



Tackling Childhood Obesity in Suffolk

A whole system approach to tackle childhood obesity in Suffolk to achieve the long term aims of reducing the prevalence of overweight and obese children and young people, improving health and decreasing health inequalities.

2019-2023



Working together with:

Suffolk County Council

Ipswich and East CCG

West Suffolk CCG

Gt Yarmouth and Waveney CCG

One Life Suffolk

Ipswich Hospital (ESNEFT)

West Suffolk Hospital

James Paget University Hospital

CYP Suffolk

East Coast Community Health Care

Mid Suffolk and Babergh District Council

West Suffolk Council

East Suffolk Council

Ipswich Borough Council

Community Action Suffolk

Suffolk Community Foundation

Voluntary / Community Services

Leisure Providers

Introduction

Tackling childhood obesity effectively will require the development of a sustained 'whole systems approach', which seeks to link together many of the influencing factors on obesity and requires co-ordinated action and integration across multiple sectors. By working together with health, education, social care, planning, housing, transport and business we can bring about major change to combat childhood obesity, making better use of resources and improving health and wellbeing. Working across multiple areas will help us to identify the opportunities to support children, young people and their families at key points during their childhood to help prevent obesity and offer timely support to achieve and maintain a healthy weight.



Why do we need a whole system approach to tackle childhood obesity?

There is no single approach for bringing about major system change. Instead, success depends on identifying the most crucial components and having a strong understanding of what is needed to create and implement the culture, networks and environment for them to flourish. By utilising a whole system approach to tackle childhood obesity, we will be able to make a difference in what is an increasingly complex and challenging landscape involving many sectors with competing priorities and resource pressures.

The World Health Organization (WHO) regards childhood obesity as one of the most serious global public health challenges for the 21st century. Obese children and adolescents are not only more likely to become obese adults¹ but are also at an increased risk of developing associated physical health problems and psychosocial conditions from an early age²⁻⁴. Obesity can have a negative effect on children's emotional wellbeing through stigmatisation and low self-esteem, which may lead to poorer levels of educational attainment⁵. There is increased prevalence of obesity among children and young people who are the most deprived in society and the difference in childhood obesity levels between the least and most deprived continues to widen⁶. There is also increasing evidence of a link between obesity in children and educational attainment. It has been suggested that children who are obese are 50% less likely to get into higher education and are less likely to complete a degree, whereas those with healthier lifestyle behaviours perform better academically⁷.

Suffolk data

In Suffolk, the National Child Measurement Programme (NCMP) for 2017/18 identified that 11.7% of reception children were overweight and 8.8% obese, compared to Year 6 where 14.3% were overweight and 17.1% obese⁸. Recent trend data shows that there has been no significant change in levels of excess weight (overweight and obesity) in children in reception and year 6, figures 1 and 2 respectively. Measures are now available that show the prevalence of severe obesity in children; in Suffolk this equates to 2.2% of reception children (England: 2.4%) and 3.0% in year 6 (England: 4.2%). It is important that the trend in severe obesity is monitored and reduced as this could have implications for the future health and potentially earlier onset of lifestyle related conditions, such as type 2 diabetes⁹

