

**CHILDREN AND YOUNG PEOPLE'S  
STRATEGIC PARTNERSHIP****REPORT**

<b>DATE OF MEETING:</b>	18 May 2011
<b>SUBJECT:</b>	Summary of the 2009/10 National Child Measurement Programme (NCMP)
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<b>IS THE REPORT EXEMPT?</b>	No
<b>IS THE REPORT CONFIDENTIAL?</b>	No

**1. Purpose**

For Discussion

**2. Background/Context**

Healthy Weight, Healthy Lives: a cross-government strategy for England was launched on the 23 January 2008 by the Department of Health and Department of Children, Schools and Families. The ambition is to be the first major nation to reverse the rising tide of obesity and overweight in the population. The initial focus is on children and families.

We live within an 'obesogenic' society (Forecast Report, 2007) – our modern lives involve:

- more sedentary lifestyles
- less walking
- less play
- reliance on cars
- changing food and eating habits
- changing work patterns,
- a perceived community safety impact upon families' lives

These factors create 'Passive Obesity' which results in approximately a 0.5% year on year increase in obesity. Nationally, childhood obesity has a relationship with deprivation and health inequalities.

### Summary of the 2009/2010 National Child Measurement Programme Results

School Year Weighed	% Weighed 2008/09	% Weighed 2009/10	Obese 2008/09	Obese 2009/10	Overweight 2008/09	Overweight 2009/10	Healthy Weight 2008/09	Healthy Weight 2009/10
RECEPTION YEAR	94%	94%	626 children 9.9% England:9.6%	724 children 10.8% England:9.8%	951 children 15%	1007 children 15%	4777 children 75%	4954 children 74%
YEAR 6	89%	88%	1256 children 18.5% England:18.3%	1298 children 19.5% England:18.7%	1093 children 16%	1024 children 15.5%	4434 children 65%	4328 children 65%

The National Child Measurement Programme (NCMP) takes place annually between September and June during the school academic year. The children involved are: those in reception year (aged 4/5 years of age) and year 6 (aged 10/11 years of age). Over the past 2 years the percentage of children taking part in this process has improved and we now have a robust set of measurements to give us a snap shot of the numbers of overweight and obese children within the targeted age groups in Lincolnshire.

We can see from the table above that the percentage of obese children measured in Reception and Year 6 in 2009/10 have increased by around 1% whereas, the England percentage has stabilised. The numbers of overweight children in both years have stayed the same with only a small drop observed in year 6. The numbers of children recorded as having a healthy weight for their height has reduced by 1% in reception year children and remained constant for year 6. It is clear; looking at these figures for each School Year side by side there is a marked increase in the numbers of overweight and obese children during the first 7 years of school.

Some provisional analysis of the data has also been completed locally.

