# Children living with obesity in Leeds: A review of epidemiology, strategy, insight and evidence-based interventions

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## 1. Purpose and Background

The purpose of this report is to help inform decision makers to understand the current evidence base alongside local population needs when reviewing opportunities to commission evidence-based children living with overweight and obesity public health programmes.

### 1.1 Why it is important

The World Health Organization (WHO) considers children living with obesity to be one of the most serious public health challenges of the 21st century and it remains one of the biggest health challenges this country faces. Governments have been grappling with children living with obesity since the 2000s, with limited success. In 2018, our National Government set a target to halve child obesity levels by 2030.

Living with obesity is a significant health issue for all ages contributing to both physical and mental ill health and reducing the number of years spent in good health and reduced life chances. Children living with overweight and obesity are more likely to experience bullying, stigmatisation and low self-esteem than other children as well as greater levels of school absence. Half of parents don't recognise their children are living with overweight and obesity.

We know once weight is gained, it can be difficult to lose and children living with obesity are five times more likely to become adults living with obesity. Obesity is a leading cause of serious diseases such as type 2 diabetes, heart disease and some cancers. Obesity also doubles the risk of dying prematurely and adults living with obesity are more likely to be living with conditions like depression.

These conditions incur a huge cost to the long-term health and wellbeing of the individual, the NHS and the wider economy. A recent study by Frontier Economics, (2022) has strengthened the case for tackling obesity by quantifying the huge economic costs associated with its impacts on individual quality of life, as well as the pressure it puts on health care services and the wider economy. The report estimated that the annual cost of adult obesity to UK society is around £54bn, roughly equivalent to 2-3% of GDP. According to the frontier Economic report the NHS spends around £6.5 billion a year on treating its consequences.

Obesity is complex and there are many factors that contribute to and influence body weight. During the COVID -19 pandemic it saw an unprecedented increase in obesity prevalence among children, which suggests was a side-effect of the pandemic. This rise may be hard to reverse but we will only fully undertsand as data is collected over the coming years.

There is a clear link between children living with obesity and deprivation and children living in deprived areas are more likely to be obese. This will have an impact on their health outcomes and it needs to be considered when delivering health interventions.

There are three providers currently commissioned by Public Health which deliver a community approach to supporting children living with overweight and obesity and their families to form the family healthy living programme in Leeds.

Each of the organisations are embedded within the local communities across Leeds, are trusted, and recognised, engage extremely well with the targeted children, and usually exceed the key performance indicators. The providers provide good value for money as they use this Leeds City Council investment to lever further funding to enhance their healthy living work with local families and they jointly apply for additional funding.

## 2. Health Data

The World Health Organization (WHO) data indicate that the UK has some of the highest rates of obesity and overweight children in western Europe. (WHO Report, 2022)

