Cabinet
14 November 2012

Joint Children & Young People's and Adults, Wellbeing & Health Scrutiny Report – Obesity in Primary Aged Children

Report of Assistant Chief Executive, Lorraine O'Donnell

Purpose of the Report

1 To inform Cabinet of the findings of a scrutiny review looking at obesity in primary aged children and to ask Cabinet to note the recommendations in the report in line with reporting arrangements from Scrutiny into Cabinet.

Executive Summary

2 The focus of the review was the effect of obesity on children of primary school age taking into account four key lines of enquiry:

1) Review the current childhood obesity strategy to ensure it reflects:
   - Current obesity programmes.
   - Changes in national policy.
   - A multi-agency approach.
   - Social determinants such as poverty and transport.
2) Social marketing of health such as change4life and behaviour change and the impact of their implications.
3) Investigate gaps in local data.
4) Impact of all commissioned programmes on obesity in primary aged children.

3 It is important for the purpose of this report to establish how children's weight is categorised. Children's weight and height are noted at various stages of their childhood, this is recorded on Body Mass Index percentile charts. Interventions are required if children are underweight i.e. if their weight is recorded as lower than 5th percentile. Children whose weight is recorded as greater than 85th percentile but lower than 95th percentile are classed as overweight. Children whose weight is greater than 95th percentile are considered obese. Excess weight is a term used to describe all children whose weight is greater than 85th percentile which includes both overweight and obese categories.

4 National and local policies clearly demonstrate the need to reduce current obesity levels if serious health consequences for future generations are to be avoided. It is expected that Clinical Commissioning Groups in their Clear and Credible Plans will reflect obesity as a priority area. The current strategy (Tackling Obesity in Children and Young People in County Durham and Darlington: A Strategy for Prevention and Treatment) was published in 2004 and is in need of updating to reflect recent changes in policy and legislation, specifically Healthy Lives Healthy People: A Call to Action on Obesity (2011). A refresh of the current strategy would also reflect changes in programmes, statistics and structures. In line with

this refresh it is proposed that this is done within the context of the partnership approach we have for Think Family.

5 Evidence suggests wider social determinants impact on health (including childhood obesity), such as low income households and poor housing. Jones et al (2010) found that early school years may be the time when child, parent/family and community characteristics begin to differ between overweight and non-overweight boys and girls, and may be an ideal time to target broader parental and community contexts influencing overweight and obese children. (International Journal of Paediatric Obesity, vol. 5, pg256-264). Action to address wider determinants should be taken into consideration in the review/refresh of the strategy. An awareness of social and environmental determinants is also needed when adopting and refreshing council policies such as policies to encourage walking and cycling; when developing new road layouts or when considering planning applications for fast food outlets especially when they are located close to schools. The proposal to limit the number of hot food take away outlets is being addressed as part of the County Durham Plan which is currently out to consultation.

6 Durham County Council offers a wide range of physical activity programmes for children and their families in formal and informal settings through Neighbourhood Services. Local communities, Area Action Partnerships, voluntary organisations and schools also offer a range of physical activity programmes at no or low cost. Many physical activity programmes are promoted through Children and Adult Services (CAS) and Neighbourhood Services through Leisure Services dedicating a web-page to various activities (including activities to do during school holidays) throughout the county. It is important that barriers to accessing physical activity programmes are addressed (e.g. cost, safety and travel), the CAS web-page provides information on costs associated with the activities and transport information. Following the inspirational performances of London 2012 and the Paralympics this is an opportune time to encourage children and families to take part in physical activity programmes.

7 There are many targeted and specialist programmes addressing overweight and obesity in primary aged children which are delivered by NHS teams. Most universal weight programmes are delivered in school and community settings which help to reduce stigma. Universal programmes address lifestyle changes and include a whole family approach. These programmes are commissioned and led by Public Health staff currently located in the PCT. The costs of tackling obesity from a prevention and universal approach is difficult to quantify as delivery of programmes is only a small part of a much larger role of professionals such as school nurse.

8 Baseline spend of County Durham PCT on childhood obesity 0–19 years is approximately £360,000 per annum in County Durham. However it is difficult to break down how much is spent on interventions for primary aged children (5-11years). Further funding for programmes comes from various sources e.g. schools, public health, local authorities, funding from AAP area budgets, and nationally from Department of Health and Department of Education.

9 Schools play an important role in the delivery of programmes therefore it is crucial that Head Teachers and School Governors provide the necessary leadership and support to drive programmes and their outcomes forward. Great importance is given to the procurement of food in schools taking into account how the food is sourced, ensuring it is seasonal and from higher environmental production schemes e.g organic or integrated production, and that it is produced with minimal negative environmental impact e.g energy efficient production and delivery.

10 The change4life marketing strategy has had a marvellous impact on recruiting families to sign up to the campaign nationally. Other than parents, schools have influence on children's habits including eating and physical activity. Promoting change4life and its various sub-brands in school will give children and parents information so they can start to make changes to their lifestyles. It will also give children the ability to recognise the change4life logo on healthy products.

11 Supermarket chains should be encouraged to promote change4life in their local stores through marketing techniques to support families to purchase healthier products.

12 County Durham has an excellent record of participation in the National Child Measurement Programme (NCMP). This programme is undertaken annually in schools by school nurses who record the children's height and weight at age 4/5 years and again at age 10/11 years. Participation in the programme is optional but parents must opt out if they do not wish their child to be measured.

13 Performance information demonstrates that programmes addressing childhood obesity have managed to sustain the levels of obesity over several years which have reached a plateau. However it is now necessary to establish a downward trend. At Reception Class (age 4/5 years) the occurrence of obesity is much lower than that of children in Year 6 Class (age 10/11years). The difference in the occurrences of obesity between the two age groups is significant but also complex as a myriad of factors ranging from genetics to low income to playing on video games impact upon childhood obesity. A greater understanding is needed of why a gap has developed and how it can be addressed. An intermediate measurement taken at age 6/7 years could possibly provide an opportunity to provide programmes at an earlier age.

14 The Standard Evaluation Framework (SEF) indicates that evaluation of programmes should be a continual process and not an activity that occurs at the end of an activity. Programmes such as FISCH and MEND have demonstrated through evaluation their positive impact on children and families by encouraging changes in behaviours that lead to changes and choices in their lifestyle to reduce and prevent obesity

15 It is important that programmes can demonstrate they are proven to work especially in times of constrained budgets. Healthy Lives Healthy People: Update on Public Health Funding (2012), proposes significant change to the way national health budget is allocated to local authorities. If interim proposals of the Healthy Lives Healthy People: Update on Public Health Funding (2012) are implemented then in 2014/15 Durham County Council could potentially suffer 46% reduction in funding which would impact on public health services including obesity

programmes for children. It is important for children's health and well-being that childhood obesity programmes continue as invest to save incentive.

16 The report makes five recommendations that relate to:

- a refresh and update of the original strategy
- encouraging schools to provide the necessary leadership to drive programme outcomes forward
- all programmes following the principles of continuous evaluation as set out in the Standard Evaluation Framework
- a feasibility study to assess the viability of an interim child weight and height measurement at Year 2 (ages 6/7 years)
- systematic review of the review and its recommendations six months after its consideration by Cabinet and the Children and Families Trust.

17 Cabinet are asked to note the recommendations contained in the report and as part of the approach through systematic review provide a progress update on recommendations in six months time.

Service Response

18 The Children and Adults Service Group have considered the report together with the Director of Public Health. The service group find the report helpful in providing a comprehensive picture of current initiatives and action to halt the increase in childhood obesity in County Durham. The scrutiny investigation has considered the current evidence base, recognising that families and schools are the major influences of children's early behaviours at this stage of their lives. The report provides recommendations which will be led professionally by the specialist public health team and Director of Public Health as the function transfers to Durham County Council from 1 April 2013.

