

Children and Young People - Healthy Weight and Treating Obesity Healthcare Needs Assessment



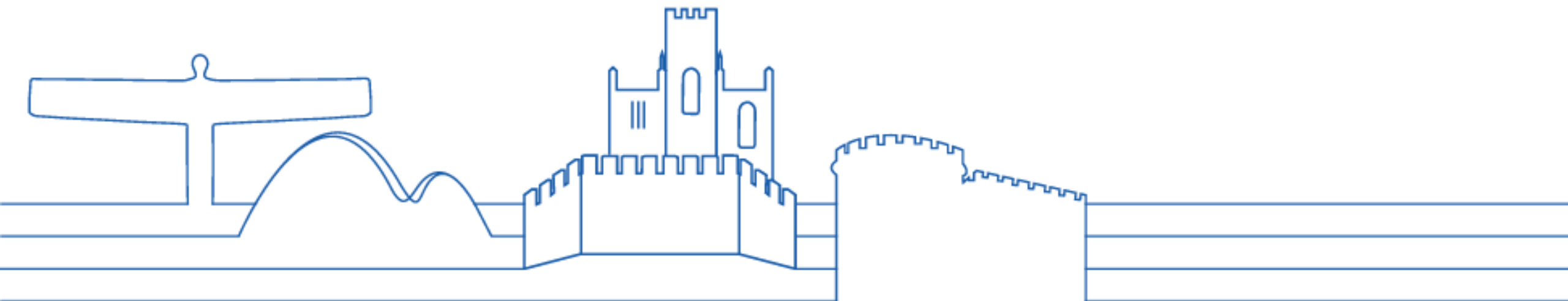
North East and
North Cumbria

Produced by:

Anna Pickford, Principle Intelligence Analyst, NECS a.pickford@nhs.net

Will Smith, Healthier Weight and Treating Obesity Strategic Manager

Vijayaraman Arutchelvam, Healthier Weight and Treating Obesity Clinical Lead



Introduction



**North East and
North Cumbria**

Childhood obesity is one of the biggest public health issues within the UK and the North East and North Cumbria. Obesity is a chronic preventable condition that can contribute to poor mental health and early death. It also has a significant social and economic impact, reducing productivity and healthy life expectancy, whilst increasing disability and demand for health care services. CYP living with obesity are more likely to experience poor health into adulthood and early death. It is vital, therefore that we have a range of effective evidence-based prevention and treatment activities in place to help the population achieve and maintain healthy weight and to treat those that need more intensive interventions.

The prevention and treatment of obesity is complex and so it is essential that we are clear about the needs and demands on services across the region. To ensure that health inequalities are rectified and that service changes don't contribute further to the existing inequalities, we must base our commissioning decisions on intelligence that clearly articulates the picture at a regional and local level. This will allow our partners across the ICB and local authorities to commission services effectively and as a system.

This healthcare needs assessment provides a wide-ranging picture across the North East and Cumbria of the levels of obesity and the services that are currently provided to address this. Whilst any needs assessment can only be a snapshot, this comprehensively outlines the key data to enable us to effectively work in partnership to commission appropriate services to address need and to implement effective prevention strategies at a local and regional level.

Craig Blundred
Director of Public Health Hartlepool
The ADPH for Obesity
Healthy Weight & Treating Obesity Chair

Arutchelvam Vijayaraman
Consultant in Diabetes, Obesity & Endocrinology at
James Cook University Hospital
Clinical Lead for Healthy Weight & Treating Obesity

Background



North East and
North Cumbria

In 2021/22 the National Child Measurement Programme (NCMP) found that 10.1% of reception aged children in England were living with obesity and 12% overweight. For Year 6 children the proportions were higher with 23.4% were living with obesity and 14.3% overweight (Obesity Statistics 2023). The COVID-19 pandemic highlighted the importance of weight management. Living with overweight and obesity puts people at greater risk of serious illness or death from COVID-19, with risk growing substantially as body mass index (BMI) increases.

This report is an Children and Young Peoples Healthy Weight and Treating Obesity Healthcare Needs Assessment (HCNA) for the North East and North Cumbria (NENC) Integrated Care System (ICS). This CYP HCNA provides an overview of the population, considers social determinants and the impact of covid. This Healthcare Needs Assessment investigates the level of need within the NENC population in relation to healthy weight, overweight and obesity. It also maps available provision and uptake to identify gaps and inequity, and aims to quantify population needs for weight management support.

The HCNA was undertaken in response to the increasing levels of obesity harm and to inform and support the ICS Healthy Weight and Treating Obesity Programme and strategic plans. The HCNA is made up of a number of sections, which can be read as standalone sections, but the details have been summarised to produce key findings and overarching recommendations at an ICS and place-level.

Key partners in the development of the HCNA include the Association of the Directors of Public Health (North East)/local authority commissioners, NECS, the Office for Health Improvement and Disparities, NHSE/I, Diabetes UK and acute providers

Background

- In 2021 the NENC Prevention Board approved a strategic approach for Healthier Weight and Treating Obesity which included:
 - Strategic Leadership
 - Clinical Leadership
 - DPH Lead
 - OHID Regional Lead
 - Establishment of a NENC Board and associated strategic plan
- Clearly articulate the role of NHS. Be clear where the NHS will:
 - Lead
 - Collaborate
 - Advocate
- In 2024 the workstream broadened taking a Whole Systems Approach including primary prevention for Healthy Weight and Treating Obesity across NENC ICB. This aligns with and supports whole system approaches that are being developed at place.
- Development of the NENC ICB Healthy Weight and Treating Obesity Strategy

