Report of Scrutiny Board (Health and Wellbeing)

Inquiry into Childhood Obesity Prevention and Management

Date of Publication: April 2006

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Prevention and Management

SESSIONAL EVIDENCE

Reports and Publications Submitted

- Scrutiny Board Working Group Summary Report. September 2005.
- Report from the Health Promotion Strategic Co-ordinator, Children & Young People's Obesity Strategy Group, on the size, nature, causes and availability of data on the obesity epidemic in Leeds. November 2005.
- Report from the Health Promotion Strategic Co-ordinator, Children & Young People's Obesity Strategy Group, on the prevention of childhood obesity. January 2006.
- Report from the Clinical Services Manager, Child Health, Children Services, East Leeds Primary Care Trust on prevention intervention undertaken by the School Nursing Service. January 2006.
- Report on the Leeds Youth Service involvement in the prevention of childhood obesity. January 2006.
- Report from Education Leeds on the Leeds Healthy School Programme.
- Department of Health and Department for Education and Skills document 'National Healthy School Status: A guide for schools'. 2005.
- Report from the Manager of South Leeds Health for All on addressing childhood obesity. January 2006.
- Report from the Chief Recreation Officer, Leeds City Council, on sport and recreation opportunities in support of the prevention of childhood obesity. January 2006.
- Report from the Health Promotion Strategic Co-ordinator, Children & Young People's Obesity Strategy Group, on the treatment of childhood obesity. February 2006.
- Report from Professor Mary Rudolf on the requirements for a medical obesity service. February 2006.
- Report from Leeds Metropolitan University on the Carnegie Weight Management organisation. February 2006.
- Report on the treatment of childhood obesity in Leeds by NHS Department's State Registered Dietitians. February 2006.
- Report on Watch It – An NHS community service for obese children. February 2006.
- Report from the Chief Recreation Officer, Leeds City Council, on the Fixed Play Strategy – Progress Report. February 2006.
- Report from the Chief Recreation Officer, Leeds City Council, on the Parks and Green Space Strategy. February 2006.
- Report from the Chief Recreation Officer, Leeds City Council, on the Sports Pitch Strategy. February 2006.
- Playpeople document 'Playing our Part: Creating the Play Friendly City. June 2005.
- Report from the Health Promotion Strategic Co-ordinator, Children & Young People's Obesity Strategy Group, on the draft Childhood Obesity Strategy for Leeds. March 2006.
- The Education Network (TEN) Policy Briefing 'Tackling child obesity – first steps'. March 2006.
- British Medication Association document 'Preventing Childhood Obesity'. June 2005.

- DVD entitled 'Can't Wait to be Healthy – A Plan for Leeds', produced with the support of children and young people by Youth on Health, The Crew, Connexions and Watch It.

(Copies of the written submissions are available on request from the Scrutiny Support Unit.)

Witnesses Heard

- Janice Burberry, Health Promotion Strategic Coordinator (Children and Young People) on behalf of the 5 Leeds PCTs and also Chair of the Leeds Children and Young People's Obesity Strategy Group;
- Anne Cowling, Healthy Schools Co-ordinator, Education Leeds;
- John Freeman, Health Initiatives Team Leader, Education Leeds;
- Maggie Jackson, Health Education Project Manager, Leeds Youth Service;
- Dr Andy Hill, Senior Lecturer in Behavioural Sciences, University of Leeds;
- Christine Farrar, Programme Manager, Healthy Leeds Partnership;
- Professor Mary Rudolf, Consultant paediatrician in community child health, University of Leeds;
- Professor Paul Gately – Principal Lecturer in Physical Activity, Exercise and Health, Leeds Metropolitan University
- Dr Pinki Sahota – Senior Lecturer (Nutrition & Dietetics), Leeds Metropolitan University;
- Mark Allman – Head of Sport and Active Recreation, Learning and Leisure Department;
- Pam Hill, Clinical Services Manager, Child Health, Children's Services;
- Pat Watson, Senior Worker, Leeds Youth Service;
- Julie Gill, Active South Leeds Co-ordinator;
- Mary Cooper, Community Dietitian, Parkside Community Health Centre;
- Liz Messenger, Five a Day Co-ordinator.
- Helen Zambas, Children's Community Dietitian, Parkside Community Centre;
- Carolyn Wellings, Watch It Team Leader, University of Leeds;
- Denise Preston, Chief Recreational Officer, Leeds City Council;
- Mike Kinnaird, Recreation Projects Manager, Leeds City Council;
- Chris Snell, Play Development Worker, Leeds Play Network;
- Susanne Wainwright, Project Manager, Leeds Youth Service;
- Mike Simpkin, Public Health Strategy Manager, Leeds City Council;
- David Feeney, Head of Planning and Economic Policy, Leeds City Council.

Dates of Scrutiny

27th September 2005	Scrutiny Working Group Meeting
21st November 2005	Scrutiny Board Meeting
16th January 2006	Scrutiny Board Meeting
13th February 2006	Scrutiny Working Group Meeting
13th February 2006	Scrutiny Board Meeting
13th March 2006	Scrutiny Board Meeting

Report of Scrutiny Board (Health and Wellbeing)

Inquiry into Childhood Obesity Prevention and Management

1.0 INTRODUCTION

1.1 At the beginning of the municipal year, we identified Childhood Obesity as being a key public health issue both nationally and locally and therefore we agreed to carry out an Inquiry into this matter.

1.2 Childhood obesity in the UK has increased significantly since 1995 and continues to do so. Data from the Health Survey England (2003) showed 27.7% of children aged 2 to 10 were overweight and of these 13.7% were obese. In Leeds, we learned from the Trends study[1] that in 2004 around 20.3% of 5 year olds, 28.1% of 9 year olds and 34.7% of 13 year olds were overweight. Of these 9.2% of 5 year olds, 14.9% of 9 year olds and 18.2% of the 13 year olds were obese.

1.3 According to the British Medical Association, the dramatic increase in the prevalence of childhood overweight and obesity, and its resultant co-morbidities, places significant health and financial burdens and warrants strong and comprehensive efforts at prevention. In 2004, the House of Commons Health Committee also estimated that in 2002, the economic burden of overweight and obesity was £3.3 – 3.7 billion.

1.4 To help address this problem, a Primary Service Agreement target, held jointly between the Department of Health, the Department for Education and Skills and the Department for Culture, Media and Sport in England was announced in 2004. The target aims to halt the year on year increase in the prevalence of obesity in children under 11 by 2010, within a broader strategy to tackle obesity in the population as a whole.

1.5 Last year the Government's public health White Paper, Choosing Health: making healthier choices easier, also identified obesity as one of the six key national priorities.

1.6 When determining the scope of our Inquiry, we decided to seek the advice of the Leeds Children and Young People's Obesity Strategy Group. Established in Spring 2005, the Leeds Children and Young People's Obesity Strategy Group is a multi-disciplinary group consisting of representatives from Education, Leeds Universities, Leeds Sport and Active Recreation, Leeds Initiative, Youth Service, Leeds Play Network, Voluntary Sector, the five Leeds Primary Care Trusts, School Nursing, Health Visiting, CAMHS, Dietetics and Community Paediatrics.

