

2019–2020

Annual Report of the Director of Public Health

Tackling environmental factors is vital to address obesity in Hampshire



Contents

Foreword	3
Acknowledgements	3
Executive summary	4
Introduction	5
What is driving obesity in Hampshire.....	5
Costs and impact of COVID-19	6
Excess weight in Hampshire.....	6
Obesity and inequalities.....	7
Chapter two:	
How the environment shapes what we do and our weight: healthy food environments	8
Healthy food environments.....	8
Addressing social norms using advertising and marketing.....	11
Chapter three:	
How the environment shapes what we do and our weight: active environments and neighbourhood spaces ..	12
Neighbourhoods and public spaces	12
Case study one.....	13
Movement and active travel	13
Transport, infrastructure and connectivity	14
Green spaces	15
Case study two.....	16
Chapter four:	
How home, learning and play environments shape what children and young people do and their weight	17
Home and the first thousand days.....	17
Early years and school environments.....	18
Case study three.....	19
Case study four	19
Whole school approach.....	20
Case study five	22
Chapter five:	
How partnerships can shape places and environments to tackle excess weight	23
Whole-systems approach	23
Case study six.....	25
Conclusion	26



Although I have been leading the response to coronavirus, with nearly two thirds of adults in Hampshire having excess weight, work has continued to tackle the environmental and social factors which can help to address this. These are explained further within this report, including some exciting innovations such as Healthy New Towns and opportunities in planning and transport.

We know that obesity is preventable and that we need to take a whole system approach to reduce the rates for children, young people and adults. This will help to improve health outcomes for the population as a whole. I will lead by example to ensure the services I am responsible for are doing what they can to reduce this trend, whilst also providing support to other partners to enable them to play their part. This includes the NHS through its long-term prevention plan, education, early years and childcare settings, transport planners, infrastructure developers and local planners in Hampshire's districts and boroughs.

The Director of Public Health's annual report is one of the ways in which I can highlight specific issues to improve the health and wellbeing of the people of Hampshire. With everyone working together, we can accelerate our work to address those wider determinants of health and halt the rising trend in obesity, protecting our residents, especially those who are most at risk. I look forward to taking this forward with you.

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Hampshire County Council

Acknowledgements

I want to thank my whole team for the work this year which has put the public health function centre stage. I am grateful for those who have worked on this report especially Lynn Butler, Sian Davies, Susan Dewey, Matthew Haines, Megan Saunders, Sarah Taylor, Abigail Wilkinson and Lisa Williams.

Foreword

I am delighted to introduce my second Annual Report as Director of Public Health for Hampshire.

When I chose to focus this report on obesity, which I consider to be one of Hampshire's most serious public health issues, little did I know that my year would be transformed by the impact of COVID-19 and the fight against the virus. As we learn more about the virus, evidence has emerged that being overweight or living with obesity puts individuals at greater risk of serious harm from COVID-19 in comparison to the rest of the population.

During this year COVID-19 has highlighted the inequalities and vulnerabilities within our communities. This is also true for weight where some residents, such as those in areas of deprivation or from black, Asian and ethnic minorities are more likely to be at risk of obesity and experience worse health outcomes.

Executive summary

By shifting our focus to addressing environmental and societal factors we will be able to have a greater impact on the levels of excess weight in Hampshire than if we solely consider individual behaviours¹. Many people already know what they should be doing to achieve a healthy weight but it can be a real struggle to put this into practice. This is primarily because we are living in an environment that encourages us to eat too many calories whilst remaining physically inactive.

This report highlights the significant amount of work across Hampshire to increase the proportion of people with a healthy weight. However, there is more we can do to facilitate healthy behaviour through changes to our environment and I recommend the following priorities for action:

- 1.** The COVID-19 pandemic has highlighted the urgent need to reduce levels of excess weight. Refocus on this key issue post-COVID-19 as an integral way to address health inequalities through the Health and Wellbeing Board
- 2.** Use the opportunities arising from the development of the Local Transport Plan 4 for Hampshire to create environments that encourage walking and cycling and address connectivity to help create healthy weight environments
- 3.** Continue working in partnership with District Councils, the NHS and the voluntary sector to provide healthy weight settings and environments, including delivering a local 'Eat Out Eat Well' award
- 4.** Focus on opportunities arising from the development of new places such as Manydown and Welbourne Garden City to embed healthy environments and behaviours into new communities
- 5.** Re-energise the Rushmoor Whole Systems Approach and use the learning to roll out this approach to another District or Borough Council in 2021
- 6.** Support early years and schools to provide healthy weight settings, with a particular emphasis on those locations where children and young people are more at risk of developing an unhealthy weight.

1. The Kings Fund 2019 – What does improving population health really mean?

Introduction

What is driving obesity in Hampshire?

Excess weight (that is obesity and overweight combined) is driven by environmental, societal, health and care factors as well as individual behaviours. The impact of environmental and societal factors on weight is greater than those of individual behaviours and health care,² which is why we need to shift our focus onto these to tackle excess weight.

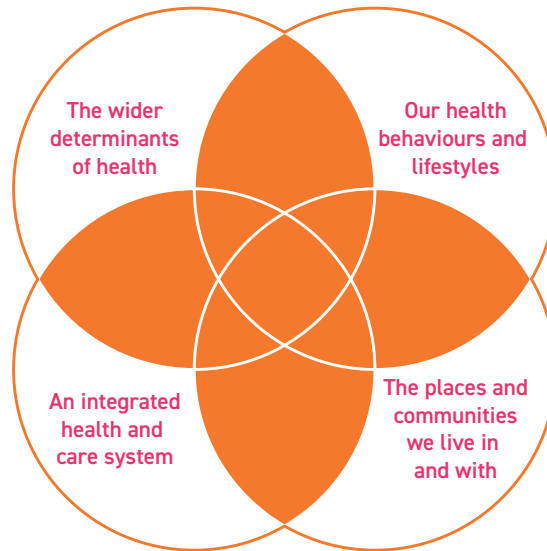


Figure one: Four pillars of population health²

In July 2020 the Government recognised that: “tackling obesity is not just an individual’s effort, it is also about the environment we live in, the information we are given to make choices; the choices we are offered and the influences that shape those choices.”³

There is an interrelationship between the built environment, transport, infrastructure, neighbourhoods, food environment, advertising, digital environment, consumption and health.^{4, 5} Many people already know what they should be doing to achieve a healthy weight but it can be a real struggle to put this into practice. This is primarily because we are living in an environment that encourages us to eat too many calories whilst remaining physically inactive.

For example, we know there are links between fast food availability and diet and that outlets selling fast food have clustered in areas of deprivation.⁶ Inside a retail outlet, how we choose the food we buy is influenced by store layout, daily promotions and sensory cues all designed to encourage customer purchases, often regardless of the nutritional value of the product. The top 25% of purchasers of these promotional items are 43% more likely to be overweight than those in the lower quartile, irrespective of income and age.⁷

2. The Kings Fund 2019 – What does improving population health really mean?

3. [gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives](https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives)

4. Obesogenic environments: current evidence of the built and food environments – Tim Townshend and Amelia Lake. *Perspectives in Public Health*; London Volume 137, Issue 1, (Jan 2017): 38-44

5. UK Government (2007) *Tackling Obesity: Future Choices*

6. Fraser, LK, Edwards, KL. The association between the geography of fast food outlets and childhood obesity rates in Leeds, UK, *Health & Place*, 2010,16, 1124-8

7. Cancer Research Paying the price (2019) new evidence on the link between price promotions, purchasing of less healthy food and drink, and overweight and obesity in Great Britain

Costs and impact of COVID-19

Evidence is emerging that being overweight or living with obesity puts individuals at greater risk of serious harm from COVID-19, in comparison to the general population.⁸ Further the pandemic has had an adverse impact on many of the factors that impact obesity as well as the capacity of local partners to enable change.

