

Developing Well

Childhood Obesity

Revised: 30/08/2017

Introduction

“Childhood obesity is one of the most serious global public health challenges of the 21st century” ([World Health Organisation](#), 2013).

Obese children and adolescents are at an increased risk of developing a variety of health problems in the short and longer term. Once established, obesity is difficult to address, so prevention and early intervention are very important, so that obesity does not continue into adulthood. [The Foresight Report](#) (2007) predicted that by 2050, 25% of children in the UK will be obese.

There are emotional and psychological effects of being overweight that affect the children themselves. This includes teasing and discrimination by peers; low self-esteem; anxiety and depression. One study showed severely obese children rating their quality of life as low as children with cancer on chemotherapy.

Rising levels of childhood obesity has consequences for the health of children and young people in both the short and the longer term. Obese children and adolescents are at an increased risk of developing various health problems, and are also more likely to become obese adults (National Obesity Observatory, 2013).

Type 2 diabetes, previously considered an adult disease, can develop during childhood, and this has increased dramatically in overweight children as young as five. The world is now facing a twin epidemic of obesity and Type 2 diabetes in young people. Other health risks of childhood obesity include early puberty, eating disorders such as anorexia and bulimia, skin infections, asthma and other respiratory problems and some musculoskeletal disorders.

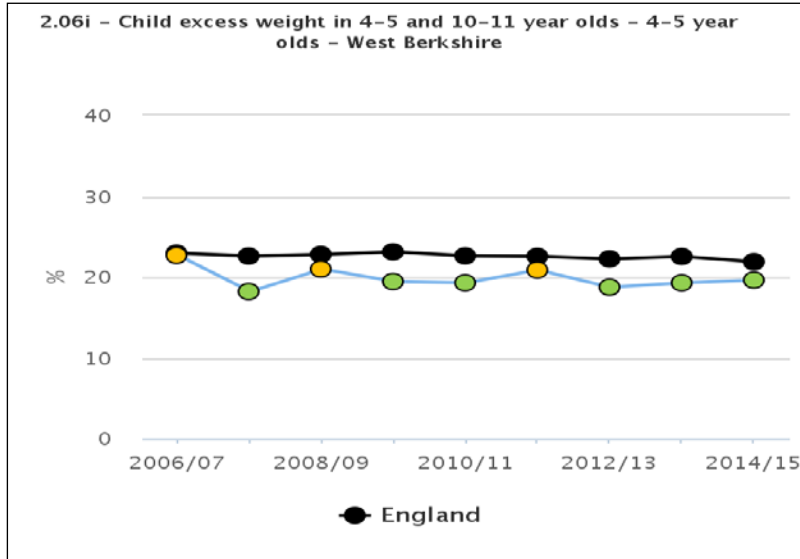
What do we know?

The [National Child Measurement Programme \(NCMP\)](#) measures the weight and height of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess the extent of overweight and obesity in primary schools. A child's Body Mass Index (BMI), sex and age is used to determine whether they are underweight, overweight or obese.

The percentage of children aged 4 to 5 in West Berkshire who were overweight or obese, as measured as part of the NCMP in 2014/15, was 19.6%. This is slightly lower than the South East average (20.3%) and lower than the England average of

21.9%. The rate fluctuates year on year as different cohorts of children are measured however West Berkshire rate remains lower than the national average and has decreased from the 2006/7 rate of 22.7%.

