

**A COMPASSIONATE APPROACH TO CYP  
HEALTH & WEIGHT: STRATEGIC ACTION PLAN**  
DPH October 2022



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## EXECUTIVE SUMMARY

Childhood obesity and excess weight are significant health issues for children and their families. There can be serious implications for a child's physical and mental health, which can continue into adulthood. The number of children with an unhealthy and potentially dangerous weight is a national public health concern<sup>i</sup>.

Research and policy guidance recognises that obesity is a highly complex issue. There is no simple solution but a whole system approach is clearly identified as key.

Our plan (A Compassionate Approach to Children and Young People Health & Weight – Strategic Action Plan 2023 -2033) is bold and ambitious and will be delivered in 3 phases over 10 years with a clear focus on achieving key success criteria at the end of that period. System management will be overseen by a system optimisation group who will report into the Healthier and Happier Partnership Board.

We are not looking to commission new services first and foremost but focus on creating a shared endeavour that will enable a wide range of stakeholders to achieve collaborative advantage. As a system, we would be looking to support stakeholders and partners to bid for funding as and when it is required. There is a very strong focus on supporting and strengthening community assets and addressing weight stigma, tackling inequalities and maximising opportunity for health benefit.

Nationally (NCMP data 19/20)

- Prevalence of obesity and overweight among children in Year Reception (Year R) has been steady for the past 10 years. Forecasts<sup>ii</sup> are suggesting a steady increase between now and 2040 with the higher rate of increase amongst those children living with obesity
- Prevalence of obesity and overweight among children in Year 6 has seen a gradual increase over the past 10 years. Forecasts suggest the rate of this increase will continue to rise between now and 2040 with the higher rate of increase amongst those children living with obesity
- At a national level, obesity rates are highest in the most deprived 10% of the population and are more than twice that of the least deprived 10% according to data from the 2018 to 2019 National Child Measurement Programme (NCMP) data.

In Plymouth (NCMP data 19/20)

- Prevalence of obesity and overweight among children in Year R has seen a very gradual increase over the past 10 years, however the Plymouth data is worse than the England average across this whole period. Forecasts are suggesting a steady increase between now and 2040 with the higher rate of change amongst those children living with obesity
- Prevalence of obesity and overweight among children in Year 6 has been mainly similar to the England average and on 3 occasions was better than the England average over the past 10 years. Forecasts suggest the rate of this increase will rise between now and 2040 with the higher rate of increase amongst those children living with obesity
- For (18/19) Year R the prevalence of combined overweight and obese children was 4.5 percentage points higher in the most deprived group of neighbourhoods (26.7%) than in the least deprived (22.2%).
- For (18/19) Year 6 the prevalence of combined overweight and obese children was 11.0 percentage points higher in the most deprived group of neighbourhoods (37.4%) than in the least deprived (26.4%).

## KEY DEFINITIONS

### Overweight

Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

### Obese

Children are classified as obese if their BMI is on or above the 95th centile of the British 1990 growth reference (UK90) according to age and sex

### The body mass index (BMI)

This is a measure that uses height and weight to work out whether weight is healthy. A child's BMI tells us if their weight is right for their height, and the result is given as a centile (or percentile). The BMI calculator takes into account age and sex, as well as height and weight

### National Child Health Measurement Programme

The Government's National Child Measurement Programme (NCMP) takes place annually to measure children in reception (aged 4–5 years) and year 6 (aged 10–11 years) in mainstream state-maintained schools in England. Independent and special schools are excluded. Local Authorities (LAs) in England are required to measure children in mainstream state-maintained schools during the school year with the programme running between September and August each year to coincide with the academic year. In previous years, over a million children have been measured annually as part of the programme. Note, in this report we have primarily used the latest validated (not provisional) data. We have used 2019 /20 validated data as the last whole programme undertaken. We have referenced findings from 2020/21 however this was a 10% national representative sample only. We are awaiting validation of the latest 2021/22 findings.

