

Annual Report of the Director of Public Health

Tackling environmental factors is vital to address obesity on the Isle of Wight



Contents

Foreword	3
Acknowledgements	3
Executive summary	4
Introduction	5
What is driving obesity on the Isle of Wight.....	5
Costs and impact of COVID-19	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.....	10
Chapter three:	
How the environment shapes what we do and our weight: active environments and neighbourhood spaces ..	11
Neighbourhoods and public spaces	11
Movement and active travel	12
Sustainable transport, infrastructure and connectivity.....	12
Case Study: Transforming Travel on the Isle of Wight: Transition to Transformation.....	13
Green spaces	14
Chapter four:	
How home, learning and play environments shape what children and young people do and their weight	15
Home and the first thousand days.....	15
Early years and school environments.....	16
Case Study: Getting kids ready for school to improve learning and attainment levels	16
Case Study: PEACH in Primary Schools	17
Whole school approach.....	18
Chapter five:	
How partnerships can shape places and environments to tackle excess weight	19
Whole-systems approach	19
Case Study: Sugar Smart Isle of Wight.....	20
Conclusion	21

Foreword

I am delighted to introduce my second annual report as Director of Public Health for the Isle of Wight.

When I chose to focus this report on obesity, which I consider to be one of the Island'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.

Although I have been leading the response to coronavirus, with nearly two thirds of adults living on the Isle of Wight 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 PEACH, Sugar Smart Isle of Wight as well as 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 on the Island.

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 the Isle of Wight. 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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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 to those who have worked on this report, especially Abigail Wilkinson, Danika Barber, Chad Oatley, Jessie Darroll, Lauren Stott, Sharon Kingsman, Sian Davies and Susan Dewey.



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 on the Isle of Wight than if we solely consider individual behaviours.¹ 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 the Island to increase the proportion of people with a healthy weight. However, there is more we can do. 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 learning and opportunities arising from the “Transforming Travel” programme to continue to create environments that encourage walking and cycling and address connectivity opportunities to help create healthy weight environments
- 3** Focus on opportunities arising from the development and shaping of places to embed healthy environments and behaviours into existing and new communities
- 4** Use the learning and opportunities from the Sugar Smart Isle of Wight programme to develop a wider Whole Systems Approach to tackle obesity in areas of greatest need
- 5** Continue to support early years and schools to roll out PEACH, which provides healthy weight settings, with a particular emphasis on those areas where children and young people are more at risk of developing an unhealthy weight
- 6** Services, including the newly commissioned 0-19 Service aimed at supporting babies, children, young people and their families, should continue to work collaboratively to improve health and wellbeing.

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

Introduction

What is driving obesity on the Isle of Wight?

Excess weight (that is obesity and overweight combined) is driven by environmental, societal, health and care factors as well as individual behaviours. The influence 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

COVID-19 has provided greater urgency to address obesity amongst our population as 'lockdown' will have impacted on people's weight. Research following the national restrictions in 2020 found that excess weight was associated with increased risk of being hospitalised with COVID-19, requiring more advanced treatments and higher mortality. Those who are obese are therefore significantly more likely to become seriously ill and be admitted to intensive care with COVID-19 compared to those with a healthy BMI.

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 inter relationship 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 influence 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 the Isle of Wight's population.

On the Isle of Wight, we are developing innovative approaches to healthy weight, using the evidence base of what works to help guide our work – these will be detailed within this report.

