

Tackling Childhood Obesity Together

Annual Report of the Director of Public Health
2016-17



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Foreword



**Dr Dagmar Zeuner,
Director of Public Health**

I am delighted to present my first independent annual report on the health of the population of Merton, in fulfilment of my statutory duty as Director of Public Health. I joined Merton in February 2016 and have spent my first months making sure I fully understand the big public health challenges facing the borough and working with partners to tackle them together.

This report considers one of the major public health issues in Merton – childhood obesity – which is a priority for our local Health and Wellbeing Board, as it is for London and nationally.

We all have a part to play in tackling the influences and addressing the consequences of childhood obesity. Good work is already taking place across Merton but we need to do more.

This report gathers the facts and figures about childhood obesity in Merton and the evidence about what works as an easy local reference and resource to support our joint effort. The purpose of this report is to complement the Health and Wellbeing Board child healthy weight action plan.

The report begins with looking at the broad range of factors that influence the likelihood of childhood obesity, moving into the consequences and costs of childhood obesity to society. Chapter 4 provides an insight into the size and pattern of childhood obesity locally and chapter 5 reviews what we know so far about the views of children and young people and residents on the topic. Chapter 6 highlights the need for a new approach to tackling childhood obesity in Merton and chapter 7 provides details of our approach to tackling childhood obesity through the Merton child healthy weight action plan.

I am grateful to my team and many colleagues from the council, Merton Clinical Commissioning Group and other organisations for their support and contributions. These efforts are much appreciated – on top of everybody's busy daily work – and result in a more informed and collaborative output. We are keen to make our annual report as useful for partners as possible. Please email public.health@merton.gov.uk with any feedback you might have.



**Councillor Tobin Byers,
Cabinet Member for Adult
Social Care and Health
and Councillor Katy Neep,
Cabinet Member for
Children's Services**

As the Cabinet Members responsible for Public Health and Children we commend this annual report of our Director of Public Health.

The needs of children are at the heart of what we do and childhood obesity is a major public health challenge for Merton. As resources tighten it is especially important to understand the influences and causes of childhood obesity and recognise that it is only through a preventative approach that we will be able to tackle them in a sustainable way. If action is not taken by us all now we risk the next generation experiencing the burden of increasing and multiple long-term conditions.

The report provides a welcome underpinning of the Health and Wellbeing Board child healthy weight action plan and sets out the importance of place, community and family. The solutions are multiple and wide-ranging and the only way to face the challenge is to work in partnership for and with the residents of Merton.



**Dr Andrew Murray,
Chair of Merton Clinical
Commissioning Group**

As the Chair of Merton CCG and a local GP, I see firsthand the consequences of childhood obesity and know that we need to work together to tackle the complex range of influences on obesity in a joined up way.

The NHS Five Year Forward View states that the future health of millions of children will depend on a radical upgrade in prevention and public health, and highlights the need to back action on obesity. The NHS has an important role to play and we must work collaboratively with communities and partners across Merton to co-create sustainable preventative solutions. Our work to develop a new model of health and wellbeing in the east of the borough will be a key focus in the coming years.

I commend the publication of this annual public health report. It is a useful resource and provides a strong focus on the role we can all play in tackling this major public health challenge.

Key Messages

The challenge

1 Childhood obesity is harmful to the health and wellbeing of Merton's children now and in their future:

Childhood obesity increases the risk of developing health conditions including asthma, type 2 diabetes and cardiovascular risk factors during childhood. It also increases the risk of long term chronic conditions in adulthood and can lead to premature death.

Obesity affects social and emotional wellbeing, with an increase in children experiencing low self-esteem, anxiety and depression. This may lead to lower levels of educational attainment which can limit employment opportunities as adults.

2 Childhood obesity is an epidemic:

There has been a significant increase since the 1980s and the World Health Organization (WHO) regards childhood obesity as one of the most serious global public health challenges of the 21st century. When compared to similar global cities, including Paris, New York and Sydney, London has the highest rates of childhood obesity. If we do not reverse the epidemic, then for the first time in hundreds of years our children might experience shorter life expectancy than their parents.

3 Obesity affects lots of children and families across Merton:

Around 4,500 primary schoolchildren (aged between 4 and 11 years) are estimated to be overweight or obese – this is equivalent to 150 primary school classes. One in five children entering Reception are overweight or obese and this increases to one in three children leaving primary school in Year 6. This gain in obesity as children get older is happening under our watch in schools and communities. If we do not act now, the number of overweight and obese children will continue to rise in Merton.

4 Childhood obesity contributes to widening health inequalities:

Rates of childhood obesity are higher in more deprived communities in the east of Merton. At age 4-5 years, one in ten children are obese in the east of the borough, whereas in the west, one in 20 children are obese. By age 10-11 years, one in five children are obese in the east compared to one in seven in the west. The gap between the east and west is continuing to widen. As well as our physical and food environments, health behaviours are influenced by socioeconomic and cultural factors. Healthier choices are not always the easiest ones to make because of all the actors that influence our choices.

5 The environment that we live in is the underlying cause of obesity:

We are living in an 'obesogenic' environment which encourages people to eat more unhealthily and be less active. People have not become lazier or greedier – instead, we are surrounded by more high energy, high fat, high sugar, low cost foods. There is also increasing car use, traffic congestion and reduced time and opportunities to be active.

6 Obesity is becoming unaffordable:

Nationally, obesity costs £27 billion annually to the wider economy, including £6.1 billion to the NHS and £352 million to social care. Additionally there are an estimated 16 million obesity-attributed days of sickness annually which is a huge loss of productivity to the economy. The estimated cost of overweight and obesity to the NHS in Merton is £52 million annually. By 2050, the wider costs of overweight and obesity are predicted to increase to nearly £50 billion nationally, which could bankrupt the health and care system.

7 We may not recognise overweight or obesity in ourselves or our children:

There has been a shift in society's perception of what is a healthy body size and shape. The media tend to use images of extreme obesity to illustrate articles about obesity. In some countries and cultures having a larger body size may be seen as indication of wealth and health. If we do not recognise obesity, we are less likely to prioritise tackling it.

The solution

1 We must take a whole-system preventative approach:

Evidence shows that a preventative, whole systems approach to tackling childhood obesity is needed, which recognises the major impact of the places where we live, work and play on health and wellbeing, as well as individual behaviours and choices. A whole systems approach addresses the need to take action at different levels; at the population, community and individual level in order to maximise opportunities for children and families to adopt and maintain healthy lifestyles as part of daily life. Population level actions include policy and regulatory measures; community level actions include those in setting such as healthy schools and healthy catering; individual level actions include support to achieve and maintain a healthy weight.

2 We need to create an environment in Merton which makes the healthy choice the easy and preferred one for our children and families:

Evidence tells us that population wide actions across aspects of the physical, food and cultural environment are most likely to be successful and cost effective. Health promoting environments, that is those where the healthier choice is both the easier and preferred choice, are also more economically and environmentally sustainable. Access to physical activity and affordable healthy food, and good housing and cooking facilities are all significant. Improving access to and use of Merton's green spaces and leisure facilities all contribute to improved physical activity. Ensuring school meals and catering businesses provide healthy food options supports people to make healthy choices.

3 Patterns of behaviour are often established early in life and intervening early is more appropriate and cost effective.

There is strong evidence that increasing children's positive early experiences (including pre-birth) has a cumulative effect as they grow up. Early years services have an essential role to play in promoting healthy choices and supporting more vulnerable families. Maximising the role of schools is important to make sure children and young people develop healthy lifestyles to take into adulthood. Developing clear pathways and support for professionals working with parents, children and young people to feel confident about talking about weight and signposting families are priorities.

4 We must work together to co-produce our approach locally:

Building on the strong relationship between voluntary, community and public sectors and business partners in Merton and good work already taking place, we need a sustained joined up approach to influencing at all levels if we are to address the challenge of obesity and the profound long term consequences for health and wellbeing of children and adults.

5 Understanding children and young people, parents and carers and Merton will strengthen our approach.

The conversation with our residents, for example through the Great Weight Debate and on-going engagement with our diverse communities, will increase awareness of the issue of childhood obesity, but more importantly help us co-create sustainable solutions and action with communities.



1. Introduction

This Annual Report of the Director of Public Health sets out the challenge of childhood obesity in Merton and is a call to action to partners to work together on the solutions.

It brings together data, resources and information from a range of sources and provides evidence about what works as well as examples of action to tackle obesity, to provide a local reference and resource to support our joint effort. The report complements the Health and Wellbeing Board child health weight action plan, which sets out details of our commitments on childhood obesity.

As we continue to engage with stakeholders and residents through this report and subsequent conversations, we hope to further refine our approaches, creating collective and sustainable actions to address childhood obesity locally.

The child healthy weight action plan and a references document are available on the following link:

www.xxxxxxxxxxxx.gov.uk

Why childhood obesity?

Childhood obesity is an epidemic – there has been a steep increase since the 1980s and the World Health Organization (WHO) regards childhood obesity as one of the most serious global public health challenges for the 21st century.

When compared to similar global cities London has the highest rates of childhood obesity at 23% – compared with Paris (5%), Sydney (10%) and even New York (21%). In Merton one in five of our children are overweight or obese on entering primary school at Reception. However by the time children leave primary school in Year 6 this rises to one in three. If we don't take action to reverse the epidemic, then for the first time in hundreds of years our children might experience shorter life expectancy than their parents.

What do we mean when we say... ?

Body Mass Index (BMI) for Adults

The body mass index (BMI) is a measure that provides an indication of whether someone is a healthy weight or not relative to their height. BMI is calculated as a person's weight in kilograms (kg) divided by his or her height in meters squared. The BMI score is then reviewed against a BMI range as shown in table 1 for adults.

Table 1: Adult BMI categories

Adult Classification	BMI range (kg/m ²)
Underweight	Under 18.5
Healthy Weight	18.5 – 24.9
Overweight	25-29.9
Obese	30 or higher

BMI centile for children

For Children, weight and height changes quickly, making defining their weight categories more complex. Gender and age appropriate references allow more accurate determining of weight status to use in evaluating children's BMI. In England, the British 1990 (UK90) growth reference charts are used to determine the weight status using centile clinical cut off points which are as follows.

Table 2: Child BMI categories

Clinical category	Centile range
Clinically very under weight	≤ 0.4th centile
Clinically low weight	≤ 2nd centile
Clinically healthy weight	> 2 - < 91st centile
Clinically overweight	≥ 91st centile
Clinically obese*	≥ 98th centile
Clinically extremely obese	≥ 99.6th centile

*Also called 'very overweight' in the National Child Measurement Programme

Excess weight

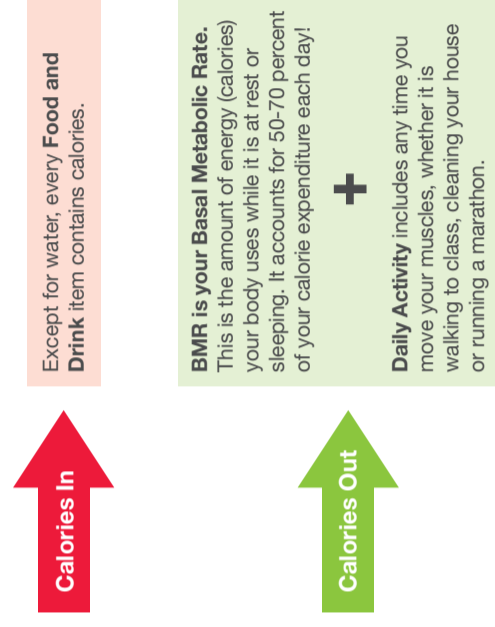
Excess weight is a term used to describe a combined population above the healthy weight range. For example excess weight in children includes those who are identified as 'clinically overweight', 'clinically obese' and 'clinically extremely obese'. In the adult BMI categories, this would be a combination of those identified as 'overweight and obese'.

