London Obesity Leads Network Meeting

Wednesday 11th October 2017
Welcome and overview

Chair: Danny Ruta - Director of Public Health (DPH), London Borough (LB) of Lewisham and DPH Lead for Obesity, Association of Directors of Public Health (ADPH) London.

<table>
<thead>
<tr>
<th>Agenda for today</th>
<th>Time</th>
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<tbody>
<tr>
<td>1) Welcome and Overview</td>
<td>10.00</td>
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<tr>
<td>2) Health Inequalities Strategy (HIS)</td>
<td>10.05</td>
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<td>3) Comfort Break</td>
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<td>4) Infant feeding tips resource</td>
<td>11.10</td>
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<td>5) Local Government Declaration on Sugar Reduction and Healthier Food</td>
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<td>6) Comfort Break</td>
<td>12.05</td>
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<td>7) Influencing political leadership</td>
<td>12.15</td>
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<td>8) AOB</td>
<td>12.40</td>
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<td>9) Closing comments</td>
<td>12.50</td>
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Health Inequalities Strategy (HIS)
Health inequalities in childhood obesity and the Mayor’s Health Inequalities Strategy

Emma Pawson, David Tchilingirian
Child obesity in London
BMI status of children by age

Reception (aged 4-5 years)
- Underweight: 1.5%
- Obese: 10.3%
- Overweight: 11.7%
- Healthy weight: 76.5%

Year 6 (aged 10-11 years)
- Underweight: 1.6%
- Obese: 23.2%
- Overweight: 14.9%
- Healthy weight: 60.3%

This analysis uses the 2nd, 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as underweight, healthy weight, overweight and obese. These thresholds are the most frequently used for population monitoring within England.

Source: NationalChild Measurement Programme 2015/16
Child obesity in London

Prevalence of obesity by age
London District and Unitary Authorities

Children in Reception (aged 4-5 years)  Children in Year 6 (aged 10-11 years)

Note: value for Hackney and City of London combined

Child obesity: BMI greater than or equal to the 95th centile of the UK90 growth reference
Source: National Child Measurement Programme 2015/16
Child obesity in London

Obesity prevalence by ethnic group

Children in Reception (aged 4-5 years)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Obesity Prevalence (%)</th>
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<tbody>
<tr>
<td>White British</td>
<td>8.0%</td>
</tr>
<tr>
<td>White Irish</td>
<td>8.7%</td>
</tr>
<tr>
<td>White - other</td>
<td>9.4%</td>
</tr>
<tr>
<td>Mixed: White and Black Caribbean</td>
<td>10.8%</td>
</tr>
<tr>
<td>Mixed: White and Black African</td>
<td>13.1%</td>
</tr>
<tr>
<td>Mixed: White and Asian</td>
<td>5.7%</td>
</tr>
<tr>
<td>Mixed - other</td>
<td>9.7%</td>
</tr>
<tr>
<td>Indian</td>
<td>7.9%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>11.1%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>12.9%</td>
</tr>
<tr>
<td>Asian - other</td>
<td>9.4%</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>11.7%</td>
</tr>
<tr>
<td>Black African</td>
<td>16.4%</td>
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<tr>
<td>Black - other</td>
<td>14.8%</td>
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<tr>
<td>Chinese</td>
<td>8.1%</td>
</tr>
<tr>
<td>Other</td>
<td>12.0%</td>
</tr>
<tr>
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<td>10.1%</td>
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Children in Year 6 (aged 10-11 years)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Obesity Prevalence (%)</th>
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</thead>
<tbody>
<tr>
<td>White British</td>
<td>17.0%</td>
</tr>
<tr>
<td>White Irish</td>
<td>19.0%</td>
</tr>
<tr>
<td>White - other</td>
<td>22.9%</td>
</tr>
<tr>
<td>Mixed: White and Black Caribbean</td>
<td>25.9%</td>
</tr>
<tr>
<td>Mixed: White and Black African</td>
<td>25.2%</td>
</tr>
<tr>
<td>Mixed: White and Asian</td>
<td>14.6%</td>
</tr>
<tr>
<td>Mixed - other</td>
<td>22.2%</td>
</tr>
<tr>
<td>Indian</td>
<td>20.9%</td>
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<tr>
<td>Pakistani</td>
<td>25.2%</td>
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<tr>
<td>Bangladeshi</td>
<td>27.0%</td>
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<tr>
<td>Asian - other</td>
<td>22.5%</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>28.2%</td>
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<tr>
<td>Black African</td>
<td>28.6%</td>
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<td>Black - other</td>
<td>26.9%</td>
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<tr>
<td>Chinese</td>
<td>17.8%</td>
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<tr>
<td>Other</td>
<td>25.8%</td>
</tr>
<tr>
<td>Not Known</td>
<td>22.6%</td>
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</tbody>
</table>

Child obesity: BMI greater than or equal to the 95th centile of the UK90 growth reference.

