



JSNA
BEXLEY

JOINT
STRATEGIC
NEEDS
ASSESSMENT

Childhood Nutrition

Children and Young People

January 2020

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THE IMPORTANCE OF A HEALTHY WEIGHT

Obesity is a rising epidemic within the UK, disproportionately affecting people from low socio-economic and deprived backgrounds. Although one causality for weight gain can be down to an excess intake of energy through eating and drinking, overweight and obesity is widely recognised to be influenced by a multitude of factors including environmental, societal, economic and cultural.

This needs assessment considers obesity during the early stage of the life-course from maternal to school age year, considering nutrition and diet for all aspects during these transitions.

- **Consequences of obesity on physical and mental health**

- The physical health consequences of a child with overweight or obesity include hypertension, raised cholesterol, asthma and other musculoskeletal problems. Children can also develop conditions during childhood such as Type 2 Diabetes, other metabolic and respiratory problems which can continue into adulthood.
- Weight stigma, social isolation and low self-esteem also present as mental health issues which can have significant detrimental impact on emotional and mental wellbeing. Children who are subject to discrimination or bullying can become withdrawn and depressed, and over time this can negatively impact on attendance at school, poor educational attainment and future employment.

- **Maternal and childhood weight predisposes adult obesity**

- Children with overweight or obesity are five times more likely to have obesity during adulthood.
- The health conditions developed during childhood are likely to continue into adulthood which poses further risk of developing some cancers, stroke, heart disease, hypertension and Type 2 Diabetes. Conditions are likely to develop much earlier, progressing into chronic conditions and greater risk of premature morbidity, disability and mortality.

- **National and local context of obesity and wider levels of need**

- Bexley's Obesity Strategy adopts a whole system approach to tackling obesity, considering the impact that the environment, social, cultural and economic factors place on individual and community lifestyle choices. The strategy highlights the disparity in weight among children living in deprived areas of the borough and sets out a vision to reduce the rate of excess weight among children by 2% by 2025.
- This strategy complements national strategies produced by the Government, London Child Obesity Taskforce, SACN and NICE on tackling child obesity, addressing maternal and child nutrition and reducing health inequalities.

In June 2018 the Government produced [Chapter Two of Childhood Obesity: A Plan for Action](#) following [Chapter One Childhood Obesity: A Plan for Action](#) released in 2016. This sets out an ambition to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030

- **Families and children living in deprived and low income groups**

- Women who live in low income groups are least likely to breastfeed their children.
- Children who live in deprived areas are more likely to experience issues with overweight and obesity. This can be due to a multiple of factors including a child's exposure to perinatal factors that increase the risk of a child becoming overweight such as smoking during pregnancy, preconceptual obesity, or poor maternal nutrition.
- Children born into a family with low socioeconomic status are likely to have fewer opportunities to access healthy affordable food, increased exposure to unhealthy processed foods and have an overall poor quality diet consisting of high sugar, fat and salty food and drink.
- Food poverty and insecurity are important considerations resulting from children living in low income households. The inability to purchase food and the density of fast food outlets in deprived communities means children in this group are particularly vulnerable to experiencing negative health issues including obesity, malnutrition, dental caries and Type 2 Diabetes.
- Young infants who consume a high intake of sugar and salt from food and drink are likely to develop dental caries and early onset tooth decay. Over time the excess energy from these foods will increase the risk of obesity.

- **Families from minority ethnic groups**

- Children from black African ethnicity groups experience greater risks of overweight and obesity, and this exists across both the younger and older age groups.
- The difference between ethnic groups and the risk of developing obesity and other health conditions could be explained by cultural influences, genetics or physiology.

- **Biological determinants**

- Children born to mothers who have overweight or obesity during pregnancy are more likely to develop obesity during infancy.
- Malnutrition during foetal and early postnatal life can also cause physiological changes that can impact of the growth of a baby and cause a rapid increase in bodyweight during childhood.

- **Impact on health and wellbeing for those at risk**

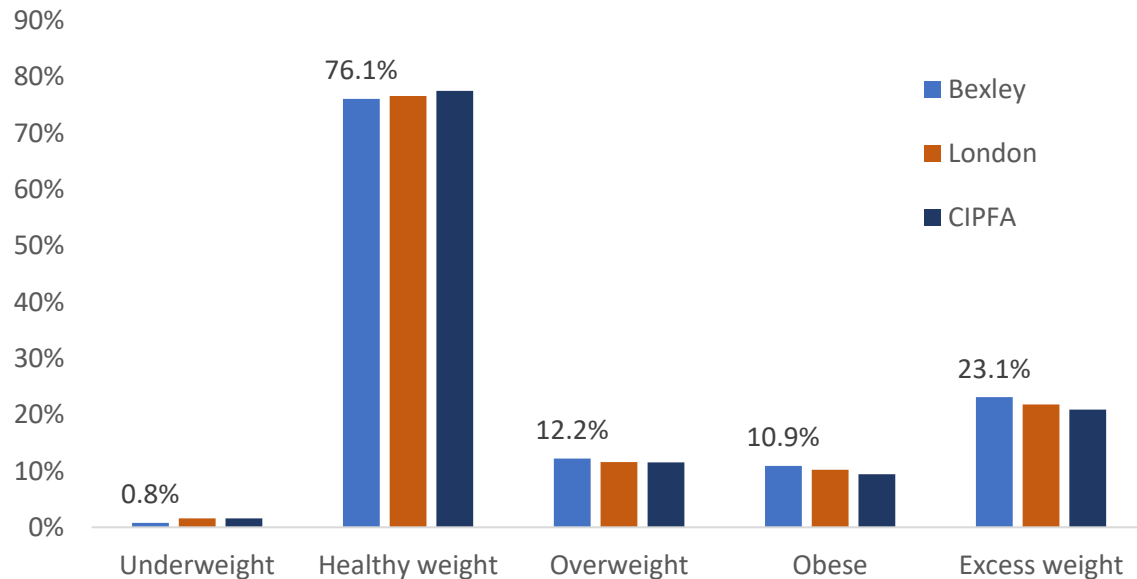
- Breastfeeding exerts a protective effect against the development of obesity, Type 2 Diabetes, Cardiovascular disease and respiratory conditions and means children are less susceptible to infectious diseases.
- Breastmilk provides the nutrition needed to support good health and growth and allows babies to self-regulate their intake and develop satiety cues.
- Five-year old children are a key group to examine the dental health of children as they can be assessed at Primary School and have their primary dentition for at least two years