1.7 The terms of reference for our Inquiry were finalised in September 2005.

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[1]. Rudolf MCJ, Levine R, Feltblower R, Connor A, Robinson M (2005). The Trends Project: Development of a Methodology to reliably monitor the obesity epidemic in childhood.

2.0 THE SCOPE OF THE INQUIRY

2.1 The aim of our review was to make an assessment of and, where appropriate, make recommendations on:

- The scale, nature and social issues surrounding Leeds' childhood obesity problem
- What is being done and what the potential barriers are to tackling childhood obesity in Leeds in terms of prevention, treatment and research and development within community, school and home settings
- Whether existing initiatives are appropriately joined up (was there sufficient co-ordination locally and are there structures in place to aid communication between key partner agencies and help overcome barriers?)
- The opportunities available for the effective use and coordination of funding streams and the identification of new funding streams
- How Leeds compares with other local authority areas regionally and nationally
- How local policy works with and complements national policies
- The views and attitudes of children, young people and parents/carers towards diet, nutrition and physical activity and opportunities to improve their health.

(A summary of the evidence considered in arriving at our conclusions is presented at Appendix 1).

3.0 THE BOARD'S CONCLUSIONS AND RECOMMENDATIONS

3.1 Obesity can be defined as a disease in which excess body fat has accumulated to an extent that health may be adversely affected. However, as a result of our Inquiry, we have come to recognise that obesity is very much a complex social condition that has contributing factors on a variety of levels.

3.2 We also recognise that the greatest health problems will be seen in the next generation of adults as the present childhood obesity epidemic passes into adulthood. We were extremely concerned to learn that if current trends are not arrested, today's children will have a shorter life expectancy than their parents.

3.3 We acknowledge that the Government's public health White Paper, Choosing Health: making healthier choices easier, identifies obesity as one of the six key national priorities. We were also pleased to learn that childhood obesity is highlighted as an important local priority in the following city wide strategy documents:

- Local Area Agreement
- Children and Young People's Plan
- The Healthy Leeds Partnership 'Framework for action on health and wellbeing in Leeds 2004-2020'
- Leeds City Council's Corporate Board Plan
- The Children and Families Modernisation Team Strategy ' Children's Healthy Futures – A Strategic Framework for Leeds Children's Health Services 2002-2006'

3.4 Given the number, nature and range of causal factors associated with childhood obesity, we recognise the need to develop comprehensive and multi-level interventions that can be sustained over the long term.

3.5 The level of commitment and dedication from key partner agencies involved in this area of work has been clearly demonstrated throughout our Inquiry. In particular, we acknowledge the work of the Leeds Childhood Obesity Strategy Group and its commitment towards generating greater awareness about this major public health problem.

3.6 However, it is clear that the Government's good intentions to address the childhood obesity problem needs to be backed up with far greater leadership and co-ordination at local and national level. The sheer complexity of the number of different agencies, initiatives and strategies contributing to the overall target of reducing childhood obesity presents a real challenge for those at the local end of the delivery chain.

3.7 In view of this, we welcome the new Leeds Childhood Obesity Strategy. This Strategy was initiated in Spring 2005 by the Children and Families Modernisation Team and Children Leeds (formerly Leeds Children and Young People's Strategic Partnership). The Strategy describes the key issues and actions needed at a local level over the next 10 years to bring about a comprehensive, well co-ordinated and sustained response to the complex problem of childhood obesity among Leeds 0-19 year olds. In March 2006, we received a draft of the Strategy and learned that this will be formally launched in July 2006 following further consultation with key partners.

3.8 In terms of the implementation and monitoring of the Strategy, we learned that the proposal is for Children Leeds to have overall accountability for the achievement of this Strategy and that a multi-agency Leeds Childhood Obesity Group be established and a coordinator employed to lead on the development of local action plans. We also recognise the importance of local partners making the best use of existing partnerships, such as Local Strategic Partnerships, to help monitor progress and the effectiveness of their joint working arrangements. Such local coordination can help avoid duplication and help reduce bureaucracy.

3.9 We understand that the evidence base and findings from earlier consultations with children, parents and professionals on what changes they felt were needed to prevent and manage childhood obesity, had been used to develop a set of recommendations and a service model to stimulate and guide future service development.

3.10 We particularly noted that one of the recommendations within the Strategy calls upon the support of Children Leeds and its constituent partners for the collection of data to further develop local understanding of prevalence of childhood obesity among specific population groups including ethnic minority communities, lower socio-economic groups and those living with disability. We believe that improving data collection on causal factors is necessary to enable services to design, target and monitor childhood obesity levels locally.

3.11 However, we are pleased to note that all the recommendations set out within this Strategy are targeted at addressing many of the concerns raised during our own

Inquiry. In view of this, we recommend that all planners and providers of children and young people's services endorse the recommendations set out within the draft Leeds Childhood Obesity Strategy.

Recommendation 1
That all planners and providers of children and young people's services endorse the recommendations set out within the draft Leeds Childhood Obesity Strategy.

3.12 In view of the fact that the Leeds Childhood Obesity Strategy is a 10 year strategy, we feel it is vital for a champion to be identified to help take forward this strategy and keep it a high priority in the long term. Whilst we note that Children Leeds has been recommended to identify a senior figure to fulfill this role of childhood obesity champion, we would recommend that the Council's Executive Members responsible for Children's Services and Health and Social Care also play a proactive role in implementing the Leeds Childhood Obesity Strategy.

Recommendation 2
That the Council's Executive Members responsible for Children's Services and Health and Social Care play a proactive role in the implementation of the Leeds Childhood Obesity Strategy.

3.13 It is important to raise awareness about the issues surrounding childhood obesity. Whilst we are aware that at a national level, an obesity education campaign is currently in development, we understand that this will not be implemented until 2007. We therefore recommend that once the Leeds Childhood Obesity Strategy is formally launched in July 2006, that Children Leeds disseminates this to all health and social care sectors, including voluntary and community sectors, to help raise greater awareness of childhood obesity. We are particularly pleased to learn that a child friendly version of this strategy will also be available separately as it is vital that children themselves continue to be engaged in this matter.

Recommendation 3
In welcoming the new Leeds Childhood Obesity Strategy, we recommend that Children Leeds ensures that the evidence base, findings and recommendations within the Strategy are disseminated across all health and social care sectors, including voluntary and community sectors, to help raise greater awareness of childhood obesity.

3.14 It is evident that the increasing prevalence of overweight and obesity and the associated increase in medical and psychosocial problems has further heightened the need for effective weight management interventions nationally. In Leeds, it is estimated that approximately 22,500 children are obese (Rudolf et al 2005). This therefore represents a very significant potential client base for future support services.

3.15 The importance of developing and delivering high quality holistic support to children, young people and their families close to home is well recognised nationally. We acknowledge that local consultation work has also highlighted that children and families want accessible services within their communities.

3.16 However, during our Inquiry we learned that most of the evidence in terms of treatment interventions involved seeing children regularly for intensive sessions over a period of months. Many have involved highly specialised professionals from dietetics, physiotherapy, sport, and psychology and have also often been based in clinical or university settings. It was therefore unclear how transferable these would be to the community.

3.17 Whilst we understand that there are currently few community based weight management services nationally, we acknowledge that Leeds is very fortunate to have two internationally recognised weight management programmes operating; the Watch It Programme and the Carnegie Weight Management organisation.

