

## **West Sussex Health and Wellbeing Board**



### **Reinvigorating a strategic approach to healthy weight for children in West Sussex**

**10<sup>th</sup> October 2019**

**Report by: Jenny Hacker**

#### **Executive Summary**

This paper sets out proposals for the Health and Wellbeing Board to take an active role in supporting a new strategic, whole systems approach to tackling childhood overweight and obesity in West Sussex.

#### **The Health and Wellbeing Board is asked to:**

- 1) Acknowledge the importance of this topic in West Sussex and endorse the new strategic, whole systems approach being outlined;
- 2) Provide feedback on ways in which the Health and Wellbeing Board will support this agenda, including:
  - identification of key leads to join the new Healthy Weight Steering group and the place based subgroups to drive this agenda forward;
  - agreement of governance arrangements;
  - commitment to taking appropriate actions within members' own organisations to influence the wider environment in relation to access to healthy food and opportunities for physical activity and active travel.

## **1. Background**

Childhood obesity is a complex, multifactorial and persistent problem which shows no signs of abating. Beginning to turn the tide in West Sussex will involve all partners working together as a whole system, identifying and implementing sustainable actions, rather than short term initiatives.

The Public Health Board has recently endorsed a paper outlining a new, strategic approach to children's healthy weight in West Sussex, beginning with the launch of a Healthy Weight Steering Group in January 2020. Districts and boroughs are being asked to do the same through the Chief Executives' Group. The Health and Wellbeing Board, as a wider strategic grouping of the key partners involved in influencing this agenda, is key to the success of this new approach and is now being asked to do the same.

## **Why is this an issue?**

West Sussex compares favourably with national averages for childhood obesity (see **appendix 1**), although there are variations within the county (**appendix 2**). However, there are numerous reasons for strengthening the strategic response to obesity across the County as a whole. Healthy weight in year 6 children has been highlighted by the local Joint Strategic Needs Assessment and the Health and Wellbeing Strategy. There are clear moral and ethical considerations involved in taking action to help reduce this problem, and tackling it on a ‘population’ basis rather than one individual at a time also reduces the stigma that continues to be associated with weight. Crucially, weight is closely linked to emotional health and wellbeing, a key priority of the ‘Start Well’ section of the Health and Wellbeing strategy: being overweight or obese is associated with bullying and low esteem and was highlighted in recent local research on happiness in year 6 children as a key factor for those with the lowest wellbeing scores.<sup>1</sup> Action on obesity supports a range of other agendas, such as climate change and sustainability, supporting children with special educational needs (where weight problems are more prevalent) and tackling inequalities.

Perhaps the most compelling reason for prioritising healthy weight despite our relatively healthy statistics is that childhood obesity is at epidemic levels in this and many countries. In the context of a national epidemic, being similar to the national average is no cause for celebration or inaction. **Even in the best performing areas there are many, many obese or overweight children.** Excess weight is an issue in each of our schools, as it is in every community across the country.

The proportion of local children who are overweight or obese as they start primary school in West Sussex is substantial. At reception, **one in every five children are overweight or obese.** By the time they are next measured, as they leave primary school in year 6, the proportion has **risen to one in three.** This represents around 4,000 of our children with a weight problem **in these two school years alone.** Other sources estimate that taking all children aged 2 to 15, there could be **around 40,000 children who are overweight or obese in West Sussex.** These children invariably go on to become overweight and obese adults and Public Health England estimates that the NHS spends more than £6 billion a year treating obesity related disease

## **2. Proposals**

There are **no quick wins** or magic bullets to reduce childhood obesity. This will require concerted national and local action. The government has launched a national child obesity plan and started to take action on issues such as the marketing of junk food to children. As a recent parliamentary Select Committee report<sup>2</sup> concluded, what is needed is a “joined-up, ‘whole systems’, collaborative approach.

Traditional approaches to obesity have tended to focus primarily on ‘re-educating’ the individual or family, with weight management programmes being offered to ‘solve’ the problem, one individual (or family) at a time. Recruitment to these (generally free) classes is difficult, drop-out rates are high, follow up is difficult, and evidence of the long term (and often short term) impact of such programmes on all but a handful of participants is hard to find, and has little impact on overall prevalence.

