

2023 to 2024

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# Let's not wait!

Enabling the Isle of Wight's Children to be a Healthy Weight

Director of Public Health Annual Report

## Foreword

This year my Director of Public Health annual report for the Isle of Wight focuses on childhood obesity. This is one of the most significant public health challenges of the 21st century. The percentage of children who are overweight and obese continues to increase and is now often accepted as normal, despite efforts to halt and reverse this trend. Too often discussion about weight is heard as stigmatising and laying the blame on individuals. The concerns highlighted are not about how people look, it is the impact on a person's health that is important. The science is increasingly

clear; genes and inheritance do affect individual risk, but it is the profound changes in the living environment that are shaping everybody's behaviour and making it much harder for us all to be a healthy weight.

Childhood obesity is already a significant challenge to improving the health and wellbeing of children and young people, and onwards into adulthood. The good news is that childhood obesity can be reversed through early collective action, and in doing so reduce risk for future generations. But if we continue as we

are, this will worsen rather than level out or improve. Today's children are tomorrow's workforce, and their health will be a deciding factor in whether the Isle of Wight is healthy and prosperous in the future. Not responding effectively is resulting in unacceptable levels of childhood obesity, impacting both physical and emotional health. This is contributing to adult obesity and the health conditions associated with it.

Let's not wait, we have to act quickly to reverse the rise in childhood obesity.



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Director of Public Health

## Acknowledgments

I would like to thank all those people who contributed to this report including Sarah Copsey, Lucy Dennis, Cath Hall, Jo Lockhart, Marie-Claire Lobo, Rebecca Perrin, Emily Shelton, Simon Squibb, Sophie Ross, Matthew Haines, Kate Raines and the design team.

## The data is clear

This report sets out the facts, figures and impact of childhood obesity for the Isle of Wight and focuses on the public health challenge facing our Island. Whilst some of the detail regarding obesity has been set out in my previous annual reports<sup>1</sup>, levels remain stubbornly unchanged. Against this backdrop of widespread obesity, our children and young people's wellbeing, and physical and mental health have also been negatively impacted by the COVID-19 pandemic with much discourse rightly aired about the mental health of our young people. Less discussion is focused on healthy weight; therefore, this report brings together key information about this

subject to enable the Island's children to attain a healthy weight.

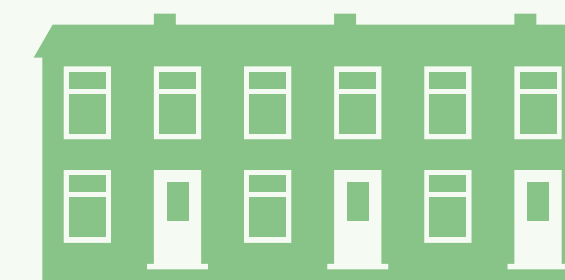
Across the Island, more children leave primary school overweight and obese than those starting in Reception year. (Figure 1<sup>2</sup>).

We also know that obesity and being overweight disproportionately affects children living in deprived areas and different minority ethnic groups which will be driving some, but not all of this change (Figure 2<sup>3</sup>).

**24%**  
of Year R pupils  
and  
**36%**  
of Year 6 pupils



The **burden of overweight and obesity** is falling hardest on children from **low-income areas**