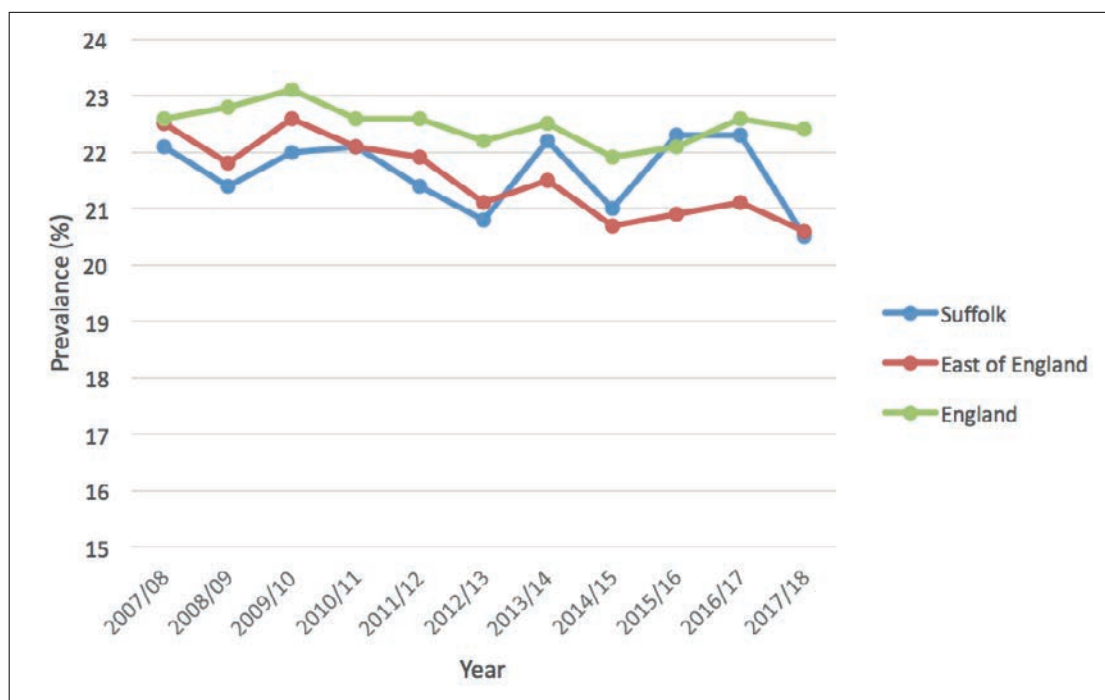


Figure 1. Percentage of Reception children measured with excess weight (overweight and obese) – 2007/08 – 2017/18.

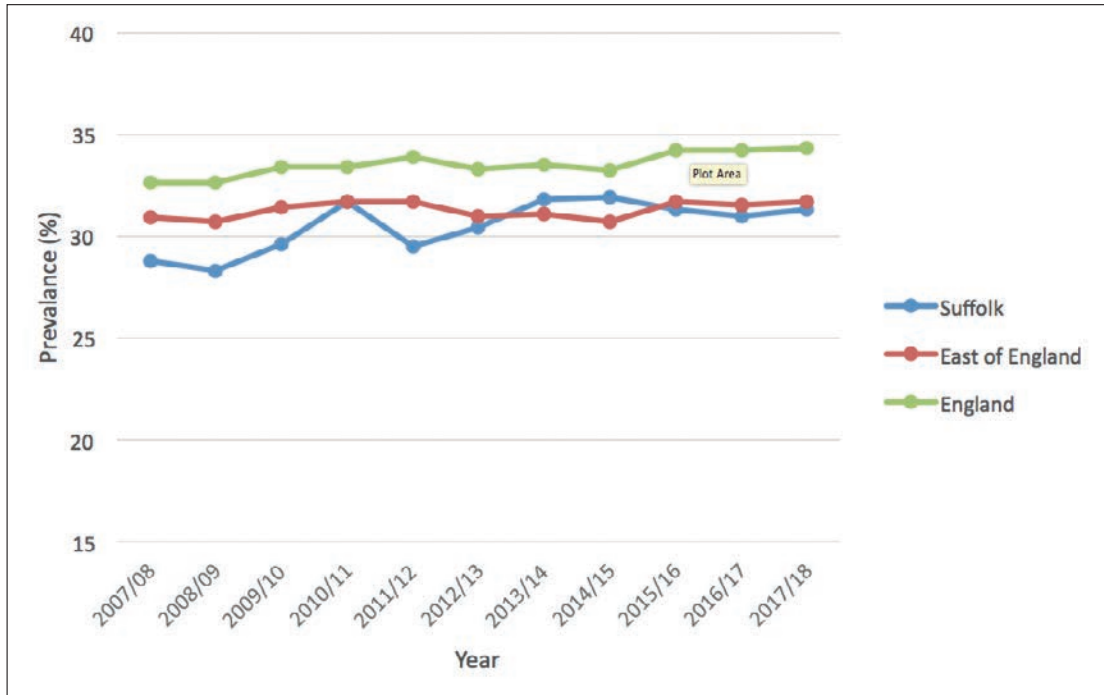


Figure 2. Percentage of Year 6 children measured with excess weight (overweight and obese) – 2007/08 – 2017/18.

