

# **AGENDA MANAGEMENT SHEET**

**Name of Committee**

**Cabinet**

**Date of Committee**

**15th November 2007**

**Report Title**

**Review of Childhood Obesity in  
Warwickshire – Executive Summary of the  
Childhood Obesity Panel**

**Summary**

The aim of this review was to assess the extent of childhood obesity within the county, the causes of childhood obesity and the consequences of childhood obesity. The review looked at the services of the NHS to see what they did to help reduce the incidence of childhood obesity and also as part of the public health agenda it took into account the services provided by Boroughs and Districts Councils and relevant departments within the County Council.

**For further information  
please contact:**

Alwin McGibbon  
Health Scrutiny Officer  
Tel: 01926 412075  
alwinmcgibbon@warwickshire.gov.uk

Jane Pollard  
Overview and Scrutiny  
Manager  
Tel: 01926 412565  
janepollard@warwickshire.gov.uk

**Would the recommended  
decision be contrary to the  
Budget and Policy  
Framework?**

No.

**Background papers**

Full Report of the Childhood Obesity Panel – to be made available in Members' Rooms

**CONSULTATION ALREADY UNDERTAKEN:-**

Details to be specified

Other Committees

☒ Report from Health OSC 5<sup>th</sup> September 2007

Local Member(s)

☐

Other Elected Members

☒ Cllr Jerry Roodhouse,

Cabinet Member

☒ Cllrs Bob Stevens, Izzi Seccombe

Chief Executive

☐ .....

Legal

☒ Sarah Duxbury

Finance

☐ .....

- |                          |                                     |                            |
|--------------------------|-------------------------------------|----------------------------|
| Other Chief Officers     | <input checked="" type="checkbox"/> | David Carter, Marion Davis |
| District Councils        | <input type="checkbox"/>            | .....                      |
| Health Authority         | <input type="checkbox"/>            | .....                      |
| Police                   | <input type="checkbox"/>            | .....                      |
| Other Bodies/Individuals | <input type="checkbox"/>            | .....                      |

**FINAL DECISION Yes**

**SUGGESTED NEXT STEPS:**

Details to be specified

- |  |                                     |       |
|--|-------------------------------------|-------|
| Further consideration by<br>this Committee | <input type="checkbox"/>            | ..... |
| To Council                                 | <input type="checkbox"/>            | ..... |
| To Cabinet                                 | <input checked="" type="checkbox"/> | ..... |
| To an O & S Committee                      | <input type="checkbox"/>            | ..... |
| To an Area Committee                       | <input type="checkbox"/>            | ..... |
| Further Consultation                       | <input type="checkbox"/>            | ..... |

**Cabinet - 15th November 2007.**

**Review of Childhood Obesity in Warwickshire  
Executive Summary of the Childhood Obesity Panel**

**Report of the Chair of Health Overview and Scrutiny  
Committee**

**Recommendations**

That Cabinet considers:

1. The executive summary from the final report of the 'Childhood Obesity Panel'
2. The recommendations as laid out in the executive summary of the report as amended by Health OSC on the 5<sup>th</sup> September 2007
3. The new resolutions made by Health OSC on 5<sup>th</sup> September 2007.

**1. Introduction**

- 1.1 Obesity is one of the major public health issues in the developing world. Its prevalence has tripled in Europe over the last two decades and is now the most common childhood disorder in the EU.
- 1.2 There is an increasing burden on the healthcare system. It was estimated that the economic cost of obesity in 2002 was in the region of £3.3 - £3.7 billion with approximately one-third of cost attributed to sickness absence. A recent report at a Public Health Conference in the West Midlands has now put the cost at £1 billion for the whole of the NHS and the country £7 billion annually.
- 1.3 Tackling obesity has become a Government priority and a number of actions have been outlined in the delivery plan for 'Choosing Health: Making Healthier Choices Easier' for Local Authorities, NHS and individuals.
- 1.4 The panel's aim was to assess the extent of childhood obesity within the county, the causes and consequences of childhood obesity.
- 1.5 Their objective was to understand how childhood obesity is linked with health inequalities, what the health service and the local authorities did to meet the needs of those affected, the implications of children being obese, what could

be done to reduce the incidence of childhood obesity and to ensure that the NHS provided a flexible, appropriate, clinically effective and accessible service.

