

Childhood Obesity

Library Monitor 9



Library Monitor 9 – Childhood Obesity

This is the new-look scrutiny review 'Library Monitor' which aims to:

- Be a one-stop-shop for all the information about a subject you need in preparation for undertaking a review.
- Add value to the more than 2,500 scrutiny reviews stored in our searchable 'review library'. The library is an indexed, searchable repository of reports produced by scrutiny bodies across the UK. These are made available online to provide an essential resource that enables scrutiny practitioners to learn from each other's work. <http://www.cfps.org.uk/reviews/search.php>
- Provide guidance based on the experiences of overview and scrutiny committees who have completed a review into the subject.
- Provide scoping and benchmarking information and links to enable scrutineers to dedicate more time to scrutiny.

The 9th edition of the CfPS scrutiny 'Library Monitor' looks at the subject of childhood obesity and draws information from reviews into the subject (hosted in our library) from **7** different authorities. The research included compiling background information, amalgamating information carried within the review documents and from questioning those who were involved in undertaking the scrutiny reviews.

The Centre for Public Scrutiny would like to thank all of the authorities who have agreed to share their experiences for the benefit of others who wish to tackle the difficult subject of childhood obesity and ultimately the citizens who they represent.



The research for this document has been conducted by Adam Pickering who is also the principal author of this report.

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What to review

Why review 'childhood' obesity?

In a climate of concern about the increasing rate of obesity amongst people in the United Kingdom it has become imperative that a coordinated effort be made to tackle the problem at a local level. However, whilst a holistic approach to tackling the causes of obesity is needed, to tackle the whole issue with one review could limit its depth and therefore its value. Focusing on childhood obesity can narrow the scope of an enquiry without lessening its potential to advise service outcomes.

“Trying to look at the whole picture of obesity might be too ambitious, particularly as the picture is changing.”

Dean Gillon - Scrutiny Officer, North Lincolnshire Council

Terms of reference

The government has produced numerous papers, strategies, and guidance in recent times culminating in the launch of a wide-ranging strategy to tackle obesity, entitled Healthy Weight, Healthy Lives: A Cross-Government Strategy for England – published in January 2008. This document and the guidance that accompanies it focuses on setting up local partnerships in delivering the PSA to halt ‘the year-on-year rise in obesity among children aged under 11 by 2010’. As such exploring the idea of, assisting in the development of or assessing the performance of a local childhood obesity strategy or partnership might provide a suitably narrowed focus for a review into what is a wide ranging and complicated issue.

Although information relating to childhood obesity is available, the lack of precise, area specific and up-to-date data was given as a reason for undertaking the review, or included as a priority for the future in the recommendations of the review, in 4 of the 7 reviews detailed in this report. However, undertaking a review in order to assess the extent of the problem in a given area should only be done after ensuring that such research is not duplicating the work of local partners.

At the time of the review, work was already being done across the Council and PCT on obesity. Whilst the Committee wished to undertake a piece of work on this topic it was important that they did not unnecessarily duplicate effort.”

Steve Callender, Scrutiny Manager, Stockport Metropolitan Borough Council

Whilst such a scoping exercise should be performed as good practice in preventing the unnecessary duplication of work it should be seen as an opportunity to identify areas that ought to be addressed. By liaising with local service delivery partners on the issue of childhood obesity OSCs can establish what questions need to be asked and take advantage of their position to act in a dynamically.

“I would advise that local authorities investigate whether [obesity partnerships] exist in their areas and tap into this knowledge base before undertaking such a review. This will help to establish what added value any scrutiny inquiry could bring to this area of work.”

Angela Brogden - Principal Scrutiny Adviser, Leeds City Council

Authorities that have chosen relevant local improvement targets under their LAA might find these a useful basis for a review into childhood obesity. In assessing what is being done to deliver against these targets OSCs are empowered to work jointly with other authorities included in the LAA and/

or request information from a list of named service delivery partners as part of the 2008 Fair Rules for Strong Communities Bill (December 2008).

Resource & time issues

Undertaking a review into childhood obesity rather than tackling the issue of obesity as a whole provides an important degree of focus as explained. However, several of the scrutineers questioned for this publication felt that their review could have benefited from an even more narrow focus. The extent to which an

“Be clear about what it is you are seeking to achieve and narrow the scope as far as possible.”

Salena Whatford - Scrutiny Manager,
London Borough of Lewisham

OSC should narrow its focus when looking into childhood obesity depends largely on the size and flexibility of their scrutiny resources. The 2007 survey of overview and scrutiny carried out by the Centre for Public Scrutiny (CfPS) found that whilst county councils, metropolitan boroughs and unitary authorities well relatively well resourced with an average of 4.3, 4.4 and 4.2 scrutiny officers, districts/boroughs had just 1.4. As such it may be

that a review into childhood obesity should focus specifically on a delivery area such as school meals or encouraging physical activity.

