It is time for urgent action on childhood obesity

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The plateauing of recent child obesity trends has triggered cautious optimism following the dire peaks of 2004 (*Figure 1*). However, this is no time for complacency, when the National Child Measurement Programme (NCMP; Health and Social Care Information Centre, 2014) informs us that around one in five children are obese in year 6 (boys, 20.4%; girls, 17.4%) and around a third of children are leaving their childhood already in the overweight or obese range. These children are approaching adulthood with a pre-existing, chronic, enduring condition that can result in a life expectancy reduction of around 9 years, and with increased risk of almost all common comorbidities, from depression, diabetes and metabolic syndrome to cancer (Health and Social Care Information Centre, 2012).

As Chief Medical Officer Sally Davies highlighted in her recent annual report (Department of Health, 2014) it is of huge concern that there has been an apparent normalisation of overweight and obesity: parents commonly perceive their own overweight children to be "about right" (Regber et al, 2013).

Concerns relate not simply to the statistics but to the response from individual health localities, which have largely focused on a welcome and comprehensive approach to child obesity prevention:

- School initiatives such as the Healthy Schools Programme (Health Improvement Team, 2014).
- The social marketing campaign Change4Life.
- Varying attempts at social engineering (e.g. strategic planning to increase facilities and opportunities to exercise and to prevent fast food outlets opening next to schools).

But these attempts are battling hard against an increasingly competitive and pervasive food and entertainments industry that has a vested interest in the population consuming ever more calories and viewing screens for ever longer. Let's face it – would we really expect any fast food outlet to prioritise the health of the nation over their own profits, which enable them

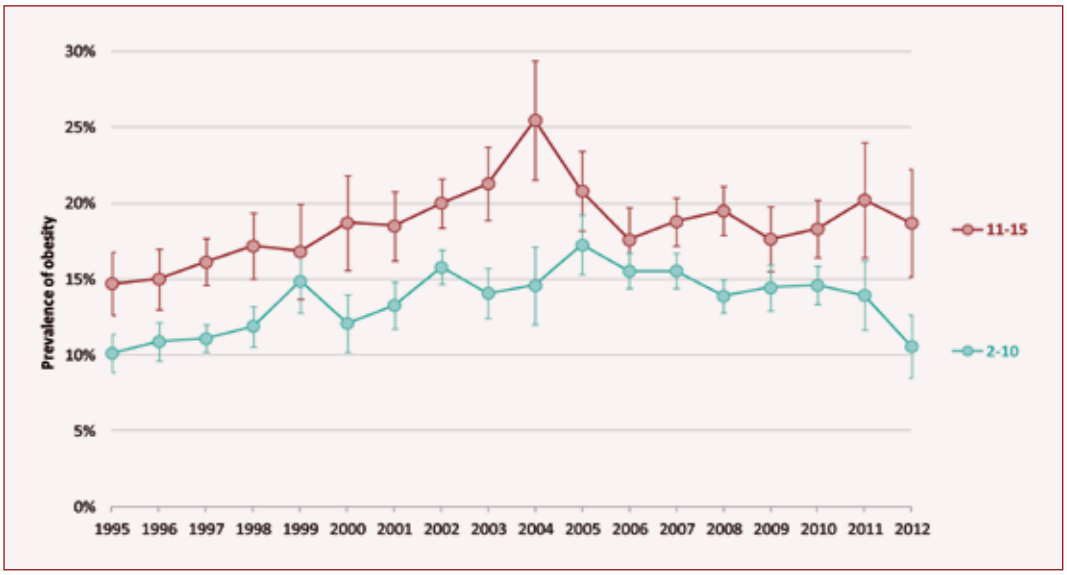

Figure 1. Trend, with 95% confidence intervals, in the prevalence of obesity in children aged 2–10 and 11–15 years from the Health Survey for England 1995–2012, in which child obesity was defined as a BMI at or above the 95th centile of the UK90 growth reference (courtesy of Public Health England [2014]).

to stay in business? Pledges made by partners to the Government's Responsibility Deal can be viewed at https://responsibilitydeal.dh.gov.uk/partners/ (accessed 05.09.14). These are small steps contributing very small elements of the complex solutions required.

A greater concern still is: what is being done to help those families that already have overweight or obese children? Obesity is multifactorial and complex, and, unfortunately, studies consistently show that altering a child's weight trajectory requires complex multifaceted interventions, which don't come cheap but do have an evidence base. In England, access to an NHS child weight management service is a geographical lottery, with some areas providing comprehensive options while others make no provision at all. Not uncommonly, enthusiastic pilot programmes fail to be re-commissioned owing to disappointing attendance rates and outcomes that are considered poor value when funding is hard pressed and there are many other competing health priorities.

The localism agenda has meant a lack of readily accessible lists of the clinical commissioning groups that actually commission child weight management services, and thus no easy way to benchmark access standards or to assess capacity across the country.

And yet most localities claim to have recognised child obesity as a high priority (try googling any district's Joint Strategic Needs Assessment [or JSNA] and it will be listed near the top of the results), and some herald their commitment to the NCMP as evidence of how they are tackling it. But the NCMP is a measuring programme only, without any treatment component, and so claiming this to be "tackling the problem" is somewhat disingenuous.

It is time for the NCMP to move from its infancy into its adolescence, to grow into a meaningful national programme that not only case-finds those with weight problems, but then triggers meaningful support for those affected. Unfortunately, child obesity is not "just puppy fat" and handing out leaflets is simply not enough. ■

Department of Health (2014) *Chief Medical Officer publishes annual report on state of the public's health*. DH, London. Available at: https://www.gov.uk/government/news/chief-medical-officer-publishes-annual-report-on-state-of-the-publics-health (accessed 05.09.14)

Health and Social Care Information Centre (2012) *Statistics on obesity, physical activity and diet: England, 2012*. HSCIC, Leeds. Available at: http://www.hscic.gov.uk/catalogue/PUB05131/obes-phys-acti-diet-eng-2012-rep.pdf (accessed 05.09.14)

Health and Social Care Information Centre (2014) *National Child Measurement Programme*. HSCIC, Leeds. Available at: http://www.hscic.gov.uk/ncmp (accessed 05.09.14)

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Public Health England (2014) *Slide sets for adult and child obesity*. Public Health England, London. Available at: http://www.noo.org.uk/slide_sets (accessed 05.09.14)

Regber S, Novak M, Eiben G et al (2013) Parental perceptions of and concerns about child's body weight in eight European countries – the IDEFICS study. *Pediatr Obes* **8**: 118–29

New e-learning sessions on child obesity are available at:

Growth and Nutrition
www.minded.org.uk/course/view.php?id=187

Understanding and Tackling Obesity
www.minded.org.uk/course/view.php?id=251