

4.1.07 Childhood Obesity

Introduction: why is this important?

Obesity occurs when energy intake from food and drink consumption is greater than energy expenditure through the body's metabolism and physical activity over a prolonged period, resulting in the accumulation of excess body fat. However there are many complex behavioral and societal factors that combine to contribute to the causes of obesity.

Obesity is associated with a range of health problems and the resulting NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, equating to roughly £80 million for Bradford District, with wider costs to society estimated to reach £49.9 billion per year which would equate to roughly £400 million for Bradford District. These factors combine to make the prevention of obesity a major public health challenge

Being overweight or obese in childhood has consequences for health in both the short term and the longer term. Obese children and young people are more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood. Although many of the most serious consequences may not become apparent until adulthood, the effects of obesity – for example, raised blood pressure, fatty changes to the arterial linings and hormonal and chemical changes such as raised cholesterol and metabolic syndrome – can be identified in obese children and adolescents.

Some obesity-related conditions can develop during childhood. Type 2 diabetes, previously considered an adult disease, has increased dramatically in overweight children as young as five. 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.

The emotional and psychological effects of being overweight are often seen as the most immediate and serious by children themselves. They include teasing and discrimination by peers, low self-esteem, anxiety and depression. In one study, severely obese children rated their quality of life as low as children with cancer on chemotherapy. Obese children may also suffer disturbed sleep and fatigue.

What do the facts and figures tell us?

Proportions of children with excess weight are higher in the Bradford District than nationally in both Reception and Year 6 with levels of obesity higher in Year 6 than in Reception. The prevalence of obesity is closely linked with socioeconomic deprivation. In Bradford, in 2014-15 9.6% of reception children in the most deprived quintile were obese, compared with 3.7% in the least deprived quintile. In Year 6, 25.2% of children in the most deprived quintile were obese, compared with 8.5% in the least deprived quintile.

Reception

The highest levels of obesity are in Bradford Moor, Idle and Thackley, Tong, Toller, Keighley Central, Bowling and Barkerend, Clayton and Fairweather Green and Royds which all have rates greater than 10%. A particular ward of concern is Royds which also has the highest level of obesity and overweight combined at 29.1% compared to the Bradford District average of 19.9%.