Background

19 Over the last 25 years there have been huge changes in the way we live our lives which have impacted on children's lifestyles. Advances in technology have changed the way children spend their leisure time, playing video games, surfing the internet, chatting to friends via social media sites or on mobile phones. Parents are more inclined to drive their child to places and may be anxious if their child is playing out. Eating habits have changed too. Children tend to graze by repeatedly snacking and eating and drinking more high energy, high calorie foods but do not use up the energy or calories they consume due to lack of physical activity. (Ofcom, Child Obesity – Food Advertising in Context, 2004)

20 The NHS choices website defines obesity as carrying too much body fat for height or gender. In adults obesity is established using waist circumference and the Body Mass Index (BMI), in children and adolescents it is more complex as they are still growing and BMI differs between boys and girls. To address this children and adolescents' weight status in the UK is assessed by reference to the BMI percentile charts which are comparable growth charts. Each child has its own growth chart where weight and height information is plotted. There are trigger points on the chart which alerts practitioners when action is required.

- **0 - 5 Percentile – Underweight**
- **5 - 85 Percentile – Healthy Weight**
- **85 - 95 percentile – Overweight**
- **95 - 100 percentile - Obese**

Actions are triggered from 85th percentile.
The term '*excess weight'* is used to describe children whose weight is found to be greater than 85th percentile which includes overweight and obese.

21 The culture of the UK has attached a stigma to overweight and obesity which is reinforced by the fashion industry and media and impacts on the psychological well-being of children. This is manifested in low self esteem, low self confidence and leads to teasing and bullying issues which may lead to comfort eating. Therein the problem becomes circular and a downward spiral may develop. However, the causes of obesity are complex and include factors such as genetics, lifestyle, environment, culture and economics. (Nursing Times V100; 03; 28,2004)

22 The health consequences of obesity in childhood can be both short and long term, they can affect physical and mental health and can lead to devastating results in adulthood. The physical health consequences may include cardiovascular problems, increase in blood insulin levels and high blood pressure. There are also associated risks of asthma, and sleep apnoea. Health outcomes are influenced by parent behaviour and the environment they live in. Wider social determinants include

- Low income or low disposable income making it difficult to afford to eat healthy.
- Housing where there are no places for children to play safely.
- Accessibility and affordability to exercise facilities.
- Work – family life balance – in the current economic climate families face difficult choices of working additional hours at the cost of reducing the amount of time spent with the family.

23 Reducing childhood obesity is a complex issue and not purely a matter of calorie reduction and an increase in physical activity, but a lifestyle change. However, children's lifestyles are not of their own making, their lifestyle and behaviour choices are usually that of their parents/carers. Fair Society, Healthy Lives, (Marmot 2010) states that Health Inequalities result from social inequalities. Action on health inequalities requires action across all social determinants of health. Childhood Obesity programmes and projects do not expect children to lose weight but to maintain their weight while they are growing in height. Programmes and projects promote healthy eating, healthy choices and physical activity.

24 Early intervention programmes and behaviour changes provide a wider economic benefit too. The cost of health inequalities can be measured in human terms, by years of life lost and years of active life lost; and in economic terms, by the cost to the economy of additional illness (Marmot 2010). Healthy Lives, Healthy People – A Call to Action on Obesity states that excess weight costs the NHS more than £5bn each year. More broadly, it has a serious impact on economic development through absenteeism and low productivity at work. This statement from the white paper makes it all the more important that early intervention programmes and behaviour changes are made in childhood to alleviate health problems in adulthood.

25 The latest Health Survey for England (HSE) data shows that in 2009, 61.3% of adults (aged 16 or over), and 28.3% of children (aged 2-10) in England were overweight or obese, of these, 23.0% of adults and 14.4% of children were obese. The Foresight Report, 'Tackling Obesities: Future Choices' project, published in October 2007, predicted that if no action was taken, 60% of men, 50% of women and 25% of children would be obese by 2050. Foresight estimated that weight problems already cost the wider economy in the region of £16 billion, and that this will rise to £50 billion per year by 2050 if left unchecked. NHS costs attributed to overweight and obesity are projected to reach £9.7 billion by 2050.

26 The National Obesity Observatory (NOO) provides a single point of contact for wide-ranging authoritative information on data, evaluation and evidence related to weight status and its determinants. The website hosts information on the National Child Measurement Programme and the Standard Evaluation Framework.

27 The aim of the Standard Evaluation Framework (SEF) is to support high quality, consistent evaluation of weight management interventions in order to increase the evidence base. The SEF provides introductory guidance on principles of evaluation and lists essential and desirable criteria. Essential criteria are presented as the minimum recommended data for evaluation weight management intervention. Desirable criteria are additional data that would enhance the evaluation.

28 Evaluation is about judging the value of an activity and assessing whether or not it has achieved what it set out to do. In health promotion, an evaluation determines the extent to which a programme has achieved its objectives, and will assess how different processes contributed to achieving these objectives. A health promotion initiative should have three components:

- Planning;
- Implementation;
- Evaluation.

29 The National Child Measurement Programme (NCMP) provides information relating to children's weight and height which is gathered annually by school nurses or health visitors in school. Measurements are taken at Reception Class (age 4/5 years) and Year 6 Class (age 10/11 years). Parents who do not want their child to be measured can opt out.

30 Performance information shows figures from NCMP for County Durham indicate that the occurrence of obesity in Reception class aged pupils (ages 4-5 years) is reducing and the problem is not as widespread as year six, where the occurrence of obesity is greater than both statistical neighbours and the national average. County Durham has an excellent participation rate for the NCMP, which provides a more accurate picture than perhaps other areas who do not have the same levels of participation.

31 The performance information below shows that the current figures for Reception class is below statistical neighbours but slightly above the national figure. However, the figure for children in year six is higher than both statistical neighbours and national figures.

Performance Information2010/11 for children who are Obese	County Durham Figure	Statistical Neighbours	National Figure	Participation in National Child Measurement Programme
Reception Class	**9.5%**	**9.8%**	**9.4%**	**99.2%**
Year 6	**21.6%**	**20.0%**	**19.0%**	**99.1%**

Source: Performance Management Report Quarter 3 2011/2012

32 However, when analysing performance of obesity in childhood, several years of performance figures should be analysed to discover if a trend has developed. Using performance information for several years indicates that the trend has been sustained as shown in the chart below. More information on trends can be found at paragraphs.83-85.

Period Data Relates to	Reception Performance (4/5 yrs)	Year 6 Performance (10/11 yrs)
2007-2008 Academic Year	9.6%	20.9%
2008-2009 Academic Year	9.4%	20.3%
2009-2010 Academic Year	9.2%	20.6%
2010-2011 Academic Year	9.5%	21.6%

Source: County Durham CYPS Planning and Performance 2012

National Policy

33 A number of reports and government policies on obesity have been introduced since 2004, when it was highlighted in the House of Commons '*Report on Obesity'* that there was a need for joined up solutions requiring cultural and

societal changes. Obesity was identified by the UK Government as a policy priority at this time and targets have set to halt the year on year rise in childhood obesity in the UK by 2010. A non exhaustive list of government policies that relate to obesity in primary aged children can be found at appendix 2 of the appendices pack which can be found in the Scrutiny Office and Members Resource Library.

34 Healthy Lives, Healthy People – A Call to Action on Obesity, 2011 acknowledges the scale of the problem and explains why it matters both on economical and social levels. It provides a new approach with new ambition and focus. The Government has added two new 'national ambitions' to show what might be achieved.

- **a sustained downward trend in the level of excess weight in children by 2020.**
- **a downward trend in the level of excess weight averaged across all adults by 2020.**

35 It highlights the main components of the new approach as:

- *Empowering individuals* – through the provision of guidance and a focus of equipping people to make the best possible choices.
- *Giving partners the opportunity to play their full part* – developing a greater role for business and other partners in change4life and the part the food and drinks industry plays.
- *Giving local government the lead role in driving health improvement and harnessing partners at a local level* – giving freedom to determine local approaches which work best for local people and for specific population groups facing the greatest challenges.
- *Building the evidence base* – recognising that there is a need to further develop the evidence base on effectiveness and cost effectiveness in many areas of action on overweight and obesity.

