## **Southampton Strategic Assessment** National Child Measurement Programme

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## **Context - childhood obesity and NCMP**

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## Context



### The World Health Organization defines childhood obesity as:

- "Abnormal or excessive fat accumulation that presents a risk to health"
- "One of the most serious public health challenges of the 21<sup>st</sup> century."

### **Obesity as a risk factor for poor health and wellbeing....**

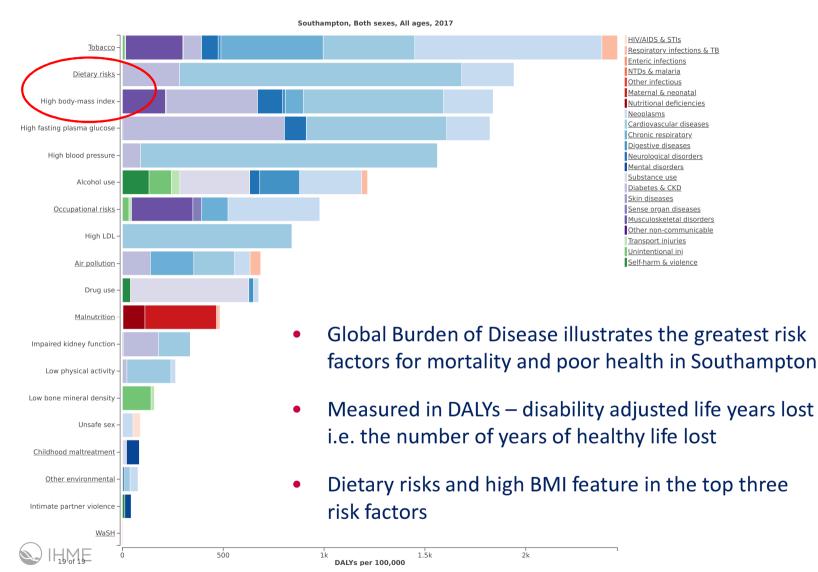
- In Children....
  - Range of adverse health outcomes such as asthma
  - Poor self esteem, mental health and stigmatisation
  - Risk factor for obesity in adulthood
- In adults....
  - A leading cause of a range of conditions such as asthma and other respiratory problems, eating disorders, mental health disorders and psychosocial risks, cardiovascular diseases, Type 2 diabetes, musculoskeletal problems, sleep apnoea etc.....





Context





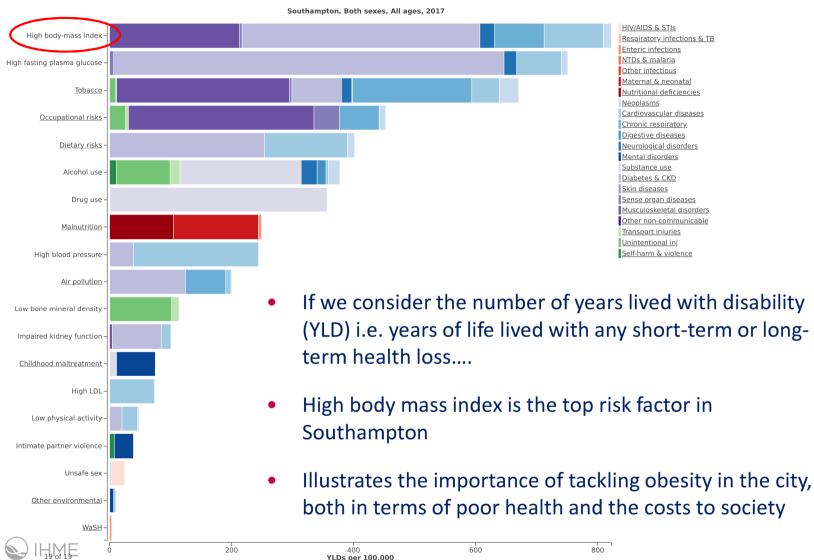
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## Context





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### How do we measure obesity?