**Overweight rates are highest for children from the most deprived areas and this is getting worse**

**Overweight prevalence of the most deprived 10% of children is approximately**

**2x**

**that of the least deprived 10%**

Source Health matters: obesity and the food environment – gov.uk

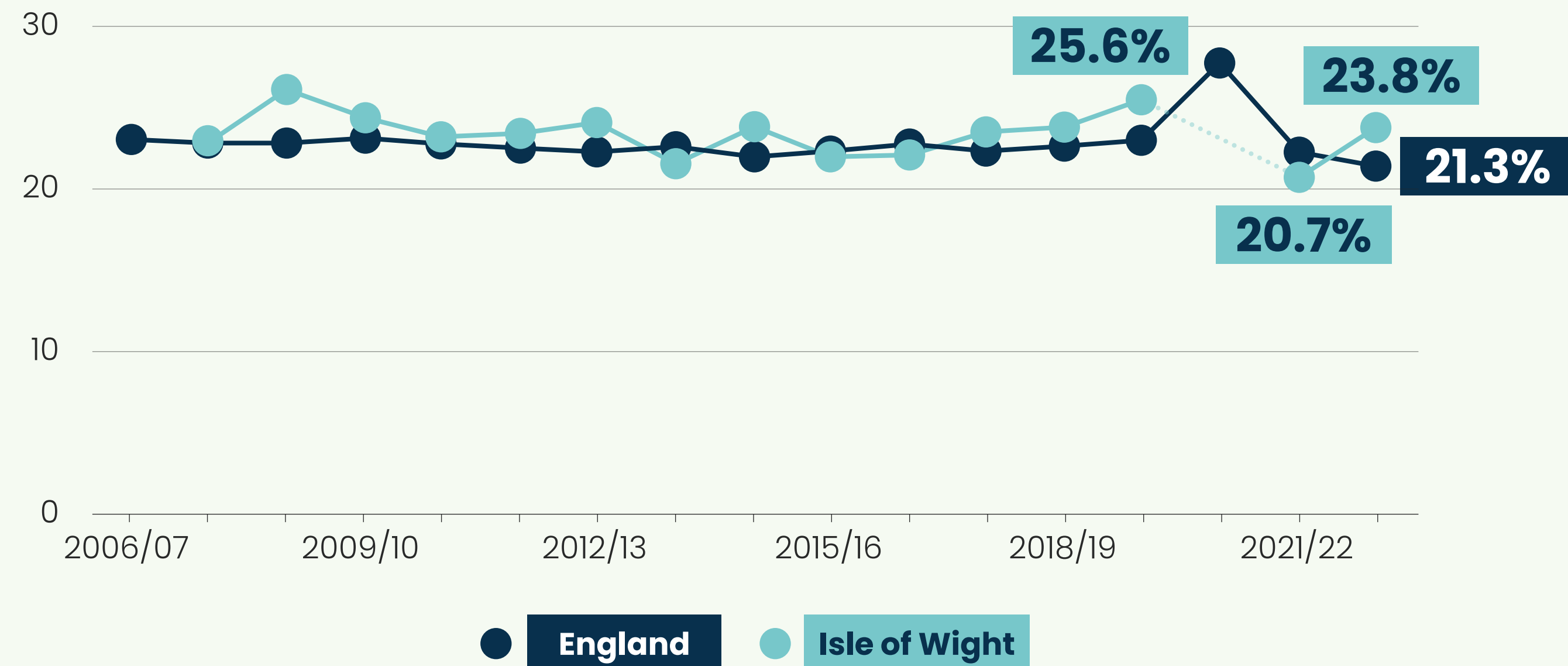
Figure 2

<sup>1</sup> [Public Health Annual Report \(iow.gov.uk\)](https://www.iow.gov.uk/public-health-annual-report)  
<sup>2</sup> [Child and Maternal Health - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk/data/child-maternal-health)  
<sup>3</sup> [Health matters: obesity and the food environment - GOV.UK \(www.gov.uk\)](https://www.gov.uk/health-matters-obesity-and-the-food-environment)

The proportion of overweight and obese children in Reception has increased over the last year and is above the England average, which suggests a persistence in the Island's high pre-pandemic position. However, school closures during the years affected by the pandemic meant a smaller than usual number of measurements were undertaken and so these figures must be interpreted with caution (Figure 3).

### Reception prevalence of overweight (including obesity) (4-5yrs)

An increase in overweight and obese Reception children suggesting a persistently high pre-pandemic position, against a variable trend



