Introduction

The World Health Organization (WHO) regards childhood obesity as one of the most serious global public health challenges for the 21st century and ending childhood obesity is one of the most complex health challenges facing the international community during this century.

One fifth of children are overweight or obese when they begin school, and this figure increases to one third by the time they leave primary school. Furthermore, the most deprived children are twice as likely to be obese both at Reception and at Year 6 as the least deprived children.

Once established, obesity is notoriously difficult to treat, so prevention and early intervention are very important. Obese children and young people are more likely to become obese adults and have a higher risk of morbidity, disability and premature mortality in adulthood. Public Health England (PHE) summaries the health risks associated with childhood obesity.

Obesity is a consequence of poor diet and a lack of physical activity. Unlike most adults, many children and young people cannot choose the environment in which they live or the food they eat. They also may not understand the long-term consequences of their behaviour. Therefore warrant special attention in national and local strategies and plans to tackle the obesity epidemic.

The National Child Measurement Programme (NCMP) is an important element of the Government’s work programme on child obesity. Blackpool Council has a legal responsibility to undertake the NCMP and every year children in Reception (aged 4–5 years) and Year 6 (aged 10–11 years) have their height and weight measured to inform local planning and delivery of services for children; and gather population-level surveillance data to allow analysis of trends in growth patterns and obesity.

The impact of obesity is also discussed in the sections on adult obesity, healthy eating, diabetes and physical activity.

Facts, figures and trends

The NCMP data collected from Blackpool primary schools in 2017/18 shows:

- 3,083 valid measurements were received for children attending primary schools in Blackpool, 96% of those eligible. This compares with 95% nationally.

Reception:

- 180 (11.8%) children were classed as obese; this was slightly higher than the previous year, 10% in 2016/17.

- This prevalence rate is significantly higher than the national average of 9.5%.

- 414 (27.1%) of the children measured were either overweight or obese (excess weight). This is higher than in 2016/17 (25.7%).

- The prevalence of excess weight is significantly higher than the national average of 22.4%.

Year 6:

- 327 children were obese, a prevalence rate of 22.6%, higher than the previous year (21.1%).

- It is significantly higher than the national average of 20.1%

- 548 (37.8%) of the children measured were either overweight or obese. This is higher than the previous year’s figure of 34.3%.

- Excess weight prevalence is significantly higher than the national average of 34.3%.

- Figure 1 and figure 2 show how the proportion of children who are obese in Blackpool more than doubles between Reception age and Year 6 from 11.8% to 22.6%

- The proportion who are overweight in Blackpool remains broadly similar dor Reception and Year 6 at around 15%.

- Severe obesity in Blackpool is similar to national averages at Reception but significantly higher at Year 6.

Figure 1: Weight classification of Reception age (4-5 years) children in Blackpool and England: 2017/18 (%)
Further analysis by NHS Digital has found that the prevalence of obesity was higher among boys than girls in both age groups and a higher percentage of girls were of healthy weight than boys. As in previous years there was a strong relationship between deprivation and obesity in both age groups and the gap between obesity prevalence for the most and least deprived areas increased over time in both school years.

Changes in children’s body mass index between 2006/07 and 2017/18

Year-to-year variation around the prevalence figures do exist and changes from one year to the next are not always indicative of the long term trend.

Figure 4 shows the trend over time in the prevalence of excess weight (overweight and obese combined) by year of measurement and school age (Reception and Year 6). There is clearly an upward trend in excess weight in school children in Blackpool and this is more evident in the older Year 6 age group where the proportion of pupils who were overweight or obese had increased from 28.5% in 2006/07 to 37.8% in 2017/18, though there had been a decrease in 2016/17 to 34.3%. This is in contrast to the national trend which has seen much lower increases over the same period.

For Reception age children, proportions overweight or obese have increased from 23.6% in 2006/07 to 27.1% in 2017/18. The trend and rates in both age groups were generally in line with national averages until 2011/12 but the trend has been upward for the last five years.

