

CHILD HEALTHY WEIGHT: FUTURE DIRECTION

Recommendation:-

- The Board is asked to recognise the importance of prevention and management of obesity in children and young people and to note the work on this issue being carried out in NHS Greater Glasgow and Clyde.
- The Board is asked to support and advocate for the prevention and protection of children in relation to obesity.

Purpose of Paper:-

To provide an overview of the problem and of child healthy weight activities within NHSGGC and seek support for the proposed direction of travel.

Key Issues to be considered:-

- The Board, Board Members and NHSGGC staff are well placed through Health and Social Care Partnerships and Community Planning Partnerships to influence a range of Partners, the wider policy context and physical environment to maximise the prevention and protection of children in relation to obesity.
- NHSGGC in its healthcare delivery role should support an evidence based approach to weight management interventions that is both efficient and proportional to the scale and level of recognition of childhood obesity within the population of GGC.

Any Patient Safety /Patient Experience Issues:-

Developmental work informing this paper suggests that services require to be delivered within local communities. Feedback in relation to the varied levels of current service demonstrate continued need and demand for service in the context of early intervention.

Any Financial Implications from this Paper:-

The recurring allocation of £342,000 currently provided from the Health Improvement prevention bundle.

Any Staffing Implications from this Paper:-

N/A

Any Equality Implications from this Paper:-

Developmental work informing this paper and the Child Healthy Weight Framework fully consider equality groups.

Any Health Inequalities Implications from this Paper:-

Developmental work informing this paper and the Child Healthy Weight Framework fully consider inequality issues.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-

N/A

Highlight the Corporate Plan priorities to which your paper relates:-

Prevention and early intervention.

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1. Recommendation

- The Board is asked to recognise the importance of prevention and management of obesity in children and young people and to note the work on this issue being carried out in NHS Greater Glasgow and Clyde.
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2. Introduction

Childhood overweight and obesity are at a level of public health concern. The burden is falling hardest on children and young people from areas of deprivation with obesity rates twice as high for children in the most deprived areas at age 5 and three times more likely by aged 11 years. This gap is predicted to widen

Rates of childhood overweight appear to be stabilising however they are much higher than in previous decades and there is concern that for some children this will set them on a path of lifelong obesity.

A long term, sustainable approach is required to address Child Healthy Weight issues across the population of NHSGGC involving families, schools and communities as well as public and private agencies. We must focus on prevention and protection opportunities as well as the management of weight gain from pregnancy through to youth transition into adulthood.

There has been a number of short term funded or geographically limited prevention and intervention programmes in NHSGGC from 2011. The Active Children Eating Healthily (ACES) was a family programme based on the best evidence of effectiveness and funded with short-term funding from SG. As with any behavioural change programme it takes time to become established and take root in communities. Despite its potential to be a world-class service, the focus on short-term outcomes led the SG to indicate funding would be ceased in 2014 and much good developmental work, momentum and partnership commitment was lost despite a last minute reprieve on funding. Despite availability of only relatively small amounts of funding for services currently we should not allow this situation to be repeated rather we must sustain and develop services as far as possible.

To date there has not been a strategic long term approach to supporting child health weight and no core funding. To this end therefore a Child Healthy Weight Framework has been developed to provide longer term direction. The framework summarises the current data, the available evidence and where possible insight and learning from local evaluations and practice the framework is currently being used to stimulate discussion and engagement with internal NHS colleagues and external partner organisations prior to finalisation.

This paper focuses on child health weight from the early years to adulthood. Maternal weight is being considered as a separate but linked workstream and will report in due course.

3. Background

3.1 Policy Context

Child Health Weight should be considered in the widest context; contributing to 4 of the Scottish Government National Outcomes; linked to fundamental rights outlined in the Children and Young People Act (2014); alignment with GIRFEC and SHANNARI outcomes and the universal Children's programme as well as a core element of Curriculum for Excellence.

3.2 Current Position

Prevention and protection activity for childhood obesity has been mainly focused on work within schools including The Schools (Health Promotion and Nutrition) (Scotland) Act 2007. Beneficial family based initiatives such as parenting programmes and community 'healthy eating' activities such as cooking and growing potentially have also contributed to child healthy weight. A number of partners have 'healthy eating' policies including GCC Education Department and Renfrewshire Council; similarly some Local Authority leisure providers such as Inverclyde and Glasgow have physical activity strategies which include a focus on children and most Local Authorities have active travel strategies or travel plans which will impact on children and families. However without doubt the contribution of public sector partners across GGC could and should be expanded to combat this significant public health threat.

As stated above, successive short term funding arrangements and changing national directives and targets have led to a short term approach to child healthy weight interventions over the last 6 years. However during this period NHSGGC has creatively invested (in conjunction with external funders such as British Heart Foundation and My Time Active/ Big Lottery) in a range of initiatives to provide services for children as well as testing the effectiveness of various initiatives. Learning from this work is invaluable in informing the future direction.