### Weight Stigma<sup>iii</sup>

Negative attitudes towards, and beliefs about, others because of their weight

Note:

Evidence indicates that weight stigma can be harmful to individuals' wellbeing, with psychological, behavioural and social consequences for those affected by obesity.

Psychological outcomes can include; depression, anxiety, low self-esteem, poor body image, self-harm and suicide. Behavioural outcomes can include; unhealthy weight control practises, binge-eating, and avoidance of physical activity and health screening. Social outcomes can include; social rejection by peers, poor quality of interpersonal relationships, potential negative impact on academic outcomes, the denial of jobs and promotions, the reduction of earning potential, biased attitudes from health care professionals, and stereotypes in the media.

## BACKGROUND

### What causes differences in weight?

The UK Government Foresight Programme produced a landmark report in 2007, 'Tackling Obesity: Future Choices'<sup>iv</sup>. The authors identified 108 different key factors that can influence an individual's weight. The report notes;

*'causes of obesity are extremely complex encompassing biology and behaviour, but set within a cultural, environmental and social framework. There is compelling evidence that humans are predisposed to put on weight by their biology. This has previously been concealed in all but a few but exposure to modern lifestyles has revealed it in the majority. Although personal responsibility plays a crucial part in weight gain, human biology is being overwhelmed by the effects of today's 'obesogenic' environment, with its abundance of energy dense food, motorised transport and sedentary lifestyles. As a result, the people of the UK are inexorably becoming heavier simply by living in the Britain of today. This process has been coined 'passive obesity'. Some members of the population, including the most disadvantaged, are especially vulnerable to the conditions.'*

### Consequences of obesity

Obesity increases the risk of a range of chronic diseases, particularly type 2 diabetes, stroke and coronary heart disease and also cancer and arthritis. From a children and young people perspective there are implications around stigmatisation, bullying, low self-esteem and school absence. Additional health risks include high cholesterol, high blood pressure, bone and joint problems and breathing difficulties'. The 'Foresight' report noted that NHS costs attributable to overweight and obesity are projected to double to £10 billion per year by 2050.

## COVID

During COVID a reduced representative NCMP programme was undertaken nationally (2020). In Plymouth 8 primary Schools contributed to the programme instead of all of them. National findings<sup>vi</sup> showed significant increases in obesity prevalence compared to the previous year (pre-COVID) for both Year R and Year 6. Inequalities widened in prevalence of obesity when comparing most deprived to least deprived areas with pre-COVID data.

Provisional national findings<sup>vii</sup> for the 2021/22 programme is suggesting a reduction in prevalence compared to the data from the reduced programme undertaken during the Pandemic in 2020. However, the provisional data looks like it is an increase when compared to the pre-COVID data so reflecting a continuing increase in trend. The higher than expected peak during COVID is likely to reflect the specific impact of COVID and also be affected by the smaller cohort measured.

## Data

National data from the NCMP and surveys undertaken with adults show increasing prevalence of overweight or obesity. In Plymouth, our data shows this trend for school reception children and adults over 18 years old and these have remained worse than the England average over the last 10 years. Our Year 6 data is increasing but we have managed to remain similar to the England average increase over this time.

There are examples of good work in the City. Some of this work can have short-term benefit with a smaller number of people experiencing longer-term (sustainable) benefit. However with 27.7% children in reception, 33.5% in year six (both from 2019/20) and the adult survey showing 68.8% (2020/21) as overweight or obese in Plymouth positive impact is not taking place at a population level. The data is clear in that over this 10 year period (and longer) prevalence of overweight and obesity is worsening.

