

Children's Trust Board

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Children's Obesity in North Yorkshire – Moving towards a Healthy Weight Generation

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1 Purpose

The purpose of this paper is to update the Children's Trust Board with regard to children's obesity in North Yorkshire and the action required to realise our vision of "inspiring a healthy weight generation".

It will demonstrate the need for the Board to prioritise tackling the issue by highlighting key trends in children's overweight and obesity data, and provide an overview of the latest evidence of effective interventions to tackle the issue through a whole systems approach.

The report also describes achievements to date and further action to be taken in the forthcoming 12 months as a core part of the North Yorkshire Healthy Weight, Healthy Lives Strategy.

2 Background

Overweight and obese children in our local population remains a public health concern, with rates rising nationally and locally in some areas.

Whilst current North Yorkshire overweight and obesity rates for children are below the national rates this does not mean that this is not an issue for North Yorkshire because the national rates are high.

At a North Yorkshire level around 1 in 5 children are overweight or obese when they start school and 1 in 3 children by the time they leave primary school. Around 1 in 12 children are obese when they start school and 1 in 6 children by the time they leave primary school.

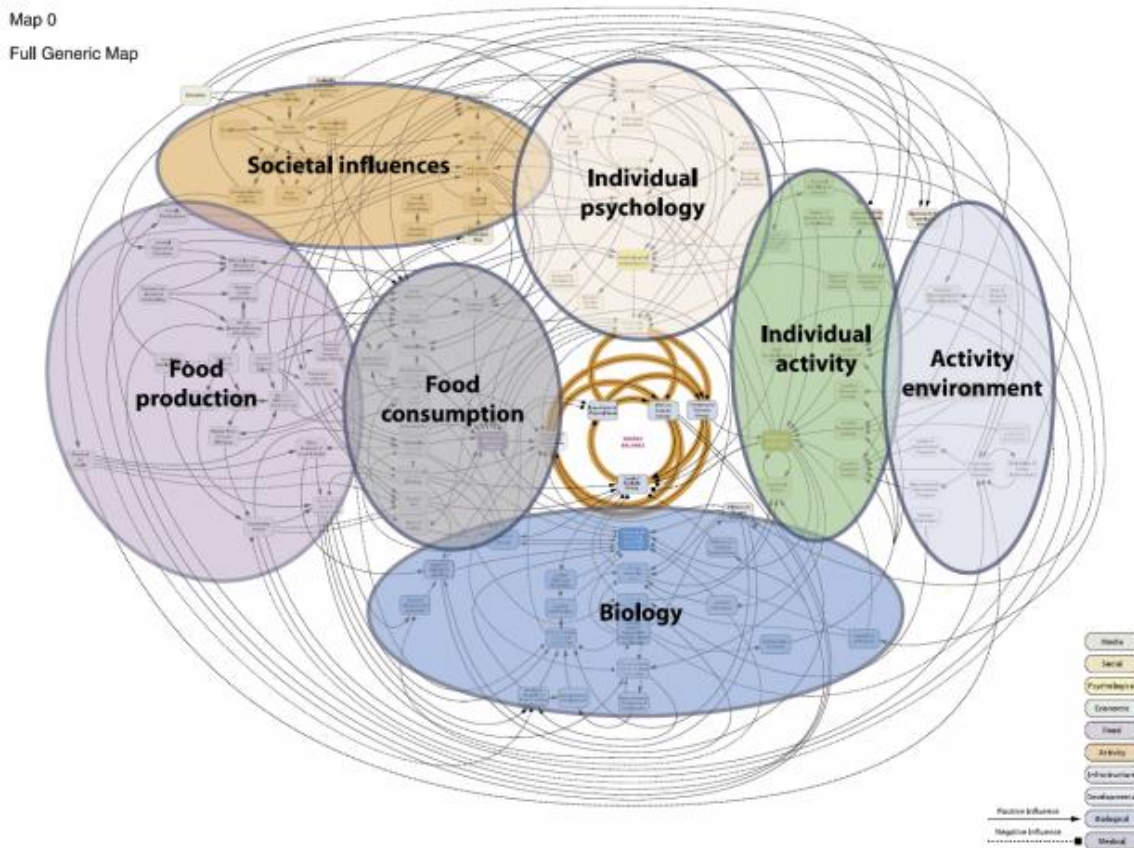
Being overweight or obese in childhood has consequences for physical health in both the short and long-term. Once established, obesity is notoriously difficult to treat, so prevention and early intervention are very important.

Obesity and overweight are linked to a wider range of diseases, most notably: type 2 diabetes, asthma, hypertension, cancer, heart disease, and stroke. Obesity is also associated with poor psychological and emotional health, poor sleep, and many children experience bullying linked to their weight.