95% confidence intervals are displayed on the chart.

• Obesity rate in London remain too high

• Inequalities exist in terms of geography and deprivation between boroughs and MSOA

• Inequalities exist between protected groups in terms of obesity prevalence (sex, ethnicity)

• Inequalities exist in the causes of obesity in terms of place or access e.g. fast food outlets

• Londoner’s have indicated system wide changes that would help child obesity
Developing the London Health Inequalities Strategy

August 2017
Why do we need a new health inequalities strategy?

National health policy change:
- Health & Social Care Act 2012 reforming the health and public health system
- NHS Five Year Forward View establishing a vision for prevention
- Introduction of Sustainability and Transformation Plans and place-based planning

London health policy change:
- London Health and Social Care devolution
- New policy commitments from a new Mayor of London
- Better Health for London ten shared ambitions

Social and economic change:
- Population growth, and demographic change with more diversity and a younger population
- Rising poverty, much driven by housing costs
- Changing working patterns and the growth of the gig economy
What is the Mayor’s role in health inequalities?

**ENSURING ALL THE MAYOR’S WORK CONTRIBUTES**
- Environment
- Planning
- Housing
- Transport
- Economic development
- Culture
- Policing

**CHAMPIONING WORK FROM ACROSS LONDON**
- Speaking out about health inequalities
- Challenging and championing the health sector to reduce inequalities
- Generating consensus from others as chair of the London Health Board

**DIRECTING SUPPORT FROM CITY HALL**
- Delivering City Hall’s health programmes
- Consulting and engaging Londoners
- Reporting on actions and outcomes

**NOT**: setting health policy or commissioning health or public health services
London Health Inequalities Strategy DRAFT aims

Healthy London
A healthier, fairer city, where nobody’s health suffers because of who they are or where they live

Considering health equality in everything we do
AIM 1, healthy children: every London child has a healthy start in life

Draft objectives:
- London’s babies have the best start to their life.
- Early years settings and schools support children and young people’s health and wellbeing.

Key Mayoral ambition
- Launching a new health programme to support London’s early years settings, ensuring London’s children have healthy places in which to learn, play and develop.
AIM 2, healthy minds: all Londoners share in a city with the best mental health in the world

Draft objectives:
• Mental health becomes everybody’s business across London.
• The stigma associated with mental ill-health is reduced, and awareness and understanding about mental health increases.
• London’s workplaces are mentally healthy.
• Londoners can talk about suicide and find out where they can get help.

Key Mayoral ambition
• To inspire more Londoners to have mental health first aid training, and more London employers to support it.
AIM 3, healthy place: all Londoners benefit from a society, environment and economy that promotes good mental and physical health

Draft objectives

- Improve London’s air quality
- Promote good planning and healthier streets
- Improve access to green space and make London greener
- Address poverty & income inequality
- More Londoners supported into healthy, well paid and secure jobs
- Housing quality & affordability improves
- Homelessness and rough sleeping is addressed

Key Mayoral ambition

- To work towards London having the best air quality of any major global city
AIM 4, healthy communities: London's diverse communities are healthy and thriving

Draft objectives:
• It is easy for all Londoners to participate in community life
• All Londoners have skills, knowledge and confidence to improve health
• Health is improved through a community and place-based approach
• Social prescribing becomes a routine part of community support across London
• Individuals and communities supported to prevent HIV and reduce the stigma surrounding it
• TB cases among London’s most vulnerable people are reduced
• London’s communities feel safe and are united against hatred.

