

**Children’s Services Scrutiny Panel
Policy Review 2013 – 2014**

Child Obesity

Final Report

Contents

1	Foreword from the Scrutiny Lead Member	2
2	Introduction	3
3	Aim of Review	3
4	Terms of Reference	3
5	Membership of the Panel	3
6	Methods of Investigation	3
7	Findings of the Review	5
8	Conclusions	16
9	Recommendations	17
10	Acknowledgments	18
11	Background Papers	18
	Appendix 1	19

1 Foreword from the Scrutiny Lead Member for Children's Services

Child obesity is regarded as a global epidemic and continues to be a worldwide health concern to developed countries including the UK. There are many factors which contribute to obesity levels including the consumption of unhealthy foods, a lack of exercise, a lack of sleep and the socio-economic situation to name a few. Children who are classed as obese are at far greater risk of developing serious medical conditions including Type II diabetes, asthma and musculoskeletal disorders.



Modern society looks to make things easier, quicker more convenient and in doing so often removes the physical aspects from life. People use cars more and more instead of walking or cycling, young people are obsessed with social media, computer games and the internet to the detriment of playing games or sport, and food is fast, on the go and calorie laden rather than a home cooked family shared experience. In gathering our evidence it was good to see strong examples of projects and programmes that are looking to address these changes by offering cooking on a budget, taster sessions in sports and games and interventions that look to support families in improving their lifestyle choices.

Increasingly we hear the term 'the obesogenic environment' and how a variety of social, cultural and environmental factors are contributing towards the obesity problems within communities and regions. The prevalence of fast food takeaways, the demise of the traditional high street and the ever increasing pace of life all contribute and influence an individual's lifestyle choices. The battle against obesity is only just beginning and the importance of gathering extensive data and intelligence will be paramount to ensure that local authorities and their key partners remain proactive in providing targeted programmes and interventions for local communities.

I would like to take this opportunity to express my gratitude to all the witnesses and council officers who gave of their time to provide invaluable evidence to the panel. I would also like to thank my colleagues on the Children's Services Scrutiny Panel who all contributed their time, experience, knowledge and enthusiasm to this review.

Councillor Debra Waller, Scrutiny Lead Member for Children's Services

2 Introduction

- 2.1 The Scrutiny Debate provided a variety of scrutiny topics for potential review during the coming year. The Children's Services Scrutiny Panel, commissioned by the Scrutiny Committee, agreed to undertake a spotlight review around the issue of child obesity in Sunderland.

3 Aim of the Review

- 3.1 To look at how Sunderland City Council and its partners are tackling child obesity.

4 Terms of Reference

- 4.1 The title of the review was agreed as "Childhood Obesity" and its terms of reference were agreed as:
- (a) To investigate the effectiveness of current obesity programmes that the Council undertakes or commissions;
 - (b) To consider the drivers and changes in national policy around child obesity and how this is reflected at a local level;
 - (c) To examine the importance of multi-agency/multi-setting approaches in tackling child and family obesity;
 - (d) To explore some of the social determinants on child obesity including the council's scope of influence on such factors.

5 Membership of the Panel

- 5.1 The membership of the Children's Services Scrutiny Panel during the Municipal Year is outlined below:

Cllrs Debra Waller (Scrutiny Lead Member for Children's Services), Florence Anderson, Anthony Farr, Bob Francis, Doris MacKnight, Robert Oliver, Philip Tye, Linda Williams, and co-opted member Rose Elliott.

6 Methods of Investigation

- 6.1 The approach to this work included a range of research methods namely:
- (a) Desktop Research;
 - (b) Use of secondary research e.g. surveys, questionnaires;
 - (c) Evidence presented by key stakeholders;
 - (d) Evidence from members of the public at meetings or focus groups; and,
 - (e) Site Visits.
- 6.2 Throughout the course of the review process the panel gathered evidence from a number of key witnesses including:
- (a) Nonnie Crawford – Director of Public Health;
 - (b) Lorraine Hughes – Public Health Lead;

- (c) Victoria French – Assistant Head of Community Services;
- (d) Tracy Webb – Senior Specialist Dietician – Sunderland Hospitals;
- (e) Professor Mike Kelly – Director of the Centre of Public Health (NICE);
- (f) Simon Marshall – Headteacher Highfield Community Primary School;
- (g) Christine Bulmer – Wellness Programme Manager;
- (h) Felicity White - Head of Nutrition & Dietetics;
- (i) Dan Hattle – Planning Implementation Technical Manager.

6.3 All statements in this report are made based on information received from more than one source, unless it is clarified in the text that it is an individual view. Opinions held by a small number of people may or may not be representative of others' views but are worthy of consideration nevertheless.

7 Findings of the Review

Findings relate to the main themes raised during the panel's investigations and evidence gathering.

7.1 What is Obesity?

7.1.1 Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health. Body Mass Index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of their height in metres (kg/m²). The World Health Organisation (WHO) definition is:

- a BMI greater than or equal to 25 is overweight
- a BMI greater than or equal to 30 is obesity.

7.1.2 BMI provides the most useful population-level measure of overweight and obesity as it is the same for both sexes and for all ages of adults. However, it should be considered as a rough guide because it may not correspond to the same degree of fatness in different individuals.

7.1.3 Children need a healthy, balanced diet that gives them enough energy to grow and develop. This means that children usually need to take in more energy than they use and this extra energy forms new tissues as they grow. However, if children regularly take in too much energy, this is stored as fat and they will put on excess weight. According to WHO, in 2010, there were around 40 million children under the age of five who were overweight worldwide. In the same year, three out of 10 children aged two to 15 were obese in the UK alone.

7.1.4 Data for Sunderland over the past two years shows that the prevalence of obesity among Reception year children, at 10 per cent, is close to the regional and national average (9 per cent). It should be noted that there are areas in Sunderland where the local prevalence of obesity is anywhere between 13 per cent and 17 per cent. At Year 6 (ages 10-11) 21 per cent of children are obese and has fallen from a peak in 2011/12 of 24 per cent and is also close to regional averages, the national average is 19 per cent. However, as with Reception year data there are areas where this average can range from between 26 per cent and 34 per cent¹. Overweight and obese children are more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood. Although many of the most serious consequences may not become apparent until adulthood, the effects of obesity – for example, raised blood pressure, fatty changes to the arterial linings and hormonal and chemical changes such as raised cholesterol and metabolic syndrome – can be identified in obese children and adolescents.

7.1.5 In adults obesity is established using waist circumference and the Body Mass Index (BMI), in children and adolescents it is more complex as they are still growing and BMI differs between boys and girls. To address this children and adolescents' weight status in the UK is assessed by reference to the BMI percentile charts which are comparable growth charts. Each child has its own growth chart where weight and height information is plotted. There are trigger points on the chart which alerts practitioners when action is required.

¹ Public Health Advice, Information and Intelligence for Gateshead, South Tyneside and Sunderland. December 2013.

0 - 5 Percentile – Underweight
5 - 85 Percentile – Healthy Weight
85 - 95 percentile – Overweight
95 - 100 percentile - Obese

7.1.6 Actions are triggered from 85th percentile. The term ‘excess weight’ is used to describe children whose weight is found to be greater than 85th percentile which includes overweight and obese.

7.2 National Policy Context

7.2.1 The importance and implications to the nation’s health of obesity has not been lost on government with the introduction of a raft of reports, policies and strategies on obesity since 2004. The House of Commons ‘Report on Obesity’ (2004) highlighted the need for joined up solutions requiring cultural and societal changes and as a result obesity was identified by the UK Government as a policy priority.

