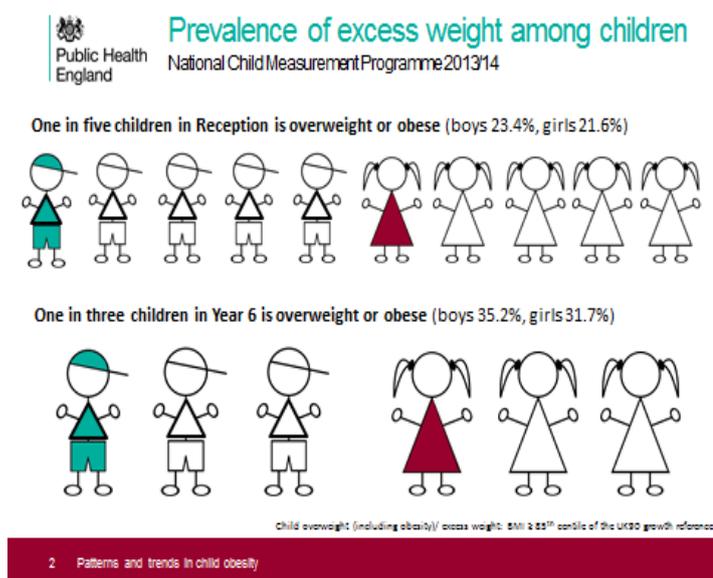


7.2.4 Child healthy weight

Why is this issue important?

Childhood obesity is now considered as one of the most serious public health challenges. The proportion of children who are overweight or obese has increased rapidly over the last two decades, reflecting major changes in the way we lead our lives. Calorie intake has increased, activity levels declined, and work patterns, transport, food production and food sales radically altered.¹

In England one in five children aged 4-5 is overweight or obese and one in three children aged 10-11 years is overweight or obese. The chart below from the National Obesity Observatory illustrates the results from the National Child Measurement Programme 2013/2014 for England.



Research suggests that persistent obesity is established before the age of 11; hence it is important to focus efforts on preventing obesity in the early years.²

Obesity is associated with a number of health problems which affect both quality of life and life expectancy. Overweight and obese children have an increased chance of suffering from bullying and low self esteem as well the increased physical health risks of remaining overweight into adulthood. Obesity has been estimated to cost the NHS £1 billion a year in direct costs and the UK economy a further £2.3-2.6 billion.³

¹ Government Office for Science. 'Tackling obesity: future choices – project report'. London: Department for Innovation, Universities and Skills; 2007.
² Wardle et al. Cross Government Obesity Unit; 2008.
³ National Audit Office, Healthcare Commission, Audit Commission; 2006.

Key outcomes

- **Excess weight in 4-5 and 10-11 year olds (Public Health Outcomes Framework)**

Impact in Brighton & Hove

Applying estimates from the Health Survey for England to Brighton & Hove, there would be almost 14,000 children and young people aged under 20 years who are overweight or obese in the city.⁴

Reception (4-5 years) and Year 6 (10-11 years) pupils are weighed and measured each year as part of the National Child Measurement Programme (NCMP).⁵ In 2013/14, 13.3% of Year 6 pupils in the city were obese, lower than England (19.1%). The figure has improved significantly since 2007/08. The prevalence of overweight (13.3%) is similar to the national average (14.4%) (Table 1).

Of reception children, 7.3% were obese compared to 9.5% in England. The prevalence of overweight children in reception (10.8%) is also slightly lower than nationally (13%).

The percentage of obese children in Year 6 was nearly double that of Reception children. This is also the picture nationally.