More positively, this has provided impetus and a real drive by local partners, including those in health through the NHS prevention workstream,⁹ to work with Public Health and others to shape and deliver health promoting places. This report considers how this is happening, the investment funding opportunities to support environmental changes and what more we can do to influence a return to a healthy weight in Hampshire's population.

Excess weight in Hampshire

In Hampshire, nearly two-thirds (63%) of adults aged 18 years and above are either overweight or obese (Figure two) and nearly one-third of children aged 10-11 years in Hampshire are overweight or obese (Figure three).

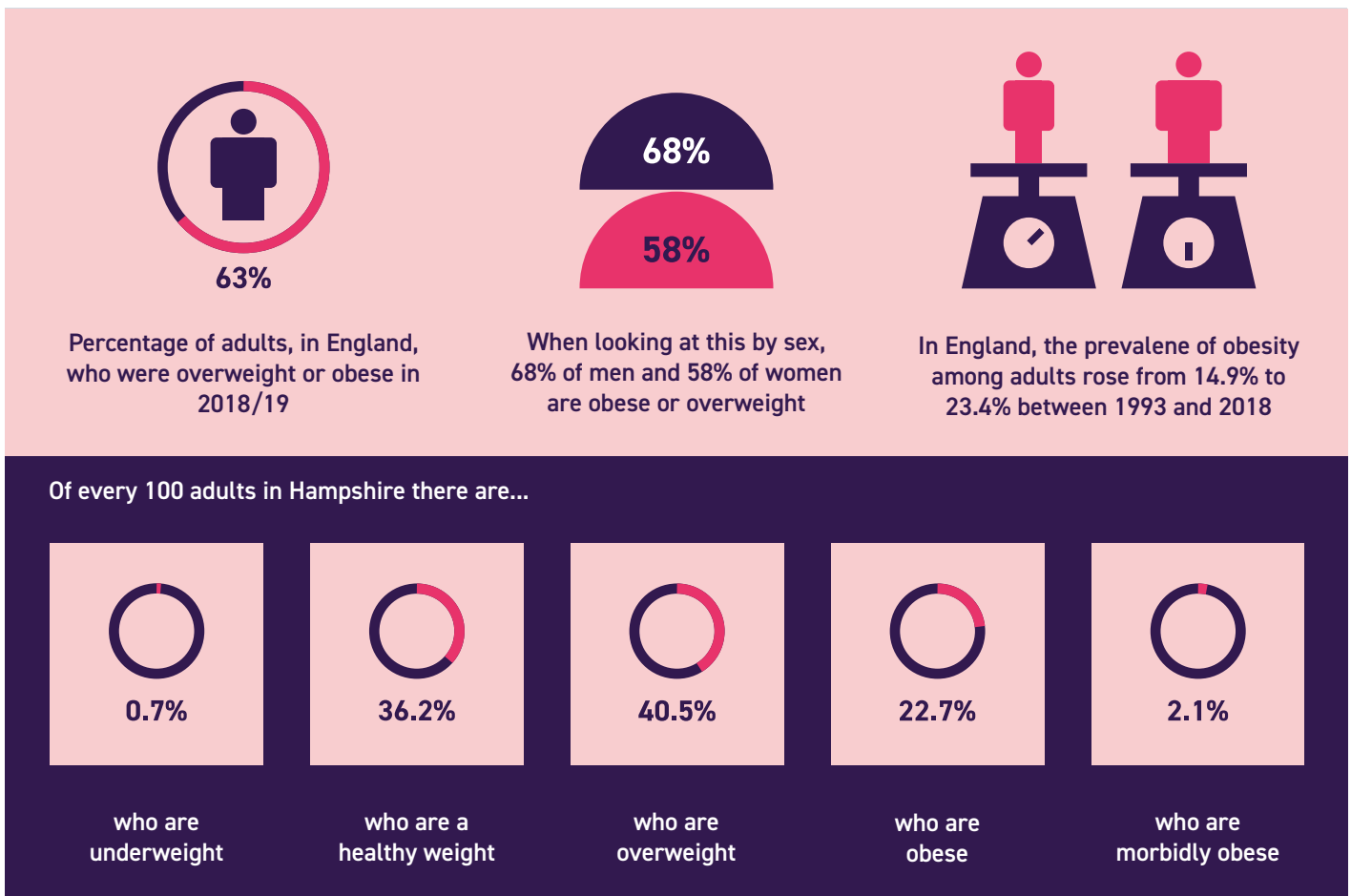


Figure two: Excess weight in adults in Hampshire and England 2018-2019

8. Public Health England. (2020) Excess weight and COVID-19: insights from new evidence

9. NHS 2019 NHS Long Term Plan

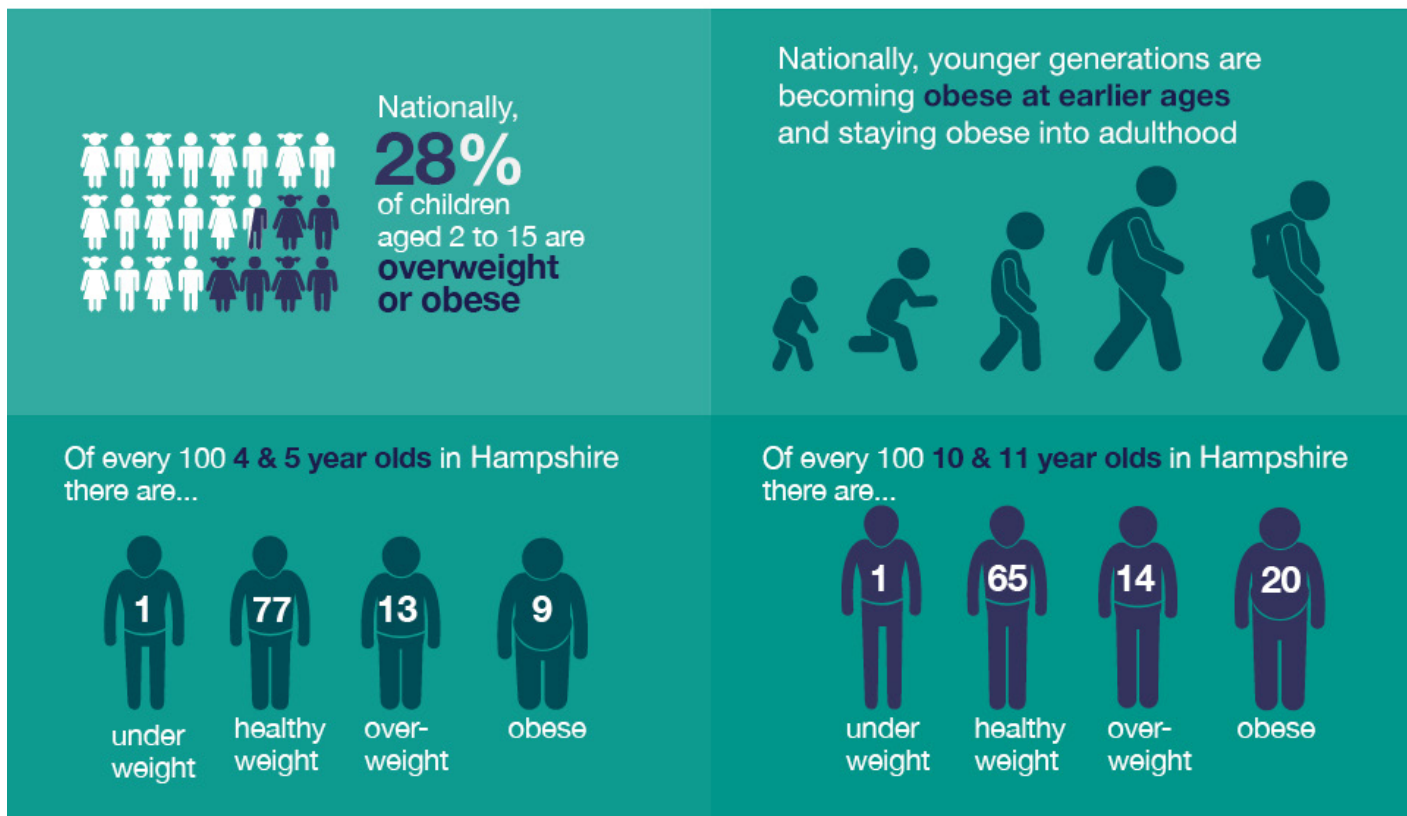


Figure three: Overweight and obesity in 4-5 year olds and 10 and 11 year olds in Hampshire and England

Obesity and inequalities

No one is immune to obesity - excess weight affects all population groups but in comparison to the general population it disproportionately affects those:

- aged between 55-74 years
- living in more deprived areas within Gosport, Havant and Rushmoor
- within Black, Asian and Minority Ethnic (BAME) communities¹⁰
- those with severe mental health problems^{11, 12}
- those with learning disabilities^{13, 14}

10. nice.org.uk/guidance/ph46/chapter/1-recommendations

11. Rogers, A. and Pilgram, D. (2003) Mental Health and inequality. Basingstoke: Palgrave Macmillan

12. mentalhealth.org.uk/sites/default/files/food-for-thought-mental-health-nutrition-briefing-march-2017.pdf

13. Health Needs Assessment of Adults with Learning Disabilities in Hampshire

14. NHS Digital (2019) – Health and care of people with Learning Disabilities