7.2.2 *Healthy Lives, Healthy People – A Call to Action on Obesity* (2011) recognises the scale of the obesity issue and endeavours to explain the importance on economic and social levels. The report is intended to act as a rallying cry to everyone. The approach through national ambitions, around a sustained downward trend in the level of excess weight in children by 2020 and a downward trend in the level of excess weight averaged across all adults by 2020, illustrates what could be achieved if everyone works together.

7.2.3 The main components of this new approach are outlined as:

(a) *Empowering Individuals* through the provision of guidance and a focus on equipping people to make the best possible choices.

(b) *Partners to play a full role* through developing a greater role for business, other partners in change4life and the food and drinks industry.

(c) *Local government to lead* in driving health improvements and harnessing partners at a local level through the freedom to determine local approaches which work for local people and for the specific population groups facing the greatest challenges.

(d) *Build the evidence base* through recognising that there is a need to further develop the evidence on effectiveness and cost effectiveness in many areas of action on overweight and obesity.

7.2.4 *Healthy People, Healthy Lives – Our Strategy for Public Health*, (2010), indicates schools and local communities will be empowered to provide opportunities to forge local partnerships with the intention of delivering better health outcomes for children and young people.

7.2.5 *Healthy Lives, Healthy People: Update and Way Forward* introduced reforms to the Public Health system to come under local authority control from April 2013. Local authorities will now take the lead for improving health and coordinating local efforts to protect the public’s health and wellbeing. The document clarifies the role of local authorities and the Director of Public Health in relation to health improvement, health protection and population healthcare.

7.2.6 Recent figures from the HSE giving statistics on obesity, physical activity and diet for England (2012) indicated that children living in the highest income quintile are also the least likely to become obese. The proportion of children who were overweight (including obese) generally increased as the income quintile decreased.

7.2.7 The National Institute for Clinical Excellence (NICE) has in the past recommended that any interventions or programmes should be based on:

- Careful planning taking into account the local and national context and working in partnership with recipients;
- A sound knowledge of community needs;
- Existing skills and resources by identifying and building on the strengths of individuals and communities and the relationships within communities.

7.2.8 NICE have also identified and commented on what it terms a 'paucity of data on the cost effectiveness of interventions, particularly interventions undertaken in the UK and with more than a year follow up'. NICE highlighted the lack of evidence surrounding the cost effectiveness of interventions which focus largely on diet, physical activity or behavioural treatments. To this end NICE has recently published guidance (October 2013) and recommendations on lifestyle weight management services for overweight and obese children and young people aged under 18.

7.2.9 The Secretary of State for Education is to re-introduce compulsory competitive sport and PE back into the National Curriculum. Following on from the London Olympics which 'inspired a generation' the Government's new PE curriculum will see pupils from the age of seven comparing personal bests at the running track and learning to swim at least 25 metres using a range of swimming strokes. Children will also take part in competitive football, netball, cricket, hockey and tennis matches as part of a normal school week. The changes will:

- Enable pupils to be physically active for sustained periods of time;
- Develop pupils' competence in a broad range of physical activity programmes;
- Provide opportunities for pupils to engage in competitive sport and activities and help pupils to lead healthy and active lifestyles.

7.2.10 The Government is also set to make cookery lessons compulsory for pupils aged 7 to 14 from September 2014 in a bid to improve their diets. Government advisers Henry Dimbleby, son of broadcaster David, and John Vincent, founders of the Leon fast-food chain, have also proposed that head teachers ban pupils from bringing in packed lunches or leaving school premises during their lunch break in an effort to get young people to eat healthier cooked meals.

7.3 Local Policy Context

7.3.1 While national policies demonstrate the need to reduce current obesity levels if serious health consequences for future generations are to be avoided, on a local level the Clinical Commissioning Group has reflected this with four out of the five localities in Sunderland listing childhood obesity as one of the top six priorities in their Clear and Credible Plans. The current strategy (NHS SoTW Overweight and Obesity Strategy) was published in 2010 and is in need of a refresh to reflect recent changes in structure, policy and legislation, specifically Healthy Lives Healthy People: A Call to Action on Obesity (2011).

- 7.3.2 Halting and reducing childhood obesity is a key local priority of the Joint Strategic Needs Assessment, Sunderland Strategy 2008-2025 and Corporate Plan 2012/12-2014/15 and is identified within council service plans and partnership plans, such as the Children and Young People Plan Strategy 2010/2025 and the Public Health Plan 2013-15. It is also important that there are strategic linkages of plans to help ensure actions and measures are complementary and add value to one another, whilst maximising the potential partnership and multi-agency working for better outcomes for children and young people.
- 7.3.3 Breastfeeding support continues to improve, reflected in increased levels of initiation and continuation, which is shown to be an important part of efforts to reduce levels of childhood obesity. In Sunderland there is still a long way to go until breastfeeding is considered the norm, however good quality ante-natal and post-natal support is pivotal in supporting those mothers who choose to breastfeed. Public Health funding continues to support services including a Public Health Midwife and peer support services. There is clearly a continued drive to increase rates of breastfeeding within Sunderland and is recognised in a number of key policy documents.
- 7.3.4 Sunderland's Child Poverty needs assessment also identifies that there is a correlation between low income and a greater risk of obesity in childhood as well as adulthood. Local and national data tells us that children who grow up in poverty are more likely to suffer from poor health and less likely to access cultural and leisure activities. Recent data for Sunderland indicates that over the past six years the gap between the prevalence of obesity among the most disadvantaged and the most advantaged socioeconomic groups has widened for both Reception and Year Six children².

7.4 **Changing Behaviours and Promoting Healthy Lifestyles in Sunderland**

Change4Life

- 7.4.1 One of the most recognisable brands in health improvement is the Change4Life programme. It is a brand that is both trusted and utilised by the public, private and voluntary sector organisations. The goal of change4life is fundamentally to help all families in England eat well, move more and live longer and its ambition is to create a movement in which everyone in society can play a part, leading to essential changes to those behaviours that can help people lead healthier lives. The Department of Health intend it to become the sole branded programme for all healthy lifestyle information, products and tools for families and adults.
- 7.4.2 Change4life is supported by a wide range of national and local supporters all sharing the goals and ambitions of the programme. It is interesting to note that Change4life has had the fastest awareness build of any government campaign according to independent audits by the Central Office of Information, with 88 per cent of mothers with children, 11 years old or under, recognising the change4life brand³.
- 7.4.3 The Change4Life campaign was launched in Sunderland in August 2013 with events running at various locations across the city highlighting to families the benefits of improved diets, exercise and community involvement. Sunderland also has a number of key initiatives that support the Change4Life objectives and look to

² Public Health Advice, Information and Intelligence for Gateshead, South Tyneside and Sunderland. December 2013.

³ Change4Life tracking study, TNS/BMRB, 2010

promote the healthier lifestyles in young people and their families. This includes secondary schools games organisers who are working with feeder primary schools on a range of activities designed to promote the Change4Life objectives. There is an amount of ring-fenced funding within school budgets for this and it can help to support a range of out of school activities, training and support for families to help young children become more active and also support parents in making healthier lifestyle choices for the whole family.

- 7.4.4 This development and introduction to Change4Life for children and their families early into school life can help to change attitudes and lifestyle choices. It can also provide a link for those individuals and families that need extra support to consider and become involved in one of the LAF programmes.