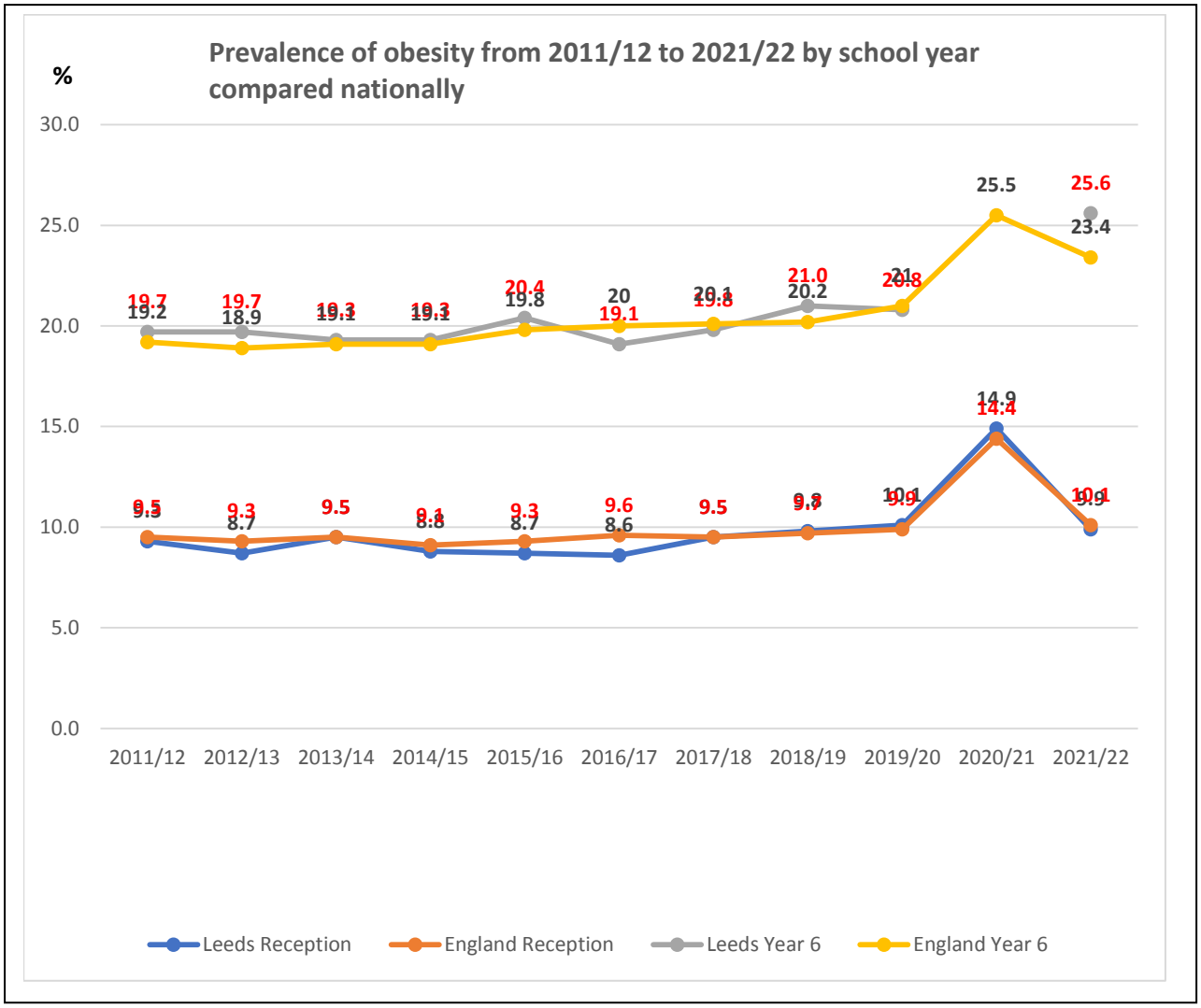
Child obesity rates have consistently remained high over the last ten years across England and remain a national and local priority.

### 2.1 Leeds National Child Measurement Programme

The prevalence of obesity rates among **Reception** children for Leeds in 2021/22 was 9.9%, a statistically significant improvement compared to 2020/21 when the rate was 14.9%. The rate has also slightly improved from pre-pandemic rates (10.1% in 2019/20), however, obesity rates in general remain high when compared with previous years. The rate for the most deprived areas in 2021/22 was 12.6%, which is also a statistically significant improvement from the previous period (19.5% in 2020/21) and is similar to pre-pandemic rates (12.5% in 2019/20). The inequality gap between those living in the most deprived areas and least deprived areas has slightly increased from 2.4 percentage points in 2019/20 to 2.7 in 2021/22. (Leeds NCMP, 2022)

The prevalence of obesity rates in **Year 6** obesity in Leeds for 2021/22 was 25.1%, this is above pre-pandemic levels (20.8% in 2019/20) and is higher than the national average (23.4%). Data for deprived areas was 31% (pre-pandemic it was 27.0%), least deprived it was 15.2% (pre-pandemic it was 13.4%). Obesity rates for Year 6 children were not available at Leeds level for the previous period (2020/21) due to the very low sample size and school closures during COVID-19. The gap between Leeds and the most deprived areas was 6.2 percentage points pre-pandemic, this

has reduced to 5.9 percentage points in 2021/22, however this is in part due to the slight increase in rates seen in the least deprived areas. (Leeds NCMP, 2022).




