

Overview and Scrutiny Committee Topic: Obesity with Child Poverty as an interlinking strategy. Briefing for Frances Chinemana: 30 December 2014

Why obesity is a priority for the Council

The prevalence of obesity in England has trebled since the 1980s. Obesity contributes to the onset of cardiovascular disease, diabetes and cancer. Obesity in adults is expected to continue to rise. The Foresight Report suggested that by 2015, 36% of males and 28% of females aged 21-60 living in England could be obese. Different projections produced by the National Heart Forum suggest that 30% of men and 28% of women may be obese by 2020. In Wiltshire 25.2% of adults are classified as obese, more than in the South West or England. Wiltshire Council commissions and provides a number of interventions for adults and children to achieve a healthy weight.

The impact of obesity in Wiltshire

During 2012/13, Children in Reception Year and in Year 6 in Wiltshire were weighed and measured as part of the National Childhood Measurement Programme (NCMP). In that period 7.6% of Wiltshire Reception pupils measured were found to be obese; this compares to 9.3% for England. In Year 6 15.1% of Wiltshire children were found to be obese; in England the figure was 18.9%. Although this ranks Wiltshire 3rd lowest out of 14 Local Authorities in the South West this is still a significant number of children that are obese. If the proportion of obese children continued to rise, a whole generation could have a shorter average life expectancy than their parents. The Wiltshire NCMP data has been analysed to look at differences between geographies, areas of deprivation and gender. This analysis shows for both Community Areas and Children's Centres that there are some significant variations between areas and from the overall Wiltshire figures.

The consequences of being overweight / obese costs the NHS an estimated 5-6% of the total NHS budget. Beyond these costs there are broader impacts on the economy as a whole from e.g. work hours lost, sick benefits, long term disability issues. The personal and social consequences of obesity include:

- An obese person incurs 25% higher health expenditures than a person of normal weight in any given year.
- Obese people earn up to 18% less than non-obese people.
- A severely obese person is likely to die 8-10 years earlier than a person of normal weight.
- Children who have at least one obese parent are 3 to 4 times more likely to be obese.
- A comprehensive prevention strategy would avoid premature mortality and morbidity and reduce overall costs to health and social care and the wider economy.

Why child poverty is a priority for the Council

Extensive research and data show that children who grow up in poverty face a greater risk of having poor health, being exposed to crime and failing to reach their full potential. This in turn can limit their potential to earn the money needed to support their own families in later life, and so a cycle of poverty is created. Therefore in order to ensure today's poor children are not tomorrow's poor adults child poverty needs to be tackled.

There are a number of recognised health impacts of poverty on child health. These include:

- An association with a higher risk of both illness and premature death.
- Children born in the poorest areas of the UK weigh, on average, 200 grams less at birth than those born in the richest areas.
- Children from low income families are more likely to die at birth or in infancy than children born into richer families.
- Children are more likely to suffer chronic illness during childhood or to have a disability if they live in poverty.
- Poorer health over the course of a lifetime has an impact on life expectancy. E.g. professionals live on average 8 years longer than unskilled workers.

Children are said to be living in relative income poverty if their household's income is less than 60 per cent of the median national income. Essentially, this looks at whether the incomes of the poorest families are keeping pace with the growth of incomes in the economy as a whole.

The impact of child poverty in Wiltshire

Analysis by HMRC demonstrated that in August 2011 Wiltshire had 11,610 children (0-19yrs) living in poverty, which represents 11.4% of children. This is an increase of 400 children (0.4%) in Wiltshire since 2008, which compares well with other local authority areas in the South West of England. However, there is high variability in Wiltshire with pockets of high deprivation found in particular localities and significant deprivation across some vulnerable groups.

What we are doing to address obesity in Wiltshire

In 2015 Wiltshire Council Public Health will be developing an obesity strategy and implementation plan in conjunction with Wiltshire CCG. The strategy will take a life course approach addressing the broad causes and evidence-based approaches to address excess weight in Wiltshire residents.

What we are doing to address child poverty in Wiltshire

The Child Poverty Act, which commits this and future governments to eradicating child poverty by 2020, received Royal Assent in March 2010 tasking local areas to produce a child poverty needs assessment and strategy. The Wiltshire Child Poverty Strategy has been developed by the multi-disciplinary Child Poverty Group which reports to the Wiltshire Children & Young People's Trust Executive. It went to Cabinet in November 2014 and is going to be adopted by full Council in 2015.

The government's consultation document focuses on tackling child poverty through:

- Supporting families into work and increasing their earnings;
- Improving living standards;
- Preventing poor children becoming poor adults through raising their educational attainment.

There are 5 key objectives of the Child Poverty Strategy:

- Objective 1 – Provide effective support to vulnerable families with 0-5 year olds
- Objective 2 – Narrowing the Educational Attainment Gap
- Objective 3 – Develop an inclusive economy that will enable equality of economic opportunity for all

- Objective 4 – Provide locally-focused support based on a thorough understanding of needs
- Objective 5 – Promote engagement with the Child Poverty Strategy and related implementation plan

The relationship between child poverty and obesity

Obesity has been linked to chronic diseases such as diabetes, coronary heart disease, stroke, hypertension, osteoarthritis and certain forms of cancer thus demonstrating the significance of obesity for health and wellbeing. In the UK, as is the case in most other high income countries, obesity is more prevalent in the lowest income quintile.

Whilst the overall NCMP results for Wiltshire are encouraging there is a clear deprivation gradients across all years and measures of weight, which are indicators of inequality within Wiltshire. Melksham and Westbury Community Areas were highlighted as having significantly higher percentages of children who are obese or overweight. Pewsey and Malmesbury had significantly lower percentages of children who were obese.

Intended outcomes from scrutiny involvement

Scrutiny involvement, including a task and finish group, could provide valuable insights by looking at the following issues:

- How the council can have greatest impact on reducing obesity across the life course through its services
- How the consultation process for the obesity strategy can add maximum value
- Developing Area Board ownership of obesity issues, particularly linked to childhood poverty, following adoption of the Child Poverty Strategy and Implementation Plan.

References

- Wiltshire Child Poverty Strategy
- Wiltshire JSA for Health and Wellbeing 2013/14