



## BRIEFING NOTE

**To:** Health and Adult Social Care Scrutiny Committee

**Title:** Childhood Obesity in Milton Keynes

**Date:** June 2021

**Report Sponsor:** Vicky Head - Director Public Health

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### 1. Summary

- In Milton Keynes, in the last year of primary school in a typical class, ten children out of thirty are overweight or obese, twice as many as thirty years ago. Obesity can have a profound negative impact on children's life chances and health in childhood and in later life.
- Discussions regarding weight often focus on the individual or the family and can be stigmatising. However, whilst genes and individual behaviours do affect risk, the evidence shows that environments in which children live, learn and play profoundly shape people's ability to be active and to eat well.
- To address childhood obesity locally we commission specialist, evidence-based services to support children and their families with weight management.
- To improve children's health at scale in a sustained way, stakeholders and communities need to come together to identify local actions to support people to reach and maintain a healthy weight. For example, in Milton Keynes, outlets that sell less healthy food items (e.g. takeaway outlets, ice cream and burger vans) have restrictions on their operations near schools.

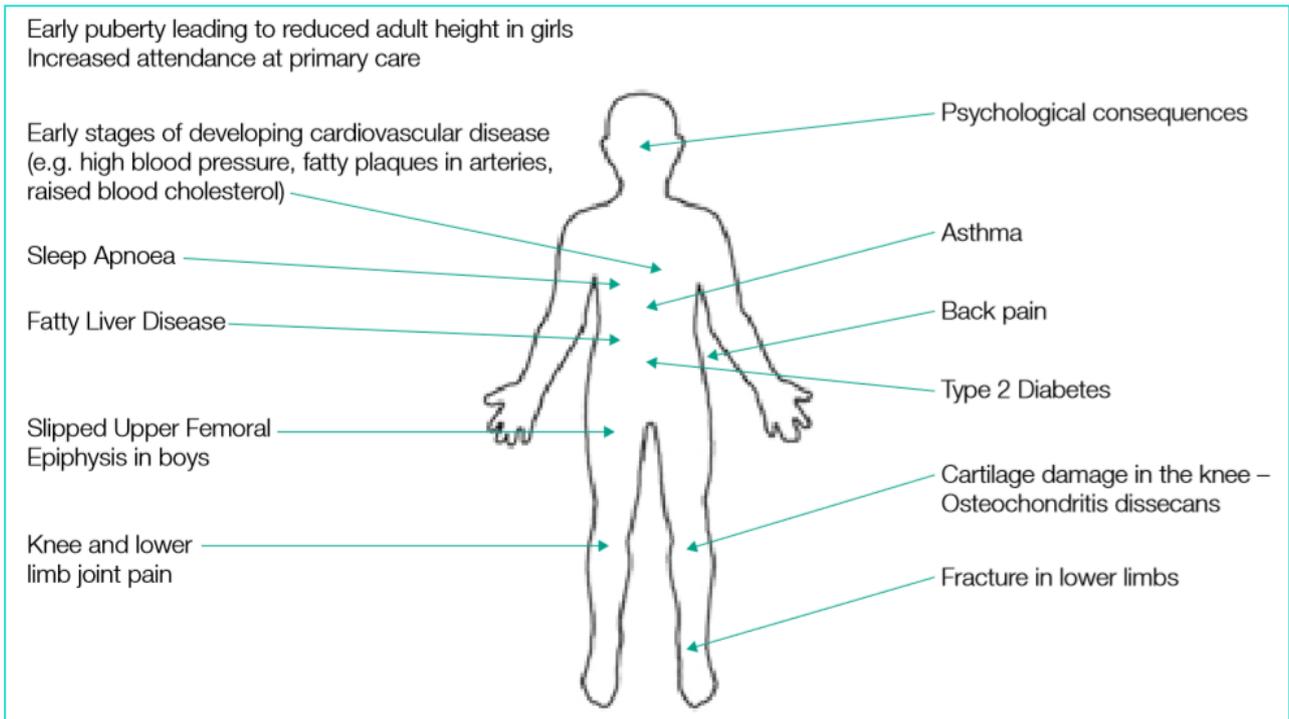
### 2. Impact of obesity on children's health

Children with excess weight are more likely to experience poor health during their childhood as detailed in Figure 1. Increasingly, links between obesity and mental health are recognised<sup>1</sup>. Stigma and discrimination toward children with obesity may result in low self-esteem, bullying and social isolation.

