

Report to: Health Overview and Scrutiny Committee

Date: 13th June, 2006

Report of: Director of Legal and Democratic Services

Report No:

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Report Title: **Response of the PCT to Bolton Health Scrutiny Committees Scrutiny Panel Investigation into Childhood Obesity.**

**Confidential /
Non Confidential:**
(delete as approp)

This report does **not** contain information which warrants its consideration in the absence of the press or members of the public

Purpose:

To outline to Councillors the response of the PCT.

Recommendations:

For members to note the contents of the report and comment on the response of the PCT.

Decision:

N/A

Background Doc(s):

N/A

Summary:

*(on its own page
with background docs)*

This is the Response of Bolton PCT to the Health Overview and Scrutiny Committee Childhood Obesity final Report.

Response of Bolton PCT to the Health Overview and Scrutiny Committee Childhood Obesity Panel Final Report

15th May 2006

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Response of Bolton PCT to the Health Overview and Scrutiny Committee Childhood Obesity Panel Final Report

1. Introductory remarks

The Health Overview and Scrutiny Committee report has provided an opportunity for the PCT to review the current provision of services relating to childhood obesity.

This response makes reference to the recently published Department of Health national guidance for surveillance, and draft N.I.C.E. guidance on prevention, assessment, treatment and management for adults and children. It highlights progress already made and planned future actions.

We value the acknowledgement that the issue of childhood obesity is of great importance and that managing the issues is complex. The report recognises the number and range of stakeholders and particularly the importance of the role of schools and the healthy schools programme. The recommendations are thus very welcome.

2. Response to the findings and recommendations to specific stakeholders

Recommendation 1:

Increase the strategic support and advocacy given to the Healthy Schools Programme by the LEA.

The PCT welcomes this recommendation for action by the Director of Children's Services...

The Healthy Schools Team would value more commitment at a strategic level from Children's Services.

Recommendation 2:

Influencing and enabling schools to make provision for children to have access to drinking water during lessons.

All primary, secondary, and special schools have been awarded funding (£1040 per primary, £1500 per secondary school recurrent for three years) to spend supporting the provision of food throughout the school day. This can be used for setting up cookery clubs, providing water, erecting notice boards purchasing fridges for packed lunches or other actions.

This is being coordinated at a borough level by the School Meals Service. The Bolton Healthy Schools team is working closely with the school meals service (eg. creating a catalogue of choices, informing schools of money available) to support the provision of options for spending the standards fund award for schools, using the local authority purchasing power to get competitive prices on key items.

One of these key items is water provision for schools. It will be known by September 2006 how many schools have chosen the option to work on water provision.

Recommendation 3:

Explore the potential for the 'Building Schools for the Future' Programme to assist in improving dining facilities and eating environments in schools.

The PCT welcomes this recommendation to the Director of Children's services...

Recommendation 4:

Ensuring that all pupils have the option of choosing well-balanced school meals.

The PCT welcomes this recommendation to the School Meals Service.

There is additional funding from the Department of Health to develop school meals provision.

There is PCT representation (by the Director of Public Health) on the steering group for identification and allocation of DH funding to enhance borough wide school meal provision.

Recommendation 5:
Continue to evaluate and develop new menus.

The PCT welcomes this recommendation to the School Meals Service...

Recommendation 6:
Consider a wider marketing and promotion strategy of new school menus, possibly in conjunction with other healthier eating initiatives in schools.

The PCT welcomes the links between school meals and healthy eating initiatives.
The PCT's Healthy School team and the Food and Health team are keen to develop and maintain links with Schools Meals Service.

Recommendation 7: Maximise the beneficial health impact of food consumption in schools.

We welcome the recommendation that the provision of food other than schools meals should provide opportunities for children to eat healthily. Of particular importance are breakfast clubs which can set good examples and practices of social eating, and ensure a balanced nutritional start to the days and introduce children to new eating experiences. It is expected that extended schools will supply food at breakfast clubs as part of their extended provision. Further details are awaited.

The recommendation mentions extending healthy eating approaches and standards into breakfast clubs, tuck shops and after school clubs.

It is not known how many schools currently have breakfast clubs, healthy tuckshops and after school clubs as these may be developed on an ad hoc basis or be for limited time periods (eg. for a 'health week')

Recent issues of concern around (non school meal) food provision have been packed lunches and fatty, sugary snacks and drinks.

