20
Shape Up Coventry
The urgency of promoting healthy weight among children and young people
Coventry City Council
Director of Public Health Annual Report 2016

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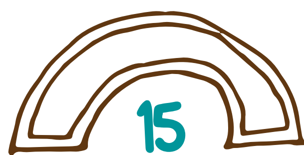

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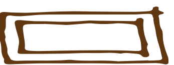
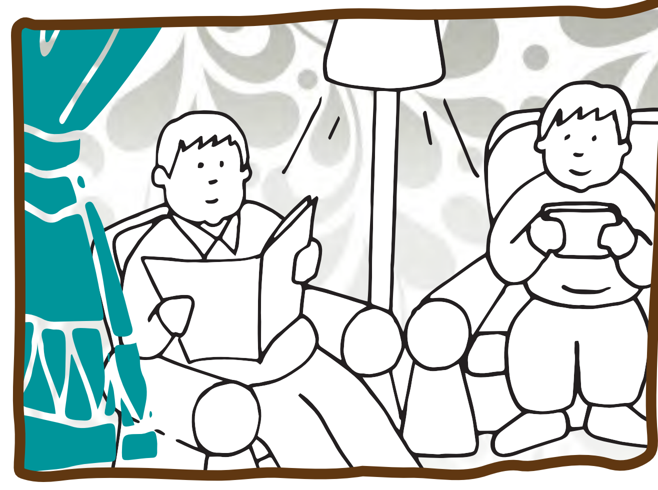




Meet the family

Dad Alan's job as a delivery driver keeps him active at work but he snacks behind the wheel and has put on weight since stopping playing football. Mum Cathy's own parents were overweight and she has been on and off diets since her teens.

Megan, age 10, is very good at convincing herself that she doesn't eat very much and skips breakfast and lunch but makes up for it at dinner and sometimes secretly eats at night. She doesn't enjoy playing sport at school. Eight-year-old Jack likes to play football computer games with his dad and they often treat themselves to a bag of crisps while they play. Both children find it hard to resist snacking after school.

Alan drives Jack and Megan to school in the morning as it's on the way to the depot. Both parents agree the most important thing is for their children to be happy and confident and think Jack and Megan are a similar weight as many of their friends.

Watch out for updates on the family's progress as they try to make lasting changes to their lifestyle.

Introduction

My report last year looked at the overall health of children and young people in their journey from birth to adulthood. Young people are our most important and precious asset and I want to keep the focus on them this year and concentrate on one of our most pressing public health concerns – how we ensure the next generation stays a healthy weight.

Last year only 63% of 10-11 year olds in Coventry were of a healthy weight – and there were more than 20 times more pupils who were overweight or obese than were underweight.

Obesity is often described as an epidemic in Western countries. Two in three adults in the UK are overweight and the impact on individuals and society is enormous.

We know that obesity starts early in life and, because managing weight is so difficult, it is often a lifelong struggle. There is no single solution or easy answer to this wickedest of wicked problems. Historic treatment centred approaches have failed to make significant changes to population obesity levels and work to prevent obesity can be held back by a lack of comprehensive evidence of 'what works'. Only by a coordinated and committed focus on the issue will we start to make a difference and bring about large scale change across our City. I wanted to use the production of this report as a way of sparking interest and commitment to bring about real and lasting change.

This report looks at the issues that lead our young people to gain excess weight from birth. It starts with an overview of childhood obesity and how it affects our young people in Coventry – and why concentrating our efforts on this single issue is just so important. It outlines some of the evidence about what works and highlights some of the excellent work already happening in our communities. In this report I am calling for a step change in the way we change behaviour in four areas:

- During our children's early years and in schools
- Among our families and communities
- Developing an environment which supports healthy eating and encourages physical activity
- Having effective family based services for those at greatest need

The scale of the problem and the lack of any real reduction in the huge number of children who are becoming obese means we need to be brave and bold. We need to be much more innovative in our approaches to tackling childhood obesity and make it a priority for everyone. We need to change our environment, our behaviour as organisations, as well as changing community, family and individual behaviour. To do this, I want to bring together an alliance of people committed to turning the tide of childhood obesity over the coming years.

Dr Jane Moore, Director of Public Health

Weight categories

Everyone's ideal weight will differ depending on their physical build, how muscular they are, whether they are male or female, their age and ethnicity, so Body Mass Index (BMI) is used as a measure which helps show whether people are of healthy weight compared to their height. There are four main categories of BMI used in this report:

	For under 18s this refers to children who's BMI is:	For most adults this refers to a BMI of:
Underweight	Below the 2nd centile	Below 18.5
Healthy weight	Between the 2nd and 85th centile	18.5 to 24.9
Overweight	Between the 85th and 95th centile	25 to 29.9
Obese	Above the 95th centile	30 and over

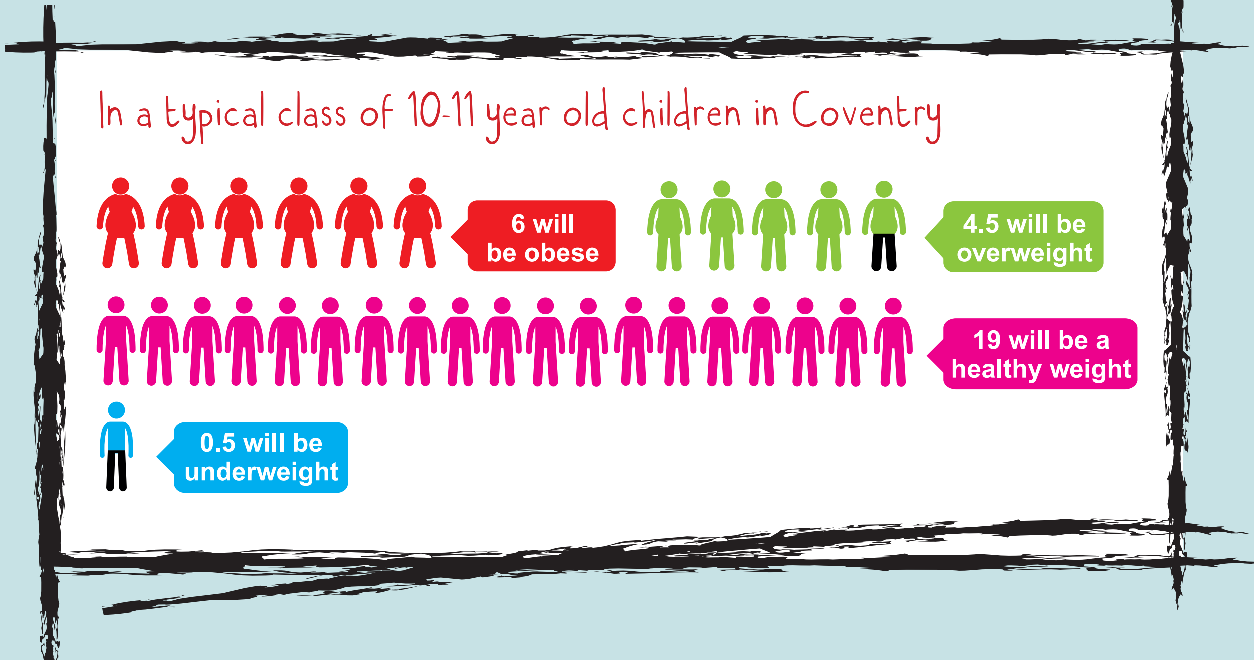
*Centiles are used to compare children's BMI. A BMI on the 2nd centile means that your child would have the 2nd lowest BMI of 100 children of the same age and sex.

Childhood healthy weight in Coventry

The last four decades has seen a huge increase in the number of adults and children across the UK becoming obese with an increased risk of a whole range of health and social problems. Carrying excess weight is fast becoming the norm, with around six in 10 adults being overweight or obese.

This increase has been particularly severe among children and young people and the scale of excess weight is significant. Between 2007/8 and 2014/5, more than 56,000 children have been weighed and measured during their primary school career in Coventry – of these, one in 10 (10.4%) 4-5 years olds and one in five (20.3%) 10-11 year olds were obese. Over a third (35%) of 10-11 years are either overweight or obese.

Nationally, the prevalence of underweight children has remained fairly static over the last decade and in 2014/15 1% of reception-aged children and 1.4% of 10-11 year olds were underweight. Prevalence in Coventry is higher than the national average, with 1.5% of reception children and 1.7% of those at the end of their primary school career with a BMI below the 2nd centile.



The growth of excess weight is most pronounced in the first years of life, and the number of children in Coventry who are obese almost doubles between the age of 4-5 and 10-11 years:

