

**NORTH LINCOLNSHIRE COUNCIL**

**CABINET**

**THE REVIEW OF CHILDHOOD WEIGHT IN NORTH LINCOLNSHIRE -  
REPORT OF THE PEOPLE SCRUTINY PANEL**

**1. OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1 To consider the report of the People Scrutiny Panel on the review of childhood weight in North Lincolnshire.

**2. BACKGROUND INFORMATION**

- 2.1 At its meeting on 29 January the People Scrutiny Panel approved its draft report in connection with the review of childhood weight in North Lincolnshire.
- 2.2 The report was referred to cabinet for consideration of the recommendations with a view to the preparation of an action plan.
- 2.3 National and local policies clearly demonstrate the need to halt and reduce current childhood obesity levels if serious health consequences for future generations are to be avoided. Therefore, the panel felt a comprehensive review of relevant literature (nationally and locally) combined with vital local interviews would be extremely beneficial.

**3. OPTIONS FOR CONSIDERATION**

- 3.1 There are no options associated with this report.

**4. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

- 4.1 There may be some resource implications associated with the recommendations when they are implemented.

**5. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

- 5.1 Not applicable in relation to this report.

6. **OUTCOMES OF CONSULTATION AND CONFLICTS OF INTEREST DECLARED**

6.1 The scrutiny panel consulted as appropriate.

7. **RECOMMENDATIONS**

7.1 That the report and recommendations be approved and adopted.

7.2 That the Director of Public Health and other appropriate officers and Cabinet Members prepare an action plan in response to the recommendations of the report for submission to cabinet.

**DIRECTOR OF POLICY AND RESOURCES**

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**Background of papers used in the preparation of this report - Nil**



# Report on the review of childhood weight in North Lincolnshire

**People Scrutiny Panel**

January 2014





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# FOREWORD FROM THE CHAIRMAN



**Cllr Elaine Marper**  
**Chairman, People Scrutiny Panel**

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In a climate of concern about the increasing rate of obesity amongst people in the United Kingdom it has become imperative that a coordinated effort be made to tackle the problem at a local level. The panel thought that trying to look at the whole picture of obesity might be too ambitious and too large a remit, so therefore we focussed our attention on childhood weight in North Lincolnshire.

It is however important to note that although this review concentrated on Childhood Weight, important consideration must be given to the fact that childhood obesity has long term and serious effects on health and life expectancy if steps are not taken to address it before adulthood.

The alarming key facts highlighted to the panel during this review were included in a paper provided by the Department of Health, March 2013 indicating that In England, 61.9% of adults and 28% of children aged between 2 and 15 are either overweight or obese. People who are overweight have a higher risk of getting type 2 diabetes, heart disease and certain cancers. Excess weight can also make it more difficult for people to find and keep work, and it can affect self-esteem and mental health.

Health problems associated with being overweight or obese cost the National Health Service more than £5 billion every year, and by 2020, they want to see:

- **a downward trend in the level of excess weight in adults**
- **a sustained downward trend in the level of excess weight in children**

Early intervention is needed to reduce the risks of loss of active life and reduced life expectancy and this problem needs to be tackled by early intervention and by promoting healthy lifestyles and healthy eating. Obesity is a complex problem that requires action from individuals and society across multiple sectors. Local authorities have a range of legislative and policy levers at their disposal, alongside wider influences on healthy lifestyles that can help create places where people are supported to maintain a healthy weight. The panel hopes this report will help public health professional's work with their colleagues across local authorities to maximise health benefits.

As a panel during this review we investigated what is being done in North Lincolnshire to address the issue. This included visits to local schools in order to build a picture of what was being done by way of embedding healthy eating and physical activity at an early age, as it is clear that early interventions have bigger impact. However, promoting healthy choices and physical activity in schools is not the panacea itself, the family lifestyle also plays a crucial part in sustaining healthy weight.

On behalf of the panel I would like to thank everyone who contributed to the review, the officers who attended to give background information, and especially to the schools who welcomed us on our visits where we were able to witness lunch times and physical activities in progress. All comments and information received were given serious consideration and helped shape the final report. I would also like to thank my colleagues on the People Scrutiny Panel, including the Vice-Chair, for their hard work throughout this complex review.

# BACKGROUND TO THE REVIEW

Britain is now one of the most obese nations in Europe. This review initiated by members of the scrutiny panel, focused on exploring the public health issue of childhood obesity in North Lincolnshire. Panel members identified that childhood obesity was a growing local issue (especially with children aged 10-11yrs) and consequently wanted to investigate both the prevalence and impact of childhood obesity and how action is currently being undertaken to address it.

National and local policies clearly demonstrate the need to halt and reduce current childhood obesity levels if serious health consequences for future generations are to be avoided. Therefore, the panel felt a comprehensive review of relevant literature (nationally and locally) combined with vital local interviews would be extremely beneficial. This included a review of -

- i **Obesity guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children (NHS National Institute for health and clinical excellence).**
- ii **North Lincolnshire Council's current obesity programmes**
- iii **Changes in national policy**
- iv **North Lincolnshire Council's 'change4life' action plan (2013 – 2018)**
- v **Visits to various schools within North Lincolnshire**

## vi **Interviews held with senior officers from North Lincolnshire Council**

In addition to the above, panel members utilised the five overarching themes of the local strategic direction – 'North Lincolnshire Change4Life', as a framework for choosing which activities, information and action to review. The five themes include -

- **Theme one – children – healthy weight, healthy growth**
- **Theme two – promoting healthier food choices**
- **Theme three – building physical activity into our daily lives**
- **Theme four - creating incentives for better health**
- **Theme five – personalised advice and support**

Overall, this review has provided a comprehensive picture of the scale and significance of childhood obesity in North Lincolnshire. By exploring the effectiveness of current initiatives and action to halt and reduce childhood obesity locally, a number of key recommendations have been made. It is the panel's hope, that these recommendations will be reflected upon and embedded into the ongoing action undertaken by the specialist Public Health Team led by the Director of Public Health.



