

SLOUGH BOROUGH COUNCIL

REPORT TO: Overview and Scrutiny Committee

DATE: 14th September 2017

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WARD(S): All

PART I **FOR COMMENT & CONSIDERATION**

REVIEW OF OBESITY IN SLOUGH

1. **Purpose of Report**

To provide the Panel with information regarding the previous review of childhood obesity, the outcomes of that review, outline the proposed obesity strategy for Slough and identify potential areas for any new Task & Finish Group to research.

The proposed obesity strategy for Slough (currently in development) has three key areas:

1. **Cross-Slough ambition** – developing and implementing an ambitious vision for tackling obesity in Slough
2. **An exemplar Council** – leading by example, including Members and Officers
3. **Public health intervention programme** – overview and support of key prevention activities and interventions.

2. **Recommendation**

The Panel is requested to commission a Task & Finish Group to develop and implement a programme of work which aims to make Slough Borough Council an exemplar council with regards to helping staff and Members maintain and improve their health. .

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

3a. **Slough Joint Wellbeing Strategy Priorities**

Work to address obesity supports the following priorities of the strategy:

1. Protecting vulnerable children
2. Increasing life expectancy by focusing on inequalities
3. Improving mental health and wellbeing

3b. Five Year Plan Outcomes

This report considers obesity which impacts on the following Five Year Plan outcomes:

- Our children and young people will have the best start in life and opportunities to give them positive lives.
- Our people will become healthier and will manage their own health, care and support needs.

4. Other Implications

(a) Financial

There are no financial implications of this report.

(b) Risk Management

Recommendation	Risk/Threat/Opportunity	Mitigation(s)
Task & Finish group to become exemplar Council	Risk that Employee Wellbeing Board is overshadowed and disempowered	Employee Wellbeing Board aware and supportive of this proposal
SBC to become exemplar for the Borough	Poor staff and Member engagement in making this happen	Use incremental evidence-based approach to elicit and retain staff engagement
Public Health intervention Programme in place to tackle obesity	Results might take too long to achieve	Incorporate short term goals and milestones that feed into the long term target
Cross-council and external partnership ambition	Poor partner engagement with the obesity strategy	Co –produce the new strategy with partners and link into their priorities and needs
Cross Slough ambition on obesity	Indifference to the problem from residents, businesses and other partners	Research to enable identification of links with issues of concern/interest and to understand drivers for unhealthy and healthy behaviours

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications. Tackling obesity in children and adults is a non-prescribed function of public health.

(d) Equalities Impact Assessment

An Equality Impact Assessment will be completed for the new strategy

(e) Workforce

Establishing a task and finish group will require officer time and commitment and agreement from line managers.

5. **Supporting Information**

Initial Discussion Regarding a Possible Task & Finish Group

- 5.1 At its meeting on 13th June 2017, the Overview and Scrutiny Committee took an item on its work programme. Under this agenda item, the Committee raised previous work of the Childhood Obesity Review of 2013 (published January 2014). Despite the amount of work conducted and the wide ranging recommendations produced by the Review, members were concerned that the issue remained a major one for Slough.
- 5.2 Given this, the Committee commissioned this report to map out some potential areas for a new review on obesity. As a result, the report will examine the work and recommendations of the 2013 Review, the progress made on those areas and the matters which might have most impact if investigated by a new Task & Finish Group. Should the Committee wish to commission such a group, then the discussion at this meeting should provide some clarity on the terms of reference under which it would operate.

Work of the 2013 Review

- 5.3 The aim of the 2013 review was to identify ways the council and its partners could promote healthy lifestyle choices for young people. The review focused on four questions:
- **What options are there to alter the physical environment?**
The focus for this work was on takeaways. A thorough review of the potential impact of the use of planning restrictions on the opening of new takeaways was undertaken. The Committee concluded that the impact on child access to hot food takeaways would be minimal, and therefore it would not be suitable to introduce a takeaway exclusion zone policy to Slough. Instead it was recommended that the Council work with local businesses to improve their healthy offer.
 - **What is the role of schools and how can we support them?**
The review focused on the provision of healthy catering for children at schools, and discussed the school food survey and a number of programmes that aimed to improve the healthiness of school lunches. The review recommended that the council work with schools to encourage inclusion of cookery classes and nutritional education in the curriculum for all children in the borough.
 - **The need to encourage physical activity**
The review identified two approaches as key to increasing physical activity:

- increasing the level of activity in a child's every day life (e.g. active travel); and
 - improved marketing of the leisure offer available in the borough to increase uptake.
- **What role can GPs and other primary care professionals play in tackling childhood obesity?**
GPs have a key role in tackling obesity, with much being placed on making every contact count. The report identified improving communication between GPs and the rest of the system as important.

Recommendations of the 2013 Review and Progress Made

5.4 The 2013 Review made 10 recommendations which are listed below.

- a) That the Cabinet agree the prioritising of work currently underway to improve the scope of healthy offers across a range of price levels by local retailers, specifically within the vicinity of local schools.
- b) That, in the municipal year 2015/16, the Overview and Scrutiny Committee review the childhood obesity levels data from areas that have introduced exclusion zones around schools, to assess evidence of their impact and re-consider the options for such a policy to be introduced in Slough.
- c) That the council work with all schools to encourage the inclusion of cooking classes and nutritional education in the curriculum for all schools in the borough.
- d) That the Slough Headteachers look to prioritise their School Transport Plans, co-ordinating with each other for maximum effect, and raising the profile of the options available to parents.
- e) That the Council, through the Transport Working Party, provide support to the schools for initiatives to improve the use of sustainable travel to and from schools, recognising not only the health benefits, but also the congestion and environmental benefits improved School Transport Plans can have.
- f) That the Council look at its methods of advertising the local leisure offer, particularly the available open spaces for 'unorganised' sporting activities, and include details of how improvements can/have been made when the Overview and Scrutiny Committee review the initial effectiveness of the new Physical Activity and Sport Strategy 2013-15 in autumn 2014.
- g) That the Cabinet commission officers to undertake a piece of work reviewing the balance of the leisure offer in the borough to ensure an appropriate mix for both boys and girls.
- h) That a formalised process for information sharing on initiatives to tackle childhood obesity be developed between the CCG, children's centres, health visitors, SBC's Culture and Sport team and schools. This Review recommends that the CCG leads on this, to ensure their engagement, as