### Appreciative Enquiry

Prior to the Pandemic we had undertaken appreciative enquiry with families who would have been eligible for a Tier 2 Weight Management Programme. A Tier 2 programme is usually characterised by being time limited i.e. 12 weeks, and provided 3 to 4 times per year with a maximum limit of 20 children or young people per cohort. Eligibility was linked to being greater than or equal to the 91<sup>st</sup>

centile in regard to BMI. In Plymouth we had taken the decision to de-commission this service due to persistent low levels of recruitment and retention of children and young people and little impact on BMI for those who completed the programme. Through appreciative enquiry we found that the following issues were common:

- Childhood trauma (adverse childhood experiences)
- Parental emotional health and wellbeing issues
- Multiple and complex need
- Basic needs not being met
- Existing multiple professional involvement

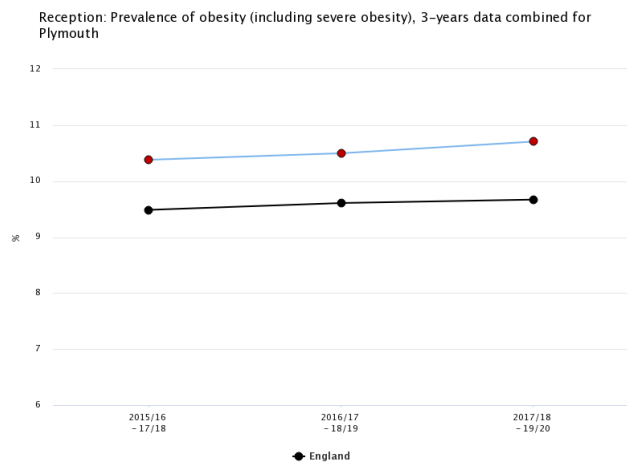
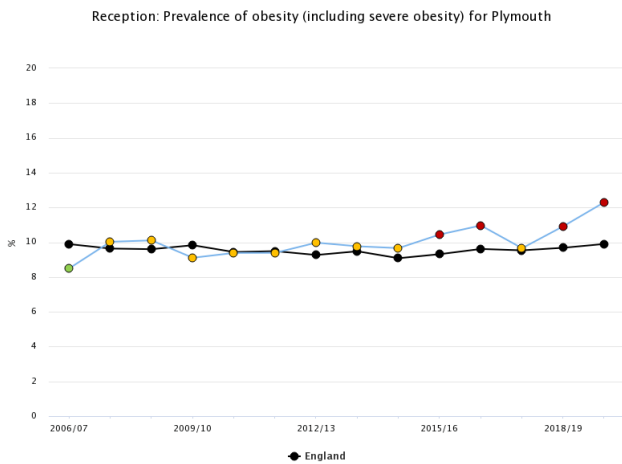
Thematic analysis from the insight gained identified the following:

- Individual based offer is not effective for CYP and their families by the time they 'meet threshold' for referral
- Relationship based approaches are key
- Personal qualities valued over professional expertise
- Clear link between obesity outcomes and trauma
- Systems thinking, not service thinking

These findings led to reviewing our whole approach and was key in shaping the development of our plan. This key learning has been shared regionally and has been influential in other local authority area work as has our development of this plan over the past year.

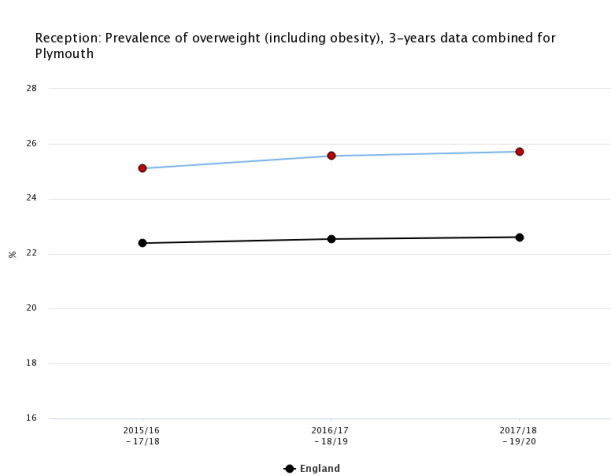
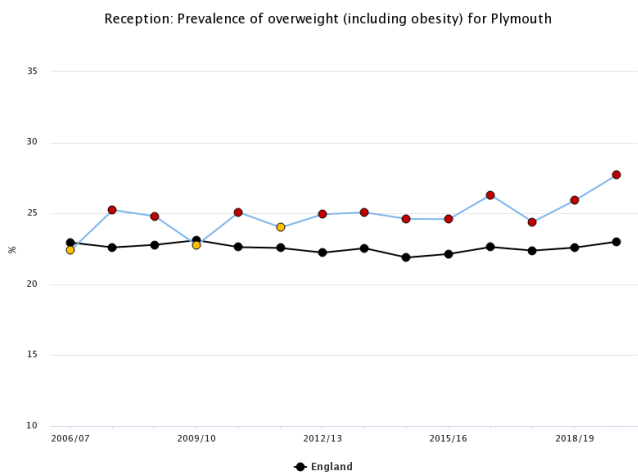
**DATA**

