

Childhood Obesity Update

Purpose of report

For discussion.

Summary

This paper outlines the recent data released from the National Child Measurement Programme which shows an increase in obesity rates in primary age children and provides an update on the LGA's current work in relation to childhood obesity.

Childhood obesity is a joint priority between Children and Young People's Board the Community Wellbeing Board.

Recommendation

That members note the update provided in the report and that this informs the discussion with our external speakers.

Action

Members to note the report and officers to take forward any member feedback.

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Childhood Obesity Update

Latest Data from the National Child Measurement Programme

1. The National Child Measurement Programme (NCMP) delivered by council public health teams and overseen by the Office for Health Improvement and Disparities (OHID - formerly Public Health England) measures the height and weight of children in England annually and provides data on the number of children in reception and year 6 who are underweight, healthy weight, overweight, obese or severely obese.
2. Findings from the 2020/21 NCMP¹ show large increases in the proportions of young children living with overweight (including obesity), obesity, and severe obesity compared to previous years. These increases are seen across both Reception and Year 6, with Reception seeing the biggest relative increase. The data shows a further widening of the inequalities gap in obesity prevalence between children in the most and least deprived areas in England. This widening is most noticeable among children in Reception.
3. The increases in obesity prevalence seen in the 2020/21 data, of around 4.5 percentage points for both Reception and Year 6, are much larger than any increases seen in previous years of the NCMP. This is a worrying trend and there is concern that the additional weight gain will be hard to reverse.
4. More data is needed to know whether this is a longer-term increase. The picture will become clearer when data for 2021/22 and future years is available as that will cover the whole academic year and will represent periods when schooling and out of school activities were less disrupted.
5. The prevalence of obesity for children in the most deprived areas in both age groups continues to be more than double that of those in the least deprived areas; severe obesity prevalence is around three times higher for Reception children and around four times higher in Year 6.
6. The report also gives figures for underweight (0.9 per cent in Reception and 1.2 per cent in Year 6), which are similar for Reception children and lower among Year 6 children compared with previous years. This is below the 2 per cent level expected in a healthy population so does not raise concerns.

¹ NCMP Report, 2020/21, NHS Digital: <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2020-21-school-year>

7. This year due to the impact that COVID-19 had on school closures, a nationally representative sample of 10 per cent was collected by local authorities as it was not feasible to expect a full NCMP collection so late into the academic year. PHE thanked local authorities and service providers for managing to gather this data despite the challenges they faced from the pandemic. National figures in this report are broadly comparable to earlier years because statistical weighting has been applied to the data to ensure the sample is reflective of the population in previous years.

Impact of the pandemic

8. Younger children in particular tend to get their physical activity by play, rather than formal exercise. Playgrounds being cordoned off and lack of school playground games is likely to have led to a drop in their activity. Opportunities for active travel, such as walking, cycling or scooting to school or nursery also disappeared for many. Combined with more sedentary behaviour from staying at home, this is likely to have had an impact on children's level of physical activity and burning of calories, particularly in children with little or no access to outside space at home.
9. Reduced incomes and rising food insecurity from the economic fall-out of COVID and the impact of losing access to breakfast clubs and free school meals, especially in the first lockdown, may have also led to changes to family diets which are often associated with poor nutrition because access to healthier food is limited.
10. Several surveys have shown adults and young people reporting snacking more in lockdown, and this is likely to extend to children too. Snack food like crisps and biscuits tends to be high in calories and low in nutrients. In addition the pandemic has led to children spending more time online to study, play and socialise. We know that children who spend more time online are exposed to more junk food adverts. Given the wealth of evidence that seeing junk food adverts influences children's food choices and how much they eat, this additional screen-time could also have an impacted on child health.

