



**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**REPORT TO CABINET MEMBER FOR HEALTH AND COMMUNITIES**

**3 April 2023**

**Report of the Director - Public Health**

**Healthy Families Offer**

**1. Divisions Affected**

1.1 County-wide.

**2. Key Decision**

2.1 This is a key decision because it is likely to be significant in terms of its effect on communities living or working in an area comprising two or more electoral areas in the County.

**3. Purpose**

3.1 To update the Cabinet Member on progress in developing a healthy families programme in Derbyshire and to ask that the Cabinet Member:

- a) Approves the pilot of Childs Choice and the awarding of grants as outlined in this report
- b) Authorises the Director of Public Health to make any decisions to modify the eligibility for Childs Choice as part of the pilot programme

**4. Information and Analysis**

4.1 There is concern about the rise of childhood obesity and the implications of obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Studies tracking child obesity into adulthood have found that the

probability of children who are overweight or living with obesity becoming overweight or obese adults increases with age. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

4.2 The National Child Measurement Programme (NCMP) collects height and weight measurements of children in Reception and Year 6 in schools in England and is a mandated function of local authorities with responsibility for public health. In Derbyshire NCMP is delivered by Live Life Better Derbyshire. The NCMP provides robust public health surveillance data on child weight status to understand and monitor obesity prevalence and trends at national and local levels, inform obesity planning and commissioning of services.

4.3 The latest NCMP data (2021/22) for Derbyshire shows that:

- In Reception around one in five (22.8%) children are overweight or obese (England 22.3%).
- In Year 6 over one in three (36.3%) are overweight or obese (England 37.8%).
- Bolsover has the highest prevalence of obese children in Reception (11%). Derbyshire Dales has the lowest prevalence of obese children in Reception (8%).
- Bolsover has the highest prevalence of obese children in Year 6 (27.1%). Derbyshire Dales has the lowest prevalence of obese children in Year 6 (16.1%).
- Obesity in children is strongly associated with deprivation. 12.5% of children in Reception are obese in the most deprived areas compared to 7% in the least deprived areas. In Year 6, 25.4% of children are obese in the most deprived areas compared to 14.1% in the least deprived areas.
- Obesity (including severe obesity) in children in Derbyshire is increasing. In 2021/22, 22.4% of Year 6 children were obese or severely obese compared to 16.8% in 2007/08. A similar trend is seen at an England level (23.4% in 2021/22 compared to 17.5% in 2007/08)

4.4 The causes of childhood obesity are complex and multifaceted. Poor diet and low levels of physical activity are further influenced by poverty, self-esteem, body image, poor sleep and mental wellbeing. It is recognised that a whole system approach needs to be taken to tackle childhood obesity. Derby and Derbyshire has adopted a joint Childhood

Obesity Strategy that aims to reduce the prevalence of children who are overweight and obese over a ten year period ending in 2030. At the heart of the strategy are 2 key core objectives:

1. A whole systems approach which supports children and families to make healthy choices from birth to adulthood – addressing the factors that contribute to the obesogenic environment.
2. Targeted specialised interventions and clear signposting which provides a pathway for overweight and obese children to access evidence based interventions.

4.5 With respect to objective 2, Derbyshire has had an aspiration to provide a comprehensive healthy families programme to enable families to improve their diet, become more active and develop a healthier lifestyle. For some years the Council have delivered HENRY Right from the Start programme that supports the parents of children aged 0-4years old to develop a healthier lifestyle and is delivered by staff in children's centres and Live Life Better Derbyshire. From April 2023 Live Life Better Derbyshire will offer an extended programme aimed at parents/carers of children aged 5-12 years old that consists of:

- a) HENRY Healthy Families Growing Up Programme for 8 weeks that covers a range of topics including healthy eating, getting active, parenting skills etc. Delivery will be both face to face and virtual.
- b) Shorter sessions covering 4 topic areas that are intended as stand-alone sessions or as a 'taster' session prior to committing to the HENRY programmes. These shorter sessions cover:
- c) Healthy eating basics on a budget – for parents/carers of children aged 0-12 years
- d) Foundations of a healthy lifestyle - for parents/carers of children aged 0-12 years
- e) Discussing weight with your child, body image and emotional wellbeing for parents/carers of children aged 5–12-years-old
- f) Selective Eating - for parents/carers of children aged 7–12-years-old

