



**Children and Families Overview and
Scrutiny Committee**
4th February 2009

**Report from the Director of Children
and Families**

For Information

Wards Affected:
ALL

Reducing Childhood Obesity

1.0 Summary

- 1.1 This report provides information about Childhood Obesity from a national and local perspective, outlining its dramatic increase in recent years and detailing the socio-economic, health and financial consequences of this increase both now and in the future. It should be noted that Brent currently has higher levels of overweight and obese children than the national averages.
- 1.2 Tackling childhood obesity is a national government priority, the National obesity strategy *Healthy Weight, Healthy Lives: A cross government strategy for England (1)*, set out the first steps towards meeting the challenge and aims: “to be the first major country to reverse the tide of overweight and obesity in the population, our initial focus will be on children; by 2020 we aim to reduce the proportion of overweight and obese children to 2000 levels”. In order to achieve this ambition, Primary Care Trusts and Local Authorities are expected to engage and empower their communities to lead healthier lifestyles.
- 1.3 This report provides details regarding the Council’s joint strategy with NHS Brent to reduce and prevent further increased in childhood obesity.

2.0 Recommendations

- 2.1 Members are requested to note the serious consequences of the local obesity epidemic, and be aware that reversing the trend poses significant challenges affecting every area of service provision. No country in the world has yet succeeded in reversing the obesity trend. Its causes are both complex and multifaceted and therefore the solutions must be robust and innovative to engage society at all levels - national, local and individual.

- 2.2. Support is required to ensure that consistent and robust health promotion policies and practices are reflected across the council and that the profile of the growing epidemic continues to be raised locally.

3.0 Detail

Childhood Obesity – Background

- 3.1 Childhood obesity is a complex public health issue that is a growing threat to children's health, as well as a current and future drain on both National Health Service (NHS) and Local Government resources. It is estimated that obesity already costs the NHS directly about £1 billion per year and the UK economy a further £2.3 to £2.6 billion indirectly. It has been estimated that, if the current trend continues, the economic implications will increase to £49.9 billion by 2050 (2).
- 3.2 For Brent, it is calculated that the current cost of treating diseases related to overweight and obesity is 83 million per annum and this is predicted to rise to 92.2 million per annum by 2015 (3).
- 3.3 Overweight and obesity significantly increase the risk of type two diabetes, insulin resistance, gallbladder disease, dyslipidemia (blood fat disorder) and sleep apnoea whilst it moderately increases the risk of coronary heart disease and stroke, osteoarthritis, gout, high blood pressure, metabolic syndrome, psychological factors, fertility and cancer. Children are particularly susceptible to psychological problems such as poor self-esteem, being perceived as unattractive, depression, bullying, disordered eating and bulimia. The most important long-term consequence of childhood obesity is its persistence into adulthood and the early appearance of obesity related disorders that normally appear in middle-age such as type two diabetes and hypertension.
- 3.4 In the UK obesity reduces life expectancy on average by 11 years and is responsible for 9,000 premature deaths a year (3).

4.0 National Context

- 4.1 Tackling overweight and obesity is a national government priority. The Department of Health is responsible for the overall ambition on healthy weight and is jointly responsible with the Department for Children, Schools, and Families for delivering the Public Service Agreement (PSA) on Child Health. PSA 12 is designed to improve the health and wellbeing of children and young people under 11; Indicator 3 within PSA 12 is specific to reducing levels of childhood obesity. In addition, within the Local Area Agreement (LAA) National Indicator set (NIs) there are two indicators specifically on childhood obesity (NI 55/56) and several further ones pertaining to healthier lifestyles E.g. Participation in Sport (NI 57) and Take-up of school meals (NI 52). Brent is one of 126 local areas that have chosen a childhood obesity indicator (NI 56) as one of their designated targets for 2011.
- 4.2 Locally, NHS Brent's World Class Commissioning initiative 'Giving Children and Young People the best start in life' set's ambitious objectives around childhood obesity prevention and treatment in Brent.
- 4.3 Despite heightened local and worldwide interest in preventing obesity in childhood, no country has yet achieved a reduction in its prevalence. But whilst the evidence base for the effectiveness to combat childhood obesity were once considered very weak, more recent

studies are now showing evidence of effectiveness in both the prevention and treatment of childhood obesity.

