The Role of Local Government in Promoting Healthy Eating and Combating Obesity

Helen Clark MA*

*Corresponding Author: Helen Clark MA, Associate Director at Royal Public Affairs, The Co-operative Group, Cambridge Assessment, United Kingdom.

In 'Healthy Lives, Healthy People: A call to action on obesity in England' 2011, the then Coalition Government proposed that policies to combat obesity should be the preserve of local government. The Health and Social Care Act (2012) made the recommendations statutory from April 2013; by means of ring-fenced public health grants for Local Authorities with the requirement for them to appoint a Director of Public Health who would lead a public health team.

After 2013, Local Authorities are now required to deliver the National Child Measurement Programme; advise clinical commissioning groups on public health matters and appoint Health and Wellbeing Boards for the purpose of tracking and monitoring performance and influencing commissioning strategy.

The Nice quality standard draft (July 2014) further states that Local Authorities should work with community partners to:

- Provide and promote healthier food and drink options at Local Authority venues that are used by children and young people
- Develop a co-ordinated local physical activity strategy to promote the benefits of physical activity, illustrate the dangers of unduly sedentary behaviour and maximise opportunities for children, young people and their carers/families to be physically active
- Increase awareness of lifestyle weight management programmes among the public, healthcare professionals and others who work with children and young people.

To some extent, over three years on, local Authorities are still feeling their way, but many are now working to deliver some comprehensive and effective programmes. In Birmingham, for example, the Health and Wellbeing Board has calculated that 40% of the city's children will be overweight or obese by the time they leave primary school and that:

'The financial cost of obesity to our city amounts to £2.6 billion per year, including costs to the NHS, social care and the wider costs to the economy.' (‘Fit for the Future: Birmingham’s Childhood Obesity Strategy’).

This document clarifies the three determinants of an obesity crisis as Environment, Behaviour and Opportunity, presenting desired outcomes, courses of action and definitive targets to be achieved by 2017 in each category. The recommended timelines and targets are achievable via practical measures such as changing Unitary Development Plans to promote walking and cycling with the goal of including healthy food choices in inspections of early year’s settings, hostels, children’s homes and other LA regulated premises by 2017.

Similarly, the Outcome of children accessing physical activity is in tandem with realistic Actions of ensuring that local play facilities are safe and secure with access to ‘low cost, high excitement activities in settings used by and appealing to children and their families.’ The 2017 target sets a ‘50% increase in children accessing Be Active compared to a 2012/13 baseline’ and a 2% rise in child take-up of school meals.

Derby City Council has been credited nationally by the Local Government Association for its adoption of a ‘Livewell’ service. The programme is characterised by the Authority as a ‘person-centred, twelve month behavioural change programme, based around the individu-
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als’ priorities and aspirations for improving their own health. Launched in April 2013, Livewell purports to work with ‘three thousand index clients and their families per year, incorporating a selection of healthy programmes including weight management, healthy pregnancy, stop smoking, child weight management, men’s health and Liveability, a weight management programme for adults with learning disabilities’.

Twelve months after roll out the council’s statistics showed:
- A 90.5% retention rate for the service
- A minimum of 5% weight loss for users
- A 74.5% increase of self-reported physical activity
- A 78.93% increase in fruit and vegetable intake.

The ‘bill of health’ upon which Derby City Council has continued to build is due in part to the fact that prior to the statutory order of 2013, the City Council had been pro-active in the field of public health and could therefore hit the ground running. In 2006, it had become the first Local Authority in the country to have a Local Public Service Agreement reward target to increase children’s physical activity levels, adopting a partnership approach called ‘b active’.

A link with the Carnegie Physical Activity Research Institute at Leeds Metropolitan University led to further collaboration between Derby City Council and Derby County Community Trust to develop ‘The Movement’, described as:

‘An innovative targeted programme to 11-16 year old girls that would increase physical activity levels, improve health outcomes and increase the self-esteem and confidence of sedentary young females living in the city’.

In 2014, a City Council evaluation of The Movement cites amongst other positive outcomes:
- 1480 girls taking part in targeted activities
- 115 workshops delivered to raise awareness around physical activity, health and self-esteem in 5 secondary schools across the city
- Derby City Council policy change within Leisure facilities, providing allotted times for young people to access facilities at affordable prices and offering specialist staff to support them

The initiatives described above involving Derby and Birmingham show ways in which local councils can work effectively in partnership with their communities to increase levels of fitness, health and wellbeing. It should now be a priority for national Government to audit Local Authorities across their entire responsibility remit for annual outcomes in the area of child health and fitness levels and publish the results with recommended examples of good practice. All Local Authority tools for self-audit should include a demonstrable requirement to include collaboration and co-operation with the family in all initiatives to improve child health and wellbeing and reduce levels of obesity.

Recommendations

- Families and young people to be centrally involved in the design of public health programmes, commissioning decisions and interventions involving child health and fitness
- The planning system to be used to encourage free play, walking and bicycling and accessibility to supermarkets via public transport and to discourage the proliferation and concentration of fast food outlets in specific neighbourhoods
- Improved availability and identification of healthful food, calorie information and age-appropriate portion sizes in restaurants via recognition and endorsement schemes
- Ensure that all Local Authority-run buildings and facilities implement strong nutritional standards for food and drink, provide free drinking water and are ‘breast-feeding friendly’.

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• Endorsement and recognition schemes to encourage local shops to improve their range of healthful foods

• Promote partnership working on child and family fitness strategies via Local Authority-led services, aligning with local schools, employers, the voluntary sector and NHS

• Promote and facilitate Local Authority ‘hubs’ to share and transmit good practice

• Encourage Local Authorities to undertake fitness assessments on children in schools in the area

• Government audit of Local Authorities across entire responsibility remit for strategies/policies to improve child health, wellbeing and reduce obesity with publication of annual outcomes.

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