


BRIEFING REPORT TO CHILDREN'S SERVICES AND EDUCATION SCRUTINY BOARD

12 March 2018

Subject:	Childhood Obesity – Update
Cabinet Portfolio:	Councillor Elaine Costigan - Cabinet Member for Public Health and Protection
Director:	Executive Director of Adult Social Care, Health and Wellbeing – David Stevens
Contribution towards Vision 2030:	
Contact Officer(s):	Ansaf Azhar – Acting Director of Public Health Gordon Andrews – Programme Manager Obesity, Physical Activity & Tobacco Control gordon_andrews@sandwell.gov.uk

DECISION RECOMMENDATIONS

That Children's Services and Education Scrutiny Board:

1. Consider the information provided in this Briefing Update.
2. Make any comments and recommendations as necessary.

1 PURPOSE OF THE REPORT

- 1.1 In March 2017 scrutiny of Childhood Obesity was carried out by the Board and Council officers: Angela Blair, Joshna Mavji, Nathan Moore and Jyoti Atri (DPH) from the public health team.
- 1.2 The purpose of this report is to provide a brief update as requested under the scrutiny board recommendations (March 20th, 2017). Progress

updates are provided under each of the four areas identified (see Section 4). This briefing includes the latest data about childhood obesity in Sandwell (see Section 3) and an update on the school meals work and physical activity in schools which was presented last year.

2 IMPLICATIONS FOR SANDWELL'S VISION

- 2.1 Our work to address the issue of childhood obesity is fully aligned with Ambition 2 of the Council's Vision – "Sandwell is a place where we live healthy lives and live them for longer and where those of us who are vulnerable feel respected and cared for". Childhood obesity has been described as one of the most serious public health challenges for the 21st century (World Health Organisation, 2017).
- 2.2 The strong association between levels of obesity and deprivation is well recognised and continues to exhibit nationally - 26.3% of Year 6 children who are obese live in the most deprived areas of the country, compared to 11.4% living in the least deprived, making Sandwell's children more vulnerable to obesity.
- 2.3 Childhood excess weight tracks into overweight and obesity in adulthood. Nationally, two-thirds of the adult population are either overweight or obese; many of these individuals will need support with weight management (weight loss and healthy weight maintenance). High Body Mass Index (BMI) is associated with an increased risk of morbidity and mortality from a range of conditions including hypertension, coronary heart disease, stroke, type 2 diabetes and several cancers. It also contributes to a range of other costs including social care costs.

3 BACKGROUND AND MAIN CONSIDERATIONS

- 3.1 There are early signs that the rise in obesity observed over recent years may be plateauing, however the fact is that too many children are obese and overweight. The latest National Child Measurement Programme (NCMP) dataset (academic year 2016/17) shows that the number of obese children in Sandwell continues to rise.
- 3.2 12.1% of Reception children (aged 4-5 years) were recorded as obese (2016/17) which is an increase of 0.2% from 11.9% in 2015/16.
- 3.3 27.8% of Year 6 children (10-11 year olds) were recorded as obese (2016/17) which is an increase of 1.7% from 26.1% in 2015/16.
- 3.4 These levels are both above the national average which is 9.6% for Reception Year and 20.0% for Year 6 children. Nationally, the levels and trends in childhood obesity observed in Sandwell are broadly similar to

those of other boroughs which may be considered as ‘statistical neighbours’ with regard to obesity and index of mass deprivation (IMD).

3.5 Strategic Context - Addressing Childhood Obesity in Sandwell

At Sandwell Council, our strategic actions to address obesity are closely aligned to national guidelines (NICE / PHE), the Government’s Childhood Obesity Strategy (2016) and the ‘whole system approach’ currently being led nationally by Leeds Beckett University to inform good practice.

3.6 Public Health and key partners are working together in **6 key areas** to tackle obesity; particularly focusing on children & families in order to influence the trajectory of weight gain.

