



# South Tyneside Council

## **REPORTS FROM THE DIRECTOR OF CHILDREN'S SERVICES TO SCHOOL GOVERNING BOARDS**

**SUMMER TERM 2022**

## Foreword

Dear Governor

I have pleasure in enclosing the reports from the Director of Children's Services to school Governing Boards for Summer Term 2022.

You are asked to bring this booklet with you to the meeting of your Governing Board where the reports appear on the agenda.

If you have any questions or require further clarification on the reports, please contact the author(s). If you have any comments or suggestions regarding these arrangements, please do not hesitate to contact me or the Clerk to your Board of Governors.

*Christine Henderson*

**Governor Support, School Admissions & School Place Planning Manager**

How to contact us: -

**Christine Henderson (Governor Support, School Admissions & School Place Planning Manager)**

Tel: 0191 4247847

E-mail: [Christine.Henderson@southtyneside.gov.uk](mailto:Christine.Henderson@southtyneside.gov.uk)

**Gillian Hodgson (Senior Governor Support Officer)**

Tel: 0191 4247726

E-mail: [Gillian.Hodgson@southtyneside.gov.uk](mailto:Gillian.Hodgson@southtyneside.gov.uk)

**Janet Daghish (Governor Support Officer)**

Tel: 0191 4247728

E-mail: [Janet.Daghish@southtyneside.gov.uk](mailto:Janet.Daghish@southtyneside.gov.uk)

**Emma Dovey (Governor Support Officer)**

Tel: 0191 4247724

Email: [Emma.Dovey@southtyneside.gov.uk](mailto:Emma.Dovey@southtyneside.gov.uk)

**Claire Wilson (Governor Support Officer)**

Tel: 0191 4247863

Email: [Claire.Wilson@southtyneside.gov.uk](mailto:Claire.Wilson@southtyneside.gov.uk)

**Joanne Hunt (Governor Support Officer)**

Tel: 0191 4247727

E-mail: [Joanne.Hunt@southtyneside.gov.uk](mailto:Joanne.Hunt@southtyneside.gov.uk)

**Heather Maddison (Governor Support Assistant)**

Tel: 0191 4247725

E-mail: [Heather.Maddison@southtyneside.gov.uk](mailto:Heather.Maddison@southtyneside.gov.uk)



# South Tyneside Council

## **REPORTS FROM THE DIRECTOR OF CHILDREN'S SERVICES TO SCHOOL GOVERNING BOARDS**

### **SUMMER TERM 2022**

- 1. Update Outlining Progress of Health-Related Behaviour Questionnaire for Young People in South Tyneside**
- 2. National Child Measurement Programme (NCMP) Local Authority Data Release – 2020/21**



## Briefing Note

To: Chair and Vice Chairs

From: Tom Hall, Director of Public Health

Date: 25<sup>th</sup> April 2022

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## Update Outlining Progress of Health-Related Behaviour Questionnaire for Young People in South Tyneside

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### Purpose of Report

1. To present an update on the progress of the Health-Related Behaviour Questionnaire (HRBQ) for the Chair and Vice Chairs.

### Context and Background

2. The HRBQ was first developed in 1977, as an outcome following research by the Department of Community Medicine at Nottingham University. It has since been used in thousands of school health surveys in the UK.
3. The HRBQ collects data anonymously from children and young people in academic years 4, 5 and 6 in primary school, and academic years 8 and 10 in secondary school about their health behaviours. Areas of interest include age-appropriate questions about citizenship, healthy eating, physical activity, dental care, drugs, alcohol & tobacco, emotional health & wellbeing, safety, puberty & growing up, school & career and relationships & sexual health.
4. The Public Health Practitioner, with the input of the Healthy Schools Quality Assurance Group (QAG), formulates the HRBQ questions based around the aforementioned areas of interest and is supported by the Schools Health Education Unit (SHEU) at Exeter University to devise and disseminate the questionnaire to participating schools and collect the data.
5. The last HRBQ to be completed was 2017, where 2462 young people completed and returned questionnaires, supported by their schools. Of these, 1227 were of primary age and 1283 were of secondary age.
6. The results were analysed by the Public Health Team and key points were disseminated further to our networks to inform national comparisons, areas of

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Contact Officers: Claire Mawson, Senior Public Health Advanced Practitioner  
Karen FitzPatrick, Public Health Practitioner

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need, local planning, school-based interventions, applications for funding, programme evaluations and resource allocation across South Tyneside.

