

North Tyneside Childhood and Adult Obesity Data Set**1. Prevalence of Childhood Obesity: National and Local Data**

1.1. The National Childhood Measurement Programme (NCMP) has collected data on children's weight since 2004 and the programme is a key element of the Government's approach to tackling childhood obesity by annually measuring over one million children in reception (aged 4–5 years) and year 6 (aged 10–11 years) in mainstream state-maintained schools in England.

1.2. The NCMP figures for 2017/18 confirm the overall scale of childhood obesity in England. The data has told a similar story for several years now which is, by the time children get to Year 6 the rate of obese children almost doubles, from 1 in 10 children in Reception to 2 in 10 children in Year 6¹. Table 1 and 2 below presents data from the most recent NCMP (2017/18).

Table 1: NCMP Reception (2017/18)

	% Overweight (including very overweight/severe obesity)	% Very Overweight	% Severe Obesity
England	22.3	7.1	2.4
North East	25.0	8.1	2.8
North Tyneside	24.5	7.8	2.0

Table 2: NCMP Year 6 (2017/18)

	% Overweight (including very overweight/severe obesity)	% Very Overweight	% Severe Obesity
England	34.3	15.9	4.2
North East	37.5	17.6	5.2
North Tyneside	33.9	17.0	3.9
	England Rate	Worse than England	Similar to England

1.3. In North Tyneside the proportion of reception aged children that are overweight is higher than the England average; however North Tyneside has similar rates to England for Year 6 (10/11 year olds).

1.4. In line with the national data the distribution of overweight, obese and severely obese children is spread unequally throughout the borough. Children living in our more deprived neighbourhoods are disproportionately affected as illustrated in figures 1 and 2, which highlights that in reception there is a two-fold increase in prevalence of very overweight (including severe obesity) between the most and least deprived quintiles and whilst the gap narrows in year 6, however there still remains a 45% increase in those in the most deprived quintile compare to the least deprived quintile.

¹ <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/0/gid/8000011/pat/6/par/E12000001/ati/102/are/E08000022>

Figure 1 Prevalence of Very Overweight (Reception) and Deprivation Quintile (2013-18)²

