Leeds Child Healthy Weight Plan:

Vision: Every child in Leeds will be a healthy weight.

Principles:

- All children will have access to what they need to be a healthy weight and all care givers will feel confident and be equipped to raise their child to be a healthy weight
- Families who are most at risk will be identified early and well supported by a highly skilled workforce
- The current healthy weight inequalities gaps will be narrowed.
- Leeds will be the best city to raise a family to be a healthy weight

Indicator: Obesity rates aged 2-3 years , Reception and Year 6 including health inequalities data

Outcomes	Priorities	Indicators
Leeds is an environment /city which support families to be a healthy weight.	Whole School Approach. Leisure and Green space Healthy built environment Active travel LA Healthy weight charter work including Leeds Food Charter	Increased consumption of healthy snacks especially fruit and vegetables Reduced consumption of sugary drinks and calorie dense high fat and sugar snacks Increased levels of physical activity Reduced levels of sedentariness
All children will have the best start to achieve a healthy weight	Maternal obesity Breast feeding Weaning /HAPPY HENRY Healthy Child Programme Healthy Start in Childcare	BMI in pregnancy Breast feeding initiation and continuation rates Number of families engaged in HENRY Number of nursery providers engaged in Healthy Start in Childcare BMI at 2-3 years Early Years Foundation Stage Physical development score
The causes that put particular groups of children at higher risk of an unhealthy weight will be addressed	Community based lifestyle and environmental interventions (Locality / targeted approach)	Gap in obesity rates at 2-3 years, 4-5 years and 11-12 years between children from Leeds most and least deprived IMD decile.
All children and families have information and support including from a skilled workforce to enable them to be a healthy weight	HENRY incl peer champions Restorative approach to practice Change4life and linked local social marketing work. Local implementation of national digital offer Wider workforce development	Workforce engagement in CPD and feedback Numbers of local families & practitioners signed up to Change4life
Children who are an unhealthy weight are identified early and supported	2-3 year BMI data collection NCMP Integrated Healthy Living activities and services Secondary paediatric support	Child obesity levels & healthy weight levels at 2-3 years ,4-5 years and 11-12 years Child Health Weight Service activity data
Key Leeds stakeholders will work with the government and other bodies to shape national policy and practice	Lobbying Consultation and partnership work	Increase in fiscal, food production and marketing measures that support children to be a healthy weight.

Background and scope

The Leeds Child Healthy Weight Plan describes a whole system preventative programme from pregnancy to 19 which aims to ensure every child in Leeds is able to be a healthy weight. It sets out the contribution that Leeds Local Authority and key partners will deliver to promote child healthy weight and tackle obesity over the coming 5 years.

The key principles that underpin the plan are:

- All children will have access to what they need to be a healthy weight and all care givers will feel confident and be equipped to raise their child to be a healthy weight.
- Families who are most at risk will be identified early and well supported by a highly skilled workforce.
- Leeds will be the best city to raise a family to be a healthy weight.

The plan prioritises action to support families during pregnancy and during the first five years of life with early identification and targeted support for those children and families most at risk at the earliest opportunity.

The overall outcomes for the programme will be:

- Leeds is a city which supports families to be a healthy weight.
- All children will have the best start to achieve a healthy weight.
- The causes that put particular groups of children at higher risk of an unhealthy weight will be addressed.
- All children and families will have information and support and access to a skilled workforce to enable them to be a healthy weight.
- Children who are an unhealthy weight will be identified early and supported.
- Key Leeds stakeholders will work with the government and other bodies to shape national policy and practice.

The over-arching indicators for the programme are obesity rates at aged 2-3 years, aged 4 -5 (Reception class) and aged 11-12 (Year 6). A key objective for the programme will be to reduce the current Health Inequalities gap and therefore data on levels of obesity among children living in deprived and non-deprived areas of the city will be monitored.

The costs of Child Obesity

Childhood obesity is one of the greatest health challenges of the 21st century. Worldwide the World Health Organization estimates that rates of obesity in children have tripled during the last 20 years and England has one of the highest obesity rates in Europe.[i]

Being overweight or obese in childhood has consequences for health in both the short term and the longer term. Once established, obesity is notoriously difficult to treat, so prevention and early intervention are very important.

The emotional and psychological effects of being overweight are often seen as the most immediate and serious by children themselves. These 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[ii]. Obese children may also suffer disturbed sleep and fatigue.[iii] This sort of psychological stress can hinder children's progress at school and research has shown obese children are more likely to be absent and underachieve at school in comparison to their healthy weight peers[iv.]

