

Essex County Council Health Overview and Scrutiny Committee

Scrutiny Review: Tackling Childhood Obesity



March 2007

Panel Membership

The Tackling Childhood Obesity Panel of the Essex County Council Health Overview and Scrutiny Committee had the following members:

Councillor Julie Young (Chairman)
Councillor Susan Flack
Councillor Jeremy Lucas
Councillor Roy Smith
Councillor Janet Whitehouse (Epping Forest District Council)

Officer support:

Josie Godfrey, Health Policy and Research Manager, Strategic Policy Unit
Glyn Jones, Policy and Strategy Analyst, Strategic Policy Unit
Vivien Door, Committee Administrator, Law and Administration

Executive Summary

The Essex Health Overview and Scrutiny Committee has recently undertaken a review of partnership working to tackle childhood obesity. This is a key local priority, represented in the Essex Local Area Agreement and is also a national and international concern.

Stories about an epidemic of childhood obesity are hard to avoid. The newspapers and television schedules seem to have an almost constant supply of stories about overweight children, school meals and unhealthy lifestyles. Tackling obesity is an international problem and in England the Department of Health recognised it as a priority in the 2004 Public Health White Paper, Choosing Health.

Nationally, the National Health Survey data informed the recent report Obesity Among Children Under 11¹ which found the numbers of obese children aged 2-10 had risen from 9.9% to 13.7%. Among older children aged 8 to 10, this had risen from 11.2% in 1995 to 16.5% in 2003. In 2006 each PCT was asked to record the height and weight of reception class (4/5 year olds) and year 6 (10/11 year olds) children to provide more accurate monitoring data. Essex figures suggest a child obesity prevalence rate of about 11% for both of these age ranges combined.²

Children who are obese are more likely to become obese adults and therefore at greater risk of developing a number of related illnesses such as Type 2 Diabetes or Heart Disease. The Wanless Report estimated that obesity directly costs the NHS approximately £1 billion a year and the UK economy a further £3.5 billion in indirect costs³. If Essex is in line with national averages, this would mean a cost to the NHS in Essex (including Southend and Thurrock) of around £32.5 million each year and a further £110 million cost to the economy through, for example, days of work lost through obesity related illness. If current trends continue, these costs will continue to rise. Preventing or tackling childhood obesity could help reduce the numbers of obese adults, improve people's quality of life and reduce the burden of related diseases on NHS and social care budgets and the wider economy.

The review looked at national and international evidence of what works in tackling childhood obesity and at what is happening locally. This work included discussions with frontline workers and a questionnaire sent to young people.

¹ Jotangia, Moody, Stamatakis and Wardle, Obesity in Children Under 11. www.dh.gov.uk/assetRoot/04/10/94/10/04109410.pdf

² See table on P.28 of this report for the proportion of obese children in each PCT area as measured.

³ Derek Wanless. Securing our future. Taking a long term view. April 2002. www.hm-treasury.gov.uk/consultations_and_legislation/wanless/consult_wanless_final.cfm

Key Findings

A number of key findings have emerged from the review. The views of those working to tackle childhood obesity, and of young people, have been essential in shaping these findings. Findings include:

- The recent reorganisation of Essex PCTs and the financial difficulties in some parts of the Essex NHS has put NHS engagement and delivery at risk. It is hoped the recent East of England Strategic Health Authority letter setting out tackling childhood obesity as a key priority will help sustain NHS involvement.⁴
- Approaches to child health are most likely to be successful if they are holistic, designed for children and involving families.
- There should be action beyond school age children, with early years interventions central to local obesity strategies.
- Partnership arrangements in Essex are very complex and need to be clarified. It is hoped the Local Area Agreement, Children and Young People's Plan, and the Children's Trust Approach will help ensure strong partnerships with effective accountability frameworks.
- Information sharing is patchy.
- Data collection for monitoring child obesity needs to be improved.
- More consideration needs to be given to evaluating the outcome of interventions.
- There are many examples of good practice that should be shared across the County. Some of these are highlighted in this report.

⁴ Letter from Paul Cosford, Regional Director of Public Health, East of England Strategic Health Authority, to Joanna Killian, Chief Executive of Essex County Council. Sent: 15th November 2006.