36 Healthy People, Healthy Lives – Our Strategy for Public Health, (2010), indicates that schools and local communities will be empowered to provide opportunities to forge local partnerships to deliver better health outcomes for children and young people. The white paper confirms the continuation of the healthy child programme and the requirement for PE in all maintained schools. The white paper indicates that it will broaden the change4life programme to a more holistic approach to childhood issues and sets out intentions for the development of Public Health England.

37 Healthy Lives Healthy People: Update and Way Forward have introduced reforms to the Public Health system to come under local authority control from April 2013. This document sets out how the new approach of Healthy Lives Healthy People reforms will be carried forward. Local authorities will take the lead for improving health and coordinating local efforts to protect the public's health and wellbeing. The document also clarifies the role of local authorities and the Director of Public Health in health improvement, health protection and population healthcare.

38 The Public Health Outcomes Framework sets the desired outcomes for public health and how these will be measured. The outcomes reflect a focus on how

long and how well people will live, looking at reducing health inequalities between people, communities and areas, such as obesity. The framework then provides a set of supporting indicators which help to focus understanding of progress year on year nationally and locally on aspects that matter most to public health.

39 The Health Survey for England (HSE) comprises of a series of annual surveys which started in 1991 for adults and included young people from the age of 16 years old. From 1995 children and young people were included in the surveys. The work is commissioned and published by NHS Information Service, surveys are designed to measure health and health related behaviours in adults and children in England.

40 The latest publication from HSE giving statistics on obesity, physical activity and diet for England, 2012 tells us that children living in the highest income quintile are the least likely to become obese. The proportion of children who were overweight including obese generally increased as income quintile decreased, ranging from 26% of boys and 24% of girls in the highest quintile to 35% of boys in the lowest quintile and 30-33% of girls in the lowest three quintiles. This links to earlier information in the report. HSE also provides information relating to the consumption of fruit and vegetables by 5-15 year olds. In 2010 the mean number of fruit and vegetable portions consumed by boys aged 5-15 years was 3.2; where as the mean average for girls of the same age was 3.3. Local information is not available from the national data in this survey.

41 The National Institute for Clinical Excellence (NICE), guidance 6, 2007 recommends that interventions and programmes should be based on:

- Careful planning taking into account the local and national context and working in partnership with recipients.
- A sound knowledge of community needs
- Existing skills and resources by identifying and building on the strengths of individuals and communities and the relationships within communities.

NICE Clinical Guideline 43 on obesity looks at the cost effectiveness of interventions and identifies that ‘a paucity of data on the cost effectiveness of interventions, particularly interventions undertaken in the UK and with more than a year follow up.’ The report goes on to advise that there is little evidence on the cost effectiveness of interventions which focus on diet, physical activity and behavioural treatment.

42 New draft National Institute for Health and Clinical Excellence guidance suggests that interventions and programmes should be evaluated, either locally or as part of a larger project, and practitioners should be equipped with the necessary competencies and skills to support behaviour change. This includes knowing how to use evidence-based tools such as the Standard Evaluation Framework (SEF). The draft guidance also suggests that there is a lack of evidence about what approaches to obesity are effective at a community level. This is not to say that it is impossible to identify examples of good practice and to make a judgement about their likely effectiveness, based on common sense and professional expertise but places the importance of monitoring and evaluation of local projects.

43 The Department of Health have produced "Start Active Stay Active - A report on physical activity for health from the four Home Countries' Chief Medical Officers" which provides guidelines as to how much physical activity is needed to maintain a healthy weight across a person's lifespan, as referenced in the scrutiny report *Health Inequalities Review of Physical Activity.*

44 The 2008 Play Strategy was abolished in favour of a more localised approach being adopted by local authorities working with voluntary and community organisations. Article 31 of UNICEF Rights of the Child state that: '*Children have the right to relax and play, and to join in a wide range of cultural, artistic and other recreational activities'.* (UNICEF 2005). 'Fair Society, Healthy Lives', (Marmot 2010) indicates the importance of play as a vital part of a happy childhood and that it may help to combat childhood obesity as it raises activity levels. Marmot also stressed the need to "fully integrate planning, housing, transport, environment and health systems to address social determinants of health". There has been two independent reports published recently that promote outdoor play for children and highlight its benefits. Both reports also indicate parents' perceptions of the dangers of outdoor play.

45 London Olympics' motto was *to inspire a generation* and it is important that the inspiration is sustained. The Prime Minister has announced a new PE curriculum to be published in draft in the autumn 2012 that will require every primary school child to take part in competitive sport. The new curriculum will include sports such as football, netball and hockey, as well as outdoor activities. It will encourage older children to compare their performances in order to achieve their personal best. The changes will:

- Enable pupils to be physically active for sustained periods of time.
- Develop pupils' competence in a broad range of physical activity programmes
- Provide opportunities for pupils to engage in competitive sport and activities and help pupils to lead healthy and active lifestyles.

46 The School Games is a key Government priority for realising a meaningful sporting legacy from the 2012 Olympic and Paralympics Games. School Games is a new approach to competitive school sport, designed to motivate and enthuse all young people. In January 2012, the Culture Secretary announced that Sainsbury's had pledged a £10 million package to support the School Games Competition over the next four years. A further £14 million from the Department of Health plus a further £8 million from Sport England will extend funding for Schools Games organisers from two years to four years, up to 2015 and sponsorship from Adidas means that the 1600 young athletes will be provided with sports kit.

Local Policy

47 County Durham has a robust partnership framework where partners come together to work collaboratively in the interests of the population of County Durham. The Sustainable Community Strategy 2010-2030 provides the long term vision of County Durham. This links into the Council Plan which sets out corporate

priorities for improvement and efficiency. These documents underpin service plans and partnership plans such as the Children, Young People and Families Plan and Altogether Healthier Delivery Plan. More information on Local Plans and Policies can be found at appendix 3 of the appendices pack which can be found in the Scrutiny Office and Members Resource Library.

48 The Health & Wellbeing Partnership has developed and introduced five Health Networks across County Durham. Health Networks address health inequalities locally; recognising that many of the health behaviours related to the development of diseases, such as heart disease and many cancers, follow a social gradient. The Health Networks take into account the concept of proportionate universalism, focusing on wards with the most significant inequalities. The five health networks are in the following localities:

- Durham Dales (including Teesdale and Weardale)
- East Durham
- Derwentside
- Sedgefield
- Durham and Chester le Street

49 Reducing childhood obesity is a key local priority of the Joint Strategic Needs Assessment, Sustainable Community Strategy, Health Improvement Plan and is identified within Council service plans and Partnership plans, such as the Children, Young People and Families Plan and Altogether Healthier Delivery Plan. It is recognised that the problem of obesity of children at Reception Class is lower than the national figure, but at Year 6 the average is more than double that of the average at Reception Class children. As stated in the Health Improvement Plan 2011-2013 a strategic linkage of plans helps to ensure actions and measures are complementary and add value to one another, whilst maximising the potential of the partnership for better outcomes for children and young people.

50 It is expected that Clinical Commissioning Groups in their Clear and Credible Plans will reflect obesity as a priority area.

51 A report to Cabinet in July 2012 advised on the changes to Public Health Service delivery from April 2013 and its impact on the Medium Term Financial Plan. A consultation document, Healthy People, Healthy Lives: Update on Public Health Funding has been published and proposes significant change to the way in which the national health budget is allocated to local authorities. Initial analysis carried out by Association of North East Councils (ANEC) suggests:

a. The north east would lose £53.6 million if the proposals were accepted whilst the south east, east of England and south west would gain.
b. County Durham would lose £19.7 million i.e. 46% of current funding.

Given the scale of the funding reductions that the proposals would mean for the county and the region, a robust response is being developed with partners to the consultation.