If it is decided that a wide ranging review into childhood obesity needs to be undertaken in an authority without limiting the scope to a particular sub-issue or theme it will be necessary to ensure that sufficient time is allowed. A holistic review into childhood obesity will typically cover many cross disciplinary subjects from school meals to green spaces and it is often deemed necessary to canvass the opinions and habits of children and parents as well as receive presentations from health professionals and go on site visits. In the reviews analysed for this report the average time scale of a review was 9 months.

“It's a bigger topic than you originally think - make time for it!”

Louisa Hall - Research Officer,
Scrutiny Team, West Sussex
County Council

“The chair was keen not to limit the review, because of timing and it was extended to ensure that the panel had sufficient information to complete the review and make effective recommendations, which could be implemented”

Alwin McGibbon - Health Scrutiny Officer, Warwickshire County Council

How to review

Engagement & consultation

Collecting data about the weight and dietary habits of children presents quite a challenge. In the past it has proven difficult to persuade the parents of overweight children to participate in data collection exercises as sometimes they chose instead to opt-out of such initiatives. As such it is difficult to gather accurate information about childhood obesity that would enable local partners to target certain vulnerable groups in a coordinated way. As cultural and demographic circumstances can have a determinate impact on those likely to opt-out of such

initiatives it may be deemed useful to supplement existing statutory data collection exercises with additional measures.

The local medical practice is an obvious and appropriate place for information gathering and providing advice. Whilst it has been widely recognised that GPs have a role to play in educating parents and children about the dangers of obesity there is more work to be done and establishing how frequently children are being weighed by their doctors could be valuable in terms of improving standards and gaining access to more accurate information. Another obvious place to focus on the issue of childhood obesity is the school. The government established The National Child Measurement Programme (NCMP) in 2005 to weigh children in schools and provide source of data to track trends in childhood obesity. Recent changes have seen the strengthening of the guidance to PCTs on informing parents about their child's weight by letter. Parents will receive this information as a matter of course but both parents and children will be able to opt-out of being part of the scheme and as such around 12% of children eligible were not weighed last year.

“There was a problem in collecting the data - thought due to parents opting out of having their children weighed”

Alwin McGibbon - Health Scrutiny Officer, Warwickshire County Council

Indeed, the school has such an important impact on the lives of children that the Childhood Obesity Panel of the Children and Young People Select Committee for the London Borough of Lewisham decided to centre their review on the school and its role in tackling childhood obesity. It was felt that as well as being able to impact on the diet of children through school meals, exercise (both in school and in transit to and from it) and perceptions of food and exercise the school also provides an ideal place to consult children.

The community empowerment agenda rightly brings the need for more consultation of the public in evaluating, designing and commissioning public services. It is of course important to engage the parents and guardians of children as they have an unquestionable influence on their perceptions of food and exercise and the development of habits therein. In order to fully understand local opinions, aspirations and concerns about issues relating to obesity it is recommended that scrutiny engages people outside of the Town Hall. Ideally, scrutiny should engage people in the places where they may naturally be inclined to consider the issues at hand.

9 places where OSCs could consult people about issues relating to childhood obesity

1. Supermarkets
2. Medical practices
3. Children's centres
4. Community centres
5. Chemists
6. Schools / School gates
7. Swimming pools / Sports centres
8. Parks
9. Libraries

“Whilst seeking the views of appropriate officers of the local authority and NHS is obviously an important element, it would be helpful for the review to get out and about.”

Dean Gillon - Scrutiny Officer, North Lincolnshire Council

Schools provide us with the opportunity not just to gather the BMI measurements of children but also to consult them. Whilst this exercise might be a difficult and time consuming one it is invaluable as it mitigates for the perceived stigma felt by parents and allows us to understand which initiatives are likely to be well received by children. The Performance and Scrutiny Overview Committee at Rotherham Metropolitan Borough Council commissioned a private company to engage children in the classroom. An innovative project was established whereby children were probed about their dietary habits by a puppet called Kevin who helped them to complete a questionnaire.

“Consider the involvement and participation of children and young people at an early stage.”

Salena Whatford - Scrutiny Manager, London Borough of Lewisham

Useful scoping questions

1. What is currently being done to tackle childhood obesity at the national, regional, and local level?
2. Are there any gaps in information relating to childhood obesity in our authority?
3. How well does our authority fare in relation to neighbouring authorities in terms of childhood obesity statistics, trends and local initiatives to tackle the problem?
4. What partners, services or initiatives are best placed to be able to contribute in tackling childhood obesity?
5. How well is the existing childhood obesity partnership functioning?
6. What needs to be done to ensure LAA commitments that relate to childhood obesity are met?
7. What is being done / should be done to educate parents and children about obesity?
8. What is being done/should be done to promote physical activity?
9. How can we consult children and parents about issues relating to obesity?
10. What factors influence childhood obesity locally?

“Our initial scoping document included aims to “Identify gaps in current services, making recommendations as appropriate”. This was the most successful element of the review, as a gap analysis led directly to several recommendations.”

