A weighty issue.
A review of childhood obesity in Buckinghamshire
A foreword from the Chairman of the Public Health Overview and Scrutiny Committee

‘If we carry on as we are, 90% of today’s children could be overweight or obese by 2050’

This shocking statement from the Department of Health emphasises the need to tackle the obesity problem we face nationally and highlights obesity as one of the biggest public health challenges. The House of Commons Health Select Committee recently concluded that “unless serious action is taken to mitigate the rise of obesity in our children, this will be the first generation where children die before their parents.”

Overweight children can suffer both physically and emotionally. Their size can cause problems such as lack of self esteem, they can be victims of bullying and may under-achieve at school. Additionally their health outlook is bleak. Over half of obese children grow up to be obese adults and the risk of cancer, heart disease, stroke and early onset diabetes is significantly increased.

The causes of obesity are many and complex. We live in a society that encourages obesity but it is of course impossible to isolate children from the environment they live in. However, the good news is that not only is childhood obesity treatable, it is preventable. As this review has progressed the Members of the committee have seen that there is no short term ‘fix’ for obesity and that a reversal of the current trend will take many years to achieve. This will involve cultural and behavioral change both from society as a whole and individuals.

There have been many national guidelines providing direction for local delivery of health initiatives to tackle obesity. The committee welcomes the recent launch of Change4 Life, a national campaign bringing together a coalition of partners with the shared aims of improving children’s diets and levels of activity so reducing the threat to their future health. We are already seeing publicity about this initiative in place across the county.

Locally this review has discovered that a great deal of excellent work is happening throughout Buckinghamshire. Many of our recommendations focus on sustaining this work, building on these firm foundations and ensuring there is an equitable balance of provision across the county. This requires focussed leadership from organisations and individuals to continue to strengthen partnership working to provide solutions for just over a quarter of our eleven year old children who are already overweight or obese and to minimise the underlying causes.

The wide reaching nature of this review and time limitations have inevitably meant that the committee was not able to talk to all the organisations and individuals that are making valuable contributions to tackling this issue. On behalf of the committee I would like to express my thanks to all contributors who generously gave their time, provided honest and candid responses and showed tremendous commitment towards their work in this complex area. We look forward to seeing the progression of the recommendations over the coming months. Finally, I would like to thank all members of the committee for their hard work and commitment demonstrated during the course of this review.

Mike Appleyard: Chairman Public Health Overview and Scrutiny Committee
Executive Summary
This report details the findings and recommendations of a review by the Buckinghamshire Public Health Services Overview and Scrutiny Committee (OSC) into childhood obesity in Buckinghamshire.

The review aimed to
- understand the prevalence of childhood obesity in the county
- explore the impact of the implementation of national and local initiatives
- make recommendations recognising good practice and suggesting areas for development.

(Appendix 1 Scoping paper)

During the latter half of 2008, the committee interviewed a number of professionals from a wide range of health, local authority services, independent providers, parents and young people. Background research was conducted using nationally and locally available documents.

In Buckinghamshire whilst the figures for childhood obesity fall slightly below the national average, the facts are that a quarter of children at age ten to eleven are either overweight or obese. Reliable local data for children above the age of eleven is not available but it is thought possible that these numbers may increase in teenagers.

Local Area Agreements (LAA) across the country reflect the importance of this issue with 122 out of 150 local authorities having included the obesity target in their LAA. Buckinghamshire is no exception and has included the indicator NI56 focusing on reducing obesity levels in children aged ten to eleven in its new LAA. This indicator is also included in the Children and Young People’s plan together with NI55 targeting obesity among primary school age children in Reception Year.

The committee acknowledges the fact that a significant number of service areas and agencies impact on reducing obesity and that it makes sense to work closely to use resources efficiently to achieve effective outcomes. Partners include parents, schools, health workers planning and transportation departments at local authorities and many more. This review highlights the important part everyone has to play and recommendations will return to the importance of improving co-ordination of effort and resource to achieve this shared goal.

As the review progressed the complexity and potential breadth of the work became increasingly apparent. The committee acknowledges that capacity and time limitations necessarily restricted members from looking in depth at all areas it would have liked, particularly the wider societal issues that impact on behaviour such as the influence of advertising, the growth of computer and digital gaming and the rise in consumption of fast food.

Additionally members have been alerted to a number of areas that could achieve reductions on the obesity situation in the county. One of these is the development of workforce health plans amongst major employers within the county. A second area is the provision of community play
areas and leisure facilities. These are areas that members of the committee would like to look at in greater depth as a separate piece of future work.

Obesity is an issue that could absorb limitless resource and in the current economic climate and in light of local financial constraints, the committee was encouraged by evidence pointing to the allocation of resource being used to target communities in areas of deprivation.

At all times the Committee dealt sensitively with the issues and ensured that all contributors were fully briefed on the nature of the work and how their evidence would be used.

Recommendations emerging from this review fall into the following broad areas:

1. **Data collection:** The importance of robust, accurate and current data shared across partner organisations, is essential to ensure activity is appropriately targeted. Continued efforts should be made to build on the current bank of data encouraging parents not to withdraw children from national weighing and measuring programmes. (paragraphs 16 - 24)

2. **Partnership working, joining up initiatives and co-ordinating effort:** The co-ordination of partnership activity through a strongly led working group is vital to ensure cost efficiency, lack of duplication and the sustainability and progression of current work streams. Alternative groups for consideration are the existing Children and Young People’s Trust Delivery Group or a group formed from the lead partners contributing to the LAA indicator 56. (paragraphs 25 - 27)

3. **Care provision:** A review of the provision of local services for families across the county is required to ensure accessibility and equity of balance (paragraphs 28 - 39)

4. **Nutrition:** The delivery and uptake of school meal provision is supported in all schools that express a sustainable demand, with resources targeted towards the most disadvantaged areas (paragraphs 40 - 65)

5. **Physical activity:** Clear plans need to be put in place to target the 20% of young people who do not participate in physical activity (paragraphs 66 - 81)

6. **Healthy Schools:** The current strengths of the Healthy Schools programme are supported and enhanced by enthusiasts such as Governor Champions and peer supporters. (paragraphs 82 - 90)

7. **Parental and Carers influence and involvement.** It is important that activities that will influence family lifestyles continue to be provided through a variety of channels (paragraphs 91 - 99)

8. **Provision of information and signposting:** Consistent health messages and information is provided in locations where the public expects to find them (paragraphs 100 - 113)

The detail in the body of the report will suggest actions that might be implemented in order to progress these broad recommendations effectively.

The committee is mindful of the potential impact of its recommendations on resources, but believes that many of the recommendations can be progressed by existing groups and structures, building in many instances on current work in progress and good practice. However members are clear that the establishment of an LAA steering group to ensure that this complex issue is effectively managed and co-ordinated would be extremely helpful.
Recommendations by organisation
This review covers many partners and the agreement and implementation of the recommendations would not sit with one organisation. Therefore the report will be presented to three key decision making bodies; The Buckinghamshire County Council Cabinet, The Primary Care Trust Board and the Children and Young People’s Trust Board.

Recommendations for Buckinghamshire County Council Cabinet

1. Data collection, monitoring and sharing
   i) Schools and parents are encouraged to take part in the National Child Measurement Programme
   ii) iii) and iv) for the Primary Care Trust

2. Partnership working
   For the Children and Young People’s Partnership Trust Board

3. Care provision
   For the Primary Care Trust

4. Nutrition
   i) Maintain ongoing support for the provision of hot school meals by developing a highly visible support service that is easily accessible to all schools within available resources
   ii) Roll out the provision of cooking hubs across the county
   iii) Ensure schools with large numbers of black and ethnic minority students are provided with school meal forms in their own language
   iv) Introduce cashless systems where feasible
   v) for CYPP
   vi) Encourage schools to adopt a stay on site policy to encourage pupils to eat healthier lunches on the school premises.
   vii) Encourage schools to monitor wastage of school meals to ensure children are eating the recommended nutritional balance at lunchtimes

5. Physical Activity
   i) Promote support through youth centres and the Healthy Living Centre to sustain current activity programmes targeted to non-participating young people in areas of deprivation.

6. Healthy Schools
   i) Encourage schools to identify a ‘healthy lifestyles’ champion at every school to raise the profile and provide added impetus to the Healthy Schools agenda
   ii) Encourage the peer involvement approach in schools

7. Parental and Carers influence and involvement
   (ii) Phase in the introduction of Health Exercise and Nutrition for the Really Young (HENRY) or a similar programme in Children’s Centres within available resources

8. Provision of information and signposting
   i) and ii) for the Children and Young People’s Trust Board
**Recommendations for Buckinghamshire Primary Care Trust**

1. **Data collection, monitoring and sharing**
   - ii) Ensure parents, head teachers and primary care are provided with NCMP information in line with national guidance.
   - iii) The PCT and Practice Based Commissioners agree a plan to assess local needs for obesity services informed by available local data
   - iv) Consider setting up a pilot for data collection in secondary schools

2. **Partnership working**
   For the Children and Young People’s Trust Board

3. **Care provision**
   - i) The Transition Stakeholder Involvement Group led by the PCT conducts a thorough review of Health Visitor and School Nurse provision with particular regard to equity of provision across the county and the need for recruitment for the BME community
   - ii) The PCT clearly communicates and publicises services available for individuals and families with differing weight management requirements
   - iii) The PCT to encourage the GP Collaboratives to support the Counterweight programme with a minimum number of practices targeted to participate (paragraph 37)
   - iv) The PCT encourages, by improved communication throughout the health service, the building of stronger links between health visitors and midwives to ensure early identification of issues and appropriate targeting of families.