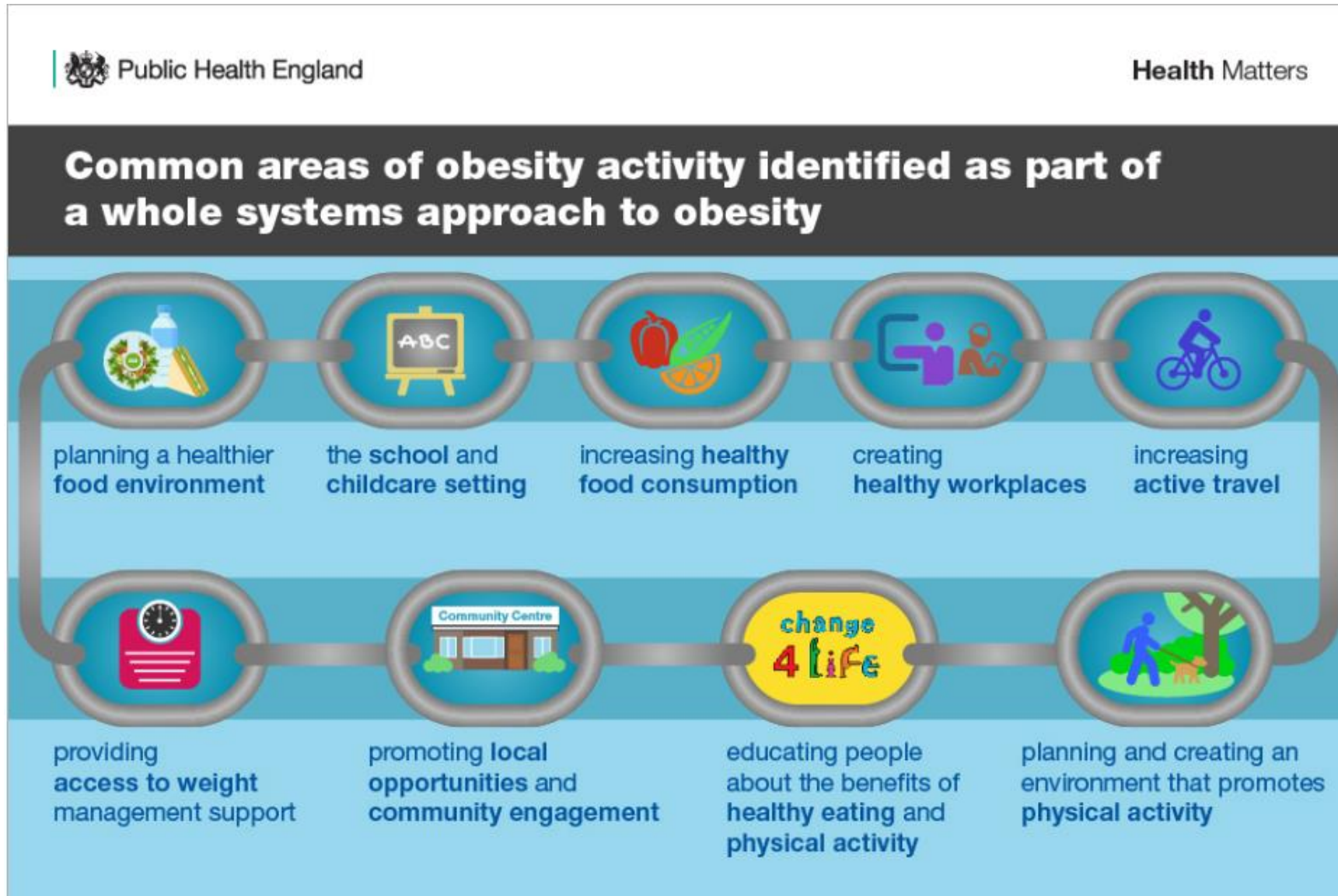
Whole System Approach



North East and
North Cumbria

- Obesity is a complex and the causes are affected by factors including our environment, behaviour, biology, physiology, society and culture and importantly, the interaction of these determinants.
- To tackle obesity across the population, national and local action is required by many organisations and stakeholders. In local areas a long-term, system-wide approach is needed that makes obesity everybody's business, is tailored to local needs and works across the life course. It is not just for public health professionals to act; local authorities, the NHS, the wider public sector, the third sector and businesses all have an important role to play, working together and with their communities.
- An effective whole system is multi-level and takes a Health in All Policies approach. It ranges from upstream efforts to build health-promoting environments to the provision services for those who need support to manage their weight. It will also consider all available policy levers across the system: legislation, regulation, fiscal measures, environmental and planning, communications and marketing and service provision.

What a Whole System Approach Looks Like



NENC Healthy Weight & Treating Obesity Whole System Strategic Approach



North East and
North Cumbria

Whole System Approach

- Development of a whole system approach for healthy weight and treating obesity across NENC
- Clinical Leadership and advocacy
- Contribute to Local Authority led whole system approaches at place

Advocacy – Food Environment/Commercial Determinants

- A collaborative approach across partners advocating for national policies; using fiscal measures and regulation of product advertising and accessibility to reduce the harm of unhealthy food and drink

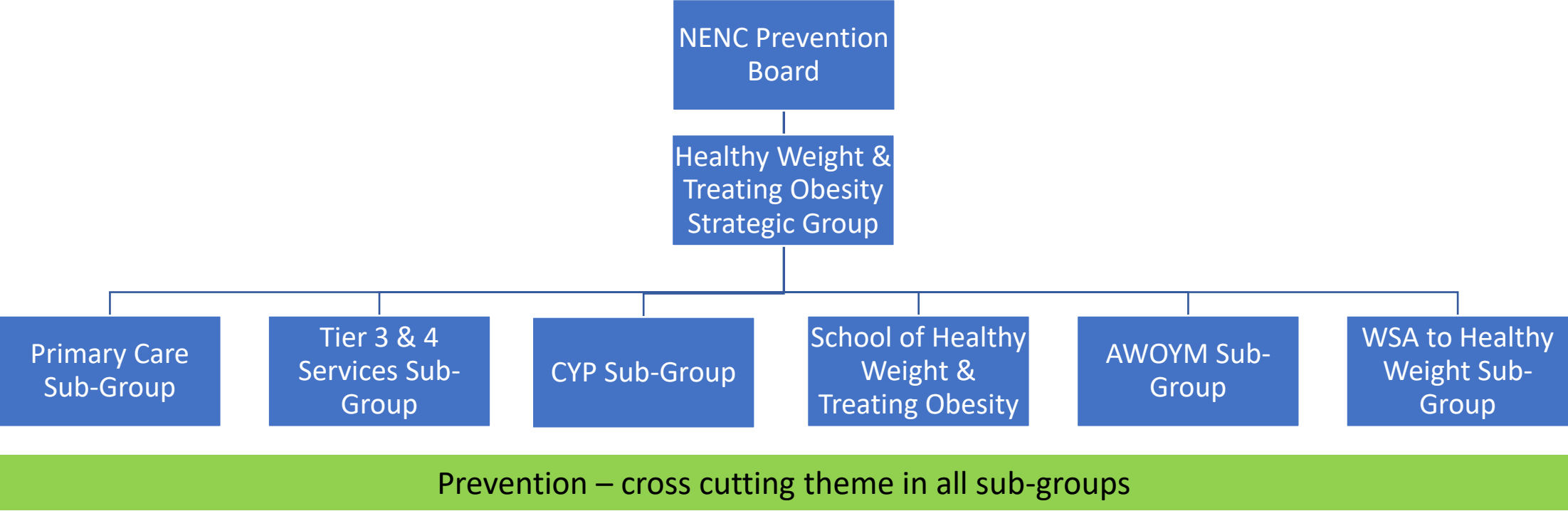
Service Provision

- Implementation of regionally agreed minimum staffed services targeting 20% most deprived
- ARC conducting evaluation of minimum standard services targeting the 20% most deprived
- Addressing the inequity of service provision and case long term investment to support CYP, Families and Adults living with obesity.

Workforce

- Developing online training to support the workforce to deliver patient not weight centric advice, guidance and services for CYP, Families and Adults living with overweight and obesity
- Supporting staff health and wellbeing around healthy weight, treating obesity and physical activity

NENC ICS Healthy Weight & Treating Obesity Workstream



Contents and purpose



North East and
North Cumbria

ICS POPULATION DEMOGRAPHICS

Social Determinants

Population with increased BMI

Service Demand

Healthcare Usage

Patient Experience

The purpose of this healthcare needs assessment is to investigate and determine the level of need within the NENC population in relation to healthy weight.

- The document will focus upon
 - Current identified need verses potential unmet need
 - Service level demand and available provision in planned care
 - Service demand in unplanned care
 - Potential inequalities in access, experience and outcomes
 - Co-morbidities and additional complexed needs

Methodological notes



North East and
North Cumbria

North East and North Cumbria geography

The report presents data from a wide range of sources to provide a comprehensive overview of specific needs for the children and young people of the North East and North Cumbria ICS, specific to healthy weight and treating obesity within healthcare.

Some data is only available at National, regional or local authority level where geographical boundaries which are not co-terminus with those of NENC ICS. The specific geographies which the data refers to is indicated throughout. Whilst this approach does not provide precise estimates for the North East and North Cumbria geographical boundaries for all indicators, it offers a comprehensive overview. Therefore, it is unlikely to affect the key messages and findings. Nevertheless the findings should be interpreted alongside other local evidence.

There are 7 Acute hospital providers and 2 Mental Health providers operational within the NENC geographical footprint. Where possible, health care specific (hospital admissions, mental health analysis has been provided at Integrated Care Board (ICB), Local Authority and Acute Provider level.

The populations used to determine rates within the ICB and Local Authority level analysis is ONS mid-year populations 2019, specific to the age, gender and area. The population used within the children and young people's modelled estimates of needs has been taken from the ONS school, pupils and their characteristics data. The aim is that the geographical rates and the estimates will help to provide an understanding of the potential need within the population.

Time period

The report presents the latest data and analysis available.

The modelled data is based upon work undertaken in 2023 by NECS using the National Child measurement programme and ONS data.

Data included

The data and indicators are selected on the basis of: wider evidence of risks and harms specific to children and young people living with increased weight and/or obesity.

Various data sources have been used throughout to provide a comprehensive overview of the scale of the issue within NENC.

Key Findings

- There are many determinants for children living with obesity in NENC which are significantly worse than the England average, therefore leading to increased risk for the region.
 - 25% of children within NENC live in low income families
 - Significant variation in 'food poverty' or 'food insecurity'
 - 45% of pregnant women are identified as living with obesity or severe obesity at antenatal booking
 - Higher rate of smoking at time of delivery in NENC than England average
 - Fewer children are breast fed
 - Children are less physically active in NENC than England average but it is improving
 - Teenagers, particularly girls continue to report a reduction in physical activity
- A third of reception aged children in NENC in 2022/23 were reported as living with overweight or obesity.
- 40% of children in year 6 within the same year were living with overweight or obesity.
- For both age groups included within the National Child Measurement programme (NCMP) COVID had a huge impact, with the rates increasing significantly in 2021/22. This latest year we have seen a reduction but the rate is still high and higher than England average.