- (i) We are supporting local schools; who have received a doubling in their pupil premium from the national government’s sugar tax, through our learning community hubs attended by a wide range of school representatives and through school food projects.
- (ii) We are helping children achieve their 60 minutes physical activity every day through active play opportunities, increasing school delivery capacity and the local commissioning of physical activity programmes in schools.
- (iii) We are working with early years and children’s services to support the ‘Early Years Menu’ and awareness campaigns (enabling health professionals to support families) and Sandwell Council promotes the Government’s Healthy Start Scheme where families on benefits can get free milk, fruit and vegetables with Healthy Start vouchers.
- (iv) We are working with local businesses to make healthier options available when eating out through promoting our ‘Eat Out Eat Well’ healthy catering award (aligned to national accreditation & standards).
- (v) We have locally adopted the government’s yearly target of 5% sugar reduction and we are working with school food providers to reduce sugar content in school foods and achieve 20% sugar reduction in school foods by 2020.
- (vi) We are supporting national government Initiatives, for example, the restrictions on food and drink advertising, to produce clearer food labels and make healthy options more available in the public sector including hospitals.

The above require a mid to long-term, systematic approach. National guidance reinforces that childhood obesity is multi-faceted and needs to

be addressed in a number of key intervention areas – not all of which fall within the sphere of direct influence by the local authority Public Health team.

4 **CURRENT POSITION - Progress updates in respect of areas identified at Scrutiny Board (March 2017)**

- (i) **That the Director – Public Health identify the primary schools not participating or engaging with the Sandwell Active Schools project and advise the Board of the reasons why they were not participating.**

Engagement - 2016/17:

There was an initial phase of relationship building and engagement of schools into physical activity for health improvement. The Healthy Active Schools System (HASS) was provided to all primary schools at no cost (a usable data base for schools). An audit / needs assessment was completed and all schools received training on how to deliver physical literacy testing for all school years. Playground zoning was supported to ensure playgrounds are inclusive (not exclusive) in use. Further, targeted support was offered for one term per Learning Community over a two-year period.

Outcomes - 2017/18:

90 primary schools have been engaged and over 80 schools have become registered users of the Healthy Active Schools System (HASS). 72 audits / needs assessments have been completed and six CPD workshops delivered; tailored to the school's requirements. All of the planned, targeted term time support has been delivered across 7 Learning Communities.

Over 60 schools have been routinely completing physical literacy testing and recording their results on HASS. Of the children tested we now know that only 25% are achieving the national recommended level of physical literacy for their age group.

Next Steps - 2018/19:

Public Health engagement with the 'schools' setting will continue under the remit and delivery plans of the new 'PH – Development Officer' team which will permanently replace the Community Activity Network Development Officer (CANDOs) from 1 April 2018. This team will continue to liaise with key stakeholders in the schools' provider network (i.e. Fit for Sport).

The funds available to support Sandwell Active Schools (SAS) will ensure the current offer continues to the end of the academic year (Year 3 of the programme). Via the learning communities, schools will continue to be able to access any elements of SAS, coupled with the support they require (via the Fit for Sport “shopping list”).

(2) That the Director – Public Health present the results of the SHAPE consultation / survey with parents and provide details of how these results shape the next steps to a future Scrutiny Board

842 school meal surveys were completed by parents during last school term and are currently being analysed. The quantitative and qualitative findings will be made available and shared in stages with parents, schools, Learning Communities and members of this Board from April 2018.

A meeting is now being organised with the seven school meal providers (SIPs, Dolce, Eden, CMC, Compass, Cityserve and AIP) to communicate the findings and collaborate on a range of food and nutrition improvements.

These results will provide insight into children and families experiences of school meals and food in schools. This work makes clear the role of the many food businesses that provide food in Sandwell’s schools and also their collective potential to initiate improvements. It also highlights the wealth of ideas and solutions presented by parents to stimulate schools, families and businesses to improve children’s food and nutrition.

(iii) That the Director – Public Health present a progress report after 12 months to detail if the measures put in place have improved levels of activity in children, improved nutrition, improved education progress and halted the rise in obesity levels.

