CITY OF YORK COUNCIL

## Childhood Obesity Task Group

**22nd September 2010**

# Childhood Obesity – Final Report

## Background

1. 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

2. A copy of the original topic registration form is attached at Annex A to this report.

3. A feasibility study and proposed remit were submitted to the Health Overview & Scrutiny Committee in September 2009 and after due consideration they decided to progress this topic to review. In doing so they recognised certain key objectives and the following remit was agreed:

**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 Altogether 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

## Consultation

5. During the course of gathering evidence for this review the Task Group consulted various officers in the Council, representatives of NHS North

Yorkshire & York, the York Hospitals Foundation Trust, the Community Project Officer of the Altogether Better Programme, a private nursery provider and a former parent governor and representative of the Education Scrutiny Committee.

6. A list of all documentation received as part of this review is attached at Annex B to this report[1].

## Information Received in Relation to this Review

7. During the course of this review, at informal sessions and public meetings the Task Group gathered and considered the following information:

### 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**

8. At a meeting of the Health Overview & Scrutiny Committee on 2nd December 2009 Members received a presentation on childhood obesity from four key partners namely:

- The Children's Trust Unit Manager
- The Associate Director of Public Health & Locality Director for York
- The Health Improvement Manager (obesity) – NHS North Yorkshire & York
- The Deputy Directorate Manager for Child Health – York Hospitals Foundation Trust

9. This presentation acted as an introduction to the review, offering background information on the topic, as well as providing Members with specific information on key objective (i) of the remit.

10. A summary of the information received in this presentation is attached at Annex C to this report. Figure 9 of Annex C (which was not included within the original presentation) sets out the most recent statistics available from the National Child Measurement Programme (NCMP)[2].

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[1] All documentation received as part of the review is listed in Annex B to this report, however not all documentation is annexed to the final report

[2] Every year, as part of the National Child Measurement Programme (NCMP), children in Reception Year and Year 6 are weighed and measured during the school year to inform local planning and delivery of services for children; and gather population-level surveillance data to allow analysis of trends in growth patterns and obesity. The NCMP also helps to increase public and professional understanding of weight issues in children and is a useful vehicle for engaging with children and families about healthy lifestyles and weight issues

11. At the meeting on 2nd December it was agreed that a cross-party Task Group[3] would undertake further information gathering for this review.

**Committee & Task Group Comments**

12. All parties present discussed the information received in the presentation and it was quickly established that 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.

13. Further discussion ensued and it was established that statistical information could not be presented for each individual school as the information would become too personal due to the small size of some schools (Figures 4 & 5 of Annex C refer).

14. The basis of some of the information contained within Figures 4 & 5 of Annex C was questioned by Members and it was later confirmed, via an e-mail from the Health Improvement Manager (obesity) at NHS North Yorkshire & York that the secondary schools (school clusters) used within the presentation (Figures 4 & 5 of Annex C refer) were linked to a number of feeder schools (primary schools). The data in Figures 4 & 5 of 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/obese children than the other school clusters.

15. When asked about the source of the data in Figures 4 & 5 of Annex C the Health Improvement Manager (obesity) confirmed that the school cluster information had been provided by 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) confirmed that 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 feeders schools and associated secondary schools rather than as sports clusters.

16. Members also noted there was no data given from the independent schools in York.

17. At a later meeting held on 19th April a former parent governor who had been invited to join the discussions asked how the average parent would know whether their child was obese and how did obesity problems arise in children? In response the Health Improvement Manager (obesity) said that as part of the NCMP parents of Reception Year and Year 6 children were written to informing them of their child's weight (examples of these letters had been circulated to Members at their meeting on 2nd December). Parents were also issued with a

[3] The Task Group was comprised of Councillor Susan Galloway, Councillor Tracey Simpson-Laing & Councillor Siân Wiseman prior to May 2010; thereafter Councillor Sunderland replaced Councillor Susan Galloway.