How the prevelance of obesity changes over time

Increase

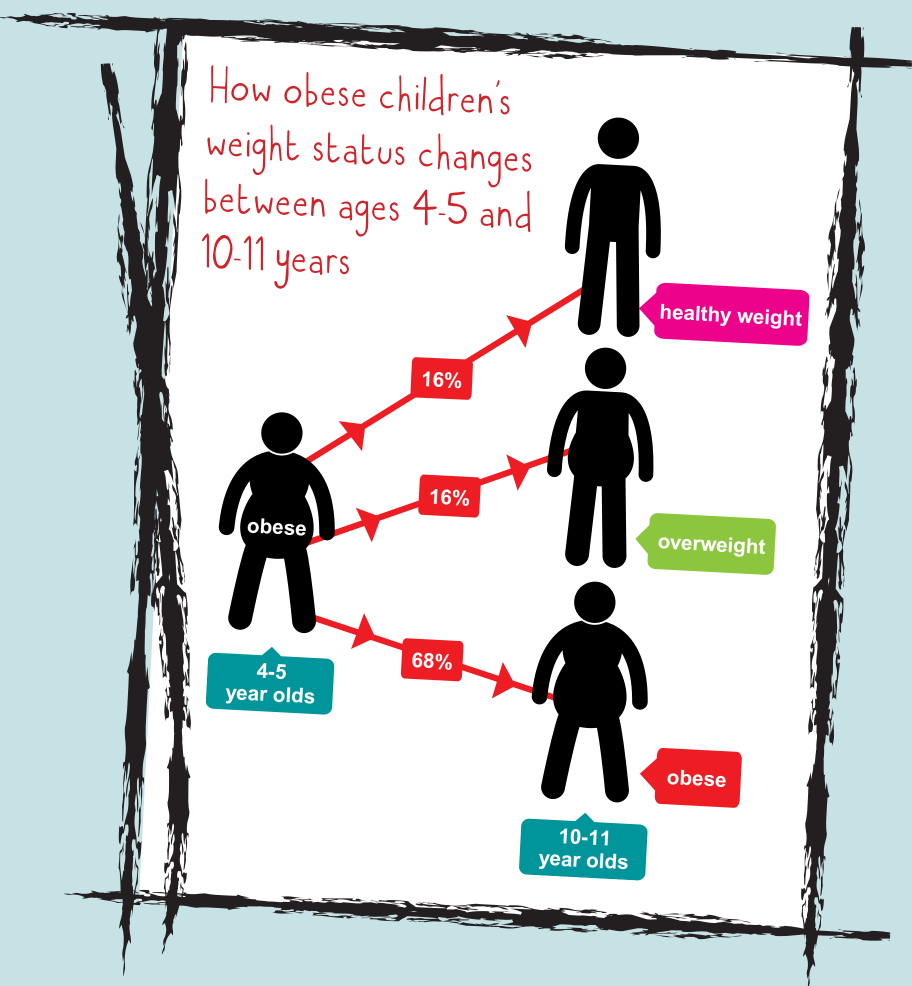
10.4%
20.3%
24.7%

100%
80%
60%
40%
20%
0%

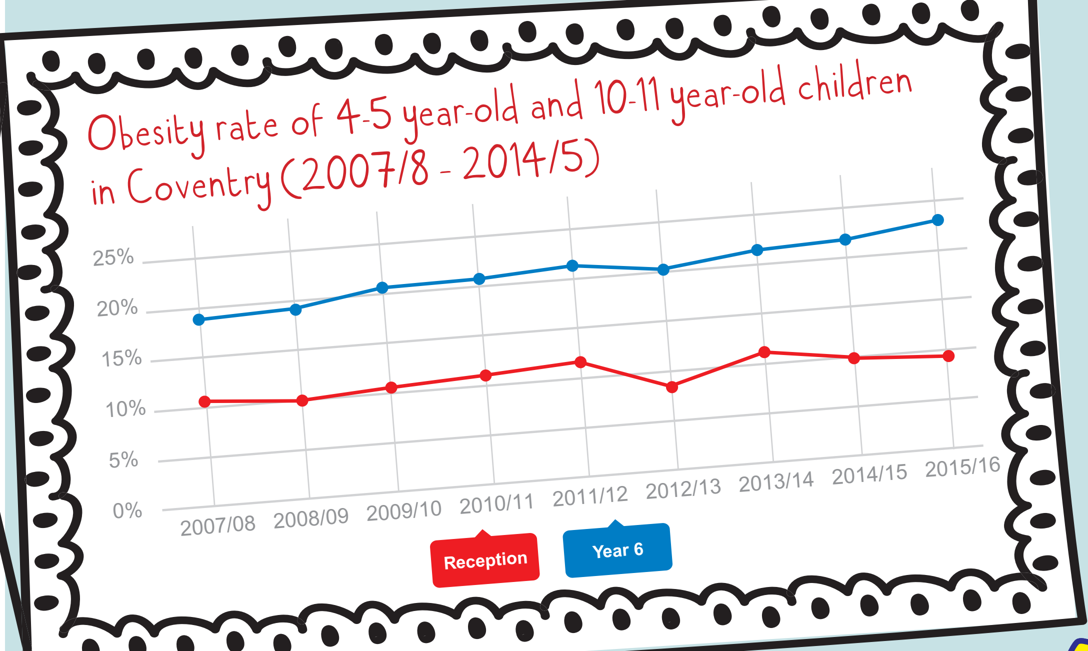
4-5 year olds
10-11 year olds
Adults

Under weight
Healthy weight
Over weight
Obese

One recent study[1] tracked children throughout their primary school career and found that nearly seven in ten children who were obese in Reception Year continued to be obese into Year 6. Other evidence demonstrates that eight in ten obese children will become obese adults.



More recently, there are encouraging trends nationally suggesting that the number of 4-5 years olds who are obese may be beginning to fall. However, obesity among 10-11year olds remains more static and the number of children becoming obese during their primary school career is growing. Over the last 8 years the number of obese children aged 4-5 in Coventry has remained broadly unchanged while the rate among 10-11 year olds continues to increase.



While obesity is a citywide issue, children in greatest deprivation are among the most affected. The number of 4-5 year olds who are obese tends to be highest in the more deprived north east and south east areas of the city. As children get older, the prevalence of obesity gets increasingly concentrated in more deprived areas. Some 23.6% of children aged 10-11 years from the 10 schools with the highest rates of free school meal eligibility in Coventry are obese, compared to just 15.1% of the children of the same age among the 10 schools with the fewest parents eligible for free school meals.

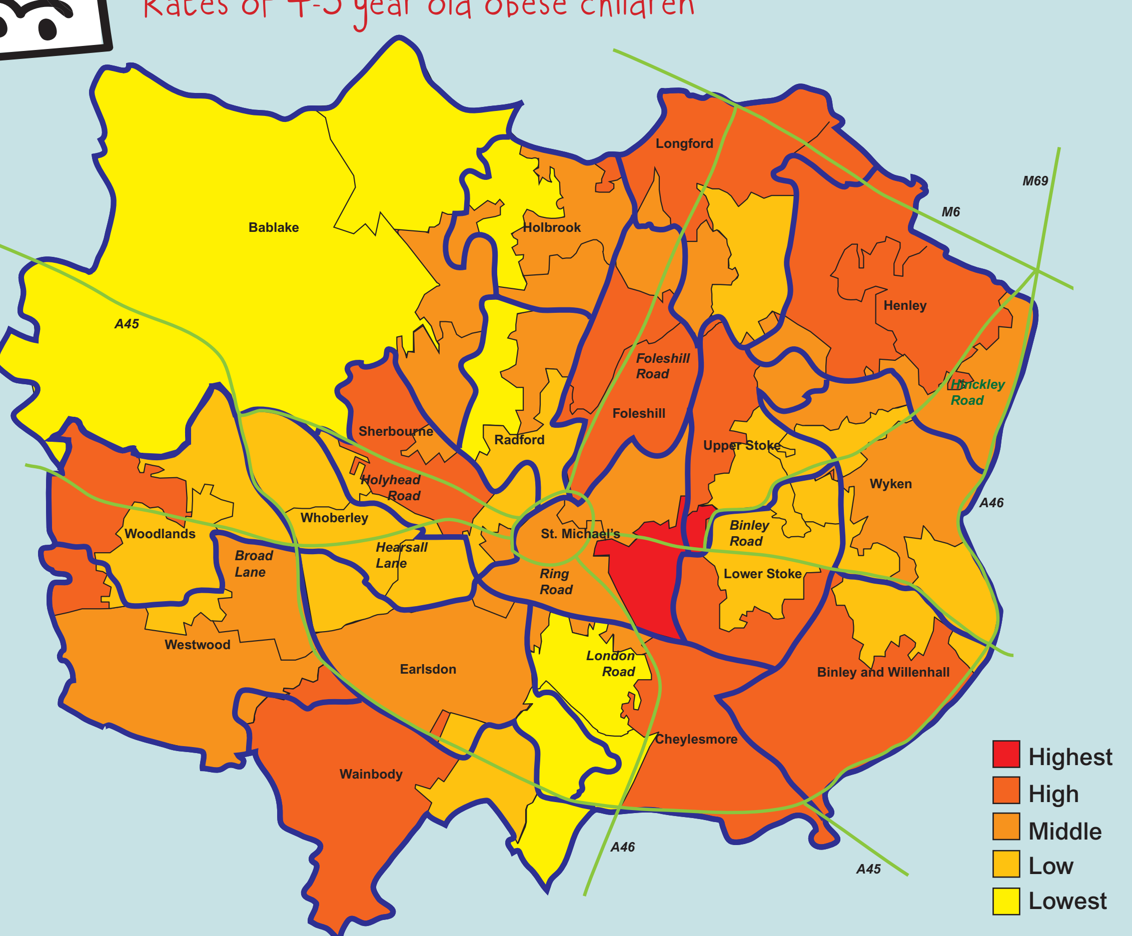
Children who experience multiple significant issues like substance misuse, divorce, domestic violence or abuse – all of which are linked to deprivation - are more likely to become obese as well as develop other damaging behaviours.

Looked after children also appear to be more likely to suffer from weight-related problems. A recent review of health assessments of children in local authority care, found that more than one in five (21%) children aged under 5 years were obese.

The rapid growth in obesity rates in the UK over the last few decades clearly shows that it is our lifestyles – not our genetics – which is making us pile on the pounds. Consuming and burning energy – what we eat and how active we are – determines our weight and while there is evidence that adults in Coventry are eating better and exercising more, the majority of children are still eating too much and not moving enough.

Eating less food is much more effective in promoting healthy weight than doing more physical activity. A typical snack containing 250 - 300 calories takes just a few minutes to eat but needs around 20 - 25 minutes of jogging to burn off. Balanced approaches which encourage long term changes in our diet and exercise behaviours are by far the best way of controlling weight[2].

Rates of 4-5 year old obese children



Around 82%

of all children in England aged 5-15 years eat fewer than five pieces of fruit and vegetable per day. One in 20 children eat no fruit and vegetables at all.

Applied to Coventry's population aged 5-15 years old, it is estimated that over 33,000 children are not eating their 'five-a-day'.

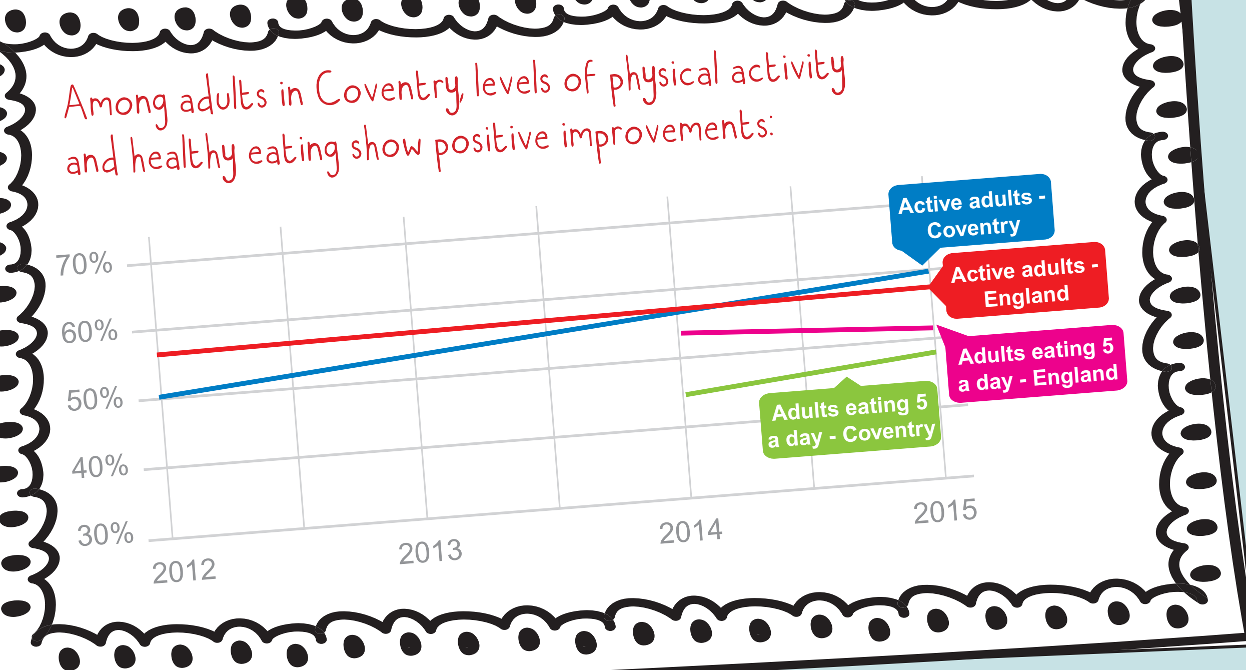
Eating 5 a day is part of a healthy, balanced diet and can lower the risk of developing serious health problems such as heart disease, stroke and some cancers.

Over 11,000 boys and over 31,000 girls

aged 2-15 years in England do less than the recommended 60 minutes of activity 7 days a week.

Until the age of 9 years, girls and boys do similar amounts of exercise, after which girls' activity drops off significantly.

Being physically active is one of the most important things you can do for your health. It can help you control weight, strengthen bones and muscle, reduce your risk of serious health problems like diabetes, heart disease and some cancers and improve your mental health and mood.