Key Mayoral ambition
• To support the most disadvantaged Londoners to benefit from social prescribing to improve their health and wellbeing
AIM 5, healthy habits: the healthy choice is the easy choice for all Londoners

Draft objectives:
- Childhood obesity falls and the gap between the boroughs with the highest and lowest rates of child obesity reduces
- Smoking, alcohol and substance misuse are reduced among all Londoners, especially young people

Key Mayoral ambition
- To work with partners towards a reduction in childhood obesity rates.
Reducing Health Inequalities in London needs a partnership effort

Therefore

• We have planned multiple & cross cutting discussions to take place across the London system during Sept - Nov to stimulate system commitment to action

• We want to work with partners to co-produce and work collectively with business, public sector and civil society partners to work on ideas/proposals to implement in the short to medium-term

• We are collectively developing a set of indicators that will help us measure our impact

• We want to stimulate action (pledges) and propose to capture these on a London pledge board available in late Autumn

• Our activity and progress will be steered by the revised London Prevention Board with its broad membership stimulating city-wide action

• We have a vision to add & grow city-wide commitment to reducing health inequalities & celebrate success throughout 2018 & beyond
How to get involved?

To find out about or respond to the consultation online go to:
https://www.london.gov.uk/health-strategy
If you’re an individual, you can also respond via Talk London and a YouGov public poll:
https://www.london.gov.uk/talk-london/healthstrategy
To attend a meeting, email:
healthinequalities@london.gov.uk
and mark your email ‘Meetings’.
We will be offering some Drop-In sessions. To be confirmed by end of Aug and will be published on GLA website.

23rd Aug 2017
• Consultation launched

Sept 2017
• System pledge online portal live

30th Nov 2017
• Consultation closes

May 2018
• Final strategy available
HIS workshop questions

1. What do you think the London system & partners should be doing at a regional level to address inequalities in child obesity?

2. Being really ambitious, what do you think the new London Obesity Taskforce should prioritise for its work programme?

3. Is there more London’s Boroughs could be doing together?

4. Should we make a collective response to the HIS as the LOLN? or agree the key things that London should feedback as part of the consultation to share with local boroughs?
Break
20 min
10.50 - 11.10
Infant feeding tips resource

Verity Hawkes
INFANT FEEDING SUPPORT IN LONDON- WHAT’S HAPPENING, THE EVIDENCE AND TIPS

Produced by the London Sector Led Improvement Infant Feeding Task and Finish Group for Local Authorities in London

October 2017
Who is this resource for and why did it come about?

**WHY**

In 2016, the ADPH London Childhood Obesity Sector Led Improvement (SLI) project identified the following challenges relating to breastfeeding:

- Low initiation and continuation rates reported by Public Health teams.
- Reduced workforce capacity of frontline staff reducing support available for mothers.
- Challenges relating to developing relationships with the commercial sector which is important when supporting mothers to breastfeed outside the home.

**WHO**

Local authority public health teams
Local authority commissioners
Local authority Early Years teams
Read on, you will find…

- What’s happening in local areas around breastfeeding
- What works to improve breastfeeding rates
- Breastfeeding data collection in London - challenges and tips for improvement
- Tips for mapping maternity pathways and developing an infant feeding strategy
- Tips for your local infant feeding strategy
- Tips on planning your local UNICEF Baby Friendly Initiative
- Tips on peer support models
- Tips on influencing businesses and employers
- Tips to support complementary feeding
Tips on making the case for infant feeding support

Despite the strong evidence on the health benefits of breastfeeding for infants and mothers it is sometimes not enough to influence commissioners.

The power of stories: In Waltham Forest feedback on the positive impact support had on families was communicated to executive team.

Highlight the potential wider benefits on environmental sustainability, food poverty, perinatal mental health and school readiness, obesity associations.

Highlight synergy with 1001 days and child poverty agendas.

Obesity & Mental H&WB being key priorities within H&WB Strategy, supported by action plan.

Highlight the holistic approach to infant feeding (i.e. affects growth, cognitive development, speech and language, nutrition and obesity).

Working towards and achieving UNICEF BFI accreditation can help with engagement. E.g. Greenwich example – resulting in 8 councillors attending UNICEF BFI award ceremony.

Strong leadership between DPH and elected members.

Strong partnership across maternity/HV/LA and university and voluntary sector (MVP group).

Local Government Association. Improving outcomes for children and families in the early years: A key role for health visiting services.