52 Inferred reductions in public health funding will impact on public health services including childhood obesity programmes. Consideration should be given to continuation of these programmes as invest to save initiative.

53 A further report to Cabinet in July 2012 provided an update on recent developments regarding the transfer of public health functions from NHS County Durham and Darlington to Durham County Council (DCC). The report advises that:

- a consultation response to the Department of Health's update on public health funding will be prepared and submitted.
- The DCC Receiver Group will work with internal audit on the due diligence to ensure controls, evidence and quality assurance are in place with regard to public health transition project plan.
- The DCC Receiver Group will continue to manage the public health transition project plan.

54 Tackling Obesity in Children and Young People in County Durham and Darlington: A Strategy for Prevention and Treatment was published in 2004 following the government raising obesity as a priority policy. The strategy has a cross organisational approach across a life course providing a whole system approach on prevention/intervention/treatment. It has had involvement of a host of partners including partners from health, local authority, schools and voluntary agencies. The strategy was written before the National Child Measurement Programme was in place, but states that identification of who is at risk or in need of treatment should be actively monitored at:

- 8 months (weight), 12 months (weight)
- Primary school entry (BMI)
- Secondary school entry (BMI)

55 The multi agency approach of the original strategy is well established strategically and should remain as part of a new or refreshed strategy. A refresh of the current strategy would also reflect changes in programmes, statistics and structures. In line with this refresh it is proposed that this is done within the context of the partnership approach we have for Think Family. Tackling obesity does not sit with one organisation and is everyone's business; therefore a holistic approach should be adopted as suggested in Healthy People Healthy Lives. The full extent of involvement by third sector organisations is not fully known. However links with partners in the voluntary and private sectors as well as 'mainstream' partners in education and health should be made to provide information on nutrition and cooking by targeting families through early years provision or addressing barriers preventing families from accessing activities such as transport or cost.

56 The table below provides information showing the proportion of the population at Reception class and Year 6 and how they are categorised according to their weight. The top part of the table shows the clinical definitions giving numbers in percentages and in figures. The table shows that for underweight and obese specialist treatment is required, this will be led by a paediatric team. For those who are classified as overweight including obese, that is having a result between 85th and 95th percentile they would receive targeted interventions. Examples of the type of interventions are Family Initiative Supporting Children's Health (FISCH), Mind Exercise Nutrition …Do it (MEND) or Health Improvement Service (HIS) Schemes.

BMI group	Reception	Year 6	Level at current delivery strategy	Type of service
Clinical definitions				
Obese	5.8% (290)	14.5% (725)	Treatment	Specialist
Overweight including obese	15.2% (760)	29.4% (1470)	Intervention	Targeted
Healthy weight	84.0% (4,200)	69.3% (3465)	Prevention / Health promotion	Universal
Underweight	0.6% (30)	1.3% (65)	Treatment	Specialist
Population monitoring				
Obese	9.5%	21.6%		
Overweight	13.4%	14.4%		
Healthy weight	76.6%	62.8%		
Under weight	0.5%	1.1%		

Source: Updates on Current Delivery, Presentation to Working Group (220512)

57 Evidence suggests wider social determinants impact on health including (childhood obesity) such as low income households and poor housing. Jones et al (2010) found that early years may be time when child, parent/family and community characteristics begin to differ between overweight and non overweight boys and girls, and may be an ideal time to target broader parental and community contexts influencing overweight and obese children. (International Journal of Paediatric Obesity, vol. 5, pg256-264). Many local policies impact on health inequalities too such as planning and transport, e.g., the layout and design of housing estates providing space to play and 20 mph zone areas; walking and cycling routes to encourage physical activity; location of food takeaway outlets with proximity to school premises. Reducing levels of obesity is a key objective of the Council. There are a number of powers the Council has at its disposal which could be used in tackling the problem of obesity such as licensing or regulatory powers. The County Durham Plan is proposing to limit the number of hot food takeaways by controlling the numbers of these outlets located within 400 metres of schools and colleges. The County Durham Plan is currently out to consultation.

Physical Activity Programmes Provided in County Durham

58 County Durham offers a wide range of universal physical activity programmes to all children and their families. Activities are provided by the County Council through many aspects of their services, including Neighbourhood Services and Children and Young People's Services. Many voluntary and community organisations and several Area Action Partnerships provide physical activity programmes for children and young people at a low or nil cost. However, there are barriers that prevent children, young people and families from accessing activities, such as – cost of attending activities as a family, transport costs and

availability of transport services, parents' attitudes and education in relation to attending activities as a family. More information can be found at appendix 4 of the appendices pack which can be found in the Scrutiny Office and Members Resource Library.

County Durham School Sports Partnership

59 Under the previous government administration a PE and Sports Strategy was set up to enable every young person to:

- Access to regular competitive sport.
- Coaching to improve their skills and enjoyment.
- A choice of different sports.
- Pathways to club and elite sports.
- Opportunities to lead and volunteer in sport.

60 Currently the school sports partnership is providing a full programme of activities to children in County Durham but due to reductions in partnership funding it will become more difficult to sustain a full school year of activities and therefore decrease to one or two terms of activity. More information can be found at appendix 5 of the appendices pack which can be found in the Scrutiny Office and Members Resource Library.

FISCH (Family Initiative Supporting Children's Health)

61 The FISCH (Family Initiative Supporting Children's Health) project is a local programme aimed at increasing the amount of physical activity children participate in during, before and after school, as well as highlighting the benefits of eating a well balanced diet. This is a programme which is delivered in schools and in communities. Funding for FISCH is technically for all schools, however, there is a ranking order, determined by NCMP data and schools not immediately eligible could also access other local services. The sessions are delivered in schools identified within the NCMP as having overweight and obese children, but in order to reduce stigma the programme is delivered using a whole school approach. Schools are expected to sign a "Charter" that helps to ensure sustainability of the programme within schools. The FISCH team return at 6 and 12 months to take measurements and measure progress. The participation target is for 5 schools per term or a minimum of 250 pupils per term, rotating schools on a term by term basis within each locality.

62 The project promotes healthy lifestyles to all children and works closely with other agencies that support children's health. The FISCH project is designed to assist families in leading a more active lifestyle to prevent health problems in the future. The project delivers a 10 week programme to school children primarily in years 4 and 5 (ages 8-10), offering them extra fun activities during, before and after the school day. The children also learn about the benefits of maintaining a healthy lifestyle. The programme can reach a total of 250 school children per term.

63 The FISCH project was developed in 2005 by Durham and Chester-le-Street Lifestyle Initiative and was funded by Durham and Chester-le-Street PCT prior to Durham PCT. The programme was originally piloted in the Durham and Chester le Street areas, but later rolled out to the Derwentside area. An evaluation of the pilot was undertaken by Northumbria University (Allin & Dodd-Reynolds), April 2010. The key findings from the evaluation were:

- There were positive improvements in perceptions of physical appearance and self worth and no increase in BMI over a school year.
- Many children in the focus groups talked of changes to perceptions, attitudes and behaviours following FISCH. Most notably in doing a greater variety of activities and trying healthier foods.
- Many children talked about health and FISCH to parents and siblings at home, some children receive support but there is also evidence of challenges and barriers to changing family lifestyles.
- All children interviewed indicated they would like FISCH to continue, with some suggesting extending the programme.
- An improvement to the programme would be to enhance the family involvement and support in order to maximise effectiveness.

The report acknowledges that the FISCH programme has had a positive impact and recommends that the project is rolled out across the County.

64 The FISCH project can be specialist or targeted, specialist programmes have been delivered on a one to one basis from September 2011. The targeted programme has been delivered in 39 primary schools with 767 curricular sessions and 1793 children attending these sessions in County Durham. The current budget associated with FISCH delivery is £225 000 per annum, as reported in September 2011 in a Joint Commissioning Board report. An evaluation of the programme will be available at the end of the financial year 2012/2013, which will be able to provide cost per head.