Obese children and young people are five times more likely to become obese adults, and to have a higher risk of morbidity, disability and premature mortality in adulthood.[v] 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. Other health risks of childhood obesity include early puberty, eating disorders such as anorexia and bulimia, skin infections, asthma and other respiratory problems. Some musculoskeletal disorders are also more common.[vi] Obese children require more medical care.[vii]

The consequences of childhood obesity are therefore costly for the individual and the wider economy. It was estimated that the NHS in England spent £5.1 billion on overweight and obesity-related ill-health in 2014/15 .Nationally we spend more each year on the treatment of obesity and diabetes than we do on the police, fire service and judicial system combined.[viii]

The scale of the problem

Every Local Authority in England takes part in the National Child Measurement Programme (NCMP). This involves measuring the height and weight of reception and year 6 children in state maintained schools every year. The results help us understand trends in underweight, healthy weight, overweight and obesity in children. In Leeds at the current time around 1 in 11 children aged 4-5 years (Reception class) is obese. By age 11-12 years (year 6) the obesity rate has doubled to around 1 in 5 children. While obesity rates among reception children in Leeds have fluctuated, they have fallen over the lifetime of the previous strategy and are now just below, rather than exceed, the national average. There has also been a consistent small decrease in Obesity rates for year 6 children and Leeds rates now mirror, rather than exceed national rates.

The burden is falling hardest on those children from low-income backgrounds. Obesity rates are highest for children from the most deprived areas. Children aged 5 and from the poorest income groups are twice as likely to be obese compared to their most well off counterparts, and by age 11 they are three times as likely.

There is also variation in obesity prevalence by ethnicity for both Reception and Year 6 children. Boys in year 6 from all ethnic minority groups are more likely to be obese than white British boys; for girls in year 6 obesity prevalence is especially high for those from Black African and Black Other ethnic groups[ix] .

There are also significant intergenerational effects .Children in families where at least one parent is obese are much more likely to be obese themselves.[x]

People with learning disabilities are at risk of obesity at an earlier age than the general population and as a consequence are likely to experience obesity related health problems at a younger age[xi]

The policy framework

At the National level the government has recently published Childhood Obesity: a plan for action which aims to reduce England's rate of childhood obesity within the next 10 years by encouraging:

- industry to cut the amount of sugar in food and drinks
- primary school children to eat more healthily and stay active
- more families to take up the existing Healthy Start scheme
- the public sector to provide more healthier options[xii]

At the local level Leeds Health and Wellbeing Strategy 2016-2021 includes the priority to make Leeds a child friendly city providing the best start in life , with a focus on reducing child obesity through long term coordinated action including; changing the environment , increasing the availability of healthy food choices and increasing education.

Tackling unhealthy weight is also highlighted within Leeds Children & Young People's Plan which includes the priority to encourage physical activity and healthy eating and the key indicators; obesity levels at 11 and free school meal uptake at primary and secondary school.

The plan describes the commitment of the Council that restorative practice should inform all of our work; with an emphasis on working with children and families rather than doing things to them or for them. Working restoratively involves providing high support and high challenge so that families find their own lasting solutions to the challenges they face, and are equipped with the resilience to move forward successfully. This collaborative approach is critical if we are to effectively support families to achieve a healthy lifestyle and tackle unhealthy weight.

Delivering the forward view: NHS planning guidance 2016/17 - 2020/2021, includes a Department of Health call for the NHS to contribute to a measurable reduction in child obesity. The accompanying Indicative funding guidance includes the expectation that NHS funding will, in part, be used to invest in tackling child obesity.[xiii]

The causes of obesity and action needed to halt the predicted rise in Child Obesity.

<u>The Foresight Report: Tackling Obesities-Future Choices (Second edition 2011)</u>

Produced by the Government Office for Science under the direction of the Chief Scientific Adviser to HM Government this independent enquiry presents the most comprehensive evidence and understanding of the scale, causes and evidence based interventions needed to reverse the current obesity trajectory. The Foresight report highlights that the most significant causes of child obesity are social rather than individual factors; stating

'People in the UK today don't have less willpower and are not more gluttonous than previous generations. Nor is their biology significantly different to that of their forefathers. Society, however, has radically altered over the past five decades, with major changes in work patterns, transport, food production and food sales.'

