Focus on...
Childhood obesity

September 2014

Overweight and obesity are caused by consuming more energy from food and drink than the body needs. The excess energy is then stored as excess weight. Factors such as parents’ weight, where children live, family income and ethnicity can increase the risk of childhood obesity. Body Mass Index (BMI) is commonly used to assess weight status and is calculated using weight and height. With children and young people, BMI varies with age and sex, so age and sex specific BMI growth charts must be used to classify weight status. The centile lines show the range of heights and weights for age and the number of children in the population expected to fall below a particular line (e.g. 50% below the 50th, 91% below the 91st). Children who are the right weight for their height will lie between the 25th and 75th BMI centile. Overweight is classified as over the 91st BMI centile while obese is over the 98th centile.

Children and young people who are obese are more likely to suffer from poor self-esteem and are less likely to socialise and do well at school. Health conditions such as high blood pressure, diabetes, poor lung function, bone problems and early puberty are also more common among obese children and young people.

Key facts and figures

- 23% of reception pupils are overweight or obese [2012/13]
- 36% of year 6 pupils are overweight or obese [2012/13]
- 148 fast food outlets per 100,000 residents [2013]
- 3197 Islington families are registered with Change 4 Life [2013]
- 2x Overweight children are twice as likely to become overweight adults compared to healthy weight children.

Key programmes and services

- A community weight management service for overweight and obese children, young people and families to help those groups achieve a healthy weight
- Training staff who work with children and young people to identify weight status and talk about weight with children, young people and families
- Healthy Children’s Centre and Healthy Schools programme
- Wide range of services to encourage physical activity, play and healthy eating, including adventure playgrounds, youth hubs and family kitchen
- National Child Measure Programme - annual measurement of the weight status of reception and year 6 pupils

Key measures for reducing inequalities

The weight management service will aim to reduce inequalities by:

- Working with at least 345 overweight and obese children and their families each year, encouraging them to attend programmes and achieve a healthy weight
- Delivering programmes in local community venues to support those from the most deprived areas in accessing the service
- Using everyday language and continually adapting programmes to suit the participant’s age, gender, cultural needs, ethnicity and social and economic circumstances
Key population groups

Overweight and obesity varies by gender, age, ethnicity and socio-economic factors. Children from the most deprived areas have levels of obesity almost twice that of those who live in the least deprived areas. Among reception pupils, those who are Black African have significantly higher levels of obesity than any other ethnic group. Year 6 pupils (10-11 year olds) from Black and South Asian ethnic groups have higher levels of obesity compared to White British pupils. There is a similar number of boys and girls in reception (4-5 year olds) who are overweight and obese. By year 6, there are more boys than girls who are overweight and obese.

At risk groups

- Families experiencing deprivation
- Children from BME groups
- Boys (by year 6)

What influences childhood obesity?

The main cause of overweight and obesity is the amount and type of food and drink consumed in relation to the amount of physical activity undertaken.

However, there are a wide range of influencing factors that share a complex relationship with one another. The risk factors can be broken down into biology, societal influences and the food and physical environments. Additionally, not all risk factors apply to all individuals.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Parental BMI</td>
<td>If one or both parents are overweight or obese, then a child is 20% more likely to be obese</td>
</tr>
<tr>
<td>Deprivation</td>
<td>Obesity prevalence in the most deprived 10% of the population is approximately twice that among the least deprived 10%</td>
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<tr>
<td>Poor food choices such as number of takeaways</td>
<td>Limited availability of high quality, affordable healthy food in local neighbourhoods is associated with poor diet and obesity. Locally, exposure to unhealthy food is high with 148 takeaways per 100,000 people in Islington</td>
</tr>
<tr>
<td>Lack of green space</td>
<td>Reduces opportunities to play - children in Islington have 4.8m² to play in, which is below the London recommendation of 10 m²</td>
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**The Islington Picture**

### Percentage of Year 6 Children in Islington Schools Who Are Overweight/Obese 2012/13

- **426** children attending **reception (4-5 year olds)** are overweight/obese
- **558** children in **year 6 (10-11 year olds)** are overweight/obese

#### Percentage of Reception Children in Islington Schools Who Are Overweight/Obese 2012/13

- 23% overweight/obese

#### Percentage of Year 6 Children in Islington Schools Who Are Overweight/Obese 2012/13

- 36% overweight/obese

**Area Children and Young People Partnerships (ACYPP)**

Islington is divided into six ACYPPs, these are small areas which are used to plan the local needs of children and young people.