3.3 Current Funding

Funding for child healthy weight is currently provided from the Health Improvement Prevention funding bundle and for 2016/17 totals £342,000. For such an important public health problem, it can be seen that this is a relatively small amount of money.

3.4 Prevalence of Childhood Overweight

Data on child overweight is limited and requires to be interpreted with some caution however the following patterns of childhood obesity can be observed.¹

3.4.1 *Early Years*

Data obtained from the 30 month check suggests that approximately a quarter of children are overweight at this stage with just under 5% being classified obese. Almost a third of obese and overweight children live in the most deprived centile.

Evidence from longitudinal studies suggests that children who are overweight in the early years are more likely to revert to normal weight than children who are overweight at school age. Other children who are normal weight at this stage may become overweight later.

Children born to obese parents are more likely to become obese (e.g. Wright et al, 2010; Growing Up in Scotland Report Overweight Obesity and Activity, 2012; and Reilly J, 2005), and parental weight should be recognised when considering risk.

¹ Definitions based on UK 'clinical' thresholds corresponding to UK growth charts (RCPH2 2015)

3.4.2 Primary Children

Childhood obesity has increased in recent years with 22% of primary one children being classified as overweight/ obese in GGC in 2012/13. Over half of these children reside in Glasgow City. The distribution of overweight is fairly similar across all Local Authorities however obesity is more closely linked with deprivation (obesity rates twice as high in SIMD 1 than SIMD 4&5) with almost twice as many obese children in the North East Glasgow compared with East Renfrewshire.

Despite concerns that childhood obesity rates are rising, current data would suggest obesity rates are now relatively stable at each age. Obesity rates do however increase markedly as children get older.

Longitudinal data (Wright et al 2010) suggests that three quarters of children who were obese at age 7 remained obese at age 11. Whilst 16% of those overweight at age 7 became obese by age 11.

3.4.3 Older Children and Young People

No routine screening data is available for teenagers in the UK. However the Scottish Health Survey data demonstrate that rates of overweight and obesity increase with age. Data from 2014 show that 36% of Scottish 12-15 year olds are overweight and obese (with 13% classified as morbidly obese).

Longitudinal studies (Sweeting et al, 2005; Viassopoulos A et al, 2014) suggest the most rapid period of weight gain, converting young people from overweight to obese occurs within 15-25 years of age and that obese teenagers are likely to go on to become obese adults.

3.4.4 Vulnerable Groups

Whilst overweight and particularly obesity are patterned by deprivation, this should not mask that overweight and obese children also live in affluent areas and even the most affluent areas in GGC have significant rates of obesity, up to double expected levels by mid childhood in comparison with the National Child Measurement Programme (NHS England).

Children living in poverty are more likely to be affected by food insecurity and there is evidence of overweight and obesity in children living in families experiencing food insecurity.

Ethnicity appears to be a risk factor in the development of childhood obesity; Children from an Afro-Caribbean or South Asian background are more likely to be overweight and/or obese. The relationship, however, is complex and factors such as deprivation and health behaviours will more likely to determine weight gain in (BME) children.

Children who have special needs are more likely to be overweight and/or obese due to low activity and psychosocial constraints.

Girls are more likely than boys to be overweight from a younger age.

4. Effective Actions

An analysis of the available evidence is detailed within the draft framework (<http://www.nhsggc.org.uk/about-us/nhs-board/board-members-resource/useful-links/>). Based on evidence; current arrangements and discussions with key partners (still ongoing) key areas for intervention have been identified at each life stage. In summary the main areas for intervention include:

Prevention

- Provision of robust evidence based infant feeding; weaning and physical activity advice as part of universal children's programme by health visiting teams.
- Support parents to develop physical activity skills through community based interventions with links to third sector support and parenting programmes.
- Increase family access to affordable community cooking interventions and actively support initiatives with most deprived families to access to healthy foods as part of crisis food poverty interventions.
- Good practice is already widely established within schools through the curriculum and nutritional standards.
- Extension of healthy weight promoting policies into wider educational; training and youth settings as well as pre five establishments, childcare providers and voluntary sector organisations.
- Facilitate the use of physical space in community assets such as schools/colleges for physical activity and community cooking activities out-with the school day/ term time for participation by children, families and young people.
- Build capacity within schools; youth organisations and sports organisations to support sustainable physical activity through activities that connect the curriculum, 'out of hours' programmes with accessible local community based provision.
- Improve access to quality and safe physical activity opportunities and facilities such as green space; sports and play facilities to promote independent physical activity in all communities and housing developments.
- Improve promotion and access to healthy choices in facilities frequented by families, children and young people such as leisure centres.
- Engage families with active travel interventions.

