

**NORTH LINCOLNSHIRE COUNCIL****Health and Wellbeing Board****Childhood Obesity and Overweight****1. OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1 To provide an update on child overweight and obesity and actions in place to address this in North Lincolnshire.
- 1.2 To seek continuing support and commitment to addressing childhood overweight and obesity in North Lincolnshire.

**2. BACKGROUND INFORMATION**

- 2.1 Evidence shows that obesity is a complex, systemic, multi-causal problem, rooted in the sedentary nature of modern life, more widely available and more affordable food, as well as structural and environmental factors which set the context for physical activity.
- 2.2 Obesity in North Lincolnshire poses a challenge, with prevalence of overweight and obesity both in adults and children being broadly higher than regional and national averages. Table 1 below shows the comparison of North Lincolnshire to regional and national levels. Overweight and obesity are more common (both locally and nationally) in people from deprived communities, people with disabilities, older age groups and in some black and minority ethnic groups.

**Table 1**

Source: PHOF 2015/16: 2016/17

	Child excess weight 4-5 year olds	Child excess weight 10-11 year olds	Adults (aged 18+) classified as overweight or obese
<b>North Lincolnshire</b>	24.3%	34.7%	66.9%
<b>Yorkshire &amp; Humber</b>	22.2%	34.6%	64.2%
<b>England</b>	22.6%	34.2%	61.3%

- 2.3 The younger children are when they become obese the greater the risk of them developing weight related physical and mental health problems at a younger age and into adulthood. Consequently it is important to maintain a continued focus on increasing healthy weight amongst children, young people and their families.
- 2.4 Treating obesity and its consequences is estimated to cost the NHS nationwide £6.1bn every year. In North Lincolnshire it is estimated to cost £47 million. The indirect costs to the economy are likely to be at least twice as high as this, with the social costs, in terms of the impact on children's emotional well-being, likely to be higher still.

Obesity also affects employment opportunities and life chances in general. It is estimated that lost earnings attributable to obesity related ill health amount to £2.35bn – £2.6bn a year in the UK.

- 2.5 Being overweight as a child or adolescent has been shown to have a negative effect on mental wellbeing. The impact of this increases with age and has a bigger impact on girls than boys. In adults evidence suggests a bi-directional link between depression and obesity, i.e. obesity may lead to poor mental health due to medical issues or mobility problems, and poor mental health can lead to unhealthy lifestyle choices.
- 2.6 The National Child Measurement Programme (NCMP) has been running for 11 years, recording the body mass index of children in Reception (age 4-5 years) and Year 6 (aged 10-11 years) across England. The survey measures the prevalence of 'underweight', 'healthy weight', 'overweight' and 'obese' children in state primary schools. Children who are overweight or obese are classified together as excess weight. Locally we now have robust NCMP trend data for the previous ten years. Participation in the NCMP programme is voluntary and has historically been higher amongst 4-5 year olds than amongst 10-11 year olds. This gap between the two age groups has narrowed over time.
- 2.7 Almost all children who are eligible for height and weight measurement in North Lincolnshire take part in the programme. Table 2 shows participation rates and results for North Lincolnshire in comparison to regional and national levels.

**Table 2: Comparative NCMP data for 2016/17**

<b><u>North Lincolnshire</u></b> <b><u>2016/17</u></b>	<b>Under weight</b>	<b>Overweight</b>	<b>Obese</b>	<b>Severely obese</b>	<b>Total excess weight</b>	<b>Participation Rate</b>
Reception	0.4%	14.2%	10.1%	2.3%	24.3%	98.4%
Year 6	1.2%	13.9%	20.7%	5.2%	34.7%	97.3%
<b><u>Yorkshire &amp; Humber</u></b> <b><u>average 2016/17</u></b>	<b>Under weight</b>	<b>Overweight</b>	<b>Obese</b>	<b>Severely obese</b>	<b>Total excess weight</b>	<b>Participation Rate</b>
Reception	1.1%	12.5%	9.7%	2.4%	22.2%	96.1%
Year 6	1.5%	14.2%	20.4%	4.3%	34.6%	94.0%
<b><u>England</u></b> <b><u>average</u></b> <b><u>2016/17</u></b>	<b>Under weight</b>	<b>Overweight</b>	<b>Obese</b>	<b>Severely obese</b>	<b>Total excess weight</b>	<b>Participation Rate</b>
Reception	2.9%	13.0%	9.6%	2.4%	22.6%	95.8%
Year 6	1.3%	14.3%	20.0%	4.1%	34.2%	94.2%