National Child Measurement Programme (NCMP)

The NCMP was established in 2005 and involves measuring the height and weight of Reception and Year 6 children at state-maintained schools, including academies, in England. This is done in schools by school nursing or other health care professionals. Every year, more than one million children are measured and annual participation rates are consistently high. The NCMP has two purposes:

- to provide robust public health surveillance data on child weight status:** to understand and monitor obesity prevalence and trends at national and local levels, to inform planning and commissioning of services.
- to provide parents with feedback on their child's weight status:** to help them understand their child's health status and to support and encourage behaviour change where it will help a child achieve a healthy weight. This also provides a mechanism for direct engagement with families.

Diagram 1: Calorie balancing



When measuring a population of children (for example reporting NCMP findings) weight status is defined using the following UK90 population cut points. These cut points are slightly lower than the clinical cut points mentioned in the 'BMI for Children' section. This is to identify those children with a weight problem as well as those at risk of developing a weight problem (that is those children who maybe on the border line of the clinical definition). This helps ensure that adequate services are planned and delivered for the whole population.

Table 3: NCMP Categories

Population based category	Centile range)
Underweight	≤2nd centile
Healthy weight	>2 - <85th centile
Overweight	≥ 85th centile
Obese	≥95th centile

The NCMP is a reliable source of data and is available by both resident and school populations. Resident data for Reception class and Year 6 has been used in this report. As most children attend primary schools near to their homes, the school level data closely reflects the resident children's population.

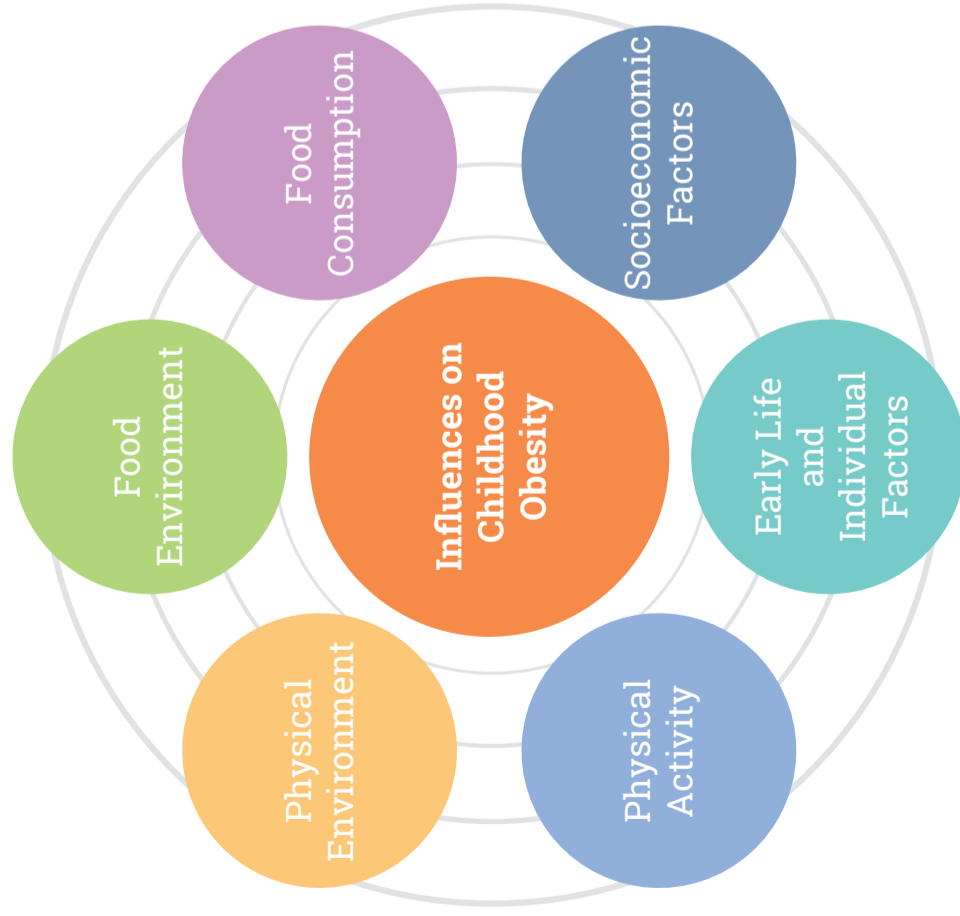
Weight gain, weight loss and weight maintenance

Weight gain occurs as a result of regularly eating more calories than people would use through normal bodily functions and physical activity. Weight is maintained through ensuring the amount of calories consumed is equal to calories used (see diagram 1).



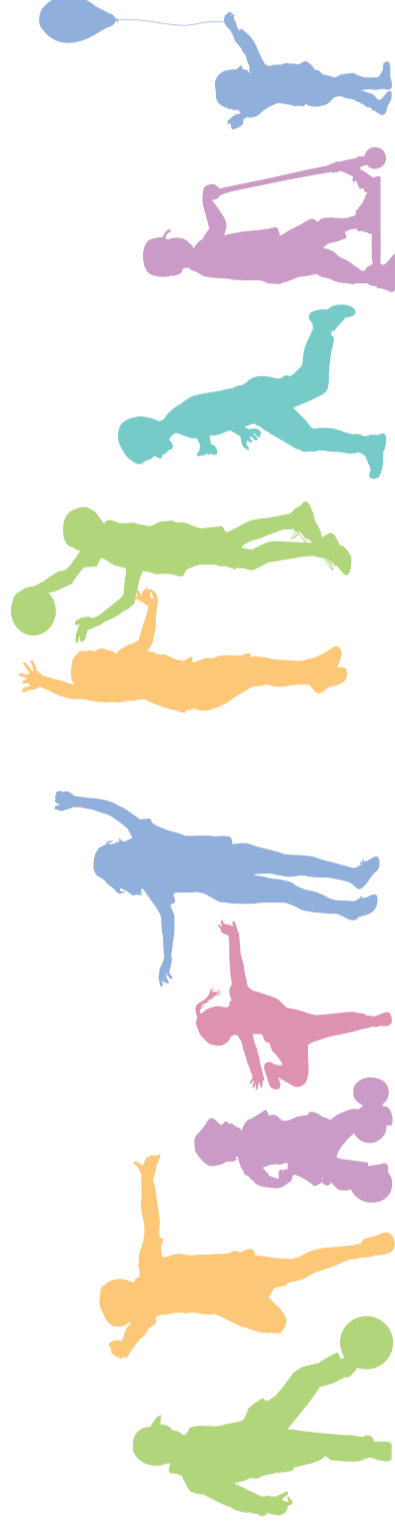
2. Influences on Childhood Obesity

Childhood obesity is not caused by one distinct factor but a number of wide-ranging factors all combining to increase risk of obesity.



Physical activity

Physical activity includes cycling, walking, active play, going to the gym, swimming, gardening, housework and active travel. Sedentary lifestyles in children increase obesity rates. Increased 'screen time', including playing computer games and watching television, and using touchscreens and smartphones, is linked to increased obesity rates. Children who watch more than eight hours of television per week at age three are more likely to be obese. Good physical activity habits in childhood and adolescence are likely to be carried into adulthood.



Nationally:

- Around **four in ten children** aged between five and 15 years old are physically inactive (39% boys and 45% girls) (classified as fewer than 30 minutes of moderate to vigorous activity on each day or 60 minutes or more, on fewer than seven days in the last week).
- Only **one in ten children** aged between two and four years old meet the Governments' recommendations for physical activity (classed as 180 minutes (3 hours) of physical activity spread throughout the day on all seven days in the last week).
- The percentage of two to 15 year olds meeting the recommended levels of physical activity has dropped from 25% in 2008 to **18% in 2012**.
- **Low levels of physical activity are related to household income**. More boys and girls in the lowest income households were classified in the low physical activity group than in the highest income households.

In Merton:

In Merton, a national survey of 15 year olds shows:

- Only **11.8% of 15 year olds** in Merton meet the World Health Organization's guideline of an hour of moderate-to-vigorous physical activity per day.
- **71.2% of 15 year olds** spend an average of seven hours a day on sedentary activities, including time watching television and using computers.

Both of these are similar levels to London and England.

Physical environment

The environments that people live in may help or block how physically active children and families are. Safety, road traffic, ease of walking and access to physical activity facilities and green space all have an impact on the level of physical activity undertaken. Work to create environments where families chose to walk and cycle and visit open space as part of everyday life will have a positive impact at individual and population levels.

In Merton:

- Parks and open spaces are an asset. Merton is one of the greenest boroughs in London. There are more than 60 parks and 18% of the borough is open space, compared to 10% London average. However, only one in 10 residents use outdoor space to exercise, the fifth lowest level in London.
- A significant part of the borough's open space is made up of Wimbledon Common and Mitcham Common.
- More than half (57.8%) of households have access to open spaces (within 400 metres), more than a third (38.8%) of households have access to local parks (within 400 metres) and two thirds (66.9%) have access to regional parks (within 5km).
- In terms of utilisation of outdoor space, only 11.1% of the population in Merton use outdoor space for exercise purposes (lower than London-12.3% and England-17.9%).

Food consumption

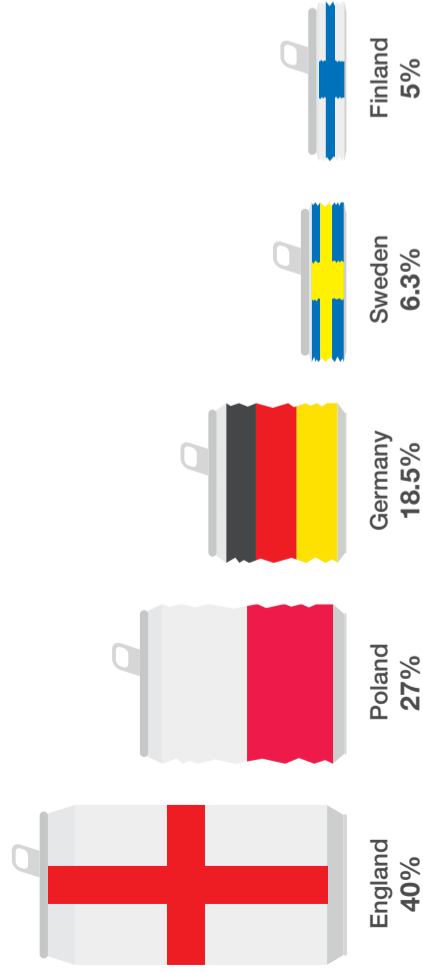
Poor diet is a major risk factor for childhood obesity, ill-health and premature death. Consumption of high excess calories is often due to consumption of high energy foods and drinks or large portion sizes. Eating habits are perpetuated through families, communities, cultures and environments and are often maintained from child through to adulthood.

In general, children who eat a school lunch meal tend to consume a healthier meal than those who eat packed lunches or takeaway meals at lunch time. Uptake of school meals tends to decrease when children move from primary to secondary school and some schools also allow children to leave school premises at lunch times, which can increase children's consumption of fast food.

Nationally:

- Fruit and vegetable consumption decreases as children get older.
- Fruit and vegetable consumption is related to household income. Families from the highest income households consume more than those in all other categories of household income.
- England's young people have the highest consumption of sugary soft drinks in Europe.