To provide best practice advice on the provision of healthy food throughout the school day (other than school meals), all schools have received the national 'Food in Schools' toolkit.

The Healthy Schools Team has provided support and training during the Autumn 2005 term on the healthy eating theme as part of the phased roll out of support. Three sessions introduced schools to agencies which work with schools around food and healthy eating issues. The agencies outlined their purpose and the support they could offer.

Six Bolton schools had piloted the healthier cookery clubs strand of the Food In Schools pilot study: setting up, coordinating, and running healthy cookery clubs and liaising with Department of Health on key findings to inform the Food in Schools Toolkit. Practical sessions addressing key issues which arose from the Food in Schools pilot study and identified in the resulting toolkit, were also provided. These included information and activities on the Balance of Good Health, knife skills and Food Hygiene. The sessions also reviewed, and recommended looked at available curricular resources to support healthy eating in schools, particularly locally produced examples (including Stay Active Stay Healthy produced by the PCT)

The sessions were well attended with between 20 and 50 teachers attending each session.

The Bolton Healthy Schools programme will continue to support schools to deliver the healthy eating standards to enable all schools to attain healthy schools status by the deadline of 2010.

The programme has paid for additional resources for all schools ('Food and health in focus', a Sure Start guide developed by the PCT Food and Health team) and a Bolton guide to healthy snack

provision and dental health (developed by the Oral Health promotion team) which is currently in production). These will shortly be distributed to all schools (primary, secondary, special, Pupil Referral Units and nurseries) to complement the Food in Schools Toolkit and in response to queries raised by schools on specific issues.

In partnership with key agencies (Schools Meals Service, Food Technology Teacher, Environmental Health Dept) the Healthy Schools programme will also be offering a number of Food Hygiene training sessions over the next two terms for staff. (It is likely that at least three sessions will be required depending on demand).

The programme is also promoting a healthy lunchtime initiative (the Lunchtime Challenge) to coincide with the World Cup 2006. This competition (managed jointly with School Meals and Bolton Wanderers Football in the Community) aims to raise awareness of healthier eating: Schools will be divided into 10 teams. After an initial audit of food choices, results and information to school and parents will be disseminated along with advice around healthier choices (leaflets, etc), Information and training will be provided for year 5 children as to act as lunch time leaders to persuade their team to make healthier choices. Goals will be awarded for a healthy choice in the lunchbox or school meal, with team captains monitoring choices over a six week period. The school / child with the most improvement will win a day at BWFC FIC with visits from the players.

Leading on from the work of the 5 A DAY project a need to improve the contents of children's packed lunches was highlighted by many head teachers in Bolton. To address this issue, the Healthy Schools team decided to design a leaflet for parents. They also reviewed leaflets used by other agencies and authorities and choose to order 4,000 leaflets that had been produced by Knowsley council and Knowsley PCT. Around 1000 have already been taken into schools, with further stocks available for use as required.

The leaflets are in the shape of a lunchbox and are very bright and colourful with attractive food photographs. They include healthy eating messages with simple ideas for lunches for five days. Alongside the leaflet, the healthy schools team offers parents of reception children a session with healthy tips and ideas. Healthier packed lunches are promoted at parents' evenings, summer/ Christmas fayres, governor' meetings and at other times which are convenient for the school. The feedback on the effectiveness of the leaflet from parents, children and teachers has been very positive.

Recommendation 8: Maximising the achievements of the 5 a-day scheme.

Strengthening the schemes links with schools

The 5-A-DAY Schools Project Worker Carol Tickle has moved into the Healthy Schools Team.

Alan Brown, the 5-A-DAY Co-ordinator has been attending healthy schools events, Food in Schools events and responding to requests for support and information from schools. All primary and secondary schools have been informed of the 5-a-day website.

The 5-a-day scheme has been nationally evaluated using the FACET survey. We are awaiting the local results of this evaluation.

Distribution of 5-a-DAY leaflets to all schools

When the School Fruit and Vegetable Scheme started, all primary schools received leaflets promoting fruit and vegetables to be sent home to parents. Schools were asked to send the same leaflet out to each new intake of children. Originally the leaflets were provided to the schools but for the last year and a half they have been expected to download a copy and reproduce as many as they need. It is not known how many schools have done this.

In Bolton, the schools outside the six targeted areas requested leaflets through various different ways - direct contact with the 5 a-day Project Worker (Carol Tickle) at events, contact with other teachers, via the websites etc. No record has been kept on the number of leaflets distributed.