There was no significant difference in the percentage of overweight/obese children between ACYPPs.

In Year 6, Hornsey had a higher percentage of overweight/obese children than the Islington average (45%). Finsbury was lower than average (33%).

Barnsbury had the highest percentage of overweight/obese children in reception; Canonbury had the lowest percentage in reception.

#### Breakdown of Weight by School Year

**Percentage of Children in Reception Year by BMI Group, Islington 2012/13**

- Obese: 1%
- Overweight: 13%
- Healthy weight: 76%

**Percentage of Children in Year 6 by BMI Group, Islington 2012/13**

- Obese: 1%
- Overweight: 15%
- Healthy weight: 63%

**Source:** NCMP 2011/12 unless otherwise stated
WHAT DO LOCAL PEOPLE THINK?

A recent report of young people’s views on weight found that:

- Key barriers to healthy eating and physical activity are time, money, busy social lives and knowing what sorts of physical activity are on offer in Islington
- They felt body size was a “here and now” issue and had nothing to do with later life and that it is their own responsibility to change their weight
- Young people want people they trust to talk to them about weight

WHAT WORKS?

Weight management programmes should be family based and involve at least one parent/carer with the overall goal of changing the whole family’s lifestyle.

Universal prevention services

- Providing information about healthy eating and physical activity
- Creating an environment for healthy eating

Tier 1: Targeted brief advice

- Training staff to be confident and up-to-date in identifying and addressing obesity

Tier 2: Community-based multi-component weight management programme

- Effective programmes must be multi-component (diet, behaviour, physical activity) and involve the whole family

Tier 3: Specialist multi-component weight management programme

- Intensive clinical service aimed at those with complex medical or educational needs

Tier 4: Specialist multi-disciplinary weight management programme

- Weight reduction drugs should only be prescribed for severely obese young people with co-morbidities and who are attending a specialist clinic
- Surgery should only be considered for post-pubertal young people with very severe-to-extreme obesity

FUTURE NEED

There is no local modelling about the future levels of childhood obesity, but nationally it is predicted that 25% of all children will be obese by 2050. With overweight children twice as likely to become overweight adults, there is concern about economic cost. The annual cost in Islington of treating diseases relating to overweight and obesity was estimated at £68.8 million in 2007, increasing to £73.6 million in 2015.

- 25% of children estimated to be obese by 2050.
- £7.1 million estimated direct cost of treating childhood obesity in London each year.
- £110.8 million estimated cost to the London economy if obese children become obese adults.
There are no set targets for childhood obesity. However, there are several indicators in the Public Health Outcomes Framework (2012) which are directly linked or related. The Islington weight service aims to ensure that at least 345 families access the service each year.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Document or strategy that target is taken from</th>
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<tbody>
<tr>
<td>2.6i: Proportion of children aged 4-5 years classified as overweight or obese</td>
<td>Improving outcomes and supporting transparency: a public health outcomes framework for England 2013-2016</td>
</tr>
<tr>
<td>2.6ii: Proportion of children aged 10-11 years classified as overweight or obese</td>
<td></td>
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**Related indicators (Public Health Outcomes Framework)**

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<thead>
<tr>
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<tbody>
<tr>
<td>2.2i: Breastfeeding initiation</td>
<td>2.11: Diet</td>
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<tr>
<td>2.2ii: Breastfeeding prevalence</td>
<td>1.16: Utilisation of green space for exercise/health reasons</td>
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<tr>
<td>2.12: Excess weight in adults</td>
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**NATIONAL, REGIONAL AND LOCAL STRATEGIES**

Childhood obesity is regarded as a serious global health challenge. Obese children and young people are at an increased risk of developing various health problems and are more likely to become obese adults. It is a national and local priority to reduce the number of children with excess weight.

**NATIONAL/ REGIONAL STRATEGIES**

**Healthy Lives, Healthy People: A call to action on obesity in England (2011)** The overall ambition is to see a sustained downward trend in the number of overweight and obese children by 2020. There are three main components to the Governments strategy:

- Empowering individuals
- Importance of partners playing their full part
- Giving local Government the lead role in driving health improvement and building the evidence base

**Tipping the Scales: childhood obesity in London (2011)** The Mayor made childhood obesity his number one health priority and outlined a co-ordinated strategic approach. Three key elements are:

- Setting strategic vision
- Directly supporting and funding city-wide interventions
- Promotion, evaluation and spreading good practice

**LOCAL STRATEGIES**

**Health and wellbeing strategy (2012)**

Islington has a vision to reduce health inequalities and improve the health and wellbeing of the local population, including its communities and residents. One of the priority outcomes is to provide all children with the best start in life, which includes addressing childhood obesity.