Percentage of 11-15 year olds who drink sugary drinks at least once a day



In Merton:

- Just over half (52.8%) of 15-year-old children reported that they ate at least five portions of fruit and vegetables each day (the recommended amount). This compares to 56.2% in London and 52.4% in England.
- In the Autumn and Spring term (2015/16 academic year) 60% of children in a Merton primary school ate a school meal. Therefore around 40% of pupils are having a packed lunch, which are often less healthy.

Food environment

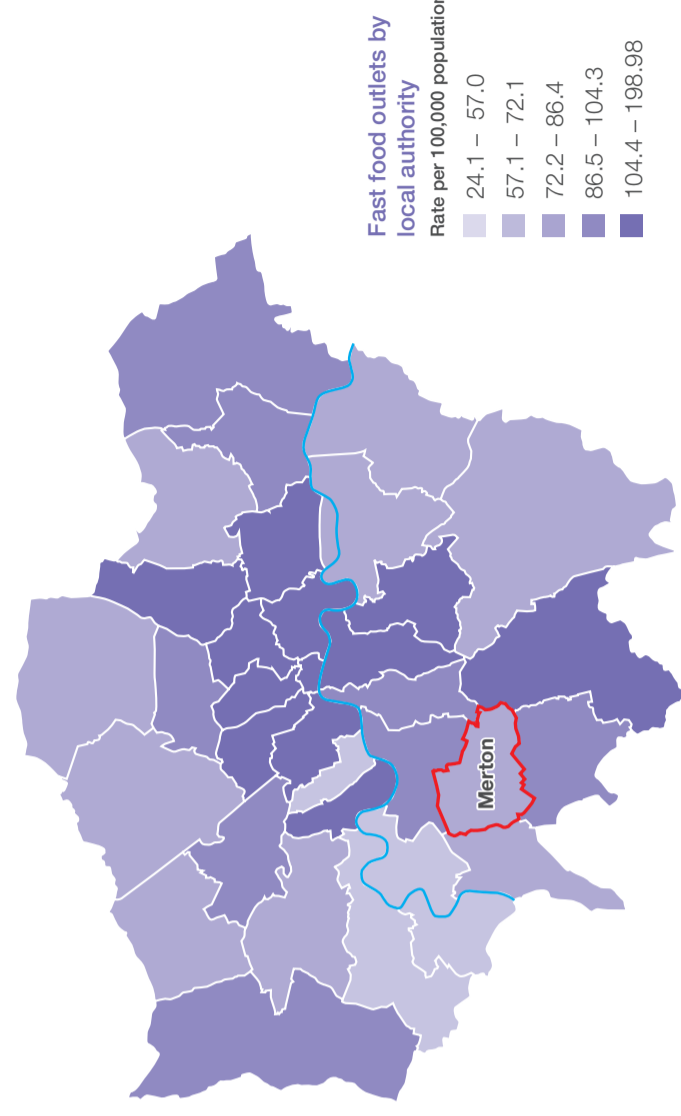
There are strong links between obesity and the community food environment. Fast food is generally higher in sugar, salt and saturated fat content therefore higher consumption of fast food contributes to higher risk of obesity. There is a strong association between deprivation and the density of fast food outlets.

Fast food is an affordable and readily available source of food in some areas whereas healthy food options may be limited or unaffordable. It is also a popular choice for children and young people, which provides a significant proportion of their fat, salt and sugar intake. The proximity of fast food outlets to schools makes it harder to make healthy lifestyle choices.

In Merton:

- There are 82.1 fast food outlets per 100,000 population (fourth lowest in London and 149th highest in England (out of 325).
- In 2015 there were 302 restaurants and 171 takeaways.
- The wards with the highest number of fast food takeaways are Trinity, Abbey and Colliers Wood.

Map 1: London boroughs fast food outlet density (2014)



Socioeconomic factors

Deprivation is one of the most striking influences on obesity. Evidence shows that a child is more likely to have excess weight if they are from a lower income household. Childhood obesity prevalence increases with increasing deprivation.

Nationally, children from the most deprived backgrounds have almost double the level of obesity compared to those in the least deprived backgrounds.

Rising food prices, low wages, changes to welfare benefits and lack of local retailers selling affordable healthy food all contribute to higher rates of obesity.

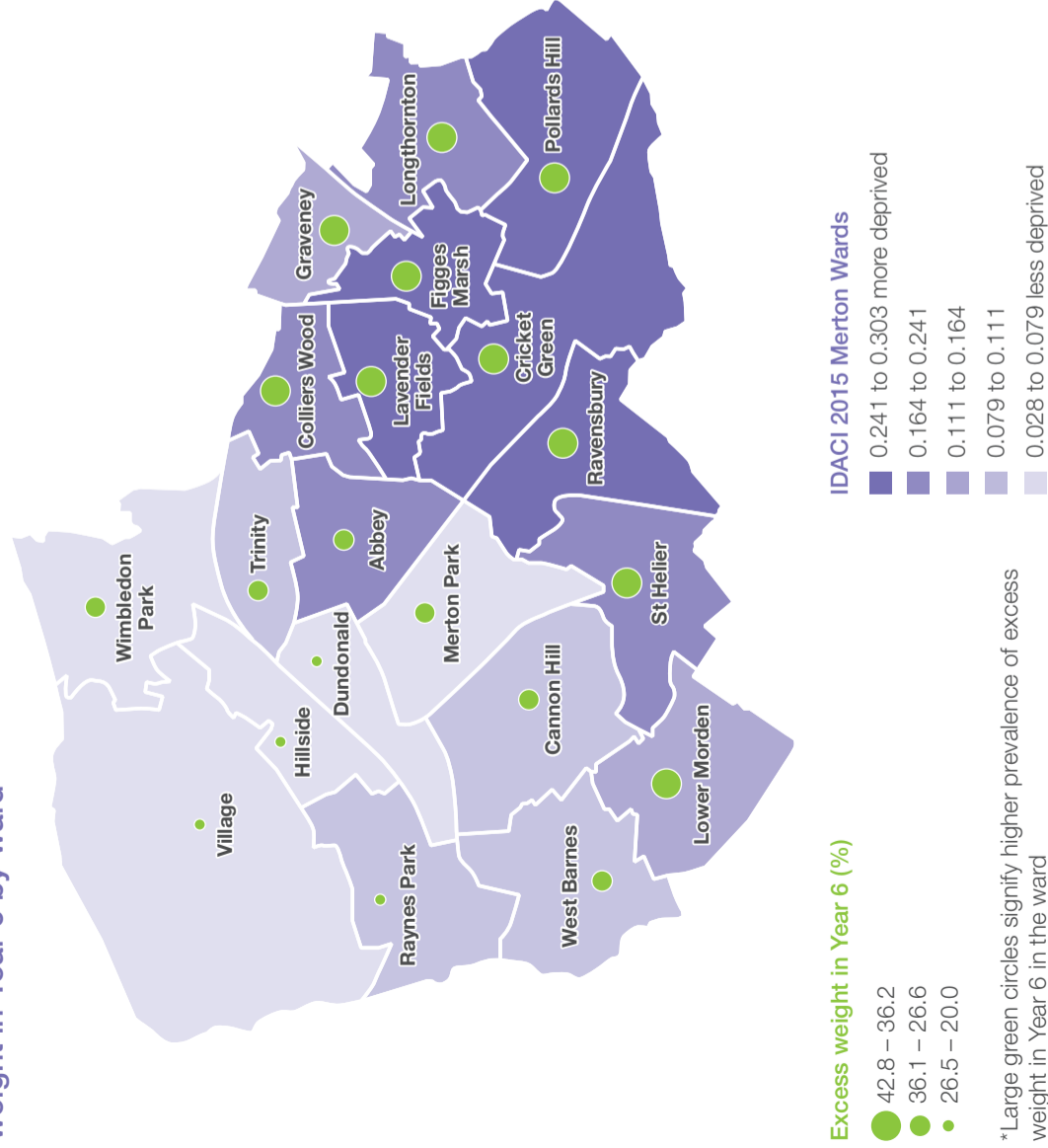
Cost-of living pressures mean that low income families have fewer choices, spend more of their budget on food compared to the national average, and are eating unhealthier food, prioritising calories over nutrients when money is tight.

In Merton:

Wards in East Merton have a higher Index of Deprivation Affecting Children Index (IDACI). This correlates with the pattern of excess weight seen

where wards in the East have a higher prevalence of excess weight than wards in the West.

Map 2: Index of Deprivation Affecting Children Index (IDACI) in Merton and excess weight in Year 6 by ward



Early life, individual and family factors

A child's nutrition early in life has consequences for future obesity risk. Breastfeeding has been shown to confer significant protection against obesity in children. Evidence also suggests the longer the duration of breastfeeding, the lower the associated risk of childhood obesity. High Body Mass Index (BMI) in preschool years leads to a significantly higher risk of being obese later in childhood.

Parental behaviours are an integral and influential part of a child's development and behaviour, which includes eating habits and physical activity.

Parental obesity is an important influence on childhood obesity. The children of obese parents are

more likely to be obese than those born to parents of a healthy weight.

Evidence also shows that excessive weight gain during pregnancy (regardless of mothers weight pre-pregnancy), can lead to an increased likelihood of higher obesity rates in children.

Think Family

Action to tackle childhood obesity at an environmental level will have benefits for whole families and wider communities, and encouraging parents and carers to take a whole family approach including adults and siblings is effective.

In Merton:

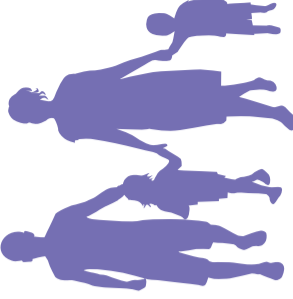
The family context in Merton



3 in 5 adults are either overweight or obese



50% of Merton residents are living in family households



Ethnicity and Obesity

There are ethnic variations in obesity prevalence. Nationally, evidence indicates that a child is more likely to have excess weight if they are from a black British, black African, black Caribbean or Asian ethnic background. This is significant because 46% of children and young people in Merton are from Black, Asian and Minority Ethnic groups and the range across children and young people in our schools in Merton is between 32% to 91%.

However, there is no straightforward relationship between obesity and ethnicity, with a complex interplay of factors. Health behaviour differs according to different socioeconomic, religious and cultural factors, and evidence suggests that it is the impact of higher levels of deprivation and its association with greater risk of obesity that is a leading factor.

Nationally:

NCMP data for 2015/16 shows:

- For **4-5 year olds** in Reception, obesity prevalence was:
 - 15.2% in Black or Black British ethnic group compared to 8.8% in the White group – a gap of over 6%.
 - 9.7% in Mixed ethnic group compared to 8.8% in the white group.
- For **10-11 year olds** in Year 6, obesity prevalence was:
 - 28.6% in the Black or Black British ethnic group compared to 18.1% in the White group – a gap of over 10%.
 - 24.5% in Asian or Asian British ethnic group compared to 18.1% in the white group.

3. Consequences and Costs

The consequences of childhood obesity are wide ranging and include impact on future health, both physical and psychological, as well as having long-lasting impacts on employment and relationships.

Physical and mental health consequences in childhood

Obesity increases the risk of the following physical, emotional and mental health problems developing during childhood and adolescence (See Figure A).

