

# Working together to tackle childhood obesity in Walsall

Wednesday 12<sup>th</sup> July,  
Bescot Stadium,  
Walsall

# Monitoring Childhood Obesity - a national perspective

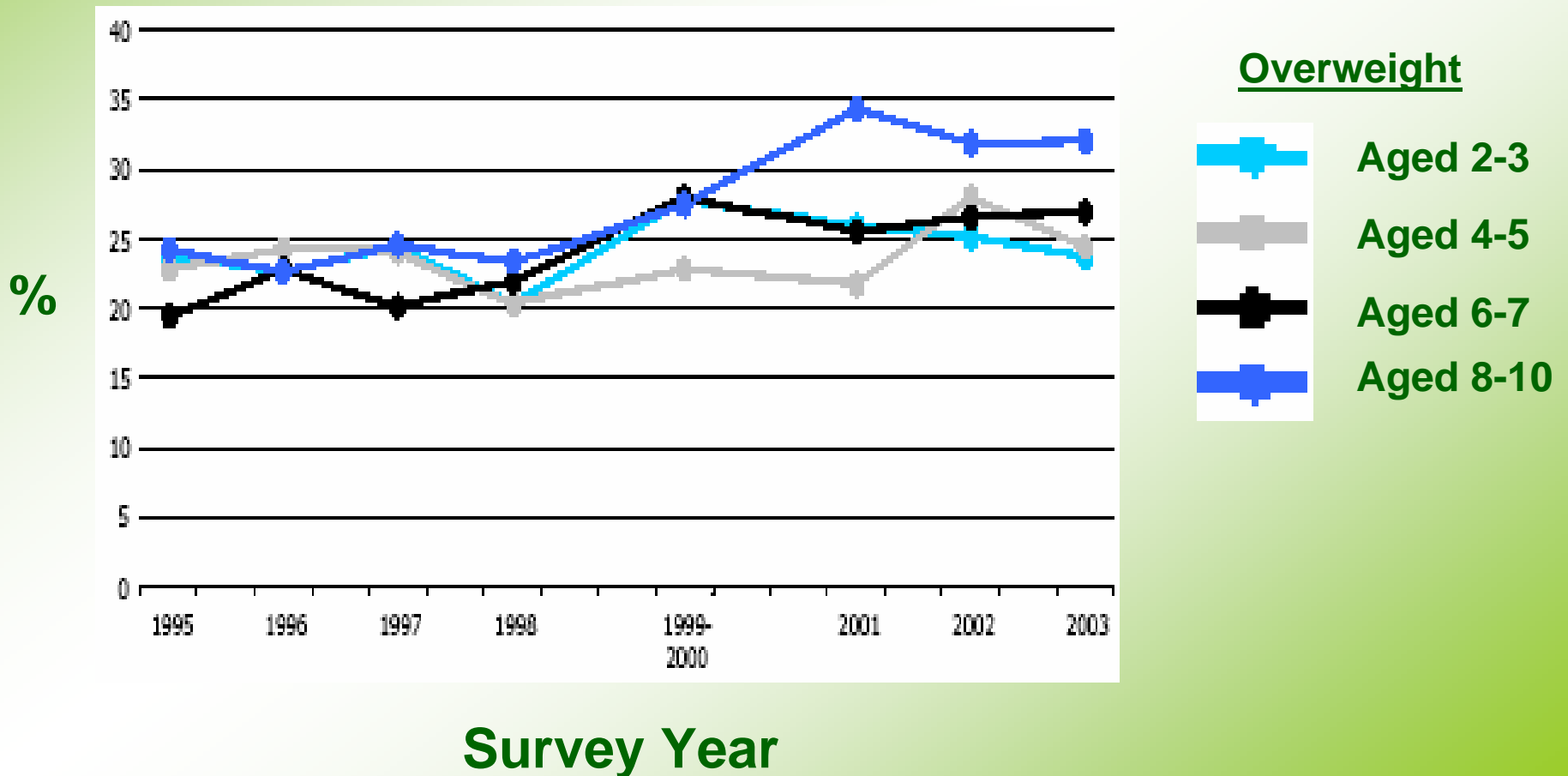
Dr Helen Walters

Chair of the Expert Advisory Group on  
Measuring Childhood Obesity.

