A North West Framework

To achieve healthy weight for children & families

within the context of food & nutrition and physical activity
Acknowledgements

The development of the North West Healthy Weight Framework to Achieve Healthy Weight for Children and Families has been a collaborative and consultative endeavour, advised and guided by the North West Obesity Group. Specific thanks go to colleagues in the Department of Health Public Health Group: Kirstie Clegg for organising the process and to Jackie Brennan, Sylvia Cheater and Angela Towers for their appraisal and support throughout the production of the document. Thanks also to colleagues and stakeholders across the North West for all their contributions and continuing participation to achieve healthy weight across the region.
The North West Framework to Achieve Healthy Weight for Children and Families has been developed in recognition of the growing need to reduce the impact of overweight and obesity on the population's health and well being, through improving food & nutrition and increasing physical activity levels.

The factors which contribute to the current epidemic in overweight and obesity are complex and inter-related. They include food production and its marketing and consumption, together with physical activity, active transport and the built and wider environment.

The Foresight Report on obesity states that a societal change will be needed over a sustained period of time if individuals are to achieve and sustain change through adopting healthier lifestyles. The report recognises that social and cultural behaviour changes will be needed by organisations as well as communities.

To slow down and halt the increase in childhood overweight and obesity, behaviour needs to change through both targeted and population based approaches. Interventions need to support people to have healthier lifestyles, and involve changes by industry, by politicians through cross Government policy, by the public sector in planning and delivery of services, and by the media in shaping the culture and attitudes towards food and activity. The North West Framework reflects the need for this balance between the two approaches.

The Government’s ambition is for a healthier society that will support everyone to have a healthier weight, with an initial focus on children and families. Changing children’s behaviour will only be sustained and effective if started early and in the context of the family: from pre-conception through pregnancy, breast and infant feeding through to pre-school years and 5+ years.

These are important life stages for shaping attitudes and behaviours towards food consumption and active living for later life. The workplace also provides an opportunity for influencing healthier lifestyles by both the employer but also for individuals, many of whom will be parents or carers.

Inequalities in health is a significant issue in the North West and whilst the link between deprivation and obesity in children is not yet fully understood, evidence does indicate there is a relationship and that this is likely to increase with children’s age. There is also a marked difference between patterns of overweight and obesity between boys and girls and across different ethnic groups.

This North West Healthy Weight Framework brings together the regional contributors to food and nutrition, physical activity, active travel and the built and wider environment, specifying the actions that will make a difference to overweight and obesity at the regional tier. The Framework reflects the key principles and themes of the Government's Healthy Weight, Healthy Lives strategy. The document provides an overarching framework and describes a number of actions which should also be reflected in any future regional strategy and all regional agency plans.

The Framework, together with the national strategy should inform local planning and delivery by local authorities, the private and third sector and health. Our Framework is a first step towards harnessing this collective activity. It aims to bring some coherence and put systems in place to support the regional contribution to making change, influencing national policy and supporting local planning and delivery, of what is a complex and challenging issue.

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1. Introduction

Actions intended to have a sustained impact on the healthy weight of children and families will be complex and long term. Sustained success will involve behaviour change across society, organisations, communities, families and individuals through action at national, regional and local levels, in order to change the whole environment into which children are born and grow up, live, learn and play.

The Government has set a new long-term ambition to tackle obesity:

“... to reverse the rising tide of obesity and overweight in the population, by enabling everyone to achieve and maintain a healthy weight. The initial focus will be on children so that by 2020, the proportion of overweight and obese children is reduced to 2000 levels.”

Regionally and locally, both the public and private sectors have a contribution to make in harnessing the activity already underway from regional and national programmes. In the North West, the successful Big Lottery Target Well Being programme, with its portfolio of interventions including healthy eating and physical activity, will provide additional impact across the region.

The purpose of the “North West Framework to Achieve Healthy Weight in Children & Families” is to define and progress the contribution regional organisations can make to achieve the Public Service Agreement (PSA) to improve the health and wellbeing of children and young people. The specific indicator on levels of childhood obesity is jointly owned by the Department of Health (DH) and the Department of Children Schools and Families (DCSF) and is led centrally by a Cross Government Obesity Programme. There are a number of other PSA indicators that also contribute to improving nutrition and physical activity levels of children and these are described in Appendix 2.

This Framework aims to bring coherence to the regional role in achieving children’s healthy weight, within the context of the family and wider society. Bringing together the many stakeholders, it provides governance arrangements, systems and processes to provide effective planning and delivery as well as creating opportunities for innovative developments.

The mapping of the inter-relationship between different themes and organisations contributing to obesity and the contribution of food & nutrition and physical activity is shown in Section 2. These Alliances describe how organisations can be grouped to work on particular themes, contributing and strengthening regional delivery.

There are a number of common themes across the three Alliances, one of which is the Workplace which provides a significant opportunity to influence family lifestyles through workplace policies on food & nutrition, provision of physical activity opportunities and policies promoting active travel.

The cross Government approach to this issue is reflected in the Government Office North West’s, Children, Young People & Maternal Health Board which has childhood obesity as one of its four priority themes. Governance arrangements for delivery of this Framework will be through a strategic group which brings together a range of regional partners in addition to the Department of Health North West Public Health Group, NHS Northwest and the Government Office North West.

Whilst the focus of the Framework is on achieving childhood healthy weight, it also recognises that some children may have a healthy weight but still be unfit or have a poor diet. The measurement of obesity in children is complex, and whilst in this document the UK Growth Charts have been used to define overweight and obese, there are additional measures which are described in Appendix 1. The need for quality data, building an evidence base, and development of regional research and development programme is reflected in Chapter 13 - The Delivery Chain.

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1 Public Service Agreement 12.
2 Alliances = “a merging of efforts or interests by persons, families, states or organisations”.
2. Policy context

The increase in overweight and obesity in adults and children has been documented in a number of significant reports and Government White Papers which are listed in Appendix 5. The policy issues raised have been translated into national delivery plans, National Service Frameworks (NSF) and toolkits designed to support local action, including:

- The Choosing Health White Paper and subsequent delivery plans on Delivering Choosing Health: Making healthier choices easier; Choosing a Better Diet: A food and health action plan; and Choosing Activity: A physical activity action plan (DH, 2005).

- Lightening the load: tackling overweight and obesity - a toolkit for developing local strategies to tackle overweight and obesity in children and adults (National Heart Forum, Faculty of Public Health and NHS, 2007).

- National Service Framework for Children, Young People and Maternity Services, especially standards 1, 2, and 3 (DH, 2006).

- Maternity Matters: choice, access and continuity of care in a safe service (DH, 2007).

The National Institute for Health and Clinical Excellence (NICE) has also produced Guidance 43: “Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children” (NICE, 2006).
Within the 2007 Comprehensive Spending Review (CSR), there are a number of PSA Delivery Agreements which will contribute to healthy weight, physical activity levels and improved nutrition of children and their families (Appendix 2). Central to this framework is Public Service Delivery Agreement 12: “Improve the health and well being of children and young people”. This includes five key areas, three of which have a specific impact on children’s healthy weight.

- Prevalence of breastfeeding at 6 - 8 weeks.
- Percentage of pupils who have school lunches.
- Levels of childhood obesity - over the three year period of the Comprehensive Spending Review - to reduce the rate of increase in obesity among children under 11 years as a first step towards a long term ambition by 2020; to reduce the proportion of overweight and obese children to 2000 levels, in the context of tackling obesity across the population.

The Local Area Agreement indicator set includes two indicators on obesity in children in primary schools and a number of contributory indicators such as breast feeding, physical activity in adults and food standards.

The NHS Operating Framework (2008/9) describes three sets of actions: national priorities, national priorities for local delivery and local actions. The National priorities for 2008/09 include “Keeping adults and children well, improving their health and reducing health inequalities” which includes the need for PCTs to tackle the biggest killers of cardiovascular disease and cancer where obesity is a risk factor. In addition, PCTs are required to “pay special attention to obesity as one of the most serious and growing health challenges for children”, recognising the need to change public perceptions and behaviours relating to physical activity and diet.3

The Healthcare Commission Annual Health Check indicators include obesity as a monitoring requirement for 2007/8:

- All NHS Trusts, including PCTs, need to demonstrate compliance with NICE guidance 43 (ref 1.1.2.2 and 1.1.6.2,) for Trusts as employers, to have plans in place for the development of public health policies to prevent and manage obesity, which follows existing guidance and the local obesity strategy.

- PCTs need to demonstrate achievement of the data coverage target for the National Childhood Measurement Programme (NCMP).

- PCTs need to demonstrate improved coverage of GP recording of adult BMI.

The Primary Care General Medical Services contract, Quality and Outcomes Framework (QOF) includes setting up obesity registers for adults over 16 years.

The National Healthy Schools Programme has four core themes for schools to achieve, including healthy eating and physical activity.

The Early Years Foundation Stage includes indicators on healthy eating and physical activity.

There are a number of indicators4 for sport and physical activity including the percentage of 5 -16 year olds participating in at least 2 hours per week of high quality PE and sport at school, increasing from 86% to 95% by 2011 as part of the offer of 5 hours of sport or physical activity per week.5

4 PSA Delivery Agreement 22: Deliver a successful Olympic Games and Paralympic Games with a sustainable legacy and get more children and young people taking part in high quality PE and sport.
4. Background

4.1. Current trends in overweight and obesity in children

The prevalence of overweight and obesity in children is rising. The Health Survey for England 2005 data shows that 15.7% of boys were overweight and 12.9% of girls, with 18.3% of boys and girls obese. In the North West, the proportion of children aged 2 -10 classified as overweight and obese increased from 22.7% in 1995 to 30.9% in 2005 - an increase of 36%. For 11 -15 year olds, levels increased from 28.1% in 1995 to 35% in 2005 - an increase of 25% (see Fig 1).6

The Foresight Report7 projections estimate that if no action is taken, one in five children aged 2 -15 years in England will be obese by 2010 and that males, aged 6-10 years, will become more obese than females with an estimate of 21% of boys and 14% of girls being obese by 2050.

There are inequalities in prevalence of obesity in children. There is more obesity in girls, particularly from lower social groups and in Asian children8. The National Centre for Social Research report (2006) shows a clear association between the prevalence of obesity among children and area deprivation9. There is also a tendency for obesity prevalence to increase as area deprivation increases10 with evidence that this relationship increases with the age of the child.

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8 National Diet and Nutrition Survey (NDNS) 1997.
4.2. National Child Measurement Programme

The Government has introduced an annual child measurement programme (National Child Measurement Programme) in Reception and year 6 pupils in primary schools which provides national, regional and sub regional data to monitor trends in children up to 11 years.