There aren't specific estimates for children but the estimated direct cost to the local NHS of diseases related to overweight/obesity was £78.1million in 2010 rising to £83.5million by 2015.⁶

Classification	Reception (4-5 year olds)	Year 6 (10-11 year olds)
Underweight	0.9%	1.5%
Healthy weight	81.1%	71.9%
Overweight	10.8%	13.3%
Obese	7.3%	13.3%

Source: National Child Measurement Programme, Health and Social Care Information Centre

⁴ Information Centre for Health and Social Care. Health Survey for England, <http://www.hscic.gov.uk/healthsurveyengland> [Accessed on 11/11/2015]
⁵ Information Centre for Health and Social Care. National Child Measurement Programme results. Available at: <http://www.hscic.gov.uk/ncmp> [Accessed on 11/11/2015]
⁶ Aylott J, Brown I, Copeland R, Johnson D. Tackling Obesities: The Foresight Report and Implications for Local Government; 2008. Available at <http://www.idea.gov.uk/idk/aio/8268011> [Accessed on 11/11/2015]

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The GP Health Champions project led by Sussex Central YMCA and Portslade Health Centre as part of one of several national pilot projects gathered the views of young people in relation to weight issues and how they would like to access weight management including physical activity services and programmes. The findings and the recommendations from the survey and focus groups with young people - including recommendations for GPs on how to best address healthy weight issues with young people, were disseminated to a range of stakeholders. These included the Clinical Commissioning Group (CCG), Brighton & Hove City Council Public Health, Health Watch and the Food Partnership. The findings will help inform the delivery of and access to weight management services for this age group.

Where we are doing well

Our obesity rates in children are lower than in England, though the number of obese children is still high. Our rates are also low compared with our children's services statistical neighbours. However, given that one in four of our 11 year olds is already overweight or obese and the UK has one of the highest rates of obesity in Europe, there's no room for complacency.

We have few underweight children at 0.9% of reception and 1.5% of year 6 children measured as part of the programme in 2013/14.

Breastfeeding has been shown to be associated with lower rates of childhood obesity. The city has high breastfeeding rates at initiation and six weeks.

The Public Health Schools Programme launched in 2014. Healthy eating and physical activity are key components of the programme which is delivered in primary schools across the city.

A local weight management programme 'Family Shape Up' has been commissioned and developed to support the whole family of an obese child to improve their diet, levels of physical activity and lose weight.

The proportion of secondary school aged children reporting having eaten five or more portions of fruit and vegetables the previous day remains stable at around 18%.⁷

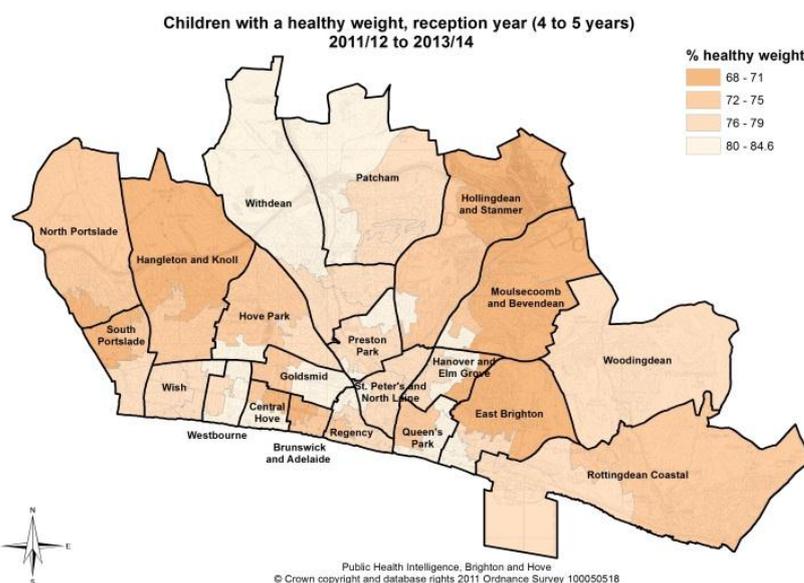
In 2006 Brighton & Hove was the first city in the UK to publish a food strategy. In April 2012, the city's refreshed food strategy 'Spade to Spoon: Digging Deeper'⁸ was launched. This includes a range of measures supporting healthy weight and nutrition.

The city's Healthy Weight Programme Board was established in 2012. It brings together key stakeholders from the public, community and private sector to develop collaborative approaches to preventing overweight and obesity.