UNICEF UK ministerial briefing on removing the barriers to breastfeeding.
How to map and improve local maternity care pathway

- Ensure service information is standardised across Health Visiting, Public Health, and Midwifery.
- Use NICE maternity services pathways as a guide/checklist.
- Consider Intrapartum care, Postnatal care, Pregnancy.
- For fast, friendly, anytime, trusted NHS advice on breastfeeding direct mums to the Start 4 Life breastfeeding page.
- Mapping your local pathway can identify gaps in support and local needs.
- Ask and engage with local maternity services for their pathways.
- Engage health visiting and children centre staff.
- Speak with the chair of the MSLC.
- The process of Health Visitors and Children & Family Centres working together to achieve UNICEF Baby Friendly Accreditation can help.
Developing a local infant feeding strategy

FOUNDATION COMPONENTS

- A health visiting service providing appropriate support on infant feeding at universal contacts
- Adequate postnatal infant feeding support, between birth and the first Health Visitor contact
- Infant Feeding Team working closely with health visiting, maternity services, children’s centres and peer support workers. Links also made to the local Healthy Early Years programme.
- Joined up working to improve consistency of advice
- Infant feeding policy part of new staff induction training across Children’s Centres, Health Visiting, Maternity and other Early Years services
- Implementation of a structured externally evaluated programme for staff training using, for example, the Baby Friendly Initiative (BFI) as a minimum standard (NICE PH11 2014)
- Workforce development for all those specialising in infant feeding
- Accurate data with adequate coverage to pass validation
- Campaign to raise local awareness of women’s rights to breastfeed in public (as outlined in the Equality Act 2010)
- STP’s and CCG signed up to support breastfeeding within contracts
- Information and/or webpage where people can find out about infant feeding support services available within the local area
- GP engagement and closer links with GP Infant Feeding Network
- Include consideration of sponsorship from infant formula companies when signing up to the Local Government Declaration on Sugar Reduction and Healthier Food.
Tips on UNICEF Baby Friendly Initiative UK

- Working together for children centres and health visiting services to achieve BFI
- If different areas/settings are all thinking about it - go at the same speed together
- UNICEF offers joint implementation visits and accreditation assessments at a lower cost
- Get community stuff running early
- Launch event so that all partners working with Early Years are aware the borough is going BF, and knows what that means.
- Senior director buy in is very important from borough perspective and to make the work sustainable.
- Be flexible as things do change
- Before investing in staff training make sure resources for coordination and infrastructure are in place.
- Must have dedicated staff and resources
- Infant feeding coordinator in the community key
- Get partnership in place first. Ensure Maternity Voluntary Partnership as key partner
- The train the trainer model from UNICEF is cheaper than buying in the external training.
- If using a train-the-trainer model, ensure that the person you train is passionate and willing to deliver training to others.
- Do audits of mothers early to inform what training is needed for staff and where any gaps in provision lie.
Breastfeeding data collection in London

Breastfeeding prevalence at 6-8 weeks after birth: current method (2015-16)

*No data
Source: https://fingertips.phe.org.uk/
Picture credits: Dr Marikena Karkadios
Health visitors (HV) record infant feeding practice at 6-8 week checks

- Providers need to complete all checks in the 6-8 week time window and record the feeding status for greater than 95% of infants.
- Infant feeding status is recorded as either infants totally breastfed, partially breastfeed or not breastfed.

Data is validated in stages

- The data will fail validation if:
  1. Excess data is submitted i.e. the number of infants reported as being either totally or partially breastfed is more than the number of infants due a check.
  2. The number of infants reported as being due a 6-8 week review is outside 20% of the estimated resident population of babies aged zero for that local authority. i.e. more or less infants are reported as having a check than expected. This is a sense check.
  3. If data on feeding status is available for less than 95% of infants due a 6-8 week check.

Data that passes all validation checks appears in PHE the quarterly statistical release

If coverage is >=95% the % totally or partially breastfed is reported and the annual figure for this appears in PHOF

Where the data is not validated. No data is reported for the borough. The blank cells are colour coded as to which validation stage was not passed.

The percentage of infants for which the infant feeding status is known is reported. This is the local data coverage figure.
Tips for improving breastfeeding data collection

• Ensure providers are aware they have to record the type of feeding for 95% of women and explain this is important to pass validation

• This data field has been made mandatory on the system

• A data collection KPI has been implemented in the new contract to help achieve 95% coverage

• Data collection KPI included in 0-19 PH Nursing contract

• Infant feeding is in the quarterly performance monitoring form

• Data is discussed at regular contract management meetings with providers

• Data collection made compulsory within the contract, also collecting 10 day data.