Note: Year 6 Leeds data is not available for 2020/21 because of low numbers of children measured due to Covid-19 related school closures.

There is a strong association between deprivation and children living with obesity. Children living in the most deprived areas are twice as likely to be living with obesity than children living in the least deprived areas. In 2020/21, in England, 13.6% of 4 to 5 year olds in the most deprived areas were classified obese compared with 6.2% of children living in the least deprived areas – a gap of 7.4%. At ages 10 to 11, the gap was greater, with 13.5% in the least deprived areas and 31.3% in the most deprived – a gap of 17.8%.

Stark inequalities in children living with obesity levels exist across Leeds. For example, Reception Year school children lowest obesity rates found at ward level was 5.7% compared to highest rate of 13.3%. This demonstrates at least twice the

rate of children living obesity in the most deprived wards compared to the least and this is replicated with Year 6 Leeds school children. (Leeds NCMP, 2022)

### 2.2 Leeds Children and Families Health Needs Assessment (HNA)

This Needs Assessment aims to provide a wide range of local data on topics such as poverty, housing, sexual health, mental and emotional wellbeing and children living with obesity. It provides a snapshot of information that describes life for children and families in Leeds in 2022. It has been developed in partnership with colleagues from across the city and brings together existing knowledge and data from a national, regional and local level into a single document. The data collected from the national child measurement programme 2020-21 on prevalence of child obesity was used in this report.

### 2.3 World Obesity Atlas 2023

The **World Obesity Atlas 2023**, provides a forecast of estimates for the prevalence of obesity up to 2035 for adults, children and adolescence across the World. The estimates for the continuing increase in obesity prevalence are based on published trends from 1975 to 2016.The period from 2020 to 2022 was marked by extensive restrictions or 'lockdowns' in many countries that appear to have increased risk of weight gain by curtailing movements outside the home, exacerbating dietary and sedentary behaviours linked to weight gain, and significantly reducing access to care. In addition, many national surveys and measurement programmes which monitor weight and weight gain were halted. A rise in obesity prevalence, which appears to have occurred especially among children, may prove hard to reverse, and suggests that a side-effect of managing the COVID-19 pandemic is a worsening of the obesity epidemic.

No country has reported a decline in obesity prevalence across their entire population, and none are on track to meet the World Health Organization's (WHO) target of 'no increase on 2010 levels by 2025'. But following the introduction of new comprehensive WHO recommendations adopted in 2022 that may help many countries. We now need to increase efforts to prevent, manage and treat obesity throughout the life course.

This Atlas predicts for UK children between 2020 to 2035 there will be an annual increase of 2.8%. Please note this report acknowledges there are some limitations and estimates are based on current obesity trends during the COVID-19 pandemic so may alter some of the projections.

## 3. Local Insight Work

### 3.1 Child Friendly Leeds

The 2022 Child Friendly Leeds 12 Wishes were updated last year as part of their 10 years celebration and were based on the findings and priorities identified from the review consultation data and top issues voted for from citywide elections, ballots, and consultation work over the last three years from over 80,000 children and young people. These Child Friendly Wishes show the importance of health to the children and young people of Leeds and is a key priority demonstrated by Wish number 9 which is about health choices and physical activity – '*Children and young people have the support and information needed to make healthy choices. They have opportunities for regular physical activity'.*

### 3.2 Secondary age weight management perceptions

Public Health commissioned Leeds Beckett University to complete a piece of research; exploring perceptions of weight management among secondary age children and young people in Leeds to provide insight into what weight management approaches may best support young people to maintain a healthy weight, improve resilience and prevent obesity.