Local inequalities

Local obesity prevalence is around 1% higher for boys than girls in the reception year and 3% higher in year 6.

Both locally and nationally, overweight and obesity among children and young people increases with age.



As in previous years, in 2013/2014 there was a strong association between deprivation and rates of children overweight and obese.

Nationally the rates of obesity amongst less deprived children are stabilising and decreasing faster than those for more deprived children;

⁷ Brighton & Hove City Council. Safe and Well at School Survey (Secondary) Summary Results 2014. Available at <http://www.bhconnected.org.uk/content/surveys> [Accessed 31/07/2015]

⁸ Brighton & Hove Food Partnership. Spade to Spoon: Digging Deeper. 2012. Available at: <http://bhfood.org.uk/strategy> [Accessed on 07/07/2015]

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obesity rates for the most deprived children are twice that of the least deprived.

The proportion of children aged 4-5 years with a healthy weight is significantly lower in Moulsecoomb and Bevendean and Regency.

It is a similar picture for children aged 10-11 years with a healthy weight, with Moulsecoomb and Bevendean significantly lower than the city average. However, there appears to be a relatively better picture for children with a healthy weight in Regency compared to the proportion of children aged 4-5 years with a healthy weight.

obesity in children with Downs syndrome,⁹ a physical disability,¹⁰ or a learning disability.¹¹

Predicted future need

National projections suggest that by 2020, 22% of children aged 2-11 years will be overweight and a further 12% obese. For 12-19 year olds there are gender differences, with 29% of females projected to be overweight and a further 9% obese compared with 18% overweight males and 6% obese males. This suggests that locally there will be around 16,400 overweight or obese children and young people aged less than 20 years by 2020. However,

given we have lower rates than nationally this may be an overestimate.

There are some gaps in the provision of weight management services and programmes for young people aged 15 years and over which needs to be addressed, particularly in light of the predicted increase in prevalence within that age group.

What we don't know

There is no local data on childhood weight by disability, religion/belief or sexual orientation. The measurements also only take place for primary school age children so we do not have a

complete picture of trends for young people in the city.

Locally, data on childhood weight for some ethnic groups are based on small numbers and so it may not be possible to identify important differences.

There is a lack of knowledge available from young people and their families describing the impact of childhood obesity on their health and wellbeing and how they would like the sensitive issue of weight to be addressed with them.

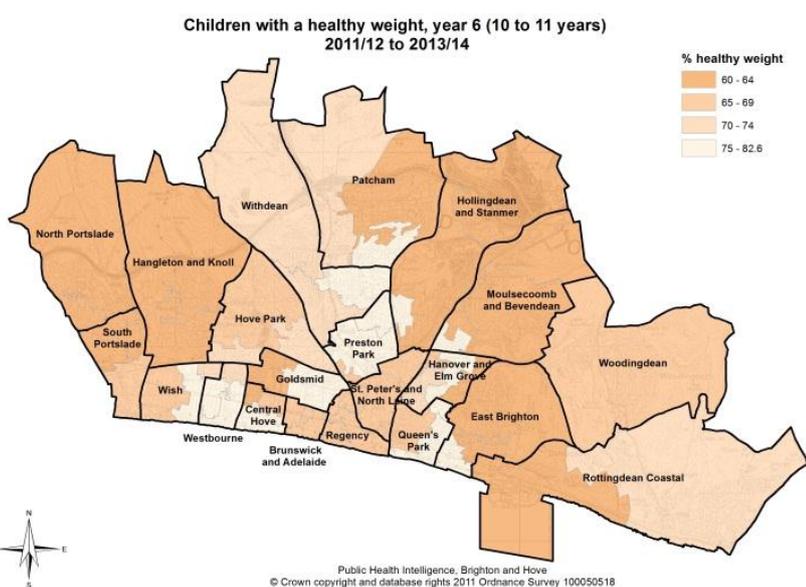
Key evidence and policy

NICE guidance includes:

⁹ Magge SN, O'Neill KL, Shults J, Stallings VA, Stettler N. Leptin levels among prepubertal children with Down syndrome compared with their siblings. *J Pediatr.* 2008 Mar;152(3):321-6

¹⁰ De S, Small J, Baur LA. Overweight and obesity among children with developmental disabilities. *J Intellect Dev Disabil.* 2008;33:43-47.