Children's Centres

- 7.4.4 The various Children's Centres across Sunderland provide a range of universal support programmes to aid the early development of children through a variety of courses including Busy Bodies which aims to keep children healthy, active and on the move and, Time for Rhyme which helps grow confidence and develop a child's speech. There are also more specific provisions that centre around nutrition and healthy eating including Cooking on a Budget which instructs parents how to make healthy meals as well as developing budgeting skills and making the most of ingredients. Cooking with Kids also provides a free two hour session, once a week, for four weeks. The sessions include tips for cooking on a budget, introducing healthy options while parents have fun preparing and cooking food with their children (birth to four years).

- 7.4.5 The GIGGLES programme has also been developed with Children's Centres to provide support for young children, whose weight is above the healthy range, and their families. The programme is family centred and aims to be a fun and exciting way to learn about healthy lifestyles and how families can make changes to their lifestyles to help their child to reach his/her healthy weight. Topics include portion size, reading food labels, managing difficult behaviour, fussy eating and the benefits of physical activity. The GIGGLES programme is available to all families who have pre-school children to four years old.

"All the sessions were helpful and fun for kids."

"Playing and getting exercise he didn't know he was getting."

Feedback from families on the Giggles Programme

The National Child Measurement Programme

- 7.4.6 The National Child Measurement Programme (NCMP) was established in 2006 to measure the weight and height of children in reception class (aged four to five years) and year six (aged 10 to 11 years) to assess overweight children and obese levels within primary schools. This data can be used at a national level to support local public health initiatives and inform the local planning and delivery of services for children. The programme is now recognised internationally as a world-class source of public health intelligence and holds UK National Statistics status. The NCMP was set up in line with the Government's strategy to tackle obesity and to:

- inform local planning and delivery of services for children;
- gather population-level data to allow analysis of trends in growth patterns and obesity;

- increase public and professional understanding of weight issues in children and be a vehicle for engaging with children and families about healthy lifestyles and weight issues.

Children's heights and weights are measured and used to calculate a BMI centile. The measurement process is overseen by trained healthcare professionals in schools.

7.4.7 The Panel noted that participation in the programme was not compulsory, but non-participation was on an opt-out basis only. Before the programme starts each school year, local authorities write to the parents and carers of all children eligible for measurement to inform them of the programme and to give them the opportunity to opt their children out. Until March 2013 PCTs were responsible for the collection, holding and processing of NCMP data. However, following legislation changes local authorities are now responsible for the collection of NCMP data. Local authorities are asked to collect data on children's height and weight from all state maintained schools within their area. The data is collated and validated by the Health and Social Care Information Centre (HSCIC).

7.4.8 Sunderland has a 97 per cent inclusion rate in the NCMP programme. It was also recognised by the Panel that children with certain disabilities and medical conditions were excluded from the measurement programme, as such measurements would be inappropriate. Although it is not possible to openly share individual results, including with participating schools, all parents are informed directly of their child's measurement outcome. In Sunderland once a child is classified as overweight or obese through the NCMP the parent receives a letter with a Change4Life leaflet and a link to the website along with a self-referral form to a weight management scheme. This gives parents the option to be proactive and also through self-referral there is the greater likelihood of taking up and completing the course. The Panel acknowledged the importance of having parents on board along with schools to provide and promote a healthier lifestyle.

Sunderland Lifestyle, Activity and Food (LAF) Programme

7.4.9 The Sunderland LAF Programme, funded through the Public Health budget, is an integral part of Sunderland City Council's plans to combat child obesity in conjunction with the Government's National Obesity Strategy. The LAF programme is available to any child aged 5-15 years who is above the 91st centile on the UK BMI chart. The programme looks to encourage and support children and their families to eat well, become more active and ultimately live longer. Young people identified can be triaged to a LAF programme only, LAF programme and dietitian, dietitian only (for initial assessment then if suitable transferred to LAF), dietitian only (for initial assessment then if suitable transferred to LAF and a 1:1 review following the programme) or dietitian only with 1:1 follow up.

"The visit from the LAF team to our school has had a positive impact on the children. They have an increased understanding of the importance of exercise and eating healthy foods."

Bishop Harland Primary School

7.4.10 Members highlighted the difficult and sensitive nature of the subject and that a lot of parents do not see the overweight issue within their own family. They therefore do not address the problem and fail to engage readily with services and the LAF programme. Due to these factors it can be very difficult to engage with those that the programme is aimed at, and that would benefit from it. A range of promotional

and awareness raising methods have been developed to overcome this situation. These include:

- A range of leaflets for referring agents, self-referral and the next steps following referral;
- LAF promotional DVD which is played across the city in GP Practices, Wellness Centres and Children's Centres;
- LAF Facebook page;
- Assembly presentations at primary and secondary schools including the distribution of self-referral leaflets;
- Drop-in sessions at secondary schools;
- Local media coverage;
- Taster sessions; and
- Attendance at a variety of community events across the city.

7.4.11 The LAF Team has also increased its involvement with the National Childhood Measurement Programme (NCMP) including the delivery of a pilot measurement programme in schools aimed at Years Three, Four and Five. This has seen the team engage with over 3,000 children around prevention and further enhanced the opportunities to promote the programme directly to those most in need.

"It was good to see so many children had a good idea of what constitutes a healthy diet following the session."

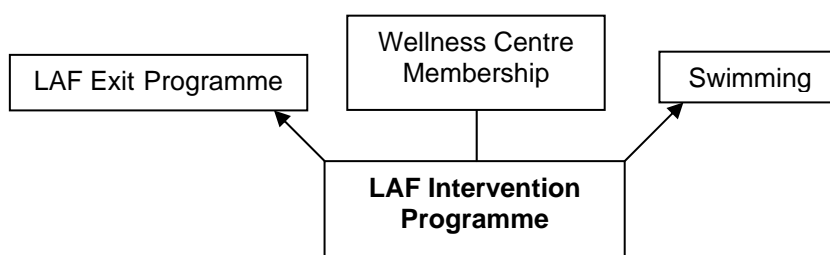
New Penshaw Academy

7.4.12 It was noted that during 2012/13 a total of 306 children and their families were referred to the LAF programme, of which 191 were self-referrals, with 159 of these families starting the programme. Both services accept referrals from over 125 GP's and practice nurses from all 59 GP practices across the city. In addition other referral routes included school nurses, health visitors, paediatricians, allied health professionals, social workers, Community and Adolescent Mental Health Services and self-referral.

"Working with the LAF programme, has really helped to bring the importance of healthy eating to the children and their families."

Broadway Junior School

7.4.13 Members of the Panel noted that the LAF programme ran as an eight week block intervention programme with sessions lasting between 1½ to 2 hours. These sessions are delivered from a range of venues including schools, church halls, community venues and leisure facilities across the city. The programme includes education around portion sizes, practical cooking and nutritional information, as well as physical activity sessions that include swimming, gym sessions, dance, zumba and sports. The LAF team will also signpost families to additional existing activities across Sunderland.



