



Report sponsor: Robyn Dewis, Director of Public Health
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ITEM 05

Derby/Derbyshire Childhood Obesity Plan – Update

Purpose

- 1.1 To update the Health and Wellbeing Board (HWB) with the progress of the Derby/Derbyshire Childhood Obesity Plan -Time for Action. With particular focus on the two overarching objectives:
 - 1) Develop preventative approaches for current and future generations and, in particular, a whole systems approach to obesity which coordinates existing efforts, reveals gaps in provision and supports the efficient use of limited resources.
 - 2) Develop clearer pathways and signposting to enable children who are already overweight or obese to access joined-up and long-term support.
- 1.2 To provide a broad overview of the whole system approach to tackling childhood obesity following the steps outlined in the Public Health England (PHE) publication called the 'Whole systems approach to obesity', and how it would build on existing activity which had been delivered through the strategic Childhood obesity strategic multi agency group.
- 1.3 To gain HWB commitment to tackling the wider determinants of childhood obesity and to providing scrutiny of progress.

Recommendation(s)

- 2.1 To note the update provided and development of the Derby/Derbyshire Childhood Obesity Plan.
- 2.2 The HWB is asked to support the implementation of the Childhood Obesity Plan using a whole systems approach.

Reason(s)

- 3.1 Nationally, more than 1 in 5 children are overweight or obese when they start primary school and 1 in 3 children are overweight or obese by Year 6 (PHOF, 2019). In Derby almost 1 in 4 children were overweight or obese at the start of primary school in 2018/19. Derby is also above the national average for the proportion of children overweight or obese in Year 6 (37.2%).

The full impact of the pandemic on the prevalence of childhood obesity cannot yet be quantified but early signs are that this upward trajectory is continuing.

- 3.2 In December 2018, Derby and Derbyshire Safeguarding Children Partnership (DDSCP) conducted a serious incident learning review of a child death attributed to obesity. Following the Learning Review, they identified two key actions:

1. To develop clear pathways of care for overweight and obese children
2. To develop a whole system approach to the prevention and early intervention of childhood obesity.

These actions form the key objectives outlined within the Derby/Derbyshire Childhood Obesity Plan – Time for Action.

- 3.3 Significant progress has been made towards the achievement of these two objectives:

- **Objective 1** – expansion of child weight management services for children, improved care pathways, and the development of safeguarding guidance to support practitioners identify and respond to situations where a child or young person's obesity may be due to neglect.
- **Objective 2** – achievements include: development of a children's healthier weight steering group, on-going development of the role and capacity of community assets e.g. Family Hubs, implementation of an Infant Feeding Strategy.

However, the challenge remains significant, and on-going commitment from system leaders is required.

- 3.4 The Whole Systems approach to tackling childhood obesity is a new way of working for some local areas that requires commitment, energy, drive and importantly local political and senior level buy-in. Complex issues, like obesity, require sustained and systemic action and buy-in from **systems leaders**. This is essential to support implementation and enable local authorities to work differently and test new approaches. It also aligns with the recommendations in the framework developed to tackle public health issues: Quality in Public Health: A Shared Responsibility.

Supporting information

- 4.1 The National Child Measurement Programme (NCMP) is an annual surveillance programme which collates the height and weight of children in their first and final year of primary school. This data, in anonymised form, allows mapping, and observation of trends, of obesity prevalence at both a local and national level (NHS Digital, 2018). Local authorities make appropriate arrangements for NCMP to take place in all state-maintained schools. In total 94.9% of eligible children were measured as part of the national programme in 2018/19.
- 4.2 Derby city regularly achieves above average participation in NCMP with 98.2%% of eligible children participating in 2018/19 (PHOF, 2019). Although factors such as fitness, ethnicity and puberty can alter the relation between BMI and body weight,

NICE guidance recommends the use of UK90 to provide a practical estimate of excess weight in children and young people.

- 4.3 A summary of data collected as part of the National Child Measurement Programme is outlined in Figure 1 (Reception) and Figure 2 (Year 6):

Figure 1 – Reception Year NCMP Derby and Derbyshire in 2018/19 (PHOF, 2019)

PHOF Indicator	England (bench mark)	Derby	Derbyshire	Additional Information
Prevalence of underweight	1%	*	0.7%	Represents an increase in England and Derbyshire. Trend unavailable for Derby.
Prevalence of overweight	12.9%	13.1%	14.6%	Represents a decrease in England and an increase in Derbyshire. No significant change in Derby.
Prevalence of overweight (including obesity)	22.6%	24.7%	23.8%	Represents an increase in England, Derbyshire and Derby.
Prevalence of severe obesity	2.4%	2.7%	2.1%	Represents an increase in England and Derbyshire. Trend unavailable for Derby.

