

3.7 Child Healthy Weight

Improvement Project Title – Reducing Childhood Obesity
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Aim statement Reduce child obesity at Primary 1 stage by 10% by 2022
Link to Local Outcome Improvement Plan Stretch Outcome 3: 3.2 - Improving health and reducing inequalities Stretch Outcome 11: 11.4 - Encouraging adoption of healthier lifestyles Reduce % of men and women who are obese to 20% by 2021.
Why this is important Everyone has a role to play in contributing to reducing obesity levels in Scotland. The NHS has an obvious role in the clinical treatment of obesity; however, many other partners can contribute to supporting individuals and communities to achieve and maintain a healthy weight. In the UK, Leeds is the only city to report a reduction in childhood obesity. Over 4 years, childhood obesity has dropped from 11.5% to 10.5% where the decline has been most notable in those living in deprived areas. There are only a handful of cities in the world which have been successful in reducing childhood obesity. For Aberdeen to be successful in reducing childhood obesity we require commitment across the partnership. We need to take an evidence-based approach and learn from cities which have achieved improvements in childhood obesity. <u>National Context</u> The scale of the problem should not be underestimated. By 2030, it has been projected that over 40% of Scotland's 16-64 year olds will be clinically obese. The Scottish Government's <i>A Healthier Future: Scotland's Diet and Healthy Weight Delivery Plan</i>

(2018) sets the agenda to reshape our environment from one that promotes weight gain to one that supports healthy choices.

The cost of obesity has traditionally been viewed as a NHS problem; however work on the economic burden of obesity shows healthcare is a small proportion of the associated total cost of obesity. Local authority costs are linked to higher levels of employee sickness, providing services and caring for people with chronic disease associated with obesity and the cost to family in terms of poor physical and mental health and the risk of obesity being repeated in future generations.

Obesity also impacts on the mental health and wellbeing of children and young people. Children who are overweight are more likely to have a poor body image, low self-esteem and be the victims of bullying (Dietz WH, 1998).

The recently published Scottish Government *Child Healthy Weight Standards* (2019) provide Health Boards with criteria for tier 2 and tier 3 healthy weight interventions. These are expected to be implemented by the end of March 2020.

Local Context

In Aberdeen, 9% of primary 1 children are at risk of being obese (combined data 2015-2018). Although levels of childhood obesity in Aberdeen have been static over the last 10 years the health inequality gap has widened with children in the most deprived areas of Aberdeen being more likely to be obese (e.g. 8% in SIMD 5 in comparison to 13% in SIMD 1).

In 2010 when Scottish Government set HEAT targets, one of these being to deliver a child healthy weight intervention programme, NHS Grampian developed and delivered the 'Grow Well Choices' programme in all primary schools. Although the programme was well received by both pupils and staff there is limited evidence of the impact the programme had on children's BMI's. The implemented model of NHS Health Coaches delivering the programme was not sustainable and since the withdrawal of NHS Health Coaches there is limited continuation of the programme in schools in Aberdeen. Grow Well Choices Early Years has been a more sustainable programme and is still delivered in nurseries throughout Aberdeen.

In 2013 the Child Healthy Weight Multi-Agency Group was established in the city. In 2017/18 when the group reviewed their membership and action plan, group members agreed that focus should be on encouraging healthy lifestyles. Children, young people and their families need to be informed, able and motivated to make healthy eating and physical activity choices to achieve and maintain a healthy weight. In addition, it was

agreed that disadvantaged individuals and communities are prioritised to contribute towards reducing health inequalities.

Project Rationale

Obesity is a complex health issue to address. Obesity results from individual behaviours such as dietary patterns, physical activity and sedentary behaviour as well as other contributing factors such as the food and physical activity environment, education and skills, and food marketing and promotion (Centers for Disease Control and Prevention, 2019).

There is evidence to show that community-based interventions are successful in supporting child healthy weight. These are multi-component interventions and programmes, typically applied across multiple settings, tailored to the local environment and implemented locally (Population-based Approaches to Childhood Obesity Prevention WHO, 2012). For this reason, a local project team has been established in Middlefield to take forward a co-production approach to identify and implement local child healthy weight solutions. The Child Healthy Weight Multi-Agency Group will project manage other change ideas.