Phase one was a rapid evidence review aimed to identify papers which explored the effectiveness of weight management interventions for the treatment of overweight and obesity in secondary age children. The review highlighted that the evidence base for secondary age children is limited at both national and international levels. It demonstrated that single and multi-component approaches can produce small to medium treatment effects, but further research is needed to understand the longevity of impact and which intervention components are most effective at inducing both short- and longer-term weight loss.

The phase 2 qualitative project revealed that maintaining a healthy weight and good overall wellbeing is important to secondary age children in Leeds. However, for young people who currently struggle to maintain a healthy weight, access to support services was noted to be limited. Specifically, among secondary age children healthy weight maintenance barriers to physical activity included access, confidence and cost, as well as diet influences, resilience and support. Parents/guardians noted physical activity access and support, as well as diet cost, knowledge and time to be key barriers to healthy weight maintenance among secondary age children. The importance of recognising inequalities was also highlighted through case study interviews with Black, Asian and ethnic minority, high deprivation and intellectual/physical disability subgroups. Results highlighted a need to explore ways to more effectively discuss, describe and teach topics of health inequality and look at ways to explore such topics

in ways that are not stigmatising or fatalistic but that encourage positive health behaviour change.

**Learning outcomes and recommendations**

1. Development of interventions across a variety of settings (e.g. community, clinical, school, etc) which include coproduction with adolescents, families, and professional stakeholders to ensure they meet the needs of the adolescent population. This should explore acceptability of, and preference for, different intervention formats, intensity, and duration.
2. Provision of content which addresses psychological issues such as bullying, self-esteem, body image, and emotional eating.
3. Provision of guidance, advice, and support around parent/child dynamics to provide families with the right tools to achieve behaviour changes and minimise potential family frictions.
4. Provision of a mixture of group and individual support, facilitating the benefits of peer support whilst enabling appropriate tailoring of support based on the circumstances and needs of the adolescent and family.
5. Length of support for adolescents should be provided beyond the 'standard' treatment model of 10-12 weeks, with current community assets being utilised when appropriate. Determination of the format and duration of follow up requires further research.
6. Weight management facilitators should be appropriately trained to competently deliver support in diet, physical activity, behaviour change, and emotional wellbeing. Training should be tailored to the intervention content and based on professional assessment of the level of training required (e.g., accredited training, degree).
7. Weight management intervention pathways should include appropriate training for staff from the broader system such as referrers to identify and discuss weight in a non-judgemental way.
8. Engagement of local community charities, contributors and organisations is warranted to develop further connections with underserved populations to gain interest and insight from young people who wouldn't have been contacted otherwise.
9. To address financial factors and food insecurity, weight management interventions should incorporate skills for meal planning, shopping, and preparation of healthy foods, as well as ease and timeliness of food preparation.

## 4. Strategies and policy context

### 4.1 International

The Ending Child Obesity, (2016) report recognised that many children are growing up in an obesogenic environment that encourages weight gain and obesity. It acknowledged that no single intervention can halt the rise of the growing obesity epidemic and there are critical times in the life-course and that a whole systems approach is required to improve population health and health equity.

Through its Ending Childhood Obesity Commission and having consulted with over 100 WHO Member States, this Commission has developed 6 recommendations to tackle childhood and adolescent obesity in different contexts around the world.