Bexley has a high number of children living with overweight and obesity

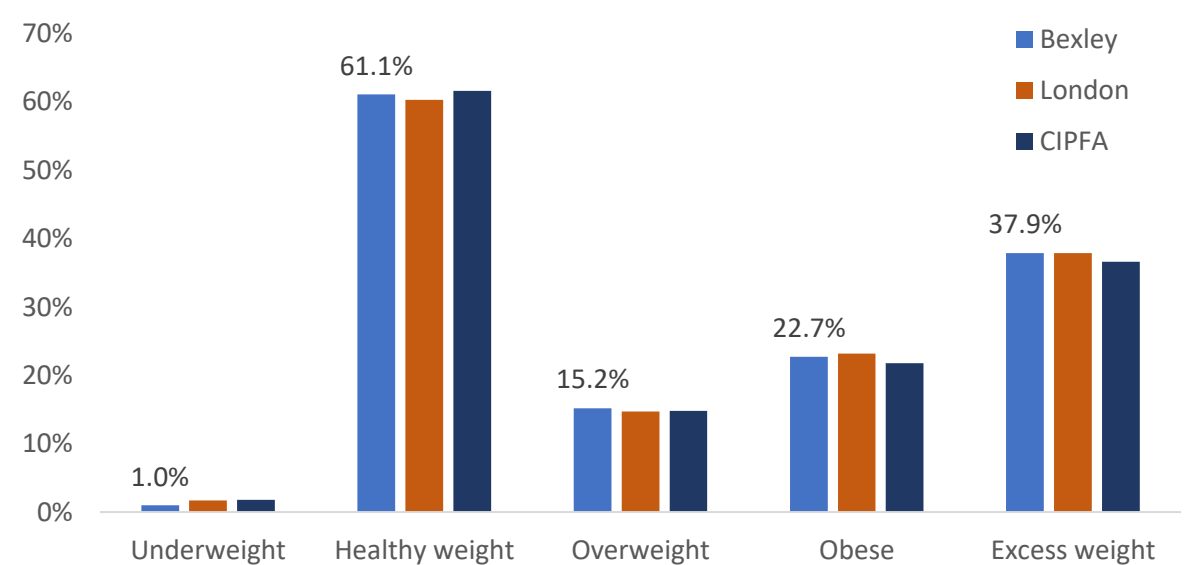
Levels of excess weight among 4-5 and 10-11 year olds is higher in Bexley compared to England and London.

- According to the 2018-19 data from the National Child Measurement Programme, in Bexley approximately 2 in 10 4-5 year olds are living with overweight or obesity, doubling to 4 in 10 by the time a child reaches 10 years old.
- For both age groups the proportion of children who have overweight or obesity (excess weight) is greater than London and our most similar like neighbours.
- The increase in excess weight (overweight and obesity) between Reception and Year 6 is statistically significant.

Weight status of children in Year Reception in 2018/19



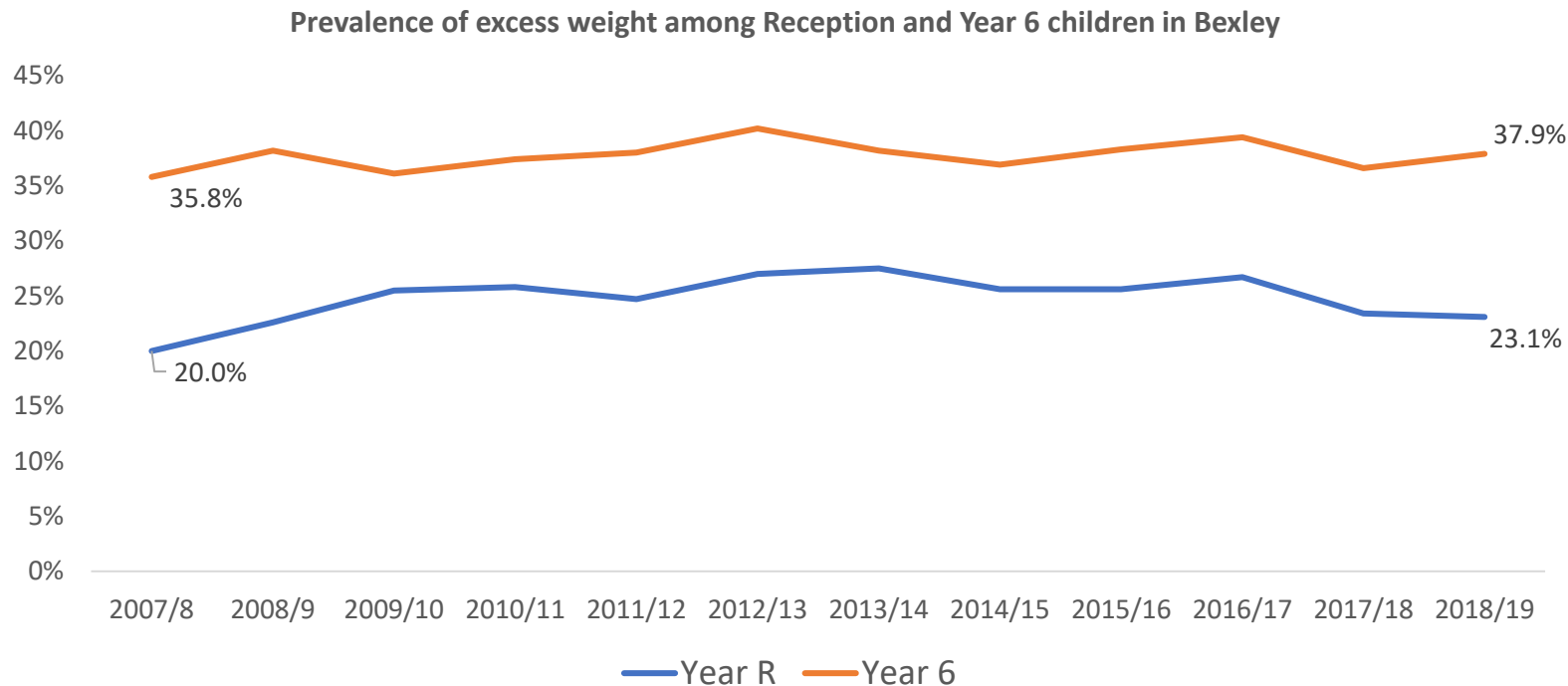
Weight status of children in Year 6 in 2018/19