**Year R**



Over the past 10 years the England average has remained fairly stable for Year R. Plymouth has seen a gentle increase but has over this period been consistently higher (worse) than the England average. The last two years reflected suggest a steeper increase in prevalence.

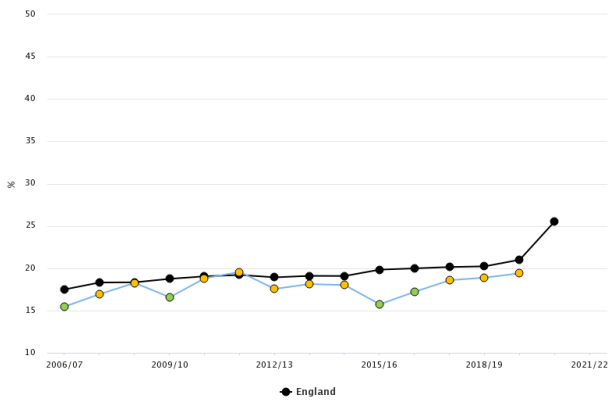
**Year R**



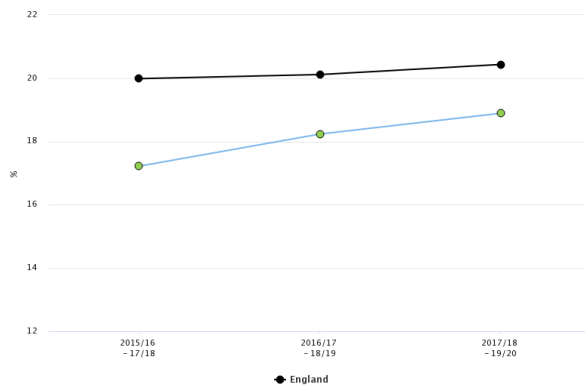
Over the past 10 years the England average has remained fairly stable for Year R. Plymouth has seen a gentle increase but has over this period been consistently higher (worse) than the England average. The last two years reflected suggest a steeper increase in prevalence.

Year 6

Year 6: Prevalence of obesity (including severe obesity) for Plymouth



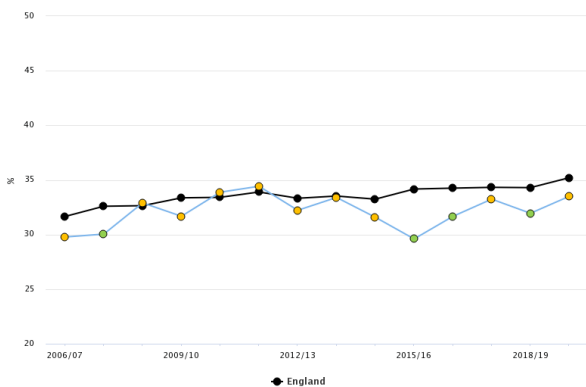
Year 6: Prevalence of obesity (including severe obesity), 3-years data combined for Plymouth