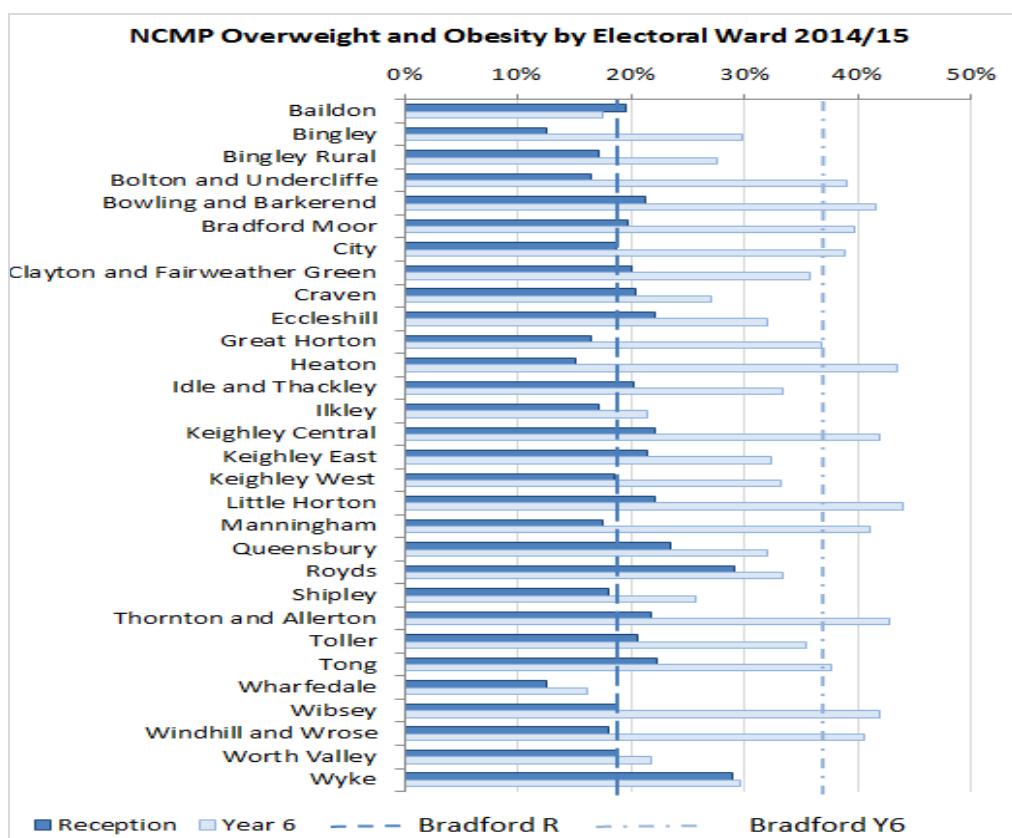
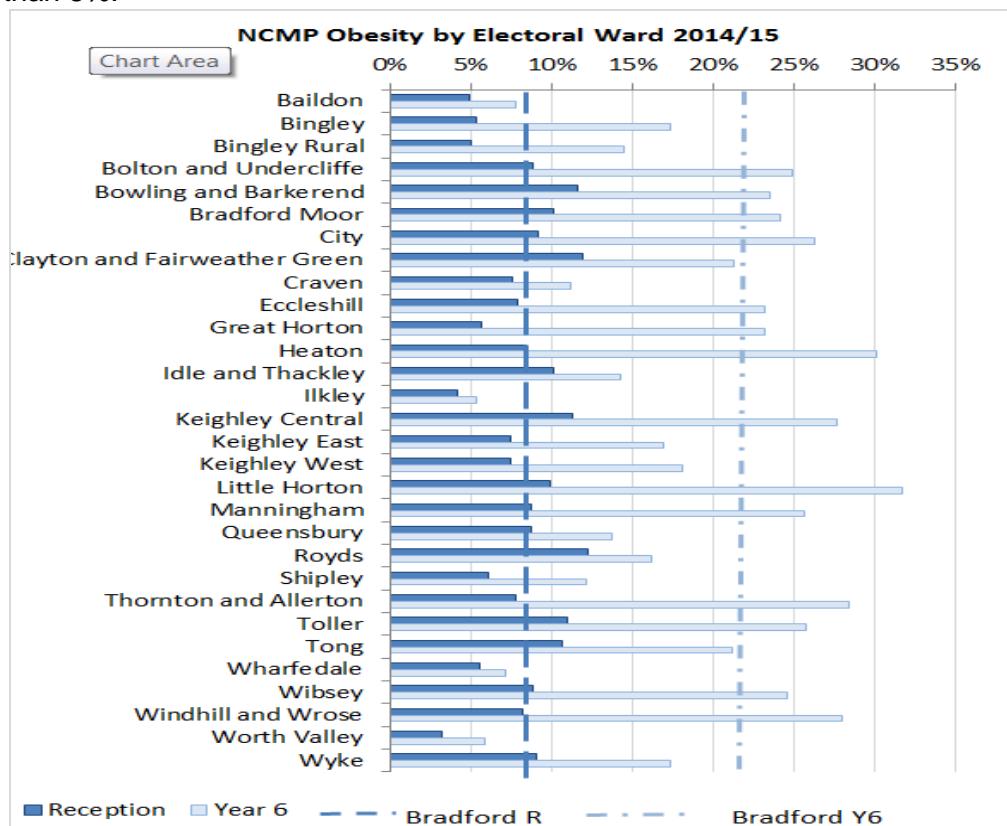
The lowest levels of obesity are in Baildon, Ilkley and Worth Valley which all have rates less than 5%.

Year 6

The highest levels of obesity are in Keighley Central, Windhill and Wrose, Thornton and Allerton, Heaton and Little Horton which all have rates greater than 25%. Particular wards of concern are

Heaton and Little Horton as these wards also have the highest levels of obesity and overweight combined. Rates in these wards are all greater than 42% compared to an average of 35.7% in Bradford District.

The lowest levels of obesity are in Ilkley, Worth Valley, Wharfedale, and Baildon which all have rates less than 8%.



What strategies, policies and best practice have been developed locally and nationally?

NICE Guidance

- CG43 The prevention, identification, assessment and management of overweight and obesity in adults and children
- PH47 Managing overweight and obesity in children and young people
- PH11 Maternal and child nutrition
- PH17 Promoting physical activity for children and young people
- Healthy Lives, Healthy People: Our Strategy for Public Health in England, DH, 2010
- Public Health Outcomes Framework for England 2013-16
- PHOF Indicator 2.06i. Excess weight in 4-5 and 10-11 year olds
PHOF Indicator 2.02i. Breast feeding initiation
PHOF Indicator 2.02ii Breast feeding prevalence at 6-8 weeks
- Healthy Weight Healthy Lives (2011)

Applicable Local Strategies

- Bradford District 'Good Health and Wellbeing' 2013-17
- Bradford District Health Inequalities Action Plan 2013-17
- Integrated Early Years Strategy 2015-18
- Every Baby Matters Programme:
- Better Start Bradford
- Bradford District Food Strategy
- Children's Healthy Weight Strategy 2013-16
- Bradford District Plan 2016-2010

What challenges have been identified in a local context?