4. **Nutrition**
   For Buckinghamshire County Council Cabinet and the Children and Young People’s Trust

5. **Physical Activity**
   - (i) Promote support through youth centres and the Healthy Living Centre to sustain current activity programmes targeted to young people in areas of deprivation.
   - (ii) Encourage GPs to use the exercise referral scheme in participating locations

6. **Healthy Schools**
   For BCC Cabinet and CYP Trust

7. **Parental and Carers influence and involvement**
   - (i) Roll out the Mind Exercise Nutrition Do it! (MEND) or complementary programme, across the county to provide accessibility for families in the north of the county
   - (ii) For BCC Cabinet

8. **Provision of information and signposting**
   - i) and ii) for CYP Trust
**Recommendations for the Children and Young People’s Trust Board**

The Children and Young People’s Trust Board provides the strategic lead on commissioning and funding across services for children and young people including the LAA Children and Young People Block. Therefore it is recommended that the partnership board takes an active interest in the implementation of all recommendations in this report and in particular Recommendation 2

i) Agreement is reached for a strongly led partnership group to oversee countywide activity and the implementation of this report’s recommendations, reporting back to scrutiny with an action plan by October 2009. Alternative groups for consideration are the existing Children and Young People’s Trust Delivery Group or a group formed from the lead partners contributing to the LAA indicator 56
Introduction

What were our reasons for carrying out this review?

1. The issue of childhood obesity was raised with the committee as a major public health issue with the 2008 Peer review encouraging the Overview and Scrutiny Committee to focus on such subjects as a priority.

2. Members were concerned that young people are increasingly suffering from serious illnesses and conditions associated with obesity that may result in a threat to life expectancy to the current generation by up to nine years. Additionally psycho-social issues have been identified as a result of obesity.

3. Childhood obesity has been identified as a priority indicator in Buckinghamshire’s Local Area Agreement 2008 – 2011, (Appendix 2) and the Children and Young People’s Plan prioritises active and healthy lifestyles in line with the first Every Child Matters aim, ‘Be Healthy’.

National Context

4. The Government Office of Science’s Foresight Report makes stark predictions about the rise of obesity. Already costing the National Health Service £4.2 billion a year and with levels trebling since the 1980s experts predict that, left unchecked, overweight and obesity will cost the UK economy £50 billion a year by 2050 with devastating social and health consequences.

5. The national policy context emphasises the necessity to focus effort and investment on halting the rise of childhood obesity. It is included within the National Operating Framework for the NHS and the Local Area Agreement (LAA) National Indicator (NI) set and 122 out of 150 local authorities have included the childhood obesity target in their LAA. Within ‘Healthy Weight, Healthy Lives: A Cross-Government Strategy for England’ the government has set out a programme of work to tackle obesity and promote healthy weight, with an initial focus on children.

6. Current national data reveals that 31% of all children between the ages of 2 and 10 are overweight or obese with an increasing proportion 35.1%, of 11-15 years overweight or obese. (Millennium Cohort Study 2007) The Government targets by 2020 are to have reduced the proportion of overweight and obese children to 2000 levels. At a local level this target is difficult to apply as we have no data from 2000.

Local Context

7. Compared to national figures Buckinghamshire has a lower level of childhood obesity. This is found to be the case for many health indicators, but there is still scope for improvement. The main source of local data is provided by the National Child Measurement Programme (NCMP). This programme weighs and measures children in Reception year age 4 -5 years and also in Year 6 age 10 -11years. Current data shows that nearly 17% of children are overweight or obese at 4 – 5 years of age with the levels of overweight and obese at 10 – 11 years old rising to 26%. (see Figure 1.)

8. Nationally there is a link between higher levels of obesity in children who are more deprived and this also appears to be the case in Buckinghamshire with indications of higher levels of obesity in schools around High Wycombe and Aylesbury. However it must be stressed that obesity by district figures are obscured by small numbers so cannot be used until data is more robust.
Methodology

9. The review was carried out between July 2008 and January 2009 by the full Public Health Overview and Scrutiny Committee with the following membership:

   Mr Mike Appleyard (Chairman)
   Mrs Pauline Wilkinson (Vice Chairman)
   Mrs Margaret Aston
   Mrs Pam Bacon
   Mrs Tricia Birchley
   Mrs Avril Davies
   Mr Robert Woollard
   Sir John Horsbrugh Porter (representing Chiltern District Council)
   Mrs Wendy Mallen (representing Wycombe District Council)
   Mrs Lindsay Rowlands (representing Aylesbury Vale District Council)
   Mrs Maureen Royston (representing South Bucks District Council)

10. The Chairman also invited Mrs Brenda Jennings (Chairman of the Overview and Scrutiny Committee for Children’s Services) to sit on the committee as a co-opted member for the duration of this review.

The stages followed to gather evidence in support of the review were:

- Desktop review of national guidance and research.
- Questionnaires to patients’ panel and school councils.
- Meetings and interviews with officers from a wide range of partnership organisations.
- Meetings with Health professionals.
- Face to face discussions with young people.
- Visits to schools across the county.

Findings

Background

11. Obesity” and being "obese" are words used by doctors to describe a person (adult or child) who is carrying extra weight on their body and that weight is being stored as fat. It is this extra fat that means that an obese person is more likely to suffer health problems than a person who is a healthy weight. Experts acknowledge that poor diet and not enough physical activity is generally the cause of weight gain. Having a tendency to put on weight does run in families. Some people who are overweight are likely to have genes that mean that it is easier for them to put on weight if they live an unhealthy lifestyle. However, if they live a healthier lifestyle it is entirely possible for them to avoid being overweight.

12. The problem of 'labelling' and 'stigmatising', linked issues such as bullying, along with the difficulty in identifying children as overweight, and the challenges relating to parent perception and attitude make targeting activities and resources difficult. This can result in partners taking no action to address the challenge, for fear of these issues.

13. Whilst many studies show that people are aware that being overweight and obese is a problem, recent research by the British Heart Foundation has shown that the majority of Britain’s young people are unaware of the effects of an unhealthy lifestyle with 73% unaware that a shortened life was the worst consequence of eating badly.

14. Data from the ‘Tell Us’ survey that asks a wide range of young people in Buckinghamshire questions related to the 5 Every Child Matters aims, indicated that ‘being healthy’ was the issue young people worried about most (43%) after exams (53%). The survey was encouraging in that it showed that there had been an increase in the numbers of young people eating 5 portions of
fruit or vegetables a day, outperforming the national average. However the response to the question ‘How healthy are you?’ showed a fall in those considering themselves very healthy and an increase in those answering ‘not healthy’. 36% of young people worried about their body versus 32% nationally.

15. From a parental perspective there is growing evidence pointing to a shift in perception of what being overweight looks like; as the number of overweight people increase it becomes more of a norm. During the course of this review health professionals were unanimous in their views that parents often fail to see that their children are overweight, with only one in ten parents with overweight or obese children realising this. Health visitors in Buckinghamshire reported that they have recently been asked by parents if their children are underweight when they are in fact, a perfectly normal weight. Members learned it was particularly important in the early years form 0-5 that parents were made more aware of the impact of obesity.

2. Data collection, monitoring and sharing

16. Crucial to the success of any measure dealing with childhood obesity is accurate and current information. This will ensure that all partners understand the scale of the issue and that activity is appropriately targeted. However, it is not an exact science to determine whether children are overweight, as they are still growing. Gender and age specific Body Mass Index (BMI) weight and stature for age centile charts are used as part of the guidance for this. Health professionals will also take additional factors into account such as waist measurement.

17. The National Child Measurement Programme (NCMP) is the primary source of data to enable local areas to understand the prevalence of childhood obesity in their area. The target set by the Department of Health is for all schools to be participating in the programme. This involves all year Reception (4 – 5 year olds) and Year 6 (10 – 11 year olds) height and weight to be measured in state schools.

**Buckinghamshire NCMP results 2007-2008 school year**

<table>
<thead>
<tr>
<th>PCT Boundary</th>
<th>Year R (4-5 years)</th>
<th>Year 6 (10 – 11 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation</td>
<td>78.2%</td>
<td>83.1%</td>
</tr>
<tr>
<td>Number of children measured</td>
<td>4413</td>
<td>4810</td>
</tr>
<tr>
<td>Overweight</td>
<td>10.3%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Obese</td>
<td>6.3%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Total Overweight and obese</td>
<td>16.6%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Target by 2011</td>
<td>6.7%</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

**Figure 1.**

School participation rates for National Child Measurement Programme 2007/08:
- Participation rate target 85%.
- National participation rate 89% for Reception (+6% year on year)
- National participation rate 87% for Year 6 (+ 9% year on year)
- Buckinghamshire participation rate 78.2% for year R
- Buckinghamshire participation rate 83.1% for year 6

Members learned that some schools declined to take part in the programme. School nurse teams impressed on Members that they are guests in schools and are invited in. Whilst co-operation from schools is mostly good there is a higher level of opt out compared to national figures which increases the risk of patchy data. Members are concerned that with higher levels of opt-out, it is possible that the statistics could be understating the true levels in the county.
18. Weighing and measuring for the NCMP is undertaken by school nurses, healthcare assistants and nursery nurses. This is not always done on a one to one basis and Members were concerned that this could be addressed more sensitively. If so this might encourage less opt out than the current situation.

19. There is a clear national protocol for releasing obesity data and a school can only be given an above or below average obesity level. If pupils are identified as being obese a routine feedback letter is sent to parents The letter is sensitively but clearly worded and has now been phased in after a trial with parents. In some cases parents may be contacted by phone and school nurses are aware of the need to handle this sensitively and will often use the opportunity to address the whole family’s health as well as that of the individual child.

20. It is not possible to assess the incidence of overweight and obese children in secondary schools as there is no national requirement to weigh and measure children from 11 years upwards at school. Members were told by the representative from the Strategic Health Authority that at present there are no plans to introduce a third set of measurements for secondary school children but this could change in future. Anecdotal evidence suggests that incidence is increasing in secondary schools particularly with girls, who may give up traditional sport in their mid teens. A survey of sixth formers at a Buckinghamshire school showed that over 25% perceived themselves as overweight.

21. In visits to secondary schools members learned that very little information is transferred between primary and secondary schools. Government guidelines do not stipulate that the year 6 data is followed up, rather that it was an information gathering exercise for population analysis, but some secondary schools felt this could be beneficial in helping to establish programmes to address the issues.

22. Weight measurement for pre-school children is undertaken by health visitors and there is little evidence to suggest that parents opt out of this unlike the incidences that are being witnessed with the NCMP in schools. Health visitors were unanimous that they have seen a marked increase in obesity in pre-school children in the county over the last five to ten years.