Chart 1 Prevalence of Childhood Obesity by School Year

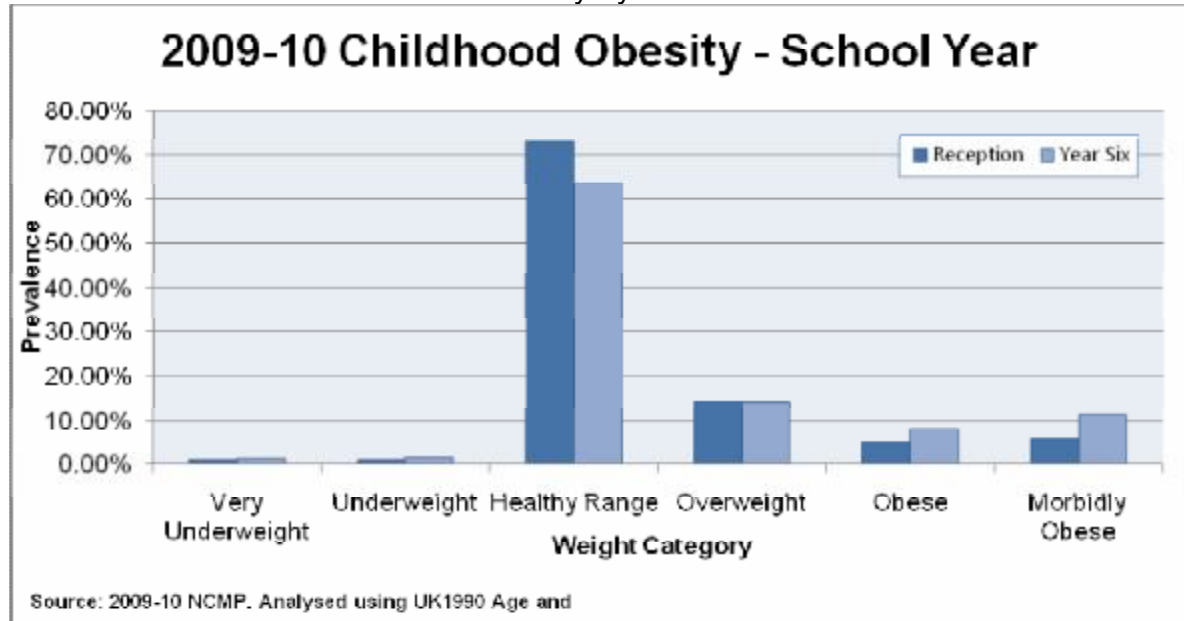
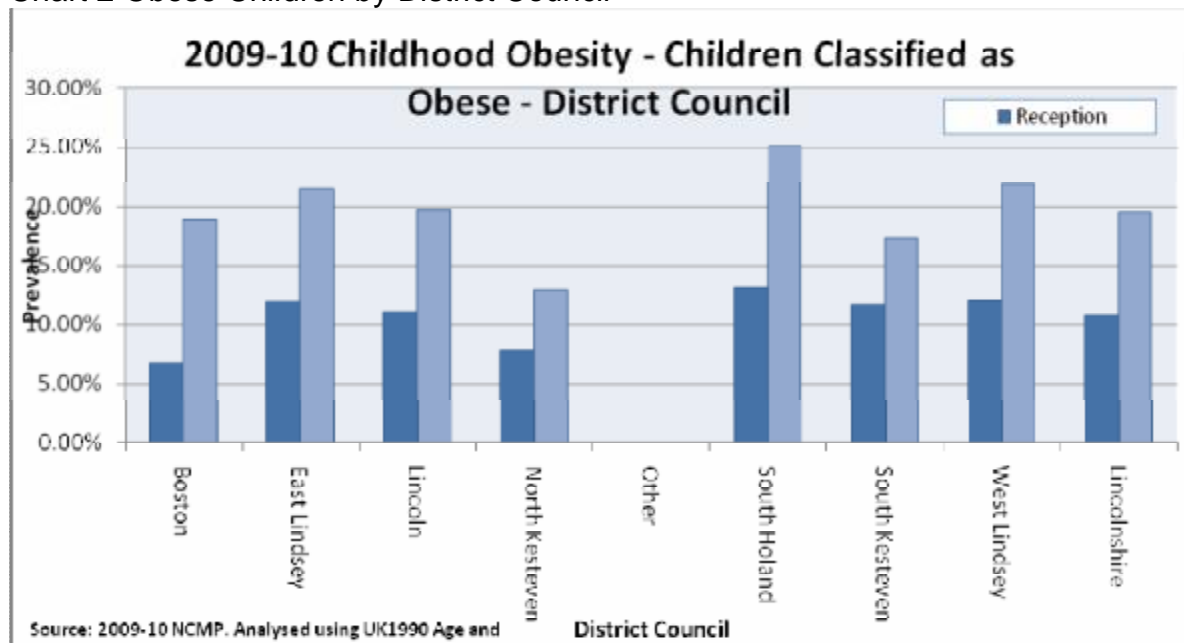


Chart 1 describes the levels of obesity across Lincolnshire.

We do have to remember that the majority of children are of normal weight nevertheless; this chart highlights the drop in healthy weight along with the associated increase in numbers of obese and morbidly obese children. We have yet to halt the year on year increase in obesity in Lincolnshire.

Hence, the need to tailor interventions to the individuals needs of primary school children.

Chart 2 Obese Children by District Council



The increase in obesity within Lincolnshire as a whole between Reception and Year 6 is around 8%. However, there is considerable variation within different District Council areas; 5% in North Kesteven demonstrates the smallest increase and at 12% in South Holland is the greatest, closely followed by Boston.

We know nationally there is a close relationship between deprivation, overweight and obese children. Nonetheless, the picture in Lincolnshire is not so simple.

Chart 3 shows overweight children measured as part of the NCMP by their home postcode deprivation scores. The largest numbers of overweight children at ages 4/5 years of age are found within the most deprived populations. Interestingly, the numbers of overweight children measured in year 6 within this deprived group reduces significantly.

More affluent groups all have lower numbers of overweight children in reception year, however only very affluent groups show a decrease in weight gain in year 6.