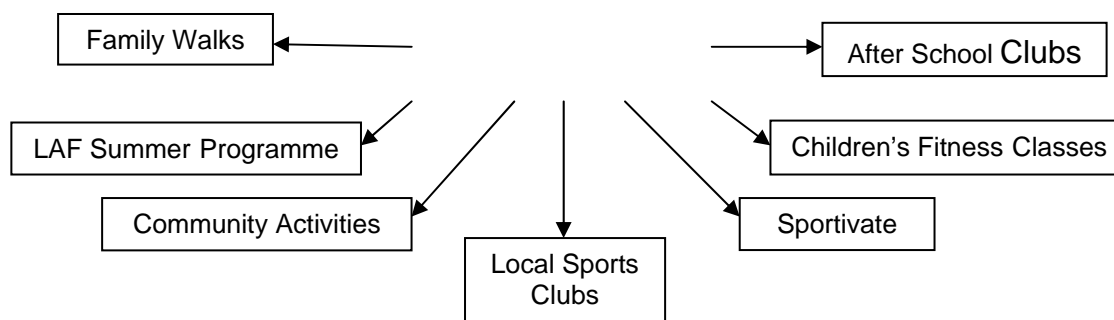


Figure 1: Typical activities available to families on the LAF Programme

7.4.14 Like with many interventions families can often struggle on their own following the initial eight week LAF programme so with this in mind monthly follow up sessions, with the LAF team, are offered. These monthly follow up sessions allow families to try new activities as well as the continued measurement of the child. Most follow up sessions involve physical activity and allow the team to stay in contact with families which can lead to greater adherence to the lifestyle ideals of the programme and ultimately improved long term results.

"The programme has helped me loads, my mam works in a bakery and would always be bringing things home. I only have them once a week and I have lost weight as well as this my confidence has improved."

LAF Programme Participant

7.4.15 The LAF programme has enjoyed great success and has supported over 881 families since it began in 2010. Following completion of the programme many have seen good results, increased confidence and self-esteem and have shown positive lifestyle changes. This was illustrated to the Panel when they met with a family who had been on the LAF programme and there was clear evidence of the confidence in the young person and a positive attitude to continue to make healthy lifestyle choices. However, the problem still exists that it is difficult to get families engaged with the programme, it is hoped that through the increased involvement of schools with the Change4Life programme from a primary age and the support and drive of headteachers, secondary schools games organisers and governing bodies that this reluctance can be broken down.

Specialist Childhood Weight Management Service

7.4.16 Working as an integrated part of the LAF programme is the Specialist Childhood Weight Management Programme which caters for children and young people (aged between 0-16 years) and their families where the child has been identified as having a BMI on or above 99.6th centile on the UK BMI or above the 91st centile with additional complex needs. The nature of the work undertaken by the Specialist Childhood Weight Management Service has resulted in long term contact with families who often have very complex needs. Due to the complexities encountered, interventions are tailored to meet the specific requirements and needs of each individual and family, this can include 1:1 appointments with a dietitian, group work with a dietitian or a combination of these with attendance on a LAF programme. The interventions are aimed to be holistic in approach and focused on helping families to make sustained changes to tackle the young person's unhealthy weight.

"All advice provided helped to change my child's lifestyle, also made my child look at the things that we needed to change."

Comment on Specialist Childhood Weight Management Programme

7.4.17 The weight management programme interlinks and works in conjunction with the LAF programme and in moving forward the Local Authority and NHS are looking at developing further an integrated wellness service model that provides for the multiple lifestyle risks that many people in Sunderland have. The aim will be to have services that are more aligned to the needs, assets and values of local communities so that there is a co-design approach, working with families, which eventually develops into a co-production model.

7.4.18 It was acknowledged by Members that often a lot of work was required with families to unpick many of the 'myths' and 'misinformation' that exists around food and diet. It was also highlighted that it was not necessarily foods that were unhealthy but diets, the importance was to ensure moderation and portion control. It was essential that there was a consistency of message on and around diet.

7.4.19 The programme continues to see a significant number of children and has focused very clearly on seeing families on a 1:1 basis through an increased availability of appointments in a variety of settings and at convenient times. The service continues to have a positive impact on children and their families through weight management, lifestyle choices and general wellbeing.

Family Feedback

7.4.20 The true measure of such programmes and interventions are the outcomes for the young people and their families and while weight measurements and BMI calculations provide a very quantifiable assessment of progress, in talking with families it is clear that there are other positive benefits and outcomes. Members of the Panel met with a family who had undertaken, and continue to be involved with, the LAF programmes and it was evident that healthy lifestyle changes were not the only outcomes of involvement.

7.4.21 It was understood by Members that R (young person who provided evidence to the Panel) had been bullied through early school life and had been referred to the Specialist Childhood Weight Management Programme via the hospital. It was interesting to note that such a big step was undertaken by the whole family and the whole family supported each other. It was clear that R had undertaken a number of physical activities as part of the LAF programme and R informed the Panel that LAF activities were more enjoyable than those at school. R explained that in the LAF programme everyone was treated as an equal and was of a similar ability, with the programme designed to develop skills and enjoyment. Through these programmes R has made new friends and has increased his own confidence, which was evidenced by Members through R's attendance at the scrutiny panel meeting.

7.4.22 The single biggest change that the family made to their lifestyles was around portion sizes. The family, it was acknowledged, were not eating particularly unhealthily but needed advice and support around meal sizes and quantities. Also with the whole family in support changes are so much easier to adopt. In fact the family made a very simple change to help combat this issue, they bought smaller plates. RP (young person's parent) also highlighted the ability to contact the service for support and guidance at various times to help R and the family from straying off course.

7.4.23 The family had no reservations about undertaking the programme as they had, importantly, acknowledged that there was a problem. R also stated that all the LAF

team were very approachable and very friendly which makes the programme very accessible and enjoyable.

7.6 The School Setting

7.6.1 Children divide the majority of their time between home and school and it is in these settings that children will work, play, rest and eat. So important to the issue of childhood health that the Government commissioned John Vincent and Henry Dimbleby, the founders of the food company Leon, to tackle the poor public image of school meals. The School Food Plan suggests a link between nutrition and academic performance highlights that parents currently spend almost £1bn on packed lunches but only 1 per cent of them actually meet nutritional standards. In contrast, scientific studies show most school meals are a healthier option.

7.6.2 The report also suggests a range of measures for headteachers to increase take-up of school meals. They include banning unhealthy packed lunches full of sugary drinks, crisps and sweets, or even a total ban on all packed lunches. Children could also be barred from leaving school premises at break time, preventing them from buying unhealthy food, such as takeaways. But schools should also make their meals more exciting and ensure unhealthy snacks are not served during mid-morning breaks.

	Total Schools	CCS	Opt Out	% Take-Up of Schools	Pupil Roll - CCS	Take-Up	% Take-Up
Primary	82	74	8	90.2%	17,806	10,305	57.9%
Secondary	17	4	13	23.5%	3,401	1,831	53.8%
Nursery	9	9	0	100.0%	720	168	23.4%
Special	7	6	1	85.7%	466	346	74.2%
TOTAL	115	93	22	80.9%	22,393	12,650	56.5%

Figure 2: Sunderland School Meal Take-Up

7.6.3 In investigating some of the themes highlighted by the School Food Plan the Children's Services Scrutiny Panel visited Highfield Community Primary School to discuss school lunches, packed lunches and general issues around children's diet. Highfield Community Primary School has a well above average proportion of pupils known to be eligible for pupil premium, which provides additional funding for children in the care of the local authority, children of service families and pupils known to be eligible for free school meals.

7.6.4 The school was specifically chosen due to its lunchtime policy of not allowing pupils to bring packed lunches. In speaking with the Headteacher it was noted, by Members, that the school had opened five years ago with children coming from various schools within the area, and in these previous schools packed lunches had been a regular part of school life. The Headteacher discussed how the implementation of school meals for all, in place of packed lunches, had been managed concluding that communication was the key. Before implementing what was in essence a radical policy into the school it was important to ensure that key groups including school governors, teachers and support staff were on board before any such changes were communicated to parents.