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<sup>1</sup> <https://jsna.westsussex.gov.uk/assets/core/health-and-happiness-survey-live-report-final.pdf>

<sup>2</sup>

[https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/882/88213.htm#\\_id\\_TextAnchor079](https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/882/88213.htm#_id_TextAnchor079)

A strategic, whole systems approach to preventing and managing childhood obesity needs to include but go beyond individual/family based weight management interventions (which will be considered below) and prioritise actions that prevent excess weight gain in the first place, normalising physical activity and healthy eating for all, not just a handful who have reached crisis point. Schools are clearly a key setting in this agenda, and progress is being made locally with the Daily Mile. The paper recently endorsed by the Public Health Board made the case for the engagement of key staff such as school nurses, alongside the district and borough councils. There are a wide range of additional partners represented by the Health and Wellbeing Board who have a key role in this agenda, not least the NHS and the community and voluntary sector. Local businesses also have a role to play.

Examples of the types of interventions that are needed from partners are included in **Box 1** below.

#### **Box 1: Examples of interventions at the level of individual, community and environment**

##### **Individual level**

Support to mothers planning pregnancy/who are pregnant to be active, to eat healthily (including appropriate vitamin supplementation), be active and achieve a healthy weight

Promotion of breastfeeding

Infant feeding advice and support

Support to those children identified as obese or overweight by the National Child Measurement Programme

##### **Community level**

Breastfeeding support groups

Sustainable school based initiatives such as the Daily Mile

Community based initiatives e.g. to promote healthy cooking skills or family activities

##### **Environmental**

Prioritisation of pedestrians/cyclists/public transport in design or adaptation of the environment eg cycle lanes, dropped kerbs, routes to schools

Healthy food policies in all settings ie early years, schools, hubs, community centres

Action to ensure fast food outlets are not concentrated around schools

Implementation of Government Buying Standards for Food through all relevant contracts including leisure centres

Provision of safe places that attract children of all ages to play in all weathers

#### **Clarifying our weight management offer to children in West Sussex**

In some parts of West Sussex, children have had access to a family weight management programme called **Family Wellbeing** for approximately the last seven years. In the absence of a clear weight management offer across the county, the Arun and Chichester Wellbeing Hubs have commissioned this service. Unlike many weight management programmes which deliver a standard weekly package of interventions and activities to families, the programme is completely tailored to the needs of the family, and prioritises complex families. Latest figures show that **97% of children seen by the service have additional services** (such as social services or YES) involved and that **70% have a special educational need**. Although by their nature such intensive programmes do

not work with high numbers, the programme regularly exceeds its targets and achieves impressive results, with an average of 82% of children having stabilised their weight at three months across the two programmes, compared to a target of 75%, 100% having improved their cardio fitness, and an additional 86% of adults accompanying the children having lost more than 5% of their weight at three month follow up as a result of the changes achieved (see **Appendix 3**). The programme also achieves additional outcomes such as improved school attendance, improved school achievements, and reduction in self harm.

The programme, which is commissioned to see around fifty families a year in Arun and another thirty in Chichester has a waiting list and is a real asset for the local area. The engagement forms a contrast to the school nursing offer, with nurses reporting that they have struggled to engage parents in responding to the results of the National Child Measurement Programme and have supported only a handful across the County. Several hubs outside of Arun and Chichester (such as Adur and Worthing, Crawley and Horsham) have expressed a keen interest in the Family Wellbeing programme, which is not currently commissioned to see families from other areas. It is now time to reconsider the pathways that are available for children who are overweight or obese and the first step is engaging key partners around this complex problem.

## **Conclusions**

Healthy weight is highlighted in the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy and links closely with the first priority of Start Well which concerns emotional health and wellbeing of our children. However, West Sussex has yet to commit to taking a coordinated, systematic approach to tackling this complex, multifactorial issue.

This paper recommends to the Board that they acknowledge the importance of this issue to children's outcomes and endorse a new strategic, whole systems approach, beginning with the establishment of a Healthy Weight Steering Group which is intended to report into the Health and Wellbeing Board. The group will consider the available evidence and work collectively to develop sustainable, universal approaches to prevent obesity in all children, ensuring there are pathways in place to support those who are obese or overweight. The proposed structure and membership are included in **Appendix 4** for comment.