'red book' when their children were born where data such as the weight of a child could be recorded.

18. He also said that problems often began pre-conception with parents being overweight/obese themselves; if parents were overweight it was more likely their children would be overweight. Many parents did not realise this and some GPs and medical staff did not have the skills to raise the issue and were often sensitive about their own weight.

## 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 from the PE & School Sport Consultant**

19. 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[4] 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.

20. 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.

21. She also said that 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.

22. The PE & School Sport Consultant informed the Committee that it was hoped that some of the additional activity hours outlined in the 5 hour offer (Paragraphs 3 & 4 of Annex D refer) could be provided at low cost (£1 or £2 per child per session) and may include such things as the schools having more football teams than at present. However, there were resource issues for schools who sometimes struggled to provide the staff for extracurricular activities.

23. In relation to swimming provision 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

[4] Information regarding the Healthy Weight, Active Lives initiative and MEND is detailed under Key Objective (iv) within this report

their nearest pool also made it difficult for some schools to provide swimming lessons for their students without asking for financial contributions from parents.

24. 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). The Healthy Weight Active Lives Strategic Implementation Group (discussed under key objective iv of this report) goes part way to 'joined up thinking'. However there are gaps in provision and missed opportunities for co-ordinated working.
- There were very few targeted initiatives that were about intervention most were about universal provision. Children who are an unhealthy weight rarely feature as a targeted group within these initiatives.
- Current provision/initiatives tended to be short term

25. She suggested that 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 who is responsible for leading the obesity agenda forward and establishing pathways of intervention throughout childhood, young adulthood and continuing into adulthood.
- There should be clear pathways and long term planning of provisions/initiatives and resources need to be identified for longer term provision.
- Some areas of City of York Council should undertake obesity prevention/intervention as part of their day to day work programmes.
- There should be a revision of what NHS North Yorkshire & York commission from school nurses to include more work on supporting families and childhood obesity programmes.

**Task Group Comments**

26. Discussions between the Task Group and the PE & School Sport Consultant ensued and the following points were raised:

- 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. It was difficult to quantify how much of a PE lesson was spent undertaking actual physical exercise.

- Whilst the schools club links framework was successful 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 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 had told Members 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 unavailable.

- It was noted by the Task Group that all primary schools bar one offered swimming as part of the curriculum but sometimes only for a few weeks in a year. Parents might also incur additional costs if coach hire had to be provided to transport children to and from swimming pools.

- 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.

- 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 one Year 6 class only 4 children could swim a length.

**Information gathered on the Healthy Schools Initiative**

27. Members received information from the Healthy Schools & Risky Behaviour Consultant in relation to the Healthy Schools Initiative and this is attached at **Annex E** to this report.

28. The initiative had been ongoing for 10 years and had four themes namely;

- Personal, Social, Health & Economic (PSHE) education
- Healthy Eating
- Physical Activity
- Emotional Health & Well-being, including bullying

29. These four themes are explained further in Annex E but for the purpose of this review the Healthy Eating theme was the focus of discussions. The Health Schools & Risky Behaviour Consultant explained that there were 11 criteria

within this theme that schools needed to fulfil in order to achieve National Healthy Schools Status namely;

i. Monitoring food in schools
ii. Practical food education and training
iii. Whole school food policy
iv. Supporting food policy with wider school family
v. Eating environment
vi. Food standards for clubs & vending machines
vii. School lunch standards
viii. Menu & food choice monitoring
ix. Balanced diet training & planning
x. Free drinking water
xi. Consulting for food choices

30. There were 68 schools within the city[5] and 60 had been accredited with Healthy Schools Status. Twenty-five schools had attended the enhancement model training (21 primary schools and 4 secondary schools) and 2 schools (York High and Archbishop's Junior School) had identified obesity as their key priority. Both schools were looking at obesity through healthy eating initiatives.