7.6.5 Members were informed, during their visit, that the Senior Management Team of the school was a visible presence every morning, lunch and home time to speak with parents regarding any issues relating to these changes or other more general

issues. This added to teachers speaking with classes and also assemblies about the changes and why they were happening, through to inviting parents into school to sample the quality of school meals, had helped to make the transition. However it was reported that the school had faced a number of parents with issues relating to these changes but through a firm approach, supported by the whole school, backed by sound reasoning and justification for the actions the Headteacher and school successfully implemented a new school lunch policy.

- 7.6.6 The School was identified, by the Scrutiny Panel, as part of the school meals consortium (local authority provision) and offered a two choice lunch option every day for pupils. The school was also very responsive to the needs of its pupils and works closely with families where pupils are proving difficult to feed. The Headteacher explained that there were a lot of ‘narrow’ and/or traditional diets within the school and part of the role of the school was to engage with and educate pupils to broaden their tastes over time. There was also a senior member of staff at the pass everyday working and communicating with the children, ensuring that all pupils had a meal and supporting those with ‘narrow’ or traditional diets to broaden their tastes. In conjunction with this the School also runs cookery courses for parents. The Headteacher explained the importance of engaging with pupils around eating habits from a very early age otherwise there was always the risk that these habits become established and extremely difficult to change.
- 7.6.7 Crucially a real driver for healthy eating in the school was identified as family learning. The school holds cookery lessons with a ‘party’ at the end of the course where the food is prepared and cooked by the parents. The Headteacher highlighted the importance of developing relationships within the community and that involving those families that were clearly seen as community leaders also aided the initiative and made implementation and involvement easier.
- 7.6.8 The Headteacher informed the Panel that school results were very positive with pupils narrowing the gap in attainment by Year One and by Year Six pupils attainment was above the Sunderland average. These improvements cannot be simply attributed to a healthier diet or pupils eating a hot meal at lunchtime and it would be foolish to say otherwise. However, the Headteacher certainly believed that it contributed to these successes through improved concentration from healthier, nourished pupils.
- 7.6.9 The Food Plan is supported by the Department of Education who are to invest £17.4 million over the next two years, including £4.8m to help thousands of schools get help to increase take-up of school food, £9.6m to help schools get ready to provide school meals to all infant pupils in England from September 2014, and £3m to ensure healthy breakfasts are available for thousands of children who arrive at school hungry. It will be interesting to monitor and review the impact of these reforms and additional funding on school food standards.
- 7.6.10 In considering the debate around packed lunches and school meals the Scrutiny Panel Members invited a group of secondary school pupils to attend a meeting and discuss the pros and cons of packed lunches and school meals. The pupil’s comments are detailed in the table below:

PACKED LUNCHES		SCHOOL LUNCHES	
<i>Positive</i>	<i>Negative</i>	<i>Positive</i>	<i>Negative</i>
Cheaper	Sweets	Hot well-cooked dinners	Price
Supervised	No hot food	Variety of drinks	Overall poor standards
Your choice of food	Crowd	Nice area to sit in	Tougher dinner nannies

No queues	Not enough seats	Healthy Portions	Overcrowded, not enough seats
Pick healthy choices	No hot food	Clean	Expensive
Quick	Fizzy Drinks	Spacious	Dinner ladies aggressive
Wide variety of the healthy eatwell plate	Crisps	Healthy	Lines are poorly organised
Uncrowded	Area untidy, unorganised	Veg & Meat	Queues!!
Respectful	Chocolate	You don't have to carry your food around all day, more hygienic.	Bad food e.g. poorly cooked, hair in food, lack of food, poor sandwiches
Fruit	Cake	Variety of hot & cold meals	Sweet puddings & custard
Can provide a 'healthy lunch'	Stodgy puds	Different food everyday	Long Queues, it affects our lessons
Own choice	Crisps	Wide choice	Litter
Yoghurt	Litter!!	Can be cheap and tasty	Temptation
No queue in packed lunch hall	Kids can bring in items of food/drink which aren't healthy	Food is high quality and changes	Thumb print machines always breaking
Know you'll have something you like	Same thing every day in some cases	Most foods are healthy	Sometimes you can't get dinner because you've queued too long
Cheese	Could fill with unhealthy food inside	Large portions	Dirty rubbish, litter and food left on table
Sandwiches	You can choose what you want which can turn out unhealthy	Vegetables, meat, pasta	Fatty foods, not monitored so you could buy loads of fatty foods and get away with it.
		Convenience of hot food on site	Limited menu options

Figure 3: Pupil comments on school meals and packed lunches

7.6.11 The Scrutiny Panel also surveyed a number of schools about lunchtime policies and it was noted that the majority of schools do operate a form of lunchtime 'lockdown' whereby pupils are prohibited from leaving the school site at lunchtimes. However, some schools will allow pupils to go home at lunchtime provided that parental permissions have been given.

7.6.12 Many schools do not operate a packed lunch policy as there are issues related to the managing and policing of any such policy. It was also noted that those who did operate such a policy faced significant opposition from parents over specific elements including not allowing sugary or fizzy drinks, chocolate and sweets etc. Some schools operating packed lunch policies do try to monitor what students consume although sometimes have fallen short of banning certain foods. While other schools actively discourage fizzy/sugary drinks and will confiscate cans if seen. Schools surveyed argued that there was always drinking water available so that students do not necessarily have to buy drinks. Some schools were also looking to promote their own site-made packed lunch bag, containing healthy choice items. Other schools were providing a pre-order grab and go healthy choice packed lunch, thereby offering healthy alternatives to traditional school meals.

7.6.13 Schools also promote healthy lifestyles in a number of ways particularly through the curriculum, Sunderland Healthy Schools, Healthy Early Years and Personal, Social, Health & Citizenship Education (PSHCE). Some schools even maintain their own gardens where the children grow fruit, vegetables and herbs, which encourages young people to learn about healthy eating. The produce is also used in the kitchens so pupils witness and understand the whole food cycle from planting through to eating. Also many schools offer a wide range of sporting and physical activity opportunities with PE as part of the curriculum. Some schools also promote healthy eating cookery workshops which encourage students to cook and eat healthily.

7.8 Community Projects

Stay & Bake

- 7.8.1 Members visited a Stay & Bake course as part of their review into childhood Obesity. It was an opportunity to understand how the Stay and Bake sessions work and how they interact and engage with hard-to-reach families around a number of key themes. The development of cooking skills and greater awareness of nutrition are only part of the benefits from the sessions, as it also allows secondary messages to be relayed to parents around key issues. In tackling child obesity such courses can act as a springboard to families cooking healthier meals, eating together and taking a greater interest in what they eat.

"I have loved this course. It has given me confidence to experiment more at home."

Stay and Bake Participant

- 7.8.2 The Stay and Bake course was developed from a workshop between West Children's Centres and Pennywell Early Years' Centre in 2012 where the key issues for under five year olds and their families were identified as obesity, oral health, bottle/breast feeding, speech/language development and money management. The aim of the 'cooking on a budget' style courses are to engage more effectively with hard-to-reach families needing support in the five identified areas. With parents attending the course an opportunity is created to invite specialist speakers to attend the sessions and talk with parents while their food is cooking, the secondary message. At the end of each session, parents are joined by their children to eat the food they have just cooked together for lunch.

"My little girl is so fussy but she has tried the food we made and enjoyed them. We made the food at home too."