Key Findings

- Children residing within the most disadvantaged communities or from ethnic minority communities are shown to be more likely to be living with overweight or obesity.
- There is an estimated 136,000 children within the North East who are living with overweight or obesity, with 21,000 of those living with severe obesity.
- Children living with obesity are 4 times more likely to be diagnosed with type 2 diabetes
- The prevalence of type 2 diabetes in children and young people is expected to continue to increase and become a major contributor to health inequalities within the working age population by 2040
- Evidence suggests that 55% of children who are living with obesity will remain so into adulthood, increasing the risk of developing co-morbidities such as hypertension, type 2 diabetes and musculoskeletal problems.
- The children's weight service (CEW) in South Tees Hospitals has been operational since April 2021. Since then they have received 224 referrals. Many of these referrals already have existing co-occurring complications such as fatty liver disease, type 2 diabetes, joint and mobility problems or hypertension.
- Of those referrals, 171 have been seen to date. There is currently a waiting list of up to 18 weeks for new patients to be seen.

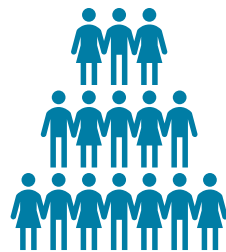
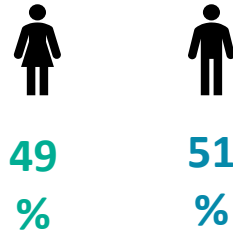
North East and North Cumbria population

Figure 1: Map of North East and North Cumbria



Figure 2: North East and North Cumbria Population by aged group – children and young people

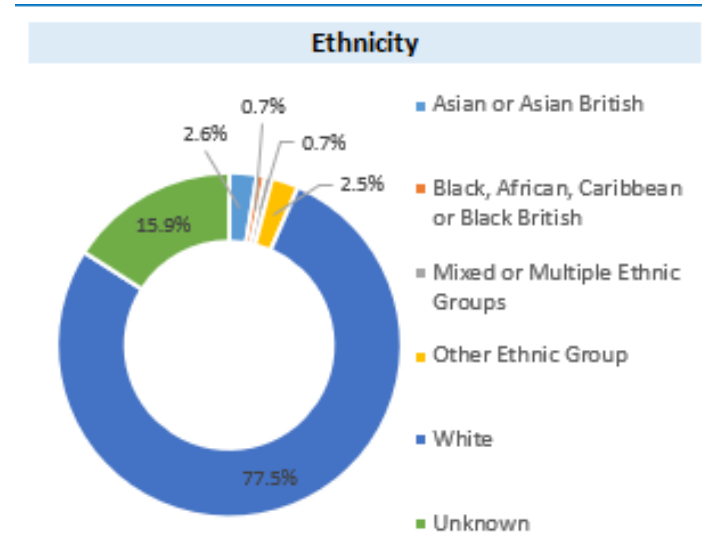
15 to 19 years	81,096	84,661
10 to 14 years	83,740	88,078
5 to 9 years	81,254	85,979
4 years and under	72,650	76,244



Approximately 3.1 million people reside in the North East and North Cumbria, 653,702 are aged 19 and under.

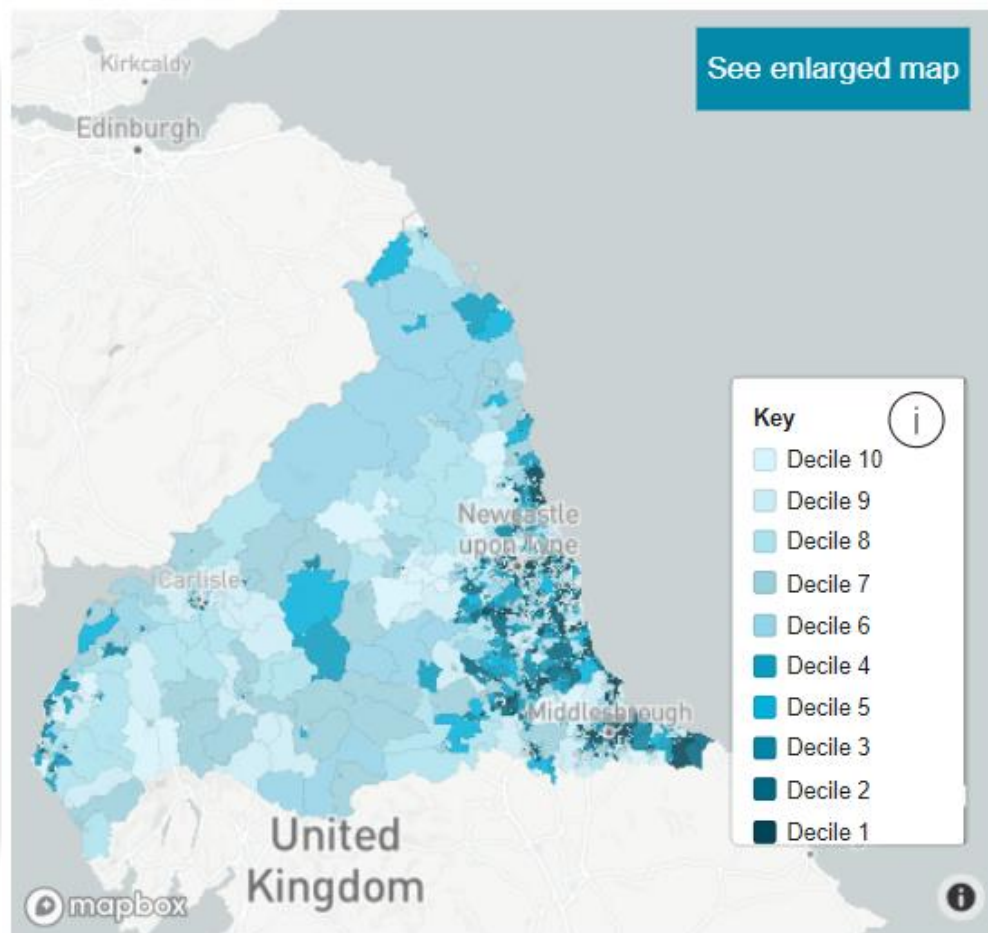
51% of those aged 19 and under are male and 49% female

Figure 3: North East and North Cumbria Population by Ethnicity



Area deprivation

Figure 4: Income deprivation affecting children index - where 1 is the most deprived decile in England. LSOAs within North East and North Cumbria LA districts (IMD 2019)



Deprivation in the NENC

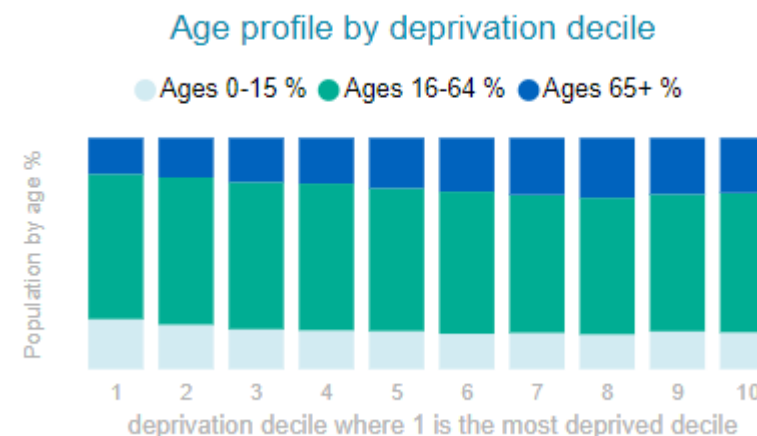
In the North East and North Cumbria around 1 in 4 residents live in relative low income families which is higher than 1 in 5 for England. The percentage varies from 20% in North Tyneside to 37% in Middlesbrough.

Relationships with Increased weight and deprivation

Children in low income families have 2.3 greater odds of being affected by obesity and increased weight than children in higher income families.