# FINDINGS

## Context

### Defining childhood obesity

Panel members felt it was important for the purpose of this report to establish how children's weight is defined. The NHS choices website defines obesity as 'carrying too much body fat for height or gender'. Adult obesity is established using waist circumference and body mass index (BMI). In children and adolescents it is more complex as they are still growing and BMI differs between boys and girls.

Children's height and weight are recorded at various stages of their childhood (4-5yrs and 10-11yrs) by the National Child Measurement programme. The height and weight is then compared against the Cole UK90 body mass index percentile growth charts. Public health interventions and action is often required to support a child if they are classified as –

- **Underweight - Lower than the 5th percentile**
- **Overweight - Greater than 85th percentile but lower than 95th percentile**
- **Obese – Greater than the 95th percentile**

Excess weight is a term used to describe all children whose weight is greater than 85th percentile, which includes both overweight and obese categories.

Evidence gathering identified that collecting data about the weight and dietary habits of children presents quite a challenge. In the past it has proved difficult to persuade the parents of overweight children to participate in data collection exercises as sometimes they chose to opt out of such activities. As such it is difficult to gather accurate and 'true' information about childhood obesity that would enable local partners to target certain vulnerable groups in a coordinated way.

### Childhood obesity prevalence

The panel was informed that one in four adults are obese according to the Health Service for England, compared to less than 15% in 1993. By 2050 these figures are predicted to have more than doubled.

Rates have also been on the rise for children – although there are some signs that this has started levelling off in recent years.

Nonetheless, latest statistics show 18% of 10 and 11 year olds are obese. In North Lincolnshire about 20% of Year 6 children are classified as obese.

The Director of Public Health informed the panel that North Lincolnshire had the second-highest number of overweight children in reception and year six across the Yorkshire and Humber region.

Table 1, evidences that North Lincolnshire is experiencing higher than average prevalence of childhood obesity, compared to both the regional and local averages. (See over)

**Table 1: Comparative National Child Measurement Programme (NCMP) data for 2011/12**

<b>North Lincolnshire</b>	<b>Under weight</b>	<b>Overweight</b>	<b>Obese</b>	<b>Overweight &amp; obese</b>	<b>Participation rate</b>
Reception year (4-5yrs)	0.4%	15.8%	8.0%	23.8%	96.2%
Year 6 (10-11yrs)	0.8%	15.8%	20.2%	36%	87.3%
<b>Yorks &amp; Humber average</b>	<b>Under weight</b>	<b>Overweight</b>	<b>Obese</b>	<b>Overweight &amp; obese</b>	<b>Participation rate</b>
Reception year	0.9%	13.1%	9.5%	22.6%	95.5%
Year 6	1.3%	14.4%	17.7%	32.1%	92.7%
<b>England average</b>	<b>Under weight</b>	<b>Overweight</b>	<b>Obese</b>	<b>Overweight &amp; obese</b>	<b>Participation rate</b>
Reception year	0.9%	13.2%	9.1%	22.3%	94.2%
Year 6	1.3% 1	4.4%	19.2%	33.6%	92.4%
<b>NCMP (2011/12)</b>					

Furthermore, the table above highlights a lower than target participation rate of 87.3% (children aged 10-11yrs). This is 2.7% below the (NCMP) target of 90%. This could result in an underestimation of excess weight prevalence in North Lincolnshire, due to overweight and obese children being less likely to participate in the NCMP than other children (for reasons as stated in the previous paragraph).

Within childhood obesity prevalence, the panel identified evidence that there is an unequal distribution of excess weight. As highlighted in Fair Society, Healthy Lives, (Marmot 2010), health inequalities result from social inequalities and consequently childhood obesity is more broadly evident in –

- **Areas of deprivation**
- **Males**
- **Black and Minority ethnic groups**
- **People with a disability**

Nationally, all of the data suggests a strong relationship between deprivation and obesity prevalence for children aged 2-15 and for those in Year Reception (R) and Year 6. In particular, amongst reception year children obesity prevalence is twice as high amongst children attending schools in the most deprived 10% neighbourhoods, compared with those attending schools in areas in the least deprived 10%, (12.3% and 6.8% respectively). For children in Year 6 the figures were 24.3% and 13.7% respectively.

In North Lincolnshire the relationship appears to be far less pronounced. This is probably due to the small numbers of children in each cohort in North Lincolnshire, with many of the observed differences between wards and between neighbourhoods, even combining results over five years, not being statistically significant. (See appendix 4 for detailed graphs providing these statistics)

### **Childhood obesity causation**

On a simplistic level, an individual's small but chronic daily energy imbalance has led to increasing prevalence of childhood obesity. However the panel identified that the complex nature of obesity requires causation to be understood from a variety of interrelating factors e.g. genetics, culture, psychology, environment, food, physical activity. Furthermore, the panel explored evidence that identified specific factors related to childhood obesity, which affects children's ability and inclination to achieve and maintain a healthy weight.