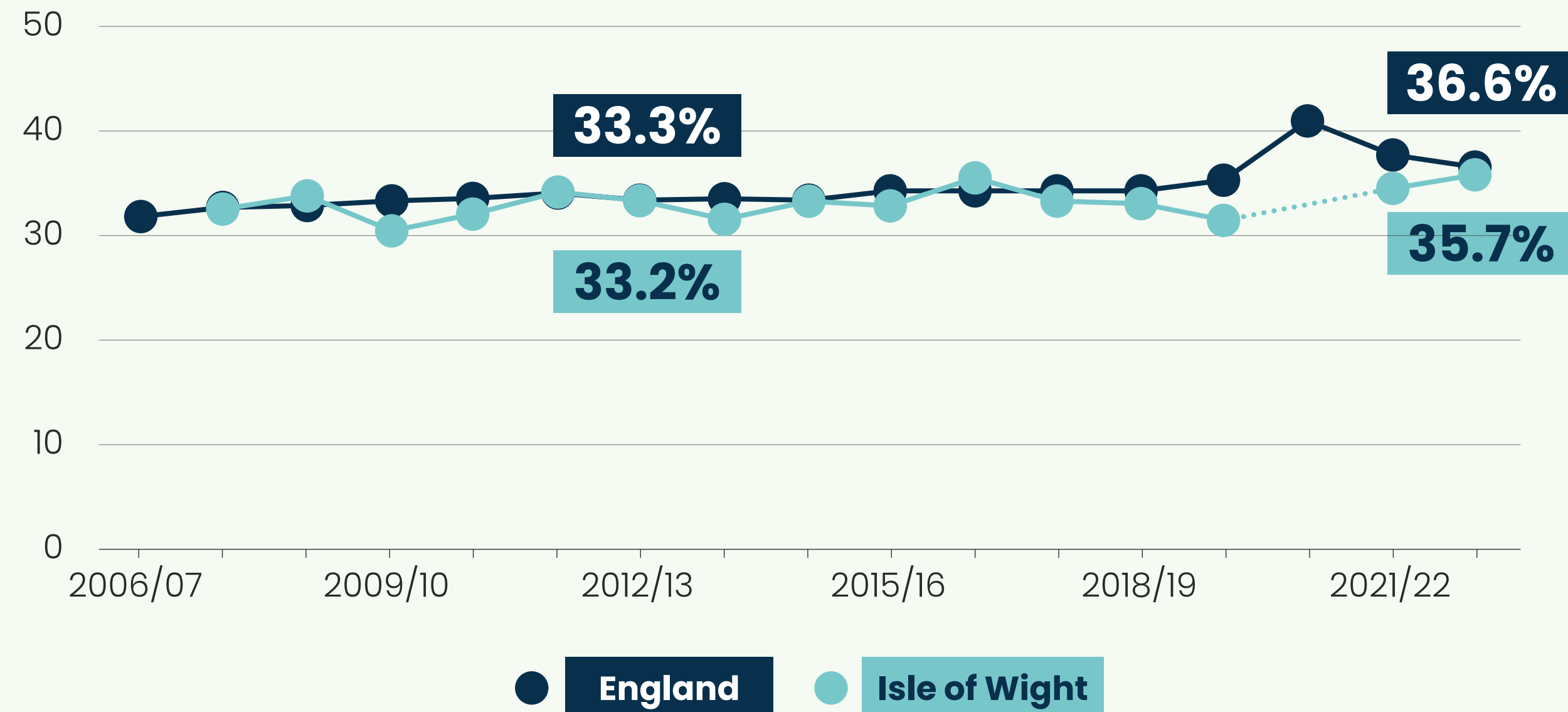
Source: Office for Health Improvement and Disparities (OHID), using National Child Measurement Programme (NCMP), England. Obesity Profile on Fingertips website

Figure 3

We see a similar picture for Year 6 children; overweight and obese levels have risen over the last year, remaining higher than in the pre-pandemic period, and tracking a stagnating trend over time. Concerningly, over the past decade there has been a 2.5 percentage point jump in the proportion of children in Year 6 who are overweight and obese (Figure 4). The data is clear that there is little room for complacency.

### Year 6 prevalence of overweight (including obesity) (10-11yrs)

A continued rise in overweight and obese Year 6 children higher than pre-pandemic, against an overall stagnating trend



Source: Office for Health Improvement and Disparities (OHID), using National Child Measurement Programme (NCMP), England. Obesity Profile on Fingertips website