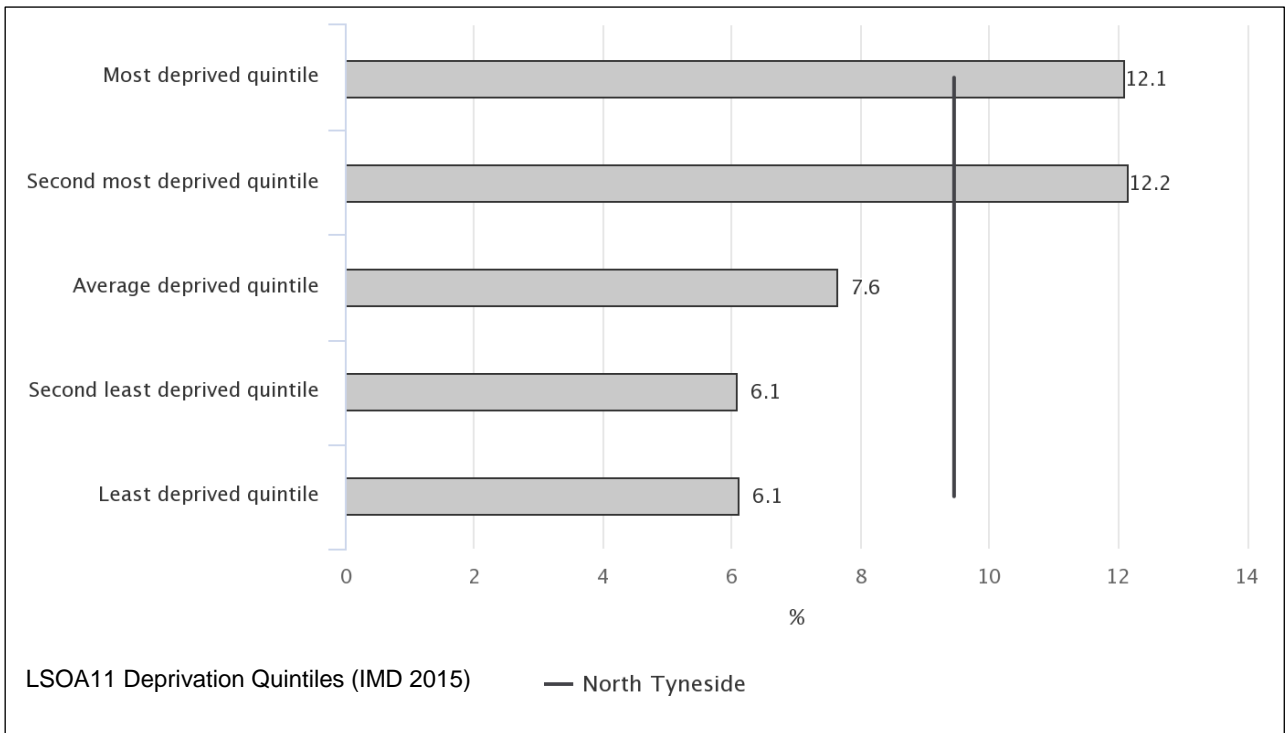
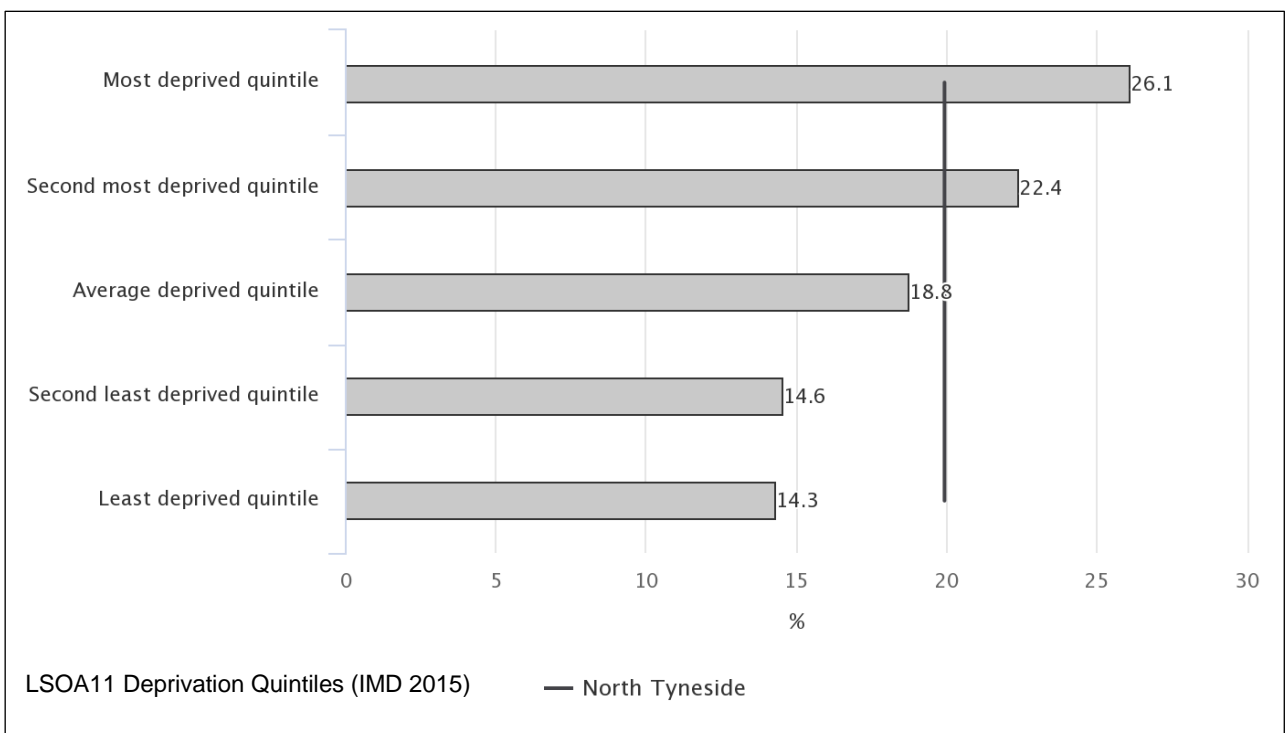


Figure 2 Prevalence of Very Overweight and Deprivation Quintile (Year 6) (2013-18)²



² Source: <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/7/gid/8000011/pat/6/par/E12000001/ati/102/are/E08000022/iid/92026/age/200/sex/4>
 Source: <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/7/qid/8000011/pat/6/par/E12000001/ati/102/are/E08000022/iid/92033/age/201/sex/4>

1.5. Trend data for North Tyneside for both Reception and Year 6 shows that in 2011/13 the prevalence of overweight and obese children peaked at an all-time high of 26% (Reception) and 36% (Year 6). Whereas England and the North East Region have seen an increases in prevalence of overweight and obese children for the same period in North Tyneside there has been a reduction of 6% (Reception) and 7% (Year 6). This data is presented in figures 3 and 4 below³.