The report concludes that it is these changes that have exposed an underlying biological tendency, possessed by many people, to both put on weight and retain it. The report emphasizes that the

pace of the technological revolution is outstripping human evolution. Foresight does not dismiss personal responsibility altogether, but highlights that the forces that drive obesity are, for many people, overwhelming. The report uses the phrase 'passive obesity' to underline the need for active coping strategies to prevent weight gain ,stating passive obesity occurs across all population groups, with the socially and economically disadvantaged and some ethnic minorities more vulnerable.

Foresight describes how the causes of obesity are embedded in an extremely complex biological system, set within an equally complex societal framework. The report acknowledges a whole systems approach; a broad integrated set of policies and interventions are required at population and local level, with 'the greatest opportunity to tackle obesity effectively found in the scenario that is most socially responsible and prevention focussed'. The report recognises the need for treatment services but states 'once gained weight it is hard to lose' with weight regain the norm. Prevention and the importance of breaking intergenerational reinforcing patterns is considered key. Early life interventions such as breast-feeding, healthy weaning practices and appropriate maternal nutrition are all recommended.

The report underlines the current ambiguity about tackling the issue given that factors associated with obesity, for example the consumption of ready prepared often cheap high fat and sugar foods, and sedentary leisure pursuits, are often highly attractive to the individual and within our capitalist culture. The report concludes 'Creating demand for such change may rely on aligning the benefits with those arising from broader social and economic goals such as reducing energy consumption, pollution, direct and indirect health costs, traffic congestion and crime rates'.

Child obesity- brave and bold action (2016)

The all party parliamentary health select committee has also recently examined this issue and their report also highlights that obesity is a complex problem with many drivers, including our behaviour, environment, genetics and culture. The report recognises that at its root obesity is an energy imbalance: taking in more energy through food than we use through activity. The report highlights that while Physical activity is associated with numerous important health benefits for children, such as muscle and bone strength, health and fitness, improved quality of sleep and maintenance of a healthy weight, it is the over consumption of energy from food that needs to be tackled if we are to halt the obesity epidemic and enable families to raise their children to be a healthy weight. The report states

'Whilst excess calories come from fats as well as carbohydrates, and overall reduction should address the entirety of children's intake, dietary sugar in particular plays a major and avoidable role. Sugar also matters because of its impact on children's dental health.'[xiv]

New guidelines on sugar consumption were issued in July 2015 by the Scientific Advisory Committee on Nutrition (SACN). These recommended that sugar should account for a maximum of 5% of energy intake for adults and children. Currently sugar accounts for around three times this proportion of children's energy intake, with sugar-sweetened drinks accounting for around 30%of sugar consumption amongst children of 11–18 years, and around 16% for younger children.

The Health Select Committee report highlights nine areas for improvement. They are:

- Strong controls on price promotions of unhealthy food and drink
- Tougher controls on marketing and advertising of unhealthy food and drink

- A centrally led reformulation programme to reduce sugar in food and drink
- A sugary drinks tax on full sugar soft drinks, in order to help change behaviour, with all proceeds targeted to help those children at greatest risk of obesity
- Labelling of single portions of products with added sugar to show sugar content in teaspoons
- Improved education and information about diet
- Universal school food standards
- Greater powers for local authorities to tackle the environment leading to obesity
- Early intervention to offer help to families of children affected by obesity and further research into the most effective interventions

Developing the plan

The priorities included in the Leeds Child Healthy Weight Plan reflect the findings from these major reports and the current evidence base. The plan has been informed by data from the National Child Measurement Programme and Leeds My Health My School survey. Leeds Childhood Obesity Management Board, which includes key strategic and operational leads, has overseen the development of the plan. A Children and Families Healthy weight practitioner forum has been held to enable front line practioners to contribute their views. Further consultation work is planned with children, young people, parents and carers as part of the development of the implementation plan.

Measuring progress

A number of indicators have been identified on the plan to enable progress on the key outcomes to be measured. Progress on many of these outcomes is currently being monitored by the Child Obesity Management Board (COMB) using data from the National Child Measurement Programme, Leeds My Healthy My School survey , Public Health England and Leeds school census data using Leeds Child Obesity dashboard . In order to mirror the strengths and solution focussed approach this partnership group will be renamed Leeds Child Healthy Weight Partnership, and its membership and the performance dashboard will be refreshed to better reflect the focus of the new plan.

Next steps

A more detailed implementation plan will now be developed working with key partners. This will take account of other related plans and strategies in the city that contribute to this agenda.

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