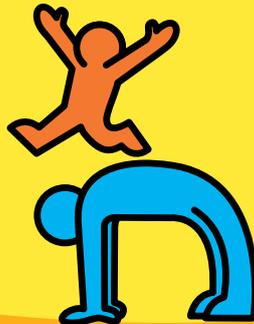


# Healthy Weight, Healthy Lives for Children and Young People



Hackney Childhood  
Obesity Framework:

0-5 years



## 1.0 Introduction

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The framework aims to provide guidance to reduce the risks of obesity for babies, toddlers and pre-school children. It is a framework for universal practitioners who work with parents, carers and families of these children, and provides a basis for guiding public health strategy.

**Vision: To work together to reduce the proportion of overweight and obese children and young people in Hackney by supporting them and their families to lead healthy lifestyle**

This vision will be achieved by:

- Taking the whole needs of the child into consideration
- Recognising that children and parents are crucial to achieving the vision
- Working in partnership
- Prioritising prevention at an early age and early intervention
- Focusing on healthy food, physical activity and the family

## 2.0 Purpose

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Many agencies are already involved in excellent work within Hackney, supporting the prevention and treatment of childhood obesity, and the promotion of healthier lifestyles to children, young people and their families (see Appendix).

The purpose of this framework is to:

- Bring together and further develop existing good practice in tackling childhood obesity in a way that is accessible for parents and practitioners
- Ensure an integrated and coordinated approach of partners working towards key priorities
- Inform the commissioning of services and provision around childhood obesity reduction

## 3.0 Background

### 3.1 Childhood Obesity

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The 1990 UK national BMI (Body Mass Index) charts are most commonly used to report on obesity. BMI is calculated by dividing the individual's weight in kilograms by the square of their height in metres, with some adjustment for children. > 85 % BMI means overweight and > 95 % means obese.

Overweight and obese children are more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood.

Research has shown that obesity in children can lead to the following early markers of more serious disease:

- Raised blood pressure
- Fatty changes to the arterial linings
- Hormonal and chemical changes (such as raised cholesterol and metabolic syndrome)

Other health risks of childhood obesity include:

- Type 2 diabetes (which has increased in overweight children)
- Early puberty
- Eating disorders such as anorexia and bulimia
- Skin infections
- Asthma and other respiratory problems
- Some musculoskeletal disorders
- Disturbed sleep and fatigue

The emotional impacts of childhood obesity can also include discrimination and teasing by peers, low self-esteem and anxiety and depression. Severely obese children and young people have rated their quality of life as low as children and young people with cancer on chemotherapy<sup>1</sup>.

Evidenced through the National Child Measurement Programme, Hackney currently still has some of the highest childhood obesity rates in the country, despite a recent fall.

Trends for the past eight years are shown at the top of page 4.

<sup>1</sup>Information sourced from the National Obesity Observatory website (part of Public Health England). Available at: <http://www.noo.org.uk/LA/impact/health> (accessed 16.03.16)

	Year R				Year 6			
	Under weight	Healthy weight	Over weight	Obese	Under weight	Healthy weight	Over weight	Obese
2007/08	1.2%	70.3%	14.4%	14.0%	1.7%	59.6%	15.1%	23.6%
2008/09	1.3%	71.8%	13.6%	13.3%	1.4%	59.0%	15.6%	24.0%
2009/10	1.7%	71.2%	12.7%	14.4%	1.3%	58.3%	14.9%	25.5%
2010/11	0.9%	71.1%	13.5%	14.6%	1.7%	57.3%	15.9%	25.0%
2011/12	1.1%	71.6%	13.9%	13.4%	1.6%	55.6%	15.6%	27.1%
2012/13	0.9%	72.8%	13.1%	13.2%	1.4%	57.4%	16.0%	25.2%
2013/14	1.3%	71.5%	12.8%	14.4%	1.5%	58.2%	14.3%	26.1%
2014/15	1.5%	72.6%	14.0%	12.0%	1.4%	57.5%	15.5%	25.6%

Source: NCMP 2014/15

## 3.2 National and Local Context

The Get Hackney Healthy programme (funded by Hackney’s Health and Wellbeing Board) aims to tackle some of the key challenges pertaining to child overweight and obesity. It is based on evidence from Sir Michael Marmot’s 2010 review outlining the influence of wider social determinants on health, and the need to engage with these to prevent the intergenerational cycle of health inequalities. His work stresses the importance of investment in the early years, which yields considerably higher returns than in adolescence<sup>2</sup>.