Figure 3: Prevalence of Overweight and Obese Reception Age Children (2007-2018)

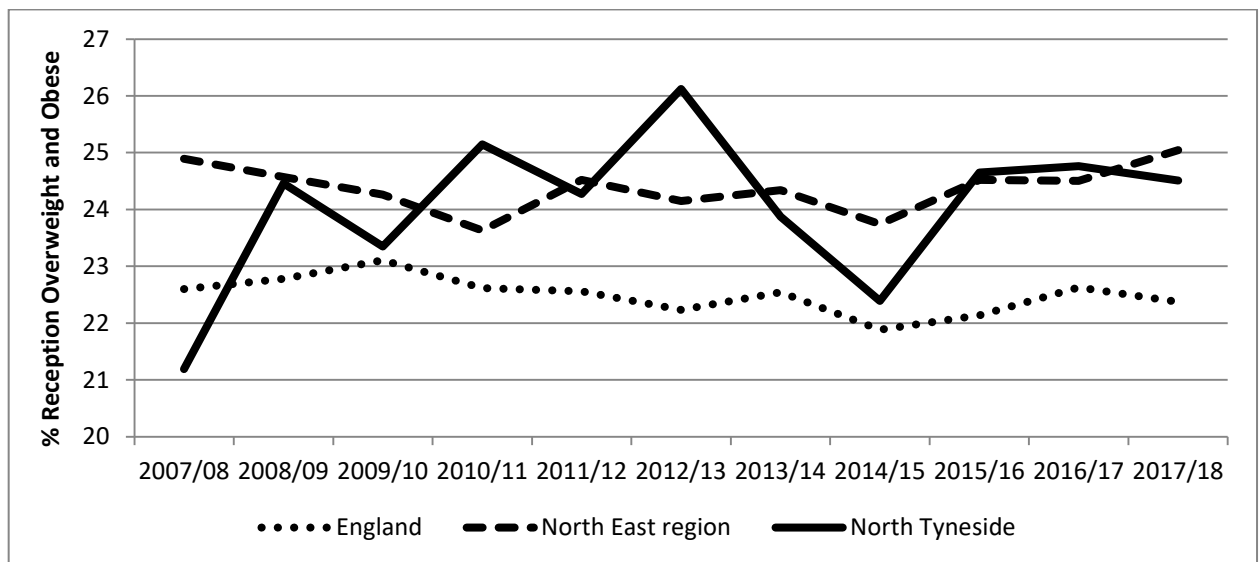
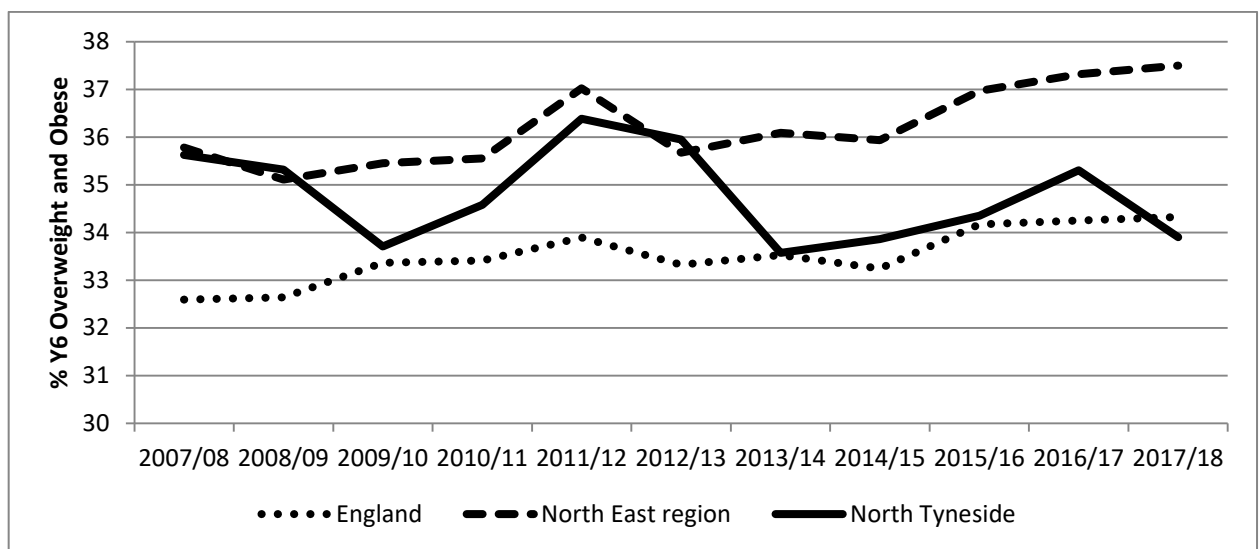


Figure 4: Prevalence of Overweight and Obese Year 6 Children (2007-2018)



1.6. The reduction in prevalence of overweight and obese children is positive; analysis of the prevalence of obesity (including severe obesity) highlights that at Reception age there has been a 7% reduction in North Tyneside between 2009-2018 (England 1% decrease and North East 4% increase). However there has been a slight increase 1% at Year 6 in North Tyneside and a 3% and 4% increase for England and the North East. This data is presented in figures 5 and 6 below².