Source: NCMP 2016/17

- 2.8 Table 2 also shows that compared to other authorities in the Yorkshire and Humber region, North Lincolnshire has average levels of obesity in Reception and Year 6 children but is the second highest in the region for severe obesity amongst 11 year olds (with the highest rates recorded in Kingston upon Hull).
- 2.9 Nationally and locally, boys are more likely than girls to be assessed as overweight or obese, with larger gender differences in Year 6, although there is a national downward trend amongst reception year boys.
- 2.10 The strong national relationship between deprivation and obesity was not found in local NCMP data for reception age children. However, there is a relationship between deprivation and excess weight by the age of 11, with 23.7% of Year 6s from the most deprived 10% neighbourhoods assessed as obese, compared with 16.6% from the least deprived 10%. This compares with national rates of 25.7% and 13.3% respectively.
- 2.11 National evidence also suggests a higher prevalence of obesity in Black British children, and a higher prevalence of underweight in Asian children. The numbers locally are too small to detect any relationship with ethnicity.
- 2.12 In 2017, Public Health England published a plan to reduce child obesity over the next 10 years. Amongst other things, this plan recommended the introduction of a soft drinks levy across the UK and a 20% reduction in the sugar content of all food products aimed at young children. It also encouraged all public sector organisations, including local authorities, to adopt minimum healthy food standards for themselves and for the services they commission, including restricting the sale of unhealthy food and drink. It also recommended more support for primary schools to ensure that children have access to at least one hour of physical activity a day, and clearer food labelling.

2.13 Long term sustainable change will only be achieved through a systematic approach across the life course, to include the active engagement of schools, communities, families, individuals and local businesses in supporting changes to lifestyle and eating habits. Facilitating an environment that is conducive to the adoption of healthy lifestyles and the availability of healthy food choices is also important.

2.14 Our local ambition for North Lincolnshire is to prevent, halt and reduce the levels of overweight and obese adults and children in North Lincolnshire and empower individuals and communities to achieve and sustain a healthy weight. We are working towards this by:

- Strategic direction through the North Lincolnshire Healthy Weight Healthy Lives Strategy, which is due for a refresh in April 2018. This will aim to ensure effective local coordination of the wider healthy weight healthy lives agenda, and will be finalised following a stakeholder engagement event on 12<sup>th</sup> April 2018.
- The North Lincolnshire Health and Wellbeing Board has obesity as one of its key priorities and has supported and committed to the development of the Food in North Lincolnshire Pledge, a programme based on the Sustainable Food Cities approach.
- The continued commissioning of an in house programme – Get Going- provided through the local school sports partnership, Get Ahead. This provides a focussed family centric intervention delivered in the home over a 10 week period and Obesity Chat training to a wide pool of professionals to increase awareness of obesity. It also provides prevention programmes in primary schools and a targeted primary school based intervention – Let's Get Healthy- focussing on a whole school approach working with the school community ( based on NCMP data) to curb the consistent rise of obesity from Reception age to year 6. To support longer-term lifestyle changes and engagement a Get Going network is being developed in order to build on the positive changes made by those who had taken part.
- The 0-19's integrated children and young people's wellbeing service promotes healthy lifestyle and referral into supporting services across all ages and include providers working with the whole family.
- North Lincolnshire Healthy Lifestyle Service, supporting a whole family approach, ensures that those in most need can access expert advice and support to help them lose weight, become more physically active, take part more in their own communities and become health champions, supporting their families and peers to adopt change (where applicable), also signposting to local leisure and cultural services. These services will dovetail and enable support around lifestyle across the life course, facilitate more effective use of local parks leisure centres and more active forms of travel.
- MECC (making every contact count) is delivered to a wide range of front line staff/community groups to promote the adoption of healthy behaviours.
- The UNICEF Baby Friendly Initiative (BFI) stage 3 has been achieved.