Consequences

The weight of our children matters. The consequences of children being obese are significant and frequently cause life-long difficulties:

Children of a healthy weight are less likely to miss school

Obese children are 30% more likely to have missed school due to ill health in the last 2 months.

We estimate that obese primary aged children in Coventry experience around 750 extra days of absence through illness every year than children of a healthy weight.

Obese children grow up to become obese adults

Most obese adolescents continue to be obese into adulthood and go on to be at risk of a wide range of weight-related health problems like diabetes, stroke, heart disease, some cancers, mental health problems and musculoskeletal problems. This increased risk can be stark - an obese women is 13 times more likely to develop type 2 diabetes than one of healthy weight.

Children of a healthy weight experience better physical health

Obese children are 50% more likely to have seen a GP in the last 2 months and to have been prescribed antibiotics in the last year.

Weight-related health problems in childhood can include early puberty, skin infections, some musculoskeletal disorders, childhood diabetes and asthma and other respiratory problems.

Children of a healthy weight experience better mental health

One in four young people report being bullied in the last year; half of whom think they were bullied because of their appearance. Most bullied children say the impact of bullying includes depression and anxiety and skipping school.

What drives our children's weight?

What we know is that obesity starts early in life and it's often the cumulative build-up of risk factors that means a focus by a range of partners and the community is needed in order to turn the tide of childhood obesity. Some of the biggest factors driving obesity among children are:

Parental obesity (same sex)
Sons of obese fathers and daughters of obese mothers are up to 10 times more likely to become obese themselves.

High birthweight
Birthweight of **8.5lbs** doubles the risk of child becoming overweight.

No Breastfeeding

Parenting style
A warm and authoritative parenting style is closely associated with families whose children have a healthy weight

Poor sleep increases the risk of child becoming overweight by 75%

Early weaning
Early introduction of solid foods increases risk of child becoming overweight by up to 6 times.

Sedentary behaviour (eg, excess TV watching)

Snacking

Living near a fast food/ convenience shop

Skipping breakfast

Being driven to school

Size of each block roughly relates to scale of impact

Pregnancy | Birth to Five years of age | Five to Eleven years of age

Early years and schools

1. Pregnancy and infancy
2. Healthy catering
3. Keep on moving
4. A whole school approach

Families and communities

The physical activity environment

The food environment

Treatment

What we eat and how much we move are behaviours which are learnt early in life. If we are serious about tackling obesity, we need to start young and embed a healthy approach to food and physical activity across early childhood.

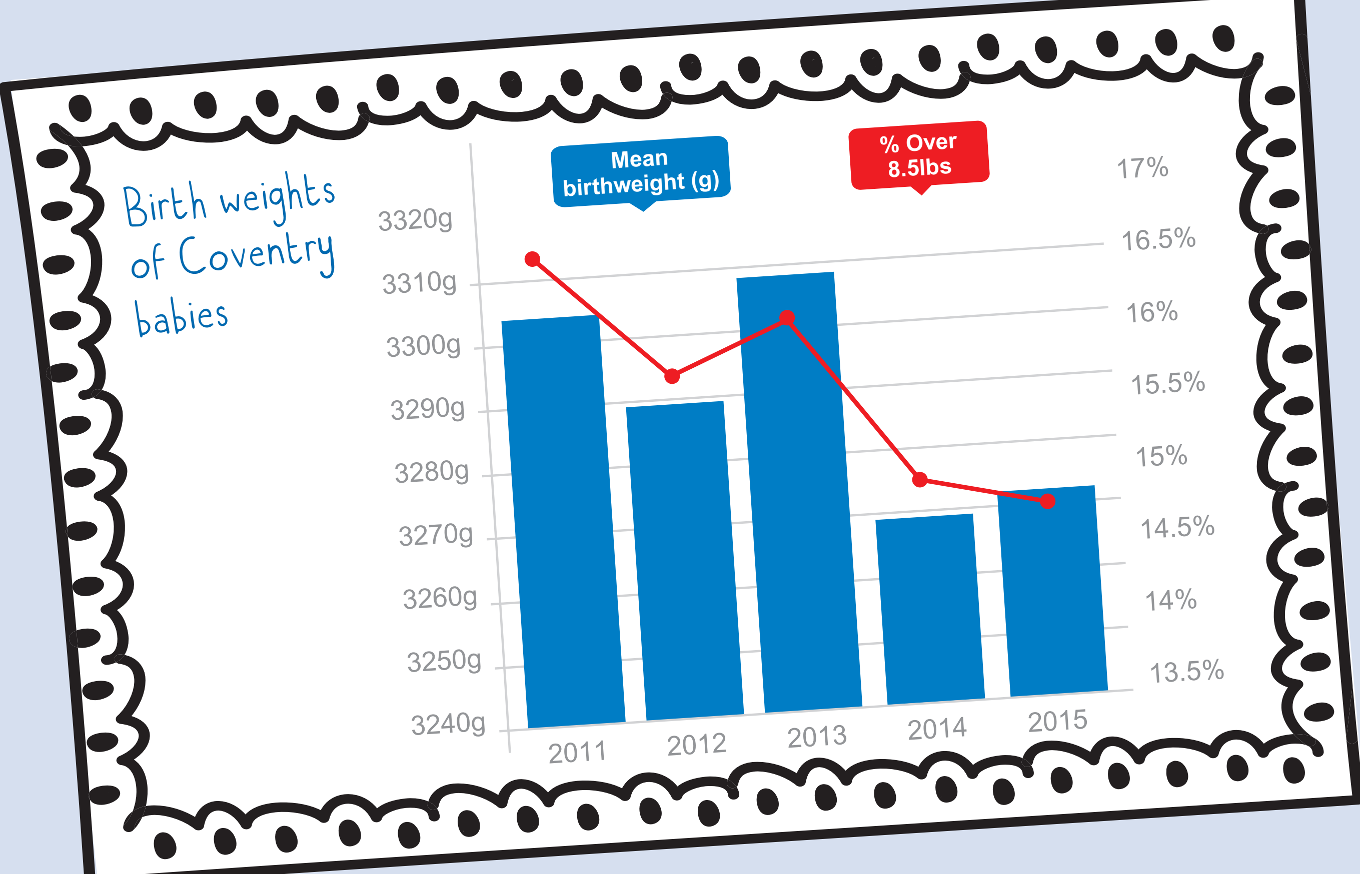
As Jack and Megan get older, life for the family just gets busier. Breakfasts are skipped as mornings have become a rush for the family and often the evening meal is just a snack eaten alone. Largely left to pick their own meals, the children tend to eat a small selection of their favourite foods.

1. Pregnancy and infancy

The influences on a child's weight start before birth and during the first months of life. Children of women who were obese before and during their pregnancy are more likely to become obese themselves as adults[3]. The excitement of pregnancy, stigma and women's busy lives mean that specific pre-birth lifestyle interventions – while proven to make a difference - are often poorly attended[4]. Clear advice – and support to change behaviour – about healthy lifestyles, diet and exercise in pregnancy is needed[5].

Evidence suggests that larger babies have a tendency to become larger children – and that a birthweight of more than 8.5lbs (3,856 grams) doubles the likelihood of childhood obesity. In very recent years, the proportion of larger babies has been falling and around 1 in 8 new-borns weigh more than 8.5lbs at birth.

Breastfeeding cuts the risk of obesity throughout a child's lifetime - children and adults who were breastfed are significantly more likely to be of a healthy weight and avoid type-2 diabetes[6].



Studies show that every month of breastfeeding can reduce the risk of later life obesity by 4% - and that this protective factor is effective for breastfeeding of up to 9 months[7]. The last Director of Public Health annual report looked at breastfeeding in greater detail. Breastfeeding initiation at birth is significantly more common in Coventry than the average we see in England[8] but by the time infants reach the age of six to eight weeks only around a quarter of babies are totally breastfed and a further 17% are partially breastfed. Coventry's Infant Feeding Team does much to support mums to breastfeed[9] and prevent babies from being weaned onto solid foods too soon.

Toddlers who rapidly gain weight in the first 2 years of life, are overly sedentary or have too little sleep in the pre-school years are also more likely to become overweight or obese[10]. A healthy diet – with limited sugar – and at least an hour's active play a day are essential to keep a child a healthy weight.

In 2015, 85 midwives, health visitors and staff working in children centres were trained to have a common understanding of childhood obesity and promote healthy weight among families with children at greater risk of obesity. Before the training, around 3 in 10 learners felt 'very' or 'extremely' confident in talking to parents about their weight and giving effective support to make changes to their lifestyles. This changed to almost 8 in 10 learners after the training, with delegates saying they found the following most useful:

- Information about local services and digital resources
- the importance of physical activity and weight gain in pregnancy
- communicating that overweight and obesity affects lots of families
- how to talk to parents and address the issue of obesity with families
- understanding BMI and growth charts

Cathy starts to join in with some of the children's games. The more often the children see her puffed out, the more often they seem to want to play!

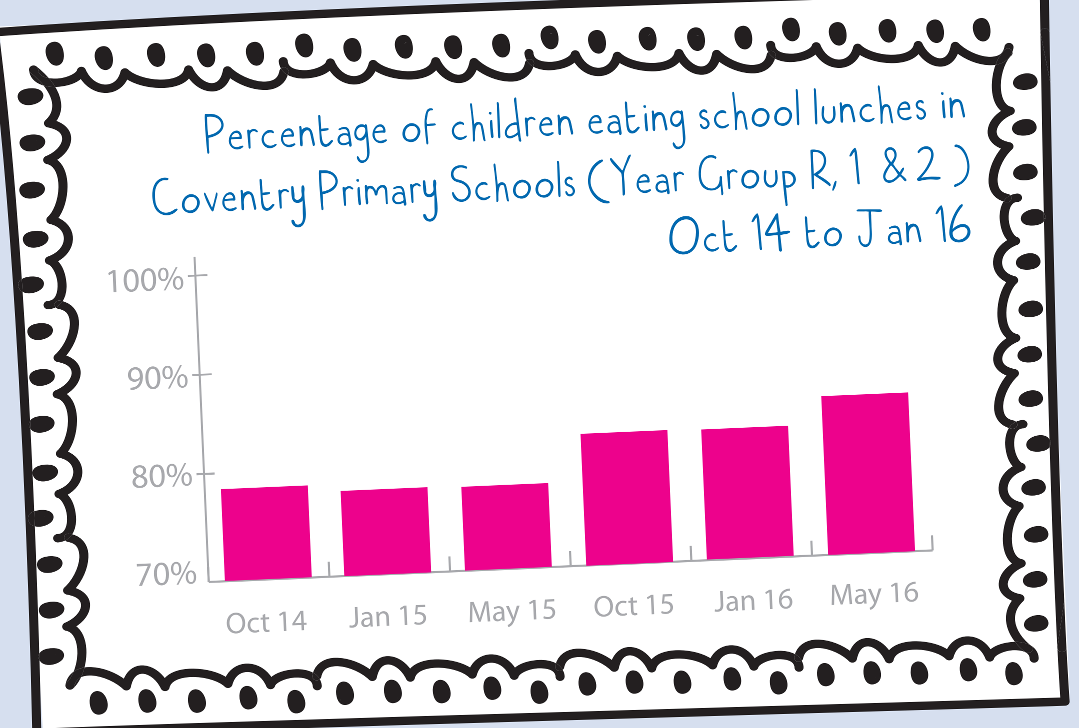
2. Healthy catering

As toddlers grow, they spend more of their time outside of the home, where they are able to start expressing their own food choices. For many pre-school and education settings, there are standards in place to ensure children are offered foods which are 'healthy, balanced and nutritious'[11].