These include –

- **Parental obesity**
- **Artificial feeding during infancy**
- **Changes to the built and urban environment**
- **Food availability and marketing**
- **Increases in sedentary and technological recreation**
- **Changes to school food and recreational provision**
- **Reduction of active travel**
- **Increase in perception and reality of crime and anti-social behaviour**

Within the above, the panel revealed specific concerns about the following factors affecting childhood obesity –

- **The culture of the UK has attached a stigma to overweight and obesity, which is reinforced by the fashion industry and media which impacts on the psychological well being of children i.e. low self-confidence which leads to teasing and bullying issues.**
- **The major role the big supermarket chains and associated shops have in encouraging unhealthy choices through price/promotions. In addition to the checkout displays including temptations of chocolates and sweets.**

### **Impact of childhood obesity**

The panel found that the health consequences of obesity in childhood can be both short term and long term, affecting both physical and mental health that can lead to devastating health outcomes in adulthood. The physical health consequences may include cardiovascular problems, increase in blood insulin levels and high blood pressure. There are also associated risks of asthma, and sleep apnoea. Furthermore children who are overweight or obese are more likely to suffer from depression, low self-esteem and reduced academic performance. Crucially members were informed by the Director of Public Health, North Lincolnshire that an obese child is more likely to become an obese adult, with studies showing that obesity reduces life expectancy by an average 3-8 years, comparable to the lifelong effects smoking. This doesn't include the significant years loss of active-life or disability-free living.

Members were told that obesity is associated with substantial financial costs. The Government's document 'Healthy lives, healthy people – A call to action on obesity' states that excess weight costs the NHS more than £5bn each year. When the Director of Public Health attended the scrutiny panel meeting, she reinforced the fact that early intervention programmes and behaviour changes provide a wider economic benefit to society, by reducing the direct costs of treating the consequences of obesity and the indirect costs of reduced productivity and increased absenteeism.

### **National Policy**

A number of reports and government policies on obesity have been introduced since 2004, when it was highlighted in the House of Commons 'report on obesity' that there was a need for joined up solutions requiring cultural and societal changes. Obesity was identified by the UK government as a policy priority at this time, and targets were set to halt the year-on-year rise in childhood obesity in the UK by 2010.

'Healthy lives, helping people – a call to action on obesity', 2011 acknowledges the scale of the problem and explains why it matters both on economical and social levels. It provides a new approach with new ambition and focus. The government has added two new national ambitions to show what might be achieved.

- **A sustained downward trend in the level of excess weight in children by 2020.**
- **A downward trend in the level of excess weight averaged across all adults by 2020.**

The document acknowledged that individuals were responsible for their own health and free to make their own choices, but said the role of the state and its partners was to support them to lead busy lifestyles and the 21st century environment often made it hard to make a healthy choice. The paper confirms local government being uniquely well placed to lead the strategic direction of tackling childhood obesity. Each community within a local area has different characteristics, assets and challenges relating to their health and well-being. As a result the local authority is

best placed to understand these unique differences and account for the local wider determinants of health, which impact upon them.

Reducing child obesity is a complex issue and not purely a matter of calorie reduction and an increase in physical activity; it requires action across 'the whole system'. This includes action within and across the following areas –

- **Education**
- **Leisure/Culture**
- **Planning**
- **Catering**
- **Environment**
- **Primary care**
- **Public health**
- **Private/commercial sector businesses**

## **Local Policy / Issues**

### **Planning**

Planning authorities can influence the built environment to improve health and reduce the extent to which it promotes obesity. The government's public health strategy 'Healthy lives, healthy people', explicitly recognises that 'health considerations are an important part of planning policy' and the Department of the Environment 2011 white paper made many explicit connections between planning and health.

One of the ten recommendations of the Academy of Medical Royal Colleges 2013 report on obesity was that 'Public Health England should, in its first 18 months of operation, undertake an audit of local authority licensing and catering arrangements with the intention of developing formal recommendations on reducing the proximity of fast food outlets to schools, colleges, leisure centres and other places where children gather. It also recommends that local authority planning decisions should be subject to a health impact assessment.

The panel interviewed planning officers from the council as they felt that wider awareness of social and environmental determinants is needed when adopting and refreshing council policies to encourage walking and cycling, when developing new road layouts or when considering planning applications for fast food outlets especially when they are located close to schools. The Local Planning Officer assured the panel that the Healthier and Sustainable Communities policies of the

adopted North Lincolnshire Local Plan and the Local Development Framework Core Strategy are used when determining planning applications. The council's planning policy for hot food takeaways is for these uses to be focused in town, district and local centres only, and certain conditions for opening hours can be applied where it is felt necessary. There was, however, concern amongst the panel as to whether the planning policies for the council go far enough when giving permission for fast food outlets near schools, colleges or where children gather.

### **Change4Life**

Change4Life has become one of the most instantly recognisable brands in health improvement. It enjoys high levels of trust and involvement from the public, private and third sector organisations. The goal of change4life is to help every family in England to eat well, move more and live longer and its ambition is to create a movement in which everyone in society plays their part, helping to create fundamental changes to these behaviours that can help people lead healthier lives.