they would be able to develop an overall picture of health and refer patients to the most appropriate services or initiatives that are available.

- i) That the Overview and Scrutiny Committee receive an update in January 2015 from the CCG on the progress made to implement the areas of work recognised as needing improvement:
- referrals, and the monitoring of progress through the system following a referral;
 - the introduction of a system of regular health checks for children up to the age of 16 across all surgeries; and
 - the need for closer liaison with Public Health, Health Visitors and School Nurses, and Children's Centres.
- j) That the Overview and Scrutiny Committee write to the Care Quality Commission to request that the new inspection regime for GP practices include assessment of their provision for tackling childhood obesity as it is a contributory factor in so many related serious illnesses.

Progress Made on the Recommendations of the 2013 Review

- 5.5 The last update was given to the Panel in 2015. Here, we provide a further update on the four areas, and the subgroups.

Physical environment i.e. fast food outlets

- 5.6 In 2015, the Panel was informed that the food and safety team had embarked on a pilot project to work with takeaway premises to explore changes that could realistically be implemented without negatively affecting the business. This pilot found that simple changes could be implemented and maintained, e.g. changing 17-holed salt shakers to 5-holed ones and training food handlers could lead to reduced salt consumption. Five independent or small-chain premises were visited as part of this project, each offering food where salt was added by staff and/or substantial amounts of fried foods were on offer. The work was supported by Trading Standards. In addition, the food & safety team previously operated a Catering for Health Award for food businesses in Slough, providing support for the substitution of high fat, sugar and salt ingredients and ensuring that 'healthy' alternatives were available on menus. The opportunity to continue this work together with the take away pilot ceased when funding for the nutritional advisor post was lost in 2016.
- 5.7 An evaluation of research literature has identified limited evidence on the direct impact of exclusion zones on obesity rates in the UK. Deprivation is a major confounding factor, being associated with both obesity and density of fast food outlets (Tedstone, 2016). One study found obesity to be associated with density of fast food restaurants in the least educated but not in the better educated (Burgoine et al, 2016). NICE guidance (2010, updated 2014) for cardiovascular disease (CVD) prevention recommends that local authorities are encouraged to restrict planning permission for food retail outlets in specific areas (e.g. within walking distance of schools) to prevent and reduce CVD. However, the compact nature of Slough means that restrictions on placement of new food outlets would have likely have limited impact.

5.8 In summary, there is be an opportunity build upon the effective and supportive work that has been undertaken with local businesses to encourage provision of healthier fast food in Slough.

Role of schools – focusing on nutrition

5.9 There have been national changes that impact on school food since the 2013 review:

- School Food Standards: All maintained schools, and academies that were founded before 2010 and after June 2014 are required to meet the School Food Standards. Under these Standards they must provide high-quality meat, poultry or oily fish; fruit and vegetables; bread, other cereals and potatoes. They must not be drinks with added sugar, crisps, chocolate or sweets in school meals and vending machines; more than 2 portions of deep-fried, battered or breaded food a week.
- Universal free infant school meals: Free school lunchtime meals were introduced for all Reception, Year 1 and Year 2 children in September 2014.
- Practical cookery lessons: From September 2014, practical cookery became compulsory for children up to Year 9. As part of their work with food, pupils should be taught how to cook and apply the principles of nutrition and healthy eating.

5.10 In 2015, the report to the Panel highlighted the School Food Survey. This survey was last run in 2015-16 where the main findings were:

- School meal uptake was 49% (same as previous year).
- School meals were again better balanced than packed lunches, although notably there was lower fruit provision
- 91% of school meals and 42% of packed lunches. Packed lunch balance is the highest it has ever been.
- Total fruit consumption has increased in school meals though still lags behind packed lunches (38% Vs 52% respectively Slough averages).
- Over half of packed lunch children are having 'no more than one fatty/sugary item'.
- Areas to improve identified included: fruit uptake in school meals, balance in packed lunches and actual food provision in school meals (ensuring schools serve what is listed on their menus).

5.11 A nutritional advisor was previously employed from 2007 to 2015 to support work with schools, co-ordinate and report on the School Food Survey and work with fast-food outlets, as mentioned in 5.6 above. This post was funded by the Public Health Grant and the Consumer Protection & Business Compliance teams

5.12 The FAST (Families and Schools Together) programme discussed in the 2015 update to the Panel is no longer running. The programme focused on improving educational achievement using a collaborative and family approach by giving parents of 3-8 year olds the confidence and skills needed to support their child's education. This was supported by Children's Centres and the nutritional advisor. The programme was run in three schools. Unfortunately outcome and feedback on the programme were not received from the schools.