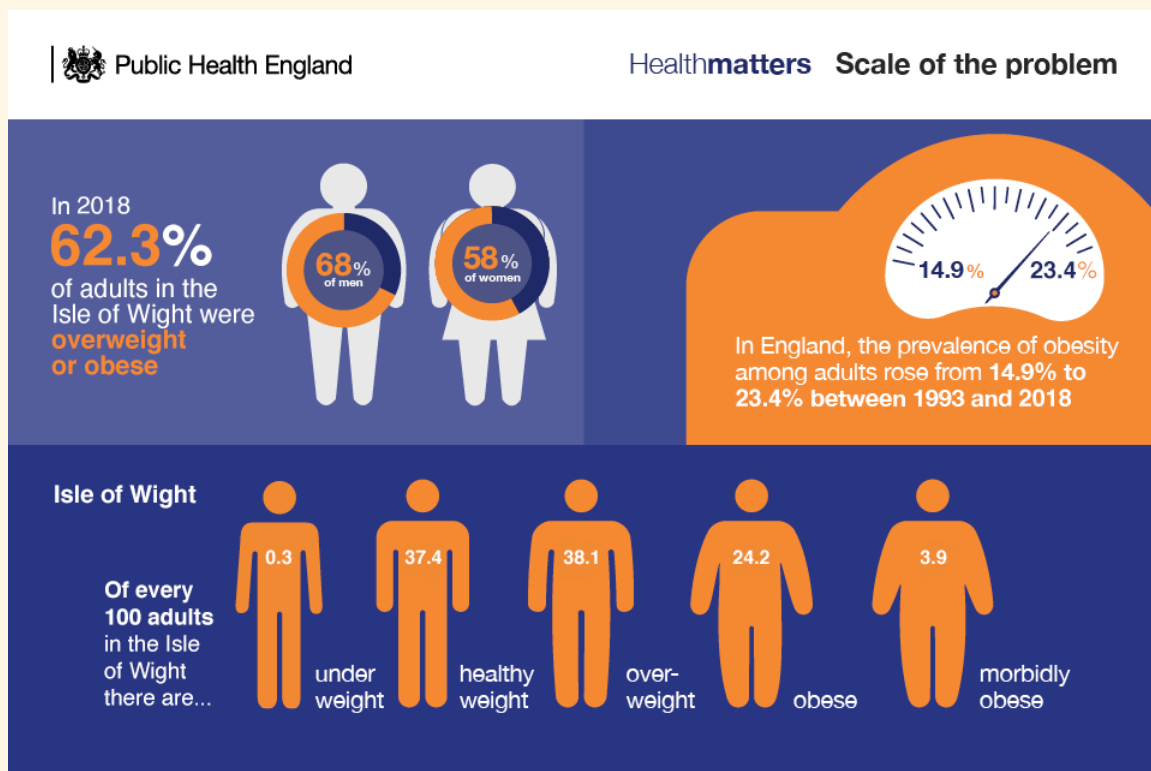


Figure two: The scale of the problem on the Isle of Wight (and England)

On the Isle of Wight, nearly two-thirds (62.3%) of adults aged 18 years and above are either overweight or obese (Figure two)¹⁰ and nearly one-third (32.8%) of children aged 10-11 years are overweight or obese (Figure three).¹¹

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

9. NHS 2019 NHS Long Term Plan

10. PHE Health Matters Obesity Available from www.gov.uk/government/publications/health-matters-whole-systems-approach-to-obesity/health-matters-whole-systems-approach-to-obesity#scale-of-the-problem

11. PHE Health Matters Obesity in Children Available from www.bing.com/search?q=Health+Matters+obesity+in+children&FORM=IE8SRC

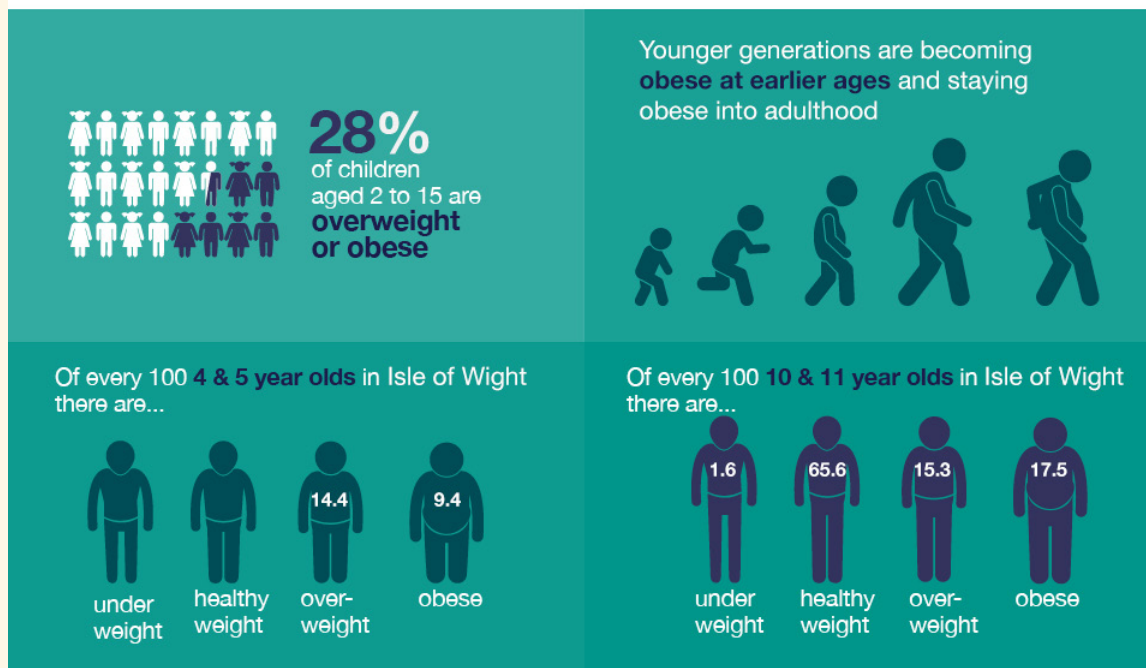


Figure three: Overweight and obesity in 4-5 year olds and 10 & 11 year olds on Isle of Wight (and England)

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 Newport and Ryde
- within Black, Asian and Minority Ethnic (BAME) communities¹²
- those with severe mental health problems^{13 14}
- those with learning disabilities^{15 16}

We know that obesity is twice as common in people aged 18 to 35 with learning disabilities and that older adults are also at risk from obesity with the proportion of adults who are overweight or obese increasing with age. National data tells us it is highest among men aged 45 and 74 and women aged 65 and 74.