Reducing obesity in children can impact on the number of adults that are obese in the future. Obese children are more likely to become obese adults

and have a higher risk of morbidity, disability and premature mortality in adulthood¹.

These factors combine to make tackling obesity a major public health challenge and the challenge for North Yorkshire is therefore very real. There is no easy fix to this complex issue. Our biology, the environment we live in, influences in our society and cultures and the choices we make about the foods we eat and the activity we do all affect our weight. The complexity of factors that contribute to an obesogenic environment are highlighted in this diagram “The Full Obesity System Map with Thematic Clusters” (from the Tackling Obesity: Future Choices report²).



In recent years being overweight has become the norm, which is something that requires attention.

3.0 Risk Factors¹,Error! Bookmark not defined.

No one is “immune” to obesity, but some people are more likely to become overweight or obese than others.

¹Public Health England, 2015, “Guidance: Childhood Obesity: applying All Our Health”, <https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health> (accessed 26th March, 2018).

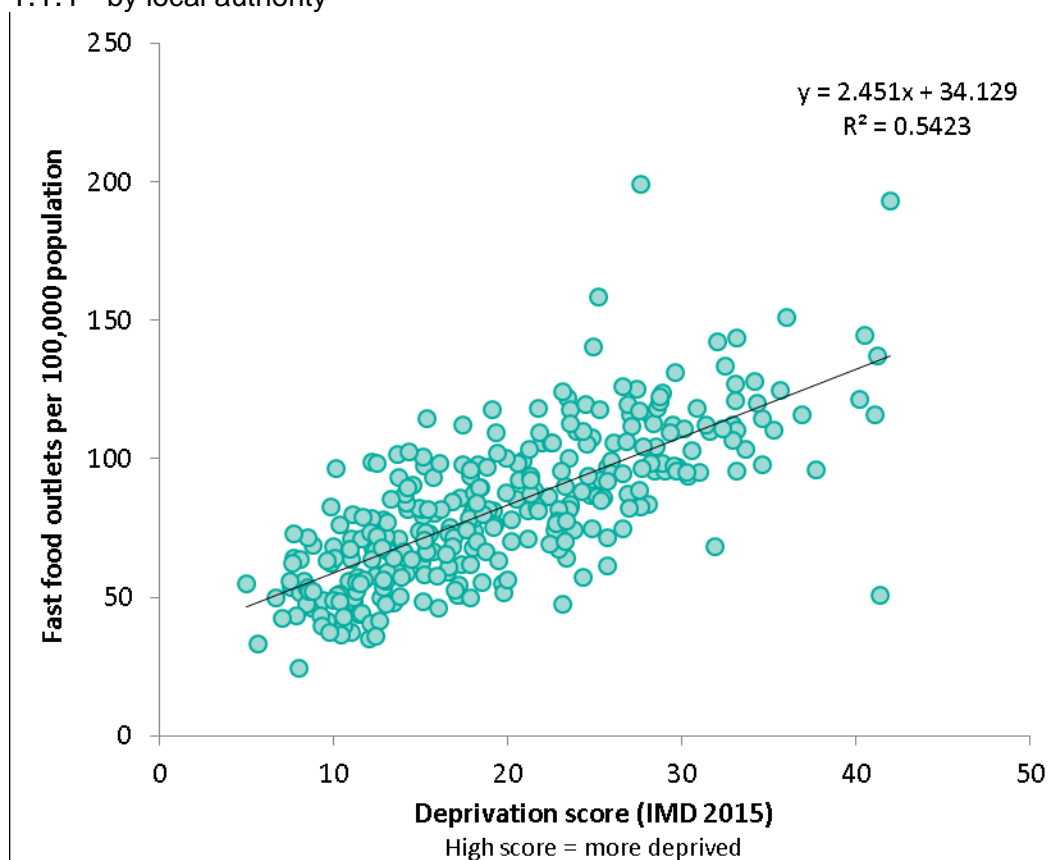
² Reducing Obesity: Obesity system map, 2017, <https://www.gov.uk/government/publications/reducing-obesity-obesity-system-map> (accessed 9th April 2018).

The main risk factors for children in terms of the households they are born into and grow up in, include:

- Approximately half of women of childbearing age (16-44) in England are either overweight or obese. There is strong evidence of a significant relationship between maternal obesity and the birth of babies above the normal weight range, and subsequent development of childhood and adult obesity, independent of genetic and environmental factors.
- Children who live in a family where at least one parent or carer is obese, are more at risk of becoming obese themselves.
- Children who are obese in childhood are more likely to be obese in adulthood and thus increase the risk of obesity in their own children in later life.
- Poor diet (including diets high in sugar and saturated fat) and low levels of physical activity are the primary causal factors to excess weight.
- The Marmot Review highlights that income, social deprivation and ethnicity have an important impact on the likelihood of becoming obese. The burden of obesity is falling hardest on children from low-income areas. For example, on average there are more fast food outlets and a fall in fruit and vegetable consumption in deprived areas than in more affluent areas.

