

Childhood Obesity Strategy

Lincolnshire, 2012-2017

DRAFT - AUGUST 2012

Introduction to Lincolnshire Childhood Obesity Strategy

Introduction

Childhood obesity is recognised as one of the most important public health issues of the 21st century¹. Both internationally and within the UK there is widespread concern about the increasing prevalence of obesity and overweight among adults and children. Maintaining a healthy weight seems to have become increasingly difficult in our modern 'obesogenic' society where we are less physically active and tend to consume more energy dense foods².

Achieving a healthy weight is an issue for us all, whether on an individual, community or national level. National policies and strategies have highlighted the need for a wide range of agencies, including the NHS, Local Authority, schools, industry and voluntary sector, to play their part in helping people to achieve a healthy weight.

Changes in national policy and the move of public health into the local authority has given local government a lead role in improving the health of the local population. This is an important opportunity to bring local agencies together to tackle obesity and consider how we can change the environment in which we live in order to support healthier lifestyles.

From a local perspective, the Joint Strategic Needs Assessment (JSNA) identifies 5 priority topics, including Improving Children's Health and reducing Health Inequalities. This strategy will therefore contribute to addressing the needs identified within the JSNA, therefore being a key part of delivering the vision outlined within the Joint Health and Well-Being Strategy in respect of Children's Health and Health Inequalities. Robust links will be developed with relevant stakeholders to ensure that aims and objectives contained within this strategy serve to also benefit common aims found within the Children and Young Person's Strategy and Child Poverty Strategy.

Strategic Mission and Vision

This strategy aims to set out a broad and comprehensive approach to prevent and manage childhood obesity within Lincolnshire. This strategy builds upon the existing initiatives and interventions in place within the county with the hope that we can work towards our **mission** of *"ensuring children and their families achieve a healthy weight status"*.

The overarching mission is underpinned by a **vision**, which holds that, *"By 2017, we will have reduced the prevalence of childhood obesity in Lincolnshire to a level below the national average, through excellent partnership working and by delivering high quality interventions and preventative programmes."*

The Strategy

This document outlines the key themes that need to be addressed in order to achieve the headline aims and objectives contained within the strategic mission and vision statements.

As part of this strategy document the following areas that have informed the strategy development will be outlined. These include:

1. **A background to childhood obesity.** What is childhood obesity and why is it important?
2. **Where are we now?** How common is childhood obesity in Lincolnshire and how is it currently being addressed?
3. **The Local and National Policy Context.** What are the local and national drivers to tackle childhood obesity?

Section 1: Background to childhood obesity

1.1 What is childhood obesity?

Overweight and obesity are terms used to describe an excess of body fat which results from an energy imbalance where more energy is taken in compared to what is consumed³.

Within the UK overweight and obesity are assessed among adults using the Body Mass Index (BMI)^{4,5}. For children, there are no clearly defined BMI criteria as weight and height vary considerably depending upon age and stage of development^{3,4}. Instead, overweight and obesity are defined for children using the British 1990 growth reference charts where the weight status of the child is classified according to their age and sex⁴. Children with a weight at or above the 95th centile are classified as obese and children between the 85th and 95th centiles are classified as overweight.

1.2 Why is childhood obesity important?

Obesity is a major public health issue that has considerable health, social and economic consequences.

The Rising Tide. Both internationally and within the UK there is widespread concern about the increasing prevalence of obesity and overweight among adults and children. Currently within the UK, about 3 in 10 boys and girls between the ages of 2 and 15 are classed as either overweight or obese⁶. Projections suggest that if trends continue, obesity rates among boys could double by 2025 and increase by nearly 50% among girls⁷.

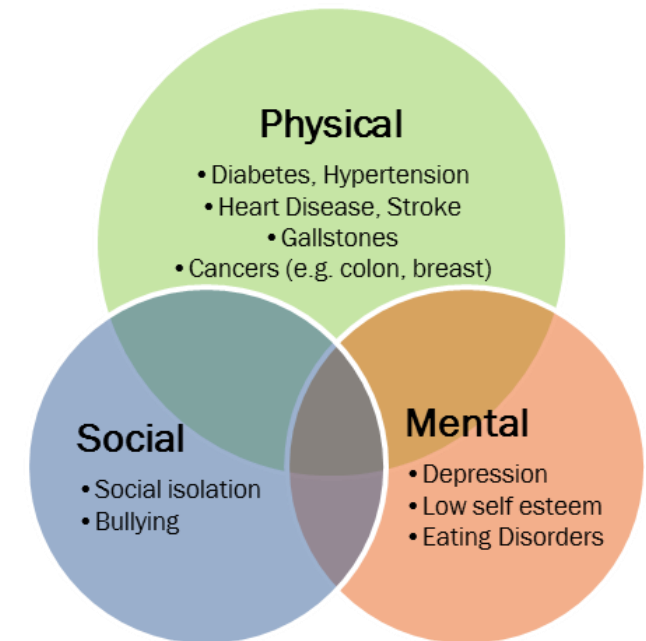
Health Consequences. The link between obesity and poor health is well established. Obesity is an important risk factor for cardiovascular disease, type 2 diabetes, non-alcoholic fatty liver disease and several types of cancer^{8,9}. Children with longstanding obesity are potentially at risk of early onset of these chronic diseases as they progress into adulthood. The relationship between mental health and obesity is complex. Obesity has been associated with symptoms of depression and anxiety among adults. Obesity may lead children to experience low self esteem, dissatisfaction with their bodies, social isolation and bullying¹⁰.

Economic costs. The economic costs of obesity are significant. Direct healthcare costs to the NHS have been estimated to be as much as £4.2 billion¹¹. In 1998 it was estimated that 18 million sick days from work, and 40,000 years of working life were lost as a consequence of obesity¹². Modelled predictions suggest costs to the wider economy could be as much as £27 billion by 2015¹¹.