12. [nice.org.uk/guidance/ph46/chapter/1-recommendations](https://www.nice.org.uk/guidance/ph46/chapter/1-recommendations)

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

14. [mentalhealth.org.uk/sites/default/files/food-for-thought-mental-health-nutrition-briefing-march-2017.pdf](https://www.mentalhealth.org.uk/sites/default/files/food-for-thought-mental-health-nutrition-briefing-march-2017.pdf)

15. IWC (2017) JSNA Needs Assessment - Learning Disabilities

16. NHS Digital (2019) - Health and care of people with Learning Disabilities

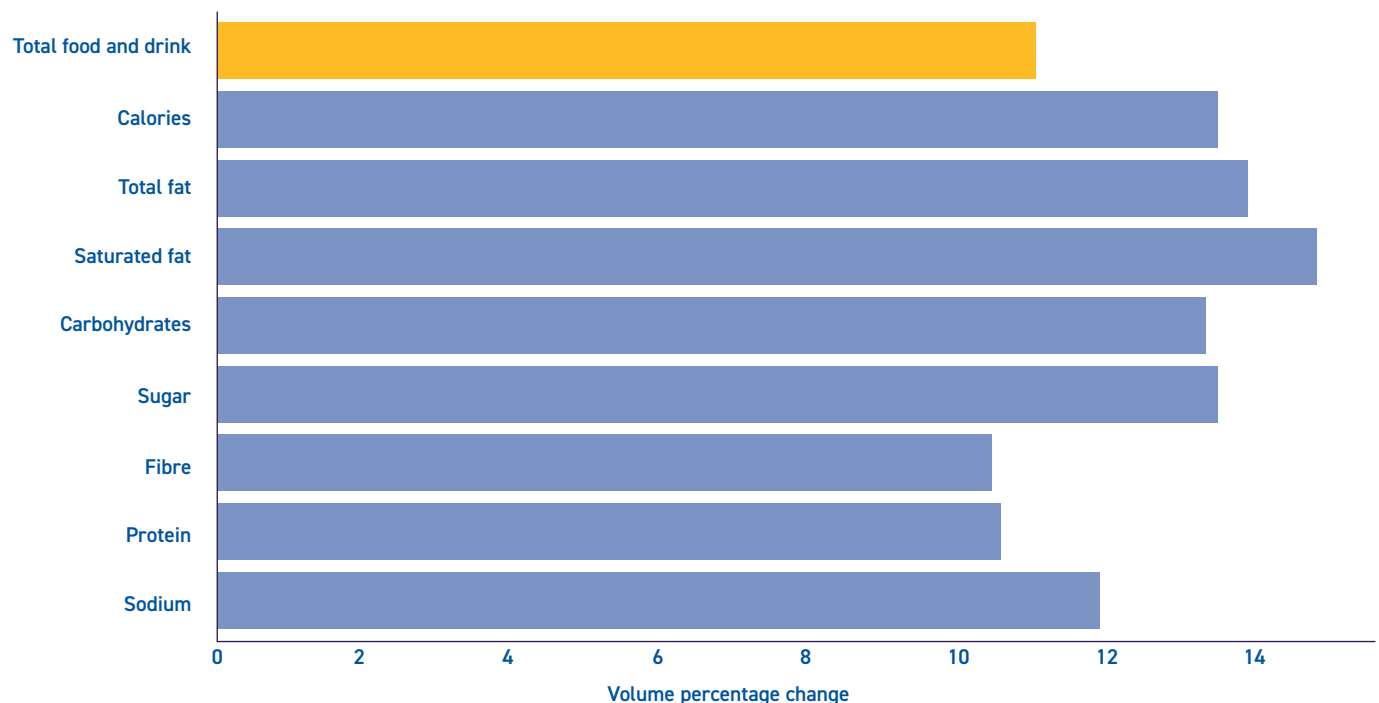
How the environment shapes what we do and our weight: healthy food environments

