

## **AGENDA ITEM**

### **REPORT TO HEALTH AND WELLBEING BOARD 26/07/17**

### **REPORT OF DIRECTOR OF PUBLIC HEALTH**

## **PERFORMANCE UPDATE – JULY 2017**

### **SUMMARY**

This report provides a performance update on key indicators from the performance monitoring framework for the Joint Health and Wellbeing Strategy delivery plan, at July 2017.

### **RECOMMENDATIONS**

1. The Stockton-On-Tees Health and Wellbeing Board are asked to note the performance update and data and to consider any implications for addressing performance issues and health inequalities as well as spreading good practice.
2. It is recommended that this performance update is circulated to the Adults' Health and Wellbeing Partnership. In addition, performance data relevant to the Children and Young People's Partnership will be incorporated into the overall performance report for this partnership group.

### **DETAIL**

1. The Stockton Health and Wellbeing Board is responsible for overseeing the performance of partner organisations in relation to key health and wellbeing indicators. This is the quarterly performance update report to the Board, compiled on an exception basis as agreed. Key areas of performance are outlined, with some areas of good performance highlighted and some areas where improvement is required.
2. Updates that are reported elsewhere such as the Children and Young People's performance report are no longer included in this report to avoid duplication.
3. This report covers Q4 data or newly released annual data where available and otherwise refers to previous reports. Data such as obesity rates from the National Child Measurement Programme are updated annually in line with the Public Health Outcomes framework (PHOF) or Public Health England (PHE) data release timescales. Local data and context is included where possible.
4. The local performance summary is set out below and refers to national benchmarking and trend data where available.
5. The Board are asked to consider how and where issues of good and poor performance are followed up across Board members' organisations and then updates fed back to the Board.

## HEALTH IMPROVEMENT

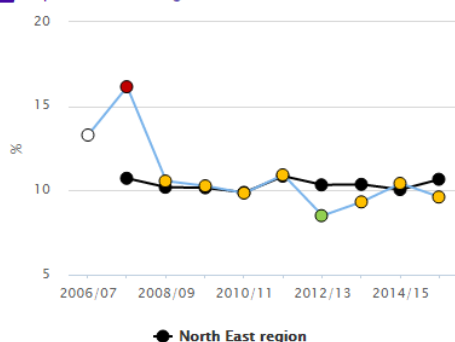
### HW100 Obesity in 4-5 year olds (reception) % of children measured through the National Childhood Measurement Programme

9.6% of children in reception in Stockton were obese in 2015/16, compared to 9.3% in England. Over the last decade the proportion of obese children has initially fallen and remained stable and similar to the England average since 2008/9.

Reception: Prevalence of obesity Stockton-on-Tees

Proportion - %

Export chart as image Show confidence intervals



Recent trend: ↓

Period	Count	Value	Lower CI	Upper CI	North East	England
2006/07	217	13.3	11.7	15.0	*	9.9
2007/08	321	16.2	14.6	17.8	10.7	9.6
2008/09	216	10.6	9.3	12.0	10.2	9.6
2009/10	223	10.3	9.1	11.6	10.2	9.8
2010/11	226	9.8	8.7	11.1	9.9	9.4
2011/12	252	10.9	9.7	12.3	10.8	9.5
2012/13	203	8.5	7.5	9.7	10.3	9.3
2013/14	218	9.3	8.2	10.6	10.4	9.5
2014/15	257	10.4	9.3	11.7	10.1	9.1
2015/16	240	9.6	8.5	10.8	10.7	9.3

Source: NHS Digital, National Child Measurement Programme

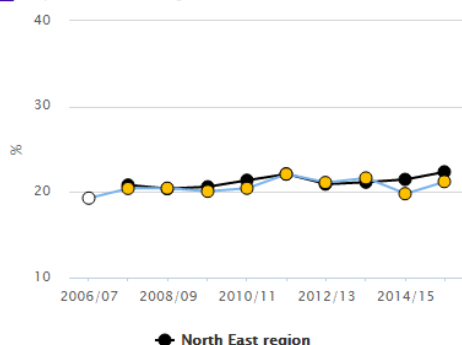
### HW101 Obesity in 10 – 11 year olds (year six) % of children measured through the National Childhood Measurement Programme

21.3% of children in year 6 in Stockton are obese compared to 19.8% in England. The proportion of obese children has remained stable and similar to the England average over the last decade.

