

Staffordshire Childhood Healthy Weight Strategy Final Version

A 3-year strategy to support children to achieve and maintain
a healthy weight – 2011-2013

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Introduction

The Staffordshire Health and Wellbeing Strategy: Priorities for 2010-2013¹ highlights the need to improve services and joint working to address health inequalities in obesity. The Childhood Healthy Weight strategy has been developed to support a coordinated approach to address the local issue of obesity and overweight. It seeks to incorporate a 'whole system' approach to combating childhood obesity within Staffordshire, highlighting roles and relationships between key agencies working across the prevention and treatment agenda within a tiered pathway (see 'pathway' diagram appendix 1).

The Healthy Weight strategy highlights the current situation in relation to childhood obesity and overweight population groups within Staffordshire and the ambition to stop the increase in the prevalence of overweight and obesity and the activities that are needed to make this happen.

The interventions outlined within the strategy and delivery plan are based on the recommendations of the Staffordshire's Children and Families Healthy Weight Frameworks² which provides evidence of effectiveness and indicates the context of the settings where interventions can be delivered to optimum effect.

Aim of the strategy

The aim of this strategy is to increase the proportion of Staffordshire children and young people who maintain a healthy weight and lifestyle throughout their lives.

Section 1 - Making the case for action

In England, 10.5 percent of boys and 9.2 percent of girls (average 9.8 percent) in Reception year (aged 4-5 years) and 20.4 percent of boys and 17.0 percent of girls (average 18.7 percent) in Year 6 (aged 10-11 years) are classified as obese according to the British 1990 population monitoring definition of obesity (≥ 95 th centile), National Child Measurement Programme (NCMP) 2009/10³. By 2050 the prevalence of obesity is predicted to affect 25% of children (Foresight, 2007⁴).

In Staffordshire 24.6 percent of 4-5 year olds and 32.6 percent of 10-11 year olds were overweight or obese in 2009/10.³ This has serious consequences for children's physical and mental health and wellbeing now and in the future. It also has a significant impact on their future lives in terms of productivity at work, salary and social and economic class.

In 2009, a Staffordshire-wide NHS and local authority partnership produced 'best practice' guidance leaflets for commissioners of children's' healthy weight services from those preventing unnecessary weight gain to those designed to treat overweight children, which was supported by the Staffordshire Children's Trust Board. In order to embed the good practice outlined in these and in response to a cross-organisational audit recommending a more strategic approach to weight management in Staffordshire, the partnership has further strengthened. This will support better organisational co-ordination of and commitment to delivery of services across the county through a 3 year Staffordshire-wide healthy weight strategy and delivery plan, which is aligned to the 3 year Staffordshire-wide Health and Wellbeing Strategy¹.

1.1 What causes childhood overweight and obesity?

Some children are more genetically susceptible to obesity; however the main cause of obesity is consuming more calories (energy) from food and drink than are expended in every day activity.

Most evidence suggests that the main reason for the rising levels of obesity is the change in eating habits and less active lifestyle factors.

The reasons for these changes in diet and activity levels are complex with many differing factors playing a part. These include:

- Cultural and individual behaviour; as family patterns of eating, cooking and physical activity are determined by levels of knowledge, attitude and behavioural influences

- Food and environment; access to affordable local facilities for healthy food such as local shops, markets and eating places
- Built environment; poor access to exercise facilities such as leisure and sport facilities
- Psychological factors; such as poor mental wellbeing

Young People (aged 7-11 years) were asked about healthy eating and physical activity at the “Shape It” Conference held in May 2010.

When asked for reasons why young people do not eat healthily or don't have “5 a day” the most common response was that young people do not like the taste of healthy food and prefer the taste of unhealthy foods. Other common reasons given were that young people are too busy to eat healthy foods; that their parents do not encourage healthy eating; that they don't think it's important to eat healthily or don't think junk food is bad for them. Many of the young people also reported finding unhealthy food too tempting to avoid.

When asked for reasons why young people don't get enough exercise the overwhelmingly common response was that young people are spending so much time on their computers/watching television/playing computer games. Not liking sport and exercise or being too lazy was also reported by several young people.

1.2 What are the health risks of a child being overweight or obese?

Obesity is a key risk factor for a number of conditions including heart disease, stroke, some cancers and type 2 diabetes. The risk of developing type 2 diabetes is 20–80 times higher among people who are obese compared with people with a healthy weight. Coronary heart disease (which has a slightly higher incidence among obese people) is 2–3 times more common among men with diabetes and five times more common among women with diabetes. Stroke is also more common among obese people (and also among those with diabetes) than in the general population, as are many cancers, particularly endometrial and kidney cancer, as well as osteoarthritis. Obesity is responsible for more than 9000 premature deaths per year in England.

The consequences of childhood obesity are similar to those of adults including an increased risk of hyperinsulinaemia, high blood pressure, adverse lipid profile, adverse changes in left ventricular mass, asthma, abnormalities of foot structure/function, diabetes. But the consequences of obesity in childhood go further. Obese children are more likely to show evidence of psychological problems – and the effect of this has been found to be greater in girls than boys. Childhood obesity is also associated with poor self esteem, being perceived as unattractive and weak-willed, disordered eating, bulimia, body dissatisfaction and depression.

A particularly concerning long-term consequence of childhood obesity is its persistence into adulthood, which tends to increase when one or more parents are obese. The evidence suggests that obese children who become obese adults have higher weight-related ill health and mortality than adults who only become obese in adulthood. Lifestyle habits are influenced early in life therefore prevention and early intervention during childhood is important.