The Department of Health intend it to become the sole branded programme for all healthy lifestyles information, products and tools for families and adults. North Lincolnshire Council has a change4life action plan for 2013-2018 which aims to:-

**1 ensure that all children are given the healthiest possible start in life, through working with families and carers in promoting healthy lifestyles before, during and after birth;**

- 2 to make healthy eating easy, accessible and enjoyable, so that it becomes a natural way of life for everyone who lives, works and goes to school in North Lincolnshire;**
- 3 to increase levels of activity for all our population, by ensuring that enjoyable and accessible physical activity is available for everyone;**
- 4 engaging with the workforces to encourage the provision of healthy eating choices and opportunities for physical activity;**
- 5 provide targeted advice and support to individuals and communities to help them maintain a healthy weight, by developing appropriate referral pathways and providing relevant information.**

The panel analysed this action plan point by point, but because it is in its infancy and no work had been actioned, the panel would be keen to monitor its progress within the five aims detailed above and believe it is key to the council, and public health tackling some of the problems at a local level. The plan also works in conjunction with the Physical Activity Strategy – 'Active Choices, Active Futures'.

Throughout the review, whilst the panel did feel that there were many external factors influencing children's weight, it felt that it is vital that parents drive the message of healthy eating so that families are able and confident to access, healthy cooking and staying active. A big part of the council's action plan is based on providing 'A greater awareness and understanding about healthy

eating so that families are able and confident to access healthy options'. The panel endorse what the action plan says, but feel that the partnerships between the council, public health, voluntary and community sector organisations, private businesses (including catering services) is crucial to tackling the issues. Actions need to be enforced as a matter of priority.

### **Schools**

Evidence provided to the panel suggested schools play an important role in the delivery of healthy programmes. Therefore members consider it is important that head teachers and governors should provide the necessary leadership to drive programme outcomes forward, and should possibly take on some kind of new healthy schools programme within North Lincolnshire. With this in mind the panel agreed to visit a number of schools within North Lincolnshire both primary and secondary. The panel split into groups of two and visited the schools as listed in appendix 4. The aim of the visits was to establish the 'Healthy Eating' options within the schools and the 'Physical Activity' that is available, all of which varied enormously. Some schools were much more pro active and interested than other schools. Members investigated:-

- **breakfast club availability,**
- **packed lunch policies,**
- **issues such as whether the school meals were healthy,**
- **whether they used the council's catering provisions, and**
- **are extra curricular activities available?**

Members reported back to the full panel and were surprised to find that whilst some schools fully embraced healthy choices and extra curricular activities, it was deemed not as important at other schools. They also found that one of the keys to the success in schools was the drive from the Head teacher, and leaders within the schools.

### **Healthy Weight Activities in North Lincolnshire**

The panel was impressed with the number of activities and programmes available in North Lincolnshire, particularly in its schools. However, the awareness of their availability to the community, and how the information was distributed was questioned on several occasions by the panel.

Children centre activities: -

- **Stay and play**
- **Family play activity**
- **Breakfast clubs**
- **Healthy eating/cooking sessions**
- **Start4Life (started spring 2013)**

Unfortunately the Healthy School programme for North Lincolnshire is no longer supported nationally and the local coordinator post has gone, but the panel was informed that work continued with some schools on a number of topics to try to maintain the ethos of healthy schools. The panel was also informed that various schools were looking at the possibility of extending the Food for Life Partnership, which encouraged the use of fresh local foods in schools. This initiative was explored further with schools catering staff.

Since 2010 the Government's target for the amount of physical education (PE) in schools has been scrapped. This was the 2 hour target for PE plus the 2-3 additional hours outside the curriculum. The authority is no longer required to collect data regarding the number of schools who have kept this provision, which disappointed the panel. The programme funded to meet this target, the Schools Sports Partnerships, received an 85% cut in funding. Money is now received with the main emphasis on competitive sport, known as the 'school games'.

Through the fact finding interviews and visits carried out during the review, the members were particularly impressed with the following activities taking place within schools and with families, and perceived them to be making a difference, including: -

### **School Games**

The North Lincolnshire games programme offers a broad range of competition to schools for children aged 8+, this is not compulsory and doesn't involve all children. 2550 primary aged children took part in the programme in the last school year, 2011-2012. The overall aim is to use competition to be the catalyst for increased provision in schools, such as after school clubs, extra practices etc. However, the panel did note that this provision was not available for all children as they could not all be in the team, and very often the children that did take part in these events were very often children who were already keen to be involved in sport.

### **Get Going Programme**

The 'Get Going Programme' started in April 2012 and differs from the school games. Members were very keen on its concept, which started in April 2013. The overall aim of the Get Going Programme is to halt and reduce the levels of overweight and obese young people in North Lincolnshire and empower young people and their families to achieve and sustain a healthier weight.

It motivates young people and family members to lead a healthier lifestyle through individual appointments and group activity sessions, and so reduce the risks of adult obesity including cardiovascular disease and diabetes, as the young people reach adulthood. The programme is run and delivered by the Get Going team who work with young people and their families on a 1 to 1 basis and provide on-going support during and after the programme.