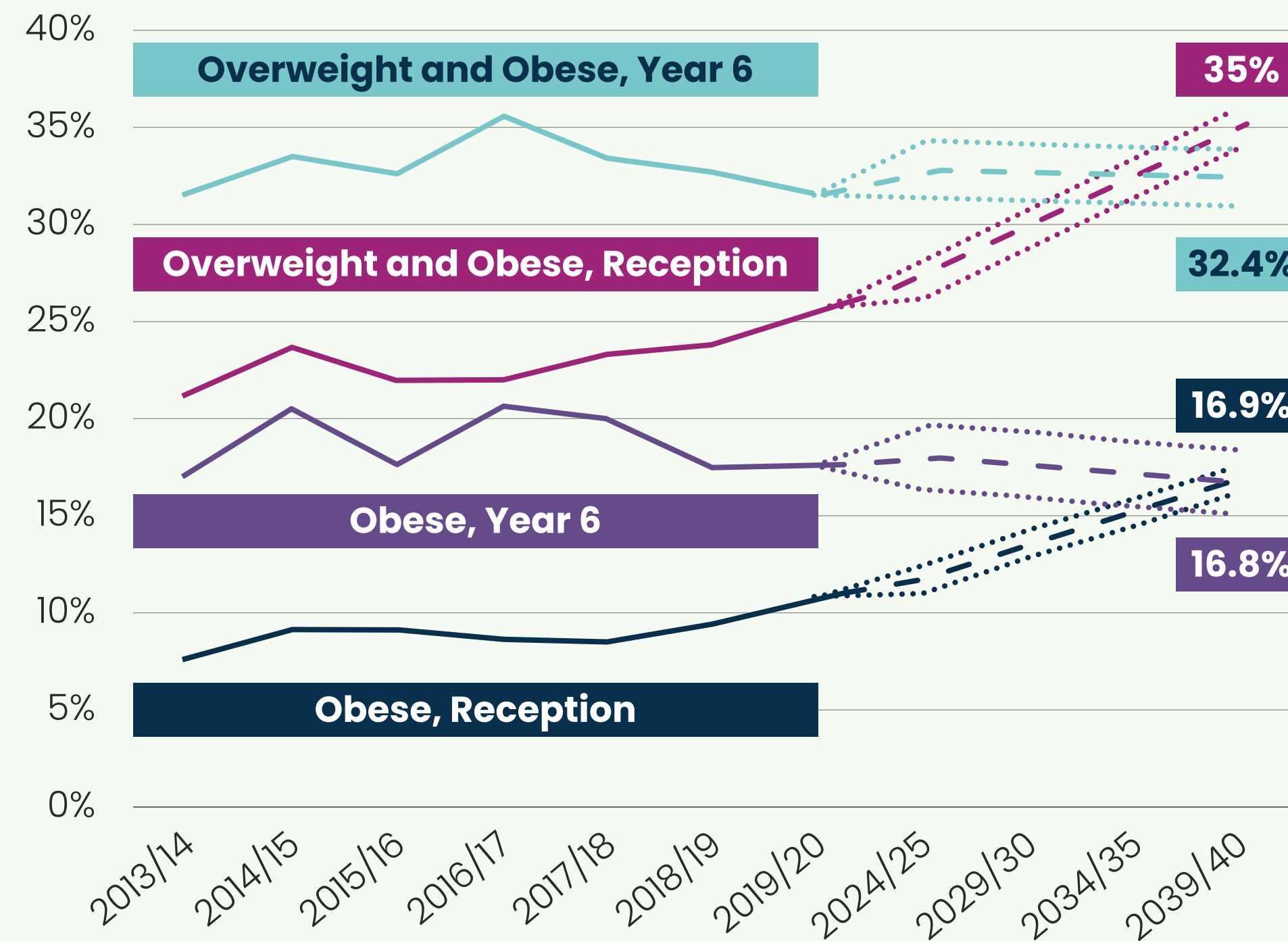
Figure 4

If we fail to act now, carrying on as we are, levels of childhood overweight and obesity at Reception age are anticipated to be considerably higher for this and the next generation (Figure 5). Several studies<sup>4</sup> show that the COVID-19 pandemic has led to an increase in childhood overweight and obesity, so the forecasts in Figure 5, which were calculated prior to the COVID-19 pandemic, are likely to be even higher. Now is the time for urgent and decisive action.

The greatest opportunity for focusing our collective efforts is in the early years of a child's life with continued support through school.

### Likely Future Levels of Childhood Overweight and Obesity

Historic and projected childhood overweight and obesity prevalence across the Isle of Wight up to 2040



Childhood overweight and obesity at Reception might be expected to rise to almost 35% by 2040, with the rate among Year 6 pupils expected to rise to 32.4%

Prevalence of obesity is projected to rise to 16.9% of Reception pupils and possibly slightly decline to 16.8% among Year 6 pupils

— Historical figures  
 - - - Projected figures  
 ..... Confidence intervals

Caution: Note the statistical variance when interpreting these forecasts as they are based on the Island's small population. Please note projected lines appear steeper than historical lines because they cover a more condensed time period. Source: LGA Research and Information Team. Future health challenges: public health projections – childhood obesity

<sup>4</sup> [Consequences of Covid-19 on the childhood obesity epidemic | The BMJ](#)  
[Increased Incidence of Obesity in Children and Adolescents Post-COVID-19 Pandemic: A Review Article - PMC \(nih.gov\)](#)

Figure 5

## Why does this matter?

Children who are overweight or obese are more likely to experience other associated physical health conditions, for example breathing difficulties, bone and joint problems, insulin resistance, high blood pressure and dental decay<sup>5</sup>. Alongside the physical health impact, emotional health issues can also influence a child's life now and in the future. These are not only felt by the individual but also by those connected with children at home, school and in the wider community.