**Task Group Comments**

31. Discussions ensued between the Task Group and the Healthy Schools & Risky Behaviour Consultant and the following points were raised:

- The eating environment in some schools was not conducive to encouraging healthy eating – some schools did not have a set canteen area and had to use any available space they had which made it more difficult for children to eat collectively and understand the importance of meal times
- It was very difficult to police the contents of pack ups and there was a need to re-educate parents on the contents of an 'ideal pack-up'
- More information on healthy eating needed to be available to parents; children were often better informed than their parents on healthy eating issues

**Information Gathered on the School Meals Service[6]**

32. Members 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 F, F1 & F2 to this report.

33. The Task Group requested further information in relation to take up of school meals at other local authorities, uptake of school meals in York secondary schools, school meal menus, popular food choices and information on schools

[5] This does not include independent schools

[6] Since this review began and since the information on school meals was received there have been some contractual changes agreed – as from September 2010 the contract for the school meals service will be ISS Facility Services - Education

that did not use North Yorkshire Catering as their service provider. Responses to these questions are at Annexes G and G1 to this report.

**Task Group Comments**

34. 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 (obesity) from NHS North Yorkshire & York were asked to look at this and after consultation with 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 at a later date 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.'*

35. The Task Group were concerned about the low take up of school meals and 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. However, where children did have packed lunches it was suggested that competitions such as 'Who has the healthiest lunch box?' could encourage healthier pack ups.

36. They also thought that take up of free school meals may well increase if the claim form to receive them were easier to complete.

## Third Key Objective

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

37. In a scoping report dated 2nd December 2010 the Health Overview & Scrutiny Committee identified certain information they would like to receive as part of this key objective. This is detailed in the paragraphs below along with the Task Group's comments.

### Information Gathered from the Health Improvement Manager (Obesity)

38. The Health Improvement Manager (obesity) gave a short presentation in relation to this key objective, which used a scientific evidence base drawn from a wide range of disciplines in order to identify the most important factors that influence obesity. Slides from the presentation are attached at Annex H to this report. He also informed the Task Group that people in the UK today do not have less willpower and are not more gluttonous than previous generations. Nor is their biology significantly different to that of their forefathers. Society, however, had radically altered over the past five decades with major changes in work patterns, transport, food production and food sales. These changes had exposed an underlying biological tendency, possessed by many people, to both put on weight and retain it.

39. He also informed the Task Group that there were many and complex reasons influencing 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 (the first slide in Annex H illustrates this). A system map showing all 108 indicators that influence obesity is attached at Annex I.

### Information Gathered from the School Travel Plan Co-ordinator

40. 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.

41. 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. The whole school community is consulted on what should be in the travel plan.

42. The presentation received by the Task Group (Annex J refers) 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.

43. 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 2010, however there was no obligation on the school to produce travel plans.[7]

**Task Group Comments**

44. 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 understandably 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 outer ring road to reach school and there were few safe ways to do this. The Task Group did not believe that many parents would allow their children to walk or cycle this route. 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 childminders as consultees in school travel plan reviews and to encourage them to either walk or cycle with the children they looked after.

**Information Gathered from the Early Years Childcare Manager**

45. The Early Years Childcare Manager provided a briefing note for consideration by the Task Group in relation to healthy food and exercise in the day nurseries in York; this is attached at Annex K to this report.

46. The Chair of the National Day Nurseries Association in York also addressed the Task Group and 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.

[7] A separate scrutiny review regarding School Travel Plans and Safe Access to Schools is due to commence shortly.

## Task Group Comments

47. 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.

48. 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.

49. 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.

50. The Task Group believed that the evidence presented in Annex K to 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 once children reached 6 or 7 years of age it was likely to be more difficult to change their eating habits.

51. 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.

## Information Gathered from the Youth Service

52. 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 shortcuts
- Targeted by the advertising industry
- Body image
- Cyber bullying

53. A summary of this presentation is attached at Annex L to this report.

**Task Group Comments**

54. Members of the Task Group discussed the presentation with the representative of the Youth Service. The following observations were made:

- 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 perceived to be available for cooking meals, thus more ready prepared food was eaten, which tended to be less healthy often having high fat and salt content.

