

## National Child Measurement Programme 2022-23

### Purpose of Report

**For direction.**

Is this report confidential? No

### Summary

To update members of the Community Wellbeing Board (CWB) with the most recent data from the National Child Measurement Programme (NCMP) 2022-23.

To provide a brief overview of national policy and LGA current policy messages related to childhood obesity.

To give CWB members an opportunity to discuss and consider LGA policy lines related to this area, which is a joint priority with the Children and Young People's Board.

LGA Plan Theme: **Supporting local people and places**

### Recommendation(s)

That the Community Wellbeing Board note the update provided in the report to inform the discussion about the LGA's policy lines on this area.

### Action

Consider refining and developing the LGA's current policy messages.

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

### Contact details

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Position: Adviser – Public Health

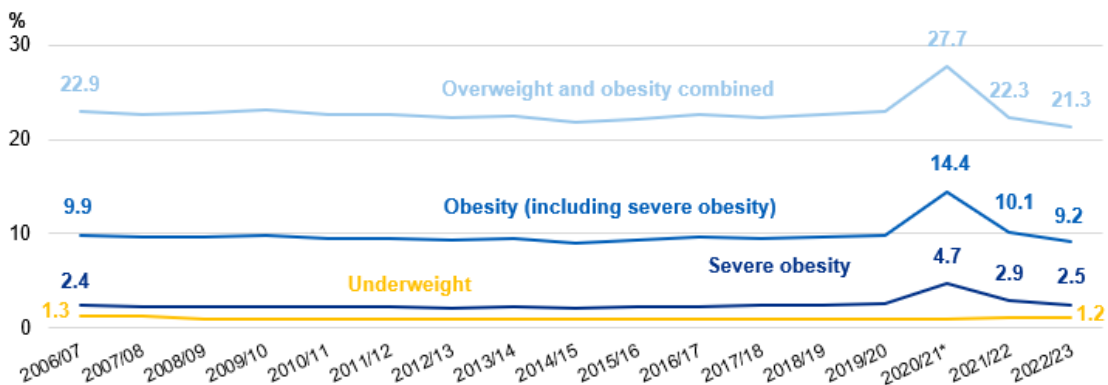
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## Latest data from the National Child Measurement Programme:

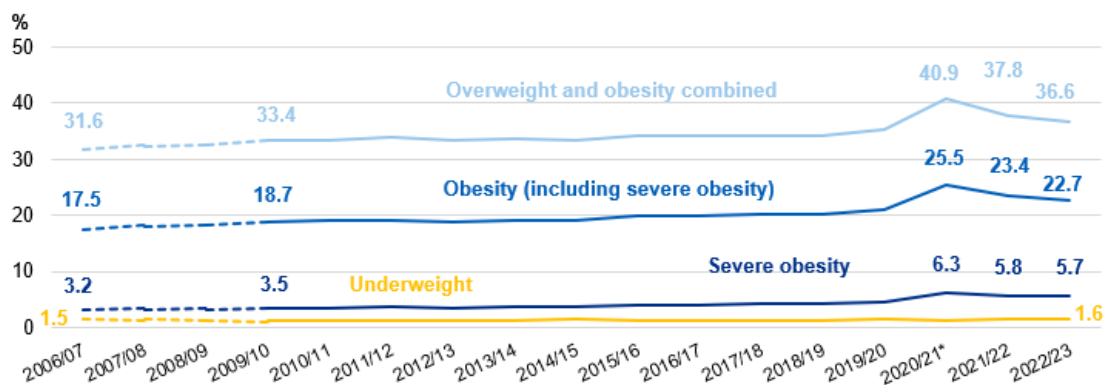
1. The National Child Measurement Programme (NCMP), delivered by council public health teams and overseen by the Office for Health Improvement and Disparities (OHID) measures the height and weight of children in mainstream state-maintained schools in England annually and provides data on the number of children in reception and year 6 who are underweight, a healthy weight, overweight, obese or severely obese.
2. [Findings from the 2022/23 NCMP](#) show an encouraging slight decline in the prevalence of overweight and obesity amongst children across both Reception and Year 6. The 2020/21 edition of the survey, which was carried out as a sample due to Covid-19, found large increases compared to previous years.
3. The 2022/23 results show that the prevalence of obesity in Reception children decreased from 10.1 per cent in 2021/22 to 9.2 per cent in 2022/23. The decrease signals a return to pre-pandemic levels for this age group and is one of the lowest levels since 2006/07. The prevalence of obesity in Year 6 children decreased from 23.4 per cent in 2021/22 to 22.7 per cent in 2022/23. This is still higher than in 2018/19 and 2019/20.

