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**Health Overview & Scrutiny Committee**  
**Report of the Interim Head of Civic, Legal & Democratic**  
**Services**

29<sup>th</sup> March 2010

**Interim Report of the Childhood Obesity Task Group**

**Summary**

1. The purpose of this report is to present Members of the Health Overview & Scrutiny Committee with information received by the Task Group to date on the Childhood Obesity Review.

**Background**

2. Councillor Susan Galloway originally registered this topic in July 2009 following concerns raised at a Committee meeting in relation to two of the National Performance Indicators (NPI); namely:
  - NPI55 – obesity among primary school age children in reception year
  - NPI56 – obesity among primary school age children in Year 6
3. A feasibility study and proposed remit were submitted to the Health Overview & Scrutiny Committee in September 2009 and after due consideration it was agreed to proceed with this scrutiny review based on the following remit:

**Aim**

4. To address whether current service provision is effectively reducing childhood obesity in the city.

**Key Objectives**

- i. To look at statistical evidence collected by the School Health Team in relation to NPI55 and NPI56 to discover the extent of childhood obesity in the City
- ii. To explore the impact of current initiatives such as healthy eating, 5 a day and 30 minutes of exercise 5 times a week etc on tackling obesity
- iii. To explore external factors that may contribute to childhood obesity
- iv. To learn more about the All Together Better Programme and the Healthy Weight, Active Lives Strategic Implementation Group and the methods they are using to reduce childhood obesity
- v. To look at the continuity of services into adulthood

- vi. To explore how monies are spent on tackling obesity.
5. Information regarding the Task Group membership and a list of the documentation received to date is at Annex A to this report. However, not all of the documentation received has been attached to this report but the annexes entirely reflect the information received.
  6. At a meeting of the Task Group on 1<sup>st</sup> March 2010 Councillor Siân Wiseman was appointed as Chair of the Task Group.

## **Consultation**

7. Representatives of NHS North Yorkshire & York, York Hospitals Foundation Trust and City of York Council Officers have provided information to the Task Group so far.

## **Information Gathered**

8. The information gathered to date is set out below under the heading of the relevant Key Objective. A breakdown of what information was required for each of the Key Objectives was set out in a scoping report dated 2<sup>nd</sup> December 2009.

### **First Key Objective**

**(i) To look at statistical evidence collected by the School Health Team in relation to NPI55 & NPI56 to discover the extent of childhood obesity in the City**

### **Information Gathered**

9. At a meeting of the full Health Overview & Scrutiny Committee on 2<sup>nd</sup> December 2009 the Health Improvement Manager (obesity) at NHS North Yorkshire and York, supported by the Associate Director of Public Health and Locality Director for York, The Children's Trust Unit Manager and colleagues from CYC and York Hospital, gave a presentation to Members on Key Objective (i) of the remit; this is attached at Annex B to this report.
10. The main issues covered in the presentation were:
  - Children's Trust Units & Tackling Obesity through Partnerships
  - Healthy Weight, Active Lives Sub-Group
  - Local Data from the National Child Measurement Programme (NCMP)
11. Figure 1 below shows the latest available data from the national child measurement programme

**Figure 1**

National Child Measurement Programme (NCMP) Data - York			
	2006/07	2007/08	2008/09
	Obese	Obese	Obese
Year 6	15.6	16.6	16.7
Reception	8.4	8.2	6.7

12. As can be seen from the table in Figure 1 above, obesity in Year 6 has risen 0.1% from last year and decreased 1.5% in Reception year. A different cohort of children is used each year so the figures do not relate to the same children year on year.
13. Members also received an example of the letter sent to parents of children recently measured as part of the National Child Measurement Programme and a copy of the Children & Young People's Plan 2009-2012.