Two out of the six recommendations are relative to this piece of work; *Implement comprehensive programme that promote physical activity and reduce sedentary behaviours in children and adolescents and provide family-based, multicomponent lifestyle weight management services for children and young people who are obese.*

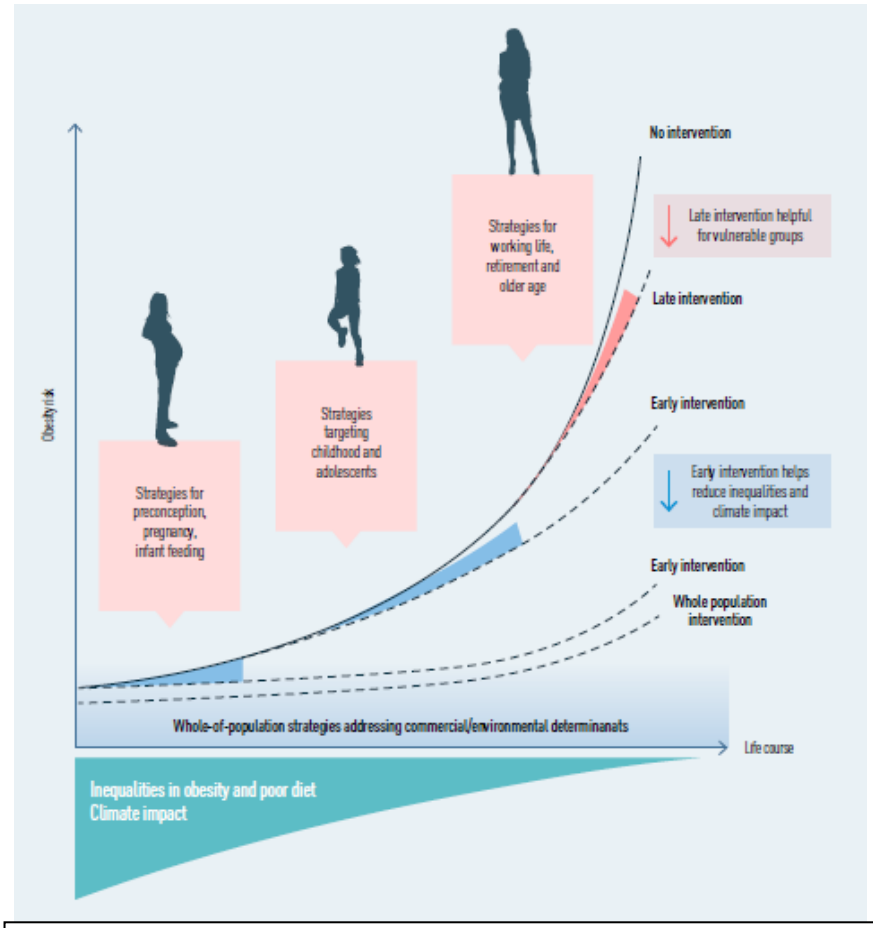
The WHO European Regional Obesity Report, (2022) aimed at policy-makers and stakeholders, responds to the growing challenge and impact of obesity, providing the evidence to date, building on past publications that focus on overweight and obesity in the WHO European Region, and aligning it with initiatives to tackle cancer within Member States.

Policies must be comprehensive, reaching individuals across the life course and targeting inequalities. Efforts to prevent obesity need to consider the wider determinants of the disease and policy options should move away from solely individualistic approaches and address the structural drivers of obesity.

The report concludes by recommending a suite of population-level interventions and policy options that Member States can consider in preventing and tackling obesity in the Region, with an emphasis on building back better after the COVID-19 pandemic.

Two key chapters in this report; 1) *Obesity across the life course* highlights prevention of obesity is key and targeting early life and adolescence are likely to have the greatest health and cost benefits and holds the greatest promise for breaking the intergenerational of obesity and dietary inequalities. Targeting strategies for these specific population groups alongside whole-of-population strategies will provide the comprehensive approach needed to achieve healthy weight goals for example ‘providing socioeconomically vulnerable families with targeted support from health professionals that is culturally appropriate, practical and empowering, and promotes positive parenting’.

Whole of population policy interventions to address obesity, supported by targeted strategies across the life course.




Source: adapted from Godfrey et al. (2010). Reproduced with permission of Elsevier under Creative Commons CC-BY-NC-ND license (119)

The second chapter of interest is chapter 9 *Management of obesity which* acknowledges behavioural interventions for children should be multicomponent such as healthy eating and diet interventions, physical activity and sedentary behaviours as recommended approaches.