In September 2014, universal free school meals were introduced for all pupils in reception and years 1 and 2. Over the first two years of universal free school meals, uptake has increased and 86.5% of 13,342 pupils in the first years of education benefit from a daily hot meal provided in school.

Prior to the introduction of universal free school meals, overall take-up of canteen food in primary schools in Coventry was poor, with just 38.6% of all primary-aged children taking a meal, compared to around half of all children elsewhere across the West Midlands[12].

All primary schools in Coventry take part in the national Fruit and Vegetable Scheme which gives 4-6 year olds one of their 5-a-day. Foods handed out include bananas, apples, pears, carrots, tomatoes and easy peel citrus fruits. Schools are advised not to distribute them at lunchtime where they could simply replace fruit and vegetables which would normally be eaten anyway.



New school food standards came into effect in January 2015 and the government has pledged to update these in the coming months to bring them in line with the latest dietary advice.

Some older children graze on snack foods served at mid-morning break (for example when paninis, pizza and cake are on offer), others go off-site to buy their lunch (usually junk food) and some bring in a packed lunch[13]. Many parents mistakenly believe that a packed lunch is the healthiest option, however only 1% of packed lunches meet the nutritional standards that currently apply to school food.

Family update

Megan and Jack start taking school meals and even try new foods while enjoying spending time with their friends. Cathy notices Megan asks for snacks on their way home less often.

3. Keep on moving

To develop movement and coordination as well as grow up healthy, under-5s should be on the move for at least 3 hours a day. Nationally, fewer than 10% of 2-4 year olds meet these recommendations[14]. Encouraging active play is an important way to help children keep moving and families playing together is often the best way to establish long term healthy habits. Childrens centres across the city are proactive in encouraging this during 'stay and play' groups and inspiring parents to visit local swimming pools and other family-friendly leisure facilities.

School-age children and young people should be physically active for at least an hour a day. The Government's new Childhood Obesity strategy suggests that half of this exercise should be done within the school day and half with the support and encouragement of parents and carers.

Building physical activity into daily routines – like walking or cycling to school - is one of the easiest ways for children to gain from physical exercise. Children who use active forms of transport on the school run get an average of 20 minutes of moderate to vigorous physical activity per day more than their classmates who are driven to school[15] – that's a third of the daily minimum amount of exercise recommended by the Chief Medical Officer. They also perform better academically[16] - particularly in reading[17] – after 20 minutes of walking.

In 2016, the number of parents who drove their children to school fell to its lowest level for many years[18].

Changes in the main ways primary school children travel to school in Coventry

Driven to school

Walk to school

60%
50%
40%
30%
20%
10%
0%

2009 2010 2012 2013 2016 2009 2010 2012 2013 2016

Primary school aged boys and girls do similar amounts of physical exercise, however, by the age of 14, roughly twice as many males than females reach the recommended activity levels, with many girls citing poor experience of school sport and PE as a reason for disengaging[19].

Case study - In It Together

Extra-curricular female-only sessions to encourage teenage girls to take part in regular physical activity and adopt healthy habits are being run at local Secondary Schools by Coventry City's Sky Blues in the Community. The In It Together project, initially developed with Public Health support and now mainly funded by Sport England, encourages girls to take part in a wider range of activities like boxercise and dance. It started in 2015 and in the first twelve months of it being set up 203 young women across 15 schools became regular participants, with over half increasing the amount of exercise they do weekly by at least 30 minutes and almost one-third eating less fast foods.

4. A whole school approach

There is growing recognition of the role that a good school food and physical activity culture has in supporting pupil health, wellbeing and attainment.

Whole school approaches – where institutions practice what they teach – need clear leadership, food and physical activity built into the school environment and everyday working practices, a range of extra-curricular provision, ongoing staff development, and a curriculum which provides clear education about food and exercise.

The School Food Plan[20] updated school food standards and emphasises the importance of a healthy eating culture in schools, including using proper crockery within the canteen, rewarding behaviour with things other than sweets and encouraging teachers and children to dine together.

There are examples of projects around the country where teachers, pupils and other agencies have worked with the owners of shops and takeaways close to schools to make healthier foods more easily available and attractive to buy.

Many headteachers recognise the role that sport plays in building confidence and the personal development of young people. Coventry Sports Network is developing a school sports and physical activity strategy to support schools to embed best practice and both get as many children active during the day as well as developing talented athletes of the future.

It's not just the work of teachers, other staff and parents - the physical school environment is also known to change behaviour. Schemes like painting colourful markings in the playground are known to increase children's physical play during breaks in the school day[21].

Young people themselves have called for more work to prevent obesity within schools and have suggested more schools provide lessons about good nutrition and that healthy meals and snacks offered within schools should be cheaper than alternative options[22].

Early years and schools

Families and communities

1. Parenting
2. Health literacy
3. Wider community
4. Food poverty

The physical activity environment

The food environment

Treatment

Children's food and physical activity choices are influenced by their families and friends and the social circumstances of the communities they live in. To tackle obesity we must address things like social norms, literacy and poverty.

Megan and Jack are both well behaved children, they just need a little organising from time to time. As they grow older they're listening more and more to what their friends are doing and saying.

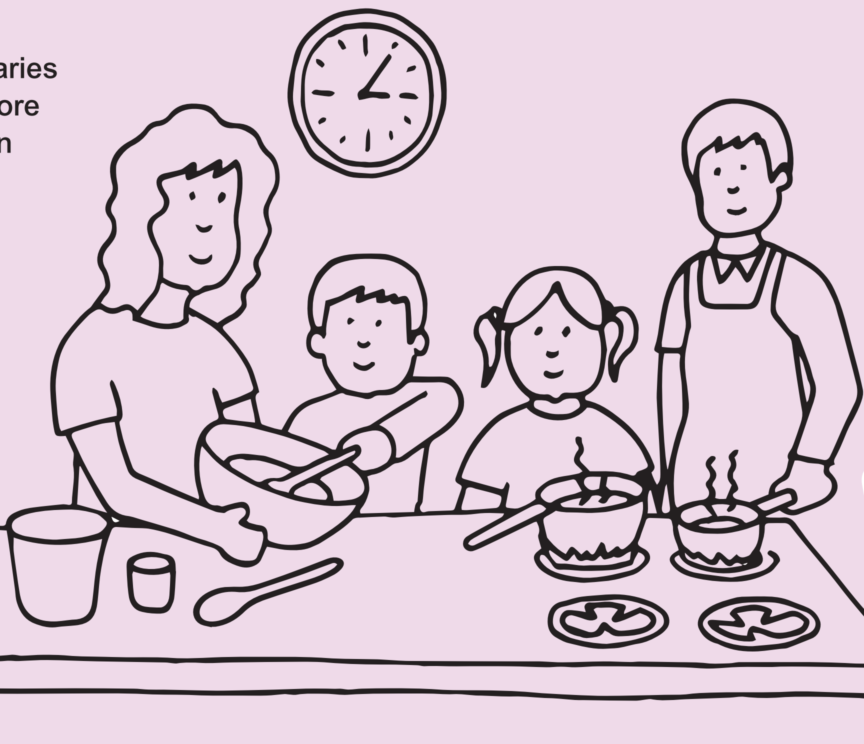
1. Parenting

Parents are a major influence on their children's eating and activity levels[23]. They influence through the way they feed their children, the way they present themselves as role models, the foods and activities they make available and accessible in the home, and the parenting style they adopt[24].

Parents who adopt healthy lifestyles themselves and take a 'do as I do' approach are better role models and are more effective at encouraging healthy eating and greater levels of physical activity[25]. Parenting style is also important. Parents who listen to their children, encourage independence, set fair boundaries and are responsive to their children's needs are more successful in encouraging healthy behaviours than those who are indulgent or strict disciplinarians[26]. Coventry's Triple P parenting programme helps hundreds of families every year improve the way they relate to their children as well as supporting people with specific food issues like establishing meal routines and tackling fussy eating.

We know that parental obesity is one of the most accurate ways we can predict if a child will become obese. When parents have a tendency to uncontrollably eat, their children adopt the same behaviour and are prone to gaining excess weight.

Children are more likely to try new foods if their parents eat a wide range of food and are open to experimenting with untried produce themselves.



Family update

Cathy and Alan decide they both need to eat better and be more active themselves. When time is short, Cathy just adds frozen vegetables to one of the kids' favourite meals - spaghetti bolognaise.

2. Wider community

As children get older, the school environment and peers become more and more influential. Studies reveal school-age friends tend to have similar eating and exercise habits – and are also more likely to have a similar BMI[27].

Peer pressure and the social norms of groups have a powerful influence on children's decisions on whether to be active and eat well.

Social norms are part of the glue that holds friends together and influencing them means substituting negative norms with positive ones. So, for example, simply limiting access to a fast food outlet at lunchtime isn't enough – instead, giving children healthy alternatives is also needed.

Children with positive friendships are more physically active but – unless healthy eating is common among their peers – are also likely to eat more[28]. Being alone or struggling to 'fit' into friendship groups (which often is the case for overweight children) deters youths from being more physically active.

Family update

Cathy buys less biscuits for the children to snack on when they get home, and instead she sometimes leaves out carrots for them to peel and eat.

3. Health literacy and health information

Health advice is often complicated and difficult to comprehend. The ability of people to understand and use information to make appropriate health decisions is often referred to as health literacy. Although poor health literacy is common – 4 in 10 working age adults struggle to understand everyday health information – people with limited financial and social resources are often the most affected[29], a factor which further exacerbates health inequalities[30].

A step change in obesity prevention needs an increase in self-care, where people take a greater level of personal responsibility for their own health outcomes. The numeracy and literacy skills to understand things like food labelling - now commonplace among most shop bought pre-packaged food and drink and proven to help - are poorest among our most deprived neighbourhoods where levels of childhood obesity are also the highest[31].

The effects of low health literacy is compounded by individuals' increasing tendency to underestimate their calorie intake. People are increasingly under-reporting their calorie intake for lots of reasons, including that many people are trying to lose weight and that eating 'on the go' is more common than ever which makes tracking consumption harder[32]. Partly because obesity is just so common, parents – and many professionals - also find it difficult to recognise when a child is carrying excess weight.

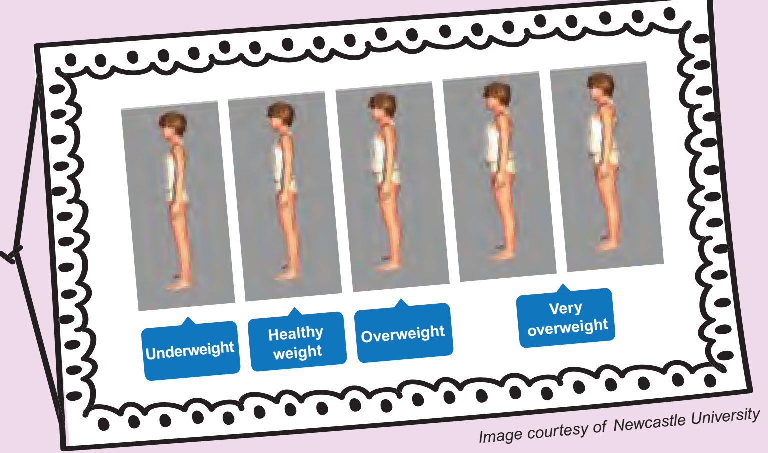


Image courtesy of Newcastle University

More thought needs to be given to innovative information about food and physical exercise. Earlier this year the Royal Society for Public Health called for more innovative approaches – like activity equivalent calorie labelling - to give consumers an immediate link between foods' energy content and physical activity[33].