Other programmes that have taken place include:-

- **Change4Life Clubs**
- **Bikeability**
- **Sports Coaching**
- **Skip4Life**
- **PE Professional Development Programme**
- **Healthy Lifestyle Clubs**
- **Street Dance**
- **Swimming Programme**
- **Street Sport**

### **Obesity Strategy Co-ordinator**

The council's Obesity Strategy Co-ordinator was appointed to the post as a full-time position in September 2011 and was funded for a year. Since then three further extensions of 6 months, 3 months and finally 6 months respectively have occurred. As it currently stands the post is due to end on 31st December 2013. The post is being reviewed as part of the wider Public Health review being led by the council's Chief Executive.

The post was established to co-ordinate the delivery and evaluation of the obesity agenda in alignment with the strategic direction of North Lincolnshire to achieve local targets. The co-ordinator attended several fact finding interviews during this review and highlighted the work that the post entailed including coordinating, implementing and ensuring the delivery and evaluation of the locally commissioned obesity interventions. Working with partner agencies and key stakeholders across the NHS and the local authority to ensure maximum take-up and sustainability of obesity initiatives.

This role is vital to the success of weight management and interventions across North Lincolnshire. The post has currently taken on the commissioning and performance of other key related services, including the excellent work being carried out with the schools sport network team.

### **Schools Catering and Leisure Facilities**

Having visited various schools during the review, and leisure facilities under the control of the local authority, officers from North Lincolnshire schools catering were interviewed and questioned on the school meals provision, the catering outlets, and vending machines accessible in the leisure facilities where children and adults aimed to 'keep fit'.

There were also varying levels of concern amongst the panel about the number of vending machines that are permanent and accessible to children when using the leisure facilities or shopping with their parents. For example, confectionery being positioned at the tills in supermarkets. Everything appears to be on offer to encourage children to buy sweets, chocolate and fizzy drinks.

When members spoke to the teachers and school lunchtime staff, there were different levels of satisfaction with the schools catering choices which were available. Some were very happy with the food quality, and menus available and other not as much so. When discussing this with the catering officers they informed the panel that they did as much work with the head teachers and governors as possible to try and increase uptake of school meals within schools, and that some schools were onboard more than others.

Table 2. The current uptake for school meals is:-

School	North Lincolnshire	National Average 2013/2014
	Forecast uptake 2012/2013	
Primary	48%	46%
Secondary	37%	39%

Table 2 indicates that primary school uptake is just above national average, where as secondary is just below. According to the ‘Children’s Food Trust’s annual survey on the take up of school lunches 2011-2012’ they indicated that a few factors emerged that appear to be consistently associated either with higher take up or greater increases in take up. These are:-

- **Higher levels of free school registration**
- **The value of full-production kitchens in the primary sectors and to a lesser extent in the secondary sectors**
- **The implementation of cashless systems within the dining room.**

Higher prices appear to be consistently associated with lower take up.

In secondary schools there was clear evidence of higher take up where schools had adopted a cashless system. In the primary sector, it was clear that having hot food transported from other schools continues to be associated with lower levels of take up, presumably because of poorer overall quality of the food on offer. Engagement with local authorities

at the policy level also appeared to be important, with associations found between take up and local authorities having a policy to restrict the opening of fast food outlets near schools, having a food strategy or food improvement plan, and featuring school meals within their Children and Young People’s Plan.

Other important factors influencing take up as stated previously in this report is the support given from head teachers, governors, elected members, and keeping down the cost of a meal. North Lincolnshire Council abides by the school food trusts ‘new food-based requirements for school lunches’. The government set new food-based standards for school lunches, table 3 summarises the key requirements which North Lincolnshire catering uses when providing meals to schools: -

Table 3.

Type of food	These healthier products should be on the menus
<b>More fruit and vegetables</b>	No less than two servings per day per child; at least one should be vegetables or salad and at least one should be fruit.
<b>More oily fish</b>	Oily fish such as mackerel and salmon should be served at least once every three weeks.
<b>Bread</b>	Bread should be available at lunch everyday.
<b>Drinking Water</b>	Free, fresh drinking water should be available at all times.
<b>Healthier drinks</b>	The only drinks served should be water, pure fruit juices, milk, yoghurt and milk drinks with less than 5% added sugar, smoothies, low calorie hot chocolate, coffee and tea.

The local authority works in conjunction with the schools on menu choices and requirements they prefer for their schools. During the visits the panel were informed that the more healthy options were not as popular with the pupils. This is something that needs embedding from reception age upwards.



# CONCLUSIONS

The panel was very impressed with some of the work that is taking place to tackle childhood weight issues in North Lincolnshire, particularly from the obesity co-ordinator and the physical activities/clubs that are available and would like this to be circulated more widely. There is however still room for improvements and further commitment required by North Lincolnshire Council to tackle some of the issues. The panel was of the conclusion that the following issues were the key elements of the review: -