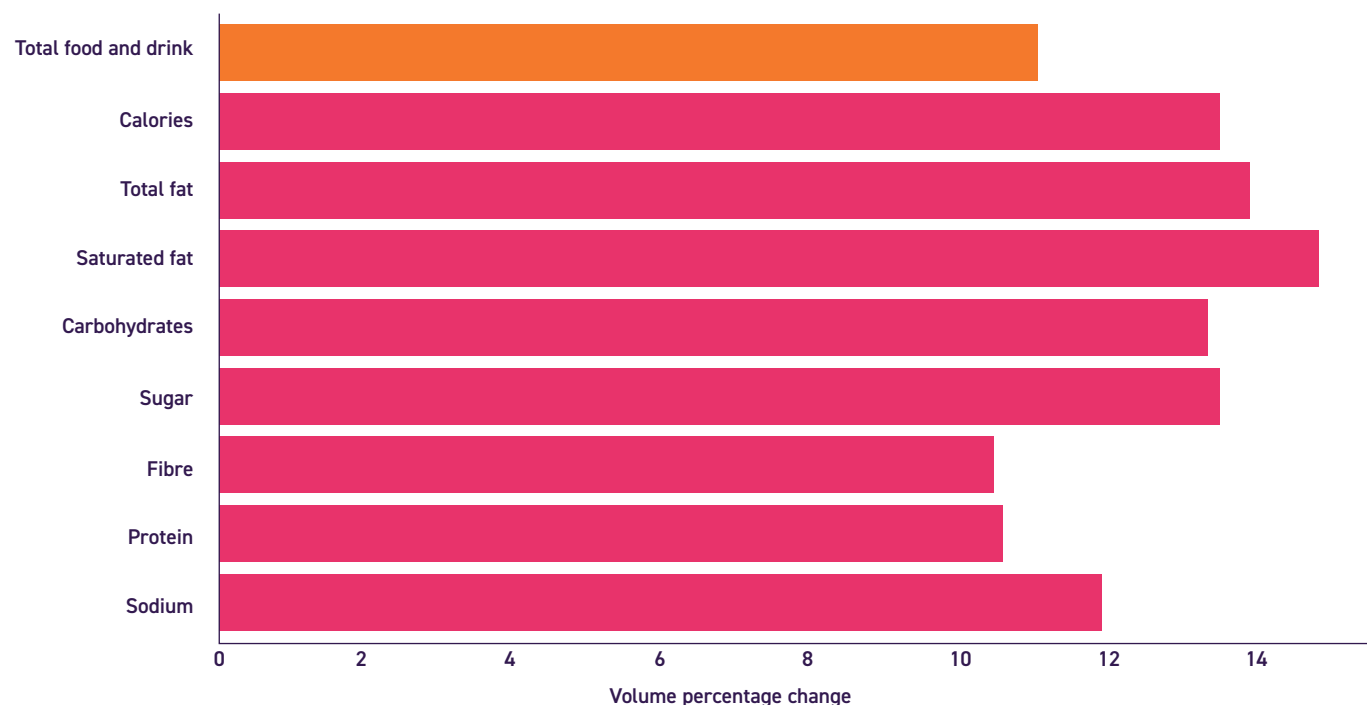
How the environment shapes what we do and our weight: healthy food environments

Healthy food environments

A healthier food environment is one where healthier food options are the default, and residents have the opportunity to buy, make and grow healthy food. Creating a healthier food environment, through the planning system and supporting local businesses and workplaces to provide healthier food and drink, enables people to access healthier options. Advertising, promotions, the business mix within high streets and the food and drink offered in work cafeterias and in local takeaways, cafes and restaurants all have a major influence on food and drink options.

The pandemic has undoubtedly influenced the ways in which people access and utilise their local environments and access food. More people are working from home than ever before and early evidence suggests that the pandemic has affected eating behaviours. Our weekly average grocery purchasing behaviour changed this year with nearly 14% more calories, sugar and nearly 15% more saturated fats being purchased, in comparison to 2019 (Figure four). More than a third of respondents from all socio-economic groups reported snacking more during the first period of national restrictions (Figure five).¹⁵

Nutrient volume – weekly average year to date percentage change 22 Nov 20 compared to 24 Nov 19



Source: PHE analysis of Kantar Worldpanel Data

Figure four: Grocery purchasing behaviour – change in nutrients purchased year on year

15. PHE (2020) Wider Impacts of COVID-19 on Health (WICH) monitoring tool

Proportion of respondents snacking more or less often in the past month by social class in England, Wales and NI: survey data up to 14 July 20



Figure five: Snacking behaviour by social class during first period of national restrictions

Source: The COVID-19 Consumer Tracker. Food Standards Agency with Ipsos MORI.