### **Current Progress**

7. Best practice recommends that the HRBQ be repeated every three (3) years.
8. This year, 2022, thirty (30) schools expressed interest in taking part. This included twenty-three (23) primary schools, five (5) secondary schools, and two (2) special/alternative education schools [See Appendix for list of schools].
9. Workshops were held with staff who possessed specialist knowledge in particular areas of health to give them the opportunity to determine which questions were added to the survey. This resulted in amendments to related sections such as alcohol, substance misuse and mental health.
10. New questions around the effects of COVID-19 on behaviour have been added this year to assess the impact this has had on our young people in the borough.
11. Public Health have devised questionnaire material and sent to SHEU who have completed their role of including this material in digital questionnaire format and sending to participating schools.
12. Schools have been asked to support their students to complete the questionnaire by commencement of the Easter Break (Friday 8<sup>th</sup> April 2022).
13. At the time of writing, nine (9) schools have started/completed their questionnaires online and data has been received by SHEU. Of these, seven (7) are primary schools, and two (2) secondary schools. These are:
  - Jarrow School – years 8 and 10
  - Biddick Hall Junior School – year 6 (previously agreed to complete only with year 6 pupils)
  - Monkton Academy – years 5 and 6
  - Stanhope Primary School – years 4 and 5
  - Marsden Primary School – year 5
  - Mortimer Primary School – years 4, 5 and 6
  - Westoe Crown Primary School – years 4, 5 and 6
  - Whitburn Village Primary School – year 6
  - Hebburn Comprehensive – year 8Reminders have been sent to those outstanding to ensure timely completion within the deadline and SHEU are providing weekly engagement updates to the Public Health Practitioner.

### **Next Steps/Asks**

14. It is anticipated that all schools will have completed and sent their questionnaires to SHEU by 8<sup>th</sup> April. As of 30<sup>th</sup> March, extensions have been granted to the following schools, who have agreed to complete by 29<sup>th</sup> April following the Easter Break:
  - Jarrow Cross C of E Primary

- 
- Boldon School

**Governors are asked to kindly follow-up if their school remains outstanding.**

15. SHEU will then analyse this data and provide written reports of local authority wide results which will be received by the Public Health Team. Participating schools will each receive their own individual reports.
16. Key information will be disseminated amongst relevant partners and forums, inclusive of the JLMB, Health and Wellbeing Board, School Governors and Headteachers, as well as various other health topic related groups.
17. The Public Health Team would like to thank the participating schools and Governors for their support in facilitating the completion of the questionnaires and will share the results in a timely manner once data has been collected. This is anticipated to be during the Summer Term.
18. This data will be used in the actions outlined in point 2.5 to inform and shape further public health practice for our young people in South Tyneside to support themselves and their families to make healthy choices, live and grow in a happy and safe environment where they are protected from harm, and make a positive contribution to society.

## Engaged Schools

### Primary Schools

- St. Aloysius
- St. Gregory's
- Harton Primary
- Forest View Primary
- Stanhope Primary
- St. James
- Marine Park
- Whitburn Primary
- Dunn Street
- Westoe Crown
- Jarrow Cross
- Biddick Hall Juniors
- Hebburn Lakes
- Valley View Primary
- Hedworthfield
- Ridgeway Primary Academy
- Mortimer Primary
- Monkton Academy
- St. Oswalds
- Marsden Primary
- Simonside Primary
- Ashley Primary
- Lord Blyton Primary

### Secondary Schools

- Boldon School
- St. Josephs RC Academy
- St. Wilfrid's RC College
- Jarrow School
- Hebburn Comprehensive

### Special/Alternative Education

- Beacon Centre
- Epinay



# South Tyneside Council

## Briefing Note

To: Chairs/Vice chairs meeting  
From: Tom Hall, Director of Public Health  
Date: 25<sup>th</sup> April 2022

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## National Child Measurement Programme (NCMP) Local Authority Data Release – 2020/21

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### **Purpose of the report**

To provide School Governors with an update on the NCMP results for the 2020 - 2021 academic year

### **Participation 2020/21 schools year**

1. Due to the Covid-19 Pandemic Local Authorities were asked to collect a representative sample of child measurement data to enable a national estimate of children's weight status (including obesity prevalence) for 2020/21 and contribute towards assessing the impact of the COVID-19 pandemic on children's physical health.
2. The sample of schools was stratified by deprivation and ethnicity, taking every 9th school, to yield 10% of children in the local area, after factoring in that there could be a higher than normal level of pupil absence. The aim was to have a representative sample of children measured in England in terms of deprivation and ethnicity mix.
3. However, locally South Tyneside was able to measure over 90% of eligible pupils, in line with its usual participation rate. Across England NHS Digital estimates that approximately 24% of eligible pupils participated in the programme in 2020/21.
4. Due to the low participation rates, Local Authority rates were not released alongside Regional and National rates in November 2021. In January 2022 results for Local Authorities with a participation rate higher than 75% were released. This report provides an update on this latest data.