MEND 7-13 (Mind Exercise Nutrition …Do it)

65 MEND 7-13 is a locally commissioned programme that is available nationally and the only UK community-based programme with a published, peer-reviewed Randomised Controlled Trial (RCT). The RCT demonstrates a significant and safe reduction in child obesity and improvements in health, fitness and esteem. Community data for over 10,000 families shows that MEND programmes delivered by staff from a wide range of backgrounds achieve equally successful outcomes for reducing overweight and obesity in children.

66 As a minimum, all MEND programmes adhere to guidance from both the National Institute of Health and Clinical Excellence (NICE) and the National Obesity Observatory's Standard Evaluation Framework (NOO SEF). The programmes are outcome based; comprehensive reports are monitored and evaluated. Information provided includes details of demographics as well as changes in BMI, waist circumference, physical activity, sedentary behaviours, fitness, nutrition habits and psychological outcomes.

67 Independent research has found the programme to be cost effective, providing returns on public investment of between 10 and 13 times. For example evidence found that the incremental cost-effectiveness ratio of MEND 7-13 is £1,671 per quality adjusted life year (QALY) gained – this is significantly below the NICE threshold for cost effectiveness of £20,000-£30,000 per QALY gained. The key reasons cited for the success of the programme include: the involvement of both children and parents; high participation and attribution rates; the combination of nutrition, education and physical activity; and its community based delivery which is accepted, non-stigmatising and low cost. Following the programme,

participants continue to be monitored for a further 12 – 24 months. Funding for the programme originally came from the Big Lottery Fund however this stopped in July 2011 and was taken up by the NHS. Unfortunately, there is currently no funding or participation data available for MEND 7-13 as this programme started in May 2012.

68 Information was provided on many other programmes in less detail during the course of the review. A précis of these programmes and projects can be found at appendix 5 of the appendices pack which can be found in the Scrutiny Office and Members Resource Library.

Schools

69 Evidence suggests schools play an important role in delivery of programmes therefore it is important that Head Teachers and governors provide the necessary leadership to drive programme outcomes forward and should be encouraged to take part in the Enhanced Healthy Schools Programme.

70 The national healthy schools programme was set up with three aims:

- help raise pupils' achievement;
- help reduce health inequalities;
- help promote social inclusion.

The previous government set targets and made funding available to ensure that schools were able to achieve the programme with the help and support of local authorities. In 2009 all primary maintained schools in County Durham had achieved national healthy school status. Changes in government administration have led to changes in policy as funding is no longer available. Healthy Lives, Healthy People, 2010 states that "the Healthy Schools, Healthy Further Education and Healthy Universities programmes will continue to be developed by their respective sectors, as voluntary programmes, collaborating where appropriate and exploring partnership working with business and voluntary bodies." A Healthy School promotes the health and well-being of its pupils and staff through a well planned, taught curriculum in a physical and emotional environment that promotes learning and healthy lifestyle choices.

71 How the ingredients used in the school meals contract are sourced is of great importance. Wherever possible ingredients are required to be sourced ethically and any animal products will meet minimum animal welfare standards. Preference will also be given to seasonal food, food from higher environmental production schemes such as organic or integrated production and that is produced with minimal negative environmental impact e.g. using energy efficient equipment, production and delivery. Schools which are County Council maintained have their foods procured through contractors or County Council procurement contracts. The contractors adhere to contract specifications of the Council which request that foods are locally procured through the most appropriate and available source. This process (procurement of food for schools) lends itself for:

a) schools promoting healthy choices and healthier options.
b) children having access to healthy food as part of a wider programme to promote healthier eating and for our purposes tackle the issue of obesity.

72 The Enhanced Healthy Schools Model builds upon existing Healthy School Status and delivers measurable improvements in the health and well-being of children and young people. It is expected that schools will want to move beyond the Annual Review of healthy school and strive to continually improve outcomes for their children and young people. The Enhanced Model provides the tools to do this. Presently there are 42 schools in County Durham who are working on the enhanced healthy schools programme, but not all on obesity programmes.

73 Durham County Council maintained primary schools provide a nutritious healthy meal for all pupils. From September 2009 to July 2011 local authority maintained primary schools in County Durham took part in a national free school meal pilot exercise. During this time take up of school meals was extremely good with figures reported of 100% in some schools. The most recent figures (performance report quarter 4 2011/2012) show that uptake of free school meals as 65.5% this figure has decreased following the recent national pilot exercise. However the pre pilot figure was 49% therefore this would suggest that the pilot has encouraged children to eat a school dinner rather than the alternatives. An evaluation of the national pilot exercise was published in July 2012 and has concluded that children's attainment was better in the areas that under took the pilot exercise compared with the control group (of similar size and numbers) who did not take part in the pilot exercise.

Social Marketing and Behaviour Change Implementations
Change4Life

74 Change4Life has become one of the most instantly recognisable brands in health improvement. It enjoys high levels of trust and involvement from the public, private and third sector organisations. The goal of change4life is to help every family in England eat well, move more and live longer and its ambition is to create a movement in which everyone in society plays their part, helping to create fundamental changes to those behaviours that can help people lead healthier lives. The Department of Health intend it to become the sole branded programme for all healthy lifestyle information, products and tools for families and adults.

75 Change4life is supported by a wide range of local supporters and national partners who share the change4life goals and ambition. Local supporters can use the campaign resources for their own events and/or coordinate their activities according to the campaign schedule to create more of a national movement. Change4life has had the fastest awareness build of any government campaign according to independent audits by Central Office of Information. 88% of mothers with children aged under 11 years were reported to have recognised the change4life logo, this is double the target.

76 Funding for the programme is allocated nationally and distributed via School Sports Partnerships. In County Durham each School Sports Partnership received an allocation of schools (6 primary schools and at least 1 secondary school) the funding was largely allocated to equipment. Additionally there is £250.00 per school to assist with the programme of activities, this funding is kept with School Sports Partnership to assist with programme delivery. Schools should be encouraged to embrace and promote all change4life activities in and outside of

school, including physical activity programmes in their communities by working with voluntary organisations and accessing community buildings. Children should be aware of the change4life logo so that it is instantly recognisable.

Behaviour Change

77 To halt the progress of obesity behaviour, lifestyle changes are needed. Portion size is one behaviour that has been promoted with 'me sized meals' campaign aimed at children. According to the Department of Health tracking study, over 1 million mums stated that they have made changes to their children's diet or activity levels as a result of change4life.

78 The Public Health Responsibility Deal taps into the potential for businesses and other organisations to improve public health and help to tackle health inequalities through their influence over food, physical activity, alcohol and health in the workplace. There are three central parts to the deal:

- Core Commitments.
- Collective and individual pledges.
- Supporting pledges.

79 All the major supermarkets have signed a national collective food pledge concerning calorie labelling, salt reduction and removal of artificial trans fats. The Association of Convenience Stores (ASC) has signed an individual pledge to work with its members to roll out Change4life branding into 1000 of its stores.

Impact of Commissioned Programmes

80 Programmes to tackle obesity in primary aged children are commissioned jointly through the Children and Families Trust with Public Health staff taking the lead in commissioning and leading programmes on child obesity. This partnership working has reduced duplication of effort and provides value for money, with a systematic collective approach rather than individual ad hoc arrangements. Programmes offer a targeted service using information provided from the NCMP. However, to reduce stigma some programmes in schools are universal to the whole class, but have been identified through NCMP as a target school. Children are not expected to lose weight but to maintain it and as they grow they will become a healthy weight for their height.

81 A small number of primary aged children are referred for specialist services from paediatric team based in local hospitals, where 60% of referrals come from specialist nurses. There are approximately 120 new cases a year with approximately 400 follow up cases. Specialist teams aim for a first appointment within 5 weeks maximum from referral. Currently there is 16 to 20% failure to attend rate for hospital appointments. The outcome of this service is BMI maintenance with balanced dietary intake and physical activity.