- 5.13 Currently, the Children's Centres provide the following:
- Cookery School, delivered approximately twice a year by the Children's Centres Healthy Eating Practitioner, providing practical sessions to demonstrate healthy family meals on a budget.
 - 1 to 1 work with families offering be spoke advice for families who have been identified as having dietary or physical requirements.
 - All 10 Children's Centres offer Healthy snacks and meals cooked on site using menus planned by Healthy Eating Practitioner.
 - All 10 Children's Centres are undertaking training for the bronze accreditation for Oral Health. This accreditation is earned by venues that have been successfully assessed as being exemplars for Oral Health Promotion.

In addition, the Food bank Cookery School is delivered by Food bank staff to their clients demonstrating healthy meals using products provided by the food bank.

- 5.14 In conclusion, national guidance and requirements for schools to provide healthy food have increased since the 2013 review. In addition to schools and early years settings, it may be valuable to increasingly look at food provided in the home. The work being done by the Children's Centres, providing families with the skills to prepare healthy meals is a good example of such activity. The School Food Survey has provided importance intelligence to inform work with schools in the past and there may be value in considering less frequent surveys in the future, alongside work with families.

Physical activity – activity in every day life

- 5.15 Cycling in Slough: Slough is an ideal area in which to cycle as it is a compact, densely built up area only 7 miles east to west and approximately 3 miles north to south. It is relatively flat, thereby making cycling a viable alternative to the private car for numerous journeys, including shopping, work, and school trips. Residents are provided with information to encourage walking and cycling, please see below:
- [Walking and cycling leaflet](#)
 - [Where to get new and second hand bikes in Slough](#)
- 5.16 Cycle Hire Scheme: Slough now has its very own cycle hire scheme, similar to the Boris Bikes in London. Bikes can be hired from a range of locations across the borough including Slough train station, Burnham train station, Bath Road and Montem Leisure Centre. To use the scheme, individuals sign up for membership at 10 per year and then pay for each journey, with prices starting at £1 for the first half hour.

Physical activity – working with schools

- 5.17 Sustrans Bike it Offer: this started in Slough under a shared funding agreement with Buckinghamshire County Council, with delivery improvements happening in three schools per year in Slough. This lasted for 3 years before the Bike it role became fully funded by Slough Borough Council and ran in six schools per year until September 2016. Most of the schools involved saw 30 to 40% increases. A report evidencing this is available on request.
- 5.18 Travel Plans: in 2006 and previously, it was a requirement for all schools to have travel plans and they did. As schools have become Academies, they are now not required to do so unless there is to be a school expansion. Therefore it is likely that most school travel plans would not have been refreshed.
- 5.19 The schools element proved very successful however since schools have moved to Academy/Free schools with little time invested for this type of work. A considerable amount of money was set aside for match funding of bike sheds and etc. This was taken up by schools, but it is difficult to know whether the use has remained high since the reduction in funding. With the Access Fund we can over the next three years re-start part of the programme.
- 5.20 The Slough School Sport Network (SSSN) continues to be active and effective. Some key statistics include:
- In 2016/17, 1,200 young people took part in competition in the Autumn term, 1,000 in the spring term and 1,200+ in the summer term.
 - 84% of primary and 82% of secondary schools have taken part in an SSSN competition or festival (Spring to Summer term only)
 - In the 2016/17, 50 teachers accessed Sports National Governing Bodies Continuous Professional Development including eight undertaking the FA teachers award delivering to 700 primary school children across the year
 - A new PE, Sport and Health Wheel for self assessment has been created. It creates a visual profile of every school's impact using a clear learning journey. It is aligned to Ofsted criteria, PE and Sport Premium funding for primary schools and the School Games framework. SSSN are encouraging all schools to use this resource to help create a map of the borough.
 - A new package is being introduced to reduce sedentary behaviour, including:
 - i) Active movement: embedding activity into usual activities: two primary schools will be starting Active Movement in September funded by SSSN (the Council will potentially fund a further primary and two secondary schools to be funded by the council, to be confirmed).
 - ii) Real Play initiative: designed for early years and KS1 to get parents/carers/families to play with their children at home

Families receive resources, such as board games and story books linked to physical activity and family activities. Resources will be made available to schools but there will be a charge.

- It is part funded by the schools and part by the Government through Schools Games.

5.21 The Council Public Health team are supporting the roll out of the Daily Mile to primary schools in Slough. Two schools started the Daily Mile in Spring term of 2016/17 academic year. Several more schools have been lined up to start in Autumn 2017/18 academic year.

5.22 Overall, the SSSN, and Slough schools more broadly, continue to contribute and innovate to improve physical activity levels, both through sport and most recently by reducing sedentary behaviour.

Physical activity – leisure activities

5.23 “Get Active Slough” is the council’s five year leisure strategy (published 2016), which aims to achieve the overarching outcome of more people, more active, more often. Key updates on this work are given below under capital developments, new leisure provider and the ‘Get Active’ programme.

5.24 Capital developments: Over the period of the strategy the council will invest over £56 million in new and refurbished leisure facilities, across the borough that meet the needs of Slough’s diverse communities. These include:

- A new leisure centre on Farnham Road (to replace Montem Leisure Centre). Due to open in the spring 2019.
- A new community sports stadium (Arbour Park). Phase 1 opened in August 2016. Phase 2 completed in May 2017.
- A refurbished Langley Leisure Centre. Due to open June 2018
- A refurbished ice arena. Due to open April 2018
- A refurbished Salt Hill leisure facility. A new family activity centre is due to open in May 2018
- 11 new green gyms and trim trails have been located in parks and open spaces across the borough, giving local people free access to leisure facilities close to their home.
- 1 x parkour park – opened November 2016 and is being regularly used by young ‘free runners’.