EXCESS WEIGHT

Excess weight among children in Bexley has been consistently above London and England average

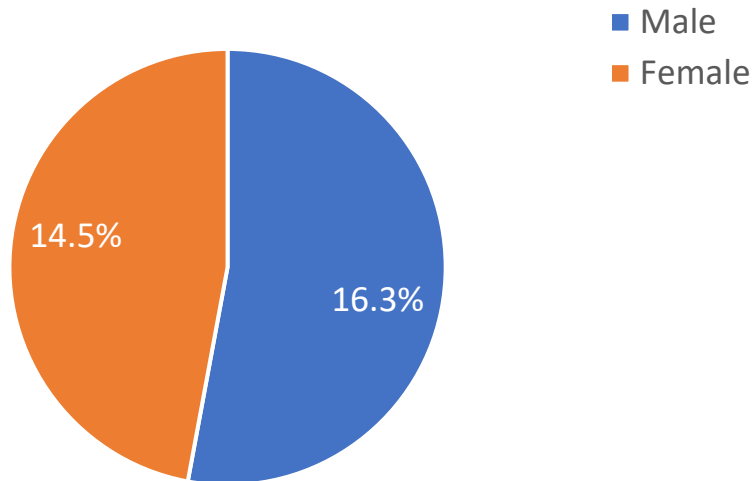
- Since the start of the NCMP children living with overweight and obesity have been above London and national levels**
 - There has been an increase in the prevalence of excess weight among Reception and Year 6 children since 2007/08 and 2018/19 however statistical analysis shows this is not significant.
 - Bexley's Obesity Strategy aims to reduce levels of excess weight by 2% for 4-5 and 10-11 year olds, with a stretch target of 5% by 2024



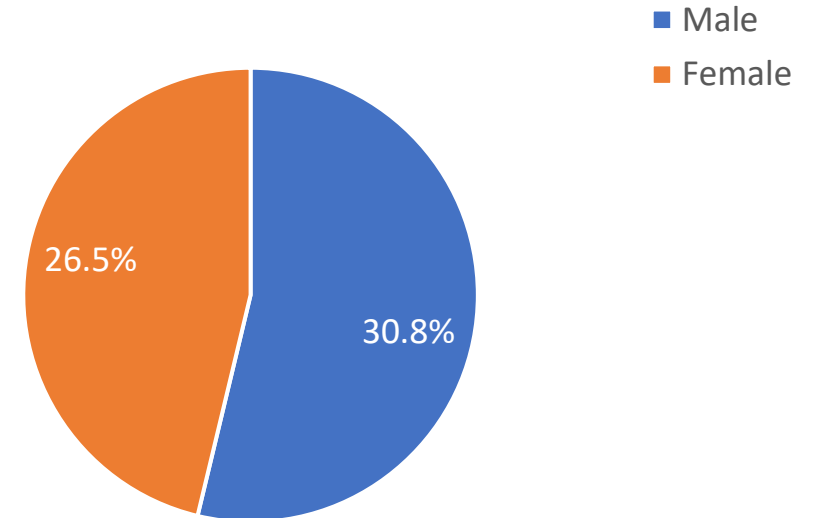
EXCESS WEIGHT BY GENDER

- **More boys than girls in Bexley are living with overweight and obesity**
- **Latest data from the NCMP (2018/19) highlights that a greater proportion of boys aged 4-5 have overweight and obesity compared to girls of the same age.**
 - The proportion of Year 6 boys with excess weight (overweight and obesity) is statistically higher than Year 6 girls. For children in Year Reception there is no significance difference in levels of excess weight between boys and girls.

Proportion of Year Reception children who excess weight by gender



Proportion of Year 6 children who excess weight by gender



EXCESS WEIGHT BY ETHNICITY

A greater proportion of children from Black and Black mixed ethnic groups are living with excess weight

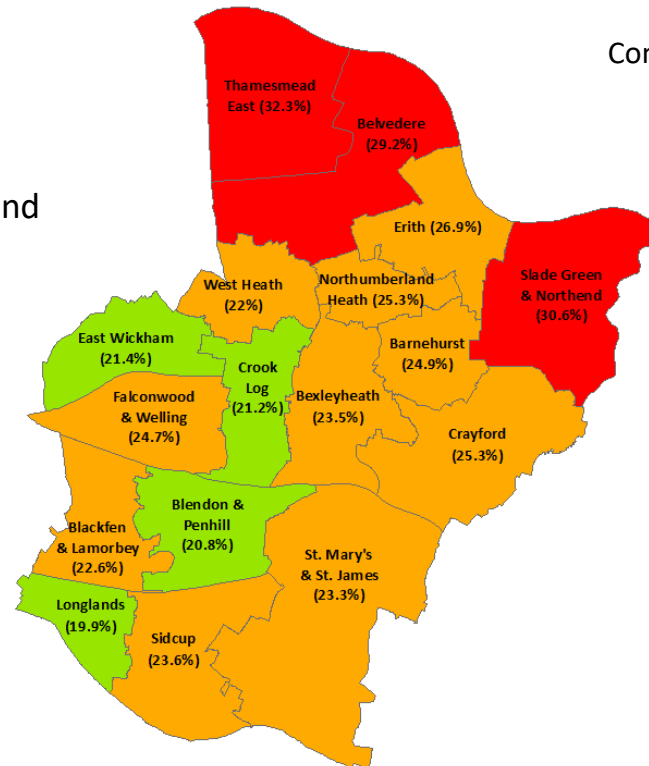
- The 2018/19 NCMP highlights that children aged 4-5 and 10-11 from black and minority ethnic groups are more likely to experience overweight and obesity
 - Bexley children from Black Ethnic Groups have statistically higher levels of overweight and obesity compared to children from white ethnic backgrounds, and this is true for both Year Reception and Year 6 children.



EXCESS WEIGHT BY GEOGRAPHY

- Higher levels of inequalities exist in the north of Bexley where more children are living with overweight and obesity
- The deprived areas of Bexley, predominately in the north of the borough has a higher number of children living with excess weight for both 4-5 and 10-11 year olds.
- Thamesmead East, Belvedere, Erith and Slade Green & Northend have the highest levels of overweight and obesity for both Year Reception and Year 6 children and is significantly worse when compared to the rest of Bexley.
- The 3-year average of NCMP data (from 2014/15 - 2017/18) shows that Bexleyheath, Blendon & Penhill, Longlands, Sidcup and St Mary’s located in the south of the borough have the lowest rates of overweight and obesity compared to the rest of the borough for children aged 4-5 and 10-11.