Each coloured point highlighted on the trend lines (Figure 4) represents the same cohort of children in Blackpool who have moved through the school years since the NCMP began. Therefore the children measured in Reception in 2006/07 were the same children who were measured in Year 6 in 2012/13. There is generally a large increase in excess weight between Reception children and Year 6 children, and this is also the case, though more distinct in Blackpool where the proportion overweight and obese has increased by more than 10% as the children have got older, and the gap appears to be increasing.

Figure 4: Trend in excess weight prevalence for Reception and Year 6 showing a cohort comparison, 2006/07 to 2017/18.
Figure 5 shows the overall trend over time in the prevalence of obese children by year of measurement and school year (Reception and Year 6). There is clearly an upward trend in levels of obesity in Year 6 children in Blackpool where the proportion of pupils who are obese has increased from 16.2% in 2006/07 to 22.6% in 2017/18. This is in contrast to the national trend which has shown much lower increases and has levelled out over the last few years. For Reception age children, the proportion obese has increased since 2006/07 but at a much lower rate than at Year 6. The national trend in obesity at Reception age has remained relatively stable over the period of the programme.

It can be seen from the cohort comparison that in Blackpool, obesity is increasing between Reception children and Year 6 children with the proportion classed as obese doubling over the time period and the gap is widening as more Year 6 children are classified as obese.

Figure 6: Trend in prevalence of overweight and obese children, 2006/07 to 2017/18, England and Blackpool

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Source: NHS Digital: National Child Measurement Programme (figures may not sum due to rounding)
At a local level, there is wide variation in excess weight across Blackpool. Combined data from the NCMP, 2015/16 to 2017/18 (Figure 7), shows that excess weight at age 4-5 years ranges from 22% in Highfield to 30.9% in Park and obesity ranges from 4.9% in Bispham to 14.5% in Clifton. Hawes Side has the highest proportion (43.5%) of children with excess weight at Year 6 while Marton has the lowest proportion (27%). Figure 8 shows the local variation in obesity geographically and Figure 9 shows the trend in ward rates of excess weight. Care should be taken when interpreting data at ward level as the numbers of children who are obese in each ward are relatively small and rates do fluctuate over time.

Figure 7: Proportion overweight and obese (excess weight) by ward in Blackpool: 2015/16-2017/18 (3 years combined data)

Source: PHE, National Obesity Observatory, Electoral Ward NCMP child obesity prevalence

Figure 8: % obese in Reception and Year 6 children in Blackpool by ward, 2015/16-2017/18

Source: PHE, National Obesity Observatory, Electoral Ward NCMP child obesity prevalence

Figure 9: Trend in excess weight at ward level in Blackpool, Reception and Year 6 age children (%)

Source: PHE, National Obesity Observatory, Electoral Ward NCMP child obesity prevalence

Perception of own body-image

Data from the Health Related Behaviour Survey 2017 showed 16% of boys and 27% of girls in Year 6 in Blackpool primary schools reported that they worried ‘quite a lot’ or ‘a lot’ about the way they looked.

At secondary school age, 9% of the pupils said they would like to put on weight while 50% wanted to lose weight (63% of Year 10 girls said this). 42% of pupils are happy with their weight as it is. Overall, 50% of pupils in Blackpool said they would like to lose
The What About YOUth? 2014 survey collected information on a range of health behaviours amongst 15 year olds and one of the topics covered was their perception of their own body-image.

Nationally, half (52%) of all young people thought their body was ‘about the right size’. 12% thought they were ‘a bit too thin’, and 2% thought they were ‘much too thin’. Just over a quarter (28%) thought their body was ‘a bit too fat’ and 6% thought they were ‘much too fat’. Perception of body-image varied greatly by gender, with boys being more likely than girls to think they were ‘too thin’, and girls being more likely than boys to think they were ‘too fat’. 18% of boys thought they were ‘too thin’, compared with 8% of girls. In contrast, 46% of girls thought they were ‘too fat’, compared with 23% of boys.