The National Childhood Measurement Programme (NCMP) (2006/7) shows that the North West coverage for measuring children in Reception year was 85% and coverage for measuring children in year 6 was 73% against a national coverage target of 80%, which rises to 85% in 2007/8.

4.3. North West prevalence of overweight and obesity among children

As a region, the North West is ranked the 5th highest for obese children aged 2-10 years (2002-4). The North West prevalence of obesity in children under 11 years follows the England trend. However, there are large variations across the region, ranging from 6.1% to 17.2% for boys in Reception and from 11.5% to 26% for boys in Year 6. For girls the range is from 4.6% to 13.1% in Reception year to 8.3% to 21.6% for girls in Year 6. (Figs 2,3,4,5)

On current available data, 10.9% of boys and 9.4% of girls measured in Reception year are obese and 18.9% of boys and 15.6% of girls measured in Year 6 are obese. The figures for Reception year are in line with the England average, however, the figures for boys in Year 6 are above the England average of 17%.

For both age groups and both sexes, there was a greater prevalence of obesity as deprivation increased across the region.

9 National Centre for Social Research, 2006: Levels of obesity increased from 11.2% for those in the least deprived quintile to 16.4% for those in the most deprived quintile.
North West Childhood Obesity Prevalence in Primary School Children:
Analysis of National Child Measurement Programme data 2006/7 by North West Public Health Observatory.

Figure 2
Reception:
Boys aged 4-5 years

Figure 3
Reception:
Girls aged 4-5 years
Figure 4
Year 6:
Boys aged 10-11 years

Figure 5
Year 6:
Girls aged 10-11 years
4.4. Current trends in overweight and obesity in adults

Epidemiological surveys in England indicate that the prevalence of overweight and obesity in adults has nearly trebled during the last 20 years. Data from the Health Survey for England show that in the North West in 2004, nearly a quarter of men (23.6%) and women (23.8%) were obese. These figures are predicted to increase to approximately 33% in men and 28% in women by 2010.\(^\text{12}\) (Fig 6).

The Foresight Report projects that on current trends, by 2015, 36% of males and 28% of females will be obese and by 2050, 60% of males and 50% of females will be obese.\(^\text{13}\)

The prevalence of obesity in adults differs according to age, socio-economic group and ethnic group.

4.5. Consequences for health, well being and inequalities

- Obesity leads to premature mortality from cardiovascular diseases, some cancers and is also a risk factor for other diseases e.g. type-2 diabetes, orthopaedic disorders e.g. joint problems, and respiratory disorders e.g. asthma.

- Obesity in pregnancy is associated with increased risk of complications for mother and baby.

- There are links between overweight and obesity and mental health and well being, including stigmatisation, poor self esteem, depression, bullying and social exclusion. Good mental health is a protective factor against obesity.

- Persistence of obesity into adulthood is of significant concern. The risk of overweight and obesity continuing into adulthood increases with the age of the child.\(^\text{14}\)

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• The direct costs to the NHS of treating overweight and obesity and its consequences is estimated at £1 billion (2.0 - 2.3% of NHS expenditure) and the total impact on employment may be as much as £10 billion.\textsuperscript{15}

• Increasing levels of obesity in children is one of a number of poor child health issues in the North West. A key underlying issue is the proportion of children living in poverty: one in four children in the North West live in poverty.\textsuperscript{16}

• There is an increased risk for overweight and obesity in children where one or both parents are obese. A study from 2006 found that, in households where both parents were classed as obese or overweight, 19.8% of children were obese.\textsuperscript{17}

• The relationship between obesity and inequalities is not well evidenced or understood. Whereas social determinants play a key role in the choices that individuals are able to make concerning their diet and activity\textsuperscript{18}, parental social class is linked to lower consumption of healthier food options, poor access to sports facilities and less physical activity outside work.

Regional analysis by the North West Public Health Observatory shows there is a greater prevalence of obesity in children by age group and gender, which increases with deprivation.

• There is evidence that obesity is more prevalent among certain ethnic groups, particularly African Caribbean and Pakistani women. However, the relationship between ethnicity, overweight and obesity in children is less well understood.

• Obesity is more common in people with learning disabilities than in the general population, estimated to be 24% for children. Although there is an established link with weight gain associated with medication, poor diet and lack of exercise are also contributing factors.

• Access and support for children and adults with physical disabilities to sport and activities will impact on fitness and potential risk of overweight and obesity.

\textsuperscript{15} The House of Commons Health Select Committee, 2004.
\textsuperscript{16} North West Public Health Observatory: Community Health Profiles, 2007.
\textsuperscript{17} National Centre for Social Research, 2006: Obesity among children under 11.
This section describes the inter-relationship between the regional organisations who are contributing to food & nutrition, physical activity and healthy weight. The Alliances describing these three areas group organisations that are working together on specific settings or themes.

Within each theme, there is a summary of the key policy issues and the actions which stakeholders have agreed as their regional contribution to impact on healthy weight. The actions described have either been agreed with stakeholders or are new developments and will form part of a future work programme.

Each cluster will be invited to develop a work programme which will include the agreed actions and further developments as these emerge from new policy. Working collaboratively will help to further strengthen partnership working, provide clarity and cohesion, reduce duplication and help to drive the agenda forward. The work programmes for groups will include the agreed metrics which will be represented in a future project plan.

Whilst there are three distinct Alliances which contribute to the wider health and well being agenda, this Framework aims to show how and where food and nutrition and physical activity contribute to healthy weight. The Alliance models have been colour coded in Fig 7 to illustrate common themes.

The Alliances also have outward-facing relationships with sub regional and local networks (Appendix 3). These relationships are crucial to supporting local planning and delivery, which is where change is going to be realised. The Alliances also have an interface with Government Departments both to inform and influence policy development and to provide interpretation and direction of policy for local planning and commissioning.

This a developmental framework which aims to bring some coherence to a complex issue. It aims to introduce a system which can be responsive to changing policy and delivery systems by providing an overarching model for implementation in the North West which will have a positive impact on the future healthy weight of children and adults.

5. Introduction
Figure 7: Alliances for Food & Nutrition, Healthy Weight and Physical Activity

Food, Physical Activity & Healthy Weight

Children’s Healthy Weight Alliance

- Food & Nutrition
- Physical Activity
- Healthy Weight, Food & Nutrition and Physical Activity for children and families

Targeting Inventions & Weight Management

Deliver Chain

- Emotional Health & Well-being
- Primary and Secondary Care
- Communications and Social Marketing
- Workplace
- Schools
- Maternity, Early Years and Parenting

Children’s Healthy Weight Group
6. Population level: tackling the obesogenic environment

The North West and the UK, like many developed countries, fosters an obesogenic environment (i.e. one which promotes obesity). The term refers to the role environmental factors may play in determining energy intake and expenditure. This interplay of social, cultural and infrastructural conditions influence lifestyle choices which have become dominated by sedentary pursuits and easy access to energy dense foods. Increased car ownership and usage, technological advancements to make lives easier, the built environment, fear of crime, and advertising of energy dense foods are all examples of influences that contribute to the obesogenic environment.

The impact of the environment on physical activity is complex and involves people’s perceptions of safety, availability and access, convenience and the urban build. Whilst there is evidence that the environment influences levels of physical activity and obesity, it is less clear how the role of travel and transport, the green space and the built environment all impact on levels of physical activity, play and recreation which are all important for the fitness of children, young people and adults. There is also a relationship between the built environment and access to and availability of foods for a healthy diet.

Interventions to change the social and cultural behaviour of organisations and individuals are needed to improve the nutritional balance of the average diet so that, together with community-wide levels of increased physical activity, obesity and over-weight can be reduced and prevented.

6.1. Food & Nutrition

The North West Food and Health Task Force (FHTF) is a forum of organisations that have the potential to impact on the food and nutrition elements of the obesogenic environment. The FHTF have produced a North West Food and Health Action Plan (NWFAHAP) detailing cross sector activity to improve food and nutrition across the region. The Action Plan takes the “farm to fork” approach, recognising that there are a number of wider determinants which influence food and nutrition quality.

The North West Food and Health Task Force is the co-ordinating forum for implementing, reviewing & updating the Food and Health Action Plan through the groups identified in the Food & Nutrition Alliance Model.

6.1.1. Work with the food industry to improve food labelling, support product reformulation to reduce levels of fat, salt and sugar and address portion sizes.

**Actions:**

i. Raise the profile of front of pack signpost food labelling.

ii. Highlight the opportunities for product reformulation to reduce levels of fat, sugar and salt (with the FSA).

iii. Work in partnership with DEFRA to support the delivery of the Public Sector Food Procurement Initiative (PSFPI), which includes six objectives:

iv. Development of food supply chains to support provision of healthier and local foods in the public and private sectors.

v. Engagement of and dialogue with the regional food industry and Food NW regarding the food and health agenda.


The delivery of these actions will be by the Food Industry Cluster.

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20 The Strategy for Sustainable Farming and Food includes The Public Sector Food Procurement Initiative (PSFPI), which was launched in 2003 in support of the Government’s Sustainable Farming and Food Strategy for England. The PSFPI is designed to promote healthy food and improve the sustainability and efficiency of food procurement, catering services and supply to the public sector.
21 PSFPI Six objectives: promoting food safety, increasing the consumption of healthy and nutritious food, improving sustainable production, increasing engagement by small and local producers, increasing co-operation along the supply chain and improving public food procurement and catering services.
22 “Our Life” is a North West Initiative which aims to raise awareness among the public, politicians, decision makers and public interest groups across the region of the influence the social environment has on the consumption of food and alcohol and seek to generate widespread support and demand for change (see section 11).
6.1.2. Increasing the demand for healthier food, building consumer confidence, awareness and ability to eat healthily.

**Actions:**

i. “Our Life”22 will develop consumer insight and use this to deliver campaigns to influence the attitudes and behaviours of the public (see 11.iii).

ii. A communications framework to ensure clear consistent messages on healthy eating across the region.

iii. Healthy Workplace policies developed focusing on the NHS and Local Authority workplaces to include healthy eating and increased physical activity and linked to Sustainable Development Plans.

iv. The most disadvantaged and vulnerable communities targeted so that there is better awareness of, and access to, foods for a healthier diet.

v. Work with the food supply chain to increase the availability of food for a healthier diet for the most disadvantaged and vulnerable communities.

The delivery of these actions will be by the Consumer Cluster, the Workplace Cluster and the Industry Cluster.

6.1.4. Catering and Hospitality

The NW Food & Health Task Force has produced and launched the document: *Commissioning Healthier Catering and Hospitality Guidance* to help specify healthier catering and hospitality.