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<sup>1</sup> Rankin J, Matthews L, Cobley S, et al. Psychological consequences of childhood obesity: psychiatric comorbidity and prevention. *Adolescent Health, Medical Therapeutics*. 2016;7:125-146.

**Figure 1 The effects of obesity on children’s physical and mental health.**

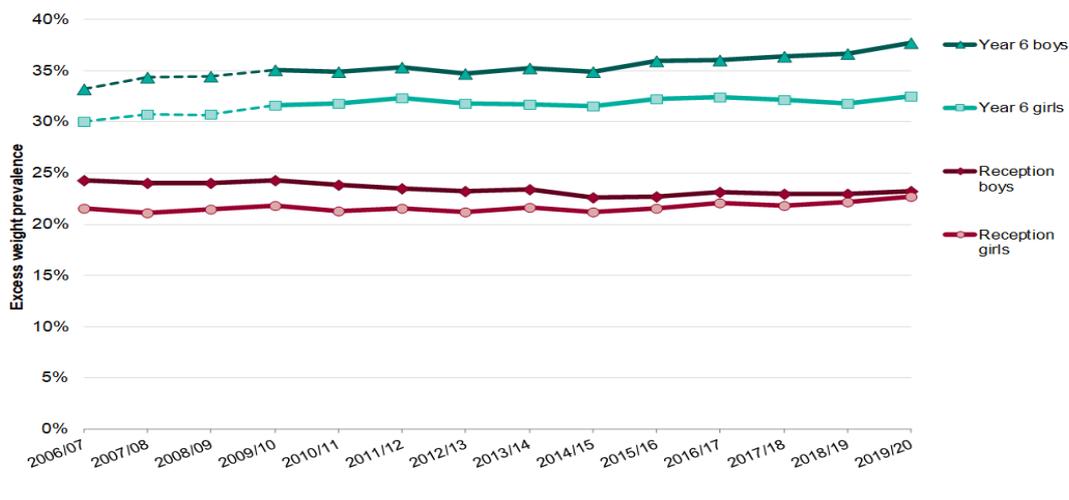


Children with obesity are five times more likely have obesity as an adult<sup>2</sup> and are more likely to develop cardio-metabolic disease, some cancers and musculoskeletal conditions in adult life<sup>3</sup>. Earlier onset of some of these diseases results in more years lived in poor health compared to children who have a healthy weight.

### 3. National and Local Trends in Childhood Obesity

Nationally, 13 years of data shows a downward trend in excess weight (overweight including obesity) prevalence among boys starting school (4-5 year-olds), while the trend among girls of this age is showing a very small, but statistically significant, increase. Excess weight prevalence among boys and girls in at the end of school (10-11 year-olds) shows an upward trend.

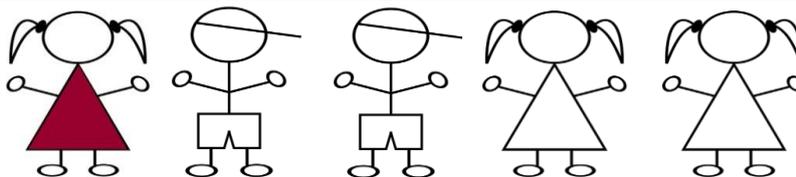
**Figure 1. Prevalence of excess weight by age and sex (2006/7-2019/20)**



<sup>2</sup> Paulis WD, Silva S, Koes BW, van Middelkoop M. Overweight and obesity are associated with musculoskeletal complaints as early as childhood: a systematic review. *Obesity Review*. 2014; 15(1):52-67.