Previous research concluded that a healthy diet may be unaffordable for families on lower incomes.¹⁶ With the economic impact of COVID-19 and reduced incomes across many sectors,¹⁷ more household food budgets have been affected, with foodbanks seeing a drastic increase in referrals.¹⁸

Local research also found healthy food is less likely to be available from neighbourhood food outlets compared with larger supermarkets and is likely to be more expensive. During the national restrictions many households have been more reliant on their local food offer, which can be less healthy in some areas. Those on lower incomes may be more likely to be influenced by their local food offer and to be price-sensitive when shopping, whilst family food insecurity has been associated with infant excess weight.¹⁹

This variation in the quality of the local food offer is also demonstrated by the availability of fast food outlets. Fast-food is associated with poor nutrition whilst greater access to takeaway outlets is linked to increased consumption.²⁰ The number of takeaway outlets per head in Hampshire is almost four times greater in the most deprived deciles compared with the least deprived, representing an inequality in the availability of and exposure to fast-food in Hampshire, as mapped in Figure six. There is a correlation between food marketing and advertising and purchasing, and there is also a correlation between outlet density and consumption. In this way, advertising and availability of fast food provide environmental cues to eat.²¹

16. Food Foundation (2019) The Broken Plate. Food Foundation. Available from: foodfoundation.org.uk/wp-content/uploads/2019/02/The-Broken-Plate.pdf

17. PHE (2020) Great Britain average total weekly earnings annual growth rate, seasonally adjusted by sector

18. The Trussell Trust (2020) Lockdown, lifelines and the long haul ahead: The impact of COVID-19 on food banks in the Trussell Trust network

19. Williamson, S et al. (2017) Deprivation and healthy food access, cost and availability: a cross-sectional study. Available from: doi.org/10.1111/jhn.12489

20. PHE (2013) – Research and Analysis gov.uk/government/publications/obesity-and-the-environment-briefing-regulating-the-growth-of-fast-food-outlets

21. PHE (2017) gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2

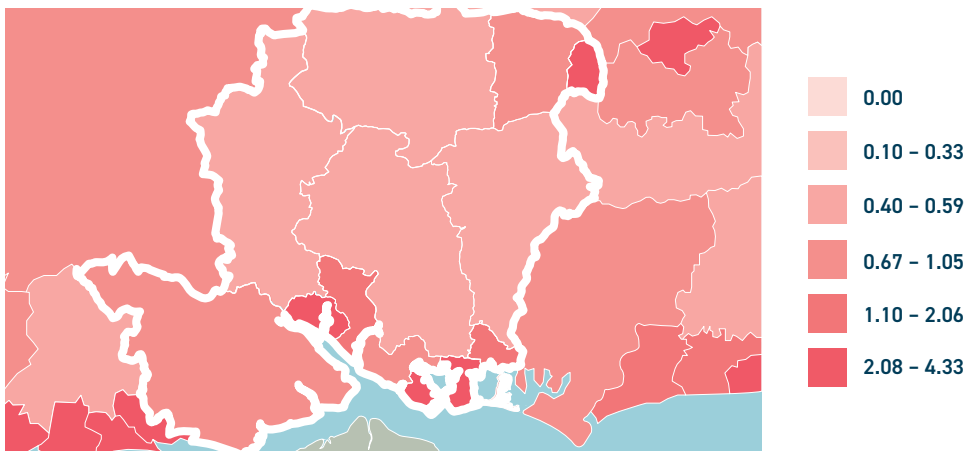


Figure six: Density of fast-food outlets across Hampshire

A link between unhealthy diets, low quality diets and mental ill health has been identified in young people.²² Results from Hampshire's school health and wellbeing survey suggest the environments around schools may influence children's food purchasing and food consumption. They are providing opportunities for, and perhaps cues to, purchase and consume food and drink of low nutritional value, creating poorer eating habits for the future.

However, earlier research indicates making healthier foods more accessible and increasing the provision of low cost, healthier food can be effective in promoting healthy eating and addressing weight.²³

22. Khalid,S, Williams, CM, Reynolds, SA (2017) Is there an association between diet and depression in children and adolescents? A systematic review

23. 7 Fuentes Pacheco A, Carrillo Balam G, Archibald D, et al Exploring the relationship between local food environments and obesity in UK, Ireland, Australia and New Zealand: a systematic review protocol. *BMJ Open* 2018;8:e018701. doi: 10.1136/bmjopen-2017-018701

Addressing social norms using advertising and marketing

Food choices are shaped and influenced by advertising and marketing and newer digital technologies have made it easier to target communications to adults and children. Nationally work is underway to counteract this with advertising restrictions, whilst locally campaigns have been deployed which have targeted those at higher risk from obesity or who are less engaged with support to lose weight.

Hampshire's 'Be sizewise' campaign used behavioural insight principles to help men recognise the excess weight they were carrying. An effective approach was employed using humour and bluntness to raise the sensitive subject of weight and then provide action-orientated solutions via a 'no nonsense' **online webpage**. Results were promising with good engagement via several social media channels and a number of men accessing Hampshire's weight management offer.

Hampshire also deployed a Better Health weight campaign during autumn 2020 targeting those most at risk from COVID-19 obesity related harms including black, Asian and ethnic communities. The digital marketing performed well with good engagement from those aged 45 to 64, as well as women. Offline advertising using pharmacy bags and supermarket media sites was also used to reach residents with long term conditions and those not digitally enabled.



How the environment shapes what we do and our weight: active environments and neighbourhood spaces

Our local environments can be health promoting through good design and the provision of infrastructure that encourage physical activity and access to green spaces and local community amenities.

Neighbourhoods and public spaces

'Neighbourhoods' can be defined as places where people live, work and play and have a sense of belonging.²⁴ Neighbourhoods and the public realm can encourage healthy lifestyles by increasing active travel and visits to green space.

The range of facilities and services vary between areas with some being health-promoting (such as health centres, leisure centres, cultural facilities and food shops that sell fresh produce) and some may be health-damaging (for instance, bars, fast food outlets, off-licences and betting shops). Negative environmental features are more predominant in areas of social disadvantage. Features such as high levels of traffic, vacant and derelict land, lack of quality green and public spaces and poor quality streetscapes and shops can all lead to reductions in walking and other forms of physical activity.²⁵

The Town and Country Planning Association have developed key themes and elements that need to be considered when planning healthy weight places, including key criteria to consider when developing neighbourhoods and settlements:

Key themes	Elements
Movement and access	Walking environment
	Cycling environment
	Local transport services
Open spaces, recreation and play	Open spaces
	Natural environment
	Leisure and recreation spaces
	Play spaces
Food	Food retail
	Food growing
Neighbourhood spaces	Community and social infrastructure
	Public spaces
Building design	Homes
	Other buildings
Local economy	Town centres and high streets
	Job opportunities and access

24. PHE (2017) Spatial Planning for Health: An evidence based resource for planning and designing healthier places

25. Glasgow Centre for Population Health (2013). The Built Environment and Health: An Evidence Review. Concepts Series 11 Briefing Paper.

Case study one: Whitehill and Bordon healthy new town – shaping the built environment to improve health and weight

Whitehill and Bordon is being transformed from a garrison to a green and healthy town. A complex, multi-partner, fifteen year programme will deliver 3,350 new homes, a new town centre with new leisure centre, secondary school, cinema and health hub and 80 hectares of suitable alternative natural greenspace. The regeneration partnership is committed to a green and healthy vision for the town which makes it easy for people to live healthy and active and independent lives, where it is easier to walk and cycle than travel by car and the town centre is a healthy food environment. The aspiration is that this will result in more active children and adults with healthier weights.