### **General Comments**

14. Discussions between the Task Group, the Health Improvement Manager (obesity) at NHS North Yorkshire and York and the Associate Director of Public Health ensued and the following issues were raised:
  - When we think about obesity in children, what society determines as normal is actually likely to be a child who is heading towards becoming overweight
  - There were many and complex reasons that influenced childhood obesity including food consumption, food production, societal influences, individual psychology, biology, individual activity and activity environment, difference in socio-economic factors, lifestyles, children being driven to school and poor bus services in rural areas leading to more car journeys.
  - Statistics presented for reception and Year 6 children could not be presented by individual school, as the information would become too personal, possibly making some children identifiable, due to the small size of some schools.
  - The validity of the information on school clusters within the presentation.
    - It was later confirmed via e-mail from the Health Improvement Manager (obesity) at NHS North Yorkshire and York, supported by the Associate Director of Public Health that the secondary schools (school clusters) listed in the presentation were linked to a number of feeder schools (primary schools) and Annex C to this report refers. The data in Annex C did not indicate that students at the feeder schools, aligned under each of the secondary schools, actually attended the secondary schools, it just indicated how they were grouped. Therefore it would not be true to say that the Canon Lee school cluster had the highest level of overweight or obese students, but it does mean it can be said that the feeder schools aligned under the secondary school do have a higher prevalence of overweight/obesity than the other school clusters.
    - Members asked for confirmation as to the source of the data in Annex C and the Health Improvement Manager (obesity) at NHS North Yorkshire and York confirmed that the list was from the School Sports Partnership Coordinator for the Ebor Partnership. This led to concerns from Members that the data was skewed and subsequent targeting could, therefore, be flawed. The Health Improvement Manager (obesity) at NHS North Yorkshire and York confirmed the data was still analysed on an individual school basis and that it should not be too difficult to regroup the schools

according to true primary feeder schools and associated secondary schools rather than as sports clusters.

- Members commented that data from Independent Schools was absent.

### **Second Key Objective**

**(ii) To explore the impact of current initiatives such as healthy eating, 5 a day and 30 minutes of exercise 5 times a week etc on tackling obesity**

### **Information Gathered**

#### **Presentation from the PE & School Sports Consultant**

15. Members received a presentation and information from the PE & School Sport Consultant who is also the Healthy Weight Active Lives Delivery Plan Lead Officer and the MEND (MIND, Exercise, Nutrition, Do it!) York Programme Manager<sup>1</sup> regarding the impact that initiatives such as PE (Physical Education) provision have on childhood obesity. This information is attached at Annex D to this report.
16. The PE & School Sport Consultant highlighted the following challenges in addressing the incidence of childhood obesity in York:
  - There was no named individual lead for Childhood Obesity within City of York Council (CYC)
  - There were very few targeted initiatives that were about intervention, most were about universal provision
  - Current provision/initiatives tended to be short term
17. She suggested the following developments may help in addressing the incidences of childhood obesity within the city:
  - Have a dedicated Lead Officer for Childhood Obesity within CYC
  - There should be clear pathways and long term planning of provisions/initiatives
  - There should be a revision of commissioning from the NHS

#### **General Comments on the presentation**

18. Discussions between the Task Group and the PE & School Sport Consultant ensued and the following points were raised:
  - The PE & School Sport Consultant said there was little specific information available from schools on childhood obesity. Schools were reluctant to single out students because of their weight and most measures were aimed at all children rather than solely targeting those that were overweight. It was therefore difficult to measure the impact that PE had on childhood obesity.

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<sup>1</sup> Information regarding the Healthy Weight, Active Lives Initiative and MEND is detailed under Key Objective (iv) within this report.