3.18 The Watch It programme is innovative as it was set up by leading national experts in childhood obesity using the best evidence available. It offers help to children and their parents within their communities, and is grounded in both NHS and leisure services. It is holistic in its approach ensuring that all the young person's needs are met, including physical, emotional, social and medical needs. There is good quality evidence of the short term effectiveness of the programme. We are also aware that a larger scale randomised control trial is now in progress and is due to report in 2008.

3.19 The Carnegie Weight Management is a non-profit organisation established in the Carnegie Faculty of Sport & Education at Leeds Metropolitan University. This aims to undertake the highest quality interventions, education, training and research to successfully treat overweight and obese children. It also seeks to maximise its impact on the health and well-being of not only the families it works with but the wider society. It has already helped over 1500 children lose weight, increase fitness levels, adopt a healthy lifestyle and improve levels of self-esteem.

3.20 However, we learned that the programmes are pilot studies and that neither currently receives mainstream public funding. Capacity therefore continues to be an issue for both programmes. In acknowledging the short term success of these two particular programmes, we feel that more multi-disciplinary holistic weight management services should be provided close to home for children and families who require support. Whilst we support the need for such services to be publicly funded, we also support the view that other funding opportunities and approaches be explored, for example, developing such services in partnership with the private sector.

3.21 During our Inquiry, we also focused on prevention interventions. It is recognised nationally that there has been little research on the effectiveness of prevention strategies. We acknowledge that the lack of evidence of what works in addressing childhood obesity makes it difficult to evaluate the effectiveness of new and existing programmes. We are therefore pleased to note that the National Institute for Health and Clinical Effectiveness (NICE) will shortly be publishing draft guidelines on effective interventions, with the final guidance due to be published in February 2007.

3.22 During our Inquiry we received many examples of where preventative work has been carried out in Leeds, for example, through the Leeds Youth Service, Leeds Healthy Schools Programme, School Nursing Service, South Leeds for All, the 5 a day programme and the Healthy Living Centres.

3.23 We noted that prevention interventions that have focused on changing individual behaviours have not been found to dramatically reduce obesity prevalence, although many have resulted in positive changes in eating and exercise behaviours. In view of this, it is clear that coordinated local action is needed at a societal level to create organisations, communities and a wider Leeds environment that makes choosing a healthy diet and being physically active the easy and normal choices. This will enable children, young people and their families to be able to sustain individual behaviours that will help prevent them from being obese. We are therefore pleased to note that within the Leeds Childhood Obesity Strategy, Children Leeds has been recommended to evaluate and create opportunities for childcare centres, schools, extended schools, youth settings, leisure centres, primary care settings and hospitals to become a non obesogenic environment and to offer all children and young people the opportunity to eat well, be active, and feel good about themselves.

3.24 We are aware that increasingly the role of parks and green space is being recognised. We were informed that research evidence demonstrates the importance of parks and green space to health, the environment, recreation, education and learning, regeneration and sustainable transport. However, we also acknowledge the continuing pressure on green space (particularly for development) and in some circumstances, issues over community access to pitches and facilities.

3.25 In view of this, we explored the issue of whether the accessibility and quality of play areas, green space and other recreational open spaces in the city could help towards preventing childhood obesity. During our Inquiry, we received details of the Council's Fixed Play Strategy and Sports Pitch Strategy and considered the proposed structure on the content of the final Parks and Green Space Strategy following consultation and analysis carried out to date. We also considered the Leeds Play Strategy.

3.26 We were informed that whilst there was little high quality evidence been collected to date on the role of play facilities and accessibility of green space in the prevention of childhood obesity, this did not necessarily mean that such links were not relevant. In view of this, we recommend that Children Leeds investigates further the opportunities for formal and informal physical recreation and play in different areas of Leeds and varying take up in different social groups.

Recommendation 4
That Children Leeds investigates the opportunities for formal and informal physical recreation and play in different areas of Leeds and varying take up in different social groups.

3.27 There was a recognised need to raise the profile of health and wellbeing issues when making new planning and policy decisions. We noted in particular that the links between the planning agenda and health are limited and needed to be strengthened. Particular reference was therefore made to the new Health Impact Assessment (HIA). This is an approach to ensure that decision making at all levels considers the potential impacts of decisions on health and health inequalities, and identifies actions that can enhance positive effects and reduce or eliminate negative effects. Whilst this is a relatively new tool, the value of HIA is increasingly being

recognised, both nationally and internationally. In relation to addressing childhood obesity, it was felt that this approach could be used to encourage regular activity as part of everyday life and help strengthen the protection of green space and improve parks, play facilities and neighbourhoods.

3.28 Whilst the new HIA approach will help to strengthen the links between the planning agenda and health, we would also recommend that a representative from the Council's Development Department becomes a member of the Leeds Childhood Obesity Strategy Group.

Recommendation 5
That a representative from the Council's Development Department becomes a member of the Leeds Childhood Obesity Strategy Group to help strengthen the links between the planning agenda and health.

3.29 Whilst our Inquiry has focused on childhood obesity, we believe that the links between childhood obesity and adult obesity need to be strengthened. In acknowledging the proposed appointment of a Childhood Obesity champion in Leeds, we strongly recommend that an Executive Member within the Council is nominated to champion obesity generally.

Recommendation 6
That the Executive Board nominates an Executive Member to champion issues relating to obesity.

3.30 Finally, we would like thank everyone who contributed to our Inquiry and recommend that an update report on the progress made in delivering the Leeds Childhood Obesity Strategy is reported back to the Scrutiny Board (Health and Wellbeing) in 9 months time.

Recommendation 7
That the Scrutiny Board (Health and Wellbeing) receives an update report from Children Leeds on the delivery of the Leeds Childhood Obesity Strategy in 9 months time.

Report Agreed by the Board on 25th April 2006

……**Date**……

Signed by the Chair of Scrutiny Board (Health and Wellbeing) Cllr Lancaster

Appendix 1

Report of Scrutiny Board (Health and Wellbeing)

Inquiry into Childhood Obesity Prevention and Management

Summary of written and verbal evidence

1.0 Scrutiny Board Working Group meeting - 27th September 2005

1.1 In acknowledging that work is currently underway by the Leeds Children and Young People's Obesity Strategy Group to develop a Childhood Obesity Strategy, the Board agreed to have a separate briefing session with representatives from the Steering Group to help identify where Scrutiny could add value to what is already happening across the City to address childhood obesity.

1.2 A small working group met with the following representatives from the Strategy Group:

- Janice Burberry, Health Promotion Strategic Coordinator (Children and Young People) on behalf of the 5 Leeds PCTs and also Chair of the Leeds Children and Young People's Obesity Strategy Group;
- Anne Cowling, Healthy Schools Co-ordinator, Education Leeds;
- John Freeman, Health Initiatives Team Leader, Education Leeds;
- Maggie Jackson, Health Education Project Manager, Leeds Youth Service;
- Dr Andy Hill, Senior Lecturer in Behavioural Sciences, University of Leeds;
- Christine Farrar, Programme Manager, Healthy Leeds Partnership;
- Professor Mary Rudolf, Consultant paediatrician in community child health, University of Leeds.