25% of children in NENC live in relative low income families

Figure 5: Population size by deprivation decile and age group. North East and North Cumbria



Sources: MHCLG Open data: [English Indices of Deprivation 2019 - LSOA Level \(Figures 4 and 5\)](#). and [ONS mid year population 2019 by age \(Figure 6\)](#). Contains public sector information licensed under the Open Government Licence v3.0. © Crown copyright 2020. The [Index of Multiple Deprivation 2019](#) is a relative measure of deprivation measured across seven distinct domains: Income; health and disability; employment; education, skills and training; barriers to housing and services; crime; and living environment. Childhood obesity and environment - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7416135/>

Healthy weight in Children and Young people – Wider Determinants

There are many widely researched determinants of childhood obesity. Being from more deprived areas, commercial formula milk feeding, lower levels of breast feeding, smoking during pregnancy, parental obesity, low-income families, early weaning and inappropriate portion sizes cultural beliefs, genetic factors and physical activity opportunities. The reported figures on many of these for NENC are significantly worse than the England average, indicating children and young people in NENC are at greater risk of experiencing obesity and increased weight than other parts of the Country.

In 2022/23, 12% of mothers were reported as smoking at the time of delivery compared with 9% for England. This ranges from 10% in North Tyneside to 15% in South Tyneside.

For women who had their height and weight recorded at time of antenatal booking (between April 2018 and March 2023), almost a third had a BMI between 30 and 39.9 and 13% had a BMI greater than 40.

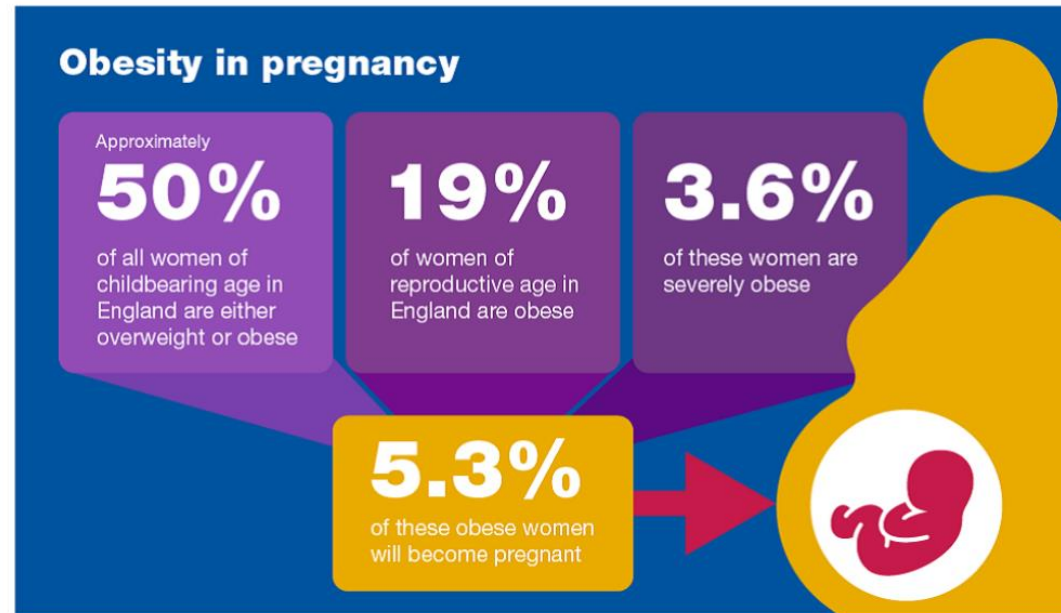
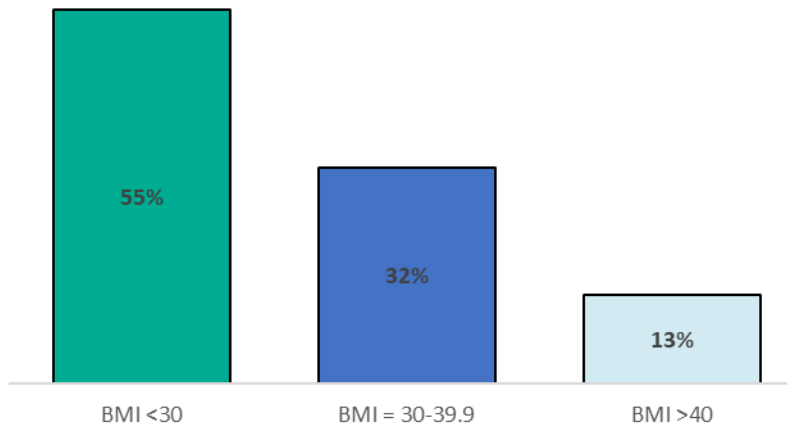
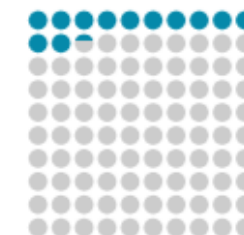


Figure 6 – Obesity at antenatal booking, 2018-2023



Smoking status at time of delivery

| 2022/23



12%

England 9%
3,270
Count

Modifiable risk factors - Breast Feeding



Public Health England



Breastfeeding in England

The UK government recommends exclusive breastfeeding for around 6 months and thereafter with other foods



74% of mothers start to breastfeed²



44% are breastfeeding at 6 weeks³



36% are breastfeeding at 6 months⁴



Only 1% of babies are exclusively breastfed until they are 6 months old⁵



Mothers who are young, white, from routine and manual professions and who left education early are least likely to breastfeed⁶

Why mothers in England don't breastfeed

Only 36% of babies in England²⁰ are receiving some breastmilk at 6 months compared to 71% of Norwegian babies²¹



Eight out of ten women stop breastfeeding before they want to and could have continued with more support²²



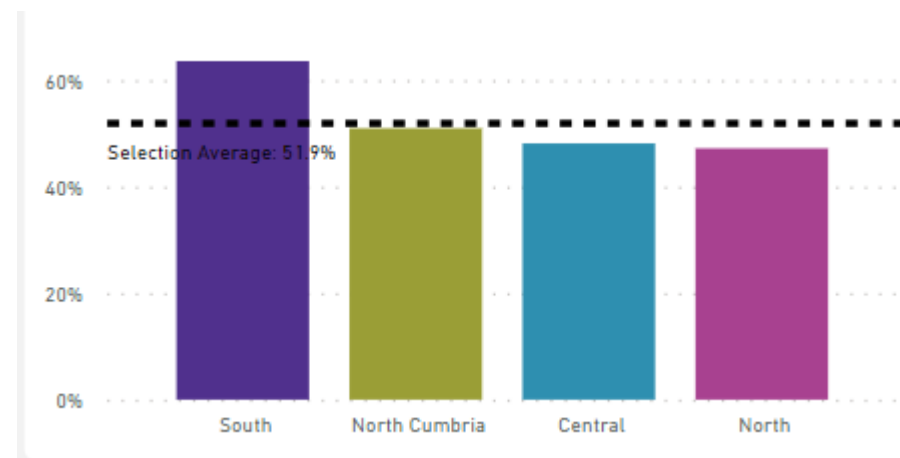
Many English mothers feel unsupported and find breastfeeding

- very difficult
- not acceptable in public
- difficult to combine with work and lifestyles



Families live in a culture where formula feeding is seen as normal and nearly as good as breastfeeding

Figure 7 – % of babies where first feed is breast, NENC 2022



52% of babies in North East and North Cumbria in 2022 were reported as receiving breast as their first feed. There is geographical variation, with the South of the footprint (Tees Valley) reporting a greater proportion, however we suspect there may be ongoing data quality issue in the way this is reported.

Although an improving trend, only 37% were breast fed at 6-8 weeks. This is lower than that England average.