5.25 A new leisure provider: On the 1st June 2017 ‘Everyone Active’ took over the operational management of our core leisure facilities, after 17 years of provision from Slough Community Leisure. Highlights of the new provider include:

- A proven track record of delivering high quality services to more than 150 facilities nationwide, in partnership with 44 different local authorities.
- It has been named ‘leisure operator of the year’ on four occasions at the UKActive Flame Awards, the sports and leisure industry’s largest celebration of excellence.
- Everyone Active’s success is due to the ability to deliver well managed leisure facilities and an activity offering which is great value for money.

- It will be working in partnership with the council to increase the participation of local people in leisure activities, targeting the inactive.
- Their dedicated outreach team will be arranging to meet with groups in the town to discuss their leisure needs.

5.26 Get Active: The Get Active programme, launched in September 2014, has engaged individuals over the age of 14y in four targeted wards; particularly those who are not currently active to encourage them to take exercise close to where they live or work. To date the programme has engaged with 11,866 individuals, with 33,798 visits to timetabled activity sessions across the borough. The programme was funded to end September 2017 but has been extended for another year and will now cease in September 2018. A detailed breakdown of participants is given in the table below:

Get Active Programme 2014 - 2017	Programme target (3 year)	Actual to date (programme ends September 2017)
Number of participants	2,650	11,866
Throughput (visits)	28,460	33,798
Age 0 – 13	0	2,579 (23%)
Age 14 – 25	1,951	5,875 (50%)
Age 26+	699	3,422 (27%)
Male	1,385 (53%)	6,090 (51%)
Female	1,265 (47%)	5,776 (49%)
Disability / limiting long term illness	186 (7%)	1,804 (15%)
Black / Other minority ethnic background	1,325 (50%)	6,170 (52%)
White	1,325 (50%)	5,696 (48%)

5.27 The Council has also commissioned a series of additional leisure activity programmes which are popular with local residents including an under 14s programme (Junior Get Active), over 55s programme (Active Lives), healthy walks, seated exercise and disability sports programme.

5.28 In summary, the Council's leisure strategy has led to improved facilities and programme of activities for the residents of Slough, including targeted work to improve participation from those areas most in need.

Role of GPs and other primary care professionals

5.29 Social prescribing and GP referral are key routes in to weight management services. In addition, GPs play a role through Making Every Contact Count. This is because Primary Health Care provides the ideal setting for promoting physical activity as 78% of the adult population visit their GP at least once a year. Therefore providing a great opportunity to share information and advice on physical activity. It is found that most people will listen to and are more likely to follow GP advice.

- 5.30 Social Prescribing: the Slough Service is known as the Wellbeing Prescribing Service. This is led by SPACE. Wellbeing Prescribing aims to address the non-medical needs of the residents of Slough with a view of benefiting from social interventions. Working collaboratively with health and social care, the service acts as a catalyst to create direct routes in to voluntary sector provision and prevention activities. In addition, the service promotes better use of commissioned services as well as the early identification of those who are at risk of readmission to hospital within 90 days.
- 5.31 Exercise on Referral: The aim of the scheme is to increase physical activity levels in individuals with existing health problems or those at significant risk of developing health problems. Referrals are received from GPs, practice nurses and other healthcare professionals and sessions are run at Leisure Centers. This service is not currently running in the transition period to a new Leisure Centre Provider. The service will be relaunched by the new Leisure Provider.

Other initiatives

- 5.32 In addition to the universal activities described above, weight management and health lifestyle services are commissioned for overweight children and adults. These include
- Weight management and healthy eating interventions for 7-11 year olds (Public Health funded Let's Get Going 12-week course and Leisure Team's course), capacity for ~108 children in 2017/18 in total.
 - Eat4Health intervention for adolescents – capacity 24 16-18 year olds in 2017/18
 - 'Family Activity' pilot in Cippenham Primary School funded by Active Communities team. After school activity sessions for children considered overweight and their families, including healthy eating ideas.
 - Eat4Health interventions for adults – 240 places available in 2017/18
- 5.33 Weight management services continue to be an effective and necessary service for Slough residents and provide residents with the skills to look after their own health and wellbeing.
- 5.34 **In conclusion, there has been a vast amount of work over the years which has attempted directly or indirectly to help Slough residents maintain a healthy weight. It is however very hard, or impossible, with many of these interventions to show a direct impact on obesity and for most projects only output or process data are available. The next section looks at the epidemiology of excess weight in Slough.**

Present Situation in Slough

- 5.35 Despite this extensive work from across the Council, rates of overweight and obesity in the borough continue to be higher than the South East average, higher than England average and with little sign of decreasing.
- 5.36 There is a significant issue of excess weight in Slough across all ages.¹ High levels of excess weight are seen across the life-course: 2 in 10 children at age 5y 4 in 10 children at age 10y and 6 in 10 adults are overweight or obese.