Examples of work already undertaken:

- 'Play for Health' plan for Hogmoor enclosure complete and natural play area opened
- Enhanced active travel around town
- A new community café with healthy menu options
- A town-wide wayfinding strategy, using landmarks and water features to make it easy and fun to navigate around town using active travel methods

Movement and active travel

Currently 51% of commuter trips that are less than 1.25 miles are made by car, compared with 39% by walking,²⁶ giving a lot of scope to encourage active travel for shorter journeys. There is variation across Hampshire with higher levels of walking in urban areas as illustrated in Figure seven. Evidence suggests that people walk more in places with mixed land use (such as retail and housing), higher population densities and highly connected street layouts. These urban forms are associated with between 25% and 100% greater likelihood of walking.²⁷

26. 2011 Census data – Hampshire Strategic Infrastructure Statement 2019

27. Sinnett, D et al. (2012) Creating built environments that promote walking and health: A review of international evidence. *Journal of Planning and Architecture* 2012: 38

Travel to work by walking

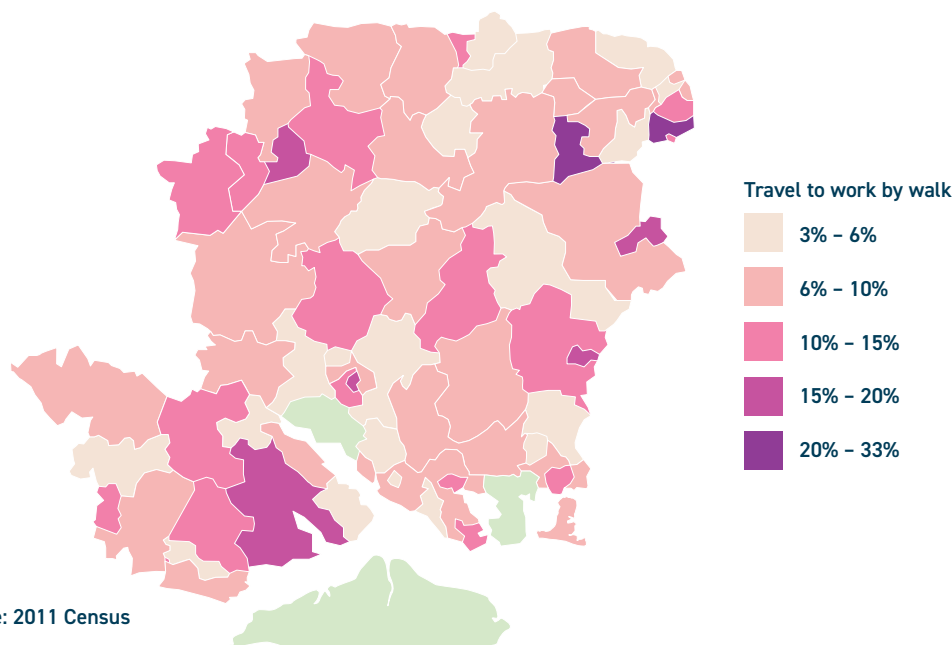


Figure seven: 2011 Census – Hampshire Strategic Infrastructure Study (April 2019)

The spatial factors positively associated with cycling include the presence of dedicated cycle routes or paths, separation of cycling from other traffic, high population density, short trip distance, proximity of a cycle path or green space and (for children) projects promoting 'safe routes to school'.^{28, 29} Rural areas, like much of Hampshire, have particular barriers to active travel such as fast roads and lack of pavements.³⁰

Transport, infrastructure and connectivity³¹

Hampshire's infrastructure and transport connectivity underpins how residents choose to travel and how easy it is to access workplaces, vital services and leisure environments including green and blue space. Good infrastructure, transport options and connectivity support active travel, which if built into our day, helps us to meet the Chief Medical Officer's physical activity guidelines and manage our weight.³²

Connectivity (travel times) between places in Hampshire, as elsewhere, is much better by car than public transport. South Hampshire has the lowest levels of car and public connectivity overall, reflecting higher levels of congestion and unique coastal geography. This connectivity is reflected in how we choose to travel, with the private car or van being the principal mode of travel to work (65%), despite the fact that 31% of commuting trips are less than 5 miles. Walking is the main mode of travel to school, although 30% of pupils are still taken to school by car.³³

28. NICE (2012) PH41 [nice.org.uk/guidance/ph41/chapter/1-recommendations#encouragingpeople-to-walk-and-cycle](https://www.nice.org.uk/guidance/ph41/chapter/1-recommendations#encouragingpeople-to-walk-and-cycle)

29. Dept of Transport (2020) Gear Change

30. See the Hampshire Spatial Planning Joint Strategic Needs Assessment (2018)

31. Data in this section has been supplied by Transport Planners, HCC (2020)

32. DHSC (2019) Physical activity guidelines: UK Chief Medical Officers' report

33. Excludes car sharing figure for these journeys.

Under COVID-19 restrictions many within the population have been working from home and physically moving less.³⁴ If travel to work has been required, national messaging has encouraged the use of the private car over public transport. In an ongoing local survey of nearly 3000 local respondents, over 25% of people who used public transport prior to COVID-19 stated that they would travel by car for the next few months.³⁵ The massive shift in the way people work may change transport requirements post pandemic.

Green spaces

Access to, and engagement with, the natural environment is associated with positive health outcomes with evidence of a relationship between green space and weight.³⁶ The type of natural environment we access is also important – access to recreational infrastructure, such as parks and playgrounds, is associated with a reduced risk of obesity among adolescents.³⁷



Notes: Accessible green spaces are defined as publicly accessible recreational and leisure sites in OS Green Spaces data plus ancient woodlands, Open Access Land, nature reserves, Wildlife Trust sites and common land. Only those Lower Super Output Areas defined as urban in the ONS Rural-Urban Classification are used in the analysis. Index of Deprivation 2015 from gov.uk/government/statistics/english-indices-of-deprivation-2015

Figure eight: Accessible green space in urban land areas by deprivation quintile (Hampshire)

A research summary of green space and health in Hampshire³⁸ found that Hampshire’s urban areas with the highest levels of deprivation have some of the highest proportions of accessible green space (Figure eight). This is important because we know that people in the most deprived areas are more likely to be overweight or obese and therefore have much to gain from using green space.³⁹ Through spatial planning and new developments there is a real opportunity to create healthy neighbourhoods, improve connectivity and maximise the potential of green and blue space. However, for residents to use these their quality, safety and accessibility must be a prime consideration.⁴⁰

34. Update on the Impact of COVID-19 on Hampshire’s physical activity plans, development, and actions, paper to the Health and Wellbeing Board, 1/10/2020 accessed from: democracy.hants.gov.uk/documents/s57721/Item%20Physical%20Activity%20Strategy%20Report.pdf

35. Commonplace Tool Survey for Hampshire, Hampshire County Council 2020

36. K. Lachowycz and A. P. Jones (2010) Greenspace and obesity: a systematic review of the evidence

37. Sallis, JF et al (2012) The Role of Built Environments in Physical Activity, Obesity, and CVD

38. documents.hants.gov.uk/hampshire2050/evidence/theme-4-environment-and-quality-of-place/supporting-evidence-and-research-reports/Theme-4-Greenspace-and-Health.pdf