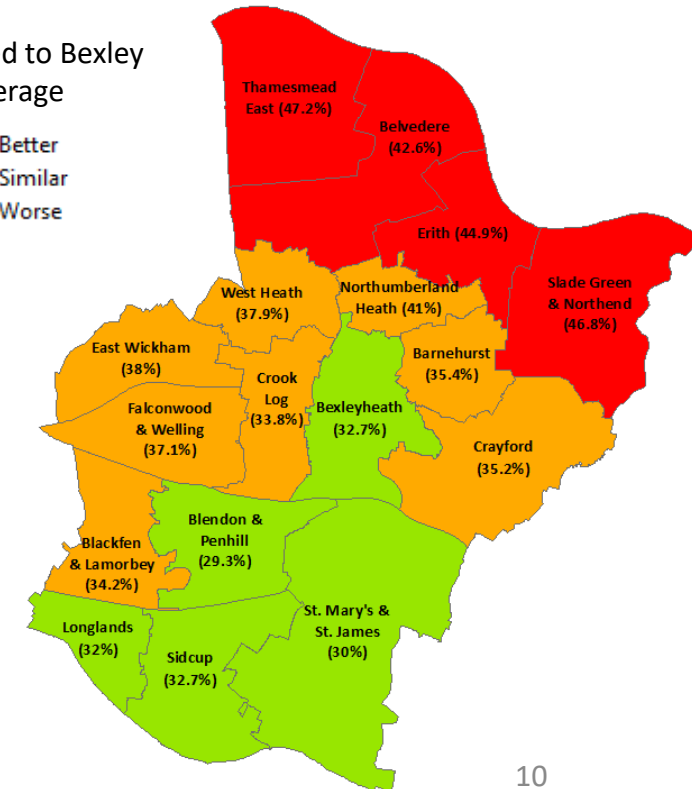
Prevalence of excess weight - Reception



Prevalence of excess weight – Year 6

Compared to Bexley average

- Better
- Similar
- Worse



BREASTFEEDING

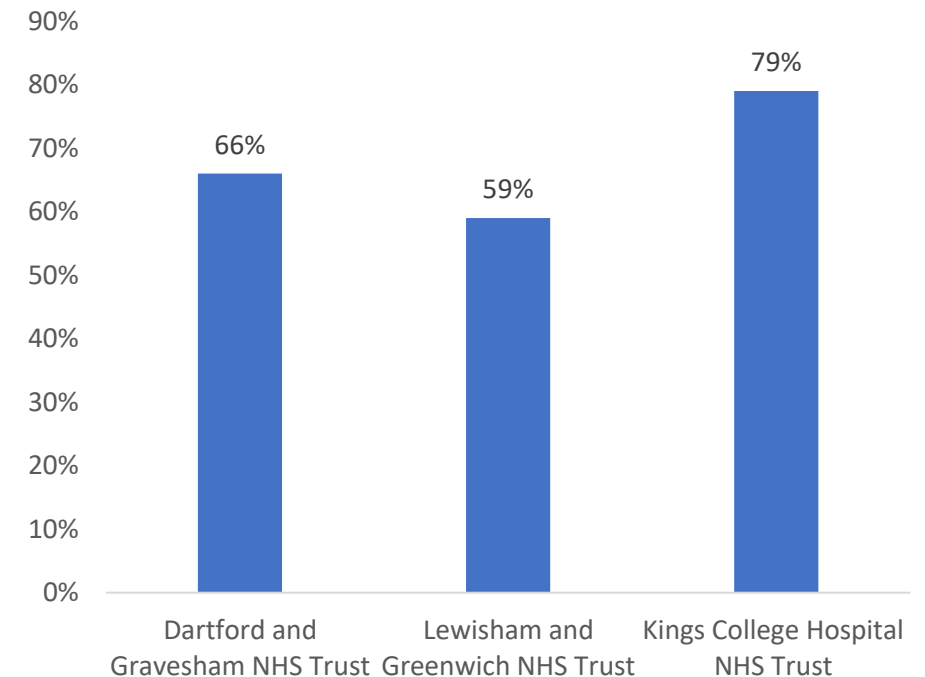
- **The proportion of babies in Bexley who receive breastmilk as their first feed is higher than the proportion of babies who are breastfed at 6-8 weeks**

- The Maternity Services Dataset (2018/19) shows variation in the proportion of babies whose first feed status is maternal or donor breastmilk:
 - 66% of babies from Dartford & Gravesham NHS Trust (Darent Valley Hospital)
 - 59% of babies from Lewisham & Greenwich NHS Trust (Queen Elizabeth Hospital)
 - 79% of babies from Kings College Hospital NHS Trust (Princess Royal University Hospital)*

*This is crude as Bexley mothers may deliver at a variety of 'other' hospitals accounting for 20% of births but largest share is likely to be PRUH

- The data available suggests more Bexley women need to be encouraged to breastfeed and they need the support to continue breastfeeding for longer.
- More community support and schemes such as the Unicef Baby Friendly Initiative help promote breastfeeding. The Bexley Health Visiting Team have achieved Stage 2 Unicef Baby Friendly and are currently working towards their stage 3 application.
- Breastfeeding has short and long-term health benefits for the woman and baby. For babies, it can reduce the risk of infections, diarrhoea, vomiting, sudden infant death syndrome, and future risks of obesity and cardiovascular disease in adulthood.
- Breastfeeding can help bonding of the mother and baby, and aid maternal weight loss after pregnancy.