4.4 The MEND programme (Mind, Exercise, Nutrition, Do it!) is a family-based behavioural programme for treating childhood obesity over 10 weeks, it includes dietary, exercise and psychological components and is one of the only interventions shown to reduce childhood obesity through a randomised controlled trial (RCT). The key to its success is an integrated approach, combining all of the elements known to treat obesity effectively and ensure sustained results. It has been adopted by 16 London Boroughs, many of which have now been running the programme successfully for several years.

4.5 Guidance is available on tackling childhood obesity from the National Institute of Health and Clinical Excellence (NICE) , the National Heart Forum, the Department of Health and the DCSF . The recent publication, *Healthy Weight, Healthy lives: Guidance for Local Areas* (March 2008) and the subsequent accompanying toolkit (Oct 2008) outlines strategies for tackling childhood obesity locally within PCTs and Local Authorities.

5.0 Local Context

5.1 The National Child Measurement Programme (NCMP) was introduced in 2005/2006 and involves the weighing and measuring of all children in the UK in Reception and Year 6. As can be seen in Table 1, the data from the 06/07 NCMP process shows that in Brent 10.6% of reception children are obese compared to a National figure of 9.9% whilst in Year 6 the prevalence of obese children jumps to 22.1% in Brent compared to 17.5% nationally. If we combine the overweight and obese children in Reception the figure is 21.6% and in Year 6 it is 36.9% or over one third of Brent children. These are startling figures and reinforce the government’s statement that the UK is experiencing an obesity epidemic.

Table 1:

Year	Overweight	Obese	Total
Brent Reception (Age 4/5)	11.0%	10.6%	21.6%
UK Reception	13.0%	9.9%	22.9%
Brent Year 6 (Age 10/11)	14.8%	22.1%	36.9%
UK Year 6	14.2%	17.5%	31.7%

5.2 It has been estimated that the prevalence of childhood obesity (not including children who are overweight) is increasing at a rate of 0.5% nationally. If nothing is done to address childhood obesity in Brent we can expect prevalence to follow the trajectory in Table 2 below. The shaded trajectory is what we have set out to achieve over the next three years through our Change4Life Child Health Programme.

Table 2:

	Baseline Obesity prevalence (from 06/07 NCMP)		08/09	09/10	10/11
Reception Year	Brent = 10.6% (UK = 9.9%)	National 0.5% increase i.e. no intervention	11.1%	11.6%	12.1%
		Brent Child Health Programme target trajectory	10.7%	10.8%	10.9%
Year 6	Brent = 22.1% (UK = 17.5%)	National 0.5% increase i.e. no intervention	22.6%	23.1%	23.6%
		Brent Child Health Programme target trajectory	22.1%	22.1%	22.0%

[NB: Please note these figures are for obesity only and do not include overweight children]

6.0 Brent Change4Life Child Health Programme

6.1 A joint NHS Brent and Brent Council funded programme to tackle childhood obesity commenced in September 2008. This programme aligns with national guidance about evidence based interventions e.g. NICE, and offers multi-component preventative and treatment interventions. The joint objective of the programme is to:

‘slow the year-on-year rise in the prevalence of obesity in reception age children to 10.9% by 2010/11 (National Indicator 55), and reduce the prevalence of obesity in Year 6 children to 22.0% by 2010/11’ (National Indicator 56) through a combination of preventative and treatment initiatives’

6.2 This programme is currently funded until 2011 and it is intended that this project be considered as part of the broader strategy to tackle obesity in both the early years (under fives) and the adult population as part of the Joint Health and Wellbeing Strategy. Strong links with partners such as the Healthy Schools Programme, the Sports Service, Extended Services, School Nursing and Public Health have been developed and utilised as key methods of delivery for the programme. Brent’s programme links closely with the NHS Brent Nutrition and Dietetics department who are undertaking a project to improve children’s nutritional status in all Children’s Centres in Brent.