39. researchgate.net/profile/Chinmoy_Sarkar4/publication/317177855_Residential_greenness_and_adiposity_Findings_from_the_UK_Biobank_links/59dc7bcd0f7e9b1460037875/Residential-greenness-and-adiposity-Findings-from-the-UK-Biobank.pdf

40. uwe-repository.worktribe.com/output/880599/spatial-planning-for-health-an-evidence-resource-for-planning-and-designing-healthy-places

Case study two: The emergency infrastructure fund and local transport planning

In 2020 Hampshire County Council was awarded £863,000 of COVID-19 emergency infrastructure funding which it used to redesign roads and high streets to support social distancing, assist economic recovery and encourage walking and cycling. A further £3.45 million has been awarded to the Council to deliver a bolder range of schemes which will:

- transform high streets and local centres, including funding for Aldershot, Rushmoor
- encouraging cycling and walking for local journeys including in areas of deprivation
- innovative street measures to transform behaviours, such as school street closures, seating, greenery and bike racks
- ambitious proposals for strategic corridors such as the A27 – to encourage walking and cycling

This presents a fantastic opportunity to make meaningful changes to local environment and infrastructure to address obesity.

Environments play an important role in health and wellbeing. As with many of the wider determinants of health, there are inequalities related to transport, infrastructure and connectivity, food environments, availability of healthy/unhealthy foods and green space. Developing infrastructure and transport modes, improving air quality and addressing connectivity to support people choosing to travel by walking and cycling as part of everyday life, is an essential environmental component to tackle excess weight.

How home, learning and play environments shape what children and young people do and their weight

There is strong evidence that child eating behaviours can be inherited and are affected by the environment.⁴¹ Research into how genetic and environmental factors interact is ongoing. Creating healthy places where children and young people live, learn and play is vital to influencing their weight.

Home and the first thousand days

Major life events such as pregnancy and a child's early years provide an opportunity for parents to reset or form new habits and ensure a healthy start to their children's first thousand days.⁴² Breastfeeding for the first three months of life reduces the risk of obesity by 13% in later life and mothers who breastfeed also benefit from a faster return to pre-pregnancy weight.⁴³ From data available nationally we know that only half of babies born to mothers in the most deprived decile have a first feed of breastmilk, compared to over three quarters in the least deprived decile. Although nearly 75% of Hampshire babies have a first feed of breastmilk, the number of mothers still breastfeeding at six to eight weeks after birth drops to just below half.

Baby's first feed breastmilk (2018/19) – England LSOA11 deprivation deciles in England (IMD2019)



Figure nine: Comparison of breastfeeding rates between most and least deprived populations

41. Wood, AC (2018) Gene-Environment Interplay in Child Eating Behaviors: What the Role of "Nature" Means for the Effects of "Nurture"

42. House of Commons Health and Social Care Committee, First 1000 days of life (2019)

43. PHE, Early Years High Impact Area Three (2018) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/754791/early_years_high_impact_area_3.pdf

To enable more mothers to begin, and breastfeed for longer, settings such as workplaces, nurseries and schools, hospitality, and family venues should become 'breastfeeding-friendly'.⁴⁴ Services supporting families should continue to implement evidence-based programmes such as the UNICEF Baby-Friendly to support the number of breastfed babies at 6 months in Hampshire and reinforce the importance of breastfeeding-friendly environments.

Early years and school environments

"Schools provide an important means of influencing many of the sociocultural factors that have a lasting impact on both food choices and exercise habits. They have a prominent role in the community, are a source of support for parents and families, and can produce community change in environments, knowledge, and behaviour."⁴⁵

Children's health behaviours are heavily influenced by their early years and school environments,^{46, 47} where they spend, on average, 190 days each year until the age of eighteen.⁴⁸ Time spent in educational settings can lay the foundations for a healthy, active lifestyle as an adult.

It has been shown that overweight or obese children are more likely to experience poorer health and lower educational attainment.⁴⁹ Around one third of adults who leave school with no qualifications are obese, compared with less than a fifth of adults with degree level qualifications.⁵⁰ Improved academic attainment and attention in class can be achieved by healthy school meals for school-age children and building more physical activity into the school day. The following case studies illustrate how these can be implemented within educational settings.

44. PHE, All Our Health, Healthy Beginnings (2019) gov.uk/government/publications/healthy-beginnings-applying-all-our-health/healthy-beginnings-applying-all-our-health

45. Nuffield Council on Bioethics, written evidence (Sept 2019) accessed at: committees.parliament.uk/writtenevidence/230/html/ for the Select Committee on Food, Poverty, Health and the Environment Hungry for change: fixing the failures in food report (July 2020) publications.parliament.uk/pa/ld5801/ldselect/ldfphe/85/8502.htm

46. Jamal, F., Fletcher, A., Harden, A. et al. The school environment and student health: a systematic review and meta-ethnography of qualitative research. *BMC Public Health* 13, 798 (2013). doi.org/10.1186/1471-2458-13-798

47. Bonell C, Beaumont E, Dodd M, et al. Effects of school environments on student risk-behaviours: evidence from a longitudinal study of secondary schools in England. *J Epidemiol Community Health* 2019;73:502-508. jech.bmj.com/content/73/6/502

48. Education and Skills Act (2008) legislation.gov.uk/ukpga/2008/25/contents

49. Caird, J et al., (2011), 'Childhood obesity and educational attainment: a systematic review', London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

50. Promoting healthy weight in children, young people, and families: A resource to support local authorities (2018) assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750679/promoting_healthy_weight_in_children_young_people_and_families_resource.pdf

Case study three: Swanmore Primary active mile⁵¹

Working with University of Essex and the BBC's Inside Out documentary team, the Blaze a Trail daily running initiative was launched involving parents and children. Children who were struggling during PE sessions were especially encouraged to join in, as were those regularly late for school. It was reported that the majority of those targeted have attended regularly and that productivity in class has improved.

Case study four: Healthy eating in Park Community School, Havant

Park Community School, located in Leigh Park, Havant introduced changes to the school food offer to improve the health and wellbeing of its pupils. The school prides itself on being “much more than a school” and recognised that only by taking a whole school approach and engaging with families and the wider community would it be able to create a sustainable food environment to support healthy weights.

The school is situated in an area which is at greater risk of food poverty with 40% of pupils eligible for free school meals. This meant the food offer had to be affordable as well as meeting nutritional standards. To improve the quality of the food served the school brought its catering in house and gained the Soil Association's Food for Life Gold Award.⁵² It started a school market garden, where pupils help to grow fruit and vegetables and launched a community food project, MUNCH, to meet food poverty needs during school holidays.⁵³

Park Community School's Headteacher, Chris Anders explained: “We are really proud of our achievements to date. The type of food available now is completely different as it is made from scratch on site, nutritionally good but still tasting great. Catering is also available for community events such as birthday parties where healthy party food that the children like is provided at affordable prices.

To address food poverty during school holidays we have been able to use the funds raised for the MUNCH programme to offer free food to those most at risk of holiday hunger. With the COVID-19 pandemic the school was able to provide healthy ready meals, which are either stored in a community freezer for families to collect or distributed by the local foodbank to those shielding.”