Overweight and obese four and five year olds – West Berkshire



Source: Public Health England

Recent trend: →

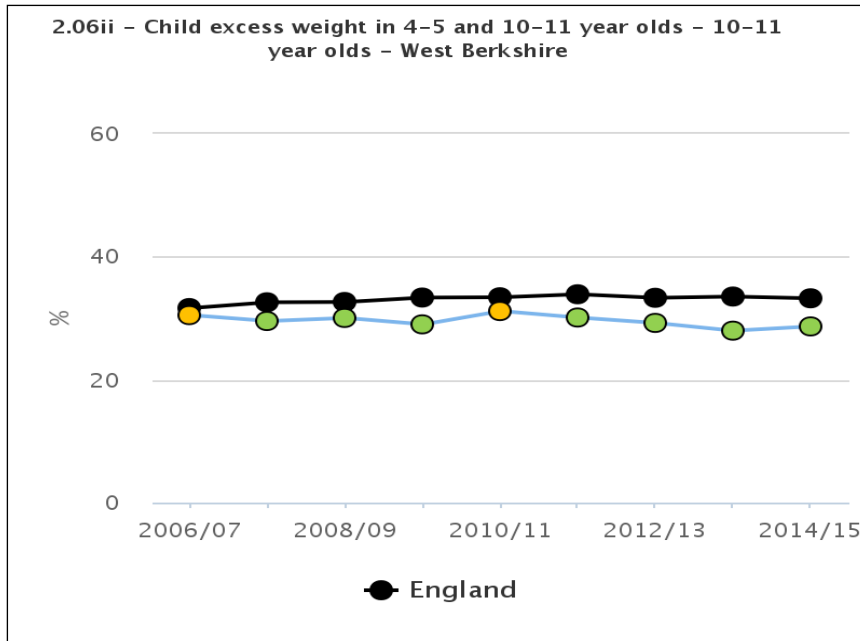
Period		Count	Value	Lower CI	Upper CI	South East	England
2006/07	●	212	22.7	20.1	25.5	-	22.9
2007/08	●	261	18.2	16.3	20.3	20.4	22.6
2008/09	●	317	21.0	19.0	23.1	21.8	22.8
2009/10	●	292	19.4	17.5	21.5	21.6	23.1
2010/11	●	283	19.3	17.3	21.4	20.9	22.6
2011/12	●	333	20.9	18.9	22.9	20.7	22.6
2012/13	●	298	18.7	16.9	20.7	20.3	22.2
2013/14	●	287	19.3	17.4	21.4	20.5	22.5
2014/15	●	348	19.6	17.8	21.5	20.3	21.9

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

In reception the % of children aged 4-5 who were obese was 7.4% and 12.2% overweight. Nationally 12.8% were recorded as overweight and 9.1% as obese. The south east rates were 12.3% overweight and 7.9% obese.

Overweight and obese ten and eleven year olds – West Berkshire

West Berkshire Council Joint Strategic Needs Assessment



Source: Public Health England

Recent trend: →

Period		Count	Value	Lower CI	Upper CI	South East	England
2006/07	●	366	30.5	28.0	33.2	-	31.7
2007/08	●	413	29.5	27.2	32.0	29.7	32.6
2008/09	●	438	30.0	27.7	32.4	30.1	32.6
2009/10	●	446	29.0	26.8	31.3	31.0	33.4
2010/11	●	478	31.2	28.9	33.5	30.6	33.4
2011/12	●	433	30.1	27.8	32.5	30.8	33.9
2012/13	●	411	29.2	26.9	31.7	29.8	33.3
2013/14	●	419	28.0	25.8	30.3	30.3	33.5
2014/15	●	450	28.7	26.5	30.9	30.1	33.2