Background

11. In 2018 the Government stated their commitment to halving childhood obesity by 2030. In July 2020 they published Tackling Obesity, empowering children and adults to live healthier lives. This strategy included plans which the LGA has previously called for, such as: the inclusion of calorie information on food from restaurants, café and takeaways, restrictions on promotions for high fat, salt and sugar (HFSS) foods, and a 9pm watershed for TV and online advertising of HFSS goods by the end of 2022.
12. The Government announced an additional £34.9 million of new funding to support the expansion of local authority weight management services in 2021/22. This included a £4.4 million to test the expansion of behavioural weight management services for

children and families and pilot an intervention to improve access to local services for children identified as living with overweight or obesity through the National Child Measurement Programme. 11 local authorities have since been awarded grant funding to begin pilot projects and the LGA continues to work with Department of Health and Social Care (DHSC) colleagues to ensure these pilots are as beneficial as possible to the wider sector and help to make the case for longer term funding for local authority weight management services.

13. In July 2021 the National Food Strategy- Part Two, commissioned by Government and led by Henry Dimbleby (founder of the food chain Leon), was published. The strategy focuses primarily on escaping the junk food cycle, reducing diet-related inequality, making the best use of our land and creating a long-term shift in our food culture towards environmental aims. The Government are due to respond to the National Food Strategy (NFS) by February 2022. The LGA are keen to ensure any implementation of the NFS recommendations include support for a local first approach led by councils, with a clear focus on tackling health inequalities.
14. Childhood obesity continues to be a key public health challenge for councils. Under a backdrop of public health grant reductions, councils have spent over £1 billion pounds tackling child and adult obesity since responsibility for public health transferred to councils. Some of the many positive initiatives underway in councils include: creating safer walking to school routes and low traffic areas, the promotion of the Daily Mile and the Daily Toddle, working with takeaways to standardise portions, fruit and vegetable discount clubs and supporting schools to timetable sessions on cooking and nutrition.

Headline LGA Policy Positions

15. The underlying environmental and behavioural drivers surrounding obesity exist in a complex and multifaceted system. Tackling obesity effectively requires a whole systems approach where a range of measures focus on individuals, social and other systems. Focusing on individual choices alone will not reduce levels of obesity – we need the whole system working together to make a difference in tackling obesity. This also means an integrated approach across government departments and council departments. For example, if increasing physical activity levels in children is a key priority for DHSC, the outcome could be undermined if no parallel action is taken to encourage active travel by the Department of Transport.
16. The LGA has welcomed the Government's recent steps to tackle childhood obesity but there are a number of key policy asks which we continue to press for on behalf of the sector, these include:
 - 16.1. Updating the Licensing Act to include a public health objective and allow councils to take action where premises fail to protect the health of their communities.
 - 16.2. Giving councils additional planning powers in order to tackle the existing clusters of junk-food shops and create a healthier food environment.

- 16.3. Giving councils more say on how the sugar industry levy is spent to better support local services which support healthy weight and a more targeted approach to investment.
 - 16.4. Increased support for councils to work with schools and other education settings to follow the Healthy Eating Standards.
17. We continue to call for Government to reverse the £1 billion real terms reduction to the public health grant since 2015. This is urgently needed to enable council to develop long term strategies to prevent widening health inequalities, including developing long-term strategies to tackle childhood obesity.

Childhood Obesity Trailblazer Programme

18. The Childhood Obesity Trailblazer Programme (COTP) is an LGA programme, supported by the Office for Health Improvement and Disparities (formerly PHE) and funded by DHSC. The programme promotes a test and learn approach to try out innovative approaches to using local authority levers to address specific drivers of childhood obesity and to reduce inequalities in childhood obesity. The programmes aims include sharing of learning and best practice with other authorities and to identify actions which government can take to deliver change at scale.
19. The five Trailblazer projects are in Birmingham, Bradford, Lewisham, Nottinghamshire and Pennine Lancashire. The trailblazer projects are now in their final year of the programme and the LGA and their partners will be focused on capturing the learning and good practice to share with the sector, as well as informing our national policy approach.

Implications for Wales

20. Health and social care policy are devolved to the Welsh Assembly.

Financial Implications

21. There are no financial implications.

Next steps

22. We would welcome the views of CWB board members on the updates given in this paper and how we can better progress our work to tackle childhood obesity.