Year 6: Prevalence of obesity Stockton-on-Tees

Proportion - %

Export chart as image Show confidence intervals



Recent trend: →

Period	Count	Value	Lower CI	Upper CI	North East	England
2006/07	238	19.3	17.2	21.6	*	17.5
2007/08	417	20.4	18.7	22.2	20.8	18.3
2008/09	397	20.4	18.7	22.3	20.4	18.3
2009/10	432	20.1	18.4	21.8	20.6	18.7
2010/11	400	20.4	18.7	22.3	21.4	19.0
2011/12	421	22.1	20.3	24.0	22.1	19.2
2012/13	412	21.1	19.4	23.0	20.9	18.9
2013/14	446	21.6	19.9	23.5	21.2	19.1
2014/15	406	19.8	18.1	21.6	21.5	19.1
2015/16	470	21.2	19.6	23.0	22.4	19.8

Source: NHS Digital, National Child Measurement Programme

Childhood obesity remains a significant issue for Stockton-on-Tees. PHEi has shown All children irrespective of socioeconomic status are at risk of maintaining or developing obesity; however, this risk is greatest in children from the most deprived

neighbourhoods, who are more likely to become or remain obese than their most affluent counterparts.

All children irrespective of their ethnicity are at risk of becoming obese during primary school; however, healthy weight children from Asian and black ethnic groups, have a higher likelihood of becoming obese in Year 6 when compared with their white counterparts.

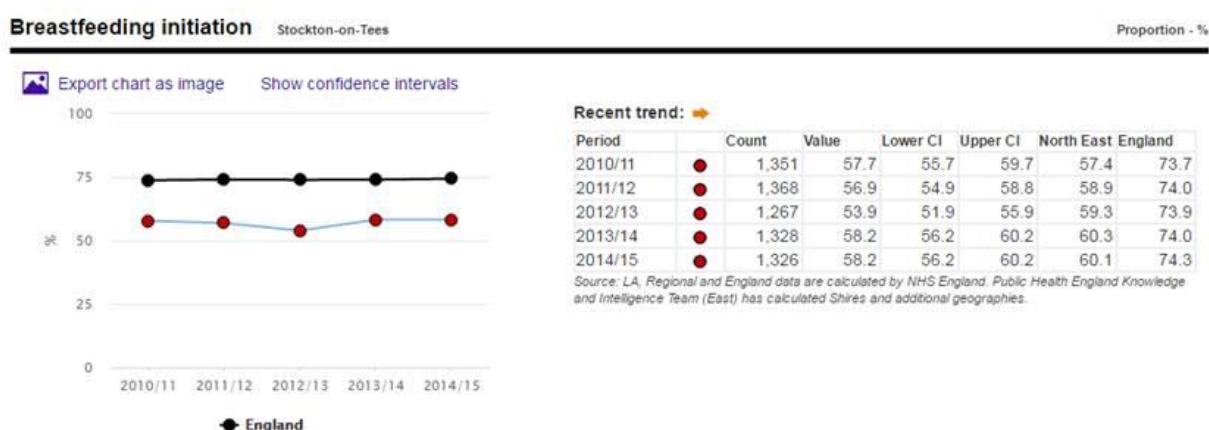
Children from the most deprived neighbourhoods may be less likely than their more affluent counterparts to return to a healthy weight status in Year 6.

The family weight management service (Morelife) and Phunky Foods programme has increased engagement with targeted primary schools that have higher obesity rates. The schools are primarily in areas of higher deprivation. The services are working together to deliver whole school changes to schools ethos and environment in relation to diet and exercise and delivering the Morelife programme directly to pupils within some schools.