Stay and Bake Participant

- 7.8.3 The courses have had a number of outcomes including the implementation of healthy eating at home, recipe requests at home from children, instigating community interest from other parents to attend the course and multi-agency interaction was very positive. The courses have continued to engage with Stay and Bake parents through follow-on courses around food hygiene, first aid, employability skills and fitness & healthy eating. The retention rates have been high with 40 per cent of parents who have attended every session going onto employment, education or training. All attendees reported feeling fitter and happier with two parents also having stopped smoking. Further feedback from previous courses highlights that parents are using their knowledge to help other family members with their cooking and healthy eating.

"We specifically supported three 'fussy eaters', focussing on encouraging them to sit at the table, participate in the meal time and ultimately to choose to try new foods."

7.8.4

Stay and Bake Course Supervisor

which included a cooker, fridge, bowls, and utensils. This obviously put these families at a disadvantage from many other families in being able to prepare and cook fresh healthy meals for their families. As part of the course the group would also be taken shopping to show the types and variety of foods that could be bought on a budget and how this equated to family meals. The courses were also an

opportunity to get people to try new foods. Members were informed that over the six week course a variety of meals were cooked each week with ingredients being supplied through the course. The meals cooked were manageable and cost effective using simple everyday ingredients.

Other Projects

- 7.8.5 There are many other projects and community initiatives that aim to provide opportunities for young people and their families to improve their lifestyle choices. This includes family health projects that deliver practical information and skills development around food safety, cooking, healthy eating and providing exercise opportunities. Such projects within communities also provide valuable links with LAF project workers, exercise class providers and other partner agencies providing a multi-agency approach to improving children and their families' lifestyle.
- 7.8.6 Easington Lane Community Access Point have developed in association with MBC Ceramic an innovative project that looks to encourage both changing lifestyles around food and diets and providing the skills to families to develop healthy eating. The project, which is supported by the Council's Coalfields Area Committee, will also introduce ceramics as a tool to look at producing good food on a low budget. The project will also facilitate the production, by the children, of a recipe book and ceramic bowls and will be taken to the voluntary and community sector networks for wider circulation and the project will also work with local groups and schools.
- 7.8.7 There are also numerous sports and physical activity courses which run through the school holidays that provide a combination of physical activity and sports sessions for young people. These are often delivered by the existing Local Authority commissioned youth provision services and can link in and access LAF project workers to compliment their work with information around nutrition and healthy eating. The youth provision across the city already has established relationships with many young people and can provide an access route for a number of services as well as promoting and signposting young people to a variety of services for support and help.
- 7.8.8 In Sunderland, like many cities, the football club is at the heart of the community and it is important that it recognises this responsibility and is able to use its effect as a role model to help to positively influence many of the young people who so avidly support the club. The Foundation of Light (formerly SAFC Foundation) is the official charity of Sunderland Football Club. The Foundation engages over 42,000 children, young people and families per year, using football and the SAFC brand to deliver education, health and sports programmes. Programmes include bespoke projects enhancing the national curriculum across all key stages; health and wellbeing initiatives and multi-sports coaching and targeted youth provision. The Foundation's 'Tackle It' programmes use a combination of sports coaching, classroom and workshop sessions to teach people about positive choices which impact on their academic, health and social lives. Tackle It Health/Fit for Football addresses key issues in health, nutrition and exercise which can then be incorporated into everyday activity, facilitating and encouraging a healthy lifestyle by the whole family. The Foundation has strong links with the local authority and often delivers such projects in partnership with Sunderland City Council and other partner organisations.

7.9 The Obesogenic Environment

7.9.1 The term 'obesogenic environment' is often cited and has been defined as the 'sum of the influences that the surroundings, opportunities or conditions of life have on promoting obesity in individuals and populations'. The term embraces the entire range of social, cultural and infrastructural conditions that influence an individual's ability to adopt a healthy lifestyle.

Active Travel & Physical Activity

7.9.2 The Department of Health (DH) recommends that children over five should engage in at least 60 minutes of moderate to vigorous intensity physical activity every day. Physical activity that can be incorporated into everyday life, such as brisk walking and cycling, has been found to be as effective for weight loss as supervised exercise programmes. Creating an environment that encourages or promotes walking and/or cycling as part of everyday life can have a significant impact on public health. The Government sees this as an essential component of a strategic approach to increasing physical activity and may even be more cost-effective than other initiatives that promote exercise, sport and active leisure pursuits.

7.9.3 Sunderland has looked to promote the benefits of cycling through large scale events like the Sunderland Big Bike Ride which first took place in May 2011, attracting over 500 participants, and continues to go from strength to strength. The cities Walking, Cycling and Active Travel network groups also continue to work together to examine opportunities for new provision and improve cycling and walking infrastructures in the city.

7.9.4 The Local Transport Plan, setting out priorities and objectives for the development of transport, for Tyne and Wear (Gateshead, Newcastle, North Tyneside, South Tyneside and Sunderland) has clear objectives for promoting and improving the access to cycling and walking within the region. The Plan contains both cycling and walking strategies which look to achieve improved accessibility by prioritising walking and cycling; providing an improved context for public transport and reducing the over reliance on motor cars. In Sunderland accessibility will be integral to all master plans and development briefs for the city.

7.9.5 Local authorities also have an important influence over whether planning applications for new developments prioritise the need for people to be physically active as part of their daily life. Public Health England recognise that people are more likely to walk and cycle if there are destinations (such as shops, schools and employment) within walking and cycling distance. Joint Strategic Needs Assessments (JSNAs), joint health and wellbeing strategies, and other local strategies also present opportunities to consider the roles of walking and cycling. These opportunities all present numerous potential benefits for policy areas such as air quality, community safety, social inclusion, road safety, and public health.

7.9.6 The JSNA around increasing and improving physical activity is currently being refreshed but it is clear that Sunderland through a variety of initiatives, including Change4Life, LAF Programmes, Active Sunderland and school sports, want to encourage young people to be more active and importantly enjoy the sports and physical activity they undertake. It can help develop a healthy lifestyle approach and encourage more young people and their families to become more active as sports skills are developed. In speaking with Professor Kelly, Director of the Centre of Public Health (NICE), it was acknowledged how important the local environment was to encouraging sport and physical activity through the accessibility of sports, physical activities, green spaces, and facilities. It was noted that across the city there were a

range of partners and established sports clubs contributing to sport and physical activity opportunities for residents of the city.

Healthy Food Choices

*'The increase in fast food outlets will be a contributory factor in the growth of the obesogenic environment.'*⁴

- 7.9.7 Improving the quality of the food environment, and in particular around schools, has the potential to influence families and children's food-purchasing habits, possibly influencing future diets. Action on the food environment is supported by the NICE public health guidance, 'Prevention of Cardiovascular Disease'. In this NICE recommends encouraging planning authorities "to restrict planning permission for takeaways and other food retail outlets in specific areas (for example, within walking distance of schools)".
- 7.9.8 The National Planning Policy Framework (NPPF) makes it the duty of local planning authorities (LPAs) to promote healthy communities. Local plans should "take account of and support local strategies to improve health, social and cultural wellbeing for all".
- 7.9.9 There has been extensive media coverage of a number of local authorities looking to use planning to restrict hot food takeaways as a way of tackling the levels of obesity in both young people and the adult population. A number of LPAs have such policies or draft policies to do just this. As would be expected these are urban authorities with high levels of deprivation. In a review conducted by LGiU (Local Government Information Unit) it was found that 15 councils had supplementary planning documents (SPDs) that focused on hot food takeaways or had a wider SPD on retail, shopping and town centre activities.

CASE STUDY

Takeaways near schools in Salford could be banned from selling "hot food over the counter" before 17:00 to encourage children to eat healthily. The ban would affect new outlets opened within 400m (1,300ft) of a school.

