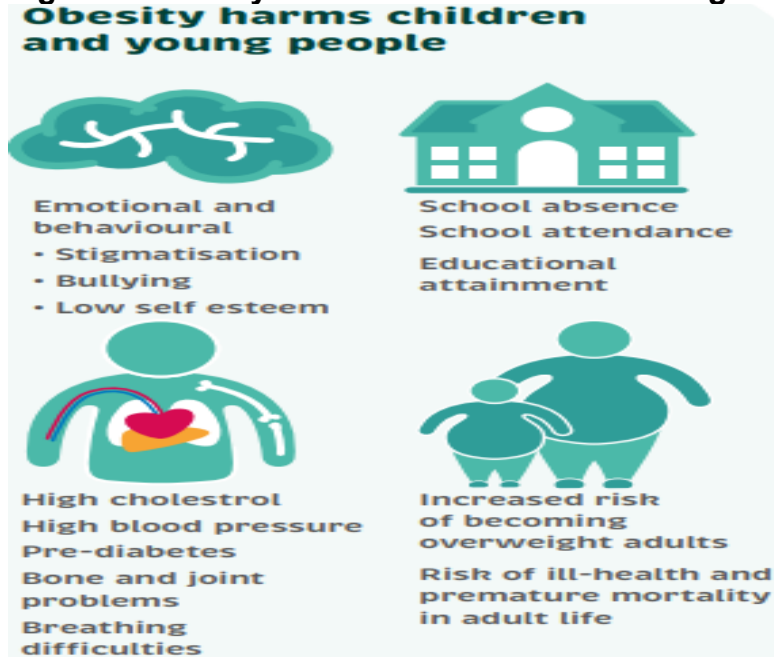
- 2.1** In Thurrock our latest data (2022/23) shows that 23.9% (1 in 4) 4-year-olds in Reception class are overweight or obese which is significantly higher than the rate for England at 21.3% and for the region at 20%. In Thurrock this rises to 38.7% (around 1 in 3) in year 6 children which is also significantly higher than the rates for England and the region at 36.6% and 34.2% respectively. These figures have risen over recent years, particularly during the pandemic.
- 2.2** Excess weight amongst children in Thurrock does not affect ethnic groups equally with those from Black, Asian and mixed ethnic groups experiencing the highest rates. Amongst year 6 children 40% of mixed ethnicity children are overweight or obese compared to 38% of the Black ethnic group, 34% of the Chinese ethnic group and 29% of the White ethnic group children. It is important that we understand the cultural perception of excess weight within different ethnic groups and to ensure that our approach and interventions are sensitive to these nuances so as not to inadvertently exclude these groups and increase inequalities. It will be important for the task group to plan how they will gain the views of these communities so that they can be captured as part of the review.
- 2.3** The problem of excess weight spans across all wards within Thurrock but the picture is not equal across the borough. There is a strong link between excess weight in children and socio-economic deprivation with rates 3 times higher in the most disadvantaged areas. The year 6 obesity variance by electoral ward can be seen in Figure 1 below:

**Figure 1. Year 6 rates of overweight and obesity in Thurrock by ward 2022/2023**

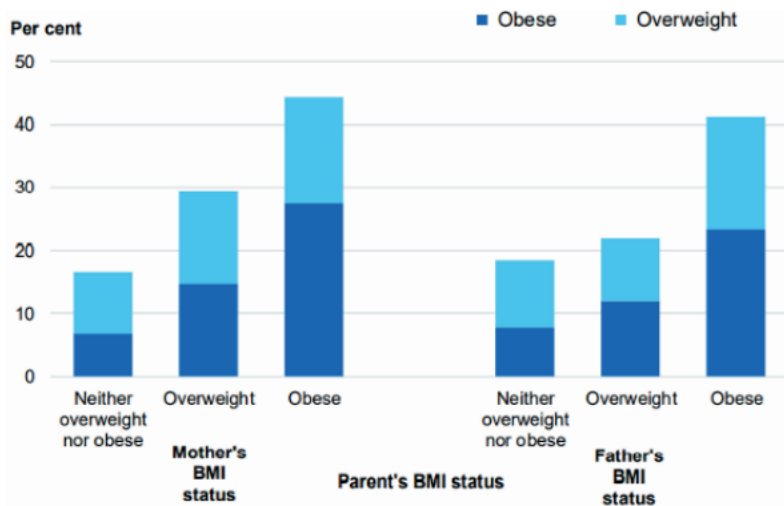


2.4 Excess weight impacts negatively on children’s health and wellbeing outcomes and can have a significant long term negative impact on their education and life chances into adulthood. Some of the key health impacts can be seen in Figure 2 below:

**Figure 2. Obesity Harms in Children and Young People**



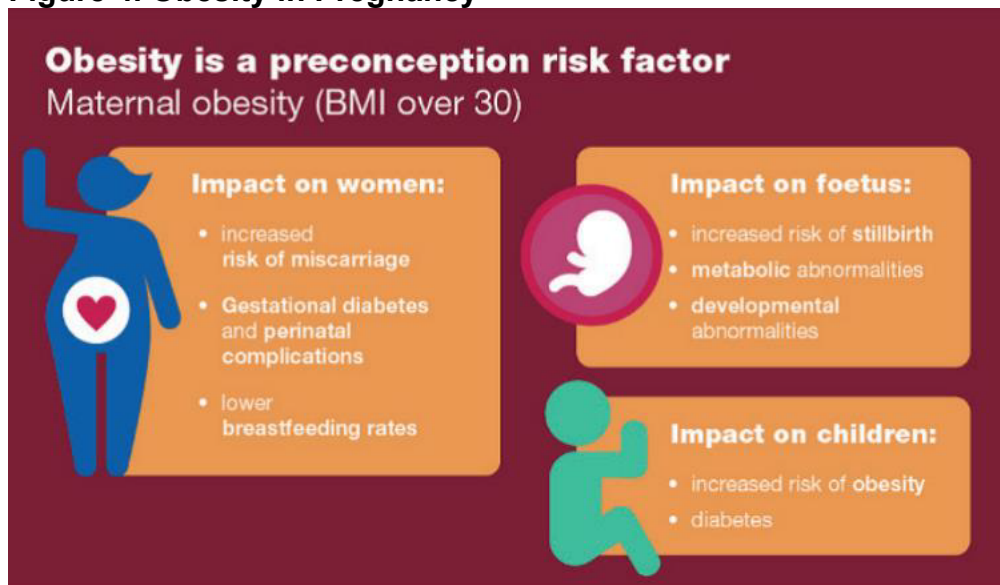
2.5 Excess weight in parents can have a negative impact on the healthy weight of their children. Having an obese mother increases the child’s risk of experiencing excess weight by over 40% as shown in Figure 3 below:



Analysis based on data from 2019, the most recent year for which data are available.

- 2.6 Women experiencing excess weight in pregnancy is also a risk factor for a number of health issues for the mother and her baby. These include gestational diabetes and hypertension (high blood pressure), pre-eclampsia, miscarriage and even death. There is also an increased risk of needing medical intervention during childbirth, resulting in increased recovery time following the birth, challenges with breastfeeding and a risk to the bonding experience with their baby as well as poorer mental health outcomes. These risks are described in Figure 4 below:

**Figure 4. Obesity in Pregnancy**

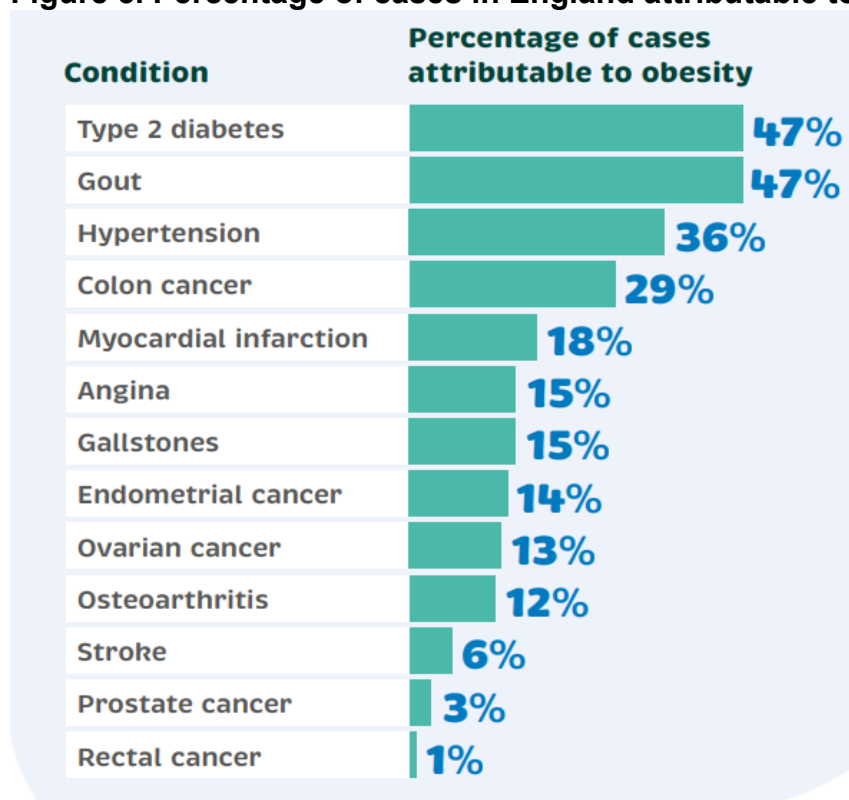


Source: [OHID guidance Health matters: Prevention - a life course approach](#)

- 2.7 Excess weight in childhood can often lead to obesity in adulthood. On average obesity reduces someone's life expectancy by around 3 years with severe obesity shortening life by as much as up to 10 years. The most recent data based on the Active Lives Adult Survey 2012/22 shows that Thurrock has a high percentage of adults classified as overweight or obese at 69.7%. This is higher than the regional and national averages of 63.9%.
- 2.8 Tackling the risk factors for obesity such as diet and physical activity reduces the risk of more than 20 long term conditions, increases economic productivity by having a healthier workforce

and reduces demand on health and social care services. The risk of developing some diseases are much higher in people living with obesity. For example, there is a 12.7% greater risk of developing Type 2 diabetes amongst women who are obese than women who are not and, as can be seen below, a high proportion of some conditions can be attributed to obesity.

**Figure 5. Percentage of cases in England attributable to obesity.**



2.9 If left unchecked, there are also social impacts of living with excess weight as shown in Figure 6 below. Some of these have already been mentioned earlier in the report and include an increased risk of being unemployed, stigma and discrimination and the associated impacts on mental health and wellbeing, increased risk of being admitted to hospital and reduced life expectancy.

**Figure 6. Social Impacts of Obesity.**



Adapted from [Adult obesity: applying All Our Health - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

- 2.10 The long-term cost of obesity and the impact on the quality of life for those who are overweight or obese means that system-wide action is required to reduce the level of childhood obesity in Thurrock. The report by the Government Office for Science's Foresight Programme, 'Tackling Obesity: Future Choices' published in 2007 identified more than 100 variables that influence weight from biological factors, early life experiences, education, media, food production and supply, macroeconomic drivers, built environment, transport, nature of work and healthcare which means that no single intervention can reverse the trends of increasing excess weight. This has led to national recognition that a systematic review of multiple interventions and a 'whole systems' approach is required to successfully halt and then reduce the levels of excess weight across a population. In Thurrock we have a 'Thurrock Whole Systems Obesity Strategy' which was produced in 2018 that provides a framework for action to tackle obesity in all ages. This strategy expired in 2021 and further work is now being undertaken by the public health team, with partners, to refresh this strategy.
- 2.11 The timing of the Scrutiny review and the recommendations that will be produced as a result provide an opportunity to impact the future health and wellbeing of all children across Thurrock.