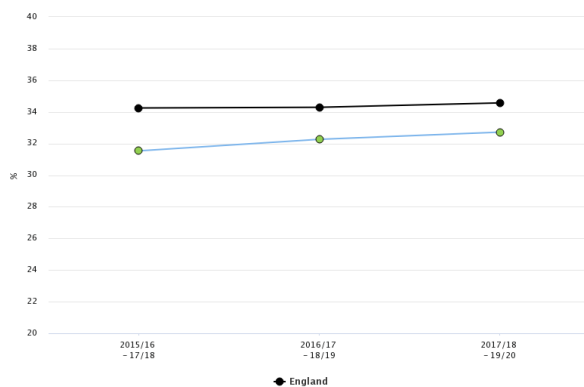
Over the past 10 years, the England average has shown a gentle increase. The annual graph (left side) includes data for the national representative sample during the COVID pandemic in 2020. That data shows a sharp increase. There is no corresponding Plymouth data for that year as the sample was too small (8 schools only in Plymouth). The aggregated 3 year data (right hand side) shows Plymouth better than the England average but with that difference narrowing due to a worsening situation in Plymouth after 2015/16.

Year 6

Year 6: Prevalence of overweight (including obesity) for Plymouth



Year 6: Prevalence of overweight (including obesity), 3-years data combined for Plymouth



Over the past 10 years, the England average has shown a very gentle increase. The aggregated 3 year data (right hand side) shows Plymouth better than the England average but with that difference narrowing due to a worsening situation in Plymouth.

### Comparison with statistical neighbours

#### Year R

Reception: Prevalence of overweight (including obesity) 2019/20

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	-	23.0	22.9	23.1
Neighbours average	-	-	-	-	-	-
Gateshead	↓	5	-	29.4	29.7	30.7
Wolverhampton	↓	11	-	28.8	29.7	30.7
Plymouth	→	-	-	27.7	25.6	30.2
Walsall	→	9	-	27.4	25.4	29.4
Dudley	→	3	-	27.1	25.3	29.1
Rochdale	→	10	-	26.1	23.9	28.1
Telford and Wrekin	→	6	-	26.1	23.9	28.8
Darlington	→	12	-	25.8	23.4	28.0
Medway	↑	13	-	25.5	23.9	27.3
Wigan	→	7	-	25.4	24.1	26.9
Calderdale	↑	8	-	23.1	21.4	25.0
Southend-on-Sea	→	14	-	22.4	19.7	25.1
Sunderland	→	15	-	22.1	20.7	23.7
Stockton-on-Tees	→	1	-	21.0	19.8	24.2
Derby	→	2	-	21.5	19.8	23.4
Bolton	-	4	-	*	-	-

Reception: Prevalence of overweight (including obesity), 3-years data combined 2017/18 - 19/20

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	353,329	22.6	22.5	22.7
Neighbours average	-	-	-	-	-	-
Wolverhampton	-	11	2,370	27.7	26.8	28.7
Wigan	-	7	2,795	26.2	25.4	27.0
Plymouth	-	-	1,765	26.7	24.7	28.8
Dudley	-	3	2,440	25.5	24.6	26.4
Walsall	-	9	2,385	25.4	24.5	26.3
Darlington	-	12	850	25.0	23.8	26.5
Gateshead	-	5	1,195	24.9	23.7	26.2
Telford and Wrekin	-	6	1,310	24.6	23.6	25.9
Rochdale	-	10	1,840	24.5	23.5	25.5
Medway	-	13	2,255	24.2	23.4	25.1
Sunderland	-	15	2,000	24.0	23.1	24.9
Calderdale	-	8	1,875	23.5	22.9	24.9
Derby	-	2	1,970	23.0	22.1	23.9
Southend-on-Sea	-	14	1,125	22.0	21.4	23.7
Stockton-on-Tees	-	1	1,325	22.3	21.2	23.3
Bolton	-	4	1,840	22.0	21.1	22.9

Plymouth has the third highest prevalence levels for overweight including obesity compared to the statistical neighbours for both 2019/20 and also the 3 year aggregated data