**Actions:**

i. The *Commissioning Healthier Catering and Hospitality Guidance* to be further promoted, targeting the NHS, Local Authorities and specified providers.

ii. Audit of the uptake and compliance with the *Commissioning Healthier Catering and Hospitality Guidance*.

iii. Promotion of the FSA guidelines for nutrition for adults in publicly funded institutions, linking to the Public Sector Food Procurement Initiative.

The delivery of these actions will be by the Workplace Cluster.
6.2. Active Travel & Transport

The Department of Transport has a lead role in the promotion of travel planning which includes encouraging schools, workplaces and communities to consider sustainable travel options which also increase physical activity. A number of partner organisations contribute to regional and sub regional delivery of active travel and transport.

Actions:

i. Scoping of regional organisations involved in active travel and transport.

ii. A briefing paper produced to join up sectors, provide case studies and policy update.

iii. Action plan drawn up and implemented for developing physical activity and active travel in the NHS as both employer and provider, linking with food & health and sustainable development.

iv. Promotion to increase uptake of the active travel guidance, with an initial focus on local authorities and the health sector, with progress being assessed through audit.

v. Provision of a seminar for regional stakeholders to increase coherence and shared issues.

vi. Increased access for children and young people to play and recreational opportunities.23

Delivery of these actions will be by the Place Cluster.
6.3. Green Space/Open Space

To increase physical activity levels, children and adults need good access to good quality, safe, attractive public spaces both in urban and rural areas. Agencies like DEFRA, Natural England and the Forestry Commission are working towards the common goals of improving green infrastructure and promoting its use for physical activity, health and well being. This work is underpinned by the new PSA Delivery Agreement 28: Secure a healthy natural environment for today and the future.

**Actions:**

i. Regional work programme with Natural England developed and implemented.

ii. Delivery of the Forestry Framework Action Plan (Health and Well-being section) supported.

iii. Agencies signed up to deliver key joined-up actions to increase the use of green space for health and well-being, including community food growing in deprived areas.

iv. Provide equal opportunity for increased access to green space by ethnic minorities, in accordance with the principles of Cleaner, Safer, Greener Communities.

v. Development of a regional strategy with a range of partners, to make best use of existing green space and to ensure that green space, and outdoor play and recreation opportunities are incorporated into new developments.

*Delivery of these actions will be by the Place Cluster.*

6.4. The Built Environment:

The Built Environment has a significant impact on the extent to which people are encouraged to walk, cycle, play and engage in recreational activities. There are a range of strategic policy and guidance documents (see Appendix 5) which address the importance of the built environment on health and well being, specifying how urban planning, street design, the public realm and building design can influence access to and uptake of physical activity.

**Actions:**

i. A briefing paper produced on the impact of the built environment, to include Sport England’s active design publication on physical activity.

ii. Implementation of the outcomes from the NW Health and Physical Activity Forum conference on the natural and built environment.

iii. Development of a regional approach which fosters an environment that promotes physical activity and reflects associated design guidance, e.g. Sustainable Buildings and Building Health.

iv. Improved child friendly physically and socially safe streets and neighbourhoods.

v. Key partners to identify and maximise opportunities to create active communities through the sustainable communities agenda, and explore opportunities to develop the concept of ‘Fit Cities’.

*Delivery of these actions will be by the Place Cluster.*

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25 Partners including planners, Landscape Architects, Local Authorities, NHS estates, and the Commission for Architects of the Built Environment (CABE).
6.5. Sport, Active Recreation and Play

The Government’s aim is to increase participation in sport, active recreation and play, building more cohesive, empowered and active communities.

The Department of Culture Media and Sports (DCMS) is committed to providing access to sport to encourage take-up across communities and by children and young people in particular, narrowing the gap in participation between different groups.

Sport England have developed local Community Sport Networks/Sport and Physical Activity Alliances (SPAAs) which operate on Local Authority boundaries and comprise sport, health, regeneration, education and community safety representatives. They aim to determine local priorities, linked to Local Strategic Partnerships (LSPs), and build momentum for investment to address sport, health, inequalities and social inclusion.

Play has a significant contribution to make in encouraging an active life. Play England’s aim is that all children and young people should have regular access and opportunity for free, inclusive, local play provision and space.

Actions:

i. Maximise opportunities for joined up action on physical activity and sport through strategic regional planning

ii. Health engagement secured in the delivery and development of the action plan as part of the Be Inspired: North West Legacy Framework for the 2012 Games.

iii. Audit undertaken of access to sport facilities by people with disabilities, and by minority and deprived communities within the North West with outcomes disseminated to Leisure Services to encourage policy review to increase uptake.

iv. Resources secured to contribute to the continuation of the North West Healthy Stadia programme.

v. The NW Health and Physical Activity Forum supported to provide a mechanism for sharing practice from local programme implementation such as Green Gyms and Walking the Way to Health initiatives; and show case examples from partner agencies such as the Forestry Commission and Natural England.

vi. Opportunities increased for play and recreation for children and young people through delivery of Play England’s objectives and sub regional action plans in the North West.

vii. The Outdoor Health Forum and the ‘Place’ Cluster to ensure that all environmental organisations are engaged with the promotion of physical activity.

The delivery of these actions will be by the Sport & Health and Fitness Cluster.
Primary care practitioners, including pharmacists and dental health teams have a key role to play in prevention, identification and management of overweight and obesity. Early monitoring and interventions with patients will reduce levels of diabetes and cardiovascular disease and reduce the need for the medical management of obesity later in the care pathway. Implementation of the NICE Guidance on the prevention, identification, and management of overweight and obesity will provide a structured approach by primary care (see 13.1).

The GP Quality and Outcomes Framework (QOF) currently includes incentives for practices to keep a register of all adults registered with their practice with a BMI over 30. Practice Based Commissioning provides further opportunities for commissioning weight management interventions from NHS or non NHS providers.

NICE recommends that referral to an appropriate specialist for treatment should be considered for children who are overweight or obese and have significant comorbidity or complex needs. NICE only recommends drug treatment and surgery where all other options have been unsuccessful; and states that these should not be used for young children. Action in secondary care would be linked to care pathways (see 7.1) and commissioning (see 13.2).

7.1. Care Pathways for Overweight and Obesity

The Department of Health care pathways for adults and children are targeted exclusively at primary care clinicians in England. NICE and the National Obesity Forum’s Obesity care pathway and tools have developed broader clinical care pathways which also include secondary and tertiary care. The NICE Guidance also includes a public health map.

Across North West PCTs, care pathways are needed to inform the commissioning process and will be required for different population groups, reflecting different needs.

Delivery of actions by:

i. Mapping of care pathway development by PCTs for adult and childhood obesity.

ii. Identification of the extent of resource allocations for implementation of care pathways and future support needs for care pathway development.

iii. Development of a process for auditing effectiveness of care pathways with sub regional obesity leads.

iv. Development of national commissioning guidance for PCTs and Local Authorities on commissioning weight management interventions for adults and children (see. Delivery Chain: 13.2).

Delivery of these actions will be by the Primary and Secondary Care Cluster.

7.2. Care Pathways for Physical Activity

A care pathway for physical activity is being piloted in London and the West Midlands with anticipated roll out in 2008. The Department of Health Cross Government Obesity team is exploring options for incentivising primary care.

Delivery of actions by:

i. Development of a roll out plan for the care pathway supported by consultation and implementation of a North West pilot.

ii. Natural England supported in running a pilot in the North West to encourage more health professionals to recommend their patients use and enjoy the natural environment as part of a healthy lifestyle.

iii. Incorporation of opportunities for free play and outdoor play in future development and delivery of relevant care pathways for children and young people.

Delivery of these actions will be by the Primary and Secondary Care Cluster.

7.3. G.P. Obesity Registers

A refresh of Local Delivery Plans (LDPs) from 05-08 brought alignment with QOF indicators 2006/7 and includes an indicator for GP practices to produce a register of patients aged 16 years and over with BMI greater than or equal to 30 in the previous 15 months. PCTs are expected to have 50% of eligible GP population weighed by March 2008.

26 bout 75% of the population see their GP in the course of one year and about 90% in five years. The contact rates with community pharmacists are even higher. House of Commons Select Committee, 2004.

27 Obesity registers & LDP targets for GP registered patients aged over 16 years and who have a BMI equal to or greater than 30 kg/m2.

28 Lightening the Load: Tackling overweight and obesity: Tool 17.
For obesity registers to be used as a prevalence measure, coverage will need to be higher than 50%.

**Delivery of actions by:**

i. Improve recording of GP patients recorded as having BMI measured.

ii. Guidance produced with an implementation programme for GPs on completeness of obesity registers.

**Delivery of these actions will be by the Primary and Secondary Care Cluster.**

### 7.4. NICE Physical Activity Guidance for Primary Care

Further evidence is required before recommendation of the use of Exercise Referral Schemes (ERS) other than as part of research studies. The General Practice Physical Activity Questionnaire (GPPAQ) supports NICE Public Health Intervention Guidance which calls for primary care practitioners to identify inactive adults and offer them a brief intervention to become more physically active. All regions are auditing their exercise referral schemes, co-ordinated by Loughborough University, followed by updated guidance.

**Delivery of actions by:**

i. Completion of the North West Exercise Referral Scheme audit, 2007/8 for the national review undertaken by Loughborough University.

ii. Dissemination of updated guidance when issued.

iii. Development of sign posting approach for primary care practitioners using brief interventions and GPPAQ.

**Delivery of these actions will be by the Primary and Secondary Care Cluster.**

### 7.5. Pharmacists Role in Tackling Obesity

Promotion of Healthy Lifestyles is specified as an Essential Service within the new Pharmacy Contract through brief interventions. There is also a requirement to participate in six local campaigns a year, organised by PCTs. PharmacyHealthLink (PH Link) has produced a series of resources designed to help chemist contractors and their staff provide advice for healthy lifestyle interventions, including briefings on Weight Management, Diet and Nutrition and Physical Activity.

**Delivery of actions by:**

i. Promotion of the inclusion of obesity brief interventions in community pharmacies essential services contracts.

ii. Development of an accredited training programme for community pharmacists in delivery of behaviour advice.

iii. Scoping of feasibility of development of NW Pharmacy Alliance Project following report from Coventry PCT project.

**Delivery of these actions will be by the Primary and Secondary Care Cluster.**

### 7.6. Oral Health

Good oral health is central to health and well being. The dental team has regular access to people (including disabled children and adults) who may have no other contact with health professionals. This offers new opportunities for building partnerships.

An evidence-based toolkit for delivering better oral health (DH, 2007) provides guidance for primary care dental teams. The toolkit states that healthy eating advice “should routinely be given to patients to promote good oral and general health” and includes promotion of breastfeeding, reducing frequency and amount of sugary food and drinks as well as the main healthy eating messages to help people make healthier dietary choices.