5.37 Prevalence rates for 4-5 year olds have overall remained stable (Figure 1). There was a decrease in 2014/15 however this was not sustained with rates bouncing back up the following year. In 10-11 year olds the percentage overweight and obesity have risen each year since 2012/13 (

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5.41 *Figure 2*). The data suggest that increases in obesity, not just overweight, underlie the recent rise in overall excess weight (

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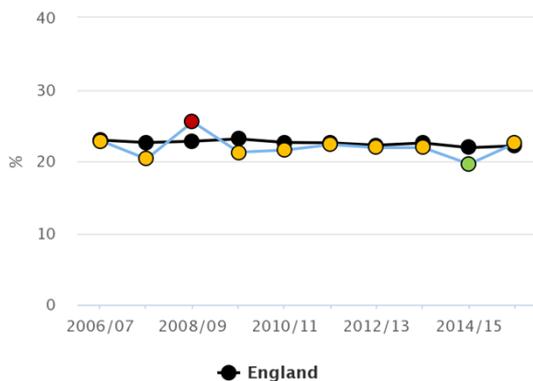
5.44

5.45 *Figure 2*). Obesity in children does not happen in isolation, with one of the biggest risk factors being obese parents (Reilly et al, BMJ 2005)

Figure 1. Prevalence of a) excess weight (overweight and obese children) and b) obesity in 4-5 year olds (Reception year) in Slough and England average, by year (PHE Public Health Outcomes, 2017)

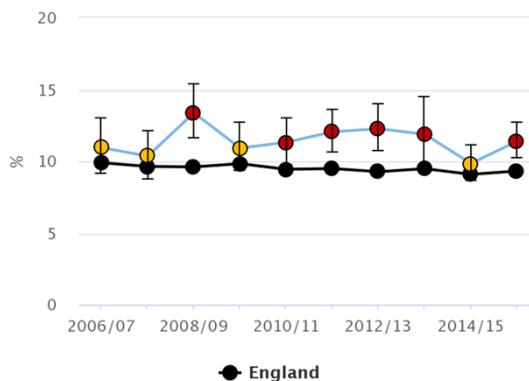
a) 4-5y excess weight

2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds - Slough



b) 4-5y obesity

Obese children (4-5 years) - Slough

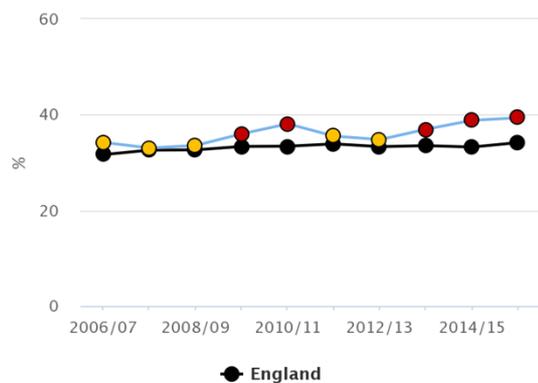


¹ Note on data quality: Good local data of excess weight and obesity in childhood are available through the National Child Measurement Programme which weighs and measures children in Reception year and Year 6 annually. This is a comprehensive, annual survey of children providing objective data. Figures on excess weight in adults stem from the Active People Survey conducted by Sport England and have greater limitations. This survey collects self-reported weight and height values from a sample of adults. Three-year average prevalence estimates are calculated by adjusting these values for known systematic errors in self-reporting, and weighting the data to be representative of whole population.

Figure 2. Prevalence of a) excess weight (overweight and obese children) and b) obesity in 10-11 year olds (Year 6) in Slough and England average, by year (PHE Public Health Outcomes, 2017)

a) 10-11y excess weight

2.06ii - Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds - Slough



b) 10-11y obesity

Obese children (10-11 years) - Slough

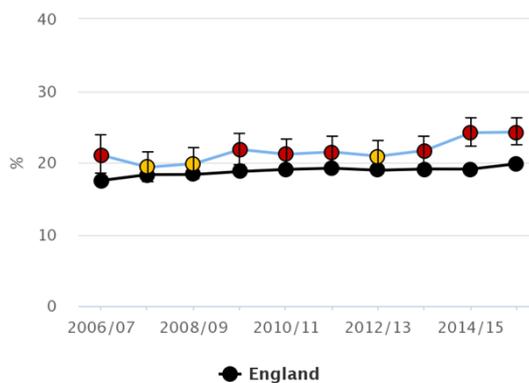
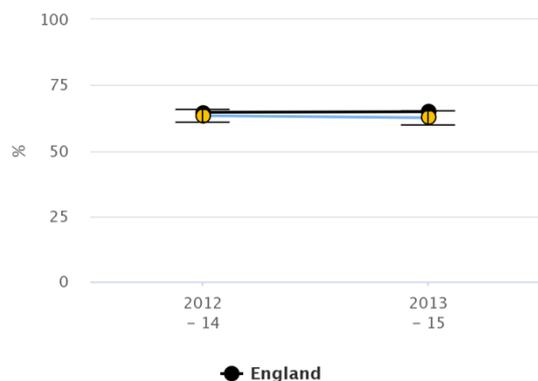


Figure 3 . Excess weight prevalence (3-year average) in adults in Slough (PHE Public Health Outcomes, 2017)

2.12 - Excess weight in Adults - Slough



5.46 All wards in Slough have high rates of childhood and adult overweight and obesity (Figure 4 and Figure 5). All ward-level mapped data are 3-year averages from 2012/13, 13/14 and 14/15.

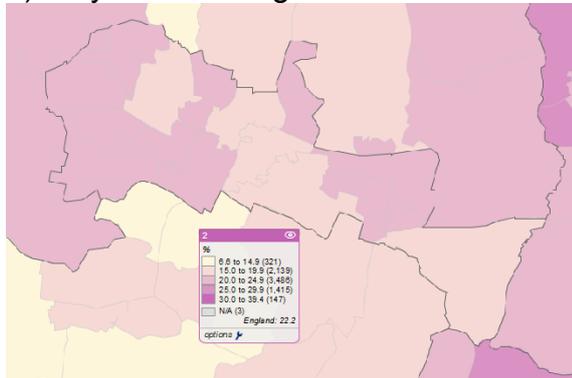
5.47 In reception, prevalence of excess weight varies between wards from 16% in Colnbrook with Poyle to 24% in Haymill and Lynch Hill, and prevalence of obesity from 9% in Wexham Lea and Colnbrook with Poyle to 14% in Bayliss and Stoke. In Year 6, prevalence of excess weight varied from 32% in Britwell and

Northborough to 45% in Wexham Lea, and prevalence of obesity from 18% in Langley St Marys to 27% in Wexham Lea.