### **Local Authority Results**

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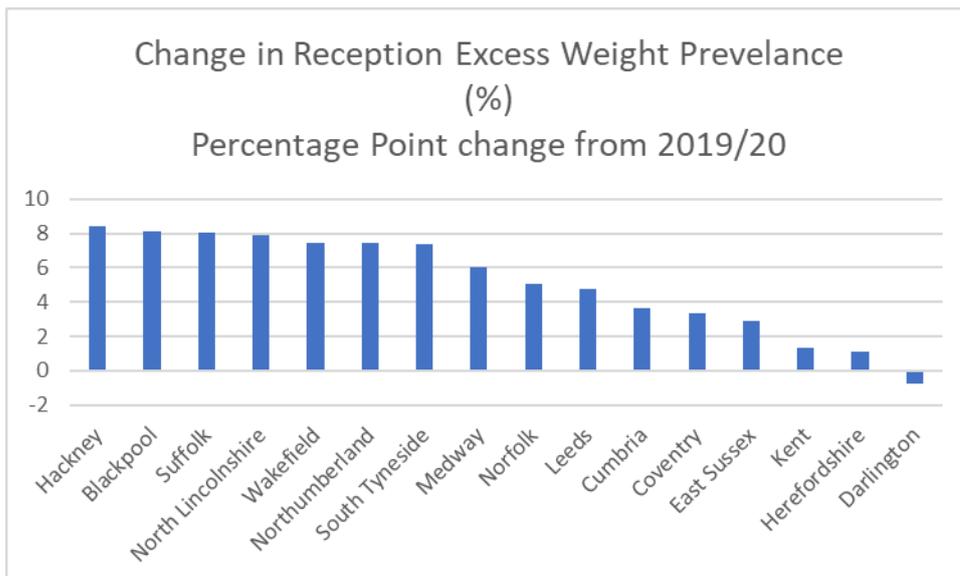
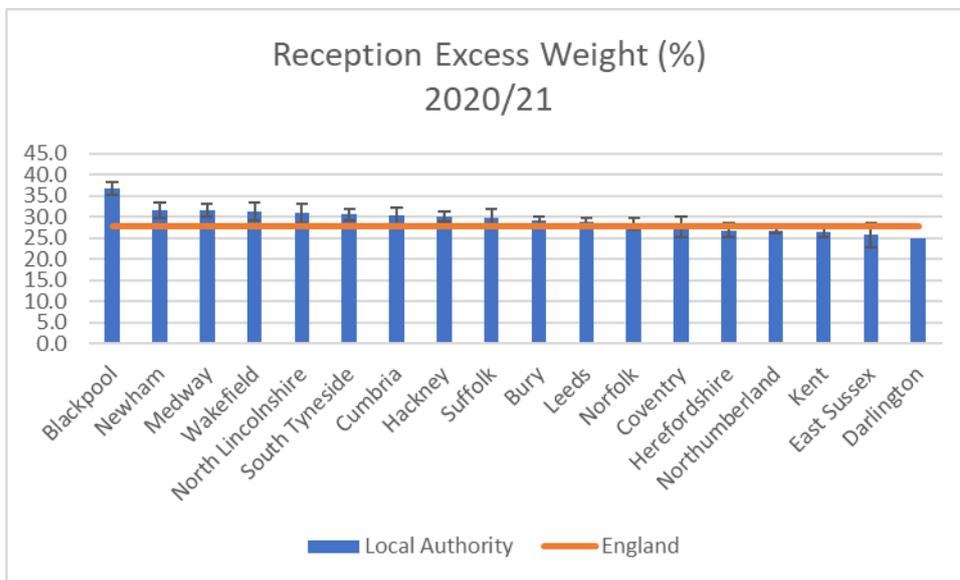
Contact Officer: Claire Mawson, Senior Public Health Advanced Practitioner, 424 6455

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- As data was only released for those with a participation rate higher than 75% just 19 local authorities have been included at Year 6 and 18 at Reception. 3 Authorities were in the Northeast Region.