23. Whilst it has been widely recognised that GPs have a role to play in educating parents and children about the dangers of obesity there is more work to be done. Establishing how frequently children are being weighed by their doctors could be valuable in terms of improving standards and gaining access to more accurate information. Currently there is no incentive for GPs to record children's weight as this is not an activity for which they are rewarded as part of their contract. In a visit to a local GP members learned that GPs do not tend to see overweight or obese children for that reason as they are brought in with other health problems. If the appointment was a 10 minutes slot GPs might raise the issue of weight but would not do so in a 5 minute emergency slot. GPs would only refer children to a paediatrician or dietician if they are morbidly obese (over 40 BMI).

24. Evidence showed that to date Practice Based Commissioning teams have not had the capacity or funding to commission any needs assessment into obesity in their respective areas. This was echoed by the GP who did not have specific knowledge about the extent of the issue locally.
2. Partnership working. The joining up of initiatives and co-ordinating effort

25. The Buckinghamshire Local Area Agreement for 2008 to 2011 has identified childhood obesity as a priority for partnership working. The specific national indicator NI56 (see Appendix 3 for delivery plan) aims to reduce levels of recorded obesity in children measured in year 6. The Children and Young Peoples Plan also includes NI56 and additionally NI55 obesity in Reception year children.

26. Several other NIs whilst not included in the Buckinghamshire LAA, are vitally important in contributing to this target and are cross referenced in the LAA Delivery plan (Appendix 3). Examples include NI57 children and young people’s participation in high quality PE and sport, NI8 adult participation in sport, NI52 take up of school lunches, NI53 Prevalence of breastfeeding at 6–8 weeks, NI198 mode of transport to school, NI69 children who have experienced bullying, amongst others. This broad range of influential indicators demonstrates the breadth and complexity of the issues contributing to childhood obesity.

27. The obesity strategy for Buckinghamshire is produced by the Public Health lead at the PCT and is currently under review. Members heard in a number of meetings with partners and officers that more joined up working is required to achieve cost effective initiatives, co-ordinate and oversee bids and ensure provision is targeted towards areas of greatest need. As the obesity delivery plan is such a collection of other national indicators some of the lead officers in the delivery plan process feel it would be useful to establish a coherent partnership group to pull all the ongoing work streams together and use this as a planning platform for the future. This group would identify gaps in provision (e.g. specific initiatives for teenagers) and identify work streams to address these.

Recommendation 1

Data collection, monitoring and sharing: The importance of robust, accurate and current data shared across partner organisations, is essential to ensure activity is appropriately targeted. Continued efforts should be made to build on the current bank of data encouraging parents not to withdraw children from national weighing and measuring programmes.

To help achieve this it is recommended that:

i) Schools and parents are encouraged to take part in the National Child Measurement Programme (NCMP)

ii) Ensure parents, head teachers and primary care are provided with NCMP information in line with national guidance.

iii) The PCT and Practice Based Commissioners agree a plan to assess local needs for obesity services informed by available local data
**Recommendation 2.**

**Partnership working:** The co-ordination of partnership activity through a strongly led working group is vital to ensure cost efficiency, lack of duplication and the sustainability and progression of current work streams.

To help achieve this it is recommended that:

i) Agreement is reached for a strongly led partnership group to oversee countywide activity and the implementation of this report’s recommendations, reporting back to scrutiny with an action plan by October 2009. Alternative groups for consideration are the existing Children and Young People’s Trust Delivery Group or a group formed from the lead partners contributing to the LAA indicator 56.

3. Care provision

28. The PCT is currently working towards developing comprehensive obesity care pathways for both adults and children. These pathways will cover prevention, primary care, specialist care and in the most extreme cases surgical interventions. The committee encourages this approach as they learned during the course of the review from patient groups and a number of health professionals that currently the public are not clear about the options available locally for helping them to control their weight and how they access those services.

29. A mapping exercise was carried out in February 2008 by a group of health professionals to identify gaps in current service provision and which areas could be improved. It was clear from this work that the local care treatment pathway was not complete and that services operated on a fragmented basis. For example, there were no family based services to support child obesity, no specific psychological services able to support it and a serious lack of capacity in the workforce. Members learned that the availability of services was not equal across Buckinghamshire with historically provision weighted towards the south of the county. The working group also highlighted the need for services targeted specifically at teenagers.

30. Members learned from meetings with a number of health visitors, school nurses and a community paediatrician of the lack of capacity in the current integrated teams. Some estimated the additional staffing requirement should increase by one third to provide an adequate service. The committee heard that this has been a result of the PCT’s financial situation which has led to a stop- start approach to recruitment and investment that has been detrimental to the service.

Prevention

31. Health visitors informed members that there is no longer sufficient capacity to carry out universal checks, therefore spotting any problems early on with a child’s weight is harder as there is no continuity and provision is patchy. For example the 8 month development check and the family needs assessment at 2 to 2.5 years which could have a big impact on obesity are both areas where there are gaps. The meeting with health visitors reflected a consensus that the current service provided to residents is reactive rather than pro-active with little opportunity to know their clientele in any depth.
32. Health visitors reported that there was an urgent need for more provision for the Asian communities specifically where language and cultural differences can prove a barrier. At present there is only one Asian health visitor who focuses in this area and it is felt to be very useful in conveying important health messages particularly around breastfeeding, weaning and family diet.

33. In meetings with school nurses and schools the lack of school nurse provision was a major issue. In many instances the school nurse may only have capacity to come to the school for the NCMP. In meetings with the community teams. Members learned that since a recruitment freeze two years ago there had been a lack of investment in school nursing generally.

34. Members were informed that teams aim to work to a coverage ratio for children aged 5 – 18 years of 1:8000 increasing to 1:600- in areas of deprivation. This has resulted in not being able to provide the depth of health promotion and prevention that the teams would like to put in place.

35. Furthermore there is no uniformity with different levels of staffing and skill mixes between north and south of the county. This makes any introduction of changes to the care pathway impossible until these issues have been addressed. In the south of the county for example a school nurse obesity pilot has been conducted in schools where children identified as obese have been followed up, but this has not been possible in the north of the county.

**Role of the GP**

36. The role of the GP in the care pathway was emphasised by health professionals and the public. Health visitors told the committee that referrals from GPs were very rare with only one family being referred in the last 3 months. Another health visitor told members that she is aware of a very overweight baby that has been to the GP for other reasons 3 times in a month but there was no comment from the GP about the baby’s weight. There is unanimous agreement that obesity is not a subject that is high on the GPs’ priority list.

37. The Counterweight programme was highlighted to the committee as a potentially helpful service for overweight and obese adults. This is an evidence based structured approach to weight management for adults and has been trialled in GP practices nationally. Locally it is offered in seven practices with a mix of one to one and group sessions. The obesity specialist dietician at the PCT is currently working hard with GP practices to encourage them to adopt this as part of their service but is finding resistance as there is no additional payment to practices to offer this.

38. Members were encouraged to hear that there will be a pilot Counterweight programme in a leisure centre in the south of the county from January 2009. Currently this programme is aimed at adults but it is hoped that sessions could be provided for teenagers as the PCT believe there is a gap in provision for this age group.

39. The PCT has recently formed a Transition Stakeholder Involvement Group to oversee the separation of PCT provider arm services. The group is to review potential issues of service change and integration. It is anticipated that the results of this transformation will be a shift in services from acute to primary and community care reflecting the strategy outlined in ‘Our Health, Our Care, Our Say’ to provide services at an appropriate level in the most appropriate setting. With this in mind members are hopeful that the level of provision and accessibility of health visitor and school nurse services in particular is revisited to ensure that those most in need are targeted and a sufficient level and equity of provision is available across the county as a whole.
4. Nutrition

**Breastfeeding**

40. The Sure Start initiative encourages women to breastfeed and as research has demonstrated, reduces the likelihood of obesity later in life, whilst providing all the nutrients babies need for the first six months of life, protecting from infection, diseases as well as against obesity.

41. Increasing breastfeeding levels up to 6 to 8 weeks is a target within the National Indicator set, although is not in the Buckinghamshire LAA. However it is a target that links and contributes to the delivery of the childhood obesity indicator NI 56 and is therefore of importance.

42. Current data for this indicator shows that total and partial breastfeeding at 6 to 8 weeks is over achieving its target at 66.3%, with total breastfeeding at 44.7% and partial breastfeeding at 18.4%. Anecdotal evidence from health visitors suggests that initiation levels of breast feeding are skewed towards wealthier middle class families at around 80%, with poorer families in urban areas at around 50%. The fact that families who are on benefits are able to have free formula milk does not incentivise mothers to breastfeed.

43. In Buckinghamshire members were pleased to hear of significant breastfeeding and weaning support and particular emphasis is made by health visitors to target those women in more deprived areas and ethnic minority groups.

44. Baby’s First Cafes and drop in centres encouraging breast feeding have been established across the county with supporters at hand to offer breast feeding advice. Health visitors are actively involved in sourcing new locations to establish more cafes. In addition breast feeding clinics run at Stoke Mandeville and Wycombe hospitals four days a week.

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**Recommendation 3**

A review of the provision of local services for families across the county is required to ensure accessibility and equity of balance:

To help achieve this it is recommended that:

i) The Transition Stakeholder Involvement Group led by the PCT conducts a thorough review of Health Visitor and School Nurse provision with particular regard to equity of provision across the county and the need for recruitment for the BME community

ii) The PCT clearly communicates and publicises services available for individuals and families with differing weight management requirements

iii) The PCT to encourage the GP Collaboratives to support the Counterweight programme with a minimum number of practices targeted to participate (paragraph 37)

iv) The PCT encourages, by improved communication throughout the health service, the building of stronger links between health visitors and midwives to ensure early identification of issues and appropriate targeting of families.
45. The importance of health visitors’ advice is critical to encourage mothers to persevere with breastfeeding as they are in an excellent position to influence. It was noted however that midwives who are vital in helping to establish breast feeding in the first 24 – 48 hours cannot always provide this assistance due to their workload. Recent figures from the hospitals trust board papers indicate that the percentage of women with known feeding status who have started breastfeeding was running at 77.9% against a target of 83.93%. This also represented a decrease from the previous year where uptake was at 82.1%. It was noted that more work could be done to encourage more contact between midwifery and health visitor teams to provide early identification of issues, target families in need and to ensure no one slips through the net.