Wider Determinants – Deprivation and obesity

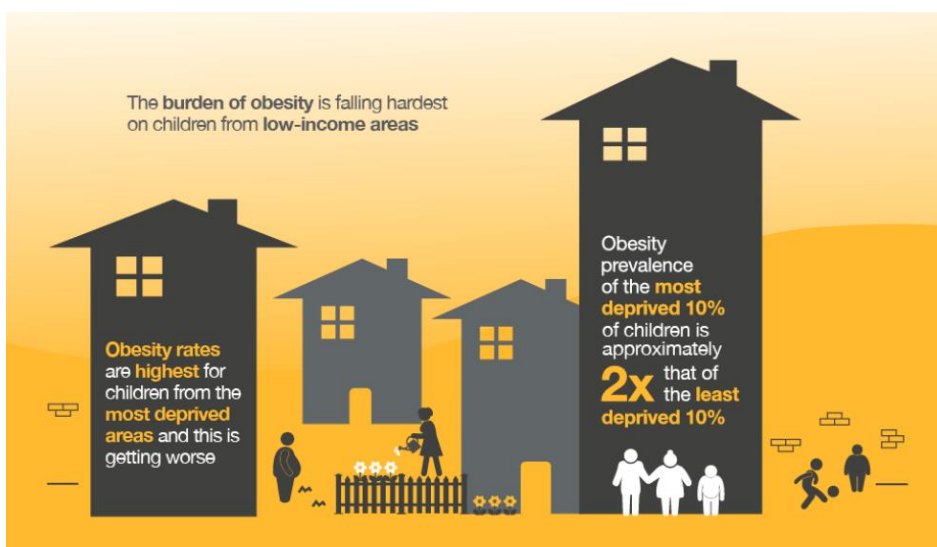
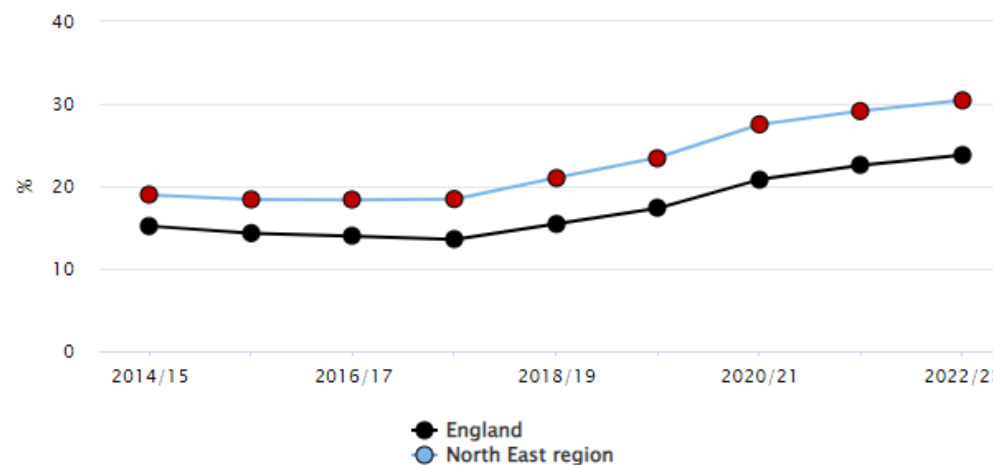


Figure 8: Free school meals: % eligible. 2022/23 - North East



As mentioned on page 15, A quarter of children and young people in NENC are within low income families and a greater proportion of children reside in the most deprived communities than the most affluent.

Evidence suggests that children from the 10% most deprived communities are twice as likely as children from the 10% least deprived to experience obesity. There are many factors contributing to this inequality, one being access to fast food outlets.

Other factors include access to regular, nutritious food. In 2021, it was reported between 21% (North Tyneside) and 54% (Hartlepool) of the population were at risk of food insecurity.

Evidence suggests, access to free school meals is likely to reduce a child's body weight. Nationally, there has been an increase in the proportion of children eligible for free school meals since 2017/18. The trend in NENC is the same the England trend but the proportion of children accessing free school meals is significantly greater. There is variation within NENC, with Northumberland (22%) and North Tyneside (25%) reporting the lowest proportion and Middlesbrough (40%) and Newcastle (40%) the highest. Despite this, the prevalence of increased weight within the most deprived communities continues to increase.

Healthy weight in Children and Young people – Physical Activity

47% of children within England were reported as ‘active’ in the latest National Active Lives Survey. ‘Active’ is defined as being physically active for 60mins or more per day.

Within NENC, there is variation by Local Authority, ranging from 42% of children in Cumberland to 54% in North Tyneside. In the last 12 months, there has been a significant improvement in the percentage of “Active” children County Durham and a significant reduction in Cumberland.

Nationally, the trend in improved levels of activity is shown to align with Primary School and younger children. Those within Secondary school, particularly girls (school years 7- 11) have seen a significant reduction in the last 12 months.

There is little to no data available relating to Teenage weight. It is a cohort of the population who do not usually frequent Primary care regularly, making routine capture of BMI unlikely and the NCMP ends at year 6 Primary.

Nationally, it is estimated that 39% of 11 to 15 year old young people are living with increased weight or obesity. (Health Survey for England - 2019)

Physical activity for children and young people (5–18 Years)

- BUILDS CONFIDENCE & SOCIAL SKILLS
- MAINTAINS HEALTHY WEIGHT
- DEVELOPS CO-ORDINATION
- STRENGTHENS MUSCLES & BONES
- IMPROVES SLEEP
- IMPROVES CONCENTRATION & LEARNING
- IMPROVES HEALTH & FITNESS
- MAKES YOU FEEL GOOD

Be physically active

Spread activity throughout the day

Aim for an average of at least **60** minutes per day across week

All activities should make you breathe faster & feel warmer

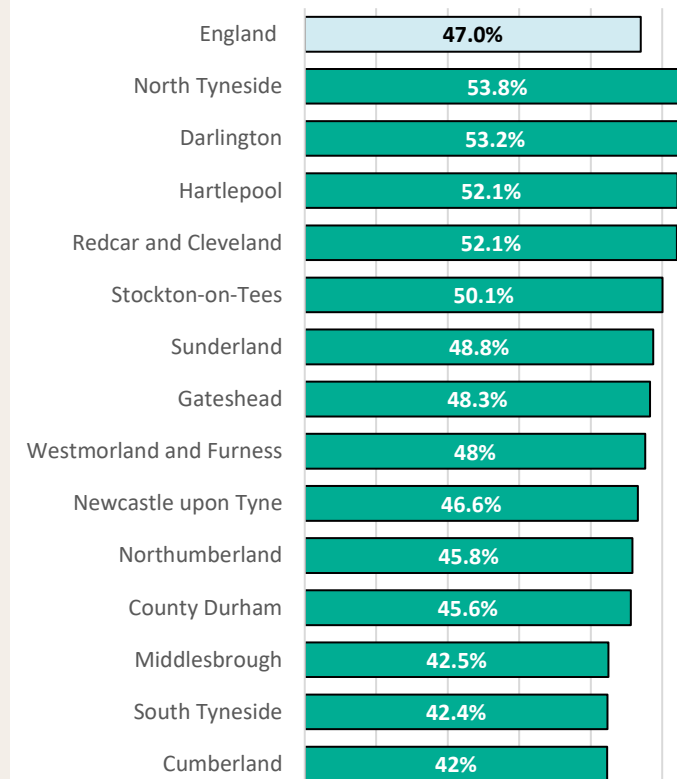
Activities to develop movement skills, and muscle and bone strength **ACROSS WEEK**

Get strong (INACTIVITY) **Move more**

Find ways to help all children and young people accumulate an average of at least 60 minutes physical activity per day across the week

UK Chief Medical Officers’ Physical Activity Guidelines, 2019

Figure 9 – Active children by Local Authority, 2022/23



Healthy weight in Children and Young people

– Nutrition



Mean intakes of free sugars for children from age 4 years were more than double the recommended maximum of no more than 5% of total energy: 12.1% of total energy in children aged 4 to 10 years and 12.3% in children



Mean intakes were 34.2% and 34.1% of total energy from fat in children aged 4 to 10 and 11 to 18 years respectively



The mean intakes of confectionary has reduced across all age groups



Consumption of sugar soft drinks has increased for children aged 1.5-3 and 11-17



The number of portions of fruit or veg consumed each day has increased over time

The information included on this page is taken from the national diet and nutrition survey, published in 2023.

The information within the survey findings is reported at National level only and is unavailable at regional or ICS level, therefore this is indicative of population trends and not specific to the NENC population. It also does not consider variations by socio-economic group or other inequality factors and how these have changed over time.