The impact of this is noticeable across the life course. Studies show that obese children and young people are

five times<sup>6</sup> more likely to be obese in adulthood than those who were not obese as children. This brings with it significant increased risks for heart disease, stroke, diabetes and some cancers, reducing the number of years people live in good health.

The cost to public services is significant, particularly the health service. The cost of obesity on the Island could be as much as £56.7 million annually<sup>7</sup>, with a wider cost to society through loss of work productivity and social care needs.

stroke  
heart  
disease  
some  
cancers  
diabetes

<sup>5</sup> World Health Organization [Obesity and overweight \(who.int\)](http://who.int)  
[Early years high impact area 4: Supporting healthy weight and nutrition – GOV.UK \(www.gov.uk\)](http://www.gov.uk)

<sup>6</sup> Simmonds, M, Llewellyn et al. (2016). Predicting adult obesity from childhood obesity: a systematic review and meta analysis. *Obesity reviews*, 17(2), 95-107

<sup>7</sup> [Health matters: obesity and the food environment – GOV.UK \(www.gov.uk\)](http://www.gov.uk)

## What causes children to be overweight and obese?

Numerous factors influence the likelihood of obesity, including socio-economic circumstances, the physical environment and food systems. Figure 6 illustrates the complex factors influencing weight, linking people's individual factors to the impact of food production and consumption, the places we live and our society – termed as the obesogenic environment.