<sup>3</sup> Hayes M, Baxter H, Müller-Nordhorn J, Hohls JK, Muckelbauer R. The longitudinal association between weight change and health-related quality of life in adults and children: a systematic review. *Obesity Review*. 2017; 18 (12):1398-1411.

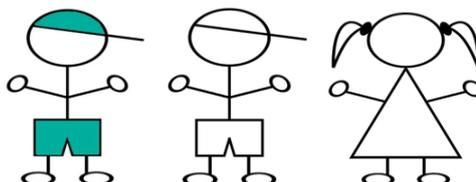
### Starting school in Milton Keynes



In 2019/20 1 in 5 Reception children were overweight or obese in (21.2%)

- Compared to the SE England Milton Keynes has a **similar** excess weight\* prevalence and a **better** prevalence than England
- Excess weight prevalence has decreased slightly from 2018/19 although this increase is not significant.
- This equates to 781 children in reception year classified as overweight or obese out of 3,899 measured.

### Finishing school in Milton Keynes



In 2019/20 1 in 3 Year 6 children are overweight or obese (33.2%)

- This is **similar** to the rest of SE of England, and **better** than the England average.
- Excess weight prevalence decreased slightly from 2018/19 although this is not significant.
- This equates to 1,200 children in Year 6 classified as overweight or obese out of 3,500 measured

\* Children are classified as having excess weight if their Body Mass Index (BMI) is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex. Further information regarding weight classification for children can be seen in Appendix A, Table 1.

### 3.1 Health Inequalities

Excess weight prevalence differs depending on a child's sex, ethnicity and where they live. Below is a summary, for more detailed information please refer to Appendix A, Figure 2.



Boys have higher levels of excess weight than girls, particularly in Year 6.



Children from mixed or black ethnicity groups have higher than average excess weight.



Obesity is directly linked to deprivation; areas with higher levels of deprivation also have higher levels of obesity prevalence. The inequality gap between the least and most deprived wards widens further every year.

### 3.2 Impact of Covid-19 on children's health

There are early concerns regarding the effect of the pandemic on children's health and obesity but it will be some time before data shows the exact extent of the impact. During periods of lockdown maintaining a healthy diet may have been difficult for some, with frequent snacking and potentially limited motivation and control around food<sup>4</sup>.

The number of children and young people who were physically active fell during the 2019/20 academic year in England, as the pandemic restricted the type of activities available. Data shows 44.9% of children and young people (3.2 million) met the Chief Medical Officer guidelines of taking part in sport and physical activity for an average of 60 minutes or more a day<sup>5</sup>. This represents a decrease of 1.9% (86,500) compared to the same period 12 month earlier, although activity levels do remain higher than in 2017/18.

### 4. Causes of childhood obesity

Poor diet and low levels of physical activity are the main causes of excess weight. Individual choice regarding these health behaviours is an oversimplified explanation for excess weight instead, evidence shows that many decisions are made subconsciously and are shaped by the environment in which people live<sup>6</sup>.

Maternal obesity and excess weight gain during pregnancy are risk factors for childhood obesity. Better management of weight gain for these women during pregnancy can help reduce this risk, but the extent to which women receive this is variable. Nationally in 2017 49% of pregnant women attending their first appointment with a midwife were either overweight or obese<sup>7</sup>. In addition, Children who live in a family where at least one parent or carer is obese are more at risk of becoming obese themselves.

### 5. National approach to improving children's health

The Government have committed to halving childhood obesity and reducing inequalities by 2030<sup>8</sup>. Measures include improving the nutritional content of the food and drink our children consume, strengthening the information available to parents about those products and changing the way that unhealthy food and sugary drinks are promoted.