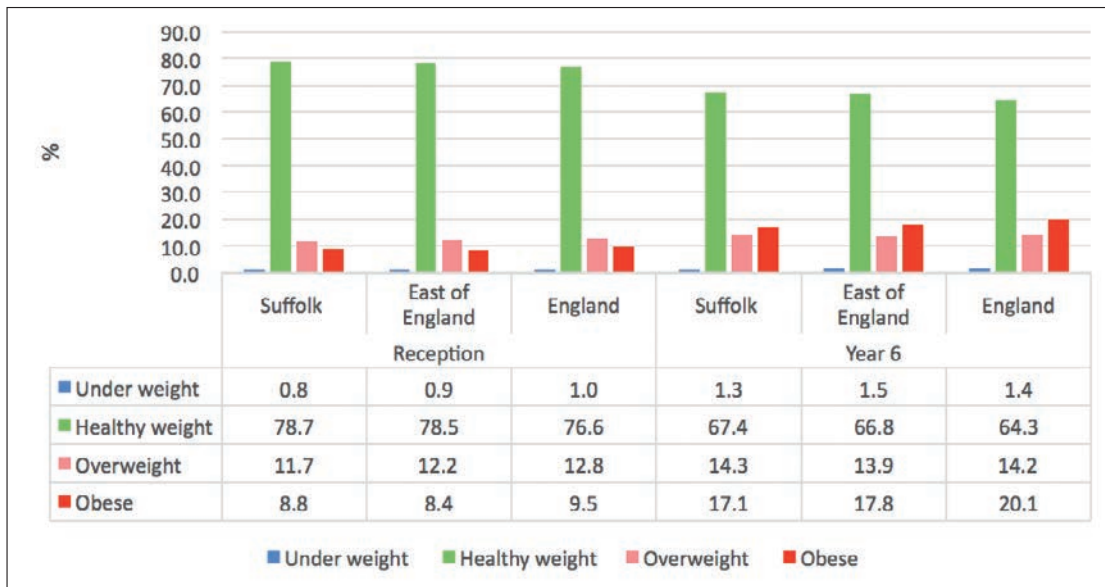


Figure 3. Percentage of children by school year and NCMP weight category, 2017-18

The scope of this strategy

We have the opportunity in Suffolk to build on national government initiatives and guidance from PHE, NICE and other organisations that have been implemented to tackle the urgent issue of childhood obesity. These include the recent government guidance highlighted in the “Childhood obesity: a plan for action”¹⁰ and the recent update “Childhood obesity: a plan for action, chapter 2”¹¹, and “Childhood Obesity: Time for Action”¹². Key themes from these reports include but are not limited to:

- A whole systems approach
- Marketing and advertising to children
- Food education and environment – including price promotions, labelling and takeaways
- Early years and schools
- Fiscal measures – including the soft drinks industry levy and sugar reduction
- Support for children living with obesity
- Attitudes to obesity

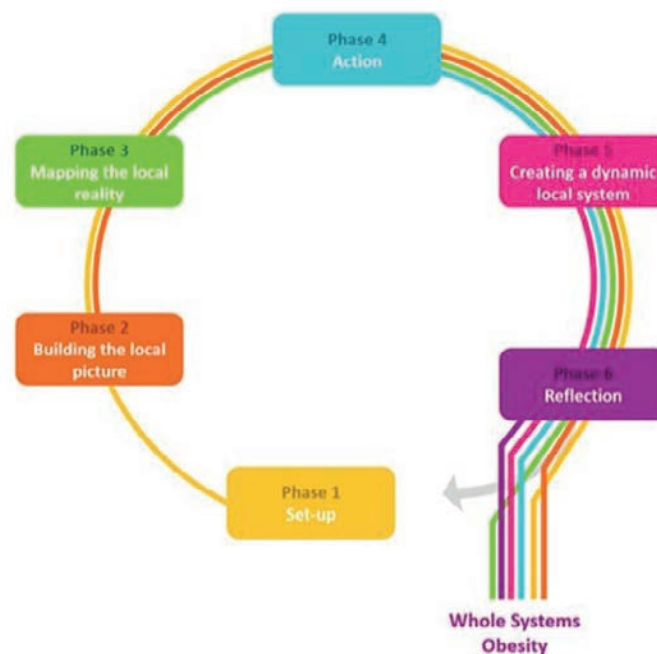


Figure 4. Phases of the whole systems approach.