- i It is clear that partnership working is fundamental and central to providing and delivering programmes to children who are overweight and obese. It is obvious that there is some partnership working, but more work is needed in this area to involve all parties who can actively make a difference to families, or third sector involvement that has a knock on effect.
- ii The evidence the panel received indicates that there are wider social and environmental determinants that impact on obesity in children. Social determinants are a factor and should be considered when refreshing the strategy and local policy by looking at the extent of powers at the Council's disposal e.g. using licensing and regulatory powers; encouraging walking and cycling rather than car use when devising road layouts, the consequences of allowing takeaway food outlets close to schools or where there are already lots of take away food outlets at a location and the layout of housing estates.
- iii North Lincolnshire Council offers a great number of physical activities and clubs which are available to all children and are highly regarded by those that attend. The commissioned programmes such as 'Get Going' are very impressive but only target a very small percentage of the 20% of our primary children categorised as obese, with no reference to the children that just fall into the 'overweight' category.
- iv Various programmes as listed in the report are making an impact by helping children and their families make necessary changes and choices in their lifestyle to reduce and prevent obesity. However, some parents do not recognise that their child has a problem with obesity and as a result do not respond to correspondence relating to the NCMP measurements and invitations to attend programmes. Therefore this acts as a barrier to some families accessing services.
- v Not all parents of those children who are identified as being obese follow up on programmes. Greater awareness is needed amongst parents of the importance of taking advantage of early intervention programmes to assist their child to achieve and maintain a healthy weight, before becoming a long term health issue. An interim measurement at the age 6/7 years may alert parents to take advantage of early intervention programmes.

- vi Change4life has had a tremendous impact but how much is it being used in North Lincolnshire, and how many families have signed up to the campaign? Other than parents, school is the one place that has a fundamental influence on children's habits including eating and physical activity programmes. Therefore promoting change4life and its various sub-brands in school this will give children and parents information to start to make changes in their lifestyles and be able to recognise change4life logos on healthy products.
- vii Supermarket chains have signed a collective public health responsibility deal pledge concerning food sold in their stores. The association of Convenience Stores have signed an individual pledge to work with its members to roll out change4life branding across its stores. Supermarkets locally should be encouraged to deliver a similar pledge in their stores to encourage shoppers to help change eating behaviours by promotion of incentives such as change4life, and removing confectionary from the checkout areas.
- viii Schools are greatly involved with the delivery of programmes and it is essential that these have the backing of the management of the school to provide leadership and drive to push forward programmes and deliver positive outcomes.

# RECOMMENDATIONS

Based upon the comments and observations made by the panel, its recommendations for further action by the cabinet are as follows: -

- i that the Cabinet and the Health and Wellbeing Board should look at their strategies and plans for tackling obesity and overweight children, and should follow a multi-agency approach to strengthen partnership working and to address prevention and treatment of obesity in children, reflect a 'Think Family' approach, supporting a healthy lifestyle of the family as a whole.
- ii that the post of Senior Obesity Co-ordinator be made permanent to take on full responsibility for tackling obesity. The title of the post should be changed, with the role incorporating responsibility for healthy lifestyles in North Lincolnshire, not just tackling it at obesity level, but also co-ordinating a new Healthy Schools Programme for North Lincolnshire.
- iii that there is a joined up approach by fully involving other statutory agencies and council departments, such as planning, transport, education and leisure. Consideration be given to appointing people within these areas to champion the cause on a focus group, led by the above co-ordinator.
- iv that the council should encourage the private sector to be more involved. For example, employers may invest in the workplace health schemes if they are convinced there is a good business case, while healthy eating award schemes can encourage cafes, supermarkets and restaurants to change menus.
- v that the council and the NHS, being among the largest employers in the local area, set a good example by removing vending machines that offer unhealthy foods from their own buildings and running healthy lifestyle activities like organised walks at lunchtime. This would ideally be led from the senior management teams.
- vi that supermarket chains should be encouraged to promote change4Life in their local stores through using marketing techniques to support families to purchase healthier products.
- vii that more promotion of the change4life campaign and its various sub-brands in school will give parents information so they can start to make changes to their lifestyles. It will also help children recognise the change4life logo on healthy products.
- viii that schools, head teachers and governors provide the necessary leadership and support to drive programmes and their outcomes forward. A healthy schools award should be reinstated and run by the council to encourage more commitment in all educational establishments.

- ix that the current activities and programmes available for healthy lifestyle changes follow the principles of continuous evaluation, with particular emphasis on effectiveness of programmes/projects and are they providing value for money. Ensure they are targeting the areas where they are most needed.
- x that the council reviews its planning policies, and other measures available, mainly implemented by environmental health or licensing teams, to help regulate the sale of fast food. Possibility of using: -
- Street trading policies to restrict trading from fast food vans near schools;
  - Policies to ensure that menus provide healthier options;
  - Food safety controls and compliance;
  - Restrictions on opening times;
  - Use of section 106 agreements and Community Infrastructure levy to contribute to work on tackling the health impacts of fast food outlets.
- xi that the council investigates the possibility of establishing a programme of health impact assessment (HIA) training for public health teams, planning officers and others, with the local planning team looking at a process for incorporating HIA's into the planning process.
- xii that the authority uses government buying standards for food and catering services as the basis for school procurement.
- xiii that all suitable measures be taken to try and increase the take up rates of the NCMP in year 6, with the possibility of an interim measurement being taken in North Lincolnshire at the age of 6/7 to try and target families before weight becomes a problem in Year 6.
- xiv that schools encourage more healthy eating in the school meals they provide, and situate their salad bars and fruit in a more prominent position, possibly at the beginning of the queue rather than at the end.
- xv that a central information portal be designed on the councils web site to encompass all the activities available in North Lincolnshire for children and young people, to include sub divisions of age related activities, activities for the disabled, with a link to and from yap yap, and be accessible for use by the children themselves.
- xvi that scrutiny re-visit this review before December 2014 at the latest.