Children within England are reported as getting 12% of their calorific intake from 'free sugars' which is more than double the recommended level of 5%. Free sugar is what we call any sugar added to a food or drink. Examples can include honey and syrup, fruit juice or foods where sugar has been added as an ingredient rather than occurring naturally.

The survey indicates that there has been a reduction in the consumption of confectionary over time but an increase in 'sugar soft drinks', particularly for young children and teens.

Impact of unhealthy weight and obesity

In 2022, The office for improvement and disparities published the infographic (right) within 'Childhood obesity – applying all our health' policy document. The infographic shows the various elements of children's lives affected by living with obesity, including mental health, high cholesterol, musculoskeletal and breathing problems.

Children and young people living with obesity are four times more likely to be diagnosed with type 2 diabetes than children living with a healthy weight.

A study undertaken by NIHR in 2017 highlighted the increasing incidence of type 2 diabetes in children across England. The incidence of type 2 diabetes increased from 6.4 per 100,000 person per year in 1994-98 to 33 per 100,000 person per year in 2009-2013.

The current prevalence of childhood type 2 diabetes in NENC is 67 but we are unable to accurately report the proportion of those who are also living with obesity

Obesity harms children and young people



Emotional and
behavioural

- Stigmatisation
- bullying
- low self-esteem



School absence



- High cholesterol
- high blood pressure
- pre-diabetes
- bone & joint problems
- breathing difficulties



Increased risk of
becoming overweight
adults

Risk of ill-health and
premature mortality in
adult life

National Child Measurement Programme - Reception

Figure 10 – NCMP Reception findings 2022/23 by Local Authority

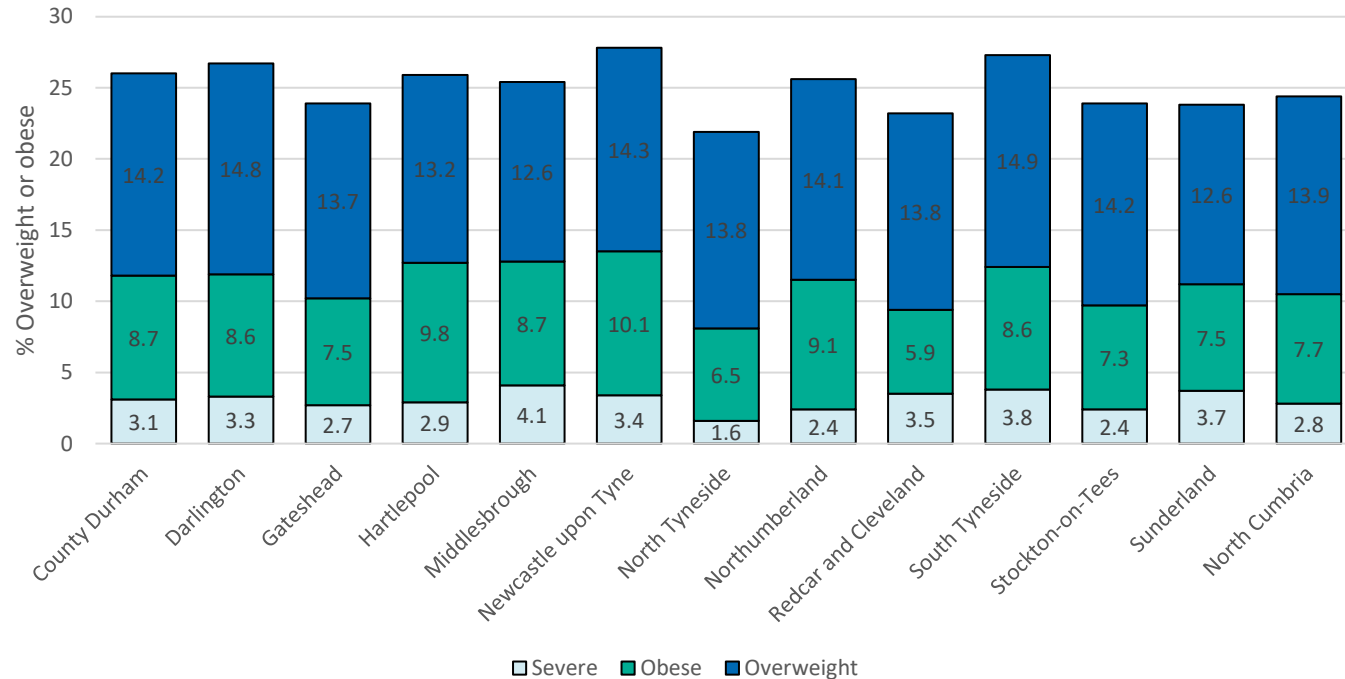
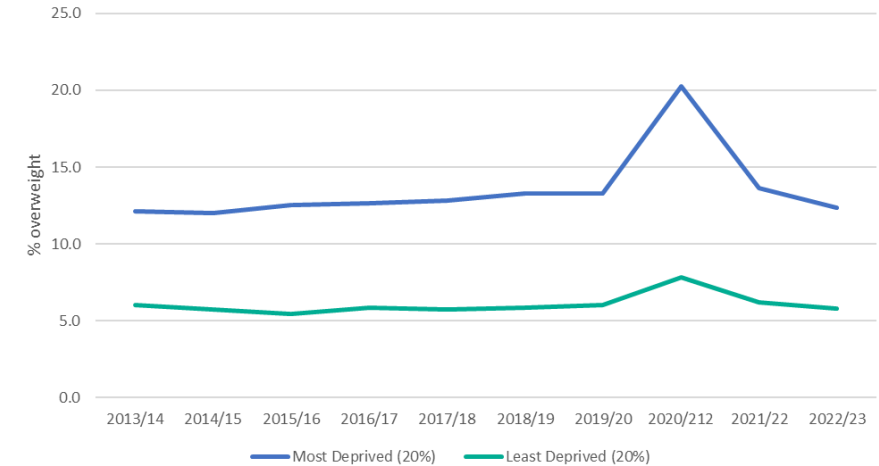


Figure 11 – NCMP Reception findings over time - NENC



One in four children in Reception school year in NENC were reported as living with increased weight or obesity within the latest national child measurement programme report. This is based upon readings of children in Reception in 2022/23. Newcastle upon Tyne reported the highest proportion of children with 28%, closely followed by South Tyneside.

Children within the most disadvantaged areas of the region reported a higher rate than those within the least disadvantages areas. The inequality gap peaked in 2020/21, potentially demonstrating the impact COVID:19 had on child health and wellbeing. Since then, the inequality gap appears to have returned to pre covid levels but still demonstrates an unfair impact upon the children with the most deprived communities.