As part of the A Fairer Start project Maternal & Child Nutrition training has been commissioned. HENRY (A national charity enabling a healthy start in life for babies and children) has been awarded the contract to deliver evidenced based early years training courses for all practitioners working with families of young children in the central Stockton ward. The HENRY training will help practitioners support families to develop a healthier lifestyle and give babies and young children a healthy start in life.

## HW Breastfeeding initiation and breastfeeding prevalence at 6-8 weeks after birth.

The breast feeding initiation rate in Stockton was 58.2% compared to 60.1% in the North East and 74.3% in England (2014/15). Breastfeeding initiation rates have remained stable and below the England average since 2010/11.

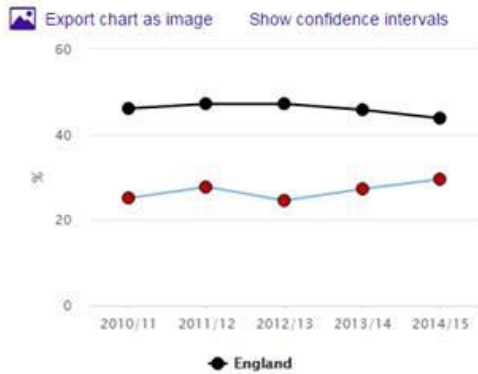


The breast feeding prevalence rate at 6-8 weeks was 28.1% in Stockton compared to 31.4% in the North East and 43.2% in England (2015/16). Breastfeeding rates have increased slightly since 2010/11 and remained well below the England average. Data source: PHE and CHIMAT

**Breastfeeding prevalence at 6-8 weeks after birth - previous method**

Stockton-on-Tees

Proportion - %



Recent trend: ↗

Period	Count	Value	Lower CI	Upper CI	North East	England
2010/11	611	25.2	23.5	26.9	30.0	46.1
2011/12	669	27.8	26.0	29.6	30.2	47.2
2012/13	587	24.6	22.9	26.3	31.2	47.2
2013/14	646	27.3	25.5	29.1	*	45.8
2014/15	682	29.6	27.7	31.5	*	43.8

Source: LA, Regional and England data are calculated by NHS England. PHE National Child and Maternal Health Intelligence Network has calculated additional geographies.

Work is continuing to plan for this year’s Big Latch On event which coincides with World Breastfeeding Week in early August. SBC Community Engagement, Public Health and Communications teams are working with North Tees and Hartlepool NHS Foundation Trust (NTHFT) and Tees Active to develop a programme of events aimed at families with young children to promote breastfeeding and increase awareness of the importance of a good attachment regardless of feeding choice.

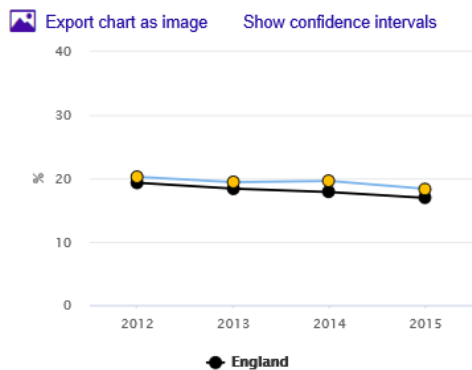
The Breastfeeding Welcome Scheme continues to progress. NTHFT has agreed to provide a train the trainer Breastfeeding Awareness training programme for key staff within Tees Active to ensure that they are compliant with the standards required to achieve Breastfeeding Welcome status across all of their venues.

**HW201 % of smoking population accessing the stop smoking service commissioned by Stockton-On-Tees Public Health**

**Smoking Prevalence in adults - current smokers (APS)**

Stockton-on-Tees

Proportion - %



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	North East	England
2012	-	20.3	18.0	22.5	22.0	19.3
2013	-	19.4	17.1	21.7	21.2	18.4
2014	-	19.6	17.3	22.0	19.8	17.8
2015	-	18.4	15.9	20.8	18.7	16.9

Source: Annual Population Survey (APS)

- Smoking prevalence in Stockton has declined slowly and is just above the England average.
- 2016/17 year-end figures show that 2194 smokers set a quit date.
- Based on this data, 7.8% of the smoking population accessed the stop smoking service during 16/17 compared to 4.5% nationally. This means that the service has surpassed the target of 6% locally.
- Stockton remains in the top 5 local authorities for performance in the region.