Figure A: Negative consequences of being overweight or obese in childhood

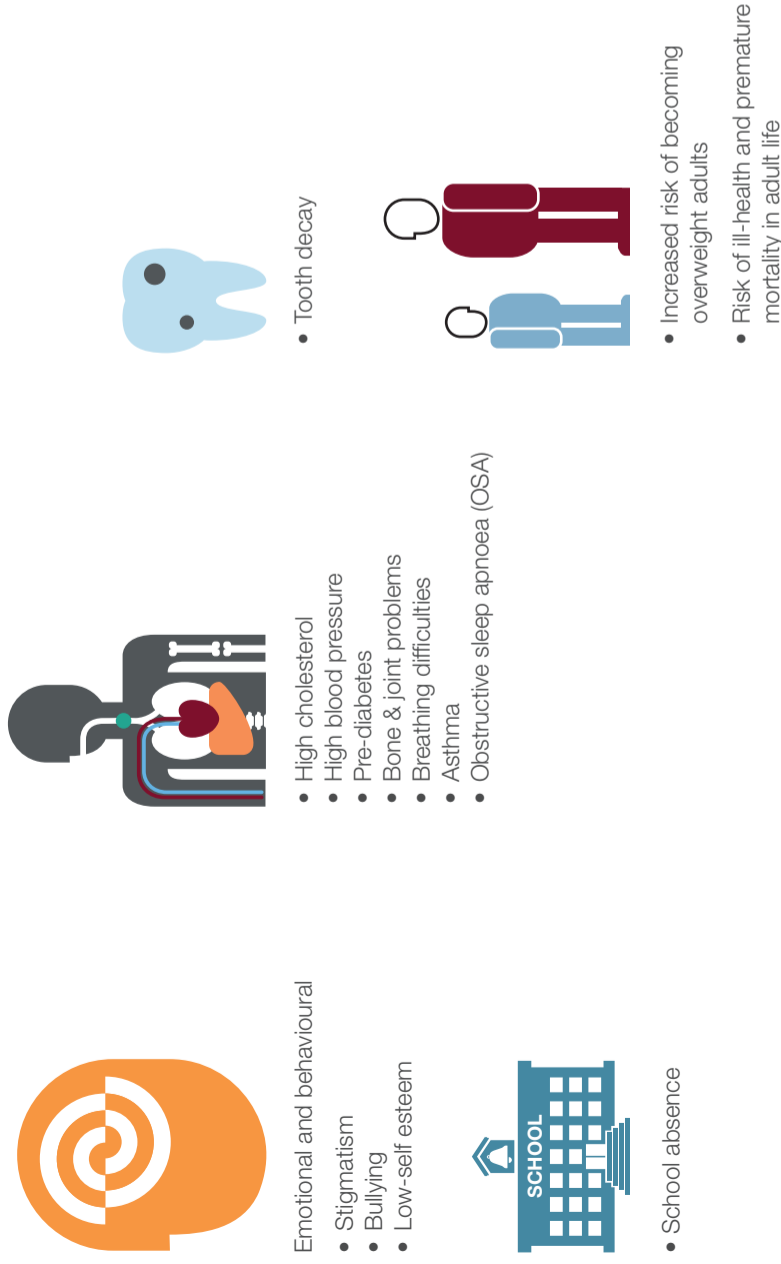
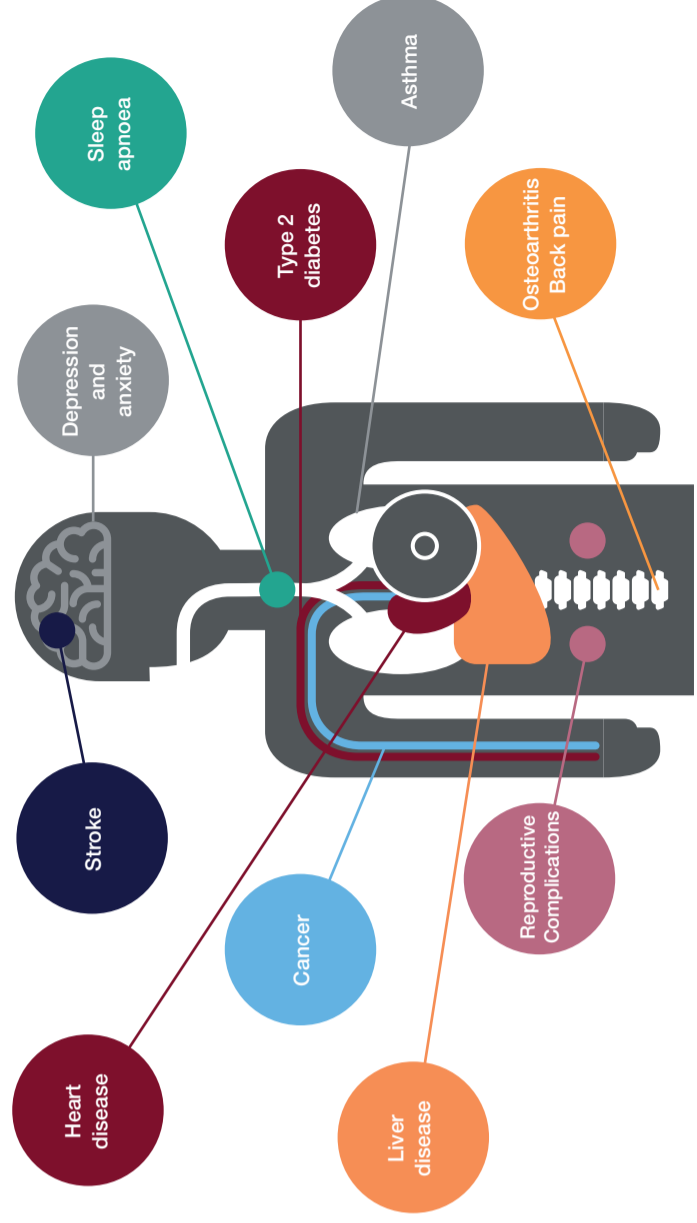


Figure B: Impact of obesity on adult health



The costs of childhood obesity

The impact of child obesity has long term consequences for adult ill health. As well as the effects on the individual, it is a burden on the healthcare system causing increased financial costs.

Obesity and its associated health problems have a significant economic impact on the NHS. Direct medical costs include preventive, diagnostic, and treatment services such as the cost of medication related to obesity. Indirect costs relate to reduced

productivity from being absent from work due to sickness and decreased productivity whilst at work, as well as disability and premature mortality.

The lost earnings attributable to obesity have been estimated between £2.3-3.6 billion. The annual social care costs of obesity to local authorities are estimated at £352m, with the costs to the wider economy of £27 billion.

In Merton:

By 2020...



49,500 people in Merton will have high blood pressure compared to 44,000 in 2010.



9,000 people in Merton will have cardiovascular disease compared to 8,000 people in 2010.



13,700 people in Merton will have diabetes compared to 11,200 in 2010.

Figure C: The annual financial cost of obesity to society



In Merton:

The annual costs to the NHS of:

- Diseases related to being **overweight and obese** is estimated at **£52 million**.
- Diseases related to **obesity alone** is estimated at **£30 million**.

By 2025 it is estimated that the costs of being overweight or obese to the NHS will rise to **£8.3 billion**, with the wider cost to society of **£37.2 billion**. By 2050, the NHS costs could rise to **£9.7 billion**, with the wider cost to society being increasing to nearly **£50 billion** (at today's prices).



4. The pattern of childhood overweight and obesity in Merton

It is important to understand the pattern of childhood obesity locally to support the development of actions and interventions to reduce childhood obesity. The data below focuses on the National Child Measurement Programme (NCMP), which involves measuring the height and weight of children in Reception (4-5 year olds) and Year 6 (10-11 year olds) at state-maintained schools, including academies.

Merton's position in London

In London, for Reception year, Merton had the fifth lowest prevalence of excess weight (overweight and obesity) for 2015/16 (out of 32 boroughs). However for Year 6, Merton's higher prevalence of excess weight moves our position into the ninth lowest out of 32 boroughs.

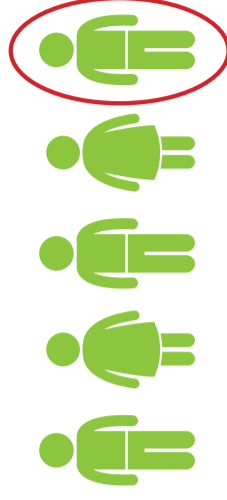
London's prevalence of excess weight is similar to England for Reception, however, Year 6 excess weight in London is higher than England. The top 3 London boroughs for excess weight at Reception are Greenwich, Bexley and Barking and Dagenham. For Year 6, the top 3 boroughs with the highest prevalence of excess weight are Barking and Dagenham, Hackney and Newham.

Focus on excess weight (BMI > 91st centile)

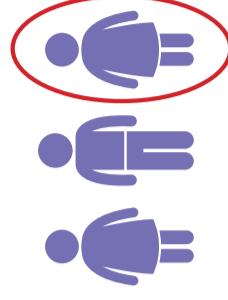
Merton's good ranking when compared to London can mask the reality that the numbers of children with excess weight are substantial.

Overall, there are over 4,500 primary schoolchildren, between 4 and 11 years old in Merton that are estimated to have excess weight – equivalent to 150 primary school classes.

Nearly **one in every five** children in Merton entering Reception has excess weight (18.8%) which is lower than London (22%) and England (22.1%).



By the time children leave primary school in Year 6, the proportion of those who have excess weight increases to **over one in every three** children (34.7%), which is similar to England (34.2%) but lower than London (38.1%).



Trends in excess weight (overweight and obese)

Over the past eight years there has been a general decline in the proportion of 4-5 year olds that are of excess weight and in 10-11 year olds the signs are that the level of excess weight is also beginning to decrease. Therefore the overall gain in excess weight between

4-5 year olds and 10-11 year olds in Merton is slowly decreasing (compared to increases seen in London and England) and is currently 15.9% (down from 16.6% in 2014/15). However, with a growing school population in Merton the actual number of children identified with excess weight has steadily increased.

Graph A: Percentage of children in Merton with excess weight 2007/08 to 2015/16



Focus on obesity (BMI ≥ 98th centile)

One in every 13 (7.8%) children in Merton entering Reception class are obese. By the time children leave primary school in Year 6, this increases to one in five (19.9%) children.

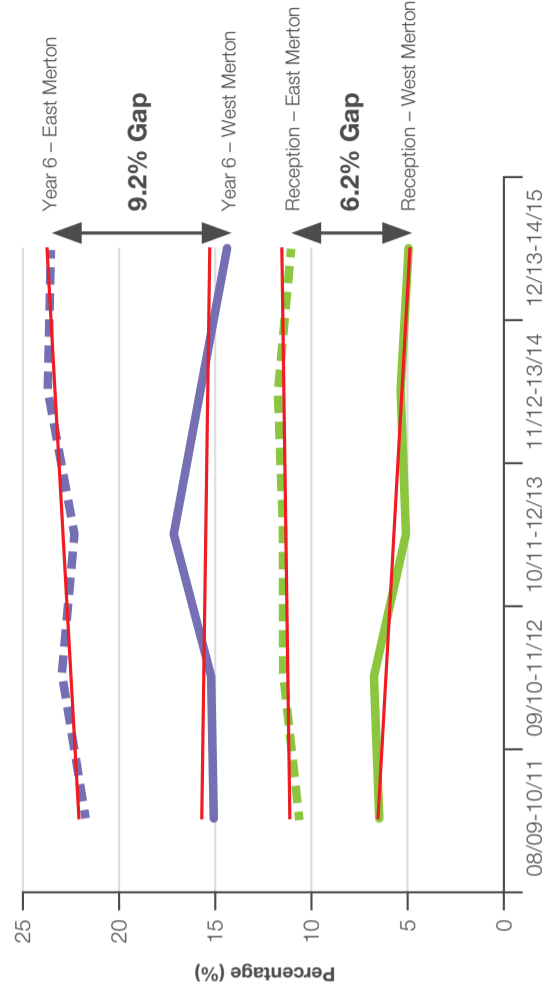
Trends in obesity

Over the past six years there has been a general decline in 4-5 year olds who are obese. However, there has been a slight increase in 10-11 year olds who are obese. Therefore the overall gain in obesity between 4-5 year olds and 10-11 year olds in Merton is slowly increasing and is currently 12.1%.