Key Recommendations

The table below sets out the Panel's recommendations. It proposes who should lead for delivering each recommendation and which partners would need to be involved to ensure success.

	Lead Responsibility	Monitoring arrangements	Locality Group Managers	Schools	Primary Care Trusts	Essex County Council	District/Borough Councils	Children and Young People's Strategic Partnerships (CYPSPs)
Holistic approach to child health								
Clearly identify roles of local partners.	CYPSPs	To be confirmed						✓
Further develop multi-disciplinary teams.	To be confirmed	To be confirmed	✓	✓	✓	✓	✓	✓
Ensure obesity strategies include interventions for pre-school children.		To be confirmed	✓		✓		✓	✓
Physical activity								
Ensure all partners are engaged in developing Play Strategies.	District/Borough Council		✓	✓	✓	✓	✓	✓
Engage young people in developing opportunities for physical activity.	To be confirmed	To be confirmed	✓	✓			✓	✓
Schools should consider "quick wins" like PE homework.	Schools	To be confirmed		✓				
Social marketing								
Support Essex Obesity Alliance social marketing plans.	Essex Obesity Alliance	To be confirmed	✓	✓	✓	✓	✓	✓
Healthy schools and school food								
Engage children in developing healthy school meals.	Schools	To be confirmed		✓				
Increase roll out and support for healthy schools.		To be confirmed		✓	✓	✓		
Provide support and advice on self-catering.	Education Authority	To be confirmed		✓		✓		
Schools should consider "quick wins".	Schools	To be confirmed		✓				
Partnership arrangements								
Partner organisations	All	To be	✓	✓	✓	✓	✓	✓

	Lead Responsibility	Monitoring arrangements	Locality Group Managers	Schools	Primary Care Trusts	Essex County Council	District/Borough Councils	Children and Young People's Strategic Partnerships (CYPSPs)
should ensure engagement of children and young people and their families.	organisations	confirmed						
Professionals need to be clear which local partners are involved in tackling childhood obesity and about their respective roles.	CYPSPs	To be confirmed	✓	✓	✓	✓	✓	✓
Children and Young People's Strategic Partnerships should develop clarity about local accountability and ensure there is a local named lead for childhood obesity.	CYPSPs	To be confirmed						✓
Local partners should engage with the Essex Obesity Alliance.	All partners, with Essex Obesity Alliance	To be confirmed	✓	✓	✓	✓	✓	✓
Data and measuring outcomes								
PCTs should work closely with schools to improve data collection and monitoring in 2007 and beyond.	PCTs	To be confirmed		✓	✓	✓		
Undertake more assessment of the impact of interventions by following up children, where possible, to establish if lifestyle changes continue after an intervention.	All organisations	To be confirmed	✓	✓	✓	✓	✓	✓
Clinical services								
Continue to develop local Care Pathways based on local and national good practice.	PCTs	To be confirmed			✓		✓	✓
Additional areas for development								
Develop training and/or information for staff	PCTs	To be confirmed			✓	✓		

	Lead Responsibility	Monitoring arrangements	Locality Group Managers	Schools	Primary Care Trusts	Essex County Council	District/Borough Councils	Children and Young People's Strategic Partnerships (CYPSPs)
working with children to enable them to identify a child who is obese or overweight and when action may be necessary.								
Ensure that new PCT structures enable good practice to be spread across areas and strengthen their public health role.	PCTs	To be confirmed			✓			

Please note that other partners may need to be involved as appropriate. For example, acute trusts will be involved in developing care pathways and the community and voluntary sector will be involved in implementing many recommendations.

Monitoring arrangements will be confirmed when we have received formal responses to this report from NHS and other key partners. It is proposed that the LAA obesity lead, via the Essex Obesity Alliance, and the Children and Young People's Strategic Partnerships take the lead in monitoring implementation of the recommendations.



***If you would like further information about this report, please contact
Vivien Door, Committee Administrator:***

***Essex County Council
PO Box 11
County Hall
Chelmsford
CM1 1LX***

Tel. 01245 430935

vivien.door@essexcc.gov.uk