1.3 The Working Group received a report by the Strategy Group which set out their original rationale for producing a Childhood Obesity Strategy and details of the scale of the childhood obesity problem in Leeds and the activities currently underway across the city to help address this problem

1.4 The Working Group noted that the Government's target is to halt by 2010, the year on year increase in obesity among children under 11 in the context of a broader strategy to tackle obesity in the population as a whole.

1.5 In terms of the scale of the childhood obesity problem in Leeds, Members were informed that Leeds has around 27,000 overweight youngsters and 6,300 obese children and young people (this is from a population of approximately 180,000 0-19 year olds). However, Members noted that this was likely to be a conservative estimate.

1.6 It was highlighted to the Working Group that a number of local plans and strategies already exist or are in development which are associated with reducing obesity. These included the local obesity plans being produced by the five Primary Care Trusts, the City Wide Food Strategy, the City Wide Physical Activity Strategy, the Child and Adolescent Mental Health Services Strategy, and the Leeds Breast Feeding Project. It was acknowledged that a number of nationally recognised pilot studies were also currently underway across the city to help address obesity, however, it was highlighted that such studies were often short term funded and targeted at specific geographical communities.

1.7 After consulting key local stakeholders on this issue in December 2004, the Steering Group identified a need for a more coordinated approach to service planning, more resources, a greater focus on prevention, more involvement of parents, children and young people and improved data collection to determine key areas for improvement.

1.8 Members noted that the proposed Childhood Obesity Strategy therefore aims to:

- set out the evidence base to guide the development of both primary and secondary interventions
- prioritise areas for action, while achieving greater equity of provision
- agree baseline measures, consistent approaches to data collection and jointly owned targets
- develop clear and consistent messages and a marketing strategy to promote these
- develop a multi-agency and multi-disciplinary city-wide service model
- engage children, young people, parents and carers in planning, development and review of services
- encourage evaluation and dissemination of good practice
- refocus current resources and attract new investment

1.9 It was emphasised to the Working Group that any work in this area needs to focus on the child within the context of the family. It was acknowledged that many overweight and obese children and their families often find it hard to change their lifestyles and make healthier choices. To help promote healthier lifestyles, importance was therefore placed on making the healthy choice an easy choice. This involved creating healthier environments within schools, improving the accessibility of recreational areas and leisure facilities within communities, particularly deprived communities, and making healthier foods more accessible and affordable.

1.10 The Working Group was particularly interested in the role of schools in promoting healthier lifestyles. Members were informed about the new national school standards around nutrition and physical activity, however, it was noted that more needed to be done to make such issues a central part of the school curriculum. This in turn would help to promote a consistent approach across schools.

1.11 As well as focusing on issues around nutrition and physical activity, particular importance was also given to the emotional wellbeing of overweight and obese children as low self-esteem was often regarded as a contributing factor**,** making it difficult for children to engage or make healthier changes to their lifestyles. In view of this, it was highlighted that further work in this area needed to be carried out with more specialist services such as the Child and Adolescent Mental Health Service (CAMHS) in Leeds and Social Services.

1.12 Issues were also raised about the need to balance preventative work with treatment services. In view of the limited resources available to address childhood obesity, the Strategy Group identified a need to prioritise areas for action.

1.13 It was felt that as part of the Scrutiny Board (Health and Wellbeing) Inquiry into Childhood Obesity, the Board could usefully look at how effectively key partners were addressing issues around nutrition, physically activity and emotional wellbeing in an holistic and joined up way. To help manage this process, it was also considered appropriate for the Board to have four separate evidence gathering sessions which could focus on the following areas:

- the data available on levels of overweight and obesity and the links made to poor nutrition, physical inactivity, sedentary lifestyles and poor emotional well-being in children

- to consider the evidence base on what preventative work is already going on in Leeds and to consider the opportunities and barriers to achieving a comprehensive and co-ordinated multi-agency response in Leeds

- To consider the evidence base on what treatment services are going on in Leeds and to consider the opportunities and barriers to develop appropriate multi-disciplinary services

- To consider issues surrounding priority setting and implementing change. This will also coincide with the consideration the draft Childhood Obesity Strategy for Leeds.

1.14 Terms of reference were therefore drawn up to reflect the Working Group's discussions.

2.0 Scrutiny Board meeting - 21st November 2005

2.1 In line with its agreed terms of reference, the first session of the Board's Inquiry focused on the size, nature, causes and availability of data on the obesity epidemic in Leeds.

2.2 The Board received a report from the Children and Young People's Obesity Strategy Group setting out the prevalence of overweight and obesity levels in Leeds. The report also highlighted the psychosocial, physical and economic impact of obesity. Members were informed that obesity is a complex condition that has contributing factors on a variety of levels. These included individual factors (eg. food consumption), interpersonal (eg. Parental beliefs and/or knowledge), organisational (eg. School lunch menus), and government/policy (eg. Food labelling guidelines).

2.3 The Board was informed that given the number, nature and range of causal factors associated with childhood obesity, it will be necessary to develop comprehensive and multi-level interventions that can be sustained over the long term. It was considered inappropriate and counter productive to develop interventions at the individual level without making changes to the environment which would make it easy for healthy choices to be made.

2.4 Particular reference was made to the Leeds Rugby Athletics Development Scheme (RADS). The scheme was introduced in 2003 to identify talent and enable targeted specialist coaching. Members were informed that the programme weighs and measures a large percentage of Year 7 children in Leeds schools and records their Body Mass Index alongside their performance scores on a range of internationally referenced physical activity tests.

2.5 Members noted that when the RADs data was characterised by schools it was clear that there was variability in the prevalence of overweight and obesity. This variability ranged from 36% of children being categorised as overweight or obese in one school to 13% in another school. It was acknowledged that such information was important to help determine differences in practices across the city and identify how services might support specific schools in their work to help prevent and manage this problem.

2.6 The Board was informed that whilst the RADS data 2004/05 does not provide a comprehensive picture of children's health or sports skills in Leeds, it had demonstrated the potential of this data. It was noted that further analysis will include the inclusion of other social characteristics which include GCSE's A-C and free school meals, plus other measures suggested by partners.

2.7 Members learned that 34 of the 42 Leeds High Schools had signed up to the scheme 2005/2006. However, it was noted that the programme was reviewing the range of fitness tests it uses to include tests that measure more aspects of general fitness rather than fitness related to ability to perform in Rugby and Athletics.

2.8 The Board specifically asked about the role of parents. Members learned that the ways in which parents influence children's eating and physical activity behaviours are many and varied. As the main providers of a child's first food they decide whether they are breast fed, when solid food is introduced, and which foods are regularly eaten and become familiar to the child. They set eating and activity patterns, often teaching by example. The Board was informed that Parental concerns over safety, and lack of parental time have been identified as reasons why children are less physically active and spend more time watching TV and playing computer games. In view of this, the Board agreed that interventions that target children must also involve parents.

2.9 Members noted that there was little specific data available from the UK on the influence of parents on the diet and activity patterns of their children. However, a study of the feeding practices of low-income mothers in the US found they generally preferred their children to be overweight rather than underweight and that they tended to follow the advice of their own mothers rather than a health professional introducing solid food early and of a type they liked to eat. They also tended to feed the children when the adults were hungry possibly interfering natural regulation of food intake in their children. In view of this, the Board was pleased to learn that the

Sure Start Programmes had in place targets with regard to encouraging healthy eating, physical activity, and confident parenting in their work with pre-school families.