### **3. Issues, Options and Analysis of Options**

- 3.1 Actions to tackle childhood obesity in Thurrock are being taken forward by a range of partners that make up the Health and Wellbeing Board, the Brighter Futures Board and their respective sub-groups as well as other partners working on areas such as physical activity, for example.
- 3.2 The council has published a guidance document 'A health in All Policies approach to place-shaping' which aims to influence how the council, working with its partners, is able to shape places to support health and wellbeing, acknowledging that where we live, work and socialise plays a vitally important role in our health. This guidance will assist in driving forward a whole-system approach to tackling the problems of obesity in children, young people and adults in Thurrock. It does this by providing a framework for creating change, highlighting five key areas for action including transport networks (including opportunities for active travel such as walking and cycling), neighbourhood design (for example making it safer and easier for people to be out and about and active where they live), natural environments and green space and food systems.

- 3.3 This report asks the People Overview and Scrutiny Committee to review, comment upon and support the scope of the Task Group review into childhood obesity in Thurrock which is set out in the Appendix to this report.

### **Reasons for Recommendation**

- 4.1 The review undertaken by People Overview and Scrutiny Committee will help to inform the refresh of the Thurrock Whole Systems Obesity Strategy and the ongoing work with partners to tackle the high levels of obesity in children across the borough.

## **5. Consultation**

- 5.1 No consultation has taken place in respect of this report. However, consultation will take place with appropriate partners in preparation for the review once People Overview and Scrutiny Committee have approved the scope of the review.

## **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 There are no anticipated impacts from this report.

## **7. Implications**

### **7.1 Financial**

Implications verified by: **Mike Jones**  
**Head of Finance – Adults and Health**  
**05/07/2024**

There are no direct financial implications associated with the report.

Upon completion of the tasks and finish group, any findings which could have a financial implication will be considered as part of the budget setting process.

### **7.2 Legal**

Implications verified by: **Judith Knight**  
**Interim Deputy Head of Legal (Social Care and Education)**  
**05/07/2024**

The Council has a duty under the Local Government and Public Involvement in Health Act 2007 sections 116 and 116A to prepare a joint strategic needs assessment and a Joint Health and Wellbeing Strategy. The Council's current Joint Health and Wellbeing strategy 2022 - 2026 was approved by the Health and Wellbeing Board in June 2022. This strategy anticipates

that the Whole System Obesity Strategy will be refreshed. The Task and Finish Group will enable the Committee to make recommendations to the relevant decision maker.

The Task and Finish Group will need to be set up in line with the Constitutional arrangements agreed at Full Council on 20<sup>th</sup> March 2024. The Committee should note that its power to set up Task and Finish Groups is limited to 2. Such group must be time limited to 10 weeks.

### 7.3 Diversity and Equality

Implications verified by: **Natalie Smith**  
**Head of Community Development**

**05/07/2024**

There are no direct diversity implications contained in this report. However, the report does highlight differences in the rate of overweight and obese children according to age, gender, ethnicity and location. The whole systems obesity approach in Thurrock seeks to address these issues and to reduce the levels of obesity in children from all backgrounds.

### 7.4 Risks

There are no anticipated risks identified from this report.

### 7.5 Other implications (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder, or Impact on Looked After Children

There are no anticipated implications from this report. The findings of the Task Group review will be used to inform the ongoing work to tackle childhood obesity and therefore will be expected to have a positive impact on reducing the levels of obesity in Thurrock.

### 8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Thurrock Whole Systems Obesity Strategy 2018-2021 [WSO Strategy.pdf \(thurrock.gov.uk\)](#)
- A Health in All Policies approach to place-shaping [Thurrock Council](#)
- Thurrock Health and Wellbeing Strategy 2022-2026 [Health and well-being strategy 2022-2026 | Health and well-being strategy | Thurrock Council](#)
- Thurrock Brighter Futures Strategy 2021-2026 [Thurrock Council - Bright Futures Children's Partnership Strategy, 2021-2026](#)
- The Foresight Report Tackling Obesities: Future Choices [Tackling obesities: future choices - project report \(2nd edition\) \(publishing.service.gov.uk\)](#)

### 9. Appendices to the report

- Task and Finish Group – Scoping and Outcomes
- Task and Finish Group Terms of Reference

### Report Authors:



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