## Issue | Healthy Eating

### Timing

The Government has a Public Service Agreement (PSA) target to halt by 2010, the year-on-year increase in obesity in children under 11 in the context of a broader strategy to tackle obesity in the population as a whole. The primary responsibility of course rests with parents but the Government is committed to helping families eat better and lead more healthy and active lives. PCTs, performance managed by Strategic Health Authorities and working through children's trusts are responsible locally for coordinating work to tackle childhood obesity. PCT local delivery plans, developed alongside LA children and young people's plans, feed into LAAs, agreed with the Government offices.

In June 2005, CC launched its strategy to improve public health in response to the government’s [Choosing Health Public Health White Paper](#), and in recognition of the important public health role of the County Council - to improve health outcomes and narrow health inequalities through promoting healthy choices and tackling the key determinants of poor health.

Health Strategy is based on the 7 key themes of the Choosing Health White Paper. It describes the County Council's role and commitments in tackling these.

Members of Health and CYP Scrutiny Cttees took part in an Inquiry Day into Childhood obesity on 22 Dec 09, to identify the cause of obesity and to establish the nature and extent of the problem in Staffs, to establish what the nature and extent of the problem in Staffs; to establish what the local authority and other organisations were doing to tackle childhood obesity and establish best practice. They noted that measurement of is voluntary and, particularly at year 6, overweight children may not present themselves for measurement. There are significant areas local variations across Staffs with a link between areas of deprivation and obesity. A coordinated approach to tackling the problem was necessary with a focus on family involvement. The Government had introduced strict nutritional guidelines for school meals but as a consequence,
take up had declined. The importance of a healthy diet contributes to pupil achievement, reducing health inequalities and promoting social exclusion.

Recommendations of Inquiry day attached.

SCC Change 4 Life campaign aims to - Increase staff participation in healthy activities and encourage healthier lifestyles both at work and in the home; Promote the various health and well-being benefits offered by the County Council to staff, such as Occupational Health Support; and Demonstrate that the County Council takes employee's health and wellbeing seriously

Staffordshire Children's Trust is a partnership which brings together the organisations responsible for services for children, young people and their families in a shared commitment to improving children's lives. The outcomes that are most important to children and young people are: The 'Every Child Matters' Outcomes - of which Being healthy was included as an identified target promoting healthy lifestyles and encouraged Parents, carers and families to promote healthy choices

Children's Trust aims to support families and ensure children are healthy weights and refocus investment to focus on a preventative approach to the issue.

A Strategic Approach to Healthy Weights for Children
To prevent long term health problems associated with obesity in children and adults and reduce the associated costs we must support families to ensure that children are healthy weights and specifically that they are not obese. The Children's Trust will take a strategic approach to tackle childhood obesity. This will involve refocusing investment across the partnership to focus on a preventative approach to this issue. The Children's Trust Board partners will take immediate action in 2010 to develop a multi-agency healthy weights strategy to address and prevent childhood obesity.

This Strategic Plan will be performance managed in-house. Quarterly reports will be produced for the Children's Trust Board accountable to the Staffordshire Strategic Partnership (LSP) for the delivery of the nine LAA indicators related to children and young people.
## Priority for Partners?

Obesity is a major health concern at national, regional and Staffordshire levels, with nationally nearly a quarter of adults and 10% of children classified as obese. Current trends indicate that obesity will soon surpass smoking as the greatest cause of premature loss of life. Community Strategy:

http://www.staffordshire.gov.uk/yourcouncil/councilpoliciesandplans/scs/

All Staffordshire people will benefit from equality of opportunity and access to the resources they need to improve their health, well being and quality of life. People will be encouraged to lead healthier, more active lives and make healthier choices…. older people will be empowered to live independently and have greater choice of and access to the services they need and want, as well as being provided with opportunities for employment and education.

This will be achieved by:
- Reducing health inequalities and promoting healthier living;
- Improving the quality of and access to services for those in excluded communities in Staffordshire;
- Reducing obesity across the population;

... Promoting and supporting healthier choices within the home, schools and workplace.

*Our County, Our Vision A Sustainable Community Strategy for Staffs 2008-2023 (Staffs Partnership)*

These priorities are aligned with themes in District Sustainable Community Strategies and the identified activities will add value to those priorities identified at District level, including:

- Reduced mortality rates from coronary heart disease (East Staffordshire LSP)
- To improve the quality of life of older people (Newcastle under Lyme LSP)
- Improving health and well-being (Stafford LSP)
South Staffs PCT identify 10 outcome aspirations for improving health and well-being, underpinned by 7 strategic goals to deliver the vision incl - 1. Reduce childhood obesity in year 6 children - To reduce in line with the Vital Signs target and then to extend this reduction by 0.2% each year.

http://www.southstaffordshirepct.nhs.uk/Aboutus/corpDocuments.asp

North Staffs PCT identify ‘Reducing childhood obesity’ as one of 10 health outcomes to be delivered over next 5 yrs – and acknowledge increasing rates of childhood obesity: one in five children in Year Six are obese. Childhood obesity is linked to the early onset of a range of preventable long-term conditions, including diabetes.