**Delivery of actions by:**

i. Work with PCTs to identify distribution and usage of “Delivering Better Oral Health: an evidence-based toolkit for prevention”.

ii. Scope and develop opportunities to include healthy eating messages based on “Eatwell Plate” into Continuing Professional Development (CPD) arrangements of the wider dental team.

**Delivery of these actions will be by the Primary and Secondary Care Cluster.**

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8.1. Children’s Trusts

Children’s Trusts bring together all services for children and young people in an area, underpinned by the Children’s Act 2004 with a duty to cooperate and to focus on improving outcomes for all children and young people.

*The Children’s Plan: Building Brighter Futures* (DCSF, 2007) sets out plans for the next ten years, including Children’s Trusts, investment in Parent Support Advisors, extending safe play and securing the wellbeing and health of children and young people. It reflects the PSA 12 indicators for children’s health which will be strengthened by forthcoming Child Health Strategy (2008).

**Actions:**

i. Identification of obesity leads in each Children’s Trust.

ii. Needs-analysis across each Children’s Trust to establish baseline information and data that demonstrates levels of obesity and which can identify target groups; analysis to identify levels by local community areas, school and any specific grouping (e.g. age, gender, ethnicity, vulnerable group).

iii. Ensure clear alignment of all obesity initiatives and activities across the Children’s Trust in order to deliver an efficient and effective implementation.

iv. Identification and sharing of good practice - universal and targeted activities in order to tackle the obesity agenda.

v. Implementation of effective action plans that link with the wider Cross Government Obesity.

vi. Use performance management and other strategies to monitor effectiveness of actions used to meet national obesity targets.

**Delivery of these actions will be by GONW & DH Public Health Group.**
8.2 Pre conception, ante - post natal, breast and infant feeding

The National Service Framework (NSF) for Children, Young People and Maternity Services acknowledges the importance of addressing the needs of women and their partners before the woman becomes pregnant, throughout pregnancy and childbirth and as they embark on parenthood and family life. Healthy mothers tend to have healthy babies; a mother who has received high quality maternity care throughout her pregnancy is well placed to provide the best possible start for her baby.

Excessive weight gain during pregnancy may result in retention of weight gain after the baby is born, especially if there is no or early cessation of breast feeding. Maternal overweight and obesity is becoming an increasing risk factor in maternal deaths. Improving maternal nutrition pre-conceptually is important for maternal and infant health.

Maternity Matters: choice, access and continuity of care in a safe service sets out the Government’s commitment for modern NHS maternity services and provides a national framework for its local delivery. The North West is an early implementer for the roll out of Maternity Matters. This provides opportunity for including actions for impacting on obesity within the delivery plan.

Breastfeeding has an essential role to play in improving health and reducing health inequalities as it protects babies and mothers from a range of poor health outcomes, including obesity. Despite the evidence of the benefits of breastfeeding, initiation rates in the North West are low with only 66% initiating breastfeeding compared to 78% for England. Breastfeeding is strongly linked to socio-economic groups. Infants from the least affluent families are least likely to be breastfed, thereby perpetuating a cycle of nutritional deprivation.

A North West Breast Feeding framework has been developed which defines the activities across the system needed to promote and sustain breast feeding.

**Actions:**

i. Nutrition, physical activity and healthy weight in pregnant women and mothers to be prioritised within the implementation plan of Maternity Matters in the North West.

ii. Dissemination and implementation of the North West Breast Feeding Framework.

iii. Prioritisation of breast feeding in the care given to women during pre-conception, antenatal, and postnatal stages.

iv. Delivery of tailored support programmes for breast and infant feeding to strengthen capacity and capability in local authorities and PCTs to implement the Framework at local level.

v. Annual work programme developed and implemented by the regional breast feeding liaison group.

vi. Inclusion of nutrition, healthy eating and physical activity advice in protocols for initial 12 week assessment.

vii. Inclusion of healthy eating and physical activity within midwifery training programmes (see 13.4).

viii. Provision of weight management programmes which have specialist knowledge regarding healthy eating and physical activity in pregnancy (see 10).

ix. A strategic regional approach developed and implemented towards provision of organised ‘pre-conceptional services for obese women’ working towards optimising body weight, lifestyle and dietary habits before embarking on pregnancy.

**Delivery by Maternity, Parenting & Early Years Cluster.**

31 NICE Guidance p.141.


34 Benefits are Income Support, income based Job Seekers Allowance or child tax credit with an income of £14,495 a year or less.
8.3. Healthy Start

Healthy Start is a scheme for pregnant women and families with children under the age of four who are either in receipt of specific benefits\textsuperscript{34} or are pregnant and under the age of 18. The scheme provides vouchers for fruit and vegetables, milk and infant formula milk & vitamin supplements. In 2007, uptake fell nationally by 8.5%.

**Actions:**

i. Barriers identified to uptake of vouchers and vitamins across the North West and PCT leads for Healthy Start identified.

ii. North West Public Health Observatory to provide an analysis of regional uptake inequalities and identification of areas of low uptake in the North West on provision of central data sets.

iii. PCTs and Local Authorities in areas of low uptake to be supported with analysis of barriers to uptake and support through health professionals (Health Visitor and Midwifery services, Early Years leads and Children’s Services Directors).

iv. Regional promotion programme implemented for health and children’s services professionals.

**Delivery by Maternity, Parenting & Early Years Cluster.**
8.4. Early Years Settings (children 0-5 yrs)

The pre-school years are a key stage in shaping behaviours and attitudes. The recent Medical Research Council’s report\(^{35}\) describes growing evidence that factors in the early years may be important determinants of risk of obesity in later life. The NICE Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children also highlights the importance of the pre-school years in shaping attitudes and behaviours.

The Early years outcomes provisions of the Childcare Act 2006 (the Act) place a duty on local authorities to improve the five Every Child Matters (ECM) outcomes of all young children in their area aged between birth and five years, through integrated early childhood services. The new duty will come into force on 1 April 2008.

This includes a number of requirements on healthy eating and physical activity including play. The overall success of the Local Authority in meeting the outcomes duty will be measured through the statutory early years targets, based on results from the Early Years Foundation Stage Profile (EYFSP).

Together for Children (TfC) is the consortium appointed to support local authorities to plan, develop and implement their Sure Start Children’s Centre strategies. This includes support to develop the effective multi-agency working essential to underpinning the Children’s Centres.

TfC has supported the Children Centres in the development of a performance management framework which contains indicators on the percentage of children in Reception year who are obese; the percentage of mothers initiating breast feeding; and the percentage of teenage mothers and pregnant teenagers in contact with Children’s Centres.

### Actions:

i. Links made with Early Years (EY) strategic lead officers regional forum, the North West National Strategies Foundation stage advisor (NS) and the EY advisory teacher’s forum to provide policy update and delivery support (see 8.4ii).

ii. Development and implementation of an initiative for early intervention to re-enforce and embed Early Years Foundation Stage in respect to health (food, nutrition, play and physical activity) element, scoping existing practice in North West.

iii. Working with Together for Children (TfC) to develop a regional tool to embed food, nutrition and physical activity and emotional well-being into all provision for 0-5 years via Children’s Centres.

iv. Extend brief intervention training programme to Children Centre staff to develop consistent competencies.

v. Monitor inclusion of interventions in Local Area Agreements and Children & Young People plans.

vi. The EY (GO) team at Local Authorities’ review meetings to provide advice, support and challenge to Local Authorities to work effectively with the key partners to delivery the EY outcome duty and meet agreed targets (including healthy eating and physical activity) and progress on service integration.

vii. Promotion, development and delivery of regional programme for play, including outdoor and adventure play, and physical activity in the under 5s and their parents and carers.

viii. Support by Play England for implementation of strategies for free play and the creation of a lasting support structure for play providers in the North West.

ix. Implementation of Department for Children, Schools and Families (DCSF) and Food Standards Agency guidance on food procurement and healthy catering\(^{36}\) in Early Years settings.

**Delivery by Maternity, Parenting & Early Years Cluster.**

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37 Positive Parenting programme.
8.5. Parenting

Supporting parenting is a core standard in the Children & Young People & Maternity National Service Framework and core element of the Children's Plan (DCSF 2007). The standard aims to ensure that parents and carers receive information and support to help them care for their children and equip them with skills needed to ensure their children have optimum life chances and are healthy and safe. There is emerging evidence that first time parents are more receptive to information and messages about health promoting behaviours. In addition, in families where parents are overweight or obese there is a higher risk of obese children.

The Government Office North West supports a Regional lead Parenting Commissioning Network and there is also a North West regional lead for Parenting UK and the National Parenting Academy.

**Actions:**

i. Inclusion of healthy eating physical activity, play and recreation in Positive Parenting programme37 and its regional work programme.

ii. Support for the introduction of Parents as Partners in Early Learning by Foundation Stage Regional Advisor team.

iii. Tailored intervention package developed and implemented for first time parents on families’ healthy weight.

iv. Identification of Local Authority parenting leads in areas where obesity has been identified as priority.

v. Links developed with regional parenting organisations to develop a work programme to support parents & families on healthy weight.

*Delivery of these actions will by the Maternity, Parenting and Early Years Cluster.*
Schools provide a crucial setting for influencing the health and well-being of children, parents and the wider school community. There are a number of stakeholders contributing to improving healthy weight, food & nutrition, physical activity and fitness within a wholistic school approach.

9.1. National Healthy Schools Programme

Delivery of the National Healthy Schools Programme (NHSP) at a regional level includes challenging and supporting the local programmes and strategic management of the programme across the four themes of healthy eating, physical activity, Personal, Social, Health and Economic Education (PSHEE) and emotional health and well being. Steps are being taken to integrate Healthy Schools into mainstream quality assurance and school improvement arrangements.

The Healthy Schools Programme provides a framework through which to broker coordinated support for schools in relation to the four core themes and to embed this support within the organisational fabric of schools.

**Actions:**

i. Evaluation of the regional roll out of the Food Partnership to demonstrate if training has influenced practice of primary school teachers with proposals for sustainable extension of the programme across the North West.

ii. Raise awareness amongst PCT child health commissioners of the contribution Healthy Schools makes to delivery of local obesity strategies.

iii. Establish and support a process for facilitating the sharing of learning across the region.

iv. Provide support for implementation of the National Child Measurement Programme to achieve and sustain target coverage.

v. Targeted recruitment of schools with 20% or more Free School Meals.

vi. Provide differentiated support for all Healthy Schools programmes to increase overall impact as described in GONW DCSF Regional Business Plan re Healthy Schools.

vii. Promote the links between obesity and emotional health and well being through launch of emotional health and wellbeing toolkit.(see 12)

viii. Reduce health inequalities in line with the aims of the National Healthy Schools Programme.