Protection

- Actively engage Scottish Government in progressive retail measures that reduce availability of high fat and high sugar food and drinks across the public sector and influence retailers generally to provide smaller portions of 'discretionary foods' and increased availability of healthier food and drinks in all communities.
- Actively engage with UK and Scottish Governments on advertising and taxation
- Promote clear public health messaging to reduce screen time and time spent sedentary.
- Develop a local robust strategy to reduce consumption and availability of sugary drinks (optimising the sugar tax opportunity and then potentially snacks) across public sector and commercial environments frequented by children.
- Explore opportunities to influence to the nature of provision or restrict the proximity of street traders to trade outside schools in light of the recent court decision in North Lanarkshire which decided that it was outwith the council's powers to prevent street traders operating outside schools.

- Engage young people in adopting youth advocacy approaches to address the obesogenic environment and develop exemplary food and drink provision with youth targeted commercial sector organisations inc those with proximity to education establishments.

Intervention

- Build core capacity of Child and Family teams to support identification and weight management intervention with children with higher weight as part of routine assessments and individual plans. (Early Years)
- Develop (and evaluate) a home based intervention for most vulnerable / complex children (severely obese) within children and families team, building on additional support provided by the Growth and Nutrition Team. (Early Years).
- In line with GIRFEC, build capacity within core school/ child and family teams and other 'child pastoral care' providers to support identification and intervention with children with higher weight (routine assessments in P1 and ongoing engagement) including signposting to healthy weight programmes. (Primary Children)
- Provide structured group based intensive programmes for the most overweight children and their parents in community settings across the Board area. Programmes to meet needs of different age groups; protected characteristics that utilise strategies to achieve effective reach. (Early Years/Primary Children)
- Provide additional case management support to children with complex health needs through specialist services such as Royal Hospital Children/ Children and Adolescent Mental Health Service.(Early Years/Primary Children/ Older Children)
- Provide popular and acceptable structured intensive interventions in conjunction with commercial services for the most overweight older children and young people across the Board area. Interventions should allow young people to attend independently; provide additional youth tailored support for wider health and psychological needs. (Older Children and Young People)

5. Way Forward

- 1) NHSGGC in its public health advocacy role must engage effectively with local authorities; third sector agencies; community planning partners; children and families and other stakeholders to develop local CHW prevention and protection strategies. HSCPs and IJBs are well placed alongside Public Health colleagues to influence local policy and practice engaging stakeholders in the development and delivery of the evidence based activities outlined.
- 2) NHSGGC in its healthcare delivery role should continue to support weight management interventions as far as possible within limited funding. Priority for funding are interventions that address obesity in young people as they are the group who are more likely to develop lifelong obesity. Plans are in development to scale up the pilot work previously funded by British Heart Foundation as part of the funding allocation. The Weight to Go programme achieved a range of positive outcomes including significant weight loss in a cohort of approx 200 young people in Glasgow and Inverclyde during the 2 year pilot phase. Following the evaluation the programme will provide a 'hub and spokes' model will provide youth development work and access to Youth Health Services delivered in key 'youth friendly' locations in all Partnerships with access to local commercial Weight Management Services.
- 3) Programmes to support weight management for early years and primary children should also be provided within the funding. However, service delivery arrangements present challenges with the desired arrangement being a hybrid of NHS operated and third sector commissioned programmes. A single delivery team across NHS GGC is being proposed operating again with

a hosted hub and spokes arrangement into partnership areas. The team will engage with Specialist Children's services and provide programmes to different age groups. Local and national evaluations indicate that the MEND (Mind, Exercise, Nutrition Do it!) intervention (a licensed programme) is effective and acceptable to participants. Negotiations to secure an affordable price for the programme are underway.

- 4) Incorporation of evidence based healthy eating and healthy weight interventions within the universal healthy children's programme.
- 5) Funding for community prevention interventions is very limited but a Board-wide procurement framework for community cooking initiatives has been piloted and will be re tendered in December to support the consistent commissioning of interventions from multiple local suppliers. An emphasis on social benefit is promoted through the process and a robust evaluation framework is in place to provide further evidence of effectiveness.

6. Conclusion

Obesity and overweight in children and young people is a major public health issue. Young people are the group most likely to continue being overweight into adulthood with its resulting risks to health so are the priority group for the small amount of dedicated funding.

The role of NHS is twofold namely; as public health advocate and facilitator for child health weight as well as that of treatment provider.

The Board must adopt a long term, sustainable approach to Child Healthy Weight by maintaining the current limited funding, supporting the most efficient operational delivery.

There is an urgent need for continued advocacy with community planning partners and with national governments to address this issue.

References

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