By adopting a local systems approach to tackling childhood obesity, it is expected that this shared system strategy will deliver in four main areas:

- identify key opportunities and evidence-based approaches that would deliver better health outcomes and reduce health inequalities;
- build capacity within organisations that would improve sustainability of services and embed a culture of promoting healthy weight;
- promote and advance collaboration that would develop multi-disciplinary working and allow a coordinated approach to system wide change, in order that tackling obesity is on everyone’s agenda and each recognises the important contribution they make and reduce health inequalities and improve the health of the Suffolk population by enabling practitioners to focus on those most in need through the creation of the right conditions (a functioning system).

Tackling Childhood obesity in Suffolk - Priorities for action

Priority 1:

Improve access to affordable, healthier food for children young people and their families by creating healthy food and drink environments both in and out of home.

Priority 2:

Improve access to safe environments that encourage physical activity participation by children, young people and their families, including active travel.

Priority 3:

Improve support to children and young people to maintain healthy lifestyle behaviours that promote health and wellbeing

Priority 1:

Improve access to affordable, healthier food for children young people and their families by creating healthy food and drink environments both in and out of home.

Aim	Specific action	How it will be measured	Lead organisation	Timescale
1.a Improve knowledge and understanding of the impact of sugar on health through effective health promotion.	I - Deliver a social marketing campaign that asks children and young people to commit to giving up or reducing their consumption of sugary drinks.	Record uptake and review number of schools involved at quarterly performance meetings.	OneLife Suffolk	February 2019
	II - Promote Change4Life Sugar Swaps encouraging more children and their families to make four simple Sugar Swaps to tackle different 'sugar occasions' in the day: e.g. The Breakfast Swap, the Drink Swap, the After-School Swap, and the Pudding Swap.	Record uptake and review number of young people making sugar swaps captured through One Life School Programme questionnaire.	OneLife Suffolk	February 2019
	III - Support local organisations across Suffolk to become "Sugar Smart" and develop their own campaigns and initiatives to reduce sugar consumption.	Number of applications for sugar reduction fund.	Public Health	June 2019
1.b Increase access to healthier options enabling a lower or reduced sugar option to be made	I - Work with school meal providers to provide healthier and lower sugar options and to increase the uptake of school meals, particularly for those entitled to Free School Meals.	Reduced levels of sugar in school meal providers menus.	Public Health	April 2019
	II - Increase uptake of the Eat Out Eat Well healthier food award in cafes, restaurants and other family friendly food business that promote healthier food preparation practices, including reducing sugar in food and providing healthier options for children.	Number of businesses achieving healthier eating award (restaurants, café)	Public Health	March 2020
	II - Implement a Take Out Eat Well award, that rewards takeaway food businesses for reducing sugar, fat and salt content and promotes healthier choices to customers, particularly focussing on takeaways located near to schools or family-based attractions.	Number of businesses achieving healthier eating award (fast food)	Public Health	March 2020
	V - Increase access to drinking water in schools and where vending machines are in use access to healthier and lower sugar food and drink options are available.	Number of schools offering access to water and modifying vending machine options.	One Life Suffolk	August 2019