³ Source: NHS Digital, National Child Measurement Programme available at <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/0/gid/8000011/pat/6/par/E12000001/ati/102/are/E08000022>

Figure 5: Prevalence Obesity – Including Severe Obesity Reception (5 year pooled data 2009-2018)

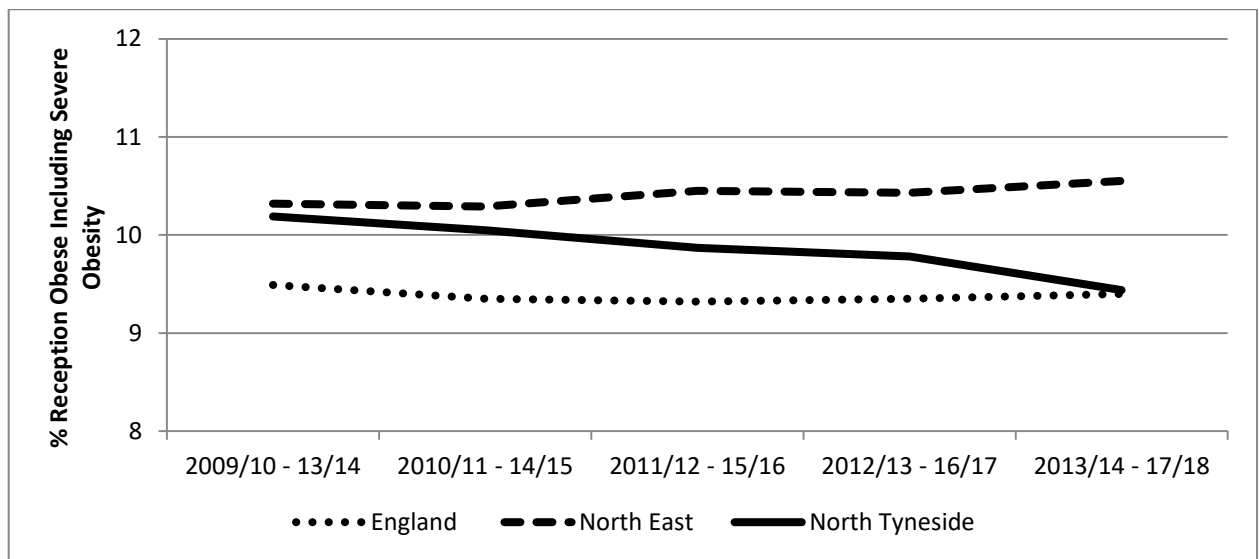
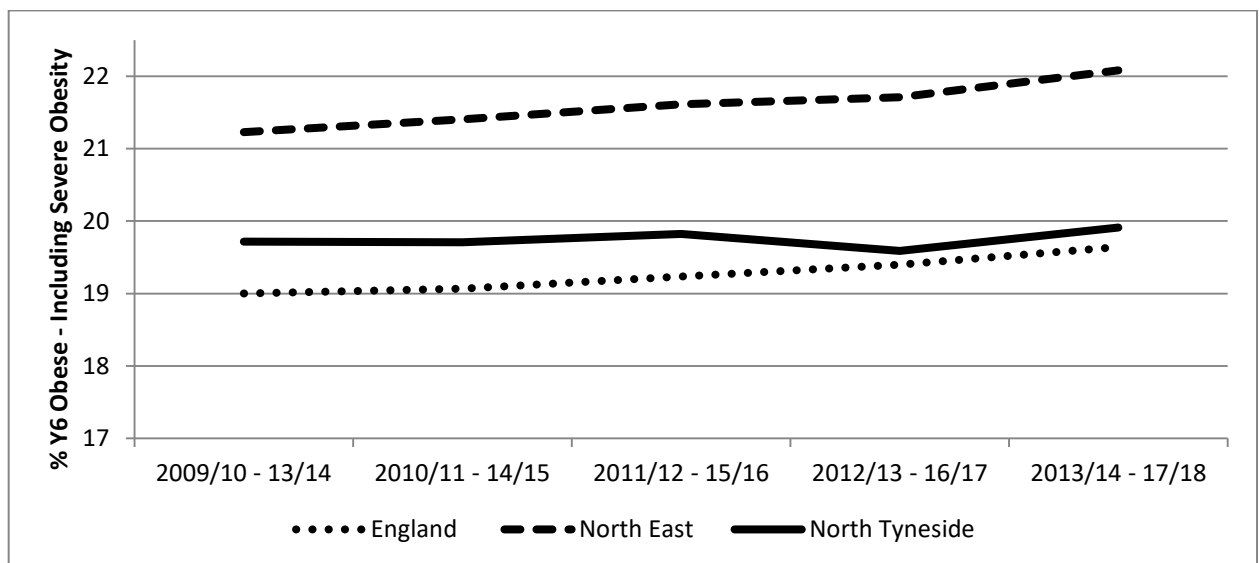