### 4.2 National

The Department of Health & Social Care is responsible for setting and overseeing obesity policy in England. In 2016, it published the first chapter of a new childhood obesity plan (**Childhood Obesity: A plan for action, Chapter 1**). The Plan aimed to significantly reduce England's rate of childhood obesity over the next 10 years. The second chapter of the plan was published in 2018 and aimed to halve childhood obesity and reduce the gap in obesity between children from the most and least deprived areas by 2030. It also aims to reduce the gap of children living with obesity between children from the most and least deprived areas by 2030, though a target was not set.

Local authorities are responsible for improving the health of their local population and for delivering public health services, including reducing children living with obesity, for which they receive an annual ringfenced public health grant from government. Local authorities must ensure the National Child Measurement Programme, a mandated public health function is implemented.

On 27 July 2020, the government announced a new strategy **Tackling obesity: empowering adults and children to live healthier lives**. This was partly in response to evidence indicating that people living with overweight or obesity who contract COVID-19 are more likely to be admitted to hospital, to an intensive care unit and to die from COVID-19 compared with those of a healthy body weight. It set out a comprehensive package of measures to help people take control of their own future by losing weight, getting active and adopting a healthier lifestyle. This strategy focuses on empowering adults but does state their commitment to halving childhood obesity by 2030. It also reiterates the measures from the previous childhood obesity strategy such as banning the advertising of foods high in fat, sugar or salt (HFSS) products being shown on TV and online before 9pm and legislating to end the promotion of HFSS foods by restricting volume promotions such as buy one get one free.

The **Foresight Tackling Obesities Report: (2007)** examined and analysed the issues of obesity based on scientific evidence, research, and consulting with experts**.** The causes of obesity are extremely complex encompassing biology and behaviour but set within a cultural, environmental and social framework. This report acknowledged a whole system approach and that a broad set of integrated policies and interventions are required at population and local level from production and promotion of healthy diets to redesigning the built environment. There is no single solution to tackling such an ingrained problem and local action to promote healthy weight in children, young people and families requires a set of coordinated collaborative approaches to support change.

Preventing obesity requires changes in the environment and organisational behaviour, as well as changes in group, family and individual behaviour. Behaviour change is an important component of any response to obesity.

**The Public Health Outcomes Framework (PHOF)** sets out a vision for Public Health to improve and protect the nation's health and improve the health of the poorest fastest. It outlines two high-level outcomes:

- **Outcome 1: Increased healthy life expectancy** *Taking account of health quality as well as length of life*

- **Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities** *through greater improvements in more disadvantaged communities*

The following PHOF primary indicators are relevant:

- Reception: Prevalence of overweight (including obesity) (C09a)
- Year 6: Prevalence of overweight (including obesity) (Co9b)
- Percentage of physically active children and young people (C10)

### 4.3 Local Strategies

**Leeds Child Healthy Weight Plan** sets out the contribution that Leeds Local Authority and key partners will deliver to promote child healthy weight with the vision every child in Leeds will be a healthy weight.

The key principles that underpin the plan are:

- All children will have access to what they need to be a healthy weight and all care givers will feel confident and be equipped to raise their child to be a healthy weight.
- Families who are most at risk will be identified early and well supported by a highly skilled workforce.
- Leeds will be the best city to raise a family to be a healthy weight.

The Child Healthy Weight Plan describes a whole system preventative programme from pregnancy to 19 years old which aims to ensure every child in Leeds is supported to achieve a healthy weight. It sets out the contribution that Leeds Local Authority and key partners will deliver to promote child healthy weight and reduce children living with obesity.