# APPENDICES

## Appendix 1

### Membership of the People Scrutiny Panel

Councillor - E Marper (chairman)  
J Collinson (vice-chair)  
P Clark  
S Godfrey  
D Wells

### Statutory Co-opted Members

Mr W Egan (Church Representative)  
Mrs D Senior (Parent Governor Representative)  
Mr P Thompson (Church Representative)  
Mrs P Whittaker (Parent Governor Representative)

The panel conducted a number of evidence gathering sessions, speaking to a range of key officers from the council and its partners.

The panel would like to thank everyone for their valued input and attendance. They also received and considered a range of written evidence, including local and national research, guidance and legislation.

## Appendix 2

Stakeholders interviewed as part of the review –

- Emma Howard Drake – Obesity Co-ordinator, North Lincolnshire Council
- Trevor Laming – Assistant Director, Technical and Environmental Service, North Lincolnshire Council
- Chris Matthews – Assistant Director, Community Service, North Lincolnshire Council
- Frances Cunning, Director of Public Health, North Lincolnshire Council
- Chris Barwell – Spatial Planning Officer, North Lincolnshire Council
- Sharon Seddon – Head of Catering and Cleaning, North Lincolnshire Council
- Liz Notman, Development Manager, North Lincs School Sport Network
- Various head teachers, kitchen staff and school pupils were also interviewed as part of the school visits.

### **Appendix 3**

Schools Visited by the Panel: -

- Brigg Primary School
- Baysgarth School
- Broughton Primary School
- Althorpe & Keadby Primary School
- Leys Farm Junior School
- Holme Valley Primary school
- Barton St Peters School
- Berkeley Junior School
- Messingham Primary School
- St Luke's Primary School

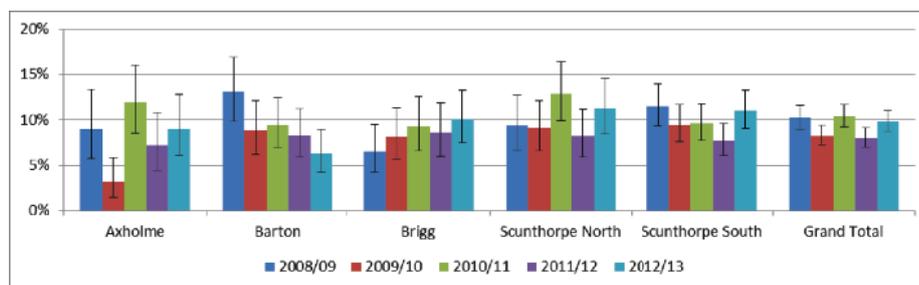
The panel would like to express their appreciation to the schools who welcomed panel members into their schools during lunchtime to observe and chat with children and staff, during what is a very busy period of the school day.

## Appendix 4

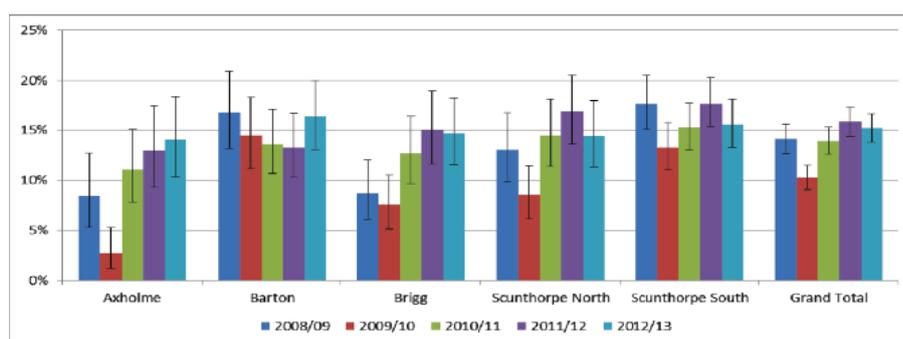
Graphs comparing deprivation and locality in North Lincolnshire

### Obesity and overweight rates by locality Annual trends for North Lincolnshire based on NCMP data 2007/8 to 2012/13

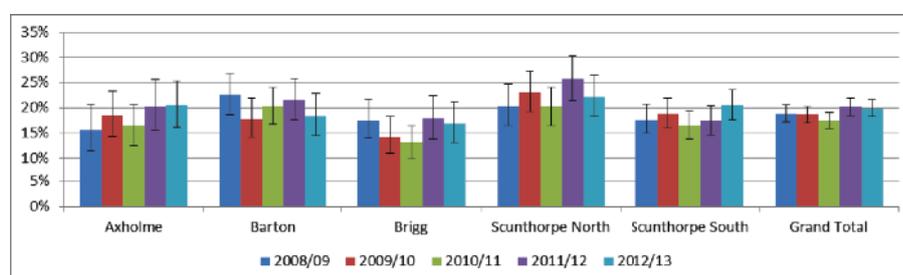
Year R Obesity by single years of measurement and by locality  
(Child's residence)



