
REPORT OF
Director of Public Health

TO
CHILDRENS SCRUTINY PANEL
ON
8th December 2021

Childhood Obesity Update and work towards a Healthy Weight Strategy in Salford

RECOMMENDATIONS:

- To note of the current position and the data analysis of excess weight of children in Salford.
 - To review the findings from the recent mapping of the family weight management pathway and gap analysis.
 - To note the developments arising from external investment towards tackling obesity in the Early Years
 - To note the progress towards a whole-systems approach which will be embodied within the next Childhood Healthy Weight Strategy
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EXECUTIVE SUMMARY:

The following report is intended to highlight the growing problem of obese and overweight children and young people in Salford. It will provide an update on the current level of need within the local population, as well as the findings from a review of the existing family weight management pathways, including any gaps.

In addition, the report will provide an outline of additional resources secured recently to address obesity/overweight in the Early Years and ways of integrating operational delivery, as a means of working towards a whole systems approach.

Further, that this report will highlight how this body of work will be consolidated and used to inform strategic action which will form part of Salford's Healthy Weight Strategy.

KEY DECISION: No

1. Introduction

- 1.1. Obesity is an intractable public health problem, both globally and in the UK, with current trends suggesting the problem is worsening. To compound matters, restrictions

imposed as a result of the recent global pandemic may have exacerbated the problem further. According to a recent survey from the Zoe Covid Study, while some people ate better and exercised more during lockdown, there was a net increase in the population's consumption of unhealthy foods and in sedentary behaviour (Berry, Tobi and Gardner, 2021).

- 1.2. Over the past eighteen months, lockdown restrictions have also disrupted normal delivery of the National Child Measurement Programme (NCMP). Each year, this programme records the height, weight and Body Mass Index (BMI) of every Salford pupil in Reception and Year 6 of mainstream education. Within the present academic year, as a direct result of the pandemic disruption, Salford is set to provide just a 10% representative sample of measurements, as opposed to the normal 95%+ coverage. The resultant NCMP data that is soon to be published will therefore only be a prevalence estimate based upon the sample, which raises questions around its reliability. Irrespective, there are already emerging anecdotal reports locally which point towards a significant increase in the prevalence of overweight and obese children in Salford and it is assumed that the upwards trend will continue.
- 1.3. Childhood obesity is problematic for several reasons. Not only is it linked to various physical health conditions, such as asthma, early onset type 2 diabetes and cardiovascular risk factors but it is also associated with mental health and behavioural problems. Moreover, childhood obesity is a strong predictor of obesity in adulthood and can have long-term health consequences across the life course. The estimated costs to the NHS for the treatment of obesity-related health conditions are estimated to be £6.1 billion per year (DHSC 2020).
- 1.4. The drivers for obesity are multifactorial and incredibly complex. Any combination of factors such as poverty, access to good quality food, familial and cultural influences around food, built environment and social norms, cookery skills, mental health and physical (in)activity can all combine to affect whether or not a person can maintain a healthy weight. An added complication for children and young people is the potential for variance in their rate of growth and development, which means that the use of BMI as a measure of obesity is perhaps less definitive than with adults. Nevertheless, this does not detract from the overall population trend data which indicates a growing problem.
- 1.5. In order to have any impact on flattening this upward trajectory and eventually reducing the prevalence of obesity, efforts and action must focus on each of these drivers. The cumulative effects of those many actions will form the basis of a whole systems approach to tackle obesity in Salford. As a prelude to that much larger body of work, it is essential for the local system to be assured that the current weight management pathway for Children and Young People is evidence-based, relevant, effective and meets local need. Once assured of this, work can then expand to other aspects of a whole systems approach.

2. Background

- 2.1. Recent figures show that 63.0% adults in the UK are overweight and obese (OHID, 2021).