46. Members heard that there is also a network of peer supporters in the county. In addition there is a peer supporters volunteer project where support is specifically available to help women on maternity wards initiate breast feeding. Training is run by the PCT and the hospitals trust and members heard that there is a need to recruit and train more peer supporters.

**Cooking initiatives**

47. In light of the rise in the use of ready meals and pre-prepared foods, the importance of basic cookery skills was emphasised throughout the course of this review. Evidence supporting the Change4Life campaign reports that parents of older children are more worried about not feeding them enough and that it is lack of knowledge, confidence and skills that is the main barrier that stops them cooking from scratch.

48. At a full committee meeting members were updated about the Cook and Eat programme. This is a partnership project led by the Healthy Living Centre in partnership with Buckinghamshire County Council, the District Councils and the PCT which is being funded as part of the Chances for Life programme awarded by the Big Lottery Fund. This is funded for 3 years. The project works with young families to encourage them to buy and eat healthier foods working on a budget. Currently there are 14 six week courses running throughout the year. The programme is targeted to families with children under 16 years in areas of deprivation throughout Buckinghamshire.

49. In a meeting with dieticians members learned that community dieticians are involved with overweight and obese children. At present these children tend to be seen in an outpatient setting within primary care which is not always appropriate. It was noted that the incidences of diabetes and obesity is much higher in the Asian community. Cookery clubs piloted with this group were well received and are a good avenue to reinforce healthy eating and lifestyle advice.

50. During the course of this review there has been concern expressed about the lack of provision in all areas for teenagers. One initiative being developed by the Healthy Living Centre is to work alongside the Youth Drop-In afternoon sessions to develop a menu that will encourage young people to choose a healthy choice rather than the local chip and sweet shops.

**Food at school**

51. Members’ visits to schools focussed a good deal of time in looking at school meal provision. There is substantial evidence indicating that an increase in the total uptake of school lunches can promote nutritional intake and may reduce obesity. Evidence suggests that a healthy diet has a positive effect on learning and behaviour. In light of the government’s ambition for every school child to be offered a hot school meal by 2010. Members were keen to understand the current status in Buckinghamshire and how schools were going about this, as there is relatively little existing provision particularly in primary schools. Additionally research has shown the positive effect that a healthy breakfast can have in the important peak learning periods in the mornings at schools. Members heard that an increasing number of schools are offering breakfast as part of the Extended schools programme.
52. The Department for Children Schools and Families (DCSF) has made grant funding available to schools and local authorities to increase the uptake of school meals and improve their quality in line with national nutritional standards. The funding of £1.2 million over 3 years was not sufficient to support the building of new kitchens in all schools and consequently a number of alternative solutions have been implemented.

53. Members were particularly impressed by the development of ‘hub’ schools that supply hot meals to other schools in the area. Extensive work has been undertaken to introduce this system where it is demanded and feasible with up to 80 schools attending school meal surgeries set up to progress the take up of further funding to enable a hot school meal service.

54. There are examples in the county where successful hubs have been set up and are operating efficiently with secondary schools providing meals to surrounding junior schools. In some cases these are so successful that there are capacity issues due to local demand.

55. Schools reported that one of the difficulties in expanding this service is transportation to other schools. The school meals improvement officer suggested to members that a solution to this might be for schools to consider less traditional methods of moving the food and investigate other options. For example the Swan Rider vehicles or disabled access vehicles that have capacity at certain times in the day. The committee were told that this scheme is working well in Ruislip where vans take disabled children to school and transport meals in their downtime.

56. Many smaller schools are located in less accessible rural areas which affects the long term sustainability of a school meal service. The barriers to this can be the source of provision, transportation of the food and lack of dining space within the schools. Some schools are already sourcing from alternative providers. For example in the north of the county a local pub provides lunches for three junior schools. The Healthy Living Centre acts as a provider to its local school with healthy packed lunches. Parents are sent menus every week so that they know what their child is eating and can plan the family meal around it.

57. The committee learned that one of the major challenges preventing a higher take up of school meals is the language barrier. Many parents and carers of children eligible for free school meals do not have English as a first language and so completing forms can be very difficult. A positive solution that some schools have introduced is to use pictures alongside English or to translate the menu into other languages used by the school community.

58. The stigma around the take up of free school meals was also highlighted to members and the introduction of cashless systems at several schools has proved successful.

59. Members noted in their visits to school that a significant proportion of school meals were not eaten by the children, resulting in wastage and the possibility of the child not having sufficient food to keep them going through the school afternoon. Members were not able to quantify the extent of this but would welcome a spot check system by lunchtime staff that could be acted on where appropriate.

60. Members were concerned to hear that in August 2009 funding for the role of Project Manager for School Meal Improvement ends. This will result in the withdrawal of support for schools already offering a hot school meal, or for those looking for advice on how to introduce a hot school meal service. Many schools see the effort of introducing and maintaining a hot school meal service as too much to overcome. There is a large amount of information available for schools but they do not always have the time or resources to find and read it.
61. The canteen environment is acknowledged to be important in attracting students to take up school meals. This was variable across the range of schools visited by the committee. In some, space was at a premium and not conducive to sitting and eating in a relaxed environment. Pupils mentioned that queuing and not being able to sit with your friends if you had a hot lunch and they had a packed lunch was an issue for them. More active students would opt out of a lunch if they had extra-curricular lunch time activities. For some this often meant eating their packed lunch at morning break. Sixth formers are often allowed to go out of the school in their lunch hours and students reported that this could often lead to unhealthy food choices particularly if there was a fast food outlet nearby. Members welcome the news that new planning legislation will be brought in to make it more difficult to site these outlets near schools.

62. The Buckinghamshire Education Partnership has run a project with a school in Aylesbury helping to improve the canteen environment to make it a better place for students. The amount of litter has been reduced significantly and has been a positive experience for students.

Healthy lunchboxes

63. At a full committee meeting members heard of the Trading Standards work on the promotion of healthier food to both parents and children through active participation in various villages and schools. This included the reduction of salt content in foods with the ‘Halt the Salt’ campaign increasing number of restaurants, particularly Chinese, taking part in the campaign.

64. Members welcomed Trading Standards work in partnership with Aylesbury Vale District Council on promoting healthier choices for lunchboxes. In their visits to schools across the county, all schools ensured that parents were aware of the make-up of a healthy lunch box by sending letters and leaflets home. It was agreed that schools should not be too heavy handed in enforcing this, indeed there had been some unhappy incidents where excessive ‘patrolling’ has not been positive.

65. When observing lunch times in their visits to schools members evidenced from the packed lunches they saw that there is still work to be done to reinforce these messages. The current policy of regular provision of information to parents to remind them of the health guidelines for packed lunches is considered as important ongoing work. One junior school has introduced a ‘peer monitoring’ system where two children from each class have monitored lunchboxes and reported back to school council. This has worked quite well in encouraging more healthy choices. At other schools children are rewarded with stickers for healthy lunchboxes and the class that has the most has extra opportunities for play and exercise.
5. Physical Activity

66. In 2006, only two in three boys and half of girls met the recommended 60 minutes of daily physical activity set by the Chief Medical Officer (Information Centre 2008). Furthermore it is of concern that girls’ activity levels appear lower than boys increasingly so as they approach their teens (Report by Dr Nicky Rogers Liverpool John Moore’s University). Members learned that increasing amounts of time are now spent in sedentary pastimes particularly gaming or watching television and nationally it is reported that this can average more than 5 hours a day.

Provision in schools

67. By 2010 the government’s ambition is to offer all children at least 5 hours of physical activity every week made up of 2 hours high quality PE and school sport (National Indicator 57) and the opportunity for at least a further 3 hours beyond the school day delivered by a range of school, community and club providers. The full committee heard from Bucks Sport and schools that the challenge locally is to decrease the percentage of inactive young people from 20% to 10% and the percentage of semi active (3 hours per week) from 50% to 25%.

68. School sports partnerships (SSPs) aim to increase the number of opportunities for young people to be more active and make them more accessible. Every school has a school sports co-ordinator and there is a budget for partnerships to draw on. The committee heard from Bucks Sport that their plans were to inspire more young people to become involved in sport but were not clear as to how the 20% of young people who are unlikely to engage in sport and physical activity were encouraged to do so. Members heard that the SSPs do not do anything specific in terms of tackling obesity.

Recommendation 4

The uptake of school meal provision is supported in all schools that express a sustainable demand, with resources targeted towards the most disadvantaged areas.

To help achieve this it is recommended that:

i) Maintain ongoing support for the provision of hot school meals by funding a highly visible support service that is easily accessible to all schools within available resources

ii) Roll out the provision of cooking hubs across the county

iii) Ensure schools with large number of black and ethnic minority students are provided with school meal forms in their own language

iv) Introduce cashless systems where feasible

v) Encourage the development of effective delivery mechanism for rural schools making efficient use of available transportation

vi) Encourage schools to adopt a stay on site policy to encourage pupils to eat healthier lunches on the school premises.

vii) Encourage schools to monitor wastage of school meals to ensure children are eating the correct recommended balance at lunchtimes
69. Members noted from their school visits that the heads of PE seemed more aware than other members of staff of the levels of overweight pupils. On a visit to a secondary school Members heard that PE staff had seen a drop off in fitness levels as each new intake of year 7 pupils came in. This was thought to be connected to the ‘out of school’ lifestyle becoming less active.

70. Sports teachers recognised the sensitivity of the obesity issue whilst recognising the need to target activity at the less active groups. Schools are working hard in this area to incentivise pupils to participate through the introduction of less traditional activities such as dance, dodge ball, physique gym and boxing. Some schools have a merits system where pupils will get points or house points for attendance. Peer sports leaders have also been introduced to encourage increased participation.

**School travel plans**

71. The main thrust of school travel plans is to reduce car usage rather than have a primary health focus, although it is recognised that health outcomes are improved where travel plans are in place that encourage walking and cycling. One school has reduced car usage from 62% in 2000 to 13% currently.