• Utilise option to resubmit/refresh data submissions

• The process for collecting and reporting data will change from 1st October 2017. In addition to PHE’s continued quarterly collection Providers will send monthly data to NHS digital as part of the Community services data set

• For information on the Community services dataset visit https://digital.nhs.uk/Community-Services-Data-Set

• http://content.digital.nhs.uk/maternityandchildren/CYPHS
Questions

1. How might we stimulate a pan London use of these resources?
Lambeth Local Authority Declaration on Healthier Food and Sugar Reduction

Vida Cunningham – Public Health Specialist
What helped Lambeth to become the first Local Authority to sign the Declaration?

- **Strategic direction and priority to address healthy weight and healthy eating** *(Health and Wellbeing Strategy)*

- **Good in-roads already in place to address healthy weight and healthy eating** *(Lambeth Healthy Weight Care Pathway programme, Food Flagship borough, a wealth of local initiatives to address the wider food environment)*

- **Good support from senior leaders** *(Senior Cllr- Chair of Health and Wellbeing Board, interim DPH, CCG Chair)*

- **Strong partnership approach and commitment borough wide**
What Method Approach was used?

- Baseline Audit

- Engagement with teams across the council to agree local commitments and necessary policies (e.g. Sponsorship Policy, Commissioning measures to support the Commitments made)

- Discussion and agreement at the Health and Wellbeing Board

- Approval by Lambeth Cabinet
Workshop

Prioritising and targeting
Break
10 mins
12.05 - 12.15
Influencing political leadership

Jack Eddy
How many politicians does it take to change a light bulb?

Two: one to change it and another one to change it back again.
## The General Election Result, 8 June 2017

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<tr>
<th>Party</th>
<th>Seats (±)</th>
<th>Vote Share % (±)</th>
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<tr>
<td>Conservative</td>
<td>318 (-13)</td>
<td>42.4 (+5.5)</td>
</tr>
<tr>
<td>Labour</td>
<td>262 (+30)</td>
<td>40.0 (+9.5)</td>
</tr>
<tr>
<td>SNP</td>
<td>35 (-21)</td>
<td>3.0 (-1.7)</td>
</tr>
<tr>
<td>Lib Dem</td>
<td>12 (+4)</td>
<td>7.4 (-0.5)</td>
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<tr>
<td>Dem Unionist</td>
<td>10 (+2)</td>
<td>0.9 (+0.3)</td>
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<tr>
<td>Sinn Fein</td>
<td>7 (+3)</td>
<td>0.7 (+0.2)</td>
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<tr>
<td>Plaid Cymru</td>
<td>4 (+1)</td>
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<td>Green</td>
<td>1 (0)</td>
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<td>UKIP</td>
<td>0 (-1)</td>
<td>1.8 (-10.8)</td>
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<td>Social Democratic &amp; Labour</td>
<td>0 (-3)</td>
<td>0.3 (0.0)</td>
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<tr>
<td>Ulster Unionist</td>
<td>0 (-2)</td>
<td>0.3 (-0.1)</td>
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Current Political Terrain

• London continues to move towards being more of a ‘Labour city’

• If we were to hold local elections now, it is likely the Conservatives would lose control of some boroughs

• Labour could therefore control more boroughs than it has ever done since 1967, and possibly take control of at least one of the two boroughs that the Tories have held since 1964, namely K&C and Westminster

• Lib Dems would be disappointed if they did not win at least one additional borough. But…

• We have eight months to go, and all three parties have their own ‘issues’ to deal with at national, regional and local level!
“Democracy is the only system that persists in asking the powers that be whether they are the powers that ought to be” - Sydney J. Harris

October 2017 to May 2018 – an opportunity?

• Councillors focused on re-election
• Manifesto, Budget/Budget Amendment
  Additional emphasis on public perception
• Media and campaigns
• Councillors will need material to emphasise effectiveness in administration
“In politics we presume that everyone who knows how to get votes knows how to administer a city or a state…” - Plato

Why is effective engagement of politicians important?

• Local Authorities are political institutions and many of the levers locally are political. They make the big decisions!

• To help effect lasting change and establish best practice.

• Example: Surrey County Council and Highways Maintenance Permit Scheme
“Things are more like they are now, than they ever were before” - Dwight D Eisenhower

Why is it difficult to engage with local Politicians?