Figure 1: Classification of children's BMI

Classification	BMI Centile
Underweight	≤2 nd centile
Healthy Weight	2 nd centile – 84.9 th centile
Overweight	85 th centile – 94.5 th centile
Obese	≥95 th centile

Figure 2: The impact of overweight and obesity on health⁸⁻¹⁰



Section 2: Where are we now?

2.1 Childhood obesity in England and the East Midlands

According to the National Childhood Measurement Programme 22.6% of Reception children and 33.4% of Year 6 children in England are classed as overweight or obese¹⁴. As shown in figure 3, the prevalence of childhood obesity is higher in Lincolnshire than in the East Midlands and England with 23.8% of Reception children and 35.3% of Year 6 children being classed as overweight or obese¹³. This means that about 1 in 4 reception children and 1 in 3 Year 6 children are either overweight or obese. The prevalence of overweight and obesity is higher among children in year 6 than in reception year children.

2.2 Trends in childhood obesity in Lincolnshire

Figure 4 shows trends in the prevalence of overweight and obesity between 2006/7 and 2010/11 for Reception and Year 6 children¹⁴. A full table of these data is shown in appendix 1.

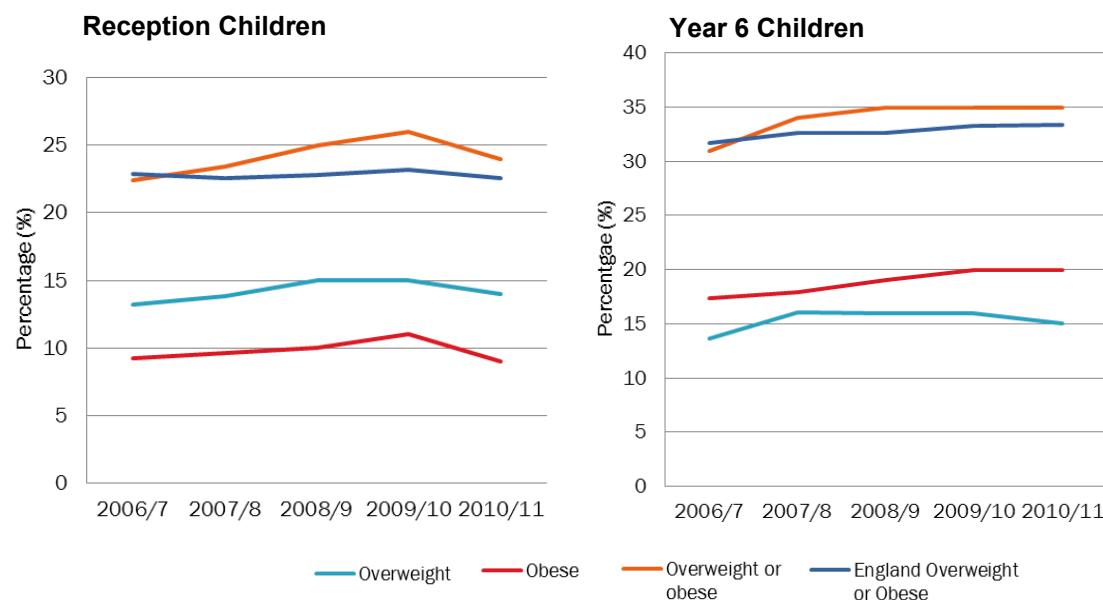
Reception Children. Among reception children, the prevalence of overweight children increased between 2006/7 and 2008/9, until flattening off in 2009/10 at 15% and then subsequently reducing to 14.4% in 2010/11. Similarly, the prevalence of obese reception children rose from 9.2% in 2006/7 to 10.8% in 2008/9 before falling to 9.4% in 2010/11. The prevalence of overweight or obese children has therefore fallen from 25.8% in 2009/10 to 23.8% in 2010/11.

Year 6 Children. Similar to reception children the prevalence of overweight year 6 children increased until about 2008/9 (16%) before reducing by small amounts in both 2009/10 and 2010/11 (15.1%). Over the 5 years of NCMP data the prevalence of obesity among year 6 children has shown year on year increases from 17.4% in 2006/7 to 20.2% in 2010/11. The prevalence of obese or overweight children in year 6 has remained relatively constant over the last 3 years.

Figure 3: Prevalence of Overweight and Obese Children in Lincolnshire, the East Midlands and England (NCMP)¹³

	Reception Children Overweight or Obese %	Year 6 Children Overweight or Obese %
Lincolnshire	23.8	35.3
East Midlands	22.1	32.4
England	22.6	33.4

Figure 4: Trends in obesity and overweight, Lincolnshire, 2006/7-2010/11



The following data are drawn from a detailed analysis of the 2010/11 data for Lincolnshire¹⁵.

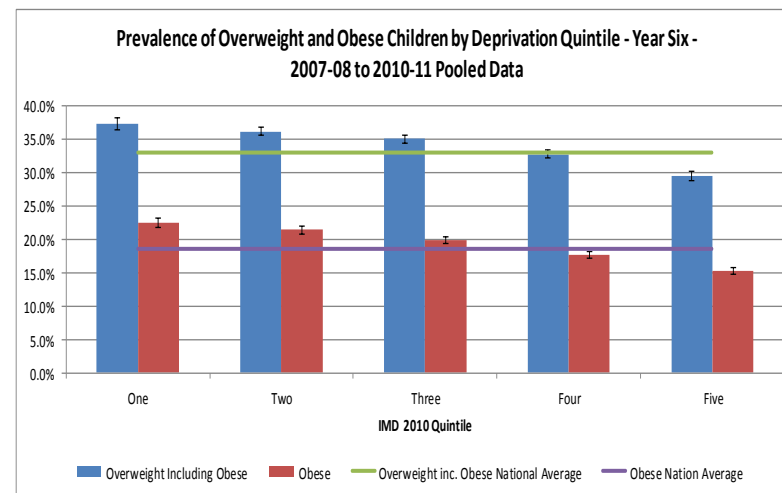
2.3 Childhood obesity and gender

Similar to national trends, the prevalence of overweight and obesity is higher among boys than girls. In 2010/11 26.8% of reception aged boys were overweight or obese compared to 23.1% of girls. Similarly in year 6 36.8% of boys were overweight or obese compared to 36.5% of girls.