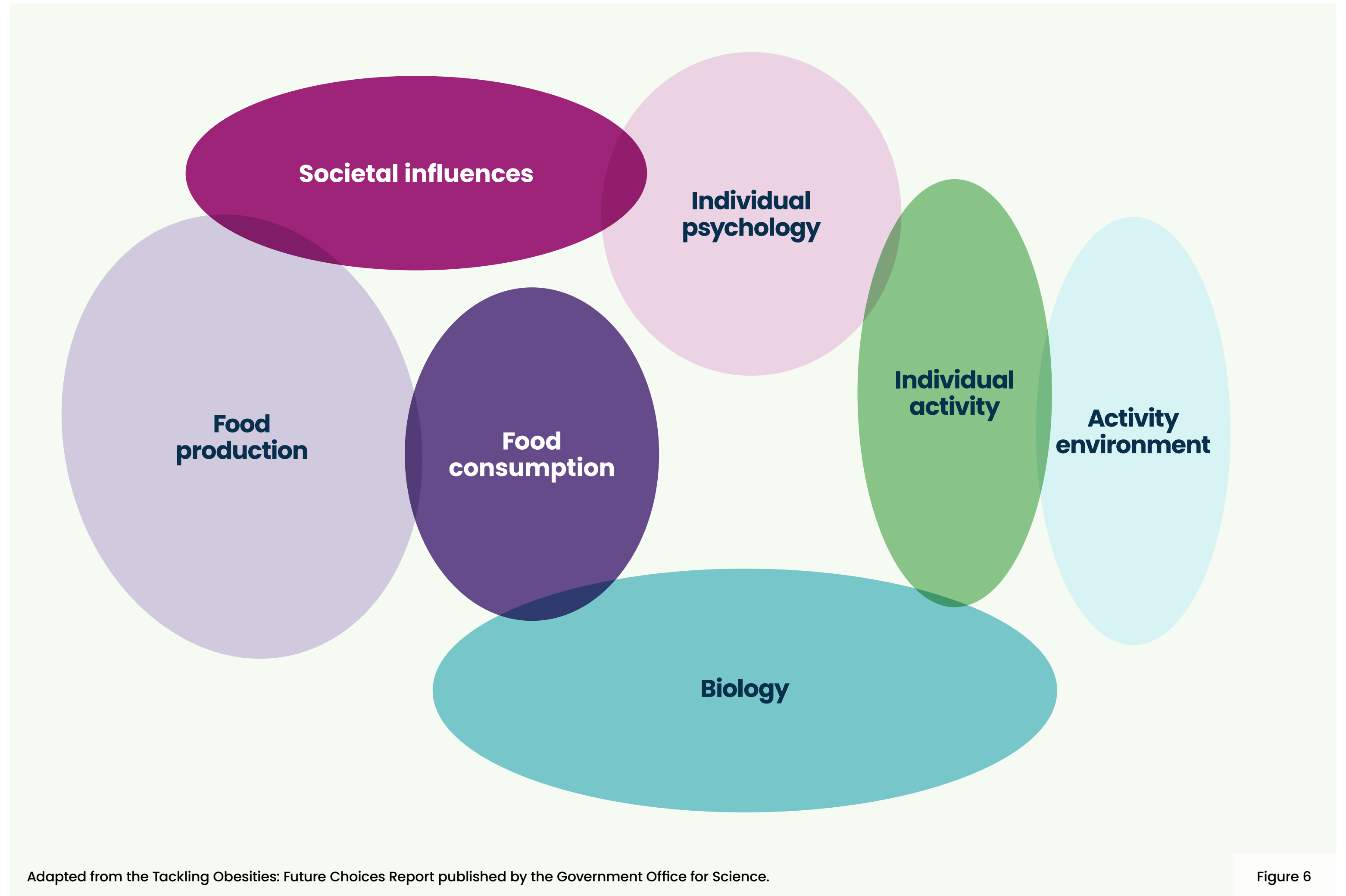


Figure 6



## Starting at the beginning

Maternal obesity is a key factor influencing childhood weight, with an increased risk of babies being born above a normal weight range and greater risk of complications during birth<sup>8</sup>. The First 1001 Days<sup>9</sup> is the most critical phase when the foundations for lifelong health are built. Poor nutrition during this time can cause an irreversible disadvantage in the development of a child's brain and other organs, setting the stage for potential adult obesity and associated health problems.

Breastfeeding has long-term health benefits for babies, lasting right into adulthood. Nearly three quarters of

babies on the Island have breastmilk for their first feed. However, over the following days and months from birth, there is a marked drop off in the number of babies who continue to be breastfed (Figure 7<sup>10</sup>). In addition to breastfeeding, the first year of life includes an infant's introduction to solid food which is a key time to influence healthy food habits and eating behaviours.

**73%**  
of babies are  
breastfed at birth

**BUT**  
this  
**DROPS**  
to

**51%**  
at 6–8 weeks

<sup>8</sup> Childhood obesity: applying All Our Health – GOV.UK ([www.gov.uk](http://www.gov.uk))  
<sup>9</sup> The best start for life a vision for the 1001 critical days.pdf ([publishing.service.gov.uk](http://publishing.service.gov.uk))  
<sup>10</sup> Public health profiles – OHID ([phe.org.uk](http://phe.org.uk))

Figure 7

## Changes in dietary habits

We have seen children's consumption of energy-dense foods, high in fat and sugars, increase. This is often the result of changing societal habits with different portion sizes, cooking habits and increased availability of fast and convenience food. This is important as most children are not eating the recommended minimum five portions of fruit and vegetables per day and children's consumption of added or processed sugars, including those in fizzy drinks, exceeds the recommended amount.<sup>11</sup>

<sup>11</sup> [Childhood obesity: applying All Our Health – GOV.UK \(www.gov.uk\)](https://www.gov.uk)

# 60%

of school children

eat fruit and vegetables daily



Health and Wellbeing School Survey 2021

Figure 8

## Food environment

Healthy food choices are important and need focused efforts by the system to make them an easier, desirable and affordable option. Fast food outlets near schools impact children's food consumption as they make their way to and from home. The availability of less healthy foods in mainstream supermarkets, education and leisure environments, as well as restaurants and takeaways, contribute to an 'obesogenic' environment. In some communities there is reduced access to healthier food retail options, and often a greater density of hot food takeaways. The increasing availability of home delivery services also adds to the provision of cheaper and faster meals to our doorstep, making it easier