72. Members were impressed by the plans in place on their visit to a junior school. Pupils living close to the school are encouraged to walk or cycle and parents who need to drive are asked to park in a demarcation area away from the school to encourage walking and avoid congestion. Whilst cycle paths near the school need improvement the school has introduced cycling proficiency courses for year 6 children and has trained year 6 pupils to become road safety officers.

73. Members were pleased to hear that at present 70% of schools in the county have the most comprehensive level 3 school travel plan. The committee was informed that the target is to achieve 100% of schools with a level 3 plan by 2010 although this is not viewed as a realistic target. Data shows that schools that do not have plans that are impacting on this target are to a large extent in the independent sector and PRUs.

74. It was noted that sometimes there is a reluctance to commit to a travel plan due to lack of capacity, as it involves a significant amount of work and requires a dedicated member of staff to follow it though. The transportation team felt it could be very useful if an enthusiast on the board of governors heading up the health agenda could be designated to champion travel plans.

**Provision in the community**

75. The committee heard of some good work being carried out in the south of the county by private organisations working with leisure centres and making greater use of school sports halls and community centres. The provider focuses on a ‘whole family approach’ and includes not only exercise programmes but fully integrated health guidance and advice. A similar service is provided in the north of the county as part of the District Council’s sports development programmes. The organisations have found that many children who are overweight have low self esteem and are not confident enough to participate in competitive activity and therefore they design activities that are fun, informed by local surveys and targeted at the more deprived areas in the community.
76. Great strides are being made by organisations such as the Healthy Living Centre where young people who are not engaged in sport at school and live in the most deprived areas are being offered a wide range of out of school activity as part of the Active England Project. This is targeted at both boys and girls and has had good take up. Activities include street soccer, street dance, cheerleading clubs, community tennis, Move and Munch and toddler sports. Members were concerned to hear that continuation funding is not secured for this good work and projects may be at risk of closure in 2009.

77. All District Councils are working hard with organisations such as Sustrans to enable cycling routes to be developed and to provide more publicity to inform residents what is available to them locally.

78. Exercise on referral was cited by a GP in the north of the county and in the patients’ panel survey as potentially very useful in helping tackle obesity for families with limited incomes. At present this is only offered in the south of Buckinghamshire and adults only are eligible if they are referred by their GP with at least one risk factor for heart disease (such as obesity.) Nexus Community told members that GP referrals are a sticking point. GPs have forms to signpost people for help but it is a slow process as GPs are not incentivised in weight management and recording. Members learned that GPs are the most unlikely of health professionals to refer possibly due to lack of knowledge of the scheme or simply not remembering to do so, with referrals coming more often from dieticians and physiotherapists.

79. The committee recognises that there is a significant level of activity to encourage greater participation in both sport and exercise but were not able within the constraints of this review to look at them all in depth. Good examples are the Simply Walk programme encouraging Mums to take Buggy Walks, Active Play Strategies in schools being introduced by the School Sports Co-ordinators and increased activity programmes in extended schools. Additionally an overarching county play strategy has been developed and district councils also have play strategies in place locally. The walking programme included in the Healthy Communities Strategy was welcomed by members but it is too early to assess the impact of this.

80. Members felt strongly that the planning function is key to ensuring that healthy lifestyles are prioritised in the development of new communities across the county. Particularly relevant are the Major Development Areas (MDAs) planned in the north of the county. On a visit to Aylesbury Vale District Council the head of planning informed the committee that there would be impressive provision for residents to be able to pursue active lifestyles on the new development with community centres, 13 equipped play areas, 70 hectares of parks and a network of footpaths, cycle tracks and bridleways linking to the town. Although there are ‘walkability criteria’ against which plans for new developments can be measured, there is currently no national or local guidance as to the benchmarks for health based provision when planning an MDA as health outcomes are affected by many different initiatives and are separated out rather than being ‘badged’ as health within the planning process.

81. Surveys of Children and Young People (reported in the Children and Young People’s Plan) reflect the fact that the need for more play areas, more affordable sport and leisure facilities and increased opportunities for exercise are a priority for young people. This is an area that was not considered in depth in this review, but members believe it is important that a piece of work is initiated to look at the provision of such facilities in the county.
6. Healthy Schools

82. Buckinghamshire is part of the national programme of healthy schools. It is a comprehensive programme addressing the total health and well being of the child and has four core themes all of which have the potential to influence obesity
- Personal, Social and Health education (PSHE)
- Healthy Eating
- Physical Activity
- Emotional Health and Well Being

The underpinning ethos of the ‘whole school approach’ creates a platform for achieving these standards.

83. The 2009 target for schools to achieve Healthy Schools status is 75%. To date just 54% of schools in Buckinghamshire have achieved this. The target for 2010 rises to 85% with the ambition for all schools to be involved in the Healthy schools programme at this point. The attainment of healthy schools status also forms part of the evidence base for Ofsted. In their visits the committee was very impressed with the significant progress achieved by schools and the healthy schools team in establishing an extremely detailed programme.

84. Evidence gathering meetings indicated that partners felt there was still more work to be done to ensure that service provision is more streamlined. Some community nurses for example mentioned that they are not aware of what schools are covering in PSHE and felt it would be useful if they could be provided with a profile of school’s health needs to enable them to tailor and target their work. It was suggested to the committee that to further embed the programme it would be helpful for each school to have an ‘enthusiast’ on the board of governors to champion the agenda.

85. The PSHE curriculum provides the opportunity for young people to hear health messages and focuses on healthy eating, 5-a-day, the Eat Well plate and the importance of balanced eating. When meeting with the Youth Parliament two young people commented that they felt PSHE messages around healthy lifestyles were relatively low key and that the focus was felt to be more on sexual health. However younger year groups in years 7 – 9 did not concur with this. It was recognised that there is a big agenda to cover in PSHE and not much curriculum time. It is not yet clear how the healthy lifestyles agenda will be incorporated in the new 14 -19 diplomas and members will consider looking into this as a separate piece of work.

86. Science teachers told members that part of the syllabus in secondary schools addressed BMI and obesity related diseases although not in great detail. However respondents in the school council’s survey seemed quite knowledgeable about the link with obesity and its short term impact on health, although not the longer term outcomes.

**Recommendation 5**

Ensure clear plans are in place to target the 20% of pupils who do not participate in physical activity

To help achieve this it is recommended that:

i) Support is provided in youth centres and the Healthy Living Centre to sustain current activity programmes targeted to young people in areas of deprivation.

ii) GPs are encouraged to use the exercise referral scheme in participating locations
87. Some schools visited have introduced the peer education approach where sixth formers will go to PSHE lessons in the lower years of secondary school and talk to pupils about health related issues. This has worked well in the area of sexual health particularly and it was felt that this could be a more engaging way of talking about fitness and healthy lifestyles.

88. Cookery at school is offered as part of the D&T curriculum between years 7 and 9 and then becomes an option at GCSE. There is a basic requirement to provide 24 hours of cookery lessons for children up to the age of 16. Some but not all schools are able to offer this at A2 level. The syllabus has a focus on healthy eating and nutrition. The government’s ‘License to Cook’ initiative has been implemented successfully in some schools. A visit to a Pupil Referral Unit (PRU) provided members with an opportunity to see a book of recipes that students are producing for children and it was pleasing to see cookery being encouraged as a leisure pursuit.

89. In face to face interviews with young people members heard on many occasions how much they enjoyed cooking and would like to do more. Sixth formers emphasised how important basic cooking and budgeting skills are to provide them with knowledge of a range of healthy meals for when they go on to higher education or leave home.

90. Physical activity is mentioned previously in the report but members were particularly impressed by the level and diversity of physical activity and sport that is offered to pupils at all schools visited. The challenge is to ensure that those least engaged in sport are offered opportunities that will interest them.

7. Parental and Carers influence and involvement

91. Parenting an overweight or obese child can be difficult, especially if a child suffers from lack of confidence or is depressed about their size. Trying to resolve childhood obesity issues is daunting, especially as it is such a sensitive and personal subject to discuss as a family or with a doctor.

92. Many parents of bigger children do not realise that their child is above the healthy weight range for their height and age with 94% of parents with overweight or obese children mis-classifying their weight. Even if they do, it is common for those extra pounds to be put down to ‘puppy fat’ that will disappear as their child grows older, genes or ‘big bones’. Throughout the review members heard this same message from many health professionals. Many professionals acknowledge that our perceptions have gradually shifted over the last three or four decades as to what overweight really is.

Recommendation 6

The current strengths of the Healthy Schools programme are supported and enhanced by

i) Establishing a parent/governor or other ‘healthy lifestyles’ champion at every school to raise the profile and provide added impetus to the Healthy Schools agenda

ii) Encourage the peer involvement approach and encourage external expert involvement in delivering the PSHE programme.
93. Members of the Youth Parliament reiterated the importance of parental influence in influencing and embedding healthy lifestyles and food choices. One young person felt strongly that parents need to tread a fine line if their children have weight problem as it could cause children to rebel and eat more or trigger an eating disorder in extreme cases.

94. Evidence points towards family based group work as the most effective intervention for obese children as it helps to boost children’s self-esteem while changing the way everyone in the family thinks and feels about what they eat and about being active. In meeting dieticians members heard that food patterns in children who are overweight or obese need to be addressed as a family or with the main food provider.

95. Two of the key current initiatives across the county that target obesity from a family perspective include MEND, (Mind Exercise Nutrition Do It) and HENRY (Health Exercise and Nutrition for the Really Young.) The HENRY work is very new and health professionals have only just been trained to deliver the one to one programme with training for group work to commence in 2009. The committee is keen to be informed of the outcomes of the first courses. It is envisaged that Children’s Centres will use this approach and that health and social care will work in partnership on this project.

96. MEND however has run two pilot schemes in Chiltern (Chesham) and in South Bucks (Iver). MEND is a slow build programme that very much relies on word of mouth and local marketing to encourage families to participate. The programme is a 2 year 14 course funded programme by MEND central through national Lottery funding and runs through to 2010. Children have to be overweight to attend and come with a parent or carer for 2 hours twice a week. Each session has an hour focussing on nutrition and behaviour change with children and parents together and for the second hour the children have structured exercise and the parents have their own session.