**BMI category prevalence in Reception, 2006/07 to 2022/23**



\* Figures for 2020/21 are based on weighted data, see Methodology and Data Quality section in 2020/21 report for more information.  
For more information: Table 2, National Child Measurement Programme, England, 2022/23 School Year

**BMI category prevalence in Year 6, 2006/07 to 2022/23**



\* Figures for 2020/21 are based on weighted data, see Methodology and Data Quality section in 2020/21 report for more information.  
For more information: Table 2, National Child Measurement Programme, England, 2022/23 School Year

4. [Obesity prevalence in boys is higher than girls](#) for both age groups. For boys in reception, obesity prevalence was 9.3 per cent, compared with 9.0 per cent of girls. For boys in Year 6, obesity prevalence was 25.1 per cent, compared with 20.1 per cent of girls.
5. The data shows a further widening of the inequalities gap in obesity prevalence across both deprivation, geography and ethnicity.
6. Levels of obesity in [reception-aged children](#) living in the most deprived areas (12.4 per cent) were more than double those in the least deprived areas (5.8 per cent). The prevalence of severe obesity was more than three times higher in the most deprived areas (3.8 per cent) compared with those living in the least deprived areas (1.2 per cent).
7. Similarly, the prevalence of obesity [among year 6 children](#) was 30.2 per cent in the most deprived areas, compared with 13.1 per cent in the least deprived areas. The prevalence of severe obesity was more than four times higher among year 6 children in the most deprived areas (9.2 per cent) compared with those living in the least deprived areas (2.1 per cent).
8. [Geographical disparities](#) in obesity prevalence also exist: in reception, the prevalence of obesity was highest in the North East (11.3 per cent) and lowest in the South East (8.0 per cent), East of England (8.1 per cent) and South West (8.2 per cent). In year 6, the prevalence of obesity in 2022/23 was highest in the North East (25.8 per cent), the West Midlands (25.2 per cent) and London (24.8 per cent) and was lowest in the South West (19.4 per cent) and the South East (19.4 per cent).
9. The [proportion of children living with obesity](#) in 2022/23 was highest for Black children in both reception (13.6 per cent) and year 6 (31.6 per cent). It was lowest for Chinese children in both reception (4.2 per cent) and year 6 (15.2 per cent). Underweight prevalence was highest for Asian children in both reception (4.3 per cent) and year 6 (3.8 per cent).

## Policy background: Child obesity and healthy weight

10. The Government's response to obesity has mainly been set out across three chapters of its childhood obesity plan, published in [2016](#), [2018](#), [2019](#), and a further obesity strategy published in [2020](#). Within these, the Government has introduced several measures aimed at reducing the prevalence of childhood obesity, including the Soft Drink Industry Levy (2018), calorie labelling on menus of large restaurants/chains with more than 250 staff (2022) and restricting the placement of foods high in fat, salt and sugar (HFSS) in locations intended to encourage purchasing both instore and online (2022). These are measures the LGA has previously called for.
11. In 2020, the Government also committed to restricting promotions of HFSS foods such as "buy one get one free", both online and in physical stores in England. The

Government initially set out to implement these proposals in April 2022, but these have now been pushed back to October 2025 to [allow the government to continue to review the impact of the restrictions on the consumers and businesses in light of the unprecedented global economic situation](#).

12. In March 2021, the [government announced](#) an additional £100 million over the 2021-22 financial year to support people living with excess weight and obesity to lose weight and maintain healthier lifestyles, of which over £30 million was provided for councils to support the commissioning of adult behavioural (tier 2) weight management services. £4.2 million was provided to test the expansion of behavioural weight management services for children and families.
13. The funding was initially announced as £100m per year for three years to support healthy weight. [In April 2022](#), the government announced the funding would not be extended to 2022-23.
14. In 2022, [the government announced a £20 million obesity research mission](#) to explore new treatments and digital technologies which could support people achieve a healthier weight.
15. Primary schools continue to receive [£320 million PE and sport premium](#) per year to support children being able to live healthy and active lives at school and improve the provision of quality sport and PE.
16. The government is still committed to a target of [halving childhood obesity by 2030](#) and [increasing average healthy life expectancy](#) (the number of years someone lives in good health) by five years by 2035.
17. Childhood obesity continues to be a key public health challenge for both councils and wider public finances. It is estimated that the [NHS spends £6.5 billion](#) on obesity-related health care each year, whilst the cost to wider society is estimated to be [£27 billion](#) per year. Under a backdrop of public health grant reductions, councils have spent over £1 billion tackling child and adult obesity since responsibility for public health transferred to councils in 2013.
18. Some of the many positive initiatives underway in councils include implementing local restrictions on junk food advertising, expanding the Daily Mile across local schools, working closely with planning departments to develop healthy planning policies, increasing Healthy Start uptake, introducing discounts at local leisure facilities and many others. We have recently commissioned a series of six case studies into children's healthy weight to collate new evidence to share innovative practice with councils and stakeholders.

## Current LGA policy positions

19. Local and national government must take a whole systems approach to promoting a healthy weight and reducing obesity.
20. We continue to call for Government to reverse the real-terms reductions in public health grant funding since 2015/16. This is urgently needed to enable councils to develop long term strategies to prevent widening health inequalities, including developing long-term strategies to promote healthy weight.
21. Introduce a Prevention Transformation Fund. Reshaping existing funding away from acute services and into preventative action.
22. 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.
23. New powers and funding to support more children and families to live healthier lives, including tackling the clustering of existing takeaways and restricting junk food advertising near schools.
24. 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.
25. The Healthy Start scheme should be increased in line with inflation (and reviewed every 6 months) and expanded to include all those on Universal Credit and age up to 5 years old to support more young families on low incomes access nutritional support.

## Implications for Wales

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

## Financial Implications

27. There are no financial implications.

## Equalities implications

28. The prevalence of obesity in children in the most deprived areas is more than double that of those in the least deprived areas, and continues to widen year on year. The continued rising cost of living is expected to have an ongoing knock-on impact on public health and deepen existing health inequalities related to healthy weight.

## Next steps

29. To welcome the views of CWB board members on the updates given in this paper and how we can better progress our work on reducing childhood obesity and promoting a healthy weight.