¹¹ Emerson E., Baines S. Health Inequalities and People with Learning Disabilities in the UK. Learning disability observatory; 2010.



Across England, results from the NCMP show that obesity prevalence is significantly higher for Asian or Asian British, Any Other Ethnic Group, Mixed and Black or Black British children. Results from Brighton & Hove for the period 2007/08 - 2013/14 show that obesity prevalence in the city is significantly higher for Black or Black British children at ages 4-5 years and for Asian or Asian British and Black or Black British children at age 10-11 years. Obesity prevalence amongst Black or Black British children is 29% by year 6, twice that of the prevalence amongst White British children in the city.

While research is limited, a number of national studies show higher rates of overweight and

7.2.4 Child healthy weight

CG43 Prevention, identification, assessment and management of overweight and obesity in adults and children for the NHS, local authorities and partners, early-years settings, schools, workplaces, self-help, commercial and community settings (2006).¹²

NG7 Maintaining a healthy weight and preventing excess weight gain among adults and children.¹³

CG189 Obesity identification, assessment and management of overweight and obesity in children, young people and adults (update).¹⁴

PH47 Managing overweight and obesity among children and young people: Lifestyle weight management services.¹⁵

Recommended future local priorities

The Healthy Weight Programme Board oversees the strategic delivery of a Healthy Weight Action Plan. Some of the priority actions under each of the domains of the Action Plan include:

1. Healthy eating:

Prevention: Conduct and analyse results from the audit of existing preventative healthy weight and physical activity programmes for children and young people across the city to identify any gaps, access issues and inform service commissioning. As part of the Public Health Schools Programme work is underway to increase awareness of and decrease consumption of sugary drinks, snacks and foods, as well as curriculum based work on five a day and other healthy eating themes.

2. Physical activity:

Use insight to develop targeted programmes supporting the least active groups to participate more regularly in physical activity.

3. Management and treatment:

a) Improve follow up of those children found to be overweight or obese during the NCMP, to improve referral into the weight management

programme, learning lessons from other areas where this works well.

b) Work with the school nurses to audit and review outcomes of contact with parents including referral into and attendance at Family shape up. Work with the schools to improve signposting into healthy weight services.

c) Work with primary care and other clinicians to improve confidence in raising the issue of weight, improve knowledge of the healthy weight service and pathways and increase the number of children referred to healthy weight services.

4. Improving data collection and analysis:

Feedback to schools on the annual results of the National Child Measurement Programme in their areas to help engage them in promoting healthy weight.

Key links to other sections

- Transport and active travel;
- Green and open spaces;
- Good nutrition and food poverty;
- Maternal and infant health;
- Physical activity;
- Healthy weight (adults)

Further information

Brighton & Hove Joint Health and Wellbeing Strategy <http://www.brighton-hove.gov.uk/content/health/public-health-brighton-hove>

National Child Measurement Programme <http://www.hscic.gov.uk/ncmp>

National Obesity Observatory www.noo.org

NICE guidance:

www.nice.org.uk/CG43

www.nice.org.uk/guidance/ph47

www.nice.org.uk/guidance/cg189

www.nice.org.uk/guidance/ph47

Last updated

August 2015

¹² NICE Guidelines CG43. <http://www.nice.org.uk/CG43> [Accessed 02/09/2015]

¹³ NICE Guidelines NG7. <https://www.nice.org.uk/guidance/ph47> [Accessed 02/09/2015]

¹⁴ NICE Guidelines CG189. <https://www.nice.org.uk/guidance/cg189> [Accessed 02/09/2015]

¹⁵ NICE Guidelines PH47. <https://www.nice.org.uk/guidance/ph47> [Accessed 02/09/2015]