

NOTICE OF MEETING

COMMITTEE : EXECUTIVE

DATE : MONDAY, 22 JUNE 2020

TIME : 18:00

PLACE : VIRTUAL MEETING VIA *SKYPE

,

COUNCILLORS :	SIMMONS (CHAIR)	A. KHAN
	BURNETT	MALCOLM
	CASTLEMAN	K. MALIK
	J. HUSSAIN	SHAW
	M. HUSSAIN	TIMONEY

QUORUM : 3 MEMBERS

Contact Officer: Matthew Hussey (01582 546032)

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[SKYPE MEETING LINK](#)

INFORMATION FOR THE PUBLIC

PURPOSE: The Executive is the Council's primary decision-making body dealing with a range of functions across the Council's activities and services.

***SKYPE:** During the Covid 19 emergency period, this meeting will take place virtually, via Skype. To access the meeting, please click on the link to the meeting above.

AGENDA

<i>Agenda Item</i>	<i>Subject</i>	<i>Page No.</i>
1.	APOLOGIES FOR ABSENCE	
2.	PUBLISHED RECORD OF THE MEETING (TO BE SIGNED IN DUE COURSE)	

1. 1st June 2020

5 - 10

SECTION 106, LOCAL GOVERNMENT FINANCE ACT 1992

Those item(s) on the Agenda affected by Section 106 of the Local Government Finance Act 1992 will be identified at the meeting. Any Members so affected is reminded that (s)he should disclose the fact and refrain from voting on those item(s).

DISCLOSURES OF INTERESTS

Members are reminded that they must disclose both the existence and nature of any disclosable pecuniary interest and any personal interest that they have in any matter to be considered at the meeting unless the interest is a sensitive interest in which event they need not disclose the nature of the interest.

A member with a disclosable pecuniary interest must not further participate in any discussion of, vote on, or take any executive steps in relation to the item of business.

A member with a personal interest, which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgment of the public interest, must similarly not participate in any discussion of, vote on, or take any executive steps in relation to the item of business.

Disclosable pecuniary interests and Personal Interests are defined in the Council's Code of Conduct for Members and Co-opted members.

3. BUSINESS NOT COVERED BY CURRENT FORWARD PLAN: GENERAL EXCEPTION

The Executive Leader to report on any business which it is proposed should be considered by the Executive following compliance with Regulation 10 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

1. LUTON BID FORWARD FUNDING

(Report of the Corporate Director, Place & Infrastructure)

11 - 14

4. BUSINESS NOT COVERED BY CURRENT FORWARD PLAN: SPECIAL URGENCY

The Executive Leader to report on any business which it is proposed should be considered following compliance with Regulation 11 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

5. REFERENCES FROM COMMITTEES AND OTHER BODIES

6. RECOMMENDATIONS FROM SCRUTINY REVIEWS

7. PETITIONS

BUSINESS ITEMS

COMMISSIONING & PUBLIC HEALTH (HEALTH)

8. CHILD HEALTHY WEIGHT STRATEGY

(Report of the Service Director, Healthy Lives & Children's Joint Commission, Public Health)

15 - 70

9. REGULATION 4 OF THE LOCAL AUTHORITIES (EXECUTIVE ARRANGEMENTS)(MEETINGS & ACCESS TO INFORMATION)(ENGLAND) REGULATIONS 2012

To consider whether to pass a resolution under Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 to exclude the public from the meeting during consideration of the item(s) listed below as it is likely, that if members of the public were present during the transaction of the item(s), exempt information within the meaning of the Paragraph(s) of Part 1 of Schedule 12A to the Local Government Act 1972 indicated next to the item, would be disclosed to them.

10. PUBLISHED RECORD OF THE MEETING

1. 1st June 2020

- Paragraph (3) - Information relating to the financial or business affairs of any particular person (including the authority holding that information).

PLACE & INFRASTRUCTURE (BUILDING ECONOMIC

GROWTH)

11. LAND SWAP

- Paragraph (3) - Information relating to the financial or business affairs of any particular person (including the authority holding that information).

Note: Five days' notice is hereby given of items to be considered in private as required by Regulations (4) and (5) of the Local Authorities (Executive Arrangements) Meetings and Access to Information) (England) Regulations 2012.

Details of any representations received by the Executive about why any of the above exempt decisions should be considered in public: none at the time of publication of the agenda. If representations are received they will be published separately, together with the statement given in response.

<p>AGENDA ITEM</p> <p>2.1</p>

EXECUTIVE – 1st JUNE 2020 AT 6.00 P.M.

PRESENT: Councillor Simmons (Chair), Councillors: Burnett, Castleman, J. Hussain, M. Hussain, A. Khan, Malcolm, K. Malik, Shaw and Timoney

IN ATTENDANCE: Councillor Franks

DECISIONS SHEET

Exemptions from the call-in process:

- (1) If the Council would be likely to suffer legal prejudice***
- (2) If the Council would be likely to suffer financial prejudice***
- (3) Where the calling-in of the decision would result in the decision not being capable of implementation at all***
- (4) Where the decision is to incur or forego expenditure of £5,000 or less except where the decision has been taken otherwise that in accordance with the Council's Policy Framework or any policies, practices, or procedures adopted by the Executive***
- (5) Where the decision results from a reference or report or recommendation from the Overview and Scrutiny Board or from a Task and Finish Group.***
- (6) Where the decision will be the subject of a recommendation to the Full Council***

AGENDA ITEM/ WARD(S) AFFECTED	SUBJECT	DEC. NO.	DECISION AND REASONS FOR DECISION	OTHER OPTIONS CONSIDERED
2.1	Published decision sheet of the Executive on 27 th April 2020	EX/63/20	That the published decision of the meeting of the Executive held on 27 th April 2020 be agreed as a correct record of the meeting and signed by the Chair in due course.	

8 All	Contingent Labour Joint Venture	EX/64/20	<p>i) That the progress being made on the programme of works to set up a Local Authority Joint Venture Trading Company with Commercial Services Kent Limited (CSKL) be noted including the high level programme plan set out in Appendix A to the report of the Service Director HR & Monitoring Officer (Ref 8).</p> <p>ii) That the additional risks identified as a result of COVID 19 including the mitigations in place to ensure that the programme continues to deliver on time and within budget be noted.</p> <p>Reason: To provide a progress update</p>	<p>a) To accept the recommendations</p> <p>b) To reject the recommendation and request further information</p>
9 All	Luton Children's Improvement Plan and Delivery Plan	EX/65/20	<p>i) That the Children's Improvement Plan and Delivery Plan be approved.</p> <p>ii) That the Plans be agreed and submitted to the Department for Education.</p> <p>iii) That the Director of Children, Families and Education be instructed to publish the Plans within the 70 day timeline as identified by the Inspection of Local Authority Children's Services (ILACS) Framework (June 4th 2020).</p>	The alternative option to the Council delivering the improvement journey is to consider a Children's Trust arrangement. The strategic business case to progress this alternative delivery arrangement does not form part of the Council's ambition for its children and young people.

			Reason: To ensure the objectives in the improvement plan are delivered.	
10.	Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012	EX/66/20	A resolution was passed under Regulation 4(2) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 to exclude the public from the meeting during consideration of the item(s) listed below as it is likely, that if members of the public were present during the transaction of the item(s), exempt information within the meaning of Paragraph(s) of Part 1 of Schedule 12A to the Local Government Act 1972 indicated the item would be disclosed to them.	
11.1	Published Private decisions of the Executive on 27 th April 2020.	EX/67/20	That the private minutes of the meeting held on 27 th April be approved and signed by the Chair in due course. (Note: The above items were considered in private by virtue of Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972, Part VA.)	
12.	Proposed Property Purchase – Bute Street shoppers car park and former Station car park	EX/68/20	That the recommendations in the report of the Service Director Property and Construction be approved.	

			(Note: (i) The above item was considered in private by virtue of Paragraph(s) 3 of Part 1 of Schedule 12A to the Local Government Act 1972, Part VA.)	
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The meeting ended at 6.25pm

DATE OF PUBLICATION: 3rd June 2020

EXEMPT INFORMATION
SUMMARY OF THOSE MATTERS WHICH BY VIRTUE OF PART 1 OF SCHEDULE 12A OF THE
LOCAL GOVERNMENT ACT 1972 MAY BE DISCUSSED IN PRIVATE

Paragraph
No.

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour related matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the authority proposes:
 - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

Report For:	Executive	Item No: 3.1
Date:	22 June 2020	
Report Of:	Corporate Director, Place & Infrastructure	
Report Author:	Laura Church	

Subject:	Luton BID Forward Funding	
Lead Executive Member(s):	Councillor Simmons	
Wards Affected:	South	
Consultations:	Councillors <input checked="" type="checkbox"/> Scrutiny <input type="checkbox"/> Stakeholders <input type="checkbox"/> Others <input checked="" type="checkbox"/>	

Recommendations

- The Executive is recommended to agree the action taken by the Corporate Director, Place & Infrastructure, following consultation with the Leader of the Council and the Section 151 Officer, to approve forward funding of £50,000 to the Luton BID, in light of the financial impact of Covid 19, be confirmed.**

Background

- In light of the financial impact of Covid 19 and the need to support the future financial health of the Luton BID which plays an important role in the local economy, consideration has been given to the current cash flow situation and action that needs to be taken to support the Luton BID for the next 3 months.

The Current Position

- The current cash flow position for the Luton BID has been significantly impacted upon by Covid 19. To secure the future of the Luton BID, allow it to continue to operate and to fulfil its essential contractual obligations it is necessary to forward fund the project.
- Other funding options have been explored including the Business Interruption Loan scheme, but BIDs do not currently qualify for the scheme as they do not generate income through sales.
- Requests have been made to the Government seeking relief to businesses on paying the BID levy and pay the BIDs the equivalent sum which would have been collected, or to underwrite any shortfall in BID levy payments.
- However the Government has not as yet made any commitments to giving business 'BID Levy Bill relief' or underwriting any shortfall in revenue to BIDs resulting from the failure to pay levy bills.
- Whilst the Government has created a new £6.1 million BID Resilience Fund, it is expected that the sum to be paid to Luton would not address the current projected cash flow shortfall.
- The future ability of businesses to pay the levy is currently unclear and uncertain given the economic impact of Covid 19.

Goals and Objectives

9. Given the importance of the Luton BID to the Council's local economy, it is considered vital to support the Luton BIDs current cash flow projections to allow it to continue to operate and meet its contractual obligations.
10. It is anticipated that the sum forward funded to the Luton BID can be recovered by future levies to be collected by the Luton BID.

Proposal

11. Following consultation with the Leader of the Council and the Section 151 Officer, the Corporate Director for Place and Infrastructure has taken emergency action under Section 1 of the Localism Act 2011 and under the emergency powers set out at Part 6 of the Council's Constitution to forward fund the Luton BID to the sum of £50,000.

Key Risks

12. If the Luton BID is not supported its cash flow will be impacted upon in such a way that it will be unable to meet its essential contractual obligations moving forward. A forward payment of £50,000 will support the operation of the bid.
13. There is a risk that the advance payment might not be repaid from future levies collected by the Luton BID in which case the loss will fall to the Council. A signed letter between the Council and the BID has been put into place for recovery of the funding by the 31st March 2021.
14. The Luton BID requests a deferral of the payment or additional funding. A review date of the 31st July has been put into place to consider the impact of COVID-19 and income. If any changes are required this will be referred back to Executive for consideration.

Consultations

15. The Council's Section 151 Officer and the Executive Member for Place and Infrastructure (Building Economic Growth) have been consulted as required under paragraphs 1/18 and 1/19 of Part 6 of the Councils' Constitution.
16. The matter requires reporting to the Executive at the earliest opportunity after the action has been taken.
17. There has also been discussion with the BID Board.

Alternative options considered and rejected (please specify)

18. Other alternative sources of funding have been explored as referenced in paragraphs 4 to 8 above.
19. The BID requested a larger sum of £175,000. This was not supported and the lesser amount of £50,000 agreed.

Appendices

20. None

Background Papers

21. There are no background papers to the report.

IMPLICATIONS

For Executive Reports:

- All grey boxes must be completed
- All statements must be cleared by an appropriate officer

For CLMT Reports:

- Only the dark grey boxes must be completed
- Clearance is not required

Legal	Clearance Agreed By	Dated
Provided that all necessary financial regulations have been complied with then the legal implications of this report set out in para. 15 are agreed.	Paul McArthur	2 June 2020

Finance	Clearance Agreed By	Dated
The s151 Officer was consulted on the proposal. The payment has been made on the basis of the funding being repaid in year and so there is no impact in-year.	Darren Lambert, Finance Business Partner	3 rd June 2020

Integrated Impact Assessment (IIA) – Key Points		
Equalities / Cohesion / Inclusion (Social Justice)	Clearance Agreed By	Dated
There are no equalities/cohesion/inclusion impacts of this report.	Maureen Drummond, Interim Equalities Manager	4 June 2020
Environment	Clearance Agreed By	Dated
There are no environment impacts of this report.	Katarzyna Wysocka, Strategy & Sustainability	03/06/2020
Health	Clearance Agreed By	Dated
There are no health impacts of this report.	Sally Cartwright Public Health	3 rd June 2020
Community Safety	Clearance Agreed By	Dated
Staffing	Clearance Agreed By	Dated

Other	Clearance Agreed By	Dated

Report For:	Executive	Item No: 8
Date:	22 June 2022	
Report Of:	Gerry Taylor	
Report Author:	Lucy Hubber / Suliman Rafiq	

Subject:	Child Healthy Weight Strategy	
Lead Executive Member(s):	Cllr Khtija Malik	
Wards Affected:	All	
Consultations:	Councillors	<input checked="" type="checkbox"/>
	Scrutiny	<input checked="" type="checkbox"/>
	Stakeholders	<input checked="" type="checkbox"/>
	Others	<input checked="" type="checkbox"/>

Recommendations

1. That the Executive is recommended to approve the Child Healthy Weight Strategy.

Background

2. This strategy was agreed by the Health and Wellbeing Board on the 7th January 2020.
3. Luton has significantly higher rates of overweight and obese children by the age 11 than England as a whole and numbers of children who are overweight or obese continue to increase.
4. A mapping exercise of current activity was undertaken and showed while there are and has been a range of activities undertaken a general focus on targeting children with weight management or education programmes fails to address the complex multifaceted system of determinants also known as the obesogenic environment.

The Current Position

5. A mapping exercise of current activity was undertaken and showed while there are and has been a range of activities undertaken a general focus on targeting children with weight management or education programmes fails to address the complex multifaceted system of determinants also known as the obesogenic environment.
6. A comprehensive needs assessment has been completed (Appendix 1) that provides a descriptive summary of the challenge for improving healthy weight and considers factors within the causal pathway.
7. The draft strategy (Appendix 2) outlines a matrix-model which proposes system-wide interventions across the causal pathway and addressing individual, targeted and population-based needs.

Goals and Objectives

8. Priorities are:
 - A. Luton council not allowing advertising of High Fat Sugar and Salt (HFSS) products (subject to budget considerations)
 - B. Highly Focused Child Obesity Taskforce – LSOAs focused on areas of high obesity within Dallow, Farley and Leagrave.

- C. Innovative behavioural insight informed techniques – for example use of stairs in council flats and communications campaigns.
- D. Building physical activity into everyday – working with colleagues on encouraging children and families to walk, cycle, scoot to schools.
- E. Influence the planning of healthy places – working with strategic planning on influencing the built environment.
- F. Making Every Contact Count (MECC) – engaging a wide range of frontline staff in being trained to MECC across a range of lifestyle behaviours.

Proposal

- 9. It is proposed that the strategy is approved with a focus in Year 1 on goals B – F and that goal A is reviewed in light of budget pressures and impact of Covid19 in 2021.

Key Risks

- 10. The strategy does not deliver the intended outcomes and as a borough we continue on the current trend of poor diet and subsequent health related conditions.

Consultations

- 11. Focus groups were held with young people, families and professionals to develop a better understanding of the causal pathway in Luton. The outputs showed that whilst knowledge of the importance of a healthy diet was high, there were limiting factors including access, capacity or capability.
- 12. All council DMTs have been attended and feedback has been reflected in the approach which included setting key deliverable priorities that are high impact and population level focused and then building on that platform rather than looking at developing lots of projects from the outset

Alternative options considered and rejected (please specify)

- 13. To reject the recommendation and request further information.