Proportion of babies who receive breastmilk as their first feed

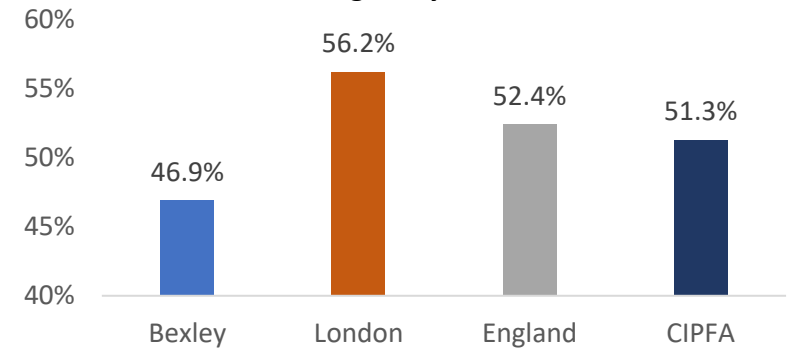


Data source: Maternity Statistics Dataset (MSDS) NHS Digital (NHS Maternity, 2018-19)

DIET & NUTRITION

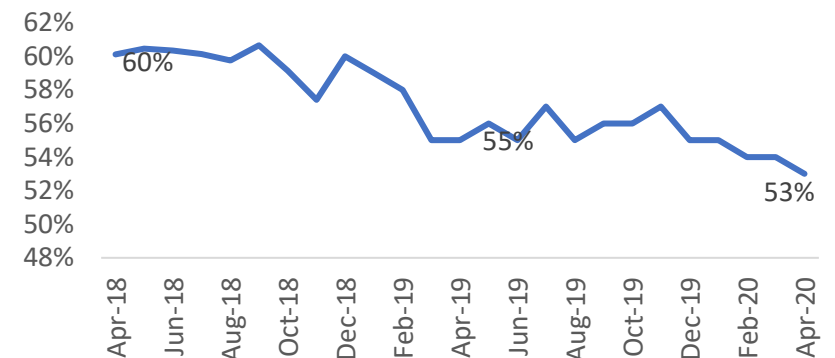
- **Less than half of 15 year olds in Bexley are eating five fruit and vegetables a day with children in the most deprived areas of Bexley likely to be experience the poorest access to affordable healthy food**
- **The ‘What About Youth’ survey carried out in 2014/15 showed that 46.9% of 15 year olds ate 5 or more portions of fruit and vegetables per day, the lowest compared to all other London boroughs.**
- There are approximately 180,000 fast food outlets in operation in Bexley. Evidence shows that higher numbers of children with obesity attend schools that are located in closer proximity to fast food outlets.
- A food profile of Bexley showed that cost of food items was 3-4 times higher in areas of higher deprivation and where in these areas there is the lowest transport accessibility.
- A food basket comparison across 17 stores in Bexley comprising of 11 food items showed huge variation in price, with the average basket costing £10.43 compared to £17.45 in a local convenience store in the north of Bexley.
- Uptake of the National Healthy Start Scheme has been on the decline in Bexley since its introduction in 2006. The scheme provides families with children up to 4 years old on low incomes with vouchers to spend on fresh or frozen fruit and vegetables, plain cow’s milk or infant formula milk. Vouchers for Healthy Start vitamins are also provided.

The percentage of 15 year old children in Bexley who eat 5 or more fruit and veg a day



Data source: What About YOUth (WAY) survey, 2014/15

Uptake of Healthy Start vouchers in Bexley

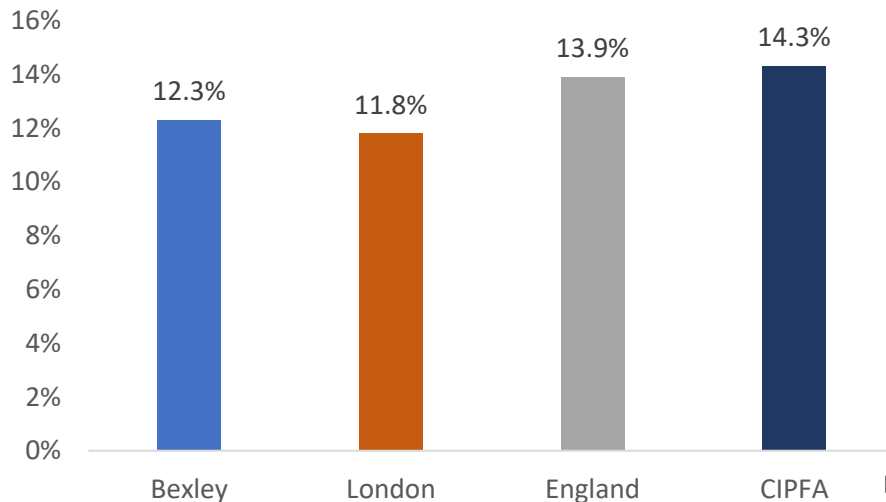


Data source: DH Healthy Start 2020

PHYSICAL ACTIVITY

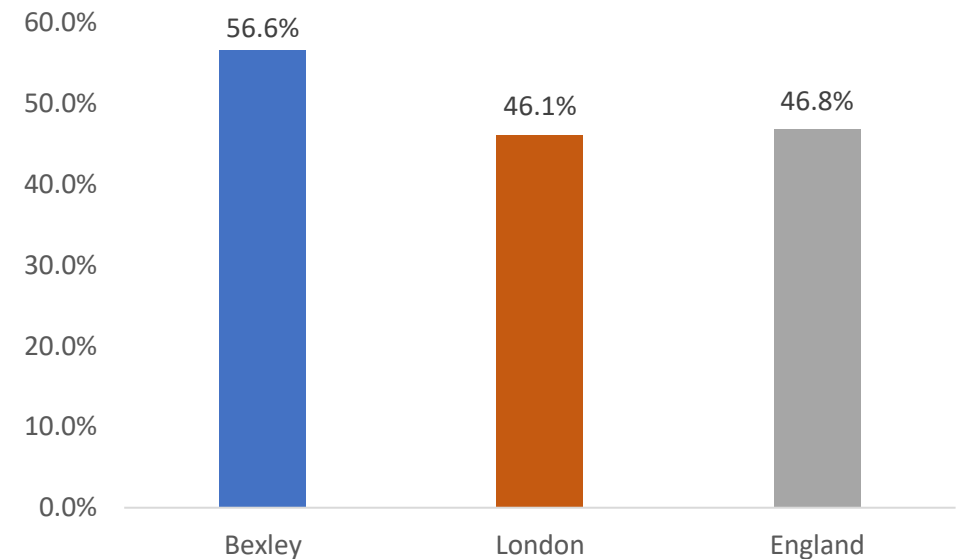
- **Over half of children and young people in Bexley are physically active, higher than London and England**
- **In Bexley 56.6% of children and young people were physically active which is higher than our most similar like boroughs.**
- Physical activity has been proven to develop movement skills, muscles and bones in children as well as benefit cognition and school achievement in children and adolescents.
- The recommended level of physical activity for children is an average of 60 minutes of moderate intensity physical activity a day across the week.