National Child Measurement Programme – Year 6

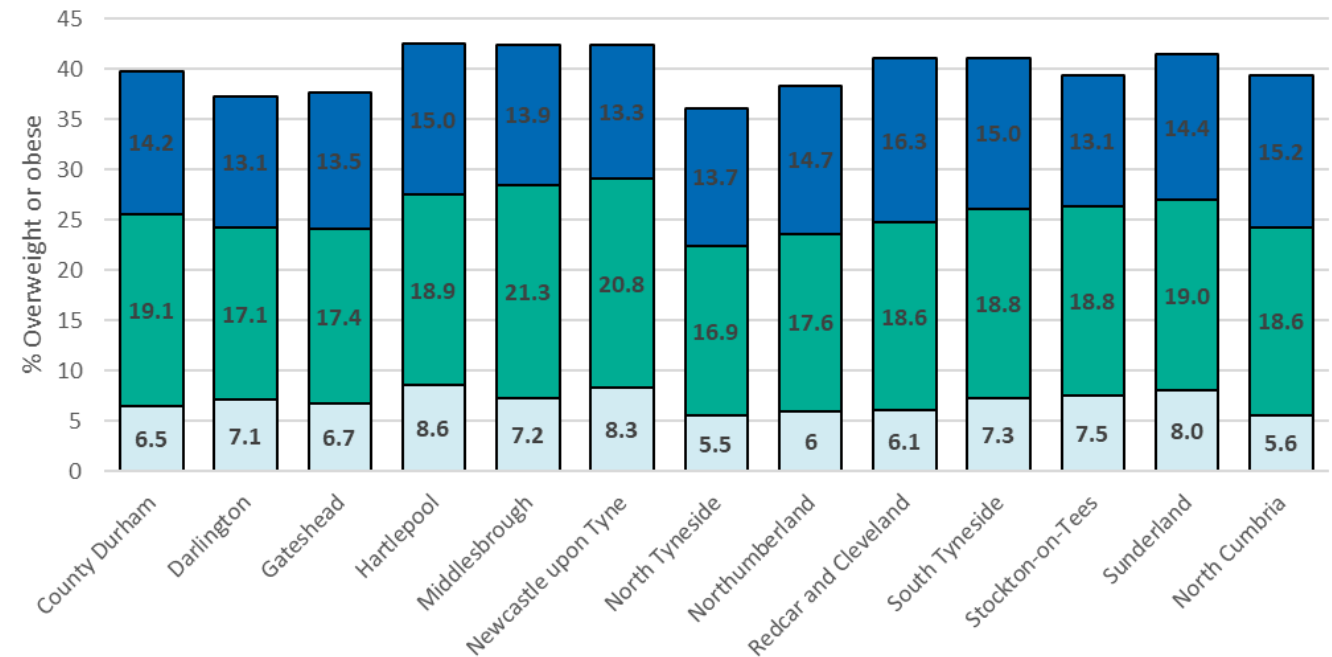
40% of children in school year 6 in NENC were reported as living with overweight or obesity within the latest national child measurement programme report. This is based upon readings of children in Year 6 in 2022/23. Hartlepool, Middlesbrough and Newcastle upon Tyne reported the highest proportion of children with 42% living with overweight or obesity, closely followed by Sunderland and South Tyneside (41%).

A longitudinal study published in 2017 using NCMP data attempted to understand the rapid increase in children living with overweight or obesity between reception and year 6. The findings suggested that **two in ten** children who are of healthy weight at reception will be living with overweight or obesity by year 6. A third of children who are living with overweight in reception will remain the same, a third will gain healthy weight status and a third will progress to living with obesity. Those who are living with obesity at receptions, two thirds remain the same at year 6.

Children within the most disadvantaged areas of the region reported a higher rate of increased weight and obesity than those within the least disadvantaged areas.

Healthy weight reception age children from minority ethnic groups are more likely to increase to living with overweight or obesity categories by year 6.

Figure 12 – NCMP Year 6 findings 2022/23 by Local Authority



NCMP longitudinal study

https://assets.publishing.service.gov.uk/media/5a82d50be5274a2e87dc3347/NCMP_tracking_report.pdf

Estimated Prevalence – Children and Young people

Figure 13 – Estimated levels of need for years 1 to 5, 2022/23 by Local Authority

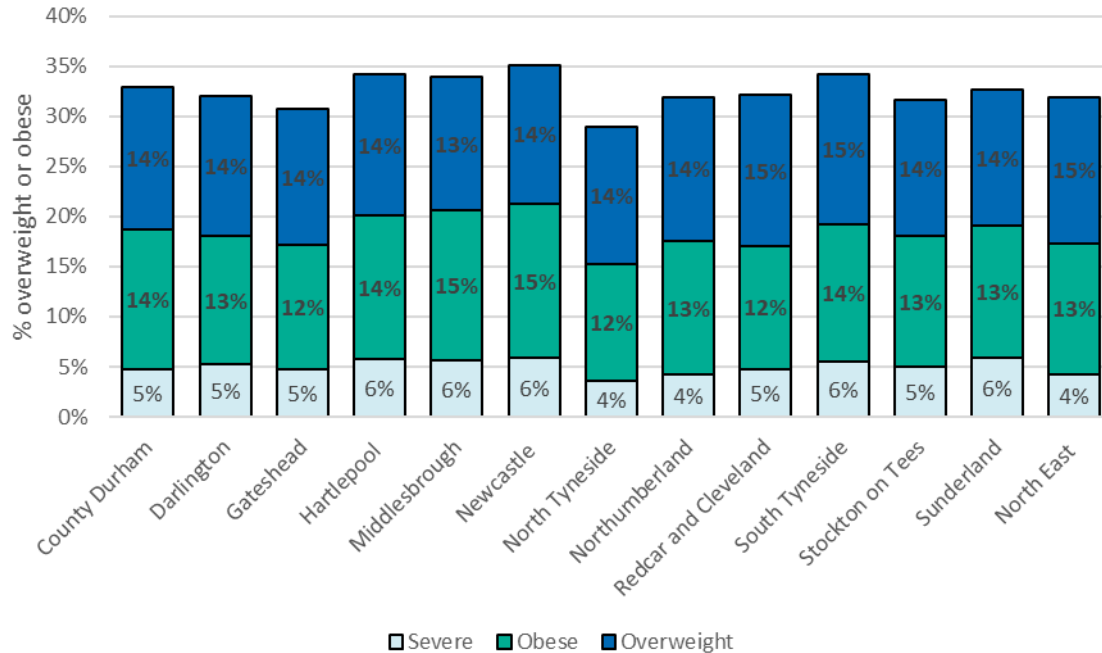


Figure 13 – Estimated number of overweight and obese children within NENC

Category	Reception	Years 1 - Year 6	Total
Overweight and Obese	14,049	96,576	25,181
Obese & severe	6,300	55,038	16,282
Severe	1,728	14,983	4,418
Obese	4,572	40,055	11,865
Overweight	7,749	41,538	8,899

Recent analytical modelling has been undertaken in NENC, applying the findings of the NCMP to all Primary year groups. Within the modelling an assumption that the general trend of increased weight would be gradual over time (between reception and year 6) rather than exponential within one particular year.

The findings of the modelling have enabled us to make simple assumptions about the overall need of children and young people within our population and is more likely to be an underestimate than an overestimate.

It is estimated that there are **135,806** children aged between 4 and 11 who are potentially living with overweight and obesity. 96,576 of these children would be in school years one to five, which are years not covered by the NCMP.

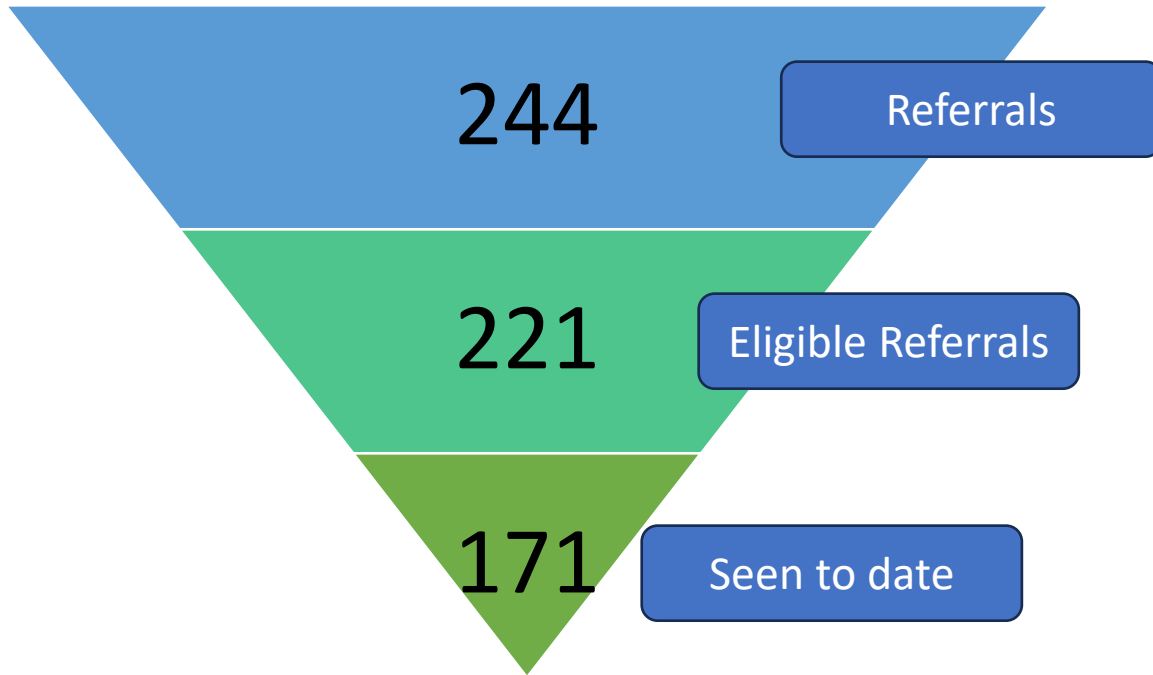
Over 21,000 children would potentially be meeting the criteria for severely obese and in need of intervention and support, potentially from Tier 3 services.

