

Central Bedfordshire Health and Wellbeing Board

Contains Confidential or Exempt Information No.

Title of Report Reducing Childhood Obesity

Meeting Date: 9 January 2014

Responsible Officer(s) Muriel Scott, Director of Public Health

Presented by: Muriel Scott, Director of Public Health

**Action
Required:**

1. The Board is asked to consider the information included within the report and agree the actions identified to maximise the opportunities for children and their families to lead healthy active lives.

Executive Summary

- | | |
|-----------|---|
| 1. | <p>Levels of childhood obesity in Central Bedfordshire are below the national and regional average and slightly above our Longer Lives Comparator Group. However childhood obesity is a significant risk to both physical and mental health, which may include teasing and bullying with a corresponding impact on academic achievement. Childhood obesity is a strong predictor of adult obesity.</p> <p>To date there has been no universally successful programmes that reduce childhood obesity at a population level in any country. This is most likely to be due to the myriad causes and highly complex nature of obesity coupled with the social stigma associated with admitting (both personally and openly) that one's child is obese.</p> <p>This paper summarises the current position within Central Bedfordshire and the ongoing actions that are in place to prevent and manage childhood obesity.</p> |
|-----------|---|

Background	
2.	<p>Risk factors for obesity</p> <p>Several factors impact on the likelihood of a child becoming obese although the underlying cause is an imbalance in caloric expenditure (i.e. consuming more calories through food and drink than are expended through living and physical activity) These include:</p> <ul style="list-style-type: none"> • Parental obesity <ul style="list-style-type: none"> ○ There is a higher risk between same gender children and parent (i.e. mother/daughter, father/son) ○ There is ongoing research over the nature/nurture relationship although the evidence is stronger regarding nurture. • Genetic predisposition <ul style="list-style-type: none"> ○ There are a number of different genetic factors influencing obesity with the majority appearing to impact on satiety (hunger and the ability to stop eating through conscious decision) • Environment <ul style="list-style-type: none"> ○ Where an environment encourages sedentary behaviour, driving in place of walking or cycling and ready access to cheap, poor quality but high calorie food and drink. • Changes to children’s play <ul style="list-style-type: none"> ○ Play based activity has dropped in favour of computer based gaming and social networking ○ Although physical activity does not have a significant impact on calorie balance in its own right it does reduce sedentary time which is often associated with snacking on poor quality food and drink.
3.	<p>Outcomes and Data</p> <p>The primary method for identification of childhood obesity is the National Child Measurement Programme (NCMP). Measurement data is obtained within an academic year with validated data reported from the national team in the following December.</p> <p>The latest validated data is for the academic year 2012/13 (confidence intervals at 95%):</p>

School Year Group	Proportion of children with a CBC postcode found to be obese – annual data			
	2011/12		2012/13	
	CBC	CBC	East of England	England
Year R	7.4% (0.9%)	6.5% (0.8%)	8.1% (0.2%)	9.3% (0.1%)
Year 6	15.8% (1.4%)	14.6% (1.4%)	17.1% (0.3%)	18.9% (0.1%)

Source: Health & Social Care Information Centre (Dec 2013)
*(derived from the postcode of the **child**)*

While this looks encouraging it is important to note that there are year on year fluctuations. Therefore 3 year-rolling data is used to provide a more realistic picture of the trend:

Proportion of children with a CBC postcode found to be obese – 3 year rolling data		
	09/10 - 11/12	10/11 - 12/13
Year R	8.0% (0.6%)	7.3% (0.6%)
Year 6	15.3% (0.8%)	15.3% (0.8%)

Source: Public Health Intelligence – local data (Dec 2013)
*(derived from the postcode of the **child**)*

Proportion of children attending a CBC school found to be obese – 3 year rolling data		
	09/10 - 11/12	10/11 - 12/13
Year R	8.0% (0.6%)	7.3% (0.6%)
Year 6	15.4% (0.8%)	15.5% (0.8%)

Source: Public Health Intelligence – local data (Dec 2013)
*(derived from the postcode of the **school**)*

The data show a declining trend in levels of obesity among children in Year R (aged 4 or 5 years) but is not statistically significant. At year 6 (aged 10 or 11 years) there effectively is no change. This is consistent with the national goal to halt the rise in childhood obesity and then seek to reduce it.