- 2.2. Obesity prevalence is highest amongst the most deprived groups in society. Children in the most deprived parts of the country are more than twice as likely to be obese than those living in the least deprived areas.
- 2.3. Costs to the NHS for the treatment of obesity-related health conditions are estimated to be £6.1 billion per year (DHSC 2020).
- 2.4. Obesity is associated with reduced life expectancy and a range of health conditions including type 2 diabetes, cardiovascular disease, liver and respiratory disease and cancer. Obesity can also have an impact on mental health.
- 2.5. Childhood obesity leads to significantly higher risks of obesity in adulthood. Tackling obesity earlier in childhood reduces the cumulative health harms experienced across the life course
- 2.6. Childhood obesity should be addressed alongside adult obesity. If a child has an obese parent their risk of childhood obesity is higher, and if both parents and siblings are obese, the risk is even higher. This is largely due to lifestyle factors and behaviours the family share such as high sugar and high fat diets and sedentary leisure time.
- 2.7. The Government's ambition is to achieve 'a sustained downward trend in the level of excess weight in children by 2020'.

3. The National Child Measurement Programme (NCMP)

- 3.1. Since the academic year of 2006-07, Public Health has a mandate to complete the National Child Measurement Programme (NCMP) for all Salford school children in Reception Class and Year 6.
- 3.2. There are two current indicators used to monitor childhood obesity: prevalence of overweight/obesity and coverage of NCMP (% children measured) for Reception and Year 6 children. NCMP coverage for Salford is usually excellent (circa 95%) meaning greater reliability with respect to the trend data.
- 3.3. NCMP delivery was hampered nationally due to school closures during lockdown. This will impact upon the latest 2019-20 dataset which are soon to be published. This data will be an estimate only, based upon a representative 10% sample of the target population.
- 3.4. Within the programme, each child's height and weight are measured and used to calculate their Body Mass Index. This calculation divides their weight by the square of their height. Children are classified as overweight if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex. Children are classified as obese if their BMI is on or above the 95th centile.
- 3.5. In 2018/19, NCMP coverage for Salford was 97.3% this was the fifth highest rate in the North West and exceeded the national and local target.

3.6. In the same year, validated figures from the NCMP Programme (2018-19) for Salford shows that:

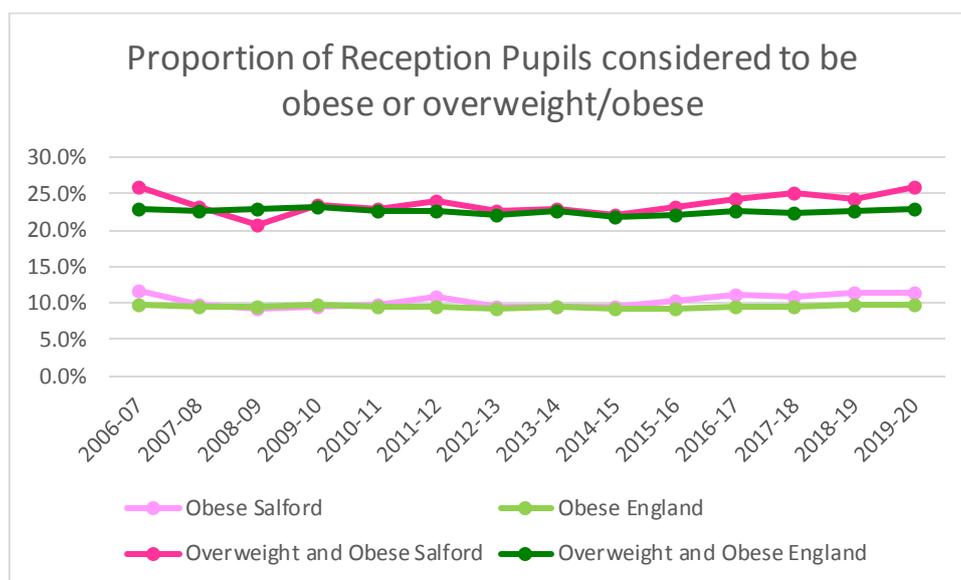
- In Reception, 11.3% of children were obese, a slight increase on the previous year (11.0%) and substantially higher than the England average (9.7%).
- In Year 6, 23.1% of children were obese, a slight increase on the previous year (22.7%) and substantially higher than the England average (20.2%).

4. Prevalence of Need

4.1 The trend data from 2006-07 to 2019-20 in the following graphs compares rates of overweight and obesity in Salford to that in England.

4.2 The most recent data has been used in the presentation of graphs below but it should be noted that the Office of Health and Disparities (formerly Public Health England) is about to publish local prevalence estimates for 2020-21 in the coming weeks.