**Physical Activity Strategy**

The strategy is currently being refreshed. Its aim is to promote physical activity as an enjoyable pursuit that improves health and wellbeing, supports social cohesion, reduces social exclusion, and enables people to live full and active lives.

**Food Strategy**

This strategy aims to improve individual, community and environmental well-being by making healthy and sustainable food available and accessible to all.
WHAT IS BEING DONE LOCALLY?

There is an established obesity care pathway for overweight and obese children and young people in Islington. There are many services in Islington which help prevent childhood obesity as they specifically improve healthy eating and increase physical activity. Some are mentioned below.

Prevention Services

**Free school meals:** For all primary school pupils; ensures that they have a healthy, nutritious meal.

**Change 4Life:** Government campaign to raise awareness about diet and physical activity; encourages families to “eat well, move more and live longer”. The campaign engages directly with families, providing them with information about healthy eating and exercise. Public Health have commissioned Change4Life Plus clubs at 15 schools. These schools will include food growing and/or cooking alongside current Change4Life activities.

**Healthy children’s centre programme:** A large part of this programme is dedicated to healthy weight and healthy lives, ensuring that children’s centres have policies and services in place to prevent and manage childhood obesity. These include breastfeeding sessions, active play and healthy eating sessions.

**The healthy schools programme and school sports partnership:** Supports schools in addressing childhood obesity in a structured approach, including have healthy eating and physical activity policies. This ensures that healthy eating, cookery and physical activity are all part of the curriculum.

**Family kitchen:** Provides opportunities for children and their family members to learn to cook and eat healthy meals together. This programme is delivered in all children’s centres and primary and special schools. Families have reported cooking more healthy meals together, in the home, with their family.

**Small steps to big change pilot programme:** Islington’s pilot programme of “key messages” for families with children under five. The key messages have been developed to provide simple information that can be incorporated into the activity already delivered at children centres. The messages cover information on healthy eating, eating on a budget, good eating habits, preventing fussy eating, portion sizes, physical activity and reducing screen time.

Identification of overweight and obesity

- The National Child Measurement Programme measures the height and weight of all pupils in reception and year 6 to identify the current level of obesity. All families receive a feedback letter telling them their child’s weight status. The letter also provides healthy eating and physical activity advice.

- Training of staff, including youth workers, pastoral care teachers, school nurses and GPs to equip them

Weight Management services

- Morelife has been commissioned to deliver a Tier 2 multi-component weight management service for 4- to-17 year olds. The programmes delivered are family-based and support parents and carers to change the whole families lifestyle. They aim to decrease overall energy intake, increase physical activity levels and decrease the time spent in sedentary behaviour. 224 children started the programme in 2013/14.

- Morelife has also been commissioned to deliver a specialist weight management service ( Tier 3). This service supports those children and young people ( 4—17 year olds) with complex educational and medical needs who are overweight and obese. 45 children started the programme in 2013/14.

- The community nutrition and dietetics service works with overweight children who are < 4 years old. The service helps individuals within the family to change their diet. They work on a one-to-one basis in the child’s home, school or GP practice.
Further information on this topic can be found at the following locations:

- **National Obesity Observatory** provides a wide range of information about obesity: [www.noo.org.uk](http://www.noo.org.uk)


- **Islington Family Information Service** provides information about a wide range of healthy eating and physical activity programmes: [http://www.islington.gov.uk/services/children-families/familyinformationservice/things_to_do/Pages/default.aspx](http://www.islington.gov.uk/services/children-families/familyinformationservice/things_to_do/Pages/default.aspx)

- **MoreLife** is the new weight management provider, information about services available in Islington: [http://www.more-life.co.uk/](http://www.more-life.co.uk/)

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**About the Evidence Hub**

The Evidence Hub is a partnership between the local NHS and Islington Council that brings together information held across different organisations into one accessible place. It provides access to evidence, intelligence and data on the current and anticipated needs of the Islington population and is designed to be used by a broad range of audiences including practitioners, researchers, commissioners, policy makers, Councillors, students and the general public.

This profile has been produced by Linia Patel, Health Promotion Strategist and signed off by Jason Strelitz, Assistant Director of Public Health.

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