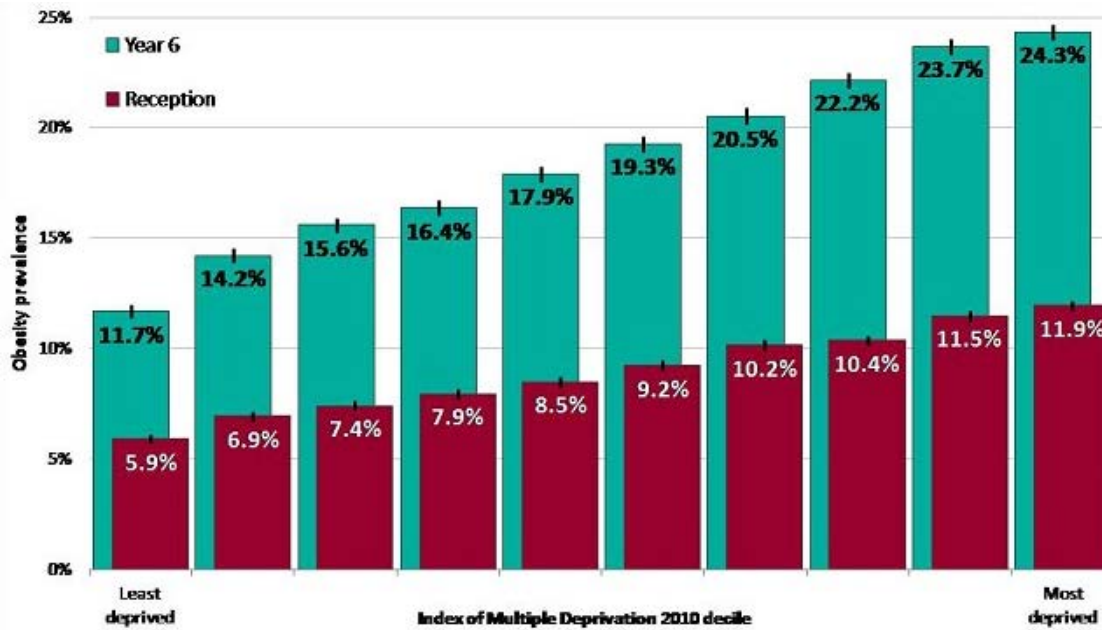
Source: Health and Social Care Information Centre, National Child Measurement Programme

In 2014/15, 28.7% of the children measured in year 6 were either overweight or obese. This was lower than in 2012-13 (29.2 %) but slightly higher than in 2013/14 (28.0%). This rate has slightly decreased since 2006/17 (30.5%)

The percentage of obese children in year 6 was 14.2 %, which is lower than the South East average of 16.4 % and the England average of 19.1 %.

The percentage of overweight children in year 6 was 14.5%, which is higher than the South East average of 13.6% and the national average of 14.2%.

National Child Measurement Programme 2012/13 – Reception and Year 6 children



Source: National Child Measurement Programme

The data demonstrates the strong correlation between deprivation and obesity prevalence nationally. Obesity prevalence of the most deprived 10% of the population is approximately twice that of the least deprived 10%. The UK ranks 9th in comparison to other countries globally for children and young people who are overweight and obese.

Physical activity includes all forms of activity, such as everyday walking or cycling, active play, work-related activity, active recreation (such as working out in a gym), dancing, gardening or playing active games, as well as organised and competitive sport.

There is substantially less research on the health benefits of physical activity for disabled people. Based on the evidence, the guidelines can be applied to disabled children and young people; however they need to be tailored according to the person's exercise capacity and any special health issues or risks.

Nationally, the [Tell Us survey](#) found that 21% of pupils (in Years 6, 8 and 10) said they did something active every day during lesson time, whilst 74% said they were active some/most days, and 5% said they were never active during lesson time (Department for Culture Media and Sports, 2013).

The PE and Sport Survey surveyed all schools in England to identify participation rates in PE and school sport. The last survey took place in 2010 on behalf of the Department for Education.

The survey presented the percentage of children that took part in at least 3 hours of PE and sport at school age (5-18 years). In 2009/10 the percentage of children participating in at least 3 hours of PE and sport at school age (5-18 years) per week was 55.1% in West Berkshire which is the same as the national average ([ChiMat](#), 2014).

What is the data telling us?

There is a considerable link between the increased occurrence of overweight and obesity and levels of deprivation.

Our levels of overweight and obesity in children aged 4-5 years and 10-11 years is similar to South East levels and slightly lower than national levels. Since there is a link between levels of deprivation and levels of overweight and obesity it is to be expected that West Berkshire is lower than the national levels.