Continued support for and extension of cookery clubs and food growing projects

No formal data collection is carried out around cookery clubs in schools in Bolton as this is not a requirement to meet the Healthy Eating standards of the Healthy Schools Award. However, the number of cookery clubs continues to grow steadily from the initial Food in School pilot projects and Dig for Victory national lottery funded plots.

Since September 2005 the 5-A-DAY Project has supported the establishment of food growing projects at the following schools:

The Forward Centre, Westhoughton (Pupil Referral Unit)
Eatock Primary (Westhoughton)
St Williams Primary (Great Lever)
St Paul's Primary (Astley Bridge)
Harwood Meadows Primary (Harwood)
Mytham Primary (Little Lever)
St Teresa's Primary (Little Lever)
St Joseph's Primary (Halliwell)
Ladybridge High (Deane)
Walmsley Primary (Egerton)
St Columba's Primary (Hall i'th Wood)
St Thomas of Canterbury (Heaton)

Generally, in each school, a staff member (teacher or administrative staff) coordinates a small project team, aiming to get parents involved where possible. Whilst most of the projects are in the early stages of implementation, the 5 a-day coordinator encourages the team to consider the project's sustainability.

Both growing and cooking clubs can access funding support through Bolton Metro School Meals Service and the Healthy Schools team and the 5 a Day staff inform schools of this process.

Recommendation 9: Universal participation of schools in the Healthy Schools programme and in the National School and Fruit and Vegetable Scheme.

The current situation is that eleven Bolton schools are not participating in the Bolton Healthy Schools programme (not 1 school as stated in point 7.1 of the report.) Invitations to participate are regularly offered to these schools.

As far as we are aware, one school in Bolton is not currently participating in the National School Fruit and Vegetable Scheme.

The programme continues to lobby on all possible occasions for the extension of the School Fruit and Vegetable Scheme to Key Stage 2 children via the Regional Co-ordinator, via the Healthy Schools National Team in the Dept of Health, and via consultation events.

Recommendation 10: Practical cookery skills to be made a compulsory part of the national curriculum at Key Stage One and Two.

The PCT welcomes this recommendation. Although this is not directly within the PCT remit, the PCT has contributed to good practice around cooking.

Bolton's new Early Years pack focusing on exercise and nutrition has been developed by Laura Wright with funding from the PCT. This provides early years and nursery teachers with an excellent curriculum based support package. It provides examples of work that include basic cookery skills. Literacy and library resources are particularly well covered in the pack and there are examples of how nutrition and food can be incorporated into a whole curriculum approach.

Recommendation 11: Schools to be encouraged to explore ways of introducing basic cooking skills and addressing healthier eating in their lessons.

The Healthy Schools Standards for Healthy Eating identify the cross curricular nature of food issues. The Healthy Schools team responds to requests for information on teaching food and nutrition. Links have been made between the healthy schools team and the Advanced Skills Teacher for Food Technology within the Local Authority to develop opportunities around cooking and healthy eating.

Recommendation 12: Developing the management and treatment service provided by the Clinical Paediatric Service and Food and Health Team.

Increasing the capacity of the team to respond to demand from overweight patients

Developing care pathways specifically for the treatment of childhood obesity.

The PCT's clinical paediatric service provides nutrition and dietetic advice and support to children and young people aged up to 16, or 19 if they have special needs. Referrals to the service are prioritised according to clinical need. Priority 1 clients consist of those requiring nutritional support such as children receiving home enteral tube feeding or clients with faltering growth. Obesity referrals fall into the priority 3 category.

Resources for paediatric dietetics are limited; the present team consists of 1.9wte. The small team has been particularly limited due to maternity leave over the past 12 months. This has impacted on the service and waiting times especially for priority 3 referrals.

A recent work force planning exercise has highlighted the demands on the service revealing a staffing deficit of -1.87wte to keep pace with the present service demands.

The dietetic team welcomes the panel's recommendations on the development of care pathways and increase in the paediatric team's capacity to deal with demand for the treatment of obesity.

In 2005, the PCT undertook a review of services for overweight and obesity for children and adults, identifying weaknesses and gaps in provision.