Gap in obesity between east and west Merton

There are marked geographical inequalities with a higher prevalence of obesity in east Merton (also see p. 14 geographical variation of excess weight by ward):

Graph B: Trend in obesity prevalence in east and west Merton over time (Reception and Year 6)



Looking ahead...

If we do not take more action to tackle childhood obesity and the current trends continue:

By 2018...

Reception

The **inequalities gap** in obesity between the east and west of the borough in Reception will **increase** from 6.2% to 10.7% – that’s an additional 430 more obese children in east Merton.

By 2021...

Reception

There will be an **overall gain** across Merton in the number of Reception and Year 6 children who are overweight or obese (excess weight) as shown in graph C overleaf.

2016

2017

2018

2019

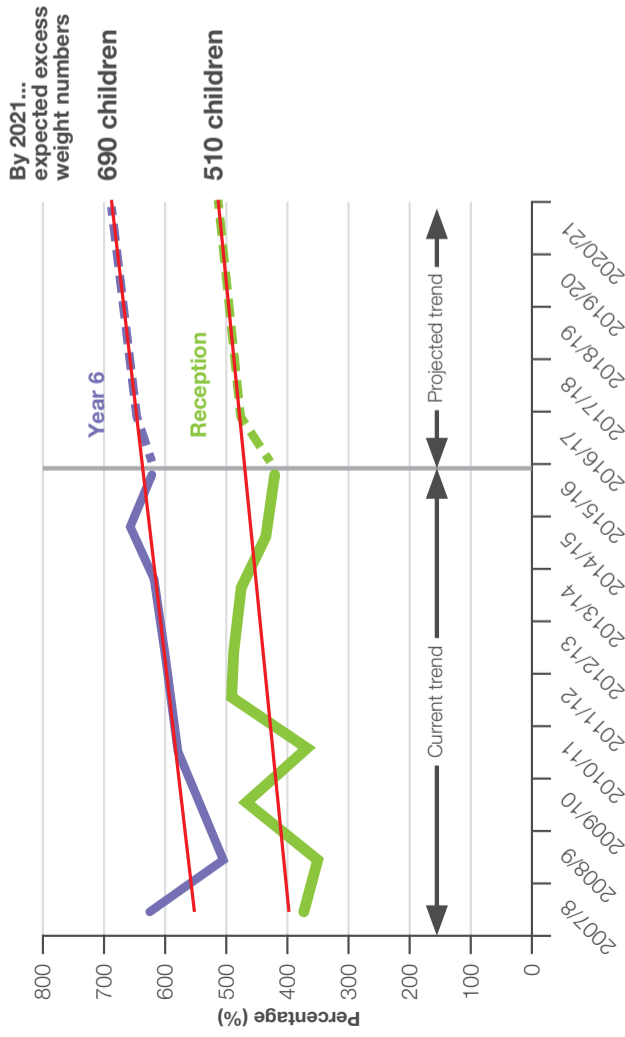
2020

2021

Year 6

The **inequalities gap** between east and west in Year 6 will **increase** from 7.8% to 10.3% – that’s an additional 580 more obese children in east Merton.

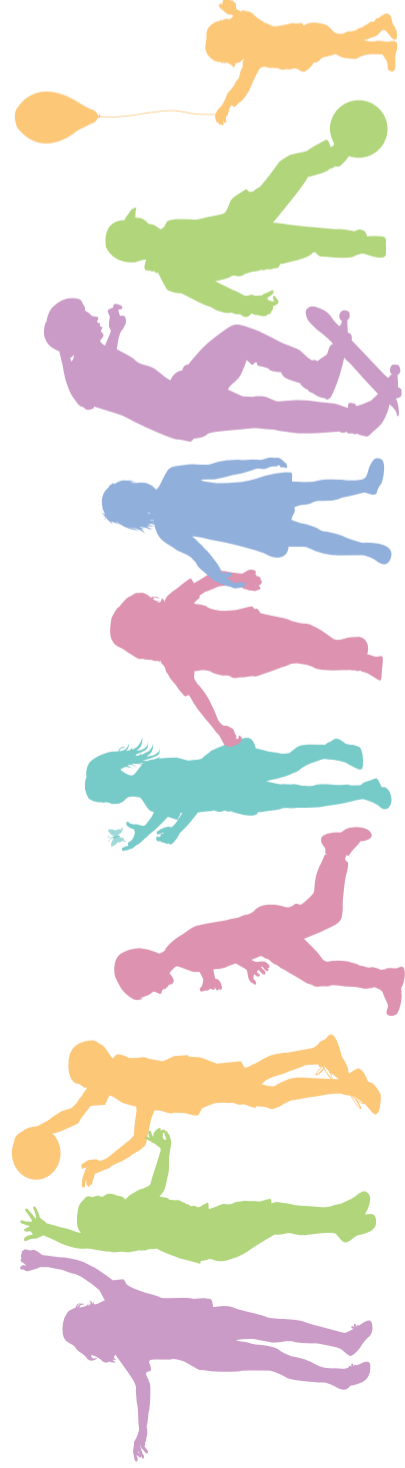
Graph C: Current and projected trends in number of children with excess weight in Reception and Year 6



The projected increasing numbers show that by 2021 in Reception and Year 6 alone the number of children with excess weight will have increased, with:

- **90 more Reception children** who have excess weight than in 2015/16 – equivalent to 3 more school classes.
- **60 more Year 6 children** who have excess weight than in 2015/16 – equivalent to 2 more school classes.

These increasing numbers would be replicated in the other school year groups, therefore a **higher number** of children are expected to be overweight or obese across the borough.



Geographical School clusters

Primary schools in Merton are grouped into geographical areas known as school clusters. The following provides an analysis of NCMP data by these school clusters:

- In Year 6, over four in 10 children in schools in Mitcham Town and East Mitcham clusters have excess weight compared to three in 10 pupils in West Wimbledon cluster

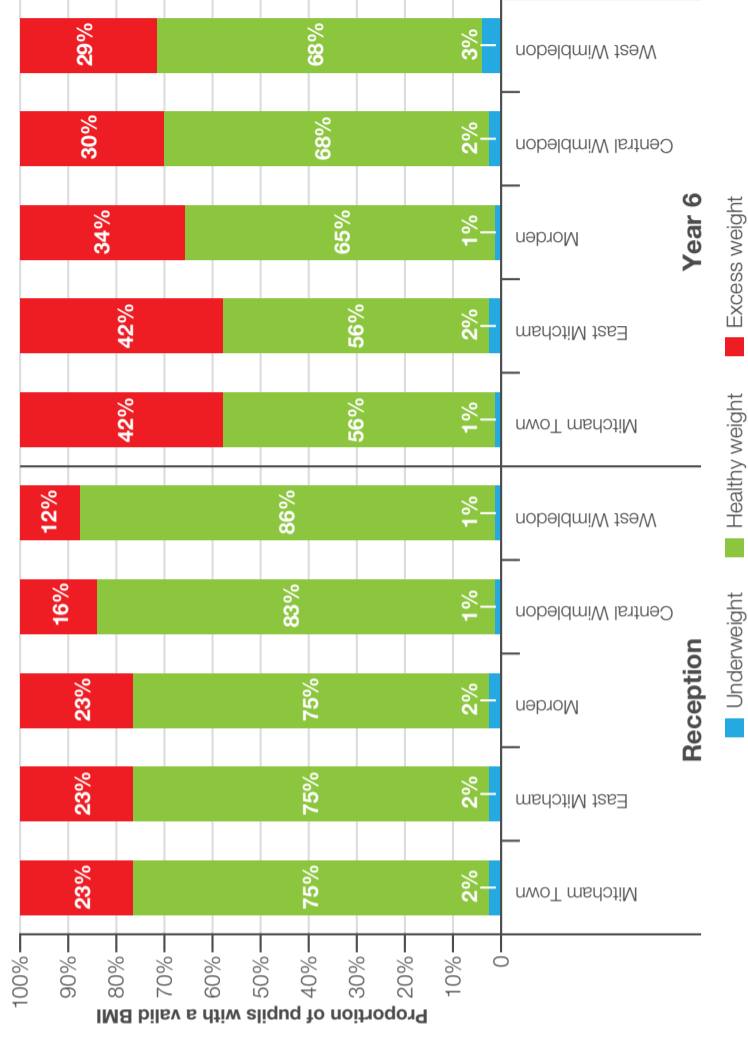
Excess weight in our school clusters

- There are a number of primary schools in Merton where over 50% of pupils in Year 6 have excess weight.

■ At Reception, more than a fifth of pupils from schools in the Mitcham Town and East Mitcham clusters have excess weight compared to one in ten children in West Wimbledon

Graph D: Proportion of pupils with excess weight, healthy weight and underweight in Merton geographical school clusters

Source: National Child Measurement Programme (NCMP), Health & Social Care Information Centre (HSCIC)



5. What do children, young people, families and communities think?

Understanding knowledge and attitudes towards weight, diet and physical activity is important in providing an insight into factors that may motivate and enable change. This section identifies insights from studies that help understand the perspectives of children, young people and adults.

Children and young people's behaviours and perceptions

Perceptions on weight/body size (12-18 year olds)

There are high levels of concern about body size among young people in the UK. In a large study of 15-17-year-olds, obesity was associated with depression and feelings of shame. Concerns around heavier weight or a larger body size stem from more social rather than health related reasons, for example, negative impact on social activities, having fewer friends, not being attractive to others, and being unable to find fashionable clothes to wear. Findings suggest that young women might not always be more concerned about their own size than young men. There are pressures for girls to be 'slim' or 'skinny' and for boys to be more muscular.

Overweight young people report a number of barriers in their way of success in losing weight. They describe stigma and abuse while exercising or attempting to eat healthily, unhelpful food environments at home and unhelpful advice and criticism from others. As a result, young people often withdraw from socialising, avoid school-based physical activity and eat for comfort. Good mental health is seen as key for substantial weight-loss and having taken active steps to reduce weight can be a source of considerable pride, especially when successful.

When asked what would help them, young people said...

Young people tended to emphasise things that they, or other overweight young people should do to help themselves, such as eating healthily and exercising, learning more about nutrition and accessing their own psychological resources.

There was less mentioned about the wider physical and food environments that impact on their food choices and physical activity levels. This may be due to lack of awareness about how the wider environment is impacting on their weight.