Case study - Cook and eat well

cook and eat well

what's cooking in the west midlands?

Cook and eat well runs 'cooking from scratch' courses - aimed at those experiencing food poverty - across Coventry. Over the 9 week course, the team teach practical cooking skills as well as providing healthy eating advice. The course content has been developed alongside the Community Health Foundation - specialists in health literacy - to help ensure the huge array of information about food is properly understood. Understanding food labels is a key part of the programme.

In 2015/6, 381 people completed the course and were questioned about their behaviours after the programme. The number of people who regularly ate 5 portions of fruit and vegetables daily rose from just 21% before the course to 65% after the course. Knowledge of healthy eating - including understanding food labels - rose from 38% to 84%.

4. Food poverty

The cost of food is the most important factor for many families struggling on the breadline. Families in the UK spend less on food than in previous years and spend less than most comparable countries. On average, UK households spend a little under £1 in every £10 on food – within the EU, only Luxembourg spends less.

However, the poorest 10% of people in the UK spend nearly twice as much of their household income (15.4%) compared to the most affluent 10% (who spend 8.3% of their income on food). Various studies have shown that to make ends meet, poorer families rely on very cheap food that is unlikely to contribute to a healthy dietary intake[34]. This can be because of poor access to fresh food and the right cooking equipment among people struggling to make ends meet.

There are a number of schemes which help provide healthy food to some of the poorest in society. Healthy Start vouchers are available to some families to spend on milk, fresh and frozen fruit and vegetables and can be exchanged in supermarkets and greengrocers taking part in the scheme. The government's Childhood Obesity strategy has committed to expanding the scheme.

Some supermarkets now offer 'wonky' fruit and vegetables at much lower prices.

There is some evidence that the buoyant local economy of recent years has reduced the scale of food poverty. Food Banks fed 15,814 in 2015/6 and are expecting to feed considerably fewer this year. Concerningly, 42% of people fed through food banks are aged under 16 years.

Case study - Feeding Coventry

Is a collaboration of partners looking to help reduce the impact of food poverty and takes inspiration from the All Party Parliamentary Inquiry into Hunger in the UK. Feeding Coventry is developing the concept of Food Bank Plus - where food banks provide a range of social support alongside the core business of giving food to those in greatest need. It has developed a range of projects including widening school holiday food provision, establishing community kitchens and distributing food vouchers to add to the support available to those most hungry.

Early years and schools

Families and communities

The physical activity environment

1. Places for exercise and sport
2. Enable and encourage active travel

The food environment

Treatment

The local environment affects the ability and motivation of children and families to be more physically active. Open spaces, safe roads, walkable routes to school and facilities for families to be active together are important ingredients of a healthy place.

Cathy has never been a sporty-type and most of her social activities are fairly inactive, but as she's always rushing around, she thinks she gets plenty of exercise. Alan and Cathy are keeping up the screen-free day rule but find that the children ask for more attention than usual - stretching their time even more than before.

1. Places for exercise and sport

The natural and built environment influences how - and if - we are physically active. Local authorities are now responsible for the health of the population and have a strong mandate to ensure planners, developers and communities work together better to make 'healthy places'.

The evidence of the impact of the environment on our health behaviours is clear. Children are more physically active when outdoors[35] and factors like slower and less traffic on the roads, safe cycle routes, safe routes to schools, walking trails in parks, and 'walkable' streets all play a significant role in influencing how active we are.

Everyone responsible for land management and the physical development of the environment has a part to play in influencing our healthy eating and exercise behaviours.

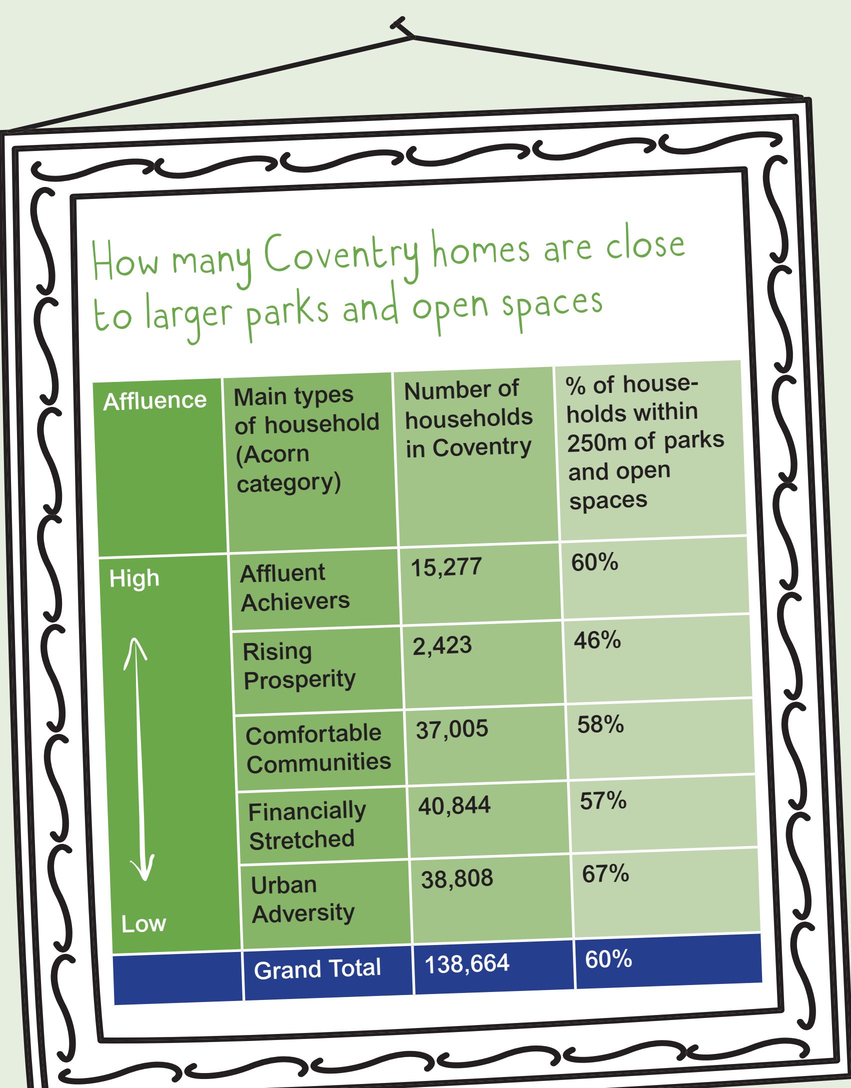
Urban developments should consider in depth the need for people to be physically active as part of their daily life and that active travel should be given the highest priority[36]. The Government's planning practice guidance, outlined in 2014, stresses the role of planning in supporting the development of healthy communities and emphasises the importance of considering health as early as possible in the planning process. The guidance says that developments should:

- "help create healthy living environments which should where possible include making physical activity easy to do and create places and spaces to meet to support community engagement and social capital"
- "consider opportunities for healthy lifestyles e.g. planning for an environment that supports people of all ages in making healthy choices, helps to promote active travel and physical activity and promotes access to healthier food, high quality open spaces and opportunities for play, sport and recreation"

The draft Coventry Local Plan (2011-2031) – the blueprint of how the city will be developed in the coming years - has been developed with the health needs of the population in mind. The draft Local Plan includes an ambition to achieve a 10% shift in travel options and a focus on encouraging more walking and cycling.

Parks are the most frequently used type of green space[37] and provide vast opportunities for young children to be active – whether through informal play or organised sports.

Coventry has an abundance of open spaces and around 3 in 5 of Coventry families live within 250 metres of a green space at least the size of a football pitch. Families in the greatest deprivation generally live closer to parks and open spaces – although the most affluent households also tend to have better than average access to parks.



How many Coventry homes are close to larger parks and open spaces

Affluence	Main types of household (Acorn category)	Number of households in Coventry	% of households within 250m of parks and open spaces
High	Affluent Achievers	15,277	60%
	Rising Prosperity	2,423	46%
	Comfortable Communities	37,005	58%
	Financially Stretched	40,844	57%
Low	Urban Adversity	38,808	67%
	Grand Total	138,664	60%

Despite the relative abundance of green space in Coventry, studies show residents remain less likely to visit them for walking or other health reasons than many similar areas[38]. Innovative projects like Kids Run Free, the growth of privately-run exercise classes and other initiatives have, however, helped bring an increase in use of parks in recent years.

To make best use of resources, understanding why people behave as they do is critical in the planning of facilities and services. The voice of the child is central to this and provides us with opportunities to influence behaviour in new ways. For example, one survey of children[39] identified that their choice of destination was often influenced by the availability of free wifi, suggesting that one promising innovation could be that providing this in parks may influence the frequency of visits.

Coventry is rich in sports facilities. Across the city there are, for example, 419 grass pitches, 63 sports halls, 48 artificial grass pitches and 41 tennis courts[40]. More schools in Coventry have grass pitches than the national average.

Most sporting facilities are owned by schools and colleges and too few are open for community use – for example, just 58% of the 267 grass pitches owned by educational establishments can be used by local residents. While there are some great examples of school facilities being open to use by local residents – like tennis courts at President Kennedy School and the sports hall and gym at Tile Hill School – these assets are generally underused. As a result, sports facilities are the least available during the school holidays when children often have the most free time to be active. An aspiration of the Coventry Sports Network – which oversees the city's sports strategy – is to significantly increase the community access and use of sports facilities in schools.

Family update

The family already live near several parks which Jack, in particular, often visits with friends. Cathy and other parents sometimes go as well and Cathy encourages the others to 'walk and talk' while they're there. Alan enjoys gardening and starts taking Megan along to the local 'Friends of...' group to help look after the park.

Percentage of school sports facilities that are currently open for community use

100%
80%
60%
40%
20%
0%

Athletics Tracks
Grass pitches
Health and Fitness suite
Indoor Tennis
Sports hall
Squash courts
Studio
Swimming pool
Artificial grass pitch
Grand total

Coventry
West Midlands

2. Enable and encourage active travel

For the vast majority of people, active travel – walking, cycling or using public transport – provides the single biggest opportunity to do physical activity on a daily basis.

While active journeys are a good way of getting all population groups moving, they can also help reduce the sharp drop-off in levels of physical activity in the early teens as, unlike some sports, it is relatively gentle, avoids highlighting body image issues, can be fitted into daily routines and requires no special clothing or competitive element.

Evidence suggests parents' perception of road safety is the single biggest factor limiting the amount of walking or cycling that children do. Young children whose parents worry about heavy traffic in their area are nearly 3 times less likely to regularly walk or cycle than those who are not[41]. Other key factors linked to a lower likelihood of walking or cycling includes family ownership of more than one car and parental perception of poor public transport.

