

CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE

Agenda Item 28

Brighton & Hove City Council

Subject: *Healthy Weight of Children and Young People in Brighton and Hove*

Date of Meeting: 18th November 2009

Report of: Director of Children's Services

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Wards Affected: All

FOR GENERAL RELEASE/ EXEMPTIONS

1. SUMMARY AND POLICY CONTEXT:

- 1.1 Obesity is a major factor for cardiovascular disease and certain cancers. It is also an important underlying cause of a number of other health problems. There are links between obesity and mental health and well-being, including self-esteem, depression, anxiety and bullying. Information from school surveys and population surveys show that obesity is more likely to be associated with deprivation than with affluence.
- 1.2 Obesity has serious economic costs. It has been estimated that the cost of obesity to the NHS is approximately £1billion per year, with an additional £2.3b - £2.6b per year to the economy as a whole. If the current trend is not halted, it is estimated that by 2010 the cost to the economy alone could be £3.6b per year.
- 1.3 Childhood Obesity is a national priority within the NHS Operating Framework. Reducing childhood obesity is one of NHS Brighton and Hove World Class Commissioning health priorities. There are two Vital Signs – obesity prevalence in Reception Year and obesity prevalence in Year 6 which NHS Brighton and Hove progress is monitored against the national target. The Local Area Agreement (LAA) target is to

reduce obesity among primary school age children in Year 6 to 17.5% by 2010/11.

- 1.4 Childhood obesity data is collected through the implementation of the National Child Measurement Programme (NCMP) which weighs and measures children in Reception (typically aged 4–5 years) and Year 6 (aged 10–11 years). The most recent data (for the academic year 2008-09) suggests that the prevalence of obesity for pupils in year 6 is 16.4%. This compares to 17.7% prevalence recorded in 2007-08. Although this appears to be a decrease in obesity prevalence, the decrease is not significant and the data is insufficient to show that there is a downward trend due both to natural variation in the statistics and to the lack of trend data available at this early stage in the programme.

2. RECOMMENDATIONS:

- 2.1 The Committee is asked to note this report and the progress made in implementing the Healthy Weight of Children and Young People Delivery Plan.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 A Strategy “Promoting Healthy Weight and Healthy Lives in Children and Young People in Brighton and Hove 2008/09-2011/12” was produced and presented to the PCT Board on 17th February 2009. A Healthy Weight of Children and Young People Delivery Plan to implement the recommendations of the strategy was developed jointly by NHS Brighton and Hove and the CYPT in February 2009. The Delivery Plan outlines a combination of diet/nutrition and physical activity initiatives delivered in a range of settings. The strategy does not address children with disabilities and other children with complex needs who need special consideration. Therefore there is a specific action to identify the needs of children with disabilities and learning disabilities in terms of promoting physical activity and a healthy diet. Appendix 1 outlines the range of initiatives and their progress.
- 3.2 A Healthy Weight of Children and Young People Steering Group oversees the implementation of the Delivery Plan. The Steering Group is chaired by the Public Health Development Manager and comprises NHS Brighton and Hove and CYPT officers responsible for the co-ordination of the specific initiatives within the Delivery Plan. The Delivery plan was developed based on the National Institute of Clinical Excellence (NICE) guidance and evidence of best practice and effectiveness of intervention. A Healthy Weight Evaluation tool, adapted from the National Obesity Observatory evaluation tool is being piloted in two provider organisations. The use of the tool is mandatory for all commissioned providers and a condition in Service Level Agreements with regards to tackling childhood obesity. The tool will enable evaluation of performance and outcomes, for

example in terms of the percentage of participants with sustained behaviour change

4. CONSULTATION

- 4.1 In keeping with the principles of good joint planning the development of the Strategy and the Delivery Plan were overseen by a multi-agency group including many partners from the CYPT. There was also wider engagement with a range of stakeholders for example services for children under 5, education and youth, schools, post 16 education and training, youth and Connexions and parents through the Brighton and Hove Parents Forum.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 All the initiatives in the Delivery Plan are funded through the NHS Brighton and Hove through Annual Operating Framework (£250,000) and Choosing Health Budget. There are no additional financial implications arising from the recommendation in this report.

Finance Officer Consulted: Jeff Coates

Date: 4 November 2009

Legal Implications:

- 5.2 By virtue of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, CYPOSC may review and scrutinise any matter relating to the planning, provision and operation of health services in Brighton & Hove.

As the report is for noting only, there are no further legal implications.

Lawyer Consulted: Oliver Dixon

Date: 5 November 2009

Equalities Implications:

- 5.3 The strategy was taken through NHS Brighton and Hove Equality Impact Assessment Panel and amendments were made accordingly in the Strategy. A NHS Brighton and Hove Equality Impact Assessment form has been duly completed.

Sustainability Implications:

- 5.4 Improving children and young people's health contributes to creating a healthier young city which in turn will contribute to economic and cultural sustainability.

Crime & Disorder Implications:

- 5.5 There are no immediate Crime and Disorder implications.

Risk and Opportunity Management Implications:

- 5.6 Addressing childhood obesity is complex and may involve tackling generations of cultural and behaviour patterns. Addressing childhood obesity is complex and may involve tackling generations of cultural and behaviour patterns. There is a risk that parents or carers of children may not take up the services offered.

A number of the initiatives are delivered in part by school nurses and community paediatricians. There is a risk that Flu pandemic vaccination and HPV vaccination programmes delivered by school nurses may affect the timing of the implementation of the some of the initiatives which may be delayed by a couple of months. The Childhood Obesity Steering Group will monitor closely the implementation of the initiatives to minimise risk.

Corporate / Citywide Implications:

- 5.7 Addressing childhood obesity supports the priorities of the council of reducing inequalities by increasing opportunities and in particular priority 3.1 “Giving our Children the best start in life” and 3.3 “Improving the health of our residents”. Reducing childhood obesity is one of NHS Brighton and Hove top priorities in World Class Commissioning.

SUPPORTING DOCUMENTATION

Appendices:

1. Appendix 1: Healthy weight of children and young people progress reporting.

Documents In Members’ Rooms

1. None required.

Background Documents