The overall outcomes for the programme are:

- Leeds is a city which supports families to be a healthy weight.
- All children will have the best start to achieve a healthy weight.
- The causes that put particular groups of children at higher risk of an unhealthy weight will be addressed.
- All children and families will have information and support and access to a skilled workforce to enable them to be a healthy weight.
- Children who are an unhealthy weight will be identified early and supported.
- Key Leeds stakeholders will work with the government and other bodies to shape national policy and practice.

**Leeds Children and Young People Plan – 2018-2023** This is a framework for Leeds to be the best place for children and young people to grow up and to be recognised as a child friendly city. Through this vision it aims to invest in children and young people, their families and their communities to help build a more prosperous and successful city. This Plan contains one of the five outcomes is that we want all of

children and young people to enjoy healthy lifestyles which includes encouraging physical activity and healthy eating.

**Health and Well-Being Strategy 2016-2021**- Leeds has an ambition to be the Best City in the UK for Health and Wellbeing. Organisations across the city work together under the leadership of the Health and Wellbeing Board with the vision to create a healthy and caring city for all ages, in which people who are the poorest improve their health the fastest.

**Best Council Plan 2020-2025** – Tackling poverty and reducing health inequalities Our ambition is for Leeds to be the best city in the UK: compassionate and caring with a strong economy; which tackles poverty and reduces inequalities; working towards being a net zero carbon city by 2030.

## 5. Evidence base

### 5.1 How can local authorities reduce obesity? Insights from National Institute Health Research (NIHR)

This themed review identified 143 NIHR-funded studies on obesity that are relevant to local authorities. An array of interventions, settings and study types were considered to provide insights to support local decision making. In this Review, it covered areas in which local authorities can take action:

- Influencing what people buy and eat
- Encouraging healthy schools
- Expanding access to public sports and leisure services
- Promoting active workplaces
  Providing weight-management programmes
- Designing built and natural environments
- Enabling active travel and public transport
- Preventing obesity in children and families
- Embracing system-wide approaches

The research in preventing obesity in children and families found the majority of interventions largely focused on encouraging children to change their individual behaviours by eating more healthily and being more physically active. Interventions that include diet or physical activity components, or both, have been shown to reduce the risk of obesity in children aged 0 to 12 years, and do not worsen health inequalities. However, most studies have reported at 12 months or earlier, so the long-term effectiveness of these interventions is not known. (2) Support for physical activity alone can prevent obesity in children aged 6 to 12 years. (Brown et al, 2019) However, there is no evidence to support the use of behavioural interventions on diet alone (Brown et al, 2019) Health is not a motivating factor for adolescents aged 13-14; they are unlikely to engage in approaches designed solely to improve health.

Approaches that align with their values and priorities – such as being with their friends and doing things they enjoy – are more likely to succeed. (Strommer at al., 2021)

### 5.2 Childhood obesity: is where you live important? (The Nuffield Trust)

This report looks at the association the neighbourhoods, communities and their characteristics have with children living with obesity. This research highlighted the complexity of the pathways that lead to children living with overweight and obesity. It has used public data, covering the entire population using adjusted regression models to look comprehensively at the associations in relation to each other rather than as simple associations.

The analysis found that the upper-tier local authorities with the highest percentage of children living in low-income families had on average 6.9% more Year 6 children (10-11 year olds) living with overweight and obesity than those with the lowest percentage. It also highlighted the following:

- Local authorities with the highest percentage of under-fives living in households in receipt of out-of-work benefits had, on average, 3.5% more overweight or obese Reception children than those with the lowest percentage
- Local authorities with the lowest breastfeeding rates had, on average, 1.9% more overweight or obese Reception children than those with the highest rates
- Local authorities with the lowest percentage of adults who are active had, on average, 2.9% more overweight or obese Year 6 children than those with the highest percentage
- Local authorities with the highest percentage of under-fives living in areas with poor access to passive green space had, on average, 1.8% more overweight or obese Reception children than those with the lowest percentage
- Local authorities with the lowest percentage of adults walking for leisure had, on average, 1.6% more Reception children and 1.8% more Year 6 children who were overweight or obese than those with the highest percentage.