97. From a modest start where groups have run at less than full capacity the PCT is encouraged with South Bucks and Chesham courses fully subscribed with 12 families participating on each programme.

98. Data from the 10 week course end point in South Bucks has shown excellent progress. Results indicate a decrease in sedentary activities of 7.6 hours per week, a decrease of 5.5cm waist circumference, and a decrease in BMI from 31.3 kg/m2 to 29.6kg. Fitness levels were also measured and showed a 13.2 bpm decrease in heart rate following the 3 minute stepping test.

99. In a meeting with Children and Family Learning, Members heard of the introduction of some basic family cookery courses within the Adult Learning programme in addition to the delivery of the Cook and Eat programme. Due to funding the capacity to offer free courses that impact upon healthy lifestyles is limited but Members believed that the foundations were in place and work in progress to enable these courses to be offered more widely working with partner organisations particularly with healthy schools, Early Years and the School Sports Partnerships. Many of the family learning courses are targeted at the Asian community helping with literacy and numeracy to support them in contacting schools and doctors. Other courses that were proving popular included Cook and Eat, Baby Yoga and Toddler Gym.

‘it taught me how to make healthier choices rather than food being good or bad.. and raises awareness of portion sizes.. it was hard work but worth it’
Jo’s story MEND South Bucks
8. Provision of information and signposting

100. Generally the evidence gathering process in Buckinghamshire indicated that parents and children were aware of many of the key healthy lifestyle messages. All surveys and face to face interviews revealed that people were aware of the need for sensible eating and taking exercise to achieve a healthy weight. Children particularly are aware of the 5-a-day message due to excellent work by local schools, Trading Standards and through the media. However there is still confusion around information on diet and exercise.

101. The schools council’s survey and the ‘Tell Us’ survey revealed that children would like more information and advice that was easy to understand.

102. Health professionals told members that part of the contribution to current obesity levels occurs early in the child’s life when parents may present a young child with a similar size portion to an older sibling or adult. Adults knew the sorts of foods they should be eating but few knew what constituted a portion. This is reflected in the ONS Health Survey for England with only 14% of men and 11% of women knowing what constituted a portion size for each meal.

103. Initiatives in baby clinics and children’s centres are aimed at improving dietary knowledge and addressing ingrained behaviour relating to food. It was noted that language and cultural differences can be a barrier in communicating these messages. Translation services and additional health visitor provision would be helpful particularly for Asian families.

104. Regarding exercise the confusion was not so extreme, but according to national surveys over two thirds of people did not know or under-estimated how much exercise to do.

105. The NICE quick reference guide for the public (December 2006) sets out clear cut recommendations for the public that could be incorporated into information leaflets or on websites. (Appendix 3) Members were keen to see this information widely available in pictorial form and including nutritional messages around convenience and fast food.

106. Local surveys conducted by the committee revealed that the public would expect this sort of information to be freely available at GPs surgeries with 56% of respondents placing this as a first port of call. Additionally schools, clinics, Children’s Centres, clubs and community centres were cited as useful information points. Members heard that it would be helpful if all local weight management and exercise classes are signposted in these locations and that ideally they should also flag up complementary programmes such as cookery and gardening classes, local walks and family based activities at leisure centres.
107. Both the patients’ panel survey and schools council’s surveys asked if there were sufficient information available about nutrition and exercise and where people would expect to find it. Interestingly there was little difference between the responses from adults and young people, with GPs and schools ranking highest amongst the expected sources of information.

108. Local private slimming clubs told members that it would be helpful if more consistent signposting could be provided to the public by GPs. The Slimming World group, now the largest nationally, explained their approach to overweight young people and how it was managed from a family perspective with ongoing weekly group support.

109. Members heard on their visit to Early Years that the County Council has an excellent Children Information Service (CIS) that provides valuable information for parents and signposting to ante-natal classes, breastfeeding help and information on parenting courses. The review’s survey did not show that this was a high profile service that parents would think of using. Since this visit it is understood that this has now changed to the Family Information Service

Recommendation 8
Consistent health messages and information is provided in locations where the public expects to find them

To help achieve this it is recommended that:

i) Signpost and promote all current weight management and exercise programmes effectively.

ii) The steering group reviews public information to ensure messages are consistent

iii) Promote, encourage and monitor usage of the Family Information Service in appropriate locations

Conclusion

110. In conclusion, the committee regards childhood obesity as a priority focus for the future health and well being of Buckinghamshire’s young people. Whilst Buckinghamshire remains below the national average for childhood obesity there is no room for complacency. The causes and solutions to the problem are complex and require sustained effort from a wide range of partner organisations to achieve positive results. It is therefore essential that action must be taken at county-wide, community and individual levels.

111. It is evident that much valuable support is in place to address obesity both in adults and children and the committee recognises that there is some particularly impressive work targeted in areas of deprivation in the county. However the recommendations reflect the need for these services to be more widely accessible and for shortfalls in provision to be addressed through integrated partnership working that makes best use of limited resources.

112. The committee has focused mainly on gaining evidence from some of the main partners that have a role in delivering the LAA plan, but where possible has spread its resource to meet with organisations whose work is vital in underpinning this delivery and contributing to embedding healthy lifestyles in our community.

113. The committee will maintain close contact with the agreed steering group to track progress with all agreed recommendations.
The Committee would like to thank the following contributors to the review:

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Members of the Buckinghamshire PCT Patients’ Panel
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QUASIG team
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Chalfonts Community College
Chesham High School
Cottesloe School
Disraeli School
Heritage House School
Wendover Cof E Junior School
Wycombe Grange PRU
Wycombe High School
Wye Valley School
Written contribution from Elmhurst School

Nicola Cook for organising a presentation to the School Governors meeting
List of Sources

National
Change4 Life: tackling childhood obesity (2009)
NICE guidelines maternal and child nutrition guidance (December 2006: March 2008)
Millennium Cohort Study 2007
National Obesity Observatory
Health Survey for England - ONS
Missing the Target Children’s food campaign (October 2007)
Every Child Matters 2003 aims

Local
NCMP data
LAA delivery plan
PCT obesity strategy
Tell Us Survey
Patients’ Panel questionnaire
School Councils’ Questionnaires
## Appendix 1 – Scoping Paper

<table>
<thead>
<tr>
<th>Subject of the Review</th>
<th>The management of childhood obesity in Buckinghamshire for children aged between 5 and 16 years.</th>
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| Purpose of the Review | To understand the prevalence and trends in childhood obesity in the county for children aged 5 to 16  
To explore the impact of the implementation of national and local initiatives.  
To recommend improvements as identified in the review |
| Anticipated outcomes | A comprehensive, evidence-based report that identifies the key issues around childhood obesity in Buckinghamshire.  
To establish a clear understanding of how Buckinghamshire County Council and partners including Health, the Children’s Trust, District Councils, and other partners, are working together to implement initiatives that will improve the health outcomes for young people and support parents and carers in the process.  
To make recommendations which build on specific examples and models of good practice and will address areas that require improvement. |
| Reasons for undertaking the review, including where the ideas have come from | Tackling childhood obesity has been identified as one of the key public health priorities by the Department of Health  
Peer review encourages the OSC work programme to focus on key public health issues  
Childhood obesity has been identified as a priority indicator in Buckinghamshire’s Local Area Agreement  
Active lifestyles are a priority within the Children and Young People’s plan |
| What is the potential impact of the review on | The review could:  
Help to improve the long-term health outcomes for young people and their families  
Identify and make recommendations to build on partnership working between health, local authorities, the voluntary and private sectors  
Highlight any issues of particular or specific concern for residents from areas of deprivation and minority groups  
Help to improve other outcomes e.g. educational achievement |
| The people of Buckinghamshire | Equality issues  
Helping the council achieve its main priorities  
Adding value to the organisation |
| Links to plans | BCC Corporate Plan  
Aim 3 give children and young people the best possible life chances  
Aim 5 provide support to help families cope with responsibilities  
Aim 6 build Safer Stronger and Healthier communities  
Buckinghamshire LAA Children and Young people’s Block Indicator 67(PSA10a4) To halt the year on year rise in obesity in children under age 11 by 2010, in the context of a broader population strategy to reduce obesity.  
Every Child Matters Aim 1 ‘Stay Healthy’  
Children and Young People’s Plan |
| Key Issues for the review to address | Establishing the areas where childhood obesity is of most concern based on recorded evidence  
Understanding the root causes of obesity (the place of diet, sporting initiatives and lifestyle particularly the impact of technology in reducing activity)  
Exploring the importance of parental influence  
Understanding of the role and impact of the healthy schools agenda and broader partnership working  
Assessing the impact of the LAA obesity target  
Ensuring review is comprehensive in addressing areas of deprivation and disadvantaged communities e.g. To understand if there is a correlation to child poverty |
| Methodology | The work will be undertaken by a working group of members drawn from the Public Health OSC and co-opted members as appropriate.  
Members will gather evidence information in order to seek answers to the Key Issues through a series of meetings and visits across the County and further afield where appropriate.  
The review will focus on gathering evidence that provides a clear picture of how national initiatives such as the National Child Measurement Programme and the Healthy Schools programme are being delivered in partnership and the impact of these initiatives.  
The review will also examine local initiatives for both children and parents or carers with particular emphasis on areas of deprivation and at risk groups |
| Background Research | An information pack summarising guidance, key recent documentation will be circulated after the initial briefing meeting  
Additional background research, statistical data etc may be identified during the evidence gathering process and will be circulated to members accordingly |
| Evidence Gathering | National Picture:  
An overview of the national context will be presented to members at the PHOSC meeting on June 6th 2008 by the Strategic Health Authority  
Local Context:  
Lesley Manning Lead Public Health Officer for Childhood Obesity will introduce the local context to Members at the PHOSC meeting on June 6th 2008.  
Local Delivery in Practice:  
Evidence will be gathered through meetings with:  
NHS officers from the PCT public health and provider services departments  
GPs |
<table>
<thead>
<tr>
<th><strong>Clinicians - dieticians</strong></th>
<th>Local authority officers working on Healthy Schools agenda</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sports Partnership</strong></td>
<td></td>
</tr>
<tr>
<td><strong>LAA target owner for indicator 51</strong></td>
<td></td>
</tr>
<tr>
<td><strong>School nurses</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Health visitors</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Children’s centres</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Local schools head teachers and healthy schools lead, school cooks, lunch time supervisors</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Parents and carers</strong></td>
<td></td>
</tr>
<tr>
<td><strong>LA officers promoting active lifestyle/sport</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Private weight management groups</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Food standard agency</strong></td>
<td></td>
</tr>
<tr>
<td><strong>School Food Improvement Board</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Local planning departments</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Children</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Background Papers</strong></th>
<th><strong>Healthy Weight, Healthy Lives: a cross government strategy for England (published January 2008)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>NICE guidelines maternal and child nutrition guidance (December 2006: March 2008)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>My food :guidance for schools in healthy eating DoH (2008)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Press &amp; Publicity</strong></th>
<th><strong>Press release at beginning of review to encourage public to contribute</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Use website and Bucks Times for updates</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Use Schools Bulletin and Governor Times for updates and information gathering</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Explore use of LINks newsletters</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Interim update to press</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Final release interviews with Chairman</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Leaflets to be distributed post review</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Scrutiny champions website</strong></td>
</tr>
</tbody>
</table>