Approximately 5% of children in years 1 to 5 are estimated to be living with severe obesity, 13.5% obesity and 14% overweight.

It is estimated that 55% of children who are living with obesity will remain living with obesity into adulthood. This potentially has huge implications for future healthcare needs of the population. However, only 70% of adults living with obesity were reported as living with obesity as children

- Complications from Excess Weight (CEW) clinics uses a holistic approach to treating conditions related to obesity in children and young people (CYP) with care being delivered by a multidisciplinary team (MDT), linked to a specialist children's hospital.
- The three aims of the service are to:
 - **Identify** the factors involved in the development of severe obesity. Assessment should be holistic with equal consideration for mental health, physical health and social needs.
 - **Treat complications** associated with severe obesity and coordinate / refer onto other services where required.
 - Consider an **individualised holistic plan**. This may include interventions such as family-based therapy, behavioural coaching, dietary strategies, and mental health support. This aims to address health inequalities by considering culturally appropriate factors and a personalised approach.
- Children will receive holistic treatment and person-centred care packages developed with their family, which could include mental health treatment, coaching and advice around a healthy diet.
- The service has capacity and is funded to see 100 children for a period of 12 months.

CEW Services – South Tees Hospitals FT



Fatty liver disease

Neurodiversity

Hypertension

Psychological health

Type 2 diabetes

Mobility and joint problems

Polycystic Ovaries

The CEW service have received 244 referrals since the April 2021, of which 221 were deemed to be eligible.

97% of referrals were aged 4 to 18 with 46.4% between the ages of 4 and 11 and 50.4% aged 12 to 18.

Many of the children had co-occurring conditions and concerns, the most prevalent one being Fatty liver disease. The list above highlights the most frequently reported health issues for those accessing CEW (not in order of prevalence).

The service is currently at capacity and there is a waiting list for children requiring support. The estimated waiting time is 18 weeks.

Patient Feedback:

"Dr Burns and the team of support workers, psychologists and professionals are amazing they go out of their way to help support where needed"

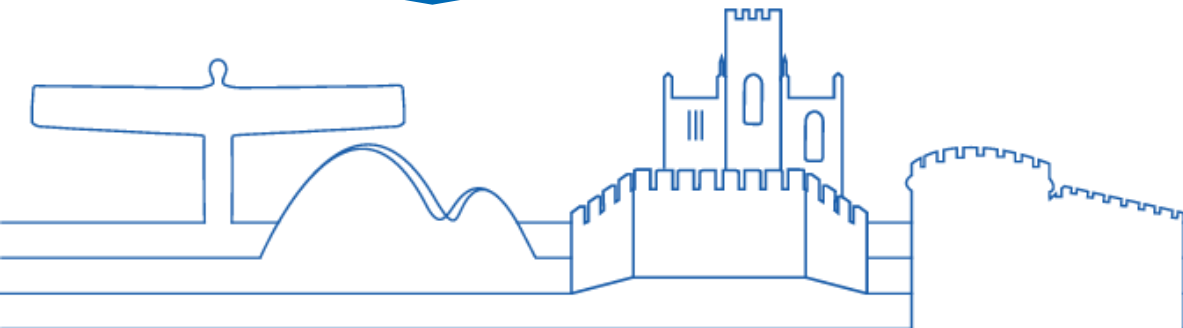
"Everyone's at the end of the phone and if they don't have the answers they find them for you the whole team are amazing I'm so glad we got chance to be part of a service that actually helps"

"Its's really lovely knowing the team are there as a security blanket to support the family"

"The CEW Service has done so much for my child in such a short time, I feel like we have made more progress than the school has ever done, I finally feel listened to."

"Thank you very much, it literally means so much that she is actually getting some support"

"The activities were really fun and good for X for her anxiety, and she loved meeting new people"



Recommendations



North East and
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Workforce

- **Recommendation 1** – Promote the use of key national resources and training opportunities for Children and Young Peoples living with obesity for delivery to key staff in healthcare settings (i.e. Paediatricians, GP's, Dieticians, Nurses and Physiotherapists) and relevant social care settings.
- **Recommendation 2** – Healthcare organisations should ensure that key staff groups are supported to access the relevant elements of the training programme, including prevention, brief interventions, and the management of obesity
- **Recommendation 3** – Work with primary care and secondary care to present the need to appoint an obesity lead with a keen interest in prevention and treatment to support CYP and families with living with overweight/obesity and associated problems.
- **Recommendation 4** – The ICS Healthy Weight & Treating Obesity Programme should develop and implement a communication and engagement strategy to support a culture change among NHS staff and empower staff to have effective conversations about Healthy Weight and treating obesity when people want to discuss the issue
- **Recommendation 5** – Assure NENC maternal healthy weight training is implemented for maternity and health visiting services.

Recommendations

Data

- **Recommendation 6** – Understand level of need which will include identifying robust data sources for children post primary school
- **Recommendation 7** - Development of minimum dataset/outcomes for CYP services (Data template from CEW any new services use data templates to ensure all data/evaluations is comparable, CEW services should include inequality breakdown)
- **Recommendation 8** – Acute trusts and primary care organisations trusts should take steps to improve data quality and recording in relation to height, weight, BMI for CYP (particularly for teens and young adults)
- **Recommendation 9** – When available all healthcare providers, including acute trusts, mental health trusts and primary care, should utilise a population health management approach to understand and respond to the needs of their population, including understanding the health inequalities associated with obesity.

Service Delivery

- **Recommendation 10** – Commissioners and providers should strengthen the role of those of CYP and families with experience of living with obesity. This should go beyond consultation so that people with lived experience play a key role in supporting commissioning and driving pathway design, planning and education, thereby addressing inequalities in access, service use, outcomes and experience.
- **Recommendation 11** – The NENC ICB should consider investment to sustain the existing Complications of Excess Weight (CEW) services with a view to increasing provision, accessibility and reduce inequity for the eligible population.
- **Recommendation 12** - Understand the impact poverty has on the ability to engage in CEW services and to live a healthy lifestyle
- **Recommendation 13** - Carry out a Poverty Proofing 'deep-dive' into service provision to develop concerted action to meet the needs of those experiencing poverty
- **Recommendation 14** – Universally include healthy weight and physical activity into all personalised care plans.
- **Recommendation 15** – Co-develop interventions and support the creation of 'one stop shop' clinics for mothers living with obesity.

Strategic Leadership from the healthcare system

- **Recommendation 16** - Continued promotion of prevention and early intervention for obesity via communication and engagement of key themes i.e. benefits of physical activity, exercise and healthy eating/evidence-based diets. Working closely with OHID/Tier 3/Dieticians to provide consistent advice and guidance on CYP preventative and weight loss
- **Recommendation 17** – ICB to work with LAs and other key partners to develop a Whole System Approach at a regional level which supports WSA already being delivered locally at place to address the needs of children and young people for overweight and obesity.
- **Recommendation 18** - Plan prescribing guidance for CYP for current and future pharmaceutical weight loss available for patients to ensure equality of access

Acknowledgements



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- Newcastle City Council
- Newcastle University
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- Northern Cancer Voices
- North Tees Hospitals NHS Foundation Trust
- North Cumbria Integrated Care Trust
- Northumbria NHS Healthcare Foundation
- North East and North Cumbria Applied Research Collaboration (ARC)
- Office for Health Improvement & Disparities
- Place based commissioners for Gateshead, Newcastle, North Tyneside, Northumbria, North Tyneside, North Cumbria and Tees Valley
- South Tees NHS Hospitals Foundation Trust
- South Tyneside and Sunderland NHS Foundation Trust
- Sunderland City Council
- Tees Esk & Wear Valley NHS Mental Health Foundation Trust

Acknowledgements



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- We would like to thank South Tees CEW services for sharing the patient feedback from accessing the service from CYP and families living with obesity

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