2.4 Childhood obesity and inequalities

The prevalence of obesity varies with deprivation. Figure 5 shows the prevalence of overweight and obese Year 6 children grouped according to deprivation quintile. The Index of Multiple Deprivation (IMD) quintile 1 indicates those who are most deprived. As can be seen, those in the most deprived group have a significantly higher prevalence (37.2%) of overweight and obesity compared to those in the more affluent quintiles (29.4% in quintile 5). Similarly among Reception Year children there appears to be a trend with a higher prevalence of overweight and obesity among the more deprived groups.

Figure 5: Prevalence of overweight and obese Year 6 children by deprivation quintile.



All children in Lincolnshire, 2007/08 to 2010/11 (pooled data)

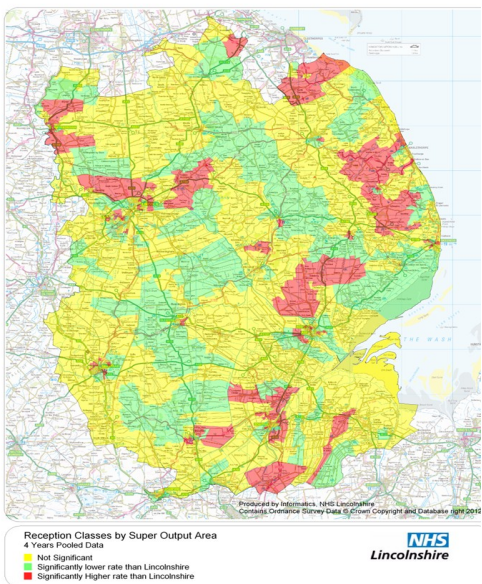
2.5 Childhood obesity and geographical area

The prevalence of overweight and obesity varies across the county. Figure 6 shows areas of significantly higher prevalence of obesity compared to the Lincolnshire average for reception and year 6 children.

Areas with a significantly higher prevalence among reception children include wards in Lincoln City, Gainsborough, Skegness, and Grantham.

Areas of higher prevalence among Year 6 and Reception Year children include Gainsborough, Mablethorpe, Skegness, Lincoln City, Boston and Spalding.

Obesity in Children - Lincolnshire - Reception Aged School Children



Obesity in Children - Lincolnshire - Year Six Aged School Children

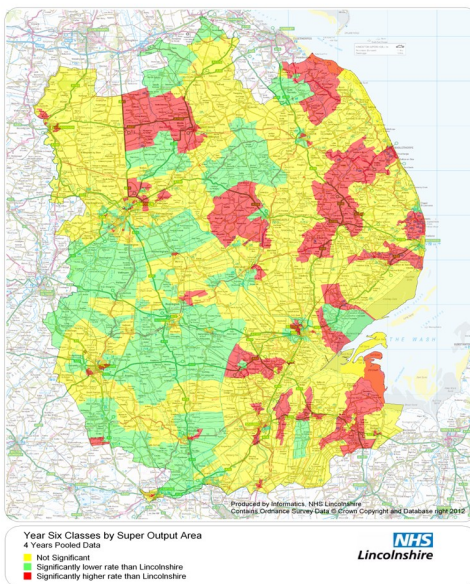


Figure 6—Prevalence of overweight and obese children across Lincolnshire

2.6 What's currently happening in Lincolnshire to tackle childhood obesity?

A large number of different projects and interventions are being carried out by a wide range of stakeholders to tackle childhood obesity. Some of these are summarised in figure 7. These interventions tackle overweight and obesity through a number of routes (e.g. diet, physical activity, changing the environment). A recognised gap is around the prevention and management of adolescent overweight and obesity.

Figure 7: Services to prevent and manage overweight and obesity in Lincolnshire

Antenatal and postnatal	<ul style="list-style-type: none"> • Antenatal weight management pilot commenced April 2012. • Training of health and non health staff to increase the up-take of breastfeeding. • Infant feeding coordinators.
Early years	<ul style="list-style-type: none"> • Children's Centres • Health Visitor and nursery nurse training in HENRY to support the introduction of solids.
Primary schools	<ul style="list-style-type: none"> • Healthy Schools • Food for Life Partnership • School nursing • Fit Kids (8-12 year olds) • "Me Sized Plate" • NCMP Roadshow • The MSTP project that involved a pilot re-design of school play grounds to support greater physical activity. • Family Based Weight Management Pilot (ages 4 to 7 years)

2.7 Reflection on current progress in Lincolnshire

Over the last 12 months the following achievements have been made with regards to addressing the issue of childhood obesity within Lincolnshire :

- ***The Lincolnshire Childhood Obesity Partnership Steering Group.*** This group has brought stakeholders together allowing a strategic oversight to the developing work around childhood obesity. The group includes a number of stakeholders such as Lincolnshire County Council, Home Start, NHS Lincolnshire, Lincolnshire Sports Partnership, Healthy Schools etc.
- ***Spatial environment.*** The award winning work undertaken during the past year with regards to this issue will provide an invaluable resource which compliments other on-going childhood obesity related efforts.
- ***Pilots of targeted interventions.*** (1) Antenatal Obesity Weight Management Pilot commenced April 2012. (2) Family Based Weight Management Pilot (ages 4 to 7 years).
- ***National Childhood Measurement Programme.*** Locally this programme has achieved good participation rates hence providing robust data to help inform work around childhood obesity.
- ***Breastfeeding.*** Investment in infant feeding co-ordinators and training of health and non-health staff in the importance of increasing breastfeeding prevalence.
- ***Promoting physical activity.*** (1) A pilot evaluating the re-design of school play grounds that supports greater physical activity in structured and free play (the 'MSTP Project'). (2) The improvement of schools access for walking and cycling in over 50 Lincolnshire schools. (3) The participation of over 500 obese and overweight children (and their families) in a series of 'Fit Kids' programmes across Lincolnshire
- ***Promoting healthy eating.*** (1) Over 8,500 people (including 1,000 children) have engaged with the community food and health schemes. (2) The production and distribution of the 'Me Sized Plate' to help guide parents as to the quantities and proportions of types of food children are recommended to be eating. (3) Food for Life and Healthy Schools Targeted Obesity work with schools commenced in Jan 2012.