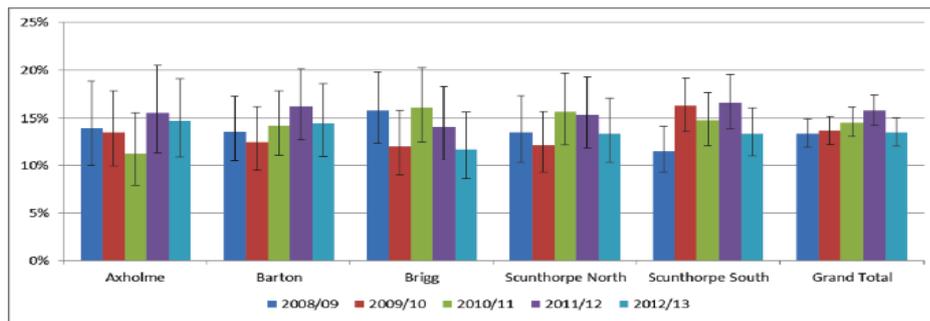
Year R Overweight rates by single years of measurement and by locality  
(Child's residence)



Year 6 Obesity rates by single years of measurement and by locality  
(Child's residence)

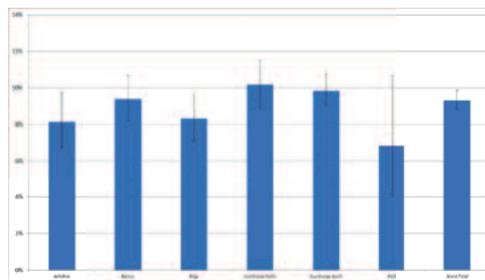


**Year 6 Overweight rates by single years of measurement by locality (Child's residence)**

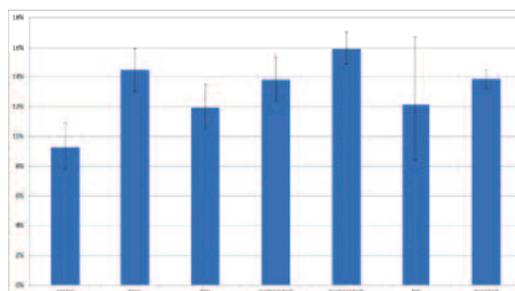


**Obesity and overweight rates by locality combined data for the 5-year period 2007/8 to 2012/13**

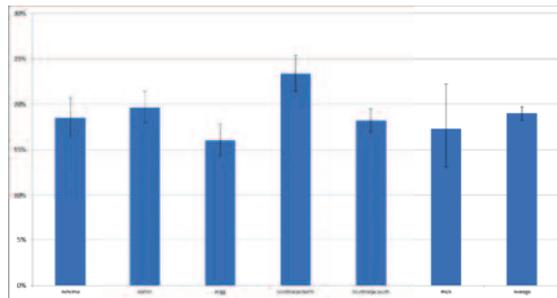
**Year R Obesity rates for 5 year pooled period 2007/8 to 2012/13 and by locality (child's residence)**



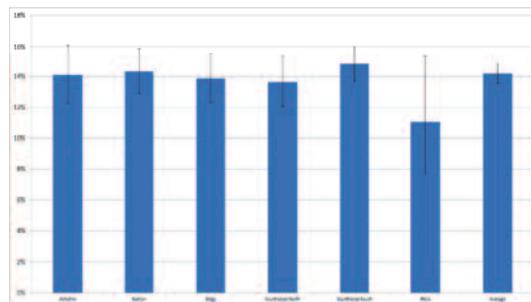
**Yr R: Overweight rates for 5 year pooled period 2007/8 to 2012/13 and by locality (child's residence)**



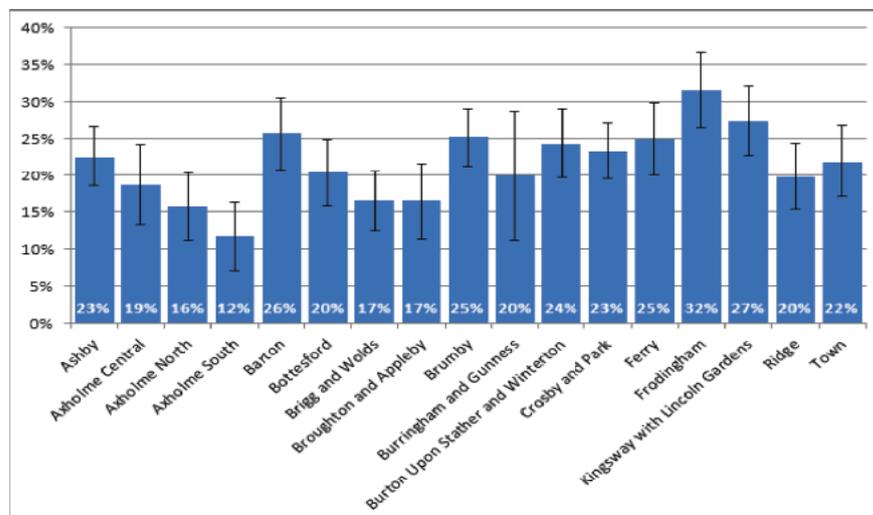
**Year 6: Obesity rates for 5 year pooled period 2007/8 to 2012/13 and by locality (child's residence)**



**Year 6: Overweight rates for 5 year pooled period 2007/8 to 2012/13 and by locality (child's residence)**



***Levels of unhealthy weight i.e. obesity and overweight amongst Year R children by ward pooled period 2007-12***



***Levels of unhealthy weight amongst Year 6 children by ward for pooled period 2007-12***