Chart 3 Overweight Children and Deprivation levels in Lincolnshire

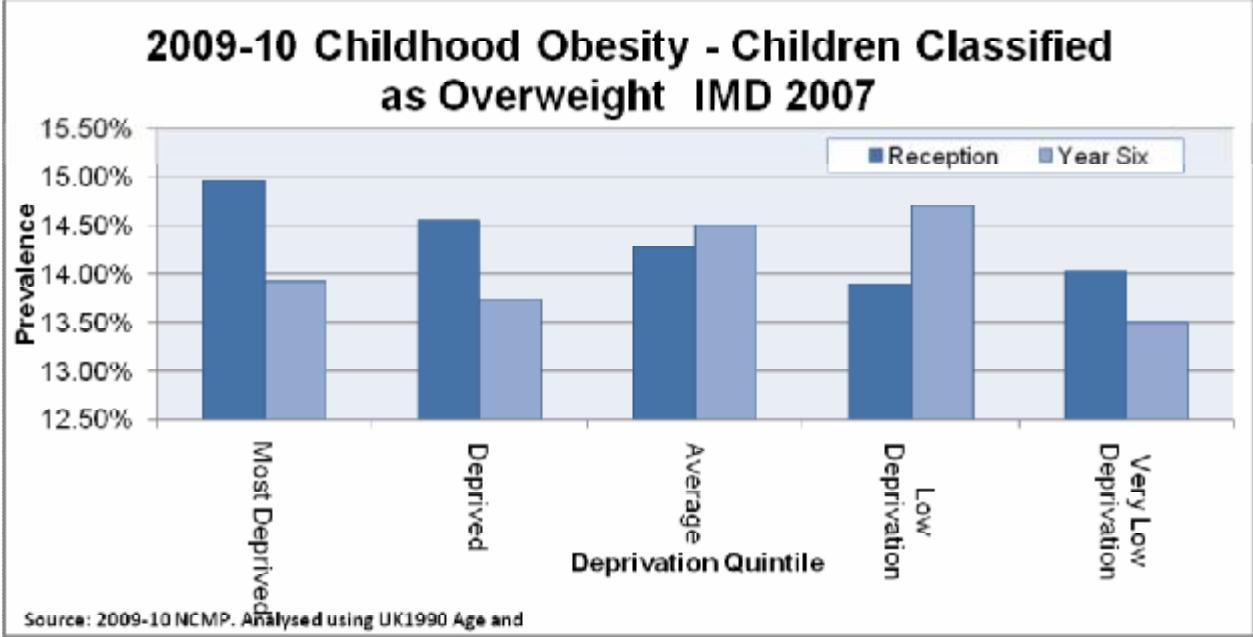


Chart 4 Obese Children and Deprivation Levels in Lincolnshire

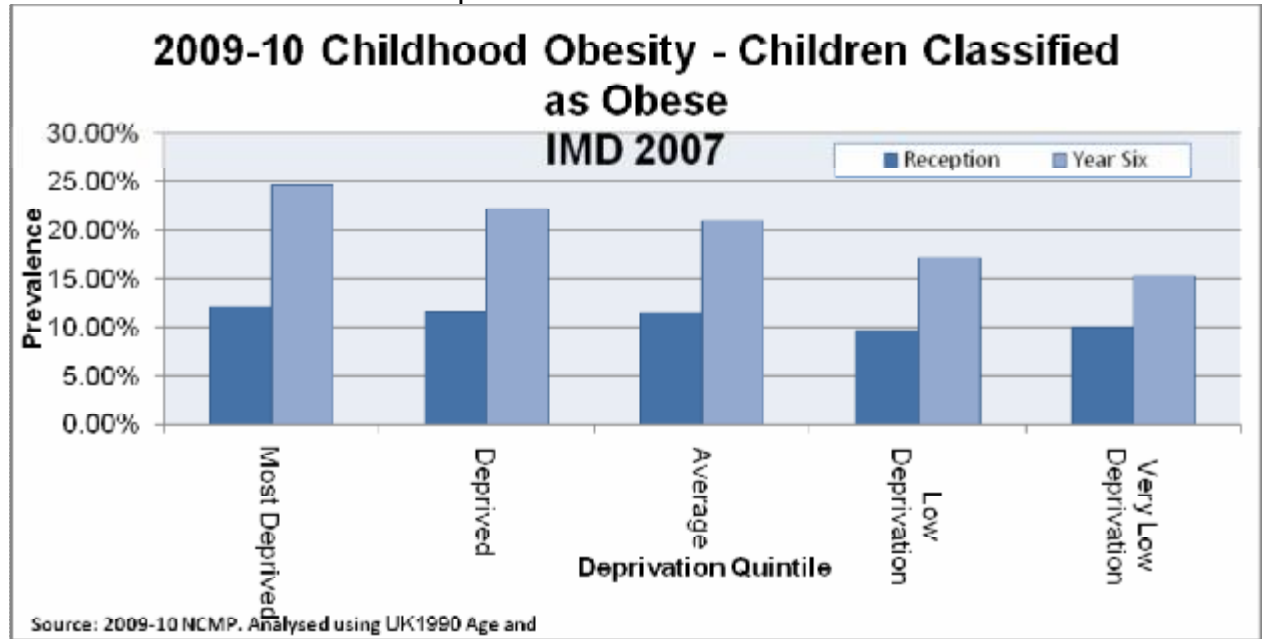
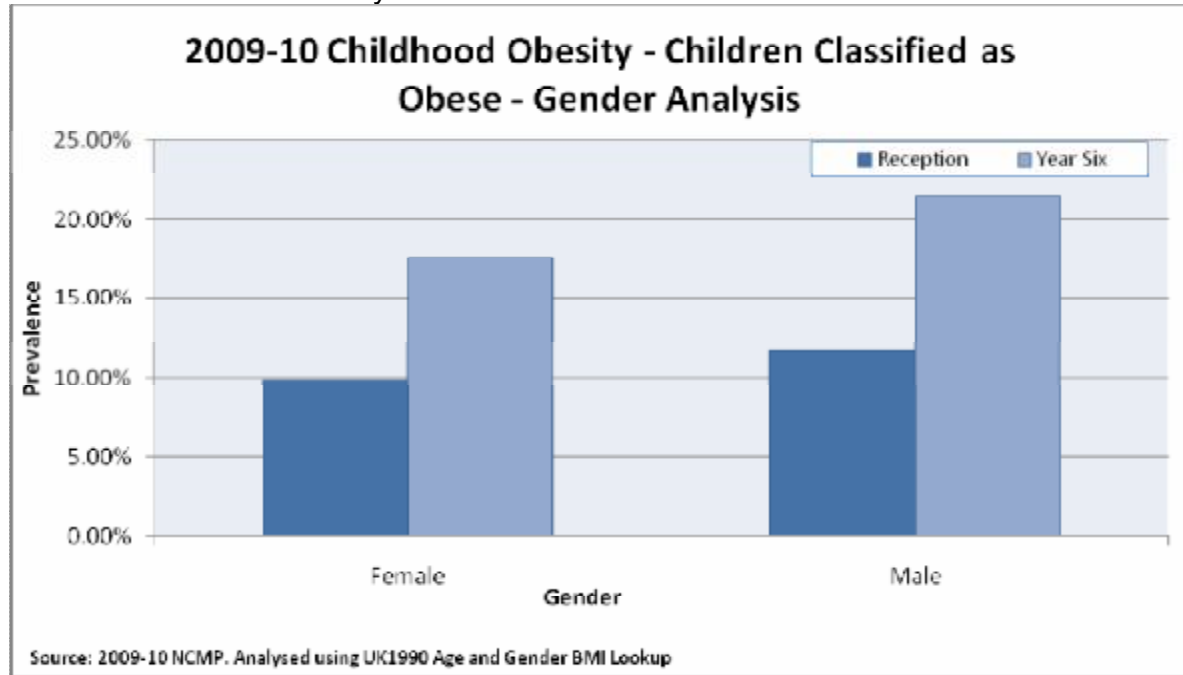


Chart 4 demonstrates the direct correlation between obesity levels and deprivation, where the most deprived groups have higher levels of obesity compared to more affluent groups. Nevertheless, the differences between the groups are not significant.

This mixed picture demonstrates the need to ensure we provide a wide range of interventions to reduce the prevalence of obese and overweight children. We are carrying out customer insight this spring: planning to give a 'me sized plate' to all reception and year 1 children, change4life information and an invite to take part in focus groups or questionnaire for the parents. This will gain insight into parents' needs and provide important information on portion size. This process will be repeated annually along with the NCMP in future years (reception year only).

Early year's activity through Children's Centres, Midwives, Health Visitors, third sector and others is vital in encouraging breastfeeding and appropriate weaning. Face to face HENRY training is currently being organised for 16 Lincolnshire Community Health Services (LCHS) staff to provide support for families of very young children who are overweight. HENRY training is already available on line to all members of staff within local authority and LCHS.