Fig 1: Prevalence of Overweight/Obesity among Reception Class Pupils in Salford

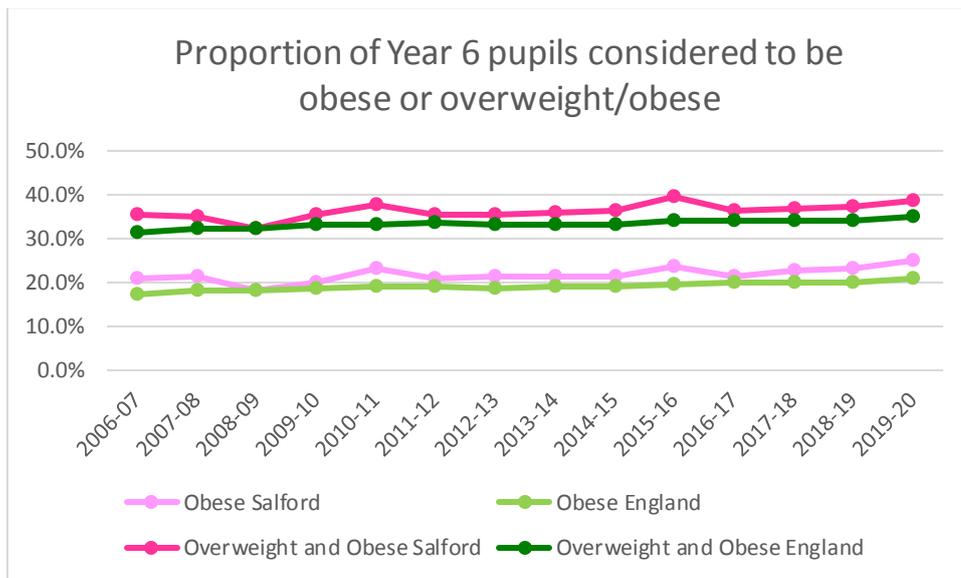


4.3 The data shows that 26.0% of Reception pupils in 2019-20 were overweight, of which just under half of that cohort (11.4%) were considered to be obese.

4.4 In the same year, the prevalence of overweight pupils for Year 6 has grown to 38.9%, of which nearly two thirds (25.2%) were considered to be obese.

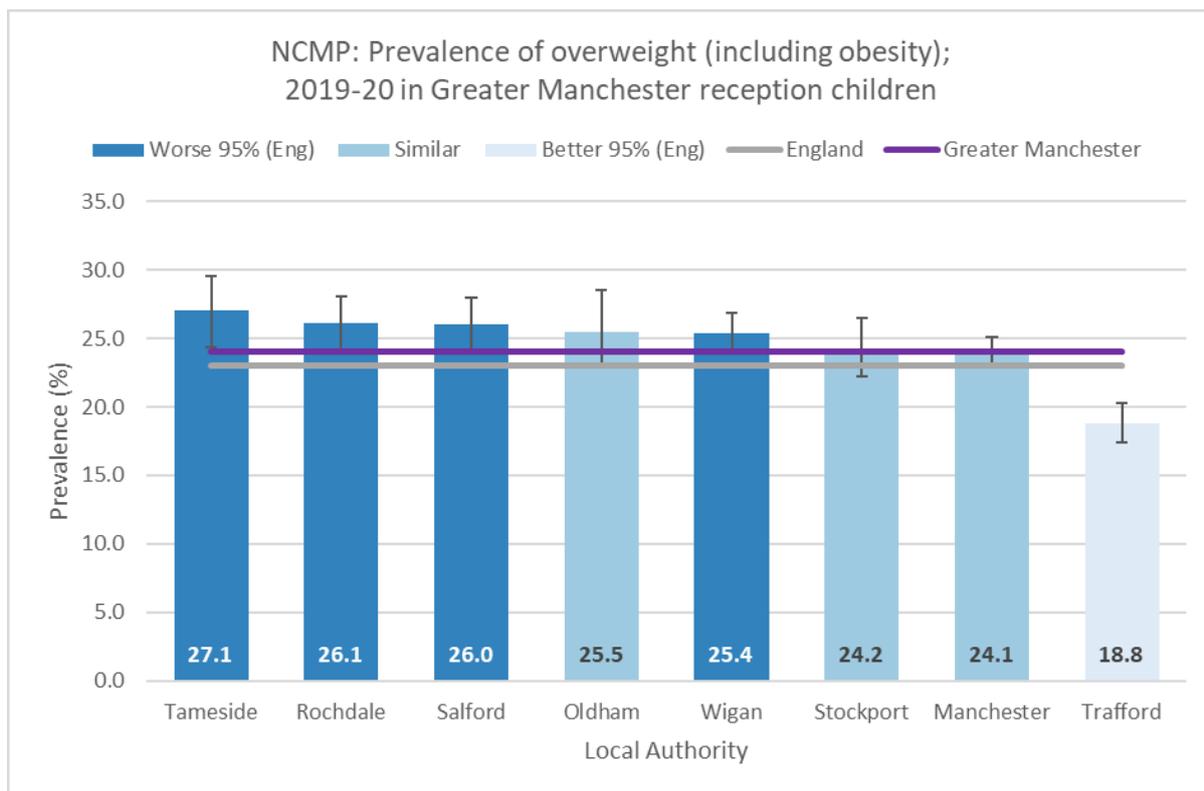
4.5 For a like-for-like comparison, using the same group, Year 6 pupils in 2019-20 will be more or less the same group as those measured in Reception in 2013-4. In that year, 23.0% of pupils were overweight, of which two-fifths of that cohort (9.6%) considered to be obese. Thus, the growth in the prevalence of overweight and obesity becomes even more pronounced.