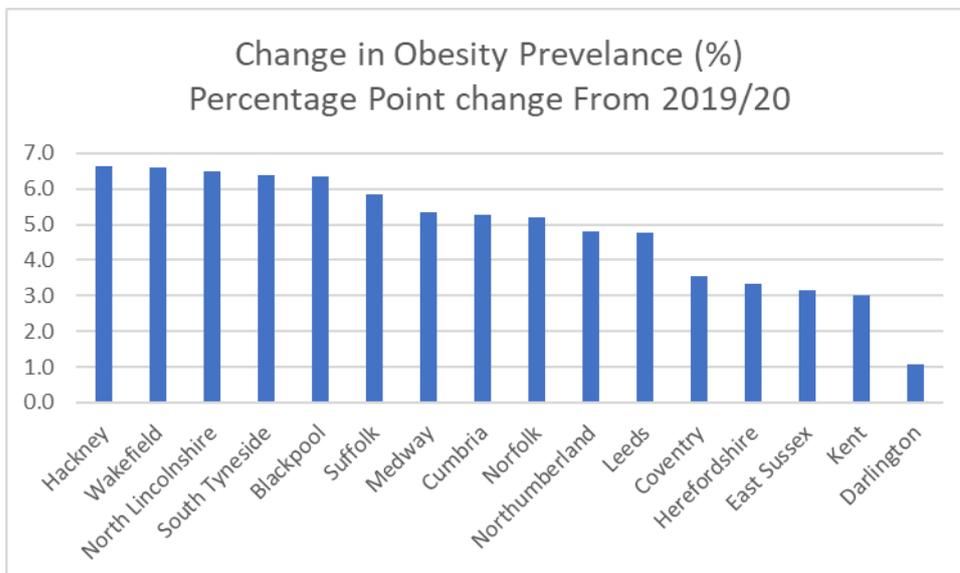
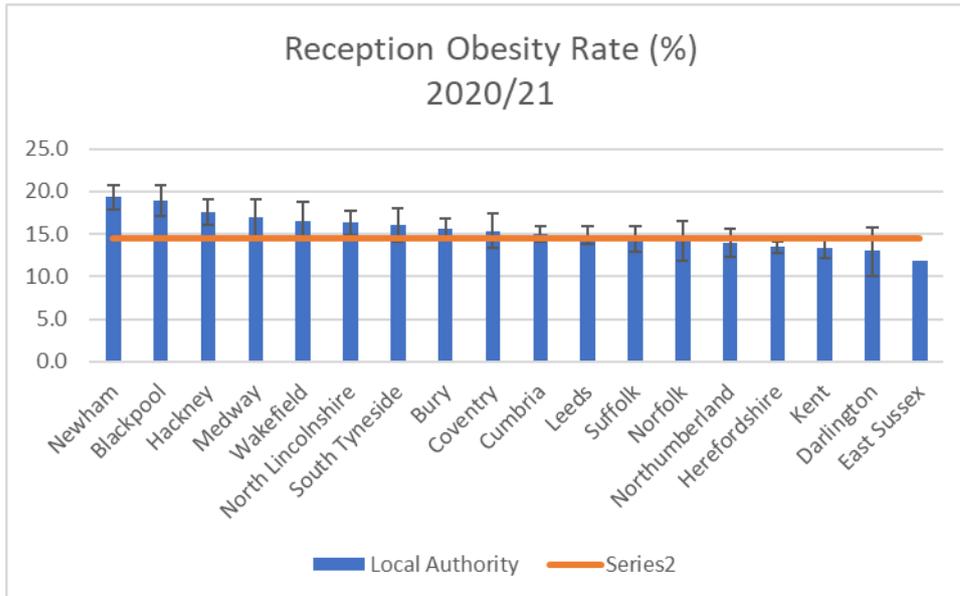
Reception – Excess Weight

- Locally excess weight at Reception age was 32.9%, 7.4 percentage points higher than 2019/20.
- This was the 6<sup>th</sup> highest excess weight amongst the 18 authorities with published data.
- This was the 7<sup>th</sup> highest increase amongst the of 16 authorities with available data for 2019/20.