Eastleigh & Test Valley South and New  
Forest PCT

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# What is the problem?



# Why are we measuring?

## Choosing Health:

“Halting the rise in childhood obesity is our prime objective.”

## PSA and LDP line:

To halt the rise in childhood obesity by 2010

# Context

- Health Select Committee:

Recommended that every child is measured annually, and parents given BMI.

- Health for all children 4

Reducing routine measuring

# Deciding how to measure

National Screening Committee

Expert Advisory Group

DfES

PCTs

DsPH

Royal Colleges

NSC

Epidemiologists

SEPHO

Pressure Grp

Children's Commissioner .

# What the Guidance asks for

- Measuring each year in Yr R and Yr 6
- Height and weight
- Every child
  
- Parental opt out consent
- Awareness of stigmatisation and bullying

# What is NOT being asked for

- Identification of fat children
- BMI calculation at the point of measurement
- Referral depending on BMI
- BMI going home to parents

# Why is this NOT being asked for?

- No agreed cut-off point for BMI
- Insufficient evidence base for treatments
- No services available
- May do more harm than good.

(Appendix 3 of the Guidance)

# How to do the measuring

- Each PCT is responsible for the measuring
- Each PCT can choose how it is done
- Variety of methods / staff
- DH will ask each PCT for data in Sept 06

# What will this give us?

Real-time, actual population BMI

- PCT level
- Large school level
- Ward level
- Comparison data

Enabling

- Targeting of interventions
- Evaluation of progress

# 2 pieces of Guidance

Jan 06 Who to measure and how

May 06 What to do with the data

## Measuring Childhood Obesity – Guidance for PCTs

- [www.dh.gov.uk](http://www.dh.gov.uk)

Any questions?



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# Monitoring Childhood Obesity: The Walsall Pilot

Rachel Neal, Epidemiologist

Clare Davies, Public Health Support  
Worker

# Contents

- Overview of the Pilot
- Aims and Objectives
- Methods
- Findings
  1. Obesity in Walsall
  2. Audit and Evaluation of the Pilot
- What Happens Next?