Chart 5 Obese Children by Gender



When we examine the genders of the children; there is little difference between males and females in reception year. However, the older boys are more likely to be obese than girls. This is important when targeting interventions as we already know there are differences between the physical activity levels at this age. Boys are generally more active and this age although the growing numbers of children playing sedentary computer games makes gaining weight more likely.

In conclusion; this data supports and informs the broad range interventions both available and planned to reduce obesity across Lincolnshire. Lower level analysis to ward and school level also informs our specialist Healthy Schools teams and Fit Kids Programmes, etc.

### **Healthy Weight Healthy Lives**

Through Healthy Weight, Healthy Lives, England is seeking to be the first major nation to reverse the rising tide of obesity and overweight within its population.

Locally, the focus in Lincolnshire is on:

- Children and families, predominantly early years and primary-age
- Adults (for the reduction in premature mortality for cardiovascular disease and cancers for which obesity is a significant risk factor), and
- The workplace (Motiv8Lincs)

Whilst it is recognised that there are a number of national and local initiatives aimed at preventing childhood obesity, there is yet to be a systematic drive in this area within the county. To this end, NHS Lincolnshire and Lincolnshire County Council aim to work collaboratively to:

- Develop systematic, comprehensive and evidence-based early interventions to reduce childhood obesity, across –
  - Antenatal and postnatal periods
  - Early Years
  - Primary Schools, and
  - Secondary Schools
  
- Establish interventions by non NHS agencies to support NHS services along an obesity care pathway within four tiers:
  - Tier Universal / The Environment
  - Tier 1 Primary Prevention Activities
  - Tier 2 Targeted Interventions
  - Tier 3 Intensive Interventions
  
- Plan and performance manage the future strategy.

### **National Customer Insight**

Insight gained from the National Obesity team's research is the background for the national Change4Life campaign:

- While parents acknowledge childhood obesity is a problem they do not think of it as 'their' problem.
- Parents underestimate the amount they and their children eat and over estimate the amount of activity their family does.
- A host of 'unhealthy' behaviours have no perceived health risks to parents: e.g. sedentary behaviour, snacking, portion sizes.
- 'Healthy Living' is perceived to be a middle class aspiration which 'at risk' families believe is undesirable and/or unattainable
- Parents prioritise their children's immediate happiness over their long-term health.
  
- In relation to food
  - Parents have surrendered food choices to children
  - Parents are prioritising filling up their kids over feeding them the right foods
  - Snacking has become a way of life
  - Parents lack the confidence to cook from scratch
  
- In relation to physical activity
  - Parents believe their children are already sufficiently active at school
  - Sedentary activity (TV watching and computer gaming) is encouraged by parents
  - Parents believe it is too unsafe for their children to play outside
  - Mums lack the confidence to take part in physical activity with their children.
  - Parents reject the idea that activity levels are related to long-term health

Further information on Change4Life can be found on the NHS website at:

<http://www.nhs.uk/change4life/Pages/Default.aspx>

### **Interventions to change behaviours (National and Local Priorities)**

- Pregnant Women
  - Ensuring women access obstetric care before 12 weeks gestation
  - Healthy eating including 5 A DAY
  - Keeping active, for example by walking
  - Support and information to promote breastfeeding (Unicef Baby Friendly)
  - Weight Management for overweight or obese pregnant women
  - Healthy Start: fresh food and vitamins for vulnerable families
  - Change4life
  
- Parents of 0-5 years
  - Support to ensure breastfeeding continues until baby is six months old
  - Introducing weaning utilising a variety of healthy foods, particularly fruit and vegetables at about 6 months
  - Promote family activity with young children
  - Healthy Start: fresh food and vitamins for vulnerable families
  - Change4life
  
- Parents of 5-10 years
  - Children to eat 5 A DAY
  - Reduce fat content of diet
  - Reduce sugar content of diet
  - Children to participate in 60 minutes of moderate activity every day
  - Change4life

### **Programme Achievements to date** (reflecting the CYP agenda):

- Investment in infant feeding co-ordinators and training of health and non-health staff.
- The local child height and weight measurement programme has achieved a satisfactory coverage across Reception and Year Six and provides robust data
- Over 500 obese and overweight children (and their families) engaged in a series of pilot 'Fit Kids' programmes across Lincolnshire
- A series of Healthy Weight, Healthy Lives interventions through Lincolnshire Healthy Schools for early years, primary and secondary schools
- A pilot that has successfully evaluated the re-design of school play grounds that supports greater physical activity in structured and free play (the 'MSTP Project')