2.10 The Board learned that whilst there was a significant and increasing amount of data available on the size of the problem in Leeds, there was much less data on the spread of the problem within local communities. Similarly there was less data on the causal factors, particularly those which link these to prevalence. Members were informed that such data was required to support the design, targeting and monitoring of effective interventions.

2.11 It was therefore considered that more local coordination and resources were needed to further build understanding of the problem. However, Members noted that much of the research carried out in Leeds had already gained national and international recognition, informing the development of good practice in this field.

3.0 Scrutiny Board meeting - 16th January 2006

3.1 In January, the Board focused on the following areas:

- What needs to be done to improve nutrition, physical activity, reduce sedentary lifestyles and improve emotional wellbeing in all children to help prevent overweight and obesity
- The evidence base on what preventative work is already going on in Leeds
- Professional, children, young people and parent's views of what changes are needed
- The opportunities and barriers to achieving a comprehensive and coordinated multi-agency response in Leeds.

3.2 The Board received a report from the Children and Young People's Obesity Strategy Group on the prevention of childhood obesity. This report highlighted the evidence base supporting interventions that aim to reduce childhood obesity by targeting obesity risk factors.

3.3 In acknowledging the rationale for more prevention work to be carried out, the Board received details of reviews that had been undertaken to assess the effectiveness of interventions designed to prevent obesity in childhood through diet, physical activity and more holistic school based interventions.

3.4 Members were informed that a range of problems have been cited that have made it difficult to measure the impact of prevention activities on childhood obesity. These have included:

- The length of time over which interventions are being conducted, which is often too short to modify weight status;
- Many studies have used the Randomised Control Trial method, which is unsuitable given the multi-factorial nature of obesity and the need for a broad based range of public health interventions;
- To date little research has been carried out on the impact of interventions designed to promote environmental and social changes such as food availability, financial options for healthier foods and activity options, safer play spaces and school-community partnerships. In view of this, it is difficult to know what impact they may have;

- Many of the current interventions focus on short-term behaviour change goals without sufficiently addressing changes in the environment to ensure any behaviour change achieved can be easily maintained by the individual for long enough to impact on weight status.

3.5 In view of this, the Board noted that there was a clear need to incorporate robust evaluation into the planning and delivery of local multi-factorial prevention programmes.

3.6 The Board was informed that some programmes aimed at preventing obesity in children start by identifying those children at greatest risk. However, according to the International Obesity Taskforce, it was considered that whilst this type of screening can help the targeting of resources, such screening is stigmatising. Instead, it was felt that interventions targeted at all children should be favoured. Also, it was stressed that the focus of such interventions should be on promoting healthy eating, physical activity, emotional wellbeing and less sedentary behaviours as these will benefit all children irrespective of weight status. Members noted that such interventions should not focus on weight and weight control as this may do more harm than good by creating unnecessary body image and weight concerns, dieting and disordered eating.

3.7 To help demonstrate some of the preventative work being carried out in Leeds, the Board also received briefing papers detailing the work of the School Nursing Service, Leeds Youth Service, Leeds Healthy Schools Programme, South Leeds for All, and the sport and recreation opportunities from the Council's Learning and Leisure Department.

3.8 In addition, the Board received an analysis of current and planned key activities in Leeds. This analysis highlighted the issues, gaps and opportunities identified from consultation exercises with key partners. From this analysis, the following issues were summarised to the Board:

- There is a significant amount going on in various parts of the city;
- Much of this work is geographically limited and not sufficiently well linked;
- Many of Leeds key prevention programmes e.g. 5 a day, Healthy Living Centres, are short term funded;
- There is a lack of strategic direction e.g. childhood obesity, physical activity, parenting, emotional wellbeing;
- The whole school approach of the Leeds Healthy Schools Programme aims to bring about change at a wide range of levels. However, few other programmes are able to impact on such a wide range of factors at a range of different levels given the current lack of collaboration between many of the key organisations;
- There appears to be more emphasis on individual behaviour change with insufficient attention being paid to the family, organisational and broader environmental factors that cause childhood obesity.

3.9 Members were informed that prevention interventions that have focused on changing individual behaviours have not been found to dramatically reduce obesity prevalence, although many have resulted in positive changes in eating and exercise behaviours. Members acknowledged that it was therefore proposed that more coordinated local action is needed at a societal level to create organisations (including nurseries, schools, youth centres and colleges), communities and a wider

Leeds environment that makes choosing a healthy diet, being physically active and less sedentary the easy normal choices. Only then will children, young people and their families be able to sustain individual behaviours that will prevent them form being obese.

4.0 Scrutiny Working Group meeting - 13th February 2006

4.1 During its Inquiry, the Board identified the need to consider in more detail whether the accessibility and quality of play areas, and other recreational open spaces, in the city would help to reduce childhood obesity. If so, the Board questioned what role the Council currently had and whether there were any opportunities for improving this further.

4.2 The Board agreed to establish a working group to explore this issue further. The working group met on 13th February 2006 and the following individuals were invited to contribute to the working group's discussions:

- Janice Burberry, Health Promotion Strategic Coordinator (Children and Young People) on behalf of the 5 Leeds PCTs and also Chair of the Leeds Children and Young People's Obesity Strategy Group;
- Professor Paul Gately – Principal Lecturer in Physical Activity, Exercise and Health, Leeds Metropolitan University
- Denise Preston, Chief Recreational Officer, Leeds City Council
- Mark Allman – Head of Sport and Active Recreation, Learning and Leisure
- Mike Kinnaird, Recreation Projects Manager, Leeds City Council
- Chris Snell, Play Development Worker, Leeds Play Network
- Susanne Wainwright, Project Manager, Leeds Youth Service
- Mike Simpkin, Public Health Strategy Manager, Leeds City Council
- David Feeney, Head of Planning and Economic Policy, Leeds City Council

4.3 In preparation for its meeting, the working group received a number of reports from the Council's Chief Recreation Officer setting out the progress made on the Fixed Play Strategy, the Parks and Green Space Strategy, and the Sports Pitch Strategy. The working group also received a copy of the Playpeople document 'Playing our Part: Creating the Play Friendly City (June 2005), which set out the Leeds Play Strategy.

4.4 Members noted that a number of agencies in the city, including Leeds City Council, have a successful history of providing play opportunities for children and young people of all ages and have initiatives in place or planned for the near future that will significantly contribute to making Leeds a play friendly city. With its 37 action points, the working group acknowledged that the Play Strategy brings those initiatives together with newly proposed ideas in a single, city wide strategy for children's play.

4.5 The Chief Recreation Officer provided an overview of the Fixed Play Strategy, Parks and Green Space Strategy and Sports Pitch Strategy. The working group noted that the key objective of the Fixed Play Strategy was to work closely with Elected Members and local communities to target all available resources towards sustainable play development, in the most suitable locations. Members were informed that the Council's Parks and Countryside division manages 153 playgrounds, 18 skate parks and 28 multi use games areas.