# Overview

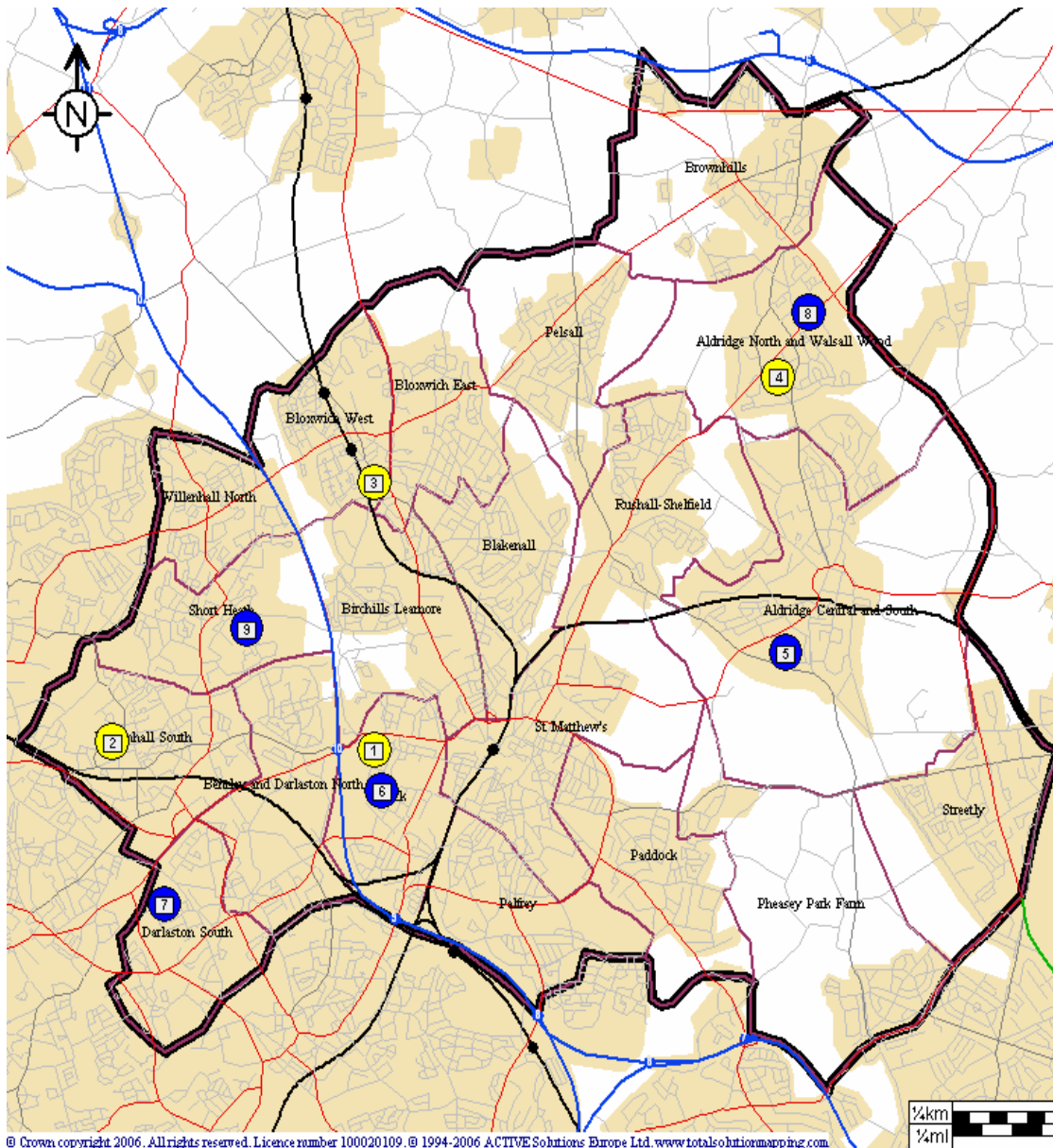
- Scoping Exercise looking at current data, data requirements and gaps
  - Birth Weight
  - Reception data available up to 2005/06
- Together the scoping work and DoH Guidelines led to a proposal to pilot data collection in Walsall

# Aims and Objectives

- Aims: To evaluate the effectiveness of the data collection pilot as a means to collect and monitor childhood obesity across Walsall tPCT
- Objectives
  - To establish a baseline level of childhood obesity across Walsall
  - To evaluate the acceptability of the pilot and data collection to schools, parents and children
  - Based on the findings of the pilot and current best practice, to recommend a model to collect childhood obesity data from all schools in Walsall from Sept 2006

# Methods

- 4 Primary and 4 Secondary Schools across Walsall
- Children measured in
  - Reception (aged 4-5 years)
  - Year 6 (aged 10-11 years)
  - Year 7 (aged 11-12 years)
  - Year 10 (ages 14-15 years)
- Employed a Support Worker to collect height and weight
  - Consistency in process
  - Relieve pressure on School Health Advisory Service
- Opt-out letters to parents
- Baseline calculated by Public Health using standard cut-offs
- Evaluation from schools, children (questionnaires and focus groups) and field notes



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# Pilot Sites

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# School weigh-ins to tackle obesity

# FAT CHECKS FOR PUPILS

21/01/05

EXCLUSIVE by Michelle Pearson

PUPILS in Walsall will be asked to step on weighing scales at school as health chiefs work to tackle the growing number of obese children.

If youngsters' weights give cause for concern, their parents will be asked to help them become more healthy. The height of children at all Walsall schools is also to be

measured and

Walsall 

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# Weigh-in for pupils fighting the flab

Hundreds of youngsters at secondary schools in Walsall will be weighed later this month as the borough declares all-out war on childhood obesity.

