

# Tackling childhood obesity in Swindon

Health and Wellbeing Board

Date: 25 May 2016

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Author:	Public Health Programme Manager, Swindon Borough Council
Wards:	All
Locality Affected:	All
Parishes Affected:	All

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## 1. Purpose and Reasons

- 1.1 This report explores the causes and consequences of childhood obesity and provides a local picture of the prevalence of childhood obesity in Swindon.
- 1.2 In Swindon over 20% (2 in 10) children in reception class at school (aged 4 – 5 years old) are overweight or obese (approx. 580 children). In year 6 at school (aged 10 – 11 years old) over 34% (3 in 10) are overweight or obese (approx. 830 children).
- 1.3 Childhood obesity is a major challenge to health and wellbeing and is associated with an increased risk of premature mortality in adults, as well as poor health and development in children. Childhood obesity also impacts on mental wellbeing, including increasing the risk of low self-esteem, anxiety, depression, bullying and poor educational attainment.
- 1.4 The World Health Organisation regards childhood obesity as one of the most serious global public health challenges for the 21st century with obesity having a substantial impact on the health and wellbeing of children, both now and in the future. This is acknowledged as a long term challenge requiring a whole system approach.
- 1.5 The Chief Medical Officer's 2015 report highlighted concerns around the normalising of being overweight, that in children aged 11-18 years almost a third of the added sugar in their average diet comes from soft drinks and that according to estimates, almost two thirds of adults and one third of children under 18 are overweight or obese. Her report also highlighted that, in one study, 77 percent of parents of overweight children did not recognise that their child was overweight.
- 1.6 The Swindon Health and Wellbeing Strategy Outcome One is that 'Every child and young person in Swindon has a healthy start in life' with reducing childhood obesity levels an indicator of success.
- 1.7 Reducing excess weight in children is one of Swindon Borough Councils pledges and a priority for Swindon CCG. NHS England and Public Health England (PHE) have both identified reducing childhood obesity as a key priority area.

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## 2. Recommendations

The Board is recommended to:

- 2.1 Consider the content of this report and local action to tackle childhood obesity.
- 2.2 Ensure every department/organisation commits to creating and supporting increasingly healthier environments to make healthy choices easy choices.
- 2.3 Support the development of the refresh of the current healthy weight strategy and action plan (attached at Appendix 1 and 2 to this report) to increase its focus on tackling childhood obesity.

## 3. Detail

- 3.1 The table below shows the overweight and obesity prevalence rates and trend for children in Swindon (Source: National Child Measurement Programme (NCMP)).

Reception			
Year	Overweight	Obese	Overweight & Obese
2008-09	13.6%	9.5%	23.1%
2009-10	11.3%	9.4%	20.7%
2010-11	14.2%	8.6%	22.8%
2011-12	14.0%	9.9%	23.9%
2012-13	13.1%	10.2%	23.3%
2013-14	14.7%	9.5%	24.2%
2014-15	11.3%	9.2%	20.5%

Year 6			
Year	Overweight	Obese	Overweight & Obese
2008-09	14.4%	16.5%	30.9%
2009-10	16.1%	16.7%	32.8%
2010-11	13.9%	17.3%	31.2%
2011-12	16.7%	19.2%	35.9%
2012-13	13.4%	19.5%	32.9%
2013-14	15.5%	17.5%	33.0%
2014-15	14.8%	19.6%	34.4%