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).¹⁷

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

17. 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

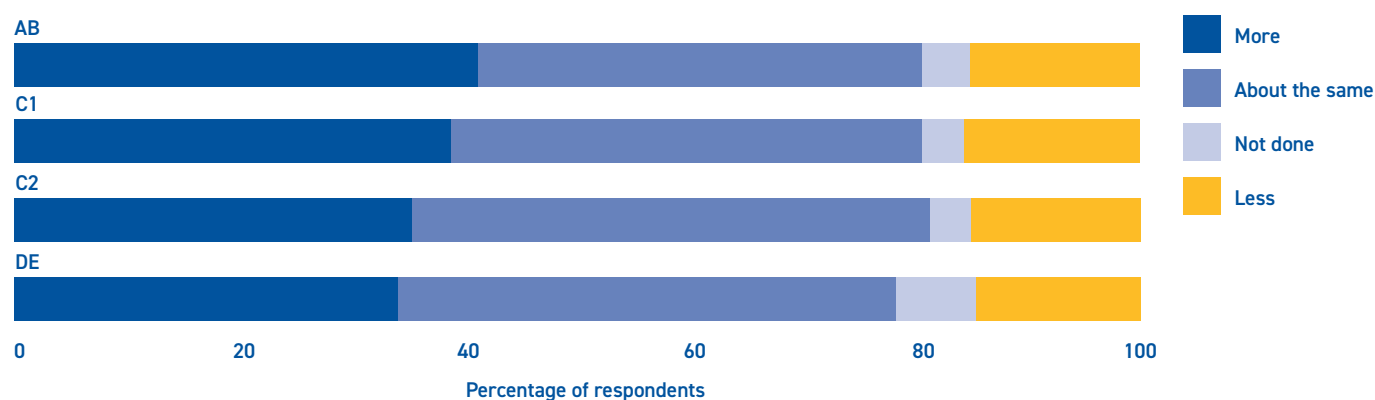


Figure five: Snacking behaviour by social class during first period of national restrictions

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.¹⁸ With the economic impact of COVID-19 and reduced incomes across many sectors,¹⁹ more household food budgets have been affected, with foodbanks seeing a drastic increase in referrals.²⁰

Local research also found healthy food is less likely to be available from neighbourhood food outlets compared with larger supermarkets and to be more expensive. During the national restrictions many households have been more reliant on their local food offer, which can be lesser 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.²¹

This variation in the quality of the local food offer can be demonstrated locally. Fast-food is associated with poor nutrition, whilst greater access to takeaway outlets is linked to increased consumption.²² The number of takeaway outlets per head on the Isle of Wight 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 on the Isle of Wight, as mapped in Figure six. The highest concentrations of outlets are found in Ryde, Pan, Parkhurst and Fairlee, areas, which include the Island's most deprived communities.

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.²³

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

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

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

21. 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

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

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

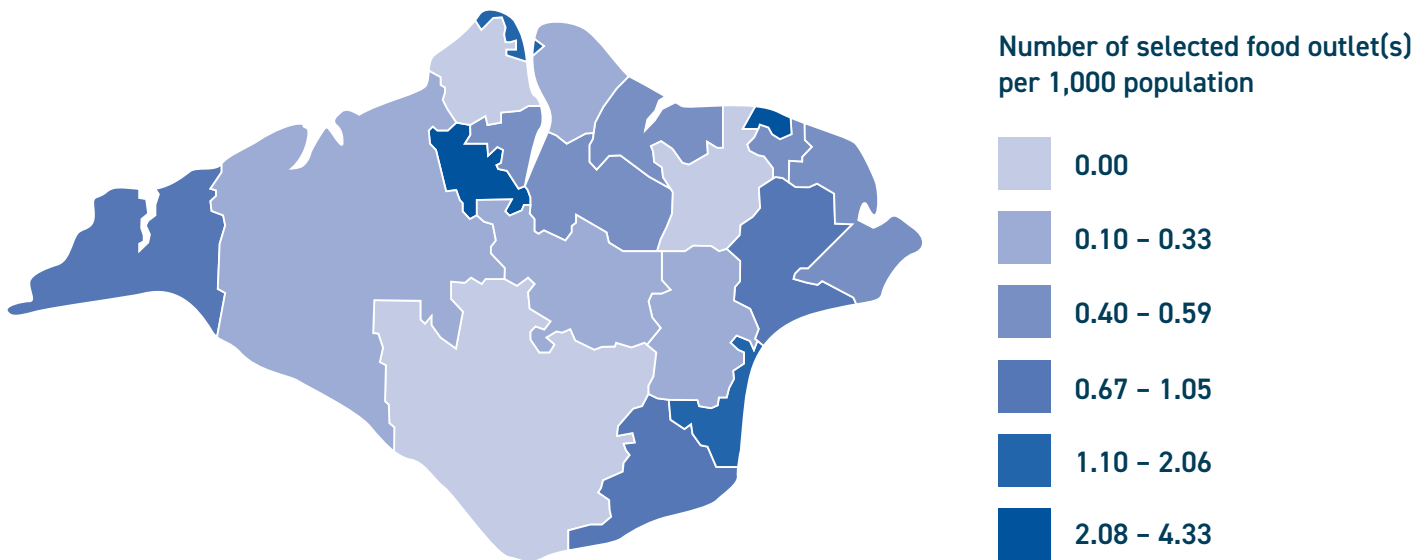


Figure six: Density of fast-food outlets – Isle of Wight

A link between unhealthy diets, low quality diets and mental ill health has been identified in young people.²⁴ The food environment is providing opportunities for, and perhaps cues to, purchase and consume food and drink of low nutritional value, creating poorer eating habits for the future. The Isle of Wight's earlier school health and wellbeing survey provided evidence of children's food intake and work to influence children's food consumption and food purchasing is now embedded in work with schools

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.²⁵

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 programmes such as Sugar Smart Isle of Wight (see case study) have been deployed which have targeted those at higher risk from obesity or who are less engaged with support to lose weight.