4.6 It was stressed to the working group that there was no specific capital programme for developing and refurbishing playgrounds. Bids are made to all available funding streams to build or refresh playgrounds, as prioritised through the Area Committees. However, it was noted that SRB funding, which historically was the largest single contributor to fixed play development, had now ceased. It was highlighted, however, that the Big Lottery Fund had allocated £1.6 million for children's play over three years to the Leeds Metropolitan Area. Whilst it was not envisaged that this would predominately fund the Fixed Play Strategy, Members noted that it was anticipated that in partnership with friends' groups or other voluntary organisations, some money may be directed towards the areas previously supported by SRB.

4.7 With regard to the Sports Pitch Strategy, which was adopted by the Executive Board in 2003, Members noted that the production of this strategy was required by the Government due to increasing concern over the loss of playing fields. However, Members learned that since its adoption in 2003, the Strategy has further developed its vision for a network of Community Club sites, by initially identifying a target of two sites per wedge or one per Area Committee. The working group was informed that the benefits of the Strategy will be in terms of corporate/strategic priority, planning policy, operational management and sport development and its success will be driven through the Vision for Leeds and its themes.

4.8 The working group also received a report setting out the proposed structure on the content of the final Parks and Green Space strategy following consultation and analysis carried out to date. Members noted that the use of the term 'parks and green space' is an all encompassing term that includes the countryside and nature areas as well as more formal management of parks. It was stressed that an important piece of work relates to the analysis of supply and demand. It was highlighted that a full green space audit in respect of Planning Policy Guidance 17 was to be carried out as part of the Leeds Local Development Framework. Members noted that extensive work had already been carried out with regard to capturing data on publicly accessible land owned by the Council and represented in a geographic information system (GIS). It was also noted that the recent appointment of a Spatial Information Officer would also enable the analysis and presentation of green space data for inclusion in the strategy document.

4.9 As well as addressing accessibility issues, particular importance was also placed on the quality of parks and green space. In order to assess the quality of parks and green space, Members were informed that a 3 year programme was underway to measure the quality of 140 sites against the Green Flag standard. The working group noted that analysis would also be informed by the results of the household survey conducted in 2004 and 2005, along with other demographic data available that should allow some assessment of green space in relation to community need. Although some analysis will be presented in the Parks and Green Space strategy document, Members noted that the green space audit conducted as part of the Local Development Framework will enable wider consultation and more in depth consideration of green space issues and the relationship to Planning policy.

4.10 The working group noted that there is continued pressure on green space (particularly for development) and in some circumstances, issues over community access to pitches and facilities. It was noted that increasingly the role of parks and

green space is being recognised and supported by research evidence demonstrating the importance to health, the environment, recreation, education and learning, regeneration and sustainable transport. It was therefore considered essential that the Parks and Green Space strategy sets out how urban renaissance and regeneration will be supported.

4.11 A Project Manager from the Leeds Youth Service provided an overview of the work carried out by the Youth Service aimed at preventing childhood obesity. In relation to the accessibility of parks and other recreational facilities, it was felt that whilst the majority of the young people were aware of their location, more work could be done in promoting the usage of such facilities. The Play Development Worker from Leeds Play Network highlighted that safety was often an issue raised by young people when accessing parks and other recreational open spaces. It was considered that the younger children would often feel intimidated by the presence of older children using the same facilities. In view of this, it was highlighted that previously young people have expressed a desire for greater access to staffed open access provision, where the users can come when they wish unaccompanied by an adult and leave when they wish. The Chief Recreation Officer explained that the Council is continuing to find ways of providing facilities for older children separate to younger children to help address any fears of intimidation. To help address issues of safety, Members were informed that new play areas would normally be developed in areas where there was high visibility from neighbouring houses. However, it was acknowledged that more supervised play areas were also needed.

4.12 With regard to the use of green space, Members noted that existing planning policy is based on a green space hierarchy, considering a range of facilities available to residential areas. It was highlighted that current planning policy in the city centre requires contributions from developers for development over 0.5ha. However, as a distinction is not made between 'hard' open space and green space, this has led to a tendency of hard landscaping rather than provision of green space.

4.13 The working group questioned whether the accessibility of more green spaces and other recreational open spaces could contribute to the prevention of childhood obesity? In response to this, the Chair of the Leeds Childhood Obesity Strategy Group explained that whilst there was no significant evidence to suggest that the accessibility of play facilities and green spaces could help to prevent childhood obesity, this did not necessarily mean that such links were not relevant. Instead, it was felt that further evidence needed to be gathered on this issue. However, Professor Gately stressed to the working group that increased accessibility of green spaces alone would not contribute significantly to the prevention of childhood obesity as this was only one of a wide range of factors.

4.14 Particular reference was made to the new Health Impact Assessment (HIA). This is an approach to ensure that decision making at all levels considers the potential impacts of decisions on health and health inequalities, and identifies actions that can enhance positive effects and reduce or eliminate negative effects. Members were informed that whilst HIA is a relatively new tool, the value of HIA is increasingly being recognised, both nationally and internationally. The Chair of the Leeds Childhood Obesity Strategy Group highlighted the need for there to be closer links with policy and planning decision makers and therefore regarded the HIA as a real opportunity to analyse the health impacts of such decisions. In also acknowledging the HIA to be a useful planning tool, the Head of Planning and

Economic Policy explained that evidence was a key issue in terms of making planning decisions and that such evidence would need to be robust enough to satisfy independent planning inspectors.

4.15 In conclusion to its discussions, the working group also acknowledged the potential benefits of the new Health Impact Assessments in raising the profile of health and wellbeing issues when making new planning and policy decisions. It was felt that the key challenges were linked to making behavioural changes. Marketing, effective leadership and culture changes were therefore considered to be vital.

5.0 Scrutiny Board meeting - 13th February 2006

5.1 The third session of the Board's Inquiry focused on the treatment services available for addressing childhood obesity. The following areas were considered:

- What support needs to be available for children, young people and their parents who are overweight and obese
- The evidence base on what treatment services are going on in Leeds
- Professionals, children, young people and parents views of what is needed
- The opportunities and barriers to developing appropriate multi-disciplinary services

5.2 The Board received a report from the Children and Young People's Obesity Strategy Group on the treatment of childhood obesity. This report set out the evidence base in support of interventions aimed at treating childhood obesity.

5.3 The Board was informed that the increasing prevalence of overweight and obesity and the associated increase in medical and psychosocial problems had further heightened the need for effective weight management interventions, particularly given weight loss without intervention is unlikely.

5.4 However, Members noted that the Department of Health had recommended that services do not screen or pro-actively identify children for treatment at this stage. In view of this, the Board was informed that in practical terms, it was probably most useful to take a simple approach and offer care to the following children:

• Children who have already developed ill health or are clearly at risk of doing so;
• Children who are experiencing emotional distress as a result of their obesity;
• Families or children who are seeking help.

5.5 Members noted that there were many different lifestyle change programmes to help parents and children control their weight. However to date there is insufficient evidence to support the choice of any one specific programme.

5.6 In terms of outcomes from treatment services, the Board was informed that the primary goal was a reduction in Body Mass Index. In children who are still growing this might be achieved through weight maintenance, allowing the child to grow into their weight. This will require the child to be weighed regularly and none judgementally and active adjustment made by the child and family to their lifestyle. The Board noted that older children and young people often desire to be a normal weight. However, this may be unrealistic for many in the short to medium term. In addition, a broader range of outcomes are now recognised as valuable

markers of obesity treatment success. These acknowledge the associations between childhood obesity and coronary risk and the psychosocial consequences of obesity. Members were informed that it was useful to have other goals that relate to physical health, for example, improved blood pressure, physical fitness and social functioning that demonstrate success.