1.c Continue to develop and deliver prevention messages at scale	I - Increase brief intervention advice training (e.g. Making Every Contact Count) for all those working with children, young people and their families.	Number of health professionals attending MECC training through One Life healthy school awards.	OneLife	August 2019
	II - Ensure we provide healthy lifestyles advice within the educational settings to deliver key health and wellbeing prevention messages.	Number of educational settings involved in One Life healthy school programmes.	OneLife Suffolk and Public Health	August 2019
	III - Improve children's oral health education and support health professionals to provide preventative advice.	Number of children participating in 'keep Suffolk smiling' (KSS) and KSS schools programme.	Public Health	August 2019
	IV - Engage with children and young people to develop their own sugar reduction campaigns and initiatives.	Number of applications to Suffolk foundation.	Suffolk Foundation	May 2019
	V - Improve public awareness, mass media and informational campaigns and social marketing on healthy/unhealthy eating and beverages	Number of campaigns promoted to public.	Public Health / One Life Suffolk	December 2019
1.d Increase the proportion of mothers breastfeeding and introduce solids from 6 months	I - Support acute and community providers to achieve UNICEF Breastfeeding Friendly Accreditation level 3.	Stage of accreditation Community and Acute providers reach.	Public Health	February 2019
	II - Launch and promote a Suffolk breastfeeding app.	% of mothers breastfeeding at initiation, new birth visit and 6-8-week check.	0-19 provider	September 2019
	III - Work with 0-19 service provider to identify best practice around introducing solid food to infants and then implement findings	% of Early Years providers compliant with nutritional standards	Early Help/ Children's Centres	September 2019
1.e Implement a consistent approach to healthy food within Early Years settings	I - Evaluated programmes in place to increase practical food skills, awareness and knowledge of parents/carers to enable them and young children to make healthy choices	% of Early Years providers compliant with nutritional standards	Early Help/ Children's Centres	September 2019

1.f Improve nutrition education and understanding for children and young people	I - Establish school/community-based health and nutrition and cooking skills schemes	Number of schemes running in Suffolk.	Localities and Partnerships Team	September 2019
	II - Increase the number of children who engage with school growing/ gardening projects e.g. Food for Life/Food for Thought	Number of schools/ children who engage with growing/ gardening projects e.g. Food for Life/ Food for Thought	Public Health / One Life	August 2020
	III - Support schools to improve governance about food knowledge and cooking skills. By ensuring the revised School Food Plan is delivered in all educational settings	Number of schools delivering school food plan.	Public Health	August 2020
	IV - Develop and implement a food education programme for looked after children/leaving care and foster carers/adoptive parents	Food education programme for looked after children/leaving care and foster carers/ adoptive parents developed.	Public Health/ CiC nurses	August 2020
	V - Implement a healthy schools programme for both physical activity and healthy eating	Number of schools recruited to One Life programme.	OneLife Suffolk	August 2019
1.g Increase access to healthier food and drink options	I – Support implementation of standards for food and beverages available in schools, including those brought in by children e.g. SSB/energy drinks policy in schools using updated Food Standards, Ofsted Framework (healthy behaviours) and strengthened by Government Buying Standards for Food and Beverages (GBSF).	Developed standards for food and beverages available in schools.	Public Health / One Life Suffolk	September 2019
	II – Increase accessibility in deprived areas to free healthy food available during school holidays including food banks.	Number of people accessing programmes such as 'Fit and Fed'.	Localities and Partnerships Team	September 2019
	III - Increase access to healthier vending options in public institutions, particularly in those settings where there are a high proportion of children, young people and their families amongst the visitors/customers	Number of vending machines adopting healthier options.	One Life Suffolk / Public Health	December 2019
	IV - Promote to children, young people and their families those venues that achieve healthier food awards.	Develop promotion campaign for venues that achieve healthier food award.	Public Health	August 2019
	V - Develop a Suffolk Food Charter that supports the creation of a healthy food environment	Suffolk food charter developed.	Public Health	August 2019

Priority 2:

Improve access to safe environments that encourage physical activity participation by children, young people and their families, including active travel.

Aim	Specific action	How it will be measured	Lead organisation	Timescale
2.a Reduce sedentary behaviour in school and at home	I – Undertake an evaluation of the Active Movement project currently being delivered in Waveney to assess its impact on sedentary behaviour in the classroom and its potential to be rolled-out/promoted more widely to schools across Suffolk.	Changes in activity levels and changes in grip test measurements	Most Active County (MAC)	October 2019
2.b Support children and families to be more active through recreation, travel and play	I - Increase the number of schools in Suffolk delivering the Daily Mile programme.	Number of schools registered for the Daily Mile	MAC	Ongoing
	II - Sustain and extend Fit and Fed provision to impact on holiday hunger, isolation and inactivity.	No. of Fit and Fed sessions delivered. No. of locations. No. of meals served. No. of hours activity delivered.	MAC	September 2019
	III – Assess the impact of the Move It pilot project which offers the opportunity for people to borrow sports and outdoor game equipment from their local library, with a view to rolling it out more widely if it's a success.	Evaluation of programme to measure its effectiveness and uptake.	Library service	September 2019
	IV – Engage with planning teams to understand how mechanisms like CIL and s106 could be better utilised to support the development of sport and physical activity.	Planning teams engaged. Long-term – increased CIL, S106 funding allocated to sport	MAC	July 2019 then ongoing
	V – Utilising the Suffolk-wide Sports Facilities Framework, ensure the facility offer responds to the activity needs of local communities including widening access to school sports facilities for the community where appropriate.	Through county sports facilities framework group	MAC	Ongoing
	VI - Develop and support physical activity programmes which support the needs of children with excess weight.	Part of the One Life community programme offer that is review quarterly for outcomes.	One Life	Ongoing