As a result of the review, care pathways are now being developed for the assessment, initial treatment and ongoing management and support of overweight and obese children and adults. The PCT has recently committed an allocation of 'Choosing Health' funding (£200, 000 per year, recurrently) to the development of care pathways for adult and children, earmarked for treatment and management services. Services are being planned in line with current evidence on best practice. It is planned that a range of services (for individuals, families and groups) will be available in community, and primary care settings. It is envisaged that a specialist service will be introduced for those with long-standing or complex needs requiring intensive and sustained advice and support. Detailed planning for these service developments will commence shortly.

The National Institute for Health and Clinical Excellence (NICE) and the National Collaborating Centre for Primary Care (NCC-PC) have developed guidance for the prevention, identification, assessment, treatment and weight management of overweight and obesity in adults and children.

The consultation process for this guidance is currently underway. The guidance will provide recommendations on primary prevention approaches aimed at supporting children to maintain a healthy weight, including advice for schools and community settings and will provide clinical guidance for treatment and weight maintenance. It is expected that the final version will be published in late 2006. The final guidance when available will therefore assist the implementation of the planned local services.

A national Obesity Care Pathway package is being produced to fill the gap until the NICE guidance is published. This is due to be disseminated in Spring 2006. The package will provide a weight loss guide leaflet for the public and information for GP surgeries to use to raise the issue of weight with patients and provide self-help advice.

The NICE guidance appears comprehensive. It reinforces the approach we are taking –ie. A range of treatments (including diet, physical activity, psychological and social support) at different levels (1, 2 and 3) in range of settings (schools, community, primary care and specialist (secondary or tertiary care). The PCT recognises there is a need for interested, motivated and skilled staff to work in the area. Training will be a key part of the development of services.

In Autumn 2006, the Department of Health is to launch a 10 year Obesity Social Marketing Campaign to improve the diet and physical activity aspects of people's lifestyles. This will be delivered through a partnership approach. It is envisaged that PCTs will be expected to be involved. The focus of the first three years (2007 –2010) will be children aged 2-10 years and their parents and carers.

There are limits to the PCT's ability to implement the awareness raising campaign and care pathways:

1. Scale of the problem - it is currently not known how many are affected by overweight and obesity and how many are at risk. However this is being addressed through the planned childhood surveillance plan and interim plan. (See recommendation 13)
2. Limited resources - the 'Choosing Health' funding is mainly directed at treatment and obesity management services. Additional resources will be required for obesity prevention. The PCT is seeking opportunities that will enable increased access and availability of healthy eating and physical activity promotion for the people of Bolton. This is probably best achieved alongside other initiatives such as Health Trainers, development work in neighbourhood renewal areas etc.

Recommendation 13: Prepare to collect baseline data on Children's weight in the local area in advance of the national dissemination of guidance reinstating surveillance.

The plan for the collection of data from September 2006 has been submitted to the Strategic Health Authority for approval. We have proposed that a dedicated surveillance team will be appointed to weigh and measure all reception year and year 6 children in all Bolton primary schools on an annual basis. It is anticipated that the surveillance programme will be managed as part of the Healthy Schools team which is part of the Public Health Department. The Healthy Schools team has considerable experience of liaison with local schools which will be of benefit for the role.

An interim plan for the analysis of routinely collected school health data on current reception year children (to provide baseline data) has also been submitted to the Strategic Health Authority and will be implemented shortly.

Recommendation 14: Food and Health promotion activity, such as that delivered in Sure Start centres to be rolled out across Bolton.

The PCT's Food and Health Team works with individuals and groups in the borough, particularly those from disadvantaged and low-income areas, to provide practical advice and support on food and health issues. The team uses a community development approach, which aims to empower and enable people to identify and express their own food, and health needs. The team responds to the needs expressed from service users, therefore each activity or initiative is tailored specifically to an individual or group.

The aims of the Team are:

- To promote healthier eating habits for people in Bolton.
- To address inequalities in health, prioritising groups most at risk of diet related disease.
- To advise and provide resources on food and health issues.
- To contribute to national and local policy initiatives.
- To contribute to training on food and health issues locally and nationally.

The Food & Health Team is placed within Children and Young People's Services as much of the teams recent work has focused on children through delivery of services to local Sure Start Programmes. However, the team continues to link closely to the Nutrition and Dietetic Teams within the Adult and Older Adult Services, and the Public Health Department.