Figure 2 – Year 6 NCMP Derby and Derbyshire in 2018/19 (PHOF, 2019)

PHOF Indicator	England (bench mark)	Derby	Derbyshire	Additional Information
Prevalence of underweight	1.4%	*	1.6%	Represents an increase in England and Derbyshire. Trend unavailable for Derby.
Prevalence of overweight	14.1%	14.2%	13.2%	Represents a decrease in England. No significant change in Derby or Derbyshire.
Prevalence of overweight (including obesity)	34.3%	37.2%	32.0%	Represents an increase in England and Derby. No significant change in Derbyshire.
Prevalence of severe obesity	4.4%	5.4%	3.9%	Represents an increase in England and Derbyshire. Trend unavailable for Derby.

4.4 Prevalence of severe obesity in childhood (age 5 -18 years)

In this context, severe obesity is classified as a BMI measurement greater than or equal to the 99.6th centile of the UK90 growth reference. A child with a measurement on 99.6th centile would have higher measurements than 99 out of 100 other children of the same age and gender (as measured in 1990). Local prevalence data for severe obesity is displayed in Figure 3:

Figure 3 – Prevalence data for severe obesity, as measured in NCMP, Derby and Derbyshire 2018/19

NCMP measurement on or above the 99.6 th centile (PHOF, 2019)		Reception: 4 -5 years	Year 6: 10 – 11 years	Total
Derby	Count	87	178	265
	Prevalence	2.7%	5.4%	-

- 4.5 Derby/Derbyshire Childhood Obesity Plan: Time for Action is a strategy for Derby City and Derbyshire County. It provides an overarching vision for a reduction in prevalence of childhood overweight and obesity over a ten-year period. The strategy is evidence based and driven by local need. It applies a whole systems approach to outline preventative and treatment interventions which are recommended across the region and applicable throughout childhood. The purpose of this strategy is to:
- Provide a strategic framework for the development of a system level action plan; providing clear direction and a means to monitor progress towards reducing prevalence of childhood overweight and obesity.
 - Take forward key recommendations of Derby and Derbyshire Safeguarding Children Partnership
 - Provide the background and rationale for the vision to share with and engage partners.
- 4.6 The causes of childhood obesity are complex and multifaceted. Poor diet and low levels of physical activity are further influenced by poverty, self-esteem, body image, poor sleep and mental wellbeing.
- 4.7 The burden of obesity is not experienced equally across society: obesity rates for children are highest in the most deprived 10% of the population, approximately twice that of the least deprived 10%. Childhood Obesity is an issue of social justice and a significant risk to our children's future health and wellbeing. Children live within families and a wider environment that can either encourage or be a barrier to achieving a healthy weight. Evidence has demonstrated that any individual intervention alone is unlikely to succeed and tackling such an ingrained problem requires a long-term, system-wide approach that makes childhood obesity everybody's business.
- 4.8 The strategy provides an overarching vision for a reduction in prevalence of childhood overweight and obesity over a ten-year period.

The strategic vision is

'To support and enable children living in Derby and Derbyshire to achieve and maintain a healthy weight, by supporting children and families to live a healthy life and make healthy choices through a whole systems approach.'

- 4.9 The whole systems work builds on the last three years of activity that has been largely delivered through the Strategic Multi Agency Childhood Obesity Group, which is co-ordinated by Derby/Derbyshire County Council's Public Health team under the governance and direction of Joined Up Care Derbyshire Children's Board. This new revised approach follows the steps suggested by Public Health England (PHE) in their 2019 'Whole systems approach to obesity publication'.

This guide and set of resources support local authorities and its partners with implementing a whole systems approach to address childhood obesity and promote a healthy weight.

- 4.10 The upward trajectory in childhood obesity prevalence over recent years require all partners to refocus their attention on the wicked system problem that is childhood obesity. The aim is to sustain a downward trend in prevalence. A whole system approach is necessary if we are to meet the government and childhood obesity plans ambition of halving childhood obesity by 2030.

4.11 **National Whole System Obesity Guidance**

PHE's (now Office for Health Improvement and Disparities (OHID)) guidance on whole system approach includes six key phases (Figure 4):

- 1) Set-up: Securing senior-level support and establishing the necessary governance and resource structure to implement the approach
- 2) Building the local picture: Building a compelling narrative explaining why obesity matters locally and creating a shared understanding of how obesity is addressed at a local level
- 3) Mapping the local system: Bring stakeholders together to create a comprehensive map of the local system that causes obesity
- 4) Action: Stakeholders come together to prioritise areas to intervene in the local system and propose collaborative and aligned actions
- 5) Managing the system network: Maintain momentum by developing the stakeholder network and an agreed action plan
- 6) Reflect and refresh: Critically reflect on the process of undertaking a whole systems approach and consider opportunities for strengthening the process.