Dean Gillon - Scrutiny Officer, North Lincolnshire Council

“Looking at the scope questions I would say the most successful was identifying [the] services/activities/initiatives in Warwickshire that could contribute in reducing childhood obesity [as the] panel were not at first aware of all the services available in Warwickshire. “.

Alwin McGibbon - Health Scrutiny Officer, Warwickshire County Council



Summary of Recommendations

The recommendations made by the 7 case study reviews used to inform this document are diverse. This is perhaps to be expected given the fact that the 3 year range in their completion dates represents a long time in the development of childhood obesity as a major priority. The raft of legislation, guidance and initiatives on the issue of childhood obesity in recent years has created a complex landscape for local authorities to navigate and OSCs must be as careful in making sure their recommendations are sympathetic to these circumstances as they are in avoiding duplication of work in the course of the review.

Useful witnesses to call

1. Council Officers (Health)
2. PCT Officers
3. The Director of Public Health
4. Public Health Consultant
5. Community Dieticians
6. Academic expert
7. Healthy schools coordinator
8. paediatricians
9. retailers
10. leisure services
11. children themselves

In reviewing the recommendations made by our sample OSCs there is a clear sense that amongst the plethora of initiatives, strategies and partnerships being established to tackle obesity there ought to be formal and focused accountability. The Health OSC at Leeds City Council sought to establish formal accountability by recommending that an executive member be nominated as 'obesity champion' and that "a representative from the Council's Development Department becomes a member of the Leeds Childhood Obesity Strategy Group to help strengthen the links between the planning agenda and health". The Performance and Scrutiny Overview Committee at Rotherham Metropolitan Borough Council decided that a lead officer from the council should be nominated to champion efforts to tackle childhood obesity. Other authorities focused their attention on the responsibilities of partners with the Healthier Communities and Older People Scrutiny Panel at North Lincolnshire Council seeking the commitment of the cabinet and PCT to work together to deliver recommendations made by the Director of Public Health by suggesting that the committee itself would retain the right to "give evidence to the Healthcare Commission if needed".



Obesity partnerships and strategies featured prominently in our sample review recommendations as it was widely recognised that a range of services and organisations needed to be coordinated to tackle childhood obesity. Reviews from Leeds, North Lincolnshire and Stockport sought the establishment of, changes to or a re-assessment of obesity partnerships. Crucial to the success of any measures aimed at dealing with childhood obesity is up-to-date and accurate information on the problem. For the first time the data collected by PCTs as part of NCMP has provided us with a national picture of childhood obesity that can claim to cover the majority of children in the UK. However, this information can be distorted by opt-outs and as such 4 of the 7 review case studies included recommendations to expand or improve data collection.

Many recommendations in our sample focused on pragmatic suggestions that would have a more direct impact on children. Nutrition was addressed in a multitude of different ways from reducing the availability of carbonated drinks in schools (Performance and Scrutiny Overview Committee - Rotherham Metropolitan Borough Council) to providing gardening classes in primary schools to promote the value of fresh and healthy food (Health Scrutiny Select Committee - West Sussex County Council) – the latter being just one of several different approaches recommended to educating children about healthy eating. Physical activity was recognised as a very complex issue which cannot be looked at in isolation as spatial planning and leisure services must be

incorporated into any approach. Lewisham Children and Young People Select Committee made recommendations that urged the council to take advantage of the 2012 Olympics in doing everything possible to engage children in physical activity. Recommendations relating to physical activity were as diverse as the circumstances and local imperatives of the communities they were made on behalf of and include creating more green spaces or creating safer cycling routes as recommended by Warwickshire's Health Overview and Scrutiny Committee.

The state of play – facts & figures

The increase in the political imperative for tackling childhood obesity in recent times is justified given the stark facts. According to the British Medical Association, the amount of obese children rose by 5% in the period from 1995 to 2002 alone. The Health Survey England (2003) showed that 27.7% of children aged 2 to 10 were overweight and of these 13.7% were obese. Should this trend continue the consequences for our society could be extremely dire according to The Chief Medical Officer who described obesity as a 'health time bomb'. The House of Commons Health Select Committee concluded that unless serious action is taken to mitigate the rise of obesity in our children - "this will be the first generation where children die before their parents as a consequence of childhood obesity".

Obesity in children

"Between 1995 and 2002, obesity doubled among boys in England from 2.9% of the population to 5.7%, and amongst girls increased from 4.9% to 7.8%. One in 5 boys and 1 in 4 girls are overweight or obese. Among children, 16% of 2 to 15 year olds are obese. Among young men, aged 16 to 24 years, obesity increased from 5.7% to 9.3% and among young women increased from 7.7% to 11.6%" (Sprotson, K and Primetesta P, 2002).

The National Child Measurement programme (February 2008) revealed that 22.9% of children in year one were overweight or obese.

Social

There is a strong correlation between economic inequality and the occurrence of obesity, especially amongst women where poor women are 65% more likely to be obese than wealthy women. By visiting the Association of Public Health Observatories (APHO) website (listed below) it is possible to view the link between deprivation and childhood obesity from the 2007 Health Profile of England data specific to your own authority.