1.3 What are the costs for treating obesity and overweight?

The Health Select Committee⁵ has estimated that the cost of obesity is £3.3 - £3.7 billion per year and of obesity plus overweight is £6.6 - £7.4 billion. The Government's Healthy Weight, Healthy Lives, Strategy⁶ sets the ambitious target of being “the first major nation to reverse the rising tide of obesity and overweight in the population by ensuring that everyone is able to achieve and maintain a healthy weight.” Key issues are that:

- Rates of overweight and obesity in children are increasing
- Overweight and obese children are more likely to become obese adults if not effectively managed and supported.
- Latest Government figures estimate that 90% of today's children could be overweight or obese by 2050. Direct costs to the NHS set to rise from £1 billion to £6.5 billion by then.

- Currently South Staffordshire PCT spends £143.7m on treating diseases related to overweight and obesity. This will rise to £159.5m in 2015.
- Levels of childhood obesity are higher in deprived areas.

1.4 Who is affected by overweight and obesity?

High-risk groups include children who have at least one obese parent, people with physical or learning disabilities and people who have recently stopped smoking.

In addition, the rate of overweight and obesity is increasing in school children, which poses major risks for the health of the future adult population. People in lower socio-economic groups, especially women, and some ethnic groups such as Black Caribbean and Pakistani women are more at risk of becoming obese than the rest of the population.

1.5 What does the local prevalence look like in Staffordshire?

The prevalence of obesity in children in reception and year 6 is not significantly different to the England average. Table 1 and 2 compare obesity prevalence for Staffordshire LEA and each of the eight districts in Staffordshire with statistical neighbours (Local Authorities with similar characteristics).

Table 1 – Percentage of obese children in reception (4-5 year olds)

	2006/7	2007/8	2008/9	2009/10
England	9.9	9.6	9.6	9.8
Staffordshire County - LEA	9.6	9.5	9.9	9.9
Cannock Chase	*	8.9	9.4	12.6
East Staffordshire	*	7.7	9.2	10.9
Lichfield	*	10.3	8.9	8.7
Newcastle-under-Lyme	12.6	9.2	10.3	9.4
South Staffordshire	6.5	9.7	13.0	11.0
Stafford	9.2	8.2	8.3	8.1
Staffordshire Moorlands	12.0	12.8	9.6	9.1
Tamworth	*	10.2	11.5	9.8

Source: National Child Measurement Programme. 2006/7 data produced by the WMPHO, all other data published by the Information Centre
 *data not available

Table 2 – Percentage of obese children in year 6 (10-11 year olds)

	2006/7	2007/8	2008/9	2009/10
England	17.5	18.3	18.3	18.7
Staffordshire County - LEA	17.4	19	18.6	17.8
Cannock Chase	19.2	21.4	21.7	23.1
East Staffordshire	15.9	18.7	15.2	18.4
Lichfield	17.0	17.6	18.2	15.5
Newcastle-under-Lyme	17.0	19.4	20.4	15.7
South Staffordshire	17.5	18.6	20.0	19.9
Stafford	15.9	17.4	16.4	16.5
Staffordshire Moorlands	20.6	18.8	17.8	17.4
Tamworth	15.0	20.8	19.1	16.3

Source: National Child Measurement Programme. 2006/7 data produced by the WMPHO, all other data published by the Information Centre

The estimated prevalence of adults who are obese, 2006-2008 indicates that obesity prevalence in adults across Staffordshire is significantly higher than the England average (Table 3).

Table 3 - Estimated prevalence of adults who are obese, 2006-2008

Local authority	Synthetic estimates 2006-2008		Adult Lifestyle Survey 2008		Mosaic Estimates (Date)	
	Prevalence	Estimated number (2009)	Prevalence	Estimated number (2009)	Prevalence	Estimated Number (2009)
Cannock Chase	29.4%	22,500	19%	14,800	17.3%	13,200
East Staffordshire	25.3%	22,100	18%	15,600	16.5%	14,400
Lichfield	25.0%	20,100	18%	14,800	16.0%	12,900
Newcastle-under-Lyme	25.7%	26,500	-	-	16.8%	17,300
South Staffordshire	28.0%	24,800	19%	16,500	16.3%	14,400
Stafford	24.4%	25,400	17%	17,600	16.2%	16,900
Staffordshire Moorlands	27.3%	21,600	-	-	17.0%	13,500
Tamworth	29.3%	17,700	19%	11,700	17.1%	10,300
NHS North Staffs (resident population)	26.4%	48,200	-	-	16.9%	30,800
South Staffordshire PCT (resident population)	26.6%	132,600	18%	91,000	16.5%	82,200
Staffordshire	26.6%	180,800	-	-	16.6%	113,100

Note: Figures may not add due to rounding

Source: Health Profiles 2010, Association of Public Health Observatories (APHO) and Department of Health, Crown Copyright 2010, Adult Lifestyle Survey 2008, South Staffordshire PCT, Mosaic Public Sector 2009, © Experian Group 2009 and 2009 mid-year population estimates, Office for National Statistics, Crown Copyright

1.6 How is overweight and obesity measured and defined in children?

BMI is a measure of overweight and obesity in children although it changes substantially as the child grows. The clinical definition of overweight and obesity in children is based on BMI percentile charts for boys and girls plotted at different ages from 2-16 years. The National Institute for Health and Clinical Excellence (NICE) recommends that tailored clinical intervention should be considered for children with a BMI at or above the 91st centile, depending on the needs of the individual child and family, and that an assessment of co-morbidity should be considered for children with a BMI at or above the 98th centile.

1.7 What are the most effective ways of treating and preventing childhood overweight and obesity?

The causes of obesity

Obesity is almost entirely preventable and is caused by an imbalance between energy intake and energy output. There is an underlying genetic basis to the control of body weight; however the rapid growth in overweight and obesity in a relatively short time period demonstrates that causes are due to behavioural and environmental factors.

Physical activity

During the past two decades there has been a marked reduction in the amount of physical activity in our daily lives. Couch potato lifestyles cost the NHS and the wider economy between £1 billion and £1.8 billion each year.