Fig 2: Prevalence of Overweight/Obesity among Year 6 Class Pupils in Salford



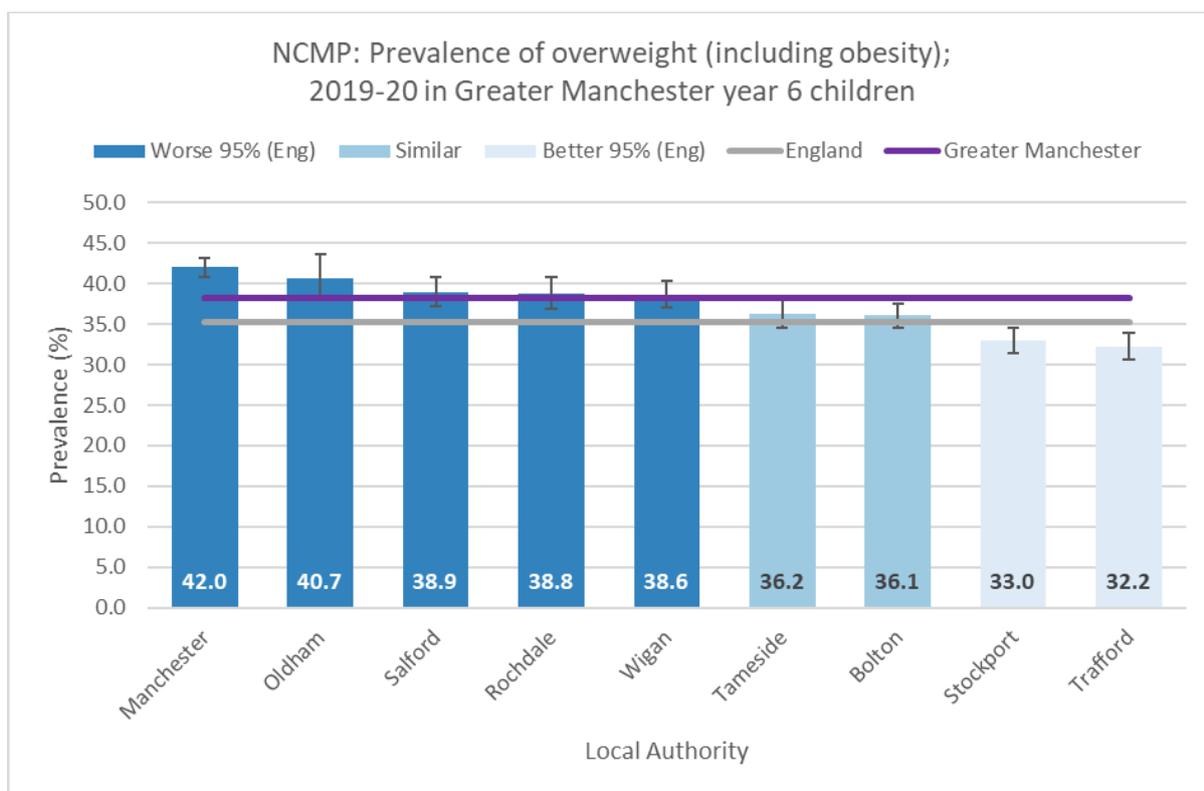
- 4.6 The data presented in the graphs above does not include any measurements taken either during or since the pandemic. With the reported increase in unhealthy diets and physical inactivity during the various periods of lockdown, it is highly likely that this problem is going to increase.
- 4.7 This is supported within the latest national data to be published in recent weeks, which does include post-COVID measurements. The Office of Health and Disparities has reported a 4.5% increase in obesity in both Reception and Year 6 pupils across England, following the pandemic. If Salford follows the current national trend, then the proportion of overweight and obese children in Salford is going to increase considerably.
- 4.8 In the graphs below, data is presented which benchmarks Salford with other GM local authorities, with only two other areas (Tameside and Rochdale) with greater prevalence of overweight and obesity