Recent emerging evidence also suggests work in the pre-natal period and with 0 - 2 year olds and their mothers is effective in reducing obesity<sup>3</sup> and emphasises the importance of establishing healthy eating and lifestyle patterns early on.

If levels of overweight and obese school age children continue to escalate this would not only have a detrimental impact on the lives of Hackney’s children and young people, but would create further strain on local health services due to the illnesses and associated health risks with overweight and obesity; these are currently estimated by the Department of Health to cost the NHS £5 billion every year nationally<sup>4</sup>.

<sup>2</sup>Post 2010 Strategic Review of Health Inequalities: Sir Michael Marmot: February 2010

<sup>3</sup>Effectiveness of home based early intervention on children’s BMI at age 2: randomised controlled trial. Li Ming Wen, Louise A Baur, Judy M Simpson, Karen Wardle, Victoria M Flood. BMJ 2012;344:e3732 doi: 10.1136/bmj.e3732 (Published 26 June 2012)

<sup>4</sup>Reducing obesity and improving diet, DH: 2013. <https://www.gov.uk/government/policies/reducing-obesity-and-improving-diet> (accessed 02.08.13)

Locally, work on overweight and obesity links into a number of strategic strands. A report on Childhood Obesity by the Hackney Children and Young People Scrutiny Commission, agreed by Cabinet on 22nd April 2013, made a number of recommendations to help reduce overweight and obesity levels of children and young people in Hackney; many of the recommendations have been taken on by the Health and Wellbeing board.

A new Obesity Strategic Partnership (OSP) was launched in February 2016 and is chaired by the Chief Executive of London Borough of Hackney. The OSP will set the strategic direction for reducing obesity and associated health inequalities across the borough, and support the implementation of a ‘whole systems’ approach to obesity, taking into account the role of the food environment, physical activity environment, social influences, as well as individual psychology, physical activity and food consumption.

The work also links into the 2008-2018 Sustainable Community Strategy priority 3, to promote health and wellbeing for all, and support independent living. Priority 1 of the 2013/14 – 2014/15 Corporate Plan: helping and protecting those residents who most need support, and working with them to improve their lives and capacity for independence, identifies a number of priority areas of work. One of the priority areas is to strive to improve the health of children and young people, in particular tackling childhood obesity and working with pregnant mothers and children aged under five years old.

Nationally, the work on obesity in Hackney ties into the two high level outcomes developed by the Department of Health (DH) in The Public Health Outcomes Framework for England, 2013-2016; namely, increased healthy life expectancy and reduced differences in the life expectancy between communities. The National Institute for Health and Care Excellence (NICE) public health guidance 42, Obesity: working with local communities provides a framework for Hackney’s work<sup>5</sup>.

## 4.0 Risk Factors for Obesity

The causes of obesity are complex and multifaceted, and are still being explored. Although there are many reasons why an individual may become obese, it is now generally accepted that the current prevalence of obesity in the UK population is primarily caused by people’s latent biological susceptibility interacting with a changing environment that includes more sedentary lifestyles and increased dietary abundance<sup>6</sup>.