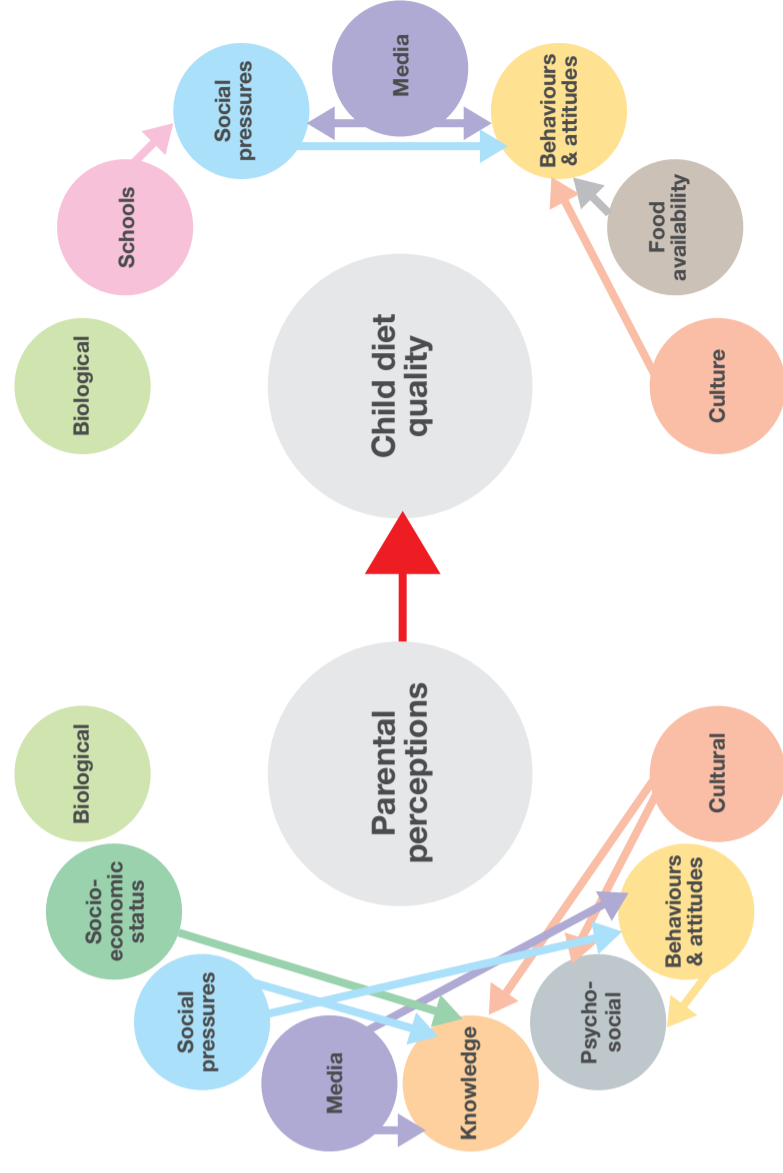
Adults' behaviours and perceptions

Most adults have an understanding of the different components of a healthy diet, for example, eating five portions of fruit and vegetables each day and reducing their salt and fat intake. They consider healthy eating to be important and would like to make improvements to their own diets. However, perceived barriers to making improvements to diet include: lack of time and the cost of healthy foods. For those in lower income households, affordability was cited as a significant barrier to eating more healthy foods.

Most adults are aware that physical activity recommendations exist, but few know what they are and consider the main barriers to be time pressures and lack of motivation to be physically active.

Not all parents perceive they have the same degree of control over their child's dietary behaviour. Figure D illustrates factors that influence parental perceptions of a child's dietary behaviours and how this shapes the quality of a child's diet.

Figure D: Influences on parental perceptions on the quality of children's diet

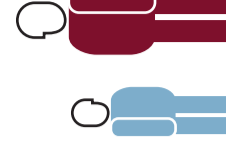
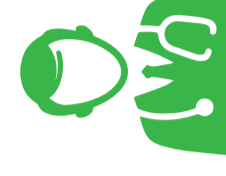
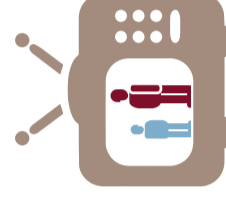


Recognising obesity and overweight

Many people may not recognise a child is overweight or obese as society's understanding of what is a healthy body size and shape has shifted as more people (adults and children) become overweight or obese. In some cultures having a larger body size may be seen as an indication of wealth and high status. The media has contributed to people having a distorted perception of obesity as they tend to use

pictures of extremely obese people when illustrating stories about the dangers of being overweight or obese. Therefore, efforts to tackle obesity and overweight are likely to be hampered by a lack of recognition of what a healthy weight looks like. We need to look at how we can raise awareness, promote recognition and understanding of a healthy weight.

We may not see ourselves or our children as obese...



Adults tend to underestimate their own weight

The media tend to use images of extreme obesity to illustrate articles about obesity

GPs may underestimate their patients' BMI

If we do not recognise obesity we are less likely to prioritise tackling it

Half of parents do not recognise their children are overweight or obese

Londoners' perceptions and awareness

The Great Weight Debate

A London conversation on childhood obesity



The Great Weight Debate (GWD) is a London wide initiative to start a conversation with Londoners so they are fully engaged in the changes that need to be made across the city to support reducing childhood obesity.

So far a panel of Londoners have contributed to the debate and this has highlighted that Londoners were less aware of the scale of childhood obesity for the country and did not identify it as a particular challenge for London. When presented with the data, people were amazed that there is not more awareness of this issue.

Challenges of living in London

The pace of life was identified as a particular challenge for health which results in less time for home cooking, less time for exercise and family activities and less time to think about health. London can be a difficult place for children to be active and some parents are concerned about whether it is safe to allow children to walk or cycle to school. Respondents identified factors such as overcrowding, pollution, long working hours, commuting and the cost of healthy food and exercise as reasons behind London being a difficult city in which to be healthy as well as a stressful place to live.

Constant availability of unhealthy foods was felt to pose a major challenge. Avoiding unhealthy food was felt to be particularly difficult for children and young people as they were being targeted through fast food outlets clustering around schools. Fast food outlets are seen by children and young people as an important and affordable social hub.

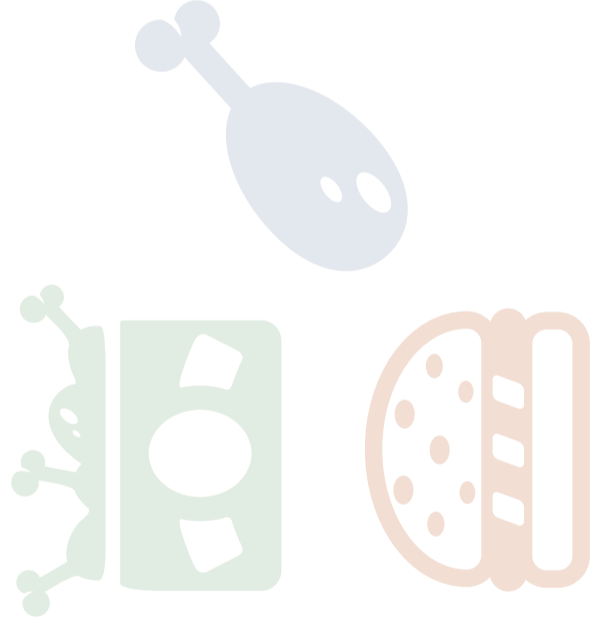
"It's unbelievably cheap, isn't it? £1.99 for a chicken burger is way cheaper than paying for fruit and vegetables."

"[Young people] go and hang out in the chicken shops. It's a big part of the culture."

Stigma

Perceptions that childhood obesity is the result of lax parenting and a lack of self-control mean that there is a considerable stigma attached to this issue. The word 'obesity' puts parents on the defensive, and makes them less likely to accept that their child has a problem. Because of the stigma around obesity, there are concerns that obese children are being bullied and mocked. Parents feel this stigma needs to be addressed if childhood obesity is to be tackled.

"My daughter had to change schools she was getting bullied so much. A PE teacher once told her it was her own fault for eating so many burgers."



What Merton residents say

Findings from insight research on awareness and attitudes towards healthy eating (parents and carers of children aged five or under) highlighted:

Barriers to healthy eating...

- Lack of knowledge, understanding and confidence by parents around cooking and healthy eating guidelines was identified, for example, understanding food labelling, confidence in cooking fresh healthy foods, and confusion over portion sizes.

"How much should my two-year-old be eating, how much should my six year old be eating? They wouldn't have the same as I have, but I'm still not sure how much they should be eating."

"It would be really helpful to know exactly how much sugar and salt is in things. The current information doesn't mean anything. They are hiding information."

- Cost of healthy food and a lack of time to prepare it make it more difficult to eat healthily.

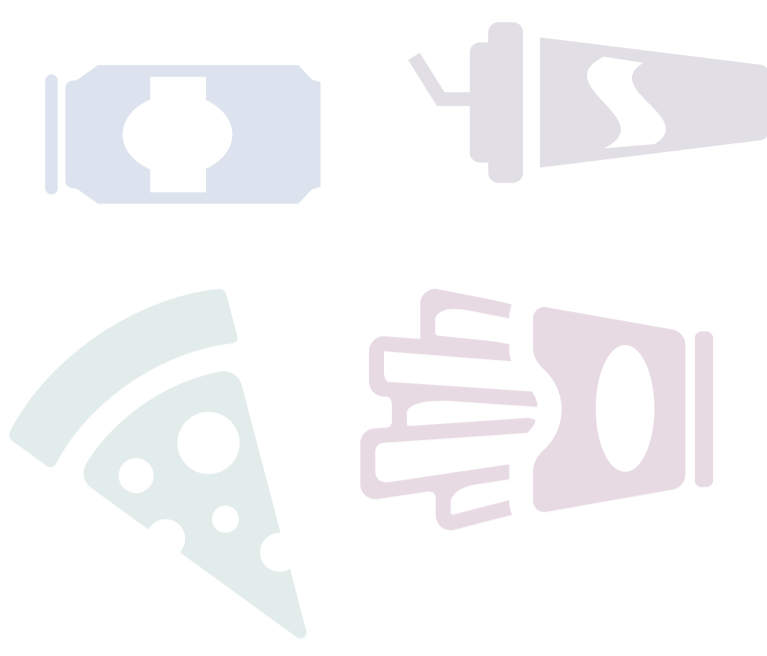
"Sometimes you just don't have time to cook – it's easier just to get a takeaway or stick something in the oven."

When asked what would help them, Merton parents said...

Parents and carers are prepared to make changes for their children. However, some healthy behaviours feel like they would be hard work and parents and carers would like it to be made easier for them to make changes. They want information and support but this needs to be relevant, concise and easy to find. They would like to know about the immediate benefits and tangible rewards of making changes. They would like practical tools to use for daily living to make changes.

Further conversations with Merton's residents

- The second phase of the Great Weight Debate involved a pan London survey to start conversations with residents. Merton had the highest number of responses of any London borough and the results will inform Merton's child healthy weight action plan.
- Additionally, further work is planned to communicate and engage with young people and adults to raise awareness, galvanise action and gather ideas for how Merton can best support children, young people and families to maintain or achieve a healthy weight. We will prioritise engaging with BAME groups and residents living in the east of the borough where the risk of obesity is higher.



6. The Need for a Fresh Approach

Childhood obesity is a complex problem and there is no single solution. The evidence is clear that a preventative, whole systems approach to tackling obesity is needed. This approach recognises the major influence of 'place' (where we live, work and play) on health and wellbeing, as well as individual behaviours and choices.

It involves taking action at different levels: at population, community and individual levels, in order to maximise opportunities for children and families to adopt and maintain healthy lifestyles as part of daily life.

- **Population level** actions include regulatory and policy measures, such as the national sugar levy, and the planning process helping create healthy food and physical environments.

- **Community level** actions across a range of settings and organisations include initiatives such as healthy schools, healthy catering and active travel plans creating opportunities for healthy eating and physical activity.

- **Individual level** actions include support to families to achieve and maintain a healthy weight, including advice and support from healthcare and other professionals and on-line digital tools.