The risks of not being active enough are well known, but only a third of men and a quarter of women are meeting the national recommendation to undertake 30 minutes of moderate intensity activity at least five times a week and levels of inactivity tend to increase with age. Table 4 shows that less than a quarter of the adult population in Staffordshire is meeting the national recommendations.

Table 4 Levels of physical activity - at least three days a week of 30 minutes moderate participation by local authority

	APS1 (Oct 2005-Oct 2006)		Rolling 12 months (Apr 2008 - Apr 2009)	
	Sample	Percentage	Sample	Percentage
Cannock Chase	1,086	21.2%	492	19.7%
East Staffordshire	1,039	23.0%	494	20.9%
Lichfield	1,069	22.8%	500	24.7%
Newcastle-under-Lyme	1,043	19.9%	499	24.0%
South Staffordshire	1,007	21.1%	506	25.1%
Stafford	1,043	26.2%	492	26.9%
Staffordshire Moorlands	990	20.8%	504	19.3%
Tamworth	1,033	19.1%	498	18.7%
Staffordshire	8,310	21.9%	3,985	22.7%
England	361,075	21.3%	190,292	21.4%

Source: Sports England Active People Survey 2005/06, 2007/08 and 2008/09

Healthy eating

A well balanced diet contributes to general good health and plays a key role in the prevention of obesity and overweight. Poor diet is related to 30% of life years lost in early death and disability. Good food is essential to good health throughout the life course, starting before conception.

Good nutrition is essential. Breastfeeding has many positive benefits for the mother and baby and is a critical period of development associated with long term positive health impacts. Breastfed babies show slower rates of growth than those fed on formula and this may contribute to reduced risk of obesity in later life.

Nowadays food portions are larger, food is readily available, and takeaway food, which often contains higher fats, added sugars and salt, is eaten more regularly.

Eating a healthy balanced diet is crucial in maintaining a healthy weight and may also reduce the risk of heart disease, stroke and some cancers.

The NICE clinical guideline - CG43 Obesity⁸ outlines the evidence base for preventing, identifying, assessing and managing overweight and obesity in children;

- how staff in GP surgeries and hospitals should assess whether people are overweight or obese
- what staff in GP surgeries and hospitals should do to help people lose weight
- care for people whose weight puts their health at risk.
- how people can make sure they and their children stay at a healthy weight
- how health professionals, local authorities and communities, childcare providers, schools and employers and the voluntary sector should make it easier for people to improve their diet and become more active (appendix 1 identifies the roles of organizations and the impact they can have on childhood obesity).

The Staffordshire Children’s and Families Healthy Weight Frameworks² have been developed by Staffordshire Children’s Healthy Weight Group to assist commissioners, planners and providers of services to consider the promotion of healthy weight for children as they commission and plan services and developments. If all the elements covered in the frameworks are provided in any one locality it is expected to have an impact on the prevalence of healthy weight in children and families.

Section 2 - What is happening in Staffordshire to prevent and manage childhood overweight and obesity?

2.1 Policies and reports to tackle childhood overweight/obesity

A range of local, regional and national strategies and plans are in place to support our commitment to tackling overweight and obesity, and support and drive our ambition to support and enable our local children and young people to maintain a healthy weight (see Table 5). A childhood healthy weights is referenced in the Staffordshire Health and Wellbeing Strategy and as a priority in the Governments Public Health White Paper Healthy Lives, Healthy People.

Table 5 Policies and reports to tackle overweight and obesity

Lead organisation	Policy / Plan	Key focus
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Lead organisation	Policy / Plan	Key focus
NHS North Staffordshire	<p>A Healthy Future</p> <p>Within NHS North Staffordshire's Strategy – "A Healthy Future – Staying Healthy" (NHS NS, 2007)</p> <p>Staffordshire health and wellbeing strategy: Making a difference improving health and wellbeing in Staffordshire: people and places 2010-2013.</p> <p>Healthy Start Action plan</p> <p>Breastfeeding Strategy and Action Plan</p>	<p>To reduce childhood obesity; develop early intervention services to:</p> <ul style="list-style-type: none"> ▪ Identify the number of our adult population suffering from obesity. ▪ Target resources in the right place at the right time to reach the most appropriate people ▪ Collaboration with partners such as NHS Stoke on Trent and the NHS West Midlands <p>Inclusion and cross reference of the Healthy Weight strategy to the bookcase of documents that have been produced /in the process of production with the Healthy Future strategy to support the overall message that is being given by NHS North Staffordshire.</p>
Staffordshire Moorlands District Council	<p>Local Strategic Partnership – Sustainable Communities Plan – Health and Wellbeing Plan.</p> <p>Children's Trust Board – Children & Young Peoples Plan</p>	<p>Adults & older people, children, young people and families.</p>
Newcastle under Lyme Borough Council	<p>Local Strategic Partnership – Sustainable Communities Plan – Healthier Communities Older People Plan.</p> <p>Children's Trust Board – Children & Young Peoples Plan</p>	<p>Adults & older people, children, young people and families.</p>
Staffordshire County Council	<p>Local Area Agreement (LAA) 2008 to 2011</p> <p>LAA Delivery Group – NI 055 and NI056</p> <p>LAA Delivery Group – NI08</p> <p>Staffordshire Joint Strategic Needs Assessment – Children (2008)?</p> <p>Staffordshire Children and Young People's plan (2009)</p> <p>Staffordshire Health and Wellbeing Strategy (2010-2013)</p> <p>Staffordshire County Council Strategic Plan (2010-2015)</p> <p>Staffordshire health and wellbeing strategy: Making a difference improving health and wellbeing in Staffordshire: people and places 2010-2013.</p>	<p>National Indicator 056; Childhood Obesity</p> <p>National Indicator 198 – single car occupancy</p> <p>National Indicator 108; Physical activity</p> <p>Coordinated partnership activity to improve the H & WB of communities in Staffordshire</p> <p>Improving the lives of people in Staffordshire (including children)</p>
NHS West Midlands	<p>Investing for Health (NHS WM 2008)</p>	<p>Investing for Health Project 2b: Commissioner Collaboration on Upstream interventions – Childhood Obesity to:</p>