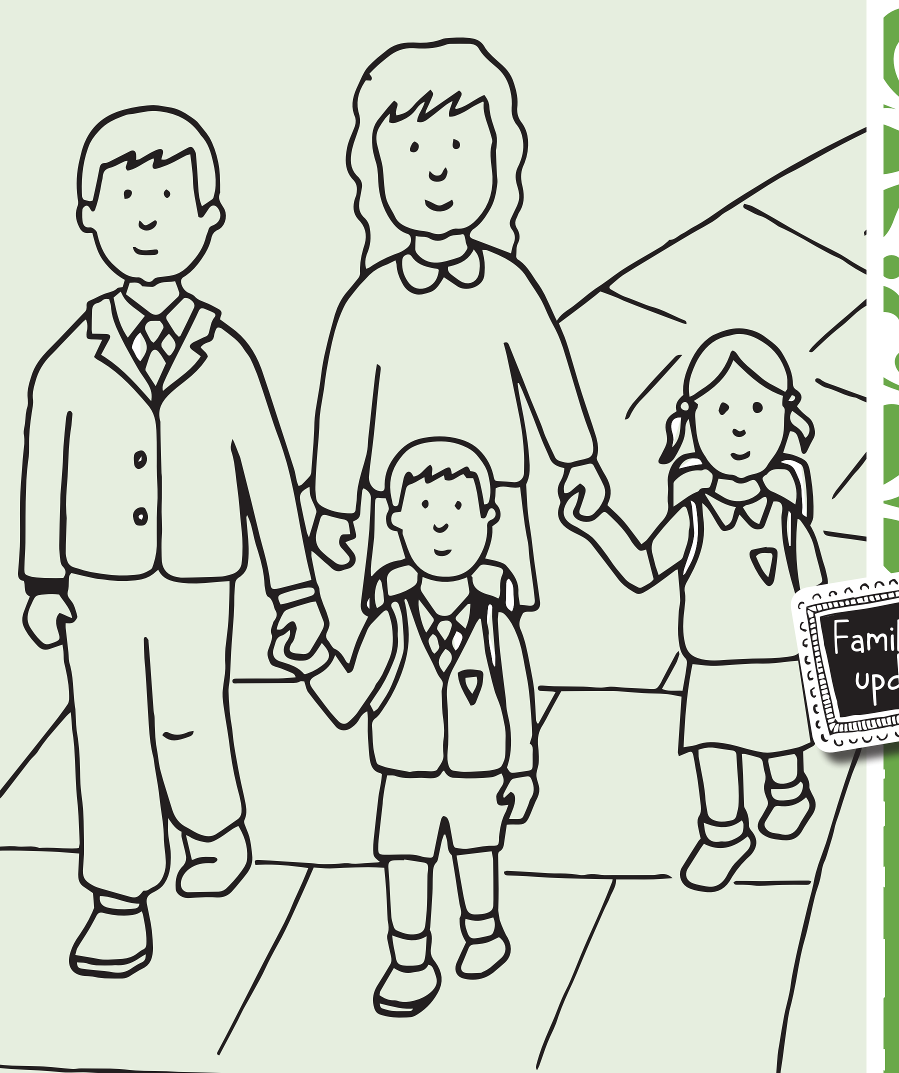
The most regular, significant journey for children is the route to school. The physical environment around schools, perceptions of road safety, social networks, parental working patterns and social norms all play a part in families' decisions about whether they travel to school in active ways or are driven[42]. The National Institute for Clinical Excellence makes a number of recommendations to promote active travel including:

- planning applications to prioritise the need for children to be physically active
- ensuring open spaces like parks and play areas can be reached by active transport
- the planning and maintenance of streets and roads around schools to prioritise active transport by , for example, widening pavements, having cycle lanes, restricting and slowing motorised traffic and creating safe routes to schools

There are imaginative examples around the country of applying behaviour change theory to the design and maintenance of routes to school which result not only in safe journeys, but ones which are also fun and inspirational for children.

In 2016, 58% of people who regularly took children to school used active ways to travel – an increase from 50% in 2013. Walking and bus use both increased[43].

In recent years, 44km of new cycle routes have been created across the city by the government-funded Cycle Coventry initiative. And as well as building a better cycling infrastructure, 3,943 primary aged children have undergone Bikeability training to improve their confidence and cycling skills in the last 3 years.



Family update

Alan doesn't have time in the morning to walk with Jack and Megan all the way to school, instead he parks a few streets' further away and walks the extra distance. He thinks it does him good and it's difficult to park closer to the school anyway.

Early years and schools

Families and communities

The physical activity environment

The food environment

1. Influence food outlets
2. Availability of healthy foods

Treatment

Children and families are faced with a wide range of food choices and increasingly opt to eat high energy convenience food which is often at odds with our body's need for a healthy balanced diet. We need to work with private businesses to influence where and how food is sold to encourage people to make healthy food choices.

Snacking is still a problem for the whole family, something not helped by weekly shopping trips where they stock up on biscuits and crisps. Having snacks always so readily available makes it harder to drum up the enthusiasm to cook a 'proper meal' from scratch.

1. Influence food outlets

Eating too many calories is often due to a combination of over-snacking, consumption of energy-dense products – like processed foods and sweetened drinks - and large portion sizes. In contrast, a low fat, low sugar, high fibre diet consisting of fruit, wholegrains, vegetables, lean meat and fish is recommended.

Hot food takeaways commonly sell energy-dense food with high levels of fat and sugar which has a disproportionate impact on weight gain. Calorie-for-calorie, these unhealthy fast foods cost less than healthy products like fruit and vegetables. To compound this, takeaways also often provide larger portions.

Children and young people living close to fast food shops or in neighbourhoods with more fast food outlets tend to eat more takeaway food and are more likely to be obese[45].

Research shows the number of fast food purchases among teenagers is greatest where there is a high density of takeaway outlets both near their home and school and that adolescents at schools with nearby food outlets tend to be heavier. An RSPH survey of young people found that four in 10 students could walk from their school to somewhere selling unhealthy food is under 2 minutes – and that free wi-fi at venues is a key reason steering their choice for lunchtime and after school visits. In Coventry, five secondary schools have a hot food takeaway within a five minute walk of the school gates and students from only two schools must walk more than 10 minutes to reach the nearest fast food outlet.

A chip shop portion of fish and chips contains **1,658kcals** **83%** of a 10 year old childs recommended daily energy intake in a single meal. This included 42g of saturated fat, more than twice the amount an adult should have in a whole day.

A medium-sized takeaway pepperoni pizza contains **2,137kcals.** This is more than an average 10 year olds recommended daily energy intake and almost that of an adults daily allowance[44].

Family update

Cathy asks the children to leave notes on the fridge to request their favourite meals. She decides to cook more meals from scratch and starts to use a shopping list to plan them in advance. It takes more time but she notices it helps her save money by not buying less healthy convenience foods and snacks.

Schools proximity to fastfood outlets

Secondary Schools

Fast food outlets

Walking distance

5 minutes

10 minutes

Bablake
President Kennedy
Cardinal Newman
Holbrook
Foxford
Longford
Grace Academy
Cardinal Wiseman
Henley
Coundon Court
Radford
Foleshill
Lyng Hall
Upper Stoke
Caludon Castle
Sherbourne
Barrs Hill
Woodlands
Whoberley
Sidney Stringer
Stoke Park
Wyken
Tile Hill Wood
Lower Stoke
Blue Coat
Westwood
Ernesford Grange
Earlsdon
Cheylesmore
The Westwood Academy
Binley and Willenhall
Wainbody
Bishop Ullathorne
Finham Park
Whitley Abbey Secondary

Many local councils have used their authority to control the density of fast food outlets. Coventry's draft Local Plan has introduced a limit on the growth in number of takeaway outlets in specific parts of the city centre.

Where planning controls cannot be adopted – for example, where takeaways are already established - schools can help control access of their students to fast food outlets. Some areas have trialled initiatives like closed gate policies, on-site vans offering healthier foods and student healthy meal deals.

Local businesses have a responsibility too. There are simple steps takeaway businesses can take to make their products less unhealthy, including offering small portions and staff training to swap the unhealthiest cooking methods for healthier alternatives. These strategies do not make takeaways less profitable – takeaway consumers in Coventry report that price, taste and convenience are more important in influencing what is bought from the menu than large portion sizes.

2. Availability of healthy foods

Public services like the City Council, the Clinical Commissioning Group and others commission a whole range of organisations which serve food to children and families – often those at greatest need.

In line with national Childhood Obesity Strategy, statutory agencies must work to improve the food on offer at places like hospitals and leisure centres - the food our services offer should lead the way for others to follow. Children's Centres in Coventry are leading the way in making more healthy food readily available, by providing healthy snacks at play sessions, encouraging reluctant eaters to try new foods and discouraging parents from offering birthday cakes and sweets.

Young people recognise the importance of food labelling, but also understand that the guidance currently provided is not always clear or relevant to them[46]. Insight from children's surveys also suggests that unhealthier food and drink placed on higher shelves and loyalty cards which reward healthy choices are likely to influence their food choices.

Case study - Eating Out Coventry

Eating Out Coventry is a collaboration between the City Council, Coventry University and the independent takeaway trade to improve the availability of healthier options available at independent takeaways.

This pilot scheme, still in its early days, demonstrates a customer demand for smaller portions and some healthy options. Twelve takeaway businesses have been invited to take part and have been given advice to adopt healthier cooking practices like reducing the amount of monosodium glutamate in food and shaking the fat off chips immediately after cooking.

Participating businesses are encouraged to display a list of healthy cooking commitments to their customers and raises awareness among customers of healthy cooking.

Family update

Jack looks at food labels as part of a homework project. While it's complicated, he understands that some foods are high in fat and sugar and helps his mum hunt out healthier alternatives of similar foods at the shops.

Early years and schools

Families and communities

The physical activity environment

The food environment

Treatment

While prevention is better than cure, children experiencing the greatest harms due to their weight may need targeted support.

Lots of small changes have had a big impact on the family - they've lost weight and feel better in themselves. But they know it's easy to slip back to the old ways - so they need to keep up the good work and continue to make more small changes.

Overweight and obese children can and do lose weight – and, crucially, maintain this weight loss. There's good evidence[47] showing that services helping children with weight issues are effective if they work with the whole family and both support improved diets and encourage people to move more.

Early identification of children at risk of obesity is crucial but time constraints, competing priorities and a lack of confidence in raising the issue among parents means that obesity-related advice from staff can be inconsistent.

The Royal College of Physicians calls for GPs to have a pivotal role in obesity prevention and management[48]. Some areas have invested in clinical champions and the development of GPs with a Special Interest in Weight Management.

Other health professionals and staff working across a range of sectors also have a key part to play but can lack the capacity and confidence to discuss childhood weight issues in a consistent way. The Making Every Contact Count initiative trains and encourages frontline staff to have brief conversations to nudge people towards making healthier choices and steering them to recognised sources of information and help like the national One You campaign.

All expectant mums are weighed at book-in by midwives within the first 12 weeks of their pregnancy and overweight women are seen by a consultant on a more regular basis to manage the extra risks of a complicated birth. Babies' weights and heights are routinely captured at birth and regularly recorded. Children are weighed and measured as part of the National Children Measurement Programme in Reception and year 6 of their primary school career. Yet, despite these systematic opportunities, we often hear that parents regularly underestimate their child's weight[49] and that professionals too often give conflicting advice.

Treatment in the community for families of children at risk of obesity is provided by the City Council's Be Active Be Healthy team, while children with more complex obesity-related issues are supported by the hospital's paediatric service.

Some 858 parents and children started a a 10 week family behaviour change programme to improve eating and physical activity habits in sustainable ways with the Be Active Be Healthy team in 2015/16; just over half of the adults lost weight by the end of the course and even more went on to lose weight in the longer term by adopting healthier lifestyles.

In line with Sir Michael Marmot's principle of proportionate universalism to reduce health inequalities, the service concentrates on – but does not limit itself to - families in greater deprivation, with around 6 in 10 clients coming from the 30% most deprived neighbourhoods.