- The percentage of children in the 5 to 16 year age bracket completing 2 hours of PE was satisfactory but the length of time exercising within the sessions was questionable. For example, the Task Group had anecdotal evidence that one school had a two hour swimming slot in their timetable but only 30 minutes of this was spent swimming, the rest was travelling and changing time.
- The PE & School Sport Consultant said there was a successful school club links framework in place, which assisted recreational clubs and schools to link thereby encouraging younger people to undertake exercise outside of school PE lessons. The number of links between external clubs and schools had increased from 5 in 2006 to 13 per school at the present time. However both the PE & School Sport Consultant and the Task Group felt that more work needed to be done to increase the number of links.
- School PE is now a mix of traditional and non-traditional activities, which has encouraged more students to become involved. It can also encourage further participation outside of the school curriculum. However, there was some concern from Members that continuity could be lost as students frequently only had the chance to do a particular sport for one term.
- Members of the Task Group believed that the cost of many out of school sporting activities/lessons could be very expensive and may preclude some children from taking part.
- The PE & School Sport Consultant said that there had been a positive uptake in under 16 free swimming passes (Annex D refers), especially among 11 and 12 year old children. Despite this, Members were concerned that the figures were only for registering for a pass and did not quantify how many had collected their passes and how many were actually using them. Currently, the data for this was not available.
- The PE & School Sport Consultant confirmed that there was no statutory requirement for secondary schools to provide swimming lessons and therefore swimming was predominantly linked with primary schools. Primary schools received approximately £30 per annum per child for swimming but this was not ring-fenced. Additionally, for those schools who had to travel any distance to their nearest pool further costs were incurred for coach hire. The expensive cost of hiring a coach to transport children to their nearest pool also made it difficult for some schools to provide swimming lessons for their students without asking for financial contributions from parents. It was noted by the Task Group, however, that all primary schools bar one offered swimming as part of the curriculum but sometimes only for a few weeks in a year.
- Arising from the discussions on swimming Members of the Task Group commented that there was a shortage of useable pools both within school time and out of school time. The PE & School Sport Consultant confirmed there was ongoing work taking place to support private pools to bring their standards up to the level required for school use. Some schools currently use

private pools for curriculum swimming as the community pools are used by all York residents, which can lead to timetabling difficulties.

19. The Task Group raised concerns that many children could still not swim by the time they went to Secondary School and anecdotal evidence indicated that in a class of 40 Year 6 children only 4 could swim a length.

### **Information Received on School Meals**

20. The Task Group also received information from the Contracts Officer and the Assistant Director of resources (Learning, Culture & Children's Services) on school meals and the possible impact these were having on childhood obesity. This information is attached at Annexes E, E1 and E2 to this report.

### **General Comments on Information Received on School Meals**

21. Members of the Task Group discussed the information received and made the following observations:

- Whilst nutrition was a key part of school meals, the biggest perceived issue in York was around cost.
- From the information provided it appeared that the nutritional content of the meals was well balanced. However, the Task Group had concerns that the protein and non-starch polysaccharide (NSP) content were high and were interested to know whether this had any impact on childhood obesity. The Assistant Director of Resources (LCCS) and the Health Improvement Manager from NHS North Yorkshire & York were asked to look at this and after consultation the Contracts Officer for School Meals received the following response from North Yorkshire County Caterers:

'...protein levels are higher than they need to be (as the British diet is in general) because whilst we have reduced quantities of meat a little; parents and children judge value for money on the size of the meat portion i.e. 1 large fish finger or 1 sausage is not seen as good value. Without sufficient meat and/or wholegrain products and pulses it would be impossible to meet the stringent standards for iron and zinc.

NSP levels are high because we use a lot of pulses in the vegetarian option and in order to ensure sufficient levels of zinc we add wholemeal flour, oats and seeds ...'

Discussion suggested that different schools had different rules in relation to serving second portions and the Task Group felt that this needed to be more controlled. An e-mail received after the meeting contained the following response from North Yorkshire County Caterers:

'Normally cooks would serve any left over food as seconds as there are always some children who need feeding and will eat anything. The problem arises with those children who should not be having seconds but it is for individual schools to decide what they wish us to do on this and advise.'

22. Members of the Task Group believed that schools and parents should encourage further take up of school meals. They believed that school meals were healthier and more balanced nutritionally than pack ups, which often contained chocolate and crisps.

### **Third Key Objective**

#### **(iii) To explore external factors that may contribute to childhood obesity**

23. So far Members of the Task Group have received three presentations/briefing papers in relation to this key objective and these are detailed below:

#### **Presentation from the School Travel Plan Co-ordinator**

24. The School Travel Plan Co-ordinator confirmed that childhood obesity had become a major health issue nationally. Combined with this is the fact that many children do not have the opportunity to take regular exercise. Travelling actively to school (walking, cycling & mini scooter) provided an opportunity for children to take some of the 60 minutes activity a day that they needed to stay healthy.
25. School travel plans provide a framework, within which is set out a series of practical steps for reducing car use, increasing the opportunity for children to travel actively to school and improving children's safety on their journey to school. In their writing, the whole school community is consulted.
26. The presentation given to the Task Group gave further detail on what a travel plan was, what kind of measures a travel plan can include and how a school can promote its travel plan. It also looked at the role the School travel Plan Co-ordinator played in developing travel plans with schools and promoting active travel activities.
27. It was confirmed that there was a Government target for Local Authorities to deliver travel plans in 100% of schools in the city by March 2011, however there was no obligation on the school to produce travel plans.