## **2. Health OSC Resolutions Arising from the Final Report of the Childhood Obesity Panel – 5<sup>th</sup> September 2007**

Councillor Tony Dixon, Chair of the Panel (Representative - Stratford District Council), made a presentation to the Committee where the final report of the Childhood Obesity Panel was considered.

The following issues arose during the ensuing discussion:-

- (1) There was a problem with recommendation 19.1 concerning the removal of the discretion for parents and guardians to opt out their children from being measured, as legally parents express approval was needed before any intervention could take place. The Committee recognised this and asked the PCT to encourage parents to agree to their children being measured.
- (2) Because of the need to get parental approval for measuring children, it was not possible for the PCT to ensure that measurement information was collected uniformly (the way information is collected) across the county.
- (3) Children were far healthier today and the requirement for school medicals was not so important.
- (4) After smoking, tackling obesity must be the next most significant issue to improve the health of the population. If the PCT did not tackle this appropriately they would have failed to recognise the benefit to the health economy of doing so.
- (5) There was a need for a national campaign to raise awareness of the problems of obesity. The Committee should write to the Secretary of State outlining their concerns.
- (6) To achieve the target of stopping the upward trend in childhood obesity by 2010 would require a step change. Obese families would not seek help for their obese children because they would not see it as anything wrong.
- (7) The emphasis on tackling obesity should be at home

The Committee then resolved to endorse the recommendations with the following substantive changes:-

- (i) The committee recognised that it may be difficult for Warwickshire Primary Care Trust to act upon recommendation 1, because of the need for parental approval, but want to add that the PCT should actively encourage parents to have their children weighed.
- (ii) To add to recommendation 10 that all schools be proactive in looking at factors that cause children to be overweight and obese from reception to year 6 in line with Healthy Schools Initiatives.

The Committee then added two new recommendations:-

1. That the Health Overview and Scrutiny Committee supports the work of Children Centres in their role in promoting healthy eating and lifestyles.
2. The Committee to write to the Secretary of State outlining their concerns around childhood obesity and the need for it to be tackled appropriately to improve the health of the population. They want to recommend that there is a national campaign to raise the awareness of the problem.

### **3. Recommendations**

3.1 That Cabinet considers:

- The executive summary from the final report of the 'Childhood Obesity Panel'
- The recommendations as laid out in the executive summary of the report as amended by Health OSC on 5<sup>th</sup> September 2007
- The new recommendations made by the Health OSC on the 5<sup>th</sup> September 2007 set out above.

COUNCILLOR JERRY  
ROODHOUSE  
Chair of Health Overview &  
Scrutiny Committee

Shire Hall  
Warwick

26 September 2007



# **Review of Childhood Obesity in Warwickshire**

## **Executive Summary from the Final Report of the Childhood Obesity Panel as endorsed by the Health OSC**

**September 2007**

## Glossary of Terms

<b>BMI</b>	Body Mass Index
<b>CAMHS</b>	Children & Adolescent Mental Health Services
<b>CRB</b>	Criminal Records Bureaux
<b>EU</b>	European Union
<b>GP</b>	General Practitioner
<b>LAA</b>	Local Area Agreement
<b>MEND</b>	Mind, Exercise, Nutrition and Do It
<b>NHS</b>	National Health Service
<b>NSF</b>	National Service Framework
<b>PAC</b>	Physical Activity Consultant
<b>PAYP</b>	Positive about Young People
<b>PE</b>	Physical Education
<b>PCT</b>	Primary Care Trust

## Acknowledgements

The Childhood Obesity Panel would like to thank the following people for their support and help with this review:

**Ruth Breese & Catherine Wickens** Community Dieticians for South Warks Dietetic Service  
**Mindy Chillery** Healthy Schools Coordinator  
**Carole Edkins** Health Improvement Manager, Warwickshire County Council  
**Christine Grantham** Community Dietician George Eliot Hospital  
**Kevin Hollis** Sport & Recreation Manager, Nuneaton & Bedworth Leisure Trust  
**Helen King** Public Health Consultant, Warwickshire PCT  
**Alan Lindsay** Inspector, Physical Education (Southern)  
**Stan Milewski** Senior Road Safety Officer  
**Sandra Russell** Divisional Director, County Caterers  
**Greg Wells** Warwickshire PCT