What clients say

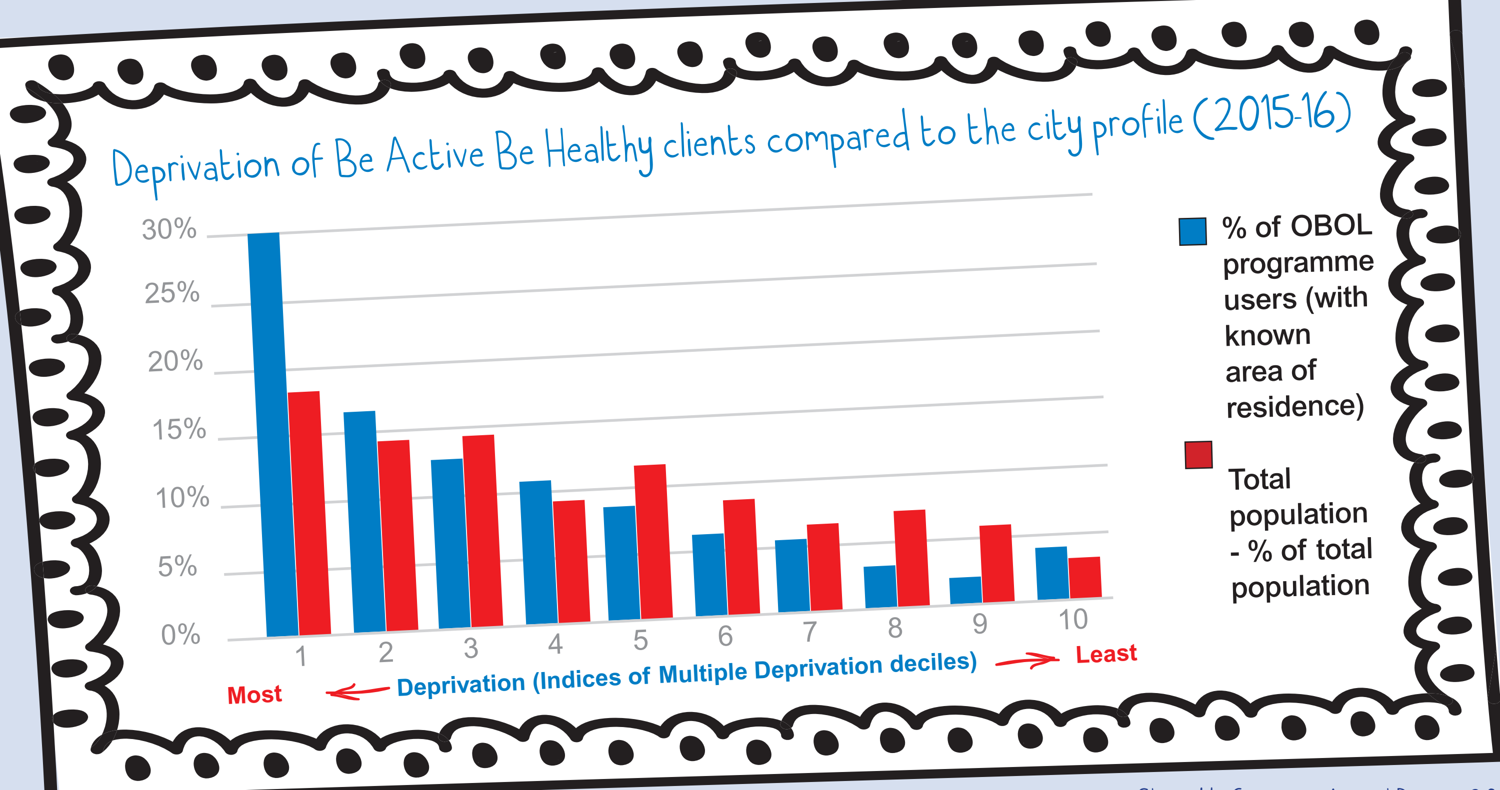
"Heard messages before, but it's the positive environment that makes people believe they can do it; fantastic tutors that make it fun…staff are inspiring."

What clients say

"I found the programme life changing in the way that I think about nutrition and exercise. I feel motivated and empowered that I can change my health and become healthy. They created an atmosphere of learning and encouragement…very welcoming, approachable and fun." [adult female]

Family update

Cathy and Alan are confident they normally eat their 5-a-day now, and use some of the information the school nurse gave them to understand what a 'portion' of fruit and vegetables looks like.



Be Active Be Healthy also delivers a lifestyle service for pregnant women, Just4Mums. However, the service has struggled to engage significant numbers of women onto the programme and more must be done to support pregnant women to adopt healthier lifestyles.

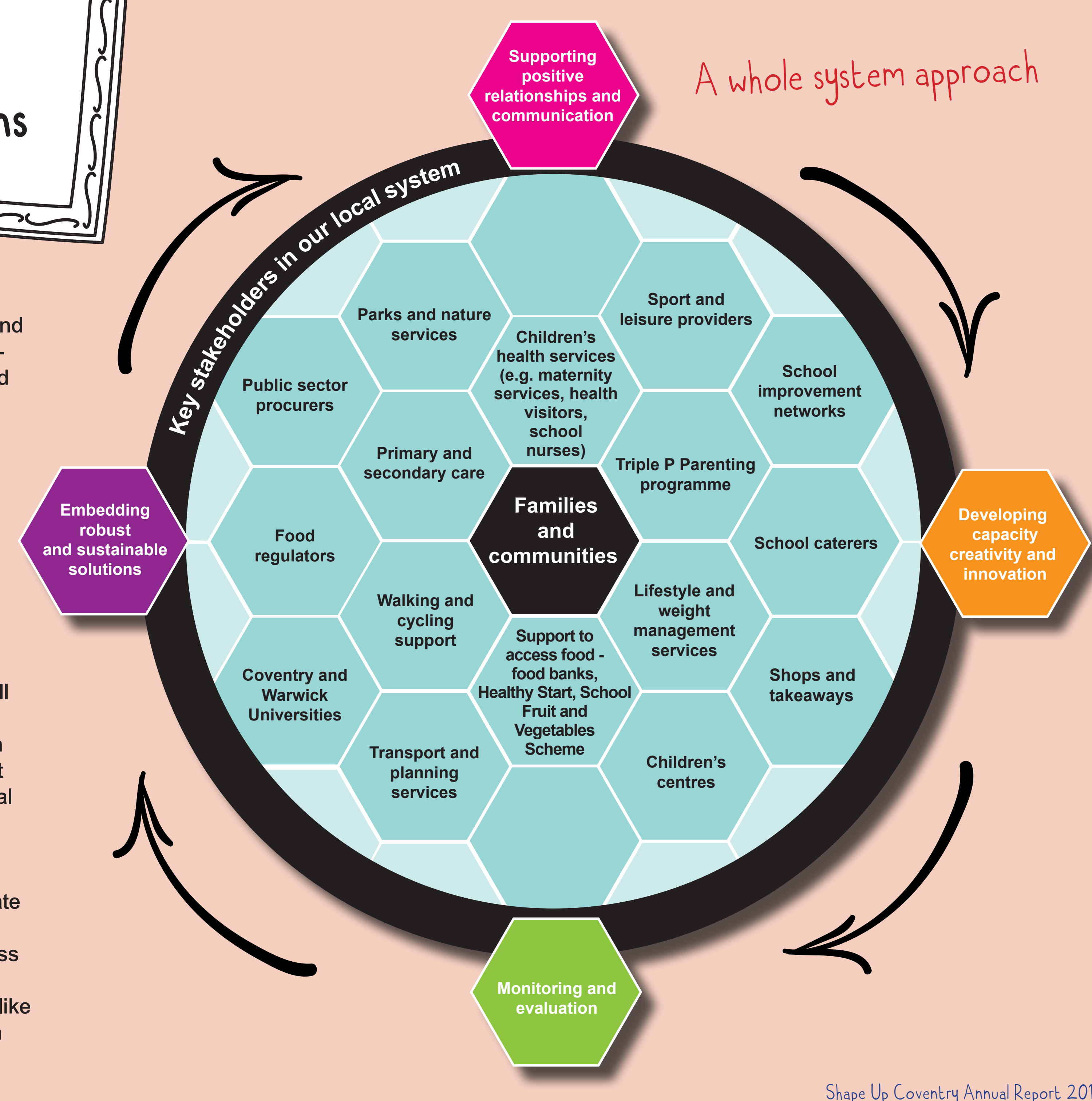
More intensive support is available from the hospital for families with obese children and those with more complex issues - including the most severely obese and those with mental ill-health or other health concerns. Dieticians and paediatricians work together as part of a multiple disciplinary team to provide a package of support.

Summary and recommendations

The weight of our children is the major public health challenge of our time. The scale of the problem is unprecedented and the physical and mental harm it causes – particularly to some of our most deprived young people – is an injustice.

To date, we have failed to turn the tide. That is not to say that what we are doing is wrong, but that we are failing to do enough of the right things. The shifts in behaviours which have driven us to this point are complex – we live in an 'obesogenic environment' and many people are no longer able to recognise when children are above a healthy weight. There is no silver bullet which will solve the problems facing us; instead, it is only by developing an approach which encompasses all the factors which affect how much we eat and how much physical activity we do will we make a difference.

Obesity starts early in life and is difficult to reverse so it is essential we concentrate our efforts with young families. Families are motivated by the health and happiness of their children, have great connections with their community and local services like health visitors and schools and are often



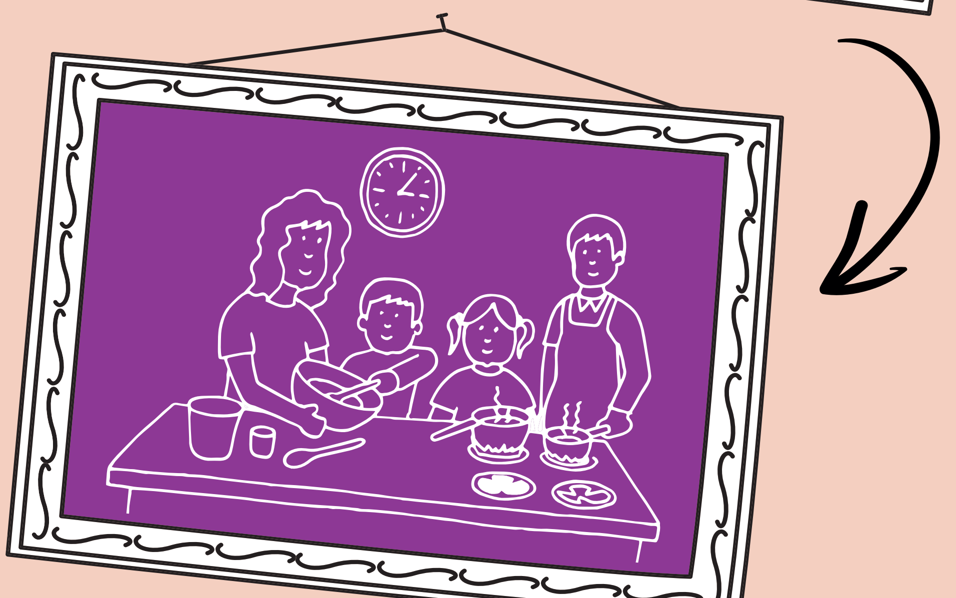
frequent users of their local facilities. These facts alone give us a great opportunity to mobilise people on this important issue and highlights the need for a diverse range of partners – including the community – to work together to do something different. Because the range of partners is so diverse, it needs activists who are committed, passionate and have a great understanding of each other's work. It requires a dynamic action planning approach where partners identify and take advantage of new opportunities as they occur. It requires regular feedback and a long term commitment.