Data source: Stockton on Tees Stop Smoking Service. North Tees and Hartlepool Foundation Trust (NTHFT) 2016/17. North East Regional Data produced by Fresh Q3 2016/17.

**HW202      % Smoking Quitters (number of four week quitters in the smoking cessation service commissioned by Stockton-On-Tees Public Health)**

- Year-end figures for 2016/17 show 882 quitters. 40.2% successfully quit at 4-weeks. The service is maintaining the quit rate even though the number of smokers accessing the service has reduced.
- This represents a reduction by 6.6% compared to 2015/16. This is a smaller reduction compared with the previous quarter, which represented a reduction by almost 20% compared to the same period of time in 2015/16.
- Regional data for year-end for comparison is not yet available from FRESH Smoke Free North East.
- 60% of those who accessed the stop smoking service were from the ten most deprived wards
- 57.4%% of those who achieved four week quit target were from the ten most deprived wards

Data source: Stockton on Tees Stop Smoking Service, North Tees and Hartlepool Foundation Trust (NTHFT) yearend 2016/17. Department of Health: Stop Smoking Service Quarterly Monitoring Return 2016/17

The stop smoking service is piloting a community champion approach in Roseworth and Mandale & Victoria wards. The service is working in partnership with local community groups to identify stop smoking champions to not only provide brief advice but also to provide information on stop smoking services in order to encourage smokers to access the service.

The challenge is that there is a reduction of smokers accessing stop smoking services year on year. It is believed to be a result of electronic cigarettes and other alternatives becoming available. Around 2/3 of smokers use an unaided method (e.g. cold turkey) to stop smoking. Therefore, it is important to have a system-wide approach to ensure it is everyone's business to encourage and discuss stop smoking support within the in-house or commissioned services whenever the opportunity arises.

**HW300      Rate of emergency hospital admissions for alcohol related harm per 100,000 population**

- Alcohol-related hospital admission rates for Q3 were 745 per 100,000 population against a proposed yearly cumulative target of 2624. Extrapolation of the cumulative Q3 numbers (2156) gives an estimated year end figure of 2875
- This represents a quarterly increase of 4.5% compared to Q3 2015/16.
- The estimated end of year rate is above the yearly target.
- Data source: Balance North East

Lifeline are engaging with a variety of professionals and service areas to deliver the 'Have a Word' Alcohol Brief Intervention (ABI) training. Training continues to be rolled out amongst the Fire Service, with ABI forming an integral part of their 'Safe and Well'

visits. Lifeline has also engaged with some GP practices and most recently Clipper logistics service. The Public Health team are now working with Lifeline to adapt the ABI training for the children's workforce to include substances other than alcohol (i.e. cannabis) to reflect current patterns of use of young people.

The challenge is to collate data across agencies to produce a spatial map of alcohol-related harm (ill-health, crime, violence, domestic abuse etc.), affordability and availability. The picture that is then produced will inform the strategic direction of the Alcohol Strategic Group to prevent, reduce and mitigate alcohol-related harm.

**HW301      Number of opiate drug users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number in treatment**

- In Q4 5.8% of opiate drug users left drug treatment successfully
- This is better than the previous reported figure of 5.7% for time period Q3 2016/17 and 5.1% in Q2 2016/17.
- This is above the local target of 5.5% but below national average and best practice in comparable local authorities.
- Data source: National Drug Treatment Monitoring System (NDTMS) for Q4 2016/17

Stockton performance remains low in comparison with comparator authorities (top quartile performance is between 8.02% and 12.4%). The performance indicator has a six month lag in order to measure re-presentation rates in the six months following exit. Therefore Q4 performance reflects numbers leaving treatment in the 12 months up to the end of Sept 2016. The move from two treatment providers to one in August 2016 has resulted in some disruption to services and a slight increase in unplanned exits. Completion numbers remain static but a temporary increase in the rolling 12 month numbers in treatment has reduced the completion rate by approx. 0.1%. Other performance indicators show that the service is making progress towards increased exit rates in 2017/18.