The programme has set four overarching objectives which are outlined in Table 3 below:

Table 3:

Overarching Objectives	Key Performance Indicator (Annual)
1. Increase the provision and consumption of healthier food and drinks in Brent Schools and children’s centre’s	Percentage of schools meeting the mandatory government school meal standards: a) Food Based Standards (FBS) b) Food other than lunch (FOTL) c) Nutrient Based Standards (NBS)
2. Increase the consumption of healthier food and drinks by pupils and families in the home environment.	Numbers of parents and carers attending workshops
3. Increase exercise participation rates through promoting, encouraging and signposting pupils and families to the activities offered in Brent.	Number of children attending activity sessions in the borough

4. Pilot and embed a sustainable model for tackling obesity that can be used for other groups (e.g. early years with mini-MEND)	Number of MEND programmes delivered and the model possibly being used in other groups to tackle obesity
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7.0 Progress to date

The programme commenced on September 2008. Headway has been made on all of the above objectives. Key milestones achieved include:

- 7.1 The MEND programme has been purchased and staff have been employed and trained to deliver it. Two programmes were delivered in 2008 with positive results. Full results from the second programme (completed in December 08) are pending but the first programme demonstrated good results in BMI, fitness and psychological factors. Through a successful marketing campaign we have recruited a number of new families onto the programme and have a waiting list for this year. To meet demand we are doubling delivery and running two programmes in spring term and two in summer term 2009.
- 7.2 Staff INSETS to increase childhood obesity awareness and capacity are being scheduled and delivered in schools. Feedback on these has been very positive with staff being interested in further sessions and taking what they are learning back to lessons in the classroom.
- 7.3 Three catering training sessions are planned for this school year (08/09), the first of these has been delivered and was well attended with positive feedback and practical ideas to take back to school dining rooms to improve nutritional intake and increase the uptake of the healthier meals.
- 7.4 Through collaboration with the Department of Health’s Public Health Team, we are delivering obesity awareness and management training to Brent’s health professionals and others in the borough working with children and families, over three training days to be held in January and February 09.
- 7.5 A cookery programme for parents of year 5 and 6 pupils in four Brent schools has been commissioned to start in January 2009. The aim of this programme is to teach parents simple, healthy and budget conscious recipes over a 6 week period on site at the school.
- 7.6 Recruitment of a full time School Meals Support Officer is underway. This post will have a responsibility for ensuring schools are supported to meet the governments school food standards and to continue the implementation of strategies to improve school meal uptake across Brent.
- 7.7 In conjunction with NHS Brent’s Public Health Team, analysis is underway to determine the schools and localities in Brent which have the highest levels of obesity in order to ensure obesity interventions are effectively targeted.
- 7.8 Nationally, a new marketing campaign entitled Change4Life is to commence in the New Year to support both local strategies and individuals in making healthier choices. Brent’s programme has begun using the name and logo to align with this programme and we welcome the National support.

8.0 Challenges

8.1 Although our programme is evidence based and includes both preventative (universal) and treatment (targeted) interventions, tackling and reducing childhood obesity is something no country or city in the world has yet achieved. In this context, the targets for Brent are both aspirational and challenging. We are working with partners to build capacity and raise awareness through training, but we need to influence borough wide policies and work more collaboratively with both internal and external partners to have any strong impact on prevalence. This might include working with other areas in the council to incorporate tackling obesity into policies on housing, green spaces, sporting facilities, marketing and reducing the availability of junk food on the high street. Influencing policy takes time and additionally it must be remembered that a number of our interventions are solely preventative and therefore changes, such as improving school food provision, may take years to manifest as reduced obesity levels and improved health outcomes.

8.2 The Brent MEND programme targets overweight children between the ages of seven and thirteen, whilst our Children's Centre nutrition programme covers children from birth to age five. Whilst all children in Brent schools and children's centres will receive the universal provision we have identified a treatment gap for children aged five to seven which we are working to rectify through the development of a pilot programme which will be delivered using local health trainers from Brent.

9.0 Background Papers

The Childhood Obesity Business Case

10.0 References

1. Cross- government Obesity Unit, Department of Health, DCFS. Healthy Weight Healthy Lives: A cross-government strategy for England. London: DH and DCFS; 2008
2. Foresight (2007) Tackling Obesities: Future Choices
3. Healthy Weight, Healthy Lives: A toolkit for developing local strategies. DH and DCFS; 2008

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