- Those young people who were perceived as less able were more likely to take comfort in 'less healthy' foods resulting in weight problems. It was also acknowledged that due to societal changes many young people tended to 'hide away and play computer games' and this resulted in many younger people being less active than they ever had been before.

- Parents were concerned about their children's safety leading to some being reluctant to let the children play outside without supervision.

**Information Gathered from the Council's Food & Safety Unit**

55. As part of this key objective the Task Group requested information regarding supermarket labelling. A representative of the Food Standards Agency (FSA) had been invited to the meeting but was unable to attend; however they did provide the following information:

'Front of pack nutrition labelling is a voluntary initiative that is used on composite processed products to highlight the amount of fat, saturated fat, sugar and salt in them and is applied to family foods'.[8]

56. In lieu of the attendance of the FSA, officers from the Council's Food & Safety Unit gave a short presentation to the Task Group about the legal requirements of the nutritional labelling of food, consumer focussed initiatives such as the Food Standards Agency's traffic light labelling scheme and an overview of the work the team in York undertakes to tackle childhood obesity. A summary of the key points of the presentation is attached at Annex M to this report.

**Task Group Comments**

57. The Task Group made the following observations regarding the presentation given by the Council's Food & Safety Unit:

- Supermarkets didn't all use the same labelling scheme which can be confusing for consumers

[8] The FSA have provided the following clarification of 'family foods' – by 'family foods' it is meant foods that are not targeted at particular groups of people. That is not to say that front of pack labelling on all other products would be prohibited. They would, however, ask companies to consider the needs of their customer base before deciding whether or not front of pack labelling is appropriate for their product. Information on front of pack labelling is based on the requirements of the general population and so it would be inappropriate to provide it to those with particular needs (e.g. infants or people on weight-loss diets)

- Visual images were useful in getting the message about food content to audiences

**Other Comments from the Task Group**

58. As a result of the information received in relation to key objective (iii) of the remit, it was acknowledged by the Task Group that there had been significant changes in lifestyles in the past 60 years and there had been a significant increase in the number of people who were either overweight or obese.

## Fourth Key Objective

**(iv)To learn more about the Altogether Better Programme and the Healthy Weight, Active Lives Strategic Implementation Group and the methods they are using to reduce childhood obesity**

**Information Healthy Weight, Active Lives**

59. 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.

60. As mentioned previously there is no named lead for obesity in the city this has led to many of the partner organisations doing their own small pieces of work that are not always linked together. The Healthy Weight, Active Lives Strategic Implementation Group has gone part way to 'joined up thinking' however the PE and School Sport Consultant suggested that some partners might be reluctant to work outside of their remit.

61. The Heath Improvement Manager (obesity) at NHS North Yorkshire & York informed the Committee that the Healthy Weight, Active Lives Strategic Implementation Group was a sub-committee of the YorOK Board. Its main focus was to oversee the development of and monitor the delivery of partnership action plans. It shared good practice and was able to identify gaps in service provision and build on proposals for service developments. It was also able to secure funding for projects, ensure public involvement and ensure proposals and action plans were evidence based.

**MEND**

62. 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 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.

63. 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 free to referring families.

64. 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.

65. 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.

66. 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.

67. 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**

68. 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 be able to take part in a series of exercise sessions to promote the benefits of regular exercise.

**Altogether Better Programme**

69. The Altogether Better Programme tends to work with adults rather than children, although not in isolation. It also works with families and communities as well. It is a Big Lottery funded project that helps individuals and communities to eat more healthily, be more physically active and improve their mental well-being.

70. The project works in specific areas of disadvantage to improve the health of identified groups with the intention of empowering local people to take the lead in improving their own health and well-being and that of their families and local communities. The project contributes to the reduction of health inequalities in the City.