The Isle of Wight Council participated in the recent Better Health weight campaign during autumn 2020 which aimed to target those most at risk from COVID-19 obesity related harms. The digital marketing performed well with good engagement from those aged 45 to 64, as well as women. With the new weight management service due to commence in 2021, there is further opportunity for joint campaigns and messaging with the new provider.

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

25. 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

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 amenities 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.²⁶ 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.²⁷

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

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

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

Movement and active travel

The Isle of Wight'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.²⁸

Covering an area of nearly 150sq. miles, the Island's transport network includes 498 miles of public roads and cycle tracks, and 514 miles of public rights of way. As a desirable tourist destination, this infrastructure is heavily used for Island exploration. However, previously only 9% of the 2.5 million visitors cited walking as their main transport mode compared with 2% cycling and 63% using a private car.²⁹ This has provided much scope to encourage active travel, including campaigns such as "Drive less, See more" and "Bicycle Island" aimed at reducing car reliance.³⁰



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'.^{31 32} Rural areas have particular barriers to active travel such as narrow lanes, lack of pavements and higher speeds.³³

Sustainable transport, infrastructure and connectivity³⁰

The Isle of Wight Council has continued to develop its sustainable transport programme to improve infrastructure and connectivity for both residents and visitors. The Council has successfully obtained funding from the Department of Transport to help change the way residents, commuters and tourists travel around the Island, shifting them to cycling, scooting and walking. Improvements to the transport network, including new cycle paths, are being complemented by behaviour change programmes, which includes volunteer travel ambassadors, school sustainable travel education³⁰ and Connect2Work.³⁴

The coronavirus pandemic has impacted local travel patterns but how this will affect the sustainable travel programme is unclear at this time. Some people have used active travel for leisure and to work instead of public transport during the national restrictions. However, there is also evidence that fewer are using public transport, seeking to minimise interactions with strangers and are choosing to travel by car instead.³⁵

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

29. IWC (2016) Transforming Travel: Continuing Our Journey to Sustainability and Growth

30. IWC (2020) Sustainable Travel on the Isle of Wight

31. NICE (2012) PH41 www.nice.org.uk/guidance/ph41/chapter/1-recommendations#encouragingpeople-to-walk-and-cycle

32. Dept of Transport (2020) Gear Change

33. See evidence within the Spatial Planning Joint Strategic Needs Assessment (2018)

34. IWC (2020) Connect2Work

35. IWC (2020) Transforming Travel on the Isle of Wight: Transition to Transformation Access Fund Programme Evaluation 2019/20

Case Study: Transforming Travel on the Isle of Wight: Transition to Transformation

Since 2017, the Isle of Wight Council has been delivering a £1.8 million transformation programme which aims to enable and encourage local residents and visitors to travel around the Island sustainably – by walking, cycling, car sharing and using public transport more.

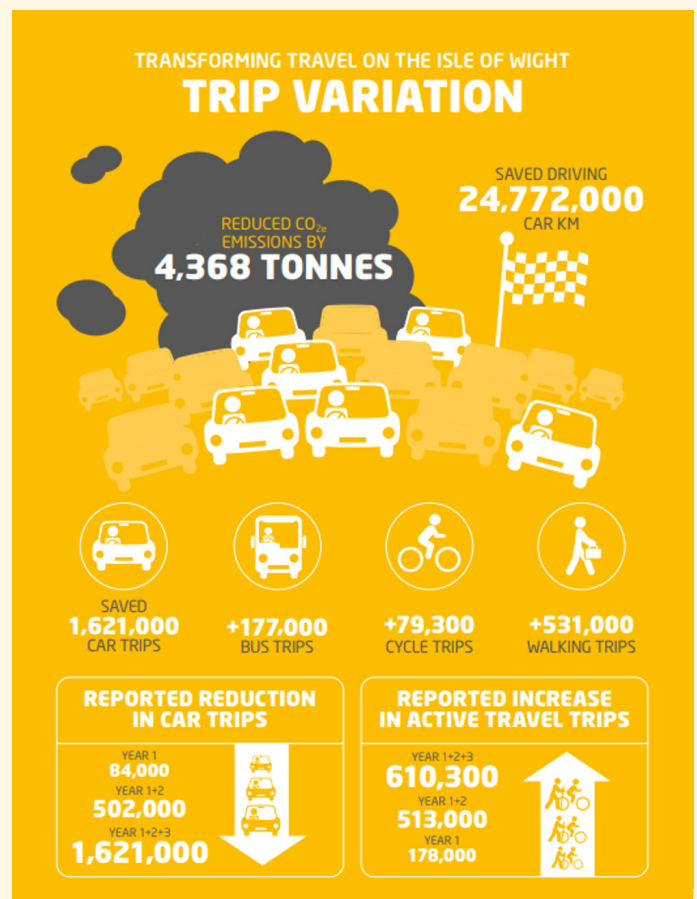
Nineteen projects, many innovative, are being delivered under the umbrella of three themes:

- **Access to visitor experiences** – has targeted Island visitors travelling for leisure; embeds active travel into visitor experiences whilst growing the visitor economy.
- **Access to employment, training and skills** – focuses on jobseekers and people commuting to work and training; making it the norm to walk and cycle whilst enabling better access to employment opportunities.
- **Access to education and active communities** – this aims to improve the health and wellbeing of young people and their families through active travel to educational settings as well as engaging the wider community.

Progress to date

The cumulative impact of the programme over three years has been significant in terms of both car trips saved and increased active travel trips.³⁶

By helping to generate over 610,000 additional trips through active travel the programme will also have contributed to improving the health and well-being of the Island’s residents and visitors. This increase in active travel may also have made a positive contribution to retail vitality and the Island economy – in light of emerging evidence that walkers and cyclists typically visit retail areas more frequently, and spend more over course of a month, than car-borne shoppers.³⁷



36. IWC (2020) Transforming Travel on the Isle of Wight: Transition to Transformation Access Fund Programme Evaluation 2019/20

37. See for example: Living Streets' The Pedestrian Pound: The Business Case for Better Streets and Places (2014) and Transport for London's Walking & Cycling: The Economic Benefits www.tfl.gov.uk/corporate/publications-and-reports/economic-benefits-of-walking-and-cycling

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.³⁸ 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.³⁹

We know that people in the more deprived areas are more likely to be overweight or obese and therefore have much to gain from using the natural resource.⁴⁰ Through spatial planning and new developments there is a real opportunity to create healthy neighbourhoods, improve connectivity and maximise the potential of the Isle of Wight's extensive green and blue space. However, for residents to use these their quality, safety and accessibility must be a prime consideration.⁴¹

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, sustainable transport and addressing connectivity to support people choosing to travel by walking and cycling, as part of their everyday life, is an essential environmental component to address excess weight and one the Island is already embracing.

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

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

40. www.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

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

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

There is strong evidence that children's eating behaviours can be inherited and are affected by the environment.⁴² 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 child's first thousand days.⁴³ 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.⁴⁴

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 70% of Isle of Wight babies have a first feed of breastmilk, the number of mothers still breastfeeding at six to eight weeks after birth drops to below half.

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'.⁴⁵ Services supporting families should continue to implement evidence-based programmes, such as the UNICEF Baby-Friendly Initiative, to support the number of breastfed babies at six months on the Isle of Wight and reinforce the importance of breastfeeding-friendly environments.

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

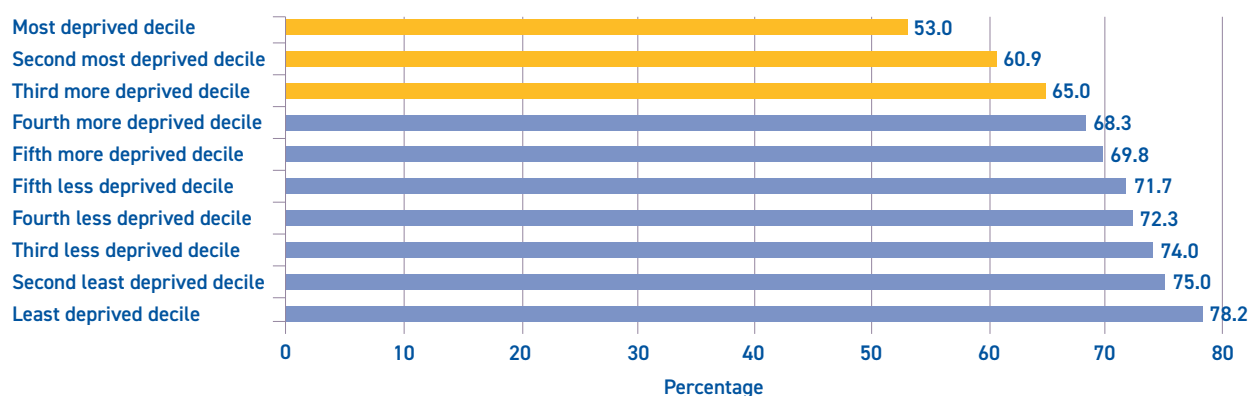


Figure seven: Comparison of breastfeeding rates between most and least deprived populations

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

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

44. 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

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

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.”⁴⁶

Children's health behaviours are heavily influenced by their early years and school environments,^{47 48} where they spend, on average, 190 days each year until the age of eighteen.⁴⁹ Time spent in educational settings can lay the foundations for a healthy, active lifestyle as an adult. It is therefore vital that children are able to be ready for school and their learning environment. This will ensure their attainment levels and health outcomes are improved and the following case study illustrates work to ensure those most in need are supported.