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<sup>4</sup> E. Boyland *et. al.* Obesity, eating behaviour and physical activity during COVID-19 lockdown: A study of UK adults. *Appetite*. 156. 01/01/2021.

<sup>5</sup> Sport England (2020) Active Lives Children Survey Academic Year 2019-20

<sup>6</sup> Marteau TM, Hollands GJ, Fletcher PC. Changing Human Behavior to Prevent Disease: The Importance of Targeting Automatic Processes. *Science* (80- ). 2012;337: 1492-1495. doi:10.1126/science.122691

<sup>7</sup> Making the case for pre-conception care, PHE (2018)

<sup>8</sup> [Chapter 2 childhood obesity plan](#)

## **6. Prevention and reduction of childhood obesity in Milton Keynes**

### ***Policy and Planning***

#### Health Impact Assessment (HIA) Supplementary Planning Document (SPD)

Milton Keynes Local Plan (Plan:MK) now includes policy EH6; requiring residential developments in excess of 50 dwellings to prepare a Health Impact Assessment at pre-application stage which will be reviewed by Public Health. This allows Public Health to influence food provision and promotion of physical activity within proposed developments.

#### Policies to reduce availability of unhealthy options to children and young people

In Milton Keynes from April 2019 street trading (including burger/ice cream vans) involving the sale of food was prohibited within 250m of a school during certain hours. The prohibition applies to all school types and applies to static street traders (i.e. kebab vans) and city wide street traders (i.e. ice cream vans).

Resulting from concern regarding health of school children due to the easy access to unhealthy food options at lunchtimes and after school, the Local Plan or Plan:MK includes Policy (EH8) which restricts the opening of hot food takeaways within 400 meters of a primary or secondary school. It is not yet known how many hot food takeaways this policy has prevented.

#### Eat Out Eat Well

This is a local award recognising businesses for providing healthy options to their menus and can be recommended by the council, although there is no policy mandating it. This programme is currently paused as a result of the pandemic.

### ***Weight Management Services***

MoreLife are commissioned to deliver a suite of weight management services. The contract started in April 2019 runs until March 2022 (with an option to extend for two years). The MoreLife offer includes:

#### Training and support to schools

MoreLife offer bespoke healthy weight support to targeted schools based on local NCMP data. Primary schools are able to access a suite of support focusing on prevention and a whole setting approach including staff training, health campaigns and assemblies. Training regarding 'raising the issue of weight' is also available to primary care.

#### Child & Family Weight Management Services

Pre- pandemic MoreLife offered a 10 week group programme for children and young people aged 5-18 with obesity, throughout the last year this has been delivered virtually via Zoom. The programme has been adapted and now includes recorded physical activity sessions. Provided guidance allows, face to face delivery should resume this month (June). Families can access the programme via referral from a health care professional or self referral.

During the programme the whole family are invited to learn about the importance of healthy eating and physical activity focusing on maintaining a healthy lifestyle, rather than encouraging weight loss. Usually, children attend fun interactive sessions that combine games and learning, while parents work through a separate curriculum. Near completion of

the programme a weight maintenance plan is developed with web-based support. The annual target is 204 families to complete at least 7/10 sessions and for 60% of those participants to maintained or reduced their BMI.

### Healthy pregnancy intervention

In partnership with midwives, health visitors and early years staff MoreLife have developed a healthy pregnancy offer with the aim to reduce the risks and negative health outcomes associated with excess weight in women in pre-conception, pregnancy and postnatal stages. The programme focuses on psychological techniques and participants are encouraged to eat healthily not count calories (as in Tier 2 adult programme). The programme is flexible, allowing participants to select session topics and schedule their one to one Zoom sessions around their lifestyle. Participants are supported through pregnancy as well as up to one year after birth.

### City wide physical activity project- Love Exploring

Love Exploring provides an interactive augmented reality app for use in green spaces and built up areas across MK with an aim to increase PA and a love of exploring the outdoors in MK. This is in development and is funded by Public Health.