Section 3: The Local and National Policy Context

3.1 The National Context

Childhood obesity is an important issue that crosses a number of policy areas at a national and local level. Key policies in relation to childhood obesity include:

- *Healthy Weight, Healthy Lives: A Cross-Government Strategy for England (2008)* which outlined the ambition to be the first major nation to reverse the rising tide of obesity and overweight in the population¹⁶. The initial focus of this strategy was on children with the goal of reducing the proportion of overweight and obese children to the 2000 levels by 2020.
- *Healthy Lives, Healthy People: Our strategy for public health in England (2010)*, a white paper published by the coalition government established a commitment to improving public health and tackling causes of premature death and illness, including obesity¹⁷. Policy changes have also led to the move of public health into local government, the establishment of the new Public Health England and the establishment of GP commissioning groups. These important changes provide a new landscape into which this strategy is being developed.
- *Healthy Lives, Healthy People: A call to action on obesity in England (2011)* outlines the ambition to see “a sustained downward trend in the level of excess weight in children by 2020 and a downward trend in the level of excess weight averaged across all adults by 2020”¹⁸. Aspects of the approach include:
 - ⇒ Giving local government a lead role in improving health and implementing strategies to tackle obesity.
 - ⇒ The adoption of a ‘Life Course Approach’ that recognises the specific opportunities and challenges of particular stages of life.
 - ⇒ A focus on empowering individuals.
 - ⇒ Giving partners the opportunity to play their full part.
 - ⇒ Building the evidence base.

3.2 The Local Context

JSNA

Locally childhood obesity has been recognised as an important issue with the **Joint Strategic Needs Assessment** highlighting the high prevalence of overweight and obesity above both the East Midlands and national averages. Childhood obesity is identified as one of the main health issues needing to be addressed to improve the health outcomes of children and reduce health inequalities.

Joint Health and Wellbeing Strategy

Childhood obesity has been identified as one of the three main priorities areas for the ‘Improving health and social outcomes and reducing inequalities for children’ theme of the Joint Health and Wellbeing Strategy.

Local Targets

Tackling obesity requires long-term action in order to reverse the trend in overweight and obesity. For this reason Lincolnshire aims to:

- **Halt the trend until 2015. This means –**

Reception: maintain obesity rates and start to see a small reduction to below 9% and obesity and overweight combined rates below 23%. Year 6: maintain obesity rates and start to see a small reduction to below 20% and obesity and overweight combined rates below 35%.

- **Reverse the trend: Reduce rates by 2022 to –**

Reception: reduce rates to 6% and obesity and overweight combined rates below 15%. Year 6: reduce rates to 15% and obesity and overweight combined rates to 30%.

- **Reduce rates in the long term (2030 and beyond) to at least –**

Reception: obesity to 3% and obesity and overweight combined to 10. Year 6: obesity to 12% and combined rates to 26%

Section 4: The Evidence Base

4.1 The Evidence Base for Childhood Obesity

Within the scope of this document it is not possible to highlight all relevant evidence. Key documents and guidance include those published by the National Institute for Health and Clinical Excellence (NICE) and the 2007 Foresight Report.

Overall a large amount of evidence now exists around the causes of obesity alongside the long term health risks. Evidence on effectively preventing obesity is more sparse. Few controlled trials exist and are limited in their scope.

National Institute for Health and Clinical Excellence (NICE)

NICE have published a number of national guidelines that are relevant to childhood obesity. These include:

- Obesity guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. NICE clinical guideline 43 (2006)
- Four commonly used methods to increase physical activity. NICE public health guidance 2 (2006)
- Behaviour change. NICE public health guidance 6 (2007)
- Promoting and creating built or natural environments that encourage and support physical activity. NICE public health guidance 8 (2008)
- Maternal and child nutrition. NICE public health guidance 11 (2008)
- Promoting physical activity for children and young people NICE public health guidance 17 (2009)
- Weight management before, during and after pregnancy, NICE public health guidance 27 (2010)

The Foresight Report: Tackling Obesities Future Choices²

In 2007 the Government's Office for Science produced The Foresight Report which reviewed the causes of obesity and how obesity could be effectively tackled over the next 40 years. The report outlines 5 core principles for tackling obesity which include:

1. A system wide approach, redefining the nation's health as a societal and economic issue.
2. Higher priority for the prevention of health problems, with clearer leadership, accountability, strategy and management structures.
3. Engagement of stakeholders within and outside the government.
4. Long term sustained interventions.
5. Ongoing evaluation and a focus on continuous improvement.

A summary of some of the key evidence from these documents will be outlined in sections 4.2-4.4 to include:

- The causes of childhood obesity
- Principles of preventing and managing childhood obesity
- The Lifecourse Approach