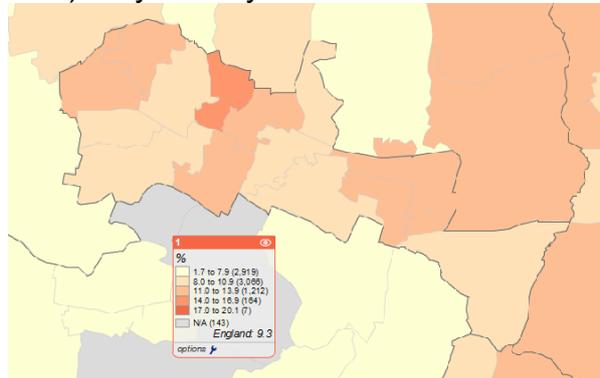
- 5.48 The increase in obesity between Reception and Year 6 is particularly stark in the wards of Wexham Lea and, Colnbrook with Poyle which go from having some of the lowest levels of obesity in 4-5 year olds (9% in both wards) to having the highest rates by the time children reach 10-11 years (27% in both wards).
- 5.49 Estimated ward-level prevalence of obesity in adults ranged from 19.8% in Upton to 26.8% in Britwell and Northborough.
- 5.50 Obesity is strongly associated with deprivation. The overlap between areas of child poverty and childhood obesity, and deprivation and obesity can be seen by comparing the darker shaded areas in Figure 4 and Figure 5 with those in Figure 6.

Figure 4. Prevalence of a) excess weight in 4-5 year olds, b) obesity in 4-5 year olds, c) excess weight in 10-11 year olds and d) obesity in 10-11 year olds in Slough, by ward (PHE Local Health).

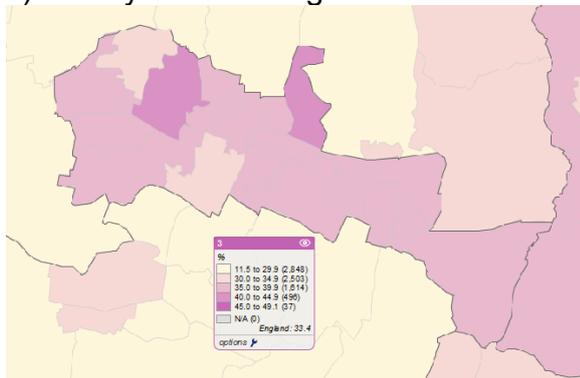
a) 4-5y excess weight



b) 4-5y obesity



c) 10-11y excess weight



d) 10-11y obesity

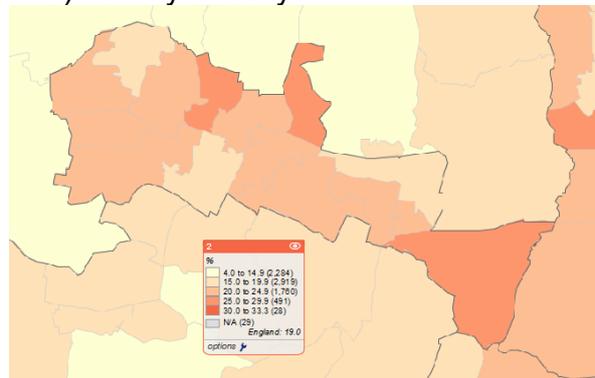


Figure 5. Estimated obesity rates in adults in Slough, by ward (modelled ward-level data) (PHE Local Health)

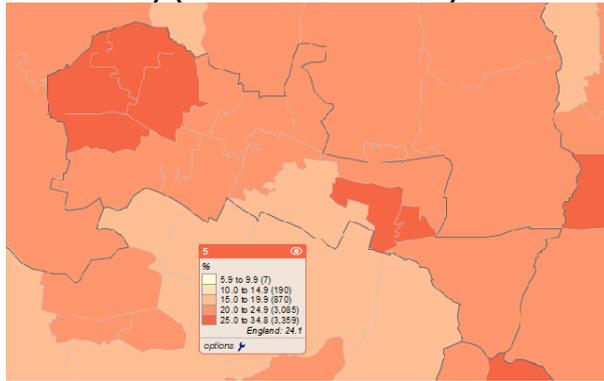
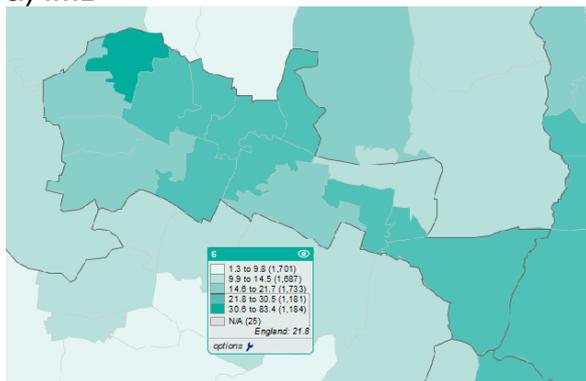
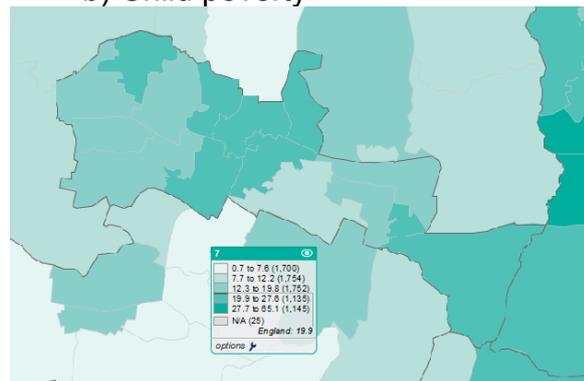