- The improvement of schools access for walking and cycling in over 50 Lincolnshire schools
- Over 8,500 people (including 1,000 children) have engaged with the community food and health schemes
- Customer insight 'me sized plate' to be distributed to all Reception and Year 1 children in Lincolnshire Spring 2011. Questionnaire and Change4life 'Top Tips for Kids' leaflet included along with invitations to attend focus groups. This process will be repeated during the 2011/12 NCMP process (Reception year only).

## Target

The Healthy Weight, Healthy Lives actions are seeking to interact up to 2,000 children and families over a three year period in a series of targeted interventions to reduce childhood obesity targets, in a pilot form during 2010 and 2011 pending county-wide implementation post March 2012. In addition, a number of mass participation prevention interventions is seeking to impact on the challenging childhood obesity targets by 2013.

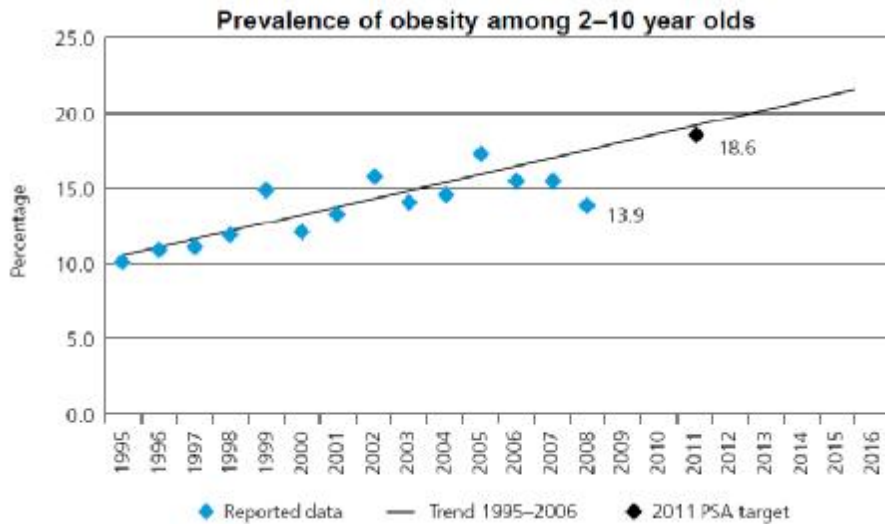
Indicator	Baseline		Targets		
	Value	Date	08/09	09/10	10/11
<b>NI 055 Obesity among primary school age children in reception year</b>	9.2% 9.4% 9.9% 10.8%	06/07 07/08 08/09 09/10	9.2%  ( 1.6% or 107 obese children off target)	9.2%	9.2%
<b>NI 056 Obesity in primary school age children in year 6 *</b>	17.4% 17.9% 18.5% 19.5%	06/07 07/08 08/09 09/10	17.4%  ( 2.1% or 140 obese children off target)	17.4%	17.4%

The Healthy Weight, Healthy Lives work is seeking to improve the skills and build the capacity of the local workforce to engage effectively with local people to apply appropriate interventions for better access to healthcare and health gain. This work will link into a broader brief interventions programme currently under development. The Healthy Weight, Healthy Lives interventions will build upon the engagement of local communities via district-based local strategic partnerships and children's partnerships to:

- Raise the profile and implications of childhood obesity with local communities
- Support mothers to effectively breastfeed
- Promote active lifestyles
- Promote healthy food choices