- Body Mass Index (BMI) is the accepted way of measuring obesity
  - divides a persons weight in kilograms by their height in metres squared
- Adults are classified as overweight or obese if their BMI is above specified levels....overweight > 25; obesity > 30
- However, such levels are not appropriate for children as their BMI changes considerably with age and gender
- Therefore, children's BMI is standardised for their age and sex by comparing against a recognised standard – known as the 1990 UK standard





## How do we measure obesity?



- Our primary source of information on childhood obesity comes from the National Child Measurement Programme (NCMP) introduced in 2005/06
- Children are measured when they start and leave primary school
  - Year R (4-5 year olds) and Year 6 (10-11 year olds)
- Height and weight is measured by Public Health school nurses and recorded along with various demographic information
- BMI adjusted for age and sex by calculating standard deviation scores (z-scores) using the 1990 UK reference and then converted to centiles (p-scores)
  - Underweight: 2<sup>nd</sup> centile or below
  - Healthy weight: 2<sup>nd</sup> to 85<sup>th</sup> centile
  - Overweight: 85<sup>th</sup> centile and above
  - Obese: 95<sup>th</sup> centile and above
- NHS number is recorded to allow individual records to be linked between time points
- Local coverage is consistently higher than the national average; over 95% in last 4 years, meaning this is a very reliable dataset







## **Childhood obesity data**









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### **Obesity in all our children and young people**

Using the NCMP data collected in our schools, the adult national Active People Survey and all age Health Survey for England; we can estimate in **Southampton** there are:

- Between 13,000 and 13,700 overweight/obese children aged 2 to 17 years old
- With over half between 6,700 and 7,900 are estimated obese







## **NCMP** - Benchmarking

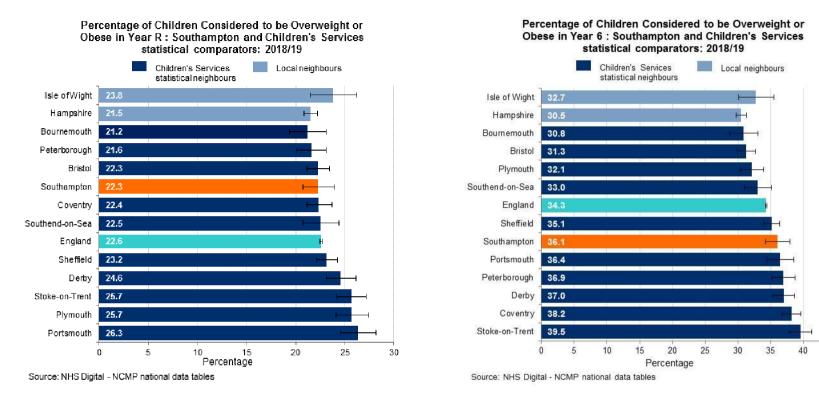


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## Prevalence of overweight (including obese)





- 2018/19: Year R National average (22.6%); Southampton (22.3%); *Range Bournemouth (21.2%) to Portsmouth (26.3%)*. Southampton 4<sup>th</sup> lowest among comparators – lower but not significantly than England.
- 2018/19: Year 6 National average (34.3%); Southampton (36.1%); *Range Bournemouth (30.8%) to Stoke-on-Trent (39.5%)*. Southampton mid rank among comparators and higher, not significantly than England.

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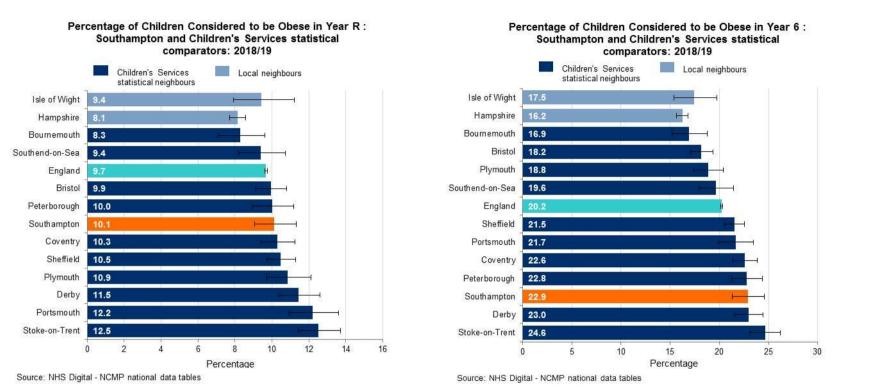
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## **Prevalence of obese**