Fig 3: GM Overweight and Obesity Combined – Reception (4-5 year olds)



Please note that Bolton and Bury did not have valid measurement data for 2019-20

Fig 4: GM Overweight and Obesity Combined – Year 6 (10-11 year olds)



Please note that Bolton and Bury did not have valid measurement data for 2019-20

4.9 Analysis of national data shows a strong relationship between deprivation and overweight and obesity, however this is less pronounced in Salford which suggests greater complexity and a more nuanced picture.

Fig 5: Overweight and Obesity Combined by Ward – Reception (4-5 year olds)

Reception: Prevalence of overweight (including obesity), 3-years data combined, in Salford wards, 2017/18 - 19/20

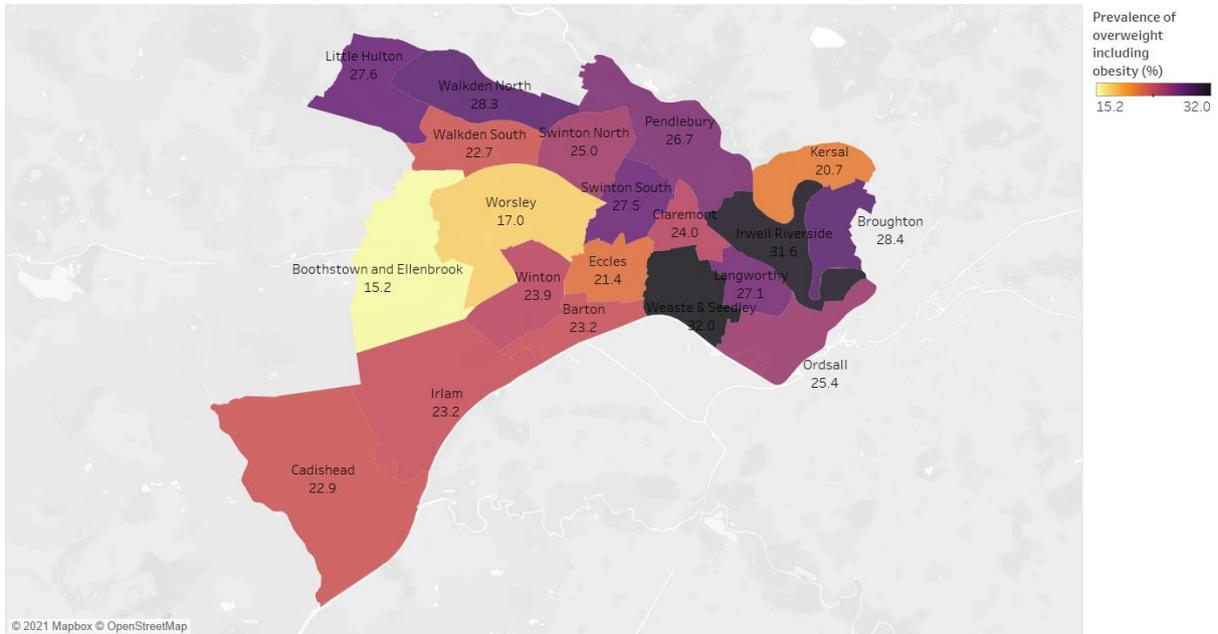
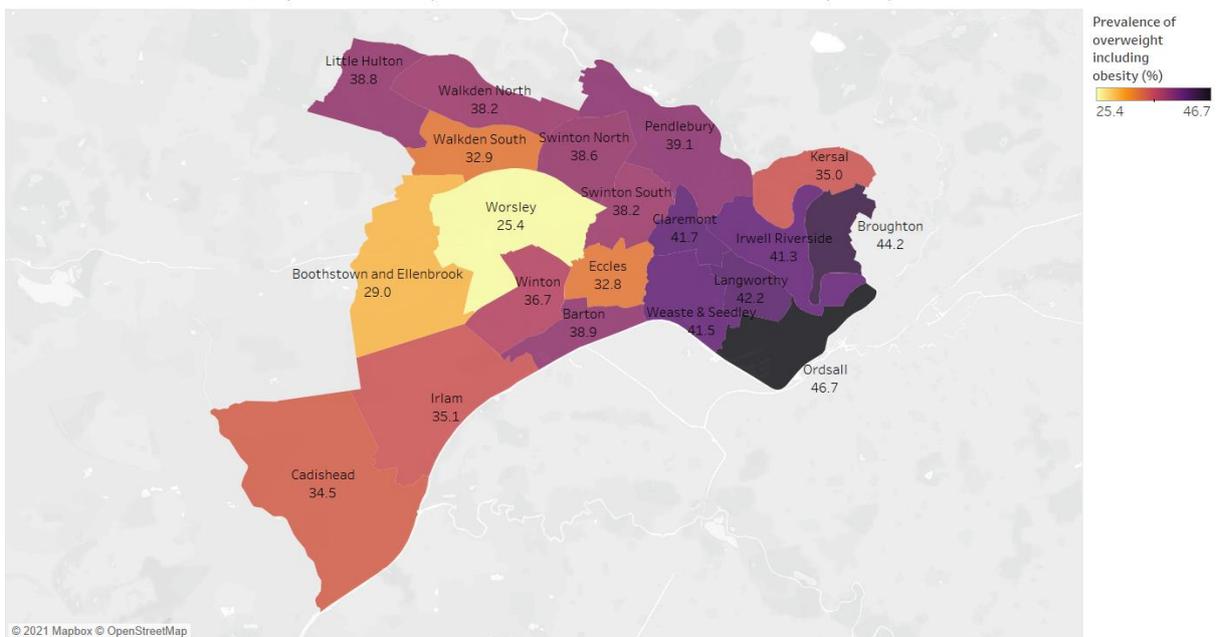


Fig 6: Overweight and Obesity Combined by Ward – Year 6 (10-11 year olds)

Year 6: Prevalence of overweight (including obesity), 3-years data combined, in Salford wards, 2017/18 - 19/20



5. Review of the Family Weight Management Pathway

- 5.1. Prior to any new developments being undertaken, it is essential that the basic building blocks of family weight management services are in place and that the pathway is working effectively. To this end, work has been undertaken to map and review the existing family weight management pathway
- 5.2. From this review, a number of areas were identified which require attention or improvement:
 - **Making Every Contact Count (increasing opportunities for referral in)**