Percentage of young people aged 15 that are physically active for at least one hour per day seven days a week in Bexley



Data source: What About YOUTH (WAY) survey, 2014/15

Percentage of physically active children and young people

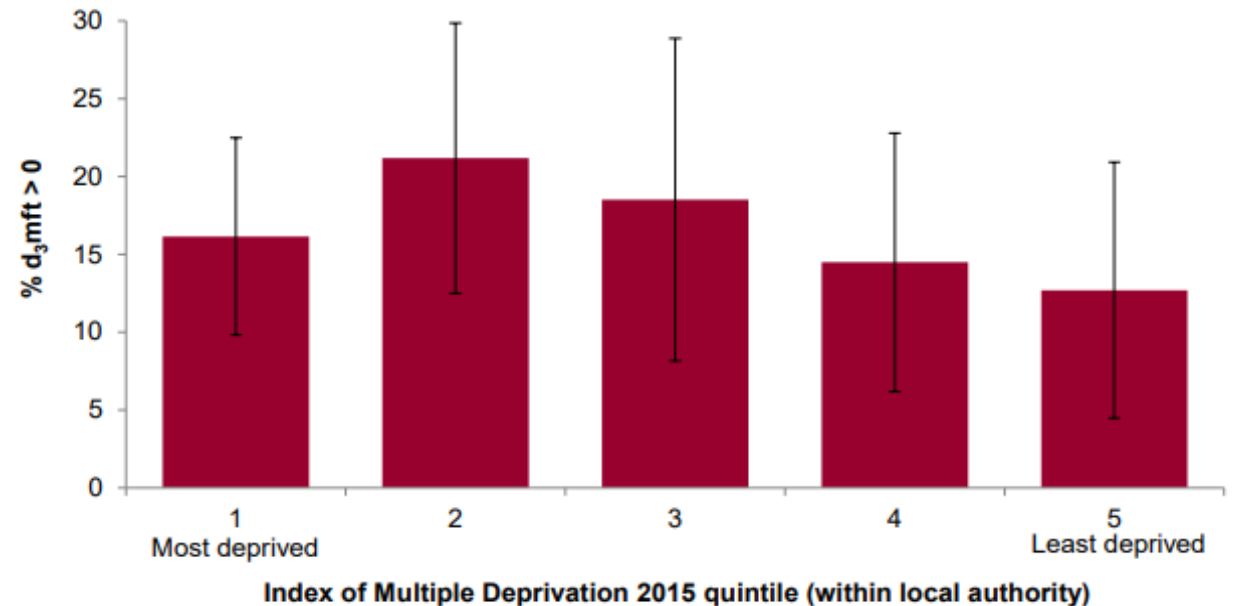


Data source: Public Health England (based on Active Lives Children and Young People Survey, Sport England) 2018/19

ORAL HEALTH

- **Nearly 15% of 4-5 year olds in Bexley have dental decay and prevalence of dental decay increases with higher levels of deprivation**
- **The 2015 National Dental Epidemiology Programme survey showed that the proportion of children with dental decay is significantly lower than London and England.**
- Tooth decay is a predominately preventable disease. High consumption of sugar containing food and drink is a contributory factor.
- The prevalence and severity of disease at age 5 can be used to inform services and programmes that may be needed to improve feeding of very young children.
- The mean number of decayed, missing teeth in 5-year old Bexley children is 0.38 per child, significantly better than London and England.
- There was no significant difference in tooth decay across levels of deprivation in Bexley.

Prevalence of decay by [Index of Multiple Deprivation 2015](#) quintiles for Bexley (including 95% confidence limits shown as black bars)



BEXLEY OBESITY STRATEGY

- **Our Obesity Strategy adopts a whole system approach across the life-course to reduce and support children living with excess weight**
- **The strategy is our commitment to addresses the multiple factors that influence eating habits and opportunities to be physically active.**
 - The strategy commits to delivering services that are evidence-based, targeted and family focused.
 - Taking a whole system approach means working together with the community, other organisations and across the Council, help people to support themselves and changing the outdoor space to make it easier to live healthy lives.
- **The main actions that underpin the strategy and which will help us monitor and measure outcomes:**
 - Increase the availability of healthier foods
 - Create an environment that inspires outside physical activity
 - Recognise the links between Obesity and Mental Health
 - Supporting a healthy lifestyle through good livelihoods
 - Equip the workforce to contribute to the obesity agenda
 - Embed Health Lifestyle across agendas
 - Provide quality services that support weight management
 - Communicate core and targeted Healthy Lifestyle messages

CURRENT ACTIONS

- **Bexley is working with stakeholders and the community to change the obesogenic environment and make it easier to access healthy food and be active anywhere in the borough**
- **To support children, young people and families to be healthy**
 - In 2019 the Healthy Start programme was relaunched in Bexley with the aim to increase uptake of the scheme to 75% by 2024. Several workshops and briefings with early years staff, community centres and the community were delivered to increase awareness of the scheme and support families to apply.
 - Healthy Start vitamins has also been commissioned and is being distributed through the 0-19 Health Visiting team and midwifery service at Queen Mary's Hospital.
 - The Bexley 0-19 Health Visiting service achieved Stage 2 Unicef Baby Friendly Status and is working towards Stage 3.
 - Bexley commissions a family lifestyle programme Alive and Kicking which provides tier 2 weight management support for children aged 4-11. Since its inception in 2016 there have 1001 families who have started the programme with on average 86% completion rate. The programme supports families to eat healthier by addressing meal times and Eatwell Guides and provides a space for children to be physically active. Children attending the programme achieve:
 - 76% reduction in BMI-Z score
 - 61.9% of children increasing their daily fruit and vegetable consumption
 - 66.8% of children achieving 60 minutes of physical activity a day
 - 88.7% of children increasing self-esteem score
 - Training on 'Raising the Issue of Weight' conversations have been delivered to early years staff and across departments in the Council.
 - As part of the adult weight management service with Slimming World, young people aged 11-15 can also get support with their weight by attending the Slimming World Free2Go Programme. This programme helps young people to work towards eating healthily and setting weekly goals.