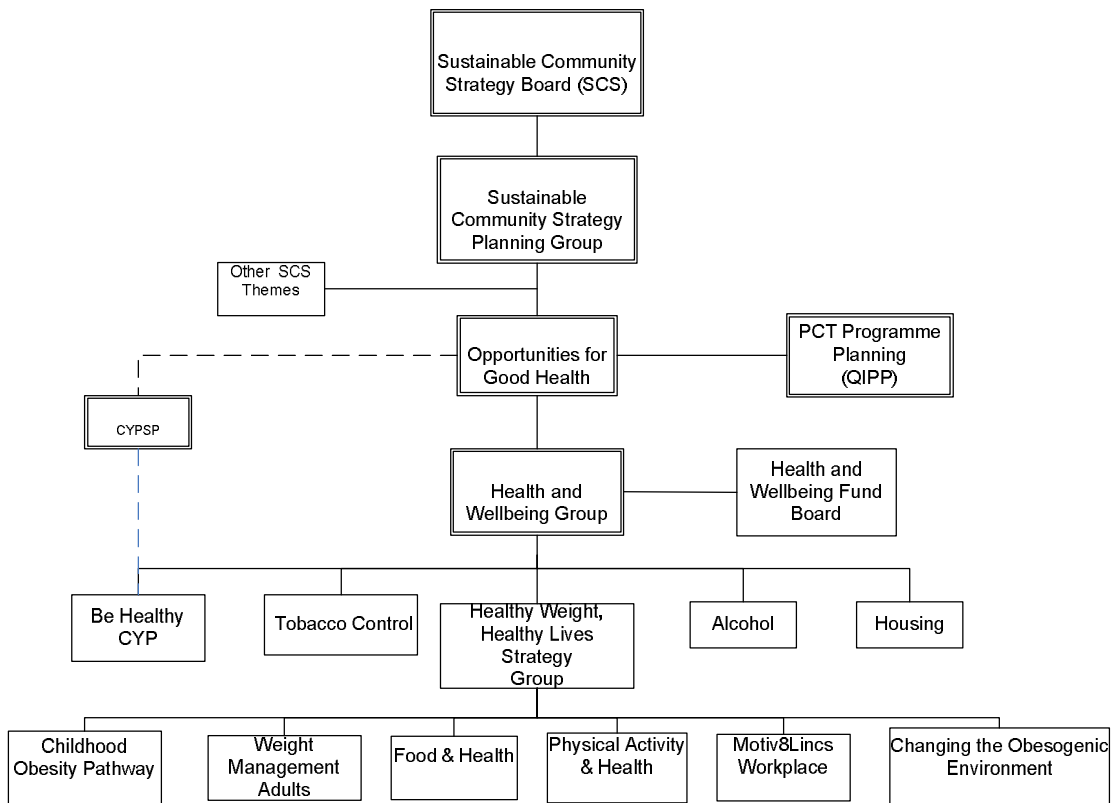
- Commission provider services to support families, help them lose weight and be more physically active.

On a national scale the work to-date is believed to be having an impact. The Health Survey for England, 2008 reported a promising change:



## Partnership Working

In order to progress the Healthy Weight: Healthy Lives work further a partnership of agencies is to be constructed to support much of the work currently taking place. The diagram below sets out this partnership working.



The current plans and intentions are being incorporated into the Local Area Agreement and the Sustainable Community Strategy, including more performance reporting utilising Performance Plus. This is routed through the future Opportunities for Good Health mechanisms.

### **Risks to Delivery**

Recent changes in Government funding streams have meant that some key areas of our childhood obesity work could face some disruption in the future. However, we are confident that we have built strong enough relationships across the many agencies involved to ensure that all necessary actions will continue to be delivered in some form despite this.

### **Dependencies: Commissioning Intentions**

Key themes to the local Healthy Weight, Healthy Lives include (relating to the CYP agenda):

1. To promote children's health: healthy growth, healthy weight
2. To enhance healthier food choices
3. To build physical activity into our lives: Active Daily Living
4. To create incentives for better health
5. To provide effective treatment and support when children become overweight or obese
6. To support delivery through effective communications and marketing.

These are set out in more detail below.

(\*pending investments from the NHS Lincolnshire in 2010 and 2011)

(\*\* pending investments from the Health & Well-being Fund 2010-2012)

1. Promoting children's health – the importance of the prevention of childhood obesity through life stages of pre-conception, antenatal care, early years and schools.
  - ü \*Develop an antenatal / maternity weight management support programme for obese pregnant women.
  - ü \*Continuing to improve breastfeeding rates in Lincolnshire. Breastfeeding is proven to have both short and long term health benefits for children in infancy, childhood and into adulthood. Maternal health benefit can also be realised. The intention is to increase the numbers of mothers initiating breastfeeding, also those continuing to breastfeeding for the first 6 months of life.
  - ü \*Implement the universal core-offer and Child Health Promotion Programme through Lincolnshire Community Health Services. The best long-term approach to tackling adult obesity is the prevention of childhood obesity. A good life course approach which can focus on good nutrition during

pregnancy, infant feeding and healthy eating through adolescence is an important model to adopt.