4.2 What causes childhood obesity?

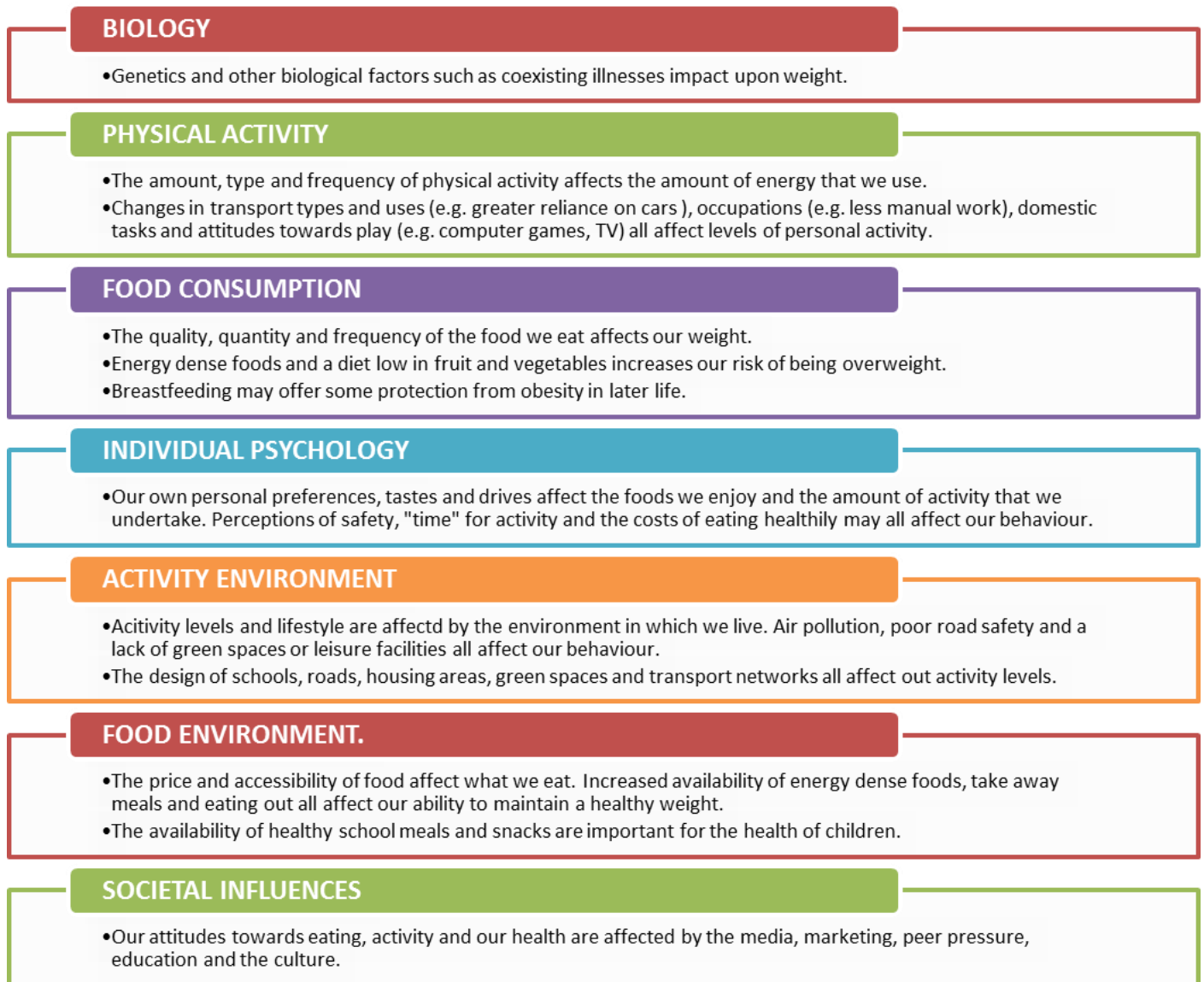
Obesity is the result of a sustained excess in energy consumption compared to energy use (i.e. through metabolism and activity). The causes of obesity are complex and relate to a number of genetic, behavioural, social, cultural and environmental factors².

The Foresight Report Tackling Obesity: Future Choices— Project Report (2007) included an 'obesity system map' where more than 100 different factors that affect our weight were identified². The authors concluded that there is a “**complex multifaceted system of determinants**” that lead to childhood obesity.

These determinants have been grouped into seven main themes as shown in figure 8.

Primarily obesity relates to diet (energy consumed) and physical activity (energy expended). It is recognised that we now live within an 'obesogenic' society where our modern lives are more sedentary involving less walking, less play, reliance upon cars, changing food and eating habits and changing work patterns². The environment in which we live has an important impact upon our weight. Unsafe play areas, unsafe walking/cycling routes to school and the availability of cheap and energy dense foods affect our activity levels and diets.

Figure 8: Factors leading to obesity²



4.3 Preventing and managing childhood obesity

1. A Priority For All

The 2006 NICE guidance on the prevention and management of obesity highlights the role that all agencies have to play⁴. Due to the complex nature of the factors leading to obesity and the important role of the environment in which we live, preventing obesity is not just an issue for the NHS. A **multiagency approach** is needed to tackle the broad range of determinants of obesity. Example ways that stakeholders can influence obesity include⁴:

Local Authority and partners (industry, voluntary organisations)	<ul style="list-style-type: none">• Create and manage safe spaces for physical activity.• Provide facilities such as safe walking and cycling routes.• Make streets cleaner and safer, e.g. through traffic calming.• Ensure buildings and spaces are designed to encourage people to be more physically active.
Early years settings	<ul style="list-style-type: none">• Minimise sedentary activities and encourage active play.• Implement guidance on food procurement and healthy catering.
Schools	<ul style="list-style-type: none">• Review policies to ensure that children are encouraged to maintain a healthy weight, undertake activity and have a healthy diet. This includes school travel plans, catering, the built environment and the taught curriculum.

2. Creating Population Wide Shift

Policies aimed at individuals alone will not lead to a reversal of the trend towards overweight and obesity². Rather a population approach is required to counter the 'obesogenic' society in which we now live. We need to shift the distribution of how much we weigh as a population. Universal interventions that promote healthier lifestyles are important to improve the weight of all.

3. Cross Cutting Systematic Changes

Evidence from The Foresight Report highlights the need for a comprehensive strategy across agencies that includes a range and breadth of interventions to prevent and tackle obesity². Isolated initiatives are likely to be futile due to the huge array of factors affecting obesity.

This involves:

- Having a "comprehensive portfolio of interventions" targeting the different factors that lead to obesity.
- Targeting the factors that lead to obesity at multiple levels including individually, locally and nationally.
- Using different interventions to target the same behaviours across the 'life course' (section 4.4).
- Targeting action to address health inequalities.