**Delivery of these actions will be by Regional Healthy Schools Co-ordinators linked to Schools Food & Nutrition Cluster.**

9.2. School Sport, Physical Activity & Physical Education

Building on its vision for school sport, the Government’s aim for 2008-11 is that, in addition to at least 2 hours per week of high quality PE and sport in school for all 5-16 year olds, all children and young people aged 5-19 will be offered opportunities to participate in a further 3 hours per week of sporting activities provided through schools, further education colleges, clubs and community providers.(5 hour offer).

The current successful PE and school sports strategy will be extended so that more children and young people are engaged in high quality PE and sport in school, further education sector and the community. Sporting opportunities will be extended for children and young people with disability and special educational needs.

The Department of Transport along with DfES has provided a range of guidance and resources to help the development of strategic approaches to school travel and to promote safe and healthy travel to school, especially cycling and walking to reduce car dependency.

The Charter for Children’s Play from the Children’s Play Council states that all schools should support and facilitate children’s play. Programmes such as Healthy Schools, Extended Schools and Building Schools for the Future can all support the provision of play in schools.
Actions:

i. Development of a regional strategic approach to the promotion of physical activity and play in schools in the North West region and ensuring consistency of physical activity through establishing a regional partnership between healthy schools, regional physical activity lead, regional school travel advisers, regional Youth Sport Trust lead and other regional partners.

ii. Support for increased and targeted uptake of physical activity opportunities through partnership interventions by Youth Sport Trust and Healthy School Coordinators.

iii. Links developed with Forest Schools.

iv. Sport England club development process extended to achieve the 5 hour children and young people’s sports offer.

v. The school club link strengthened.

vi. Promotion of the adoption of play policies in all school settings.

vii. Influencing building schools for the future to include physical activity and community access for sport.

viii. Improved safe and active travel to school.

**Delivery of these actions will be by Physical Activity School Cluster.**

9.3. National and Regional School Food Programmes

9.3.1. The North West Food in Schools Cluster provides key stakeholders with a forum for communication with agencies and partners involved in school food work. The remit of the Cluster is to share information and facilitate co-ordination and collaboration in the planning and delivery of national and regional initiatives at local level.

The School Food Trust is a non-departmental Public Body (NDPB), funded by central Government and from Big Lottery funding for “Lets get Cooking”. Its remit is set by DCSF, and its purpose is to transform school food and food skills, to improve health and education of children and young people of school age.

It has a key role in supporting DCSF to increase the uptake of school lunches, especially for those receiving free school meals. Its primary role is to improve the quality of school food and to provide guidance to local authorities on how to meet nutritional standards for food in schools and to stimulate the demand for healthier school food. The Trust has invited School Food Ambassadors to join the National Good Practice Network to help progress the school food agenda.

**Actions: North West Food & Nutrition Team**

i. Jointly with the Regional Healthy Schools, lead and facilitate the School Food Cluster to ensure coherent collaboration across partners delivering in school settings.

ii. To work with the School Food Trust and the National Good Practice Network.

iii. To provide consistency of approach in recruiting schools for specific Programmes and initiatives.

**Actions: School Food Trust**

i. Support and advise Local Authorities to ensure all schools meet the Government’s food and nutrient-based standards for school lunches.

ii. Drive up take-up of school meals.

iii. Establish regional training centres for school caterers.

iv. Help to reduce diet-related inequalities in childhood.

v. Improve food skills through food education and school and community initiatives.

vi. Monitor progress on take up of school lunches.
9.3.2. “Let’s Get Cooking”

“Let’s Get Cooking”, a project led by the School Food Trust, is a national network of cooking clubs aiming to help children, young people, parents and the wider community learn to cook “good food that is good for you”. Partners include the Improvement Foundation. It is funded by the Big Lottery and the target is for 5000 new clubs across England over five years.

**Actions: School Food Trust: Lets Get Cooking**

i. Set up 120 cooking clubs in the North West by 2008.

9.3.3. “Everyone’s Cooking”

The Improvement Foundation is one of five partners delivering the “Let’s Get Cooking” clubs in schools through its Healthy Communities programme. The project “Everyone’s Cooking” shares the overall aims and the vision of the “Let’s Get Cooking” clubs but will set up and run the clubs to include the whole community and those service providers with a stake in the health and well being of children. It will work in close partnership with the National Healthy Schools Programme. Local people are at the centre of the Healthy Communities approach.

**Action:**

i. To develop a sustainable cluster model working with schools and communities and those service providers with a stake in the health and well being of children.

9.3.4. Food for Life Partnership

The Food for Life Partnership is a consortium of the Soil Association, Garden Organic, Health Education Trust, Focus on Food Campaign. Funded by the Big Lottery, the Project will recruit Flagship Schools in each Region, 180 in total. The Flagship schools will demonstrate what can be achieved in schools and their wider communities through a multi-stranded approach to food education and healthy eating, and will share their experience with other schools. The Food for Life Partnership will encourage a further 400 schools in each region to sign up to the Partnership mark.

**Actions: Food for Life Partnership Flagship Schools and Communities:**

i. School lunches to provide food which meets nutritional standards.

ii. 75% of all foods consumed to be made from unprocessed ingredients.

iii. At least 50% to be sourced from local ingredients (50 miles).

iv. 30% of food to be from certified organic sources.

v. Better classroom education on food, nutrition and health, and a farm visit at least once during a child’s school career.

9.3.5. Academy of Culinary Arts

This North West programme has been funded by the North West Development Agency and is hosted by Food NW. The three year programme will introduce 5 -11 year old children to “real food and develop knowledge of food provenance”.

**Actions: Chef Adopt a School**

i. Delivery of 240 food/cookery sessions in schools.

ii. Development of healthy eating lesson plans.

iii. Recruitment of 25 - 30 Academicians/chefs for the North West region to support, embed and sustain the programme after the life of the project.
9.3.6. Year of Food & Farming

The Year of Food and Farming and the Public Sector Food Procurement Initiative (ref 6.1.1.) are two initiatives in the Strategy for Sustainable Farming and Food (SSFF), which are positively influencing school food in the region.

The Year of Food and Farming is a national initiative that aims to give children and young people hands-on learning experiences to help them find out more about where their food comes from. The year began in September ’07 and will run for one academic year ending in July ’08, with the intention of having a lasting legacy.

**Actions: Year of Food and Farming**

i. To work in partnership with other organisations to promote and deliver eight aspirations of the year with primary and secondary pupils and school and teacher training institutions.

i. Work with regional partners to disseminate the Crop to Kitchen curriculum resources to primary schools across the North West during the 2007/8 academic year.

Delivery of these actions will be by School Food & Nutrition Cluster.

9.4. Extended schools

The Extended Schools Prospectus sets out a core of services that all children should be able to access through schools by 2010. *Extended schools and health services - working together for better outcomes for children and families*, identifies the potential benefits for addressing health needs through extended schools, especially for reaching hard to access communities and improving uptake of preventative health services, and thus helping to reduce inequalities in health.

By 2010 all schools should be offering access to extended services through the five elements of the Full Core Offer - childcare, varied venue of activities, parenting support, community use and swift and easy access to specialised services. Each school is encouraged to work together in a locality with partner schools, Children’s Centres and secondary schools to deliver extended services to children and their families.

Tackling obesity is highlighted as a priority for using a whole school approach and provides the opportunity for breakfast and after-school clubs including cooking, sports and physical activities.

The Extended Schools Remodelling Advisor (ESRA) is the Local Authority strategic lead for developing extended schools and they are supported by the Training & Development Agency (TDA) working on workforce reform (link to workforce section).
Actions:

i. Development of a regional intervention programme which supports Extended Schools’ contribution to tackling childhood obesity with particular focus on how each of the 5 elements of the core offer contributes to reducing obesity.

ii. Liaison with Healthy School co-ordinators in local authorities to work closely with ESRAs to join up services and messages to schools.

iii. Links made with the Parenting Commissioner and Parenting Strategy in each Local Authority to ensure messages are aligned regarding obesity and healthy lifestyle choices in parenting programmes offered through extended services.

iv. A menu of activities in place for each Local Authority/locality to deliver opportunities for sport, physical activity, play and recreation.

v. The Swift and Easy access element enabling parents to have help with weight management programmes as well as other targeted and specialist services.

vi. Enhanced support for vulnerable children and those most at risk.

vii. Continued support by Sport England for Sport and Physical Activity Alliances in determining local priorities and linkage with LSPs building momentum for local developments that address sport, health and inequalities.

Delivery by GONW, DH Public Health Team & Sport England.

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38 The Strategy for Sustainable Farming and Food (SSFF), published in December 2002, sets out how industry, Government and consumers can work together to secure a sustainable future for our farming and food industries. The NW delivery plan for SSFF ensures that the strategy is delivered and has four priority areas: knowledge, food - “field to fork”, environment, and health.
Weight management interventions need to be co-ordinated around the individual and family needs and should comply with national core standards as defined in the Children’s National Service Framework and NICE Guidance 43. Children need specific services which create a supportive environment that helps overweight or obese children and their families to make lifestyle changes. Involvement of both children and parents in weight management programmes is required, taking the maturity and preferences of the child and parents into account.

Tailoring of advice for parents and children to address potential barriers such as cost, personal taste, availability, time etc. is particularly important for black and minority ethnic groups, low income groups and people at life stages where there is an increased risk of weight gain (pregnancy, menopause and smoking cessation39). Interventions and services need to be informed by social marketing insight cluster analysis (see 11).

There is a range of weight management interventions and programmes from a wide spectrum of providers, mainly for adults. However, there is a lack of consistent quality standards or measure of effectiveness, and little guidance for PCTs or Local Authorities on effective commissioning (see 13.2.).

**Actions:**

i. An intervention programme developed and implemented to influence first time parents on family lifestyle behaviours.

ii. Smoking cessation services to provide appropriate weight management information.40

iii. Development of a regional programme for tackling obesity with high prevalence communities.

iv. Scoping and development of a regional resource of practice and case studies on physical activity and BME communities.

v. Roll out of primary care E-learning weight management programme by three sub-regional public health networks (see 13.4).

vi. Scoping of North West weight management programmes and development of criteria for impact assessment and mechanism for disseminating practice.

vii. Increase in the capacity and choice of weight management programmes for children and families through Weight Management Capacity Project (see 13.4).

viii. Development of national commissioning guidance for PCTs on weight management programmes working with Cross Government Obesity team (see 7.1).

ix. Application of findings from Local Exercise Action Pilots (LEAP) to promote good practice on physical activity for older people.