Within Sure Start, regular activities are offered throughout the year on a sessional basis for families including weight management sessions, cook and taste activities, accredited training courses in cooking skills, supporting feeding and weaning, at parent and toddler groups, toddler parties and baby clinics, home visits from the paediatric dietitian for children with specific feeding problems, and regular support and structured activities within nurseries.

As a result of further funding from Sure Start, the Food and Health Team have recently developed a 'whole approach to healthy eating' to be implemented throughout the Sure Start community. The resource had been produced in the format of a policy and guidelines entitled 'Food and Health in Focus'. The aim being *'to enable and empower all staff working within Sure Start Children's Centres to actively promote healthy eating by presenting consistent messages and providing a supportive environment.'* The objectives of the whole approach are:

- To increase awareness amongst staff about their potential role in promoting health by disseminating advice relating to food and health.
- To create a 'healthy eating' ethos throughout the Sure Start community by adopting positive attitudes backed up by consistent practices.
- To increase knowledge and awareness of food and health issues and how best to address them.

The guidelines are to be supported by accredited training to ensure consistent advice is provided.

At present there are uncertainties about how long the team will receive funding from the local Sure Start programme. At present this will be available for the next five months. Healthy Living Centre funding is also due to end in March 2007 which may have an impact on service delivery. There may be opportunities through the Children's Centres and Extended Schools programmes to further develop this work.

Bolton's Healthy Living programme supports projects in Bolton, which aim to tackle health inequalities. It funds two Community Nutrition Workers and a Food and Health Advisor who all work part time on the project which focuses on disadvantaged groups living in low-income areas that are not covered by Sure Start. The team have provided support to primary schools, youth groups and family centres, women's shelters and refugees on Food and Health issues as a result of this funding.

Service provision by the Community Nutrition Workers other than that funded by external sources, takes place across the borough. Again priority is given to communities and groups in deprived areas and those most in need of support with regard to food and health issues in attempts to reduce health inequalities within the borough.

A recent workforce planning exercise indicates that under the current service provision there is a deficit of –1.42 staff within the food and health team. Increasing obesity rates and the Choosing Health target of reducing the year on year rise in obesity of children under 11 years are expected to increase demand on this service.

Local authority nurseries are to be part of the National Healthy Schools programme by 2008 (all 4 Bolton LA nurseries are participating).

Sure Start nurseries have agreed to join the programme delivering Healthy Schools standards for healthy eating. A launch meeting will be held soon. The healthy schools team would ideally like to have a dedicated member of team to work with nurseries, but there are no planned changes as yet.

The Bolton Healthy Schools Programme is also contributing where applicable to the development and implementation of initiatives in support of the other recommendations e.g Five a Day (eg. through delivering leaflets, providing publicity through newsletters and shared attendance at events etc), Exercise Referral scheme for families etc.

The report suggests that information should be made available within GP surgeries. Whilst there are people who would benefit from clear advice regarding food and nutrition choices, many people are aware of the basic healthy eating messages but struggle to put them into practice because of structural barriers (for example insufficient income, poor access and availability of healthier foods in local shops) and in the context of highly sophisticated advertising and promotion of less healthy foods in the media. Whilst the Food and Health team attempt to tackle these issues with local communities more needs to be undertaken at a national and local level.

The PCT started to develop a partnership of stakeholders interested in establishing a borough wide food and health strategy which would address some of the structural issues around access and availability of healthier food choice. Unfortunately as the current policy focus is on obesity the Food Strategy coordinator is currently focusing on obesity issues instead of broader food and health issues.

Recommendation 15: Developing joint working to address childhood obesity.

The Children's Health and Well-being Executive (part of the Bolton Safeguarding, Health and Well-being Board) is a partnership of senior staff from appropriate organisations who will take forward actions relating to 'Every Child Matters', a national programme of change to improve outcomes for all children.

The 'Be healthy' strand of 'Every Child matters' includes the target to halt the year on year rise of obesity. We welcome the commitment of the executive to raise awareness of the physical and emotional health and well-being of children and in ensuring that healthy lifestyles (including breast feeding, healthy eating and physical activity) are promoted.

We welcome the Executive's particular consideration of the needs of children in special circumstances (including Looked After Children, children who have been excluded from school, refugee and asylum-seeking children and those experiencing homelessness.)

Recommendation 16: Development of culturally specific childhood obesity prevention programmes.