- 2018/19: Year R National average (9.7%); Southampton (10.1%); Range Bournemouth (8.3%) to Stoke-on-Trent (12.5%). Southampton mid rank among comparators, higher but not significantly than England
- 2018/19: Year 6 National average (20.2%); Southampton (22.9%); Range Bournemouth (16.9%) to Stoke-on-Trent (24.6%). Southampton 3<sup>rd</sup> highest among comparators and significantly higher than England

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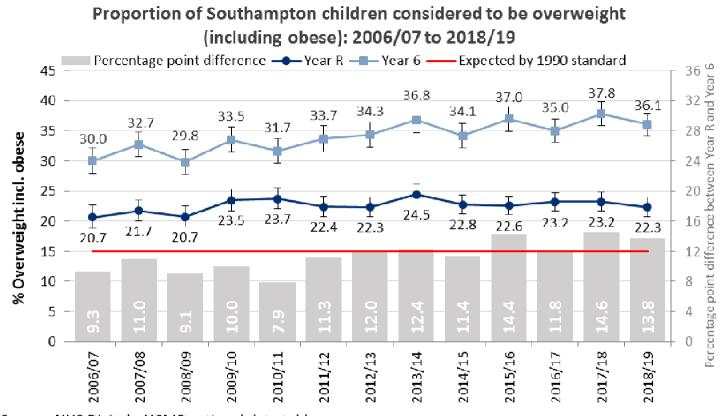
## **NCMP** - Trends



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## **Childhood obesity trends – Overweight incl. Obese**





• Year R: stable over time

 Year 6: statistically significant increase since 2006/07

Source: NHS Digital - NCMP national data tables

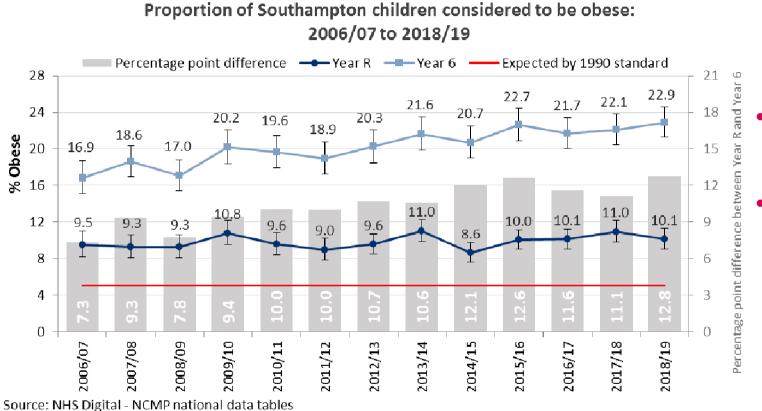
#### Year 6 – Increase from 30.0% (2006/07) to 36.1% (2018/19); significantly higher

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## **Childhood obesity trends – Obese**





- Year R: stable over time
- Year 6: statistically significant increase since 2006/07