| **Timetable** | **Review to commence June 2008** |

<table>
<thead>
<tr>
<th><strong>Reporting mechanism</strong></th>
<th><strong>Report in April 2009 to:</strong></th>
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<tbody>
<tr>
<td></td>
<td><strong>Children's and Young Peoples Trust</strong></td>
</tr>
<tr>
<td></td>
<td><strong>District Councils Scrutiny committees</strong></td>
</tr>
<tr>
<td></td>
<td><strong>County Council Cabinet</strong></td>
</tr>
<tr>
<td></td>
<td><strong>PCT Board</strong></td>
</tr>
</tbody>
</table>
### LAA Indicator
**Number and name**
Obesity amongst Primary School children in Year 6 (NI 56)

This plan also covers obesity amongst primary school children in year R (NI 55)

### Also appears as....

- PCT operating framework vital signs
- CYPP 25 (year 6 children)
- CYPP 24 (year R children)

<table>
<thead>
<tr>
<th>Baseline and Date Set</th>
<th>Target Year 1 (2008/09)</th>
<th>Target Year 2 (2009/10)</th>
<th>Target Year 3 (2010/11)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13.9%</td>
<td>13.85%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Bucks</td>
<td>13.9% (06/07)</td>
<td>Annual Data Reported (for 07-08)</td>
<td>Annual Data Reported (for 08 – 09)</td>
</tr>
<tr>
<td></td>
<td>Q1 Q2 Q3 Q4</td>
<td>Q1 Q2 Q3 Q4</td>
<td>Q1 Q2 Q3 Q4</td>
</tr>
<tr>
<td>AV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CH</td>
<td></td>
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<td></td>
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<tr>
<td>SB</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WY</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please note this target is on an annual reporting cycle, based on school years. Reporting occurs in September each year. No district analysis is available until the following April. Data for other indicators is collected as part of other LAA plans.
**Partner Engagement**
Please list the partners who have signed up to delivery of the target. This will include all statutory sector, private sector and voluntary and community sector organisations who have agreed to contribute to the project.

<table>
<thead>
<tr>
<th>Partner Organisations involved in delivery</th>
<th>Partner Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bucks PCT (Lead Organisation)</td>
<td>Lesley Manning</td>
</tr>
<tr>
<td>Public Health</td>
<td><a href="mailto:Lesley.Manning@buckspct.nhs.uk">Lesley.Manning@buckspct.nhs.uk</a></td>
</tr>
<tr>
<td>Provider Arm (Child Health/Community Nursing)</td>
<td>Elaine Coleridge Smith</td>
</tr>
<tr>
<td>Bucks CC – School Food Improvement Board</td>
<td>David Shaw</td>
</tr>
<tr>
<td>Bucks CC / PCT Healthy Schools</td>
<td>Bill Moore</td>
</tr>
<tr>
<td>Bucks CC / Physical Activity Adviser</td>
<td>Ian Park</td>
</tr>
<tr>
<td>Bucks CC / Play Policy Steering Group Child Care Development manager</td>
<td>Olwen Stovold</td>
</tr>
<tr>
<td>Bucks CC / Trading Standards</td>
<td>David Pickering</td>
</tr>
<tr>
<td>Bucks CC / Travelwise Team</td>
<td>Mark Oldfield</td>
</tr>
<tr>
<td>Bucks CC / Right of Way</td>
<td>Paul Battye</td>
</tr>
<tr>
<td>County Sports Partnership</td>
<td>Lee Mason</td>
</tr>
<tr>
<td>Nexus Community (covering WDC, CDC, SBDC)</td>
<td>Lesley Simpson</td>
</tr>
<tr>
<td>BCC children’s centres</td>
<td>Wendy Jarvis (contact person)</td>
</tr>
<tr>
<td>District Sport and Physical activity leads</td>
<td>WDC Rick Durant</td>
</tr>
<tr>
<td></td>
<td>CSB Paul Nanji</td>
</tr>
<tr>
<td></td>
<td>AVDC Chris Bolton</td>
</tr>
</tbody>
</table>
DATA QUALITY:
(1) Data management – See BSP website for Data Quality Provision
(2) Data Ownership

| Target Owner | Lesley Manning  
| | Lesley.Manning@buckspct.nhs.uk |
| Person Entering Data onto Performance Plus | as above |
| Thematic Partnership Board for this Indicator | Safer and Stronger Partnership Board | Children and Young People’s Plan | E&E Co-ordinating Group | Healthy Communities Partnership | Adult Commissioners |
| | | | ✓ | ✓ | |

(3) Activity Plan
Please detail the activities which will be undertaken during this project and the partners involved in delivery. Please provide at least one activity per quarter, with a key milestone by which the activity can be measured – these will be the key things that have to be done for the project to succeed.

Delivery is listed under the 5 strands of the national obesity strategy:

1. Children – healthy growth and healthy weight
2. Promoting healthier food choices
3. Building physical activity into our lives
4. Creating incentives for better health
5. Personalised advice and support

Each reference number refers to a whole programme which will have its own milestones; this plan acts as an overall picture of strands of work to supporting tackling obesity. Many of the projects will be listed in other areas of the LAA.
<table>
<thead>
<tr>
<th>Ref</th>
<th>Quarter Number</th>
<th>Activity</th>
<th>By Whom? Name org/partner(s)</th>
<th>Milestone</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Y1 - 3 NI 55/56</td>
<td><strong>Children – healthy growth and healthy weight</strong>&lt;br&gt;Collections and record height/weight measurements for year R and Year 6 children throughout Bucks PCT in line with the DH/DfES guidance.&lt;br&gt;Deadline for annual submission in September&lt;br&gt;To analyse data to direct targeted interventions (where statistically appropriate)</td>
<td>Provider Services Bucks PCT&lt;br&gt;Public Health Bucks PCT</td>
<td>Statistics collected annual deadline Sept.</td>
<td>2008/9</td>
<td>2010/11</td>
</tr>
<tr>
<td>2</td>
<td>Yr 1 – 3 NI 53</td>
<td><strong>To implement the CYPP breastfeeding delivery plan</strong></td>
<td>See plan</td>
<td>See plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Year 1 – 3</td>
<td><strong>Promoting Healthier Food Choices/Building Physical activity into our lives</strong>&lt;br&gt;To maintain and develop the healthy school programme in Bucks with particular reference to the healthy eating and physical activity standards.&lt;br&gt;To increase the number of schools achieving healthy school status.&lt;br&gt;Links:&lt;br&gt;NI 50 emotional health of children&lt;br&gt;NI 69 children who have experienced bullying</td>
<td>Healthy School Team BCC&lt;br&gt;Bucks PCT Public Health&lt;br&gt;School Sports co-ordinators</td>
<td>6 monthly statistics on HE standard and PA standard</td>
<td>2008/9</td>
<td>2010/11</td>
</tr>
<tr>
<td>Year</td>
<td>Objective</td>
<td>Stakeholders</td>
<td>Implementation Details</td>
<td>Timeline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
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<td>--------------</td>
<td>------------------------</td>
<td>----------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 4    | Promoting healthier food choices  
Creating incentives for better health  
Children – healthy growth and healthy weight | School Meal Improvement Project Board.  
Project managed by BCC | Project reports to project deadlines  
2008/9 | 2010/11 |
| 5    | Promoting healthier food choices  
Children – healthy growth and healthy weight | Lesley Manning (contact)  
Bucks CC Family Learning  
Healthy Living Centre  
AVDC  
CDC  
WDC  
Bucks PCT | Subject to New Opportunities  
funding evaluation.  
Annual evaluation report submitted April 08/09 | 2010 |
| 6    | Promoting healthier food choices | BCC Trading Standards  
David Pickering  
TSO, WDC and AVDC | Halt the salt campaign  
increase number of restaurants taking part in the campaign  
promotion of healthier food choices via active participation in various village and school events  
(20 events 2008/9 with evaluation report)  
Healthier choices for lunchboxes by working in schools (6 sessions 2008/9) in partnership with AVDC | 2008/9  
March 2009 |
| 7 | **Promoting Healthier Food Choices/ Building Physical activity into our lives**
   **Children – healthy growth and healthy weight**
   To implement work plan of early years food and activity facilitator.
   Post holder in post Sept 08 | Bucks PCT
   BCC Early Years | 6 monthly report on work plan. Objectives to be agreed | October 2008 | 2010/11 |
|---|---|---|---|---|---|
| 8 | **Building Physical activity into our lives**
   To implement Play plans in each district
   Maintain the Play Policy Steering group | BCC Play Policy Steering Group. (chair Olwen Stovold) | To support access to relevant funding streams and development of district based play strategies | Tbc once central government announce funding | 2010/11 |
| 9 | **Building Physical activity into our lives**
   To implement the PESSCL strategy
   Link: NI57 children and young peoples participation in high quality PE and sport | Bucks CC Ian Parks | Data reported annually in November | 08/09 | 2010/11 |
| 10 | **Building Physical activity into our lives**
   To implement the County Sports Partnership strategy/ plans for increasing physical activity and participation in sport.
   ( includes the Sport and Physical Activity network plans for each district, which have a wide range of activities for children and adults)
   Link: NI8 Adult participation in sport | Lee Mason – CSP
   Chairs of each District SPAN AVDC/CDC/WDC/SBDC | PSA2 targets of increased participation for children and adults. | 2008/9 | 2010/11 |
Building Physical activity into our lives
To support, promote and build on the Simply Walk (Health Walks) programme
To widen the choice of walks annually into local communities – provide 5 new walks annually to 2013 – 60 total countywide
To increase regular walking countywide - To increase engaged walkers to 1200 by 2013
To increase local volunteer walk leaders by 60 annually. Record 530 walk leaders countywide by 2013
Link NI8 Adult participation in sport