A health worker has been appointed to urge on eight schools in the pilot scheme, launched to help children battle the bulge.

None of the appointments were part of a health awareness campaign in Walsall launched in November, but the pilot scheme is expected to be in place by the end of the year.

Children at Little London, 281, have started their 20-minute morning exercise sessions to help them lose weight on their own.

Walsall's new health director, Dr David Smith, has set up a health awareness unit at the borough council's headquarters, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200.

Around 4,000 youngsters are expected to be weighed in the pilot scheme, which will be carried out by health workers at the schools.

Walsall's new health director, Dr David Smith, has set up a health awareness unit at the borough council's headquarters, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200.

Director of public health, Dr David Smith, said the pilot scheme was a "crucial step" in the fight against childhood obesity.

By David Smith - News Page 4

# Children face school obesity weigh-in

Report by David Banner

Primary schoolchildren will be weighed at their schools this year as the Health Department led by Health Secretary The Hon. David Hunt has announced that the Government will fund and set up a pilot scheme to help children who are overweight or obese.

The results will be given to parents who want them.

## Letters

According to figures on today a girl aged five of average height - 50 1/2" - is considered overweight at 11 1/2.

For four-year-old boys of average height - 48 1/2" - the figure is 17 1/2. At 15, a girl of average height - 58 1/2" - is considered overweight at 14 1/2 and a boy of average height - 58 1/2" - overweight at 17.

From next year parents of any child will expect a letter telling them of possible long-term health damage.

The parents will be given the right to refuse permission for the child to be weighed and to ask not to be sent the results.

Children issued by the NHS to help overcome the weight problem should be given "light snacks" and exercise are expected to be available to the child of bulging weight.

The Government will fund a pilot scheme to help the country's children overcome the obesity problem.

A NHS spokeswoman said that weighing and measuring was "something that is happening in schools at the moment".

She added: "We feel that is a real chance for parents to play a more active role and to

be aware of the health consequences children are facing.

"Weighing and measuring in schools isn't a new public approach. It was around 1980 when it began, helping to get primary care trusts get a better idea of what is going on."

Health campaigners have welcomed the news. Dr David Smith, clinical director of the National Obesity Forum, said: "I think it is a good thing to weigh and measure these young people."

But critics have accused the Government of being over-zealous.

Margaret Munnery of the National Child Measurement System, said: "I think it is a good thing to be aware of the obesity rates and I don't think it is going to be used in a way that is helpful."