**Delivery of these action will be by Weight Management Cluster.**

40 NICE guidance, 2006: Recommendation 11, p.73.
The Department of Health Social Marketing Obesity team have carried out a factor and cluster analysis of parents of children aged 2-10 years and their behaviours and attitudes towards healthy living and exercise. This has been followed by qualitative research and ethnic minority desk top research to see how groups fit into the cluster analysis.

The National Social Marketing Centre has developed a training toolkit on social marketing, *How to Use Social Marketing to Promote Healthy Lifestyles and Reduce Overweight and Obesity Children*, and guidance for managers and commissioners.

The North West Social Marketing Group is undertaking a social marketing capacity audit and co-ordinating development of a delivery programme and a North West Social Marketing Conference in February 2008. This will include a pilot of social marketing training programme across the North West.

The “Our Life Programme” will raise awareness among the public, politicians, decision makers and public interest groups across the region of the influence the social environment has on the consumption of food and alcohol (through price, portion size, labelling, availability and marketing), and seek to generate widespread support and demand for changes to business practices, policy and, where necessary, legislation to support healthier consumption.

**Actions:**

i. The North West Social Marketing Group will deliver *From Insight to Delivery: the first North West Social Marketing Conference* to champion the use of social marketing the North West, reporting on the state of play of social marketing across the region and the roll out of a regional wide programme to build social marketing capacity and capability.

ii. Delivery programme developed and implemented to roll out of the National Social Marketing Centre toolkit, insight analysis and guidance across the North West, aimed at commissioners and obesity leads and to include Sport England market segmentation analysis.41

iii. “Our Life” will develop consumer insight and use this to deliver campaigns to influence the attitudes and behaviours of the public towards food and alcohol and drive changes to the wider social environment to support healthier consumption patterns.

iv. The profile of “Evaluating Sport and Physical Activity Interventions” Guidance increased with delivery a CPD event on using the guidance effectively.

v. Provision of a regional analysis of evidence base and relevant data sources on physical activity to inform targeted regional planning.

**Delivery of these actions will be by Communications and Social Marketing Cluster.**

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41 Sport England has developed nineteen sporting segments to help understand the nations’ attitudes and motivations to sport. Each segment can be explored at differing geographic levels.
A number of psychological issues impact on overweight and obesity, including low self esteem, poor self concept and body image. Studies have shown that overweight and obesity are frequently stigmatised in industrialised societies and that it is especially important when working with children, to work with the whole family. There is also emerging research evidence that following a healthy diet will protect mental health.42

There is also evidence to link physical activity and green space for mental health benefits, *A Countryside for Health and Well-Being: The Physical and Mental Health Benefits of Green Exercise*” (Pretty et Al, 2005).

**Actions:**

i. Promotion of the application of mental well-being impact assessment tool on local obesity and physical activity strategies.

ii. Development and implementation a CPD programme on mental health, food and physical activity for planners and disseminate through practitioner fora.

iii. Inclusion of mental well being and motivational behaviour change in weight management programmes.

iv. Promotion of links between obesity and emotional health and well being through regional dissemination of Healthy Schools emotional health and wellbeing toolkit (see 9.1).

v. Dissemination of guidance relating to healthy eating on a budget to target low income families.

*Delivery of these actions will be by an Emotional Health & Well Being Cluster.*
13.1. Promoting the adoption of effective practice and facilitate cross sector working

A range of approaches can be used to promote effective delivery and cross sectoral working including compliance with guidance, application of impact assessment and systems for dissemination and sharing practice.

Using impact assessment on regional and sub regional policies and strategies as routine practice to ensure they are re-enforcing healthy weight, food & nutrition and physical would have a positive impact on embedding effective practice across the region.

There are a number of guidance documents which have been produced to support local planning and delivery (see Appendix 5), a key one being the NICE Guidance on Obesity: the prevention, identification, assessment and management of over weight and obesity in adults and children,(43) which aims to increase the effectiveness of preventative interventions and improve care, especially in primary care.

Each sub-region in the North West has an obesity network and lead linked into the Public Health Networks. These networks provide the forum for exchange of practice and learning and the opportunity to communicate policy updates. The networks have cross-regional events on a six monthly basis.

Actions:

i. Establish a mechanism to ensure that impact assessment of regional and sub regional policies and strategies is undertaken to strengthen their role in addressing the obesogenic environment, particularly in the most deprived communities.

ii. Sub regional seminars to disseminate the guidance and identify factors to support implementation for local authorities and the NHS.

iii. Support for NHS Trusts to achieve Healthcare Commission Annual Review indicators on compliance with NICE Guidance 43 (see 13.3).

iv. A website set up for collation and dissemination of practice and promotion of cross sectoral working.

Delivery of these actions will be by DH Public Health Group and Public Health Networks.

13.2. Commissioning

The Commissioning Framework for Health & Well Being, Practice Based Commissioning and the Joint Strategic Needs Assessment (JSNA) provides opportunities for ensuring systems are in place to strengthen commissioning of obesity across the care pathway are in place. Opportunities should be used to maximise Practice Based Commissioning in achieving healthy weight (see 7).

Actions:

i. Support provided for increasing capability in commissioning of obesity across the care pathway.

ii. Reduction of health inequalities should underpin decisions with use of equity audits to target those with greatest need.

iii. Dissemination of commissioning guidance on Practice Based Commissioning & Physical Activity being produced by the British Heart Foundation Physical Activity Centre.

iv. Development of a national commissioning toolkit for children and adult weight treatment interventions, project managed by Care Services Improvement Partnership (CSIP) NW on behalf of NW DH Public Health Group.

Delivery of these actions will be by DH Public Health Group, NHS NW, CSIP NW.

13.3. Performance Improvement

The regional role includes supporting local improvement in planning and delivery to increase healthy weight, food and nutrition and physical activity. Through early identification of low performance and an early intervention programme, the aim is to reduce inequalities between local areas as well as improve outcomes across the North West. Performance will be monitored through the LAA National Indicator Set for local government and the Vital Signs indicator set for the NHS. The new NHS, LAA and Healthcare Commission indicators and targets are included in Appendix 2.

42 Mental Health Foundation, 2007: Healthy eating and depression.
In addition, the National Support Team for Obesity (NSTO) is delivering a national programme which will target local areas where there is an identified need for support.

**Actions:**

i. A defined indicator set will be developed which aligns with the Cross Government Obesity programme indicators, the LAA and NHS Operating Framework.

ii. Scoping of local strategic plans to tackle childhood obesity assessing compliance with national guidance.

iii. Development and implementation of a cross GONW early intervention support programme informed by regional intelligence for PCTs and Local Authorities at risk of not achieving LDP targets and LAA indicators.


v. Development of an internal performance assessment system for early identification of under performing local areas.


vii. Support provided for NSTO visits to North West authorities and follow up.

**Delivery of these actions will be by DH Public Health Group, GONW, NHS NW.**

13.4. Workforce

There is an extensive workforce interacting with children and their families, within health & social care, local authorities and the third sector. A weight management capacity project is being delivered through the Public Health Teaching Network which will support strategic workforce planning and training. Within the framework of the Public Health Skills in the Children and Families Services Workforce, staff need to be trained in brief interventions to both motivate children and parents for behaviour change and to refer into the care pathway where appropriate. There are also opportunities to maximise the contribution from those working with young people e.g. Connexions Advisors and Youth Workers.

An ongoing CPD programme for public health workforce requires development and delivering through the regional Public Health Teaching Network. There is increasing opportunity for the inclusion of physical activity, food and health and obesity in the Higher Education Institutes curriculum which will also be taken forward by the Public Health Teaching Network.

**Actions:**

i. Roll out of the primary care weight management E-learning programme with on going evaluation resourced through the sub regional public health networks.

ii. Development of brief interventions skills with front line workforce building on primary care E-learning package with initial focus on pharmacy teams, school health nurses and health trainers.

iii. Increased curriculum input around healthy food, physical activity and obesity within Higher Education Insitutions ( PH Teaching Network: Special Interest Group).

iv. Increased public health capacity around healthy food, physical activity and obesity through CPD programme (PH Teaching Network: Special Interest Group).

v. Increased coaching capacity through implementation of the UK coaching framework (Sport England).

vi. Implementation of the North West Weight Management Capacity Project.

**Delivery of these actions will be by DH Public Health Group, NHS NW and PH Teaching Network.**
13.5. Data & Intelligence

Data on childhood obesity has only been available through the Health Survey for England at an England level and not on an annual basis. Other national and regional data is available from “Health & Social Care Information centre, Statistics on Obesity, Physical Activity and Diet: England 2006”. Local Authority level data on adult obesity is available through the Community Health profiles. However currently this data is based on synthetic estimates.

The National Child Measurement Programme (see 4.2) now provides local and regional data on child obesity and overweight for primary school children in Reception Year and Year 6. Further analysis of this data by the NW Public Health Observatory, will provide the relationship between prevalence of obesity and deprivation across the North West.

Improvement in data quality and management is required for a number of priority indicators including breast feeding initiation, and the recording of adult BMI in GP registered populations.

**Actions:**

i. Improved data quality and management across all relevant targets.

ii. Increased coverage to 75% of recording of adult BMI in GP registered population to provide prevalence data (see 7).

iii. Increase coverage to 85% by the Child Measurement Programme with postcode data provided by all North West PCTs to NW Public Health Observatory.

iv. Improve data quality and management of breast feeding initiation data.

**Delivery of these actions will be by DH Public Health Group, NHS NW.**

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The North West Public Health Observatory

The North West Public Health Observatory (NWPHO) provides data analysis and intelligence to inform regional and local planning and delivery systems. In December 2006 it produced a social marketing synthesis report. A report on weight issues (including childhood obesity) is currently being produced. In addition, results of the child height and weight measuring programme have been analysed and reported in one of the NW Public Health Observatory monthly report series.

**Actions:**

i. Production of a series of “Synthesis Reports” by the North West Public Health Observatory, to draw together policy, evidence and intelligence on a range of subjects.

ii. Production of Community Health Profiles, by the Association of Public Health Observatories, which provide a health profile (including physical activity and obesity) to inform local delivery.

iii. Analysis and reporting of children’s height and weight data using postcode data from PCT measurement programmes will provide insight for planned and targeted interventions.

iv. On provision of national data, analysis of uptake of Healthy Start by postcode supplied by national Healthy Start programme. This data will provide an analysis of inequalities for the North West as well as identifying areas where uptake is low.

v. An online tool and associated report on a range of health indicators for children and young people in the North West to provide a central resource for information at a sub regional level.

vi. Development of an indicator set across food & nutrition, physical activity and obesity to inform performance improvement plans.