<sup>5</sup>Public Health Guidance 42, Obesity: working with local communities, NICE: 2013, <http://www.nice.org.uk/guidance/ph42> (accessed 13.05.14)

<sup>6</sup>Foresight (2007), Tackling Obesity: Future Choices - Project Report, [Online], Government Office for Science. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/287937/07-1184x-tackling-obesity-future-choices-report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesity-future-choices-report.pdf) (accessed 10.09.15)



Source: Public Health England, 2015

However, there are certain factors that have been linked to childhood obesity that professionals working with children and families should be aware of <sup>7</sup>:

#### • Family and social factors

- Parental obesity – the risk of developing obesity increases when parents are obese, particularly when both parents are affected
- Family history of heart disease or diabetes
- Poverty – there is a clear link between deprivation and obesity
- Race and ethnicity – e.g. nationally Black children are more likely to be obese
- Sedentary behaviours

#### • Pregnancy

- Maternal obesity
- Excess weight gain in pregnancy
- Gestational diabetes
- Smoking

<sup>7</sup>Rudolf, M. (2009), Tackling Obesity Through the Healthy Child Programme: A Framework For Action, Leeds, University of Leeds. Available at: [http://www.noo.org.uk/uploads/doc/vid\\_4865\\_rudolf\\_TacklingObesity1\\_210110.pdf](http://www.noo.org.uk/uploads/doc/vid_4865_rudolf_TacklingObesity1_210110.pdf) (accessed 10.09.15)

#### • Infancy

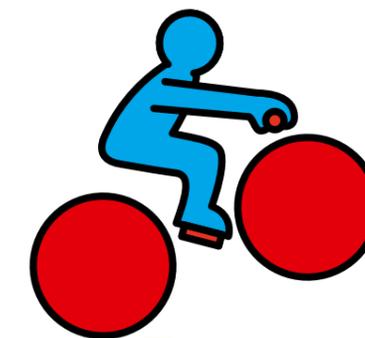
- Birth weight - babies who are born large for gestational age have an increased risk for obesity, with alterations in glucose metabolism already evident in the early months. At the other end of the spectrum babies born small for gestational age are also at increased risk for both obesity and type 2 diabetes, especially when rapid catch up growth occurs.
- Rapid weight gain - some low-birth-weight babies may be especially susceptible to catch-up growth, while others experience this as a direct consequence of their diet. Obese babies have ten times the risk of later obesity, and babies who gain weight rapidly (even if they are not obese) have six times the risk.
- Bottle feeding - breastfed babies show slower growth rates than formula-fed babies and this may contribute to the reduced risk of obesity later in life shown by breastfed babies
- Early weaning

## 5.0 Reducing Levels of Obesity

The prevention of childhood obesity requires a broad based health promotion programme and interventions at home and community level which need to be matched by changes in the social and cultural context so that changes can be sustained and enhanced. Strategies to prevent obesity in a child population e.g. healthy eating and physical activity and the promotion of emotional health and wellbeing will benefit all children irrespective of whether they are at risk of being overweight or obese. It is clear, therefore, that a coordinated approach is vital to achieve this 'industrial' scale change.

Where children present as obese, evidence shows that treatment is more successful where the needs of the child are addressed in the context of their family and their environment.

The framework therefore uses a multi-faceted approach covering universal provision, targeted interventions, and treatment options.



## 6.0 Preventing Obesity

Healthy Weight, Healthy Lives<sup>8</sup> summarises evidence-based methods of promoting healthy weight in children:

- Breastfeeding
- Reduced HFSS (high fat sugar and salt) advertising to children
- Children’s centres (including activity and nutrition)
- Community interventions all ages
- Reduced consumption of HFSS foods e.g. through reformation and clear labelling
- Targeted support for at risk families

Healthy Lives, Healthy People: A call to action on obesity in England<sup>9</sup>, local government is urged to:

- Promote active travel e.g. walking and cycling
- Ensure the widest possible access to opportunities to be physically active e.g. parks and linking with local leisure and sport services
- Make the most of the potential for the planning system to create a healthier built environment
- Work with local businesses and partners to increase access to healthy food choices
- Link activities on healthy weight to initiatives relating to the environment and sustainability e.g. allotments and food growing projects
- Lead by example e.g. ensure healthier catering in settings and services they run
- Make the most of key opportunities to engage with communities and promote behaviour change e.g. through libraries and youth services

## 7.0 Action Plan

Hackney has a Children and Young People’s Healthy Weight Action Plan which contains five strands: establishing definitions of healthy weight; the environment; support; physical activity; healthy food. The action plan is derived from the Hackney ten year Healthy Weight Strategy, and delivery is monitored by a range of partners through the Hackney Obesity Strategic Partnership.