The PCT is required to undertake Race Equality Impact Assessments for new services and changes to existing provision. This process considers the way the work is planned and implemented to determine if there may be any negative impact for any particular racial group. The REIA will be undertaken for the proposed care pathways and for any further prevention programme which may be developed.

Recommendation 17: Promoting walking and cycling to school using school travel plans.

The PCT welcomes this recommendation to the School Travel Plan Coordinator.

Recommendation 18: Implementation of physical activity exercise programmes specifically aimed at addressing overweight and obesity.

The Food Strategy Coordinator has met Bolton Metro's Physical Activity Coordinator to discuss the possible development of a borough-wide physical activity support programme. This would be targeted to those who have specific health conditions (including obesity) and who required specialised support within a safe environment to enable them to take up and maintain a more active lifestyle. The individuals would receive assessment, and sustained, tailored support appropriate to their needs. It is anticipated that this programme would form part of the care pathway for obesity and be resourced through the 'Choosing Health' funding. Links would be made to Bolton Metro's 'Health Mentors' and physical activity volunteers who could offer ongoing support.

Recommendation 19: Consider the benefits of introducing an exercise referral scheme for children, young people and their families.

At the present time there is no capacity within the PCT to undertake the research needed to support the potential development of an exercise referral scheme for young people in Bolton. Nor is there the funding in place to deliver such a scheme. However the relationship between the Public Health Department of the PCT and the Sport Health and Inclusion Team of the Local Authority is such that should funding become available for both the research and the delivery it would be possible to develop a scheme across Bolton. The evidence to support the development of such a scheme is unclear and further research is required.

Recommendation 20: Raise the level of breast feeding in the borough.

Initiatives to inform and support women in breastfeeding

The PCT is working towards achieving 'Baby Friendly' accreditation. There is a meeting arranged in late May at which an officer from the UNICEF team will come and help us write our action plan, after which we can apply for a certificate of commitment, verifying we have plans in place to achieve acknowledged best practise in support of breastfeeding. This involves ensuring all staff in contact with pregnant and breast feeding women have sufficient knowledge not to damage the breastfeeding intent and behaviour. Following implementation of the 2 year action plan the PCT will be able to apply for full accreditation.

The PCT Breast feeding lead has identified a nursery nurse or staff nurse to act as a link person in each health centre. These are to be offered 'Baby Friendly' Management training to encourage the development of a 'Baby Friendly' ethos.

Sure Start Midwives have taken a lead on training peer supporters. The first group of peer supporters from Sure Start areas have been trained. 10 mothers started and 8 completed the course. Following the training, the women have established management arrangements and are registering themselves as a charity. The supporters have encouraged Crompton Place Shopping centre to refurbish its infant feeding room where they will soon be offering drop-in support sessions alongside professional colleagues.

Chris Jordan has had meetings with hospital staff and established peer support groups from other areas in the North West to help plan the way forward. It is intended that a second training course will

be delivered soon (possibly in September 2006) as there are already a list of interested people.

Monthly training workshops have been delivered for hospital and community staff (midwives and health visitors). These focus on advising women on techniques for successful breast feeding, the early recognition of problems and provision of support. These are reasonably well attended with between 4-10 per session.

In addition to the regular session, a UNICEF breastfeeding training course has been planned for 20 staff (10 midwifery and 10 health visiting staff). Bolton in-house training will be rewritten in line with the UNICEF course.

The PCT is increasing resources for breastfeeding promotion with investment in reference books within every health centre (13) and investigation of examples of posters, video + DVDs which could be purchased. Currently reference resources are available to staff but it is anticipated that in future good quality resources will be available on loan to the public.

A Local Infant Feeding Audit to assess breastfeeding practice in Bolton was undertaken in September 2005. (see appendix) It is anticipated that repeat audits can be undertaken once sufficient staff are trained in breast feeding knowledge and skills.

Links have been made with other disciplines to promote the role of a range of staff in breastfeeding promotion. For example a presentation at the environmental health away day discussed their potential influence with the future introduction of "Healthy Start" (the replacement to the Welfare Food scheme).

Conclusion

The PCT is pleased to see the issue of childhood obesity is acknowledged as a priority. PCT has made clear its plans to make considerable progress in this year and in future years.