Evidence tells us that population wide actions across aspects of the physical, food and cultural environment are most likely to be successful and cost effective. Health promoting environments, that is, those where the healthier choice is both the easier and preferred choice, are also more economically and environmentally sustainable.

Focusing on prevention earlier in life will accumulate greater benefits and is more acceptable and more cost

effective. Early years services have an important role to play in promoting healthy choices and supporting more vulnerable families. Maximising the role of schools and developing clear pathways and support for health and other professionals working with parents/carers, children and young people is important.

A whole systems approach is the most effective for achieving change at a large scale necessary to address childhood obesity. Building on the good work already taking place in Merton, we need to co-produce a shared approach with people who live in the borough and across organisations in the voluntary, community and public sectors, and with business partners.

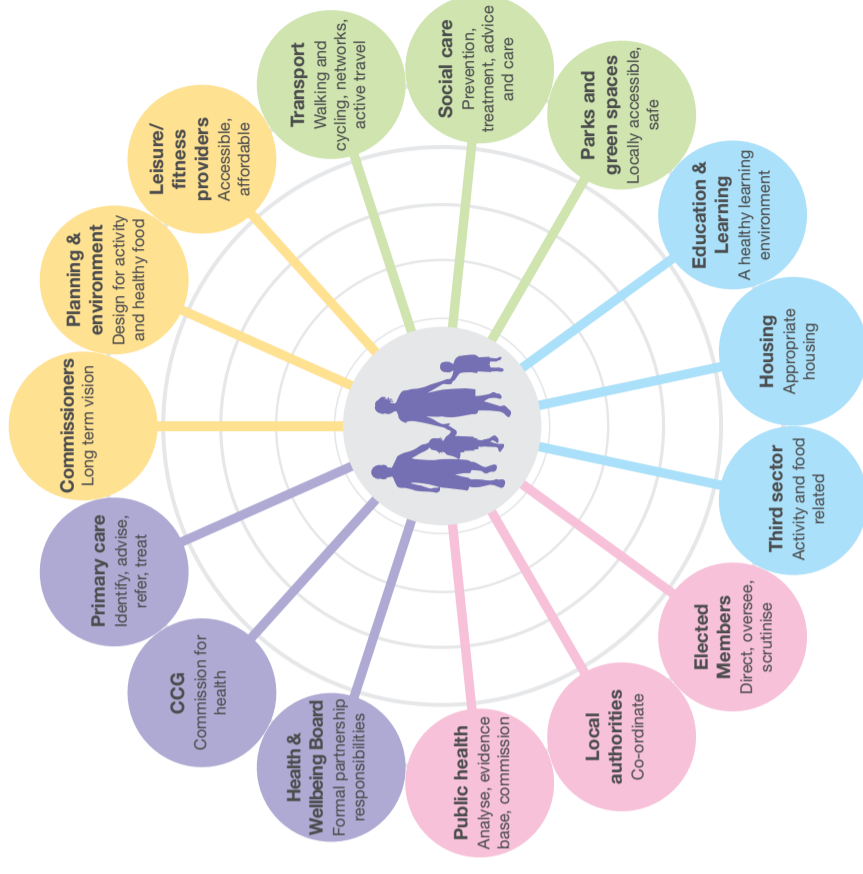
This will enable us to respond to the challenge of childhood obesity through solutions that are effective and sustainable.

Action to tackle childhood obesity should be informed by evidence of effectiveness and cost effectiveness where available. Nationally, Public Health England have reviewed evidence and used this to advise on the development of the national childhood obesity plan (see below) and provide support to local areas.

The World Health Organisations' (WHO) report on 'The Case for Investing in Public Health' highlight that there is a strong economic case for preventative solutions. Prevention is cost-effective, provides value for money and gives return on investment in both the short and longer term.



Figure E: How partners contribute to a whole system approach to tackling obesity



Source: PHE

WHO cost-effective interventions:

- Reduce salt in foods
- Promote healthy diets and physical activity
- Restrict marketing of unhealthy food and beverages to children
- Replace trans fat and saturated fat with polyunsaturated or unsaturated fat
- Support active transport strategies
- Promoting safe green spaces
- Offer counselling in primary care on unhealthy diet and physical inactivity
- Promote healthy diets and physical activity in workplaces and schools

There is also growing evidence on the return on investment of local solutions to tackle childhood obesity.

Return on investment examples from the UK include:

- Studies have demonstrated that the return on investment for enabling one more child to **walk or cycle to school** could be as much as £768 for walking and £539 for cycling in health benefits, NHS costs, productivity gains and reduction in air pollution and congestion.
- **Community Walking** groups have been estimated to return £3 for every £1 invested over 2 years.
- **Local authority** investing an extra £71,000 on healthy, unprocessed, locally sourced school meals (compared with 'normal' school meals), was estimated to create over £500,000 of economic, social and environmental benefit.
- **Leisure services**: For every £1 spent on free leisure services for residents available at certain times, £21.30 was estimated to have been recouped in health benefits including an increase in participation rates.

The National Childhood Obesity Plan 2016

The National Childhood Obesity Plan aims to reduce England's rate of childhood obesity within the next decade, and states it will do this while respecting consumer choice and economic realities. Although more limited in scope than expected, the national plan will support local borough approaches to tackling childhood obesity by taking actions that can only be driven at a national level such as influencing

legislation. For example, we know that teenagers in England are the biggest consumers of sugar-sweetened drinks in Europe, therefore introducing a soft drinks industry levy and setting targets to reduce the amount of sugar in food and drink products by 20% will make a positive difference. We must make sure that we get maximum local benefits from the policies and initiatives set out in the national plan.

Figure F: Key actions from the National Childhood Obesity Plan 2016

1) Introducing a soft drinks industry levy
2) Reducing sugar in food and drink products by 20%
3) Supporting innovation to help businesses to make their products healthier
4) Updating Nutrient profile Model reflecting latest government dietary guidelines to support limits on children's exposure to adverts for less healthy food and drink products.
5) Making healthy options available in the public sector
6) Continuing to provide support with the cost of healthy food for those who need it most
7) Helping all children to enjoy an hour of physical activity every day
8) Improving the co-ordination of quality sport and physical activity programmes for schools
9) Creating a new healthy rating scheme for primary schools
10) Making school food healthier
11) Clearer food labelling
12) Supporting early years settings
13) Harnessing the best new technology
14) Enabling health professionals to support families



Examples of good practice, opportunities and emerging solutions

Examples of good practice, opportunities and emerging solutions that can support tackling childhood obesity locally include:



7. Merton's Call to Action on Childhood Obesity

During the last year we have been working to develop our whole systems approach to tackling childhood obesity together.

The starting point was taking part in a 'Childhood Obesity Peer Review' with other boroughs across London. This assessed our progress against an evidence based framework on work to tackle childhood obesity locally. It also provided a benchmark for Merton's position against 13 key areas, highlighting areas where good progress had been made and areas requiring further action. The diagram below shows Merton's position at the time of the review in February 2016.

Merton's child healthy weight action plan for preventing and reducing childhood obesity

A partnership child healthy weight action plan has been developed based on the findings of the peer review. The plan provides a framework for enabling different stakeholders across the council (including public health, children's services, education, environment and transport and planning), NHS organisations, schools, community and voluntary sector and business organisations, to work with our communities to tackle childhood obesity together. The action plan is split into 4 key areas set out below.

The full action plan is available on the following link:
xxxxxxxxxxxxxx.com

Merton doing well on:

- Public and Community setting
- Schools

Merton is making progress on:

- Physical environment
- Health services
- Journeys by foot or bike
- Workplaces
- Evaluation of programmes and initiatives

Merton can make improvements on:

- Engagement and commitment
- Accessibility of healthy food
- Breastfeeding and weaning
- Supporting people to be active
- Knowledge and awareness



1. Leadership, communication and engagement

- **Leadership** – Increase engagement and commitment to tackling childhood obesity among partners in all sectors, for example through adopting a Health in All Policies approach.
- **Knowledge and awareness** – Improve children and families' understanding of, and feeling of control over their own health and well-being.
- **Promote the use of digital technology and support tools** - Improve access to evidence based advice and information to support healthier lifestyles, for example Start4Life, Change4Life and NHS Go.
- **Engage with families, children and young people** to promote healthy eating and physical activity and conversations on obesity and healthy weight.
- **Listen to residents and children and young people** including BAME groups and residents in east Merton, to ensure actions are co-produced and make a positive impact.
- **Identify opportunities** to bring in additional resources to support tackling childhood obesity in Merton.

2. Food environment – increasing availability of healthy food

- Increase the reach of Merton Food Charter to maintain and grow the local food partnership and roll out the **Healthy Catering Commitment**.
- Increase **availability of affordable healthier food and drinks** in Merton to help make the healthier choice the easier choice.
- Ensure that all food and drink available within local authority maintained establishments is in line with relevant **government standards/guidelines** for good nutrition.
- Develop effective ways to **monitor and reduce** the number of food outlets selling predominately foods high in fat, salt and sugar through partnership between planning, regulatory services, public health, schools, children's centres and community venues.

3. Physical environment – increasing levels of physical activity and health promoting physical environment

- Increase opportunities for **active travel and physical activity** through the use of existing best practice and guidance.
- Maximise opportunities to promote physical activity and social engagement in **estates regeneration** including access to active travel opportunities and open spaces.
- Increase number of children and young people that **travel to and from school on foot and on bike**.
- Increase the number of children and young people, and their families, who are **regular users of parks, open spaces, informal recreation space and allotments**.
- Improve the **school sport offer**, to ensure that children and young people are enthused and have the resources to be able to lead active lifestyles later in life.
- Increase uptake of **food growing, gardening and outdoor activities**.

4. Early years and school aged settings and pathways

- Increase the number of babies that are **breastfed**.
- Support parents and carers to **establish a healthy diet** for their children from a very early age through Children's Centres and other Early Years services.
- **Maximise the role of schools** as settings promoting healthy weight, for example through promotion of Healthy Schools London (HSL) programme and schools achieving bronze, silver and gold awards.
- Ensure the delivery of the new **schools meals contract** which achieves the required nutrition standards and healthy choices.
- Use **local data and intelligence** on childhood obesity to inform services and support to children and families identified as obese to help them achieve and maintain a healthy weight.
- Develop **clear pathways for service providers and support for professionals** to make every contact count and feel confident about talking about weight and supporting and signposting families.

Examples of actions in Merton to tackle childhood obesity

Healthier Catering Commitment



The *Healthier Catering Commitment* is a London wide voluntary scheme based on the principle that small changes can make a big difference. It recognises those food businesses that demonstrate a commitment to offering healthier options, such as using healthier oils and fats, using less salt, promoting healthier alternatives to sugary drinks and making smaller portions available.

Since July 2015 a Health Improvement Officer has been working with food businesses across the borough and so far 28 businesses have signed up and been awarded a certificate of achievement.

These businesses include takeaways, cafés, restaurants and voluntary organisations from across the borough.

Looking forward, the aim is to support businesses to not only provide healthier food, but also reduce their food waste, raise food hygiene levels and become responsible retailers if they also sell alcohol.