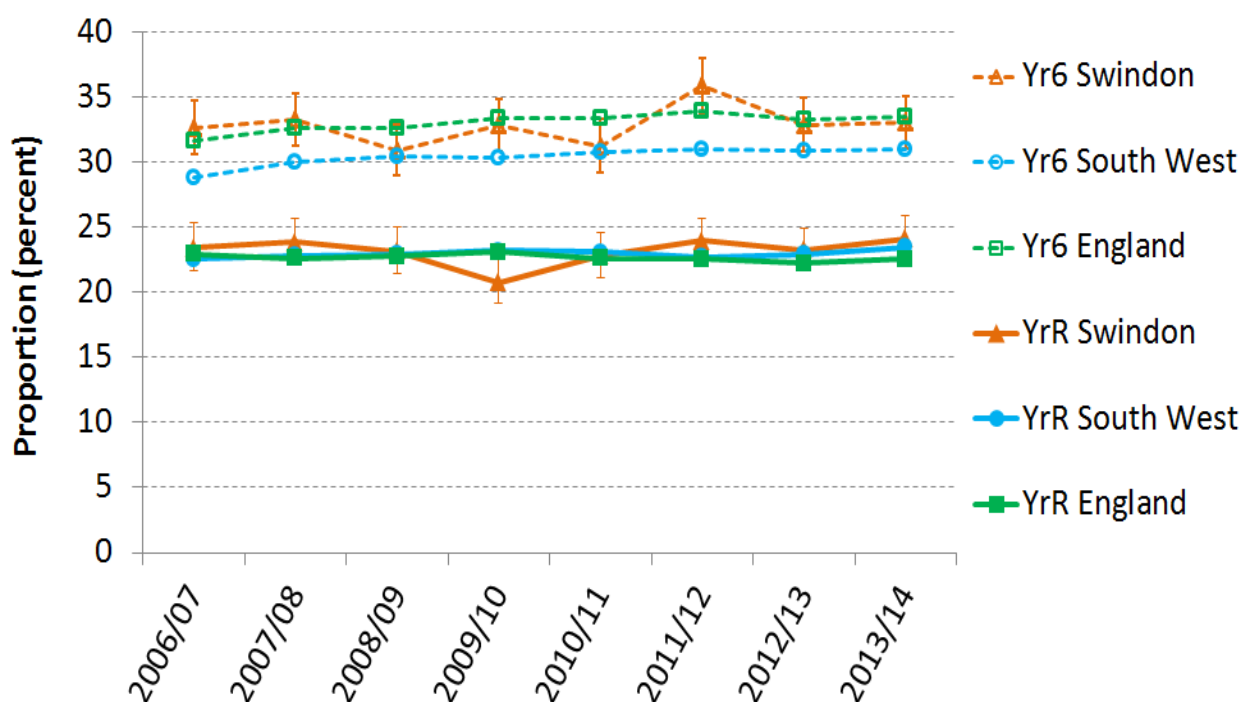
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- 3.2 The prevalence of excess weight in Swindon in 2014/15 was 20.7% in Reception year and 34.6% in Year 6. In 2014/15 the proportion of Swindon pupils with excess weight in Reception year fell from higher than England and the South West in 2013/14 to lower than England in 2014/15 and significantly lower than the South West. The trend in excess weight in Swindon is essentially flat for Reception year (down an average of 0.12% each year), similar to England, where it is down 0.1% per year. In Year 6, the trend in excess weight in Swindon is a 0.24% increase on average each year compared to 0.18% in England. The prevalence of children with excess weight in Year 6 has been consistently higher in Swindon than the South West region (not always statistically significant) and in 2014/15 was also higher than England.

**Trend in the proportion of children with excess weight, age 4-5 and 10-11 years (2006/07 - 2013/14)**



Source: <http://fingertips.phe.org.uk/national-child-measurement-programme>

- 3.3 Evidence shows that at a basic level, obesity is caused by an intake of calories in excess of calories expended. However, obesity is a complex problem with a range of influences and determinants which makes it difficult for people to adapt their behaviour to make changes to their diet and lifestyle. There is no single effective solution. A complex interplay of factors drives this imbalance of calorie intake and calorie expenditure including individual physiology, food consumption, food environment, societal influences, individual psychology, the environment in which pupils live and individual physical activity.