The PCT intends to help children to achieve and maintain a healthy weight. It sets out to reduce childhood obesity and help 300 more children to achieve and maintain a healthy weight. Childhood obesity is linked to the early onset of a range of preventable long term conditions, including diabetes. Childhood obesity is a national and a local issue. The consequences of obesity in childhood also include social stigma, discrimination and prejudice linked to low self-image, low self-esteem and depression.

The National Child Measurement Programme relates to two specific school years: Reception Year (children aged 4 to 5) and Year Six (children aged 10 to 11). Across the PCT, the percentage of children who are obese is almost twice as high in Year Six (19.4%) as in Reception Year (10.7%). In 2007/08, the obesity rate in children in Reception Year in Staffordshire Moorlands (12.8%) was the highest in the County, and higher than both the Staffordshire County and England rate. The LA is leading on a Staffordshire-wide programme of work in partnership with a range of agencies in order to halt the rise in childhood obesity. PCT believe they can usefully intervene but there are no easy answers. They are leading on a Staffordshire-wide multi-agency programme of work to halt the rise in childhood obesity.


Staffs Moorlands DC have identified Childhood Obesity as a topic for scrutiny. Following discussion with partners it will run a Total Place type exercise ideal for cross agency working.
| Trend in weak performance? | LAA Third quarter* - CCT1 NI55 Obesity in primary school children in Reception PSA 12 – soft green projected outturn 9.8% current target 10.9% - trend expected to continue for 09-10.

CCT2 NI 56 Obesity in primary school children in Year 6 – red – higher levels of obesity measured than target. Staffs Childrens Healthy Weight Group has reviewed the Delivery Plan for 09-10. The Group has completed the Staffs Children and Families Healthy Weight Framework. Partners are working together to coordinate delivery around healthy eating and physical activity. Children families and communities are being supported through targeted provision to help children maintain a healthy weight. An action plan is agreed by Staffs Children Healthy Weight Group to roll out the framework during quarter 4. Propose to deliver the framework across Locality Children Trust Boards.

SOA 136 NI 136 People supported to live independently thro social services per 100,000 population (adults) – amber – this indicator creates perverse incentives as focus is now on shorter term focused reablement and preventative services rather than long term low level support. In fact just under 3000 people per 100,000 are supported (compared to 2648 previously) reflects positively on strong commissioning arrangements.

**KEY FACTS**
• Nationally over one half of all adults are overweight and one in five is obese. In the past 20 years the proportion of people who are overweight increased by over 50% while the proportion who are obese has trebled. This increase is the fastest in Europe.
• Most children and adults do not meet dietary recommendations
• The number of children who are overweight is increasing
• An estimated one in three deaths from cancer and one in three deaths from coronary heart disease are attributable to poor diet
• Consuming at least five portions of fruit and vegetables a day can reduce the risk from heart disease, stroke and cancer by up to 20%
• A reduction in the salt intake of the population to 6g per day would result in an estimated reduced incidence of coronary heart disease by 6%, stroke by 15%, and hypertension by 17%
• Reducing fat intake, particularly saturated fat, can help lower the risk of coronary heart disease and some cancers
• Infants who are breastfed are five times less likely to be admitted to hospital in the first year of life with |
infections and are less likely to become obese in later childhood
• Mothers who breastfeed their baby are less likely to develop pre-menopausal breast cancer
• Treating ill health related to poor diet is estimated to cost the NHS at least £4 billion each year

In STAFFORDSHIRE
• Overweight Body Mass Index (BMI): Despite a national decrease, the proportion of the population with a BMI defined as 'overweight' has increased in the Shropshire and Staffordshire SHA region over the last decade
• Estimated rates of obesity (as measured by BMI) mean BMI in England 27.1, West Midlands 27.6 and Staffordshire 27.0
• Data on childhood obesity in Staffordshire Moorlands suggest that the rates of obesity in children at reception age England 9.9%, North Staffordshire 12.4% and South Staffordshire 8.4% obese, at year 6 England 17.5%, North Staffordshire 18.8% and South Staffordshire 16.8% obese

*LAA improvement targets re NI 56: Obesity among primary school children in Year 6 08-09 baseline - % obese: 17.3%
% measured:81.5% (National Child Obesity Data Collection 2007/08)
09-10 % obese: 17.7% % measured:87% % obese: 17.8% % measured: 88.3%
10-11 % obese: 17.8% % measured: 89.3% *North Staffordshire PCT South Staffordshire PCT Staffordshire County Council