Once a resident downloads the app, they can use it to follow trails or games or get information about the local area mainly through computer generated images superimposed on their view through their smart phone camera. The app can be used to encourage intergenerational physical activity through games, walking trails and or to boost the use of local assets such as parks and local amenities including cafes, libraries, museums, recreational centres.

Some examples of proposed plans include:

- A life size Dinosaur Safari where families can follow a local trail to find life sized dinosaurs- this can be part of an intra school competition where schools can compete with number of trails completed, distance their pupils have walked etc
- Guided localised footpath trail routes through parks, using a detailed map of the route which also includes way points (images, audio and video).
- Love exploring customised local map detailing local activities, amenities, historic locations, public artwork, specimen trees, markets, events and local businesses. Each point on the map has its own pin with an image and relevant information (including text, audio and video)

In addition to the above list, there is a large range of active travel (walking and cycling) support to children and schools as well as a range of physical activity opportunities available through the Local Authority.

Looking forward priorities should include

- Increasing the number of referrals to weight management services with a focus on deprived and ethnic minority populations
- Working with stakeholders and communities to restart pre-covid work to focus on local actions to reduce obesity (Whole Systems Work)
- Re-starting the National Child Measurement Programme in September to allow us to effectively monitor the local picture of children's health

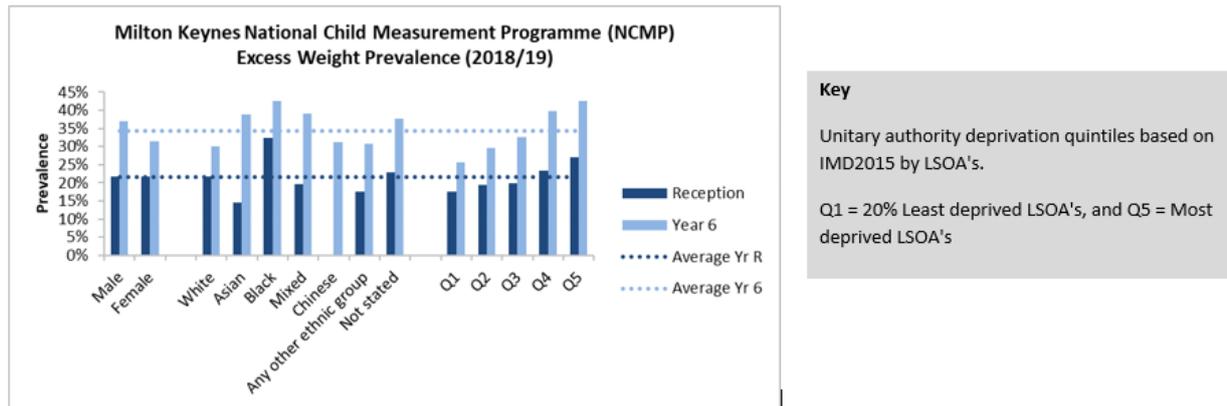
## Appendix A

**Table A1 Classification of weight status for children and young people**

| Classification   | BMI Centile (for clinical assessment) |
|------------------|---------------------------------------|
| Very underweight | ≤0.4th centile                        |
| Underweight      | ≤2nd centile                          |
| Healthy weight   | >2nd - <91st centile                  |
| Overweight       | ≥91st centile                         |
| Obese            | ≥98th centile                         |
| Extremely obese  | ≥99.6th centile                       |