#### Year 6 – Increase from 16.9% (2006/07) to 22.9% (2018/19); significantly higher

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## NCMP – Deep dive



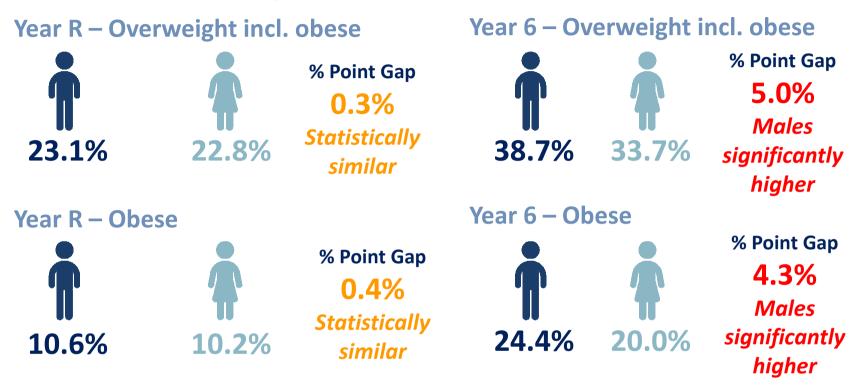
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## **Gender differences**



### Southampton Children 2016/17 to 2018/19

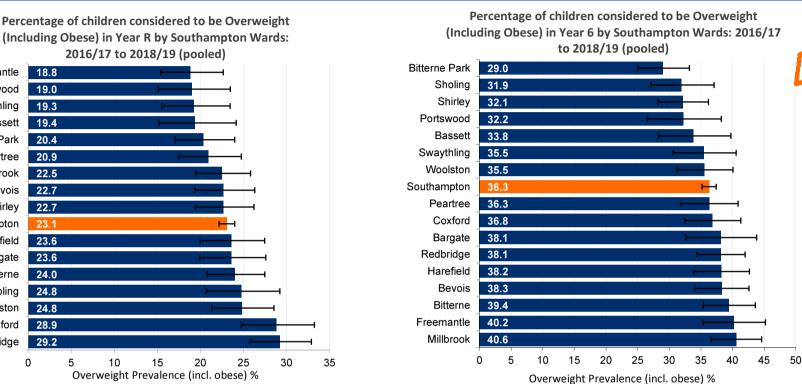


- There is a **significant difference** between prevalence by **gender for Year 6**
- Trends over time show Year R prevalence becoming statistical similar, however
  Year 6 gap has increased with males significantly higher than females

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## **Overweight incl. Obese prevalence at Ward Level**



Overweight Prevalence (incl. obese) % Source: National Child Measurement Programme Pupil Enhanced Data Set, NHS Digital - Lifestyle Statistics

15

20

10

2016/17 to 2018/19 (pooled)

18.8

19.0

19.3

19.4

20.4

20.9

22.5

22.7

22.7

23.1

23.6

23.6

24.0

24.8

24.8

28.9

29.2

5

0

Freemantle

Portswood

Swaythling

Bitterne Park

Bassett

Peartree

Millbrook

Bevois

Shirley

Harefield

Bargate

Bitterne

Sholing

Woolston

Coxford

Redbridge

Southampton

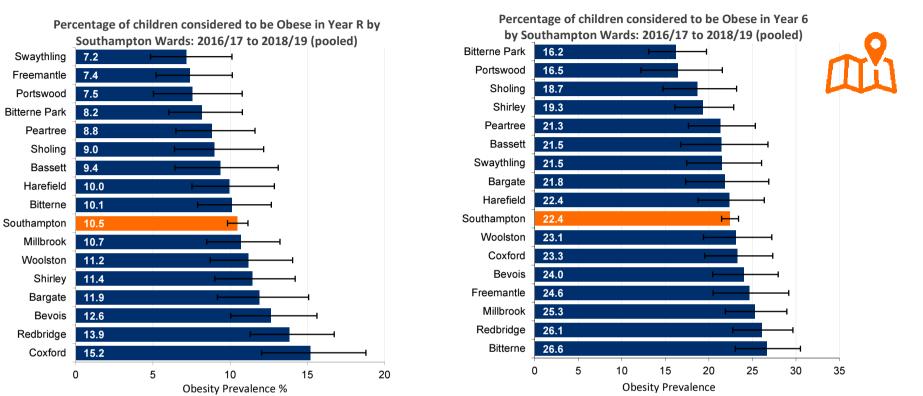
Source: National Child Measurement Programme Pupil Enhanced Data Set, NHS Digital -Lifestyle Statistics