Economic

In 2004, the House of Commons Health Committee also estimated that in 2002, the economic burden of overweight and obesity was £3.3 – 3.7 billion but by factoring in intangible variables such as productivity and sickness related absence (which is estimated as amounting to 18 million days annually) it is safe to assume that the true economic cost of obesity is considerably higher.

Health

A report by the Comptroller and Auditor General has linked obesity to 30,000 deaths a year and estimated that amongst the obese life expectancy is reduced by as much as nine years. NHS statistics from 2007 state that around 58% of type 2 diabetes, 21% of heart disease and between 8% and 42% of certain cancers (endometrial, breast, and colon) are attributable to excess body fat. Obesity is responsible for 9,000 premature deaths each year in England, and reduces life expectancy by, on average, 9 years.

In addition the BMA lists the following as health implications of obesity:

Physical health problems

- Increased blood pressure
- Hyperlipidaemia (excess of fatty liquids in the blood)
- Type 2 diabetes
- Hyperinsulinaemia (when the pancreas produces too much insulin)
- Adverse changes in left ventricular mass (the left ventricle of the heart (which pumps oxygen into the blood) increases and its wall thickens increasing the likelihood of heart disease.
- Earlier menarche (first menstruation period)
- Sleep apnoea (irregular breathing in sleep)
- Exacerbation of asthma

Psychological health problems

- Low self-esteem
- Depression
- Disordered eating
- Psychological distress - many obese children experience teasing, social stigma and discrimination

Useful resources for childhood obesity statistics

[Association of Public Health Observatories http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES](http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES)

[British Medical Association http://www.bma.org.uk/ap.nsf/Content/ChildObesity](http://www.bma.org.uk/ap.nsf/Content/ChildObesity)

[NHS Information Centre http://www.ic.nhs.uk/statistics-and-data-collections](http://www.ic.nhs.uk/statistics-and-data-collections)

[National Obesity Forum http://nationalobesityforum.org.uk/content/blogcategory/23/128/](http://nationalobesityforum.org.uk/content/blogcategory/23/128/)

Policy background / legislative landscape

The government has produced a great deal of strategy papers, guidance, initiatives and policies in an attempt to halt the rise in obesity since it became widely acknowledged as an issue. In reviewing childhood obesity, or a specific aspect of it, it is important to gain an understanding of existing government measures in order to avoid duplication and/or take advantage of the available resources. The list below provides a brief overview of the policy / legislative landscape and should be used as a starting point for building up a picture of government measures to childhood obesity.

Click on underlined titles to follow hyperlinks to relevant web pages.

Government Papers

[Change4Life: tackling childhood obesity \(2009\)](#): This is a government led publicity campaign designed to promote awareness amongst children and parents without stigmatising the

overweight. The campaign shifts the focus away from blaming parents and instead highlights the difficult circumstances of 'modern life'. The government has committed £75 million to support local initiatives and targets aimed at encouraging healthier eating and more active lifestyles. The campaign will include advertisements on TV, the creation of a website and the provision of free branded promotional material.

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[Healthy Weight, Healthy Lives: a Cross-Government Strategy for England Strategy \(2008\)](#): This cross governmental strategy was developed in response to the Foresight report - 'Tackling Obesity: Future Choices' which found that by 2050 60% of men and 50% of women could be clinically obese and that without action, obesity-related diseases will cost an extra £45.5 billion per year. The strategy focuses on 5 thematic areas and provides the following funds, guidance and commitments.

Healthy children

- Early identification of at risk families and plans to make breastfeeding the default option for mothers.
- Investment in healthy schools, increasing participation in physical activity, and making cooking a compulsory part of the national curriculum.
- A £75 million marketing campaign to support and empower parents to make changes to their children's diet and increase levels of physical activity.

Promoting healthier food choices

- Setting out a Healthy Food Code of Good Practice to be finalised in partnership with the food and drink industry, including proposals to develop a single, simple and effective approach to food labelling, and to challenge the industry (including restaurants and food outlets) to support individuals and families reduce their consumption of saturated fat, salt and sugar.
- OFCOM to bring forward its review of the restrictions already introduced on the advertising of unhealthy foods to children.
- Promote Local Authority planning powers to limit the spread of fast food outlets in particular areas e.g. such as close to schools or parks.

Building physical activity into our daily lives

- Investment of £30 million in "Healthy Towns" - working with selected towns and cities to bring together the successful EPODE (Ensemble Prevenons Lobesite Des Enfants) model used in Europe, using infrastructure and whole town approaches to promoting physical activity.
- Set up a working group with the entertainment technology industry to ensure that they continue to develop tools to allow parents to manage the time that their children spend watching TV or playing sedentary games, online and much more widely.
- Review our overall approach to physical activity, including the role of Sport England, with the aim of producing a fresh set of programmes to ensure that there is a clear legacy of increased physical activity before and after the 2012 Games.