Case Study: Getting kids ready for school to improve learning and attainment levels

The Isle of Wight's 0-19 Public Health School Nursing service has worked alongside staff in early years settings to understand how best to support families and their children to be ready to start school and participate fully in their new environment. One fifth of Year R Island children are starting school overweight or obese, which has meant this has been a key focus for the team's work. The programme worked with individual families to enable them to address challenges within their home, utilise digital resources and access local community support and environments.

A **'Before School Check'** was introduced. This enabled rapid identification of any concerns a family had in relation to their child's transition to school and allowed the team to offer bespoke

enhanced support. This might include help with daily routines, changes to the home environment, healthy eating behaviours and ways to increase physical activity through access to local play spaces.

The team additionally implemented, with families and reception year teachers, a **'School Readiness Passport'** covering a range of activities which would help increase a child's readiness to start school.

The programme has enabled the 0-19 team to intervene earlier with children and families, targeting support at the right time to ensure children have the best possible start to their education to improve their health outcomes.

46. 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/ldfph/85/8502.htm

47. 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

48. 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

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

It has been shown that overweight or obese children are more likely to experience poorer health and lower educational attainment.⁵⁰ 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.⁵¹ 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 study shows how these can be implemented within educational settings.

Case Study: PEACH in Primary Schools

The Isle of Wight's whole school approach - Partnership for Education, Attainment and Children's Health (PEACH) – aims to create healthier educational settings. It is important for children, irrespective of where they live, to be able to access similar opportunities and experiences which promote good health and wellbeing. Schools are encouraged to self-assess, providing evidence of their practice in four areas: emotional wellbeing and mental health, physical activity, healthy eating, and PHSE.

To date, all primary schools, including the Island's school for children with additional needs, have joined the programme and completed an initial self-assessment. Fifteen schools have already successfully achieved Bronze Award standard, which demonstrates how they have created a healthier environment which addresses healthy eating and is helping to tackle obesity.

Notably, the programme has delivered the following:

- Improved school eating environments which promote restaurant style dining and encourage social interaction, with co-designed meals added to menus
 - Non-food rewards/celebrations which has reduced the use of sugary treats and introduced alternative rewards to celebrate success
 - Awareness of food provision so that children understand their local food environment and how to make healthy choices
 - Increasing engagement with active travel to and from school
 - Creating active classrooms and learning approaches to reduce sedentary behaviour, improving concentration and increasing active learning.
- Healthy Capital Investment used to deliver a wellbeing garden, outdoor classrooms, outdoor gym and trim trail and dedicated gardening areas

The PEACH Games were also launched during the summer term⁵² with over 450 pupils representing their primary school. Supported by students from The Bay and Isle of Wight College, the Games were inclusive, providing opportunities for those who may not have previously been engaged to have a go at a sport or physical activity.

50. 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.

51. 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](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750679/promoting_healthy_weight_in_children_young_people_and_families_resource.pdf)

52. 2019 - The PEACH Games launched for primary schools, Isle of Wight

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 eight, an environment will be created to tackle excess weight, which is likely to be more successful.⁵³



Figure eight: Eight principles promoting a whole school and college approach to emotional health and wellbeing, PHE 2015⁵⁴

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^{55 56}

The Island has already made major progress introducing this whole school approach to local schools through its PEACH programme. Work to continue this will be a priority to reduce any disruption caused by COVID-19.

53. 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

54. 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

55. 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

56. 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%20.pdf

How partnerships can shape places and environments to tackle excess weight

Whole-systems approach

A growing body of evidence suggests that a whole systems approach⁵⁷ can be used to tackle complex problems such as excess weight. 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 nine).

The importance of taking a whole systems approach with children, families and schools

is already recognised within the current Isle of Wight Health and Wellbeing Board’s Health and Wellbeing Strategy.⁵⁸ The components of a whole system approach tackling obesity are illustrated in Figure ten and the Isle of Wight Council has already started to tackle a number of these – for example: Sugar Smart, Isle of Wight, PEACH and “Transforming Travel”. Through this work we have already been privileged to work with statutory and voluntary partners – too many to name individually, who share this vision. However, we want to widen our approach and harness other functions of local government and public sector partners to tackle obesity, especially amongst those Island communities with greatest needs.