In conclusion, this analysis demonstrated the importance of societal and environmental factors and that certain populations based on their socioeconomic and demographic status are more at risk of living with overweight and obesity. These areas should be a priority for further research or where interventions may be best targeted. It also recognised the complexity of children living with obesity and therefore the need for several approaches that are driven both nationally and locally are needed and require joined-up thinking and integrated implementation. It recommended targeted, culturally appropriate responses are also required to support these high-risk populations and individuals.

## 6. Conclusion

Children living with obesity remains one of the most serious public health challenges of the 21st Century and nationally we have a target to halve child obesity levels by 2030. There has been limited success over the last 20 years to halt the rise or even to reduce child obesity rates.

The National Child Measurement Programme (NCMP) provides valuable local data of obesity prevalence and trends which allows us to monitor and assess how we are addressing our local challenges and it allows us to inform service planning to ensure services and programmes are provided in areas of greatest need.

Public health has provided child weight management services and programmes to support children living with obesity using evidence base, local insight and feedback and experience from experts.

The commission of the family healthy living programme must continue to be driven by both local evidence base and best practice. It must continue to deliver in a community approach, strengths based, solution focused and non-weight stigma way, working together with children and families.

Children living with obesity remains high and there are certain groups of children who are disproportionately affected; children living in the most deprived wards, low-income families, children from ethnically diverse groups, children living with disability and inequalities are increasing.

Our current providers have successfully engaged with these high-risk groups, which are often difficult groups to engage and encourage to uptake programmes. It is important weight management programmes offer a range of opportunities to children and families including physical activity, healthy eating and cooking to increase their knowledge, skills and confidence to lead a healthier lifestyle.

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## 8.0 Appendix

### 8.1 Evidence base guidance

**National Institute for Health and Care Excellence (NICE) guidance**

Obesity prevention (CG43): this guideline covers preventing children, young people and adults becoming overweight or obese. It outlines how the NHS, local authorities, early years' settings, schools and workplaces can increase physical activity levels and make dietary improvements among their target populations. Published in December 2006 and last updated in March 2015.

Obesity in children and young people: prevention and lifestyle weight management programmes (QS94): this quality standard covers preventing children and young people (under 18) from becoming overweight or obese, including strategies to increase physical activity and promote a healthy diet in the local population. It also covers lifestyle weight management programmes for children and young people who are overweight or obese. It describes high-quality care in priority areas for improvement. Published in July 2015.

Obesity: identification, assessment and management (CG189): this guideline covers identifying, assessing and managing obesity in children (aged 2 years and over), young people and adults. Published in November 2014.

Weight management: lifestyle services for overweight or obese children and young people (PH47): this guideline covers lifestyle weight management services for children and young people aged under 18 who are overweight or obese. It advises how to deliver effective weight management programmes that support children and young people to change their lifestyle and manage their weight. Published in October 2013.

Obesity: working with local communities (PH42): this guideline covers how local communities, with support from local organisations and networks, can help prevent people from becoming overweight or obese or help them lose weight. It aims to support sustainable and community-wide action to achieve this. Published in November 2012 and last updated in June 2017.

### 8.2 Other Sources

Tier 2 lifestyle weight management service specifications, Weight management: guidance for commissioners and providers and Family weight management: changing behaviour techniques: guides to support the commissioning and delivery of tier 2 weight management services for children, families and adults.

Promoting healthy weight in children, young people and families: resource to support local authorities: a resource to support local authorities, NHS commissioners and providers, voluntary and community sector organisations to take action to reduce obesity. Includes practice examples to promote healthy weight for children, young people and families as part of a whole systems approach.

Making obesity everybody's business: A whole systems approach to obesity: this briefing focuses on the Whole Systems Obesity programme, which will provide local authorities with a different approach to tackling obesity. The programme is exploring the evidence and local practice to develop guidance and tools to help councils set up a whole systems approach to obesity in their local area.