Our engagement with partners during the writing of this report has identified six priority areas of work, including some examples of what's working well, and three cross cutting themes. To tackle childhood obesity, we must:

Develop infrastructure, leadership and coordination

Bringing together partners and communities who have a role to play in tackling obesity requires new ways of working to ensure opportunities to take action are not missed. We will:

- Establish a childhood obesity alliance to provide a focus for this work and coordinate actions and build and maintain relationships between partners



Embed obesity prevention during pregnancy & infancy

We know the behaviours which lead to obesity start even before birth and that some of the most effective preventative actions – like breastfeeding and good parenting are ones which families can best adopt early in their child's life. We should:

- Train early years staff to be confident in recognising and consistently promoting health weight
- Promote and support breastfeeding
- Promote the importance of physical activity in pregnancy
- Expand access to schemes like Healthy Start which provide free healthy food to parents and support people to cook from scratch
- Review local authority and NHS contracts for family services to ensure they proactively promote healthy weight
- Further embed the promotion of healthy weight among services working with children and families

Create a healthy weight environment in schools

Schools provide a unique setting to help change and establish healthier behaviours among both children and parents. We recognise that schools are bombarded with demands on their time and we must establish effective ways of supporting schools to promote healthy weight. We should:

- Develop a network of exemplar schools which take a holistic approach to supporting healthy weight
- Open more school sports facilities to the community at weekends and in school holidays
- Explore new ways to encourage more active travel to school
- Improve the way the National Child Measurement Programme communicates with parents and supports families to change behaviours

Improve our food and physical environments

The design and management of our environment must make the healthy choice the easiest choice. We should:

- Develop more safe routes for active travel - including cycle routes, 20 mph zones – particularly near schools
- Develop more opportunities for doorstep play
- Encourage and support businesses that sell and promote healthy food
- Limit the number of fast food outlets, especially near schools

Promote healthier choices in our community

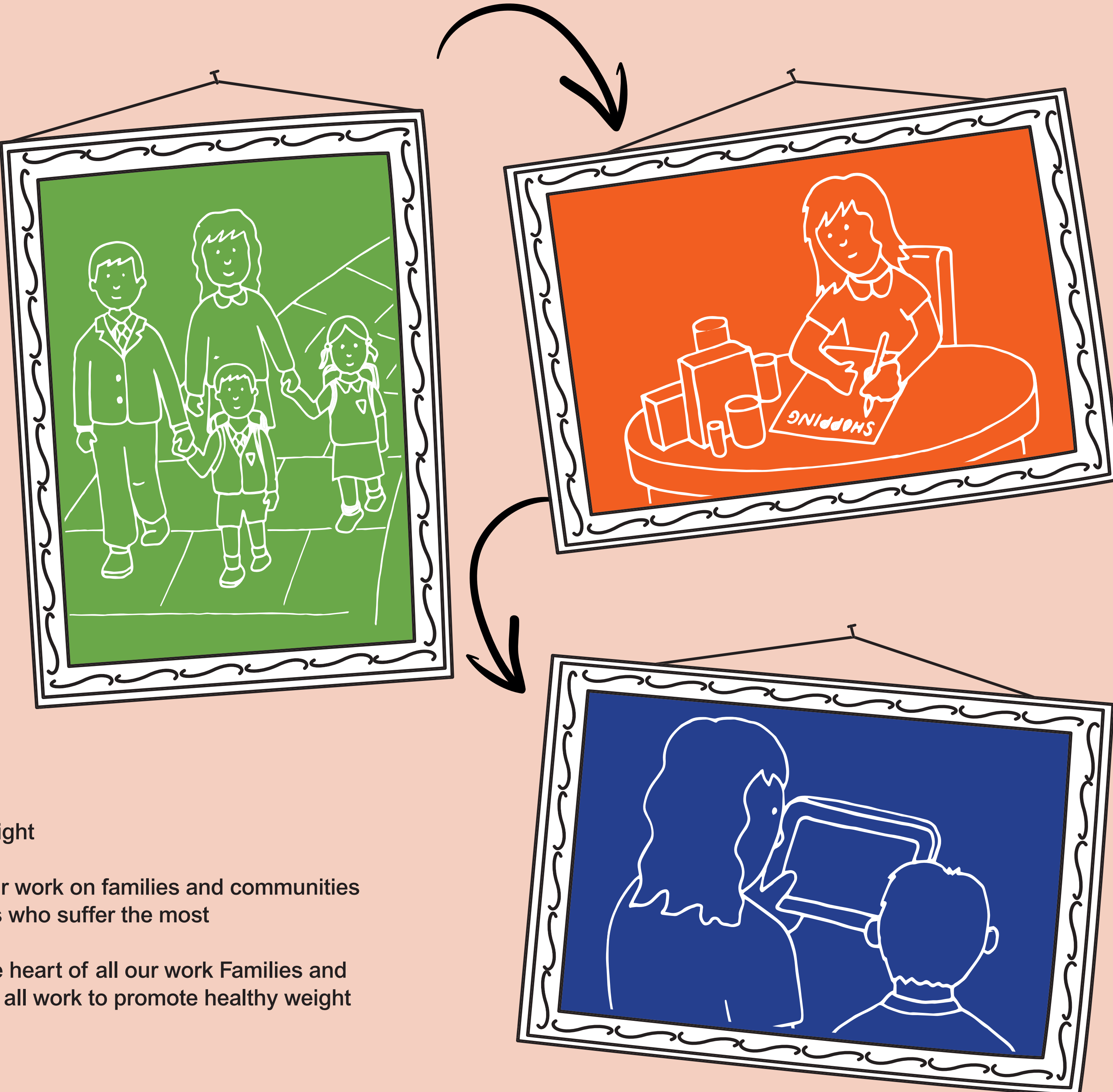
Some communities will require more support to change behaviours than others. Where possible, we should be encouraging families and communities to support themselves while also ensuring that effective help is available to those at greatest need and at greatest risk. We should:

- Invest in behaviour change services which support families with overweight children or those at risk of obesity
- Encourage the pivotal role of GPs in obesity prevention
- Build the capacity of local communities to promote healthy choices

Expand the local system and develop our evidence

These actions can only be the start. We need everyone involved in these areas of work to come together and make sure the local 'system' is delivering the biggest impact that it can and is taking advantage of new opportunities as they arise. We should:

- Work with the universities to ensure local agencies are making best use of evidence about what works
- Encourage volunteering and placement schemes to increase capacity within organisations
- Attract external funding to deliver support to prevent obesity



Our partners also told us that across all our work we must:

- Change social norms and attitudes towards childhood obesity and re-establish our recognition of healthy weight
- reduce health inequalities by focussing our work on families and communities in greater deprivation as they are the ones who suffer the most
- ensure that parents and children are at the heart of all our work Families and communities should have a driving role in all work to promote healthy weight

A whole system approach to reduce childhood obesity in Coventry

OUR VISION AIMS

- Changing social norms and attitudes
- Mobilising families and communities
- Reducing health inequalities

- Developing infrastructure, leadership and coordination
- Expanding the local system and developing our evidence base
- Embedding obesity prevention during pregnancy and infancy
- Creating a healthy weight environment in schools
- Improving our food and physical environment
- Promoting healthier choices in our community

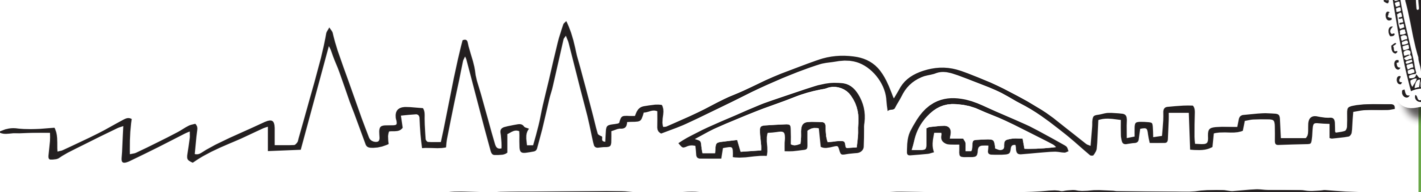
OUT COMES

Increasing active travel to school… Attract external investment… Increasing the proportion of the population eating 5 a day aged 15…
Increasing breastfeeding – initiation and at 6-8 weeks… Reducing adult obesity… Reducing excess weight of children aged 4-5 years…
Reducing excess weight of children aged 10-11 years

Objectives for the system

OUR OBJECTIVES

Developing infrastructure, leadership and coordination	Expanding the local system and developing our evidence base	Embedding obesity prevention during pregnancy and infancy	Creating a healthy weight environment in schools	Improving our food and physical environment	Promoting healthier choices in our community
Establish a robust and active alliance to identify gaps and opportunities	Enable frontline staff to deliver brief advice	Improve rates of breast feeding up to and beyond 6-8 wks	Increase active travel to and from school	Facilitate families to be active together	Support people with the greatest need to adopt healthier lifestyles
Develop dynamic action planning	Engage with the universities and other partners to introduce extra capacity	Educate new parents on infant feeding and wellbeing	Increase physical activity in schools	Engage with private sector, planning and licensing to promote healthy choices	Mobilising communities to reinforce and promote healthier choices
Support partners to understand the local system	Attract external funding and resources to support lifestyle change	Promote physical activity in pregnancy	Increase uptake of healthy school meals	Improve access to healthy foods	
Develop shared leadership	Strengthen approaches to deliver behaviour change	Improve access to healthy food	Develop healthier environments in and around schools	Increase community access to sports and leisure	



Family update

All the family have had different experiences. The parents' focus was initially on trying to get the children to become more healthy, but they soon realised that not only did they have to lead by example, it was easier if they all pulled together to make long-lasting changes.

Alan found it the easiest and initially lost weight quickly by stopping snacking in the van. Cathy, who has used 'fad' diets in the past, found that setting herself goals of making small changes in her daily routine – like sprinkling dried fruit instead of sugar on her and the children's breakfast cereals or walking to work twice a week - kept her motivation up. Cathy's self-confidence has increased and she's even found herself enjoying exercise.

They've both noted differences in the children. Megan and Jack both struggled with changes and some things have worked better than others – the screen-free day started well but tailed off quickly as the parents found it difficult to enforce. Setting regular meal times for the whole family was more successful and means they're all eating more nutritious meals and snacking less.

Megan has lost weight and now eats a healthier range of food - her friends have noticed a difference in her and she's even happier at school. Jack has struggled the most and while he's increased the time he plays outside with friends, he now uses his own pocket money to buy the fizzy drinks which his parents have stopped bringing home. More work needed!

They all know however, that while it's not easy, staying a healthy weight is about living a healthy lifestyle and that small changes can make a big difference.

I would like to thank the members of the newly formed Childhood Obesity Alliance for their information, ideas and ongoing commitment.

Mark Andrews (Place Directorate, Coventry City Council)
Lou Atkinson (Coventry University)
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Rashid Bhayat (Positive Youth Foundation)
Jacqueline Blissett (Coventry University)
Stephanie Brennan (Resources Directorate, Coventry City Council)
Naomi Brook (Public Health, Coventry City Council)
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Tim Healey (Insight, Coventry City Council)
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Karen Lees (Public Health, Coventry City Council)
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Marie Murphy (University of Warwick)
Ian Nutt (Food for Life Partnership)
David Nuttall (Place Directorate, Coventry City Council)
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Stephanie Williams (Coventry University)

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Our first childhood obesity alliance workshops

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