Although our levels remain relatively unchanged we are not achieving a general trend downwards of levels of overweight and obesity for any age group. In addition the % of children who are obese doubles between entering primary school and leaving primary school.

Currently there is not a local childhood obesity strategy and action plan for West Berkshire and a clear Healthy Weight Pathway does not exist.

Although there is considerable preventative services that exist both within schools and in the community, there appears to be a gap of services for those children who are very overweight. The development of these services continues to be a challenge even though there are a number of health professionals who could be commissioned to provide these services including Primary Care staff, Community School Nurses and Dietitians.

We have the [NCMP](#) data for 4-5 year olds and 10-11 year olds but there is not the same robust data available for older teenage children, so it is difficult to judge the seriousness of the problem for this older age group.

Recommendations for consideration

Children above year 10 in secondary school are encouraged to do 2 hours per week of sport/physical activity in curriculum time

Young people in years 12 and 13 are offered a range of suitable physical activity opportunities when at school.

School Nurses are trained to work with children who are obese in school and have the capacity to undertake this work

Primary and secondary prevention initiatives that addresses healthy eating and physical activity for children and their families is in place and especially targets areas of deprivation and people living on low incomes.

Schools in areas of deprivation are targeted with healthy weight initiatives.

A care pathway and strategy are developed and implemented for West Berkshire.

Other services and partner organisations

Tier 1 activities and services are primarily preventative in nature and focus on raising awareness and developing skills in the general population that will help them to maintain a healthy weight throughout childhood. This includes physical activity and healthy eating and also addresses the wider environmental aspects of healthy diet availability and physical environment.

- A variety of work is being commissioned in schools including:
 - Phunky Foods - training and resources for all staff working in schools about healthy eating and physical activity
 - Dissemination of healthy lunchbox and 5 a Day resources to all schools
 - Working with School meal providers to ensure healthy school lunches
 - Increase focus on Active Travel plans for all schools
- Work in the community includes
 - Provision of healthy eating training in Family Hubs and Fun 2B Fit and Healthy - a scheme encouraging parents to ensure their children eat a healthy diet, have more active play and drink more water.
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 - Make available sports equipment for communities (Big Green bags)
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 - Commissioning free swimming lessons for a small number of children living in relatively deprived areas.
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 - Commissioning free physical activities for younger age children in communities during school holidays
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 - Subsidised and targeted gym sessions for teenagers _Active8.
- **Let's get going** Weight management course for 7-11 year olds commissioned to run in 4 schools in deprived areas.
- **School Nursing** Service commissioned and Community School Nurses carry out weighing and measuring of reception and year 6 children annually. Nurses are able to discuss obvious weight problems with child and family.
- **Primary Care** - GP practices can discuss obesity and support parents, referring to physical activity and healthy eating interventions.
- **Community paediatric consultant and community dietitians** can advise and support obese children and their families
- **Secondary Care paediatric consultants** – Royal Berkshire Hospital

National and local strategies

[National Childhood Obesity Strategy: a Plan for Action](#)

[Healthy Weight, Healthy Futures: Local Government Action to tackle childhood obesity](#) (Feb 2016)

[The UK Chief Medical Officers' 2011 Physical Activity Guidelines](#)

[School Food Standards](#) 2015

[Start4Life and Change4Life](#)

[Early Years Statutory Framework](#)

[NICE Guidelines \(2009\): Promoting Physical Activity for Children and Young People](#)

[NICE Guidelines \(2010\)](#): Prevention of Cardiovascular Disease

[NICE Guidelines \(2008\)](#): Maternal and Child Nutrition

[NICE Guidelines \(2006\)](#): Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children

Other chapters you might be interested in

Emotional Health and Wellbeing of Children

Oral Health (Children)

Sexual Health and HIV

Substance Misuse in Children and Young People

Teenage Pregnancy

If you have any questions about this chapter, please contact Public Health and Wellbeing Team on publichealthandwellbeing@westberks.gov.uk or 01635 503437