## **3. Next Steps**

### **The Health and Wellbeing Board is asked to**

- 1) Acknowledge the importance of this topic in West Sussex and endorse the new strategic, whole systems approach being outlined;
- 2) Provide feedback on ways in which the Health and Wellbeing Board will support this agenda, including:
  - identification of key leads to join the new Healthy Weight Steering group and the place based subgroups to drive this agenda forward;
  - governance arrangements;
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**Appendix 1: Healthy weight in West Sussex**

**Appendix 2: Local Inequalities in overweight and obesity**

**Appendix 3: Outcomes of Family Wellbeing Programme**

**Appendix 4: Proposed structure and membership of Healthy Weight steering group**

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# Appendix 1 Healthy Weight in West Sussex

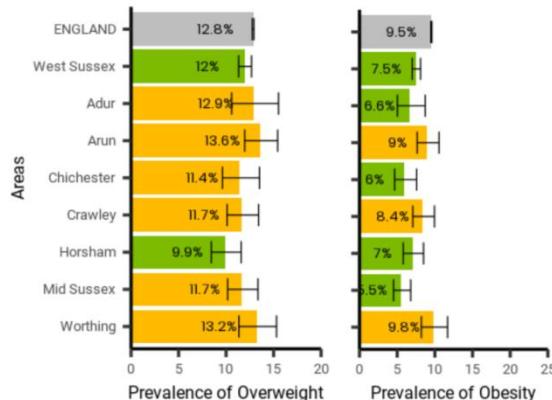
The National Child Measurement Programme (NCMP) for England is an annual record of height and weight of children in state-maintained schools in reception (aged 4-5) and year 6 (age 10-11).

The most frequently reported measure from the NCMP is prevalence of 'excess weight'. This includes children measured as:

- Overweight: 85th to 95th BMI centile on UK growth charts
- Obese: at or above the 95th BMI centile

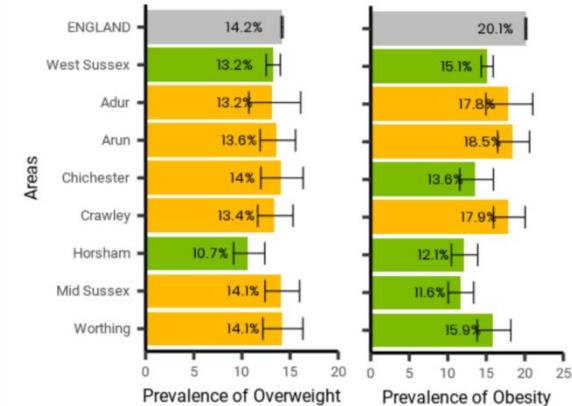
## Reception (4-5 years)

Whilst prevalence of excess weight is generally lower than England, **a fifth of reception children were overweight or obese** in West Sussex in 2017/18 (19.5%), equating to around 1,700 children.