Relationship between density of fast food outlets and deprivation

1.1.1 by local authority

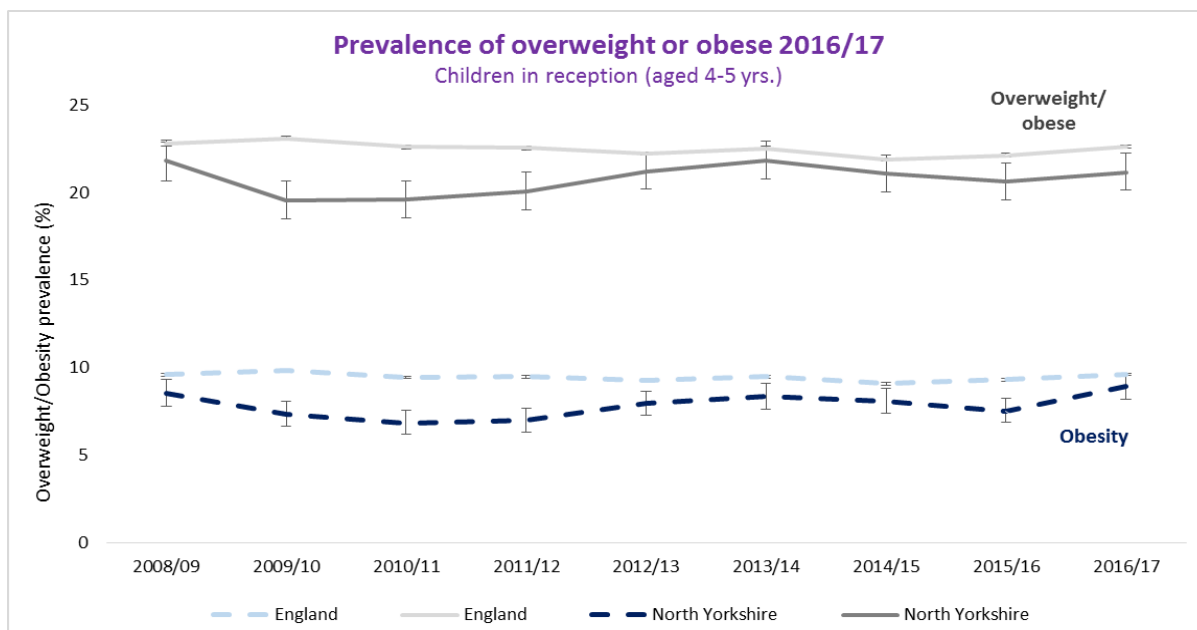


4.0 Patterns and Trends of Overweight and Obesity in North Yorkshire Children

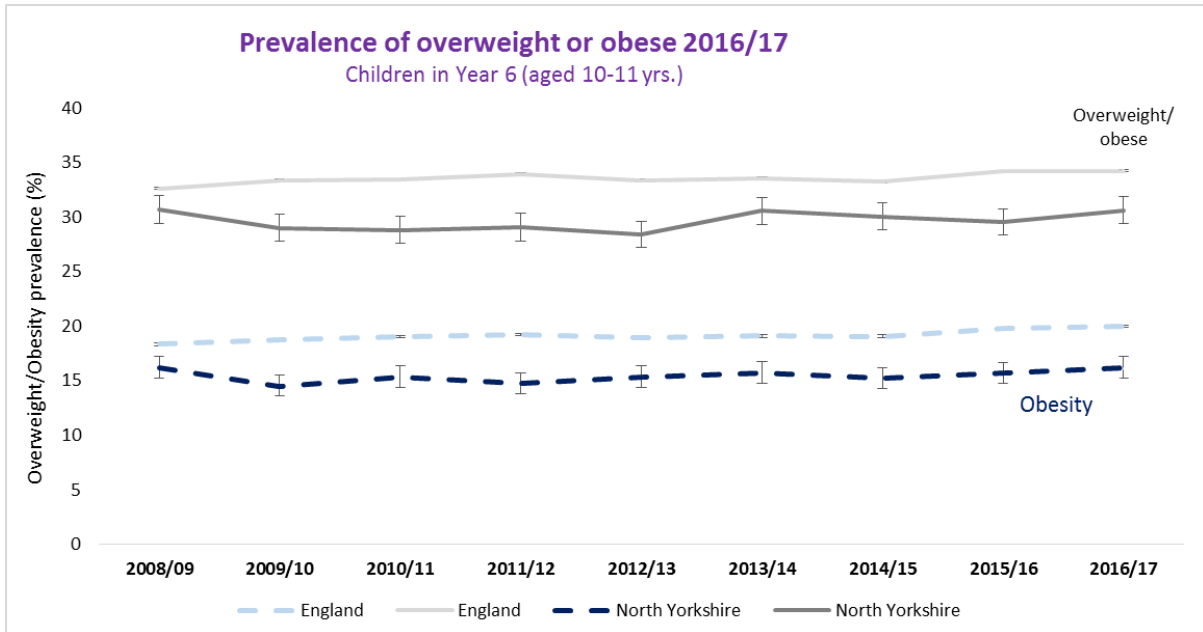
It is useful to analyse overweight and obesity data for children so that we can drill down and understand where we should target our resources to areas and populations of highest need.