#### **General Comments on the Presentation given by the School Travel Plan Co-ordinator**

28. Members of the Task Group discussed the presentation given by the School Travel Plan Co-ordinator and made the following observations:
- Many parents drove their children to school, dropping them en route to work. There were difficulties in re-educating parents in relation to the benefits of walking and cycling. The Task Group also felt that school staff needed to be encouraged to promote walking and cycling to school as healthy alternatives to being driven.
  - Children living outside the ring road may have to cross the bypass to reach school and there were few safe ways to do this. Neither did the Task Group believe that many parents would allow their children to cycle this route to school. The geographic make up of the city and the positioning of the ring

road meant that some children were always driven to school no matter what their age.

- The idea of making walking and/or cycling part of the school day was discussed. With willing volunteers (either parents or school staff) activities such as nature trails could be organised to demonstrate that walking can be interesting and that there are plenty of discoveries to make on the way, especially for younger children.
- Walking buses were good but there were difficulties in sustaining these, as there were very few volunteers to assist with them.
- Some children were taken and picked up from school by childminders. At the moment the School Travel Plan Co-ordinators only consulted with schools and parents and not with childminders. Members felt that there was an opening to include child minders as consultees in school travel plan reviews and to encourage them to either walk or cycle with the children they looked after.

#### Briefing Note presented by the Early Years Childcare Manager

29. The Early Years Childcare Manager provided a briefing note to Members in relation to healthy food and exercise in the day nurseries in York; this is attached at Annex F to this report. The Chair of the National Day Nurseries Association in York was also in attendance at the meeting of the Task Group on 1<sup>st</sup> March 2010.
30. The briefing note stated that Ofsted do not inspect against Healthy Eating in nurseries, however recently they have shown interest and asked questions around this area.
31. The Chair of the National Day Nurseries Association in York confirmed that until 2003 all nurseries were required to have a proper kitchen and to provide home cooked meals on site; this was no longer the case.

#### General Comments on the Briefing Note presented by the Early Years Childcare Manager

32. The Task Group welcomed the information received and was very pleased to learn that healthy meals were being served in the day nurseries in York. However, they acknowledged that not all children in the city attended day nurseries.
33. The Task Group felt that the day nurseries in York were providing good healthy meals and plenty of exercise for the children in attendance. They also welcomed the fact that children sat at a table for proper meals.
34. Discussions ensued and the Chair of the local National Day Nurseries Association Network confirmed that he believed an integral part of a good nursery was its kitchen. Many nursery kitchens in the city were 100% organic with many not keeping deep fat fryers. Five a day had been nursery policy for many years.



35. The Task Group believed that the evidence presented in Annex F of this report suggested that parents of children attending day nurseries were kept fully informed of what their children were eating, the Task Group had not yet seen evidence that this continued when the children started Primary School. This led to discussions that further work may need to take place to promote the continuation of healthy eating habits into Primary Schools. The Task Group felt that, in their experience, once children reached 6 or 7 years of age it was difficult to change their eating habits.
36. This led to a discussion on pack ups and the fact that these were given to children more widely when they started primary school, sometimes due to a cost factor rather than through choice. However, it was felt that if very young children were given pack ups then they needed adequate time and supervision to eat them.
37. He felt that the culture of 'pack ups' had not helped as many parents still included crisps and chocolate biscuits on a daily basis. He also had concerns regarding the standard of meals provided in primary schools within the city.

#### Presentation from a representative of the Youth Service

38. In the context of work going on within Young People's Services the Task Group received a presentation on how our changing way of life contributes to an unhealthy lifestyle and potential obesity problems for young people today this covered the following points:
- Driving to school
  - Fear of going out
  - Fast food generation
  - Parental short cuts
  - Commercially targeted
  - Body image
  - Cyber bullying
39. A copy of this presentation is attached at Annex G to this report.