Figure 6: Prevalence Obesity – Including Severe Obesity Year 6 (5 year pooled data 2009-2018)



1.7. In summary the trend data in North Tyneside for Reception and Year 6 shows that there has been a reduction in prevalence of overweight and obese children and North Tyneside. However levels of obesity at Year 6 have not reduced. This trend is reflected both nationally and regionally. Figures 7 and 8 below highlight that in 2017/18 North Tyneside has similar rates to England with the exception of prevalence of overweight (including obesity) at Reception age⁴ and in the context of the North East Region; North Tyneside has lower rates than most other local authorities.

⁴ Source: NHS Digital, National Child Measurement Programme available at <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/0/gid/8000011/pat/6/par/E12000001/ati/102/are/E08000022>

Figure 7:

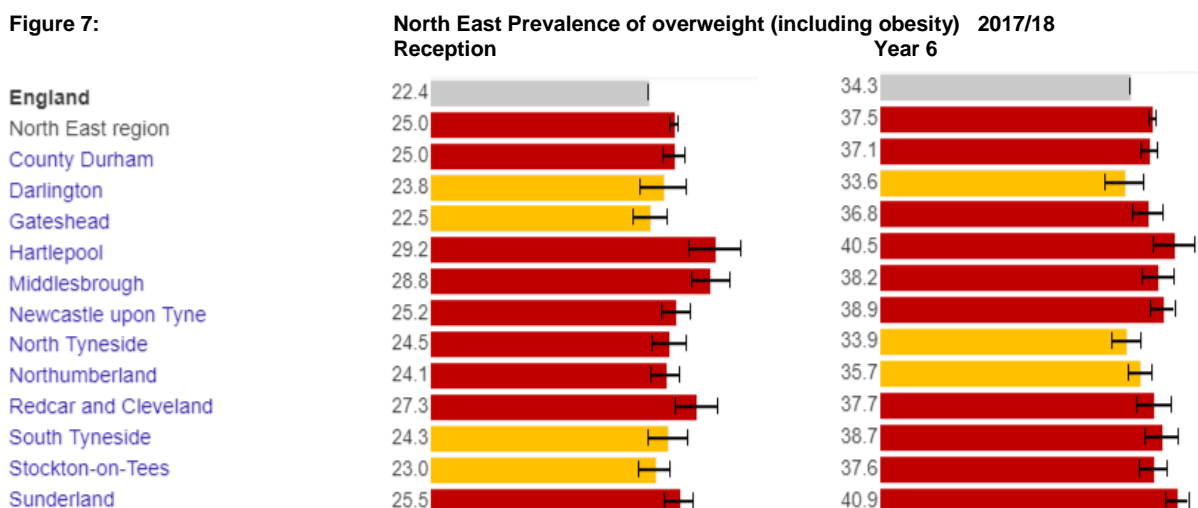
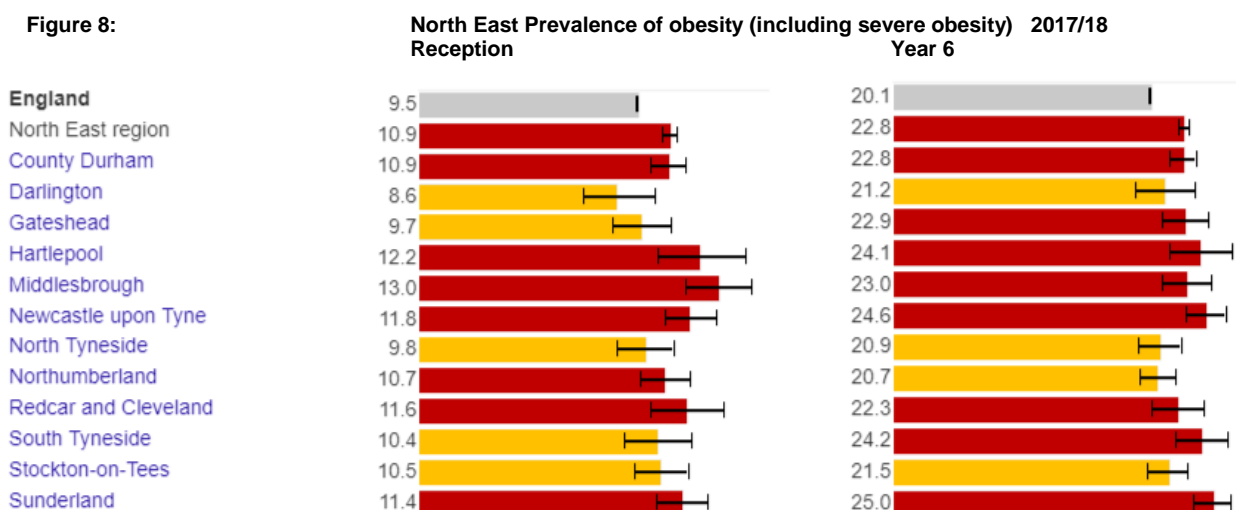