# Executive Summary

## Introduction

1. Obesity is one of the major public health issues in the developing world. Its prevalence has tripled in Europe over the last two decades and is now the most common childhood disorder in the EU.
2. There is an increasing burden on the healthcare system. It was estimated that the economic cost of obesity in 2002 was in the region of £3.3 - £3.7 billion with approximately one-third of cost attributed to sickness absence. A recent report at a Public Health Conference in the West Midlands has now put the cost at £1 billion for the whole of the NHS and the country £7 billion annually.
3. Tackling obesity has become a Government priority and a number of actions have been outlined in the delivery plan for 'Choosing Health: Making Healthier Choices Easier' for Local Authorities, NHS and individuals.

## Obesity in the West Midlands

4. In recent decades the proportion of children who are overweight or obese has increased in the UK. The latest Health Survey for England suggests that 15.8% of 2-10 year olds in the West Midlands are obese. Trend data would also suggest that the adult level of obesity in both England and the West Midlands has risen considerably. The proportion for both males and females in the West Midlands has remained higher than the England average and the female rate for 2000-2002 is statistically significantly higher than the England average<sup>1</sup>. This is a concern when parental obesity is considered the greatest single indicator of overweight and obesity in children.
5. The West Midlands Public Health Conference in May 2007 estimated that if no action is taken that by 2010 the region will have the second highest number of obese boys aged 2 -15 years.

## Aims and Objectives of the Panel

6. The panel's aim was to assess the extent of childhood obesity within the county, the causes and consequences of childhood obesity.
7. Their objective was to understand how childhood obesity is linked with health inequalities, what the health service and the local authorities did to meet the needs of those affected, the implications of children being obese, what could be done to reduce the incidence of childhood obesity and to ensure that the NHS provided a flexible, appropriate, clinically effective and accessible service.

---

<sup>1</sup> West Midlands Public Health Observatory, Health Issues, Size Matters – Tackling Obesity, 2004

## Findings of the Panel

- 8 They recognised early on that there are many factors that contribute to childhood obesity and that it could not be resolved by one agency alone and would require a multi faceted approach to reduce the incidence of childhood obesity.
- 9 Clearly there had been some progress to measure and collect information to determine the extent of childhood obesity, but there were gaps in information from the south of the county. It was considered that gaps in the information might be due to some parents opting out from the programme.
- 10 The review indicated the number of school nurses and health visitors are not sufficient to enable them to support measures to combat childhood obesity adequately. They were made aware that children were not being seen by a health worker before going to school and that there was a poor ratio of school nurses to schools and this would impact on identifying children as being overweight or obese and being able to act upon it if they are. .
- 11 Recognise that advising parents and guardians that their child is overweight or obese needed to be handled sensitively.
- 12 They acknowledge there are not enough specialist staff.
- 13 Recognise that GPs also have a valuable role in identifying families that are overweight or obese.
- 14 Recognise that there is already a lot of activity to increase physical activity in schools via 'Healthy Schools' and 'Cycling Schemes'. However, not all the physical activity suggested may appeal to children that are already overweight or obese.
- 15 Were made aware that some schools might be planning to reduce the period for having lunch. The panel consider that this would be a retrograde step and contribute to a more sedentary lifestyle.
- 16 They realise that when a child has been identified as being overweight or obese it is likely that the whole family would gain from advice on the importance of good nutrition to ensure that existing bad habits are not perpetuated.
- 17 They support the activities of Healthy Schools and would like to recommend that funding is found to extend this throughout school life. As part of Healthy Schools encouraging children to walk and cycle to school that they encourage children to participate in the free cycle/kerbside training schemes.
- 18 They would like to encourage cycling and the review has highlighted that it is not always safe for children to cycle. Therefore they would like to support the development of more cycle ways in Warwickshire for all the family to use.
- 19 They were made aware that obese children are likely to have obese parents so would like to encourage employers such as the County, Borough and

District Councils and the NHS to promote physical activity amongst their employees such as lunchtime walks.

