

# Children, Young People & Physical Activity: Strategic Development Issues

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# Snapshot:

Sandwell Obesity Picture ...

This is what currently gets the  
partners into the room

# Childhood Obesity: - Stats



- Target - Reduce Childhood Obesity & Encourage Physical Activity

- NI 55 / 56 - Obesity amongst Primary School Aged Children @ Y6 / Reception

(Current LAA % prevalence target)

- National Child Measurement Programme: 2007-8

School Year	Under weight	Healthy weight	Over weight (a)	Obese (b)	Combined (a+b)	% measured
• Reception	2.4%	75.9%	10.6%	11% (10.5%)	21.6%	79%
• Year 6	1.7%	59.8%	14.6%	23.9% (20%)	38.5%	81%

- With some areas of London, we have the highest rates in UK aged 2-15 years
- Estimated that less than 1/3 children meet rec. 60 mins per day



# Families: Health Inequalities

Obesity rate is up to 5% higher in:

Most disadvantaged = Most sedentary populations

e.g. Lower Socio Economic groups, Disabilities

e.g. Ethnicity – Asian 4x more likely to be Obese

- Deprivation – Sandwell 14<sup>th</sup> ‘Most Deprived’ Nationally  
*IMD*

- Physical Inactivity

“Only 1-7 adults in Sandwell do 3x30 minutes”

14.9% = 3x30 per week (Nat. 21%)

57% = 0x30 per week *Active People 2006*

57.2% deaths in Sandwell have strong obesity links

- Cancer / CHD / Respiratory

N.B. Only 12% of obese people suffer no other serious health condition

# Children & PA:

The 'awareness messages' we have managed to get across to all levels within the Local Strategic Partnership so far .....

# Messages currently understood across Sandwell Partnership 'The Obesity Story' - What tracks?

- *Tackling Obesities: Future Choices 2008* – “Human Biology can become overwhelmed by the abundance of energy-dense food, motorised transport and sedentary lifestyles”

## THEMES .....

- **Food** - Access to calorie-dense, processed foods over a prolonged period e.g. +100 cal daily gain from childhood is enough (*Reilly 2006*)
- **Physical Inactivity** -Sedentary behaviour can cause up to 75% weight gain in adults (*Wilson 2003*)
- **Family / Parental Obesity** e.g. Likelihood for child if one or both parents obese (80% obese children live in obese families)
- **Family Influence / Parental Support / Perception** (e.g. safety)