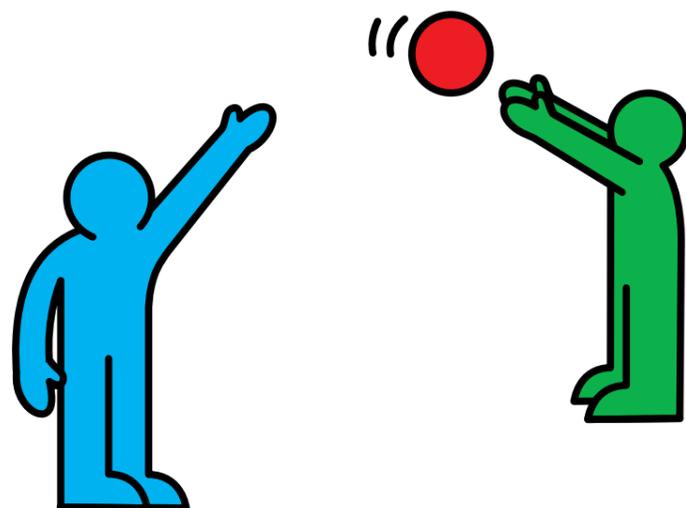
<sup>8</sup>Healthy Weight, Healthy Lives, DH: 2008 [http://webarchive.nationalarchives.gov.uk/20100407220245/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_084024.pdf](http://webarchive.nationalarchives.gov.uk/20100407220245/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_084024.pdf) (accessed 13.05.14)

<sup>9</sup>Healthy Lives, Healthy People: A call to action on obesity in England, DH: 2011 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213720/dh\\_130487.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213720/dh_130487.pdf) (accessed 13.05.14)

## Appendix: Preventative and Obesity Reduction Services for 0-5s

Tier	Services, training and education
<b>Universal (Tier 1)</b>	<p><b>Health Visitors</b> – information and advice to parents on breastfeeding, weaning, physical activity, screen time. If there is evidence of rapid weight gain the HV will communicate the risk of obesity and may suggest regular clinic attendance for weight check and ensure access to advice about infant nutrition and physical activity.</p> <p><b>Children’s centres</b> Children’s centres provide a variety of universal healthy weight activities including:</p> <ul style="list-style-type: none"> <li>• Dietetics input</li> <li>• HENRY (spans tier 1 and 2 – see detail in tier 2 below)</li> <li>• Health awareness sessions</li> <li>• Fitness classes for parents</li> <li>• Healthy cooking courses</li> <li>• Gardening sessions</li> <li>• Fruit and veg stalls</li> <li>• Antenatal groups</li> <li>• Baby’s First Foods weaning programme</li> <li>• Breastfeeding support groups</li> <li>• Stay and play including tasting sessions</li> <li>• Occasional oral health practitioner activities (e.g. awareness of sugary drinks)</li> <li>• Family walks</li> <li>• Toy libraries</li> <li>• Music and movement</li> <li>• Messy play</li> <li>• Baby massage</li> <li>• Tummy time</li> <li>• PEEP (home learning initiative including opportunities for active play)</li> <li>• Food Matters pilot on healthy food choices</li> </ul> <p><b>Schools and early years/childcare setting</b></p> <ul style="list-style-type: none"> <li>• Eat Better Start Better works with early years settings to support the implementation of the Children’s Food Trust Eat Better Start Better voluntary food and drink guidelines by providing training and support from an early years nutritional expert. Self-assessment packs are completed by early years settings and childminders. Feedback is then provided and settings submit a good practice portfolio. HLT provide this service in partnership with Dietetics.</li> <li>• Settings support children’s healthy physical development, as required within EYFS: promoting physical activity; outdoor play; teaching healthy lifestyles through appropriate curriculum; supporting physical development within home learning</li> <li>• Settings ensure that ongoing assessment and 2 year old integrated review have a focus on physical development, sharing any concerns with parents and making timely referrals, where necessary</li> <li>• Settings support families to access available universal services and activities</li> </ul>