Appendices Attached

Appendix 1: Child Healthy Weight Needs Assessment:

Appendix 2: Draft Strategy (attached)

Appendix 3: Integrated Impact Assessment

Background Papers

There are no background papers to this report

IMPLICATIONS

For Executive Reports:

- All grey boxes must be completed
- All statements must be cleared by an appropriate officer

For CLMT Reports:

- Only the dark grey boxes must be completed
- Clearance is not required

Legal	Clearance Agreed By	Dated
<p>Goal A – It is assumed that Goal A refers to advertising space within the Council's control. Any bar on the advertising of HFSS products will have to be included in any contracts relating to advertising space so the terms of new contracts will have to be altered and any existing contracts reviewed to see if they can be amended.</p> <p>If it is intended that leases of Council property should include a bar, then a policy for Fixed Assets will have to be developed to introduce such a bar in new lettings and (where possible) upon the renewal of existing leases.</p> <p>Goal D. Encouraging walking, cycling and scooting may involve traffic regulation orders to provide cycle paths, widen pavements and prevent parking on pavements. New lightly segregated cycle lanes can be introduced without a traffic regulation order. Highways advice should be sought.</p> <p>Goal E. The policies set out in the National Planning Policy Framework apply to the preparation of local and neighbourhood plans and to decisions on planning applications. The framework states that planning policies and decisions should aim to achieve healthy, inclusive and safe places which, amongst other things, should enable and support healthy lifestyles, especially where this would address identified local health and well-being needs.</p>	Michael Pearson	5 th June 2020

Finance	Clearance Agreed By	Dated
There is no funding in the budget and any additional costs will have to seek approval through the Council's budget setting process.	Dev Gopal	5th June 2020

Integrated Impact Assessment (IIA) – Key Points

Equalities / Cohesion / Inclusion (Social Justice)	Clearance Agreed By	Dated
The impact of this plan was seen as positive for all relevant 'protected groups' but in particular for age (young people) and race	Maureen Drummond, Interim Equalities Manager	5 June 2020
Environment	Clearance Agreed By	Dated
Choosing more locally grown or seasonal food and having appropriate portion sizes can reduce food waste, packaging, and transport costs, reducing the negative environmental impacts of food production. Promoting active travel can have additional positive impact on reduction of carbon emissions.	Katarzyna Wysocka, Strategy and Sustainability	5 th June 2020
Health	Clearance Agreed By	Dated
The focus of this strategy is in reducing child obesity and will positively impact on various health conditions.	Sally Cartwright	5 th June 2020
Community Safety	Clearance Agreed By	Dated
Staffing	Clearance Agreed By	Dated
Other	Clearance Agreed By	Dated

Child healthy weight Needs assessment

April 2019

Business Intelligence | Public Health

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Acknowledgements

Ade Abitoye, Public Health (Luton Council)

Anne Onyechi, Public Health (Luton Council)

Dr. Erica Cooke, University of Bedfordshire

Eddie Holmes, Business Intelligence (Luton Council)

Gary Chandler, Business Intelligence (Luton Council)

Homara Baig, Business Intelligence (Luton Council)

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Louise Morrissey, Luton Flying Start and Children's Centres (Luton Council)

Remy Cullinan, Public Health (Luton Council)

Rosa Quigley-Phipps, Business Intelligence (Luton Council)

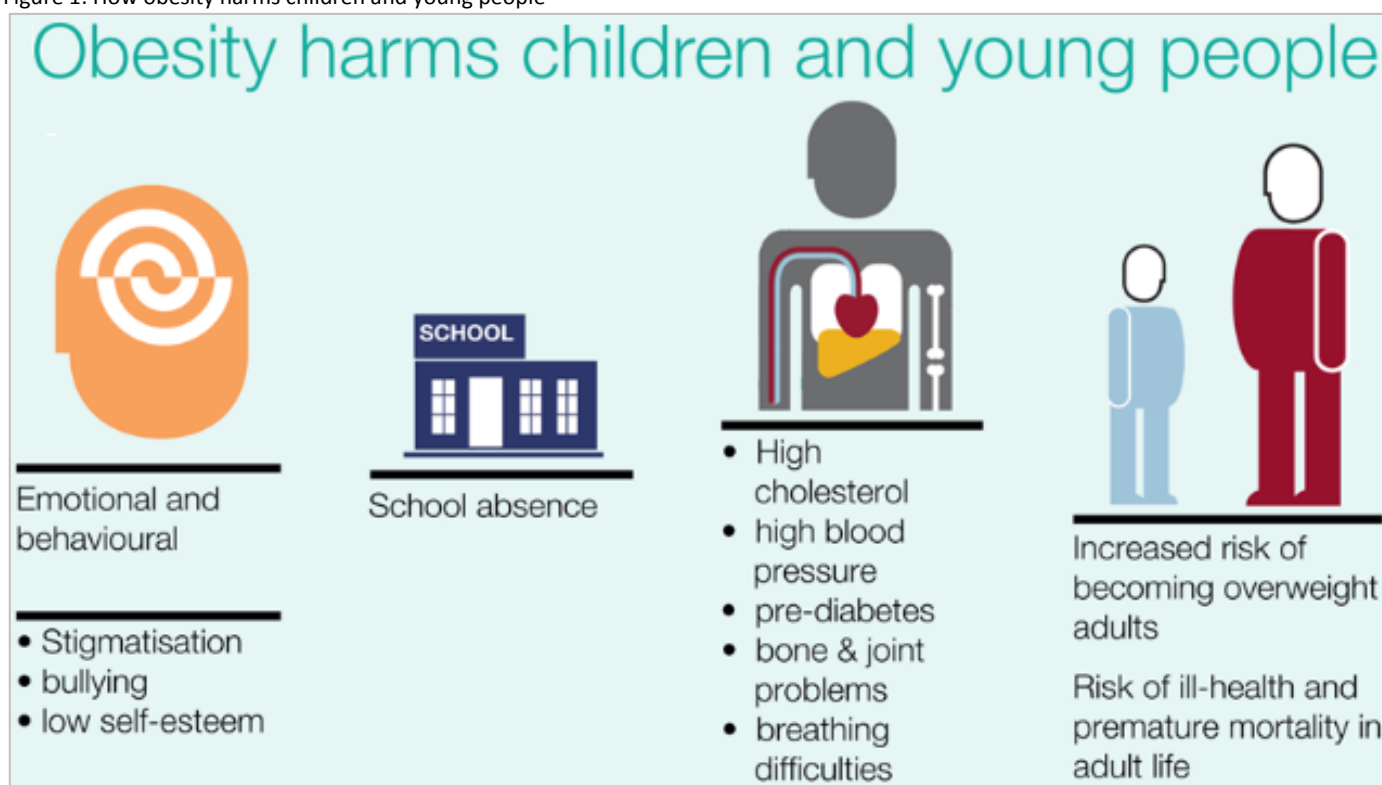
Sarah Goldsmith, Luton Flying Start and Children's Centres (Luton Council)

Introduction

The World Health Organisation has highlighted the urgent and serious challenge of obesity, which has reached alarming proportions in many countries¹. England has one of the highest childhood obesity rates in Western Europe, and child excess weight is a national concern. Public Health England (PHE) report that obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than healthy weight children.

Overweight and obese children are also more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood². From childhood onwards there are physical, psychological, emotional and social consequences associated with obesity, including the effects of bullying and low self-esteem (Figure 1)³. Although the most severe consequences come later in life, some obesity-related conditions can develop during childhood.

Figure 1: How obesity harms children and young people



Source: Public Health England (2015) [Childhood obesity: applying all our health](#)

The national context

The government aims to half child obesity by 2030⁴ and is placing prevention at the heart of its strategy. Local authorities are expected to be leaders, using local expertise to tailor public health services to local need, support economic growth, and influence the multiple determinants of obesity through policies on housing, leisure and other services⁵.

¹ Public Health England (2018) [National Child Measurement Programme: Operational Guidance](#)

² Annual Report of the Chief Medical Officer, Surveillance Volume, 2012: [On the State of the Public's Health](#), cited in Public Health England (2018) [National Child Measurement Programme: Operational Guidance](#)

³ Public Health England (2015) [Childhood obesity: applying all our health](#)

⁴ HM Government (2018) [Childhood obesity: a plan for action](#), June 2018.

⁵ Department of Health and Social Security (2018) ['Prevention is better than cure'](#), 05 November 2018

The National Child Measurement Programme (NCMP) is a mandated service and key to monitoring the progress of the government's Childhood Obesity Plan. The data is valid at both national and local level⁶ and therefore provides data for the Public Health Outcomes Framework, as well as informing the development and monitoring of local childhood obesity strategies. The NCMP has particularly good participation rates, rising from 80 per cent in 2006/07 to 95 per cent in 2017/18⁷. Much of the analysis in this needs assessment is based on this rich local data source.

The NCMP data for England shows enduringly and unacceptably high prevalence of children recorded as being overweight and obese when they are measured at Year R (aged 4 to 5) and at Year 6 (aged 10 to 11). Obesity is a particular issue, and the national data consistently shows that the prevalence of obesity doubles between Year R and Year 6 (from around 9 per cent to around 20 per cent).

Consequences and costs

Nearly two thirds of adults in England were classed as being overweight or obese in 2015. The prevalence of obesity is similar among men and women, but men are more likely to be overweight. Obesity levels rose from 14.9 per cent in 1993 to 26.9 per cent in 2015. The rate of increase has slowed, but the trend is still upwards. Younger people are becoming obese at earlier ages and staying obese into adulthood.⁸

Nationally it is estimated that obesity is responsible for more than 30,000 deaths each year. On average, obesity deprives an individual of an extra nine years of life and it may overtake tobacco smoking as the biggest cause of preventable death.⁹

Obese people are:

- at increased risk of certain cancers, including being three times more likely to develop colon cancer
- more than two and a half times more likely to develop high blood pressure - a risk factor for heart disease
- five times more likely to develop type 2 diabetes

For individuals, obesity has physical, social and psychological consequences. It is associated with poorer employment outcomes, such as lower wages, or early exit from the workplace through sickness or early retirement^{10,11}. In the UK in 2014 it was estimated that there were approximately ten thousand benefit claimants for whom obesity was their main disabling condition¹².

In 2014 to 2015, obesity-related conditions were estimated to cost the NHS more than £6 billion a year, and £27 billion in total costs to wider society (Figure 2)¹³. Evidence suggests that there are significantly higher levels of GP visits and hospital inpatient attendances in obese populations

⁶ The NCMP is widely recognised as a world-class source of public health intelligence and the report of the findings, published annually by NHS Digital, has UK National Statistics status.

⁷ NHS Digital (2018) [National Child Measurement Programme, England - 2017/18: Data Quality - Coverage](#)

⁸ Public Health England (2017) [Health matters:obesity and the food environment](#)

⁹ Public Health England (2017) [Health matters:obesity and the food environment](#)

¹⁰ Cawley J. An economy of scales: A selective review of obesity's economic causes, consequences and solutions. *Journal of Health Economics* 43. 2015 244–268

¹¹ Robroek SJW et al. The contribution of overweight, obesity, and lack of physical activity to exit from paid employment: a meta-analysis. *Scand J Work Environ Health* 2013, 39 (3) 233–240

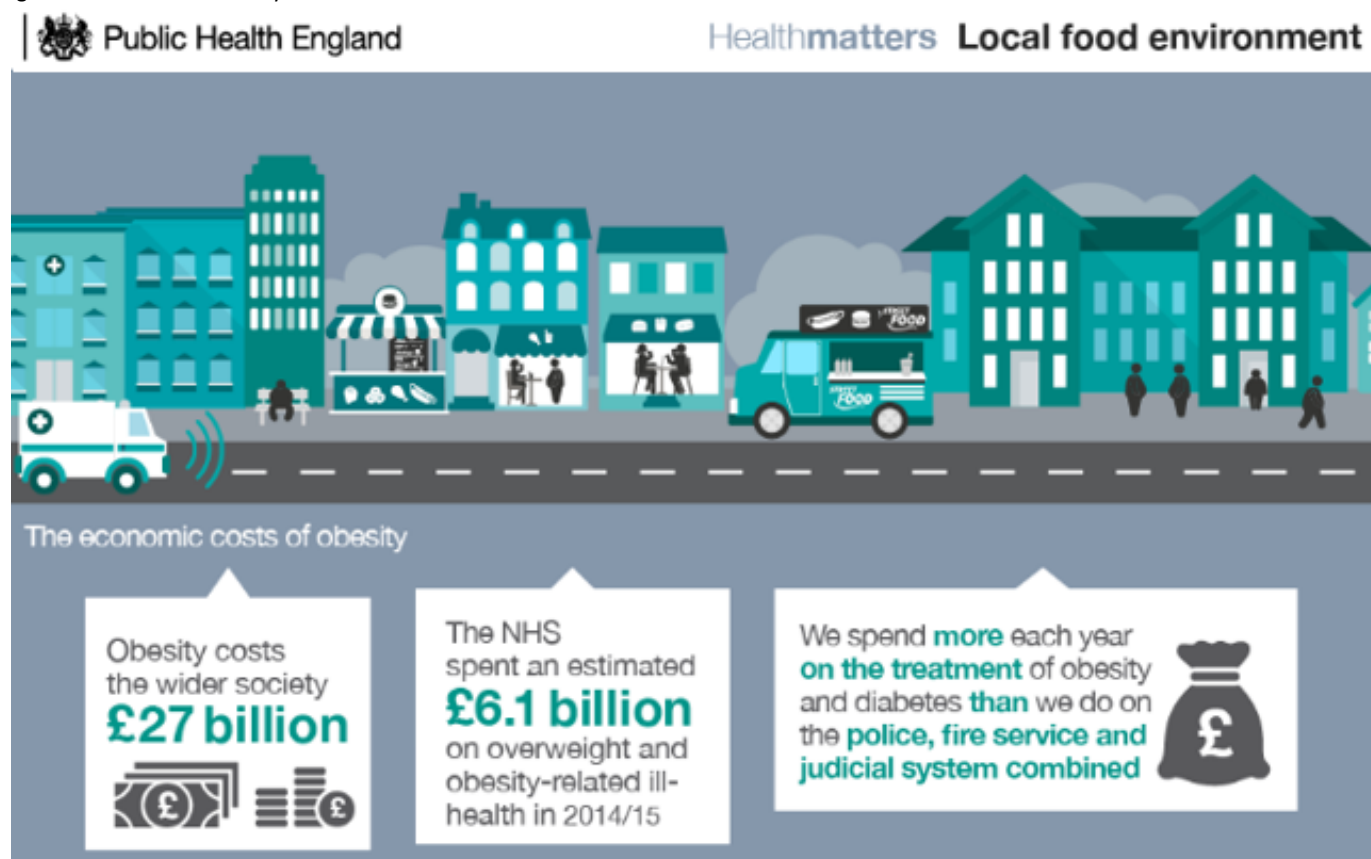
¹² Department for work and pensions (2015) [An independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity](#)

¹³ Public Health England (2017) [Health matters:obesity and the food environment](#)

when compared to those of a healthy weight¹⁴. Recent evidence suggests that, at current rates, there will be 11 million more obese adults by 2030 with associated health consequences of 7 million cases of diabetes, 6.5 million cases of heart disease and stroke and 500,000 additional cases of cancer¹⁵.

Predicted estimates¹⁶ suggest that the annual Luton costs to the NHS of diseases related to obesity was £32.7 million in 2015, with this rising to £56.2 million when conditions related to all excess weight categories are also considered.

Figure 2: The costs of obesity



Source: Public Health England (2017) [Health matters: obesity and the food environment](#)

Being underweight in childhood is an important public health issue, as being underweight can have adverse effects on a child's health, some of which may persist into adulthood or affect future generations¹⁷.

The importance of locality

Excess weight in children is a national issue, which presents more problematically in some towns in England. Luton continues to be one of these towns. In the Child healthy weight needs assessment, we provide an understanding of factors which promote healthy weight, explore the

¹⁴ NICE [Health Economics: Cost effectiveness of clinical interventions](#)

¹⁵ Re:new bariatrics (2017) [Obesity statistics in the UK](#)

¹⁶ Swanton, K (2008) [Healthy Weight, Healthy Lives: a toolkit for developing local strategies](#) National Heart Forum in association with the Faculty of Public Health, the Department of Health, the Department for Children, Schools and Families, and Foresight, Government Office for Science. Estimated costs based on a disaggregation of the national estimates calculated by Foresight for the years 2007-2015.

¹⁷ Victoria C.G, Adair L, Fall C, Hallal P.C, Martorell R, Richter L, Sachdev H.S. Maternal and child undernutrition: consequences for adult health and human capital. Lancet 2008; 371(9609): 340–357, in Public Health Wales (2016) [What factors influence the proportion of underweight children in Cardiff local authority](#)

wider determinants of obesity, and key challenges and opportunities across the system. We attempt to unpick the complex interplay between environment, behaviour, genetics and culture, which has led to an unacceptable disparity between Luton and other parts of the country in relation to this issue.

We know that the relationship between deprivation and worse health outcomes is not linear or straightforward. This may be due to culturally-influenced behaviours that protect some communities living in deprived areas. Examples of this in Luton are breastfeeding rates, teenage pregnancy rates and smoking prevalence, all of which are better than would be expected given the deprivation in Luton. At a national level, these factors are strongly correlated with deprivation. This shows how important it is to understand risk and protective factors at a local level when determining health needs (figure 3).

Figure 3: The interplay between culture and the environment



Source: Luton Council, Business Intelligence, 2019

Summary

Background

In the Child healthy weight needs assessment, we have:

- described the problem and why it matters, including an outline of the national picture and an understanding of the cost implications
- used local data to better understand who is most affected, where inequalities exist, and where there may be intervention opportunities
- sought to understand local perspective and barriers / opportunities relating to healthy weight
- used best practice evidence to explore how Luton can better approach the issue of child healthy weight to make a real difference to people's lives
- highlighted areas of unmet need

The summary information presented here is an outline of the findings from the needs assessment. The full report is also available, on request, from Luton Council's Business Intelligence department.