Across Blackpool less than half (46.5%) of 15 year olds think they are the right size, significantly lower than the national average, 52.4%.

Disability and obesity: the prevalence of obesity in disabled children

PHE examines the evidence linking disability and obesity among children and young people. The paper looks at a range of impairments or health conditions associated with disability and explores the main disability-related chronic health conditions that can develop during childhood and adolescence. It also draws attention to the inequalities experienced by children and young people in relation to obesity and disability and highlights implications for policy, practice and research.

PHE, Obesity and disability, children and young people  [390 KB]

While we do not have any Blackpool specific data on obesity in children who have a disability we do know 13% of young people have been diagnosed with a long-standing illness or disability in Blackpool9 and over 700 school children have been identified as having a learning disability.5.

The report from PHE suggests the risk of obesity among children and young people with disabilities may be related to personal factors such as genetic or metabolic complications, diet, levels of physical activity or use of medications with a side-effect of weight gain.

Environmental factors such as inaccessible neighbourhoods and lack of access to recreational facilities and programs may also play an important role in this relationship. It has been suggested that unusual dietary patterns and fewer opportunities to engage in physical activity may be linked to higher prevalence of obesity in children with developmental disorders, and some conditions, such as Prader Willi syndrome, may give children a predisposition to overeat. Children with autism may be averse to certain textures, flavours or colours, leading them to eat a very limited range of foods, while lack of social participation can also trigger feelings of isolation and result in a risk of overeating in children with disabilities.

National and local guidance

Childhood obesity: a plan for action (updated January 2017) is the government’s plan for action to significantly reduce childhood obesity by supporting healthier choices.

Childhood obesity: a plan for action, chapter 2 (June 2018) outlines the actions the government will take towards its goal of halving childhood obesity and reducing the gap in obesity between children from the most and least deprived areas by 2030.

NICE Guideline CG189 Obesity: identification, assessment and management (Nov 2014) offers evidence-based advice on the care and treatment of obesity and new recommendations have been added about low-calorie and very low-calorie diets, bariatric surgery and follow-up care.

NICE Quality Standard Q94 - Obesity in children and young people: prevention and lifestyle weight management programmes (July 2015) covers a range of approaches at a population level to prevent children and young people aged under 18 years from becoming overweight or obese

NICE Guideline PH47 - Weight management: lifestyle services for overweight or obese children and young people (October 2013) makes recommendations on lifestyle weight management (sometimes called tier 2) services for overweight and obese children and young people aged under 18.

NICE guideline [NG7] Preventing excess weight gain (March 2015) covers behaviours such as diet and physical activity to help children (after weaning), young people and adults maintain a healthy weight or help prevent excess weight gain.

NICE guideline [CG43] Obesity prevention (updated March 2015) 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.

Public Health England’s blog posts provide expert insight on the organisation’s work relating to obesity: Childhood obesity: 4 important developments and Changing the obesity landscape – 5 ways we’re taking on one of the nation’s biggest health problems

Services

Blackpool Council's Child and Family Weight Management Programme is a free lifestyle service for families with children aged between 4 and 11 who want help and advice with maintaining a healthy weight. They can help families with:

- Healthy eating advice, including portion sizes, food labelling and hydration
- Family exercise sessions with a dedicated instructor
- A support plan including eating on a budget and cooking at home
- Sessions in the gym and classes, low rope session, climbing wall session and a bouldering wall session.
- 3 months FREE access to Blackpool Council’s sports and leisure facilities on completion of the programme
[1] Dr Margaret Chan, Director-General of the World Health Organization, Opening remarks at the second meeting of the high-level Commission on Ending Childhood Obesity, Geneva, Switzerland, 13 January 2015


[4] PHE, Child Health Profile, Long term conditions and complex health needs

[5] PHE, Learning Disability Profile