Building Physical activity into our lives
Personalised advice and support
Creating incentives for better health
Delivery of leisure facilities in 3 districts (WDC, CDC, SBDC) and comprehensive health programme including exercise on referral
Delivery of leisure facilities in AVDC

BCC Right of Way
Bucks PCT
Bucks Mental Health
WDC
CDC
SBDC
AVDC

Annual report on Simply walk
Quarterly reports on engaged walkers

2008/9

2012/13

2008/9

Sept 08

2010/11

March 09

Includes weight management for adults programme developed and pilot delivered
Partner in child obesity MEND pilot in one area

Sept 08

March 09

Lesley Simpson (health programme manager)
|   | Building Physical activity into our lives  
Creating incentives for better health | BCC Transport | 2008/9 | 2010/11 |
|---|---|---|---|---|
|   | Travel Wise/ Travel planning  
Development of a Bucks Walking Strategy  
Cycle Aylesbury project |   |   |   |
|   | Links:  
NI198 mode of transport to school  
NI47 and 48reduction in road traffic accidents  
NI175 access to services and facilities by public transport, walking and cycling |   |   |   |
| 14 | Year 1–3 Personalised advice and support | Bucks PCT  
Andrea Young | Delivery of 10 practices per year with weight management services | 2008/9 | 2010/11 |
|   | To implement work plan of obesity dietician  
delivering increased weight management options in primary care and the community.  
Embed weight management systems into primary care and the community for adults  
Development of family based obesity management programme for children |   | Delivery of 3 course per year in pilot area | 2008 | 2009 |
<p>| 15 | Year 1 - 3 Personalised advice and support | Bucks PCT | 3 training events per annum | 2008/9 | 2010/11 |
|   | Training delivered for early years staff and health professionals |   |   |   |</p>
<table>
<thead>
<tr>
<th>Financial Years:</th>
<th>Project Element (eg staff, buildings, technology, equipment, services)</th>
<th>Capital £:</th>
<th>Revenue £:</th>
<th>‘In Kind’ Support £:</th>
<th>Total (£)</th>
<th>Source of funding (specify funding stream and organisation receiving the funding)</th>
<th>Funding Assured? Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/09 - 2010</td>
<td>Obesity dietician</td>
<td></td>
<td>35,000</td>
<td></td>
<td></td>
<td>Bucks PCT</td>
<td>Y</td>
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<tr>
<td>08/09 - 2010</td>
<td>Early years worker</td>
<td></td>
<td>35,000</td>
<td></td>
<td></td>
<td>Bucks PCT</td>
<td>Y</td>
</tr>
<tr>
<td>08/09 - 2010</td>
<td>Cook and eat</td>
<td></td>
<td>40,000</td>
<td></td>
<td></td>
<td>NOF</td>
<td>Y</td>
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<tr>
<td>08/09</td>
<td>Simply Walk</td>
<td></td>
<td>27,000</td>
<td></td>
<td></td>
<td>Bucks CC/rights of way and adult social care</td>
<td>Y</td>
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<tr>
<td>08/09 – 2012/13</td>
<td>National child measurement programme</td>
<td></td>
<td>90,000</td>
<td></td>
<td></td>
<td>Natural England Access to Nature funding bid</td>
<td>N</td>
</tr>
<tr>
<td>08/09 – 2010</td>
<td>School Food Improvement</td>
<td></td>
<td>3.7million</td>
<td>In core contract</td>
<td></td>
<td>Exceptional capital funding DCSF grant</td>
<td>Y</td>
</tr>
<tr>
<td>07/08 – 09/10</td>
<td>CSP and SPAN work</td>
<td></td>
<td>?</td>
<td></td>
<td></td>
<td>Sport England Funding</td>
<td></td>
</tr>
<tr>
<td>07/08 – 10/11</td>
<td>Healthy Schools</td>
<td></td>
<td>?</td>
<td></td>
<td></td>
<td>Community Investment Fund</td>
<td></td>
</tr>
</tbody>
</table>
(6) Risk Management
Please detail the possible risks to the project. The Impact of the risk will be how severe its consequences are, the Probability is the likelihood of it occurring. “Score” is a multiplication of Impact and Probability, which will run from 1 (minimum risk) to 24 (maximum risk). These will then be used to assess the overall risk of non-delivery of this project. This information will be recorded on P+ for the new LAA, and LAA risk exception reporting to the thematic partnerships and overall LAA Governance will commence during 2008.

### Risks to Delivery

<table>
<thead>
<tr>
<th>Risk</th>
<th>Assessment of Untreated Risk</th>
<th>Risk Treatment</th>
<th>Assessment of Treated Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Impact (1-4)</td>
<td>Probability (1-6)</td>
<td>Score (I x P)</td>
</tr>
<tr>
<td>Refusal of year 6 children to take part in measurement programme</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Co-ordination across the wide range of indicators in the delivery plan</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Changing obesity in the light of national trends continuing to rise</td>
<td>2</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

NB: Data Quality risk will be inputted directly onto P+.

(7) Other Issues
Please set out any other relevant information or comments regarding this delivery plan, such as if there any links to other delivery plans or performance indicators.
Much of the activity is in headline form only, since so many partners plans deliver to this agenda through their existing plans, many of which have their own national indicator.

(8) Sign-off

| Are all partners named in the delivery plan signed up to delivery and clear on their contribution to the target? | Waiting for confirmation and funding issues from SPAN leads, Lee Mason, Ian Park, Mark Oldfield |
| Has the equalities impact assessment been carried out for this delivery plan? (Have you or a representative attended the Equalities Impact Workshop) | Attending workshop July 21st |

Completed by (target owner) | Lesley Manning |
Date | 27/06/08 |

Document Revision History

<table>
<thead>
<tr>
<th>Version Ref</th>
<th>Live / Draft</th>
<th>Revision date</th>
<th>What's Changed?</th>
<th>Changes made by</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Draft</td>
<td>21/05/08</td>
<td>Template sent to target owner</td>
<td>Ben Chisnall, BCC</td>
</tr>
<tr>
<td>2</td>
<td>draft</td>
<td>22/05/08</td>
<td>Input into template</td>
<td>Lesley Manning BPCT</td>
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<tr>
<td>3</td>
<td>draft</td>
<td>20/06/08</td>
<td>Updates from partners incorporated</td>
<td>Lesley Manning BPCT</td>
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<tr>
<td>4</td>
<td>draft</td>
<td>27/06/08</td>
<td>Final updates from partners</td>
<td>Lesley Manning BPCT</td>
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<tr>
<td>5</td>
<td>draft</td>
<td>30/06/08</td>
<td>Trading Standards Updates</td>
<td>Lesley Manning BPCT</td>
</tr>
<tr>
<td>6</td>
<td>draft</td>
<td>23/09/08</td>
<td>Risk plan updated</td>
<td>Lesley Manning BPCT</td>
</tr>
</tbody>
</table>
Appendix 4

NICE quick reference guide
Obesity:
Recommendations for the public
Staying a healthy weight improves health and reduces the risk of diseases associated with being overweight or obese, such as coronary heart disease, type 2 diabetes, osteoarthritis and some cancers. Health and other professionals should reinforce the messages in this section.

General advice
- Check your weight or waist measurement every now and then, or keep track of the ‘fit’ of your clothes, to make sure you are not gaining weight.
- Discuss any concerns about your (or your family’s) diet, activity levels or weight with a GP or practice nurse, health visitor, school nurse or pharmacist.
- **Adults**: use a weight loss programme (such as a commercial or self-help group, book or website) only if it is based on a balanced diet, encourages regular exercise, and expects weight loss of no more than 0.5–1 kg per week. People with certain medical conditions – such as type 2 diabetes, heart failure or uncontrolled hypertension or angina – should check with their GP’s surgery or hospital specialist before starting a weight loss programme.

How to have a healthy balanced diet
- Base meals on starchy foods such as potatoes, bread, rice and pasta, choosing wholegrain where possible.
- Eat plenty of fibre-rich foods – such as oats, beans, peas, lentils, grains, seeds, fruit and vegetables, as well as wholegrain bread, brown rice and pasta.
- Eat at least five portions of fruit and vegetables a day in place of foods higher in fat and calories.
- Eat a low-fat diet, and avoid increasing your fat and/or calorie intake.
- Eat as little as possible of: fried foods; drinks and confectionery high in added sugars; and other food and drinks high in fat and sugar, such as some take away and fast foods.
- Eat breakfast.
- Watch the portion size of meals and snacks, and how often you are eating.
- Avoid taking in too many calories in the form of alcohol.
- **Children and young people**: should have regular meals in a pleasant, sociable environment with no distractions (such as television); parents and carers should join them as often as possible.

How to keep physically active
- Make activities you enjoy – such as walking, cycling, swimming, aerobics or gardening – part of your everyday life. Small everyday changes can make a difference.
- At work, take the stairs instead of the lift, or go for a walk at lunchtime.
- Avoid sitting too long in front of the television, computer or playing video games.
- **For children**:
  - gradually reduce the time they are sitting in front of a screen
  - encourage games that involve running around, such as skipping, dancing or ball games
  - be more active as a family, by walking or cycling to school, going to the park, or swimming
  - encourage children to take part in sport inside and outside school.