

Manchester City Council Report for Information

Committee: Children's and Young People's Overview and Scrutiny Committee

Date: 9th December 2008

Subject: Childhood Obesity in Manchester

Report of: Public Health Consultant, NHS Manchester

Purpose of report:

To update the Committee on the recommendations and progress to date resulting from the Department of Health National Support Team for Childhood Obesity visit in July 2008.

Recommendations:

The Committee is asked to note the report.

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1. Introduction

- 1.1 This report is a follow up to the report presented to the Children's and Young People's Overview and Scrutiny Committee in January 2008. The key objective is to present a summary of the Department of Health National Support Team (NST) for Childhood Obesity recommendations and progress against their identified early priorities resulting from the team's visit in July 2008.

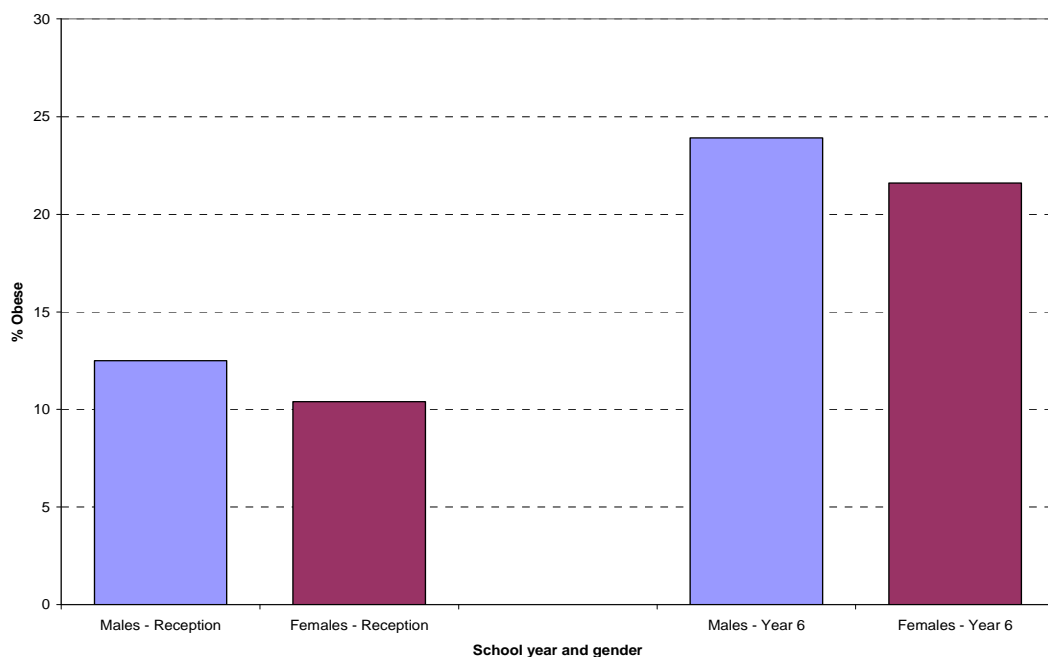
2. Background

- 2.1 The levels of overweight and obesity are rising within the population providing an increasing threat to the health of individuals and communities. Recent statistics suggest that about 66% of men and 55% of women are either overweight or obese, with 22.9% and 23.4% being obese respectively, in each group.
- 2.2 Obesity is also rising amongst British children and teenagers with numbers doubling in six-year-olds (to 8.5%) and trebling in 15-year-olds (to 15%) in the last 10 years. There is a higher level of obesity (19.8%) among children who live in households where both parents are overweight or obese compared to those where parents do not have a weight problem (6.7%).
- 2.3 A broad range of social and individual lifestyle factors interact to contribute to the problem, but the main reasons are the increasing consumption of high fat, high sugar foods, increasing levels of alcohol consumption and the reduced levels of physical activity throughout the population.
- 2.4 The strategy for tackling obesity within in the whole population must be family/community based with a multi- factorial approach (diet, physical activity and behaviour change).
- 2.5 We now have a national annual exercise in measuring childhood obesity for reception and year 6 school pupils which started in 2006-07 (academic year). The baseline figures for childhood obesity show that around 15% of children attending primary school in Manchester are classed as obese. This equates to approximately 5000 children.
- 2.6 Variations in childhood obesity do not appear to mirror variations in deprivation indicating that it is an issue in all parts of the city and not just in the most deprived localities.
- 2.7 The new national Public Service Agreement (PSA) target is:

To reduce the rate of increase in obesity among children under 11 as a first step towards a long-term national ambition by 2020 to reduce the rate of overweight and obese children to 2000 levels in the context of reducing obesity across the population.

- 2.8 Manchester's 2008-11 Local Area Agreement (LAA) includes a measure to achieve a target of 22.98% Year 6 children identified as obese by 2011 (2006-07 baseline is 22.78%) due to the current increase in obesity levels between Reception and Year 6 children (see graph). Childhood obesity has also been identified and one of NHS Manchester's ten priorities in its 2009-14 Commissioning Strategic Plan (CSP).