Key findings and recommendations

Theme	No.	Key finding	Recommendation
Costs	1	Excess weight in both adults and children in Luton is estimated to cost the NHS alone £56.2 million each year	Ensure that the Child Healthy Weight Strategy is prioritised, appropriately funded, and that a cost-effective primary prevention approach is adopted to bring down future costs
Overweight children	2	Luton's Year 6 children are more at risk of having excess weight issues compared to England and to comparator areas. They are particularly likely to be obese	Seek to better understand the significant increase in weight issues between Year R and Year 6, and adopt appropriate and evidence-based interventions
Underweight children	3	Luton has higher proportions of underweight children when compared nationally. This is due to the high prevalence in the Asian population However, none of the Asian groups are disproportionately represented when Luton proportions of underweight children are compared with national proportions for each specific ethnic group	The prevalence and patterns relating to underweight children in Luton do not suggest the need for a population approach Healthcare professionals should continue to address individual issues that arise

Theme	No.	Key finding	Recommendation
Inequalities, at risk groups and cultural considerations	4	<p>The risk of being overweight is not equal across all groups</p> <p>Inequalities are affected by gender, ethnicity, able-bodiedness, geography, and social and economic status</p> <p>Analysis of data around Luton children shows particular inequalities are evident when ethnicity is considered. In Luton Black African, Black Caribbean, Bangladeshi and White 'Other' children are at greatest risk of being overweight or very overweight</p>	Ensure the Child Healthy Weight Strategy includes a focus on targeted interventions.
	5	<p>Luton-based research conducted by the University of Bedfordshire shows parents may have culturally-influenced perceptions that a heavier child is a healthier child</p> <p>The study showed that monitoring child weight was not seen by all parents as necessary or helpful. Instead, there was often a view that health is more important than weight</p>	Engage with communities, bearing in mind the need for cultural understanding and sensitivity from professionals, and more consideration of culturally variable diets in health promotion campaigns
	6	<p>There are threats and opportunities emerging from what we know about healthy eating and exercise in Luton</p> <p>Luton children have similar activity levels to England, but data shows that Luton adults are less likely to be active and less likely to eat '5 a day' compared nationally</p> <p>There are known disparities by gender and ethnicity that may be affecting Luton children. Girls, Asian children, Black children and older children are all less likely to be active compared to other groups</p>	Use the information in this assessment to support the Luton Sport and Physical Activity Strategy and the Luton Food Plan to ensure that the disparities that have been identified are being addressed effectively
	7	<p>Deprivation is a key driver of excess weight, but the differences within Luton cannot be explained by deprivation</p> <p>However, analysis has shown links between obese and very obese children in Luton and families who are struggling financially, or who may have difficult or unmanageable lives</p>	<p>There is a need to understand - and work with - the realities of people's living circumstances, and to find creative solutions that address life-management skills and well-being</p> <p>Use learning from other deprived areas about what works</p>

Theme	No.	Key finding	Recommendation
Geography, the environment, opportunities for active travel	8	<p>A high number of Luton wards are affected (over half of Luton wards have excess weight above England at Year 6), but there are three specific Lower Super Output (LSOA) areas that have been identified as having worse excess weight issues at Year 6, compared to Luton as well as England</p> <p>This provides opportunities for specific and targeted interventions</p>	<p>Identified areas need to be prioritised in healthy weight interventions</p> <p>In particular, they need to be prioritised by the Sport and Physical Activity Strategy and the Luton Food Plan</p>
	9	<p>The area around the town centre is one of the three small areas with worst excess weight issues. Children living in this LSOA are particularly vulnerable to the proliferation of fast food outlets in the area and its environs. Analysis shows that White Other children are disproportionately represented in the NCMP children living here and that addresses tend to be flats / multi-occupancy housing</p>	<p>The Council must seek to ensure that children are not housed in areas where there is a proliferation of fast food outlets, or in multi-occupancy housing with little access to play areas</p>
	10	<p>More needs to be done to ensure that the environments people are living in are not 'anti-health'. Large areas of Luton have highly trafficked roads, high density housing and a toxic mix of takeaways and other unhealthy businesses such as betting shops</p>	<p>A whole systems approach needs to be adopted to tackle complex social and environmental factors affecting child healthy weight</p>
	11	<p>Evidence shows that a focus on active travel has benefits beyond increasing activity levels and has the potential to:</p> <ul style="list-style-type: none"> • support local businesses and promote vibrant town centres • provide a high-quality, appealing public realm • reduce car travel, air pollution, carbon dioxide emissions and congestion • reduce road danger and noise • increase the number of people of all ages out on the streets, making public spaces seem more welcoming and providing opportunities for social interaction and children's play • provide an opportunity for everyone, including people with impairments, to experience and enjoy the outdoor environment 	<p>Safe and active travel (cycling and walking) to remain a core part of the transport strategy for Luton.</p>

Theme	No.	Key finding	Recommendation
Schools	12	<p>Somerley, Icknield and Leagrave primary schools all have particularly high proportions of children who have excess weight</p> <p>There are also a number of schools which have been identified as having high proportions of the at risk groups that have been identified in the assessment which may also provide opportunities for targeted interventions</p>	Services need to prioritise these schools and work with education professionals to address issues around healthy weight
Intelligence gaps / data considerations	13	<p>We still have some gaps in our understanding. Nationally we know that some groups of children are more at risk of being overweight or obese, but we do not have access to the local data that would help us to properly understand the local position. The following groups may be affected:</p> <ul style="list-style-type: none"> • children with disabilities. This group is shown nationally to be at greater risk of obesity • children with Adverse Childhood Experiences (ACE). National studies show this group is at greater risk of health-harming behaviours such as eating disorders and at greater risk of obesity related conditions such as type 2 diabetes. 	Health professionals need to consider how the data that they collect can help to inform future resource prioritisation
	14	<p>There is good quality data to help us to understand the factors affecting healthy weight. However, there is a need for improved NCMP recording around ethnicity to ensure that we properly understand our populations. The group 'any other ethnic group' is one of the groups showing as having disproportionately high proportions of children with excess weight.</p>	When NCMP data is being collected, providers need to be aware of the reasons that NCMP records are as complete and accurate as possible, particularly in relation to ethnicity

Theme	No.	Key finding	Recommendation
Pathways and services	15	<p>Total Wellbeing figures show low uptake levels and raise questions about the effectiveness of the NCMP referral process as a population approach. Just nine per cent of NCMP referrals resulted in uptake, compared to 60+ per cent for other referral types.</p> <p>Some potentially useful insights are gleaned from the other referral types. For example, the higher rate of successful completion in self-referrals confirm the importance of an individual wanting to change, and the high uptake from GP referrals may indicate the importance of conversation with a professional.</p>	Develop a more effective pathway following NCMP identification of excess weight and look at ways of increasing referrals from health professionals
	16	<p>Luton Council has adopted HENRY as a prevention programme, but the reach of HENRY is currently quite small. Cost and capacity are particular barriers to extending HENRY, partly due to the need for expensive crèche facilities</p> <p>Uptake following referral is low. 22 per cent of the referrals in 2017-18 resulted in families engaging with the programme.</p> <p>There is currently no weight management programme for under 5s, despite the fact that around 1,000 Year R children are already overweight or very overweight when they start school.</p>	<p>Seek ways to expand the reach of HENRY, including the volunteer model</p> <p>Better understand and address low uptake following a referral</p> <p>Explore potential weight management programmes for under fives</p>

Overview and analysis

Figures for 2017/18 (see figure 4) show that, of the children with a valid NCMP measurement, 758 Luton children do not have healthy weight measurements at Year R¹⁸. This represents 24 per cent of Luton Year R children. 693 Year R children are overweight or obese, and of these, 326 are already obese.

Figure 4 shows that, at Year 6¹⁹, 1,321 children with a valid NCMP measurement have weight measurements outside of the healthy range. This represents 42 per cent of the Luton Year 6 children. 1,258 Year 6 children are overweight or obese and, of these, 776 are obese.

Figure 4 also shows that, compared nationally, Luton has statistically significant:

- higher proportions of children measured as underweight (UW) at both Year R and Year 6
- similar proportions of children measured as overweight and very overweight at Year R (Figure 4)
- higher proportions of children measured as overweight and very overweight (OW / VOW) at Year 6, mainly attributable to higher proportions of children in this age group who are obese or very obese (VOW)

Figure 4: Unhealthy weight prevalence at Year R and Year 6, by weight category, 2017/18

Year R	2017/18	No of children	Value (%)	England value (%)	Trend
	UW	65	2.05	0.98	↑
	OW / VOW	693	21.86	22.40	↓
	VOW	326	10.28	9.50	↓
	Total affected	758	23.91	23.38	↓
Year 6	2017/18	No of children	Value (%)	England value (%)	Trend
	UW	63	2.00	1.39	→
	OW / VOW	1,258	39.96	34.30	↑
	VOW	776	24.65	20.10	↑
	Total affected	1321	41.96	35.69	↑

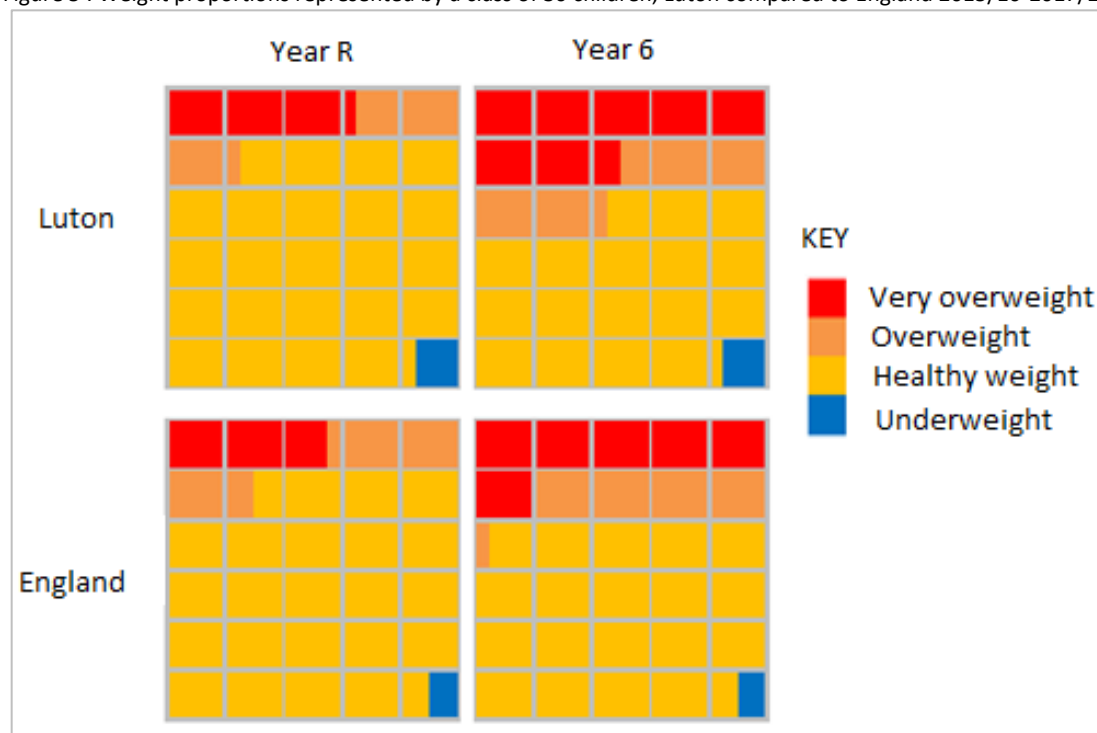
Source: NCMP 2017/18

To help to illustrate the proportions, the grids in Figure 5 each represents a class of 30 children, with each cell representing one child, and showing the proportion of children falling into each of the weight categories. The grids show the comparison between Luton and England at Year R and Year 6, and highlight the contrast between Luton weight issues across the two age groups, as well as the contrasting picture with England at Year 6.

¹⁸ The term 'Year R' is used throughout this report and refers to children aged 4-5 who are in Reception class

¹⁹ The term 'Year 6' is used throughout this report and refers to children aged 10-11

Figure 5 : Weight proportions represented by a class of 30 children, Luton compared to England 2015/16-2017/18



Source: NCMP 3 years' aggregated data

Each cell represents one child in a class of 30 children

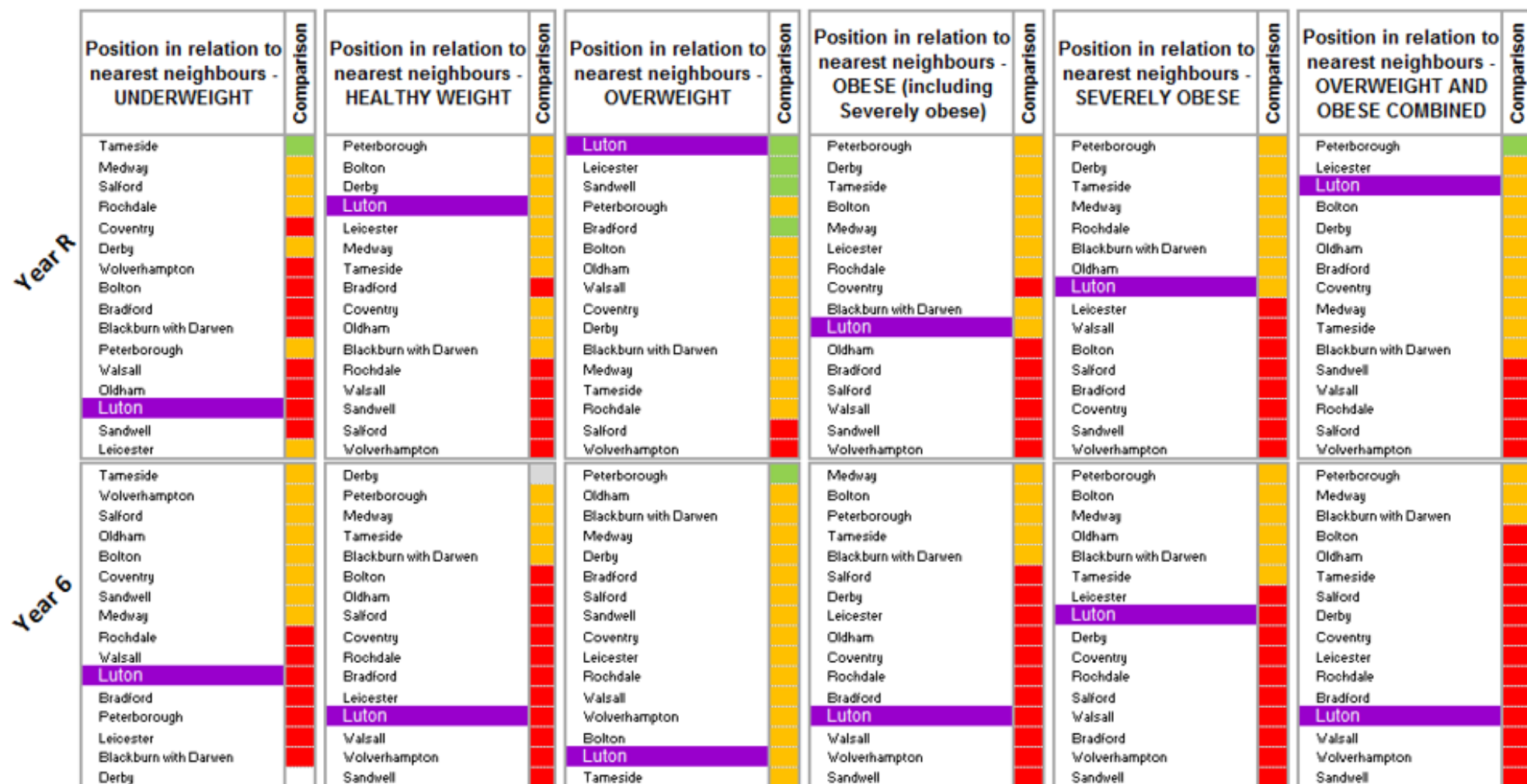
'Very overweight' includes obese and very obese children

Luton's children have notable weight issues, certainly in comparison to England, but also when compared with statistical 'nearest neighbours'. Reflecting the complex interplay that underlies child weight issues, the comparison picture is not straightforward. Figure 6 shows the comparison of Luton to England within the context of its position in relation to its nearest neighbours (the top of the table is 'good', lower down 'bad'). Figure 6 shows the following:

- Luton is statistically worse than England for children measured as underweight at Year R, but for all other weight categories, Luton is similar to England in this age group
- it is better than England, and best in relation to its peers, for overweight children, but is further down the 'league table' for obesity levels
- in contrast to the picture at Year R, at Year 6, Luton is statistically worse than England for all weight categories, with the exception of children measured as being overweight
- not only does Luton compare worse with the England benchmark at Year 6, it also tends to feature much lower down the table in comparison to its nearest neighbours, suggesting worse levels compared to peers