Lead organisation	Policy / Plan	Key focus
Department of Health	Healthy Weight, Healthy Lives (DH 2008) Healthy Lives, Brighter Futures (2009)	Strategy for overweight and obesity Strategy for Children & Young People's health
NICE	The NICE clinical guideline - CG43 Obesity (NICE 2008)	Clinical guidance on evidence of effectiveness for identification, prevention, management and treatment of overweight and obesity.
South Staffordshire PCT	No time to weight – SSPCT adult weight management strategy. The delivery plan includes children and families. Staying healthy strategy Public Health 5 yr Plan. Healthy Start Action Plan Breastfeeding Strategy and Action Plan Public Health PBC commissioning plans / Choosing Health. Brighter Futures - A health strategy for children and young people in South Staffordshire 2009 – 2011. Staffordshire health and wellbeing strategy: Making a difference improving health and wellbeing in Staffordshire: people and places 2010-2013.	Reduce and prevent childhood obesity. A tiered to approach/pathway to childhood obesity has been developed. District specific plans to reduce and prevent childhood obesity.
Stafford Borough Council	Stafford Borough Partnership - Sustainable Communities Strategy 2008 – 2020. Improving Stafford Borough 6 year corporate plan to 2016.	Reduce and prevent childhood obesity.
Lichfield District Council	Play Strategy 2007 – 2012 A Sustainable Community Strategy for the District of Lichfield 2006 – 2021 Children and Young People's Plan 2010-11	Reduce and prevent childhood obesity.
Tamworth Borough Council	Sustainable Communities Strategy 2008 – 2011 Children and Young People's Plan 2010-11	Reduce and prevent childhood obesity.
Cannock District Council	Sport, Active Recreation and Community Development – Service Plan 2008 – 2011 Play Strategy 2007 – 2012 Making a Difference through play Children and Young People's Plan 2010-11.	Reduce and prevent childhood obesity.

Lead organisation	Policy / Plan	Key focus
South Staffordshire District Council	Health and Wellbeing Strategy 2009 Sustainable Community Strategy 2008 – 2020 Children and Young People's Plan 2010-11	Reduce and prevent childhood obesity.
East Staffordshire Borough Council	Sustainable Community Strategy 2008 - 2020 Children and Young People's Plan 2010-11	Reduce and prevent childhood obesity.
University Hospital of North Staffordshire, East Cheshire Hospital, Mid Staffordshire General Hospital, Queens	Breastfeeding Strategies	
Staffordshire Moorlands District Council	Sustainable Community Strategy Children and Young People's Plan	
Newcastle District Council	Sustainable Community Strategy Children and Young People's Plan	

There are also a number of strategies which are linked to links to childhood obesity, for example, Financial Inclusion, Child Poverty, Parenting Strategy, Transport, Inclusion and Wellbeing.

2.2 Prevention of childhood obesity

2.2.1 Environment

The Childhood Healthy Weight Strategy acknowledges that it is not just only individual behavioural factors that lead to obesity. The social, economic and physical environment in which people live also plays a significant part in overweight and obesity. Advice on losing weight alone is unlikely to work unless issues such as poverty and lack of affordable facilities are addressed. To help children to maintain a healthy weight we need to provide information on maintaining healthy weight.

Research highlights that interventions for prevention should focus on three factors:

- Major socio-economic determinants of unhealthy eating and physical inactivity at the population level.
- A combination of community (neighbourhood, workplace, school) and individual approaches.
- Whole family approaches, where parents have been engaged in the planning of activities

2.2.2 Supporting communities to maintain a healthy weight

Tier 1 prevention as detailed in the Staffordshire Children's and Families Healthy Weight Frameworks² describes the offer for all babies, children and young people in terms of general promotion of healthy eating and physical activity to ensure healthy growth and development and includes:

- Support for parents

- Information and advice through the Change4Life campaign
- National Child Measurement Programme
- Physical activity community based programmes
- Promoting breast feeding during pregnancy / early years
- Promoting good weaning practice and multi faceted early years interventions
- Whole school and community approaches to healthy eating
- Ensuring nutritional standards for school meals are met
- Promoting increases in physical activity so that a child has the opportunity to take part in 60 minutes a day of physical activity. Integrating regular physical activity into daily life is more effective than structured aerobic exercise
- Working with schools: school transport plans incorporating walk or cycle to school schemes; supporting the 2 hours of physical activity a week standard
- Reducing time spent on sedentary activity
- Mass media campaigns incorporating multi-component community-wide strategies
- Multi-faceted school-based interventions including: nutrition education, physical activity promotion, reduction in sedentary behaviour, behavioural therapy, teacher training, curricular material, and modification of school meals and tuck shops are effective, particularly for girls.
- School-based health promotion (classroom curriculum to reduce television, videotape and video game use) may be effective in preventing obesity
- Child poverty and financial exclusion

As described in Section 1.1 the “Shape It” Conference elicited young people’s views on healthy eating and exercise. It also asked the young people for their ideas on how to increase healthy eating and physical activity. The most common response was to make healthy options more widely available at school and generally and to reduce the availability and prominence of unhealthy foods. Making healthy food more fun and tasty was also suggested by several young people, as was reducing the time spent on computers and watching television and increasing the opportunities for physical activity. This feedback from young people supports the recommendations for Tier 1 interventions above and it is important that we continue to find out from parents and children/young people what they think and want regarding support and services to help achieve a healthy weight e.g. links to Total Places, links to existing consultation/engagement mechanisms and existing knowledge of parents/children’s views.

The Staffordshire Parents Have Their Say, Children’s Services Quarterly Research Report, Autumn 2010 Results asked parents about popular methods that they use to help children to maintain a healthy weight. Responses included ensuring children have the right balance of healthy foods, purchasing healthy food as part of the weekly shop, encouraging participation in exercise and limiting children’s intake of sugary foods.