The Draft Planning Policy has been out for consultation and recommends that no over the counter hot food sales are conducted before 5pm from fast food outlets. The consultation, despite widespread media coverage, only received 22 responses of which 7/8 were specific objections to either restricting people's choice or business.

This potential planning restriction could not be implemented retrospectively and would apply only to future take away outlets. There is also an issue around the classification of such premises and this would not cover newsagents, mini-supermarkets, garages and bakeries all of which can provide hot food of a similar nature.

Also in speaking with Salford City Council officers it was highlighted that if the restriction was subject to an appeal an independent appeal board could take a very different view and this could jeopardise the enforcement of the policy.

Salford City Council

- 7.9.10 restricting access to hot food takeaways through some form of exclusion zone to designated areas or imposing specific opening time restrictions on new premises. Local concerns can also play a factor through potential increases in anti-social behaviour, late night noise, litter and crime. An overconcentration of fast food outlets can also affect a local environment and remove the diverse mixture of shops

⁴ Takeaways Toolkit: Greater London Authority. November 2012

that can create a vibrant high street and encourage young people and families to invest both physically (through walking to the shops) and financially.

Local Authority	No. of Fast Food Outlets	Population at 2010	Crude rate per 100,000 population
Darlington	105	100,843	104
Durham	397	510,804	78
Gateshead	185	191,690	97
Hartlepool	105	91,304	115
Middlesbrough	140	142,370	98
Newcastle	274	292,179	94
North Tyneside	167	198,478	84
Northumberland	220	311,991	71
Redcar & Cleveland	113	137,398	82
South Tyneside	120	153,670	78
Stockton	159	192,389	83
Sunderland	251	283,509	89

Figure 4: The Prevalence of Fast Food Outlets in the North East
Source: Public Health England

7.9.11 It is also worth considering that a number of authorities have had their planning decisions challenged through the appeals process. While some of these appeals have been successful many have also been rejected. The common challenge being the lack of direct evidence to link takeaway proximity with health outcomes, in many cases the existence of an exclusion zone may be a consideration in an appeal, but the decisions are very often made on other planning grounds.

CASE STUDY

Sandwell Council adopted an SPD for hot food takeaways in 2012, which included a 400m buffer near schools. In one appeal, it was noted that as there was little support from the school affected and little secondary evidence, the application was approved. Council officers reported that they have subsequently made efforts to work more closely with public health colleagues and to engage with schools on the issue.

All subsequent appeals that have gone to the Planning Inspectorate have been dismissed, so the SPD appears to have been effective.

Sandwell Council

Source: Healthy People, Healthy Lives Briefing. Public Health England. November 2013

7.9.12 Public Health England advocates that health professionals concerned with the rise and proliferation of fast food outlets should look to local councillors and lead officers to act as champions over the issue and liaise with planning officers. There is also the opportunity to set up Health Impact Assessment (HIA) training for public health and planning teams with the ultimate aim of looking at the practicalities and process for incorporating HIAs into the planning process.

7.9.13 The fact still remains that, at present, there is a lack of an evidence base to support any causal links between fast food outlets and obesity and this puts LPAs in a much weaker position if and when challenges arise. In conversation with Professor Kelly, the Panel were aware that NICE has called upon local authorities to use their existing powers in order to control the number of takeaways and other food outlets in an area, particularly near schools. Professor Kelly also highlighted the importance of developing local practices within a multi-agency field of diet, physical activity and environment to influence strategies that help people to change. NICE are very keen to urge local authorities to engage with local communities to identify the environmental barriers, and improve access to healthy eating.

Lifestyle & Social Pressures

- 7.9.14 UK culture often stigmatises the overweight and obese and this is reinforced by the fashion industry and media, impacting on the psychological well-being of children. This can manifest itself in low self-esteem, low self-confidence and can often lead to bullying issues which may result in comfort eating. It is at this point that the problem becomes circular often developing into a downward spiral. However, as already highlighted the causes of obesity are extremely complex and include numerous factors including genetics, lifestyle, environment, culture and economics.
- 7.9.15 Added to this is the fact that over the last two decades there have been significant changes to the way in which we live our lives, and these have impacted on children and young people. Technological advancements have changed the way children play and spend their free time. Children play video games, surf the internet and use social media and mobile phones on an ever increasing basis, all of which are very sedentary functions. Parents are also more inclined to drive their child to places and may be anxious if their child is playing out, often out of genuine concern from all too frequent incidents reported in the media. Eating habits have changed too. Children tend to graze by repeatedly snacking and eating and drinking more high energy, calorie laden foods but fail to use up the energy or calories they consume due to lack of physical activity.
- 7.9.16 In speaking with young people Members discovered just how brand conscious, in relation to food and drink, young people really are. Members asked a number of young people to recognise food and drink products and restaurant chains only from their logo. It was interesting to see that the young people recognised the brands very easily and this illustrated the power of advertising on creating brand awareness in young people. This was reinforced by Professor Kelly who reported that the commercial sector has much better understanding of communities and its demographic customer base and reacts better to changes in local populations or trends. The retail food sector is no different and is able to tailor their offer to the needs of specific areas and it is a strategy that is very well developed.

8 Conclusions

The Panel made the following overall conclusions:-

- 8.1 Obesity is now being referred to as a ticking time bomb so critical is the situation. The World Health Organisation calls it a global epidemic with over one billion adults overweight. Perhaps more concerning is that childhood obesity is also reaching epidemic proportions with 17.6 million children under 5 estimated to be overweight worldwide. The problem is global and accounts for 2-6 per cent of total health care costs in several developed countries and the true costs are far greater when obesity-related conditions are included. These stark figures are clearly not lost on the UK government with a raft of policies and strategies focusing on and driving for improvements to these extremely important issues.
- 8.2 Change4Life is an important campaign which provides a multimedia marketing approach that helps to raise awareness to the lifestyle issues associated with obesity and has had a positive impact on recruiting families to sign up to the campaign nationally. Change4life has had a tremendous impact but how do we know that families in need of help are the ones signing up to the campaign? Other than parents, school is the one place of fundamental influence on children's habits including eating and physical activity programmes. Therefore by promoting

change4life and its various sub-brands in school provides children and families with the information to start to make changes in their lifestyles and be able to recognise change4life logos on healthy products.