The national trend shows a continuous and significant decline of completed treatment, falling from 7.6% in 2014/15 to 6.8% in 2015/16. Q2 2016/17 has seen a further decline to 6.6%. In the second half of 2016/17 this has stabilised at 6.6% but is highly likely to continue to decline.

The main challenge moving forward is to seek to stabilise a cohort of opiate users who are leading chaotic lifestyles and have continued to commit crime and use illicitly, spending periods either in prison or out of drug treatment. Moving to a one provider model with more emphasis on harm reduction. Psychosocial and recovery focussed interventions should help to achieve this.

**HW302      Number of non-opiate drug users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a proportion of the total number in treatment:**

- In Q4 performance was 37.3% against a target of 35%.
- This is lower than the previous reported figure of 37.5% for time period Q3 2016/17.
- Data source: National Drug Treatment Monitoring System (NDTMS) for Q3 2016/17

Numbers in treatment (rolling 12 month) have decreased slightly at 216 compared to 232 in Q3 but are down 13% from the 245 in treatment in Q4 2015/16. Referral rates have remained fairly consistent despite significant fluctuations in the number of arrests and drug tests taking place in arrest referrals.

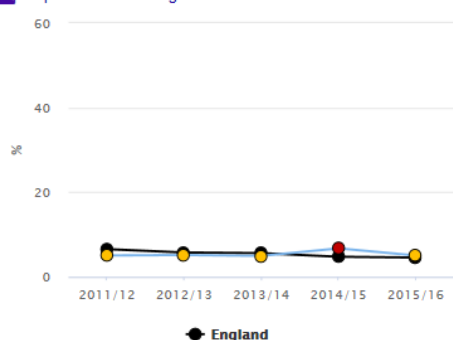
Re-presentation rates remain low at 6.6% (2 out of 30 exits). We expect numbers in treatment to gradually decline if exit rates remain above target. We are working with partners to improve offender management for those with substance misuse issues with the aim of increasing the level of meaningful treatment for those where substance misuse remains a factor in driving offending behaviour. There is potential for this to increase numbers in treatment in the short term.

## HW Self-reported wellbeing – People with low satisfaction score

The proportion of people in Stockton who report low satisfaction with their wellbeing was 5% and has remained mostly stable and similar to the national average since 2011/12.

2.23i - Self-reported wellbeing - people with a low satisfaction score Stockton-on-Tees Proportion - %

Export chart as image Show confidence intervals



Period	Count	Value	Lower CI	Upper CI	North East	England
2011/12	-	5.0	3.4	6.7	6.5	6.5
2012/13	-	5.1	3.5	6.8	6.7	5.7
2013/14	-	4.9	3.0	6.8	6.3	5.6
2014/15	-	6.7	4.8	8.7	6.0	4.7
2015/16	-	5.0	3.2	6.9	5.3	4.6

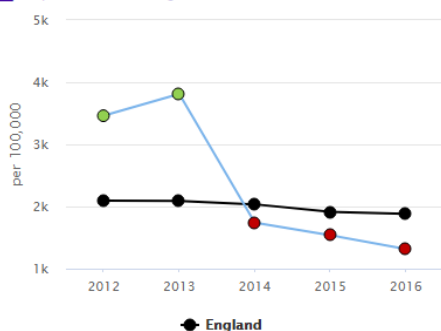
Source: Annual Population Survey (APS); Office for National Statistics (ONS).