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- 3.4 Childhood obesity presents a major challenge to health and wellbeing and is associated with an increased risk of premature mortality in adults, as well as poor health and development in children. Obesity in children is associated with an increased risk of type 2 diabetes, asthma, obstructive sleep apnoea, musculoskeletal problems and cardio vascular disease.
- 3.5 Childhood obesity also impacts on mental wellbeing, including increasing the risk of low self-esteem, anxiety, depression, bullying and poor educational attainment.
- 3.6 High levels of obesity are associated with high levels of deprivation. Opportunities to make healthy choices and achieve a healthy weight can be particularly limited in more deprived areas due to factors including income poverty, restricted availability to access to healthy food and fewer options for children to be physically active.
- 3.7 In Swindon, analysis of NCMP data shows that the trend is for obesity levels to be higher in areas of deprivation. The percentage of obese children in the Reception Year and year 6 varied according to the level of deprivation of the location of the school, from:
  - 3.7.1 7.8% in the least deprived wards to 10.4% in the most deprived wards, in reception year (although this difference did not quite reach statistical significance.)
  - 3.7.2 from 16.9% in the least deprived wards to 19.8% in the most deprived wards in Year 6 (although this difference did not quite reach statistical significance.)
- 3.8 These social gradients have also been observed at a national level in England as a whole.
- 3.9 Self-reported physical activity in children aged 2 to 15 years from the Health Survey for England 2012 (most recent data) show a higher proportion of boys than girls aged 5-15 years (21 per cent and 16 per cent respectively) were classified as meeting current guidelines for children and young people of at least one hour of moderately intensive physical activity per day.
- 3.10 Among both sexes, the proportion meeting guidelines was lower in older children. The proportion of boys meeting guidelines decreased from 24 per cent in those aged 5-7 years to 14 per cent aged 13-15 years. Among girls the decrease was from 23 per cent to 8 per cent respectively. There are no local data on physical activity in children.
- 3.11 The National Institute for Health and Clinical Excellence (NICE) produced public health guidance aimed at preventing and managing childhood obesity and preventing excess weight gain. These guidance cover a range of settings and

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approaches at a population level to prevent children and young people aged under 18 years from becoming overweight or obese (NICE, 2015). These include:

3.11.1 **Local authorities** should work with local partners, such as industry and voluntary organisations, to create and manage more safe spaces for incidental and planned physical activity, addressing as a priority any concerns about safety, crime and inclusion, by:

- providing facilities and schemes such as cycling and walking routes, cycle parking, area maps and safe play areas
- making streets cleaner and safer, through measures such as traffic calming, congestion charging, pedestrian crossings, cycle routes, lighting and walking schemes
- ensuring buildings and spaces are designed to encourage people to be more physically active (for example, through positioning and signing of stairs, entrances and walkways)
- considering particular people who require tailored information and support, especially inactive, vulnerable groups.

3.11.2 **Early years settings:** Nurseries and other childcare facilities should:

- minimise sedentary activities during play time, and provide regular opportunities for enjoyable active play and structured physical activity sessions
- Implement Department for Education and Skills, Food Standards Agency and Caroline Walker Trust guidance on food procurement and healthy catering.

3.11.3 **Schools** Head teachers and chairs of governors, in collaboration with parents and pupils, should:

- assess the whole school environment and ensure that the ethos of all school policies helps children and young people to maintain a healthy weight, eat a healthy diet and be physically active, in line with existing standards and guidance.
- This includes policies relating to building layout and recreational spaces, catering (including vending machines) and the food and drink children bring into school, the taught curriculum (including PE), school travel plans and provision for cycling, and policies relating to the National Healthy Schools Programme and extended schools.

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3.11.4 **Workplaces** should provide opportunities for staff to eat a healthy diet and be physically active, through:

- active and continuous promotion of healthy choices in restaurants, hospitality, vending machines and shops for staff and clients, in line with existing Food Standards Agency guidance.
- working practices and policies, such as active travel policies for staff and visitors.
- a supportive physical environment, such as improvements to stairwells and providing showers and secure cycle parking.
- recreational opportunities, such as supporting out-of-hours social activities, lunchtime walks and use of local leisure facilities.

3.11.5 **Children and young people, and their parents or carers:**

- encouraged to develop physical activity and dietary habits that will help them maintain a healthy weight and prevent excess weight gain.
- encourage people to monitor their own weight and associated behaviours.
- using vending machines in local authority and NHS venues can buy healthy food and drink options.
- can see details of nutritional information on menus at local authority and NHS venues.
- see healthy food and drink choices displayed prominently in local authority and NHS venues.
- have access to a publicly available up-to-date list of local lifestyle weight management programmes.
- Children and young people identified as being overweight or obese, and their parents or carers as appropriate, are given information about local lifestyle weight management programmes.
- Family members or carers of children and young people are invited to attend lifestyle weight management programmes, regardless of their weight.
- Reducing sedentary behaviour (there is an identified need for evidence based guidance on interventions to reduce sedentary behaviour in children and young people).