Comparison to statistical neighbours

Figure 6: Proportion of Year R and Year 6 children by weight category, Luton and its nearest neighbours compared to England and rank of Luton within its group of nearest neighbours, 2017/18

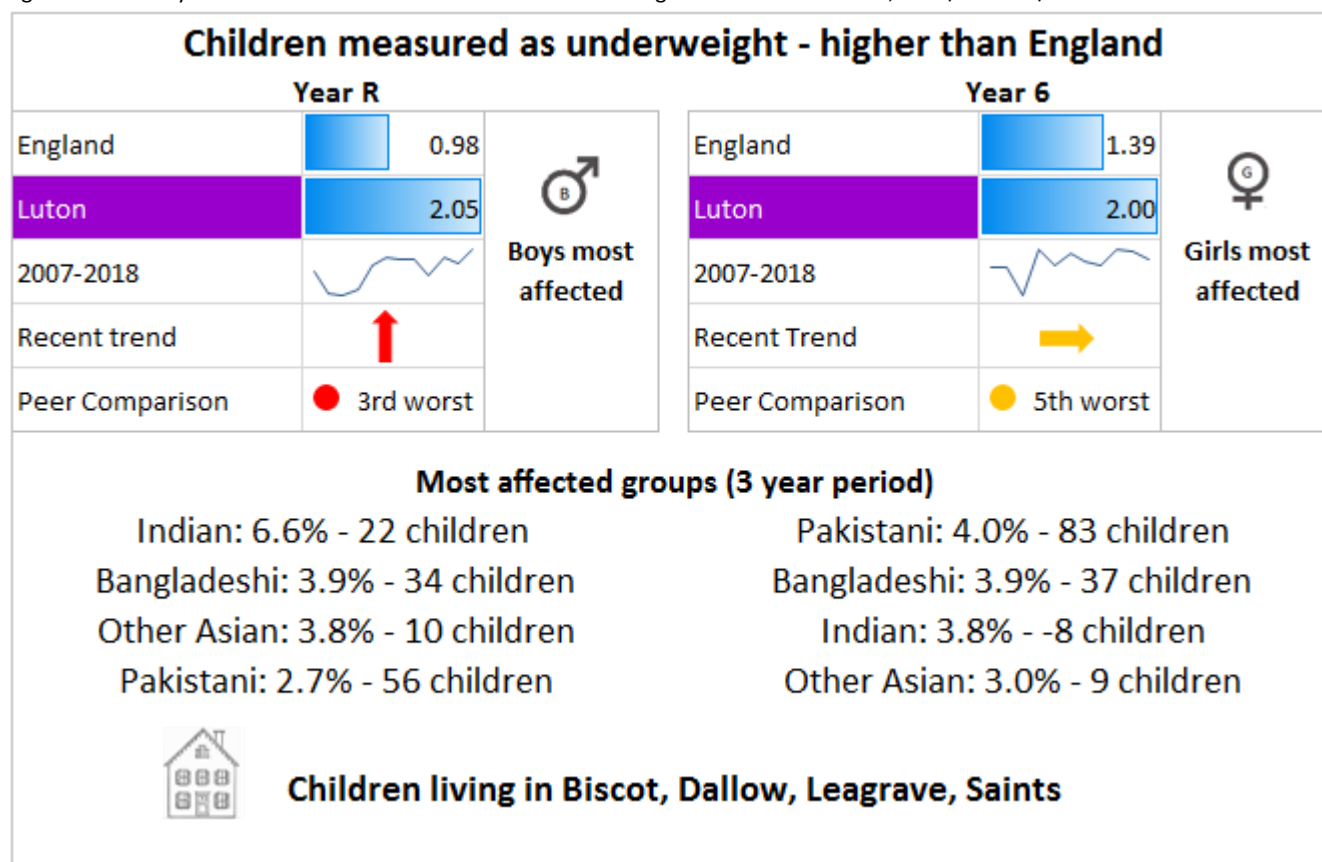


Source: PHE Fingertips

Underweight children

Figure 7 shows summary information for children measured as underweight at Year R and Year 6. In both year groups, the proportion of underweight children in Luton is statistically higher than England. Children in all Asian groups are affected more than children in other ethnicities.

Figure 7: Summary information for children measured as underweight at Year R and Year 6, 2015/16-2017/18



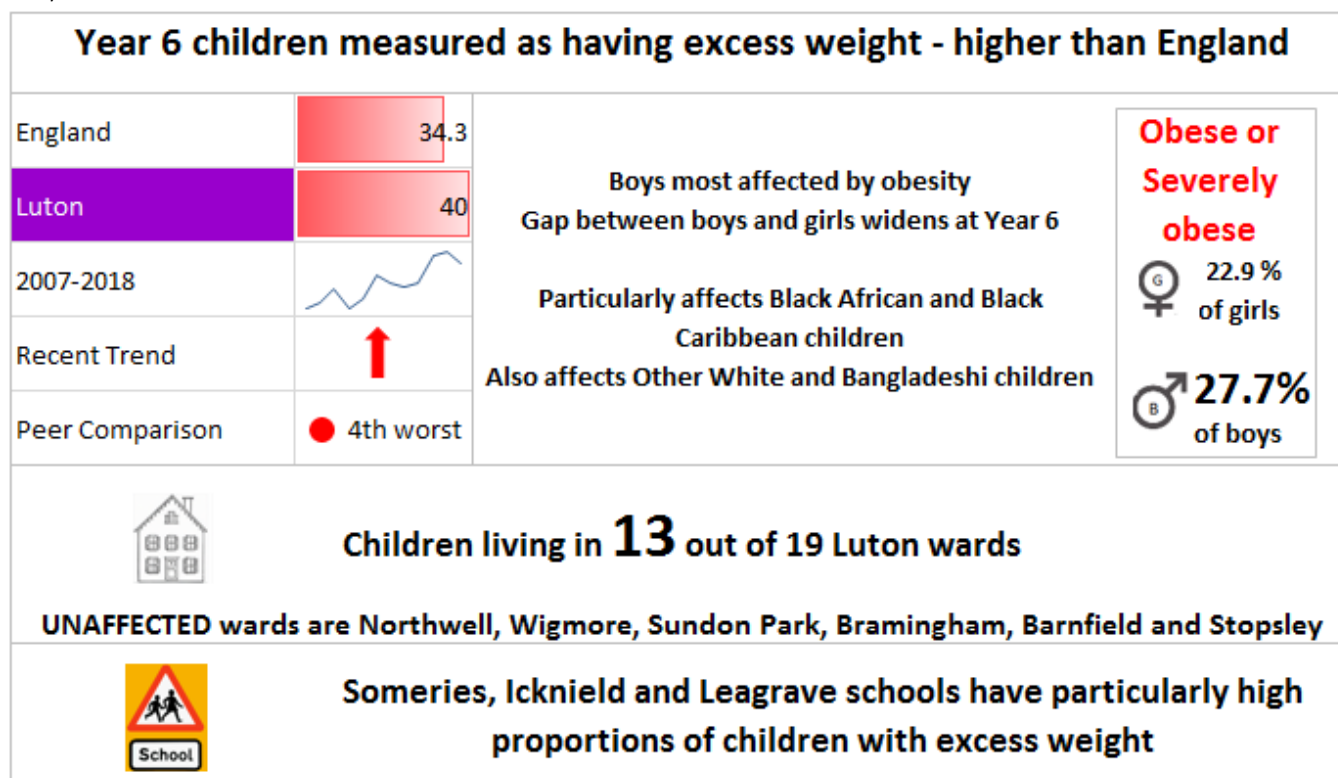
Source: Child healthy weight needs assessment (Analysis Document), based on NCMP (3 years' aggregated data)
 Peer comparison shows Luton's position out of 16 statistically similar areas (CIPFA nearest neighbours)

None of the Asian groups are disproportionately represented when Luton proportions are compared with national proportions for each specific ethnic group. Given these patterns, and the relatively low numbers involved, there does not appear to be the need for a population approach to underweight children in Luton.

Excess weight children

Figure 8 shows summary information for children measured as having excess weight at Year 6. The proportion of overweight children and the proportion of very overweight children (obese and very obese) in Luton are both statistically higher than England.

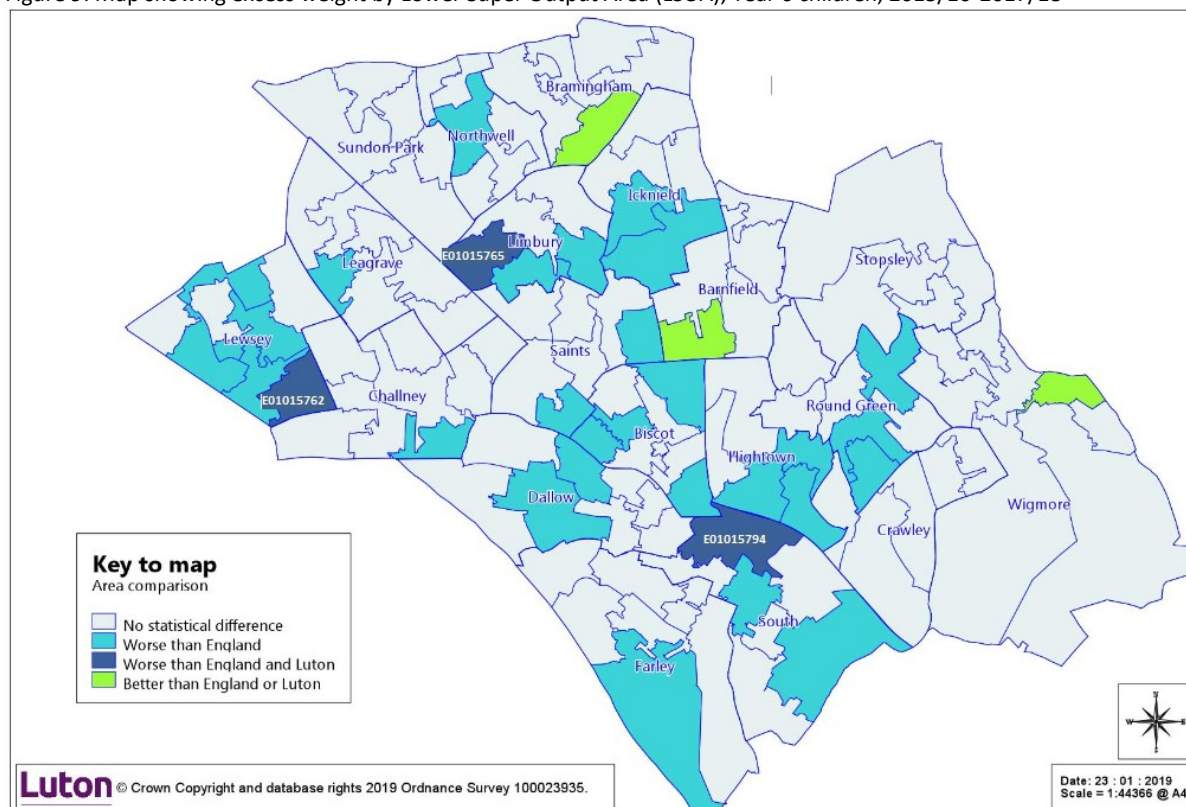
Figure 8: Summary information for children measured as having excess weight (overweight, obese and severely obese) at Year 6, 2015/16-2017/18



Source: Child healthy weight needs assessment (Analysis Document), based on NCMP (3 years' aggregated data)
Peer comparison shows Luton's position out of 16 statistically similar areas (CIPFA nearest neighbours)

There is small area geographical variation. The three worst areas for children with excess weight at Year 6 are in Limbury, Lewsey and South wards, shown as dark blue on the map that follows (Figure 9). Further analysis shows variation in the types of areas and the families that live in them.

Figure 9: Map showing excess weight by Lower Super Output Area (LSOA), Year 6 children, 2015/16-2017/18



Source: NCMP, 3 years' aggregated data

The dark blue area with worse excess weight issues compared to England and Luton, which is close to the town centre in South ward, is LSOA **E01015794** (Figure 9) and encompasses streets such as Cardiff Road, Cardigan Street and Mill Street. Over the three year period, 34 out of 55 children measured under the NCMP and living in this area have excess weight. Boys and children from the White Other ethnic group are disproportionately affected. There are two stark environmental factors likely to be influencing excess weight in this area. First is that this is a particularly urban area in close proximity to a proliferation of fast food outlets. This LSOA has 54 fast food outlets within it and is adjacent to three other areas, each containing between 10 and 20 fast food outlets²⁰. Secondly, at least 66 per cent of addresses recorded through the NCMP in this area can be clearly identified as flats / multi-occupancy housing²¹. However, address details suggest that up to 78 per cent of children recorded through the NCMP, and living in this area, may be living in flats / multi-occupancy housing²².

The dark blue area with worse excess weight issues compared to England and Luton which is in Limbury ward is LSOA **E01015765** (Figure 9). Over the three year period, 42 out of 75 children measured under the NCMP and living in this area have excess weight. Girls are more affected than boys.

Like the previous area, the addresses in this LSOA are close to a busy commercial hub, with 14 fast food outlets identified in a small area, including a 24 hour McDonald's restaurant / drive through. This area is one of seven Luton LSOAs with more than ten fast food outlets within it. However, the houses are also within very easy reach of a large area of parkland which runs along the River Lea.

The third and final dark blue area with worse excess weight issues compared to England and Luton is in Lewsey ward and is LSOA **E01015762** (Figure 9). Over the three year period, 114 out of 259 children measured under the NCMP and living in this area have excess weight. There is no difference between boys and girls. The ethnicity of children living here spans the spectrum, and there are high proportions in a range of ambiguous 'other' categories. No group stands out as having particular issues.

It is not clear if there are any factors relating to the built environment that would cause high levels of excess weight in this area. It is a largely residential area, known locally as 'Poets' which is bordered on one side by Lewsey Road and the Luton and Dunstable hospital. The area comprises a number of residential streets, some of which are populated with bungalows. There are no fast food outlets in this area, and low numbers in adjacent areas.

Deprivation, and the need to deal with people's reality

Deprivation is known to be a key predictor of excess weight, and nationally, obesity prevalence in the most deprived 10 per cent of the population is approximately twice that of the least deprived 10 per cent²³. Luton is ranked highly in terms of deprivation when compared nationally. The 2015 Indices of Multiple Deprivation (IMD) shows that Luton is ranked as the 59th (out of 326) most deprived local authority in England. Luton is becoming relatively more deprived in comparison to the other local authorities of England, and this trend has been happening since 2004²⁴.

²⁰ Data sourced from Luton Council Environmental Food Team, 31 January 2019

²¹ Addresses where the terms 'flat' or 'house' precedes the street name

²² In addition to those clearly identified, addresses where the street number is followed by a letter (a, b, c or d)

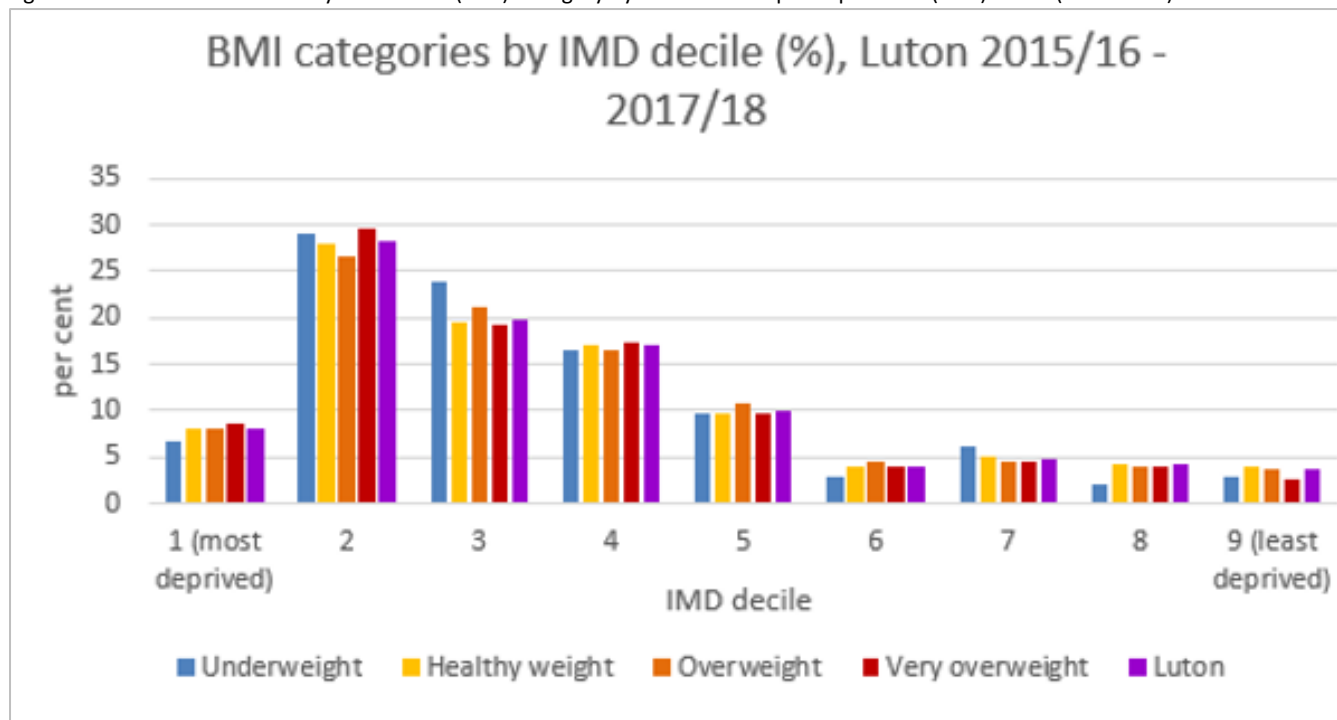
²³ Public Health England (2017) [Health matters: obesity and the food environment - GOV.UK](#)

²⁴ Holmes (2015) [2015 Indices of Multiple Deprivation](#), Luton Council Business Intelligence Team

However, 83 per cent of the Luton children recorded under the NCMP are in the top 50 per cent most deprived nationally. This is compared to 56 per cent of the England children recorded under the NCMP. Thirty six per cent of the Luton children fall into the top 20 per cent most deprived nationally compared to 26 per cent of England children. This creates a skew in the data that means it is not possible to identify a relationship between deprivation and weight issues in the Luton NCMP dataset.