Prevalence of Obesity among Primary School Children in Manchester, 2006/07



3. NST for Childhood Obesity visit

- 3.1 The visit was co-ordinated and managed by the Joint Health Unit and took place between 15th and 18th July 2008 with opening and closing plenaries to which all interview participants were invited to attend. The team had requested, and been given, a wide range of relevant documentation in advance of the visit which formed part of their analysis and feedback. The team spent 1.5 days interviewing a wide range of colleagues representing all the strategic leads and key services that have a role to play in our approach to tackling childhood obesity (see appendix 1). They then spent a day producing their report by collating the interview data and the documentation they had been sent.

- 3.2 The over-riding tone of the visit was definitely one of support rather than inspection with the final report (shared only with Manchester) presented at the closing plenary as a powerpoint presentation. This immediate, but very comprehensive, feedback was very welcome and helped us to start work on the priority actions identified.

4. NST for Childhood Obesity Report

- 4.1 The report was divided into the following themes:
- Overall Strengths
 - Good Practice
 - The Scale of the Challenge for Manchester
 - Themes of Childhood Obesity
 - Recommendations by Theme
 - Priority Actions for Manchester

This reflected on our current work and progress and outlined an overall strategic approach whilst identifying some early priorities.

- 4.2 A number of strengths were highlighted:

- (i) There is an enthusiasm and commitment at all levels in the Local Authority, PCT and other partners and a long standing commitment to tackling Health Inequalities in the city. In addition the well established and resourced Joint Health Unit was highlighted, as was the inclusion of obesity (year 6) in the LAA.
- (ii) In addition there is effective partnership working at both senior level (PCT Chief Executive sits on Manchester City Council's Senior Management Team and chairs the Health and Wellbeing Committee of the LSP) and ground level (e.g. Healthy Schools) as well as plans for a joint commissioning post for Children's Services.
- (iii) We are making progress on this issue with a good uptake of the National Child Measurement Programme (NCMP)-87%, having a Breastfeeding framework in place, and Children's Centres in place or planned for every ward in Manchester.

- 4.3 A range of good practice and innovation was identified including:

- (i) Manchester Fayre met nutritional standards for primary schools ahead of schedule and applied these to food provision in breakfast clubs and after school clubs
- (ii) There are a number of initiatives in place to promote breastfeeding and healthy weaning e.g. Yummy Mummies, Baby Cafes and Baby Bistros
- (iii) There is a high level of engagement in the Healthy Schools programme
- (iv) We have innovative approaches to increasing uptake of fruit and vegetables e.g. linking Healthy Start to the fruit and veg van, Year 6 selling fruit and veg to parents and local residents.

4.4 The team recognised the broader context and wider determinants of health affecting the health status of, and the associated health inequalities experienced by, the local population and the broader public sector organisational issues that impact on this agenda. These include:

- (i) the deprivation status of the city (4th most deprived local authority)
- (ii) competing social priorities (worklessness, crime, educational attainment)
- (iii) competing health priorities (teenage pregnancy, infant mortality, oral health)
- (iv) the impact of the re-organisation in the PCT including patterns of service provision and the complexity of boundaries with secondary care
- (v) the impact of the recent reorganisation of Children's Services
- (vi) the high number of looked after children
- (vii) school attainment is improving but still lower than national averages

4.5 The team presented a framework (the obesity "jigsaw") as a means of pulling together the various aspects of addressing childhood obesity into a comprehensive strategy. The recommendations and early priorities for Manchester were based on this framework which is divided into the following headings:

- Vision and strategy
- Data and Needs Assessment
- Commissioning
- Prevention - Early Years
- Prevention - School Age
- Management of Weight
- Working with parents
- Built environment
- Training and Workforce Development
- Communication

5. Early Priority Actions

Below are the early priority actions along with our progress to date.

5.1 Vision and strategy:

- (i) We have reviewed our current organisational arrangements establishing a Strategic Healthy Weight Executive Group which reports to the Adults Health and Wellbeing Board and the Children's Board.
- (ii) The Strategic Healthy Weight Executive Group will oversee the development of a systematic approach to this work through the development of a healthy weight strategy.
- (iv) A Public Health Consultant has been identified to lead this work and will be supported by a newly funded Public Health Manager (Healthy Weight) post.

5.2. Data and evaluation:

We are examining how to make better use of the NCMP data and have resolved the system problems regarding the collection of breastfeeding data in the south of the city.

5.3 Prevention – Early years:

All Early Years settings are linked to a Sure Start Children's Centre and part of the role of the Head of Centre is to ensure that all children have access to services. All Children's Centres are required to deliver activity, which contributes to a reduction in obesity at Reception. This has been included explicitly in Manchester's Sure Start Health Commission.

5.4 Management of Weight:

We have developed draft versions of healthy weight care pathways for children (and adults) and will be complementing this with work on a maternal obesity care pathway.