At a North Yorkshire level, around 1 in 5 children in Reception are overweight (including obese) (n=1,207), and around 1 in 12 are obese (n=509). This increases to 1 in 3 children in year 6 (n=1,685) are overweight (including obese), and 1 in 6 children in year 6 are obese (n=890). Over the last 2 years, there has been a statistically significant increase in the number of reception age children who are obese.

From 2015/16 to 2016/17 there has been a statistically significant increase in the obesity prevalence rate of Reception children in North Yorkshire of 1.4%.



There have been no significant changes in prevalence for Year 6 children.

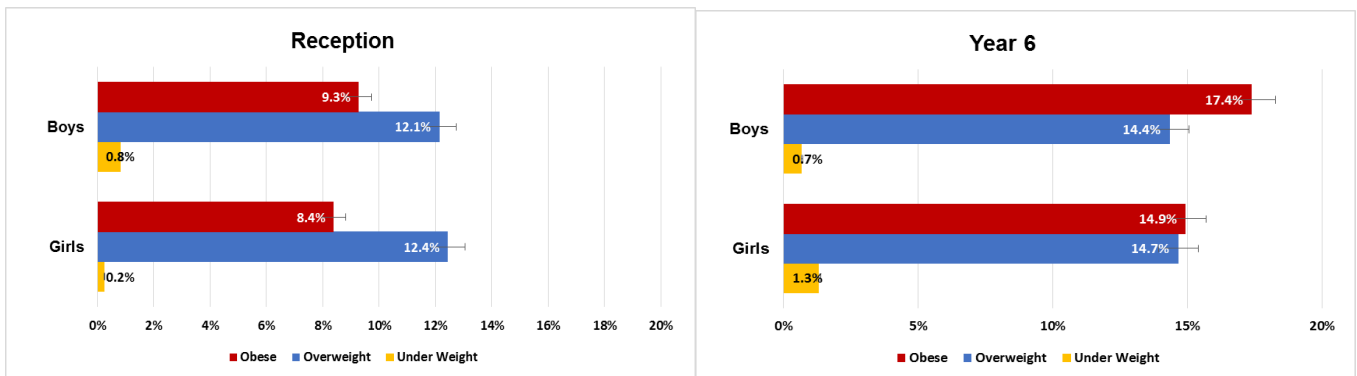


4.1 Obesity and gender

The difference in obesity prevalence between boys and girls was larger in Year 6 than in Reception.

The obesity prevalence rate of Year 6 boys is almost double that of Reception boys (17.4% and 9.3% respectively).

Underweight prevalence was higher for boys compared with girls in Reception, but higher for girls in Year 6.