- North Lincolnshire school catering is nutritionally accredited (food4life) and has high standards for ingredients. This is added benefit to the provision of free school meals in Key Stage 1.
- Partnership with Living Streets has been very productive, with good engagement with primary schools resulting in the Living streets coordinator developing sustainable active travel plans for schools.

2.15. There are a number of initiatives that are being explored in addition to the breadth of work described in 2.14 to help us achieve our aim. These include:

- Supporting primary schools to increase the amount of physical activity for children whilst in school. An example of this is a national evidence based successful intervention - 'The Daily Mile' - described as a social activity which wherein children run or jog at their own pace in the fresh air with friends for 15 minutes a day. Results show weight loss, improved concentration, mood, behaviour and general wellbeing.
- Working with partners to consider the resilience of a child through their school life, taking a holistic view resulting in improved physical and mental wellbeing of the child. This includes looking at developing a local healthy schools award, which many primary schools are keen to undertake.
- Initial consideration of take away free zones near local schools.

### **3. OPTION FOR CONSIDERATION**

3.1 To continue with the strategic direction and support to work towards our local ambition for North Lincolnshire to prevent, halt and reduce the levels of overweight and obese children (and adults) in North Lincolnshire and empower individuals and communities to achieve and sustain a healthy weight.

Monitoring and evaluation is undertaken by the lead officer for Healthy Weight Healthy Lives and reported to a strategic steering group who oversee the delivery of the strategy. All activities outlined above have performed well and performance continues to be monitored through the PMS, Turning the Curve reporting system, 6 weekly reporting direct to the DPH via PH Consultants, and to the Health and Wellbeing Board.

### **4. ANALYSIS OF OPTION**

4.1 Reducing childhood overweight and obesity requires a whole system approach, more than just education and information campaigns to promote healthier eating, physical activity, and encourage more personal responsibility. Whilst these interventions are necessary, evidence suggests that adopting these approaches alone will not be sufficient. This makes it even more important to focus on prevention and the wider determinants of obesity.

- 4.2 A recent review of national and international evidence highlights the need for a range of coordinated interventions, delivered strategically across the life course at national and local level, and at sufficient scale to make a difference, rather than focussing on a single approach. This will include efforts to increase physical activity inside and outside school, normalise healthier eating, and reduce access to high calorific food and drinks, as well as targeted programmes to reduce weight.
- 4.3 The younger children are when they become obese, the longer they are likely to be living with this risk factor, and so the greater the risk of them developing weight related physical and mental health problems at a younger age and into adulthood. Hence the need for a continued focus on increasing healthy weight amongst children and young people and their families.
- 4.4 In North Lincolnshire, our aim of working towards a whole system approach to reducing levels of overweight and obesity in childhood can be achieved through working in partnership to achieve the active engagement of schools, communities, families and individuals in supporting changes to lifestyle and eating habits. Therefore delivering long-term sustainable change.

## **5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

- 5.1 There are no resource implications as a result of this report.

## **6. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

- 6.1 Not applicable.

## **7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

- 7.1 None required.

## **8. RECOMMENDATIONS**

- 8.1 To accept the contents of the report.
- 8.2 To provide continuing support and commitment to addressing childhood overweight and obesity in North Lincolnshire.

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### **Background Papers used in the preparation of this report:**

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