82 The baseline of spend of County Durham and Darlington PCT on childhood obesity 0-19 years is approximately £360,000 per annum in County Durham. However, it is difficult to break down how much is spent on interventions for primary aged children (ages 5-11 years). Additional funding comes from various sources such as NHS, local authorities, AAP neighbourhood budgets and Department for Education. Lots of programmes offer places to the whole family to

ensure a shift in the behaviour and lifestyle of the family. The costs of tackling obesity from a prevention and universal approach are difficult to quantify. Delivery of programmes also makes it difficult to breakdown costs, e.g., school nurses are often involved in delivery of programmes but this is only part of their work. To provide a true costing, their time would need to be calculated for specific primary aged obesity related activities as they deliver on a variety of issues and this has not been done to date.

83 In analysing performance information over the last five years, it is clear that there is a trend developing which shows that the increase in obesity has halted with current levels sustained during that time. It is important that work continues to establish a downward trend in obesity in children at Year 6; a downward trend is starting to emerge for children in Reception class which must continue, as required in 'Healthy Lives Healthy People – A call to action on obesity' and will be monitored through 'Healthy People Healthy Lives –Public Health Outcomes Framework' and measured through the NCMP.

Data and Evaluation

84 The approach currently used is based upon the data collected from the National Child Measurement Programme (NCMP) at Reception class (age 4/5) and Year 6 (age 10/11). Members learned that there was a "population monitoring" definition of weight groups and also a "clinical" definition, with the population data giving a profile of the weight distributions and the clinical data being used to direct interventions.

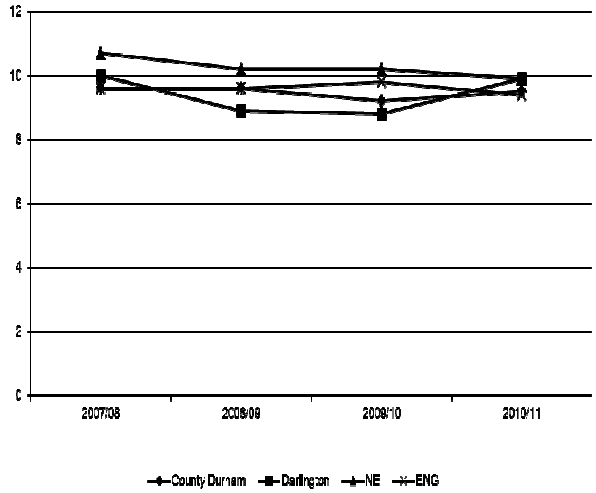
85 County Durham has an excellent participation rate in the NCMP which allows for a much more accurate picture regarding obesity. However, parents still find it difficult to recognise when their child has a weight problem with only 10%responding to correspondence alerting them to their child's measurements. Help is needed to raise awareness amongst parents of the need to act when advised by NCMP through early intervention programmes.

86 In a recent survey carried out by MEND 'Lets Talk about Weight' more than 1000 parents shared their views about bringing up the topic of weight with their children. 65% of parents who completed the survey said they were concerned that talking to their overweight or obese child about weight would lead to an eating disorder. 85% of parents who responded to the survey reported that they'd like support when talking to their child about weight. 15% of parents surveyed reported that their child was overweight or obese and more than a third of all parents identified their child's weight by looking at them. Research shows that telling if a child is overweight by sight alone is generally inaccurate and usually leads to parents of overweight children to mistakenly conclude that they are a healthy weight. If left unrecognised this may have major implications for the child. This would also support NCMP evidence of parents not recognising their child has a weight problem.

87 The working group were informed that the population of children with a healthy weight in County Durham for 2010/2011 was 76% at Reception class, this current trend is better than the regional and national figures. At Year 6 the figure was 63% which is lower than both regional and national average. The trend at Reception class for the population of children who have a BMI >95th centile is

falling. There is a downward trend for those children who have a BMI >91st centile. It is important that these trends are sustained. At Year 6 the trend for children who have a BMI >91st centile is well above the national average and slightly above the regional average. There is a significant difference in the numbers of children who are recorded as obese at Reception class and those at Year 6 class. A greater understanding is needed as to why there is an increase in numbers of children who are recorded as obese at Year 6 and how this can be reversed.

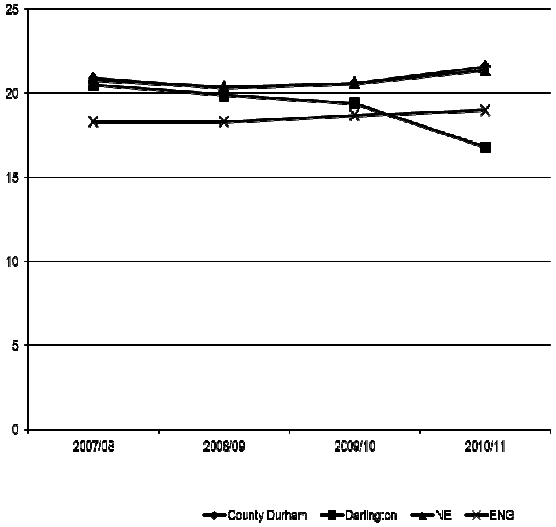
Trends at Reception - Obese



Source: Presentation to Working group 15/06/2012

88 The above chart demonstrates that a sustained trend has been developed for Reception class children who are recorded as obese. The line on the chart which represents County Durham follows a similar path to the line representing England. This indicates that the trend at Reception class for children who are recorded as obese is similar to the national figure which is better than the North East region.

Trends at Year 6 Obese



Source: Presentation to Working group 15/06/2012

89 The chart above show that a sustained trend has been established for children measured as obese in Year 6. However the chart illustrates that the figure for County Durham is higher than England but similar to the North East region as a

whole. Work should continue to tackle obesity to enable a smooth downward trend to be established in line with the Government's new ambitions in 'Healthy People Healthy Lives – A Call to Action on Obesity'.

Targeting Services

90 Data is broken down into localities and schools which have enabled programmes to be targeted in localities that have the greatest need. For example East Durham had the highest levels of obesity and thus became the focus of programmes. Data is monitored and prioritised continuously; this strategy has worked with prevalence of obesity in East Durham which is reducing. It is expected that programmes in this locality will become sustainable enabling the focus of programmes would move on to another locality with prevalence of obesity.

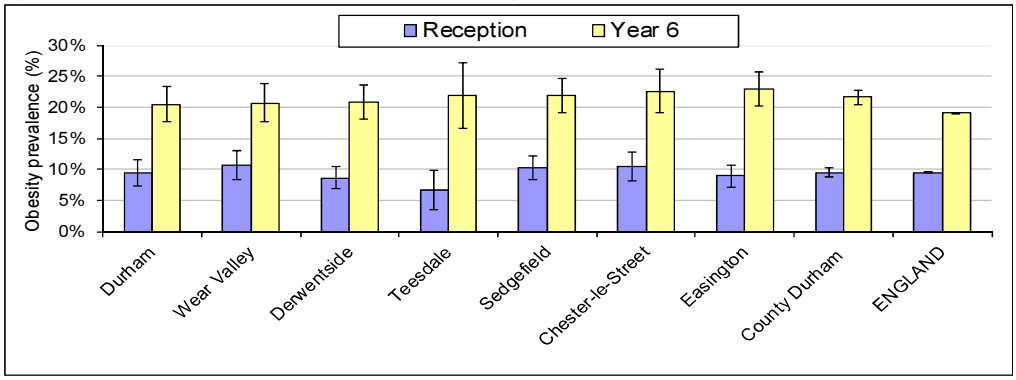
91 Smart targeting of services ensures that resources are directed to where there is greatest need. Communities are encouraged to be involved as obesity is an issue that involves the whole community, this could be done using an asset based approach which enables communities to take control of issues by focusing on the causes rather than the issue itself. The table below provides NCMP information taken over a three year period from 2008/2009 to 2010/2011 on the top 10 wards in County Durham with highest to lowest ranking of obesity prevalence. Using this table it is clear that there is a need for services to be targeted to the schools in the Sacriston area.