Where commissioning/planning decisions are being considered to reduce childhood obesity the first chart is better for supporting decisions around area based interventions whilst the second is better for decisions around school based interventions.

4. **Interventions to prevent or reduce childhood obesity**

Tier 1 (preventing childhood obesity)

BeeZee Tots is a 5-week intervention for parents/guardians of young children (aged 2 to 4 years) designed to demonstrate the importance of positive role modelling and consistency of parenting approach it provides parents with realistic advice and support for managing and sustaining their child's healthier eating practices and physical activity. The programme is delivered from Children's Centres with a focus on areas with areas of significant deprivation such as Parkside, Downside and Sandy. Maximum capacity of programme is 8 families.

To date 4 programmes have been delivered with further sessions planned.

- Parkside CC - **7 families**
- Downside CC – **5 families**
- Sandy CC - **9 families**
- Tithe Farm CC – **5 families**

Making the Most of Me is an intervention delivered to Yr R and Yr 4 pupils in Lower Schools targeted because of their high levels of obesity. The aim of the programme is to raise self esteem and awareness of making good choices towards a healthy lifestyle which includes healthy eating and physical activity using street dance.

From October 2012 to Dec 2013 **48** lower schools (51%) have attended the training for staff where they are given the training and resources to deliver the programme in their own schools.

The programme is currently in the process of being evaluated and following this in February 2014, a decision will be made regarding additional training for other schools.

Tier 2 (reducing childhood obesity)

BeeZee Bodies is a comprehensive 17 week programme for 5 – 17 year olds with a good evidence base and independent evaluation. Approximate equal numbers of boys and girls attended the programmes (51% vs. 49% respectively) and 80% complete the whole programme.

Currently 4 programmes running (Sept 2013 – Jan 2014).

- Dunstable 5-8yrs – **9 families**
- Leighton Buzzard 8-11yrs – **11 families**
- Leighton Buzzard 12-15yrs – **7 families**
- Stotfold 8-11yrs – **7 families**.

There are 5 an additional programmes planned to run from Feb – June 2014 at Dunstable, Leighton Buzzard (2) and Sandy (2).

Detailed Recommendation	
5.	<p>Directorates and/or organisations where staff have direct contact with families, should engage with training to enable those staff to actively support parents with obese children into the family weight management programmes available in Central Bedfordshire (i.e. BeeZee Bodies, BeeZee Tots). The following groups should ensure that suitable staff are trained</p> <ul style="list-style-type: none"> • School nurses • Health visitors • GP Practices • Social care e.g. Children Centres staff • Leisure services.
6.	<p>To ensure that guidance is developed and implemented to consider the health impact of council decisions that then influence the (health) environment. Examples include applications for fast food outlets near schools or in areas of deprivation, development or highways plans which make cycling or walking more attractive.</p>
7.	<p>To support co-ordinated action to tackle the obesogenic environment such as:</p> <ul style="list-style-type: none"> • Public Health, Active Travel and Regeneration promoting active transport and cycling programmes. • Public Health and Environmental Health to considering food quality as well as hygiene e.g. through the heartbeat award. • Work with Police and the Community Safety Partnership to improve the perception of crime in target areas in order to increase likelihood of outdoor play.
8.	<p>That constituent member organisations of the Board act as exemplar organisations promoting active transport, healthy food availability and workplace wellness among staff.</p>

Issues	
Strategy Implications	
9.	<p>This area is one of the priorities within Central Bedfordshire Health and Well Being Strategy and is also included within the Children and Young People's Plan.</p>