Figure 8:



2. Prevalence of Adult Obesity: National and Local Data Trends

- 2.1. 64.9% of all adults (18 years +) in North Tyneside are reported to be either overweight or obese and this figure is comparable to the England average of 62% and that of the North East (66.5%). There has been a reduction in the estimated prevalence of adult obesity since 2015/16 from 69.6% to 64.9% (2017/18)⁴.
- 2.2. The relationship between deprivation and obesity is less pronounced in adults as it is in children. Comparing the most deprived and least deprived quintiles in England there is a 13% increase in the proportion of adults that are overweight compared to their more affluent counterparts.
- 2.3. Men are at greater risk of being overweight or obese compared to women. In England it is estimated that 68.3% of men were overweight or obese compared to 55.5% of women (2017/18)⁴.
- 2.4. Being overweight or obese is the main modifiable risk factor for type 2 diabetes. In England, obese adults are five times more likely to be diagnosed with type 2 diabetes than adults of a healthy weight. Currently 90% of adults with type 2 diabetes are overweight or obese⁵.

⁵ Source: Public Health England (based on Active Lives survey, Sport England) available at <https://fingertips.phe.org.uk/search/obesity#page/4/gid/1/pat/6/par/E12000001/ati/102/are/E08000022/iid/93088/age/168/sex/4>

Table 3: Percentage of adults (aged 18+) classified as overweight or obese

	2015/16	2016/17	2017/18
England	61.3	61.3	62.0
North East	66.3	66.1	66.5
North Tyneside	69.6	62.2	64.9

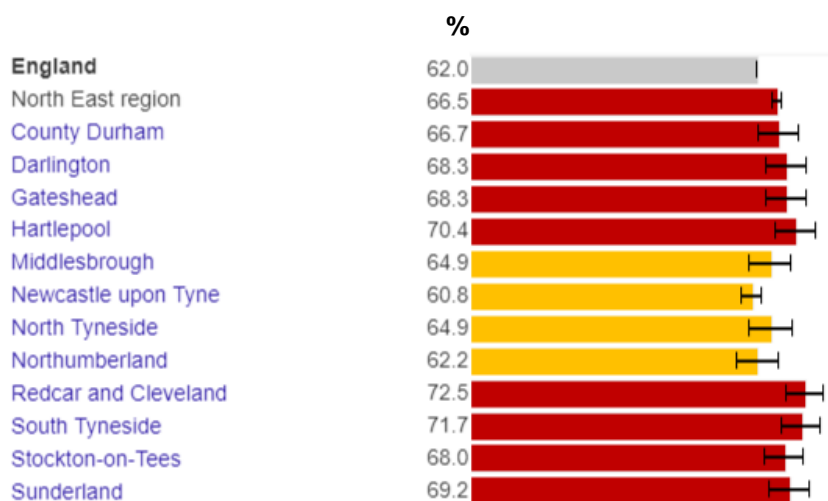
England Rate	Worse than England	Similar to England
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2.5. Trend data for adults classified as overweight or obese is limited to the time period presented in table 3 (2015-2018) this shows that North Tyneside has consistently had similar rates to England.

2.6. Within the context of the North East Region; North Tyneside is one of four local authorities that have similar rates to the England average, this is presented in figure 9 below. However the challenge still remains that almost 2/3 of adults in England and North Tyneside are either overweight or obese.

2.7. Given that North Tyneside has similar overweight and obesity prevalence rates to England it is estimated that in North Tyneside there are 61,500 adults that are overweight and a further 49,500 that are obese⁶.