# Obesity in Walsall

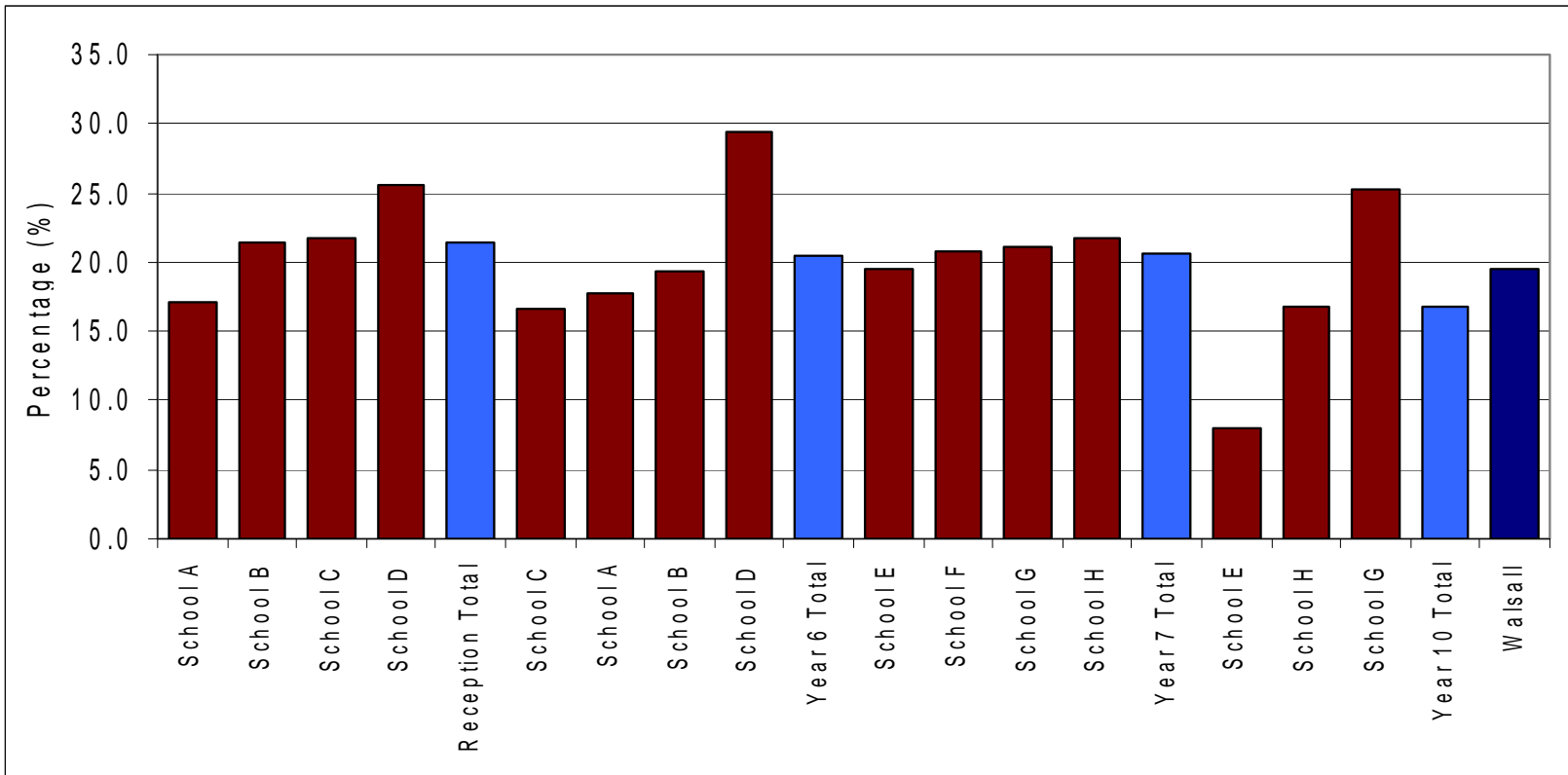
# Obesity in Walsall - Background

- 11% of the total children in the 4 year groups were measured in the pilot
- 17% of children were absent (average 8%)
- 6% of children opted out of the measurement process
- Opt out rates were higher for girls (77% of withdrawals)
- Of those who withdrew there were higher levels of obesity and overweight at reception than those who did not withdraw, but this is not significant