**Delivery of these actions will be by DH Public Health Group, NW Public Health Observatory.**
School Sport Survey

This annual survey takes place within School Sport Partnerships between May and July and measures participation on PE and School Sport (including competitive sport, range of provision, club links, gifted and talented pupils, sports volunteering and leadership) to report against the school sport PSA. It is published in September/October.

Actions:

i. Production of standard analysis by deprivation quintile and lifestyle geodemographic system depending on data quality, completeness and authorised access.

Delivery of these actions will be by School & Physical Activity Group.

13.6. Partnerships and network arrangements

The NW Health and Physical Activity Forum (NWHPA Forum) is constituted as a voluntary body comprising mainly public sector practitioners.

Actions:

i. Support for the North West Physical Activity Forum to provide co-ordinated support for practitioners across the North West and provide a key link to the Physical Activity Alliance.

The North West Food & Health Task Force has a delivery plan in the NW Food and Health Action Plan. The FHTF has developed a NW Food and Health network comprising over 600 individuals from a range of organisations and interests across the region. This forum shares practice and information.

Actions:

i. Implementation of the Food and Health Action Plan is through partner organisations with specific deliverables by the Food and Health Task Force (see 6.1).

ii. The Food and Health Network is supported to share information and good practice.

Obesity Networks

Each sub regional public health network includes an obesity network which provides opportunities for identifying developments where it is more effective to work collaboratively. The role of the regional team is to provide policy updates for the sub regional networks and to support development of their work programmes.

Actions:

i. Regular meetings with Public Health Group policy leads with sub regional leads to disseminate policy developments and explore implications for delivery.

ii. Six monthly regional meetings of the networks.

iii. Lead officers to attend sub regional obesity leads group meetings.

iv. Each sub regional obesity network to have an annual work programme.

v. Regional resources provided for sub regional networks to support delivery of work programme.

Healthy Schools Network

There is a network of the 22 local healthy schools in the North West. The programmes are managed through a partnership between Children’s Services and PCTs.

Actions:

i. Regional network meetings three times a year (termly) to disseminate national and regional policy priorities, explore implications for delivery, and share practice between local programmes.

ii. Series of Action Learning Sets have focussed on sharing of practice across the region and will continue as task and finish groups.
The NW Public Health Teaching Network

The NW Public Health Teaching Network aims to contribute to the development of a multidisciplinary public health workforce by building capacity and capability in all relevant agencies to improve health and reduce inequalities. It also aims to progress public health teaching, learning, research and knowledge transfer. Special Interest Groups have been set up, one of which is Food, Nutrition and Physical Activity.

The Network is providing the project management for a North West Weight Management Capacity project (see 13.4)

13.7. Research & Development

Significant research on obesity, with a specific focus on childhood obesity is taking place across the North West. In addition, a number of research initiatives funding through the European Union are being led and delivered through Primary Care Trusts.

**Actions:**

i. Scoping of current and proposed R&D on obesity across the North West with the development of a database to capture new, ongoing and concluded studies.

ii. Development of NW R&D programme which ensures robust evaluation of current interventions to build evidence base.


iv. Identification of new research questions through creation of community of practice, building on existing networks with mechanisms in place to inform evidence based policy and share research findings.

Delivery of these actions will be by NHS NW, DH Public Health Group & academic partners.
Appendix 1: Measures of Overweight & Obesity

In the UK, Body Mass Index (BMI) has been used as the measure of obesity in both adults and children. BMI is calculated by dividing a person's weight by the square of their height. This figure is then compared to a range of thresholds:

Among adults, the following categories have been used to indicate overweight and obese:

**Description BMI (kg/m²)**

- Underweight: BMI below 18.5
- Healthy weight: BMI between 18.5 and 25
- Overweight: BMI between 25 to 30
- Obese: BMI between 30 and 40
- Morbidly obese: BMI over 40

BMI is an effective population measure of weight status but is a less accurate measure for individuals where other factors may result in a higher BMI, but where it does not necessarily follow that the BMI is unhealthy. For example, in older people, BMI is often supplemented by measuring waist circumference.

Measuring children is more complex. In children, the relationship between BMI and being overweight or obese is subject to variation by age, height and gender.

It has been common to use the 85th and 95th percentile from the 1990 UK Growth Charts to define overweight and obesity at a population level. This means that diagnosis of obesity relates to an individual's position in a distribution that may have no strong association with health risk.

This report has used the UK National Body Mass Index (BMI) percentile classification to describe childhood overweight and obesity among children aged 2-15 years.

**Description BMI centile for child's exact age**

- Not overweight/obese 85th centile or below
- Overweight Over 85th to 95th centile
- Obese Over 95th centile

An alternative measure is proposed by the International Obesity Task Force (IOFT) which identifies the childhood percentile in the dataset corresponding to a BMI of 25 or 30 (overweight or obese) at age 18, and makes the assumption that this percentile is the definition of overweight and obese, tracking backwards to birth. This measure has been used in the Foresight Report *Tackling Obesities: Future Choices - Project Report* and has the advantage of being able to make international comparisons and a smooth transition from children to adults.

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PSA Delivery Agreements
Local Area Agreement National Indicator Set (2008/11).

Note: PSA Delivery Agreements and indicators relevant to food & nutrition, physical activity and obesity included.

PSA Delivery Agreement 12:
Improve the health and wellbeing of children and young people.

Key aspects of the vision:

• Although children and young people are healthier, inequalities persist, with a sharp rise in obesity and rates of mental health disorders.

• Healthy pregnancy, birth and parental bond important start in life.

• Children’s Centres have key role in delivering good health outcomes.

• All schools should work to meet high standards for accreditation as Healthy Schools.

• Young people supported to lead healthy lifestyle into adulthood.

• Development of Children’s Plan by DCSF.

Indicators:

• Prevalence of breast feeding at 6 - 8 weeks.

• Percentage of pupils who have school lunches.

• Levels of childhood obesity.

• Emotional health & wellbeing, and Child and Adolescent Mental Health Services (CAHMS).

• Parents’ experience of services for disabled children and the “core offer”.

PSA Delivery Agreement 13:
Improve children and young people’s safety.

Key aspects of the vision:

A cross-Government Action Plan will be published in early 2008 setting out which actions will be taken forward and when. This PSA Delivery Agreement will be updated to reflect the Action Plan. The PSA is wide ranging but includes elements specific to physical activity as part of the Staying Safe strategy, new actions are proposed in the following areas:

• Play and taking part in positive activities including a new communications campaign to encourage parents to let their children play outside in safe environments, and take part safely in positive activities.

• Child road safety

  • promote effective practical child pedestrian training such as Kerbcraft promote good practice in road safety education;

  • encourage broad local partnerships to deliver coordinated road safety activities;

  • communicate road safety messages to children and other road usersthrough the Think! Campaign

• involve parents and peers in delivering road safety messages to children; and

• encourage wider use of 20 mph zones where children are active.
PSA Delivery Agreement 17:
Tackle poverty and promote greater independence and wellbeing in later life.

Key aspects of the vision
This PSA focuses on the quality of later life in the UK, seeking to make the most of the opportunities offered by longer life and driving forward the necessary cultural and behavioural changes. The PSA's target group is over 50's and specifically relevant to this document is the “level of health experienced in later life”, and “the ability to maintain independent living, while being supported with health and care services where needed.

Indicators
• Healthy life expectancy at age 65 years.
• The proportion of people over 65 who are satisfied with their home and their neighbourhood.

Note: life expectancy at 65 has been significantly increasing but the number of years spent in good health is increasing at a slower rate. Helping people to age actively and healthily, keeping independence involves diet and nutrition and physical activity.

PSA Delivery Agreement 18:
Promote better health and well being for all.

Key aspects of the vision
• This PSA and DH’s strategic objective “Better Health and Well-being for all” sits alongside the DH’s other 2 strategic objectives of better care for all and better value for all, and reflects the ambition set out in “Our health, our care, our say”, to create a health and adult social care service that focuses on prevention and promotion of health and well being. Next step is to create more locally led services.

• Whilst progress made in reducing premature mortality:
  • 24% of deaths were in under 70s.
  • death rates from CHD in people aged 35-64 where double in lowest social classes.
  • suicide is the 2nd most common cause of death in men under 35.
  • men in higher social class live on average 8 years longer than in the lowest.
  • smoking is principle avoidable cause of premature death and ill health.
  • evidence shows that people value cost effective health & social care especially older people who are the largest users.
  • large number of people suffer from common mental health problems.

Indicators:
• All Age All Cause Mortality (AAACM).
• Difference in All Age All Cause Mortality between England average and spearhead areas.
• Smoking prevalence.
• Proportion of people supported to live independently (all ages).
• Access to psychological therapies.

Note:
• Food and nutrition and physical activity are key lifestyles issues which contribute to AAACM.
• Reducing levels of obesity will impact on CHD and cancer deaths.
• Tackling health inequalities includes the need to control blood pressure and cholesterol - both impacted by physical activity and healthy diet.
• Physical activity and healthy diet important aspects in supporting people to live independently.
PSA Delivery Agreement 20:
Increase long term housing supply and affordability.

Creating mixed and sustainable communities including well-designed, high quality housing supply and supporting infrastructure.

PSA Delivery Agreement 21:
Build more cohesive, empowered and active communities.

Key aspects of the vision

This PSA is about three associated and reinforcing agendas, building cohesive, empowered and active communities. Government’s aim is for a shared set of values, shared sense of purpose and belonging, with local communities leading change. Active communities with increased levels of volunteering and increasing participation in cultural and sporting activities. Key role for sustainable third sector which is sustainably funded.

Indicator 6: The percentage of people who participate in culture or sport.

Note: The cultural and sporting sectors play a key role in creating active communities in which people are able to improve their well being.

PSA Delivery Agreement 22:
Deliver a successful Olympic Games and Paralympic Games with a sustainable legacy and get more children and young people taking part in high quality PE and sport.

Key aspects of the vision

- Maximising benefits from the Games both economically, sports participation, cultural opportunities.
- Government committed to creating new opportunities for all children & young people in England to participate in high quality physical education and sport.
- Building on school sport, the Government’s aim for 2008-11 is in additional to 2 hrs PE /sport per week for all 5 - 16 yr olds, all children and young people aged 5 - 19 yrs will be offered a further 3 hrs of sporting activities provided through schools.

Indicator 5: Creation of a world-class system for PE and sport.

PSA Delivery Agreement 27:
Lead the global effort to avoid dangerous climate change.

This PSA describes the UK’s vision to lead the global effort to avoid dangerous climate change, building on the conclusions of the Stern Review.