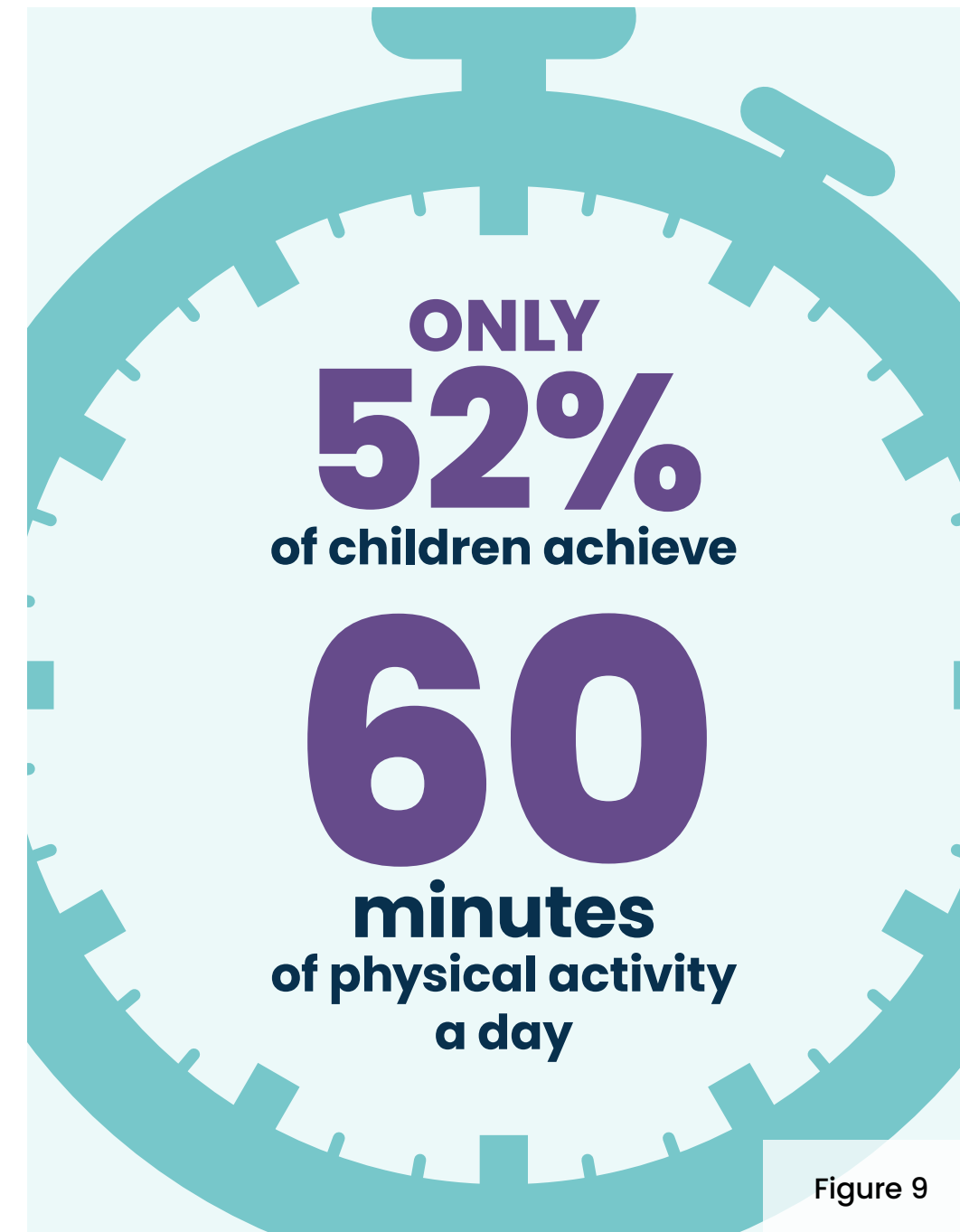
<sup>12</sup> [RSPH | Routing out Childhood Obesity](#)

to consume less healthy foods. This impacts the ability of children, young people and families to make healthy food choices. We need to build on national research which suggests there is public support for restricting the number of takeaway shops within 400m of a primary school in our localities<sup>12</sup>.

## Physical inactivity

The reduction in physical activity is due to more sedentary lifestyles, changing modes of transportation and shifting urban and rural environments<sup>13</sup>. Our environment has changed over time, including how we travel and connect with the places where we live, grow, learn and play.

The Chief Medical Officer guidelines recommend children aged 5-17 undertake 60 minutes per day of moderate to vigorous physical activity. Children aged 7-11 years are most likely to be taken by car to school at 49%<sup>14</sup>, this means that we need to think of new ways to achieve this recommendation. The proportion of children on the Island



achieving the recommended 60 minutes of physical activity per day has risen, but there is no room for complacency and more work on this is needed. (Figure 9<sup>15</sup>).