- g) A maintenance programme to continue to support families who complete the HENRY Healthy Families Growing Up programme for up to 12 months.
- 4.6 The HENRY Healthy Families Growing Up programme is aimed at families of children who are over a healthy weight or at risk of becoming an unhealthy weight, for example on or above the 85th BMI centile. Referrals will be accepted if the child is below the 85th BMI centile and the referring professional feels that the family would benefit from attending the programme (e.g., child with an EHC plan). Families may also self-refer onto the programme.
- 4.7 All families on the HENRY Healthy Families Growing Up programme will be offered advice and signposting on free/low-cost physical activities for their children in their locality. However, as part of the roll out of the Healthy Families programme across the County, we would like to undertake a pilot project in 3 localities entitled Childs Choice.
- 4.8 Childs Choice would be offered to families on the HENRY Healthy Families Growing Up programme. The concept is that within each locality, a Co-ordinator (from the local district Council) would work with the child and their parents/carers to understand what the child is interested in or enjoys and seek to signpost the child to those activities locally, taking care to ensure that the local provider would be suitable for the child and provide a supportive environment. The local provider would be paid a small amount (£100 per child) to cover the costs of the child accessing that activity. The focus would be upon low-cost enjoyable activities that the child could continue to attend once the funding ends. A child could choose to mix and match physical activity opportunities e.g. trampolining and football.
- 4.9 For families on a low income who are entitled to benefits-related free school meals, or the child has been identified as vulnerable (e.g., looked after children, child with EHC etc.) the district council could offer additional support (if needed) by purchasing sports kit/equipment (up to a maximum of £70/eligible child) that could be loaned to the child to enable them to participate in the activity or supporting with transport costs. Details of the eligibility criteria for Childs Choice are detailed in Appendix 2. The pilot may identify that we need to amend the eligibility and the Director of Public Health should be given the ability to vary the criteria at Appendix 2 if necessary.
- 4.10 Childs Choice would seek to address some of the barriers for children participating in physical activity including cost, lack of choice and that many activities are competitive sport based and this can be a barrier,

especially for girls. By allowing a child to choose a community-based activity it is hoped that this will encourage the child to become more active and that it can be sustained in the longer term.

- 4.11 Three localities have been identified for the Child Choice pilot – Bolsover, High Peak and South Derbyshire. These areas have been chosen for several reasons including prevalence of children who are overweight and obese, deprivation, rurality, capacity to support pilot etc. A pilot programme would enable us to test the concept of Childs Choice with local families and children. An independent organisation such as a university would be commissioned to evaluate the programme, which if successful would (subject to funding) be rolled out across the rest of the County. A pilot of two years in length is proposed to allow sufficient time to recruit children to the programme and enable follow up. Grant funding would be provided to the district council in each of the pilot areas to enable them to deliver the Childs Choice programme. Each eligible child would be referred to the district council by LLBD. The district council would develop and co-ordinate the Childs Choice offer locally.
- 4.12 Over the next 12-18 months our Healthy Families programme will continue to be developed to include a healthy pregnancy offer and a course aimed at teenagers (13-17 year olds)

## **5 Consultation**

- 5.1 To inform the development of our Healthy Families Programme (including Childs Choice) we have undertaken consultation with the County Childhood Obesity Steering Group that has a range of stakeholders including DCHS School Nursing, Active Derbyshire, District Councils, GP etc. We have also sought advice from other organisations who deliver similar programmes e.g. Derby County Community Trust and other public health departments that commission similar programmes.
- 5.2 Consultation has also been undertaken with a small number of parents and as part of the roll out of Childs Choice we will continue to consult with parents and with the children who participate to further inform the development of the programme.
- 5.3 Key findings from the consultation that have informed the development of the Healthy Families programme for 5-12 year olds are:
- Shifting families past contemplative behaviour change stage