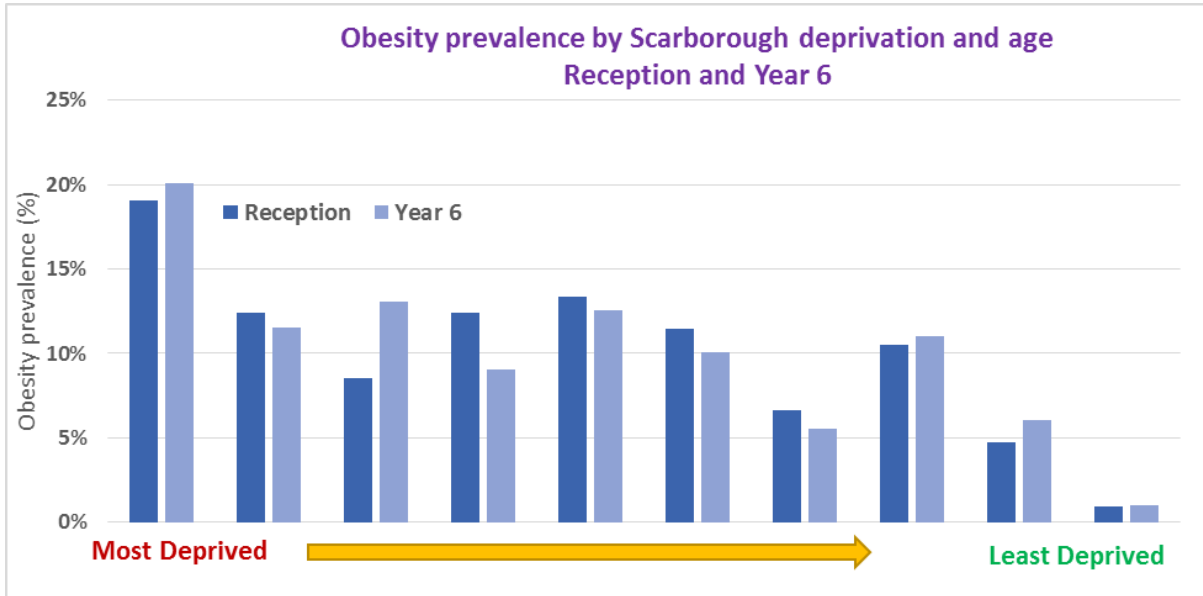


4.2 Obesity and deprivation

Analysis of NCMP data at county level does not indicate a strong relationship between deprivation and obesity.

However data for Scarborough District (where we know the vast majority of the most deprived areas in North Yorkshire are located) indicates that there is a strong relationship between deprivation and obesity. Obesity prevalence ranged from 18% for Reception children to 20% for Year 6

children in the most deprived areas, to less than 5% in both age groups in the least deprived areas.



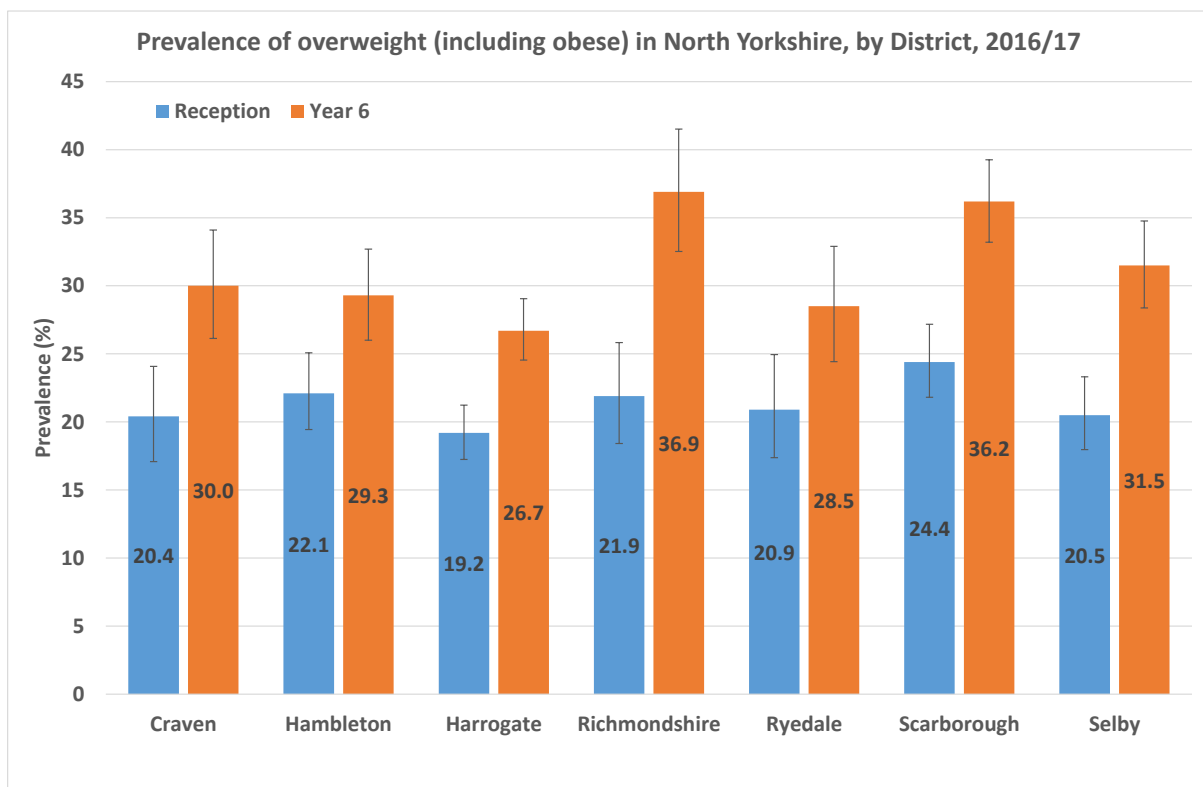
5.0 District Overview

For Reception children:

- Analyses at the District level show that for 2016/17 Scarborough has the highest prevalence of overweight (including obese) (24.4%). This is statistically significantly higher than Harrogate that has the lowest prevalence (19.2%).