## Year 6 (10-11 years)

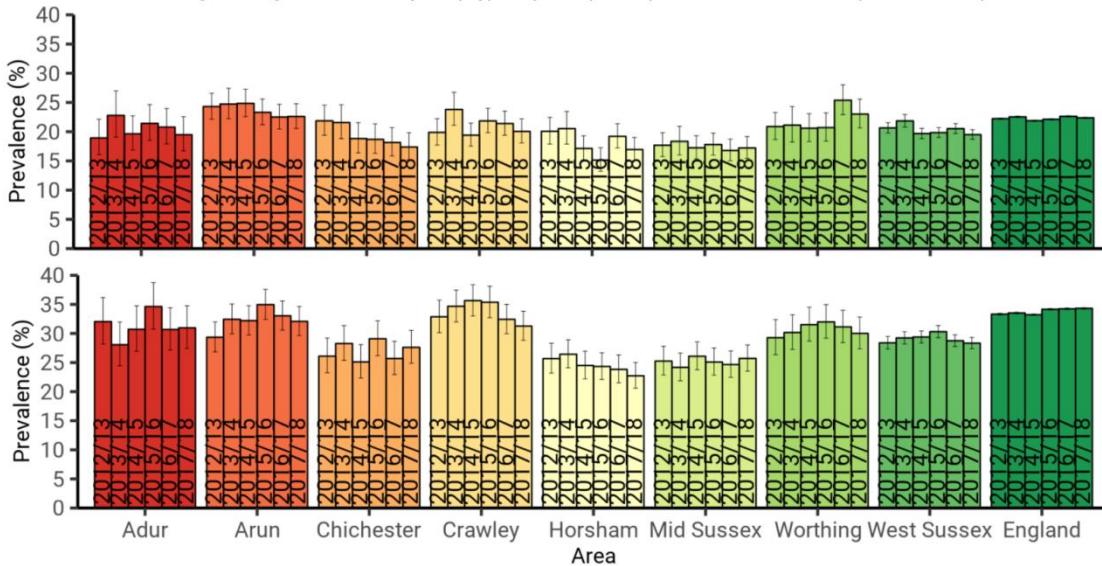
In 2017/18, **28.3% of year 6 children were overweight or obese** in West Sussex. This equates to 2,300 children aged 10-11 years.



## Trends over time

Trend data suggests that in most areas of West Sussex, there has been **little change in the prevalence of excess weight** among reception or year 6 children.

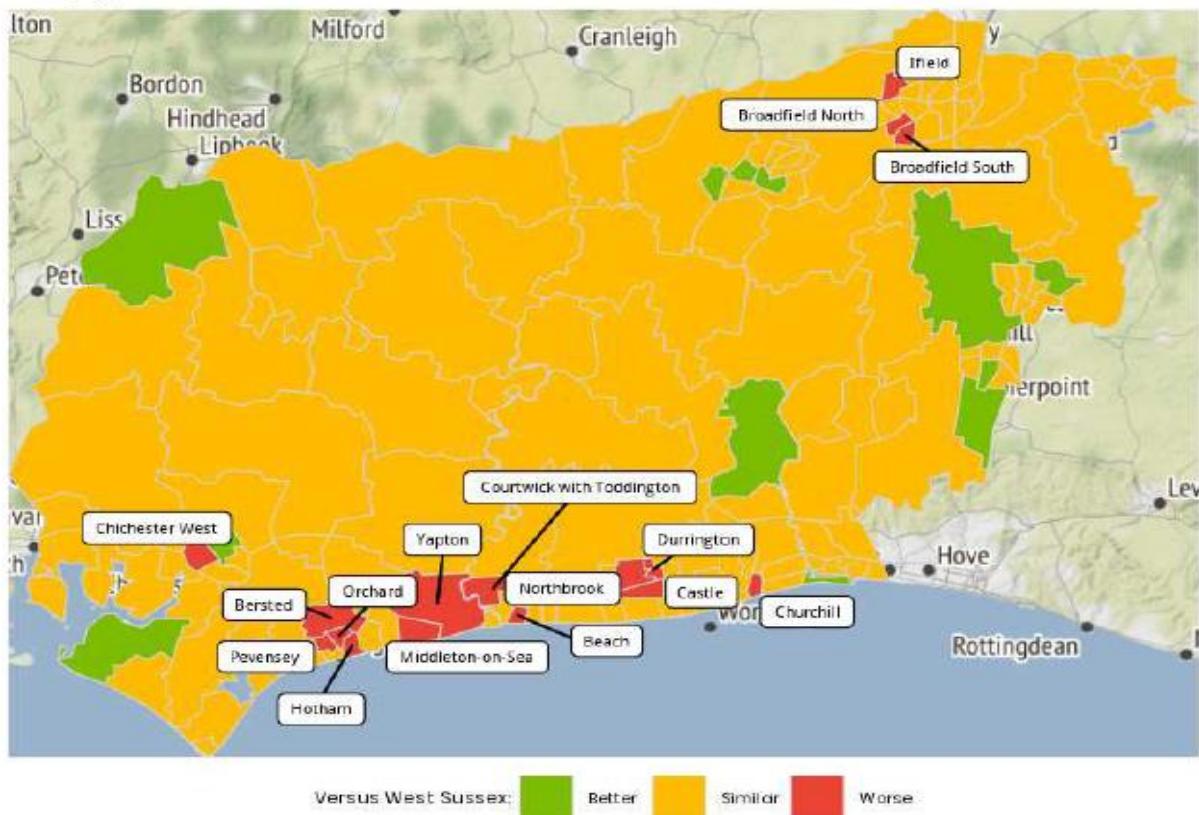
Prevalence of excess weight among children in reception (top) and year 6 (bottom) resident in West Sussex (12/13 to 17/18)