Deprivation is likely to be a factor driving excess weight levels in Luton, but the differences **within** Luton cannot be explained by deprivation. Figure 10 shows how the Luton population is skewed towards the most deprived deciles. The spread is fairly even across each decile, and the slight visual variations are not statistically significant.

Figure 10: Year R and Year 6 Body Mass Index (BMI) category by Index of Multiple Deprivation (IMD) decile (% in decile)



Source: NCMP, 3 years' aggregated data

Despite the ambiguous nature of the relationship between deprivation and excess weight levels, there is local evidence²⁵ that there are links between the most vulnerable families who are struggling financially, and children who are obese or very obese. National research²⁶ suggests a key risk to these families is living in areas where the built environment is 'anti-health', with highly trafficked roads, high density housing and a toxic mix of takeaways and other unhealthy businesses such as betting shops (Figure 11).

Other local evidence²⁷ shows that some tenants who are not paying rent are spending large amounts of money on fast food / takeaways. Two case study examples are shown below:

²⁵ Addresses in the council's debt / discretionary payments database were matched with the addresses in the NCMP database. This showed a statistically significant higher proportion of very overweight (obese and very obese) children when the debt / discretionary payments cohort was compared to the non-debt / discretionary group. A similar result occurred with addresses in the council's free school meal database.

²⁶ Townshend, T, Lake, A (2017) [Obesogenic environments: current evidence of the built and food environments](#) in Perspectives in Public Health | January 2017 Vol 137 No 1

²⁷ Luton Council Housing Department (Legal Team)

- a council tenant with two children who owes nearly £2,000 in arrears who spends an average of £350 a month on takeaways
- a council tenant with two children who owes £3,000 in arrears who spent £900 on takeaways in a two-month period

This points to a need to deal with people's realities and to adopt more creative approaches to assisting struggling families with healthy eating as part of a whole package of life-management and well-being skills.

Figure 11: The relationship between indebtedness, addiction, mental health and the built environment

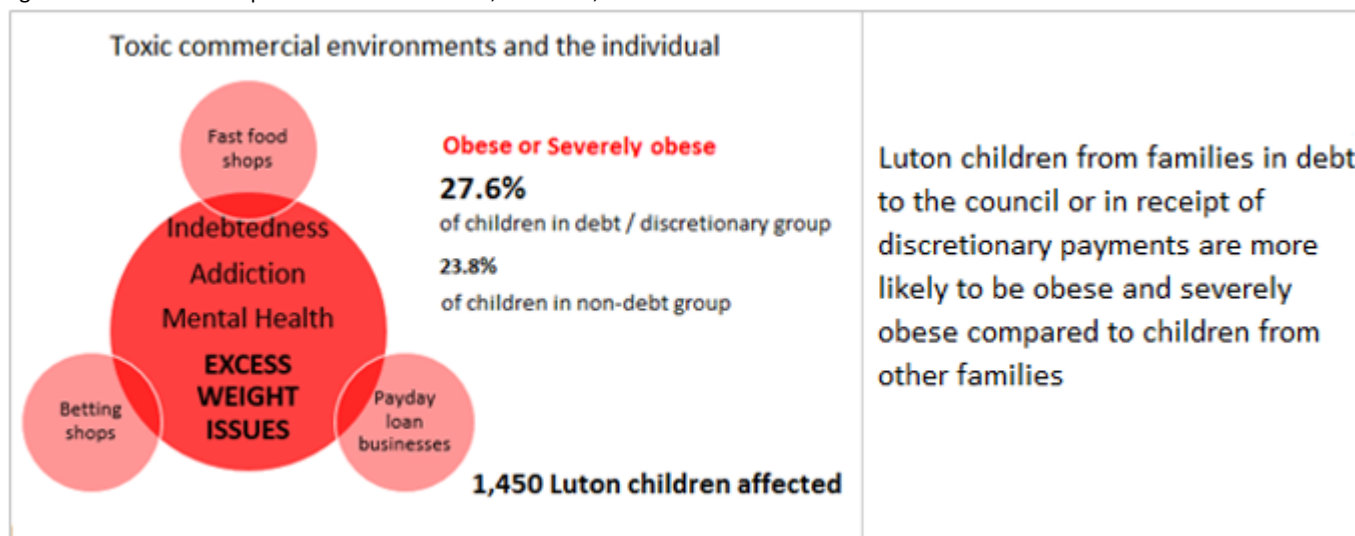


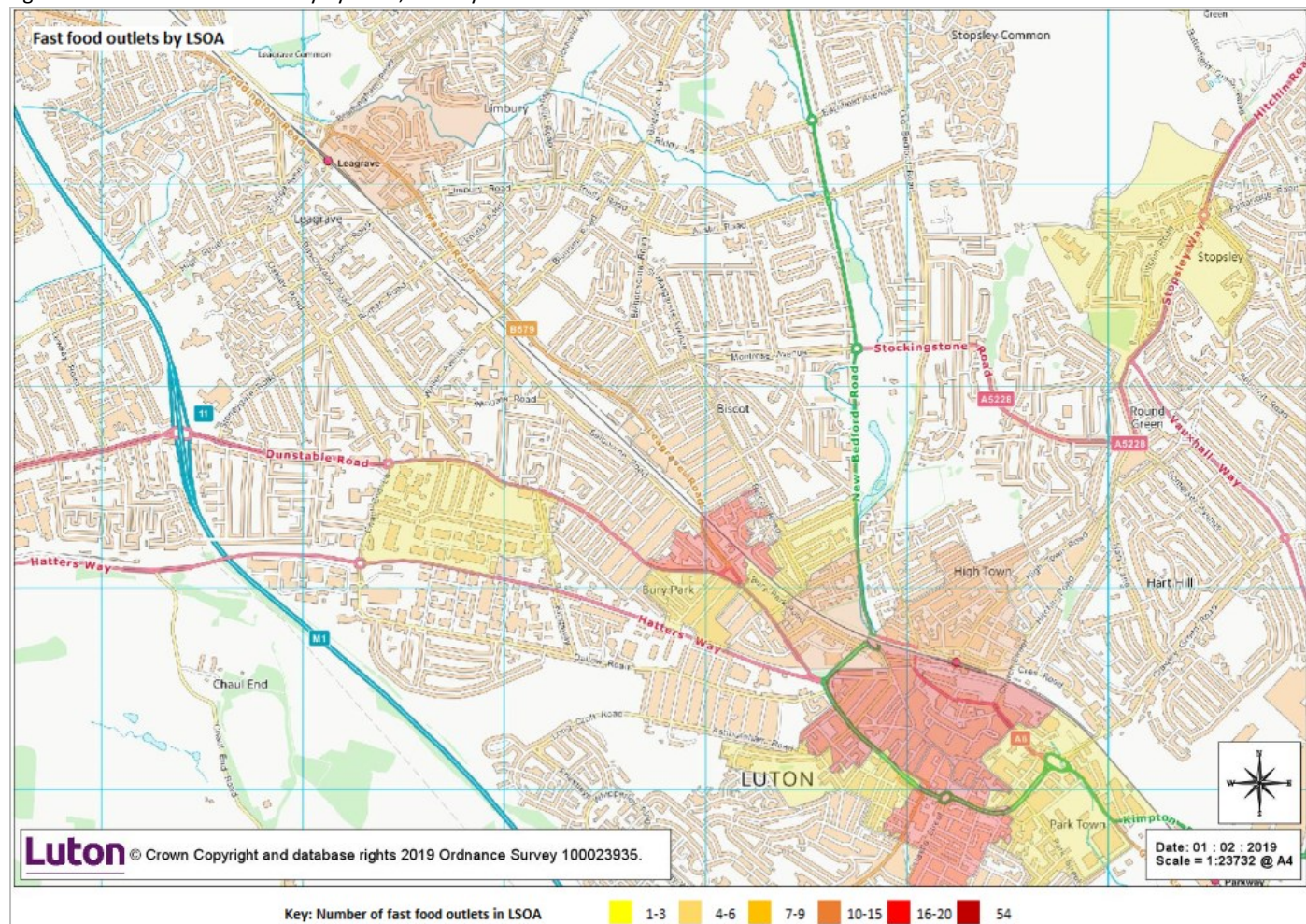
Diagram based on research by Townshend et al (2016), produced by Luton Council Business Intelligence (2019)

The urban corridor

At a ward level, there is no apparent relationship between fast food density rates and excess weight. When we map the fast food outlets by smaller Lower Super Output Areas (LSOAs), there is a slightly clearer picture. As expected, highest density areas are around the town centre, but we can also see that there is an 'urban corridor' running from the town centre out along the Dunstable Road, Marsh Road and Legrave Road (*Figure 12*).

There is not a direct association between LSOAs with high fast food outlet rates and areas with high proportions of children with excess weight. However, LSOAs with high proportions of children with excess weight do tend to cluster around this urban corridor, sometimes, but not always exactly aligning. It is also of note that the area with the greatest fast food density is also one of the three LSOA areas with worse excess weight issues compared to Luton. Of the other two areas with worse excess weight, one is also in area with high fast food density. In contrast, however, the other one has no fast food outlets within it, and very few close by.

Figure 12: Fast food outlet density by LSOA, January 2019



Source: Luton Council, Environmental Health Food Team, 31 January 2019

Who is most affected?

Local analysis²⁸ has shown that the risk of being an unhealthy weight is not equal across all groups. Inequalities are affected by gender, ethnicity, able-bodiedness, geography, and social and economic status. Ethnicity stands out as the greatest predictor of unhealthy weight for the Luton NCMP children. The summaries presented here are for the groups of children most at risk in the different weight categories.

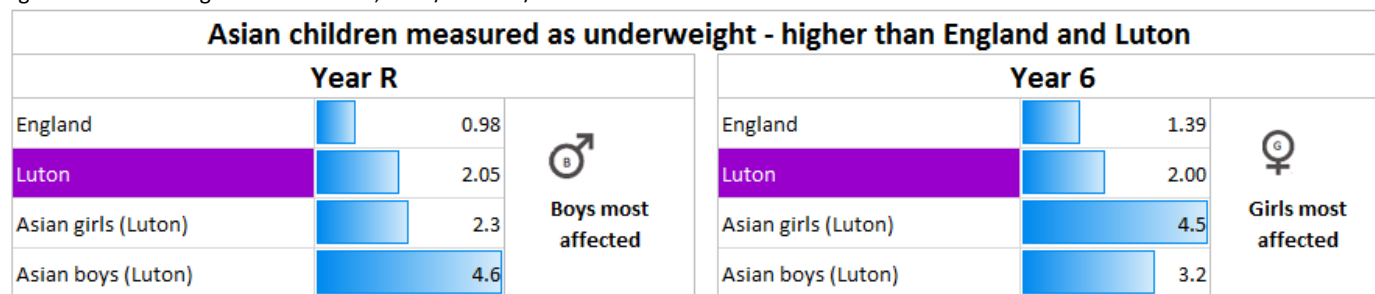
Asian children

Asian children in Luton are statistically more likely to have weight issues compared to other ethnic groups, although the patterns vary across the different specific Asian ethnicities, and when Year R is compared to Year 6. The following are statistically significant:

- underweight: higher than England at Year R and Year 6 (Figure 13)
- overweight and very overweight: higher than England at Year 6
- Year 6 boys are particularly affected, with Year 6 Bangladeshi boys being most affected by the highest weight levels (Figure 14)
- Bangladeshi girls measured as having excess weight: higher than England at Year 6 (Figure 15)

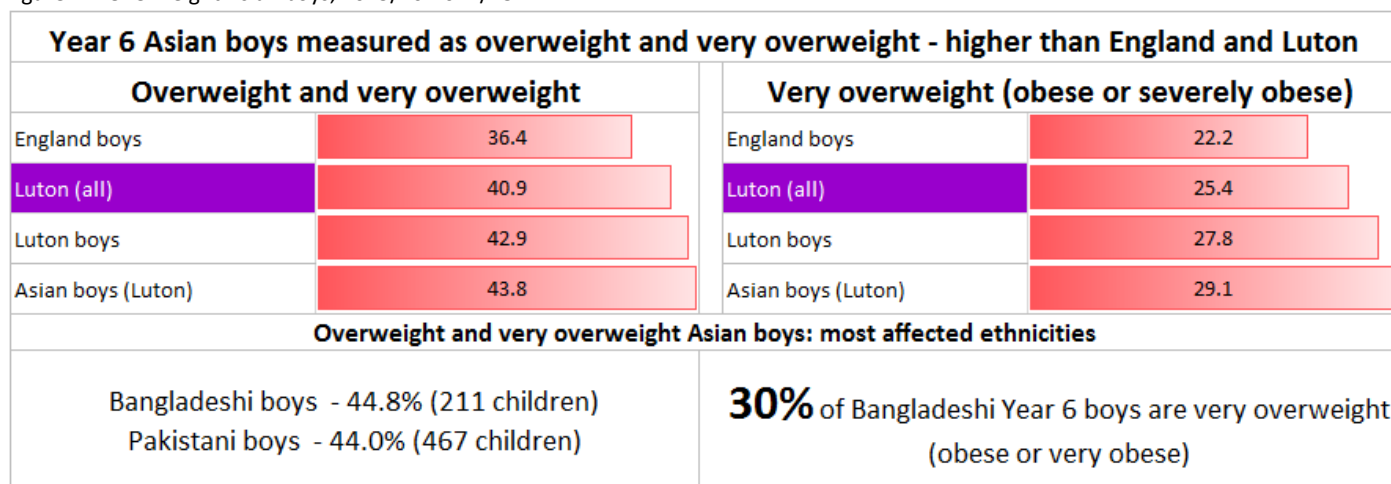
²⁸ This refers to the analysis conducted for this assessment, which is described in full in the full version of the Child healthy weight needs assessment (available on request from Luton Council Business Intelligence)

Figure 13: Underweight Asian children, 2015/16-2017/18



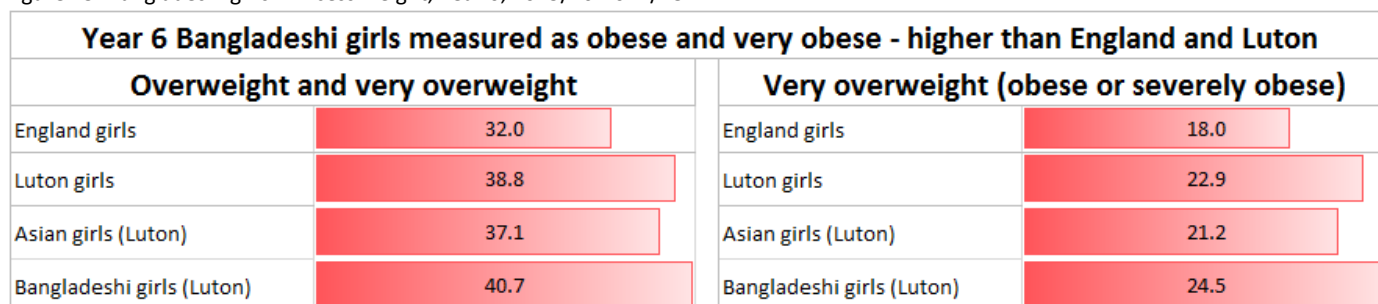
Source: Child healthy weight needs assessment (Analysis Document), based on NCMP (3 years' aggregated data)

Figure 14: Overweight Asian boys, 2015/16-2017/18



Source: Child healthy weight needs assessment (Analysis Document), based on NCMP (3 years' aggregated data)






Figure 15: Bangladeshi girls – Excess weight, Year 6, 2015/16-2017/18



Source: Child healthy weight needs assessment (Analysis Document), based on NCMP, 3 years' aggregated data

Figure 16 describes what we know about the Asian children that feature in the NCMP data, and their families.