For Year 6 children:

- Analyses at the District level show that for 2016/17, Richmondshire and Scarborough have the highest prevalence of overweight and obese (36.9% and 36.2%, respectively). This is statistically significantly higher than Harrogate that has the lowest prevalence (26.7%).
- There has been a statistically significant increase in overweight (including obese) and obesity for Scarborough from 2015/16 to 2016/17. For obesity, the prevalence rate increase from 14.7% to 20.7%. For overweight (including obese) the rate increased from 28.0% to 36.2%.



6.0 Evidence Based Interventions

We cannot do this in isolation. Preventing and treating obesity and moving towards a healthy weight generation requires action by all partners together. A whole system approach to engender sustained changes to individual behaviours across the whole population will require multiple actions across all parts of the system including changes to the food, physical activity and social

environments. This whole system approach is emphasised in the recently published House of Commons Health Committee Report: Health Select: Childhood Obesity, Time for Action.

To 'turn the curve' on excess weight in children and young people in North Yorkshire the causes/forces at work, the issues that account for the history of overweight and obesity prevalence and the reasoning behind a forecast of increased prevalence need to be acknowledged.

Sugar and fat intake are above the recommended levels, and physical inactivity and sedentary behaviours are on the increase. Historically there have been high volume and number of price promotions in retail outlets and restaurants, a 10% increase in fast food takeaways over the past 3 years (particularly in areas of higher deprivation), and typically high sugar content and large portion sizes of everyday foods and drink. Physical activity has been removed from our daily lives and sedentary behaviours have increased. There has been more restrictions on active play, outdoor play and walking and cycling to avoid risk: 'retreat from the street'. In modern society there is a psychological conflict between what people want (fatty, sugary foods) and desire to be health and/or slim, which complicate individual choices and behaviours.

Learning from the Amsterdam Healthy Weight Programme^{3,4}

- In April 2017 the trend in obesity rates in Amsterdam was published. Since 2013, childhood obesity and overweight rates had gone down by 12 per cent for all children and by 18 per cent among the most deprived children. Since 2013 Amsterdam intensified its efforts aimed at the prevention and cure for overweight and obesity among children and young people. While one cannot assume a direct causal trend, the Amsterdam project demands further attention.
- The programme is a good case study for us to look at because of the factors that are transferable to other settings: political leadership and the adoption of a whole systems, collective approach. The key lessons from this programme are not the specific interventions that were introduced, because they were introduced based on what was feasible and appropriate in Amsterdam. Rather, the key lessons are in how the programme was introduced, politically led and how a whole-system approach was successfully implemented.
- In 2013 the Amsterdam Healthy Weight Programme was launched with the aim of having no overweight or obese children in Amsterdam by 2033. The Programme aims to actively support children and parents to be healthier by engaging with them alongside professionals and organisations that work with children or significantly influence their

³ <https://www.iamsterdam.com/en/our-network/media-centre/city-hall/dossier-amsterdam-healthy-weight-programme> (accessed 24th April, 2018)

⁴ <https://www.centreforsocialjustice.org.uk/library/off-scales-tackling-englands-childhood-obesity-crisis> (accessed 24th April, 2018)

lifestyles. It focuses on integrated, cross-sector and cross-departmental actions involving politicians, local authorities, schools, health professionals, planning bodies, sports organisations, communities and neighbourhoods, charities, and the business sector.

- The key principles of the programme are political leadership, focus on social impact, whole-systems, targeted learning development based on consistent monitoring, and value in professionals and professional training. The programme is about much more than reducing childhood obesity rates. It is about cultural change and investing in a healthier future to ensure every child experiences optimum growth mentally, physically, emotionally, etc.
- In this way, The Amsterdam Healthy Weight Programme aims to make it easy and normal for people to be healthy in both noticeable and unnoticeable ways by facilitating healthy behaviours, choices and lifestyles, and by systematically supporting people at every key opportunity.
- One of the key aspects of the Programme is to target efforts based on neighbourhoods, which ensure the programmes reaches those most in need. The Programme adopts a whole systems approach by working with key professionals in the child's environment, such as teachers, health care professionals, and includes a focus on prevention and care as a 'package deal'.
- Interventions take place during the first 1000 days (from conception to 2 years old), in schools, in neighbourhoods, in the creation of a healthy environment (including urban design, and regulation of the food and drinks industry such as restricting unhealthy marketing to children). Addressing the issue of childhood obesity is about more than just getting children to eat better and exercise more. It is about tackling the complex social issues behind unhealthy behaviours such as mental health issues, poverty, lack of education etc.