Although there are no direct indicators for physical activity, the DfT will work to improve the environmental performance of transport, addressing the provision of ‘smarter choices’, including promotion of travel planning, sustainable travel towns, cycling and walking.

PSA Delivery Agreement 28:
Secure a healthy natural environment for today and the future.

The PSA describes the Government’s vision to secure a diverse, healthy and resilient natural environment, which provides the basis for everyone’s well being, health and prosperity now and in the future.

The indicator on land management is specifically relevant in this context, including sustainable farming and food, promotion of accessible Natural Greenspace and inclusion of Greenspace infrastructure in growth points and areas.
**National Indicators for Local Area Agreements**

*with potential for impacting on Healthy Weight*

NI 8  Adult participation in sport DCMS DSO

NI 48  Children killed or seriously injured in road traffic accidents DfT DSO

NI 52  Take up of school lunches (PSA12)

NI 53  Prevalence of breastfeeding at 6-8 weeks from birth (PSA12)

NI 55  Obesity among primary school age children in Reception Year DCSF DSO

NI 56  Obesity among primary school age children in Year 6 DCSF DSO

NI 57  Children and young people’s participation in high-quality PE and sport DCSF DSO

NI 119  Self-reported measure of people’s overall health and wellbeing DH DSO

NI 120  All-age all cause mortality rate PSA 18

NI 121  Mortality rate from all circulatory diseases at ages under 75 DH DSO

NI 122  Mortality from all cancers at ages under 75 DH DSO

NI 124  People with a long-term condition supported to be independent and in control of their condition DH DSO

NI 125  Achieving independence for older people through rehabilitation/intermediate care PSA 18

NI 137  Healthy life expectancy at age 65 PSA 17

NI 138  Satisfaction of people over 65 with both home and neighbourhood PSA 17

NI 167  Congestion - average journey time per mile during the morning peak PSA 5

NI 175  Access to services and facilities by public transport, walking and cycling DfT DSO

NI 184  Food establishments in the area which are broadly compliant with food hygiene law

NI 194  Level of air quality - reduction in NOX and primary PM10 emissions through Local Authority’s estate and operations. PSA 28

NI 195  Improved street and environmental cleanliness (levels of graffiti, litter, detritus and fly posting) Defra DSO

NI 198  Children travelling to school - mode of travel usually used DfT DSO
**NHS Operating Framework 2008/9 (extracts)**

**National priorities include:**

“keeping adults and children well, improving their health and reducing health inequalities”

- Reducing variation in health status within and between communities
- Tackling major killers - cancer, CVD, suicide and smoking
- Tackling life style issues: obesity, alcohol abuse, etc
- PCTs to “pay special attention to obesity” as one of most serious and growing health challenges for children. This requires action across services to change public perceptions and behaviours relating to physical activity and diet, and to empower children, young people and families to make healthy choices.

**Healthcare Commission Annual Review 2007/8**

The Healthcare Commission Annual reviews of NHS Trusts is based on a rigorous self reported assessment against a number of indicators. This indicator set for 2007/8 includes:

**PCT’s:**
- GP recording of BMI status
- Infant Health & Inequalities: Breast Feeding Initiation
- National Child Measurement Programme: data quality
- Obesity: compliance with NICE Guidance 43

**Acute and special Trusts:**
- Infant Health & Inequalities: Breast Feeding Initiation
- Obesity: compliance with NICE Guidance 43

**Ambulance & Mental Health Trusts:**
- Obesity: compliance with NICE Guidance 43
Appendix 3: Regional Networks & Fora

- Breast Feeding Liaison Group
- NW Food & Health Forum
- NW Healthy & Physical Activity Forum
- PCT Physical Activity Leads Network
- GONW Early Years Leads Group
- GONW Parenting Commissioning Leads Group
- Food & Nutrition Alliance
- Physical Activity Alliance
- Healthy Weight Alliance
- Healthy Schools Network
- Sub-Regional Obesity Networks
- Public Health Networks
- North West Public Health Network & Special Interest Group
The Department of Health maintains that all individuals and population groups should have equal opportunity to benefit from its policy. Inequalities in health between different ethnic groups and between men and women are well-documented and long-standing, however it cannot be assumed that health policy will be equally beneficial for everyone.

The aim of the North West Framework to Achieve Healthy Weight is to define and progress the contribution that regional organisations can make towards improving the health and wellbeing of children and families. This framework brings coherence to the regional role in achieving childhood healthy weight by bringing together stakeholders, providing governance arrangements, systems and processes for effective planning and delivery, and clarification of organisational and inter-dependant deliverables.

This coherent approach is intended to benefit all children and families in the North West. Achieving and maintaining a healthy weight through regular physical activity and a healthy balanced diet is vital in improving public health and reducing health inequalities by promoting healthy lifestyle choices and preventing lifestyle-related disease in both the short and long-term.

Evidence of the benefits of achieving healthy weight are fully set-out in the framework.

Related policy areas that may affect changes in this framework include obesity, food and nutrition, sport and physical activity, transport, health inequalities, infant mortality, and breastfeeding.

**Screening**

This framework was assessed for its relevance to various equality issues, i.e. age, disability, race, religion and belief, gender, and sexual orientation. This was done in partnership with a range of stakeholders and experts through discussions facilitated by Hornagold and Hills (Mouchel Parkman) programme management services, as part of a wider consultation process.

**Age:** the age of the child may have an impact on healthy weight achievement. Maternity and early years’ settings are fundamental in ensuring that children get the healthiest start in life possible. However it is equally as important that children and families are supported throughout the child’s entire school years. Younger and first time parents may require different advice and support to more mature and experienced parents. In progressing the deliverables of this framework, interventions throughout all stages of a child’s life should be applied.

**Disability:** children and/or family members who are visually, physically, or mentally impaired may need extra support. Obesity is more common in people with learning disabilities than in the general population, there is little empirical evidence to date regarding prevalence of obesity in children with learning disabilities but anecdotal evidence indicates there is likely to be a correlation. Access and support for children and adults with physical disabilities will need to be appropriately and adequately addressed.

**Race:** evidence suggests that obesity is more prevalent among certain ethnic groups, particularly African Caribbean and South Asian girls and women. Interventions, support and guidance needs to be tailored to address certain ethnic groups, and further evidence & research supported in this area.

**Religion and Belief:** it is recognised that some religions and beliefs call for, or promote, fasting and/or abstinence from certain activities. As with race equality, interventions, support and guidance should be tailored accordingly.

**Gender:** the latest data and predictions support a continued gender difference with prevalence in boys predicted to increase more than in girls. Interventions may need to be developed in accordance with gender, but should still maintain a whole family approach that is equitable to both boys and girls.

**Sexual Orientation:** the phrase ‘children and families’ implies that parental/familial sexual orientation is not applicable. It was felt that reference to sexual orientation of children would be inappropriate.

**Conclusion**

This Framework does not assume or intend to prescribe how its aims are delivered at the regional level. It does however attempt to describe how the various equality aspects of healthy weight - as highlighted within the Framework - might be addressed by different regional organisations.
Appendix 5: Policy Documents & References


## Appendix 6: GLOSSARY

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BHF</td>
<td>British Heart Foundation</td>
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<td>BME</td>
<td>Black and Minority Ethnic</td>
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<td>BMI</td>
<td>Body Mass Index</td>
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<td>CABE</td>
<td>Commission of Architects for Built Environment</td>
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<td>CGOT</td>
<td>Cross-Government Obesity Team</td>
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<td>CMO</td>
<td>Chief Medical Officer</td>
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<td>CPD</td>
<td>Continuing Professional Development</td>
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<tr>
<td>CSA</td>
<td>Children's Service Advisor</td>
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<td>CSIP</td>
<td>Care Services Improvement Partnership</td>
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<tr>
<td>DCMS</td>
<td>Department for Culture, Media and Sport</td>
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<tr>
<td>DCSF</td>
<td>Department for Children, Schools and Families</td>
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<tr>
<td>DEFRA</td>
<td>Department for Environment, Food and Rural Affairs</td>
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<tr>
<td>DH</td>
<td>Department of Health</td>
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<tr>
<td>ERS</td>
<td>Exercise Referral Schemes</td>
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<td>EU</td>
<td>European Union</td>
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<td>EYFSP</td>
<td>Early Years Foundation Stage Profile</td>
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<td>FHTF</td>
<td>Food and Health Task Force</td>
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<td>FSA</td>
<td>Food Standards Agency</td>
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<td>GONW</td>
<td>Government Office North West</td>
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<td>GP PAQ</td>
<td>General Practice Physical Activity Questionnaire</td>
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<td>HEI</td>
<td>Higher Education Institutions</td>
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<td>HSE</td>
<td>Health Survey for England</td>
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<td>LA</td>
<td>Local Authority</td>
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<td>LAA</td>
<td>Local Area Agreements</td>
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<td>NAO</td>
<td>National Audit Office</td>
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<td>NCMP</td>
<td>National Childhood Measurement Programme</td>
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<td>NDPB</td>
<td>Non-departmental Public Body</td>
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<td>NHSP</td>
<td>National Healthy Schools Programme</td>
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<td>NICE</td>
<td>National Institute for Health and Clinical Excellence</td>
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<td>NSF</td>
<td>National Service Framework</td>
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<td>NST</td>
<td>National Support Team</td>
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<td>NSTD</td>
<td>National Support Team for Obesity</td>
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<td>NWFAHAP</td>
<td>North West Food And Health Action Plan</td>
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<td>NWHPA Forum</td>
<td>The North West Health and Physical Activity Forum</td>
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<td>NWPHO</td>
<td>North West Public Health Observatory</td>
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<td>OPMS</td>
<td>Online Performance Management System</td>
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<td>PCT</td>
<td>Primary Care Trust</td>
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<td>PH LINK</td>
<td>PharmacyHealth Link</td>
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<tr>
<td>PSHEE</td>
<td>Personal, Social, Health and Economic Education</td>
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<td>PSA</td>
<td>Public Service Agreement</td>
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<td>PSFPI</td>
<td>Public Sector Food Procurement Initiative</td>
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<td>QOF</td>
<td>Quality and Outcomes Framework</td>
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<td>R&amp;D</td>
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<td>RAG</td>
<td>Risk Assessment Guideline</td>
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<td>RCP</td>
<td>Royal College of Physicians</td>
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<tr>
<td>SSFF</td>
<td>Strategy for Sustainable Farming and Food</td>
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<tr>
<td>TDA</td>
<td>Training and Development Advisors</td>
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The North West Framework to Achieve Healthy Weight for Children & Families can also be made available in Braille, on audio cassette tape, on disk and in large print.

Printed on environmentally friendly paper.