- Framing a healthy weight and avoiding the use of the word weight in the service name
- Deliver service models that provide the opportunity to ‘try out’
- Include activities and approaches that improve mental health and emotional wellbeing
- Include mixed delivery models (Face to Face and Virtual)
- Discuss behaviour change approaches throughout

## **6 Alternative Options Considered**

- 6.1 Do not approve the delivery of the Childs Choice pilot programme. This is not recommended. Whilst the causes of obesity are complex the principal causes are poor diet and being inactive. The Childs Choice pilot programme will enable us to try a different approach to encouraging children to become more active, whilst the child’s parents will benefit from a wealth of advice from attending the HENRY Healthy Families Growing Up programme on healthy eating etc.

## **7 Implications**

- 7.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

## **8 Background Papers**

- 8.1 *Patterns and Trends in Child Obesity in Derbyshire* - A presentation of 2021 to 2022 NCMP data at a Derbyshire level can be found [here..](#)

## **9 Appendices**

- 9.1 Appendix 1 – Implications
- 9.2 Appendix 2 – Eligibility Criteria for Childs Choice Pilot

## **10 Recommendation(s)**

- 10.1 That the Cabinet Member
- a) Notes the development of the Healthy Families programme in Derbyshire.
  - b) Approves the pilot of Childs Choice and the awarding of grants as outlined in this report.
  - c) Authorises the Director of Public Health to make any decisions to modify the eligibility for Childs Choice as part of the pilot programme.

## **11 Reasons for Recommendation(s)**

11.1 To support the implementation of the Derby and Derbyshire joint Childhood Obesity Strategy by providing evidence-based services for supporting overweight and obese children and their parents/carers.

**12 Is it necessary to waive the call in period?**

12.1 No

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**Implications****Financial**

- 1.1 The total maximum cost of delivering the Childs Choice pilot across the 3 areas would be £97,200 funded from the Public Health Grant. Each of the District Council providers would receive a maximum grant payment of £32,400 over the 2-year pilot as shown below

<b>District Council</b>	<b>Total Maximum Grant Funding</b>
Bolsover	£32,400
High Peak	£32,400
South Derbyshire	£32,400
Total	£97,200

- 1.2 As take up of the programme is difficult to forecast, the grant will be paid for a 6-month period with a review of activity to date. If take up is good, a further 6-month grant will be payable to the District Council. Each 6-month grant would be for £8,100. The grant will include an amount of up to a maximum of 20% for the District Council's costs in co-ordinating the Childs Choice pilot.

**Legal**

- 12.2 The Council has power to provide grants under the general power of competence set out in section 1 of the Localism Act 2011.
- 12.3 The Council's Financial Regulations state that grants below £0.100m require Cabinet Member authorisation.
- 12.4 The Council's standard grant agreement shall be used to set out the terms and conditions for which the grants are made, which provides for clawback of funding in certain circumstances and shall also provide that the Council is not liable for any employment liabilities.
- 12.5 The Council's Constitution allows for Cabinet Members to delegate authority to officers to undertake the powers afforded to them by the Constitution.

**Human Resources**

- 3.1 The funding will enable local providers to deliver projects and services. Derbyshire County Council accepts no employment or future



redundancy liability, with all employment and related matters to be managed by the providers.

### **Information Technology**

- 4.1 There are no Information Technology considerations relevant to this report.

### **Equalities Impact**

- 5.1 In preparing this report the relevance of the following factors has been considered: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief and sex.
- 5.2 Obesity is strongly associated with deprivation and providing a healthy families programme will help to reduce health inequalities in local communities.

### **Corporate objectives and priorities for change**

- 6.1 The provision of a healthy families programme and the pilot of Childs Choice will contribute the Council's priority of effective early help for individuals and communities and resilient, healthy and safe communities.

### **Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)**

- 7.1 In preparing this report the relevance of the following factors has been considered: prevention of crime and disorder, equality of opportunity, environmental, health, property, and transport considerations. There are no anticipated negative impacts from this decision.