Update concerning measures to improve nutrition:

Across the 7 Learning Communities, schools have developed 64 cooking, growing and healthier snack food projects commencing in 2016/17. All four of Sandwell’s Residential Education Centres have developed a Food Project to align with the schools’ work.

With regard to training and awareness, 36 Level 2 - Food Safety Certificates (Qualifications) have been awarded to school staff and some parents. 53 Food Safety, Allergens and Nutrition Awareness

Session attendance certificates have also been awarded. School Health Nurses were distributed with the Nutrition Awareness training packs, as were staff supporting 'Summer Meals' work (focused on food poverty) in seven local community centres/clubs.

842 responses from parents to the School Meal Survey are currently being analysed to inform future development.

In 2018, Learning Communities are now supporting a number of schools with 'Make, Move and Munch clubs' to continue and extend healthy food activities towards family learning and schools have been invited to the final Level 2 Food Safety and Food Safety, Allergens and Nutrition Awareness Sessions.

(iv) That the Director Resources be requested to include Artemis Childhood Obesity training in the Member training programme 2017-18.

The Public Health team continue to support the development of the Artemis training module. Project managers (physical activity, food & nutrition and weight management) are currently working on the final content and making the necessary modifications. The initial deadline for the completion of a draft module has been moved to Spring 2018, this is to ensure that the team has sufficient time to produce the best quality of work prior to the trialling phase.

4. CONSULTATION (CUSTOMERS AND OTHER STAKEHOLDERS)

4.1 Engagement with schools is detailed in the body of this report.

5 SUSTAINABILITY OF PROPOSALS

- 5.1 A key element in sustaining these initiatives is being able to continue to align resources and provide support (i.e. through ongoing school liaison with the PH – Development Officer team and Project Leads in physical activity and nutrition) and to positively influence schools (i.e. in respect of the types of interventions and the quality standards of programmes introduced) in order that the pupil premium is effectively spent.
- 5.2 In respect of physical activity, learning and feedback from the SAS project and 'whole school data' from the HASS should inform continued adoption by individual schools. Also, as children transition from yr6 (Primary) to yr7 (Secondary) there is the potential for "data" to follow (concerning physical literacy levels / level of daily physical activity) and inform programmes.
- 5.3 In the area of food and nutrition, this schools work is part of a whole systems approach involving many partners and working across all sectors

in Sandwell. Progress on 'school food' is being made through Sandwell Council's integrated approach and in the relationships developed with schools (and food providers) through the 'Learning Communities - School Health Improvement Project'.

6. ALTERNATIVE OPTIONS

6.1 There are no alternative options.

7. STRATEGIC RESOURCE IMPLICATIONS

7.1 There are no strategic resource implications arising from this report.

8. LEGAL AND GOVERNANCE CONSIDERATIONS

8.1 There are no legal and governance considerations to report.

9. EQUALITY IMPACT ASSESSMENT

9.1 All NHS provision is subject to Equality Impact Assessment (EIA)

10. DATA PROTECTION IMPACT ASSESSMENT

10.1 There are no data protection implications.

11. CRIME AND DISORDER AND RISK ASSESSMENT

11.1 There are no crime and disorder or risk implications.

12. SUSTAINABILITY OF PROPOSALS

12.1 There are no sustainability implications.

13. HEALTH AND WELLBEING IMPLICATIONS (INCLUDING SOCIAL VALUE)

13.1 There are no health and wellbeing implications further to those detailed in the body of this report.

14. IMPACT ON ANY COUNCIL MANAGED PROPERTY OR LAND

14.1 There are no implications for any Council managed property or land.

15. CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

15.1 Although locally the rise in childhood obesity has not yet been halted, the work with schools (and school food providers) is gathering momentum and must be viewed as part of a 'whole systems' approach which needs to be sustained. Further briefing updates to be provided to the Scrutiny Board as required and when outcomes are reported.

16 **BACKGROUND PAPERS**

None.

17 **APPENDICES**

None.

Report Author: **Gordon Andrews**
Programme Manager -
Obesity, Physical Activity & Tobacco Control