71. In York the project is managed by NHS North Yorkshire & York working in partnership with the City Council, the voluntary sector and local community groups. It started in September 2008 and is funded until June 2011 to work in the following Wards within the city:

    - Westfield (Foxwood)
    - Clifton
    - Guildhall
    - Heworth/Hull Road (Tang Hall)

72. The four Wards above were characterised by multiple deprivation, including health inequalities. In each of the Wards above the target groups are families with children, lone parents, teenage parents, care leavers and homeless young people.

73. The aim of the project is to provide supported and accessible community health education to community members from the target groups and areas. It also helps to develop the skills and knowledge of community members and frontline workers/volunteers to make healthy changes to their lives as part of their involvement with their own families, communities or client groups.

74. So far the Altogether Better Programme has run 'Understanding Health Improvement' courses for frontline workers and volunteers (4 courses a year) and developed and delivered a 'Food for Thought Course' for parents living in the target areas, which was focussed on healthy eating, physical activity and mental well-being.

75. The Community Project Officer for the Altogether Better Programme said that their work to date had shown a need for fresh produce to be available both locally and cheaply. She suggested that the Task Group may like to consider formulating a recommendation around community initiatives such as food co-ops; obtaining fresh, good quality food was not easy if you had to travel 2 miles to your nearest supermarket.

**Task Group Comments on the Various Initiatives**

76. Discussions around the various initiatives, in particular the Altogether Better Programme, showed that health inequalities in York were not above the national average.

77. 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.

78. Further discussion between the PE & School Sport Consultant and the Task Group raised the following points:

    - Both believed there was an assumption that average weight equals a healthy weight; this was not necessarily the case.

- Due to the temporary nature of funding arrangements there was little chance that MEND or similar initiatives would extend into adulthood.

- Educating parents about healthy eating and physical exercise was key to preventing childhood obesity and the initiatives detailed above helped to do this

79. The Task Group recognised that the initiatives discussed, as part of this key objective did not solely concentrate on healthy eating. Physical exercise, mental well-being and education were also strong themes and were also key to the prevention of both childhood obesity and obesity in adulthood.

## Fifth Key Objective

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

80. The Task Group received some estimated (synthetic) data relating to adult obesity and this is attached at Annex N to this report. The data suggests that in 2007 around 24% of the national population was obese. It was estimated that in 2007 23.4% of York's population was obese. Data for other areas within North Yorkshire is included in the annex for comparison.

81. The Sport and Active Leisure Team were currently the key driver of the physical activity message in York, with the 'Just 30' campaign which contributes to the following Performance Indicators:

- We will increase by 1% per annum the number of adults participating in 5 x 30 minutes of moderate intensity physical activity per week (1,661 new participants per year)

- We will increase by 1% per annum the number of adults participating in 3 x 30 minutes of sport per week (1,661 new participants per year)

82. Both of these indicators have obvious health benefits for adults and families. They will contribute to the overall health improvement of the city, and in turn be part of the universal provision for making York a healthier place to live, work and play.

83. In addition to this the Task Group learned that Energise, a local sports centre, were developing a pilot programme for adults to assist them in managing a healthier weight, through exercise sessions and nutrition and goal setting sessions.

84. The Task Group also received information from the Nutrition & Dietetic Service Manager at York Hospital in relation to the services available for adult obesity. This is attached at Annex O to this report.

### Task Group Comments

85. Discussions in relation to Annex O of the report raised the following points and questions:

- The Task Group understood that the role of the Hospital was to treat rather than prevent. NICE[9] Guidance was clear that prevention was a primary care focus.

- What would happen if the threshold for bariatric surgery were lowered to include people with a BMI of less than 50? The Nutrition & Dietetic Service Manager at York Hospital indicated that this could lead to a lot more bariatric surgery taking place. This process was expensive and had to be delivered in accordance with NICE Guidelines. It also included a two year post - operation monitoring period.