# Obesity in Walsall – Gender & Trends

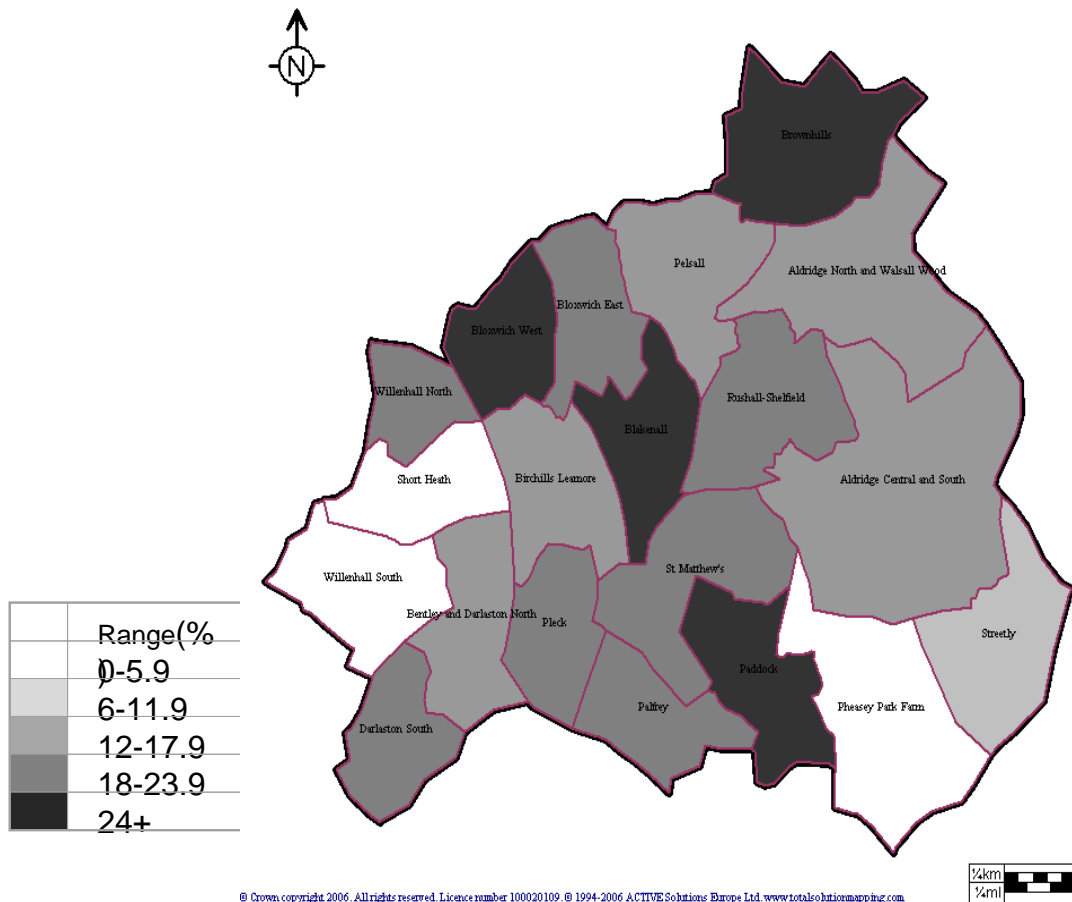
- 20% of children in Walsall are obese
- 30% of children are overweight and obese
- Obesity is higher in the younger children (21.4% to 16.7%), however the year 10 data may reflect high absent and withdrawal levels
- Obesity has increased since children were measured at reception (around 10% and 21%)
- Younger girls and older boys had slightly higher levels of obesity, this was not significant

# Obesity in Walsall – Schools



Considerable Variation by Schools

# Obesity in Walsall – Geography



- Highest rates are in Blakenall, Bloxwich and Brownhills
- Lowest rates are in Pheasey, Short Heath Aldridge and Streetly
- However, these are based on small numbers

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# Obesity in Walsall – Ethnicity

- 25% of children measured where from a BME, this is higher than the proportion of Walsall residents aged 0-15 from a BME group
- Obesity varies by BME groups
- Obesity rates are higher among Other, Bangladeshi and Black Caribbean groups

# Audit and Evaluation

# Audit & Evaluation of the Pilot

## - School Evaluation Forms

- 75% of schools returned a form
- 83% took part because of Healthy Schools
- All schools were happy with the arrangements for the measurement process
- 83% of schools would definitely take part again
- Some parents and children had raised concerns

# Audit & Evaluation of the Pilot

## - School Evaluation Forms

- 33% said the project met their requirements

Comments	% of schools
Link the sessions with talks on healthy eating	83%
Send a follow up letter to parents	83%
Provide posters/leaflets on healthy eating etc	67%
More information to be circulated to children about the measurements	50%
No improvements needed	17%
Undertake Measurements within a lesson	17%

# Audit & Evaluation of the Pilot

## - Children's Questionnaires

- 26% response rate
- 57% didn't know how they felt about the measurements
- 33% were happy
- 20% thought they were being measured to monitor obesity, 29% didn't know why
- 2% (1 child) had experienced bullying
- 69% were happy with the Support Worker taking measurements
- 88% wanted to be measured in a private room