Creating incentives for better health

- Stronger incentives for individuals, employers and the NHS to prioritise the long-term work of improving health.
- Working with employers and employer organisations to explore how companies can best promote good health among their staff and make healthy workplaces part of their core business model.
- We will pilot and evaluate a range of different approaches to using personal financial incentives to encourage healthy living.

Personalised information and care for people already overweight or obese.

- Developing the NHS Choices website so that it provides advice for diet and activity levels, with clear and consistent information on how to maintain a healthy weight.
- Increased funding over the next three years to support the commissioning of more weight management services, where people can access personalised services to support them in achieving real and sustained weight loss.

[Our Health, Our Care, Our Say: A New Direction for Community Services \(2006\)](#): This White Paper details the governments plans to deliver more tailored advice to people on weight delivered through GPs and offer more weight reduction programmes through community pharmacies.

[Choosing Health: Making Healthy Choices Easier \(2004\)](#): Sets out government led initiatives to tackle obesity such as creating NICE guidance and a healthy weight loss guide.

[Delivering Choosing Health \(2005\)](#): This Government plan for delivering more patient choice in the NHS also includes priorities relevant to obesity such as Priority C: Tackling Obesity, and Priority G: Helping Children and Young People to Lead Healthy Lives.

[Choosing a Better Diet: A Food and Health Action Plan \(2005\)](#): Identifies the need for action on advertising and promotion of food to children, simplified food labelling, obesity education and nutritional standards at school and in the workplace.

[Choosing activity: a physical activity action plan \(2005\)](#): Sets out Government plans for a coordinated approach to promoting and providing opportunities for physical activity.

[Every Child Matters \(2003\)](#): Lists 'Be Healthy' as one of 5 key themes and establishes 'percentage of obese children under the age of 11' as an indicator.

[Game Plan: a strategy for delivering Government's sport & physical activity objectives \(2002\)](#): A 20 year vision for promoting grass-roots activity in sport.

Public Service Agreements

A Public Service Agreement (PSA) target for obesity was established in 2004 - 'halting the year-on-year rise in obesity among children aged under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole'. In October 2007 the target was redefined as: 'to reduce the proportion of overweight and obese children to 2000 levels by 2020 in the context of tackling obesity across the population'.

Dietary Initiatives

- [SureStart](#): Encourages women to breastfeed as it has been shown to reduce the likelihood of obesity in later life.
- [Healthy Start](#): Strives to ensure a healthy diet for children in low income families.

- [5 A DAY programme](#): Increase the availability and consumption of fruit and vegetables.
- [Food in Schools Programme](#): Led by the Department of Health and Department for Education and Skills this programme aims to lead schools in developing a holistic approach to the health of children.
- Ofsted evaluation: School food assessment is now a part of the routine school evaluation.
- [School Food Trust](#): This was established by the Department for Education and Skills in 2005 and aims to transform school food and food skills, promote the education and health of children and young people and improve the quality of food in schools.
- Work with the Food Industry: To ensure that food is clearly labelled and that the marketing of food to children is done responsibly.
- [National Healthy School Standard](#): Healthy eating is included as one of health themes that are to be taught to children in schools.

Physical Activity Initiatives

- [Local Exercise Action Pilots](#): Locally run pilot programmes to evaluate ways of encouraging people to be more physically active.
- [National PE, School Sports and Club Links Strategy](#): Target to increase the percentage of children in England spending a minimum of two hours weekly on high-quality PE and school sport to 85% by 2008.
- *Green Gyms*: Creating opportunities for people to be physically active by taking part in conservation activities.
- *Walking the Way to Health Initiative*: Encouraging people to walk more.
- [Well@Work pilots](#): Assessing and promoting 'healthy interventions' that improve the health of employees.
- *Department of Transport Travel Planning*: Encourage schools, workplaces and communities to consider sustainable travel options which also increase physical activity.
- [Schools on the Move: pedometers in schools](#): Scheme saw 45,000 pedometers distributed to 250 schools between September 2007, and March 2008. It found that they were successful in encouraging less active children to exercise more.

Relevant Local Area Agreement (LAA) performance management framework local improvement indicators

- **LAA Indicator 53**: Breastfeeding 6-8 weeks
- **LAA Indicator 55**: Obesity among primary school children in Reception year
- **LAA Indicator 56**: Obesity among primary school children in year 6
- **LAA Indicator 57**: Children & YP participation in high quality physical education and sport

Appendix – 7 case studies at a glance

Reviews included

Leeds City Council

Inquiry into Childhood Obesity
Health Overview and Scrutiny Committee
March 2006
<http://www.cfps.org.uk/pdf/review/1420.pdf>

London Borough of Lewisham

Children and Young People Select Committee 2006–2007: A Report into Tackling Childhood Obesity
Report of the Childhood Obesity Panel - Children and Young People Select Committee
February 2007
<http://www.cfps.org.uk/pdf/review/4247.pdf>

North Lincolnshire Council

Obesity in North Lincolnshire
Healthier Communities and Older People Scrutiny Panel, Health Working Group
June 2008
<http://www.cfps.org.uk/pdf/review/17754.pdf>

Rotherham Metropolitan Borough Council

Scrutiny Review of Childhood Obesity
Performance and Scrutiny Overview Committee, Health Working Group
June 2006
<http://www.cfps.org.uk/pdf/review/5632.pdf>

Stockport Metropolitan Borough Council

Childhood Obesity
Social Care and Health Scrutiny Committee
May 2005
<http://www.cfps.org.uk/pdf/review/876.pdf>

Warwickshire County Council

Review of Childhood Obesity in Warwickshire
Health Overview and Scrutiny Committee
November 2007
<http://www.cfps.org.uk/pdf/review/6042.pdf>

West Sussex County Council

West Sussex: childhood obesity
Health Scrutiny Select Committee
March 7 2005
<http://www.cfps.org.uk/pdf/review/1261.pdf>

Why they reviewed childhood obesity

Leeds City Council

The review was timed to coincide with the development of the Leeds Childhood Obesity Strategy. The subject had initially been identified as an important public health issue that should be looked at by the Health and Wellbeing Scrutiny Board at the beginning of the municipal year.

London Borough of Lewisham

The Children and Young People Select Committee wanted to undertake the investigation because the Lewisham Primary Care Trust (PCT) lacked collated knowledge about this subject and the review would help them to develop any policies or strategies in the future. With its investigation, the Committee sought to look at the programmes operating within and outside the Council to curb obesity and the role of each of the key institutions. It was felt that with this information in hand a childhood obesity strategy could then be developed.

North Lincolnshire Council

Healthier Communities and Older People Scrutiny was keen to conduct a review on a public health topic, and discussed possible options with a number of key witnesses. Members decided that, given the alarming rise in obesity in recent years and the profound effect it can have on the individual, a review on local work to tackle obesity was timely. In a climate of growing concern about childhood obesity, which has tripled in a decade, both members and the Local Strategic Partnership (LSP) decided to make tackling the problem a priority. The panel wanted to ensure that all of the necessary support was in place, and that all partners recognised the need for action and, where appropriate, that sufficient resources were allocated.

Rotherham Metropolitan Borough Council

The Health Select Committee report on Obesity (May 2004) indicated that preventative actions are urgently required to reduce the increasing number of obese children. Obesity rates in Yorkshire and Humber are higher than in England, with the highest rates among the least affluent. A review was initiated by members in February 2005 due to the increasing national publicity of the issue and therefore the importance of examining it at a local level. Members wanted to assess the scale of the problem in Rotherham and examine what the current practices and policies were in mitigating it.

Stockport Metropolitan Borough Council

Members of the Social Care and Health Scrutiny Committee decided that stark new statistics relating to childhood obesity warranted a review into the extent of the problem and measures underway to tackle it. Members also wanted to ensure that the people of Stockport were being exposed to the advice and support recommended in the government white paper 'Choosing Health'.

Warwickshire County Council

The review was prompted by members of Health Overview and scrutiny committee and added to their three year work programme. They had received reports that indicated that childhood obesity was on the increase in the West Midlands and they wanted to know the extent of childhood obesity in Warwickshire and whether the north of the county had a higher incidence (due to deprivation) than the south. It also fitted well with the Obesity Strategy Report that was being jointly produced by the County Council and the PCT at that time.

West Sussex County Council

Childhood obesity was identified as an issue that members wished to scrutinise as part of the work programme for the West Sussex Health Scrutiny Select Committee. There are established links between obesity and health inequalities which are topics that the Committee identified as a priority for scrutiny in its work programme for 2004/05.

Terms of reference

Leeds City Council

The Leeds City Council Scrutiny Board (Health and Wellbeing) set out

- a. The scale, nature and social issues surrounding Leeds' childhood obesity problem
- b. What is being done and what the potential barriers are to tackling childhood obesity in Leeds in terms of prevention, treatment and research and development within community, school and home settings
- c. Whether existing initiatives are appropriately joined up (was there sufficient co-ordination locally and are there structures in place to aid communication between key partner agencies and help overcome barriers?)
- d. The opportunities available for the effective use and coordination of funding streams and the identification of new funding streams
- e. How Leeds compares with other local authority areas regionally and nationally
- f. How local policy works with and complements national policies
- g. The views and attitudes of children, young people and parents/carers towards diet, nutrition and physical activity and opportunities to improve their health.

London Borough of Lewisham

The Childhood Obesity Panel were directed by the Children and Young People Scrutiny Committee

- a. To provide data on the extent of the obesity issue in the area to inform policy
- b. To establish how the authority can.
 - i. Improve food and nutrition – looking at school dinners and food inequalities
 - ii. encouraging children and young people to walk or cycle to school
 - iii. promote sports and physical education and how the London Olympics can encourage more children and young people to be active.

North Lincolnshire Council

The Healthier Communities and Older People Scrutiny Panel established a working group to undertake the following tasks:

- a. To monitor the progress on the agreed action plan, and to work with all partners to evaluate whether revisions to the plan are required.
- b. To seek best practice through a literature search, benchmarking, speaking to expert witnesses, and other evidence gathering techniques, and forming conclusions and recommendations based upon this evidence.
- c. To identify gaps in current service provision, taking appropriate action if required.
- d. To evaluate progress on LPSA 2, seeking evidence on the likelihood of meeting this stretched target, current and future spending and service priorities.

Rotherham Metropolitan Borough Council

The Performance and Scrutiny Overview Committee Health Working Group agreed the following terms of reference:

- a. To establish
 - i. The role and work of key partners.
 - ii. How learning and best practice is shared.
 - iii. Potential areas for improvement.
 - iv. How partnership working can support the development of health policy.
 - v. Government's policy and guidance to address the problem.
- a. To examine the following aspects
 - i. What do we know about the extent of the problem in Rotherham?
 - ii. What is being done to reduce the levels of child obesity?
 - iii. How does health inequality impact on child obesity?
 - iv. What is working well?

- v. What needs to be improved?
- vi. What can we learn from approaches elsewhere?

Stockport Metropolitan Borough Council

The childhood obesity review panel were directed by the Social Care and Health Scrutiny Committee;

- a. to consider baseline information about services provided and the extent of the problem locally, and the national and local policy context
- b. to consider the Government's public health white paper, and the outcomes of the Sub-Groups' initial meetings

Warwickshire County Council

The childhood obesity panel were tasked on behalf of the Health Overview and Scrutiny Committee to;

- a. assess the extent of childhood obesity within the county
- b. locate the causes and consequences of childhood obesity
- c. understand how childhood obesity is linked with health inequalities
- d. establish what the health service and the local authorities did to meet the needs of those affected
- e. examine the implications of children being obese
- f. make recommendations on what must be done to reduce the incidence of childhood obesity and to ensure that the NHS provided a flexible, appropriate, clinically effective and accessible service.

West Sussex County Council

A multi-agency Task Force was established by the Health Scrutiny Select Committee to;

- a. assess the size and nature of the childhood obesity problem in West Sussex
- b. explore good practice in preventing and managing the problem
- c. investigate the different ways in which the Health Scrutiny Select Committee could lobby food manufacturers, retailers and the Food Standards Agency.

Membership & formation

The following table documents the reported membership of the scrutiny committees and panels and whether the reviews included any co-opted members.

Council	No. Of Members	Co-opted Members
<i>Leeds City Council</i>	11	3
London Borough of Lewisham	5	2
North Lincolnshire Council	7	8
<i>Rotherham Metropolitan Borough Council</i>	4	3
Stockport Metropolitan Borough Council	4	0
Warwickshire County Council	5	1
West Sussex County Council	2	1
Average membership of scrutiny committees and panels	5	3

Time Taken

This table shows the time taken to undertake the review.

Council	Date started	Date finished	Duration of the review
<i>Leeds City Council</i>	Sept 05	Mar 06	7 months
London Borough of Lewisham	July 06	Feb 07	8 months
North Lincolnshire Council	NA	June 08	NA
<i>Rotherham Metropolitan District Council</i>	Feb 06	June 06	5 months
Stockport Metropolitan Borough Council	Nov 04	May 05	7 months
Warwickshire County Council	Oct 06	Nov 07	13 months
West Sussex County Council	April 04	Mar 05	11\months
Average time taken to complete a review	9 Months		

Officer support provision

- Both Rotherham Metropolitan Borough Council and West Sussex County Council enjoyed the support of a team of dedicated scrutiny professionals and additional support from officers in other departments and external service providing partners.
- North Lincolnshire Council, Stockport Metropolitan Borough Council, Warwickshire County Council and Leeds City Council completed their reviews with the support of one scrutiny officer.
- The review undertaken at the London Borough of Lewisham had the support of a research and policy officer.

Evidence collection methods

Leeds City Council

The Working Group received a report by the Strategy Group which set out their original rationale for producing a Childhood Obesity Strategy and details of the scale of the childhood obesity problem in Leeds and the activities currently underway across the city to help address this problem

When determining the scope of the inquiry, the scrutiny board sought the advice of representatives from an existing local multi-disciplinary strategy group who were already focusing on childhood obesity. This group was leading on the development of the Leeds Childhood Obesity Strategy, which is how members found out about the strategy. Members learned from this group that childhood obesity featured as a local priority within many local strategy documents and that, if anything, this work needed to be better coordinated across the city.

London Borough of Lewisham

The Children and Young People Select Committee identified the following three main areas for investigation after a benchmarking exercise that looked at Lewisham's position compared with other authorities and government policy:

1. food and nutrition – looking at school dinners and food inequalities
2. encouraging children and young people to walk or cycle to school
3. sports and physical education and how the London Olympics can encourage more children and young people to be active.

In each case key partners in schools, transport, and the PCT were consulted about the current situation in Lewisham.

North Lincolnshire Council

- Desktop research – In an extensive and far reaching research and benchmarking exercise the panel received documentation and other evidence from the following: the Department of Health, Department for Children, Schools and Families, Cabinet Office Strategy Unit, and The Parliamentary Office of Science and Technology (Foresight Project) information from North Lincolnshire Council, North Lincolnshire Primary Care Trust (PCT) and Northern Lincolnshire and Goole Hospitals NHS Foundation Trust, Reports and guidance from the National Institute for Health and Clinical Excellence (NICE) and the United Nations Children's Fund (UNICEF), independent, government funded and academic research from various and universities, charitable groups and other institutions.
- Interviews and discussions – witnesses were called from within the council, North Lincolnshire PCT and Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
- Panel meetings - A series of public meetings of the panel were held for witness interviews, together with planning and evaluation sessions to consider information gathered or presented to the panel. These sessions also allowed for analysis and evaluation, or to discuss the panel's conclusions and recommendations.

Rotherham Metropolitan Borough Council

The working group researched the policy landscape to ensure that members had a clear understanding both the local and national policy context. A wide ranging study of good practice measures to tackle childhood obesity and a review of initiatives in place in Rotherham also helped to inform recommendations. Additional desktop research was undertaken to benchmark the childhood obesity problem in Rotherham against other areas. The working group also consulted both head-teachers (on school policy and opinions about tackling childhood obesity) and children (on their lifestyle) in a survey that received responses from 37 primary schools.

Stockport Metropolitan Borough Council

As initial scoping for the review took place it became apparent that work was currently underway to address the issue of childhood obesity in Stockport. Stockport has a strong tradition of joint health planning, and a partnership approach to tackling childhood obesity has been in place for a number of years.

In 2004 the Stockport Health Improvement Partnership (SHIP) created the Action on Obesity Taskforce. This brought together different partners who were tasked with assessing local activity and intervention, implementing a response to the public health white paper, proactively identifying

resources to enable further local action, and identifying mechanisms to implement recommendations made by this Scrutiny Review. At its first meeting, in November 2004, the Taskforce set up two sub-groups to address the two key drivers of obesity: Action on Obesity: Physical Activity Sub-Group and Action on Obesity: Diet Sub-Group. As the Steering Group and Sub-groups were meeting during the course of the Scrutiny Review, and were scheduled to continue to meet following the review's completion it was felt that conducting a full review would unnecessarily duplicate efforts. It was therefore agreed that the Council's Policy Manager (Health) and other officers as appropriate would report to the Panel on progress and activities. The Panel met twice through January and March 2005:

1. to consider baseline information about services provided and the extent of the problem locally, and the national and local policy context;
2. to consider the Government's public health white paper, and the outcomes of the Sub-Group's initial meetings.

Warwickshire County Council

At the first meeting of the Childhood Obesity Panel in October 2006 it was decided to expand the scope of the review to include the following:

1. To look at existing examples of partnership working to seek opportunities to use partnerships to achieve the aims and objectives
2. To focus on families and not just children - recognised that adults need to set standards for children.
3. The role of physical activity in reducing obesity - identify facilities and opportunities that children and families had to carry out physical activity.
4. Finally how many specialist services were available in Warwickshire

1, 3 and 4 were mapping exercises that enabled the panel to benchmark the current position of Warwickshire County Council in tackling childhood obesity. In order to add value to statistics gleaned from the national dataset as well as give opinions on local provisions healthcare professionals from Warwickshire PCT and several other local partners were invited to present to the panel. In addition, visits were arranged so that panel members could see local initiatives in action and speak to people involved the delivery of, and those benefiting from existing schemes.

West Sussex County Council

A multi-agency Task Force was established to investigate the problem and to explore good practice in preventing and managing the problem. It also intended to investigate ways that the Health Scrutiny Select Committee could lobby food manufacturers, retailers and the Food Standards Agency. However, during the time of the Task Force, the government and other organisations such as supermarkets have implemented a number of initiatives, which the Task Force supports. A study of good practice helped to advise actions especially relating to the school environment. The Task Force undertook a school based survey of children's body composition measurements in a sample of schools. The Task Force also organised a Childhood Obesity Conference in February 2005.

Selection of local improvement indicators relating to childhood obesity

	LAA Indicator 53 (prevalence of breastfeeding at 6- 8 weeks from birth)	LAA Indicator 55 (Obesity among primary school children in Recep- tion year)	LAA Indicator 56 (Obesity among primary school children in year 6)	LAA Indicator 57 (children & young people's participa- tion in high quality physical education and sport)
Leeds City Council				X
London Borough of Lewisham		X		
North Lincolnshire Council	X	X		
Rotherham Metropoli- tan District Council	X		X	X
Stockport Metropolitan Borough Council			X	
Warwickshire County Council			X	X
West Sussex County Council				
Reviewing authorities	29%	29%	43%	43%
National Average	21%	17%	66%	17%