2.2.3 Individual focused prevention

Tier 2 prevention as detailed in the Staffordshire Children’s and Families’ Healthy Weight Framework² describes the offer to babies, children and young people at risk of gaining weight and becoming overweight or obese. This might be children in a geographical area known to have a high prevalence of childhood obesity or children from certain Black and Minority Ethnic groups who are genetically more a risk of gaining weight more easily when exposed to an unhealthy lifestyle. This may also be children who have at least one parent who is over their

healthy weight as this will significantly increase the risk of that child becoming overweight or obese.

2.3 Management of childhood overweight and obesity

Interventions for childhood overweight and obesity should address lifestyle within the family and in social settings (NICE⁸).

The National Obesity Observatory (2009)⁷ made the following recommendations:

- Programmes should be multi-component interventions, ideally addressing diet and physical activity together, as previous studies have shown that interventions that target both activity and diet together, rather than in isolation, are likely to be more effective.
- The emphasis should be on encouraging positive changes in behaviour that can be maintained over the long term. It may be beneficial if the components of the intervention are marketed in a way that is tailored to known behaviours of the target population. For example using a Social Marketing approach
- Programmes should involve family and peer support where possible, using behavioural programmes aimed at changing diet and physical activity patterns. Previous studies have shown that interventions involving parents, carers, siblings or peers with similar weight issues could prove more successful than those that target individuals alone.
- Parents and carers should be encouraged to take responsibility for lifestyle choices in children and young people.
- The programmes should be age appropriate, accounting appropriately for the level of maturity of the child and acknowledging the differing preferences of child and adolescent populations. Programmes should consider the influence of age, sex, socio-economic status, ethnicity and the whole school environment. Interventions should be tailored to the target population; different approaches will be required for different populations.
- New programmes should be developed from consultation with the target population wherever possible.
- Programmes should be based on a strong theoretical framework, with clear underpinning logic models.

2.4 Specialist treatment

Referral to an appropriate specialist (Tier 4) should be considered for children who are overweight or obese and have significant co-morbidity or complex needs (for example, learning or educational difficulties) as recommended in the Staffordshire's Children and Families Healthy Weight Frameworks.

Can we develop are Tier 3 services with the correct medical supervision and support to work with these children and families?

It is vital that children and their families are able to move between the different tiers to provide the best possible care and to achieve the best possible outcome. Availability of the specialist skills/knowledge/expertise of the Tier 3 multi-disciplinary team to Tier 2 and 1 providers will ensure consistency in health messages and advice across all tiers. Shared care pathways helps to ensure efficient and effective use of the available resources, thus maximising health benefits for the local population.

Section 3 - Strategy recommendations

3.1 Objectives

In order to realise the significant health benefits possible from reducing the prevalence of overweight and obesity, the Staffordshire Childhood Healthy Weight Strategy will ensure that the following take place:

- 1) A clear strategy, vision and delivery plan for healthy weight and effective leadership to ensure a co-coordinated Staffordshire wide approach to tackling childhood obesity.
- 2) Effective systems for collecting and using data for monitoring and evaluation
- 3) Effective commissioning by district across tiers 1-4 against the Healthy Weight Frameworks
- 4) Ensure that prevention is delivered in line with the Healthy Weights Frameworks to adopt a consistent approach. Integrate prevention into as wide a range of roles and organisations as possible and targeted toward areas where the prevalence of overweight and obesity is highest and where the economic and social and economic environment makes it harder for local people to maintain a healthy weight.
- 5) Work with parent and families to shape services and support them to take responsibility for their own health and make it easier for people to make healthier choices.
- 6) Ensure that intervention is delivered in line with the Healthy Weights Frameworks, adopting a consistent approach, where intervention is targeted toward areas where the prevalence of overweight and obesity is highest and where the economic and social and economic environment makes it harder for local people to maintain a healthy weight
- 7) Promote a built environment that will support healthy weight by influencing local planning policy in order to create sustainable opportunities for children and families to be active in life and to eat well.
- 8) Ensure that the children and young people's workforce have the necessary knowledge and skills to increase awareness of healthy weight, provide brief interventions and sign post to appropriate services.
- 9) Ensure consistent and effective communication with families regarding healthy weight to enable them to make informed choices and access prevention and intervention services.

Section 4 - Staffordshire Children's Healthy Weight Delivery Plan (2011-2013)

During 2011/12, four priorities from those set out below will be identified to focus on in order for maximum impact to be achieved.

Action	Lead	Outcome	Timescale
Vision, leadership and Strategy			
<ol style="list-style-type: none"> 1. Develop, consult and obtain multi-agency sign up for the new Staffordshire wide childhood healthy weights strategy and delivery plan. Bring the adult and children's healthy weight agenda together giving a renewed focus to family lifestyles. 2. Ensure clearly identified responsibility and timescales for actions, with overall leadership and governance agreed by all partners. 3. Review the Healthy Weights membership to include strategic representation from district / borough councils (leisure, parks and open spaces), acute colleagues (maternity) and voluntary sector. 4. Influence at a local government and national level and with the scrutiny panel. 5. The Childhood Healthy Weights Strategy should be cross referenced to the Staffordshire Health and Wellbeing Strategy, Staffordshire Children and Young People's Plan, Healthy Child Programme, PCT breastfeeding / healthy start strategies / local authority health and related strategies and plans i.e. Sport across Staffordshire and Stoke-on-Trent where applicable. 	<ul style="list-style-type: none"> • County Children's Trust Board. • The Healthy Weights group. 	<p>A more coordinated and consistent approach to tackling healthy weights across Staffordshire.</p> <p>Measured by:</p> <ul style="list-style-type: none"> • Number of agencies / organisations signed up to the delivery plan. • Number of joint initiatives taking place relating to healthy weights. 	<p>March 2011.</p>
Data and evaluation			
<ol style="list-style-type: none"> 1. Monitor performance and report progress against the national child measurement programme (NCMP) Yr 6 and Reception year data. Monitor breastfeeding initiation and continuation rates. The NST recommends integrating existing data available into a single database. This would include maternal obesity, NCMP, breastfeeding, healthy schools, compliance with food standards, 	<ul style="list-style-type: none"> • The Healthy Weights group. • Public health performance colleagues and Staffordshire 	<ul style="list-style-type: none"> • Establish baselines for schools and children's and learning partnership (C&LP) hot spot areas / outliers so that targeted efforts can be stepped up in high 	<p>Ongoing.</p>