#### General Comments on the Presentation from a Representative of the Youth Service

40. Members of the Task Group and the representative of the Youth Service discussed the presentation in detail. The following points came out of the discussion:
- It was not unusual for both parents to be out at work all day, work long hours and commute. This led to less time being available for cooking meals, thus more ready prepared food was eaten which tended to be less healthy.
  - Those young people who were perceived as less able often took comfort in food, many with resultant weight problems. It was also acknowledged that it was easy for many young people to 'hide away and play computer games'

and this resulted in many younger people being less active than they ever had been before.

### **Other comments**

41. As a result of the information presented and the discussions had in relation to key objective (iii), it was acknowledged that there had been significant changes in lifestyles in the past 60 years and there had been a vast increase in the number of people who were either overweight or obese. Prior to 1950 there had been little or no food waste and all meals were home cooked. There were also less ready prepared meals available.
42. The Task Group felt that buy one get one free offers in supermarkets encouraged people to buy more food than they required.
43. The Task Group was interested to learn about how much food waste there was in York.<sup>2</sup>
44. Generally they believed that there needed to be a 'food culture' change (not just in terms of waste) but in what food both children and adults ate and how it was prepared.

### **Fourth Key Objective**

**(iv) To learn more about the All Together Better Programme and The Healthy Weight, Active Lives Strategic Implementation Group and the methods they are using to reduce childhood obesity<sup>3</sup>**

45. Further information on this key objective will be provided to the Task Group at their next meeting. The information collected and discussed so far is presented below.

### **Information Gathered**

#### **Healthy Weight Active Lives**

46. The PE and School Sport Consultant successfully applied for Local Strategic Partnership funding to set up the Healthy Weight, Active Lives Delivery Plan (HWALDP). The HWALDP is a partnership between Sport & Active Leisure (the lead partner), Altogether Better, CYC Food Safety Unit and York City Knights Rugby Club. The HWALDP reports to the Local Strategic Partnership and to the Healthy Weight Active Lives Strategic Implementation Group.

### **MEND**

47. The MEND programme (Mind, Exercise, Nutrition, Do it!) is led by the PE Consultant from Sport & Active Leisure and is a targeted self-referral programme. It is a community and family based programme for overweight

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<sup>2</sup> Currently no link has been established between childhood obesity and food waste and further pursuit of this would be outside the remit of the Task Group

<sup>3</sup> The scoping report for this review (dated 2<sup>nd</sup> December 2009) also asked that information be included on the MEND (Mind, Exercise, Nutrition, Do it!) programme.

and obese children aged between 7 and 13 and their families. The programme places emphasis on (M)ind, (E)xercise and (N)utrition, (D)o it! It combines all the elements known to be vital in treating and preventing obesity in children, including family involvement, practical education in nutrition and diet, increasing physical activity and behavioural change.

48. MEND was chosen as a viable programme due to its clinical success and national profile. It is a relatively cost effective and straightforward programme to set up and run. It does, however, require intensive resources to deliver. Each place on the programme is valued at £400 and the course is delivered for free to referring families.
49. MEND has so far run two successful programmes supporting and re-educating children and their families to become happier, healthier and fitter. The first programmes were located as close as possible to identified NHS hotspots for childhood obesity in York. All children that have taken part so far have had successful outcomes. For example, the average cm waist measurement reduced by 5cm during the first programme.
50. At a recent Ofsted review of the York programme the inspector reported to MEND staff that this type of early intervention was successful due to the relationships that develop between the delivery staff and the families attending. The third programme started in January 2010 and 11 families were expected to take part.
51. Funding for the programme finishes in December 2010 but 4 more sessions have been funded. There is also a MEND programme for 2 to 4 year olds and for 5 to 7 year olds.
52. The greatest challenge for MEND is recruiting families to 'self refer' to the programme and so far none of the programmes have been full. It is known that 40% of the families who sign up to the programme then decide not to attend with the most common reason for non-attendance being, 'the child does not want to attend' or 'the child is too upset to attend'. However families that do attend report significant changes in their child and in their family's behaviour leading to an overall improvement in health.