Figure 16: What we know about the Asian children that feature in the Luton NCMP data









	Asian families tend to live in Biscot, Dallow and Saints. Compared to Asian children living elsewhere in Luton, Asian children living in Biscot may have a slightly greater tendency to being overweight, and Asian children in Saints may be slightly less likely to be underweight
	Areas where Asian families tend to live are shown as having the highest smart TV ownership and a younger generation that likes new technology. This may impact on activity levels, but also provide intervention opportunities
	50 per cent of the Asian children measured go to William Austin (infants and juniors), Denbigh, Beechwood, Maidenhall, Beech Hill and Downside schools
	Nationally Asian children, and particularly girls, are less likely than other groups to be active every day and Asian girls are also less likely to be active three times a week
	Research carried out in Luton by the University of Bedfordshire suggests that sugar intake is high in the Asian community due to traditional diet. Asian children are less likely to opt out of the NCMP compared to other groups

Source: Child healthy weight needs assessment (Analysis Document), based on NCMP (3 years' aggregated data)

White Other boys

Boys in Luton recorded in the NCMP database as White Other ethnicity are statistically more likely to be measured as very overweight (obese and severely obese) at Year 6. Unlike other ethnicities, which tend to feature both genders when a weight issue is evident, White Other girls are not affected. Figure 17 shows the differences between the White Other boys compared to England boys and other boys in Luton, and describes what we know about the White Other boys that feature in the NCMP data and their families.

Figure 17: What we know about the White Other boys that feature in the Luton NCMP data, 2015/16-2017/18

White Other Year 6 boys measured as obese or severely obese - higher than England and Luton		
England boys		22.2
Luton (all)		25.4
Luton boys		27.8
White Other boys (Luton)		31.3
 White Other boys are more likely to have weight issues at Year 6. This group is particularly likely to be measured as obese or severely obese		
	White Other families tend to live in Farley and South wards. White Other boys in Biscot and Farley being may be slightly more likely to be overweight compared to White Other boys living in other wards. There is also a particularly high proportion of white other children living in one of the small areas with the worst excess weight issues (Cardiff Street / Cardigan Street / Mill Street).	
	34 per cent of the White Other boys measured go to Sacret Heart, St Margaret of Scotland, St Martin de Porres, St Matthew's or St Josephs schools	
	White Other' is a broad ethnic grouping which may be particularly vulnerable to poor quality recording which may have distorted the intelligence picture relating to this group. 17 per cent of records did not have a valid ethnicity recorded	

Source: Child healthy weight needs assessment (Analysis Document), based on NCMP (3 years' aggregated data)

Black children

Black children in Luton are statistically more likely to have excess weight issues (particularly to be very overweight) compared to other ethnic groups. Unlike other Luton children, the Black ethnic groups are affected at both Year R (Figure 18) and Year 6 (Figure 19).

Figure 18: Overweight and very overweight (obese and very obese) Black children, Year R, 2015/16-2017/18

Year R Black children measured as having excess weight - higher than England and Luton					
Overweight		Commentary Boys are most affected All Black ethnic groups are affected, with the exception of Black Caribbean girls Children with mixed backgrounds are most affected at this age	Very overweight (obese or severely obese)		
England	12.8		England	9.5	
Luton	11		Luton	10.8	
Black boys	13.1		Black boys	16.6	
Black girls	10.9		Black girls	13.3	

Source: Child healthy weight needs assessment (Analysis Document), based on NCMP, 3 years' aggregated data





Figure 19: Overweight and very overweight (obese and very obese) Black children, Year 6, 2015/16-2017/18

Year 6 Black children measured as having excess weight - higher than England and Luton					
Overweight		Commentary All Black ethnic groups are affected, but particularly Black African and Black Caribbean children	Very overweight (obese or severely obese)		
England	14.2		England	20.2	
Luton	15.5		Luton	25.4	
Black boys	18.9		Black boys	33.2	
Black girls	12.4		Black girls	34.3	

Source: Child healthy weight needs assessment (Analysis Document), based on NCMP (3 years' aggregated data)

Figure 20 describes what we know about the Black children that feature in the NCMP data and their families.

Figure 20: What we know about the Black Children that feature in the Luton NCMP data

	Black families tend to live in Legrave, Lewsey and South. No indication that Black children living in any particular ward are more likely to have excess weight issues
	30 per cent of the Black children measured go to Bushmead, St Margaret of Scotland, St Martin de Porres, St Matthew's or St Josephs schools
	Nationally Black children, and particularly girls, are less likely than other groups to be active every day and less likely to be active three times a week
	Research carried out in Luton by the University of Bedfordshire suggests that fruit and vegetables are viewed as being very important in a Black African / Caribbean diet. It also suggests that some Black families believe BMI is a poor indicator of healthy weight which may mean they do not see the relevance of the NCMP to their children

Source: Child healthy weight needs assessment (Analysis Document), based on NCMP 3 years' aggregated data

Intelligence gaps

We still have some gaps in our understanding. Nationally we know that some groups of children are more at risk of being overweight or obese, but we do not have access to the local data that would help us to properly understand the local position.

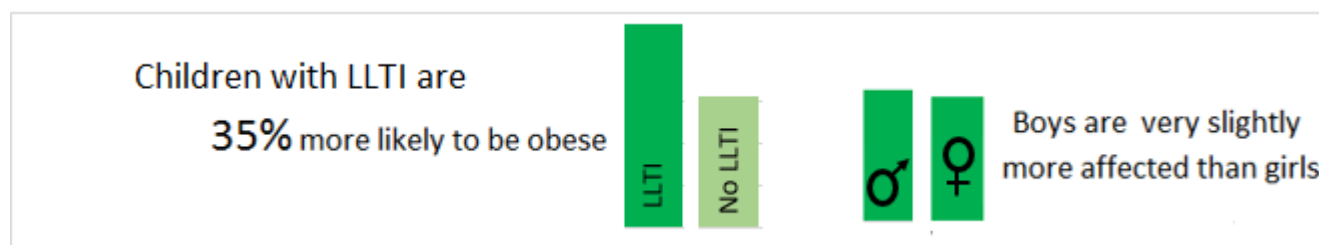
Children with disabilities

Local obesity prevalence in children with a Limiting Long-Term Illness (LLTI), learning disabilities or physical disabilities remains an intelligence gap. Children and young people with disabilities are more likely to be obese than children without disabilities, and this risk increases with age. This group of children are therefore at greater risk of serious obesity-related health issues. Drivers of obesity in this group include diet, levels of physical activity, parental attitudes and behaviour, access to recreational facilities, medication and genetics.²⁹

Being obese may worsen the complications arising from the health conditions or impairment associated with disability and increase an individual's likelihood of developing pain, mobility limitations, fatigue and depression, thus creating a vicious cycle. Children and young people with disabilities are likely to experience health inequalities, and these can be increased by obesity. Obesity may increase the healthcare costs of children and young people with disabilities.

Children with a LLTI are 35 per cent more likely to be obese than children without a limiting long-term illness (Figure 21). Boys are slightly more affected than girls (Figure 21)).³⁰

Figure 21: Prevalence of obesity among children with and without a Limiting Long-Term Illness (LLTI), also showing obesity by gender for children with a LLTI, 2006 -2010



Source: Public Health England (2014) [Obesity and disability: children and young people](#)

Adverse Childhood Experience

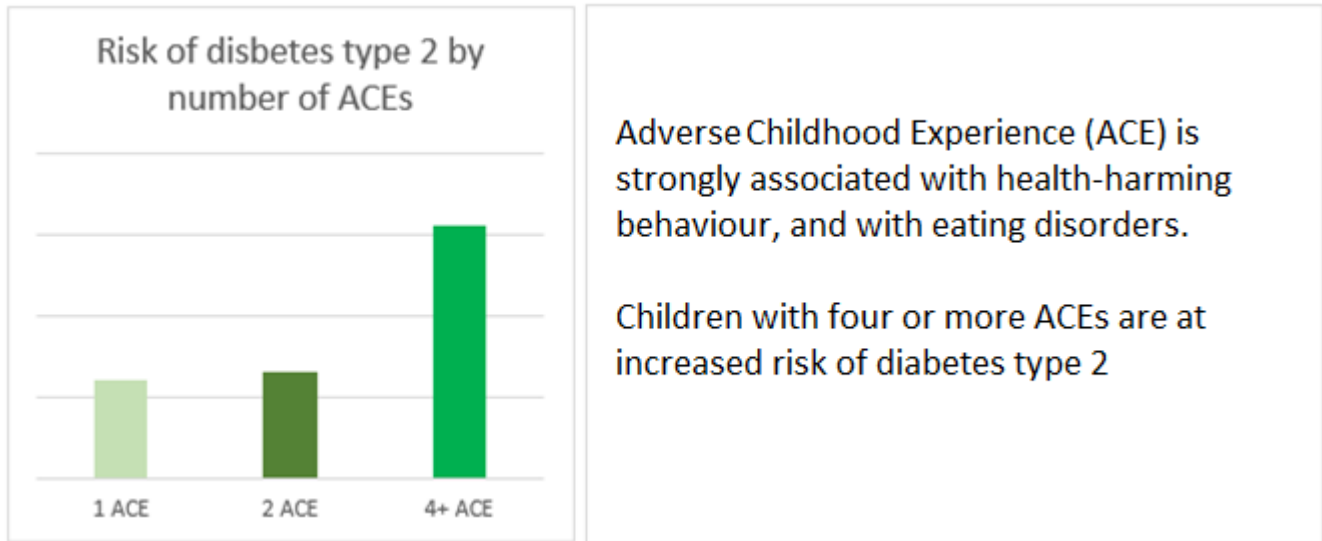
Obesity has been cited as one of the results of health-harming behaviours that can develop in children and young people who have grown up with Adverse Childhood Experiences (ACEs), although locally this also remains an intelligence gap. Nationally, eating disorders are robustly and strongly associated with children and young people who have suffered physical and sexual abuse, and are also likely to be associated with emotional abuse and neglect. Changes in the risk of disease development with increased history of ACE are evident, and the risk of diabetes type 2 more than doubles in children with 4 or more ACEs (Figure 22), and obesity is likely to be a contributory factor.³¹

²⁹ Public Health England (2014) [Obesity and disability: children and young people](#)

³⁰ Public Health England (2014) [Obesity and disability: children and young people](#)

³¹ UCL Institute of Health Equity (2015) [The impact of adverse experiences in the home on the health of children and young people, and inequalities in prevalence and effects](#)

Figure 22: Adverse Childhood Experience, health harming behaviour and increase risk of diabetes type 2



Source: UCL Institute of Health Equity (2015) [The impact of adverse experiences in the home on the health of children and young people, and inequalities in prevalence and effects](#)



Causal pathways

A series of focus groups³² were conducted by Luton Public Health to try to understand the causal pathways affecting obesity levels in Luton. This work supports the findings of Foresight³³ and shows the underlying environmental and behavioural drivers perpetuating obesity that exist in a complex and multifaceted system.

The causal pathway work supports the need to develop a sustained ‘whole systems approach that will promote transformative, coordinated action across a wide variety of sectors, many of whom are outside what has traditionally been referred to as the health sector’.

Factors affecting obesity that were highlighted by focus group participants are shown below as (a) broad categories, (b) an embedded causal pathways diagram showing the detail for each of the categories and (c) a wordcloud which shows the themes that were most often mentioned by focus group participants, with those mentioned most being in largest text.

Participants had a good understanding of factors that positively affect healthy weight and referred specifically to forms of exercise, 5 a day, drinking water and eating healthily. They appeared to be less aware of the effects of social, environmental and economic factors and of the obesogenic environment. Time was most often cited as a factor, which perhaps reflects the challenge of parenting in the present day economy.

<p>a</p> <ul style="list-style-type: none">• social, economic, developmental, medical, and psychological factors• activity levels• infrastructure and environment• food choices and abilities / facilities• media	<p>b</p> <div></div> <p>Causal Pathways.pdf</p> <p>Source: Public Health, Luton</p>	<p>c</p> <div></div> <p>Source: Public Health, Luton</p>
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³² In total eight focus groups have been held with three taking place in local primary schools, three numbers in secondary two with parents in Flying Start Children Centres and participants were asked to be as holistic in their thinking as they wished

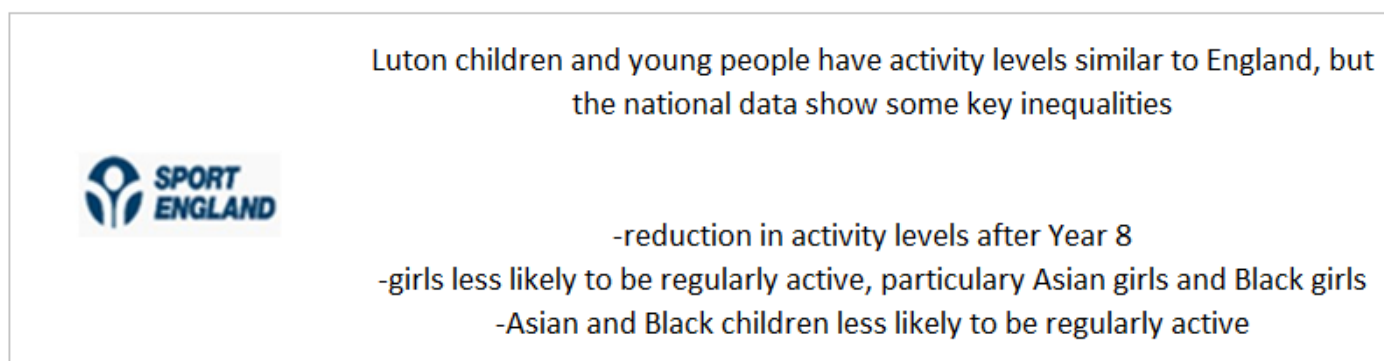
³³ Foresight (2007) [Tackling obesity: future choices](#) Government Office for Science

Diet and exercise: threats and opportunities

There is limited information relating to diet and exercise levels in Luton. This section therefore refers to various measure that we have, including some that relate to adults rather than children. They show a mixed picture. While Luton children have similar activity levels to England, there are likely to be key inequalities around gender and ethnicity (*Figure 23*).

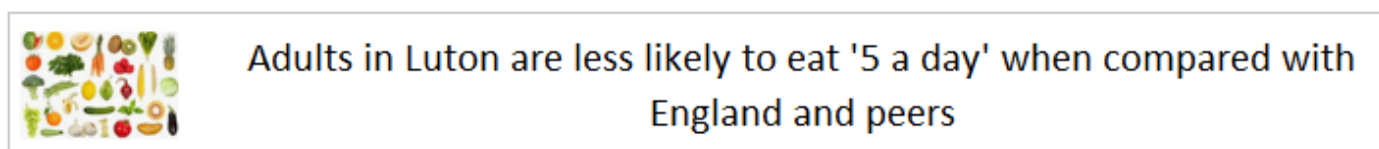
The data also suggest that Luton adults have worse levels of diet (*Figure 24*) and exercise (*Figure 25*) compared to England, which may have implications in terms of parental example and the likelihood that parents will be participating in healthy activities with their children. Opportunities do exist in terms of encouraging walking and cycling to school (*Figure 26*) and school meals (*Figure 27*). The provision of healthy and balanced school meals is an important influence on diet, particularly for children from the poorest families³⁴.

Figure 23: Activity levels in school aged children, 2018



Source: Active Lives Children and Young People Survey (2018)

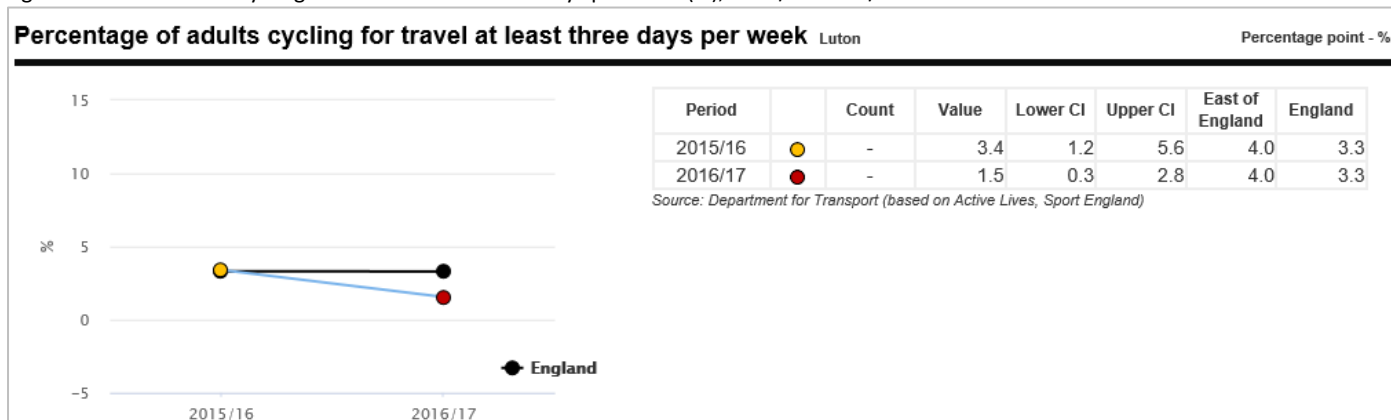
Figure 24: Five a day - Luton adults



Source: PHE fingertips, accessed January 2019

Adult cycling levels very low (1.5) and are decreasing over time (*Figure 25*).