5.7 The Board was informed that most of the evidence is for interventions that involve seeing children regularly, for intensive sessions over a period of months. Many have involved highly specialised professionals from dietetics, physiotherapy, sport, and psychology. It was also noted that most interventions have been based in clinical or university settings and therefore it was unclear how transferable these would be to the community. However, it was stressed that the importance of developing and delivering services as close to children, young people and their families had also been highlighted.

5.8 The Board noted the role of universal service providers, specialist community obesity weight management services, medical services and contributory services. In addition to the report from the Childhood Obesity Strategy Group, the Board also received briefing papers on the requirements needed for a medical obesity service, the Carngie Weight Management organisation, treatment services by NHS State Registered Dietitians, and the Watch It programme.

Requirements for a medical obesity service

5.9 The Board was informed that in 2004, the House of Commons Health Select Committee in its Inquiry into Obesity called upon the National Health Service to *ensure obese children have access to specialist care*. Recommendations were outlined for childhood services, which involved provision in primary care for the majority, along with specialist multidisciplinary clinics for children with obesity related medical problems, especially where medication is prescribed or surgery considered

5.10 Whilst acknowledging that lifestyle treatment is available through the Watch It and Carnegie programmes, the Board was informed that there were inadequate medical services to support them. Members learned that hospital and community dietetic services no longer accepted any referrals for obesity, however severe, and that Children and Adolescent Mental Health services had never done so.

5.11 The report to the Board also set out what was considered to be required now in Leeds in terms of primary care, designated community obesity clinics and tertiary specialist clinics.

Carnegie Weight Management

5.12 The Board was informed about the Carnegie Weight Management. This is a non-profit organisation established in the Carnegie Faculty of Sport & Education at Leeds Metropolitan University. Members learned that the aim of the organisation is to undertake the highest quality interventions, education, training and research to successfully treat overweight and obese children. It also seeks to maximise its impact on the health and well-being of not only the families it works with but the wider society. The Board was informed that the Carnegie Weight Management had developed a range of treatment options that had been supported through an

evaluative evidence-based approach. Members noted that through this research process, the organisation had developed an understanding of the key ingredients required to appropriately and successfully treat childhood obesity.

5.13 The Board learned that the Carnegie Weight Management had already helped over 1500 children lose weight, increase fitness levels, adopt a healthy lifestyle and improve levels of self-esteem. It was also noted that 75% of children have been shown to either lose more weight after camp or maintain their weight loss after 3 years. Children and parents also report greater attendance and social inclusion at school; greater involvement in extra-curricular activities at school; and other family members report weight loss and a healthier lifestyle.

5.14 Whilst acknowledging the success of Carnegie Weight Management, the Board also noted the opportunities and barriers in relation to its service delivery. The opportunities related to being resource rich in terms of its academic profile, research, experts, collaborative partnerships and a practical evidence based treatment solutions for childhood obesity.

5.15 The Board was informed that Leeds Metropolitan University provides a rich resource of personnel that are involved in the delivery and research programmes. Members noted that the recent course developments in the area of Obesity and Weight Management aims to ensure that it continues to have a much wider impact. New qualifications will enable future generations to gain the skills necessary to effectively tackle this global problem. Members were also informed that Leeds Metropolitan University also made an investment of £1 million over the next 5 years in Carnegie Weight Management, to continue its pioneering work to address the severe problems of childhood obesity.

5.16 Members noted that the main barrier was the organisation being resource poor in relation to the awareness level of its programmes and service offerings amongst key stakeholders. In acknowledging that stakeholders across the city (including GPs, schools, council departments) have a fundamental role in influencing and referring children and families to its programmes, it would be the greatest barrier to the success of any weight management programme for children if the organisation was unable to engage their support.

Dietetic services in Leeds

5.17 The Board was informed about the dietetic services provided by Leeds Teaching Hospitals NHS Trust and also by the Community Nutrition and Dietetic Service. Members noted that all dietitians must work via a GP or Paediatricians referral.

5.18 The problems with provision of dietetic services for overweight children were also highlighted to the Board. These were as follows:

- The service currently has 2.7 (WTE) primary care Dietitians to meet the needs of all 0-16 children in Leeds. This is under resourced to meet the needs of the population, especially with the proposed reconfiguration of Childrens Services in Leeds where more children will need to be seen in the community;
- Due to clinical pressures, children under 8, with obesity, are a low priority and are only provided with a limited service. Children with learning difficulties require specialist management and more Dietetic provision;

- Evidence shows that children need a multifaceted approach with exercise, behaviour change strategies, a reduction in sedentary behaviour which working with a single handed Dietitian cannot address. Dietitians are best placed supporting coordinated community weight management programmes, training and supervising health workers and providing specialist input to the tertiary highly specialised weight management clinics where family therapists are working with families.

5.19 It was stressed to the Board that it must be recognised at every level that obesity is not a medical problem with a medical solution. It is a complex social problem that requires the most extensive and complex partnership working.

Watch It Programme

5.20 Members received information about the Watch It programme. This is a community programme for obese children that has been developed and piloted in disadvantaged areas of Leeds. The Board learned that the aim of the programme is to motivate children and parents to lead a healthier lifestyle through individual appointments and group activity sessions, and so reduce the risks of adult obesity, cardiovascular disease and diabetes.

5.21 The Board was informed that children and teenagers attend Watch It at community sites in Leeds for a period of 12 months. The programme accepts young people aged 8 to 16 years who may self refer or be referred professionally. Members noted that the programme is designed to be flexible, so that emotional or social issues affecting the young person's ability to achieve healthy behaviours are fully addressed.

5.22 Members learned that the programme is run through the NHS by health trainers in partnership with sports centres, with clinics held in community facilities. The trainers are appointed for their personal qualities, but require no professional qualifications. However, they receive two weeks training and ongoing regular support and supervision from a professional team. Members noted that the clinics are held after school at community sites.

5.23 The Board learned that the Watch It programme has been very successful and has received much attention from health managers, professionals, politicians and the media. Members noted that the 65 children who attended the programme in 2004 were severely obese, and as expected, were inactive and had a poor quality diet. Obesity data showed that 59% of children at 3 months and 70% at 6 months showed some decrease in Body Mass Index scores, with an overall stabilisation in scores at 3 and 6 months. Improvements in the children's confidence and self esteem were also reported. Friendships were made that overspilled outside the programme, and knowledge about healthy lifestyles increased.

6.0 Scrutiny Board meeting - 13th March 2006

6.1 At the Board's March meeting, Members watched a DVD entitled 'Can't Wait to be Healthy – A Plan for Leeds'. This was produced with the support of children and young people. This highlighted the views of a range of children and young people from Youth on Health, The Crew, Connexions and Watch It and was put together by the Project.

6.2 The Board was informed that the DVD had been used to consult with young people in schools and youth clubs on the changes they would like to see to make it easier to be a healthy weight. The content of the DVD and the approach used was welcomed by the Board.

