

Healthy eating among children and young people



Prepared by a task group of the
Children and Adults Overview and Scrutiny Committee

September 2010

CONTENTS

Section	Title	Page
1	Foreword	3
2	Executive summary and key findings	5
3	Background	9
4	Setting the context	11
5	Objective, methodology and approach	17
6	Summary of evidence collected	21
7	Conclusions and recommendations	41
8	References	45
Appendix 1	NI56¹ Delivery/Action Plan and Performance 2008/09	47
Appendix 2	Diversity Impact Assessment	55

¹ NI56 - Obesity among primary school age children in Year 6

1. FOREWORD

- 1.1. On behalf of the Children and Adults Overview and Scrutiny Committee the task group is pleased to present the review into healthy eating amongst children and young people, with its associated recommendations, for Medway Council's Cabinet and NHS Medway to consider.
- 1.2 Being obese can put individuals at a higher risk of: -
- Developing diabetes, cancer, heart disease, liver disease and reproductive and pregnancy complications;
 - Decreasing your life expectancy by an average of nine years;
 - Poor mental health and higher rates of depression.
- 1.3 The impact of obesity also has a significant financial burden. In 2007 the cost to the NHS of treating diseases associated with overweight and obesity was estimated to be £4.2 billion. The additional costs to the wider society of sickness absence, poor productivity and benefits were estimated to be in the region of £16billion. (*Source: Foresight – Tackling Obesities: Future Choices – project report (2007)*).
- 1.4 In addition to taking evidence from various officers within the Council and partner organisations, the task group visited various provision within Medway, including schools and sessions at sure start centres, which provided various support and advice to children and families about healthy eating. The task group also visited a Community Allotment Project in Thanet, which was very useful and informative
- 1.5 We hope that the Cabinet and NHS Medway will take note of the evidence set out in this document in support of the recommendations and would like to take this opportunity of thanking all participants in the review.



Councillor Brake (Task Group Chairman)



Councillor Gilry



Councillor Kemp



Councillor Smith

2. EXECUTIVE SUMMARY

Introduction

- 2.1 The Children and Adults Overview and Scrutiny Committee have a responsibility to scrutinise services and policies relating to children and young people throughout Medway. As part of its role it receives performance data on key indicators. Two of these relate to the percentage of children at reception year and year 6 who are obese, which has been continually rated red (off target) and was a concern for the Committee. The latest performance data for these targets can be found at page 16.
- 2.2 It was therefore agreed that the Committee would set up a task group to look at healthy eating amongst all ages of children and young people.
- 2.3 The review was principally supported by: -
- Zoe Barkham, Wellbeing Strategy Manager,
 - Sue Edmed, Contracts Manager,
 - Nicky Ling, Senior Public Health Manager (Healthy Weight),
 - Teri Hemmings, Overview and Scrutiny Co-ordinator,
 - Rose Anne Cook, Graduate Trainee and
 - Aston Brand, Medway Youth Parliament representative.

Terms of reference

- 2.4 The terms of reference for the review were set as follows: -
- 1) To identify any gaps in support for children and families on healthy eating.
 - 2) To find ways of increasing the uptake of school meals.
 - 3) To identify factors which are barriers for children and families to eat healthy food.
 - 4) To identify ways in which adolescents could be encouraged to make healthier food choices.
 - 5) To identify additional areas where information and initiatives to encourage healthy eating could be introduced.

Conduct of work

- 2.5 The task group initially received a briefing from officers involved in supporting and promoting healthy eating. The group then began to take evidence from various staff across different departments within the Council as well as externally.
- 2.6 The group made a number of visits, both locally and outside of Medway. The following is a list of all the visits and meetings the group held to gather their evidence: -
- South East Annual Healthy Weight Conference, London
 - All Saints Sure Start Children Centre, Luton
 - Burnt Oak Children Centre, Gillingham
 - Windmill Community Allotment Project, Thanet
 - Representatives from Medway Youth Parliament Health Sub-Committee

- 2.7 Members also visited the following schools during their lunchtime period:-
- Byron Primary School
 - Greenacre Secondary School
 - Riverside Primary School
 - St James's Primary School
 - Strood Academy
 - St Michael's Primary School
 - Gordon Junior School
- 2.8 A Diversity Impact Assessment was also carried out to ensure that no particular group of Medway's young people community would be disadvantaged in any way by the outcomes of the review. There is support, plans and programmes in place to help and encourage healthy eating amongst different groups and Public Health Nutritionists within the Healthy Weight Team are able to provide advice to specific groups as required. The Diversity Impact Assessment is attached at Appendix 2.

Outcomes of the review

- 2.9 The task group were impressed by the amount of provision and support available both locally and nationally to help and encourage children and young people, and their families, to follow healthy diets and maintain a healthy weight.
- 2.9.1 However, they did find areas that could benefit from improvement or development, along with increased communication between departments to become more 'joined up' in providing information and support to the public on healthy diets.
- 2.11 The recommendations from the review are set out at pages 41 - 45. Many of them are simple but it is felt that their implementation will be extremely effective in encouraging and supporting more children and young people, and their families, to follow a healthy, balanced diet.

Key findings

- 2.12.1 The following points summarise the key findings of the review aligned with the terms of reference: -
- **Breastfeeding**
The task group gained evidence from the Government's Strategy *Healthy Weight, Healthy Lives* and from professionals at the South East Annual Healthy Weight Conference that babies who are breastfed have a reduced risk of excess weight in later life and Members were therefore keen to encourage breastfeeding amongst mothers in Medway.
 - **Early years**
Members were encouraged by the amount of provision and support available to children in early years and their families, to help support them in following a healthy diet and trying new tastes and flavours.

Healthy eating amongst children and young people

- **School meals uptake**

Members recognised that schools meals were the easiest way to ensure children and young people were receiving a healthy balanced meal and Members were keen to increase school meal uptake wherever possible.

- **School dining areas**

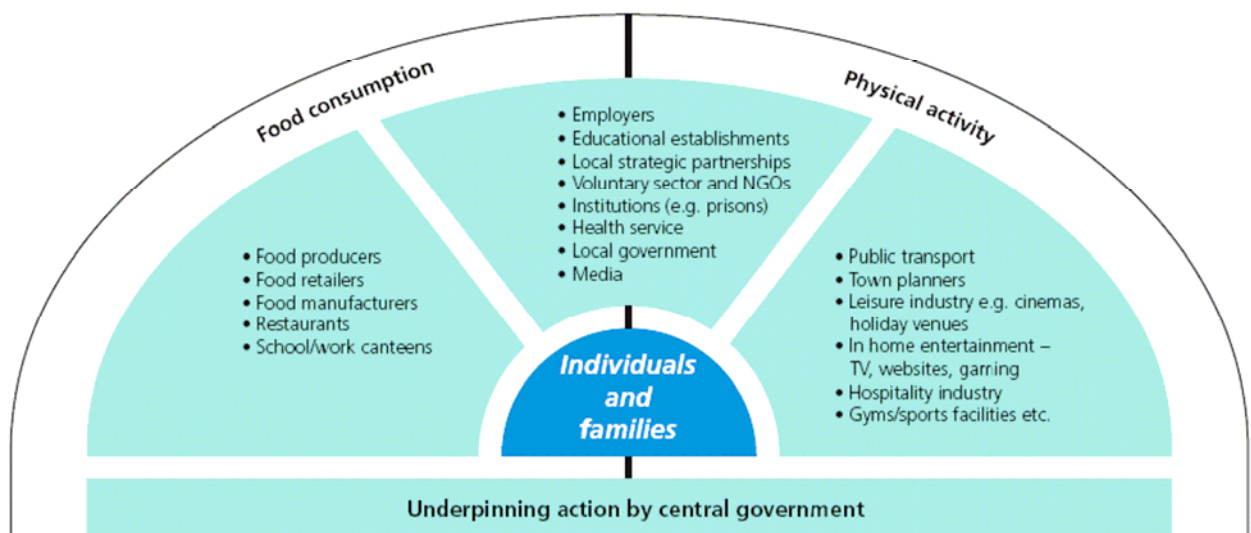
Members found that where schools had inviting dining space for students to use, they were far more likely to use the facilities available and buy lunch at the school.

- **Joined up approach**

As stated in the Medway Obesity Strategy, “a wide range of professionals from both the health sector and local government can contribute towards the development of a strategy to promote healthy eating and thus to help prevent obesity. These professionals may include: health promotion specialists; public health specialists; representatives from primary care trusts; community development workers including community food workers and dieticians; local authority representation including environmental health, housing, regeneration and sustainable development officers, employment advisers, representatives from education; the voluntary sector; local food producers and retailers”.

Members recognised that various agents, as well as other organisations in the private and community and voluntary sector needed to work together to reduce obesity, as this diagram represents.

Map of major sectors that must play a role in tackling excess weight



Source: Medway Obesity Strategy, 2005

- **Gaps in communication**

During discussions between various departments of the Council, there were some areas of good practice highlighted but also some clear gaps in communication where officers could work more closely together to deliver such provision and support to the community: -

- Communication between Social Regeneration and Public Health Directorate had been poor and it was identified that the two departments could achieve

much more support to many more members of the community by working together.

- Communication and joint working between Transport and Public Health was good. The two were integrated, with the Public Health Directorate funding a post within the Transport team to promote active travel.
 - It was recognised that the Youth Service could use the expertise of the Public Health Directorate to provide more informed nutritional advice and provide more information on the mixit web-pages.
 - Leisure agreed they would also benefit from working with the Public Health Directorate to improve the healthy options available in vending machines and integrate Public Health Services to enable access to children and young people, as well as their families, to advise on maintaining a healthy weight.
 - It was also recognised that there could be an improved co-ordination of work with schools between the Healthy Schools Team and the Public Health Directorate.
- **Planning policies to support healthy eating and reduce temptation**

Members of the task group found various news articles about other local authorities introducing planning supplementary documents or similar policies to prevent fast food outlets from operating near schools, leisure centres and parks. The School Food Trust also ran a Temptation Town campaign to highlight the numbers of fast food outlets operating around schools, which undermines the drive towards healthy eating.
 - **Community Allotment Projects**

The task group visited a community allotment project in Thanet and spoke to the staff that gave their advice on what worked well at the project and what they would do differently if they were to start the project again. The project had a variety of different sections including small single allotments for people to use, a herb garden, flower beds, various fruit, salad and vegetables, a pond and a compost toilet. There was also a children's play area and sheltered area for learning. The project is well attended and enables children and their families to try new foods and explore different tastes, as well as learn where foods come from and how they can be grown at home. The Members fed back their findings to the Medway Public Health Directorate for them to use in the implementation of the project in Gillingham.

3. BACKGROUND

Britain is in the grip of an epidemic. Almost two-thirds of adults and a third of children are either overweight or obese, and work by the Government Office for Science's Foresight programme suggests that, without clear action, these figures will rise to almost 9 in 10 adults and two-thirds of children by 2050. This matters because of the severe impact being overweight or obese can have on an individual's health – both are associated with an increasing risk of diabetes, cancer and heart and liver disease among others – and the risks get worse the more overweight people become. They matter because of the pressure such illnesses put on families, the NHS and society more broadly, with overall costs to society forecast to reach £50 billion per year by 2050 on current trends.

Healthy weight, healthy lives: A cross-government strategy for England, 2008 (sources: Health Survey for England 2005 Latest Trends, NHS Information Centre and Foresight (2007) Tackling Obesities: Future Choices – Project Report, Government Office for Science)

- 3.1 The prevalence of obesity among children in England aged 2 to 10 years, rose, between 1995 and 2007 from 9.7% to 16.5% in boys and 10.6% to 14.6% in girls. In children aged 2-15, the increase in obesity prevalence rose over same time period, from 11.1% to 17.1% in boys and 12.2 to 16.4% in girls (Health Survey for England). Data for the South East show obesity prevalence for children aged 2 to 15 years at 16% for boys and 14% for girls during 2005-2007.
- 3.2 Medway initially began to focus on reducing obesity amongst its population in 2005 when it produced the Obesity Strategy. This was followed by the Healthy Weight, Healthy Lives Strategy by the Government which gave a national focus on the obesity issue and gave further direction on how to tackle the problem and reduce levels of obesity across England.
- 3.3 In 2006 the national child measurement programme (NCMP) began, measuring BMI of children in Reception year and year 6 at school. Children in these two year groups are weighed and measured during the school year to inform local planning and delivery of services for children and to gather population-level surveillance data to allow analysis of trends in growth patterns and obesity. Take up of this scheme was however lower at the beginning which makes the initial data less reliable.
- 3.4 In 2007 the MEND (Mind, Exercise, Nutrition...Do it!) programme was introduced to Medway, which was a focussed service for children who were overweight or obese. It offers a fun and creative environment for families to learn how to make healthier lifestyle choices and has continued to be rolled out across Medway.
- 3.5 In terms of monitoring performance in reducing levels of obesity, there is a Strategic Change Programme within NHS Medway, which the Public Health Directorate reports into, and the Director for Public Health also reports in to the Local Strategic Partnership Board.

Healthy eating amongst children and young people

- 3.6 The following table shows the history of data gathered from the NCMP for Medway and nationally:

Reception Year (FS2)						
Year	England			Medway		
	Overweight (%)	Obese (%)	Measured (%)	Overweight (%)	Obese (%)	Measured (%)
2008/09	13.2	9.6	91.0	13.4	11.7	88.2
2007/08	13.0	9.6	89.0	10.1	8.0	83.0
2006/07	13.0	9.9	83.0	11.5	8.9	79.0

Year 6						
Year	England			Medway		
	Overweight (%)	Obese (%)	Measured (%)	Overweight (%)	Obese (%)	Measured (%)
2008/09	14.3	18.3	89.0	14.6	19.4	89.6
2007/08	14.3	18.3	87.0	15.3	20.4	87.0
2006/07	14.2	17.5	78.0	15.3	19.3	87.0

- 3.7 The PCT has invested in the expansion of the Healthy Weight Team within the co-terminus Public Health Directorate to help address obesity, promote physical activity, and provide advice and support on food and nutrition for both children and adults. This has allowed the development of interventions to support childhood obesity prevention including MEND 2-4 years, MEND 7-13 years, breastfeeding promotion and to offer support and funding to the Health aspect of the Our Medway curriculum project.

4. SETTING THE CONTEXT

(a) Legal framework, Council and PCT duties and obligations, accountabilities and performance

- 4.1 There was a change in Government before this review was finalised and the new Government are currently adapting their web pages, strategies etc in relation to various issues including public health and obesity. The strategies and guidance detailed below relates to the previous Government.

Government strategies and guidance:

The (previous) Government's ambition was to be the first major nation to reverse the rising tide of obesity and overweight in the population, by enabling everyone to achieve and maintain a healthy weight. Our initial focus is on children: By 2020, we aim to reduce the proportion of overweight and obese children to 2000 levels.

Department of Health website, www.dh.gov.uk

4.2 Healthy schools (1999)

The Healthy Schools Programme is a joint initiative between the Department for Children, Schools and Families and the Department of Health, which promotes a whole school/whole child approach to health. The Programme has existed since 1999, is recognised as a key delivery mechanism in the Children's Plan (DCSF 2007) and in Healthy Weight, healthy lives (DH 2008). The Healthy schools programme is intended to deliver real benefits in respect of: -

- Improvement in health and reduced health inequalities;
- Raised pupil achievement;
- More social inclusion;
- Closer working between health promotion providers and education establishments.



4.3 Choosing health: making healthy choices easier (2004)

This set out key principles in order to offer people support and information in making informed choices to get people motivated and improve emotional wellbeing and access to services so that healthy choices are easier to make.

4.4 Foresight – tackling obesities: future choices – project report (2007)

This report presents the key messages and implications for the UK. These are based on an extensive analysis of a wide range of evidence, including several commissioned evidence reviews, a systems analysis of the primary determinants of obesity, scenarios of possible futures and a quantitative model of future trends in obesity and associated diseases.

4.5 World Health Organization – European Action Plan for Food and Nutrition Policy 2007-12

The action plan establishes health, nutrition, food safety and food security goals and provides a coherent set of integrated actions, spanning different government sectors and involving public and private bodies, for Member States to consider in their own national policies and health system

governance and for international organisations to consider at regional and global levels.

4.6 Healthy weight, healthy lives: a cross government strategy for England (2008)

This strategy was developed as the beginning of a sustained programme to support people to maintain a healthy weight and set out the first steps to achieving the ambition detailed above.

4.7 Change4Life (2009)

Change4Life is a society-wide movement that aims to prevent people from becoming overweight by encouraging them to eat better and move more. It is the marketing component of the Government's response to the rise in obesity. The Change4Life campaign provides families with ideas and helps to make



small changes to achieve a happier, healthier future for families. Information includes recipes, tools, tips and games. The campaign began in January 2009 and in the initial stage targeted young families with children aged 5-11 years. Since its launch the movement has grown to targeting all parents with children under the age of 11 years and new parents with babies (Start4Life).

4.8 Schools Nutrition standards

The Government's nutrient-based standards for school lunches became law in September 2008 for primary schools and September 2009 for secondary schools, special schools and Pupil Referral Units (PRUs). Nutrient-based standards apply to an average school lunch, and relate to overall provision rather than individual consumption. The nutrient-based standards are derived from UK nutrient recommendations and were calculated based on typical mixed sex primary and secondary school.

4.9 Let's get moving (2009)

Let's get moving is designed to support people in their efforts to become more active and contains helpful hints, practical examples, simple visual tools and personal planning exercises.

4.10 Healthy lives, brighter futures (2009)

This strategy sets out the principles of the relationship between parents and services and will establish what parents and their children can expect from services available to them from various providers. These principles are that: -

- Parents are provided with information they need to help children lead healthy lives, with local areas setting out what parents will be able to receive in their communities;
- Public sector settings provide healthy environments and encourage children and young people to make healthy choices;
- The right services are in place to meet the specific health needs and expectations of children and their families;
- Extra support is provided to those from the most disadvantaged backgrounds.

4.11 Be active, be healthy (2009)

Be active, be healthy established a new framework for the delivery of physical activity alongside sport for the period leading up to the London 2012 Olympic Games, Paralympic Games and beyond. Programmes outlined in the plan

contribute to Government's ambition of getting 2 million more people active by 2010. The strategy also sets out new ideas for local authorities and PCTs to help determine and respond to the needs of their local populations, providing and encouraging more physical activity, which will benefit individuals and communities, as well as delivering overall cost savings.

4.12 The Healthy Child Programme (2009)

The Healthy Child Programme is the universal preventative programme that begins in pregnancy and continues through childhood. It is an evidenced based programme of developmental reviews, screening, immunisations, health promotion and parenting support. Effective implementation of the Healthy Child Programme should lead to increased rates of breastfeeding, healthy eating and increased activity and early recognition of the risk factors for obesity.

(b) Medway's policy framework

4.13 Local Area Agreement (LAA)

The [Local Area Agreement](#) (LAA) is drawn up by the Council and its partners and sets out how agencies working across Medway will share resources and expertise to make life better for local people. Based on a series of pledges, the LAA sets targets related to various issues, one of which is tackling obesity. The target relates to national indicator 56, obesity among primary school age children in year 6. This target, along with all LAA targets, has a delivery action plan which explains what will be done and which organisation is committed to supporting the actions to improve the lives of people in Medway. The delivery plan for NI56 (obesity among primary school age children in year 6) is attached at appendix 1 to this report.

4.14 Medway's Council Plan 2009-12

Medway's Council Plan states that the Council will encourage children and young people to lead active lifestyles as a key part of the authority's work with children. It will actively pursue a range of initiatives such as healthy schools, school travel plans and walk on Wednesdays. The plan also states that obesity levels will be reduced to 18.5% by 2011 through the delivery of the healthy schools programme and increased participation in sport and leisure.

4.15 NHS Medway's Strategic Commissioning Plan 2007-12

The plan sets out how Medway PCT, working in partnership, will commission the health care services needed by the people of Medway over the next five years. Within the plan it states that the PCT, in collaboration with Medway Council and in line with the local Obesity Strategy, will commission a range of community based support and services to help people make healthier choices. These include; lifestyle clinics, weight management groups, walking schemes, exercise referral schemes, family learning and workplace interventions that support the prevention and/or management of obesity.

4.16 Medway Obesity Strategy, 2005

The strategy summarises the issues and evidence relating to obesity and suggests a number of options, which would contribute to improving health in Medway.

Healthy eating amongst children and young people

4.17 Medway's Children and Young People's Plan (CYPP) 2009-2010

Within the plan there is an objective to reduce obesity through promotion of healthy lifestyles among children and young people, and their families. To do this, it is stated in the plan that there will be support through the delivery of the healthy schools programme and increased participation in sport and leisure.

4.18 NHS Medway Annual Health report 2008/09

Within the report it details the PCT's aims for 2009/10, including its plans to tackle the obesity issue: -

- Run a series of mini-MEND courses for children aged 2-4years and their families, so from a very young age children get used to eating well and taking exercise, minimising their risk of becoming overweight later;
- Develop and start to implement a plan for preventing obesity, focusing on pre-conception and antenatal care, breastfeeding and infant nutrition;
- Set up self-esteem groups and counselling for very overweight people;
- Launch a health Trainer programme to encourage people to make healthy lifestyle choices.

4.19 Medway's Community Plan 2007-2010

This plan has now expired but within was a clear recognition of the obesity problem. The plan included an objective to increase the number of children taking up their entitlement to free school meals by 10 per cent by 2009/10. It also has an objective to reduce childhood obesity leading to an increased life expectancy by increasing the Disability Adjusted Life years (measurement of life expectancy) from 0 in 2003 to 66.75 by 2008/09 in an identified group of children. This target was successfully achieved with the cohort of children completing the MEND 7-13 programme.

4.20 Local Transport Plan 2006-11

Within this plan there is an undertaking that Medway Council, its partners and developers will, "promote and support walking and cycling as a healthy, sustainable form of transport for utility and leisure trips and seek to implement a range of walking and cycling priority schemes and initiatives that will result in encouraging walking and enabling and encouraging safer cycling among potential and inexperienced cyclists".

(c) National and local picture

The National picture:

4.21 Obesity among 2–10 year olds rose from 10.1% in 1995 to 13.9% in 2008 according to Health Survey for England (HSE) figures. There are growing indications that the previous upwards trend in child obesity may be flattening out although it is still too early to state that this represents a long-term change in the trend.

4.22 In 2008/09, obesity among 4–5 year olds (Reception year) was 9.6% and among 10–11 year olds (Year 6) in England was 18.3%. These figures from the National Child Measurement Programme (NCMP) have remained broadly consistent over the last three years (see the table under paragraph 3.6 in background section) although increases in the percentage of children measured may contribute to an increase in the prevalence of obesity, especially amongst year 6 children. The prevalence of obesity among

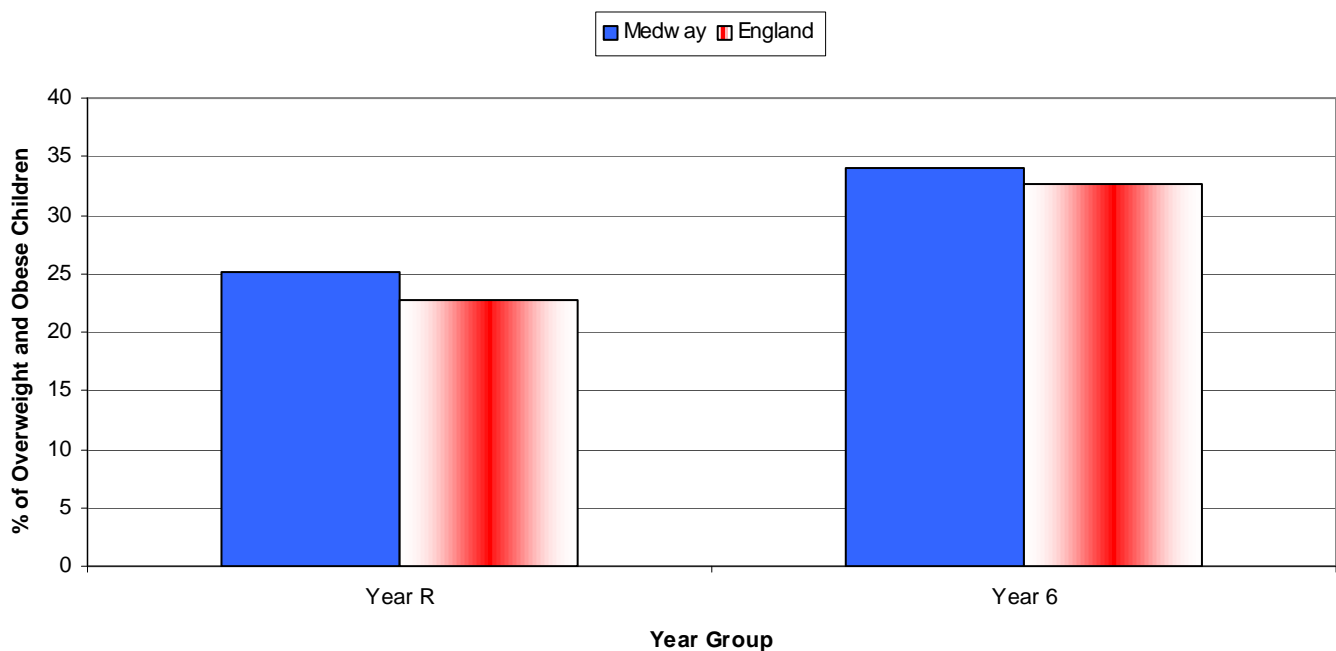
Healthy eating amongst children and young people

children in England aged 2 to 10 years, rose, between 1995 and 2007 from 9.7% to 16.5% in boys and 10.6% to 14.6% in girls. In children aged 2-15, the increase in obesity prevalence rose over same time period, from 11.1% to 17.1% in boys and 12.2 to 16.4% in girls (Health Survey for England).

The Medway picture:

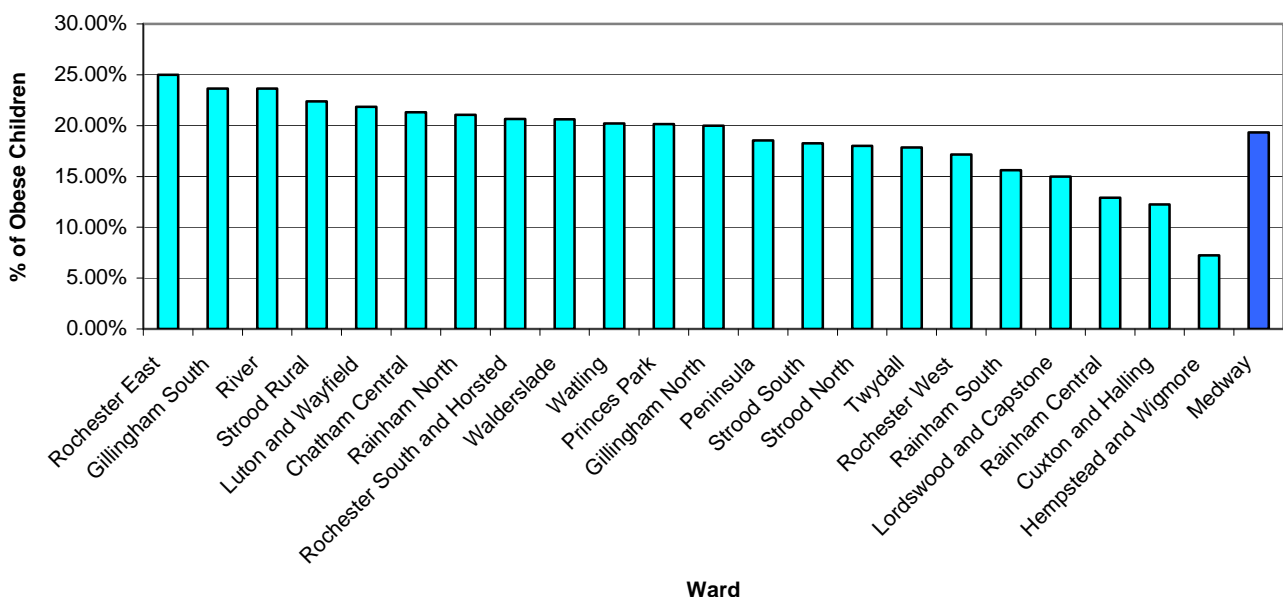
- 4.23 The percentage of children in reception year and year 6 that are overweight or obese is higher in Medway than the national average, as the graph demonstrates. This graph uses figures derived from the NCMP.

Prevalence of Obese and Overweight Children - Comparing Medway and England (2008-2009)







- 4.24 This graph shows obesity prevalence amongst year 6 children, by ward:

Prevalence of Obesity Among Children - Year 6



Healthy eating amongst children and young people

- 4.25 The most recent performance data (fourth quarter) showed an improvement in relation to NI56 (percentage of children in year 6 who are obese), however this was not reflected in the results for children in reception year. The following table gives the recent performance data for both.

Performance indicator	2008/09 out-turn	Annual target 2009/10	Progress update	Long term trend	Traffic light
NI 55(iv) Obesity in primary school: percentage of children in reception who are obese	11.7%	8.7%	The results of the NCMP will be published in December 2010. All parents of children measured have received feedback on their child's measurement from the School Nursing Team. All parents and carers of those measured have received a Change4life Top Tips leaflet.		
NI 56(ix) Obesity in primary school: percentage of children in Year 6 who are obese (LAA)	19.4%	18.7%	The results of the NCMP will be published in December 2010. All parents of year 6 children measured in 2008/9 have received feedback on their child's measurement and information on MEND. They have received a Change4life Top Tips leaflet. Parents are able to contact the Public Health Healthy Weight Team for further advice on local interventions and activities that will support them to lead a healthier lifestyle.		

- 4.26 The School Nursing service and the Public Health Directorate Healthy Weight team work together to advise and support parents and carers who are worried about their child's measurement results. The MEND programme is the main intervention available to families with overweight or obese children. This is described in more detail in section 7. Individual support is also available via the School Nursing team who are able to make onward referrals for children to see a paediatrician or dietician if more specialist support is required.

5. OBJECTIVE, METHODOLOGY AND APPROACH

Objective of the review

- 5.1 At the task group's initial meeting where the scope for the review was set, it was agreed that the objective of the review was to provide Members with more detailed knowledge of the position in relation to healthy eating amongst children and young people in Medway and to find out if there was anything additional that could be done to help reduce the rates of obesity.

Methodology and approach

- 5.2 At its first meeting the Task Group Members were given a background from Public Health, providing information on what was already being done nationally and locally to help address obesity amongst children and young people. The task group then set the scope of the review and agreed that it would initially meet with various groups of young people and providers to speak with them about what they were doing and their experiences in relation to promoting or supporting healthy eating among children and young people. The Task Group spent a number of months gathering evidence and information to build a picture of what was currently available, along with identifying gaps and working with partners to close such gaps. The table below shows the timeline of the work of the Group.

Date	Venue	Members in attendance	Other attendees	Purpose
13 Jan 2010	Gun Wharf, Chatham	Councillors Brake, Gilry, Kemp and Smith	Wellbeing Strategy Manager; School Nutrition Advisor; Overview & Scrutiny Co-ordinator; Senior Public Health Manager (Healthy Weight); Assistant Director, Inclusion Contracts Officer	Initial meeting of the group to scope the review and set terms of reference.
21 Jan 2010	Congress Centre, London	Councillors Brake and Smith	Graduate Trainee Overview & Scrutiny Co-ordinator Public Health Team (Healthy Weight)	Some of the task group members attended the South East Healthy Weight Annual Conference
3 Feb 2010	Gun Wharf, Chatham	Councillors Brake, Kemp and Smith	Graduate Trainee Overview & Scrutiny Co-ordinator	Members fed back from the conference, confirmed the terms of reference for the review and agreed actions for forthcoming meetings
10 Feb 2010	All Saints Children's Centre	Councillors Brake, Kemp and Smith	Graduate Trainee Overview & Scrutiny Co-ordinator	Members attended the Children's Centre to observe services available at the centre in relation to healthy eating.

Healthy eating amongst children and young people

11 Feb 2010	Burnt Oak Children' Centre	Councillors Brake, Gilry, Kemp and Smith	Overview & Scrutiny Co-ordinator	Members attended the Children's Centre to observe services available at the centre in relation to healthy eating.
25 Feb 2010	Windmill Community Allotment Project, Thanet	Councillors Brake and Smith	Graduate Trainee Overview & Scrutiny Co-ordinator	Some Members of the task group visited an allotment project in Thanet.
2 Mar 2010	Gun Wharf, Chatham	Councillors Brake, Gilry, Kemp and Smith	Assistant Director, Inclusion Contracts Officer X2 Graduate Trainee Overview & Scrutiny Co-ordinator Senior Public Health Manager (Healthy Weight) Well-being Strategy Manager	Members asked officers about school meals and uptake, healthy schools and the role extended services played in healthy eating and about services available from a Public Health perspective.
11 Mar 2010	Gun Wharf, Chatham	Councillors Brake, Gilry and Kemp	Graduate Trainee Medway Youth Parliament representative Overview & Scrutiny Co-ordinator Senior Public Health Manager (Healthy Weight)	Members fed back on their visits to the Children's Centres and the community allotment project and discussed the MYP representatives food diary.
21 Apr 2010	Gun Wharf, Chatham	Councillors Brake, Gilry, Kemp and Smith	Graduate Trainee Overview & Scrutiny Co-ordinator Senior Public Health Manager (Healthy Weight) Public Health Project Manager (Healthy Weight) Well-being Strategy Manager <i>Plus representatives from:</i> Social regeneration, Planning and Development, Licensing, Transport, and Youth.	The task group met with various officers from across the Council to discuss their role in helping to promote health weight and lifestyles, with particular emphasis on healthy eating.
Apr – June 2010	Various schools in Medway	Councillors Brake, Gilry, Kemp and Smith	Members and headteachers from various schools in Medway	Members visited various schools in Medway to investigate what food and dining facilities were offered to students at lunchtime.
12 May 2010	Gun Wharf, Chatham	Councillors Brake, Gilry, Kemp and Smith	Graduate Trainee Leisure Manager Manager of Medway Park Overview & Scrutiny Co-ordinator Public Health Project Manager (Healthy Weight)	The task group met with officers from leisure to discuss how they contribute to services relating to healthy eating. Members also fed back on the school visits

Healthy eating amongst children and young people

				undertaken so far.
5 July 2010	Gun Wharf, Chatham	Councillors Brake, Gilry and Smith	Contracts Manager Overview and Scrutiny Co- ordinator 2x Medway Youth Parliament representatives	The task group received an update in relation to the free school meals pilot, following some reduction in funding and considered some draft recommendations. The group then met with two representatives from Medway Youth Parliament's Health Sub-Committee to obtain their views of the suggested recommendations.
27 July 2010	Gun Wharf, Chatham	Councillors Brake, Gilry and Smith	Overview and Scrutiny Co- ordinator	The task group's final meeting to agree the final recommendations and draft review report.

- 5.3 In addition, written evidence was also requested from some other local authorities who had achieved better performance results against the rates of children in reception year and year 6 who were overweight and obese and on uptake of school meals.

6. SUMMARY OF EVIDENCE COLLECTED

6.1 Local issues – regionally and for Medway

- 6.1.1 As part of the task group's fact finding, two Members attended the South East Annual Healthy Weight Conference in January 2010. Well-being South East facilitated the event along with various partners and agencies involved in helping the community to maintain a healthy weight.



Members attended the South East Annual Healthy Weight Conference in January 2010.



During lunch, delegates took part in a dance session to demonstrate how being active also can be fun.

- 6.1.2 Speakers at the conference included;

- Prof Yvonne Doyle, Regional Director of Public Health South East Coast;
- Dr Mike Grady, Senior Research Fellow, marmot Review, UCL;
- Jane DeVillie-Almond, Independent Nurse Consultant and Freelance Journalist;
- Alison Hardy, Behaviour Change Planning Lead, Change4Life;
- Pam Naylor, South East Healthy Weight Programme Lead.

- 6.1.3 There were also various workshops attended by the task group during the day, which included: -

- The Healthy Town and obesity awareness project by Portsmouth City Council;
- Breastfeeding and feeding in the 0-5s by West Sussex PCT and Portsmouth City PCT;
- Healthy eating and schools by Whole School Meals Ltd;
- Healthy eating and children by Surrey PCT.

- 6.1.4 The key points Members learnt from this event were: -

- The close relationship between deprivation and obesity;
- There was more work to do in terms of closer relationships with local authorities in relation to transport systems, work places and building environments;
- Intervention at early years to help prevent obesity occurrences as children grow up.

Advantages for Medway in tackling the problem

- 6.1.5 Reducing the prevalence of obesity in Medway year 6 primary school pupils has the potential to provide significant improvements to the health and well-being of these children in both the short, medium and long term. It also has the potential to have a positive impact on their academic achievement and social development.
- 6.1.6 In addition, it is predicted that the 'ripple effect' of the interventions delivered to these children could result in significant improvements in the diet and physical activity habits of their peers, families and the wider community and therefore is likely to reduce the future costs of health and social care for these individuals.

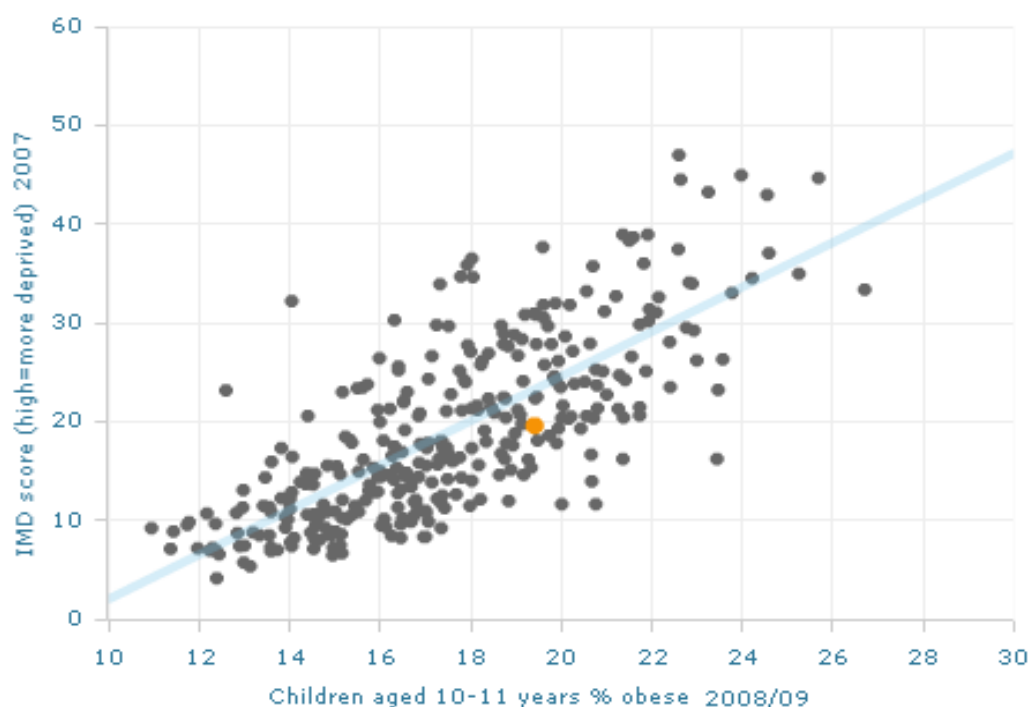
6.2 The link with deprivation

- 6.2.1 The task group found that there was a clear link with deprivation and obesity. The following supports this finding.

It is recognised that there are inequalities in diet between those on higher and lower incomes (*Acheson, 1998*). The most striking difference is in the variation in amounts of vegetables and, particularly, in the amount of fruit eaten by people in lower socio-economic groups. On average people from unskilled groups tend to eat 50% less fruit and vegetables than from professional groups (*Ministry of Agriculture, Fisheries and Food, 1998*). This inequity had also been reported in children (*Gregory et al, 2000*).

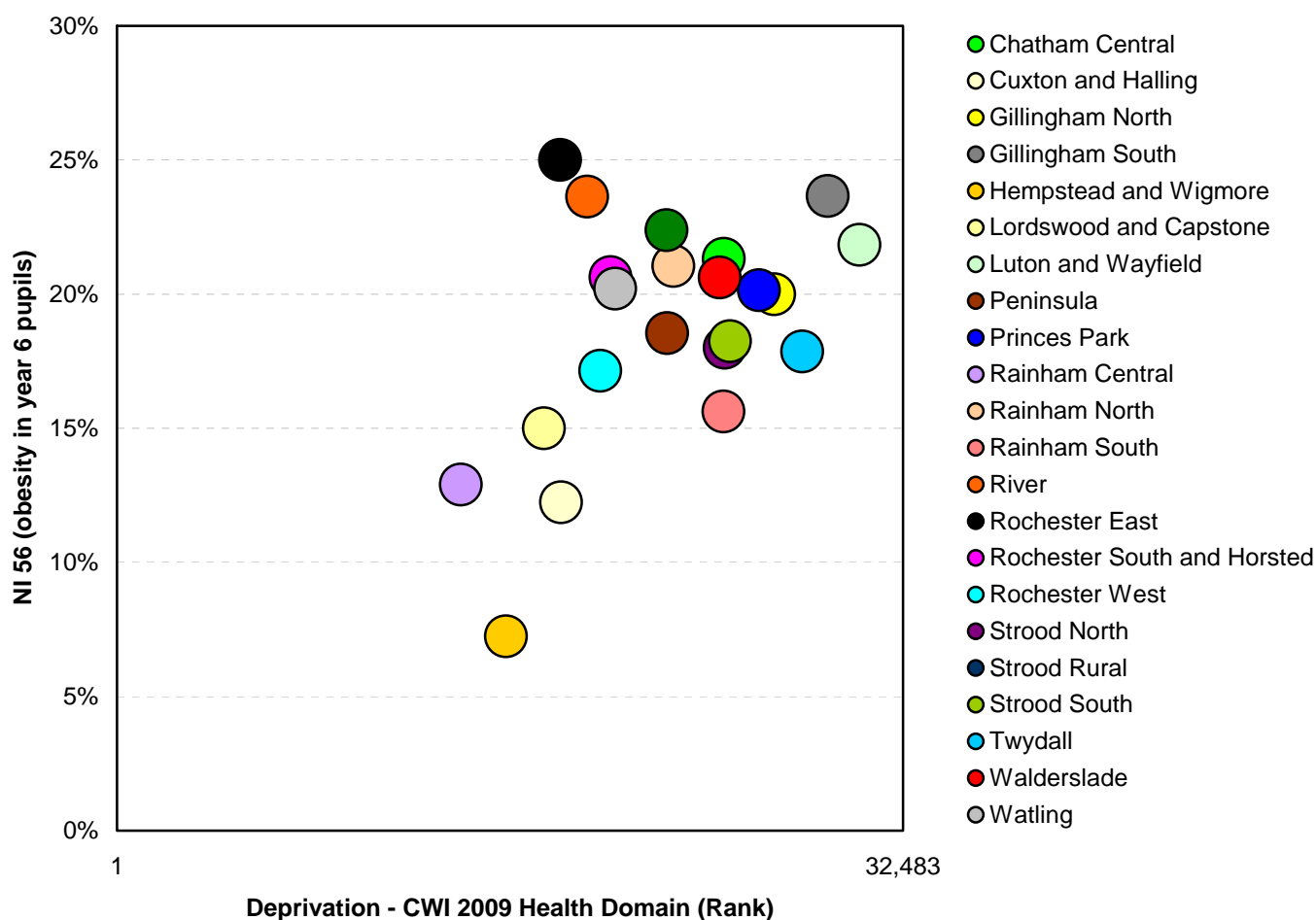
Source: Medway Obesity Strategy, 2005

The following graph demonstrates that, for the Southeast, as the levels of deprivation increases the level of obesity for children aged 10-11 years also increases. The orange dot is Medway.



Healthy eating amongst children and young people

This graph demonstrates the levels of obesity amongst year 6 children compared with deprivation of children and young people by Medway wards. There is a similar trend line in terms of the link between the two as displayed in the graph above for the South East. Source: National Child Measurement Programme, 2009



6.2.2 Tackling Health Inequalities: 10 years on (2009) stated that the incidence of obesity among women in disadvantaged groups was almost twice that in the most affluent groups. Maternal obesity is also a risk factor in infant mortality. Child obesity rates are also linked to family income and socio-economic group. Children of obese parents are more likely to become obese than children from families where one or both parents is an healthy weight.

Low Income Groups

6.2.3 Results from the Food Standards Agency Low Income Diet and Nutrition Survey (2009) indicate that the types and quantities eaten by people on low incomes appeared similar to those of the general population. However, some differences exist in food consumption between lower and higher socioeconomic groups in key food groups associated with the development of health conditions.

6.2.4 Low income groups were less likely to eat wholemeal bread and vegetables. The average number of fruit and vegetable portions eaten by boys was 1.6 whilst girls ate 2 portions a day. The Government's recommendation is to eat at least five

portions a day. The National Obesity Observatory also found that children's fruit and vegetable consumption varies with household income. "The average number of portions consumed per day decreases from the highest income bracket to the lowest. Only 2% of children in the highest quintile had eaten no fruit or vegetables in the last 24 hours, compared to 12% of boys and 7% of girls in the lowest quintile".

- 6.2.5 Low income groups tended to drink more soft drinks (not diet drinks) and eat more processed meats, whole milk and sugar. Fatty foods, which are often processed foods, and additional sugars in the diet can contribute towards adults and children being above an healthy weight. With obesity comes a substantially increased risk of diabetes, cardiovascular disease, high blood pressure, some cancers and osteoarthritis.
- 6.2.6 Within the low income group, approximately 30% of men and 29% of women reported that the price, value and money available for food were the most important influence on their choice of food. Thirty-five percent of men and 44% of women wanted to change their diet whilst 60% of parents and carers wanted to change their children's diet to make it healthier.

The low budget challenge

- 6.2.7 One Member of the Task Group undertook a challenge to live on £10 for food for a week. Many families live on less but it was an opportunity to demonstrate how easy or difficult it was to buy and eat healthy foods on a low budget. The Councillor actually did the exercise for two weeks and found it very difficult. It was better buying things in bulk, however, this was not suitable when buying fresh produce. She also made meals in batches so she was able to freeze half for a second meal. The exercise did demonstrate how difficult it can be buying and producing healthy, filling meals on a low budget.

6.3 Barriers to maintaining a healthy weight

- 6.3.1 Deprivation is just one of the barriers that can prevent people from following a nutritionally balanced diet or maintaining a healthy weight. Within the Medway Obesity Strategy, 2005, it states that there are broadly two types of barriers to a healthy diet, which are 'circumstantial' and 'attitudinal'.

'Circumstantial' barriers include:

- The ability to afford healthier choices, which are widely perceived as being more expensive (although with the required skills, motivation and confidence in food preparation this could be over come);
- Physical accessibility to affordable and good quality supplies, in areas that lack shops which stock fruit and vegetables, or that lack public transport.

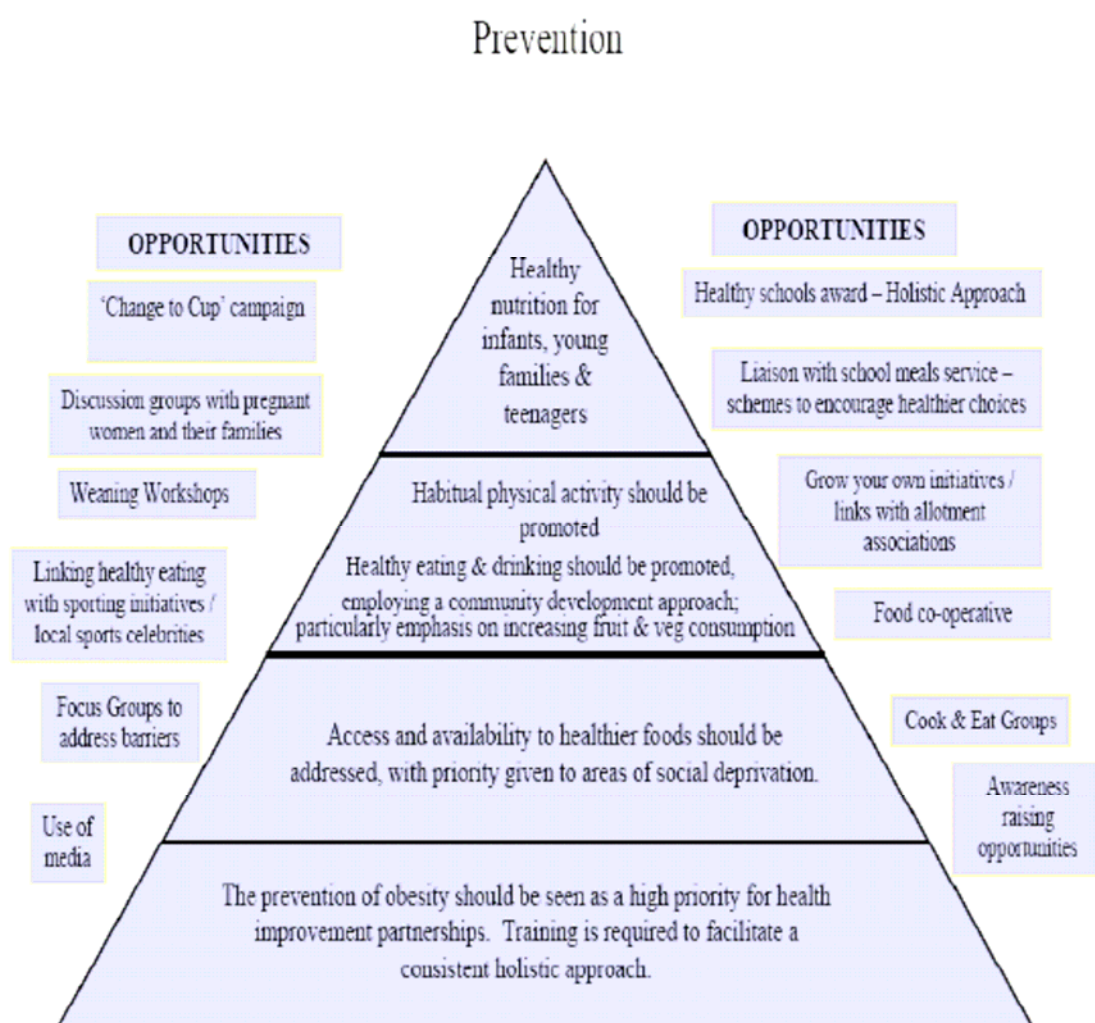
'Attitudinal' barriers include:

- Belief of already eating a healthy diet or enough fruit and vegetables;
- Lack of understanding of 'healthy' portion sizes;
- Confusion of role of frozen, canned and dried products;
- Lack of knowledge about health benefits of a healthy diet;
- Dislike of certain tastes, particularly vegetables;
- Influence of family members' tastes;

- Belief that fruit and vegetables are not filling;
- Lack of confidence to prepare and cook food (with less opportunity to learn skills and more mothers working thereby having less time to teach their children to cook);
- Lack of time to prepare and cook healthy food (misperception that healthy foods take time to prepare);
- Amongst children particularly, peer pressure and conforming to the social norm

6.4 Ways to prevent obesity and support the maintenance of a healthy weight

6.4.1 The table below is taken from Medway's Obesity Strategy and shows the opportunities for primary prevention:



6.4.2 There also needs to be a joined up approach – all sectors need to work together to help reduce obesity.

Tackling this problem is complex and multifaceted, involving individuals, communities and industry as well as Government. It is clear that Government action alone will not be enough. Success will only come from the problem being recognised, owned and addressed at every level and every part of society.

Healthy weight, healthy lives: A cross-government strategy for England

6.5 WHAT IS CURRENTLY AVAILABLE IN MEDWAY

Schools

- 6.5.1 Food provided within schools must meet certain nutritional standards, which helps to regulate nutrition of children and young people while at school.
- 6.5.2 In addition, 86 out of 107 of Medway schools have achieved the '**healthy schools**' status. Healthy schools must meet 41 criteria and 11 of these relate to healthy eating: -
- 1 Monitoring food in schools - Has an identified member of the Senior Leadership Team to oversee all aspects of food in schools
 - 2 Practical food education and training - Ensures provision of training in practical food education for staff, including diet, nutrition, food safety and hygiene
 - 3 Whole school food policy – developed through wide consultation, implemented, monitored and evaluated for impact
 - 4 Supporting food policy with wider school family - Involves children, young people and parents/carers in guiding food policy and practice within the school, enables them to contribute to healthy eating and acts on their feedback
 - 5 Eating environment - Has a welcoming eating environment that encourages the positive social interaction of children and young people
 - 6 Food standards for clubs and vending machines - Ensures that breakfast club, tuck shop, vending machine and after-school food service (where available in school) meets or exceeds current DCSF school food standards
 - 7 School lunch standards - Has a school lunch service that meets or exceeds current DCSF standards for school lunches
 - 8 Menu and food choice monitoring - Monitors children and young people's menus and food choices to inform policy development and provision
 - 9 Balanced diet training and planning – Ensures that children and young people have opportunities to learn about different types of food in the context of a balanced diet (using 'The eatwell plate' pictured below paragraph 6.6.27), and how to plan, budget, prepare and cook meals, understanding the need to avoid the consumption of foods high in salt, sugar and fat and increase the consumption of fruit and vegetables
 - 10 Free drinking water - Has easy access to free, clean and palatable drinking water
 - 11 Consulting for food choices - Consults children and young people about food choices throughout the school day using school councils, Healthy Schools Task Groups or other representative pupil bodies
- 6.5.3 The other parts of the Healthy Schools programme, especially areas on wellbeing, help to identify children with problems and help refer and signpost to other services and support.
- 6.5.4 In addition, there is a **National Child Measurement Programme (NCMP)**, which measures the body mass index (BMI) of children in Reception and Year 6. Every year, as part of the NCMP, children in these two year groups are weighed and measured during the school year to inform local planning and delivery of services for children and to gather population-level surveillance data to allow analysis of trends in growth patterns and obesity.

- 6.5.5 The NCMP also helps to increase public and professional understating of weight issues in children and is a useful vehicle for engaging with children and families about healthy lifestyles and weight issues. The results are sent to all parents and for those children whose results show that they are underweight, overweight or obese, information is provided and parents/carers are encouraged to access services or speak to members of the Public Health Directorate Healthy Weight team about how to address the concerns and improve the weight of their child.
- 6.5.6 All food provided in schools must be compliant with the **nutritional-based standards** which are set by the Government. This means that all food that students have access to in school (except packed lunches which they bring in) will be nutritionally healthy for them, helping to regulate the food they eat.

School visits by the task group

- 6.5.7 Members of the task group each visited schools in Medway to review various points about the school lunch available, such as, how many options were available, what the dining facilities were like, what information was available in relation to healthy eating and whether activities were available through the lunchtime period to encourage physical activity.
- 6.5.8 In terms of schools for primary aged children, which were visited, all the Members found that there was either two or three options available (one of which was vegetarian) and all used a multi-use hall which was also used for P.E. classes and assemblies, although the Members found most of the halls to be a good dining space. There was however variation in the information available in the halls about healthy eating and in uptake of school meals. Also some schools were doing more in terms of encouraging pupils to drink water and explaining why it is important. The schools also used different methods for engaging with the students about the food provision, some being more proactive than others but methods included comment cards, visits to the school council and via feedback from supervising staff.
- 6.5.9 In terms of the secondary schools visited there were various options available including vegetarian and ethnic meals. They had separate dining halls, one of which needed improvement but was the subject of an investment plan. There were good displays of information about healthy eating and drinking water. Again, there was variety in the way in which the students' views were sought. On the whole, secondary schools operated a stay-on-site policy during the lunch period but there were variations as to how this was enforced. One particular school reported a burger van operating near by to the school, which a lot of students bought food from, particularly after school hours.
- 6.5.10 In addition to the school visits, a member of the youth parliament also provided some written evidence about the dining experience at her secondary school. She reported that the catering providers attended school council meetings and addressed some of the concerns and requests raised at the meeting. She added that the dining space was very inviting, which encouraged pupils to use the canteen facility. However, there was a feeling that the healthy foods were expensive and it was suggested that the caterers explore the possibilities of 'meal deals' with the healthy foods to encourage young people to purchase them.

Youth services

- 6.5.11 The task group discussed with the Youth Manager the support they provided to young people to encourage them to follow healthy diets and lead healthy lifestyles. The youth service currently offered support in the following ways: -
- Some information was provided on the mixit online web pages which included advice on healthy eating, exercise and alcohol;
 - No vending machines were available at youth clubs;
 - Youth clubs spent three hours per week looking at health issues, although this often focussed on drug and alcohol misuse and sexual health;
 - Youth clubs also displayed posters to promote healthy eating;
 - Youth workers encourage healthy eating and give advice although there is no formal training provided to them on delivering information on healthy eating;
 - The service worked closely with the Well-Being Strategy Manager to ensure services from both were complementary.

Early years providers

- 6.5.12 The task group visited some Sure Start Children's Centres who were running various sessions relating to healthy eating for children under the age of 5 years. The sessions gave an opportunity for parents to explore with their children and babies different varieties and tastes of food which were good for their child's health as well as being easy to prepare and affordable. The Centres also provided breastfeeding and weaning support for mothers, which is also important as research shows that breastfed babies are more likely to maintain a healthy weight than formula fed babies. In addition, putting a focus on eating a healthy balanced diet from a young age is shown to help the child and the family continue maintaining a healthy diet as they grow older.

In Public Health services

6.5.13 **MEND - Mind, Exercise, Nutrition... Do It!**

MEND 2-4 is a free 10-week programme for parents or carers with children aged two to four-years-old. Whatever the child's weight, it offers a fun and creative environment for families to learn how to make healthier lifestyle choices and ensure their children have the best possible start in life.

MEND 7-13 is a free 10-week programme for families with children aged seven to 13-years-old whose weight is above the healthy range for their age and height. The fun programme helps children and families manage their weight better and lead healthier lives.

MEND Graduates is a scheme developed by the Healthy Weight team, which is open to all children and their families who have completed the MEND programme. It provides additional opportunities to try out and continue their new healthy lifestyles. MEND Graduates offers a weekly activity session and a number of additional holiday activities graduates can take part in to keep up their healthy lifestyles.

Healthy eating amongst children and young people

The Public Health Directorate will be carrying out an in-depth review of the MEND programmes later this year to evaluate its outcomes but to date, 262 families have completed the programmes in Medway.

6.5.14 Community Food Allotment, Gillingham

Developing growing projects where communities can work together helps to develop a better understanding of healthy eating and the benefits of growing your own fresh produce. The Healthy Weight Team has a community allotment where groups can attend to help grow their own fruit and vegetables. It is open to a range of community groups and projects that wish to promote healthy living. Families who have completed the MEND course attend regularly on a Thursday night to help reinforce their understanding of healthy eating.



6.5.15 Change4Life

Change4Life is the social marketing part of the Healthy Weight, Healthy Lives cross-governmental strategy for England. Change4Life's aim has been to inspire a societal movement through which government, the NHS, local authorities, businesses, charities, schools, families and community leaders can all play a part in improving children's diets and activity levels. It's focus is to provide simple ideas and tips families can use to enjoy a healthier life.

Change4Life has been promoting eight behaviours that help children achieve and maintain a healthy weight. These include regular meal times, portion awareness, activity and eating healthy snacks.

The Change4Life messages are used as the basis for healthy lifestyle talks to parents and children across Medway. The Supporting Healthy Weight team also promotes the programme by delivering regular awareness sessions for those working with children and families and by an occasional network group for practitioners.

6.5.16 Community Food Programmes

Medway's Community Food Programme aims to promote and sustain healthier, local food choices in communities across Medway.

The programme's objectives are to:

- Support existing agencies to strengthen the delivery of current food-related projects and maximise the quality of provision
- Develop new food-related projects based on community needs to ensure equality of provision across Medway.

The programme will start to develop an understanding of needs by conducting a food mapping and family insight exercise with communities. Examples of partnerships already established include Schools, Children's Centres, Environmental Health, local farmers and community groups.

6.5.17 **Our Medway 2012**

This is a four year school curriculum supported programme to enable every primary school to offer all pupils the opportunity to receive curriculum input specifically related to the themes of the 2012 Olympic Legacy Plan. The Public Health Team provide financial and physical resources for the implementation of the health element of this programme, which aims to encourage children and their families to adopt healthier lifestyles.

The themes of the 2012 Olympic Legacy Plan are: -

- Building capacity in the workforce (paid and unpaid) with a focus on coaches, volunteers and leaders;
- Improving health and well being and campaigning;
- Supporting our club structure and ensuring there are sustainable school to club links with a focus on multi sport environments;
- Ensuring that opportunities are accessible to all, including sustainable and accessible facilities for both elite and community use;
- Linking talent identification programmes through out sports partnerships and National Governing bodies.

6.5.18 **A Better Medway**

'A Better Medway' is a healthy living campaign designed for everyone living or working in Medway which has been developed by the Public Health Directorate. It helps people find their way to a healthier life by directing them to local support, information and advice.

Eating healthily is addressed via a series of website pages, and a specific project which will aim to promote healthy home cooking via a collection of recipes gathered from the local community.

The campaign is also supported by a fund offering grants to voluntary or community organisations. Two grants have been awarded to local groups who will be using the funding to encourage healthy eating with their members.

6.5.19 **Obesity in Pregnancy and Early Years Practitioners Group (OPEY)**

The Obesity in Pregnancy and Early years network was established in 2007 to bring together partners working within early years settings. Membership includes Children's Centre Managers, Community Liaison Officers, Midwifery, Health Visiting and Oral health. Examples of work have included running Winter Play Days in country parks to gather family feedback for the regional Play consultation and the development of a draft Children's Centre food policy.

6.5.20 Infant Feeding Programme

This is a new workstream for the Healthy Weight team and has been made possible by Department of Health and NHS Medway funding. The main objective is to increase breastfeeding rates across Medway and to gain UNICEF Baby Friendly accreditation for Community Services. The Infant Feeding programme is being developed by the team in Partnership with Medway Foundation Trust, Medway Community Healthcare, Breastfeeding Interest Groups, Children's Centres and volunteer Peer Supporters.

The Peer Support network will be providing support to mothers in the community so they can continue to breastfeed beyond 6-8 weeks.

Community and voluntary sector provision

6.5.21 Food and nutrition work is supported by Health Trainers from the Health and Lifestyle team from Sunlight Development Trust. All Health Trainers who work for the project have received basic nutrition training to help them advise their clients on healthy eating. They have also received training on Public Health interventions which will help them to signpost community members to appropriate services and which will help them improve their lifestyle.

6.5.22 In addition, the Public Health Directorate Healthy Weight team also provide support to groups from the community and voluntary sector that approach the team, by offering basic training on nutrition and Change4Life and providing them with information to enable groups to signpost to services where appropriate.

6.6 WHAT MORE CAN BE DONE

Breastfeeding

6.6.1 The Government Strategy Healthy weight, healthy lives states; "evidence shows that breastfeeding, delaying weaning until babies are six months old, introducing children to healthy foods, controlling portion size and limiting snacking on foods high in fat and sugar in the early years can all help to prevent children becoming overweight and obese". The strategy also states; "babies at an early age who are exposed to a variety of flavours from their mothers' diet, develop a taste for a greater variety of foods while being weaned".

6.6.2 Some of the attendees at the South East Annual healthy Weight Conference attended a workshop run by West Sussex Health in relation to the benefits of breastfeeding in maintaining a healthy weight. They provided a list of benefits to both the mother and the baby from breastfeeding, which included reducing the incidents of obesity in children and adults, type 2 diabetes and post pregnancy weight problems. The workshop explained that research suggested possible links to: -

- Learned self regulation of energy intake,
- Metabolic programming in early life,
- Effects of hormones present in breast milk only,
- Different growth trajectory in breast fed babies to formula fed,
- duration and dosage of breastfeeding.

6.6.3 The workshop then spoke about peer support programme which had been developed in West Sussex to help increase the number of babies benefiting from breast feeding. Local mothers who have or are currently breastfeeding provide mother to mother support and information in a friendly and relaxed environment. Breastfeeding 'peers' were provided with a 10-12 week training programme, which were broken down in to weekly 2 hour sessions. The peer support scheme had been successful and rates in breastfeeding at 10 days, 6 weeks and 12 weeks had improved.

6.6.4 The benefits in breastfeeding have been recognised by the task group as well as the PCT. Within NHS Medway's Annual Public Health report it states the intention of developing local peer supporter service and equally recognises the health benefits to both mother and baby.

It is important for mums to breastfeed if they can because it is better for them and better for their baby. Research shows breastfeeding protects women against breast and ovarian cancer. It improves babies' immunity and makes them less likely to be obese when they get older.

Source: A year of growing healthier - NHS Medway annual report 2008/9

Allotments and Community Allotment Projects

6.6.5 The Task Group were keen to encourage people to grow their own fruit and vegetables in terms of providing access to cheap healthy foods and also encouraging physical activity in tending to plants. The Members were informed that there was waiting lists for allotments in Medway and were therefore keen for Medway to provide additional allotments where possible.

6.6.6 The Task Group were also made aware of the community allotment project, which was being embarked on by the Public Health Directorate Healthy Weight team in Gillingham (referred to above at paragraph 7.6.10). The group therefore decided to visit a community allotment project in Thanet, which was a charity run project although supported by the local authority.

Windmill Community Allotment Project, Thanet

6.6.7 The Windmill Community Allotment Project was six derelict allotments, which have been turned into a thriving community allotment project. This was achieved jointly by volunteers, community service and local schools. The project promoted access to organic, locally grown produce; encouraged healthy eating and provided a beautiful outdoor space where a sense of community prevails.

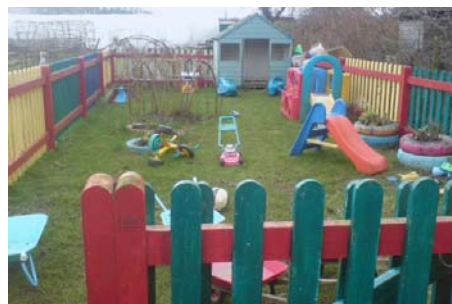
6.6.8 Children and young families are particularly encouraged to get involved since the project began in 2005, volunteers have successfully grown a full variety of the traditional rotation crops. The project had helped create stronger links with the local community and increased visits to the allotments from local people. It offers tools, seed, training, refreshments, support and advice to all who come along.



6.6.9 The Members spoke to the Community Workers who ran the project and to parents using the project and talked through some of the best practice at the project as well as finding out what things they would do differently.

6.6.10 Provision at the project: -

- Small manageable allotment slots for individuals to use;
- A compost toilet;
- A pond so children and young people can learn about pond life;
- There was also a children's play area on site;
- Sessions were run for parents and toddlers, people with learning difficulties and disabilities, school children and the community as a whole.
- A covered area to allow some dry learning space;
- A well equipped tool shed to keep equipment;
- Sale of produce.



The play area

6.6.11 Key factors of the project, which make it successful: -

- Close partnership working with various agencies and organisations;
- Sustainability;
- Sheltered learning space available for sessions;
- Good links with the community (via schools, Council, Sure Start Centres etc);
- Good resource in volunteers to help make the project work (although there were issues when the project first began about the paperwork for volunteers not being in place and causing some problems).

Healthy eating amongst children and young people



Councillors helped the parents and their children to plant water plants in the pond at the allotment.



6.6.12 These findings were reported back to the Public Health Team in order for them to incorporate the ideas and learn from the experiences, when developing the community allotment project at Gillingham.

Working with food retailers

6.6.13 The Medway Obesity Strategy, 2005, states that; “local healthy eating strategies should focus on increasing access to affordable, good quality supplies of fruit and vegetables, particularly in low incomes and isolated rural areas”.

6.6.14 The task group were advised that many of the larger supermarkets were already partners of Change 4 Life and similar programmes, however, Members were keen for Public Health to work with smaller, local shops in deprived areas that did not have access to big supermarket chains. They also welcomed the bus service offered weekly from the peninsula to Tesco's, which they learned about when speaking with representatives from the transport department.

“To date, industry has made ‘in kind’ contributions. I will now be pressing them to provide actual funding behind the campaign. And they need to do more. If we are to reverse the trends in obesity, the commercial sector needs to change their business practices, including how they promote their brands and product reformulation.”
Health Secretary Andrew Lansley: 'A new approach to public health' (July 2010)

6.6.15 The task group were keen that, wherever possible, Public Health try to utilise the produce from the allotment in Gillingham to provide healthy foods at an affordable rate to deprived and isolated areas of Medway.

6.6.16 The Public Health Directorate Healthy Weight team have been piloting a project with a local grower to promote the 5-a-day message. Kentish cherries come into season in July and the team have been working with the grower to promote locally sourced produce at locations across Medway whilst also researching communities' interest in local fruit and vegetable schemes.



Reducing temptation

- 6.6.17 In the government document, *Healthy weight, healthy lives: two years on*, it states that, “adult and teenage levels (of obesity) are still too high and we need to broaden our work to tackle them”. It also states, “prevalence of obesity among 11-15 year olds remain high and for boys has significantly risen”. The following findings are largely aimed towards the teenage year group.
- 6.6.18 In recent years there has been much activity in reducing the temptation for young people to access unhealthy, fast food outlets, with guidance from the Government, actions by various local authorities and coverage in the press.

One of the challenges that we face in promoting healthy eating is the availability of foods high in fat, salt and sugar in local neighbourhoods, including the prevalence of fast food restaurants and takeaways in some communities. Local authorities can use existing planning powers to control more carefully the number and location of fast food outlets in their local area. The Government will promote these powers to local authorities and PCTs to highlight the impact that they can have on promoting healthy weight, for instance, through managing the proliferation of fast food outlets in proximity to parks and schools.

Healthy weight, healthy lives: a cross-government strategy for England, 2008

Fast food outlets near schools, leisure centres and parks

- 6.6.19 While the task group members were carrying out their review, many examples came up in other areas of where local authorities were taking action to prevent fast food outlets from opening near schools and sometimes leisure centres and parks. The most notable was Waltham Forest, who became the first local authority to exercise this and developed a Supplementary Planning Document on the issue. Other authorities have also looked into implementing similar policies, including Barking and Dagenham, who are about to formally adopt a similar policy which also adds a £1000 levy (via section 106 agreements) on each new takeaway approval to “contribute towards initiatives to tackle childhood obesity in the Borough such as providing facilities in green spaces to encourage physical activity and improvements to the walking and cycling environment”. In addition, recently, there was a high court judgement, which banned a takeaway from opening near a secondary school in London. This encourages councils to take into account the health and well-being of children and young people when making planning decisions.
- 6.6.20 The following link will take you to an article by the Daily Mail about a high court decision to refuse a takeaway from opening near a secondary school which had been approved by the local authority but objected to by parents and teachers who feared the decision jeopardised the near-by schools healthy eating policy. It was ruled that the local authority 'acted unlawfully' by allowing the fast food outlet to open on the site of a former grocery shop:
<http://www.dailymail.co.uk/news/article-1285939/Judge-declares-fast-food-takeaway-near-school-unlawful.html>
- 6.6.21 The task group discussed this issue with representatives from the Planning Department. Officers explained that the Council would need to implement a

policy, for planning applications to then bear such issues as the proximity of a school to a take away outlet into account.

The (School Food) Trust recently ran a high-profile campaign to highlight the number of fast food outlets operating around schools, a situation which often undermines the drive towards healthier eating.

Eat better, do better – School Food Trust's Annual Review 2008

Stay on site policies in schools

6.6.22 To complement the actions detailed above in relation to limiting fast food outlets from operating near schools and parks, there has also been interest, from both members of the group and nationally, to encourage schools to operate stay on site policies at lunchtime, to further prevent children and young people from having access to unhealthy foods outside of school and encouraging them to access foods within the school which are then regulated under the nutritional standards.

6.6.23 A study was carried out in London which took a snapshot of popular menu items bought by secondary school children from takeaways near schools. Meals chosen included burgers, kebabs, pies, fried chicken and other fast foods which were analysed for salt, fat, saturated fat, trans fat and calorie content. In response to the results, the Schools Food Trust called for a ban on children leaving schools during their lunch period. The following link is an article on this by the Daily Telegraph:

<http://www.telegraph.co.uk/health/healthnews/7730386/Pupils-should-be-locked-in-school-at-lunchtime.html>

Increasing school meal uptake

6.6.24 The task group recognised that schools meals provided children and young people with a guaranteed nutritionally balanced meal and were keen to look at ways to increase the uptake further. A study by Leeds University, commissioned by the Foods Standards Agency in 2009, found that 82% of children's lunchboxes contained foods high in saturated fat, salt and sugar – items including crisps, sweets and biscuits. Only 20% contained any vegetables or salad and around 50% included a piece of fruit – yet most of these fell below the standards used for school dinners.

- Free school meals pilot

During the review officers made a bid for funding to provide free school meals to all children in primary schools within the three most deprived areas. However, the funding for this was retracted and therefore officers re-assessed and went ahead with the scheme but with only providing free school meals to four of the schools, which were based in Luton and Wayfield Ward and Gillingham North. All children attending the selected schools will receive free school meals for a year, from September 2010. The task group are very supportive of this and keen to see the impact in uptake the scheme has.

- Increased advertisement

The task group were also keen to encourage school meal uptake generally in all areas of Medway and suggested a number of options to promote the facility, such

as the Benefits Team sending out flyers with their information and caterers advertising the promotional activities they do, such as birthday parties.

In response to the request from the task group for written evidence from local authorities who had achieved good performance results against rates of children in reception year and year 6 who were overweight and obese and on uptake of school meals, they received a response from Bury Council with some good ideas in terms of promoting school meals, which included: -

- Menus are sent to all parents twice a year;
- Intake packs are sent to all new reception parents promoting the benefits of a school lunch;
- Contract managers and caterers attend parent evenings where they set up stands/meal samples;
- There is a school meals website;
- Advertise in the Council's magazine to residents;
- Set up stands in the main shopping centre to speak to parents and had out promotional material;
- Theme days are held;
- A students forum is held where the catering service talk to students about meals.

- Provision of inviting dining facilities

The task group were made aware of the importance of inviting dining space to encourage young people to eat their lunch at school premises and use the canteen facility to buy their lunch. During the review the task group met with representatives from the Medway Youth Parliament's Health Sub-Committee and it was made clear that a new diner, which had been installed in one of their schools, had made a huge impact on where they bought and ate their lunch. One of the MYP representatives stated that in the last year the diner was operating, she had used the canteen more than in the previous six years she had attended the school. Members are therefore very keen for thought to be given to this as much as possible when schools are built or refurbished.

- Collaborative working and the role of governors

In June 2010 Ofsted published *Food in schools*, its second report on the progress schools are making in encouraging healthy eating and in meeting the Government's food-based and nutrient-based standards. Their key findings included the following two points: -

- The most successful provision resulted from effective planning by local authorities and their partners and close collaboration between schools and a range of agencies locally;
- A major weakness in the schools visited was the lack of monitoring of provision to ensure that the school food standards were fully met. Governors were often unaware of their responsibilities in this respect.

The Ofsted report also recommends headteachers and governing bodies to : -

- Coordinate food provision and monitor compliance with the mandatory standards for all food served in school;
- Consider easy ways to monitor food choices;
- Use the information to identify changes needed to food provision and choices made to encourage healthier lifestyles;
- Work closely and sensitively with parents to develop policies on food which will be reinforced at home.

The task group welcomed these recommendations, which would complement the group's own recommendations to help reduce obesity and support more children and young people, and their families, to maintain a healthy weight.

More access to advice for teenagers

6.6.25 During discussions between the task group and the Youth Manager it was explained that there could be ways to do more to provide healthy eating information and advice, such as: -

- Improve information on the mixit online web pages and work with the Public Health Directorate to provide signposting to other services;
- Utilise the cooking facilities in youth clubs to help promote the importance of following a nutritionally balanced diet and to teach young people how to cook simple, healthy foods;
- Youth workers to be better equipped to deal with queries about healthy eating, whether that be providing some advice or signposting to other areas/services;
- To make links with the Youth Service's new member of staff specialising in sports development and increase advice on being active as well as other aspects of leading a healthy lifestyle;
- To suggest that 'healthy eating' could be the subject of a future Medway Youth Parliament Conference;
- Work more closely with colleagues from the Public Health Directorate Healthy Weight Team to provide more information to young people about the benefits of maintaining a healthy weight and advice on following a nutritional diet.

6.6.26 The task group also met with two representatives from the Medway Youth Parliament's Health Sub-Committee and they also commented that advice and guidance on healthy foods and maintaining a healthy weight was aimed at younger ages and therefore discouraged teenagers to access the information. They suggested some changes to the web pages, to make them less patronising and more accessible for older young people, which included: -

- Including recipes that were easy, cheap and healthy – particularly ideal for young people about to go to university;
- Information about portion sizes and nutritional values (such the eatwell plate below)
- Suggested daily intakes;
- Links to supermarkets for deals on healthy choices.

"2 in 3 boys and 3 in 4 girls accurately report that five portions of fruit and vegetables should be consumed each day. However only 22% of boys and 21% of girls can correctly identify a portion size".

National Obesity Observatory

6.6.27 The young people also agreed that youth workers being better equipped to either provide advice on healthy diets or signposting would be very useful as often young people confided in their youth workers as a responsible, trust-worthy figure who they got to know.

6.6.28 In addition, according to Medway's most recent TellUs Survey, 22% of children and young people answering the survey stated that better information and advice was needed in relation to healthy eating.

The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



7. Conclusions and recommendations

The task group came to the following conclusions and recommendations:

Starting as you mean to go on

The task group acknowledged the importance of encouraging mothers to breastfeed, not only in terms of healthy weight but also to increase the child's protection against infectious disease. At the South East Annual Healthy Weight Conference Members also learned about a successful peer support group where breastfeeding mothers became mentors and helped support others to breastfeed their children. Medway is setting up a similar scheme here which the task group is supportive of.

1. The Public Health Directorate work with Health Visitors and the Family Nurse Partnership to ensure they are referring and signposting to the breastfeeding peer support programme and Sure Start Centres which often provide sessions and support relating to breast feeding, weaning and healthy eating for young children.

The statutory Early Years Foundation Stage currently ensures that children's physical well-being and health are promoted through opportunities for physical activity and the requirement that all meals, snacks and drinks that are provided for children must be healthy, balanced and nutritious.

2. The Public Health Directorate work with early years providers who are delivering healthy eating related sessions to children and their families, to ensure they are delivering the correct nutritional information.

Uptake of school meals

The task group acknowledged that due to school meals being compliant to the nutritional food standards, school dinners were a healthy balanced meal for children to receive. Members were therefore keen to increase the uptake of school meals generally and, for those eligible, of free school meals, particularly due to the link demonstrated between deprivation and obesity.

3. The Contract Manager for school catering explore further options to provide low income families with information about free school meals and ask the Benefits Team if it is possible to include leaflets with this information when mailing out to claimants and for schools (Headteachers in particular) to further encourage, where possible, families who qualify to take up the free school meals.
4. Encourage school meal caterers to promote school meals such as providing tasting opportunities to encourage children to try food without wastage, promoting school meals in Medway town centres and attending parents evenings.

Another way of encouraging students, particularly at secondary school age, to use the school canteen facilities is to provide an inviting dining space that has a relaxing environment in which they can enjoy their lunch while socialising with friends. This was demonstrated following visits to some of Medway's schools and speaking to some secondary school students.

5. When new schools are developed in Medway the buildings are designed and built, where possible, to include inviting dining room facilities to provide a relaxed environment for students to enjoy their lunchtimes.

Other developments at schools

It was also felt that school cooking facilities at schools should be used to help teach children and young people, as well as their families, how to cook healthy, nutritionally balanced meals and particularly on a budget. Members also wanted schools to incorporate opportunities for activities outside P.E. lessons and to provide secure space for storing bicycles.

6. Schools are developed to include food technology facilities which can be used for extra curricular activities after school for students and the whole community to help teach young people and families how to cook easy, healthy meals on a budget and that when new schools are built they are designed to encourage activities outside P.E. lessons and provide space for storing bicycles.

'Healthy schools'

The task group learned about the benefits of schools obtaining 'healthy school' status and how this impacted positively on teaching students about maintaining a healthy weight. However, the task group were made aware that following the new Government, there was some uncertainty as to whether this initiative will continue and Members were keen for Medway to support its retention.

7. The Portfolio Holder for Children's Services write to the Government to request that they maintain the national Healthy Schools programme, explaining its benefits.

8. That post the completion of current school reorganisations, all schools are encouraged to obtain healthy schools status, if the initiative is continued.

9. The Healthy Schools Team and Public Health Directorate develop a more co-ordinated approach to working together with schools.

Working together

The task group, along with representatives of various departments across the Council considered whether or to what extent officers were working together to help promote and support the community to follow a nutritionally balanced diet and maintain a healthy weight. They discovered some good practice along with areas where significant improvements could be achieved through better partnership working.

10. The Social Regeneration and Public Health Directorate work together to help provide families with information and support on how to eat healthily, particularly on a low budget. Some of this work should focus specifically to help young people to make informed healthy choices.

Healthy eating amongst children and young people

11. The Youth Service work closer with the Public Health Directorate, and in particular, ensure youth workers access the Healthy Weight team for their expertise in ensuring they are providing accurate, coherent advice on healthy eating and healthy lifestyles.

12. The Public Health Directorate work with GPs in particular, but also Leisure Centres and schools, to be more proactive in either referring or signposting to Public Health Services, such as MEND.

Leisure centres have a key role in encouraging the community to maintain a healthy weight mainly through exercise but also with regards to nutrition. The Task Group met with representatives from the Leisure department who explained what they currently did to support healthy eating and showed the Task Group a copy of the menu being used at Medway Park. However, it was admitted that more could be done to support the healthy eating agenda.

13. All of Medway's Leisure Centres work more closely with Public Health, with particular focus on the following issues: -

- a) to make better choices on the healthy options in vending machines (learning from ways in which this has been done in schools and hospitals) and in the cafes;
- b) to offer and advertise free water;
- c) to ensure Leisure Centres are able to sign-post children, young people and their families to Public health services for advice on nutrition and healthy lifestyles;
- d) To provide, where possible, space for Public Health Directorate to operate in leisure centres to give advice and guidance.

Raising the agenda with young people

The task group were informed that a lot of the initiatives available were aimed at younger children and early years, as opposed to children of secondary school age. In addition, the task group learned from the Medway Youth Parliament representatives that they too felt that there was little information in relation to healthy eating that was appropriate for her age group (secondary school age) and was not something that many teenagers were consciously aware of.

14. The Public Health Directorate are invited to participate in developing relevant and appropriate pages on the mixit website to provide young people with further information and sign-posting about healthy eating and healthy lifestyles.

15. The Youth Service explore with Medway Youth Parliament the possibility of 'healthy eating' being the subject of a future MYP conference.

Reducing temptation

The Committee learned about other local authorities that had taken action to prevent takeaways from opening near schools, parks or leisure centres or in areas where there was already a high concentration of fast food outlets. The task group discussed this with the planning department who advised that applications could only be refused on

Healthy eating amongst children and young people

such grounds of proximity near schools if there was a policy in place. They gained information from Waltham Forest local authority who have had a Supplementary Planning Document in place for over a year and have been refusing applications using the policy, along with Barking and Dagenham, who are about to formally adopt a similar policy which also adds a £1000 levy (via section 106 agreements) on each new takeaway approval to “contribute towards initiatives to tackle childhood obesity in the Borough such as providing facilities in green spaces to encourage physical activity and improvements to the walking and cycling environment”. This is supported in Government guidance also as within Healthy Weight, Healthy Lives, it states; “Local authorities can use existing powers to control more carefully the number and location of fast food outlets in their local areas...for instance through managing the proliferation of fast food outlets, particularly in proximity to parks and schools”.

- 16.** The Council investigate the possibility of developing a Supplementary Planning Document restricting fast food outlets from operating near schools, parks and leisure centres or at areas that are already highly concentrated with fast food outlets.

To complement this many schools operated a stay on site policy over the lunchtime period to ensure that young people buying lunch were doing so within school on food, which is compliant with the nutritional standards. This also is compliant with Government guidance. Healthy weight, healthy lives states; “schools should consider the length of time available for lunch, and whether adopting a stay-on-site policy at lunchtime would be helpful in ensuring that all children are eating healthy food”.

- 17.** Schools are encouraged to enforce stay on site policies at lunchtimes to help ensure young people are only buying food in school, which is restricted to nutritional standards.

Allotments and growing your own

The task group were informed of the current waiting lists for allotments in Medway and also of how much cheaper and healthier it was to grow your own produce rather than buy from supermarkets. The task group were keen to provide additional allotment plots, where possible, in Medway as well as improvements being made, where needed, to the management, maintenance or facilities of existing sites.

- 18.** The Council investigate the opportunity of adding a requirement for contributions to allotment provision, where appropriate, to the Developer Contribution Guide Supplementary Planning Document.

The task group were made aware of a community allotment project, which was being embarked on in Gillingham and therefore visited a similar project in Thanet (Windmill Community Allotment Project), which had been running for five years. The visit was very informative and enabled the task group to report back on the best practice and learning from the project.

- 19.** The Public Health Directorate be encouraged to develop the allotment in Gillingham using the best practice identified at the Windmill Community Allotment Project in Thanet and that it is used, along with the produce grown there, for community cookery programmes and learning to grow your own.

8. References

- A fresh look at vending in schools – School Food Trust (2007)
- A year of growing healthier – NHS Medway annual report 2008/09
- Annual report and update on the work of the Childhood Obesity National Support Team
- Change4Life website
- Determinants of obesity: Child diet – National Obesity Observatory data briefing
- Eat better...do better – School Food Trust's annual review 2008
- Food in schools – progress in implementing the new school food standards – Ofsted (2010)
- Foresight – Tackling Obesities: Future Choices – project report (2007)
- Healthier together in the European Union (2007)
- Healthy, wealthy and wise? – School Food Trust
- Healthy weight, healthy lives: A cross government strategy for England (2008)
- Healthy weight, healthy lives: two years on (2010)
- Hot Food Takeaway Supplementary Planning Document – Waltham Forest (2009)
- Local approaches that make a difference – sharing the lessons learned by the Healthy Schools Beacon Authorities (2007-08)
- Medway Council Plan 2009-12
- Medway Community Plan 2007-10
- National Child Measurement Programme: Detailed Analysis of the 2006/07 National Dataset by the National Obesity Observatory
- National Obesity Observatory website
- South East Coast health profile 2009
- TellUs3 local authority survey for Medway (2008)
- World Health Organisation European Action Plan for food and nutrition policy 2007-12

Medway Local Strategic Partnership
Comprehensive Area Assessment

DELIVERY/ACTION PLAN AND PERFORMANCE 08/09 UPDATE AUGUST 2009

1. Core Information	
Indicator Title	NI 56: Obesity among primary school age children in Year 6 PSA 12
Lead Partner(s)	Medway Council/PCT
Accountable Officers for Indicator	Dr Alison Barnett, Director of Public Health abarnett@nhs.net nicky.ling@medway.gov.uk
LAA2 Theme	Health, well being and older people
Statutory Partners	<p>Medway Council; Medway Schools, Healthy Schools Team, Integrated Transport Team, Adult Services, Youth Services, Children's Centres, Sports Development, Medway 2012 Team, Family Learning Service, Leisure Services, Environmental Health</p> <p>Medway PCT; GPs health visitors, dieticians, nutritionists, pharmacists, dentists</p> <p>Medway Trust; Paediatricians, Midwives, School Nurses</p> <p>SEC SHA / GOSE: South East Regional Public Health Team</p> <p>Department of Health: Cross-Government Obesity Unit</p>
Non Statutory Partners	<p>MEND</p> <p>Sainsbury's</p> <p>Medway Universities</p> <p>Sunlight Development Trust</p> <p>Natural England</p> <p>Sport England</p> <p>Food Standards Agency</p>
2. Description. What will this plan deliver, what difference will it make?	
Description	<p>Being obese puts individuals at higher risk of developing: Diabetes / Cancer / Heart Disease / Liver Disease / Reproductive and pregnancy complications.</p> <p>Being obese has been estimated to decrease your life expectancy by an average of 9 years.</p> <p>Obesity has also been linked to poor mental health with higher rates of depression and other mental health problems in obese individuals.</p> <p>It also has significant social implications as obese individuals are more likely to suffer from bullying, have low self-esteem and consequently suffer from stigmatisation and social exclusion.</p> <p>In addition to the human costs the impact of obesity has significant financial costs.</p>

	<p>The cost of healthcare for obesity related conditions is estimated to be £4.2 billion.</p> <p>The additional costs to wider society of sickness absence, poor productivity and benefits is estimated to be in the region of £16 billion.</p> <p>Primarily, reducing the prevalence of obesity in Medway Year 6 primary school pupils has the potential to provide significant improvements to the health and well-being of these children in both the short, medium and long term.</p> <p>However these improvements have the potential to have a positive impact on other areas of the children's life including their academic achievement and social development.</p> <p>In addition to changes in the specified cohort, it is predicted that the 'ripple effect' of the interventions delivered to these children could result in significant improvements in the diet and physical activity habits of their peers, families and wider communities.</p> <p>In the long term this is likely to result in a reduction in the current and future costs of health and social care for these individuals.</p>	
3. Data		
Baseline 07/08	2008/09 Actual	2009/10 Actual
19.3%	Expected December 2009	
2008/09 Target	2009/10 Target	2010/11 Target
18.19%	18.70%	18.50%
Target setting	2011	
Methodology	Medway Public Health Team lead the implementation of the National Child Measurement Programme (NCMP), co-ordinating the collection, collation and analysis of results for Yr6 pupils. Measurements are collected between October and April by teams of healthcare professionals and administration assistants who visit every Medway primary school. The results are uploaded onto the Department of Health National Database annually in September of each year. The official performance figures are then released in December.	
4. Summary of Actions		
What action is required by the lead organisation and its partners?	<p>AIMS:</p> <ul style="list-style-type: none">• Awareness of obesity interventions and referral pathways• Support from school regarding weigh and measuring programme• Co-ordination of healthy eating and physical activity initiatives across agencies• Support for parents and carers to make healthy choices for the whole family <p>OBJECTIVES:</p> <p><u>NCMP</u></p> <p>To increase the school participation rates by:</p>	

- Providing administrative support to schools to implement the process
- Providing information resources for children and parents to explain the programme and encourage their participation
- To fully implement the routine feedback of results to parents which will include the provision of advice and information on adopting a healthier lifestyle, details of local obesity prevention and management services and sources of further information
- Proactive follow up of all children identified as overweight or obese by public health or school nursing teams from January 2010
- Targeting schools with low participation rates (<85%) to encourage increased uptake

MEND

- To continue to deliver a MEND programmes using the MEND/Big Lottery Fund grant.
- To identify additional sources of funding to support the sustained delivery of the programme from January 2010

MEND Graduates

- Offered to all graduates of the MEND to help sustain the lifestyle changes achieved during the programme.
- Provides weekly activity sessions and other opportunities to keep active, including sports taster sessions as well as continued support with maintaining a healthy diet
- Expectation is that as families try new activities and develop new confidence they will progress onto other sustainable activities and require less support.

Mini-MEND

- Mini-MEND is a preventative programme for children aged 2-4 years and their families.
- It encourages healthy eating, play and activity.
- Delivered in partnership with Children's Centres in areas with high rates of obesity amongst year R children as identified from NCMP data.

Our Medway 2012

- Our Medway 2012 is a 4-year school, curriculum support programme to enable every primary school to offer all pupils the opportunity to receive curriculum input specifically related to the 4 themes of the 2012 Olympic Legacy Plan
- The public health team will provide financial and physical resources for the implementation of the 'Health' element of this programme, which aims to encourage children and their families to adopt healthier lifestyles.

Targeted Social Marketing Campaign

- Establishment of a Local Implementation Group to raise awareness amongst key partners of the national Change4Life campaign which was developed using social marketing techniques to promote healthier lifestyles to families with children under the age of 11.
- The national Change4Life campaign encourages families to 'eat

	well, move more and live longer' and is targeted at families identified as being at greater risk of overweight and obesity. <ul style="list-style-type: none">• The Medway 2010 social marketing campaign will run throughout 2010 and aims to promote public health interventions across Medway. This campaign will also use recognised social marketing techniques to raise awareness of overweight and obesity.	
5. Risk Assessment		
Risks and Mitigations	RISK: Lack of skills and resources for accurate target monitoring & evaluation Difficulty recruiting staff with appropriate knowledge/skills Lack of capacity to deliver programmes according to best practice guidelines Lack of influence over broader determinants of obesity e.g. the built environment and access to healthy food. Lack of capacity meet demand for new services (MEND, Our Medway 2012).	MITIGATION: Recruitment of Senior Public Health Information Analyst to support performance monitoring. Use targeted recruitment in appropriate media. Consider advertising at middle or upper band of salary scale. Identify additional sources of funding (e.g. grants/sponsorship etc) Use existing and new partnerships to explore opportunities to influence local decision-making. Identify additional sources of funding (e.g. grants/sponsorship etc)
6. Spatial Focus		
Neighbourhood, setting, population or target group	<u>MEND</u> The MEND programme targets children and their families aged 7-13. Local NCMP obesity prevalence rates for Yr6 were analysed to identify areas with greatest need. Programmes are currently being delivered in appropriate venues within Chatham, Gillingham and the Hoo Peninsula. <u>Mini-MEND</u> The mini-MEND programme targets children and their families aged 2 to 4 years. Local NCMP obesity prevalence rates for YrR were analysed to identify areas with greatest need. Programmes are currently being developed in partnership with Children's Centres in Chatham, Gillingham, Strood and the Hoo Peninsula. A total of 16 programmes will run over two years from summer 2009 reaching 160 families. NCMP results for subsequent years will be monitored to ensure that interventions continue to be targeted at those areas in most need. <u>Our Medway 2012</u> This programme will be offered to all Medway Primary Schools, however	

	participation is voluntary. Uptake has been enthusiastic and the expectation is that the vast majority of primary school will participate										
7. Cross References and interdependencies											
How this links with other work	<p>The following table (see reference below) provides details of how the achievement of this target can impact on the achievement of other LAA targets:</p> <p>NIS indicators linked to tackling obesity</p> <table border="1"> <thead> <tr> <th>National Indicator</th><th>Link to Tackling Obesity</th></tr> </thead> <tbody> <tr> <td>NI 53 Prevalence of breastfeeding at 6-8 weeks from birth</td><td>Evidence suggests that there is a reduced incidence in obesity at 5 years old in breast-fed compared to bottle-fed-babies.¹</td></tr> <tr> <td>NI 52 Take up of school lunches</td><td>An increase in total uptake of school lunches can promote nutritional intake and may reduce obesity.²</td></tr> <tr> <td>NI 50 Emotional health of children NI 69 Children who have experienced bullying</td><td>Overweight children are more likely to be bullied and suffer from low self-esteem³</td></tr> <tr> <td>NI 57 Children and young people's participation in high quality PE and sport NI 8 Adult participation in sport</td><td>To promote a healthy weight, adults should be doing 30 minutes of planned and incidental physical activity every day and children 60 minutes.⁴</td></tr> </tbody> </table>	National Indicator	Link to Tackling Obesity	NI 53 Prevalence of breastfeeding at 6-8 weeks from birth	Evidence suggests that there is a reduced incidence in obesity at 5 years old in breast-fed compared to bottle-fed-babies. ¹	NI 52 Take up of school lunches	An increase in total uptake of school lunches can promote nutritional intake and may reduce obesity. ²	NI 50 Emotional health of children NI 69 Children who have experienced bullying	Overweight children are more likely to be bullied and suffer from low self-esteem ³	NI 57 Children and young people's participation in high quality PE and sport NI 8 Adult participation in sport	To promote a healthy weight, adults should be doing 30 minutes of planned and incidental physical activity every day and children 60 minutes. ⁴
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	Reference: Healthy Weight, Healthy Lives: Guidance for Local Areas, Cross-Government Obesity Unit, Department of Health and Department for Children, Schools and Families, March 2008
8. Performance Monitoring and Performance Management	
Monitoring	The NHS Information Centre publishes NCMP results annually in December. Additional in-year monitoring may be possible using the provisional results stored in the local dataset.
Management	Accountable Lead Agency: Medway Council / PCT Delivery Lead Agency: Medway Council / PCT
9 Added Value	
	See Section 7 above
General Comments	
Authorisation	Signed Date

Medway Local Strategic Partnership
Local Area Agreement 2

DELIVERY/ACTION PLAN

Specific Key Actions Lead agency/lead officer Relevant strategy/business plan etc UPDATES	Planned Completion Date	Success measure How will you know if the outcome has been achieved?
National Child Measurement Programme is statutory requirement to weigh and measure all year 6 and Reception year children annually (by July 2009). Partnership developed with Medway primary schools and the school nursing service to deliver this initiative.	July 2009	Target coverage rates 89% of eligible children. No increase in prevalence of obesity in children.
MEND programme being delivered. 3 separate programmes each term (9 per year) targeting overweight and obese children aged 7-13 years and their family. Approximately 12 families per programme. Funding secured to consolidate MEND team posts. Ongoing recruitment to the programme via GPs, practice nurses, school nurses, dieticians, and other key partners... Regular promotional events including Childhood Obesity Awareness workshop, visits to schools, publicity included in NCMP mailshots.	Termly September 2009 Ongoing Ongoing	36 families receiving intervention per year Reduction in BMI and/or waist circumference of participants. Team members in post.
Our Medway 2012 curriculum implemented To be sustained until 2012 Working in partnership with schools advisors.	September 2008 launched and ongoing	Increase in rate of those walking to school Increase in those consuming 5 portions of fruit and vegetables per day Increase in active play during school breaks
Targeted social marketing campaign (Change4Life) Social Marketing Training to be undertaken Strategy to be developed when national dataset available Establishment of Local Implementation Group (Change4Life) Local Social Marketing Campaign targeting Health Improvement	Spring 2009 Spring 2009 Autumn 2009 Summer 2009 January 2010	Strategy in place with agreed implementation process

Diversity Impact Assessment: Screening Form

Directorate	Name of Function or Policy or Major Service Change		
Public Health	Healthy Eating		
Officer responsible for assessment		Date of assessment	New or existing?
Nicky Ling (lead) Teri Hemmings		11 August 2010	Existing
Defining what is being assessed			
1. Briefly describe the purpose and objectives	<ul style="list-style-type: none"> • increase the number of children and young people following a healthy, nutritionally balanced diet; • children and young people maintaining a healthy weight; • improving long term health outcomes 		
2. Who is intended to benefit, and in what way?	All children and young people in Medway.		
3. What outcomes are wanted?	Children and young people having the best start in life.		
4. What factors/forces could contribute/detract from the outcomes?	<u>Contribute:</u> <ul style="list-style-type: none"> • Expertise among professionals and community support. • Joint priority among partners (LAA target) • Funding • Increased awareness of Councillors 	<u>Detract:</u> <ul style="list-style-type: none"> • Complex organisational and partnership delivery • Lack of uptake and engagement and resistance to change • Lack of awareness of link to bad diet and poor health 	
5. Who are the main stakeholders?	PCT, Council, Schools, Children Centres, CVS, National Government, everyone!		
6. Who implements this and who is responsible?	Public Health Team (healthy weight), Schools, Youth Services,		

Assessing impact		
7. Are there concerns that there <u>could</u> be a differential impact due to <i>racial groups</i>?	YES	The prevalence of obesity appears to be higher in BME groups according to National Child Measurement Programme (NCMP) data for Medway. BME children and young people tend to have access to specialist support and ethnically appropriate food at schools. Information is available in various languages also. However, general healthy eating principals are applicable to all groups.
	NO	
What evidence exists for this?	BME groups account for 12% of children measured for the NCMP. The small population size limits conclusions that can be drawn from the programme results.	

8. Are there concerns that there <u>could</u> be a differential impact due to <i>disability</i> ?	YES	Obesity appears to be more common among people with learning disabilities (35%) than in the general population (22%). Children and young people with a disability would have access to school health services, which would include advice and support on healthy diets. However, general healthy eating principals are applicable to all groups.
	NO	
What evidence exists for this?	There is no population level data on people with physical disabilities due to the practicalities of weighing and measuring them. Only children who can stand on weighing scales and height measures are weighed as part of the NCMP.	
9. Are there concerns that there <u>could</u> be a differential impact due to <i>gender</i> ?	YES	General healthy eating principals are applicable to all groups.
	NO	
What evidence exists for this?		
10. Are there concerns there <u>could</u> be a differential impact due to <i>sexual orientation</i> ?	YES	General healthy eating principals are applicable to all groups.
	NO	
What evidence exists for this?		
11. Are there concerns there <u>could</u> be a have a differential impact due to <i>religion or belief</i> ?	YES	General healthy eating principals are applicable to all groups. School caterers provide for special diets.
	NO	
What evidence exists for this?		
12. Are there concerns there <u>could</u> be a differential impact due to people's <i>age</i> ?	YES	The Healthy Eating Review relates to healthy eating in children but general healthy eating principals are applicable to all age groups.
	NO	
What evidence exists for this?		
13. Are there concerns that there <u>could</u> be a differential impact due to <i>being trans-gendered or transsexual</i> ?	YES	General healthy eating principals are applicable to all groups.
	NO	
What evidence exists for this?		

14. Are there any <i>other</i> groups that would find it difficult to access/make use of the function (e.g. people with caring responsibilities or dependants, those with an offending past, or people living in rural areas)?	YES	Those with low educational attainment and/or low income are more likely to have a poor diet. Low income families have access to free school meals. Help is provided for parents with reading and writing difficulties to fill out the claim form for free school meals. Children Centres also work particularly with low income families and provide support in relation to healthy diets and breastfeeding. Health trainer services commissioned by Public Health to support communities access health interventions.
	NO	
What evidence exists for this?	Health Survey for England, 2007 National Diet and Nutrition Survey	
15. Are there concerns there <u>could</u> be a have a differential impact due to <i>multiple discriminations</i> (e.g. disability <u>and</u> age)?	YES	Support and intervention would be the same – as above.
	NO	
What evidence exists for this?		

Conclusions & recommendation		
16. Could the differential impacts identified in questions 7-15 amount to there being the potential for adverse impact?	YES	There is support, plans and programmes in place to help encourage healthy eating amongst different groups. Public Health Nutritionists within the Healthy Weight team are able to provide advice to specific groups as required.
	NO	
17. Can the adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or another reason?	YES	No adverse impact.
	NO	
Recommendation to proceed to a full impact assessment?		
NO	This function/ policy/ service change complies with the requirements of the legislation and there is evidence to show this is the case.	
NO, BUT ...	What is required to ensure this complies with the requirements of the legislation? (see DIA Guidance Notes)?	Minor modifications necessary (e.g. change of 'he' to 'he or she', re-analysis of way routine statistics are reported)
YES	Give details of key person responsible and target date for carrying out full impact assessment (see DIA Guidance Notes)	

Action plan to make Minor modifications		
Outcome	Actions (with date of completion)	Officer responsible

Planning ahead: Reminders for the next review		
Date of next review		
Areas to check at next review (e.g. new census information, new legislation due)		
Is there <i>another</i> group (e.g. new communities) that is relevant and ought to be considered next time?		
Signed (completing officer/service manager)	Date	
Signed (service manager/Assistant Director)	Date	