- **2016/17 to 2018/19: Year R City average (23.1%**); Range Freemantle (18.8%) to • *Redbridge (29.2%).* Redbridge and Coxford significantly higher than city prevalence
- **2016/17 to 2018/19: Year 6 City average (36.3%);** Range Bitterne Park (29.0%) to *Millbrook (40.6%)*. Bitterne Park was significantly lower than city prevalence

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## **Obese prevalence at Ward Level**



Source: National Child Measurement Programme Pupil Enhanced Data Set, NHS Digital - Lifestyle Statistics

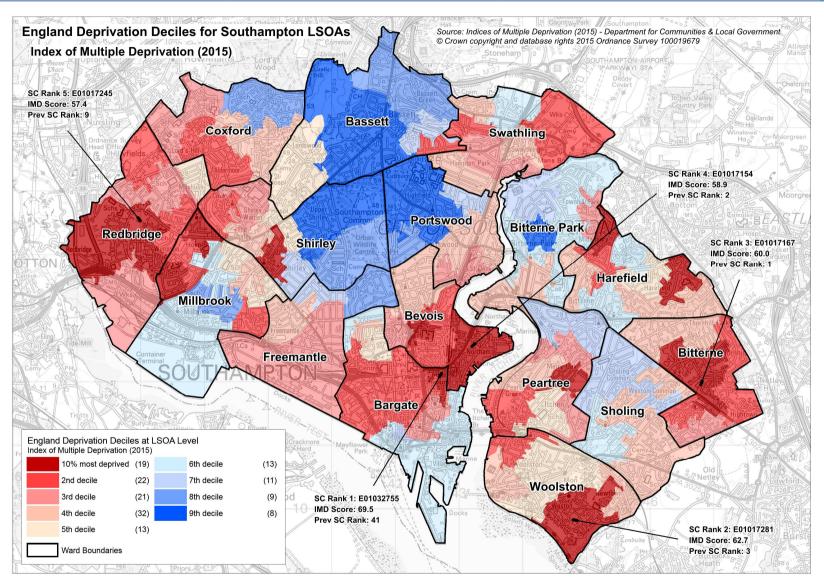
Source: National Child Measurement Programme Pupil Enhanced Data Set, NHS Digital - Lifestyle Statistics

- 2016/17 to 2018/19: Year R City average (10.5%); Range Swaythling (7.2%) to Coxford (15.2%). Coxford and Redbridge again significantly higher than city prevalence
- 2016/17 to 2018/19: Year 6 City average (22.4%); Range Bitterne Park (16.2%) to Bitterne (26.6%). Bitterne Park was again significantly lower than city prevalence

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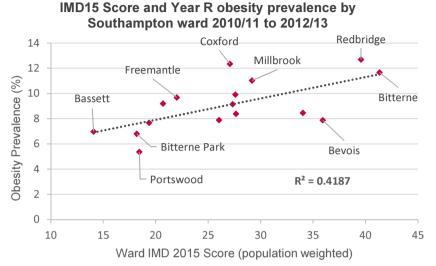


## IMD (2015) – Map of ENGLAND Deprivation Deciles

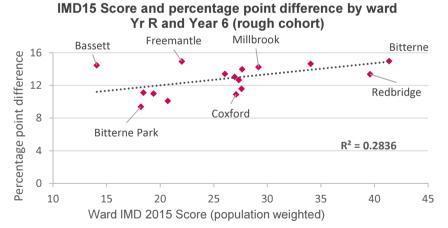


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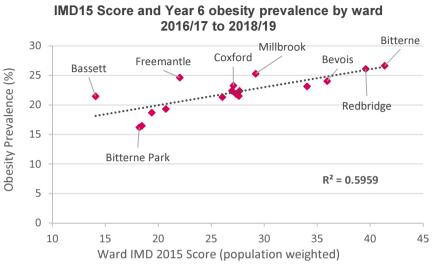