2.c Continue to support strategies to make walking and cycling the default choice for short journeys	I - Promote active travel to school programmes to increase the number of children and young people walking and cycling to school, including consideration of Sustainable Modes of Travel to School (SMOTS) Strategy. –	Schools signing up to Modeshift STARS and the number of schools going on to achieve a STARS accreditation. Monitoring data from the Modeshift STARS travel plans for pupils on methods of travel to school	SCC Transport Strategy	Ongoing
	II - Increase the number of children that receive Bikeability training.	Number of children receiving Bikeability training and number of schools involved	Mike Motteram	Ongoing
	III – Increase involvement in national campaigns and recognised awareness days such as walk/cycle to school weeks.	Number of campaigns delivered	MAC	Ongoing
	IV - Develop or update school travel policies and engage with local districts/ boroughs to include car parking policies in and around schools	Number of local districts / boroughs engaged, and policies being developed	SCC Transport Strategy	Ongoing
	V - Develop local policy/ community support for active travel programmes	Development of policy	SCC Transport Strategy	Ongoing
	VI – Ensure public health considered in all policies – including active travel for children, young people and their families is embedded in local transport plans	Review of policies	SCC Transport Strategy	Ongoing
2.d Increase the use of outdoor green space for physical activity	I - Support actions to increase local participation in improving the physical environment that would encourage children and young people to be physically active	Monitor participation levels of children based on district and boroughs	District and Borough Councils	Ongoing
	II – Develop a planning protocol to support Public Health’s involvement in the planning process.	Public Health protocol in place	Public Health	December 2019
	III – Influence Suffolk Design to ensure physical activity and active travel are integral to the emerging Suffolk Design Guide.	Inclusion of physical activity as an important consideration in Suffolk design Guide	MAC	Ongoing
	III – Grow the number of parkrun, Great Run Local and junior parkrun events across Suffolk and the number of people participating in them.	No. of parkruns, Great Run Local and junior parkruns. No. of participants	MAC	Ongoing

2.e Ensure an appropriately skilled, paid and volunteer workforce	I - Increase the number of professionals who have received brief intervention training on physical activity and deliver advice, particularly those in healthcare/childcare/education settings	No. of MECC trained individuals Health and social care Childcare Education	Public Health	Ongoing
	II – Influence teaching practice to more effectively develop the building blocks for an active lifestyle amongst primary aged children	Development of workforce strategy for Suffolk	MAC	August 2020
	III – Integrate a physical activity focus in to the annual International Festival of Learning held at West Suffolk College	Physical activity incorporated in IFL programme	MAC	June 2019

Priority 3:

Improve support to children and young people to maintain healthy lifestyle behaviours that promote health and wellbeing

Aim	Specific action	How it will be measured	Lead organisation	Timescale
3.a Support families to achieve and maintain healthy lifestyles	I - Increase the number of schools that adopt a whole school approach to healthy lifestyles	Number of schools engaged with the integrated healthy lifestyle service for: MECC training Healthy lifestyles prevention programme PSHE/school assembly healthy lifestyle NHS health checks	OneLife Suffolk	Ongoing
	II - Increase the number of children, young people and their families accessing family-based weight management delivered in the community	Number of children who complete a tier 2 weight management programme in the community	OneLife Suffolk	March 2019
	III - Increase the number of parents and carers accessing weight management support	Number of adults (parents/carers) who complete a tier 2 weight management programme	OneLife Suffolk	March 2019