The school has also made their physical activity facilities affordable so that local community groups, families and residents can access these to be more active.

51. PHE/Loughborough University (2020) assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877164/Practice_examples.pdf (page 14-15)

52. foodforlife.org.uk/~media/files/criteria%20and%20guidance/894-00-ffl-criteria_silver-gold---final-artwork.pdf

53. Article from 2018 on Park catering pcs.hants.sch.uk/assets/schoolmeals/educatering.pdf

Whole school approach

Individual school-level actions are unlikely in themselves to make a significant difference to children's weight. By embedding the eight principles of a whole school approach into school life, illustrated in Figure ten, an environment will be created to tackle excess weight, which is likely to be more successful.⁵⁴



Figure ten: Eight principles promoting a whole school and college approach to emotional health and wellbeing, PHE 2015⁵⁵

Fundamental to this approach is:

- ensuring staff have the skills, knowledge, confidence, and resources to educate children about 'healthy living', embedding messages across curriculum subjects
- promoting school meals which are nutritionally balanced
- consistently applying healthy food, drink, and physical activity policies
- ensuring a range of safe active indoor and outdoor activities throughout every day
- offering appropriate outdoor space and promoting safe active travel routes
- everyone in the school team modelling healthy behaviours
- supporting families to make healthy choices and encouraging them to seek early support if required
- working effectively with support services and partner agencies who can provide targeted help to those most in need^{56, 57}

54. Obesity, healthy eating and physical activity in primary schools A thematic review into what actions schools are taking to reduce childhood obesity (2018) assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/726114/Obesity__healthy_eating_and_physical_activity_in_primary_schools_170718.pdf

55. PHE (2015) Promoting children and young people's emotional health and wellbeing: A whole school and college approach. Available at assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWP_draft_20_03_15.pdf

56. OFSTED (2018) Obesity, healthy eating and physical activity in primary schools. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/726114/Obesity__healthy_eating_and_physical_activity_in_primary_schools_170718.pdf

57. LGA (2017) Working with schools to improve the health of school-aged children available at local.gov.uk/sites/default/files/documents/15%204%20Working%20with%20schools%20to%20improve%20the%20health%20of%20school-aged%20children_%20%20.pdf

In Hampshire we encourage our partners to focus work with schools with the highest rates of excess weight, using data from the annual National Childhood Measurement Programme. In the latest data release 21.9% of children in Year R and 35.2% of children in Year 6 had excess weight. We know there is variation between schools, and this is often driven by deprivation.

Case study five: Hampshire Health in Education supporting the whole school approach

The Hampshire Health in Education⁵⁸ programme provides early years, schools and further education settings with the information, guidance, and links to resources to support a whole school approach to health and wellbeing, tackle excess weight and create active school environments. As a one-stop-shop for up-to-date, reliable resources it acts as an enabler for staff to confidently embed messages and actions into their work.

58. hants.gov.uk/socialcareandhealth/publichealth/hampshirehealthineducation

How partnerships can shape places and environments to tackle excess weight

Whole-systems approach

A growing body of evidence suggests that a whole systems approach⁵⁹ can be used to tackle complex problems such as excess weight. Hampshire County Council, in collaboration with Rushmoor Borough Council and other local partners are piloting this approach in the Rushmoor area of Hampshire, with the ambition to roll it out to another District in late 2021.

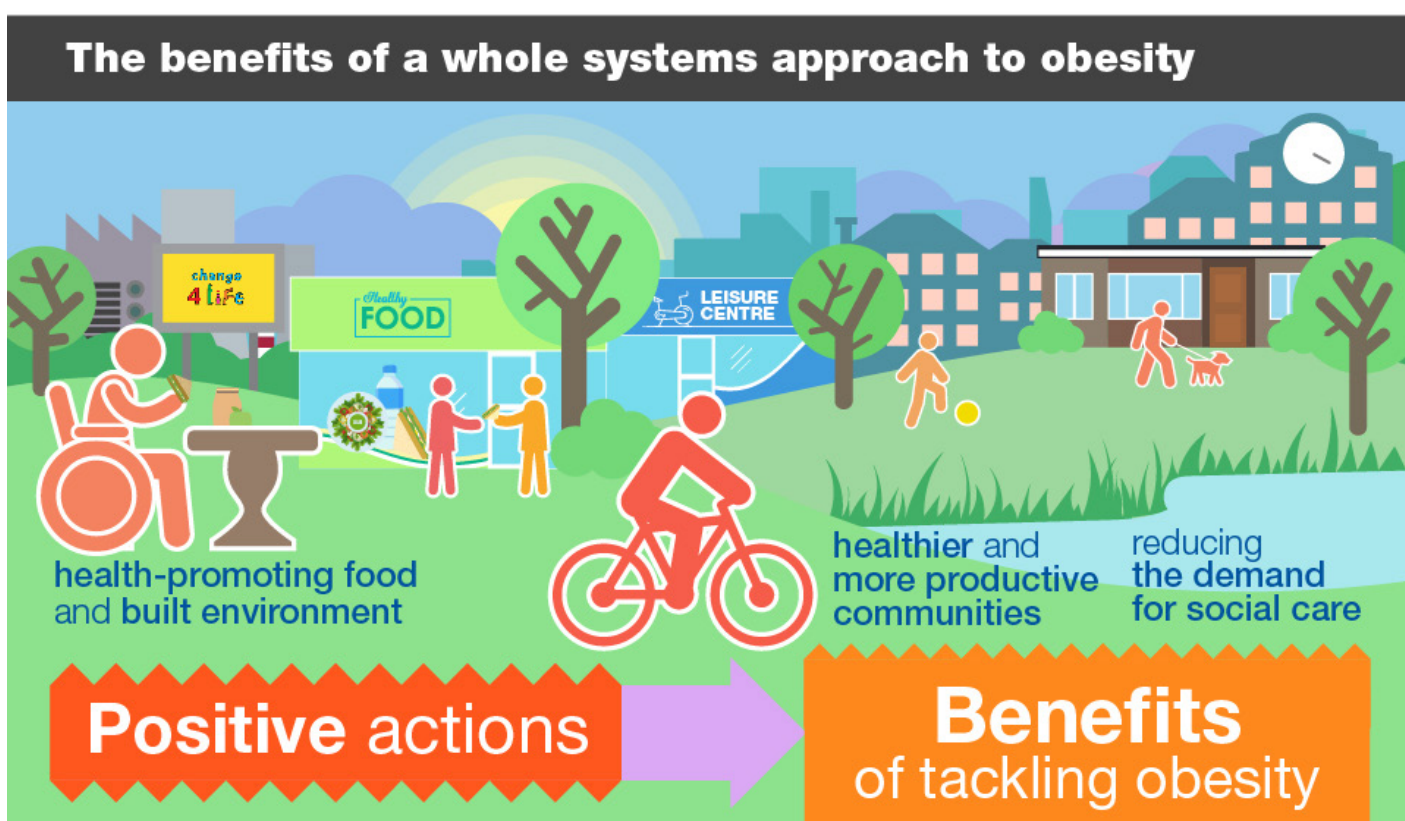


Figure eleven: The benefits of a whole systems approach to obesity

A whole systems approach provides the tools which enable partners to develop a shared vision and actions to address social and environmental factors, as well as individual behaviours. It can help to develop health promoting food and built environments which in turn will address obesity in the population and lead to healthier and more productive communities, reducing the demand for health and social care (Figure eleven).