## Appendix 2: Local inequalities in overweight and obesity

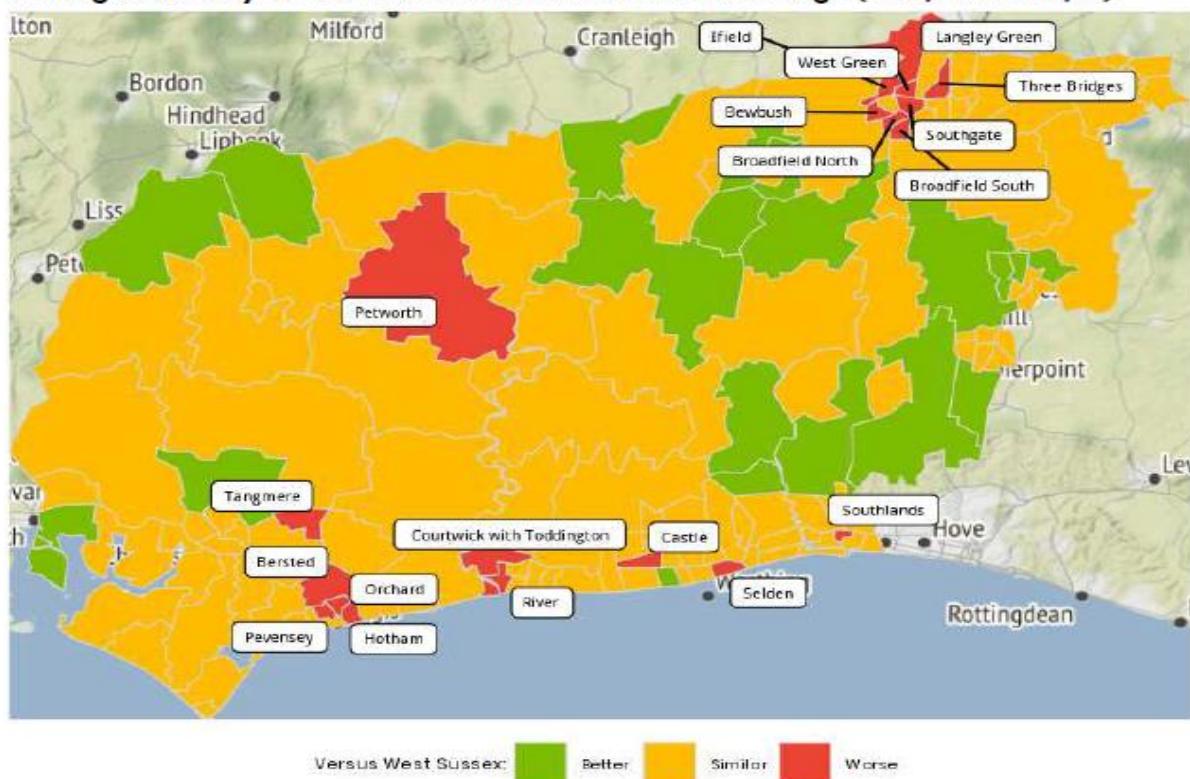
The maps below highlight the local differences at ward level for reception and year 6 children. At **reception age**, rates of excess weight range from less than 10% in Rogate ward (Chichester) to 31% in Hotham ward (Arun). Half of the 16 wards which have a figure higher the West Sussex average are in **Arun**.

**Wards in West Sussex with a significantly higher/lower prevalence of excess weight among resident reception children than West Sussex average (2013/14 to 2017/18)**



For **year 6** children, the majority of the wards with excess weight are in **Crawley** or **Arun**. In Arun, almost one in three year 6 children (32%) are overweight or obese, compared to 'only' about one in four (23%) in Horsham. The ward with the highest prevalence in West Sussex is in Chichester District (Tangmere ward) at 43% and lowest in Lindfield ward in Mid Sussex.