<sup>13</sup> Obesity and overweight (who.int)

<sup>14</sup> Active Lives Children and Young People Survey - Academic year 2022-23 (sportengland-production-files.s3.eu-west-2.amazonaws.com)

<sup>15</sup> Public health profiles - OHID (phe.org.uk)

## How we can solve this problem

**We need to think of childhood obesity as a complex system problem and manage it as such, as an urgent priority. No single organisation has the knowledge, tools or agency to reduce the prevalence of childhood overweight and obesity<sup>16</sup>.**

Services provided by the NHS for childhood obesity are necessary and vital but will not on their own increase the proportion of children with a healthy weight. Yet reversing rising childhood obesity levels is pivotal to delivery of the Major Conditions Strategy<sup>17</sup>. Adopting a shared understanding, with a common purpose, we can maximise our

collective resources to tackle childhood obesity as a system.

A coordinated and collaborative systems approach is needed to halt and reverse the current increase in overweight and obesity in our population. This places the emphasis on changing and improving the places and systems in which people are born, grow, live and work.

It is difficult, but that must not stop us from trying. There is innovative work already happening to address this challenge, we must now act to broaden and strengthen this to make

a difference at a population level. We also need to move with urgency, as we did to prevent the spread and impact of COVID-19.

This coordinated approach is being taken in some areas across the Island. We are seeing green shoots of success where stakeholders including the Isle of Wight Council, NHS, voluntary sector, and members of the community are coming together to galvanise local action. An example of this is the focus on infant feeding as part of the Family Hubs programme, taking a whole system approach to encouraging and supporting breastfeeding, working

collaboratively with NHS service providers and voluntary organisations on the Island. This partnership working will ensure that parents, carers and their support network have wrap-around support to initiate and continue breastfeeding, from the antenatal period onwards, with both immediate and long-term impacts.

<sup>16</sup> Public Health England. 2019. [Whole systems approach to obesity. A guide to support local approaches to promoting a healthy weight.](#)

<sup>17</sup> DHSC. 2023. [Major conditions strategy: case for change and our strategic framework](#)

## Education settings

All education settings, from early years to post-16, influence children and young people's health. It is where they spend much of their time, socialise with peers and adults, build habits, and develop values and attitudes.

Our whole setting approach to healthy weight includes:

- lessons on healthy living
- provision of a nutritious and varied menu with free school meals for some children
- environments that promote physical activity

This allows all children to experience and develop positive beliefs and behaviours about eating and exercise that last into adulthood. Our support includes training for all staff, resources, and policy guidance<sup>18</sup>.

PEACH is the Partnership for Education Attainment and Children's Health programme led by the Public Health team and working in collaboration with schools and partners. Many schools across the Island participate in the PEACH Games which promotes physical activity, positive wellbeing, healthy competition and encourages young people to lead healthier lifestyles.

The Holiday Activity and Food (HAF) programme provides funded holiday activities for children who are in receipt of free school meals. HAF schemes offer healthy meals to eligible children from Reception to Year 11 during the Easter, Summer, and Christmas school holidays. Children can take part in activities as well as receive a nutritious meal.

Further examples include junior parkrun, a national programme which is a timed 2k run, jog or walk event for ages 4 to 14, maximising local community assets, and Bikeability, road cycle safety training which encourages active travel. Active travel has a positive benefit to physical and mental health and sets children up to be more physically active in all areas of their life.

# 5 in 10

**Year 5 pupils feel school helps them to stay healthy by**

**eating well**

**being active**

**this DECREASES with age**

Health and Wellbeing School Survey 2021

Figure 10

<sup>18</sup> Education, Attainment and Children's Health (iow.gov.uk)

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## Working together

We must increase our understanding of what works and what is in line with the views of children and families. We are growing local evidence on this, designing, piloting and evaluating interventions for healthy eating, physical activity and family wellbeing. The Health and Wellbeing School Surveys provide an opportunity for students and school staff to have their voice heard about school life and the impact this has on eating behaviours and physical activity. More research, co-production and evaluation will be required to improve this further.

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## Recommendation

This report sets out the challenge we face with regard to childhood obesity on the Isle of Wight. Some of the work is already happening to address this, but equally there will be consequences if we continue as we are. Therefore, I recommend that everyone recognises and talks about the complexity of childhood overweight and obesity and the urgency with which we must act.

I propose that we develop an Isle of Wight Healthy Weight approach which we all agree and sign up to, including plans to reduce childhood obesity.



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enable the  
Isle of Wight's  
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