- In answer to a question in relation to bariatric surgery for children the Nutrition & Dietetic Service Manager at York Hospital was not aware of any that had taken place.

- The age of patients presenting for bariatric treatment was getting lower.

- 156 bariatric operations (with associated care) had been carried out in York over the past 12 months.

- Did the hospital keep data on how many people were overweight? In response, the hospital representative said that they did not keep data on those that were overweight or obese per se however, clinical pathways for individual symptoms or co-morbidities i.e. diabetes would indicate whether a patient was overweight or obese.

- Patients were rarely referred to the hospital with the symptomless problem of being overweight or obese; they tended to have a clinical problem (i.e. diabetes) and were referred to the hospital for treatment.

## Sixth Key Objective

**(vi) To explore how monies are spent on tackling obesity**

86. Information regarding how monies are spent tackling childhood obesity in York is at Annex P to this report.

87. Members were concerned about the £124,274 set out in Annex P in relation to the Altogether Better Programme and asked for clarity in relation to how much of this was spent on children. The Community Project Officer for the programme said that in short, the answer was none, as the programme was not specifically aimed at children. However, one of the programme's target groups was families with children, but its main focus was on adults. Although the information and practical skills the programme offers is specifically targeted at adults, children could be classed as indirect beneficiaries.

### Task Group Comments

88. The Task Group were concerned that the funding amount for the Altogether Better Programme had been included within Annex P as there did not seem to be any way of disaggregating how much of this money was spent on children

[9] National Institute for Health & Clinical Excellence

rather than adults. They were also concerned that this funding stream was only available until 2011 and therefore could not be relied on in the future.

## Analysis & Key findings

89. During the course of the review the Task Group received a wealth of information and on consideration of this came to the conclusion that there were two simple and fundamental reasons for the increase in childhood obesity namely eating too much energy and a lack of exercise. However; the Task Group were aware that this was a very simplistic view and there were many other factors such as societal influences, individual psychology and activity environment that could also effect a child's weight.

90. They identified several areas where they felt there was particular cause for concern namely:

- The length of time children undertook physical exercise within PE lessons
- The cost and availability of 'physical activities' outside of school hours
- Eating arrangements within schools (school meals versus pack ups, standard of eating areas)
- The need to re-educate parents in relation to providing a healthy diet and the importance of physical activity
- Funding streams for the various initiatives (i.e. MEND and the Altogether Better Programme)
- The need for a revision of what was commissioned from school nurses, to include more on supporting families and tackling childhood obesity
- The lack of 'joined up thinking' between the different agencies and/or initiatives

91. Further information in relation to all of the above points is set out in more detail within this report and its associated annexes.

92. Having taken all the evidence received into consideration the Task Group realised that whilst current service provision went some way to reducing childhood obesity it was not always effective. It needed one individual to link everything together and encourage and promote further initiatives. This individual, alongside encouraging and promoting initiatives such as the MEND programme should also liaise with appropriate persons to encourage and promote such things as take up of school meals, better PE provision, out of school physical activities and parental awareness of the merits of exercise and a healthy diet.

93. During discussions the Task Group also suggested, that should any post be created to undertake the above, it should be based within CYC. However, consideration should be given to whether there was any merit in this being a jointly funded post between CYC and NHS North Yorkshire & York.

## Corporate Strategy 2009/2012

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

## Implications

### Financial & Human Resources

95. The Finance Officer at the City of York Council has estimated the annual cost of the recommended lead officer post, based on an assumed Grade 10, to be £41,020 in the first full year (including recruitment costs) rising to a £46,690 maximum annual cost. There are no budgets currently available to fund these additional costs within the Adults, Children & Education (ACE) directorate.