## Reception – Obesity Rate

9. Locally obesity at Reception age was 16.1%, 6.4 percentage points higher than 2019/20.
10. This was the 7<sup>th</sup> highest excess weight amongst the 18 authorities with published data.
11. This was the 4<sup>th</sup> highest increase amongst the of 16 authorities with available data for 2019/20.

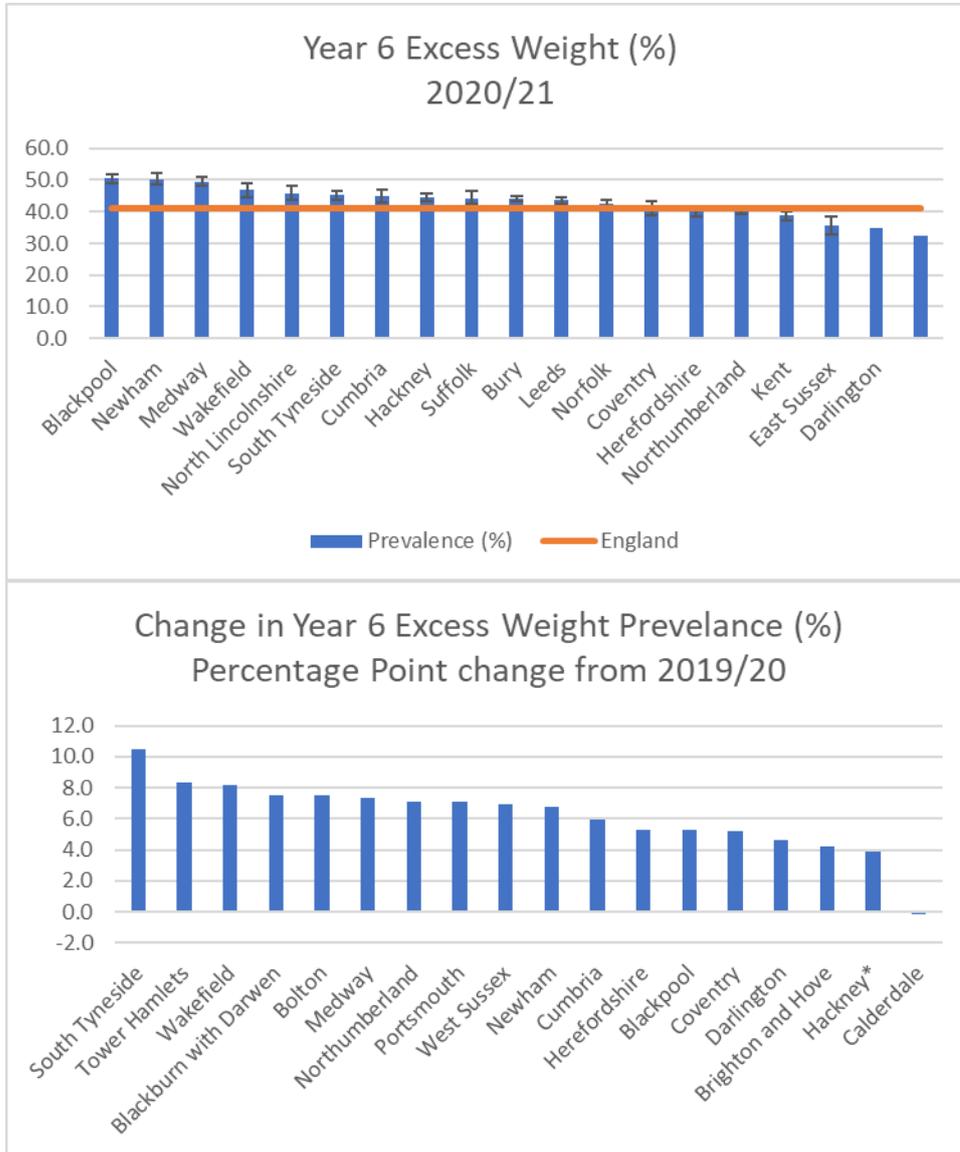


## Year 6 – Excess Weight

12. Locally excess weight at Year 6 was 50.5%, 10.5 percentage points higher than 2019/20.

13. This was the 6<sup>th</sup> highest excess weight amongst the 19 authorities with published data.

14. This was the highest increase amongst the of 18 authorities with available data for 2019/20.

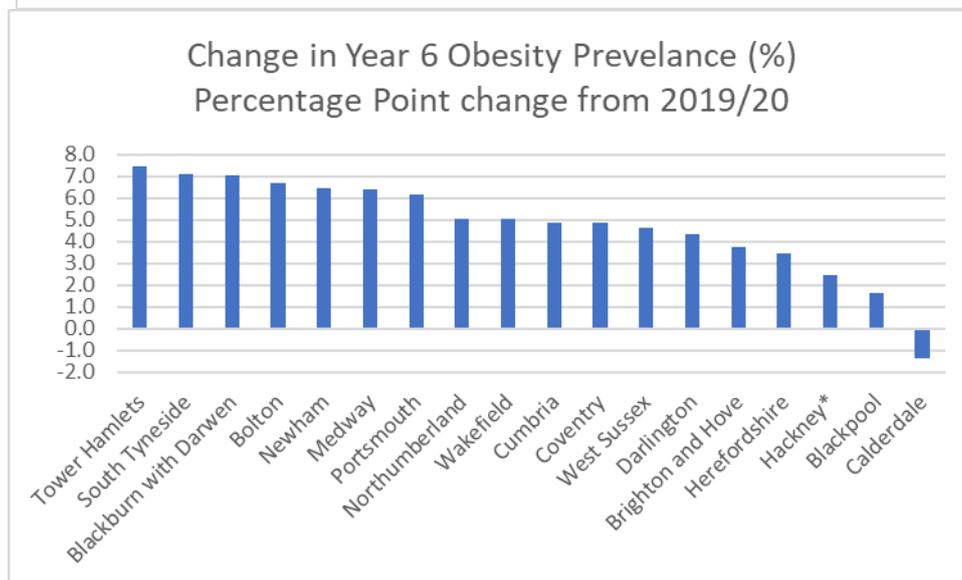
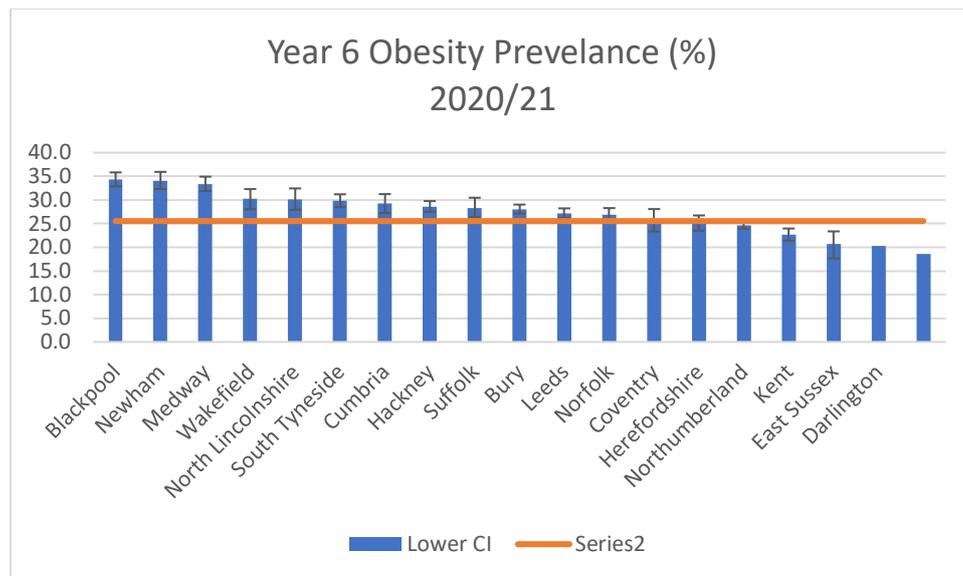


Year 6 – Obesity Rate

15. Locally obesity at Year 6 was 27%, 7.1 percentage points higher than 2019/20.

16. This was the 6<sup>th</sup> highest excess weight amongst the 19 authorities with published data.

17. This was the 2<sup>nd</sup> highest increase amongst the of 18 authorities with available data for 2019/20.



## Commentary on Data

18. As a system we recognise that the causes and influences on obesity are complex. A person, their individual psychology, how much food they consume compared with how much physical activity they do (energy in vs energy out), genetics and ill health also have an influence. What they choose to eat is determined by their preferences, their (or carers') cooking skills, what is available via the food supply, and how affordable/accessible it is. How much activity a person does is also down to choice, but the availability of outdoor spaces, leisure facilities etc also influence personal behaviour. Societal influences e.g., media, advertising, marketing, peer pressure or culture also have a role to play.