5.5 Working with parents:

Manchester's Extended Schools Team are working with schools across the city on developing access to a '*core offer*' of services categorised under headings including '*parenting support*', '*swift and easy access to specialist support*' and a '*varied menu of activities*'. All of these areas of work include projects and services that will impact on targets for reducing childhood obesity, including the following:

- Availability of 2 hours of extra curricular sporting activity for every child. Currently 148 of Manchester's 171 schools meet this target. Plans are in place to meet targets for a total of 5 hours of sports (including 2 hours during school curriculum time) to be available for every child by 2011.
- The use of the Common Assessment Framework process may be used to address concerns around childhood obesity leading to the delivery of packages of multi-agency support to meet the needs of vulnerable children and families, which may include awareness of obesity as a possible symptom of other problems at home. In terms of Extended Schools this is part of the '*Swift and easy access to specialist services*' core offer heading.
- Schools offer parents a range of advice and support as required including advice on healthy eating, particularly in response to any concerns arising around the diet of particular children. This forms part of a broader range of advice and guidance provided by schools as part of the Extended Schools parenting support core offer and targets for Healthy Schools.
- The Extended Schools team have supported the development of the MEND (Mind, Exercise, Nutrition... Do It!) project to increase its availability across Manchester. Plans are now in place to ensure that these sessions, which discreetly target obese children to work on building self-esteem and tackle general health issues, are delivered in every district.

- Increasing numbers of schools are developing sessions on healthy cookery in advance of Government targets for Secondary Schools to offer cookery classes by 2011.

6. Public Health Investments

Finally NHS Manchester and Manchester City Council were invited to submit proposals to tackle obesity as part of the Healthy Communities Challenge Fund process led by Department of Health. Manchester's proposals to develop a health "loyalty card" scheme called *Points4Life* were put forward. Following a final stage presentation and interview, the Secretary of State for Health announced on 11 November that Manchester had been successful. This means that the City will receive £4.6 million over the period 2008/09 – 2010/11 to develop and implement *Points 4 Life* and will be one of nine designated "Healthy Towns/Cities". The basic concept behind *Points4Life* is very similar to a loyalty card scheme such as Nectar, where people can collect points from a range of retailers, and subsequently redeem these against a range of selected goods and services. *Points 4 Life* will complement other prevention programmes that will be established and funded through the Improving Health in Manchester process to reduce the rising levels of obesity in Manchester.

7. Conclusion

The NST for Childhood Obesity visit provided Manchester with a "mirror" to reflect on our progress and identify the overall direction we need to take by putting in place some early actions to start this process. The report provided by the team has provided an honest and supporting analysis of where we are and what we need to do next.

APPENDIX 1**NATIONAL SUPPORT TEAM FOR CHILDHOOD OBESITY
15TH - 18TH JULY 2008****Interviewees**

Name	Role	Organisation
Laura Roberts	Chief Executive	NHS Manchester
Steve Mycio	Deputy Chief Executive of Manchester	Manchester City Council
Pauline Newman	Director of Children's Services	Manchester City Council
Sally Bradley	Director of Public Health	NHS Manchester
Chris O'Gorman	Commissioner of Children's Services	NHS Manchester
Laureen Donnan	Assistant Director Children's Services	Manchester City Council
Barry Gillespie	Public Health Consultant	NHS Manchester
Jan Dawson	Head of Community Nutrition Services	NHS Manchester
Zoe Whatmore	Information Analyst	NHS Manchester
Darryl Lester	Information	Manchester City Council
Paul Westhead	Child Health System	NHS Manchester
Tim Seamans	Communications and Marketing	NHS Manchester
Fiona Smith	Communications and Marketing	Manchester City Council
Coren Williams	Associate Director of HR	NHS Manchester
Maura Moss	Head of Learning and Development	NHS Manchester
Karen Connolly	Midwifery Lead	CMMC
Catherine Trinick	Midwifery Lead	Pennine Acute Trust
Karen Fishwick	Community Nursing Leads/General Manager Children's Services	NHS Manchester
Hazel Andrews	Community Nutrition Service	Manchester City Council
Pam Tideswell	Extended Services Lead – Early Years Lead	Manchester City Council
Jonathan Wilding	Schools Services – Senior Remodelling Consultant	Manchester City Council
Vanessa Brown	Healthy Schools Coordinator	NHS Manchester
Claire Duggan	Healthy Schools Programme	NHS Manchester
Lindsay Willczek	Sport in Schools Lead	Manchester City Council
Gill Parry	PESSCL or Cluster Lead	Manchester City Council

Mick Regan	Leisure Services Lead	Manchester City Council
Peter Babb	Head of Planning	Manchester City Council
Sara Todd	Head of Planning	Manchester City Council
Keith Howcroft	Head of Transport	Manchester City Council
Mike Regan	Head of Parks, Open Spaces and Country Access	Manchester City Council
Mike Wild	Voluntary and Community Lead	MACC
Cllr Sheila Newman	Elected members: Lead for Children & Young People	Manchester City Council
Colin Cox	Assistant Director of JHU	Manchester City Council
Gabrielle Wilson	Public Health Nurse Consultant	NHS Manchester
Cllr Alistair Cox	Chair of Children and Young People's Scrutiny Committee	Manchester City Council