96. In view of this, and given the thrust of the Council's organisational review to reduce the number of posts at Grade 10 and above, the Assistant Director (Partnerships & Early Intervention) has advised that officers would want to explore other ways of addressing the Task Group's recommendations rather than necessarily creating a dedicated lead officer. Whilst Officers accept that there is a gap in service in the sense that a number of work streams could be better coordinated there are other ways of addressing this rather than creating a new post. It would, for example, be possible to build the recommendations in this report into the Service Plans (as appropriate) of the Education and the Integrated Commissioning Teams within the Adults, Children and Education Directorate. Other possibilities may emerge in the medium term as the Council takes on responsibility for health improvement.

97. The Primary Care Trust (PCT) already have an officer in post that takes on some of the responsibilities listed and additions to existing roles (whether PCT or CYC led) would be preferable to creating an additional post in the current economic climate.

98. The Council would always prefer to have a dual funding stream for any post that straddles the responsibility of the two organisations. However, at the moment, neither organisation has the funds to create such a post. In the medium term CYC will be picking up responsibility for the improving health agenda, so any funding that exists for such a post would be wholly within our control.

99. In terms of implications for NHS North Yorkshire & York the Interim Director of Public Health has provided the following response:

    'The recommendations focus on one individual with responsibility for childhood obesity in York and while we can understand the principle we need to keep it in the context of ongoing public sector changes. Currently the Primary Care Trust (PCT), like City of York Council, is undergoing a management cost reduction process, which means that there will certainly not be new investment available from the NHS at this point. However it should be noted that the Health Improvement Manager at the PCT has a lead for childhood obesity across York and North Yorkshire and makes a significant contribution to this agenda. There may well be changes in light of the current and forthcoming white papers for the NHS and public health but at this point we are unable to clarify the implications of these.

I would suggest that many of the functions outlined in the report are already covered within a team of individuals working across the sectors (e.g. in Sport & active Leisure). The Health Improvement Manager would be happy to be involved in taking forward the recommendations whether or not they fall under the remit of one individual.'

## Risk Management

100. The main risk of taking no action at all is that activities continue to take place in an uncoordinated fashion and become subject to short term funding pressures. This in turn may will lead to the risk of a rise in childhood obesity, with long-term consequences for health and social care budgets.

## Recommendations

101. In light of the above report the Task Group have agreed the following recommendation:

i. 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

Reason: To address the concerns set out in the original topic registration form.

## Contact Details

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**Final Draft Report Approved** ✓ **Date** 11.06.2010

**Specialist Implications Officer(s)**

**Wards Affected:** **All** ✓

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

**Background Papers:**

Detailed in the Annexes

**Annexes**

**Please note that the annexes are available on line. Paper copies can be provided on request**

| | |
|---|---|
| **Annex A** | Topic Registration Form |
| **Annex B** | List of documents/information received throughout the review |
| **Annex C** | Information received in relation to Key Objective (i) of the review |
| **Annex D** | Information on PE Provision - Key Objective (ii) |
| **Annex E** | Information on the Healthy Schools Initiative – Key Objective (ii) |
| **Annex F** | Information on School Meals - Key Objective (ii) |
| **Annex F1** | Tables A to C – School Meals – Key Objective (ii) |
| **Annex F2** | Nutritional Analysis of School Meals - Key Objective (ii) |
| **Annex G** | Responses to Task Group's Questions Regarding School Meals – Key Objective (ii) |
| **Annex G1** | Statistical Comparison of School Meals Take-up - Key Objective (ii) |
| **Annex H** | Presentation from the Health Improvement Manager (obesity) – Key Objective (iii) |
| **Annex I** | The Full Obesity System Map Showing all 108 Indicators – Key Objective (iii) |
| **Annex J** | Summary of Presentation Received on School Travel Plans – Key Objective (iii) |
| **Annex K** | Briefing Paper – Eating in Nurseries - Key Objective (iii) |
| **Annex L** | Summary of Presentation Received from the Youth Service – Key Objective (iii) |
| **Annex M** | Summary of Presentation Received from the Food & Safety Unit – Key Objective (iii) |
| **Annex N** | Adult Obesity Synthetic Data |
| **Annex O** | Adult Services for Obesity |
| **Annex P** | Funding |