# Audit & Evaluation of the Pilot

## - Children's PA Sessions

- 34 Children (44% Yr7 and 66% Yr10)
- Most children did not know why their heights and weights were being measured
- Most wanted more information before hand
- Before the measures, several children said they were embarrassed and nervous
- Most were comfortable about the measures after
- Around 75% were happy to have them taken again.
- Most wanted measurements to be taken by a health worker or school nurse in a private room

# Audit & Evaluation of the Pilot

## - Field Notes

- Location: 50% the measures were in a small spare room – these worked best
- Support: The sessions where the Worker was supported by another member of staff were most efficient and therefore the Worker was not left alone with the children
- One school introduced the Support Worker and explained what was happening – this worked well
- Follow up requested from the schools
- A few concerns had been expressed by parents

# What Happens Next?

# What we Know - who

- **All** children in Reception and Year 6 will be invited to have their height and weight taken beginning in September 2006 over the year
- One year group in secondary schools will also be invited to be measured
- A Support Worker and Assistant will be employed to take the measures in year 6 and secondary schools. Reception measures will be taken in collaboration with the school health advisors team.

# What we Know - what

- Information to schools prior to the measurements
- Opt-out letter will be adapted using best practice
- Continue to monitor schools, parental and children's experiences, particularly around stigmatisation and bullying
- Healthy Eating Talks will be delivered by the School Health Advisors next year

# What we Know - how

- As far as possible older children will be measured in a private room
- Class lists will be needed only to ensure the right children are measured, data is anonymised to calculate BMI and presented in an aggregated form
- Children will only be given their heights and weights if they ask
- Information is recorded onto a computer to be analysed at a later date

# For Discussion

- In secondary schools, should we measure year group 9 or 10?
- How do we link the measurement process to healthy schools?
  - Provide certificates for schools
  - Healthy Eating Talks
  - Audit Tool and Choosing Health Targets
- Point of reference for parents and teachers e.g. website, SHA, GP

# For Discussion

- Sending height and weight information home to parents
- Linking to immunisations in older children and healthy eating in younger children?
- What additional information is needed for schools and pupils about the process?

# Timescales

- Discussion sessions today
- Produce a report containing this information and recommendations for the end of July
- Roll out the measurement process to all schools from September
- Links into the action planning process
- Data will be returned to the Department of Health each September



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# Working together to tackle childhood obesity in Walsall

## Refreshments



## ‘Working Together to Tackle Childhood Obesity in Walsall’

Presentation to  
**Conference Delegates at Bescot Stadium**

Presented by  
**Sue Wedgwood – Director for Learning (Performance)  
Education Walsall**

# Facts

- Rates of obesity have dramatically increased in England over the last decade.
- Childhood obesity rose by almost 5% between 1995 and 2004.
- If NO action is taken an estimated one in five English children will be obese by 2010.

## **Physical Risks**

- Respiratory disorders, e.g. asthma
- Diabetes
- Joint problems
- Cardiovascular disorder, e.g. high blood pressure, chest conditions.

## **Psychological Risks**

- Stigmatisation
- Low self esteem
- Depression
- Poor social functioning
- Bullying
- Social exclusion

- Universal interventions are preventative interventions aimed at all children.
- Key priorities for implementation
  - NHS
  - LA
  - Pre-school settings
- Schools
  - To take a whole school approach and consider the implication of school policies on the ability of children and young people to maintain a healthy weight, eat a healthier diet and be physically active

- National Healthy Schools Programme is an ideal vehicle for schools to support this agenda in a cohesive and manageable manner.