Source: National Child Measurement Programme Pupil Enhanced Data Set - NHS Digital



Source: National Child Measurement Programme Pupil Enhanced Data Set – NHS Digital



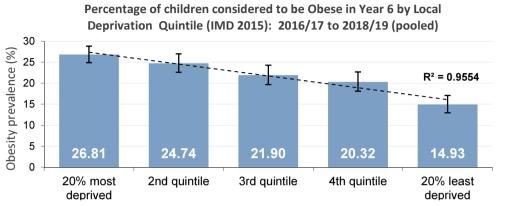
Source: National Child Measurement Programme Pupil Enhanced Data Set - NHS Digital

- Obesity prevalence increases as deprivation increases
- Those children living in more deprived areas experience greater prevalence differences between Year R and Year 6

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## Year 6 Obesity by IMD 2015 (Local Quintiles)



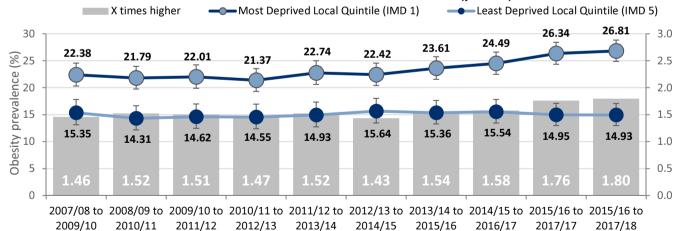
#### **1.80** times higher most vs least deprived quintile

times highe

 $\times$ 

Source: National Child Measurement Programme Pupil Enhanced Data Set, NHS Digital - Lifestyle

Percentage of children considered to be Obese in Year 6 Inequalities Trend - Most Vs Least Deprived IMD Local Quintiles (IMD 2015): 2007/08-09/10 to 2016/17-18/19 (pooled)



#### Gap is increasing

Higher burden is with the most deprived

Sources: SEPHO (2007/08 to 2012/13 data) and the National Child Measurement Programme Pupil Enhanced Data Set, NHS Digital - Lifestyle Statistics (data for 2013/14 onwards)

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## **NCMP - Linked analysis**

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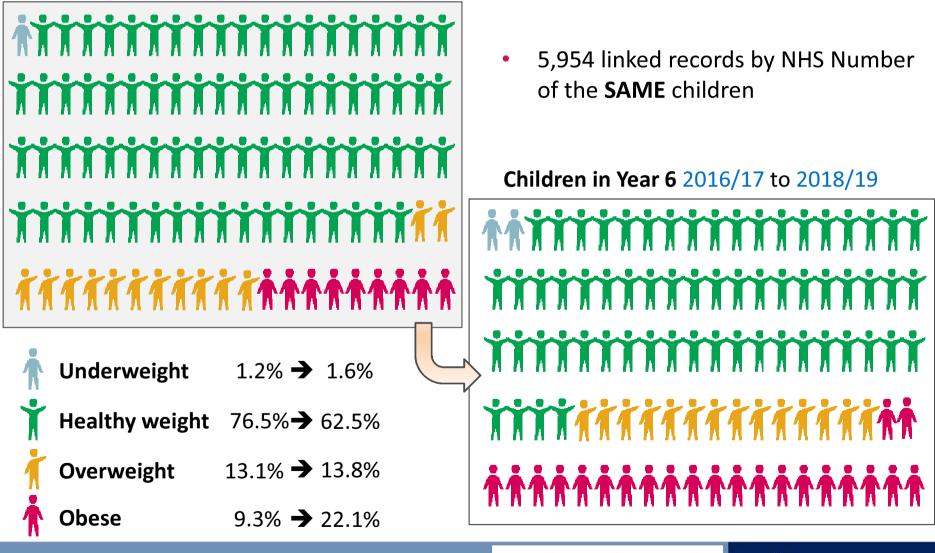