#### Year 6

Year 6: Prevalence of overweight (including obesity) 2019/20

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	-	35.2	35.1	35.3
Neighbours average	-	-	-	-	-	-
Walsall	→	9	-	44.6	42.4	46.9
Dudley	↑	3	-	42.1	40.4	43.8
Wolverhampton	→	11	-	42.0	40.1	43.8
Telford and Wrekin	→	6	-	40.0	37.9	42.3
Derby	→	2	-	38.9	37.2	40.6
Rochdale	→	10	-	38.8	36.9	40.8
Wigan	→	7	-	38.6	37.1	40.3
Gateshead	→	5	-	38.5	36.5	40.8
Darlington	→	12	-	37.8	35.1	40.5
Sunderland	→	15	-	36.9	35.1	38.6
Medway	→	13	-	36.9	35.3	38.6
Bolton	→	4	-	36.1	34.5	37.6
Calderdale	→	8	-	35.0	32.9	36.9
Stockton-on-Tees	→	1	-	34.8	32.4	37.6
Plymouth	→	-	-	33.5	30.9	35.8
Southend-on-Sea	→	14	-	33.4	31.3	35.5

Year 6: Prevalence of overweight (including obesity), 3-years data combined 2017/18 - 19/20

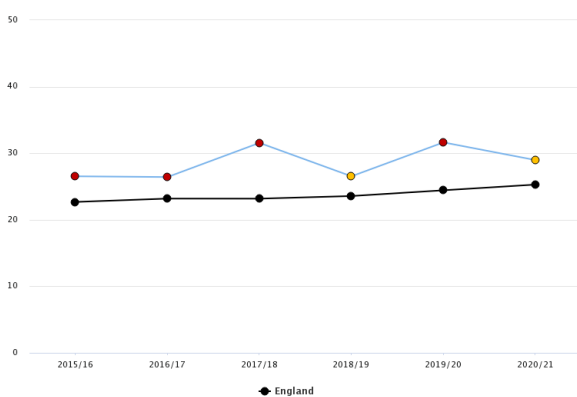
Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	576,642	34.6	34.5	34.6
Neighbours average	-	-	-	-	-	-
Wolverhampton	-	11	3,990	43.0	42.0	44.0
Walsall	-	9	3,745	41.5	40.5	42.6
Dudley	-	3	4,200	40.4	39.4	41.3
Sunderland	-	15	3,535	39.0	38.0	40.0
Rochdale	-	10	3,205	38.4	37.4	39.5
Telford and Wrekin	-	6	2,320	37.9	36.7	39.1
Gateshead	-	5	2,225	37.7	36.5	39.0
Derby	-	2	3,625	37.6	36.6	38.6
Wigan	-	7	4,035	37.4	36.5	38.3
Darlington	-	12	1,305	36.5	34.8	38.0
Stockton-on-Tees	-	1	2,155	36.0	34.8	37.3
Medway	-	13	3,465	35.8	34.8	36.7
Bolton	-	4	4,085	35.8	34.9	36.6
Calderdale	-	8	2,505	34.9	33.8	36.0
Southend-on-Sea	-	14	1,930	33.0	31.8	34.3
Plymouth	-	-	2,190	32.7	31.6	33.9

Plymouth has the 15th highest (2<sup>nd</sup> lowest) prevalence level for overweight including obesity compared to the statistical neighbours for 2019/20 data and the 16<sup>th</sup> highest (i.e the lowest) for the 3 year aggregated data

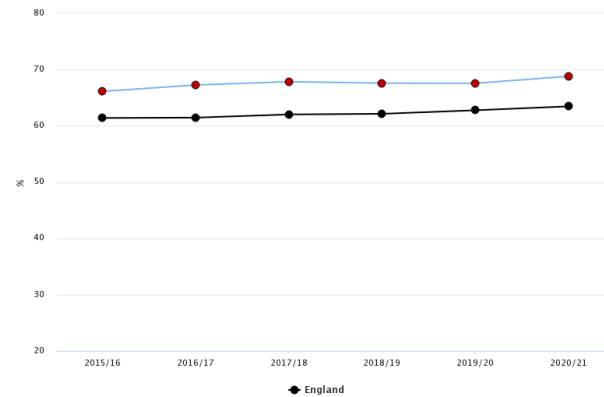
The data for statistical neighbours highlights the stark difference for Plymouth when comparing Year R and Year 6. Note : Even where Plymouth is 'green' (better than the England average) this is still reflecting an increase in prevalence but at a percentage lower than the England average.