3.12 The Government is leading a number of initiatives which have both direct and indirect links to tackling childhood obesity that are implemented locally and include:

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- **The Change4Life social marketing campaign:** providing information to support families and individuals to make simple changes to their diet and activity levels
  - **The Public Health Responsibility Deal:** working with the food and drink industry to agree actions that support people to make healthier choices
  - **The National Child Measurement Programme:** to inform local planning and commissioning
  - **The Healthy Child Programme:** the main delivery mechanism for obesity prevention in early years and provides greater emphasis on nutrition, breastfeeding and physical activity
  - **Early Years Foundation Stage framework:** statutory requirements for all early years providers to ensure children in their care are provided with healthy, balanced and nutritious food
  - **Standards for School Food:** Standards stipulating nutrients required for all school food including breakfast, lunch, vending machines and tuck shops
  - **Healthy Start:** Vitamin and food voucher distribution initiative for pregnant women and women with children up to 5 years
- 3.13 Tackling obesity requires a whole system approach across a wide range of issues and partnerships; from planning roads, to promoting cycling and walking and maximising the use of open spaces; to working with local businesses to provide healthy menu options, and developing workplace initiatives that support staff to improve their health and increase activity levels.
- 3.14 This whole system approach needs strong leadership support, with councillors and senior officers representing both planning and public health visibly championing this agenda and helping to create the right conditions for collaborative working across teams and organisational boundaries
- 3.15 Swindon has a Healthy Weight Strategy adopted by both SBC Cabinet and the CCG which aims to reduce obesity by creating
- 3.15.1 An environment that encourages people to live active and healthy lives.
  - 3.15.2 An ethos of taking responsibility for the health of yourself and your family with support when needed.
  - 3.15.3 Communities where a healthy lifestyle is seen as desirable and the norm.
  - 3.15.4 An understanding of what works effectively at individual, community and population level.
- 3.16 Locally using levers, such as policies, to create environments that support both children and adults to maintain healthy weight including:
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- 3.16.1 National Planning Policy Framework. Examples include: joint working on new developments such as the New Eastern Villages development, limiting development of hot food takeaways in certain areas, conducting health impact assessments on large planning developments, joint training for both public health and planning to ensure integrated policy work.
- 3.16.2 Transport policy. Examples include reducing carbon emissions, 20 MPH zones, Local Sustainable Transport Fund to improve cycle ways and active modes of transport, development of a Cycling Strategy, setting up of the Playing Out programme.
- 3.16.3 Protection of green spaces e.g. protect land for food growing from inappropriate development, including allotments and particularly the best and most versatile agricultural land, protect parks and open spaces from development, improve the aesthetics of green space, alongside appropriate safety and crime prevention initiatives to encourage people to use their local green space, promote and encourage the use of existing green spaces.

3.17 Local programmes include;

- 3.17.1 Healthy Schools Programme – 47 out of 75 Swindon schools and colleges (63%) are actively engaged in the programme. They have either achieved the healthy school status for another 3 years or they are in the process of completing it.
- 3.17.2 Community cookery classes – this academic year there have been 3 targeted courses on basic cookery and healthy eating:
- Penhill Children's Centre - 8 learners (3 with a learning disability), consisting of young mums and a granddad looking to improve the diet of the whole family.
  - Women's Refuge (Women's Aid). The 3 learners involved are all vulnerable mums with children.
  - Maryfield Supported Housing- 3 young people who have mental health issues or learning difficulties who want to improve their health.
- 3.17.3 Physical activity programmes include health walks, disability sports (takes children 14+ with a disability), tri active programme (young people are involved as part of a family). Primary schools also receive PE and sports premium funding from the Government to encourage and promote physical activity to pupils - for 2015/16 this



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is £8,000 and an additional payment of £5 per pupil except for schools with 16 pupils or less who receive £500 per pupil.