Reception (Age 4-5 yrs) County Average 9.4%		**Year 6 (Age 10-11 yrs) County Average 20.8%**	
Sacriston	14.3%	Sacriston	28.1%
Ferryhill	12.9%	Dawdon	27.8%
Tudhoe	12.8%	Anfield	26.8%
Peterlee East	12.7%	Evenwood	26.7%
Deerness Valley	12.5%	Chester le Street West Central	25.8%
Horden	12.2%	Horden	25.8%
Chester le Street West Central	12.2%	Shildon West	25.4%
Esh	12.1%	Gilesgate	24.3%
Dawdon	12.1%	Chilton	23.8%
Durham South	11.6%	Shotton	23.8%

Source: NCMP 2008/2009 to 2010/2011

92 Reasons for differences in weight within wards is multifactoral and although deprivation and income play a very crucial role there are many other factors that also have a bearing on a child's weight, such as genetics, diet, amount of physical activity, underlying health. The proximity to play and leisure services, safe cycle and walk ways and parental attitudes to safety all have an effect on how children spend their leisure time. More information on Ward data that relate to obesity prevalence can be found at appendix 6 of the appendices pack which can be found in the Scrutiny Office and Members Resource Library.

Obese Children (%), Reception and Year 6, with 95% confidence intervals, 2009/10, County Durham, Health Networks and England



Source: National Obesity Observatory (NOO) as shown in JSNA 2011

93 The graph above shows the prevalence of obesity of children as measured in Reception class and Year 6 as a percentage at locality areas (former district areas), County Durham and England. The information shows that at County Durham overall has a similar measurement to that for England, but Wear Valley and Chester le Street are shown to have a higher average for measurements than the County average. At Year 6 the average for County Durham is significantly higher than the average for England, with Chester le Street and Easington having averages higher than that of County Durham. More understanding of why a gap has emerged between Reception class and Year 6 children is needed so it can be addressed. Perhaps an interim measurement taken at ages 6/7 years would provide practitioners with information to help address this gap.

94 Initial findings from the FISCH programme locally, tells us that only 10% of families who are advised their child is overweight or obese take action to attend a programme. This would suggest that there is a gap in getting parents and/or carers to recognise there is a problem. As from 2012 the Department of Health has authorised follow up to original correspondence through the NCMP. A report on the millennium project at Gateshead had shown the differences in parental perception to that of professionals which indicated that parents identified a problem by the 99th percentile, but professionals wanted to get involved when the child reached the 85th percentile. Parents don't always recognise a problem in their child's weight and by the time they do, the child may have moved from the overweight category to the obese category. Raising awareness amongst parents is fundamental to initiating early interventions and reducing obesity in primary aged children.

Turning Planning Into Action: How It All Fits Together

95 County Durham has a robust partnership framework where partners come together to work in collaboration. The Children and Families Trust has produced the Children, Young People and Families Plan, which sets out agencies commitment to achieving the things that children, young people and families said mattered to them most. Obesity fits into the plan under the objective 'Children and young people are healthy and make positive choices.' The specific outcome is 'negative risk taking behaviour is reduced.' There is an action within the Annual Commissioning Plan around the development of an Obesity Strategy. All partners

are responsible for contributing to the reductions in obesity through strategic actions within their own organisation.

96 Priorities and plans are turned into actions through commissioning and service plans which provide:

- New and inspired ways of working.
- Value for money.
- Annual Commissioning Plan – determined by the priorities as set out in Children, Young People and Families Plan.

In order to reduce duplication of effort, one lead is identified for the partnership who takes forward the priority with the help of partners within the partnership.

97 The table below shows how the Council delivers on the strategic actions of the Partnership.

• **Partnership** • Establish what the needs are, who delivers and how are we doing. • Identify gaps. • Identify solutions. • Develop strategic plan.	• **Local Authority** • Increase participation in positive activities • Places to go Things to Do. • Increase % of young people engaged in 3 hrs of PE per week. • Healthy Child programme and Health improvement programs.

Source: Turn Planning into Action: How it Fits Together (Presentation to Working Group 020712)

98 We know when we have been successful in reducing obesity when there is an increase in the percentage of:

- children and young people who do 3 hours of PE per week;
- young people reached through youth work;
- young people participating in youth work;
- the prevalence of breastfeeding at 6-8 weeks.

	Actual	Target
children and young people who do 3 hours of PE per week;	89.4% (primary) 78.4% (secondary)	No target set
young people reached through youth work	27%	25%
young people participating in youth work;	15.2%	15%
the prevalence of breastfeeding at 6-8 weeks	23.5%	31.3%

Source: Quarter 4 2011/2012 Performance Information

99 Performance information indicates that we are successful in reaching young people through youth work and the numbers of young people participating in youth work. The percentage of children and young people who do 3 hours of PE per week is also encouraging. However, more work is needed to increase the prevalence of breastfeeding at 6-8 weeks.

100 Ultimately success will be demonstrated as a reduction in the percentage of children in Reception and in Year 6 who are recorded as obese.

Conclusions

101 National and local policies clearly demonstrate the need to reduce current obesity levels if serious health consequences for future generations are to be avoided. It is expected that Clinical Commissioning Groups in their Clear and Credible Plans will reflect obesity as a priority area. 'Tackling Obesity in Children and Young People in County Durham and Darlington: A Strategy for Prevention and Treatment 2004' clearly demonstrates multi-agency working is well established, but the strategy is in need of updating and refreshing to reflect changes in legislation (namely Healthy People, Healthy Lives: A Call to Action on Obesity), guidelines, statistics, programmes and structures. It is important that any updated strategy is developed holistically with other strategies and not as a stand alone strategy. The updated strategy would need to become part of the Health and Wellbeing strategy and the Think Family strategy.

102 Partnership working is fundamental and central to providing and delivering programmes to children who are obese. This is highlighted as a method of best practice within Healthier People Healthier Lives and is practised in County Durham through the County Durham Partnership via the Children and Families Trust. However more work is needed to know the full extent of third sector involvement.

103 Evidence indicates that there are wider social and environmental determinants that impact on obesity in children such as housing and low income. Such determinants should be considered when refreshing the strategy and local policies by looking at the extent of powers at the Council's disposal e.g. using licensing and regulatory powers; encouraging walking and cycling rather than car use when devising road layouts, the consequence of allowing takeaway food outlets close to schools or where there are already lots of take away food outlets at a location and the layout of housing estates. The proximity of take away food outlets to schools is a proposal that is being addressed by the County Durham Plan.

104 Durham County Council offers a great number of physical activity programmes across the county, lots of activities are being carried out in communities through Area Action Partnerships and voluntary organisations. Many community buildings are made available for use by schools and voluntary groups for physical activity programmes at low or no cost. Children and Adult Services promote activities for children and young people on their web-pages, dedicating a page to various activities and provide information on transport and cost which may act as barriers to some families accessing services offering physical activity programmes.

105 Programmes such as FISCH and MEND are making an impact by helping children and their families make necessary changes and choices in their lifestyle to reduce and prevent obesity. However some parents do not recognise that their child has a problem with obesity and as a result do not respond to correspondence relating to NCMP measurements and invitations to attend programmes.

106 Schools are greatly involved with the delivery of programmes and it is essential that programmes have the backing of the management of the school to provide

leadership and drive to push forward programmes and deliver outcomes. Great importance is given to the procurement of food in schools ensuring that food is seasonal comes from sustainable sources and that produce is locally sourced.

107 Change4life has had a tremendous impact but how do we know that families in need of help are the ones signing up to the campaign? Other than parents, school is the one place that has a fundamental influence on children's habits including eating and physical activity programmes. Therefore by promoting change4life and its various sub-brands in school will give children and parents information to start to make changes in their lifestyles and be able to recognise change4life logos on healthy products.