- Misunderstanding of priorities
- Language barrier
- Intimidation
- Departmental procedure
- Opportunity
“Just because you do not take an interest in politics doesn't mean politics won't take an interest in you” - Pericles

Methods and approaches – as an officer - Who to influence?

- Leader and/or Deputy
- Portfolio-holder
- Chair of Scrutiny or other committee
- Opposition
  - Understand the politician
- Manifesto
- Articles
- Blogs
- Social media
Methods and approaches – as an officer (pt2)

Speak their language

Political Assistant
- Southwark, Lewisham, Barnet, Newham, Ealing, Brent, Sutton, Harrow, Hounslow & Waltham Forest – Political Assistant
- Camden – “Cabinet Policy Officer”
- Haringey – “Cabinet Support Officer”

Democratic Services
- Head of Democratic Services, Committee Officers

Prepare an info package

Be direct and persistent
"I think the people of this country have had enough of experts" — Michael Gove

Methods and approaches – as a Network

• Use the democratic processes
• Motions, public questions, press releases, consultations
• Consider public message and give them an easy win!
  Example: Thrive LDN Borough Engagement process
Influencing political leadership Questions:

1. What can the Obesity Leads Network do to influence political leadership?
   - What is the “ask”?
   - How can the Network make it relevant?
   - How can the Network effect change?

2. What can you do within your own Council to inform and influence political leadership on obesity policy?

3. What is the challenge translating child obesity into the local political environment?
AOB

Updates from across London

All delegates
Calorie reduction programme announcement – media coverage

Fast food next for the bin in childhood obesity fight

Shrink burgers and crisps to beat obesity, food firms ordered

Health experts urge calorie cut in children’s favourite foods

Pizza’s off the menu as Government cracks down on childhood obesity

War on Child Obesity

State’s bid to shrink fast food portion sizes
McDonald’s, Domino’s and sarnies targeted

War on Child Obesity

EXCLUSIVE

By SHAUN WOOLLER

McDONALD’S bingers and Domino’s pizzas could shrink under Government plans to combat childhood obesity. Health officials want to slash calories in a range of popular foods – including takeaways, ready meals, and prepared sandwiches. They hope to launch a “national campaign” to help reduce calorie content in food for children from as early as next year. "These could lead to smaller portion sizes or a wider range of healthier meals," said an official. "Some food producers and suppliers have already started to work on reducing the calories in their products." The Department of Health’s Childhood Obesity Research Unit at the University College London said: "We are working with food producers and suppliers to develop innovative ways of reducing calories in fast foods and ready meals." The new plans also include a "traffic light" system for calorie counts on packaging, with red lights for foods high in calories. "This will help consumers make informed choices," said a spokesperson. "We are also looking at ways to reduce the amount of sugary soft drinks consumed by children."

High-calorie crackdown takes aim at ready meals and burgers

More than one in five children are overweight or obese when they begin school. This figure increases to one in three by the time children leave primary school, according to Public Health England. 

Paul McClean

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What is it?
• PHE have been asked to review the nutrient profile model to ensure it reflects the latest government dietary guidelines, which is used to inform the restrictions on food and drink advertising.

• PHE will be working with academics, industry, health NGOs and other stakeholders to ensure that the work is comprehensive and transparent.

Progress update
• Consultation on the revised nutrient profiling model is due to take place January 2018. The review is due to completed Summer 2018.

Actions at Local Authority Level
• Support to disseminate details of the nutrient profiling model review via the webpage on gov.uk to stakeholders.
  https://www.gov.uk/government/collections/review-of-the-nutrient-profiling-model
“Local planning authorities and planning applicants could have particular regard to the following issues:

• proximity to locations where children and young people congregate such as schools, community centres and playgrounds

• evidence indicating high levels of obesity, deprivation and general poor health in specific locations”

July 2017

Further information: https://www.gov.uk/guidance/health-and-wellbeing
Healthy places...healthier choices

Everybody active, every day
An evidence-based approach to physical activity

Building the
Tackling obesity planning and

Spatial Planning for Health
An evidence resource for planning and designing healthier places

Healthier and More Sustainable Catering
A toolkit for serving food to adults
Includes useful information for organisations aiming to meet the Government Buying Standards for Food and Catering Services
Closing comments

Danny Ruta: DPH, LB of Lewisham and DPH Lead for Obesity, ADPH London.