59. PHE (2020) Whole systems approach to obesity

The importance of taking a whole systems approach has been recognised by the Hampshire Health and Wellbeing Board and is an integral component of the 'Living Well' workplan for the Health and Wellbeing Board Strategy. Taking a whole systems approach involves many functions of local government and other public sector partners who do not traditionally focus on health gain. In Hampshire we have been privileged to work with statutory and voluntary partners – too many to name individually, who share this vision.

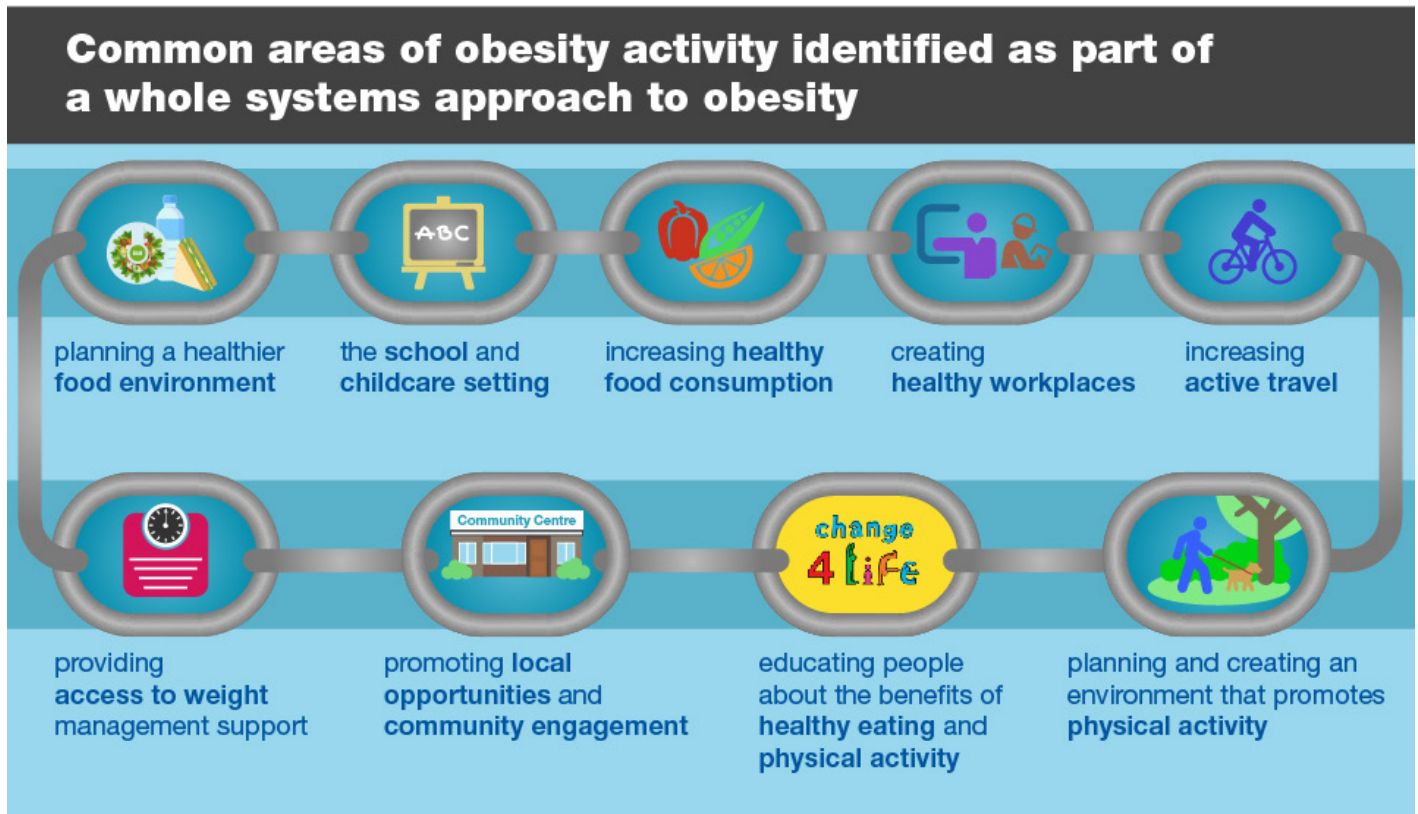


Figure twelve: Common areas of activity identified as part of a whole systems approach to obesity

Case study six: Whole systems approach to tackling obesity in Rushmoor

Obesity rates for children and adults in Rushmoor are high, especially when compared to the Hampshire average. The area has marked inequalities with higher levels of deprivation and a health and demographic profile which means residents may be particularly vulnerable to COVID-19. This makes tackling obesity even more salient.

Previously Rushmoor Borough supported by Public Health invested in a review of social and environmental assets around local primary schools, with the results being used to determine how environments could be planned and shaped to address obesity.

The area has a wealth of community assets and committed partners making it an ideal location in which to develop, implement a whole systems approach (figure twelve). Vital to this has been the 'buy in' from senior leaderships and establishment of a core working group. Partners from Hampshire County Council, Rushmoor Borough Council, North East Hampshire and Farnham CCG and Energise Me have met regularly to determine priority actions. This group connects to wider stakeholders and local partners via the Local Obesity Action Group. Early work included:

- a development of an overarching campaign for the area to promote both environmental opportunities and weight management related services: Couch to 5k and 2k for adults and children, Park Run, Man v Fat and WW
- a pilot in five early years educational settings of the Healthy Early Years award, focusing on the healthy weight and healthy eating sections

Although this work has been impacted by the pandemic it has already galvanised partners to align aims, actions and resources. North East Hampshire and Farnham CCG noted: **“This work feels so much more outcome-focused and progressive than anything we’ve been doing previously”**

It is a priority for this work to be re-energised as we begin to recover from the effects of national restrictions.

Conclusion

Excess weight is influenced by wider environmental and social factors which includes the food environment, transport, infrastructure, green and blue spaces and the places in which we live and learn. Cutting calories alone will not shift the weight; we need to focus on how best to address these wider factors and move away from concentrating solely on individual behaviours.

Nationally the Government is working with business and industry to reduce and reformulate sugar and calories in our food as well as tackle advertising and marketing which shapes our food choices.⁶⁰ Locally we can create and develop healthier environments making it easier to access healthy food and be physically active every day, through district local planning and more widely with the Local Transport Plan for Hampshire. For children and young people, influencing the home, early years and school settings is vital to create environments and social norms that support lifelong healthy behaviours.

This report has highlighted some excellent work already underway in Hampshire: food policies and whole school approach in Park Community School, Havant, Swanmore Primary's Active Mile targeted to those most in need, the creation of the Whitehill and Bordon healthy town, and innovative transport and infrastructure developments.

However, we can go further by working collaboratively, with our residents on whole systems approaches, encouraging more partners to promote healthier places that enable healthy choices, especially in those areas where inequalities exist and where achieving a healthy weight is a particular challenge. With the impact of COVID-19 there is greater urgency to address obesity in Hampshire. The work already underway to tackle environmental and social factors must be nurtured and accelerated and new opportunities must be harnessed to improve the public's health in Hampshire.

⁶⁰ [gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives](https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives)