

**DERBYSHIRE COUNTY COUNCIL**

**HEALTH OVERVIEW AND SCRUTINY REVIEW**

**CHILDHOOD OBESITY**

**REVIEW REPORT**



**JULY 2008**

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### **HEALTH OVERVIEW AND SCRUTINY REVIEW** **CHILDHOOD OBESITY**

#### **REVIEW REPORT**

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## Foreword

We have found the Health Scrutiny Review of Childhood Obesity not only interesting and informative but also very concerning. It was one piece of information which brought the enormity of the problem into perspective that is if the current trend continues today's children will have a shorter life expectancy than their parents and grandparents.

The review has sought information and evidence from a number of sources including the Primary Care Trust, Derbyshire Sport, Derbyshire Catering Service, Sure Start and Slimming World. We have found that all those organisations working with children in a range of settings have welcomed us and our review.

We have been particularly pleased by the number of people who have given their time to talk to us and show us their projects in action and also those who participated in the evidence gathering event at County Hall. We were impressed by their dedication and commitment to finding solutions to what is likely to be one of the most significant risks to public health.

We are particularly grateful to Judy Derricott of Derbyshire County PCT and Amanda Avery of Derby City PCT and Slimming World taking time out on a number of occasions not only to provide information and advice but also for arranging interesting and informative visits for the working group.



Councillor Roger Wilkinson

Vice Chair

Improvement and Scrutiny Committee – Healthier Communities

## **1. Background**

The World Health Organisation has described the rise in obesity as a global epidemic.

Since 1980 the prevalence of obesity in the United Kingdom alone has trebled. If the current trend continues today's children will have a shorter life expectancy than their parents and grandparents.

Obesity is associated with many illnesses and is directly related to increased mortality and lower life expectancy. It is responsible for more than 9,000 premature deaths per year in England and is an important risk factor for a number of chronic diseases such as heart disease, stroke, some cancers, and type 2 diabetes. Prevalence has trebled since the 1980s, and well over half of all adults are either overweight or obese – that is almost 24 million adults.

The prevalence of obesity in children aged under 11 years of age has increased dramatically over the last decade. If no action is taken then it is estimated that one-in-five children in England will be obese by 2010

Latest child obesity statistics show that obesity prevalence in children aged 2-10 rose from 9.9% to 14.3% from 1995 to 2004. These are alarming figures, although people are more likely to be overweight or obese in adulthood, the rising level in children and adolescents is a public health concern.

It was with this background information in mind that the Scrutiny Committee conducted its review and agreed the following broad aims:

- Examine the problems of childhood obesity and its prevalence in Derbyshire;
- To examine current best practice;
- Explore further what organisations are currently doing to manage and tackle the problem;
- To explore how organisations might work together to improve the situation.

## 2. Literature Review

In his report entitled “Securing our Future Health: Taking a Long Term View” 2002, Sir Derek Wanless highlighted obesity as having the potential to be of equal importance to smoking as a future determinant of future health. A report by the Chief Medical Officer<sup>1</sup> in 2003 described the growth of overweight and obesity in the UK as a “health time bomb”. The Royal College of Physicians<sup>2</sup> reported that “a failure to act now (to tackle current obesity levels) will have severe consequences for millions of individuals”.

The National Audit Office has stated that in addition to any human cost of chronic disease and premature mortality there are also serious financial consequences for the NHS. At current levels obesity already costs the NHS around £1 billion per year in direct costs, add to this the indirect costs and the cost to the UK economy is already running at between £2.3 and £3.6 billion. If this present trend continues then by 2010 the cost will be £3.6 billion.

Obesity has grown by nearly 400% in the last 25 years and on present trends will surpass smoking as the greatest cause of premature loss of life. In a report commissioned by the Kings Fund in September 2007, Sir Derek Wanless<sup>3</sup> reflected on how the NHS had performed since his 2002 report. Whilst he was able to praise progress on reducing levels of smoking within the population he was vociferous in his criticism that not enough was being done to tackle obesity and that many “schemes were locally based and on a small scale”.

A further report<sup>4</sup> in December 2007 Professor Sabaratnam Arulkumaran, president of the Royal College of Obstetricians and Gynaecologists said “Obesity is fast emerging as the public health issue of our generation...” The report goes on to say that obesity represents “one of the greatest and growing overall threats to the childbearing population of the UK”. The report also highlights that out of a total of 295 women who died whilst pregnant or giving birth over half were either overweight or obese and more than 15% were extremely obese. The underlying message of the report is that healthy mothers have healthier pregnancies and healthier babies.

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<sup>1</sup> Report of the Chief Medical Officer, 2003 – “Obesity: Defusing the health time bomb”

<sup>2</sup> “Storing up problems: The medical case for a slimmer nation”, The Royal College of Physicians 2004

<sup>3</sup> Our Future Health Secured? – A review of NHS funding and performance Sir Derek Wanless, John Appleby, Anthony Harrison, Dashing Patel – September 2007

<sup>4</sup> The Confidential Enquiries into Maternal Deaths (CEMACH) RCOG – December 2007

### **3. What is Obesity?**

Simply put, obesity is the result of taking in more calories through diet than are burnt through physical activity. The reasons for this calorie imbalance vary from person to person. It can be caused by a combination of genes, environment and behaviour. Some drugs and diseases can also contribute to weight gain.

Obesity is becoming more and more common. This is thought to be due to changes in lifestyle, particularly changes in the foods that are available and the amount of physical activity that people take.

Food tastes better, is available in more varieties, and is cheaper, especially processed foods. Portion sizes are getting bigger, usually at very little extra cost. For convenience, more people are eating pre-packaged food, fast food and soft drinks, which are often high in calories, fat, salt and sugar. These types of food are often heavily advertised, especially to children.

We are also living more inactive lifestyles. The use of cars and public transport over walking and cycling is increasing. Many jobs now involve sitting at a desk for several hours and inactive pastimes, such as watching television and surfing the internet, are becoming more popular.

Whatever the environment, some people stay thin and some become obese. Research shows that obesity tends to run in families. People with obesity-related genes are not destined to be obese, but they will have a higher risk of obesity. In the modern environment, they may need to work harder than others to maintain a healthy body weight by making long-term, sustained lifestyle changes.

Whilst we cannot alter genetic make-up and it is very difficult to control our environment lifestyle choices can be made. It is important to encourage healthy eating and the taking of regular physical activity to reduce the risk of being obese. This in turn will reduce the risk of cancer, heart disease, diabetes and several other major diseases.

#### **3.1 Childhood Obesity**

Increasing trends in the prevalence of childhood obesity have been reported throughout the developed and developing world<sup>5</sup> Childhood

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<sup>5</sup> Childhood Obesity: public-health crisis, common sense cure – CB Ebbeling, DB Pawlak, DS Ludwig (Lancet 2002)

obesity has become the focus of considerable attention by researchers, media, health professionals and government authorities. Childhood Obesity in England has doubled in 10 years. One in four children are now classified as being obese<sup>6</sup>.

In 2004 the Government produced a White Paper *Choosing Health; Making Healthier Choices Easier* which set out the Government's intention to ensure that every school should achieve the healthy schools standard by 2009.

The standard contains healthy eating and physical activity targets which are linked to the key education and health priorities in *Every Child Matters*.

The most common and immediate consequences of overweight and obesity in childhood are social and psychological. Negative stigma and bullying can contribute to low self esteem and depression, and may have a significant effect on future mental and physical health<sup>7</sup>

Overweight in childhood is also associated with increased risk factors for heart disease. Of particular concern is the recent appearance of Type 2 diabetes in children and adolescents, a condition previously only affecting people in middle to later life.<sup>8</sup>

The most significant long term effect of obesity in childhood is its persistence into adulthood. Overweight young people have a 50% chance of being overweight adults. The persistence of obesity into adulthood not only increases the adult risk of disease due to obesity but also its occurrence at an early age.<sup>9</sup>

### 3.2 Why has obesity in children increased?

The prevalence of obesity in children is rising in England as a whole. As for adults the changes in lifestyle impacting on the balance of energy intakes and expenditure are assumed to be largely responsible for this increase, although relevant trend data on physical activity and dietary intakes are extremely limited – even more limited than equivalent data for adults.

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<sup>6</sup> Health and Social Care Information Centre Survey 2005

<sup>7</sup> Working Party of the Royal College of Physicians, Royal College of Paediatrics and Child Health, and the Faculty of Public Health Medicine: *Storing up Problems: The medical case for a slimmer nation*, 2004

<sup>8</sup> Chief Medical Officer. *Obesity: defusing the health time bomb*. In *Health Check: CMO Annual Report 2002*

<sup>9</sup> *Storing up Problems: The medical case for a slimmer nation*, 2004

Various social trends have been cited as possible contributors to increasing childhood obesity including:

- Greater use of the car to transport children on short journeys
- Lower sports participation
- Parental reluctance to let children play outdoors
- Supersizing of fast foods and snacks
- Increase in screen based activity in children – television and computers

In addition, evidence suggests that children with two overweight or obese parents have a higher probability of becoming overweight themselves. This probability is halved if only one parent is overweight and substantially reduced if neither parent is overweight.

### 3.3 National and local targets

The national target is to halt the year-on year rise in obesity among children under 11 by 2010 (from the 2002-2004 baseline). This is a joint target for the Department of Education and Skills, the Department of Culture, Media and Sport and the Department of Health.

*National Standards, Local Action* - the Health and Social Care Standards and Planning Framework, published in July 2004, indicates that PCT, working with local authorities, NHS partners and other organisations are expected to contribute to the national target.

*Derbyshire's Sustainable Community Strategy* - tackling obesity has been identified by the county council as a partnership priority within its community strategy because it has been identified as one of the most important preventable challenges to health in Derbyshire.

*Local Area Agreements Targets* - the final indicators in the LAA highlight tackling current obesity levels amongst primary school children and increasing activity levels in young people as a priority for the council and its partners

### 3.4 What Works – The Evidence

Despite all the public attention and concern, policymakers are uncertain how best to combat childhood obesity. Researchers have identified many possible causes of the obesity epidemic, but the research base on how to prevent obesity is still limited, making it difficult to decide how best to proceed.



Many interventions aimed at preventing childhood obesity have been developed and evaluated. These range from relatively simple to multi-faceted complex interventions, and encompass components aimed at improving diet, increasing physical activity, reducing sedentary behaviours and improving general health. A variety of settings have been used for delivering prevention interventions, including family, pre-school, school, community and health care settings<sup>10</sup>

Despite the extensive research into interventions aimed at preventing childhood obesity, there is minimal evidence to support their effectiveness. The National Institute for Health and Clinical Excellence (NICE) published a clinical guidelines entitled 'Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children' in December 2006. NICE reported that many studies looking into obesity prevention had an inadequate duration of follow up, were conducted outside of the UK and were poorly reported. The guidelines also stated that there was a dearth of evidence looking at obesity interventions aimed at key 'at-risk' groups in the UK, such as young children and certain ethnic minority groups. NICE concluded that there was a further need for well designed trials of interventions to tackle obesity, with a period of follow up of at least 12 months.

Strategies ultimately need to deal with eating less and becoming more physically active<sup>11</sup>. Most PCTs are now drawing up obesity strategies but action needs to be taken at all levels, including national, local, community and individually and concentration needs to be on solutions, not problems<sup>12</sup>

### 3.5 The Derbyshire Picture

As part of the review the working group organised a evidence gathering event and invited representatives from various organisations within Derbyshire to report what was currently being done.

The following people attended:

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<sup>10</sup> National Institute of Health and Clinical Excellence. Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children (CG43 Obesity NICE Guideline). December 2006.

<sup>11</sup> Childhood Obesity: public-health crisis, common sense cure – CB Ebbeling, DB Pawlak, DS Ludwig (Lancet 2002)

<sup>12</sup> Working Party of the Royal College of Physicians, Royal College of Paediatrics and Child Health, and the Faculty of Public Health Medicine: Storing up Problems: The medical case for a slimmer nation, 2004

- Dr Carol Singleton, Deputy Director of Public Health, Derbyshire County PCT and Director of Health Improvement and Partnerships, Derbyshire County Council
- Dr Gerald Beales and Fiona Davidson, Derbyshire County PCT Health Promotion
- Peter McGrath, Derbyshire County Council Schools Catering Service
- Judy Derricott, The Bolsover Wellness programme 5/60 Project
- Margaret Blount and Angela Carter, Derbyshire Sport
- Jayne Duly and Dawn Whitehead, North Derbyshire School Nursing Service, Health 4 Life Project
- Teresa Cresswell Derbyshire County PCT Public Health Lead for Childhood Obesity
- Jill Langley and North East Derbyshire SureStart Children's Centres
- James Hilton, Hilton Primary School Walking to School Project

**Evidence from Dr Carol Singleton, Deputy Director of Public Health, Derbyshire County PCT and Director of Health Improvement and Partnerships, Derbyshire County Council**

The Deputy Director of Public Health reported that obesity prevalence in children aged 2 – 10 years nationally rose from 9.9% to 14.35% between 1995 and 2004. Levels of obesity are 5 percentage points higher among children living in the most deprived areas (16.4%) than the least deprived areas (11.2%). The projected rate of increase in levels of obesity is greater among those that live in manual households than those who live in non-manual households. The overriding concern is that at current levels of obesity, the present generation of children may have a life expectancy lower than their parents and grandparents.

The Deputy Director of Public Health informed the working group of the shared programme between the Department of Education and Skills and the Department of Health. Guidance for PCTs published in January 2006 outlined the new annual requirement to measure the height and weight of all children in Reception (ages 4 to 5) and Year 6 (ages 10 to 11).

In June 2006, 13,001 Reception and Year 6 children from 351 state maintained primary schools from across Derbyshire were weighed and measured. This process was repeated in June 2007. *Table 1* shows the number of children in Derbyshire who took part in the programme in 2006 and 2007. More children were measured in 2007 – 85.75 v 77.6% in 2006. A higher proportion of reception children were measured than year 6 but the gap is closing. Members asked about those children that

had opted out of the programme. Table 2 shows the results for 2006 and 2007.

The Deputy Director of Public Health reported there was a real concern that 10% of children were withdrawn from the programme by parents and that these tended to be children who were overweight or obese. When questioned about following up these cases the Deputy Director of Public Health stated that this was not permissible under the programme, however teachers and school nurses were aware of children with weight problems including those children who were identified as being underweight. It was pointed out that being very underweight posed more risks to health in this age group than being morbidly obese.

TABLE 1

	<b>Reception</b>	<b>Year 6</b>	<b>Total</b>	<b>%</b>
Total children measured 2006	6294	6707	13001	77.6
Total children measured 2007	6557	6770	13327	85.7

TABLE 2

	<b>% reception 2006</b>	<b>% reception 2007</b>	<b>% Y6 2006</b>	<b>% Y6 2007</b>
Morbidly obese	2.35	2.24	4.12	4.74
Obese	3.46	4.10	9.14	8.85
Overweight	9.56	9.47	14.16	13.40
Normal	79.35	79.3	69.61	69.19
Underweight	3.65	3.31	2.25	3.15
Very underweight	1.62	1.57	0.53	0.68

Table 3 shows all the results as a percentage of the number of children weighed and measured in 2006 and 2007

Table 3

	% reception 2006	% reception 2007	% Y6 2006	% Y6 2007
Morbidly obese	2.35	2.24	4.12	4.74
Obese	3.46	4.10	9.14	8.85
Overweight	9.56	9.47	14.16	13.40
Normal	79.35	79.3	69.61	69.19
Underweight	3.65	3.31	2.25	3.15
Very underweight	1.62	1.57	0.53	0.68

**Evidence from Fiona Davidson, Healthy Schools Co-ordinator, Derbyshire County PCT**

The Healthy Schools Co-ordinator advised the panel that the National Healthy Schools Programme is a long term initiative that helps young people and their schools to be healthy. The ethos of the Healthy Schools initiative is to help children and young people to reach their potential by building on a solid foundation of health to do better in learning and in life.

The impact of the programme is based on a whole-school approach to physical and emotional well-being focussing on four core themes:

- Personal, Social & Health Education
- Healthy Eating
- Physical Activity
- Emotional Health & Wellbeing

The whole school approach involves working with children and young people, parents, school staff and the whole school community to provide a solid foundation from which developments and improvement are embedded in a systematic way. These processes contribute to the physical and emotional development of all members of the school community.

In Derbyshire 35% of schools have achieved the Healthy Schools status and 94% of schools are engaged in the scheme.

The Healthy Schools Co-ordinator outlined some of the work being done in schools as part of the programme. This has included:

- Parent/pupil lunchbox workshops
- Healthy lifestyles award schemes
- Physical activity in classroom
- Daily physical activity
- Work on the dining room environment
- Policy development
- Mid day supervisor training

The Healthy Schools Co-ordinator advised that the main thrust of the programmes was to teach the importance of a healthy lifestyle and this could only be achieved through the promotion of a balanced approach.

The Healthy Schools Co-ordinator highlighted to the panel a major capacity issue which means they are unable to deliver the programme to every school within the county

**Evidence from Peter McGrath, County Catering Manager, Derbyshire Schools Catering Service, Derbyshire County Council**

The County Catering Manager informed the panel that the move to providing students with healthier choices at lunchtime began in Derbyshire 5 years ago and the work is still ongoing. This predates the Jamie Oliver national initiative. It has always been accepted that this would be a gradual process and not something that could be rectified overnight.

The Derbyshire Catering Service has favoured a whole school approach which has included good partnership working with the wider community – that is students, parents, teachers, governors, catering staff, local businesses and enterprise – to create and develop a healthy environment which will contribute to helping students learn and achieve.

The working group were informed that the stepped approach undertaken by Derbyshire County Council's Catering Service had not only been effective in producing good quality nutritionally balanced

meals but also in encouraging students to try the meals provided. This success had come about by involving the wider community in any changes that had taken place. The service had invested a significant amount of time working with staff, students and their families and had incorporated their views into the subsequent improvements to the service. An example where this had worked particularly well was Deincourt School in North Wingfield, Chesterfield. School Catering staff has worked with teachers, students, governors, Sure Start and the School Nursing Service on a whole school approach. The programme is aimed at changing lifestyles. The school introduced different healthy lifestyle projects for each year group and the school catering team in conjunction with local suppliers provided an assortment of fruit and vegetables for students to taste at the inaugural Health Day. This has now become an annual event in which the school catering team takes on a pivotal role. In addition the team, through links with the local Sure Start have arranged a successful Nutrition Course for Y 11 students. The success of this programme has meant that it was rolled out in an amended form to Y8 students.

Councillors asked whether a rise in the cost of school meals saw a significant reduction in uptake. The County Catering Manager stated that in his experience parents were prepared to pay for choice and quality and that as a result Derbyshire had been able to maintain its numbers of students taking school meals at about the 43% mark, which is higher than the national average despite an increase in prices.

#### **Evidence from Judy Derricott , Health Improvement Manager, Derbyshire County PCT**

The Health Improvement Manager advised the panel that the 5/60 Health 4 Life Project being run in the Bolsover area aims to address the issues surrounding childhood obesity. Childhood Obesity is complex; it requires significant changes in the lifestyles of children and their families to improve their diet and increase levels of physical activity.

The Project is an example of partnership working at regional, local and front line level to help tackle childhood obesity by directly working with children and their families.

Members were informed that the project works at building up the individual's self-esteem through fun, non-competitive sessions in the school environment. The programme runs over a 12 week period and gives students the opportunity to try games, activities and group

events. Each session has a healthy lifestyle message; the theme 5/60 refers to 5 portions of fruit and vegetables a day, and 60 minutes of physical activity. The Health Improvement Manager explained that the physical activity element does not just include curriculum based activity but also includes walking to school and after school activities. Children are provided with a pedometer as part of their 5/60 kit bag to encourage further exercise.

Each child also receives a Health and Activity Passport in which they record what they eat and how much physical exercise they take part in during the day. These are completed by the child, teachers, midday supervisors and parents and are used to encourage children to eat a healthy balanced diet and take part in physical activity.

The Health Improvement Manager reported that the scheme will have been delivered to all primary schools within the Bolsover district by March 2008. Young people in secondary schools are being offered a scheme on a referral basis. This is about to be piloted at Shirebrook School. There are further plans to extend the scheme to younger pupils. After 2009 all children entering Year 3 will have the opportunity to take part.

The programme is a universal scheme, for children with more complex weight management issues there is a proposal to set up a referral system. Initially this will be accessed via the School Nursing Service but it is hoped that once it becomes established it can be widened out to general practice and acute services.

Elected Members have visited this project and have been able to report on the good work being done in the Bolsover area. They were particularly impressed with fact that the programme was able to engage all children in the physical activities and that each child was an enthusiastic participant in the project.

**Evidence from Angela Carter, Active Lifestyles Officer and Margaret Blount Community Sports Network Manager, Derbyshire Sport**

The Active Lifestyle Officer introduced the Physical Activity Action Plan for Derbyshire 2006-2009. Launched in July 2006 it has been developed through the Derbyshire Physical Activity and Health Partnership which includes representative from all 10 local authorities within Derbyshire including the city, Primary Care Trusts, the Peak District National Park, the Countryside Agency, voluntary sector, LEAs and Sport England.

The partnership aims to provide a co-ordinated approach to increasing physical activity across the county and promote good practice through networking across the various agencies. In addition the partnership is able to influence decisions at a national and regional level. The overarching aim of the partnership is

*“To ensure that everyone who lives in Derbyshire has access to a range of opportunities and is encouraged to increase their levels of physical activity sufficiently to benefit their health”*

The partnership is keen to support and promote a range of physical activity initiatives and to move away from just the traditional sports, which will in turn increase the number of opportunities for physical activity. Much progress has been made since last year. A communications and media plan has been developed to promote local success stories and improve information sharing about physical activities, an “Active Derbyshire” campaign has been launched to encourage people to take part in physical activity. Further work is being done to encourage family participation through Sports Relief, the County Council Cycle Liaison Group and Race for Life which has become increasingly popular.

The Community Sports Network Manager outlined what was happening in school sport. In April 2003 the National Strategy for Physical Education, School Sport and Club Links was launched by the government. There has been a PSA target to have 75% of 5-16 year olds doing 2 hours of high quality PE and sport per week within and beyond the school day by 2006 and 85% by 2008 and funding has been provided and a structure developed to deliver this.

In Derbyshire the county now has 8 School Sports Partnerships each with a Partnership Development Manager; these are aligned with the 8 districts within the county. Each secondary school has a School Sports Co-ordinator and each primary school has a Primary Link Teacher to support the work of the partnership. Significant progress has already been achieved. The 2008 target of 85% has already been met and the School Sports Partnerships can offer a greater range of sporting opportunities than ever before, on average 17 sports. The partnership has seen an increase in participation in sports such as golf, cycling, archery, canoeing, orienteering, tennis, fitness and rowing. In addition each partnership links on average to 7 sports clubs within its area. There are new challenges ahead for the partnerships, whilst there is likely to be more funding provided to support and promote physical activity initiatives in schools and clubs there is also likely to be more demanding PSA targets to meet.



**Evidence from Jayne Duly, Head of School Nursing, Chesterfield Royal Hospital and Dawn Whitehead Health 4 Life Co-ordinator (High Peak and Dales)**

The Head of School Nursing explained that the service is responsible for over 53,000 children in the north of the county alone. Each school within Derbyshire has a named School Nurse assigned to it. The School Nursing Service deals with a range of issues and works closely with colleagues in Leisure, Primary Care and Dieticians. The School Nursing Service is also responsible for carrying out the National Measuring Programme in schools.

The Health 4 Life Co-ordinator reported that the vision of the health 4 Life programmes is that all children and families have access to support which will enable them to make positive lifestyle choices. The programme has been designed to help establish a network of support and encouragement for children and their families within the school and community setting. The programme aims to encourage and help children and their families to acquire the knowledge, skills and motivation necessary for them to adopt a long, active and healthy lifestyle.

The programme does this by

- Positively challenging the lifestyle choices of children and young people
- Exploring the dietary habits by working with children and their families to raise nutritional awareness
- Establishing activities and discussion groups for children and young people to talk through their anxieties
- Introducing self esteem raising activities into the programme
- Encouraging and educates about the benefits of regular physical activity

The programme is flexible and can be adapted to meet the needs of primary or secondary schools. The evaluation of the programme has shown increased levels of self-esteem, confidence and a willingness to get involved in different activities. This success is attributed to the emphasis of the programme being placed building relationships and the confidence of individuals through fun, non competitive sessions this giving the participants the opportunity to try games and activities that they would not normally have the confidence to be involved in.

In addition each session has a healthy lifestyle/citizenship message interwoven within it.

### **Evidence from Teresa Cresswell Derbyshire County PCT Public Health Lead for Childhood Obesity**

The Public Health Lead for Childhood Obesity with the PCT outlined the work being undertaken by the Chesterfield Sure Start and Healthy Living Centre to tackle obesity. Chesterfield Sure Start is unique in as much as it was developed in partnership with the Chesterfield Healthy Living Centre whose remit was to improve the health and social care of children, young people, families and older people, particularly with regard to ameliorating the risk factors in relation to coronary heart disease, stroke and diabetes.

It was through the Healthy Living Centre that the Nutrition Service evolved in to the Sure Start programme. From experience it was recognised that there was considerable need to develop family based nutrition programmes to support food hygiene (helping to reduce the incidence of gastro-enteritis in young children), family cooking skills (incorporating shopping, nutrition and cooking meals on a budget) and man in the kitchen (specific support for men and in particular lone male parents). Out of this work and in combination with health lifestyle checks the demand for weight management services grew, and as the programme deals with families there was a strong acknowledgement that childhood obesity cannot be addressed in isolation of the parent or carer. As a consequence of the success of the Weight Management Service it was recognised that for some people there needs to be a more in depth approach to enable lifestyle change, for this reason staff from the Chesterfield Sure Start and Health Living Centre project have been trained in the National Weight Concern Shape Up Programme. This addresses obesity through psychological and behavioural approaches by interactive group sessions. In Derbyshire this has been adapted to include extra weeks that include work on cooking and hygiene. The programme has demonstrated national positive results and is now being adapted for working with families with children.

The Public Health Lead for Childhood Obesity reported that experience from the Sure Start/Healthy Living Centre projects had allowed work to be done to identify preventative strategies for tackling obesity. These include working with families to develop cooking and nutrition skills in a range of community settings including ante natal classes and community education and the promotion of breast feeding initiatives.

## **Evidence from Jill Langley, Project Manager and Caroline Mackie North East Derbyshire Sure Start Children's Centre**

It was reported that the aim of the NE Derbyshire Sure Start Childrens Centre was to educate prents and carers of young children and to provide them with the skills needed to establish healthy eating patterns for life for the whole family. Healthy Eating is promoted through a range of intiatives:

- Cookery Courses – designed to provide information for healthy eating on a budget
- Breastfeeding – peer support through clinics and one to one support
- Weaning Programmes – provision of information on weaning and healthy home cooked alternatives
- Parent and Toddler Sessions
- Work with parents in a school setting - to encourage participation in meal preparation
- School holidays cooking programme for 7 to 11 year olds
- Work with children in a pre-school setting to develop an interest in food and cooking
- Provision of a Healthy Eating Café which provides low cost healthy meals with recipes available for the local community
- Fruit and Vegetable Co-op – providing cheap fruit, vegetables and salad on a weekly basis
- Contributing to the Health 4 Life Programme at Deincourt School

In addition and exercise programme is offered to the whole family. This includes post natal exercise and pilates, baby massage, Top Tot sessions, walking groups, change for life groups and discounted leisure cards.

## **Evidence from James Hilton, Headteacher Hilton Primary School**

The Headteacher of Hilton Primary School spoke to Members about the sucessful Walk to School campaign. Hilton Primary School is the largest primary school in the county with 700 children on the roll as at January 2007. It is projected that this will grow to over 800 by 2011/12.

There is a duty on every school to produce a School Travel Plan. This document sets out a package of measures for reducing the number of car trips made to school or a group of schools by pupils parents and staff. School Travel Plans are not only about transport, they are also about improving health and the enviroment of the whole community.

The Walk to School initiative at Hilton provides a major contribution to the plan. The school set a target of 55% of its pupils walking to school this being 5% above the Derbyshire County Council average. The school has actually achieved and consistently maintained, an average of 65% of its children walking to school.

This has been achieved through a variety of factors. By developing a culture within the school in which pride is taken in achieving a Walk to School Award. Initiatives such as the provision of healthy breakfasts and engendering a sense of community have also been important. The School Council plays a major part which has ensured "buy in" from pupils within the school.

### **Further Evidence received by the Working Group**

In addition to those present on the day the working group also received further evidence from Amanda Avery, NHS Community Dietician and Partnerships Co-ordinator for Slimming World and Anne Wright, Arts Officer Derbyshire County Council.

Mrs Avery reported that in her work with the NHS and Slimming World she had come to the conclusion that the most effective treatment for obesity was a combination of diet, exercise and behavioural therapy. Action is needed at all levels to tackle what has become a major public problem and it is important to be as innovative as possible to achieve effective and sustainable results.

Mrs Avery outlined some areas which she considered were key to tackling obesity in children. Whilst acknowledging that there is little in the way of evidence based best practice what is apparent that children need to be encouraged to eat a healthy balanced diet from an early age. Indeed this work needs to start as soon as a woman becomes pregnant. Clear, consistent messages given at this stage will provide a basis for healthy eating in pregnancy and lay down the foundation for this to be continued once the baby is born.

Breast feeding has been shown to have a significant effect on whether a child becomes obese. Breastfeeding should be encouraged by positive messages being delivered from a variety of agencies and help and advice must be given as early as possible. Following the birth women need to be provided with a range of support to enable them to breastfeed for as long as possible.

As the baby gets older it is important to give consistent practical advice on issues such as weaning and the move from bottle to cup. These areas can have an impact upon a child's eating habits and it is clear that in the past mixed messages have been given to mothers.

The Elected Members were keen to speak further with Slimming World with regard to their weight in partnership programme, “Slimming World on Referral” which was piloted in Derbyshire in 2001. The Elected Members were mindful that the Choosing Health White Paper encourages more partnership working between the NHS and the independent sector, it states that “the independent sector may have a key role in providing effective behaviour change programmes in ways that are more acceptable than traditional NHS care to some groups of patients”.<sup>13</sup> The scheme aims to work alongside health professionals and increasing patient choice by offering weekly weight management groups in a community setting. The scheme generally operates as a PCT and/or local authority funded voucher system. GP’s refer appropriate patients to any local Slimming World Group for 12 weeks. The scheme no longer operates in Derbyshire, however it has been taken up in other areas of the country and currently there are 47 projects run across the country which support 30,000 members. Whilst this scheme is targeted at adults the Members observed that there is a clear correlation between obesity rates in adults and those in children and any scheme accessed by adults in relation to healthy eating and physical activity will inevitably have a positive influence on other members of the family.

In addition to this and in response to the Foresight Report, “Tackling Obesity: Future Choices” published in October 2007, which promotes the concept of a whole family approach, Slimming World has introduced its Family Affairs project. The programme provides weight management support to 11 to 15 years olds and focuses on behaviour and lifestyle change rather than weight loss. It is currently helping almost 17,000 young people nationwide

### **Evidence from Ann Wright Arts Officer Derbyshire County Council**

The Arts Officer reported that there is evidence to show that that people who attend artistic and cultural events are more likely than other people to report good health, even when important characteristics such as age, socio-economic status and highest educational qualifications are taken into account.

Taking part in dance activities is also associated with better health – one way of preventing obesity and contributing to an improvement in the nation’s health. Dance is a popular activity and is seen as a good way to get children who would not otherwise engage in physical activity to be active.

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<sup>13</sup> Department of Health (2004), Choosing Health: White Paper p 143

There is a wide variety of dance activity across the county, involving many different organisations and individuals working with children and young people on a range of projects. These include:

- **Community dance coaches**, specialising in work with young people, in High Peak and South Derbyshire
- **INdependDANCE** is a dance group for young people in Wirksworth, run by Debi Hedderwick, and touring worldwide
- The **Youth Service** offers dance provision for young people through a roving dance worker and at Donut Creative Studios in Chesterfield
- There are dozens of **dance schools for children** in the county, offering a wide range of classes in ballet, tap, etc. Most market towns have access to this type of provision
- **DfES Music and Dance Scheme**, run by the Department for Education and Skills, the aim of the scheme is to help identify and assist children with exceptional potential, regardless of their personal circumstances, to benefit from world-class specialist training; this is run through the Derbyshire Education Improvement Service (Gifted and Talented programme)
- Most **schools** offer dance of some kind as part of the Physical Activity programme, but the quality is patchy
- **Rhythm & Rhyme** sessions in **libraries** offer movement, music and literacy activity to the under 5s across the whole county. This is now integrated as a normal part of library provision, but occasional external funding allows the programme to be given a particular boost

The Arts Officer stated that although there are many examples of good practice throughout the county there is historically a lack of co-ordination of the initiatives. In addition there is a lack of sustainable funding sources for dance projects and this situation could worsen if there is a reduction on Art Council and lottery funding.

#### **The PACE (Physical Active Children in Erewash) Project**

Across the whole of Derbyshire, Erewash is the only local authority where there is significant variation in levels of overweight and obesity. An analysis of the data from the School Measurement Programme shows that the number of children who are overweight, obese or morbidly obese in Erewash is significantly above the Derbyshire average and Erewash has the highest proportion of morbidly obese children in the county.

Members visited the PACE Project based at Sawley Junior School in Long Eaton with the Physical Activities Co-ordinator and the PACE Project Co-ordinator who are employed by Erewash Borough Council. The aim of the project is to “create a sustainable supportive and culturally appropriate project to improve healthy eating and physical

activity habits in young people and their families who are, or are at risk of being overweight”<sup>14</sup>.

The project is a partnership between Erewash Borough Council, Derbyshire County Primary Care Trust, Groundwork Derby/Derbyshire and Erewash School Nurses and is aimed at all children in years 3-6, currently held at 3 schools within the area. Places are prioritised by the School Nurse, Special Educational Needs Co-ordinator and school lead for the project using the following referral criterion:

- Poor co-ordination
- Poor body management
- Overweight
- Dis-engaging in physical activity.

The after school sessions consist of appropriate physical activity sessions, healthy eating sessions and 1:1 solution focussed sessions. Each child receives a pedometer and diary and goals are set around physical activity and healthy eating. Parents and carers are invited to the sessions to support their children. Each block of session's last six weeks after which the children and their families move onto the Exit Club which is held at the local leisure centre to encourage ongoing participation in leisure activities.

The Project is presently looking for further funding with a view to not only to continue to provide support to current schemes but also to extend the project into other schools.

## **4 Conclusions**

Obesity is a serious but preventable challenge to health and is related to both poor diet and physical inactivity. Obesity is associated with many illnesses and is directly related to increased mortality and lower life expectancy. Tackling obesity is a government wide priority. The Foresight Report published recently presents a comprehensive picture of the growing problem of obesity in the UK and considers that this can only be tackled through a range of initiatives under the shared leadership of local authorities and PCTs.

There is increasing national pressure to address this problem and the Review wished to explore what is being done in Derbyshire.

From the outset it was clear that a significant amount has already been undertaken within Derbyshire. The school meals service has been a leader in school catering for many years and had already gone along

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<sup>14</sup> PACE Preliminary Evaluation Report 2007

way to ensuring the production of good quality nutritionally balanced meals before the Jamie Oliver national campaign. The adoption of a more proactive approach to involving suppliers, schools and customers through a range of events, in house magazine, website and promotional work has been commendable and has resulted in the service maintaining and increasing the uptake of school meals within the county.

Derbyshire Sport is working hard to engage with those young people who may in the past have been disillusioned and disengaged from sport and physical activity. There is a recognition that providing a broad range of physical activity is important to ensure more children and young adults participate in some form of physical activity on a regular basis. The work being undertaken by the Arts Service in providing dance projects has been successful in a number of areas within the county and has provided another avenue for young people not otherwise engage in sport to get involved in physical activity. It is disappointing however that this work may be significantly reduced if Arts Council funding ceases.

There are a number of good initiatives being run across the county. These range from healthy lifestyle activities run by Sure Starts to projects run on a local basis as partnerships between health and district councils – notably Health 4 Life in Chesterfield, High Peak and Bolsover and the PACE Project in Erewash.

The work being done by Hilton Primary School with regard to encouraging healthy lifestyles through their work to school project and healthy breakfast club was seen as exemplary by the review

Whilst there is plenty of evidence good practice there are however issues, which need to be addressed

- Work is piecemeal and not widespread across the county
- Projects are only funded on a short term basis and often not funded from mainstream funding
- Much of the work is currently being done in schools and whilst this logical in terms of being a cost effective way of targeting children it is worth noting that the children spend the majority of time in the home or community settings and possibly more work needs to be done here.



## 5 Recommendations

The Review has identified some areas where it considers that further work may need undertaking. It therefore suggests that a range of initiatives need to be adopted to tackle this serious problem.

Firstly the Review believes that the importance of giving clear and consistent messages around the dangers and impact of childhood obesity cannot be over emphasised. It was considered that it is crucial that this information is given as early as possible preferably at the preconception and ante natal stages. It therefore suggests that:

1. The PCT gives consideration to commissioning the providers of maternity services within the county to actively promote the importance of good nutrition and the impact of childhood obesity at its preconception/ante natal courses

In addition the Review found compelling evidence that the establishment of healthy feeding regimes early in life can have a significant impact on a child's development and propensity to becoming overweight in future years. Evidence suggests that breast feeding can help to reduce the incidence of obesity in children and therefore the Review believed that this should be actively encouraged by the County Council wherever possible. The Review therefore advocates that:

2. The culture of breast feeding should be encouraged within Derbyshire, promoted in all public places, such as libraries and in schools as part of Personal and Social Education lessons. The Review concludes that this will not only have the effect of a positive impact upon children's health but also foster a culture where breast feeding is recognised as the "norm".

To support this notion the Review would like to suggest:

3. That Derbyshire County Council investigates the potential of adopting the UNICEF "Baby Friendly" principles and recommendations within its Children's Centres and other appropriate settings.

To continue the theme of healthy eating the Review considers that the development of basic cooking skills is important to ensure nutritionally well balanced meals for the whole family. The Review considers that whilst its focus has been the problem of obesity in the under 11's the problem is far greater than that. There is a clear correlation between the eating and exercise habits of adults and those of children.

The Sure Start Programmes in Chesterfield and North East Derbyshire have demonstrated success in developing a range of fun and interactive courses aimed at families on low income. The role of the Community Nutrition Worker, (a Community Education Worker with additional qualifications) has been key in delivering this programme. The Review believes that the County Council's Adult Community Education Service may well have a vital role to play in the educating some groups within the community about the importance of healthy eating across those areas not covered by Sure Start Programmes, indeed the service already offers around 20 such courses across the county which are either open to the public in general or are provided in response to developmental work. The Review therefore recommend that

4. The Adult Community Education Service consider increasing the number of basic cooking courses specifically targeted at families on low incomes

The Review has found evidence that many primary schools now see healthy nutrition and exercise as a fundamental part of the curriculum; however they would like to see this approach extended where possible to include other places of learning.

5. Explore the feasibility of all schools and libraries including healthy nutrition and exercise in their curriculum

In addition the Review considers that it is necessary that sport and exercise be made more accessible to those children who are disengaged by competitive sport. The Review noted that these children are likely to be those who are over weight or who may have body image issues.

6. The Review would like to see consideration being given to developing a broader range of opportunities for physical activity within the school curriculum. Such examples could include, Street Dance, Walking, Orienteering and Golf, where appropriate.

The Review is aware that the Obesity epidemic is likely to have a significant impact on the propensity of ill health for many years to come and that the problem needs to be given as much priority as smoking has in the past. Clearly there is a lot of good practice in Derbyshire and the Review is keen to see that this is shared across all sectors and agencies. The Review considered that schools play, and will continue to play, a significant role in promoting healthy eating and exercise and therefore suggest that

7. Schools nominate a Obesity Lead who will be able to link with the PCT, the County Council and other schools with a view to sharing good practice across the county

The Review was impressed by the work being undertaken by the Health 4 Life Projects in North Derbyshire and the Bolsover 5/60 Project in however they noted that with the exception of the PACE Project in Erewash there appears to be fewer initiatives running within the south of the county. The Review considered that it is important they where projects had evaluated well as in the case of the Health 4 Life Project, 5/60 Project and PACE these should be actively encouraged and supported to develop further and possibly extended to other areas of the county where there is an identified need. These projects are currently funded jointly through Derbyshire County PCT in conjunction with the local district councils

8. Explore the potential for Derbyshire County Council to liaise with Derbyshire County PCT to provide some support to existing projects which have a proven track record within communities of encouraging healthy lifestyles of children and their families, with particular emphasis on encouraging more emphasis in the south of the county.

The Foresight Report recognises that the responsibility of tackling the growing epidemic of obesity cannot and should not be the responsibility of one organisation or sector. Working with partners across all sectors will be vital to ensuring that the problem is tackled effectively. Whilst there is some evidence of working with public sector partner the review considered that their may be potential for working with private sector providers who have an expertise in delivering effective weight management programmes.

9. To explore the possibility of partnership working with a range of private sector businesses and providers to deliver effective weight management programmes in the most appropriate community settings as part of the work being done to meet the Local Area Agreement Targets.