Figure 6. Ward-level map of a) Index of Multiple Deprivation (IMD) and b) child poverty* in Slough (PHE Local Health).

a) IMD



b) Child poverty*

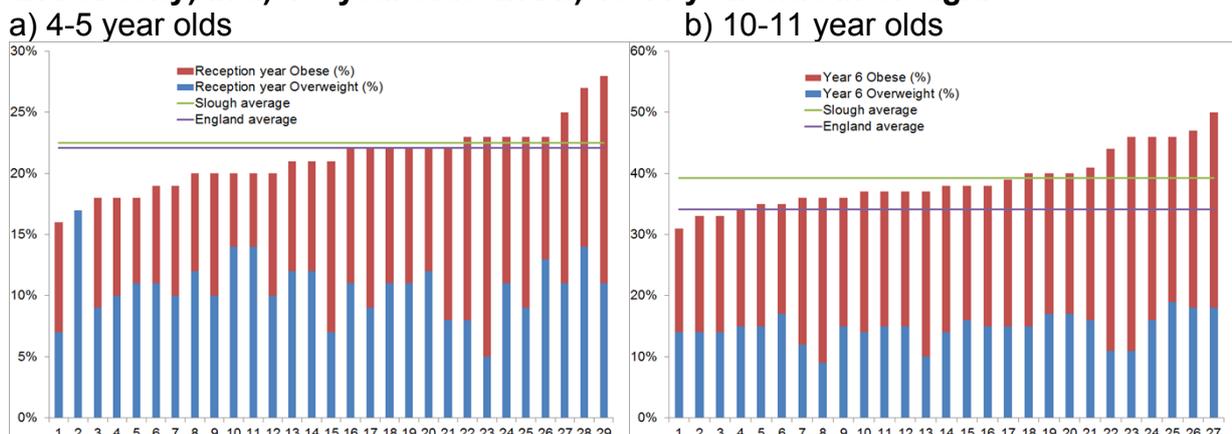


*Percentage of 0-15 year olds living in income deprived households, Income Deprivation Affecting Children Index, 2015.

5.51 There is also considerable variation in the prevalence of excess weight and obesity across Slough schools (3-year average data) (Figure 7). These data are used to target the school-based interventions. In Year 6, all but four schools in Slough had higher percentage of pupils with excess weight than the England average.

5.52 School census data (Dec 2016) indicate that there is considerable cross-border schooling in Slough i.e. pupils that live outside the borough and attend school in Slough and pupils resident in Slough who attend schools outside Slough. However, this is much more common for secondary school children than primary. In 2015/16 overall 11% of pupils (over 3,200) in Slough schools were registered with an address out of the borough. This was much higher in secondary schools (23.3%) than primary schools (3.6%). Similarly, over 3,700 Slough resident children attended an out of borough school of which 48% attended a school in Buckinghamshire and 42% in Windsor & Maidenhead.

Figure 7. School-level data showing the prevalence of excess weight (overweight and obesity) in a) 4-5 year olds and b) 10-11 year olds in Slough.



5.53 In summary, obesity rates in Slough are worse than England average and trend data show rates either to be relatively stable (4-5 year olds) or increasing (10-11 year olds). There is variation by ward, but there are no wards with low prevalence of obesity. Obesity is linked to deprivation and that appears to be echoed in local mapping. There is variation between schools in Slough, for example ranging from ~30% to nearly 50% of children carrying excess weight.

Possible Areas for Overview & Scrutiny

5.54 On the surface, the cause of obesity is simply that the number of calories consumed is greater than the number expended. However, the drivers behind these behaviours are complex and embedded in our personal, social and environmental context. For example, habitual behaviours, social norm of excess weight, environmental cues to buy unhealthy food products, environmental barriers to being active. Data are available which give an indication of healthy lifestyle behaviours in Slough's population, including health eating and activity e.g. self-reported consumption of fruit and vegetables and self-reported activity (Appendix 1, **Error! Reference source not found.**) and some of the key wider determinants such as deprivation (shown above). However, many of the drivers behind these behaviours are not so readily measured or, importantly, self-reported.

5.55 Much of the work of the council does or could impact on reducing obesity. Many activities are undertaken, across different directorates, which impact obesity, for example activities described above and active transport initiatives for Slough Borough Council employees.

5.56 Slough does not currently have a strategy to address obesity. The Public Health team are developing a **new obesity strategy** for Slough. The strategy has three areas i) Cross-Slough Ambition; ii) An Exemplar Council and iii) Public Health Intervention Programme. Details of each area are given below:

1. **Cross-Slough ambition** – developing and implementing an ambitious vision for tackling obesity in Slough, including for example prioritising active-travel friendly new developments, working with residents and businesses to generate demand and supply for healthy lifestyles.

Current Actions: The Public Health Team have undertaken a workshop with officers looking at how the council does and could tackle obesity through many different channels. A workshop with external partners is planned in September, and further work with Members will follow. We are in the process of commissioning a piece of research to explore the barriers and drivers for obesogenic behaviours by Slough residents.

2. **An exemplar Council** – leading by example, including Members and Officers

See 5.57 to 5.59 below.