#### Adults (for reference)

Percentage of adults (aged 18+) classified as obese for Plymouth



Percentage of adults (aged 18+) classified as overweight or obese for Plymouth



Both these graphs reflect gentle increases over time at both a national level and for Plymouth. Plymouth has been continually higher (worse) than the England average in both graphs. The 20/21 data for adults classified as obese gives a figure of 29% and for overweight or obese 68.8%. Comparing this to the children and young people data at Year R and Year 6 shows a steady continual increase over time in prevalence. Note the adult data source is from the Active Lives Adult Survey – Sport England



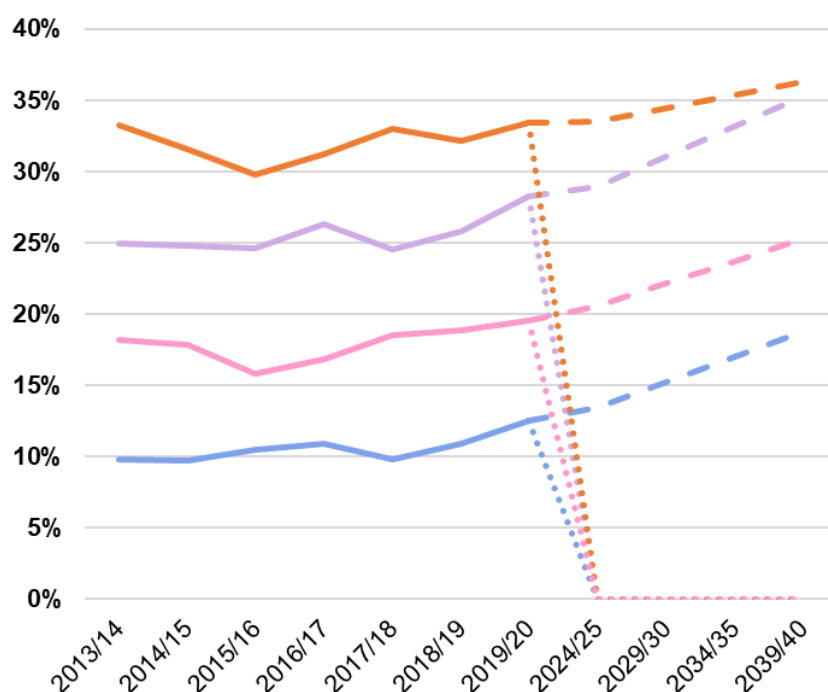
Forecasts

Children and Young People – forecasts from Local Government Association: The Future health challenges: public health projections - childhood obesity<sup>viii</sup>

PLYMOUTH:	2020	2025	2030	2035	2040
<b>Reception</b>					
Overweight & Obese:	28.2%	29.0%	31.1%	33.2%	35.3%
Obese:	12.5%	13.4%	15.2%	17.0%	18.7%
<b>Year 6</b>					
Overweight & Obese:	33.5%	33.5%	34.4%	35.3%	36.3%
Obese:	19.6%	20.5%	22.1%	23.7%	25.3%

England:	2020	2025	2030	2035	2040
<b>Reception</b>					
Overweight & Obese:	23.0%	23.2%	23.7%	24.2%	24.7%
Obese:	9.9%	10.2%	10.7%	11.1%	11.6%
<b>Year 6</b>					
Overweight & Obese:	35.2%	36.2%	37.5%	38.9%	40.2%
Obese:	21.0%	22.3%	23.8%	25.3%	26.8%



Projected child obesity prevalence across England, 2020-2040. Likely future levels of child obesity, assuming that trends in child obesity continue in their current trajectory.