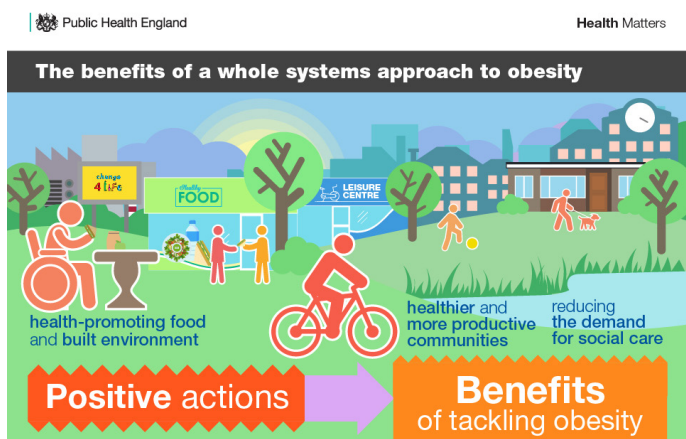


Figure nine: The benefits of a whole systems approach to obesity

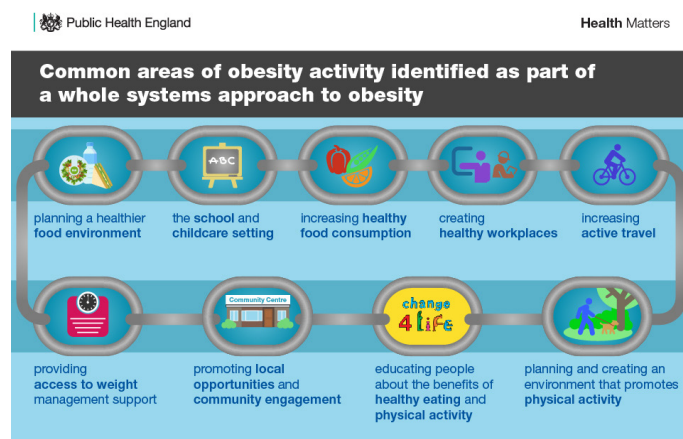


Figure ten: Common areas of activity identified as part of a whole systems approach to obesity

57. PHE (2020) Whole systems approach to obesity

58. IWC (2018) Health and wellbeing strategy for the Isle of Wight 2018 to 2021

Case Study: Sugar Smart Isle of Wight

The Sugar Smart Isle of Wight campaign⁵⁹ aimed to reduce the level of sugar consumption amongst the Island's population and by doing this tackle the prevalence of obesity in children and adults as well as reverse levels of tooth decay in children. The campaign recognised that whilst how much sugar we consume is an individual decision, the role of the environment we live in, from advertising and promotions, though to the proliferation of sugary options available is hugely influential.

Vital to the campaign's success has been the 'buy in' from senior leaderships and establishment of a steering group. Partners from the Isle of Wight Council, NHS Trust, Primary Care, School representatives, the School Nursing Service, leisure facilities and Chamber of Commerce came together to set out the aims, objectives and plan for the programme. Initial actions focused on:

- engaging Island organisations to PLEDGE to become Sugar Smart and encouraging them to improve vending options, display nutritional information and hold promotional events to raise awareness of hidden sugars in food and drink
- instigating a public debate through a Sugar Smart survey to determine what sugar reduction projects should be tackled first.

This work has already galvanised partners to align aims, actions and resources and to date:

- thirty-five organisations have signed up to be part of Sugar Smart Isle of Wight
- a series of promotional events have taken place involving: St. Mary's Hospital, Southern Water, linked with their #Refill IOW to promote drinking water, and local schools in collaboration with a local Michelin Star Chef
- healthy eating is embedded within the PEACH programme in schools (see earlier case study)
- the range of healthy choices in the local council run gym and at the Island hospital has been extended
- healthy eating displays are prominent within hospital departments
- a dental school collaboration between school nurses and Southampton University has been established.

Sugar Smart Isle of Wight has further to go and will have been impacted by the pandemic. However, it has already enabled organisations to come together to tackle environmental and societal factors across the system to improve health and it is a priority for this work to be re-energised as we begin to recover from the effects of national restrictions.

⁵⁹. Sugar Smart UK campaign was led by Sustain and Jamie Oliver Food Foundation

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 local planning and more widely with transport planning, place shaping and building developments. For children and young people, influencing the home, early years and school settings continues to be vital to create environments and social norms that support lifelong healthy behaviours.

This report has shone a light on some excellent work already underway on the Isle of Wight: the Sugar Smart campaign, PEACH and the "Transforming Travel" programme. Where we have these examples, we must encourage learning and evidence of what works here on the Island, to be applied to future programmes for the benefit of all our communities.

However, we can go further by working collaboratively on whole system 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. 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 on the Isle of Wight.

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)