- ü \*Universal and specific actions with the Healthy Schools Programme, including new early years / nurseries actions. The Lincolnshire Healthy Schools Programme has contributed considerably towards the health education provision in schools, colleges and early years' settings.
- ü The Child Height Weight Measurement Programme - The National Child Measurement Programme (NCMP) seeks to provide robust data on the height and weight of children in Reception year and year Six. Local school health services undertake the height and weight measurements in primary schools and report the measurements up to the national programme. In future this programme will also act as the catalyst to action support for those children identified as being overweight or obese.
- ü \*Improve engagement with parents to effect behaviour change

2. Promoting healthier food choices – the promotion of a healthy balanced diet to prevent children becoming overweight and obese.

\*\*Community food4life programmes in all districts. The evidence base noted in Healthy Weight, Healthy Lives provide conditional support for interventions that:

- ü Improve the food consumed by pre-school children
- ü Improve food provision in nurseries
- ü Provide regular meals in supportive environments
- ü Increase fruit (and to a lesser extent vegetables) intake in school settings.

Prior to 2007/08, there was only one community food & health programme in the county, the Food for Life programme, funded by the NHS and sited in Lincoln city. Since then, investments from Choosing Health within all district council areas have ensured the opportunity to develop local food & health schemes based on the Food for Life model. By the end of 2009/10 seven districts have a series of schemes based on developing:

- ü Healthy eating programmes in Children's Centres
- ü Community-based healthy eating workshops
- ü Cookery skills programmes / promotions
- ü Access to affordable food
- ü Food safety
- ü Sustain and diversify Food in Schools/Healthy Schools activities to promote food options, including work in the Early Years settings.

3. Building physical activity into our lives – actions to encourage everyday participation, reducing sedentary behaviour and more active built environments. Actions to prevent overweight and obesity do need to include the everyday participation in physical activity such as brisk walking and active travel. Other

activities such as gardening and activities in open spaces contribute in psychological terms as well as physical. The promotion of the built environment to encourage walking and cycling, the increased use of parks and open spaces and the opportunity for active and unstructured play all contribute towards greater physical activity and the re-balancing of the “calories consumed; calories expended” equation. Reducing sedentary lifestyles within children and adults has to be promoted by:

- ü Improve play infrastructure and opportunities
  - ü \*\* Trial a Play4Life development in selected Children’s Centre (2010-2012)
  - ü \*Improve access for disabled people to be physically active – Inclusive Fitness Initiative (2011/12)
  - ü \*Development and co-ordination of physical activity and health strategy (in 2010/11 and 2011/12)
  - ü \*\* Improve the playground infrastructure and skills of school staff to enhance children’s participation/play – The MSTP Project (2010-2012)
4. Creating incentives for better health - supporting health at work and providing incentives more widely to promote health.
- ü Support health trainers to effectively signpost and refer clients into obesity and health lifestyles services
  - ü \*\*Research and implement a healthy workplace programme using social marketing approaches (Motiv8Lincs)
  - ü \*Develop social marketing approaches with key providers to improve interventions.
5. Personalised support for overweight and obese individuals - providing effective treatment and support when people become overweight and obese
- ü \*\*Trial ‘Fit Kids’ pilots in all districts in 2010/11 and 2011/12
  - ü \*Develop the Childhood Obesity Clinical Pathway with Lincolnshire Community Health Services providing the major contribution to support overweight and obese children (and their families).

## Conclusion

NHS Lincolnshire has been working closely with partner organisations to tackle the year on year increase in Childhood Obesity. We are aware that a sustained team effort involving a wide range of agencies is the only effective way to succeed.

Obesity will be targeted through direct interventions across each area of the child’s lifetime: during pregnancy, early years and throughout their school years.

This will be achieved through:

- Raising the profile and implications of childhood obesity with local communities
- Supporting mothers to effectively breastfeed
- Promoting active lifestyles in the home, nursery and school.

- Promoting healthy food choices in the home, nursery and school
- Commissioning provider services to support families help them lose weight and be more physically active.

The Healthy Weight, Healthy Lives actions are seeking to interact with up to 2,000 children and families over a three year period in a series of targeted interventions to reduce childhood obesity targets, in a pilot form during 2010 and 2011 pending county-wide implementation post March 2012. In addition, a number of mass participation prevention interventions are planned. This work is seeking to impact on the challenging childhood obesity targets by 2014.

### **3. Recommendation**

The Children and Young People's Strategic Partnership is requested to comment and feedback on 2009/10 National Child Measurement Programme data summary report and the attached Healthy Weight, Healthy Lives Delivery Plan.