Action	Lead	Outcome	Timescale
<p>school meal uptake, participation in sport and physical activity, oral health and any local surveys etc.</p> <p>2. Use NCMP data to support a targeted approach to tackling childhood obesity i.e. mapping reception year data back to children's centre catchment areas to target early year's prevention. Support the effective sharing of data to relevant colleagues.</p> <p>3. Evaluate the effectiveness of tier 2 (targeted) and 3 (treatment) service provision across Staffordshire. Extend to tier 1 (prevention) if possible.</p> <p>4. Promote the use of data to drive change and effective commissioning of local services.</p> <p>5. Further develop and adopt the national observatory standard evaluation framework or locally agreed framework as a commissioning requirement for children's services.</p> <p>6. Monitor implementation of the strategy and delivery of the action plan.</p>	<p>Observatory, local authority, education.</p> <ul style="list-style-type: none"> • Provider staff involved in the NCMP, Healthy Kid5 teams etc. 	<p>prevalence areas. Set trajectories to improve rates year on year to inform this outcome.</p> <p>Decisions relating to healthy weights policy and activities are based on a sound evidence base.</p> <p>Measured by:</p> <ul style="list-style-type: none"> • Evaluation of activities and changes made to programmes • Evidence of data / evaluation used in decision making / commissioning / targeting services. 	<p>April 2011.</p> <p>March 2011.</p> <p>June 2011.</p> <p>March 2012.</p>
Commissioning			
<p>1. Development of commissioning recommendations and standard specification for Staffordshire to compliment the healthy weights frameworks.</p> <p>2. Encourage effective commissioning by district across tiers 1-4 and against the Healthy Weight frameworks.</p> <p>3. Identify the gaps in service provision across the 8 districts in Staffordshire.</p> <p>4. Support the sharing of best practice and outcomes from service providers operating across the county.</p>	<ul style="list-style-type: none"> • People's directorate within the county council. • Potentially GPC. • The Healthy Weights group. • Public health • Family / children's commissioning 	<p>A robust and effective approach to commissioning is adopted by all relevant agencies and organisations.</p> <p>Measured by:</p> <ul style="list-style-type: none"> • Number of services commissioned across Tiers 1-4 by PBC / district area. • Tackling gaps in services. 	<p>April 2011.</p> <p>Complete.</p> <p>Ongoing.</p>

Action	Lead	Outcome	Timescale
5. Link to county innovation fund to further develop services / provision.	colleagues.	<ul style="list-style-type: none"> • Children accessing treatment services maintaining / losing weight each year. • Children attending treatment services taking part in physical activity programmes. 	
Prevention – early years			
<ol style="list-style-type: none"> 1. Promote and increase awareness and take up of Healthy Start. 2. Encourage exclusive breastfeeding for 6 months. 3. Promote activities and consistent messages to families to ensure they are knowledgeable about the benefits of not starting solid foods until 6 months, appropriate portion size, responsive feeding of young children and appropriate levels of active play. 4. Build on current best practice in children’s centre’s i.e. cook and eat and roll out effective practice equitably. 5. Ensure healthy nutrition advice and physical activity interventions are fully integrated as part of delivery of the healthy child programme. 6. Promote and support service development and delivery in line with childhood healthy weight commissioning frameworks e.g. Health Visitors, Healthy Kid5. 7. Further roll out and continued evaluation of the nurturing for health award scheme in early year’s settings led by County. 8. The following areas should be reviewed as best practice; Bournemouth & Poole (healthy early years standards), Lewisham (nutritional guidelines for under 5’s taking into account cultural differences). 	<ul style="list-style-type: none"> • The Healthy Weights group. • Early year’s colleagues, C&LPs. • County Council. • Provider services staff • Children’s Centres. 	<p>Nurturing for Health:</p> <ul style="list-style-type: none"> • August 2011 - at least 16 nurseries achieving the award in the county. • August 2012 – at least 26. • August 2013 – at least 36. <p>Breastfeeding rates</p> <p>UNICEF accreditation</p> <p>Age at weaning rates</p> <p>A reduction in the number of reception year children who are overweight and obese.</p> <p>Families are well informed about issues relating to health and wellbeing and have access to the necessary services to enable them to implement changes.</p> <p>Measured by:</p>	<p>2011-2013</p> <p>2011.</p> <p>2011.</p> <p>2011.</p> <p>2011.</p> <p>April 2011.</p>