These forecasts will have many caveats but provide the current ‘best’ modelling on possible trajectories. In these forecast both Year R and Year 6 prevalence for categories overweight and obese, and also obese, will continue to steadily rise across this whole timeframe. Year R is forecast to remain higher than the England average whilst Year 6 is below the

England average. The increases for both Year R and Year 6 are primarily driven by the increase in percentage of children and young people's living with obesity.

## WHAT ARE WE GOING TO DO?

Successfully tackling obesity is a long term, system wide commitment. There is no single or simple solution. The evidence is very clear that policies aimed solely at individuals will be inadequate and that simply increasing the number or type of small-scale interventions will not be sufficient to reverse this trend. Significant effective action to prevent obesity at a population level is required.

National Government is best placed to influence some elements of the 'obesogenic environment' e.g. reduction and reformulation measures focused on salt, sugar and fat content of foods. There is however much that we can influence at a local authority level but this will take time if we want to make a real difference. Our plan aims to provide a framework for us to influence what we can do to create the best possible opportunities for our children, young people (and families) to thrive and experience health benefits.

Reviewing the literature and reflecting on what children, young people and families have told us means that we need to be bold, with the aim of transforming what we do to one of a whole system approach.

### The Plan:

- Covers a 10 year period and aims to provide Plymouth with an opportunity to transform our approach to this complex issue
- Is based on a whole system approach with ambition reflected through success criteria which if achieved would reflect significant progress / impact
- Brings together a wide range of existing services and planned developments along with some specific 'local' new initiatives. Through this we seek to promote a shared endeavour creating collaborative advantage which minimises the need for significant new investment
- Has four priority areas, namely: whole system development; my team and my community; children and young people system (services) and inequalities
- Will aim to tackle weight stigma and be compassionate
- Have a strong focus on building individual, family and community assets; empowering people to take up or create activities that work for them
- Supports good and effective links with the University Hospital Plymouth Tier 3 Complications of Excessive Weight (Pilot) Service
- Links with wider stakeholders from local authority planning and economic development partners as well as the business community
- Utilises a 'Human Learning Systems'<sup>ix</sup> approach to drive continual learning through discussion and dialogue with children, young people and families , staff and volunteers and system leaders to inform the management of a complex system
- Will be overseen by a system optimisation group which will focus on learning shared by the system and also be informed through key data, to help inform, adapt and flex design to achieve the success criteria and 'manage the system'

<sup>i</sup> [Childhood obesity: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/childhood-obesity-applying-all-our-health)

<sup>ii</sup> [Future health challenges: public health projections - childhood obesity | Local Government Association](https://www.local.gov.uk/news/future-health-challenges-public-health-projections-childhood-obesity)

<sup>iii</sup> [Weight-Stigma-Position-Statement.pdf \(obesityalliance.org.uk\)](https://www.obesityalliance.org.uk/resources/weight-stigma-position-statement)

<sup>iv</sup> [Project Report \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/644447/project-report.pdf)

<sup>v</sup> [Childhood obesity: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/childhood-obesity-applying-all-our-health)

<sup>vi</sup> [National Child Measurement Programme, England 2020/21 School Year - NHS Digital](https://www.nhs.uk/news/2021/07/national-child-measurement-programme-england-2020-21-school-year)

<sup>vii</sup> [National Child Measurement Programme, England, Provisional 2021/22 School Year Outputs - NHS Digital](https://www.nhs.uk/news/2021/07/national-child-measurement-programme-england-provisional-2021-22-school-year-outputs)

<sup>viii</sup> [Future health challenges: public health projections - childhood obesity | Local Government Association](https://www.local.gov.uk/news/future-health-challenges-public-health-projections-childhood-obesity)

<sup>ix</sup> [Human Learning Systems | Centre For Public Impact \(CPI\)](https://www.cpi.org.uk/human-learning-systems)