6.3 As this was the final meeting of the Board's Inquiry, Members were pleased to receive a draft version of the Leeds Childhood Obesity Strategy. Members learned that this Strategy was initiated in Spring 2005 by the Children and Families Modernisation Team and Children Leeds (formerly Leeds Children and Young People's Strategic Partnership). The Strategy describes the key issues and actions needed at a local level over the next 10 years to bring about a comprehensive, well co-ordinated and sustained response to the complex problem of childhood obesity among Leeds 0-19 year olds.

6.4 In terms of the implementation and monitoring of the Strategy, it was stressed to the Board that given the complexity of the issue and the large number of agencies involved, it was paramount that the local structures are used effectively to promote joint working on this issue. Members noted that it was therefore proposed that Children Leeds have overall accountability for the achievement of this Strategy and that a multi-agency Leeds Childhood Obesity Group be established and coordinator employed to lead on the development of local action plans.

6.5 The Board was informed that consultation was undertaken with children, parents and professionals to seek their views on what changes they felt were needed to prevent and manage childhood obesity. Members noted that the findings from this and the evidence base had been used to develop a set of recommendations and a service model to stimulate and guide future service development.

6.6 In welcoming the draft Strategy, the Board acknowledged the following recommendations set out within the Strategy:

<u>Key actions to enable the monitoring childhood obesity locally</u>

- It is recommended that all those weighing and measuring children in Leeds are able to present their findings in terms of any of the three common standard definitions i.e. 85th and 95th centiles, 91st and 98th centiles of the 1990 British Growth Centile charts and the IOTF International definitions.

- It is recommended that mean standard BMI scores be used in Leeds, alongside data on the proportion of children who are overweight or obese to track the trends.

- Children Leeds and its constituent partners, establish and resource a multi-agency Leeds Childhood Obesity Group, including the post of prevention coordinator to:
  - Collate the necessary data to enable local monitoring of the epidemic and progress of the strategy.
  - Assess the need for and commission further data to increase our understanding of local prevalence, trends and causal factors.
  - Commission local data collection as required.
  - Promote local coordination and collaboration.

- Children Leeds and its constituent partners support the collection of data to further develop local understanding of prevalence among specific population groups including ethnic minority communities, lower socio-economic groups and those living with disability.

- The PCT, Schools, and Leeds Childhood Obesity Group collaborate to ensure the development of a systematic approach to the routine weighing and measuring of all reception and year 6 children to meet Department of Health requirements and locally assess the impact of this strategy.

- The PCT enable BMI levels among the pre-school age population to be reported to monitor childhood obesity levels and the impact of targeted interventions among the pre-school population.

- The Local Authority, Education Leeds and Schools support the further development of RADS to enable the continued tracking of the obesity and fitness levels in Leeds High School Pupils.

Key actions for the Prevention of Childhood Obesity

- Children Leeds and its constituent partners, establish and resource a multi-agency Leeds Childhood Obesity Group, including creating a prevention coordinator post to:
    - Lead on the development and performance management of local action plans and a commissioning strategy to implement the childhood obesity strategy.
    - Ensure appropriate evaluation of local interventions to further develop the evidence base.
    - Promote local co-ordination and collaboration.
    - Act on the findings of the consultation work undertaken with children, young people and their families, in the development of a local childhood obesity strategy.

- Children Leeds and its constituent partners identify the needs of children young people and their families and develop appropriate multi-agency city-wide strategies in the following contributory areas:
    - Parenting Support
    - Children and Families Emotional Well-being
    - Physical Activity
    - Food
    - Parks and Green Space Strategy
    - Play
    - Community safety

- Children Leeds and its constituent partners support the further development of promising current initiatives including Leeds Healthy Schools Programme, 5 a Day, Nip it in the Bud, RADS.

- Children Leeds and its constituent partners support the piloting of new initiatives e.g. Leeds Healthy Choice Award, interventions aimed to reduce sedentariness and consumption of sugary carbonated drinks.

- Children Leeds and its constituent partners evaluate and create opportunities for childcare centres, schools, extended schools, youth settings, leisure centres, healthy living centres, primary care settings and, hospitals to prevent childhood obesity. These include developing each as a non-obesogenic environment, offering all children and young people the opportunity to eat well, be active, and feel good about themselves.

- Children Leeds and its constituent partners require that a Health Impact Assessment of all new planning and policy decisions is undertaken which encourages regular activity as part of every day life, strengthens the protection of green space, and leads to the improvement of parks, play facilities and neighbourhoods.

Key actions for the development of weight management services

- Children Leeds and its constituent partners commission publicly funded multi-disciplinary weight management services, close to home, for children and families who require support. These should include Watch-It, Carnegie Programme and the development of other options, including exploring the potential of developing services in partnership with the private sector.

- The PCT develop a new NHS Childhood Obesity Service to manage complex obesity cases. This may require community clinics supported by a specialist service in hospital.

- The PCT create a new role of weight management co-ordinator who would:
  - Enable the development of assessment framework including screening for medical and psychological problems.
  - improve sign posting of support services to help children and families to select appropriate support.
  - Be a recognised local child obesity expert from whom other professionals can seek advice and support.
  - Lead the community multi-disciplinary team.
  - Champion the importance of the issue and potential solutions to front line staff.
  - Provide protocols and training to ensure evidence based interventions are effectively delivered by front line staff.

- Children Leeds and its constituent partners require that those services working to prevent childhood obesity are appropriate and accessible to those children, young people and their families receiving weight management support.

- Children Leeds and its constituent partners recognise the unmet needs and ensure appropriate provision is developed for children from specific groups. These include children with learning disabilities, children from ethnic minority communities, children and families from lower socio-economic backgrounds.

Main Recommendations

- Children Leeds and the Council members each identify a senior figure to fulfil the role of childhood obesity champion to ensure that the issue remains a priority during reconfiguration and in the longer term.

- Children Leeds and its constituent partners establish and resource a multi-agency Leeds Childhood Obesity Group to:
  - Lead on the development and performance management of local action plans and develop a commissioning strategy to support implementation.
  - Collate the necessary data to enable monitoring of the epidemic and progress of the strategy.
  - Assess the need for, and commission further data, to increase our understanding of local prevalence, trends and causal factors.
  - Promote local coordination and collaboration.
  - Promote appropriate evaluation of local interventions to further develop the evidence base.

- Children Leeds and its constituent partners identify the needs of children, young people and their families and develop appropriate multi-agency city wide strategies in the following contributory areas:
  - Parenting Support
  - Children and Families Emotional Well-being
  - Physical Activity
  - Food
  - Play
  - Parks and Green Space Strategy
  - Community Safety

- Children Leeds and its constituent partners identify resources to further develop childhood obesity prevention and weight management services in line with the service model presented within this strategy.

- Children Leeds and its constituent partners strengthen children, young people, parents and carers participation in identifying unmet need, developing appropriate provision, and the performance management of the childhood obesity strategy and services.

- Children Leeds and its constituent partners recognise the unmet needs and ensure appropriate provision is developed for children from specific groups. These include children with learning disabilities, children from ethnic minority communities, children and families from lower socio-economic backgrounds.

- Children Leeds and its constituent partners and other service providers support the development and implementation of a social marketing strategy to:
  - Highlight the problem and potential solutions to childhood obesity in Leeds, particularly to children's services providers.
  - Create a local ethos that a healthy active lifestyle is cool.