 - Referrals into Tier 2 Family Weight Management Services (the Red Pepper Programme) tends to be via GP/social care at crisis point. Earlier identification and referral needed from other parts of the system.
 - **Reactive offer of support via NCMP – tighten via parental opt out letter**
 - Onus currently on parents to seek support when child is identified as overweight or obese within the National Child Measurement Programme. Instead, changes will allow Red Pepper to proactively contact parents.
 - **Over ten years since Red Pepper Programme was devised – time for a review?**
 - The Red Pepper Programme has been operating in its current format since about 2011. It is therefore timely to review the programme against best practice/guidance.
 - **Capacity of programme vs growing need**
 - Currently, the programme is funded to support 120 children (and their family members) per annum. Given the growing demand that the data suggests, this is likely to need additional investment or an alternative approach.
 - **Urgency of problem requires greater ambition re measures of success**
 - Current targets do not sufficiently incentivise a weight reduction.
 - **Potential disconnection between different tiers**
 - Overall, there seems to be no communication between tiers of support, which inhibits the step up/step down approach that a tiered system is intended to provide, so as to match patient need to the most appropriate level of support.
 - **Lack of follow-on support is an identified gap to sustain change**
 - A key gap for professionals is a need for some aftercare support to help patients to maintain their weight reduction over the longer term.