Action	Lead	Outcome	Timescale
<p>9. Build upon the work done in partnership with the Regional School Food and Health Coordinator which produced an audit of food and Health Activity in Children's Centre's. The audit made 10 recommendations based upon the Caroline Walker Trust Guidelines and award schemes run in a number of local authorities.</p> <p>10. "HENRY" (Health, Exercise Nutrition for the Really Young) 2 day core training for health visitors and early years practitioners to be promoted more widely and roll out considered county wide.</p>		<ul style="list-style-type: none"> • Nurturing for Health awards • Families accessing services • Impact on weights at early years • Uptake of breastfeeding • NCMP measures • Healthy start uptake 	<p>May 2011.</p> <p>June 2011.</p>
Prevention – school age			
<p>1. Healthy schools enhancement model - NCMP data should be provided to schools annually for prioritisation purposes. School champions and health advisors should be identified and action plans developed.</p> <p>2. Nutritional standards and programmes - take part in and respond to outcome of trading standards activity where provision against standards is tested.</p> <p>3. SCS encourage uptake in nutritionally compliant grab / sandwich bags. Consideration can be given of alternative methods i.e. set up lunch box service for children to select from and fill own lunchbox.</p> <p>4. Improve the uptake of school meals including access to free meals.</p> <p>5. Ensure links to the Staffordshire Young Peoples PE, Sport and Cultural Offer developed by local authorities and SASSOT so that levels of physical activity are increased in line with the CMO guidelines of one hour per day.</p> <p>6. Increase the number of schools involved in national Olympic /</p>	<ul style="list-style-type: none"> • The Healthy Weights group. • Education colleagues • County Council • Healthy Schools 	<p>A reduction in the number of Year 6 children who are overweight or obese.</p> <p>School age children have the advice, support and access to services to help them make informed choices about healthy eating and exercise.</p> <p>Schools have access to guidance, support and services to encourage healthy eating and activity among pupils.</p> <p>Measured by:</p> <ul style="list-style-type: none"> • NCMP measures. • Free school meal uptake • Sport / PE offer. • Healthy Schools status. 	<p>2011-2013.</p> <p>2011.</p> <p>2011.</p> <p>2011-2013.</p> <p>2011.</p> <p>2011.</p>

Action	Lead	Outcome	Timescale
<p>Paralympics event development.</p> <p>7. Increase the number of schools delivering 2 hrs of PE and develop a physical activity culture.</p> <p>8. Influence & ensure healthy food is provided in the school setting via catering Services. The NST recommend the development of a county wide food in schools strategy accompanied with a robust auditing system.</p> <p>9. Increase physical activity in school age children by promoting walking and cycling on the journey to school, through School Travel Plan initiatives, Safer Routes to School Programmes, Walking Bus and Cyclist Training Schemes.</p> <p>10. Embed the 5 a day message in child nutrition programme.</p> <p>11. Ensure better use of facilities and estates both during term time and in school holidays allowing children the opportunity to access opportunities for physical activity etc.</p>		<ul style="list-style-type: none"> • School travel plans / safe routes to school. • Compliance with nutritional standards. • Involvement in Olympics / Paralympics event. • Schools delivering 2 hours. curriculum PE. 	<p>2011-2013.</p> <p>2011.</p> <p>2011.</p> <p>2011.</p> <p>2011-2012.</p>
Work with parents and families			
<p>1. Include positive parenting and healthy lifestyles within all county / district parenting plans and strategies.</p> <p>2. Carry out engagement and consultation with children, young people, parents and their families. Ensure user feedback is integral to service development. Embed the learning from the county council led 'Shape It' conference. Include consultations already carried out such as the evaluations from the LGH (Lets Get Healthy) with HENRY 8 week courses for parents which have been facilitated in North Staffordshire Children's Centres. Embed the learning from the 'Staffordshire Parents Have Their Say, Children's Services Quarterly Research Report, autumn 2010 results'.</p>	<ul style="list-style-type: none"> • The Healthy Weights group. • County Council • Participation workers in Local Authority. • PALS, patient engagement. • Family panels. • Children's centre's 	<p>Parents and families are empowered to shape service development relating to healthy weights and take responsibility for their child's weight.</p> <p>Measured by:</p> <ul style="list-style-type: none"> • Consultation with parents and families. • How consultation has shaped services. 	<p>2011-2013.</p>

Action	Lead	Outcome	Timescale
3. Ensure parents take responsibility for their child's weight as a result of NCMP feedback. 4. Identify parent champions. 5. Pilot projects where possible across Staffordshire i.e. consider holding a workshop for front line staff so they are clear on how their role fits with the agenda drawing out practical actions that will have impact.	<ul style="list-style-type: none"> Voluntary sector. 	<ul style="list-style-type: none"> NCMP measures. Number of parent champions recruited. 	
Management of weight			
1. Ensure the ongoing promotion of the childhood healthy weight care pathway across tiers 1-4 with all stakeholders for children aged 0-19 years. 2. Promote the provision of opportunities for physical activity and exercise through active play. Ensure age specific provision for all age groups by working with district councils. 3. Working proactively with adult weight management / lifestyle services to ensure full integration with childhood weight services. 4. To develop pathways for pre-conception, ante-natal and postnatal overweight and obese women. 5. Review Staffordshire's data/trends in regards to maternal obesity. 6. Evaluate current weight management service provision to check effectiveness – see data and evaluation section.	<ul style="list-style-type: none"> The Healthy Weights group. Local authority colleagues. Commissioning / provider colleagues. PBC Acute Trusts 	Families have healthier lifestyles, with lower levels of adult / parental obesity and increased physical activity. Measured by: <ul style="list-style-type: none"> Reduction in maternal obesity. Reduction in adult obesity. Increase in take up of physical activity. 	2011-2013. 2011. April 2011. March 2011. March 2011. 2011.
Built environment			
1. Undertake health impact assessment on all new policies and large scale developments e.g. build food and physical activity standards in LTP3 to support increased accessibility and opportunities around food shopping.	<ul style="list-style-type: none"> The Healthy Weights group. County, District & 	Neighborhoods are places where people are encouraged and supported to adopt healthy lifestyles.	2011-2013.