Appendix 1 Analysis of the Infant Feeding Audit carried out in Bolton between 5th – 11th September '05

The audit was carried out using a national audit tool, the “Local Infant Feeding Audit”. The questionnaire was applied during December, when the babies of the mothers questioned were all over 8 weeks old. The questions were asked either at a face-to-face contact or by telephone. Only those mothers who had initiated breastfeeding were contacted. Some mums consented to answer the questionnaire, but did not continue to the end, resulting in incomplete information for all the questions – where this is the case the percentage results state “of those answering the question”. 17 mothers who initiated breastfeeding were not questioned for a variety of reasons. Taking consideration of past statistics this may account for the slightly higher breastfeeding figure at age 6 weeks.

Number of babies born in this week 86

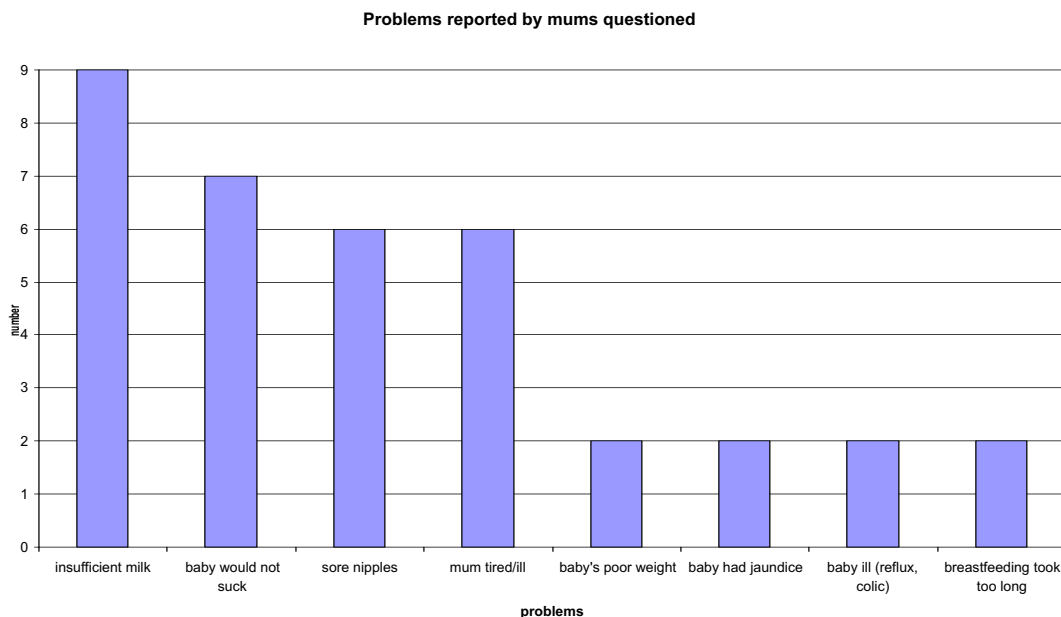
Number of babies with whom 56 (65%) breastfeeding was initiated
 Number of mothers questioned 39
 (45% of births, 69% of those initiating breastfeeding)

Number feeding at 6 weeks 19
 + 1 breast and bottle (23% of births, 36% of those initiating breastfeeding)

So, at what stage did they stop?



And why did they stop?



What factors seemed to have an influence on their success with breastfeeding?

Number of those questioned having their 1 st babies	13 (33%)
Number of these breastfeeding at 6 wks	5 (38%)
Number of those questioned who had breastfed before	18 (46%)
Number of these breastfeeding at 6wks	12 (67%)
Number of those questioned who had normal deliveries	24 (62%)
Number of these breastfeeding at 6wks	14 (58%)
Number of those questioned having normal deliveries and pethidine	8(33%)
Of these, breastfeeding at 6wks	4 (17% of those having normal deliveries)
Number receiving supplements in hospital	16 (44%)
Number of these breastfeeding at 6wks	5 (13%)

Of the 34 women answering the question, 2 had fed for as long as they had intended, 21 said they would have liked to have fed for longer, and 11 mums were continuing with breastfeeding (one of whom was breast and bottle feeding).

At the time the audit was carried out the intentions of those answering were as follows;

Intending to feed until 4 months	1
Intending to feed until 6 months	4 (1 of who was feeding breast and bottle)
Intending to feed until 9 months	3
Intending to feed until 12 months	3

Of the 34 women answering the question 33 were living with a partner, and 32 were none smokers

Ethnicity

	number of women	Number breastfeeding at 6 weeks
White	17	5
Indian	8	6
Pakistani	8	5
Black	1	1
Other (Iraqi)	1	0