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## Health Overview and Scrutiny Committee

14 March 2012

Report of the Assistant Director, Integrated Commissioning, Adults Children and Education

### **Update Report on the Implementation of the Recommendation arising from the Childhood Obesity Scrutiny Review**

#### **Summary**

1. In November 2010, the Executive considered the final conclusions arising from the Childhood Obesity Scrutiny Review which had made the following recommendation:

*That there should be a dedicated lead officer based within the City of York Council who is responsible for promoting and leading on the childhood obesity agenda. This officer should establish pathways of intervention throughout childhood, young adulthood and continuing into adulthood. Any lead officer should also:*

- *Promote clear pathways and long term planning of provisions/initiatives and identify resources for longer term provision of initiatives*
- *Undertake a revision of what NHS North Yorkshire & York commission from school nurses to include more work on supporting families and childhood obesity programmes*
- *Encourage schools to examine PE provision and make sure they maximise the time used for physical activity*
- *Encourage all forms of physical exercise (both inside and outside of school hours)*
- *Explore and learn from areas of good practice within other authorities*
- *From data currently available undertake an impact assessment of work being undertaken at the present time and the likely impact of any additional measures put in place*

2. On consideration of the recommendation arising from the review the Executive noted that the NHS already had a Health Improvement Manager (Obesity) and that, although they would be happy to support the continuation of cross-agency working by means of a named lead officer, they felt there was no need for a new appointment to a dedicated post. However they did support some of the key themes listed in the recommendation above and agreed to include these in the re-structuring of the Council, so that there was ultimately a named officer responsible for leading on the childhood obesity agenda.
3. This report provides members with an update on progress in this area.

## **Background**

4. Childhood obesity has for some time now been a national and local priority. Childhood obesity is monitored locally through our YorOK Children's Partnership arrangements in recognition that this is a complex and sensitive area requiring a shared focus and response from partner agencies. Approaches to tackling child obesity have included the promotion of healthy diets and active lifestyles on a universal and targeted basis through schools and communities, and initiatives targeted at children who are considered to be obese.
5. Activities designed to tackle child obesity have been led by various officers from within both the Local Authority and the PCT.
6. The Healthy Weight Active Lives Service Delivery Partnership was hosted between 2009 and 2011 from within the Council's School Improvement service (see Annex 1). Working on a partnership basis and seeking to adopt a coordinated approach to the delivery of specific weight management programmes, the manager in charge of this partnership became identified as a focal point and key lead on this agenda within the Council. Unfortunately as a consequence of the Council budget reductions during 2010/11 funding for this post was withdrawn, and it has not been possible to fund and reintroduce this role since. The weight management programmes were Local Area Agreement (LAA) funded on a time limited basis and ended in March 2011. Two very successful Mind, Exercise, Nutrition, Do it! (MEND) programmes were run using external funding; however this funding is also no longer available.

7. Despite the reduction in funding and capacity within the Council, levels of child obesity are routinely monitored and work continues to tackle child (and adult) obesity in schools and through other areas of service. The PCT Health Improvement Team works closely with Local Authority colleagues and is seeking to influence the commissioning of more preventative services within the hospitals and community.
8. Data is available from the National Child Measurement Programme in respect of the prevalence of obesity in children aged 4/5 in their school reception year and children aged 10/11 in Year 6. The most recently published data shows that in 2010/11 York had a significantly lower prevalence of children in both age groups who are overweight or obese compared to the national average. For reception children there has been a decrease from the baseline position in 2006/07 of 8.4% at risk of obesity to 7.5% in 2010/11. For Year 6 pupils, there was an increase in prevalence during 2010/11 from the previous year to 14.7%, though this remained lower than the baseline position of 15.6% in 2006/07.
9. The recommendations emerging from York's 2012 draft Joint Strategic Needs Assessment (see Annex 2) highlight child (and adult) obesity as a priority, recommending that a comprehensive local picture of obesity is established and that there is continued support for initiatives aimed at increasing levels of physical activity across the whole population and in respect of vulnerable groups. The transfer of Public Health to the Local Authority over the course of this next year offers an excellent opportunity to establish clear strategic leadership of this key agenda.

## **Consultation**

10. No further consultation has taken place on this issue since the original Scrutiny Review took place; however, the issue did feature in the overall consultation on the production of the new JSNA.

## **Options**

11. Members can choose to:

**Option 1** sign off as fully implemented the recommendation arising from the childhood obesity scrutiny review

**Or**

**Option 2** request a further update report be brought back to the Committee in 6 months time

## **Analysis**

12. Members will wish to consider the extent to which this update adequately addresses the Committee's original concerns. It is clear that childhood obesity rates in York are relatively low; that said, they remain a concern. Equally, it is clearly very unlikely that the Council or its partners will be able to afford to employ an officer dedicated to this issue in the near future. However the imminent arrival of a Director of Public Health for the Council will ensure that the issue continues to receive prominence and the Committee might want to request further updates from him/her at a future time.
13. It is good practice for scrutiny committees to receive regular updates on progress made in implementing recommendations arising from completed scrutiny reviews.

## **Council Plan**

14. This report links to the 'Protecting Vulnerable People' priority in the Council Plan 2011-15, and specifically to the key outcome: Health inequalities will reduce across York, especially morbidity and obesity.

## **Implications**

15. There are no immediate Financial, Human Resources, Equalities, Crime and Disorder, IT or Property Implications.

## **Risk Management**

16. There are no specific risks associated with this report.

## **Recommendations**

17. Members are asked to note the contents of this report and consider whether they wish to sign off the recommendation arising from the review as fully completed. If Members do not wish to sign off the recommendation at this date then they are advised to add this to their work plan again to receive a further update in 6 months time.

Reason: To raise awareness of the recommendation that still needs to be implemented.

## Contact Details

**Author:**

Judy Kent  
Children's Trust Unit  
Manager, Adults, Children  
and Education

*Tel No.554009*

**Chief Officer Responsible for the report:**

Paul Murphy  
Assistant Director, Integrated  
Commissioning, Adults, Children and  
Education

*Tel No.554001*

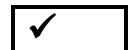
**Report  
Approved**



**Date** 27.2.12

**Wards Affected:** *List wards or tick box to indicate all*

**All**



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

## Annexes

**All annexes to the report must be listed here.**

**Annex 1:** Healthy Weight Active Lives Service Delivery Partnership:  
Project Report 2009-2011 (online only)

**Annex 2:** Draft York Joint Strategic Needs Assessment (JSNA), 2012  
(online only)