4. Changing Our Environment

The environment in which we live has a large impact upon activity levels and diet. Identifying a range of solutions across a number of policy areas such as transport and housing is important in tackling obesity^{2,4}. Working with industry to impact food content, production and advertising can change the 'food environment' in which we live.

5. Long Term Sustained Action

The rising trend of obesity in the population has occurred over a long period of time (e.g. 30 years). Reversing this trend cannot happen overnight. Long term funding, commitment to action and monitoring of trends is needed².

4.4 The Lifecourse Approach

Evidence indicates that there are a number of points across the 'life course' where there may be specific opportunities to influence behaviour¹⁸. The **life course approach** views the context of individuals' lives through various key life stages and transitioning points that occur from birth to death¹⁹. These key life stages can be important points that affect health outcomes or where individuals may be more likely to change their behaviour.

It is recognised that the **antenatal**, **postnatal**, **early years** and **school years** are all important life stages that influence a child's weight and overall health.

- Maternal obesity has health risks for both the mother and the child. Risks of maternal obesity to the child can include being a large baby (macrosomia), shoulder dystocia, fetal death and congenital abnormalities.
- Breast feeding and appropriate maternal nutrition are factors that can reduce the risk of obesity in later life.
- Evidence suggests that children who are overweight or obese often continue to be overweight or obese into adulthood⁸. Intervening early could prevent this trend.
- Parental obesity increases the risk of the child being obese by 10%⁶. Working with families to tackle generational issues around obesity is key.

Figure 9: Examples of Interventions across the Lifecourse in Lincolnshire

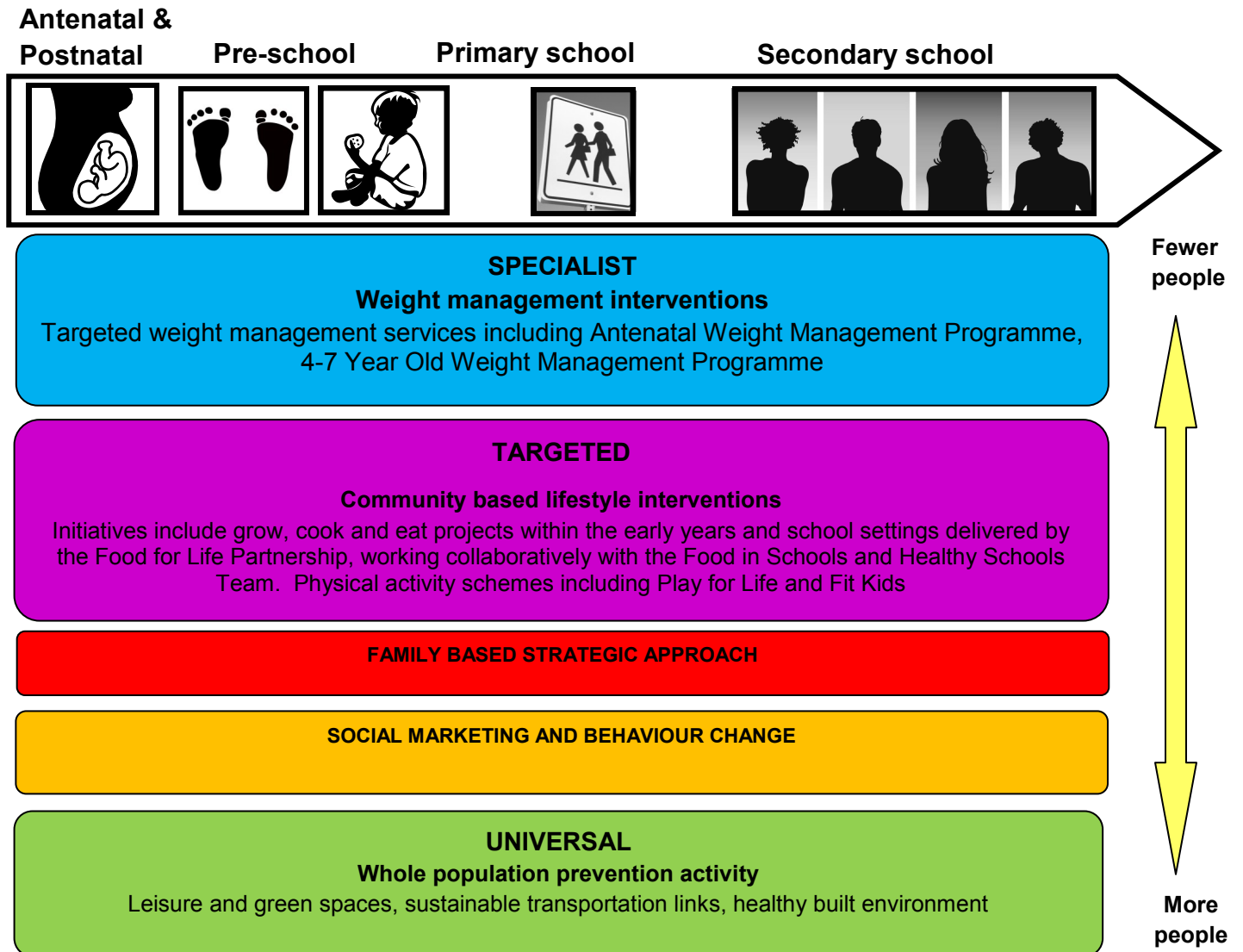


Figure 9 shows the Lifecourse approach in Lincolnshire where a range of interventions are implemented at different tiers (universal, targeted and specialist) across the different key life stages of the antenatal/postnatal period, early years and school years.