7.0 Examples of key local achievements

7.1 Breastfeeding

Community services in North Yorkshire have achieved Stage 2 of the UNICEF baby friendly initiative. 100% of staff from North Yorkshire County Council Prevention Service and the Healthy Child services are fully trained to provide sensitive and effective care and support for mothers, enabling them to make an informed choice about feeding, get breastfeeding off to a good start and overcome any challenges they may face. Breastfeeding initiation rates have risen by 20% since the Baby Friendly Initiative was established in the UK.

7.2 Food for Life (FFL)

FFL in North Yorkshire is supporting schools to take a whole school approach that sees them grow their own food, organise trips to farms, providing cooking and growing clubs for pupils and their families. Serving freshly prepared, well-sourced meals and provide an attractive dining

environment are also a focus of this initiative. North Yorkshire County Council's Energy Traded Service received public health funding to deliver the FFL programme in 20 targeted schools across the county during the 2016-2018 academic years.

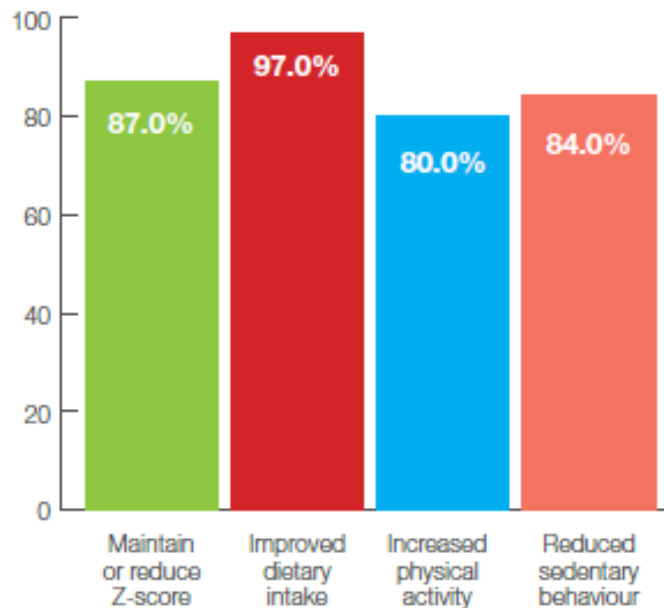
7.3 National Child Measurement Programme

The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception class (aged four to five years) and Year 6 (aged 10-11 years) to assess overweight and obesity levels in children in primary schools. This data is used at a national level to support local public health initiatives and inform the local planning and delivery of services for children.

The NCMP is embedded in the work of the 5-19 Healthy Child Team. The aim is to implement a "whole systems approach", and accordingly "It's more than just a measurement" has been adopted as a strap line for the Programme, identifying an opportunity to make every contact count. The 5-19 HCT proactively contact parents where children have been identified as being overweight to offer further guidance and support and a referral to the health choices service.

7.4 Healthy Choices Services

A component of the North Yorkshire 0-19 Healthy Child service, includes the Healthy Choices Service, which helps children and young people work towards achieving and maintaining a healthy weight. The Healthy Choices Service provides children and their family with the tools and information to make positive, and realistic, changes in their habits, helping them to start enjoying a healthier way of living. In 2016/17, 245 participants started the 12 week bespoke programme, and 195 (80%) completed it. The graph below shows the outcomes achieved by the Healthy Choices Programme:



Teesside University have been commissioned to conduct an evaluation of the Healthy Choices programme to help inform service development (due to be published April 2018). Preliminary findings are that the programme is enjoyed and has a positive impact, however there are areas that the programme needs to strengthen to improve sustained changes and encourage uptake from wider community.

7.5 MoreLife – residential camp

In 2016/17 35 young people from North Yorkshire aged 8-17 years old (who have a BMI centile of above 99.6) completed a two week MoreLife summer camp. The aim of the MoreLife camp is to support young people to change lifestyle habits through re-education of healthy eating, increasing physical activity levels and understand the personality traits and triggers that influence unhealthy lifestyle behaviours. Together the young people achieved a weight loss total of 53.7kg, with an average weight loss of 2.7kg per child, and average waist circumference reduction of 4.0cm. Unfortunately the camp is now longer continuing as the provider could no longer secure a suitable local venue to run the camp.

7.6 HENRY – Health Exercise and Nutrition for the Really Young

Health Visitors and Assistant Practitioners from the Harrogate and District NHS Foundation Trust 0-5 Healthy Child Service all received core training in the HENRY approach during 2017. HENRY is a nationally accredited programme offering interventions designed to protect young children from the physical and emotional consequences of obesity. It focuses specifically on 0–5 year olds and empowers parents and carers to provide a healthy start for babies and young children through a solution focused, strengths based partnership approach. The

whole family is supported to change old habits and achieve new goals. In addition, 14 staff have received advanced HENRY training which allows them to offer one to one targeted intervention with families of babies and young children over the 91st centile. Those trained are able to offer more intensive support to families.