### Wards in West Sussex with a significantly higher/lower prevalence of excess weight among resident year 6 children than West Sussex average (2013/14 to 2017/18)



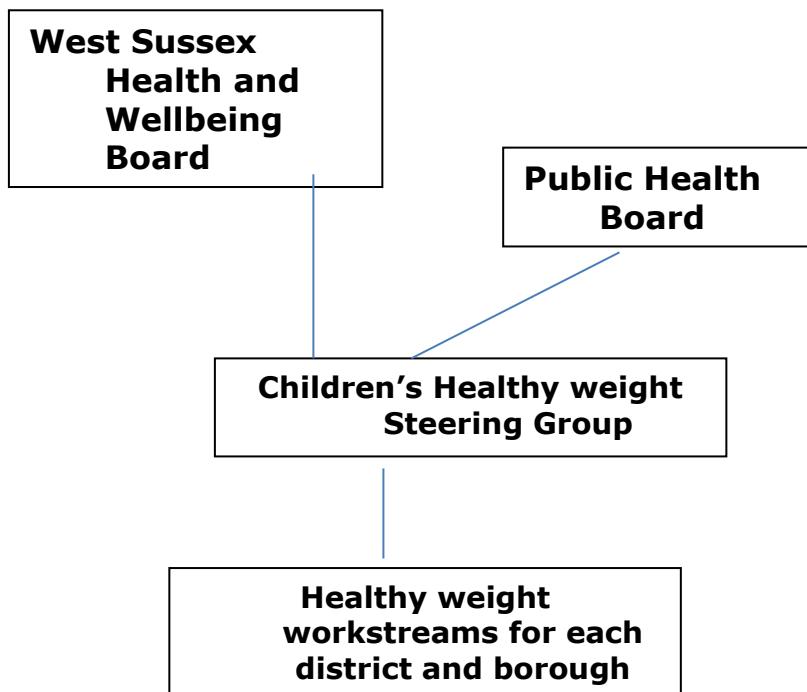
## **Appendix 3:** Outcomes of Family Wellbeing programme

### **Current Statistics relevant to Arun and Chichester District (2017-present)**

<b>Arun and Chichester</b>	<b>%</b>
Families who have additional services involved (social worker, IPEH, young carers, YES)	97%
Children who receive additional support in schools	97%
Children with Special Education Needs	70%
Children not attending school	25%
Children who attend alternative provision school, home schooled and behavioural schools	20%

<b>2018/19</b>	<b>Target</b>	<b>Chichester</b>	<b>Arun</b>
Number families recruited		35	38
Completers whose weight had stabilised at end of programme	50%	82.8% (24/29)	85.5% (31/38)
Completers whose weight had stabilised at 3 months follow on	75%	79.2% (19/24)	85% (32/38)
Self reported improvement in emotional wellbeing	75%	93.1% (27/29)	Not reported
Improvement in cardio fitness	75%	100% (29/29)	Not reported
Adults accompanying child experiencing 5%+ weight loss at 3 month follow up	75%	85.7% (18/21)	Not reported
Increased activity levels at the end of intervention	80%	Not reported	85.5% (31/38)
Self reported improvement in family eating and behaviour	75%	93.1% (27/29)	Not reported
Total spend		£30,000	£40,000

**Appendix 4:** Proposed structure and membership of Healthy Weight Steering Group (revised with input from Public Health Board)



*Proposed membership of steering group to include*

Public Health (chair)  
Head of Early Help  
Heads of midwifery, health visiting, school nursing, paediatric dietetics  
Commissioner of Healthy Child Programme  
Head of school catering  
Head of Educational psychology  
Active travel representation  
Community and voluntary sector representation  
Voice and Participation team manager

*Proposed members of placebased workstreams to include*

Public health  
District and borough health and wellbeing leads  
School nurse  
PSHE lead  
Mental health lead  
Wellbeing hub lead  
Planning lead  
Leisure provider representative  
Parks and Open spaces  
Environmental Health  
Primary care lead