- 8.3 The Sunderland children's weight management service, known locally as the LAF Programme, which includes community based programmes and a hospital based clinician led programme are well established and continue to deliver very positive outcomes for those involved. The instigation of self-referral routes to the programme has helped to make access for young people and families much easier. However it still remains a concern that many families do not recognise or deny any problems and fail to engage with the LAF Programme. The team use a variety of methods to improve referrals and the development of links with schools through the Change4Life initiative may help to encourage families to seek further support once engaged. The greater shift toward family focused provision could also help, and its virtues were well illustrated by the family interviewed by the Panel. This could be delivered as part of the integrated wellness service model.
- 8.4 The paucity of research around child obesity is recognised by NICE and organisations are only just beginning to gather data and develop research. To this end NICE have recently published guidance which is aimed at local commissioners, the NHS and providers of community-based services that take a lifestyle approach to tackling overweight or obesity in young people. It also goes to highlight the importance of the National Childhood Measurement Programme (NCMP) as a vehicle for collecting data and is an important scheme that provides evidence to help develop and target interventions. The interrogation of this and other data could also help to identify localities and population groups that are of greatest need. The NCMP could also provide the impetus to follow-up on those individuals who opt out of the measurement programme and also those identified as overweight or obese. The continued use of the NCMP will increase the evidence base available to the local authority and health partners and continue to develop a picture of Sunderland leading to the identification of trends and patterns which could assist the future development of intervention programmes.
- 8.5 Schools look set to be a key battleground for health professionals and policy makers in the fight to improve children's diet. The School Food Plan supports important reforms, from September 2014, to promote the provision and take up of healthy school food and the banning of packed lunches. As the Panel's research confirms the drive to implement such radical changes lies with the management structure within each school and ultimately the headteacher. Many schools canvassed are acutely aware of the importance of a healthy meal at school but also of the practicalities of policing children's lunches, and it is often difficult for schools to prioritise obesity as an issue. Schools do look to address the issue through specific focus on curriculum work, school meal policies, nutrition and physical activity guidelines, lunchtime pupil management, work with parents, out of hours provision. This is most effective when recognised as part of a more comprehensive strategy.
- 8.6 The School Food Plan has many positive recommendations and in speaking with a number of young people highlighted a number of interesting factors that could further contribute to its success. To be truly effective perhaps young people need a greater involvement and understanding over food choices and their eating environment to ensure that the school meal offer is as attractive as it can be to young people. It will be of interest to review the impact of the School Food Plan on schools following the introduction of reforms in September 2014.

- 8.7 Community focused interventions look to support families and young people to develop their skills around cooking, nutrition and other healthy lifestyle choices. A number of area committees are aiding the drive to tackle obesity issues through supporting a number of community based projects that aim to promote and develop family skills around cooking, physical activity and healthy lifestyle choices. These are positive steps and can help develop that whole family approach and also provide the spur that some families may need to take further support through access to more intensive support provided by Sunderland LAF programmes.
- 8.8 Evidence also demonstrates that efforts to tackle the rise in childhood obesity should focus on prevention (universally for all children) and treatment (children overweight and obese). However, more intensive efforts could be targeted at those at particular risk of obesity (for example, children with parents who are obese or those in less affluent areas) and using a combination of approaches may be beneficial since this may help ensure the appropriate intensity needed for the population at large, and for those experiencing specific risk factors.
- 8.9 The Stay and Bake Courses have received positive feedback from many of the participants and the establishment of cookery courses for families on a budget are initiatives that are being used or developed in many community and school settings which again support the whole family approach. The ability of such courses to also provide additional information around many other healthy lifestyle issues including oral hygiene, debt management etc. only helps to strengthen the support available. Again it will be important to review these programmes and look to measure the outcomes in terms of the difference these courses can make to families lifestyle and the choices they make.
- 8.10 The increased reliance on the car over the last fifty years has contributed to the decline in people walking and cycling. This steady decline mirrors the increase in the proportion of inactive, overweight and obese people within the population. Public Health England recognises that US research has indicated that each additional kilometre walked per day is associated with a 4.8 per cent reduction in the likelihood of obesity; conversely each additional hour spent in a car per day increases the likelihood of obesity by 6 per cent. In looking to boost active travel local authorities can provide a cost-effective investment to tackle obesity and support the active transport components within local transport plans. As well as supporting evidence based guidance from NICE and the Association of Directors of Public Health. Active initiatives like the Sunderland Big Bike also helps to promote active travel and the local transport plan and JSNA both set out clear priorities and objectives for developing and supporting active travel locally and regionally.
- 8.11 Fried chicken, beef burgers, pizza, kebabs the list of fast food options goes on and on and is almost as endless as the number of outlets that seem to flourish in town and city centres. The vibrancy of the local environment, brought about by a mixture of retail outlets on the high street, is in danger of being lost or overwhelmed by fast food takeaways, money lending shops and licensed betting offices. Increasingly local authorities are looking to planning policy to prohibit or restrict fast food takeaways and promote healthy communities. There are of course issues with this and gathering evidence that directly links takeaway proximity with health outcomes remains difficult. However this should not deter from the opportunity for both planning and public health teams to explore the practicalities of health impact assessments within the planning process in relation to fast food takeaways.

8.12 The way young people and families play, interact and eat has changed in line with modern fast paced lifestyles and the traditional physical activities associated with play have often been replaced by more hi-tech sedentary pastimes. There is no doubt that the rise in obesity and child obesity is at the forefront of global, national and regional policy makers as the issue has no signs of declining. The importance of focusing on prevention and treatment with families is crucial and through developing robust evidence bases, demonstrated by the NCMP, policy makers can look to targeted interventions. However the impact of interventions will need to be monitored closely, and as the evidence grows policy makers and service designers will need to determine those interventions that prove most effective in the battle against obesity.

9 Recommendations

9.1 The Children's Services Scrutiny Panel has taken evidence from a variety of sources to assist in the formulation of a balanced range of recommendations. The Panel's key recommendations are as outlined below:-

- (a) That Public Health Strategy looks to monitor the implementation and impact of the School Food Plan reforms on local schools and that this is complemented by an enquiry to the Secretary of State for Education as to how this will be undertaken at a national level;
- (b) That Public Health and Planning teams within the local authority look to conduct joint training sessions related to Health Impact Assessments (HIA) considering the practicalities to incorporating HIAs within the planning process;
- (c) That data gathered from the National Childhood Measurement Programme (NCMP) along with intelligence gathered from the impact of other obesity and lifestyle programmes, including LAF Programmes and community based or led services across Sunderland, is utilised to model and target intervention resources effectively;
- (d) That Public Health Strategy explore and consider ensuring that key policy documents including the Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy, other local needs assessments and strategies, and where appropriate local area committees and frontline councillors consider and take into account realistic opportunities to increase active travel.

10. Acknowledgements

10.1 The Committee is grateful to all those who have presented evidence during the course of our review. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:-

- (a) Nonnie Crawford – Director of Public Health;
- (b) Lorraine Hughes – Public Health Lead;
- (c) Victoria French – Assistant Head of Community Services;
- (d) Tracy Webb – Senior Specialist Dietician – Sunderland Hospitals;
- (e) Dan Hattle – Planning Implementation Technical Manager;
- (f) Professor Mike Kelly – Director of the Centre of Public Health (NICE);

- (g) Simon Marshall – Headteacher Highfield Community Primary School;
- (h) Christine Bulmer – Wellness Programme Manager;
- (i) Felicity White - Head of Nutrition & Dietetics;
- (j) Stay and Bake Participants;
- (k) Staff and Pupils from Thornhill School;
- (l) LAF Programme Participants and Families.

11. Background Papers

11.1 The following background papers were consulted or referred to in the preparation of this report:

- (a) Obesity and the environment: increasing physical activity and active travel. Public Health England. 2013;
- (b) Obesity and the environment: regulating the growth of fast food outlets. Public Health England. 2013;
- (c) Healthy Lives, Healthy People: A call to action on obesity in England. Department of Health. 2011;
- (d) Healthy People, Healthy Lives Briefing. Public Health England. November 2013;
- (e) Change4Life: Three Year Social Marketing Strategy. Department of Health. 2011;
- (f) Obesity: working with local communities. National Institute for Health and Clinical Excellence. 2012;
- (g) Obesity, hot food takeaways and planning: Salford and beyond. Local Government Information Unit. 2013;
- (h) The School Food Plan. Henry Dimbleby and John Vincent. 2013;
- (i) The views of young people in the UK about obesity, body size, shape and weight: A systematic review. University of London. 2013; and
- (j) Sunderland Lifestyle, Activity and Food (LAF) Programme and Specialist Childhood Weight Management Service: Annual Report. Sunderland City Council. 2013.