3.b Promote a healthy school environment and support all educational settings (from early years to college) to implement approaches that support healthy lifestyles for their pupils	I - Increase the number of schools that adopt a whole school approach to healthy lifestyles	Number of schools engaged with the integrated healthy lifestyle service for: MECC training Healthy lifestyles prevention programme PSHE/school assembly healthy lifestyle NHS health checks	OneLife Suffolk	Ongoing
	II - Increase the number of PHSE/school assemblies delivered by OLS to deliver key health and wellbeing prevention messages	Number of PSHE lessons/school assemblies delivered on healthy lifestyle	OneLife Suffolk	Ongoing
	III - Increase referrals for child weight management support identified through NCMP	Number of referrals to OneLife Suffolk child weight management	CYP / Public Health	September 2019
	IV - Implement a MECC train the trainer programme for heads of kitchens	MECC train the trainer programme for heads of kitchens begun.	OneLife Suffolk	December 2019

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Appendix 2

Priorities for action 18/19

In order to capitalise on current national policies and public interest in sugar reduction, it was agreed that year one (18/19) of this programme of work would focus on priority one and in particular, sugar reduction.

Sugar intake in all population groups is higher than the 5% of total dietary energy intake recommended by the Scientific Advisory Committee on Nutrition. Consumptions of sugar and sugar sweetened beverages (SSBs) is particularly high in school age children, but also tends to be highest among the most disadvantaged. Strategies such as the 20% sugary drinks levy and associated reformulation of drinks is expected to have an effect on sugar intake, however no single action will be effective in reducing sugar consumption.

We therefore have the opportunity to build on national policy and campaigns to increase the impact in Suffolk to positively affect the health and wellbeing of our children. A 10 point Suffolk sugar reduction action plan has been developed (table 1) and submitted to the Health and Wellbeing Board for information (May 2018).

Table 1. Year 1 Priorities for action (2018/19) – Suffolk sugar reduction plan.

Improve knowledge and understanding of the impact of sugar on health through effective health promotion

- 1a. Deliver a social marketing campaign that asks children and young people to commit to giving up sugary drinks for 21 days in an attempt to break the habit.
- 1b. Promote Change4Life Sugar Swaps encouraging more children and their families to make four simple Sugar Swaps to tackle different ‘sugar occasions’ in the day: e.g. The Breakfast Swap: e.g. sugary cereal for plain cereal; The Drink Swap: e.g. from sugary drinks to sugar-free or no-added-sugar drinks; The After-School Swap: e.g. from muffins to fruited teacake and The Pudding Swap: e.g. from ice cream to low-fat lower-sugar yoghurt
- 1c. Support local organisations across Suffolk to become “Sugar Smart” and develop their own campaigns and initiatives to reduce sugar consumption.

Increase access to healthier options enabling a lower or reduced sugar option to be made

2. Work with school meal providers to reduce the sugar content of their menus and to increase the uptake of school meals, particularly for those entitled to Free School Meals.
3. Encourage organisations who provide food to children, young people and their families to provide healthier and lower sugar options e.g. school breakfast/after school clubs; PTA events.
- 4a. Increase uptake of the Eat Out Eat Well healthier food award in cafes, restaurants and other family friendly food business that promote healthier food preparation practices, including reducing sugar in food and providing healthier options for children.
- 4b. Implement a Take Out Eat Well award that rewards takeaway food businesses for reducing sugar, fat and salt content and promotes healthier choices to customers, particularly focussing on takeaways located near to schools or family-based attractions.
5. Increase access to drinking water and where vending machines are in use access to healthier and lower sugar food and drink options are available.



Embed prevention messages at scale

6. Increase brief intervention advice training (e.g. Making Every Contact Count) for all those working with children, young people and their families.
7. Ensure healthy lifestyles advice is embedded within the educational settings to deliver key health and wellbeing prevention messages.
8. Improve children's oral health education and support health professionals to provide preventative advice.
9. Work with early years services to promote healthier food and drink choices, from the point where solid foods are introduced.
10. Engage with children and young people to develop their own sugar reduction campaigns and initiatives.

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