## Linked analysis – Southampton children



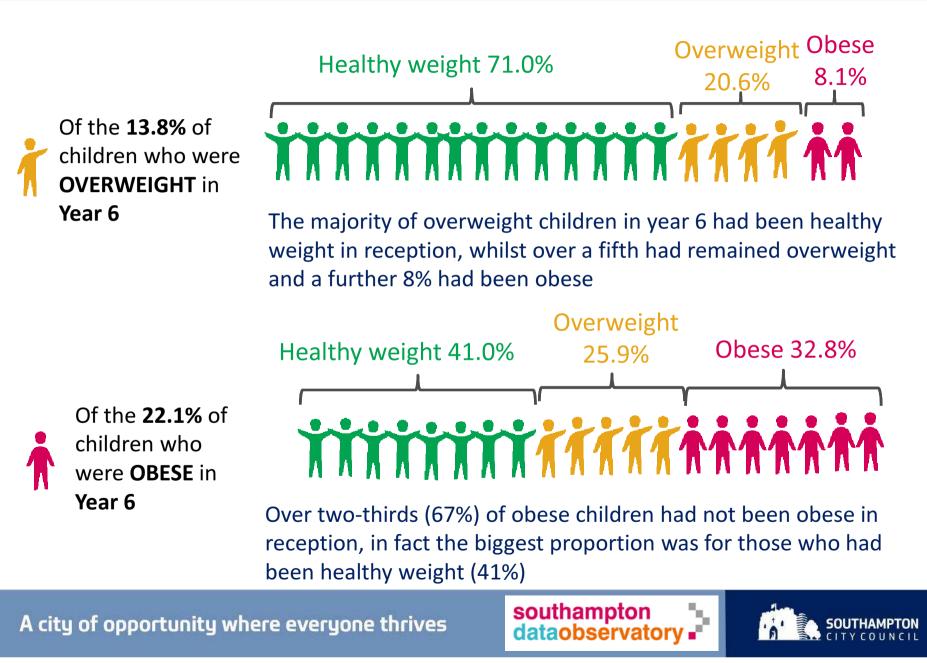
Children in Year R 2010/11 to 2012/13



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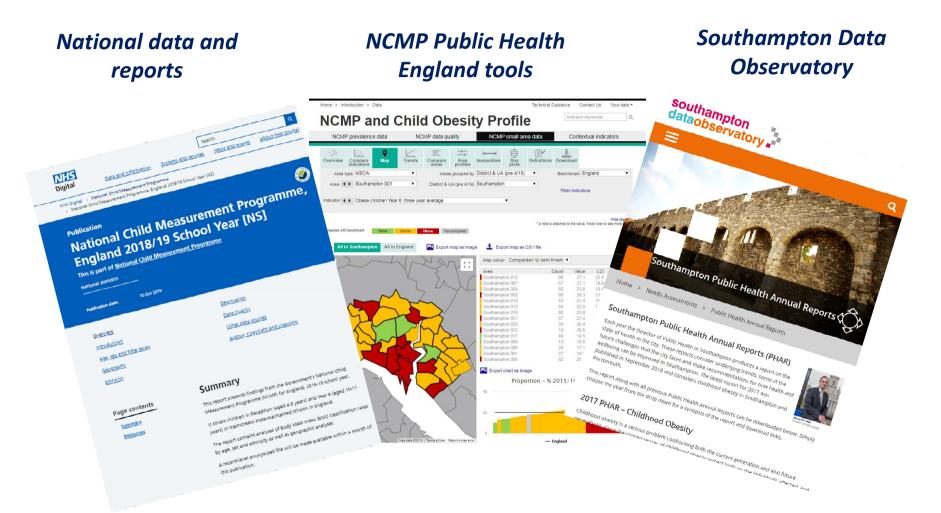






### **Further Information**





#### http://data.southampton.gov.uk/health/health-behaviours/healthy-weight/

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#### **Questions & Discussion**







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