6 Tackling Obesity in the Early Years – the Amsterdam Model

- 6.1. Salford has recently secured NHS funding towards the development of a GM test site for tackling overweight/obesity in the Early Years. This acknowledges the continued need for weight management support for older children but focussed heavily on public health prevention much earlier in the life course
- 6.2. The pilot will attempt to understand the causes of obesity including underlying psychological mechanisms, individual lifestyle factors, and living and working conditions, within the context of structural determinants.
- 6.3. This will bring potential funding circa £300k per annum across two years to develop integrated working across Maternity, Early Years, Dietetics, schools, community, etc.
- 6.4. Individual elements include:
 - Strong emphasis on co-production/co-development of solutions with local communities.
 - Consolidating existing work with BAME communities around culturally appropriate approaches.
 - Working with families living in poverty and with foodbanks/food clubs to improve the quality of food offered, food literacy and cooking skills.
 - Focus on maternity pathways with weight management support for mothers with raised BMIs and in respect of information around nutrition and infant feeding.
 - Review of food nutrition and information provided via private, voluntary and independent childcare providers.
 - Acknowledging co-morbidity of mental health problems among overweight/obese, as both a symptom and driver.
 - Supporting tech enablement through the Assure App to promote opportunities to Make Every Contact Count.
- 6.5. The pilot will enlist the support of Salford University to evaluate the pilot in terms of the promotion of integrated practices and for impact.
- 6.6. This pilot is an opportunity to build strong foundations for a whole-systems approach which will inevitably follow.

7 A Whole Systems Approach – Salford’s Healthy Weight Strategy

- 7.1 As discussed earlier, the drivers of overweight and obesity are complex and multifactorial. Data analysis also shows that this is particularly true of Salford compared to the national picture.
- 7.2 In order to have any impact on this growing problem, mitigating actions must be both varied and multi-faceted. Better integration of collective purpose across the system, as well as the cumulative gains derived from multiple actions will be necessary to success.
- 7.3 The following recommendations (though not exhaustive) should form the basis of Salford’s future Healthy Weight Strategy:
- Reinvigoration of the Healthy Weight Declaration
 - Securing senior support for this approach at the highest level
 - Bottom-up re-design of the healthy weight strategy, with cross-cutting integration with other strategies. e.g. physical activity, licensing and planning, green spaces, etc.
 - Securing the best possible start for pregnant mothers and their new babies
 - Developing a comprehensive healthy school offer from catering, PHSE education, physical exercise
 - Influencing all aspects of the built environment, including planning to promote healthy food choices, opportunities to engage in physical activities and use of green spaces, etc.
 - Level up access to and quality of food available to all communities within Salford, with particular focus on those living in poverty
 - Halve childhood obesity in Salford by 2030
- 7.4 Following the mobilisation of the Early Years obesity pilot, work will begin on the strategic development of a whole-systems approach. This will be embodied within Salford’s Healthy Weight Strategy.
- 7.5 Finally, while support for this approach at the most senior level is important, this is likely to be insufficient without the support of local communities. Their participation in the co-production of the Healthy Weight Strategy will be the most critical aspect of delivering successful health outcomes.

References

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KEY COUNCIL POLICIES: Health & Wellbeing

EQUALITY IMPACT ASSESSMENT AND IMPLICATIONS: Not at this stage

ASSESSMENT OF RISK: Medium

LEGAL IMPLICATIONS Supplied by: Not at this stage

FINANCIAL IMPLICATIONS Supplied by: Not at this stage

PROCUREMENT IMPLICATIONS Supplied by: Not at this stage

HR IMPLICATIONS Supplied by: Not at this stage

OTHER DIRECTORATES CONSULTED: Public Health

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WARDS TO WHICH REPORT RELATES: All Wards