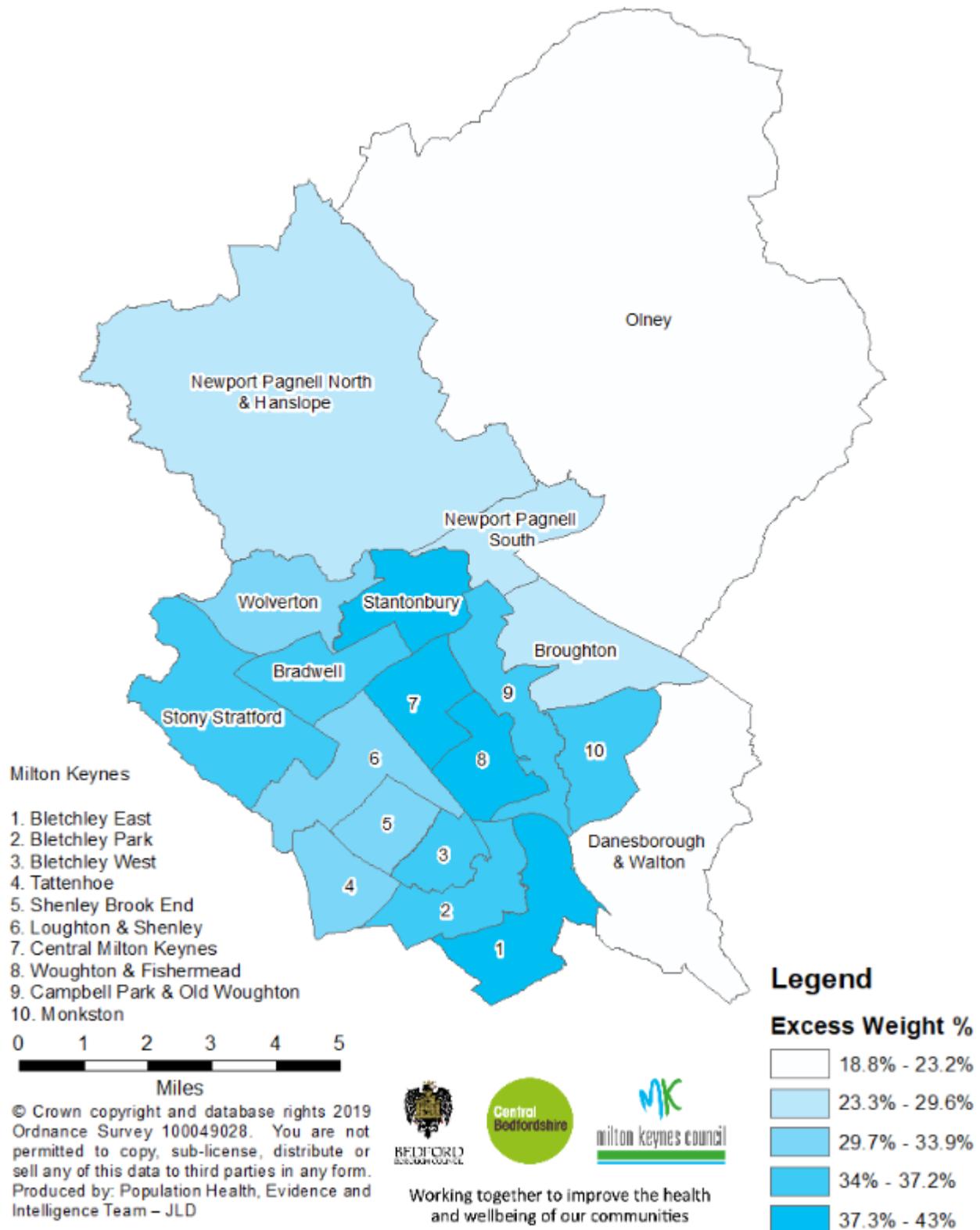
As defined in UK90 BMI Chart

**Fig 2. Milton Keynes NCMP Excess Weight Prevalence 2018/19 by gender, ethnicity and deprivation**



Source: Local dataset, Public Health - Public Health Evidence and Intelligence

# NCMP Programme 2016-17 to 2018-19 Excess Weight 3yr Aggregated data by Child Electoral Ward (Year 6)



# NCMP Programme 2016-17 to 2018-19

## Excess Weight 3yr Aggregated data by Child Electoral Ward (Year R)