7.7 Physical Activity

The Youth Sports Trust has delivered a pilot scheme called 'Healthy Movers' within Scarborough. Healthy Movers is an initiative that supports early year's settings and parents of two to five year olds to utilise training and resources in the childcare setting and at home. The aim of Healthy Movers is to increase the number of children aged two to five years achieving the recommendations for physical activity (180 minutes a day). Eleven early years settings in Scarborough have attended the Healthy Movers training and obtained teaching resources and home packs to engage children's families with their physical development journey.

Selby District Council's Inspiring Healthy Lifestyles service have been working with four primary schools in Selby town centre to take part in guided health walks. Children who participate walk just over a mile, keeping within the proximity of the school, using newly created walking routes. So far 846,000 steps have been taken and a total of 423 children have taken part in weekly walks. This walk is in addition to school regular curriculum PE sessions, with the aim to get more active and explore the local areas.

7.8 Service Design and Pathways

NYCC and HDFT have been working together to develop a multi-agency "Healthy Weight Pathway for Children, Young People and Families in North Yorkshire" booklet. This resource has been designed predominantly for professionals working in North Yorkshire to support them in identifying and raising the issue of overweight and obesity, deliver healthy lifestyle brief advice, and signpost clients to further information and programmes that can help them to achieve and maintain a healthy weight. The multi-agency pathway will ensure that services are as streamlined and efficient as possible and reduce duplication and gaps in service provision.

8.0 Children's Healthy Weight Priorities for North Yorkshire for the Next 12 Months

The North Yorkshire Healthy Weight, Healthy Lives Strategy Steering Group work together to identify and deliver agreed action under the strategic priorities, ensuring a whole system approach to tackling excess weight in children and young people. A Strategy implementation plan highlights action and progress related to areas including food provision in schools and childcare settings, access to sugar and high calories foods outside of the school or childcare setting, physical activity (including play, PE, sport and

recreation, active travel), services and community programmes, health education and skills, and campaigns.

Over the next twelve months key areas of work include:

- To develop a core offer around children's obesity for schools and early years settings, supporting them on the children's obesity agenda. This will be a resource for schools and early year's settings to help to build their capacity in tackling children's obesity. It will also provide an opportunity for public health to identify any gaps where the offer can be strengthened.
- To develop district level public health profiles for children's obesity using public health intelligence to identify the need at a district level, and establish a call to action among partners (to include CSSGs, CTB, Healthy Choices, HCT and Health Visitors, NYCC CYPs, and CCGs).
- To support healthy food provision in schools and childcare settings. This will include working with partners to support effective implementation of the School Food Plan, building on the work done by Food for Life to identify continued support to a whole school approach to healthy eating. Working with local child care providers, children's centres and parents to increase the number of child care organisations that serve healthy food, snacks and beverages through implementation of the PHE Early Years menus will also be a priority.
- To identify action on addressing access to high fat and high sugar food and drink outside of the school and early years setting. This will include working through and implementing a healthy school zone/fringe concept that will address one or a number of the following: hot food takeaway planning restrictions, sales of energy drinks to under 16s, unhealthy food and drink promotions, production placements and advertising (i.e. bus stops, public buildings), no parking or drop-off zones to reduce air pollution and increase active travel behaviours, and include edible plants and trees in planting schemes on routes to and from school.
- To encourage healthier vending options within public places i.e. leisure facilities, which will include review product content (sugar, salt and fat), size and product placement.
- To support schools to utilise the Sugar Levy funds to improve PE provision and facilities (capital investment through the Healthy Pupil's Capital Investment Funds) to meet targets of 30 minutes of physical activity during the school day and to support healthy eating and growing interventions.
- To explore the opportunity to, sensitively, improve the nutritional content of food bank donations and develop food banks into 'food pantries' to support those accessing donations to increase food preparation and cooking skills.

9.0 Recommendations to the Children's Trust Board

In summary Government, industry, schools and the public sector all have a part to play in making food and drink healthier and supporting healthier choices for our children. The benefits for reducing obesity are clear – it will save lives and reduce inequalities.

Key recommendations for the Board to consider:

- The Children's Trust Board members are asked to support the North Yorkshire Healthy Weight, Healthy Lives Strategy vision, priorities and associated action by taking the Strategy back to the organisation each member represents to discuss how as an organisation, actions can be incorporated and taken forward. Membership on the Strategy Steering Group is open – where organisations are not represented there is an opportunity to contribute.
- The Children's Trust Board are asked to consider how they can use their leadership to champion a whole systems approach to ensure all children have a right to a healthy weight and help to make the healthy option the easy option.
- How they can ensure that supporting children to have and maintain a healthy weight remains a key priority.