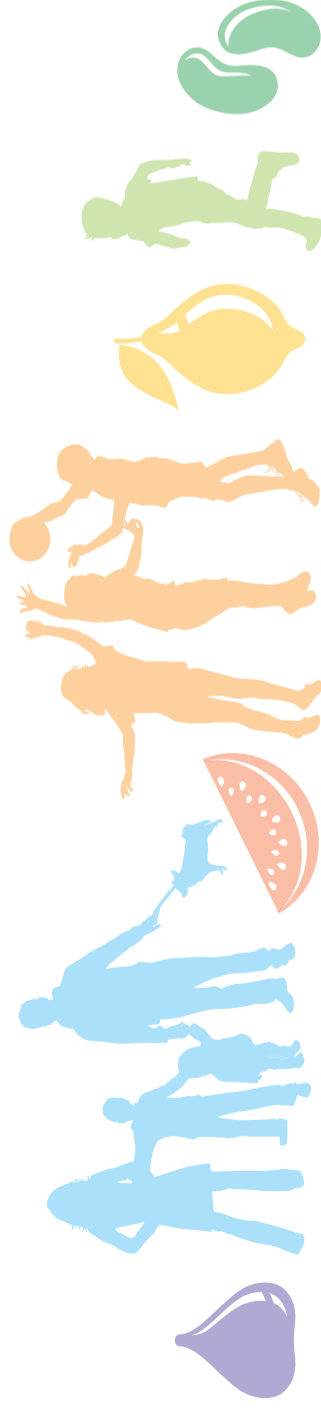
HENRY Training

The *Healthy Eating and Nutrition for the Really Young* (HENRY) programme is an evidence-based programme which promotes a healthy start in life to prevent child obesity. The programme equips health and early years practitioners with the skills, knowledge and confidence to tackle sensitive lifestyle issues taking a holistic approach, focusing on babies and children aged up to five years old and their families.

In 2016, 24 children's centre staff in Merton undertook the HENRY training. The confidence of participants to tackle child obesity and support families to develop a healthy lifestyle rose from 13% to 92%.

"Very useful to build confidence in an area that many lack experience."

"Very beneficial for both myself and families I work with."



Healthy Schools



HEALTHY SCHOOLS LONDON

The *Healthy Schools London* (HSL) programme has been adopted in Merton and schools are being supported to achieve bronze, silver and gold status. HSL provides a framework to deliver a 'whole school approach' to health and well-being.

This followed the success of a two year targeted Merton Healthy Schools programme focussing in the east of the borough which encouraged schools to undertake practical initiatives to support children, families and teachers. Projects included: gardening and food growing, healthy eating, diet and nutrition, promoting healthy weight and physical fitness, building confidence and resilience for pupils and involved 20 schools from across the east of the borough.

Evaluation has shown positive impact, for example, one gardening and food growing project showed that initially 70% of children said they would not try at least one of the three ingredients in healthy coleslaw. Following the food growing education and cooking sessions 95% of pupils said they would gladly make and eat healthy coleslaw.

Sports Blast



The London Borough of Merton was awarded over £120,000 funding from Sport England and the National Lottery over three years, to deliver sporting activities with specific focus in

the east of the borough. Over the last two and a half years, the programme has engaged with over 8,000 people and has been running free sports courses for 14 – 25 year olds and families.

The year round inclusive physical activity and well-being programme is being delivered with partners, including: Sport England, Circle Housing Merton Priory, Fulham Football Club, Tooting and Mitcham United, YMCA London South West, England Netball,

Moat, London Sport, St Mark's Academy and MVSC. Together these partners have been able to make additional contributions of £180,000 to the programme. The partners are now looking into how the programme can become more sustainable once the Sports England and National Lottery funding ends.

Daily Mile

Lonesome Primary School is one of the first schools in Merton to have taken up the challenge of running *The Daily Mile*. The aim of *The Daily Mile* is to improve the physical, emotional and social health and wellbeing of our children. Having started as a trial with Year 1 children in the Summer Term, it has gained momentum and has become a regular part of the school day for all year groups. They are using walking or running for 15 minutes each day as a way of increasing the physical activity of their children on a regular basis as well as providing children with a brain break when needed.

"We wanted to ensure that more children would benefit from the thrill and fun of getting active every day. We have noticed that children are getting fitter – they can walk or run further in the time given than at the beginning of term. They also love the break from lessons and are enjoying developing their friendships through jogging and walking together."

Headteacher
Lonesome Primary School

Healthy vending machines in Leisure Centres

The London Borough of Merton and Greenwich Leisure Limited (GLL) have worked in partnership to improve the quality of leisure centre vending machines in the borough. This is to make sure that affordable healthier snacks and drink options are available for people using leisure centres.

Snack options available have been replacing traditional chocolate bars with lower sugar, lower calorie more natural options and traditional high sugar fizzy drinks have been replaced with low sugar, low calories more natural options.

Healthy vending machines have now been introduced in two out of the three leisure centres (Wimbledon and Morden Park), helping make the healthier option the easiest choice.

Merton Council's Workplace Health Champions

As part of the Merton Council's workplace health programme, which has 'commitment' level recognition from the GLA's Healthy Workplace Charter, Public Health and Human Resources have developed a network of health champions. These health champions help their colleagues lead healthy lifestyles by raising awareness of activities that are available to support healthy living.

The workplace health champions have been essential partners when engaging and inviting colleagues and residents to complete the Great Weight Debate survey, which aims to raise awareness and gather ideas from Londoners about how our children can be helped to lead healthier lives.

Champions took on responsibility to promote the Great Weight Debate, for example, libraries designated zones with computers set up for the survey as well as floor walkers and staff ready to invite users to the survey.

School Meals Contract

Merton Public Health team have been working in partnership with the Children's Schools and Families Directorate over the past year to add value to the new school meals contract that came in to effect in September 2016. As a result the new provider, Chartwell's, has committed to undertaking a variety of projects and initiatives that aim to both increase uptake of school meals and support wider public health objectives around childhood obesity and food poverty.

Over the next three years, staff working in school kitchens across Merton primary schools will have the opportunity to attend nutrition and healthy eating training to increase their confidence and competency to support children to eat more healthily. We will also see a sustainable reduction in the sugar content of school meals of up to 20% by 2019, so children will be receiving fewer calories from sugar but will still be able to enjoy a tasty hot school meal.

A holiday hunger programme will aim to address the gap in nutritionally balanced food provision for those children eligible for school meals during the school holidays. Schools will also have the opportunity to participate in a variety of programmes that educate children about the importance of having a balanced diet, where their food comes from, and improving their cooking skills.

Student dietician project – nutritional quality of schools meals and packed lunches

Student dieticians from Kings College London University regularly undertake work experience placements with the Public Health team in Merton. In September 2016 the students investigated whether packed lunches are nutritionally different to school meals, and if there is any difference between primary schools in the west or east of the borough.

Based on visits to nine schools and 133 packed lunches surveyed, the results showed that only 4% of packed lunches surveyed met the food based standards for school meals, with 50% of children bringing in restricted items high in fat, salt or sugar. Sugar sweetened drinks were a popular component, with 25% of children having them for packed lunch, compared to no children having a school meal. Packed lunches in the east of the borough were nutritionally less balanced, with less fruit and vegetables and more foods high in fat, salt and sugar.

Next steps are to offer recommendations to schools to implement robust whole school food policies that encourage children to choose a healthy hot school meal.

Junior health and fitness – Wimbledon leisure centre

To promote better use of leisure centres by young people under 16 years and to increase physical activity in this group, GLL and the council's Leisure Team introduced an 'enhanced junior offer'. This increased the number of activities available as part of membership for a monthly fee, including the gym, taking part in group training sessions, fitness classes, lane swimming in the pool and the pool inflatable sessions. In creating a membership offer of varied activities, the centre aims to cultivate a more positive training environment. The enhanced junior offer was marketed through member schools/colleges, website and other partners and a junior 'Welcome Desk' was put up on the gym floor. A holiday programme was also implemented in order to keep junior members engaged.

The All England Lawn Tennis Club (AELTC)



The All England Lawn Tennis Club (AELTC) is piloting their Early Years Activation Programme at primary schools across the east of the borough. The early years programme seeks to enthuse very young children to be active for short ten minute bursts every day. Led initially by the AELTC head coach, the train the trainer approach gives teachers the confidence to build the activity into the everyday curriculum. The exciting project will be evaluated to show how early years activation can positively enhance the school day.



8. Resources

Links to evidence, guidance and standards and digital resources for children, young people and families:

Intelligence and evidence:

- **PHE National Obesity Observatory (NOO) resources** – A library of reports which forms a detailed evidence base and data repository for child obesity.
www.noo.org.uk/Resources/DH_Publications
- **PHE Public Health outcomes framework and profiles** – Browse indicators for tracking progress in helping people to live healthy lifestyles and make healthy choices.
www.phoutcomes.info
- **Merton Joint Strategic Needs Assessment** – An overview of the health and wellbeing needs of Merton residents. It highlights trends and changes in the health and well-being of Merton residents.
www.merton.gov.uk/health-social-care/publichealth/jsna.htm
- **Physical Activity** – Chief Medical Officers report on physical activity for health from the four home countries.
www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf

Guidance and standards:

- **NICE guidance** – The National Institute for Health and Care Excellence (NICE) provides a range of national guidance and advice to improve health and social care.
www.nice.org.uk
- Relevant guidance produced relating to childhood obesity include
- **QS127** – Obesity: clinical assessment and management (2016)
 - **CG43** – Obesity prevention (2015)
 - **QS94** – Obesity in children and young people: prevention and lifestyle weight management programmes (2015)
 - **NG7** – Preventing excess weight gain (2015)
 - **PH11** – Maternal and child nutrition (2014)
 - **PH47** – Weight management: lifestyle services for overweight or obese children and young people (2013)
 - **PH42** – Obesity: working with local communities (2012)
 - **PH41** – Physical activity: walking and cycling (2012)
 - **PH17** – Physical activity for children and young people (2009)
- **Healthy Schools London** – Bronze, Silver and Gold awards scheme for schools to recognise their achievements in supporting the health and wellbeing of their pupils, parents and staff.
www.healthyschools.london.gov.uk
 - **Children's Food Trust** – A charity sharing the skills, knowledge and confidence to cook from scratch, helping anyone who provides food for children encouraging industry to help families make better food choices
www.childrensfoodtrust.org.uk

- **Healthy Catering Commitment** – A voluntary scheme for food outlets in London based on the principle that small changes to the food offer and nutritional quality can make a big difference.
www.cieh.org/healthier-catering-commitment.html

- **All Our Health** – Public Health England guidance on childhood obesity for healthcare professionals.
www.gov.uk/government/.../childhood-obesity-applying-all-our-health

Children, Young People and Families:

- **Health Matters** – A local digital hub that supports parents/carers and children and young people to access the health visiting and school nursing services and age appropriate advice and support delivered by Central London Community Healthcare NHS Trust.
www.healthmatters.clch.nhs.uk
 - **Merton Family Services Directory** – For information on services for children, young people, parents, carers, professionals and practitioners across Merton including information on education, childcare, activities and leisure, health and well-being, things to do, advice, help and support.
www.fsd.merton.gov.uk/kb5/merton/directory/home.page
 - **Start4Life** – Ideas and support to give your baby the best start in life for mums, dads, family and friends.
www.nhs.uk/start4life
 - **Change4Life** – Ideas, recipes and games to help families get the most out of daily life.
www.nhs.uk/Change4Life/Pages/change-for-life.aspx
 - **NHS Go** – Mobile App for young people to increase access and remove barriers to health services.
www.nhs.go.uk
 - **One You** – Supporting adults to make simple changes towards a longer and happier life. It provides tools, support and encouragement every step of the way, to help improve your health right away
www.nhs.uk/oneyou
 - **NHS Choices** – Provides comprehensive health information service with thousands of articles, videos and tools, helping people make the best choices about their health and lifestyle, but also about making the most of NHS and social care services in England.
www.nhs.uk/pages/home.aspx
- References to this report are available separately on the following link **XXXXXXXXXXXXX.com**
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