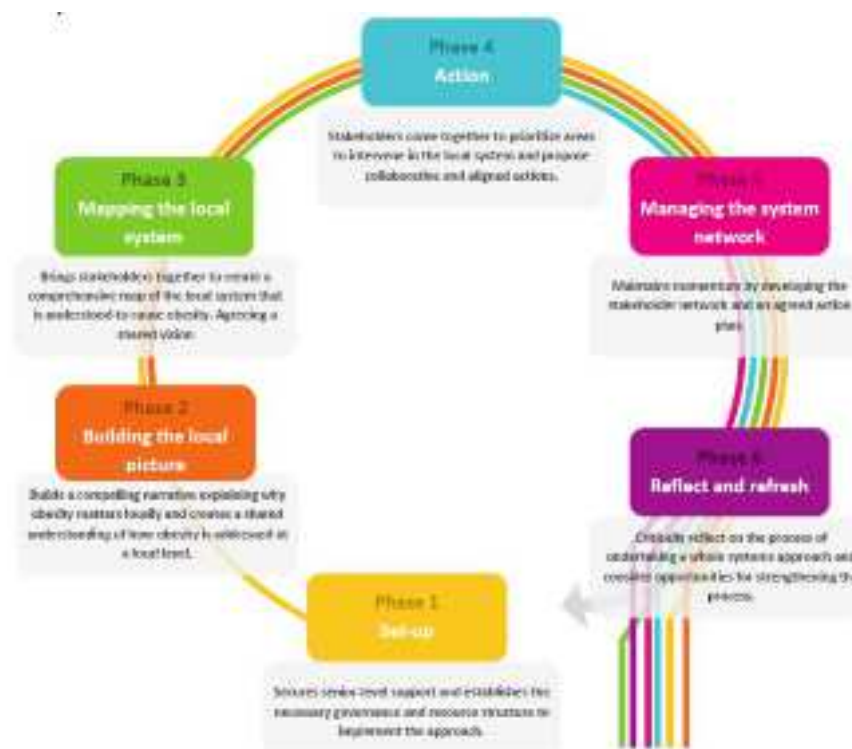


Figure 4: Six phases to develop a whole systems approach

Public/stakeholder engagement

- 5.1 Engagement of stakeholders through the implementation of a Strategic Multiagency Childhood Obesity Group and Healthier Weight Steering group to develop a strategic approach to reduce childhood obesity, and its consequences, across Derby and Derbyshire.

Other options

- 6.1 None

Financial and value for money issues

- 7.1 The burden of obesity is not experienced equally across society. Childhood obesity rates are almost twice as high in the most deprived 10% of the population, compared to the least deprived 10%. Therefore, it is an issue of social justice and a significant risk to the future health and wellbeing of children.

Financial resources, but also social, physical, cognitive, and other resources are less likely to be accessed by those families living in less affluent circumstances and therefore these individuals are more likely to experience overweight and obesity.

The prevalence of overweight and obesity in both adults and children has increased over time and has been exacerbated by the COVID-19 pandemic. CYP who are obese who do not have access to weight management support are very likely to become adults who are obese. Failure to address the needs of those CYP who are most severely obese will also lead to pressure on healthcare systems, both in terms of demand for adult weight management support or treatment for diet related comorbidities later in life.

- 7.2 The evidence around child weight management suggests that the most effective support is delivered in a holistic way and includes diet and nutrition support, physical activity and psychological support for the child and their family. Those with more complex needs might also require additional clinical support. Universal and targeted services with access to wider support are currently less costly to deliver than more specialist upstream services for example acute hospital services, they are also known to be more effective in terms of improved outcomes.

Legal implications

- 8.1 None.

Climate implications

- 9.1 None

Other significant implications

- 10.1 In isolation, obesity, or failure to lose weight, is not necessarily a child protection concern. However, consistent failure to change lifestyle and engage with outside support can indicate neglect, especially in younger children and obesity may be part of wider concerns about neglect or emotional abuse.

This report has been approved by the following people:

Role	Name	Date of sign-off
Legal Finance Service Director(s) Report sponsor Other(s)	Robyn Dewis, Director of Public Health	30/08/2022
Background papers:	Childhood Obesity: Time for Action in Derby and Derbyshire - Ten Year Plan: 2020 - 2030	
List of appendices:		