Figure 9: Percentage of adults (aged 18+) classified as overweight or obese 2017/18 Local Authorities in the North East Region



⁶ Based upon ONS 2019 population estimates available at:

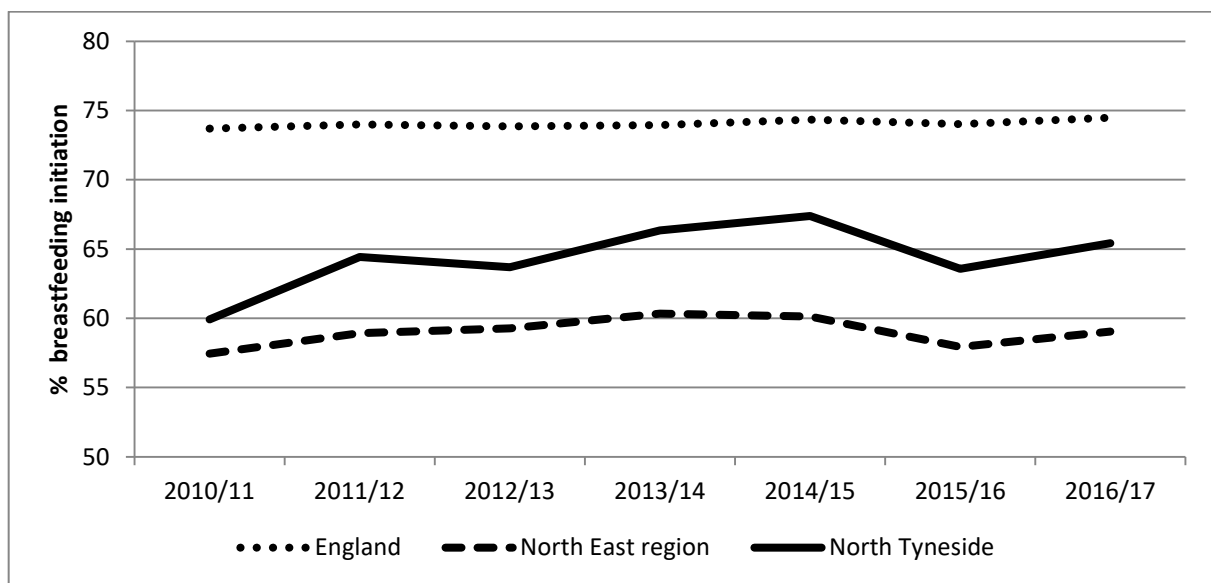
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>

3. Contributory Factors to Obesity

3.1. The root causes of obesity are complex and addressing this requires a set of equally complex solutions that involves reducing excess daily calorie consumption and increasing daily physical activity. This section presents available data on the contributory factors that are known to affect healthy weight and other measures that can be used to assess progress.

3.2. **Breastfeeding:** Research suggests that breastfeeding may help protect mothers against developing diabetes and some cancers as well as helping to lose weight. Breastfeeding also has huge benefits for children too, including preventing childhood obesity⁷

Figure 10: Breastfeed Initiation 2010-17



3.3. North Tyneside has lower breastfeeding initiation rates compared to the England average, however higher than the North East. This pattern is replicated at the 6-8 week prevalence rates for breastfeeding after birth; 38% for North Tyneside (North East 31% and England 43%)⁸. The trend in North Tyneside is an upward one and this is positive.

3.4. **Physical Activity:** Physical activity has an important role to play in obesity prevention for both children and adults. Physical activity also has other health benefits which include preventing cardio-vascular disease and treating depression and anxiety. The Chief Medical Officers of the UK recommend that children aged 5-18 should be engaged in 60 minutes of physical activity each day and for adults the recommended level is 150 minutes per week⁹.

Table 4: Percentage of Adults Active (aged 16+)¹⁰

	2015/16	2016/17	2017/18
England	66.1	66.0	66.3
North East	64.0	64.0	62.7
North Tyneside	69.3	60.9	62.3

⁷ Breastfeeding as Obesity Prevention: <https://jamanetwork.com/journals/jamapediatrics/fullarticle/1107563>

⁸ Source: Public Health England National Child and Maternal Health Intelligence Network available at: <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/4/gid/1938133228/pat/6/par/E12000001/ati/102/are/E08000022/iid/92517/age/170/sex/4>

⁹ <https://www.gov.uk/government/publications/start-active-stay-active-infographics-on-physical-activity>

¹⁰ Source: Public Health England (based on Active Lives, Sport England): available at <https://fingertips.phe.org.uk/profile/physical-activity/data#page/3/gid/1938132899/pat/6/par/E12000001/ati/102/are/E08000022/iid/93014/age/298/sex/4>

Table 5: Active Transport Adults (aged 16+) 2014/15¹¹

	Active transport: Walking and Cycling for travel	
	% walking	% Cycling
England	22.8	3.3
North East	20.4	1.9
North Tyneside	24.2	2.9

Table 6: Active Lives Children and Young People (aged 5-16) 2017/18¹²

	% Active Every Day - 60 mins per day	% Active less than 30 mins per day
England	17.5	32.9
North East	17.1	34.5
North Tyneside	17.3	38.3
England Rate	Worse than England	Similar to England

3.5. North Tyneside has similar rates to England and better rates than the North East Region for all of the physical activity related metrics, with the exception of the proportion of children that are active for less than 30 minutes per day.