Tier	Services, training and education
<b>Universal (Tier 1) cont...</b>	<p><b>Dietetics</b></p> <ul style="list-style-type: none"> <li>• Weaning education sessions</li> <li>• Breastfeeding advice</li> <li>• Nursery fruit scheme sessions on fruit portions</li> <li>• Team has received post-graduate behavioural change training (BCT)</li> </ul> <p><b>Child health clinics</b></p> <p><b>Paediatricians</b> – trained to provide advice and direct parents at an early stage including at the Ark, Homerton and in the community</p> <p><b>GPs</b> – trained to provide advice and direct parents at an early stage</p> <p><b>Training</b></p> <ul style="list-style-type: none"> <li>• LEAP conducts childhood obesity training for practitioners working with children aged 1-18, training on useful resources to support practitioners to provide first line advice on healthy eating and raising the issue of weight and other ad hoc training on request</li> <li>• HENRY conducts training on raising the issue of weight using the HENRY approach for practitioners working with 0-5 year olds, training on useful resources to support Health Visitors to raise the issue of weight and to provide first line support, HENRY core and facilitator training and HENRY refresher training</li> </ul>



Tier	Services, training and education
<b>Targeted (Tier 2)</b>	<p><b>Parenting programmes</b></p> <ul style="list-style-type: none"> <li>• HENRY (Health, Exercise and Nutrition for the Really Young) Healthy Families Right from the Start is an eight week evidence based group programme for all parents and carers of children under 5 years, giving families the tools and skills to gain confidence around healthy eating, parenting and physical activity to support a healthier lifestyle. The programme has been awarded the CANparent Quality Mark.</li> <li>• Strengthening Families Strengthening Communities covers healthy lifestyles and parents are signposted to exercise and health awareness sessions at children’s centres. Parents also referred to HENRY and Dietetics if needed.</li> <li>• Solihull programme provides advice on recognising when babies’ distress is due to needs other than hunger and developing tactics other than feeding to calm the baby</li> </ul> <p><b>First Steps</b> – provide a range of family interventions including parenting support</p> <p><b>Dietetics</b></p> <ul style="list-style-type: none"> <li>• One to one clinical sessions, including during antenatal period</li> <li>• One O’ Clock Wednesday Club at Homerton for pregnant women with a BMI&gt;30</li> </ul> <p><b>Dietetics and CAMHS</b> – fussy eating groups</p> <p><b>Speech and Language Therapy (SLT)</b> – provide advice on responsive feeding practice and provide one to one support where needed</p> <p><b>Paediatricians</b> – provide individual advice on responsive feeding, particularly for children with complex difficulties and in conjunction with SLT and Dietetics</p> <p><b>FNP</b> – intensive home visiting service for first time mothers under the age of 19, including health messages on eating and weight. Referral to obesity services where there is an identified need.</p>
<b>Specialist (Tier 3)</b>	<p><b>LEAP</b> – targeted tier 3 multi-disciplinary weight management service for children and young people with moderate to severe obesity, delivered by HUHFT. LEAP offers individual and group appointments focusing on behaviour change. The multi-disciplinary team includes a dietitian, clinical psychologist, physiotherapist, registered nutritionist and paediatrician.</p>
<b>Highly Specialist (Tier 4)</b>	<p><b>Royal London</b> – Tertiary Paediatric Metabolic Obesity Service.</p>