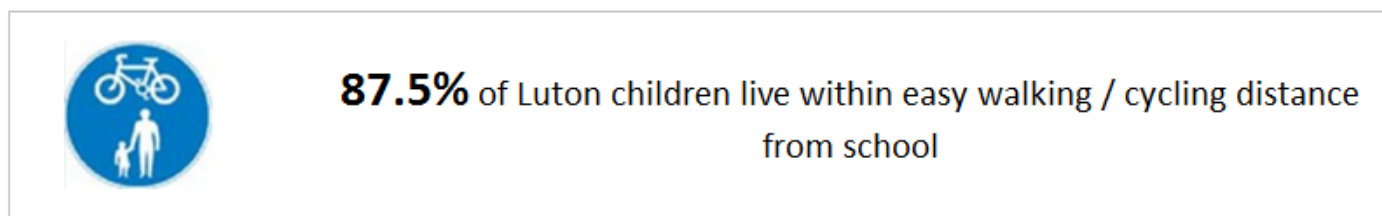
Figure 25: Luton adults cycling for travel at least three days per week (%), 2015/16-2016/17



Source: PHE fingertips, accessed January 2019

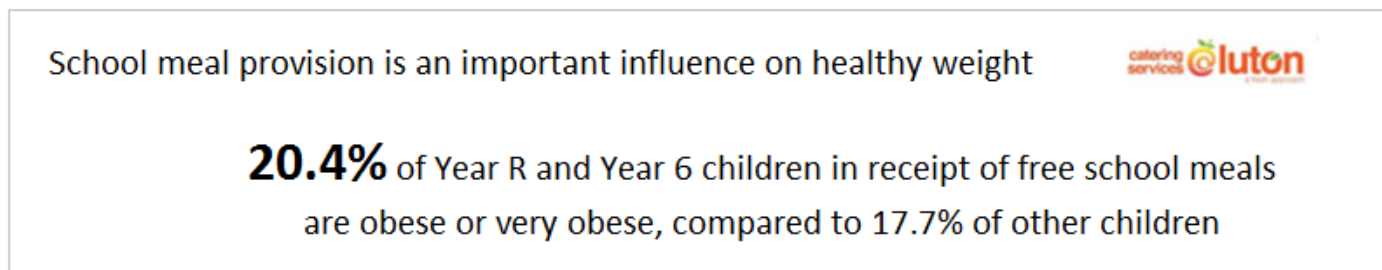
³⁴ The Children's Society (2016) [Addressing obesity through school meals](#)

Figure 26: Active travel - Luton children



Source: NCMP 3 years' aggregated data

Figure 27: School meals - Luton children



Source: NCMP, 3 years' aggregated data; Luton Council Free School Meals database

Evidence³⁵ shows that increasing opportunities to walk and cycle has benefits beyond increasing activity and has the potential to:

- support local businesses and promotes vibrant town centres
- provide a high-quality, appealing public realm
- reduce car travel, air pollution, carbon dioxide emissions and congestion
- reduce road danger and noise
- increase the number of people of all ages out on the streets, making public spaces seem more welcoming and providing opportunities for social interaction and children's play
- provide an opportunity for everyone, including people with impairments, to experience and enjoy the outdoor environment

What are we doing?

The current focus of our approach has been based on the last published Healthy Weight Strategy 2009-2014. This focus has been around Prevention and Weight management:

Prevention

- re-directing resources to ensure greater emphasis and better co-ordination of interventions to prevent overweight and obesity
- particular focus on pregnancy, early years and school age children
- increasing support for adults to make healthy lifestyle choices including the provision of personalised advice and support

Weight management:

- extending the reach of child weight management and commissioning additional programmes to support children and young people who are overweight or obese

³⁵ Public Health England and the Local Government (2013) [Association Obesity and the environment: increasing physical activity and active travel](#)

- significantly increasing access to weight management programmes through developing a menu of options to support overweight and obese adults to manage their weight.

Current services

Total Wellbeing child weight management

A free 12 week programme of child weight management is offered as part of Total Wellbeing Luton. Designed by nutritionists, the programme is offered to 5-10 year olds and 11-15 year olds and aims to provide a whole family approach.

Total Wellbeing child weight management figures for April to December 2018 (see Table 1) show 880 children were referred, with the bulk of these being referred through the NCMP. 91 per cent of the referrals were through the NCMP, with the remainder made up of GP surgeries (4 per cent), School Nurse³⁶ (3 per cent) and self-referrals (2 per cent). 80 per cent of children taking up the service had weight above the 98th centile, that is to say their weight fell into the categories 'obese' or 'severely obese'.

When we look at uptake and completion³⁷ rates, however, it is clear that referrals via the NCMP are least likely to result in positive outcomes. Just 9 per cent of NCMP referrals resulted in attendance at Total Wellbeing services. This is compared to 67 per cent for a GP surgery referral, 63 per cent for a school nurse referral and 65 per cent for a self-referral.

Self-referrals were most likely to result in a successful completion. For the self-referral cohort, 30 per cent of referrals and 46 per cent of uptakes resulted in successful completion. For NCMP referrals, these figures are 2 per cent of referrals and 22 per cent of uptakes. While GP surgery referral rates are high, successful completion is low for this group with just one out of the 33 GP surgery referrals resulting in the family attending at least ten out of the twelve sessions offered by the programme.

Overall, 16 per cent of referrals resulted in uptake and just 3 per cent resulted in successful completion. Of those accessing the service, 18 per cent resulted in successful completion.

Table 1: Total Wellbeing Child Weight Management, April to December 2018: referrals, uptake and successful completion

Referral type	Referrals		Uptake		Successful completion		
	count	per cent	count	per cent	count	per cent of referrals	per cent of uptakes
NCMP	803	91	69	9	15	2	22
GP surgery	33	4	22	67	1	3	5
School nurse (non-NCMP)	24	3	15	63	3	13	20
Self / signposted / leaflet	20	2	13	65	6	30	46
Total	880	100	141	16	25	3	18

Source, Total Wellbeing Child Weight Management figures, April to December 2018

Notes:

1. Uptake = attended first appointment
2. Successful completion = the family attended at least ten out of the twelve sessions in the programme
3. There are a further 9 children who have successfully completed the programme, referred from various partners (Early Help Team, Family worker/schools, Internal referrals, Paediatrics at L&D). Detail is not available for the uptake and completion rates for these children, but they are included in the outcome data

³⁶ From Non-NCMP school nurse engagements

³⁷ 'Uptake' = attended first appointment; 'completion' / 'successful completion' = family attended at least ten out of the twelve sessions in the programme)

In addition to high attendance at sessions, 62 per cent of completers showed an improvement with their BMI. There has been an average BMI reduction of -1.

The Total Wellbeing figures raise questions about the effectiveness of the NCMP referral process as a population approach due to the low ratio of uptake from referrals. Although based on quite low numbers, some potentially useful insights are gleaned from the non-NCMP referral types. For example, the self-referrals confirm the importance of an individual wanting to change (high completion rates) and the GP surgery referrals may indicate the importance of conversation with a professional (high uptake rates following referral).



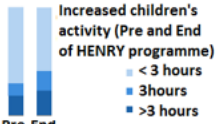

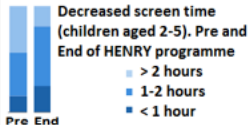


HENRY

HENRY is a UK charity that aims to protect babies and young children from the health and emotional consequences of obesity throughout childhood and beyond³⁸. HENRY has been adopted in Luton, and is a holistic and universal approach that tackles child obesity through supporting parents and carers to give their child a healthy, happy start in life. It is a preventative programme, rather than a weight management one. There is currently no weight management programme for under fives in Luton.

The HENRY programme in Luton reached 66 children during 2017-18 and reports a retention rate of 92 per cent. It has higher than national rates for retention³⁹ (92 per cent in Luton compared to 83 per cent in England) and for the average change in healthy lifestyle (3.30 compared to 2.99).⁴⁰

Results are positive across all indicators and there are increases across a range of healthy behaviours and well-being levels, and decreases in unhealthy behaviours (Figure 28)⁴¹. The reach of HENRY is currently quite small, producing good results, but within small numbers of families.⁴²

Figure 28: Some key outcomes from the HENRY Programme in Luton 2017-18

HENRY Programme in Luton 2017-18, key outcomes			
Increasing levels (+ve)		Decreasing levels (+ve)	
	Increased fruit and vegetable consumption		Decreased consumption of sugary snacks and drinks
	Increased activity		Less frequent meals in front of TV
Mealtimes and snacks Screen time Active play Bedtime General	Parents have increased ability to set boundaries		Decreased screen time
	Parents report increased happiness and confidence		Parents report less stress

Source: Healthy Families: Henry Group Programme, Luton 2017-18

³⁸ [HENRY.org](https://henry.org)

³⁹ Retention refers to families staying on the programme once they have started and have attended two sessions

⁴⁰ Healthy Families: Henry Group Programme, Luton 2017-18

⁴¹ All increases / decreases relate to the change from the baseline (programme start) to programme completion

⁴² Healthy Families: Henry Group Programme, Luton 2017-18

The number of HENRY programmes running in Luton and the number of staff trained to deliver it in different settings have increased this year. Flying Start are looking to develop a volunteer model to extend the programme's reach. Particular barriers to extending HENRY are cost and capacity, partly due to the need for crèche facilities to support all families involved in the programme. HENRY programmes are not being offered at weekends or evenings, and this is likely to be a barrier to some families.⁴³

Uptake following referral is low. The total number of children reported on by HENRY is 22 per cent of the referrals received. Referral reasons are shown below:

- one or more parents overweight or obese
- a parent expressing concern about child's weight, eating habits (eg fussy eater) or oral health
- evidence of no responsive feeding techniques or poor family lifestyle habits
- early introduction of solids (under six months)
- parental anxiety around feeding

What do we need to do next?

The recommendations from this needs assessment need to be considered in line with taking a whole systems approach to improving the rates of children in Luton that are a healthy weight.

A child healthy weight strategy will be developed in Spring 2019 to reflect the recommendations and also to update the child healthy weight clinical pathways in Luton.

⁴³ Louise Morrissey, Flying Start, Luton
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Children & Young People's Healthy Weight Strategy

2019/20 – 2022/23

Taking a high impact and targeted approach to increasing the number of children with healthy weight in Luton

What do we mean by healthy weight?

In its simplest form, a healthy balance between weight and height, as measured by the body mass index (BMI or kg/m^2), is about maintaining equilibrium between energy consumed and energy expended. In reality, this equation is more complex and is affected by individual factors, such as genetics and socio-economic factors such as access to healthy food and safe physical activity. For children, in particular, a healthy diet is about more than energy consumption and it is important that the correct balance of macro and micro nutrients to support growth and development.

Children and young people who are overweight or obese are an increasing health concern in England. The risks to health are well-established and include an increased risk of cardiovascular disease, diabetes and cancer. In Luton, we also have a high rate of children who are underweight, which can limit the development of bone and the immune system. However, there are also some children and young people who do not have access to a healthy diet and, although they measure as normal weight, they may be metabolically unhealthy or setting patterns for obesity in later life. This group of children are at an increased risk of cardiometabolic disease. This strategy aims to improve the healthy weight of all children and young people in Luton and to target resources to have the greatest impact for people at greatest risk.

Background

Childhood obesity and excess weight are significant health issues for children and their families. There can be serious implications for a child's physical and mental health, which can continue into adulthood. The number of children with an unhealthy and potentially dangerous weight is a national public health concern. Excess weight in both adults and children in Luton is estimated to cost the NHS alone £56.2 million each year. The reason why children are an unhealthy weight is complex. Diet and activity behaviours learnt at this stage can impact across the lifecourse. The most significant predictor of childhood obesity is parental obesity (obesity in a parent increases the risk of childhood obesity by 10%).

To better understand the current challenge for improving healthy weight in children and young people, a needs assessment was carried out. All data and references contained within this strategy can be found within the needs assessment and therefore the two documents should be read in conjunction. A lot of our understanding of prevalence of unhealthy weight comes from the National Child Weight Management Programme, which measures children in reception (aged 4-5 years) and again in year 6 (aged 10-11 years). There is not routine measurement of children of secondary school age, so there is a gap in our understanding of teenagers. The needs assessment showed that Luton has:

- Higher proportions of children measured as underweight at both Year R and Year 6. Children of Asian heritage are more likely to be underweight, than children in other ethnicities. However, this risk does not appear to be disproportionate when adjusted for local population profiles. Underweight children are more likely to live in Biscot, Dallow, Legrave and Saints.
- Similar proportions of children measured as overweight and very overweight at Year R to the national rate.
- Higher proportions of children measured as overweight and very overweight at Year 6, mainly attributable to higher proportions of children in this age group who are obese or very obese

Prevalence of excess weight is a Luton-wide challenge. By year 6, 13 of the 19 wards have higher rates than England and the three most affected areas are Limbury, Lewsey and South wards.

Current approach

Tackling childhood obesity has long been a public health priority for Luton. Interventions have focused on two main areas of focus: setting good habits in the early years and weight management programmes. Once families engage with these initiatives, they experience good outcomes. The numbers engaging compared to the number that meet the criteria is extremely low and success rates are higher where there has been a positive choice to seek help, rather than responding to a service invitation.

Current provision

HENRY

HENRY is a UK charity that aims to protect babies and young children from the health and emotional consequences of obesity throughout childhood and beyond. HENRY has been adopted in Luton through Flying Start, and is a holistic and universal approach that tackles child obesity through supporting parents and carers to give their child a healthy, happy start in life. It is a preventative programme, rather than a weight management one. There is currently no weight management programme for under fives in Luton.

The HENRY programme in Luton reached 66 children during 2017-18 and reports a retention rate of 92 per cent. It has higher than national rates for retention (92 per cent in Luton compared to 83 per cent in England) and for the average change in healthy lifestyle (3.30 compared to 2.99).

Results are positive across all indicators and there are increases across a range of healthy behaviours and well-being levels, and decreases in unhealthy behaviours. The reach of HENRY is currently quite small, producing good results, but within small numbers of families.

Total Wellbeing Weight Management

A free 12 week programme of child weight management is offered as part of Total Wellbeing Luton. Designed by nutritionists, the programme is offered to 5-10 year olds and 11-15 year olds and aims to provide a whole family approach.

The majority of referrals are from the NCMP but are least likely to result in positive outcomes. Just 9 per cent of NCMP referrals resulted in attendance at Total Wellbeing services. This is compared to 67 per cent for a GP surgery referral, 63 per cent for a school nurse referral and 65 per cent for a self-referral. Overall, 16 per cent of referrals resulted in uptake and just 3 per cent resulted in successful completion. Of those accessing the service, 18 per cent resulted in successful completion

Both of these approaches offer benefit; however, there is a strong emphasis on the individualistic energy consumption / energy expended model. The causal pathway for obesity is significantly more complex and future interventions need to draw on a wider range of interventions, at population and individual level to tackle the wider contributing factors.

More recently, building on feedback from residents, two comprehensive strategies have taken universal approaches that seek to address two of the main areas that relate to child healthy weight:

1) [Strategic vision for Sport and Physical Activity](#)

Luton's vision for its 2018-2022 strategy is that 'local people will, regardless of age, background or ability, understand the benefits of maintaining an active lifestyle and have the capability, motivation and unconstrained opportunity to participate in regular physical activity'.

Luton's mission is that 'By 2022, an additional 22,000 people will lead more physically active lifestyles, with the focus being to engage under-represented groups and those living in areas of greater deprivation.

2) [Luton Food Plan 2018 – 2022](#)

The Luton Food Plan will raise awareness of the importance of a balanced diet and good food to improve our residents' health, the town's food sustainability and economy.

Our vision is for Luton to be a place where good quality food is available that reflects our world town, is promoted, provided and celebrated.

Both of these strategies take a town wide approach to improving two of the biggest causes of obesity in the town namely physical activity and diet.

What is causing Luton to become obese?

Unhealthy weight is a product of a complex interaction of individual, lifestyle and socio-economic factors. Extensive research has demonstrated the complexity of the causal pathway for obesity and the multifactorial elements that interplay to have an impact on individual behaviour, opportunities and environment. To support the development of the strategy, workshops were held in Luton with health professionals, parents and young people to develop a local understanding of the key factors.

Young people and families had a good understanding of factors that positively affect healthy weight and referred specifically to forms of exercise, 5 a day, drinking water and eating healthily. Time was most often cited as a limiting factor, which perhaps reflects the challenge of parenting in the present day environment. These findings support the assertion that knowledge of risks and benefits doesn't automatically translate into positive behaviour change. The wider complexities, such as time, skills or access, can limit individual action.