3.17.4 Breastfeeding and the Breastmates peer support programme.

3.17.5 Alive 'n' kicking – healthy lifestyle and weight management programme aimed at children 5-16 years and their families.

3.17.6 Work with children and families on healthy lifestyle by health professionals such as Health Visitors and School Nurses. This includes brief intervention as well as more in-depth support.

3.17.7 Communication and media activity – Change4Life, programme which is aimed at children and their families.

3.17.8 Swindon Borough Council continues to liaise with other providers of leisure and sport such as GLL and the Swindon Sports forum to maximise opportunities to promote an active lifestyle.

3.18 Barriers to making healthy lifestyle changes include the following:

3.18.1 Not recognising that your child is carrying excess weight. Parents do not see their child as having a problem as they are similar to many other children.

3.18.2 Most parents feel that being happy is the most important thing for their child and see restricting their child's intake of chocolate and sweets as difficult.

3.18.3 Busy lifestyle, which restricts time to cook and shop for healthy foods and to be active.

3.18.4 Lack of money to go swimming or to a gym on a regular basis or buy healthy foods.

3.18.5 Fear of letting children play outside independently, due to level of traffic and 'stranger danger'.

3.18.6 Not seeing a healthy lifestyle as a normal and enjoyable thing to do.

3.19 Efforts to tackle childhood obesity are ongoing as outlined above and will continue to focus on a whole systems approach. Other areas for consideration include;

3.19.1 A review of the current healthy weight strategy with a more explicit focus on childhood obesity

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3.19.2 Development of the 'Make Every Contact Count' initiative with front line staff confident in having conversations with people about adopting a more healthy lifestyle

3.19.3 Continue to promote adult healthy weight

3.19.4 Adopt a more innovative approach to a whole systems model of tackling this issue, including across the local authority and its various departments, services and partner organisations, e.g.:

- Transport
- Planning and environment
- Leisure and culture
- Parks and green spaces
- Education and learning
- Health and social care
- Housing
- Workplaces

(see Appendix 3 for more details of how each area can contribute)

## 4. Alternative Options

4.1 Not to support the Healthy Weight Strategy for Swindon.

## 5. Implications, Diversity Impact Assessment and Risk Management

### Financial and Procurement Implications

5.1 There are no direct financial or procurement implications arising from the delivery of the current strategy. Planned work as outlined in the action plan is covered by existing budgets. The current public health grant allocation funding which covers both child and adults weight management programmes, NCMP, physical activity programmes, healthy schools and other initiatives as outlined in the strategy is £330,500.

### Legal and Human Rights Implications

5.2 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.

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## All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 There are implications for improving health and wellbeing, as a result of implementing the strategy through reduced levels of obesity, increased levels of physical activity, healthy eating and nutritional quality of people's diet.
- 5.4 There are positive implications for sustainability through increased uptake of active modes of travel (linking with the Local Transport Plans).
- 5.5 There should be no significant staffing or other implications arising from this report.

## Links to One Swindon, Strategic Objectives, Plans and Policies

- 5.6 This links directly to the One Swindon priorities of 'Everyone is enjoying sports, leisure and cultural opportunities and, 'living independently, protected from harm, leading healthy lives and making a positive contribution.
- 5.7 It also will help deliver the corporate priorities of 'Together, find new ways to reduce vulnerability and improve health for all' and 'Work with people and families to help them fulfil their potential'. The latter is particularly pertinent as obesity can lead to bullying, social isolation and further health problems and supporting people to achieve and maintain a healthy weight can significantly improve quality of life.

## Diversity Impact Assessment

- 5.8 The strategy includes a diversity impact assessment. No adverse or significant issues were found.

## Risk Management

- 5.9 No specific risks have been identified at this stage for this report, however not addressing issues around the potential increase in levels of obesity is likely to have a negative impact on health outcome.

## **6. Consultees**

- 6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

## **7. Background Papers**

- 7.1 None.

## **8. Appendices**

- 8.1 Appendix 1 - Healthy Weight Strategy 2013-2015

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8.2 Appendix 2 - Summary of Action plan

8.3 Appendix 3 - Whole systems approach to tackling obesity