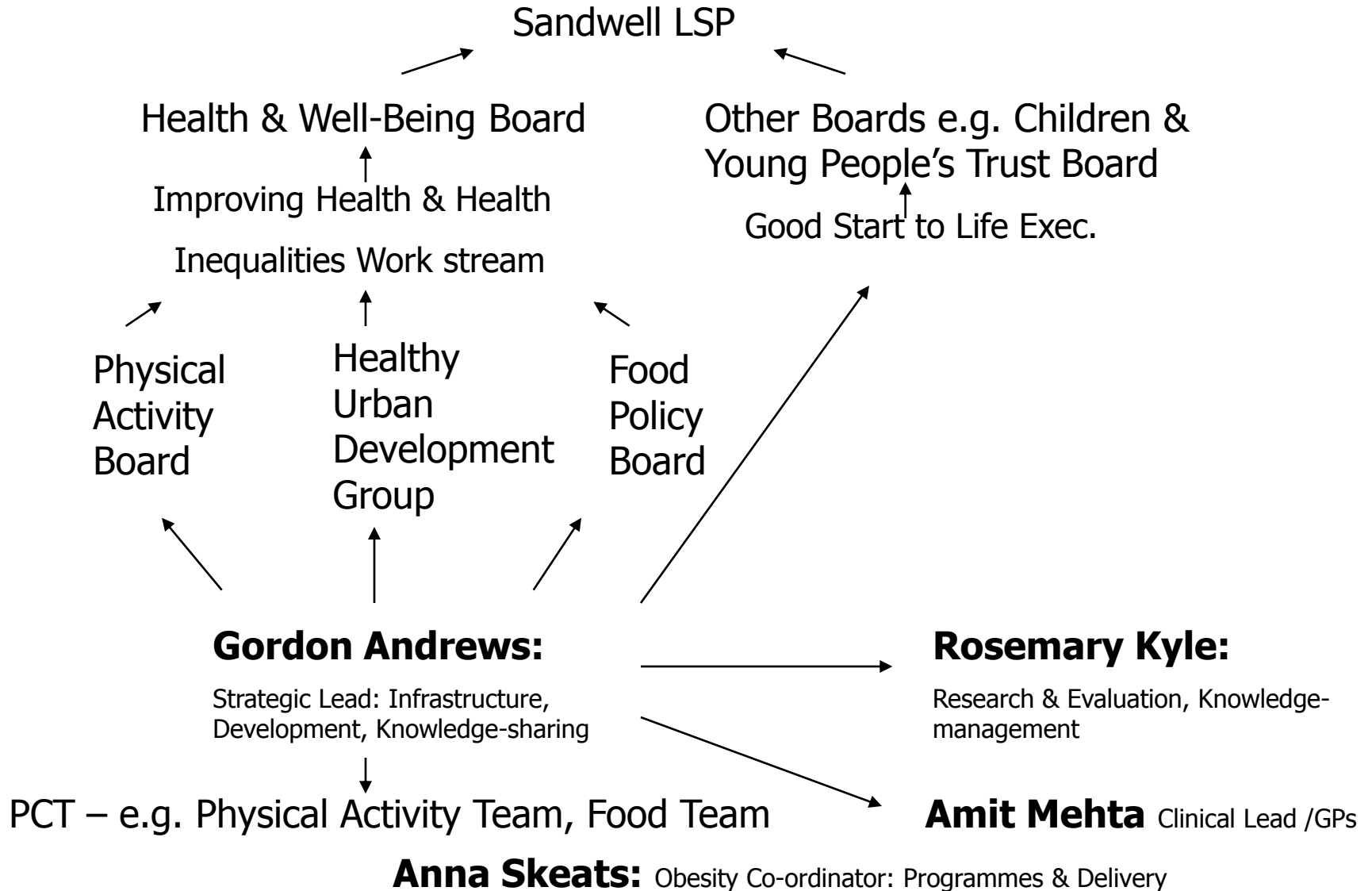
# Facilitators: The Under 8s

- Enjoyment - Start Young!
- Parental Support key to begin with ...
  - peer support later on
- Age appropriate
- Range / Informal / Free Play to begin with ...
  - more structured later on

# Infrastructure:

A 'whole system' approach

# Infrastructure, Roles & Adding Capacity ....



# **A Useful Structure: NICE PH17: 15 Recommendations 5 Levels**

National policy

High level policy & strategy

Local strategic planning

Local organisations: planning, delivery & training

Local practitioners: delivery

**e.g. Early Years Providers: 4, 10, 12, 13, 15**

# Signposting: e.g. NICE Public Health Guidance 17

- **‘Promoting Physical Activity for Children and Young People’**
  - January 28th 2008
  - **Download - [www.nice.org.uk/PH17](http://www.nice.org.uk/PH17)**
- **Background Evidence: Developing the guidance**
  - Series of Systematic Reviews - Public Health Collaborating Centre
  - (1) Descriptive Epidemiology - Patterns of PA and impact on public health
  - (2) Correlates of PA in children - Associations e.g. gender, age, activity
  - (3) Views of children on barriers and facilitators to participation
  - (4) Effectiveness - PA Interventions for Under 8s
  - (5) Effectiveness - Active Travel
  - (6) Effectiveness - Girls aged 11-18 yrs
  - (7) Effectiveness - Family & Community
  - (8) Learning from Practice - Children & Active Play

# NICE Discussions - PDG Developing Children & Physical Activity Guidance 2008-2009

## *Mediating factors affecting children's PA levels:*

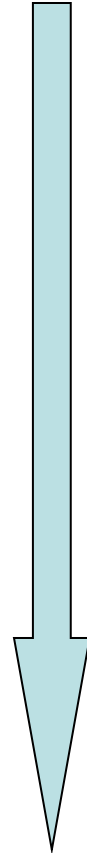
- Parents can provide opportunities, play active games, give practical support (e.g. transport), show an interest!
- Children should be involved in designing activities.
- Peer pressure can be both positive & negative.
- Socio-environmental (e.g. adult perceptions about 'bad' weather and suitability for outdoor physical activity).
- Perceived risk and risk aversity (e.g. parent / child fears, fears of litigation)  
'Overly protective and risk averse approach must be balanced against the physical and psychological benefits of physical activity. It also needs to be balanced against health risks associated with sedentary lifestyle – obesity, heart disease & cancer.
- Need to consider children who are 'hard to reach'.
- Transition between education and employment is a time of reduced access to PA opportunities.

# Strategy:

A 'whole system' approach

# The partnership-working 'Layers'

- National / Regional Policy / Legislation
- Organisational Practice
- Planning Controls / Regional Strategies
- Community / Cultural Traditions
- School / Peer Influence
- Family Customs / Choices
- Individual Motivation / Self-Control



# Sandwell Strategy for Physical Activity, PE & Sport (2009 - 2014)

## Strategic Themes - Under a Physical Activity 'umbrella'

1. **PARTNERSHIP** - Developing the skills needed to deliver
2. **PROMOTION** - Marketing health benefits and sign-posting opportunities
3. **PEOPLE** - Behaviour Change - removing the 'barriers'  
**PEOPLE** - Promoting active lifestyles
4. **PLACES** - Developing active places - amenities & facilities
5. **PROVIDERS** - Planning & delivering activities
  - (a) Family & Community-based settings
  - (b) Physical Education & School Sport
  - (c) Developing Club Infrastructure
6. **PERFORMANCE** - Performance management & evaluation

**Example:**

**Family focused approach to  
Childhood Obesity**

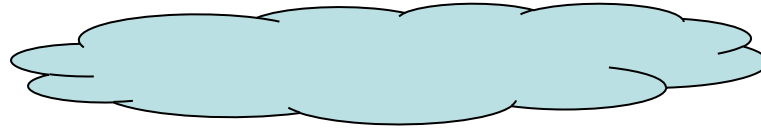
# **A Strategic Implementation Plan for Obesity (2009-2014)**

- Family focused, aligned with Food & Physical Activity strategic goals
- Partnership Development
- Pathway Development
- Service Development
- Performance Monitoring

# Some Early Priorities 2009/10

- **Clearly Documented Links:**
  - e.g. Aligned Obesity / Food / Physical Activity Strategies
  - e.g. Obesity Pathway
- **Closer Working:**
  - e.g. Clinical Lead / Cluster Groups
  - e.g. CSPAN & Good Start to Life team
- Child Weight Management Work Shop - July 09
- GP / Health Professionals Work Shop - Sept 09
- Good Start to Life - OBA Work Shop - Nov 09

# PA, PE & Sport Strategy: LSP Support .....



High Level within Sandwell:

- ENDORSEMENT & SUPPORT for the integrated 'whole system' and 'layered' approach
- Regular opportunities to COMMUNICATE developments across all LSP Boards and wider partnership groups
- A sustained period of TIME to develop plan, pathway and working infrastructure - minimising unnecessary distractions ..... 5 years?