3. **Public health intervention programme** – overview and support of key prevention activities and interventions

Current Actions: We have mapped existing programmes commissioned across the Council and identified gaps; commissioned Tier 2² weight management services for children and adults; developing of Tier 2 weight management intervention for people with learning disabilities; supporting to schools and children’s centres to increase physical activity and reduce sedentary behaviour.

An exemplar Council

5.57 The Council Employee Wellbeing Board run a number of initiatives (e.g. exercise sessions such as yoga, midday mile, healthy eating workshops and health checks, promotion of mental health resources) that aim to improve the health of Slough Borough Council staff (Appendix A). It is run by volunteers from a number of directorates and operates without a dedicated budget.

5.58 NICE recommend that local authorities and NHS organisations lead by example with regards to healthy weight. The Recommendation is given in the Box below:

Recommendation 9 Local authorities and the NHS as exemplars of good practice

Who should take action?

- Chief executive officers.
- Executive directors of local authority services.
- Local authority and NHS commissioners.
- Directors of public health and public health teams.
- Council leaders and elected members.

What action should they take?

- Public health teams should ensure local authorities and NHS organisations develop internal policies to help staff, service users and the wider community achieve and maintain a healthy weight.
- Local authorities, NHS executive directors and commissioners should promote healthier food and drink choices (and discourage less healthy choices) in all onsite restaurants, hospitality suites, vending machines, outreach services and shops. They

² Tier 1 covers universal services (such as health promotion or primary care); tier 2 covers lifestyle interventions; tier 3 covers specialist weight management services; and tier 4 covers bariatric surgery.

should do this through contracts with caterers, pricing and the positioning of products, information at the point of choice and educational initiatives^[1].

- Local authorities and NHS organisations should introduce and monitor an organisation-wide programme that encourages and supports staff and, where appropriate, service users, to be physically active^[2]. This includes, for example, introducing physically active travel plans for staff to promote walking and cycling to and from work. It also includes considering the design of working environments to increase opportunities for physical activity.
- Local authorities and NHS organisations should offer lifestyle weight management service(s) (in line with best practice outlined in section 1.1.7 of NICE's guidance on [obesity](#)) for overweight or obese staff who would like support to manage their weight.
- Local authority and NHS commissioners should consider how their decisions impact on obesity in the local community. For example, ensuring the provision of healthier choices is included in food contracts for leisure centres may have a positive impact on the diet of people who visit or work at these centres.

<https://www.nice.org.uk/guidance/ph42/chapter/1-Recommendations#recommendation-9-local-authorities-and-the-nhs-as-exemplars-of-good-practice>

5.59 We would like to recommend that the Overview and Scrutiny Panel establish a task and finish group to make recommendations on how Slough Borough Council can become an exemplar Council. This would be an extremely valuable piece of work that would show Slough Borough Council leading from the front on this difficult issue. As well as directly benefiting its employees (many of whom are also local residents) and Members, this work would also likely identify lessons that would be applicable to other local employers and residents across Slough. Finally it would also raise the profile and priority of this issue amongst officers and Members and as such contribute significantly to the cross-council vision.

6. Comments of Other Committees

This report has not been discussed by any other committee. However, both the Education and Children's Services Scrutiny and Health Scrutiny Panels expressed an interest in the matter (given its overlap with their work) and will take an update on this discussion at its meeting on 25th October 2017.

7. Conclusion

The Panel is asked to note the progress made since 2013, the development of a new strategy and consider the commissioning of a Task & Finish Group on Slough Borough Council aiming to become an exemplar council with regards to supporting staff and Members to achieve and maintain a healthy weight.

8. Appendices Attached

'A' - Childhood Obesity Review, published 14th January 2014

'B' - Employee Wellbeing Board overview

9. Background Papers

- '1' Obesity: working with local communities. NICE Public Health Guideline [PH42], last updated June 2017 <https://www.nice.org.uk/guidance/ph42>
- '2' Weight management: lifestyle services for overweight or obese children and young people. NICE Public health guideline [PH47], October 2013 <https://www.nice.org.uk/guidance/ph47>
- '3' Weight management: lifestyle services for overweight or obese adults. Public health guideline [PH53] May 2014 <https://www.nice.org.uk/guidance/ph53>
- '4' Physical activity and the environment. Public health guideline [PH8] January 2008 <https://www.nice.org.uk/guidance/ph8>; and draft replacement guidance out for consultation Physical activity and the environment (update) Full guidance expected March 2018 <https://www.nice.org.uk/guidance/indevelopment/gid-phg97>.
- '5' Obesity prevention Clinical guideline [CG43]. Last updated March 2015 <https://www.nice.org.uk/guidance/cg43>
- '6' Public Health Outcome Framework, Public Health England <http://fingertips.phe.org.uk/>
- '7' Local Health, Public Health England <http://www.localhealth.org.uk/#v=map11;l=en>
- '8' School Food Standards <https://www.gov.uk/school-meals-healthy-eating-standards>
- '9' Tedstone, A. Public Health Matters Blog. 2016 <https://publichealthmatters.blog.gov.uk/2016/10/21/obesity-and-the-environment-the-impact-of-fast-food/>
- '10' Burgoine, T., Forouhi, N. G., Griffin, S. J., Brage, S., Wareham, N. J., & Monsivais, P. (2016). Does neighborhood fast-food outlet exposure amplify inequalities in diet and obesity? A cross-sectional study. *The American Journal of Clinical Nutrition*, 103 (6), 1540-1547. <https://doi.org/10.3945/ajcn.115.128132>