Section 5: Childhood Obesity Strategy

5.1 Development of the strategy

The development of this strategy has involved the consideration of the following:

- Evidence of local need including evidence from the Joint Strategic Needs Assessment
- An understanding of current services and initiatives tackling childhood obesity within Lincolnshire
- National and Local policies
- Published evidence and literature
- The views of the Lincolnshire Childhood Obesity Partnership Steering group

5.2 The Mission

Our mission for Lincolnshire is to:

“Ensure children and their families achieve a healthy weight status.”

5.3 The Vision

Our vision for Lincolnshire is to:

“By 2017, we will have reduced the prevalence of childhood obesity in Lincolnshire to a level below the national average, through excellent partnership working and by delivering high quality interventions and preventative programmes.”

5.3 Strategic themes

Tackling childhood obesity requires a broad multifaceted partnership approach to influence the factors that lead to obesity. While a number of national and local initiatives aimed at preventing childhood obesity currently exist, there has not been a systematic approach within the county. Therefore this strategy aims to bring together and focus action to tackle childhood obesity to ensure the greatest benefit can be achieved.

The following 4 strategic themes have been selected.

NHS Lincolnshire, Lincolnshire County Council and other partners aim to work collaboratively to -

1. **Promote a healthy lifestyle and raise awareness of obesity.**
2. **Implement a ‘life course approach’ to reduce childhood obesity.**
3. **Establish interventions provided by both NHS and non NHS providers to cover an obesity care pathway.**
4. **Build capacity and increase partnership working within Lincolnshire.**

Each of these themes will be outlined in turn.

THEME 1. PROMOTE A HEALTHY LIFESTYLE AND RAISE AWARENESS OF OBESITY

The Theme

Promoting a healthy lifestyle. Preventing overweight and obesity is first and foremost about achieving the balance between energy consumed and energy expended. As identified in the Foresight report, we now live in an 'obesogenic society' where we have less activity built into our lives and often consume energy dense pre-prepared foods. This can lead to an imbalance between the amount of energy we consume and the amount we expend leading us to gain weight.

Preventing obesity among children requires a "normalisation" of healthy eating and activity in our daily lives. Children should not be going on diets or being stigmatised about their weight. Rather we need to help parents, children and families to understand how they can have a healthy balance.

This involves:

- Helping parents and giving them practical tools to understand both how much food their children need to eat (the quantity) and what types of foods to be eating (the quality).
- The benefits of breastfeeding for both the mother and the child.
- The benefits of building activity into our daily lives. Promoting walking/cycling to school, active play and participation in sports.

Raising awareness of overweight and obesity. With overweight and obesity so common within our society, it can mean that we may not recognise it as a problem or can underestimate its risks. Part of this strategy is about raising awareness about how we all can work to tackle obesity, whether as parents, the voluntary sector, the food industry, the local authority and district councils, the NHS..... Whether we are involved in running an intervention to promote healthy living or redesigning a school playground we can play a part in promoting healthy living.

Areas of work around this theme will include:

- Continued delivery of the 'me sized plate' social marketing intervention to support parents to understand the quantity and proportions of food their child needs.
- Development of a 'me sized plate' for an older age group of children.
- Identifying further social marketing initiatives.
- NCMP Roadshows.
- Involvement in community local events/ shows.
- Embedding childhood obesity and making links into other policies and strategies.

Outcome

A greater understanding and awareness about food, activity and how to achieve a healthy balance.

A recognition of the importance of childhood obesity at strategic, community and individual levels.

How will we know we've made a difference?

- Population well informed about healthy living and where to seek help and support.
- Increased uptake of local services to support healthy eating, physical activity and weight management.
- Commitment to tackling childhood obesity across key organisations.

THEME 2. IMPLEMENT A LIFE COURSE APPROACH TO REDUCE CHILDHOOD OBESITY

The Theme

The 'life course approach' recognises that there are important stages in peoples' lives where they are more likely to change their behaviour or come into contact with health services. We have taken this evidence based approach as one of the key themes for tackling childhood obesity in Lincolnshire to ensure that we provide a comprehensive map of interventions to target children across their life stages. Over the last 12 months a number of interventions have been developed or piloted according to this life course approach. We have also recognised the importance of intervening early before children become overweight or obese. Therefore many of these interventions are currently aimed at the younger age groups. A recognised gap is around the adolescent age group.

Particular areas that we want to work around include:

- Promotion of breast feeding.
- Implementation and performance management of the antenatal obesity pilot.
- Implementation and performance management of the 4-7 year old weight management pilot.
- Analysis of the findings from the Free School Meals Pilot.
- Continued support of the Lincolnshire County Council's Food in Schools service to maintain food and nutrition standards in local schools.
- Through the NCMP continue to identify and support children and their families who require targeted support.
- Development of the early years part of the life course pathway.
- Where possible, the identification of funding to support interventions to target secondary school children.

Outcome

A clear map of interventions and services across the 'life course'

The implementation of several pilot interventions (4-7 weight management and antenatal obesity)

How will we know we've made a difference?

- NCMP data. Monitoring of trends in overweight and obesity.
- Increased access to interventions across Lincolnshire.
- Breast feeding rates in Lincolnshire.
- Clear referral and signposting between services/ interventions.



THEME 3. ESTABLISH INTERVENTIONS TO COVER A 4 TIER OBESITY CARE PATHWAY

The Theme

Alongside providing interventions across the 'life course' we also want to ensure that interventions cover four tiers including Tier 0 (Universal/The Environment), Tier 1 (Primary Prevention), Tier 2 (Targeted Interventions) and Tier 3 (Intensive Interventions). This is part of developing a 'comprehensive portfolio' of initiatives that children and families can interact in depending on their needs.

Key areas we want to work around include:

Tier 0: Universal / The Environment.