#### York City Knights Foundation 'Get Active' Programme

53. The York City Knights Foundation 'Get Active' programme has also been running an educational assembly for Year Six children in all local primary schools to highlight the importance of a healthy lifestyle. Each class will also be able to take part in a series of exercise sessions to promote the benefits of regular exercise.

#### General Comments

54. The Task Group discussed the information received and felt that there had been significant publicity of the MEND programme through newspaper articles, radio interviews and the Theatre Royal brochure. It was suggested that more identification and encouragement to participate through schools and GPs might help to increase take-up.

55. Both the PE & School Sport Consultant and the Task Group believed there was an assumption that average weight equals a healthy weight; this was not necessarily the case.
56. The PE & School Sport Consultant confirmed that due to the temporary nature of funding arrangements there was little chance that MEND or similar initiatives would extend into adulthood.
57. All believed that educating parents was key to preventing childhood obesity.

### **Fifth Key Objective**

#### **(iv) To look at the continuity of services into adulthood**

58. The Task Group have yet to fully investigate this key objective but to date they have received some synthetic data (which may not be accurate) relating to adult obesity. It is an estimate from 2005 and 2007 data. This is attached at Annex H to this report.

### **Next Steps**

59. Members of the Task Group have received a vast amount of information to date some of which they are seeking clarification on for their next meeting, this includes:
- Further information on school meals (uptake in secondary schools, an example menu from a secondary school, popular food choices)
  - Further information on Physical Activity and Physical Education within schools
60. The Task Group have requested the following information for their next meeting:
- Healthy Schools Initiative
  - Further information on the external factors that can contribute to childhood obesity
  - Cooking healthily courses
  - The All Together Better Programme (including a comparison with Scarborough) and other initiatives
  - Healthy Weight Active Lives Strategic Implementation Group
  - The continuity of services into adulthood
  - Whether monies spent on the various initiatives are being used to the best advantage
  - Information on what other Local Authorities are doing in relation to childhood obesity
61. It is also hoped that a representative of the Food Standards Agency will be present at or provide information for the next meeting in relation to supermarket labelling.

## **Options**

62. There are no options associated with this report it is for information only.

## **Analysis**

63. Members of the Task Group still need to further clarify some of the evidence received and some of the comments and observations made in order to clearly set out what impact they have on childhood obesity.

## **Corporate Strategy 2009/2012**

64. This report and the review being undertaken are directly linked to the 'Healthy City' theme of the Corporate Strategy 2009/2012.

## **Implications**

65. **Financial** – There is a small amount of funding available within the scrutiny budget to carry out reviews. There are no other financial implications associated with this report; however implications may arise as the review progresses.

66. **Human Resources** – There are no Human Resources implications associated with the recommendations within this report.

67. **Legal** – There are no direct legal implications associated with the recommendations within this report; however implications may arise as the review progresses.

68. There are no known equalities, property, crime & disorder or other implications associated with the recommendations in this report.

## **Risk Management**

69. In compliance with the Council's risk management strategy there are no known risks associated with the recommendations in this report.

## **Recommendations**

70. Members are asked to note the interim report and confirm the next steps set out in paragraphs 59 to 61 of this report.

Reason: In order to progress this review

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**Interim Report  
Approved**

✓

**Date** 19.03.2010

**Specialist Implications Officer(s)**

None

**Wards Affected:**

**All** ✓

**For further information please contact the author of the report**

**Background Papers:**

Childhood Obesity Scoping Report – 02.12.2009

**Annexes**

- Annex A** Task Group membership, schedule of meetings and papers received
- Annex B** Presentation to the Full Committee
- Annex C** Information on school Clusters
- Annex D** PE Provision Information
- Annex E** Briefing Note on the School Meals Service
- Annex E1** Tables A, B & C (associated with the briefing note on the School Meals Service)
- Annex E2** Appendices A & B (associated with the briefing note on the School Meals Service)
- Annex F** Briefing Note on How Day Nurseries in York Contribute to Healthy Food and Exercise
- Annex G** Presentation from the Youth Service
- Annex H** Synthetic data on Adult Obesity