CURRENT ACTIONS

- **Steps have already been taken to support families to be healthier by improving the environment**
- **The actions that have been made to change the place where children, young people live**
 - Completion of a food profile of Bexley to provide a picture of food at home and outside of the home, in community settings and institutions and across agriculture. The food profile report will support the expansion and development of existing and new food promotion initiatives.
 - Bexley has committed to supporting food businesses to sign up to the Healthier Catering Commitment to improve the food and drink served to the community and provide training opportunities for business owners.
 - As part of funding received from the Greater London Authority a Good Food Retail Working Group has been established made up of Business Improvement Districts, community and voluntary organisations, health visitors and departments across the council. The purpose of the working group is to share actions related to improving the food environment and will help to start conversations to develop a Food & Business Charter and Food Partnership across the whole borough.
 - In 2016 Bexley signed up to the Sugar Smart Campaign encouraging schools, community organisations and people to make pledges towards eating less sugary food and drink.
 - Bexley's Local Plan will complement The London Plan ensuring a 400m restriction around schools to implement health promotion initiatives.
 - Bexley's Growth Strategy recognises the importance of positive growth in achieving good health and wellbeing. Three ambitions are set out to achieve this vision, they include i) encouraging people to be active through creation of walkable neighbourhoods and availability of recreation facilities, ii) improving the mental wellbeing of residents and iii) improving the environment to address its impact on health.
 - Bexley's Road Safety Team have delivered bikeability training in 58 Bexley Schools reaching 1900 pupils in 2019. A School Travel Coordinator working in the team is aiming to recruit schools to the TfL STARS Programme (Sustainable Travel: Active, Responsible, Safe) to support schools to develop School Active Travel Plans that will encourage children and families to actively travel to and from school.
 - Through working with different departments and organisations there has been improved sharing of information and evidence of best practice across the council.

ENGAGEMENT WITH PEOPLE ON THE OBESITY STRATEGY

A broad range of internal and external stakeholders and families have been consulted with on different aspects of healthy eating and physical activity

- **A 12-week public consultation was carried out between 5th June – 25th August 2019 with a total of 1026 responses from residents, communities, professionals and organisations**
 - The main concerns centred around the availability of healthy food and restriction on junk food and takeaways. People also wanted more education in schools on the topic of healthy eating and the provision of cooking classes.
 - People recognised the link between mental health and obesity and wanted more support for mental health and eating habits, with interventions such as mindful eating quoted.
 - Time and affordability was recognised consistently in the consultation with people working longer hours and having limited time to cook or exercise. The affordability of healthy food and the high cost of leisure activities being a barrier for most people.
 - People viewed preventative services such as weight management and care places as having an important role in supporting people to make healthy lifestyle choices.
 - People regarded weight management services as good because they provide motivation, peer support education.
 - Recognition of the impact of weight stigma and bias means weight management programmes are not appropriate for everyone and consideration should be given to having a flexible, first-person language approach.

The comments and key words from people, families and organisations about obesity are summarised



ENGAGEMENT WITH PEOPLE ON HEALTHY START SCHEME

Women, parents, families and professionals were asked for their views on the national Healthy Start scheme

- **Healthwatch Bexley carried out a consultation in August 2019 to find out the level of awareness and knowledge of the scheme**
 - A lack of knowledge for parents around the Healthy Start voucher scheme. Many parents had not heard of the scheme
 - The scheme is not consistently publicised and advertised sufficiently at key venues such as baby clinics, nurseries, children’s centres and food banks
 - Some health and early year’s professionals were not fully aware of the qualifying criteria to be eligible for the scheme or actively promoting the scheme
 - Application forms are not being signed in a timely basis by health professionals
 - The turnaround time of application forms once signed is slow, with some people not getting a response after applying
- **Healthwatch Bexley talked to service users about their experience of the Healthy Start scheme:**
 - *“I have a 4 & 3-year-old and have never claimed Healthy Start before. Nobody advised me to. After speaking to Healthwatch I will now send off my claim form.”*
 - *“Reapplied nearly a year ago but heard nothing. I have tried phoning and e-mailing but had no luck.”*
 - *“Unaware of the scheme, will now apply (baby is 7 months old).”*
 - *“I claimed them with my 4 other children. I didn't think I was eligible for my 5th child. Universal Credit wasn't on the list when I was pregnant and I haven't been advised of this new addition to the criteria.”*
 - *“I did not realise I was eligible as gave birth at 15. I now have an application form and will apply.”*
- To respond to stakeholder views, briefings, formal communications and resources have been provided to local stakeholders including childminders, nurseries, midwives, community centres, food banks to help them better support families to apply for healthy start and promote the scheme more widely.

BREASTFEEDING AND INTRODUCTION OF SOLID FOODS

Appropriate feeding during the first year of life has the greatest impact on the development and health of children

A 2018 evidence review from the Scientific Advisory Committee on Nutrition (SACN) on [feeding in the first year of life](#)

- Breastfeed exclusively for the first 6 months of life and to continue breastfeeding for the first year of life
- Supporting women who make the informed choice to breastfeed
- Breastfeed exclusively for the first 6 months of life and to continue breastfeeding for the first year of life
- Increase the proportion of women to continue to breastfeed or express breast milk beyond 6 months of age to yield additional health benefits
- Most infants should not start solid foods until around 6 months
- Breast milk, infant formula and water should be the only drinks offered after 6 months of age
- A wide variety of solid foods including iron-containing foods should be introduced from around 6 months of age
- Monitor and review intake of salt and free sugars in foods given to infants during the complementary feeding stage
- Infants from birth to 1 year of age who are being exclusively or partially breastfed should be given a daily supplement containing 8.5-10µg vitamin D. Infants who are formula fed should not be given a supplement unless consuming less than 500ml

Quality standards and resources

- The National Institute for Health and Care Excellence (NICE) produced [Maternal and Child Nutrition](#) (2015). The standard describes a comprehensive list of statements to improve nutrition before, during and after pregnancy and for babies and pre-school children.
- The measures are intended to improve different outcomes associated with health and development during pregnancy and infancy from hospital admissions, postnatal depression to childhood illnesses and infections, obesity, tooth decay and improving nutritional status or deficiencies.
- First Steps Nutrition have produced several free [resources](#) for early years professionals and settings to improve access to food and drink for young children. Resources provide support for infants and children on a vegan diet and give ideas for packed lunches, food choices and portion sizes for 1-4-year olds.