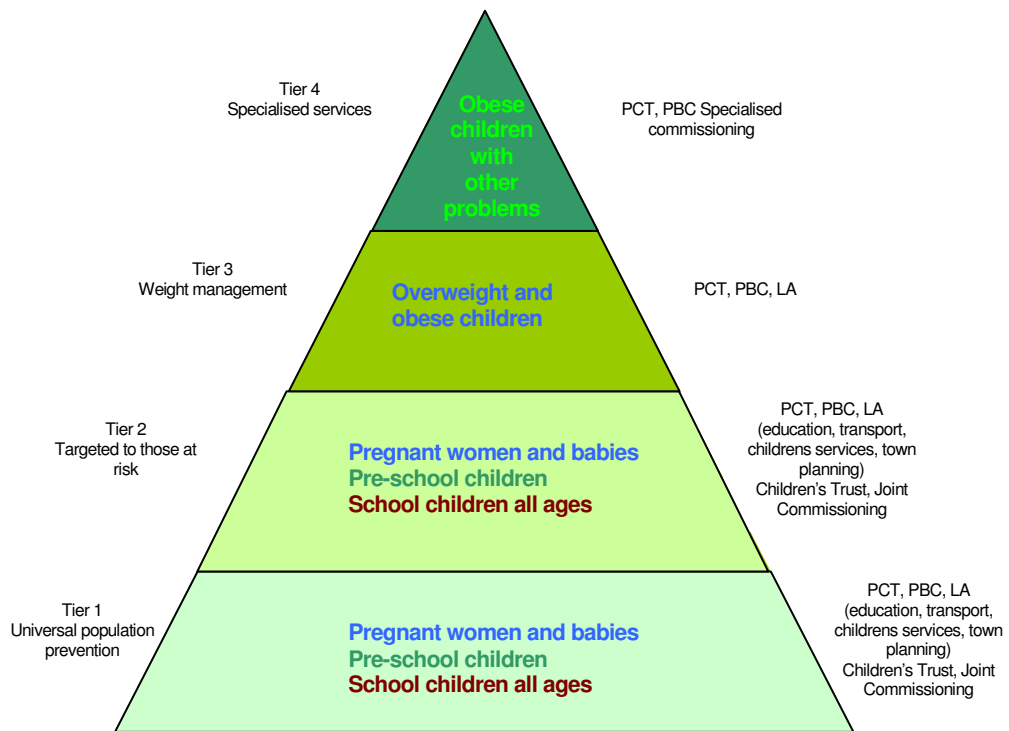
Action	Lead	Outcome	Timescale
2. Use planning powers to investigate and restrict / facilitate planning applications and restrict hot fast-food outlets within close vicinity of schools etc. Review the best practice available in Barking & Dagenham; Saturation Point. 3. Review the outcome from the DOH convenience store project in Tamworth. 4. Promote greater integration of green and open spaces with cycling and walking networks and allocation of funding for active travel in Local Transport Plans to help achieve this. 5. Work with neighbourhood wardens / park rangers / PCSOs so that the environment is fit and safe for families to get active.	Borough Councils.	Measured by: <ul style="list-style-type: none"> • Access to open spaces / paths / cycle ways etc. • Planning applications for fast food outlets rejected / approved. • Number of health impact assessments conducted. 	2011-2013. June 2011. 2011-2013. 2011.
Workforce training & development			
1. Roll out the promotion of pathway(s) to all frontline staff to raise awareness of childhood obesity services. 2. Roll out and ensure that any brief intervention training covers childhood healthy weight services. Provide multi-agency training which increases health visitors and early years practitioner's effectiveness in recognise babies and toddlers at particular risk of obesity and increases practitioners confidence in raising issues with parents. 3. Improving healthy eating / active lifestyles within partner workforces. This action should cross reference with the Staffordshire County Council Working for Health scheme with SMEs and larger businesses and the Councils & PCT strategies / action plans.	<ul style="list-style-type: none"> • The Healthy Weights LAA group. • Voluntary sector. • Schools • Children's centre's / C&LPs • Acute staff 	People working with families and young people have the necessary skills and knowledge to advise on or signpost to healthy lifestyle services. Measured by: <ul style="list-style-type: none"> • 200 frontline staff training in IBA in 2011/12. 	2011. January 2011 onwards. 2011.
Communication			
1. Endorse and promote the C4L campaign across Staffordshire.	• The Healthy	A consistent approach to	2011-2013.

Action	Lead	Outcome	Timescale
2. Develop a joint communications plan / strategy for Staffordshire. 3. Consider applying social marketing techniques. 4. Ensure consistent county-wide branding of services i.e. roll out of healthy kids 5 for example.	Weights LAA group / Communication teams at County, PCT and district and boroughs.	communication and branding across Staffordshire for services relating to healthy lifestyles. Measured by: <ul style="list-style-type: none"> • Use of branding on publications and releases. 	2011. 2012. 2011-2013.

References

1. Making a difference, Improving health and wellbeing in Staffordshire: people and places. The Staffordshire Health and Wellbeing Strategy: Priorities for 2010-2013
2. Staffordshire's Local Area Agreement Healthy Weight Group, 2009. Staffordshire's Children and Families Healthy Weight Frameworks.
3. Department of Health, 2008. Healthy Weight, Healthy Lives: National Child Measurement Programme Guidance for Primary Care Trusts 2010/11
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5. House of Commons Health Committee, 2004. Obesity – Third report of sessions 2003-4
6. Department of Health, 2008. Healthy Weight, Healthy Lives A Cross Government Strategy for England
7. National Obesity Observatory, 2009. Preventing childhood obesity through lifestyle change interventions. A briefing paper for commissioners.
8. NICE clinical guideline 43 Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children
9. Staffordshire Parents Have Their Say, Children's Services Quarterly Research Report, Autumn 2010 Results. (February 2011).

Appendix 1: The Children's Healthy Weight Care Pathway for Staffordshire (Staffordshire's Children and Families Healthy Weight Frameworks²)



Tier 1 - Prevention activities for children and their families who are a healthy weight, having a Body Mass Index between the 2nd and 85th percentile for their age and sex.

Tier 2 - Targeted activities for children and their families who are a healthy weight but who are at risk of becoming overweight or obese.

Tier 3 - Interventions for children and their families who have a body Mass Index between the 91st and 98th percentile.

Tier 4 – Interventions for obese children who have a Body Mass Index above the 98th percentile.