108 Supermarket chains have signed a collective public health responsibility deal pledge concerning food sold in their stores. The Association of Convenience Stores have signed an individual pledge to work with its members to roll out change4life branding across its stores. Supermarkets locally should be encouraged to deliver a similar pledge in their stores to encourage shoppers to help change eating behaviours by promotion of incentives such as change4life.

109 County Durham has an excellent record in participating in the National Child Measurement Programme. However, most parents of those children who are identified as being obese do not follow up on programmes from the initial letters. Only 10% of parents notified take up programme places offered, from 2012 professionals are allowed to follow up on this initial correspondence. Greater awareness is needed amongst parents of the importance of taking advantage of early intervention programmes to assist their child to achieve and maintain a healthy weight, before more stringent and costly measures are needed. An interim measurement at age 6/7 years may alert parents to take advantage of early intervention programmes.

110 All projects and programmes are evaluated, monitored and prioritised to those areas with the greatest need. Evaluation should not be a task that occurs at the end of the programme, but be carried out throughout the lifespan of the programme as outlined as a means of best practice in the Standard Evaluation Framework.

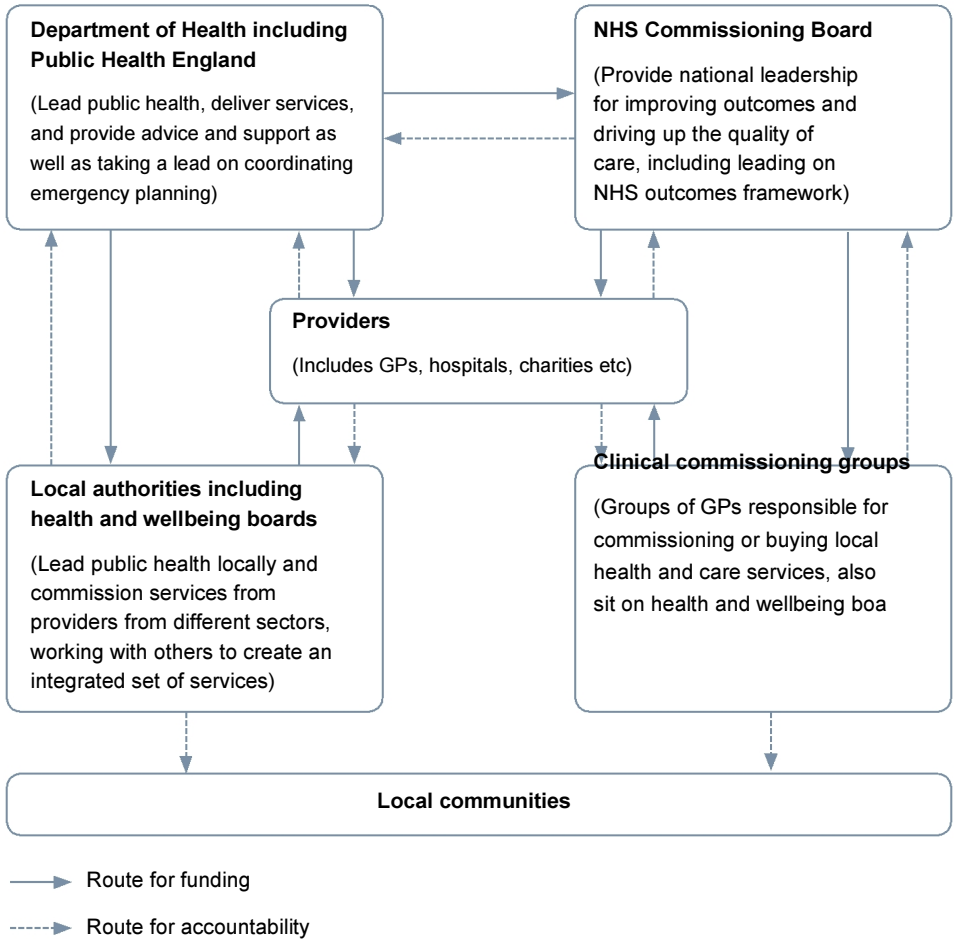
111 Performance information clearly shows that obesity in primary aged children has reached a plateau which would indicate programmes and projects such as FISCH and MEND have been successful, but they need to continue to establish a downward trend. In a report by the Greater London Authority on Childhood Obesity (April 2011) characteristics of cost effective programmes are found to be those which have family and community involvement and intervene early. The report also suggests "In a time of constrained budgets, the costs of introducing new programmes and interventions are likely to be an issue. Therefore, funding should be directed to programmes that are proven to provide positive outcomes." Funding for programmes comes from many sources and the costs of tackling obesity from a prevention and universal approach are difficult to quantify.

112 The diagram below shows the potential accountability and funding flows for post April 2013, when public health comes into local authority control, but is not how accountability and funding currently operate. The information is taken from a

National Audit Office report, published July 2012 which provides an update to the Government's approach to tackling obesity. Durham County Council's Cabinet reported Healthy Lives Healthy People: Update on Public Health Funding proposes significant change to the way National Health budget is allocated to local authorities. If the interim recommendations of the Update on Public Health Funding are implemented then Durham County Council will suffer a 46% reduction in funding which will impact upon the public health services including obesity programmes for children. It is important for children's health and well-being that childhood obesity programmes continue as invest to save incentives.

A simplified overview of accountability and funding flows

Much of the responsibility for measures to tackle obesity will transfer to local authorities in April 2013



Source: National Audit Office 2012

Recommendations

113 The report recommends that:

A. Cabinet, the Shadow Health and Wellbeing Board and the Children and Families Trust agree that the current strategy, 'Tackling Obesity in Children and Young People in County Durham and Darlington: A Strategy for Prevention and Treatment' is refreshed and updated to reflect changes in legislation, current programmes, statistics, structures and funding arrangements. The revised strategy should continue to follow a multi-agency approach to strengthen partnership working and to address prevention and treatment of obesity in children, reflect a Think Family approach, looking at the lifestyle of the family and not an individual. A revised strategy should be holistically integrated to sit with other strategies such as Health and Wellbeing Strategy.

B. Cabinet, the Shadow Health and Wellbeing Board and the Children and Families Trust encourage the management of schools to provide the necessary leadership to drive forward programmes and projects and deliver outcomes, to help children and families recognise the importance of a healthy lifestyle.

C. Cabinet, the Shadow Health and Wellbeing Board and the Children and Families Trust in recognition of best practice of continuous evaluation, as set out in the Standard Evaluation Framework ensure that all projects and programmes that provide healthy lifestyle changes and support to children and families follow the principles of continuous evaluation, with particular emphasis on effectiveness of programmes and projects and value for money.

D. Cabinet seek the advice from the Director of Public Health on the need for further work to assess the feasibility of an interim measurement at year 2 (ages 6-7 years) in addition to National Child Measurement Programme (NCMP) measurements taken at Reception Class (age 4-5 years) and Year 6 (age 10-11 years). The Working Group note that the NCMP is a nationally prescribed programme and that there are potential resource implications to establish an interim measurement.

E. A systematic review of this report and progress against its initial recommendations should be undertaken 6 months after it is considered by Cabinet and the Children and Families Trust.

114 Cabinet are asked to note the above recommendations of the Joint Working Group and provide an update in six months time to the Children & Young People Overview and Scrutiny Committee.

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Appendix 1: Implications

Finance – The report makes reference to the significant change to the way in which the national health budget is allocated to local authorities by focusing on a single deprivation measure. Initial analysis of proposals suggests that County Durham could potentially lose 46% of current funding to Public Health budget in future years.

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty – An equality impact assessment of the recommendations has been carried out and can be found at appendix 7 of the appendices pack which can be found in the Scrutiny Office and Members Resource Library.

Accommodation - None

Crime and Disorder – None

Human Rights – None

Consultation – Evidence was provided from colleagues in Public Health, Children and Adult Services, Leisure Services and School Sports Partnerships.

Procurement – Evidence was provided relating to the procurement of food in Council maintained schools being seasonal and wherever possible locally sourced.

Disability Issues – None

Legal Implications – None