Bradford and Airedale Joint Health and Wellbeing Strategy, Good Health and Wellbeing 2013-17 which identifies 18 priorities of which 1 relates to tackling obesity in children:

Priority 3 - Promote effective parenting and early year's development

Priority 5 - Reduce childhood obesity and increase levels of physical activity and healthy eating in children and young people

Every Baby Matters Nutrition Group identified a need to encourage

- More women to eat a healthy diet and maintain a healthy weight
- More women to breastfeed their infants for longer than 6 - 8 weeks

Children's Healthy Weight Strategy 2013-16

Play Strategy – The Play Strategy highlights the rights of Children to play, and looks at provision for play in Bradford in the context of local and national changes to policy and legislative framework in which Children's Services operate.

Integrated Early Years Strategy 2015-18

- To improve the health and wellbeing for all children in the district.
- Reduce childhood obesity and increase physical activity and health eating.
- Actively promote breastfeeding.

What do our stakeholders tell us?

The challenge of obesity in Bradford is addressed by a variety of partners including Midwives, Health Visiting, Early Years Practitioners, Children's Centres, Sport and Leisure, Transport, Planning, School Health and Wellbeing, School Nursing, School PE, Oral Health Promotion, Public

Health and the VCS, through referrals and interventions at both Tier 1 and Tier 2 levels of the Healthy Weight pathway. The importance of addressing obesity in the Bradford District remains a priority and our partners are committed to preventing and treating overweight and obesity

Recommendations: What do we need to do? How do we ensure this remains a priority?

Bradford and Airedale Joint Health and Wellbeing Strategy, Good Health and Wellbeing 2013-2017

Reduce childhood obesity and increase levels of physical activity and healthy eating in children and young people.

- Encourage and support healthy growth and weight of children
- Promote healthier food choices and improve the nutritional quality of food in schools
- Increase everyday play and physical activity opportunities for children
- Promote environments and practices that support children to eat healthier foods and to be active throughout each day
- Provide personalised advice and support for children and their families through a child healthy weight pathway
- Increase support and training for education and childcare staff to implement health improvement activity and increase availability and accessibility of evidence based children's lifestyle weight management services
- Promote effective parenting and early year's development
- Nutrition training to be rolled out across all children's centres

Every Baby Matters Programme:

- Continued focus on ensuring key interventions via the Every Baby Matters Nutrition Group are delivered effectively
- Ensuring effective use of all new research, audits and public health intelligence, including the reports from the Born in Bradford study to inform the planning of future interventions.
- Improving the health of women prior to their pregnancy, during pregnancy and the health of their young babies will improve the long-term maternal and child health of the next generation.

Children's Healthy Weight Strategy 2013-16

- Excellent quality and inclusive play opportunities which are accessible for all
- Address risk and promote resilience in children and young people including vulnerable groups
- Provide access to 'holistic' support for vulnerable children, young people and families
- That all children and young people can participate in planning and delivery of play services.

Integrated Early Years Strategy 2015-18

- Deliver a Tier 1 children's healthy living programme
- Deliver a children's Tier 2 weight management intervention targeting areas of high obesity
- Children's Centres to deliver HENRY to at risk/overweight families; Prevention and Intervention (Parent Programme)
- Provide support for children to take up regular sustainable physical activity

References

Born in Bradford website: <http://www.borninbradford.nhs.uk/>

Marmot, M. (2010) 'Fair Society, Healthy Lives – Strategic Review of Health Inequalities in England post-2010'. London: The Marmot Review.

Public Health Outcomes Framework for England 2013-16, Department of Health, 2013.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358

Healthy Lives, Healthy People: A Call to Action on Obesity in England 2011

<https://www.gov.uk/government/publications/healthy-lives-healthy-people-a-call-to-action-on-obesity-in-england>

Bradford and Airedale Joint Health and Wellbeing Strategy, *Good Health and Wellbeing 2013-17*

<http://www.observatory.bradford.nhs.uk/Documents/Bradford>

Integrated Early Years Strategy 2015-18

<https://www.bradford.gov.uk/NR/rdonlyres/4F168FB7-3239-496A-9029-F96B32556BD6/0/W32253IntegratedEarlyYearsStrategy.pdf>

Children's Healthy Weight Strategy 2013-16

NICE Guidance for Weight Management

The use of measures of obesity in childhood for predicting obesity and the development of obesity-related diseases in adulthood: a systematic review and meta-analysis. Simmonds M, Burch J, Llewellyn A, Griffiths C, Yang H, Owen C, Duffy S, Woolacott N. Health Technology Assessment **Volume:** 19 **Issue:** 43. June 2015. <http://www.journalslibrary.nihr.ac.uk/hta/volume-19/issue-43#abstract>