19. Obesity levels are at an all-time high, so we need to address accepted behavioural norms in terms of eating and physical activity habits but also emphasise the importance of environment in which they live, work, and play. Government support is crucial with policy change-particularly around food and

drink provision by the industry in terms of portion size, content, advertising and promotion.

20. Despite recent local and national investment towards tackling obesity, due to the complexity of the issue this does require a sustained and systemic approach including buy-in from political and systems leaders nationally and locally as part of a whole systems approach. This includes representation from all stakeholders who can have an influence on the factors which impact on our weight and general health, including the places we live, work and play, and the built environment which influences our lifestyle choices around food, drink, including alcohol and physical activity.

### **Our Current Offer in South Tyneside**

21. There are a range of new opportunities for parents to access weight management support across South Tyneside. The NHS Digital Weight Management Programme offers free, online access to weight management services to eligible adults who have high blood pressure and/or Type 2 Diabetes. Referrals are via GP or pharmacy.
22. South Tyneside Council continues to provide a comprehensive and affordable leisure offer for all residents and visitors including access to our gyms and fitness classes, swimming pools and training facilities. Healthy Lives classes provide the ideal steppingstone for those looking to get more active in a safe and fun way which includes badminton, circuits and Escape Pain groups for those with hip or knee pain. For further details of the range of activities please visit <https://www.southtyneside.gov.uk/article/34185/Leisure-centres>.
23. South Tyneside is also in the process of commissioning a new community weight management programme for adults, involving face to face nutritional support and access to physical activity in a range of venues, which will be fully launching early in 2022, funded through the national tier 2 adult weight management services grant for 2021/22.
24. South Tyneside Alliance is participating in a number of important research opportunities to improve our offer around healthy weight. We are participating in the Map Me 2 study to maximise the impact of the results process of the NCMP programme using evidence-based body image scales and health psychology tools. We are also offering Healthy weight training for health visitors and midwifery alongside Liverpool Saint John University.
25. South Tyneside Foundation Trust is working towards the UNICEF breastfeeding accreditation and a healthier food offer for staff, patients and visitors.
26. Health advocates training delivered to more staff working in South Tyneside across Sunderland and South Tyneside NHS Foundation Trust to allow staff to offer healthy weight brief advice and information to patients, colleagues and friends/family members.

27. Teacher training offered to secondary staff offered to address the drop off in physical activity levels in transition from Year 6 to Year 7. This is in the guise of reshaping Year 7 curriculums to better suit the new Year 7 cohort and engage individuals more effectively.
28. A targeted intervention for inactive / disengaged KS3 pupils called Activ8. A series of events throughout the course of the year for schools to target specific groups to attend.
29. A re-focus on the delivery of the 60 active minute agenda in schools through wider staff training in the principles of what makes an active school. We have a strong support from RISE for schools to implement the Daily Mile with 27 primary schools currently delivering this.
30. A series of EYFS and KS1 events that focuses on the development of fundamentals of movement and physical literacy.
31. The delivery of a young person led leadership programme in Primary Schools called School Sport Organising Crews. One of their main targets will be to promote and advocate the importance of physical activity and a healthy lifestyle.
32. The Borough has a Barclays FA Girls Football Schools Partnership which aims to give girls equal access to football through curricular and extra-curricular opportunities by 2024.
33. Building on the Primary PE Passport, young people are being encouraged to complete a series of physical activity and wellbeing tasks throughout the course of the year.
34. Reintroduction of School Games Mark that encourages schools to apply for the award based on their engagement with PE and School Sport across the course of the academic year.
35. The Healthy Schools programme criteria are currently under review to ensure they reflect best practice and the latest evidence base to promote and encourage healthy weight in the school community.
36. The Health-Related Behaviour Questionnaire is being repeated and results will hopefully shine light on the health behaviours that have contributed to the increase in weight in our primary age children to inform actions.
37. A review and refresh of the Healthy Weight Partnerships groups will take place and will lead, develop and co-ordinate this work, from across the council and partner organisations.

### **Recommendations/Key Ask**

38. Colleagues are asked to note the content of the report and support healthy weight key messages and activities in school and with the wider school community

39. Colleagues are asked to discuss possible next steps in school for COVID recovery to create a whole system response to addressing this rise in data