Our strategic aim and objectives

Increase the number of children and young people with healthy weight in Luton by:

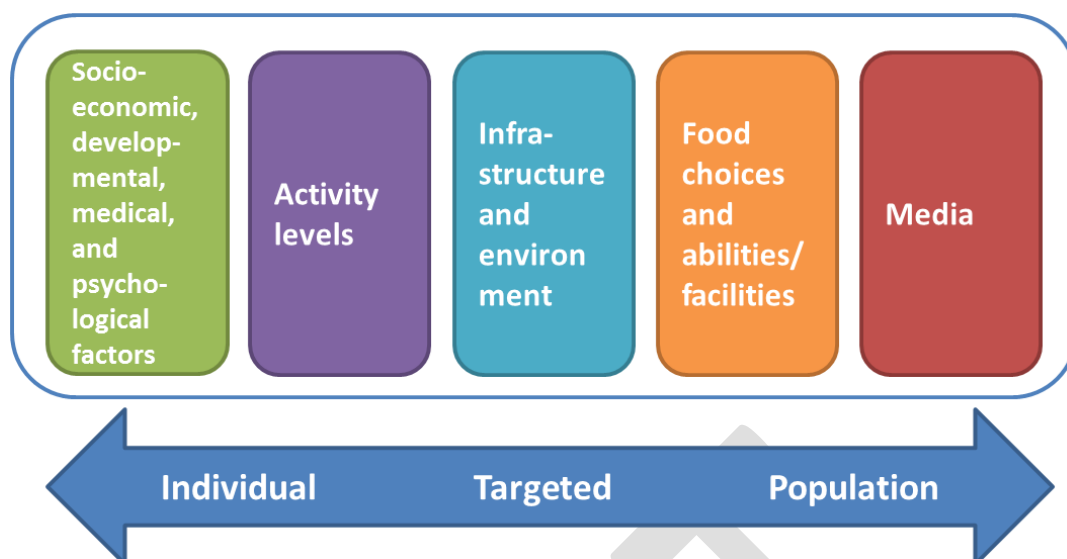
- Providing individual-focussed interventions to promote positive lifestyle choices
- Target high risk populations to increase impact of interventions
- Offer population-based solutions to make healthy lifestyle choices the easy choice

Healthy weight model

The model focuses on addressing the complex multifaceted system of determinants of unhealthy weight and segments interventions using the foundation of individual, targeted and population to support a more comprehensive approach. The resulting matrix-based action plan that derives from each foundation should demonstrate addressing the complexity of the causal pathway.

The targeted work will focus on:

- Small geographic areas with higher than Luton average proportions of children who are overweight or obese, initially Biscot, Dallow and Legrave. Within these areas, specific sub-groups may be identified to further enhance cultural or socio-economic responses.
- Teenagers, building on evidence of effectiveness of taking gender-specific approaches



The strategy and arising action plan will be underpinned by the application of the NICE principles for action:

1. **Community and environment:** *In order to increase healthy weight the environment of the parent and child play a crucial role in education, opportunity and the giving key messages.*
2. **Service Provision:** *How can current service provision support and enhance the wider agenda whilst actively seeking parental engagement*
3. **Communications:** *Be daring and innovative in our communications approach with learning from the '[Chicago booth review](#)' and rebellion.*
4. **Education:** *How are schools supported and enabled to engage and empower parents whilst delivering effective curriculum that supports healthy eating and physical activity*

Examples of proposed actions

	Individual	Targeted	Population
Social, economic, developmental, medical, and psychological factors	CYP social prescription	Work with families to address associated obesogenic behaviours	Improved pathways into support, including mental wellbeing
Activity levels	Beat the Streets challenge	School-based weight management sessions in areas of high prevalence	Improved breadth of offer of activities based in localities
Infrastructure and environment	Secure bike parking at schools	School exclusion zones for traffic	Low emission zones Safe cycle routes
Food choices and abilities / facilities	School-based lunchbox schemes	Family-based interventions to increase skills and capacity to prepare healthy meals	Increase healthy choice infrastructure in shops and restaurants
Media	Include healthy weight in PSHE	Debunking media sessions with teenagers (build on Chicago Booth Model)	Use of media to support behaviour change

Key measures of success

A detailed annual action plan will be co-produced with partners to implement, monitor and evaluate the strategy. Many of the desired changes are complex and long term and so it is important to be realistic about what can be achieved in the shorter term. However, by 2022 progress will be made on the following key performance measures:

- Increase in number of children traveling actively to school
- Reduction in the proportion of unhealthy weight children in year R and 6
- Increase in the proportion of children with no dental decay
- Increase in the number of fruit and vegetables eaten per day for children and adults
- Increase in the options and participation of physical activity and sport for children and young people
- Increased participation in healthy weight sessions for children and families aged 0-19 years
- Improved offer of healthier options in shops and restaurants
- Improved access to mental health support

APPENDIX 3 Integrated Impact Assessment Form (IIA)

The key aim of an impact assessment is to ensure that all Council policies, plans and strategies support the corporate mission statement

‘Enabling Luton to be proud, vibrant, ambitious and innovative’.

Why do I need to do an IIA?

The aim of this impact assessment process is to:

- Ensure adherence to the legal duties contained within the Equality Act 2010 and associated Public Sector Duty to analyse the impact of decisions to be undertaken by Council.
- Ensure the Council has **due regard** to equality taking a proportionate and timely approach to analysing the impact on citizens.
- Minimise duplication of initial impact assessments with regards to Environment and Health and maximise consideration of other key Council priorities of Inclusion and Community Cohesion.
- Ensure that the Council has been able to consider the social, health, environmental and economic impacts in its decision making in a single document and, where necessary enable the production of a comprehensive action plan to mitigate any potential negative impacts identified.

When do I need to do an IIA?

- An IIA must be started at the beginning of any project, policy or strategy, and cannot be finalised until such time as all consultations, as required, are undertaken.
- The Impact Table will help you to make early consideration of the potential impacts of your proposal and should be used from the point at which preliminary report is taken to Corporate Leadership and Management Team (CLMT) where appropriate. By using this table at your earliest point in the project, potential impacts can be highlighted and it will also be clear whether you need to carry out a full IIA.
- If you complete this table and all impacts identified are neutral, i.e. there is no noticeable impact on characteristics and priorities listed and you are fully confident of this, please contact the SJU by email setting out how you have reached this judgement as it is unlikely you will need to carry out a full IIA.
- An IIA must at all times identify those who will be affected by the decision, policy or strategy.
- At a time of economic austerity IIA authors are minded to consider the whole range of decisions, both locally and nationally when analysing the impact on citizens.
- Your first early draft is to be sent to the Social Justice Unit for comments and guidance
- Once consultation has ended, the IIA must be updated with results of the consultation and returned to Executive, where required, for further consideration and approval – at this stage it will be signed off as completed by the Social Justice Unit.

If you need further guidance please contact the Social Justice Unit (SJU). Please see links at the end of this document to key Corporate and Partnership documents that may help you complete this IIA.

APPENDIX 3 Integrated Impact Assessment Form (IIA)

Proposal Title:	Child Healthy Weight Strategy
Lead Officer Name:	Suliman Rafiq
Date of IIA:	1 st June 2020

Date updated after consultation:	
Early draft Seen by: <i>(Please send an early draft of your IIA to the SJU to ensure all impacts are being considered at the appropriate time)</i>	

Finalised IIA Signed and seen by SJU :	
Name:	Maureen Drummond, Interim Equalities Manager
Date	5 June 2020

Names of all other contributors and stakeholders involved in the preparing of this proposal who have been consulted with and agreed this assessment: <i>(Please note the IIA must not be carried out by one person)</i>	Beccy White Lucy Hubber
If there is any potential impact on staffing please include the name/s of the trade union representative/s involved in the preparation of this assessment or any supporting evidence of request to participate:	

Proposal Outline

Information supporting the proposal (**who, what, where, how, why**). Breakdown of present users by ethnicity, age, sex, disability, religion/belief, sexual orientation (if recorded). Show areas in the town with the biggest and lowest needs. Greater emphasis is required at the start of the IIA on the service, how it is delivered now and how the new service will be delivered.

As set out in the child healthy weight needs assessment Luton's children have notable weight issues, certainly in comparison to England, but also when compared with statistical 'nearest neighbours'.

Please see:

https://www.luton.gov.uk/Community_and_living/Lists/LutonDocuments/PDF/JSNA/child-healthy-weight-needs-assessment.pdf

APPENDIX 3 Integrated Impact Assessment Form (IIA)

Impact Table

The purpose of this table is to consider the potential impact of your proposal against the Equality Act 2010 'protected characteristics' and the Council's Social, Environmental and Economic priorities.

Once you have completed this process you should have a clearer picture of any potential significant impacts¹, **positive**, **negative** or **neutral**, on the community and/or staff as a result of your proposal. The rest of the questions on this form will help you clarify impacts and identify an appropriate action plan.

Protected Groups	Citizens/Community			Staff (for HR related issues)		
	Positive	Negative	Neutral	Positive	Negative	Neutral
Race	X					
Sex			X			
Disability			X			
Sexual Orientation			X			
Age	X					
Religion/Belief			X			
Gender Reassignment			X			
Pregnancy/Maternity			X			
Marriage/Civil Partnership (HR issues only)						
Care Responsibilities ² (HR issues only)						
Social & Health ³						
Impact on community cohesion			X			
Impact on tackling poverty	X					
Impact on health and wellbeing	X					
Environment						
Impact on the quality of the natural and built environment	X					
Impact on the low carbon agenda	X					
Impact on the waste hierarchy			X			
Economic/Business						
Impact on Luton’s economy and/or businesses			X			
Impact on jobs			X			
Impact on skills			X			

¹ "Significant impact" means that the proposal is likely to have a noticeable effect on specific section(s) of the community greater than on the general community at large.

² This is a Luton specific priority added to the 9 protected characteristics covered under the Equality Act and takes into account discrimination by association.

³ Full definitions can be found in section 3

APPENDIX 3 Integrated Impact Assessment Form (IIA)

Please answer the following questions:

1. Research and Consultation
1.1. Have you made use of existing recent research, evidence and/or consultation to inform your proposal? Please insert links to documents as appropriate.
Click here for local demographics and information
<p>In January – March 2019 focus groups were held with young people, families and professionals to develop a better understanding of the causal pathway in Luton. The outputs showed that whilst knowledge of the importance of a healthy diet was high, there were limiting factors including access, capacity or capability.</p> <p>All council DMTs have been attended and feedback has been reflected in the approach which included setting key deliverable priorities that are high impact and population level focused and then building on that platform rather than looking at developing lots of projects from the outset</p>
1.2. Have you carried out any specific consultation with people likely to be affected by the proposal? (if yes, please insert details, links to documents as appropriate).
<p>Guidance Notes: If you have not yet undertaken any consultation you may wish to speak to the Consultation Team first as a lack of sufficient consultation could place the Council at risk of legal challenge.</p> <p>Click here for the LBC Consultation Portal</p>
<p>Focus groups were held with young people, families and professionals to develop a better understanding of the causal pathway in Luton.</p> <p>Please see: https://www.luton.gov.uk/Community_and_living/Lists/LutonDocuments/PDF/JSNA/child-healthy-weight-needs-assessment.pdf </p>
1.3. Have you carried out any specific consultation with citizens likely to be affected by the proposal? If yes, please insert details, links to documents, as appropriate above. Please show clearly who you consulted with, when you consulted and the outcomes from the consultation. Mitigations from consultation should be clearly shown in Action Plan at end of document.
For advice and support from Consultation Team click here
<p>Yes. Please see: https://www.luton.gov.uk/Community_and_living/Lists/LutonDocuments/PDF/JSNA/child-healthy-weight-needs-assessment.pdf </p>

2. Impacts Identified
2.1. Where you have identified a positive impact, for communities or staff , please outline how these can be enhanced and maintained against each group identified . Specific actions to be detailed in action plan below.
Guidance Notes: <i>By positive impact we mean, is there likely to be a noticeable improvement experienced by people sharing a characteristic?</i>
Age - Having a child healthy weight strategy specific to children and young people will ensure a focus on this age group.
Race – As set out in the needs assessment some ethnic groups are more impacted than others and the targeted nature of this strategy looks to positively impact on this.
2.2. Where you have identified a negative impact please explain the nature of this impact and why you feel the proposal may be negative. Outline what the consequences will be against each group identified . You will need to identify whether mitigation is available, what it is and how it could be implemented. Specific actions to be detailed in action plan below.
Guidance Notes: <i>By negative impact we mean is there likely to be a noticeable detrimental effect on people sharing a characteristic?</i>
2.3. Where you have identified a neutral* impact for any group, please explain why you have made this judgement. You need to be confident that you have provided a sufficient explanation to justify this judgement.
Guidance Notes: <i>By neutral impact we mean that there will be no noticeable impact on people sharing a characteristic</i>
On review there is no specific impact based on Sex, Disability, Sexual Orientation, Religion/Belief, Gender Reassignment or Pregnancy/Maternity

3. Social & Health Impacts
3.1. If you have identified an impact on community cohesion ⁴ , tackling poverty ⁵ or health and wellbeing ⁶ , please describe here what this may be and who or where you believe could be affected, Please also ensure that you consider <i>any</i> possible impacts on Looked After Children.
<p>Guidance Notes: Please use this section to describe the social and health impacts and detail any specific actions or mitigations in the action plan below.</p> <p>For advice & support from the Social Justice Unit click here</p> <p>For advice and support from the Public Health team click here</p> <p>As set out in the health needs assessment this strategy will have a positive impact on both tackling poverty and health and wellbeing.</p>

⁴ is the proposal likely to have a noticeable effect on relations within and between specific section(s) of the community, neighbourhoods or areas.

⁵ is the proposal likely to have a noticeable effect on households that are vulnerable to exclusion, e.g. due to poverty, low income and/or in areas of high deprivation

⁶ Is the proposal likely to have a positive or negative impact on health inequalities, the physical or mental health and wellbeing of an individual or group, or on access to health and wellbeing services?

4. Environment Impacts

4.1. If you have identified any impacts related to the built and natural environment⁷, low carbon⁸ and waste minimisation please describe here what this may be and who or where you believe could be affected

Guidance Notes: Is the proposal likely to impact on the waste hierarchy which includes issues shown in the table below:

Waste Hierarchy



[For advice and support from the Strategy & Sustainability Team click here](#)

⁷ Is the proposal likely to Impact on the built and natural environment covers issues such as heritage, parks and open space, cleanliness, design, biodiversity and pollution?

⁸ Is the proposal likely to impact on low carbon includes issues such as use of energy, fuel and transport.

5. Economic Impacts
5.1. If you have identified any impacts related to Luton's economy and businesses ⁹ , creating jobs ¹⁰ or improving skill levels ¹¹ , please describe here what this may be and who or where you believe could be affected
<p>Guidance Notes: Please use this section to describe the social impacts and detail any specific actions or mitigations in the action plan below. Please detail all actions that will be taken to enhance and maintain positive impacts and to mitigate any negative impacts relating to this proposal in the table below.</p> <p>For advice and support on Economic Development click here</p> <p>As set out in the health needs assessment Excess weight in both adults and children in Luton is estimated to cost the NHS alone £56.2 million each year.</p>

⁹ Is the proposal likely to impact on Luton's economy and businesses for example by creating an opportunity to trade with the Council, support new business opportunities?

¹⁰ Is the proposal likely to impact on the creation of new jobs in the local economy? This will also link to health and well-being and the reduction of poverty in the social box.

¹¹ There are significant skills gaps in Luton's economy. Is the proposal likely to create opportunities for up skilling the workforce or to create apprenticeships?

APPENDIX 3 Integrated Impact Assessment Form (IIA)

Impact Enhancement and Mitigation

Please detail all actions that will be taken to enhance and maintain positive impacts and to mitigate any negative impacts relating to this proposal in the table below:

Action	Deadline	Responsible Officer	Intended Outcome	Date Completed / Ongoing
Take forward insight into experiences of BME communities	Ongoing	Suliman Rafiq	Ensure BME communities benefit from project	Ongoing
Take forward insight into experience of people of different ages	Ongoing	Suliman Rafiq	Ensure residents of different ages benefit from the project	Ongoing

A review of the action plan will be prompted 6 months after the date of completion of this IIA.

Key Contacts

Name	Position
Suliman Rafiq	Senior Public Health Manager

APPENDIX 3 Integrated Impact Assessment Form (IIA)

Next Steps

- All Executive Reports, where relevant, must have an IIA attached
- All report authors must complete the IIA section of Executive Reports (equalities, cohesion, inclusion, health, economic, business and environment)
- All reports are to be forwarded to the Social Justice Unit, Legal Department, Public Health and Strategy & Sustainability Unit for sign off in time for Executive deadline
- On the rare occasion that the Social Justice Unit are unable to sign off the report, e.g. recommendations are in breach of legislation, a statement will be submitted by Social Justice Unit Manager or Equality and Diversity Policy Manager

Completed and signed IIA's will be published on the internet once the democratic process is complete

Useful Documents

Corporate Plan

<http://intranet/SupportServices/Document%20library/LBC-corporate-plan.pdf>

Equality Charter

https://www.luton.gov.uk/Community_and_living/Lists/LutonDocuments/PDF/Social%20Justice/Equality%20Charter.pdf

Social Justice Framework

Joint Strategic Needs Assessment (JSNA)