*NI 136: People supported to live independently through social services (all adults) 2536 (RAP data 2007)
08-09 3000 per 100,000 population
09-10 3500 per 100,000 population
10-11 4000 per 100,000 population
*Staffordshire County Council
LAA: [http://www.staffordshirepartnership.org.uk/refresh/](http://www.staffordshirepartnership.org.uk/refresh/)
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<th>Concern to local people?</th>
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<td>Local needs, performance information, and the views of the public and staff, have been used to identify the 2010 priority outcomes, strategic objectives and the key actions for 2010 of the CYPP which includes being healthy as a key outcome.</td>
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<td>Children - Any work on healthy eating should focus on</td>
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<td>• proactive approach - promotion of healthy eating rather than reactive obesity issue.</td>
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<td>• Support for families - ensuring they can make healthy lifestyle choices</td>
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<td>• Targeted funding for local initiatives and assessing impact of initiatives</td>
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<td>• Support for Staffs Healthy schools enhancement programme.</td>
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Adults – healthy eating contributes to preventative agenda enabling older people to live independently longer.

**Lancaster and Essex County Councils** have applied some scrutiny to obesity/healthy eating.

Lancaster CC conclude that Childhood obesity can only be tackled effectively if it is addressed in the situations and settings in which children live, nurseries, schools and homes. Children are influenced by adults and an effective strategy therefore should consider obesity in the population as a whole. Appropriate and effective early interventions and actions should be promoted and they asked for a ban on junk food advertising aimed at children.

Essex family based health promotion interventions impact on obesity. These interventions focused on dietary and general health education and increased activity and involved sustained contact with children and parents. A stakeholder workshop and sought views of members of Essex Young Assembly. Encourage holistic approach to children’s health and supporting children, and families in having the tools to choose a healthy lifestyle.
| **Recommendation** |  
|-------------------|---------------------------------------------------------------|
|                   | Still waiting for exec response to recs from Inquiry Day into childhood obesity. |  
|                   | Any further work should be around preventative agenda in adults and supporting families in making healthy lifestyle choices and schools re healthy eating? |  
| **Proposed approach** | Working Group |  
| **Proposed approach** | |
Recommendations from Childhood Obesity Day

As a result of our scrutiny, we have made a number of recommendations aimed at tackling childhood obesity in Staffordshire. These are set out below:

4.1 Members considered childhood obesity should be given a much higher profile within the local authority. It is important to reinforce the County Council’s role as a leader in tackling childhood obesity. We have responsibility for services that impact on childhood obesity and would recommend the appointment of a Member champion for childhood obesity to exercise political influence, gain commitment and to ensure that the County Council’s business plans, policies and practices support the reduction in childhood obesity.

4.2 Similarly, Local borough and district councils are responsible for other services that impact on childhood obesity. Members proposed that the identification of a Member champion at local borough/district council level would also be helpful to ensure that their policies and practices also support the reduction in childhood obesity. This might fall within the children’s champion’s role that some borough/district councils already have.

4.3 Members would recommend the appointment of a single joint Director of Public Health for Staffordshire to provide professional leadership in respect of childhood obesity. Members learned that Judith Bell was soon to leave her post in north Staffordshire and considered that there may be an opportunity to take this proposal forward. This would ensure professional clinical leadership, a common approach and consistency in respect of language and information sharing.

4.4 Members recognised the complexity of tackling this issue given the large number of individuals and organisations involved. We would recommend that a Childhood Obesity Co-ordinator be appointed to lead the Childhood Healthy Weights Group. Members considered that the Childhood Obesity Co-ordinator’s role, in addition to the roles identified in 3.6 above, could address issues that we identified in regard to communication, in particular the sharing of work that is being undertaken in this area; identifying sources of funding and networking with national, regional and local groups.

4.5 Similarly, the identification of a named lead officer for childhood obesity within borough/district councils in Staffordshire who could give commitment to regular participation in the Childhood Healthy Weights Group is recommended.

4.6 Members raised the issue that there appeared to be very much less physical education in schools than there had been and wanted to re-emphasise the important contribution of exercise in tackling obesity. Members considered that this matter should be taken up with the Directorate of Children, Young People and Families and I will ask the Chair of the Children and Young People Scrutiny and Performance Committee to take this forward.

4.7 Members considered that they could play an important role in persuading schools not currently part of the SHS to participate and asked that the SHS share information on non-participating schools with the relevant local Member.

4.8 Members were aware that the impact of initiatives to tackle childhood obesity are often not known in the short term and considered that the development of measures that could give an earlier indication of success would assist in performance management of childhood obesity initiatives.
4.9 Subject to the endorsement of the Corporate Review Committee I will refer the recommendations to the Leader/ relevant Cabinet Member/borough or district council/NHS trust for a response. I will ask the Scrutiny and Performance Manager to arrange with the Chair of the Childhood Healthy Weights Group for the agreed recommendations to be developed into an action plan and for their response and subsequent progress to be reported to the Corporate Review Committee.