Evidence shows that once children have become overweight or obese it is difficult to reverse this trend. Therefore, in order to reduce childhood obesity it is vital that we prevent childhood obesity in the early years and so this project will focus on supporting families and communities with children under 5 years.

Additional note relating to the impact of COVID-19

People's healthy eating, food shopping and physical activity habits may have been either positively or negatively impacted by COVID-19 and lockdown, and at the moment we do not know the short or long-term effects of this. We do know that food poverty and food insecurity has increased in the city and we can suspect that health inequalities relating to child healthy weight will widen.

The Child Healthy Weight Multi-agency group will need to reconvene to identify ways to harness positive healthy lifestyle behaviours and mitigate against the negative – this may alter change ideas posed within this project charter. We will need to identify how intended change ideas can be delivered within the current physical distancing restrictions. We will need to ensure that the change ideas we progress are sensitive to the challenges that families are facing as we enter the 'new normal' and this may result in longer timescales to implementation.

Measures

- **Outcome measures**

Percentage of primary 1 children (with a valid height and weight recorded) whose BMI is within the top 5% of the 1990 UK reference range for their age and sex

(Baseline 2016/17: 69.4%)

- **Process measures**

Number of families participating in interventions

Number of families reporting behaviour change following intervention

Number of professional undertaking training

Number of organisations/groups sharing child healthy weight key messages

Number of self-sustaining food skills groups

Number of organisations/groups using the child healthy weight resource to deliver child healthy weight messages to families

Number of hits to Food Access App

Change ideas

- Design and deliver a whole family approach intervention for families with children under 5 years old around healthy lifestyles, initially in the Northfield area. Leading to the development of a resource that can be used by partners to deliver child healthy weight messages during group or 1-1 sessions with families.
- Design and deliver practical food skills to families with children under 5 years old, initially in the Northfield area. Leading to the formation of a sustainable food skills group in the community with local parents trained to deliver food skills groups.
- Communication of Key Messages for child healthy weight
- Training for professionals – stigma, perceptions and raising the issue of child healthy weight

Middlefield Specific Change Ideas

- Indoor playground for families with children under 5 at Manor Park Primary School
- Food outlet delivered in partnership with Manor Park Primary School
- 'Food Access App' designed by the Middlefield Community for the Middlefield Community

Potential risks and/or barriers to success & actions to address these

- Limited capacity of partners
- Limited budget
- Poor engagement of families

- Numerous LOIP projects in target area
- Sensitivities and stigma around child healthy weight
- Lack of confidence in professionals to raise the issue of child healthy weight

Project Teams

Child Healthy Weight Multi-Agency Group:

Graeme Dale – Development Manager – Active Communities, Sport Aberdeen

Lauren Mackie – Health Improvement Officer (Schools), ACC

Rachel Thompson – Health Improvement Officer (Children and Young People), ACHSCP

Kyle Hewitt – Project Activator, Sport Aberdeen

Stephen Balfour – Development Worker, CFINE

John Landragon – Catering Manager, ACC

Susan Bailey – Catering Advisor, ACC

Melanie Jaffrey – Play Development Officer, Play Forum

Fiona Cameron – Co-ordinator, Homestart

Middlefield Co-production Group (Under 5's):

Lauren Mackie – Health Improvement Officer (Schools), ACC

Kyle Hewitt – Project Activator, Sport Aberdeen

Eleanor McEwan – General Manager, Homestart

Katy McKay – Trainee Health Visitor, ACHSCP

Sandra Allardyce – Early Years Practitioner, ACC

4x parents from the Middlefield area

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	CHW Multi-Agency Group Identify lead to pilot interventions	April 2019 – August 2019
	Middlefield Co-production Establish Middlefield Co-production Group Mapping of child healthy weight activity in and around the Middlefield area	November 2019 – March 2020

	Plans replicated and spread in other areas of the city (will need to be replication of engagement to give local context)	
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