Engaging in the four key areas:

- Healthy eating
- Physical activity
- PSHE curriculum
- Emotional wellbeing

# Education Walsall's Contribution

- Re-launch of the NHS programme with targeted support.
- Implementation of the PSHE accredited course for teachers.
- Dedicated team of Healthy Schools Manager and Healthy Schools Consultant.
- Links with the Healthy Eating Initiative partners with DSO, tPCT, College in the Community, Walsall Active Youth.
- Providing up-to-date information on nutritional standards, healthy living blueprint for schools.
- Networks for Healthy Schools to share good practice.
- Encouraging the engagement of children and young people.

# Education Walsall's Contribution continued

- Higher level of communication through Governors support
  - School News
  - Headteacher Breakfast
  - LNP
- Continue to establish partnership work to support schools.
- Making sense of current developments within Every Child Matters and the Extended School programme.



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# Overview of the Active England project in Walsall

Claire Barnes

Sport & Leisure Development Services



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Walsall's **NEW DEAL**  
for Communities

    
LOTTERY FUNDED

# Active England Walsall Active Youth (WAY)



## Walsall Active Youth

- 3 yr project
- Co-ordinator - PCT
- 2 Outreach workers - Sport and Leisure Development Services



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 |  |   
LOTTERY FUNDED



# Aims and Objectives

- Increase participation
- Remove barriers to participation
- Develop new and existing partnerships
- Pilot various different programmes

# Delivery of.....

- Fun 4 Life Clinics



- Skilz for Sport



- Lifestyle education sessions



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- Leeds Met Carnegie Weight Management
- Current Clinic: Sneyd Community School
- 12 week programme
- 2 hours physical activity
  - Variety of sports
  - Build confidence and skills
- 1 hour lifestyle-
  - Child and parent sessions (home life impacted)
  - Focus on behaviour change through process of goal setting



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LOTTERY FUNDED



- Aimed at children of low skill ability to target overweight and obese children
- Chance to develop sports skills
- Taster sessions for a variety of sports
- Fun physical activity sessions
- Aim to build
  - Confidence
  - Competence
  - Physical fitness



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LOTTERY FUNDED

# Lifestyle Education Sessions

- Clinic lifestyle sessions delivered as healthy lifestyle lessons
- Choose 12 x 1 hour lessons
- Mix and Match depending on need
- Examples topics covered:
  - 5 a day
  - Balance of good health
  - Physical activity
  - Screen time
  - Food labels
  - Healthy drinks



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# FITZONE



# FITZONE

- 3 x Shokk gyms
  - Bloxwich Leisure Centre
  - Gala Baths
  - Oak Park Leisure Centre
- Open to Schools during the day



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Walsall's **NEW DEAL**  
for Communities

    
LOTTERY FUNDED

# Thank you for listening

## Contact details

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**Fitzone: Peter Jeffery**

**01922 654005**



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# Tackling the 2 Os in Children

Towards A Walsall Action Plan

Jeff Chandra

July 2006



# Process So Far

- Joint Sub Group of Scrutiny Panels
- Scoping the Problem
- Evidence of What Works
- What's happening in Walsall
- Engaging Everyone Who Matters
- June 2005 Workshop
- Action Based Approach

# What's the Problem?

- 2 Os increased from 22.7% in 1995 to 27.7% in 2003 for 2-10 year olds
- Obesity increased to 13.7% from 9.9%
- Pilot shows Walsall levels 30%+
- 2 Os associated with major 'killers'
- After smoking, most important for health improvement

## 2 0 Targets

- Target is:

*‘To halt the year-on-year rise in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole’.* (2004 Government PSA Target)

# Tackling 2 Os

- Six Key Themes
- 1: Obtaining High Quality Information
- 2: Role of Media in raising Public awareness
- 3: Work Within Schools and with Young People
- 4: Nutrition and Diet
- 5: Physical Activity
- 6: Environment and Specialist Services

# Next Steps

- Walsall Joint Management Team for Childhood Obesity
- Top Level representation from all key agencies
- Engaging children, parents and schools
- An integrated Approach
- Action Plan by September 2006

# Over to You

- Draft document in pack
- What do you think we should be doing in Walsall?
- Deadline for comment end August 2006



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Group discussion  
& feedback