3.6. **Consumption of fruit and vegetables (5 portions per day):** Fruit and vegetables are important components of a healthy diet, and their sufficient daily consumption could help prevent major diseases, such as cardiovascular diseases, certain cancers and obesity¹³.

Table 7: Proportion of adult population meeting recommended '5-a-day' on a usual day 2015-18¹⁴

	2015/16	2016/17	2017/18
England	56.8	57.4	54.8
North East	57.1	56.5	52.9
North Tyneside	57.9	62.5	47.2
England Rate	Better than England	Worse than England	Similar to England

3.7. Increasing the number of adults consuming '5-a-day' portions of fruit and vegetables is important as recent data has shown a decline.

3.8. **Fast Food Outlets:** There is consistent evidence which links the number and density of hot food outlets and deprivation. The Foresight report found that obesity levels and density of hot food outlets tend to be higher in deprived areas than in wealthy areas¹⁵.

¹¹ Source: Public Health England (based on Active Lives, Sport England): available at <https://fingertips.phe.org.uk/profile/physical-activity/data#page/3/gid/1938132899/pat/6/par/E12000001/ati/102/are/E08000022/iid/93014/age/298/sex/4>

¹² <https://www.sportengland.org/activeliveschildren/>

¹³ WHO: <https://www.who.int/dietphysicalactivity/fruit/en/>

¹⁴ Source: Public Health England (based on Active Lives, Sport England) available at:

<https://fingertips.phe.org.uk/search/5%20day#page/4/gid/1/pat/6/par/E12000001/ati/102/are/E08000022/iid/93077/age/164/sex/4>

¹⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf

Table 8: Density of fast food outlets per 100,000 population 2014¹⁶

England	North East	North Tyneside
88.2	102.4	103.6
England Rate	Worse than England	Similar to England

3.9. The North East and North Tyneside have a higher concentration of fast food outlets compared to England. It is important to note that the data is based upon a snap-shot taken in 2014 and this was prior to the introduction of the adoption of local planning supplementary document (policy DM3.7¹⁷) which prevents the development of A5 use within a 400m radius of any middle and secondary school in North Tyneside.

3.10. **Type 2 Diabetes:** Obesity is believed to account for 80-85% of the risk of developing type 2 diabetes, while recent research suggests that obese people are up to 80 times more likely to develop type 2 diabetes than those with a BMI of less than 22¹⁸. North Tyneside has a similar estimated prevalence of type 2 diabetes as England - 2017 (8.4% and 8.5% respectively)¹⁹.

3.11. **Non-diabetic Hyperglycaemia:** Identification of people with non-diabetic hyperglycaemia (pre diabetic) is a national priority. The national diabetes prevention programme works with people with non-diabetic hyperglycaemia on weight management in order to prevention onset of type 2 diabetes. In North Tyneside there is an estimated prevalence of non-diabetic hyperglycaemia of 11.6%, this is similar to England 11.4% (2015)²⁰. The national diabetes prevention programme 'Healthier You' commenced in North Tyneside May 2018.

4. A Whole-Systems Approach to Tackling Obesity

4.1. To achieve our shared vision to tackle obesity across the life-course requires a whole system approach which addresses the complexity of the root causes of obesity. This needs to include interventions which address both the obesogenic environment in which we all live in as well as supporting individuals. There is a commitment from partners and across the sector to take the actions required to address obesity at a population level and this is evidenced in the North Tyneside Healthy Weight Alliance delivery plan.

¹⁶ Source: Numerator: PointX. Points of Interest Denominator: ONS mid-year estimates of population: <https://fingertips.phe.org.uk/search/fast%20food#page/4/gid/1/pat/6/par/E12000001/ati/102/are/E08000022/iid/92937/age/-1/sex/-1>

¹⁷ North Tyneside Local Plan: <https://my.northtyneside.gov.uk/sites/default/files/web-page-related-files/North%20Tyneside%20Local%20Plan%202017-2032.pdf>

¹⁸ Diabetes UK: <https://www.diabetes.co.uk/diabetes-and-obesity.html>

¹⁹ Source: Health Surveys for England 2012, 2103 and 2014. Available at: <https://fingertips.phe.org.uk/profile-group/cardiovascular-disease-diabetes-kidney-disease/profile/diabetes-ft/data#page/4/gid/1938133138/pat/46/par/E39000047/ati/154/are/E38000127/iid/92952/age/164/sex/4>

²⁰ Source: National Cardiovascular Intelligence Network, Public Health England. Available at: <https://fingertips.phe.org.uk/profile-group/cardiovascular-disease-diabetes-kidney-disease/profile/diabetes-ft/data#page/4/gid/1938133138/pat/46/par/E39000047/ati/154/are/E38000127/iid/92998/age/164/sex/4>