HEALTHY START

Healthy Start improves the diet and nutrition of mothers and infants by helping to increase the intake of fruit and vegetables and essential vitamins

- A 2016 [evidence review](#) by the Scottish Government Social Research team showed that Healthy Start does act as a nutritional safety net for people on low incomes
 - Findings show that healthy start vouchers help to increase people's intake of fruit and vegetables, but limited information about other dietary habits can be assessed.
 - Although the scheme supports people on low incomes the rising prices of food and the value of the voucher means there is a narrow eligibility threshold for people who may benefit from the scheme.
 - Healthy Start vitamins provide pregnant women and children up to 4 years old with essential vitamins and minerals needed for healthy growth and development.
- **The NICE Maternal and Child Nutrition (2015) guideline**
 - Local arrangements for Healthy Start should be in place to ensure pregnant women and families with children under 4 who may be eligible for the Healthy Start scheme receive the information and support to apply.
 - Opportunities where the scheme can be promoted are clearly specified including at antenatal booking appointments, 6-8-week health visitor appointments, developmental reviews, 2-2 ½ year health reviews and vaccination appointments.

WEIGHT MANAGEMENT SERVICES

National evidence has been used to inform the commissioning of weight management services to ensure best practice

- **Several key guidelines are used to review services and child outcomes and to inform future development of services that are provided in Bexley.**
 - NICE (2019) [Lifestyle weight management services for overweight or obese children and young people overview](#)
 - PHE (2018) [Key Performance Indicators: Tier 2 Weight Management Services for children and their families](#)
 - NICE NG7 (2015) [Preventing excess weight gain](#)
 - NICE CG189 (2014) [Obesity: identification, assessment and management of overweight and obesity in children, young people and adults](#)
 - NICE PH11 (2008) [Maternal and Child Nutrition](#)
 - NICE CG43 (2007) [Obesity](#)
- **Effectiveness and cost-effectiveness**
 - Cochrane review (2019) [Interventions for prevention obesity in children](#)

This needs assessment brings together the picture of nutrition and obesity in Bexley from early years of life to the school age year. There are unmet needs, gaps in service provision and knowledge that will need to be addressed

- **Unmet need**

- Inequalities still exist between different areas of Bexley, where children and families living in the north experience higher levels of deprivation, less equitable access to healthy food and where more children are living with overweight or obesity.
- The access to affordable healthy food is not consistent across the borough with significant difference in cost of essential food and drink being much higher in deprived areas of the borough.

- **Service gaps**

- There is a lack of support for children aged 0-4 around healthy eating and weight management. Existing services provided for children aged 4-11 should be better linked in early years provision and adopt a life-course support strategy to include breastfeeding, weaning and maintenance of a healthy diet beyond 1-year. Specific weight management interventions should be available for parents of babies and families.
- The transition period between Primary and Secondary School for children aged 11-16 is a significant stage of life where there are social, cultural and environmental influences that can impact positively or negatively on lifestyle behaviours. There is a lack of support available for young people at this age group to support them to make the positive decisions to lead a healthy life and interventions are needed.
- A structured service provision to support women to start breastfeeding and maintain exclusively for 6 months is needed, providing women with the skills to confidently feed their baby.
- Current service provision means that there is gap in provision for children with learning disabilities and complex comorbidities.

- **Knowledge gaps**

- There is still a gap in awareness about health promotion or welfare schemes available nationally and awareness about local support programmes. Better communication with stakeholders is needed.
- Better education for women who are of child-bearing age and those with babies is needed around the importance and benefits of breastfeeding in order to increase levels in the borough.

Provision of services is currently disjointed and greater streamlining of services and support is needed across the whole life-course

This needs assessment has provided an overview of health and weight for early years and school aged children in Bexley, highlighted areas of need and identified opportunities for more targeted interventions

- **Strong link between maternal health and development outcomes for children**
 - Pre-pregnancy weight, breastfeeding and nutrition are important factors in influencing the development and health of a baby. Support for women of child-bearing age on maintaining or achieving a healthy weight prior to and during conception as well as ongoing support from a network of health professionals throughout pregnancy and postnatally is vital. More community support and interventions are needed to support women to continue breastfeeding for longer and positively introduce solid foods.
- **A large proportion of children are living with overweight and obesity and more of these children live in deprived areas of the borough**
 - There are areas in Bexley where families and children are living in deprivation and poverty. These children are also experiencing higher levels of overweight and obesity compared to other areas in the borough. Children from deprived families are more likely to suffer from physical and mental health problems and targeted and joined up support is needed to help families most in need.
- **Equal access to affordable healthy food is not consistent across the borough which has the most significant impact on children and families living in deprived areas or with low incomes.**
 - The availability of healthy accessible food is not equally spread across Bexley. Healthy food is more expensive and less available in deprived areas where transport links are less well developed. Access to healthy good food should be the norm for all families and children in Bexley wherever they live and more initiatives that incentivise food businesses and supermarkets to offer healthy food should be adopted. Food partnerships and a greater understanding of the food network and supply chain to communities is needed.
- **A large number of separate interventions or engagements are happening with schools and this needs to be more joined up so that professionals and the community work and communicate better together to make support more effective.**
 - Weight management services are provided in Bexley however do not address the health needs of very young children nor those past age 11. Schools, community settings and the home are ideal settings for encouraging healthy behaviours and better coordination between school nursing, early years and public health interventions is needed in order to better integrate health promotion across different life stages and enable a more targeted approach.

Looking at the evidence and data available a summary of the next steps that should be taken

Next Steps

- Review of services for child weight management to ensure that families with young children identified as overweight or obese receive appropriate support early enough to make positive lifestyle changes and reduce weight. A more joined up approach between services and health professionals is needed, with consideration into better utilisation of schools.
- Ensure that commissioned services for children integrate promotion of healthy behaviours and are joined up with existing services across the life-course.
- Be able to identify other opportunities or areas where the Healthy Start Scheme can be promoted.
- Be able to equip local volunteers to help with signposting to voucher schemes and support applicants.

Recommendations

- Do a return on investment calculation on a whole school approach intervention to child health including weight management to be able to make informed calculations on expenditure, uptake and outcomes. This may be achieved through the tendering process.
- A review of other child services across the Council and the Clinical Commissioning Groups and greater understanding of other tiered services available to support children with weight management issues is needed to enable a joined up approach between services and professionals.
- To understand how the Healthy Start Scheme and other voucher schemes could be incorporated into social prescribing programmes.
- A network of professional and community support to help women to start and maintain breastfeeding.