- Support of the creation of safe travel routes for walking and cycling to schools.
- Identification of strategies and policies to link with.
- Raise awareness across partners of how their work links to childhood obesity.
- Support of the Children's Services Food in Schools teams– supporting the promotion of a 'healthy food environment'

Tier 1: Primary prevention

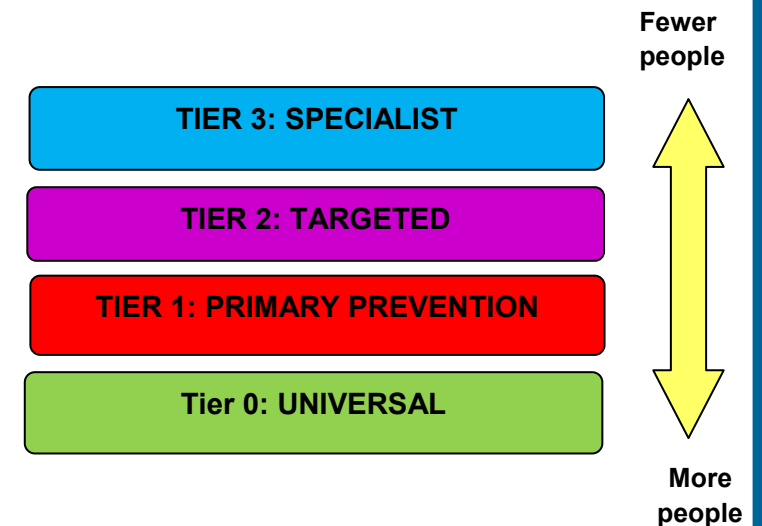
- Development of social marketing initiatives such as the 'me sized plates'
- Consideration of further social marketing initiatives.
- Support of the Children's Services Food in Schools teams.

Tier 2: Targeted

- Implementation and evaluation of targeted work with schools in Gainsborough, Skegness and the coast and Lincoln by the Healthy Schools, Food in Schools and Food for Life teams.
- Analysis of NCMP data for 2010/11. Use data to identify areas or groups with high levels of need.
- Undertake Asset mapping of an area to consider "community assets" to support work around childhood obesity.

Tier 3: Specialist

- Implementation and performance management of the antenatal obesity pilot.
- Implementation and performance management of the 4-7 year old weight management pilot.



Outcome

A clear map of initiatives / work being carried out across the four tiers.

How will we know we've made a difference?

- An increase in safe routes to school for children.
- The delivery and feedback from social marketing interventions.
- The performance management of specialist interventions to assess their effectiveness.
- A greater understanding of the population and those at high risk (NCMP data, asset mapping, feedback from families)

THEME 4. BUILD CAPACITY AND INCREASE PARTNERSHIP WORKING WITHIN LINCOLNSHIRE

The Theme

Childhood obesity is an issue that cannot be tackled by one organisation in isolation. Rather a clear partnership approach, drawing on the influences and expertise of a number of stakeholders is required. Childhood obesity is influenced by a number of policy and strategy areas. Making links with partners will be important in moving the childhood obesity agenda forward.

This will involve:

- Publishing Annual Reports to highlight successes, the contributions of partners and progress.
- Launching this Childhood Obesity 5 year strategy and associated care pathway.
- Sharing information about services and initiatives between partners through the Steering group.
- Identifying further partners to participate in the Steering Group.
- Embedding the need to tackle childhood obesity, physical activity and diet into local strategies and plans.
- Ensuring clear links are made with other related strategies, such as breastfeeding, adult obesity, education and transport.
- Considering the knowledge and skills of the Lincolnshire workforce and any training needs.
- Develop a system wide approach, redefining the nation's health as a societal and economic issue through developing a county wide food policy that creates a joint ambition for all public sector agencies to have food standards in place in all public sector food outlets.

Outcome

A broad range of partners engaged in work to tackle childhood obesity.

Commitment to tackling childhood obesity across agencies.

How will we know we've made a difference?

- A broad range of partners engaged in the Childhood Obesity steering group.
- Commitment and uptake of the Childhood obesity strategy.
- Feedback, reports and evidence of good practice across stakeholders (published in annual report).

Section 6: How will we ensure we achieve our vision?

6.1 Implementing the strategy

Action plan and timescales. Following consultation on this strategy an action plan will be developed which will outline the main actions, timescales and lead organisation for implementation of each action.

Resources. In the current climate, resources are limited and so are a potential challenge to the implementation of this strategy. Over the last 12 months a number of business cases were submitted to gain funding for several pilots of specialist interventions (e.g. antenatal weight management). Depending upon the outcomes of these pilots long term funding will need to be identified to sustain these interventions. Where possible, funding to support an intervention to target secondary school children needs to be identified. In the current climate of limited resources it is even more essential that agencies align their work to ensure the maximum benefit is achieved.

Engagement and partnership working. Central to the delivery of this strategy is a partnership approach. The factors leading to obesity are diverse and require agencies from across the county to play their role in tackling the issue. The Lincolnshire Childhood Obesity Steering Group is central to our partnership approach. Working groups will form as required to address specific issues or aspects of the strategy.

6.2 Accountability

- **Childhood Obesity Steering Group.** Progress towards these four strategic themes will be monitored by the Lincolnshire Childhood Obesity Partnership Steering Group.
- **Health and Wellbeing Board.** As childhood obesity is one of the priorities identified in the Joint Health and Wellbeing Strategy, progress in this area will also be monitored through the Health and Wellbeing Board.
- **Children and Young People Strategic Partnership.** Contribute to shared aims and objectives also identified by the CYPSP.

6.3 Life of this Strategy

This strategy outlines strategic themes to be delivered over a 5 year time period. Over this time priorities for implementation, performance monitoring and yearly NCMP data will help to inform action.

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Appendices

Appendix 1: Prevalence of Overweight and Obese Children in Lincolnshire

		2006/7	2007/8	2008/9	2009/10	2010/11
Reception	Overweight	13.2	13.8	15	15	14.4
	Obese	9.2	9.6	9.9	10.8	9.4
4-5 years	Overweight or obese	22.4	23.4	24.9	25.8	23.8
Year 6	Overweight	13.6	16.1	16	15.5	15.1
	Obese	17.4	17.9	18.5	19.5	20.2
10-11 years	Overweight or obese	31	34	34.5	35	35.3