- 20 Recognise that reducing childhood obesity is not the responsibility of just the NHS and it is important that the local authorities and the NHS work together.
- 21 The County Council also has a vitally important role via the Healthy Schools programme, school meals and other various activities and again it is important that there is a coordinated approach taken with the PCT.
- 22 Consider that schools should be proactive in taking part in schemes such as Healthy Schools, Cycling Schemes, and promoting activities via Extended Services, which may help reduce the level of childhood obesity.
- 23 They recognise the work being carried out by Nuneaton and Bedworth Leisure Trust.
- 24 Because it is too early to evaluate the progress of the Obesity Strategy launched in June 2007 the panel is planning to reconvene at the end of 2008.

## **Recommendations**

- 1 That the Strategic Director Children, Young People and Families and Warwickshire PCT consider whether the option for parents or guardians to opt out of children being measured can be removed. This will enable the NHS and Local Authorities to better gauge the extent of childhood obesity and determine the specialist services required to reduce childhood obesity. Following Health OSC on the 5<sup>th</sup> September the following statement was added 'although it was recognised this may be difficult for the PCT to act upon they should actively encourage parents to have their children weighed'.
- 2 That Warwickshire PCT should ensure that measurement information be collected uniformly throughout the county.
- 3 The panel recommend that the pre-school check be reinstated and consider using Sure Start/Children Centres, in conjunction with their health partners, to identify young obese children and families at risk.
- 4 Warwickshire PCT be encouraged to provide sufficient funding to allow the recommended ratio of school nurses to schools (1:5) to be employed.
- 5 Warwickshire PCT be encouraged to provide training to ensure matters relating to overweight and obesity are handled sensitively.
- 6 Warwickshire PCT be encouraged to provide sufficient funding to ensure there is an equitable and consistent access to specialist services (see section 18.7).
- 7 GPs to consider referring obese children as well as adults to specialist services. This will require lowering the age of the exercise referral scheme and GPs to refer to family centred services. This is an opportunity where the

PCT and the Local Authorities could work together to deliver this service for families.

- 8 Increasing the opportunities for physical activity at school including walking to school, after school activities and expand the range, to not just sport, but for instance dancing or skipping. Recognising that school buses can limit activity and have set times to leave at the end of the day, schools should try to maintain or extend lunch breaks and arrange activities during this period.
- 9 Encourage parents into school for cooking courses via Extended Services. The panel see this as an opportunity for intergenerational activity plus whole family approach plus it would help reduce the need for CRB (Criminal Records Bureau) checks.
- 10 That the Healthy Schools Initiatives such as healthy eating e.g. school meals, five a day, should continue to be supported, as they are already making a difference. The healthy messages are getting back to the children's homes. The panel recommend that additional funding should be found to extend these initiatives for children throughout their school life. Following Health OSc on the 5<sup>th</sup> September the following was added ' That all schools be proactive in looking at all factors that cause children to be overweight and obese for reception to Year 6 in line with the Healthy Schools Initiative.'
- 11 Schools should be encouraging walking/cycling to school and encourage the take up of free cycle and kerbside training to ensure children understand the importance of walking/cycling to school safely.
- 12 That more cycle ways be developed to encourage family physical activity in a safer environment.
- 13 Employers should be encouraged to promote physical activity amongst their employees. The statutory sector should lead by example.
- 14 County, Borough and District Councils and the PCT work together and consider using existing leisure facilities to promote healthy eating and physical activity for families interested in weight control.
- 15 That all schools be proactive in looking at factors that cause children to be overweight and obese from reception to Year 6.
- 16 That there is a report in 18 months time on the Nuneaton and Bedworth pilot scheme and if successful replicate this across the county (see section 11). Also to consider other pilot schemes such as the Telford and Wrekin PCT and Borough Council project or North Warwickshire Borough Council Community Development Schemes as part of this evaluation.
- 17 The panel reconvenes at the end of 2008 to see how successful the Obesity Strategy has been in meeting the government target of curtailing the rise in childhood obesity.

Two further recommendations were added by Health OSC on the 5<sup>th</sup> September 2007.

1. That the Health Overview and Scrutiny Committee supports the work of Children Centres in their role in promoting healthy eating and lifestyles.
2. The Committee to write to the Secretary of State outlining their concerns around childhood obesity and the need for it to be tackled appropriately to improve the health of the population. They want to recommend that there is a national campaign to raise the awareness of the problem.