## HEALTH PROTECTION

### HW103 Chlamydia detection rate (15-24 year olds)

- The chlamydia detection rate for 2016 in Stockton was 1317 compared to 1836 in the North East and 1882 in England.
- The chlamydia detection rate has fallen since 2014 and is below the national average. Previous data should not be considered due to data issues (double counting).
- Data source: PHE (CTAD)

Export chart as image Show confidence intervals



Recent trend: ↓

Benchmarking against goal: <1,900 1,900 to 2,300 ≥2,300

Period	Count	Value	Lower CI	Upper CI	North East	England
2012	869	3,461	3,235	3,699	2,722	2,095
2013	936	3,813	3,573	4,065	2,633	2,088
2014	424	1,742	1,580	1,916	2,034	2,035
2015	368	1,539	1,386	1,704	1,818	1,914
2016	315	1,317	1,176	1,471	1,836	1,882

Source: Public Health England

SBC commissions the local sexual health service and Brook has been subcontracted by the service since December 2016 to deliver community based sexual health outreach with a focus on improving chlamydia testing. The sexual health service also subcontracts the majority of community pharmacies to offer chlamydia testing to young people.

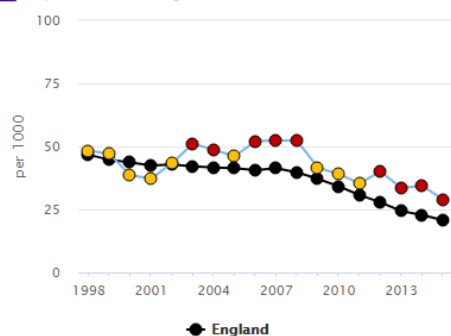
SBC Public Health is working closely with the sexual health service to ensure it has a robust plan in place with its subcontractors to increase the uptake of targeted testing. This will include a review of the performance of subcontracted services.

**HW102 Under 18 conceptions (3 year rolling average rate per 15-17 year olds per 1,000 population)**

- The under-18 conception rate for Stockton in 2015 was 28.9 compared to 28.0 in the North East and 20.8 in England.
- Teenage pregnancy rates in Stockton and in England have declined significantly since 1998. However teenage pregnancy rates in Stockton have not declined at the same pace and were significantly higher than the England average between 2012 and 2015.
- Data source: PHE



[Export chart as image](#) [Show confidence intervals](#)



Recent trend: ↓

Period	Count	Value	Lower CI	Upper CI	North East	England
1998	181	48.3	41.5	55.9	56.5	46.6
1999	176	47.0	40.3	54.5	55.3	44.8
2000	151	38.5	32.6	45.2	50.8	43.6
2001	150	37.2	31.5	43.7	48.3	42.5
2002	172	43.4	37.2	50.4	51.2	42.8
2003	197	51.1	44.2	58.7	52.4	42.1
2004	185	48.7	41.9	56.2	51.2	41.6
2005	176	46.1	39.6	53.5	50.5	41.4
2006	199	52.0	45.0	59.7	49.1	40.6
2007	209	52.5	45.6	60.1	52.8	41.4
2008	209	52.2	45.4	59.8	48.0	39.7
2009	164	41.6	35.5	48.5	45.7	37.1
2010	145	38.9	32.9	45.8	43.5	34.2
2011	127	35.4	29.5	42.1	38.4	30.7
2012	138	40.0	33.6	47.2	35.5	27.7
2013	111	33.5	27.5	40.3	30.6	24.3
2014	115	34.4	28.4	41.3	30.2	22.8
2015	94	28.9	23.4	35.4	28.0	20.8

Source: Office for National Statistics (ONS)

SBC Public Health and Education Improvement Service are working together to update the preventative messages included within school PSHE curriculum in line with the latest evidence base and Ofsted requirements. The services are also working closely with schools to ensure that they are prepared for the requirement for relationships education to be taught at primary and for relationships and sex education to be taught at secondary level from September 2019.

Alongside this an evaluation of the Risk Taking Behaviour road show for secondary school settings is currently ongoing to support a wider review of the provision of PSHE. Whilst it is acknowledged that its content requires updating to ensure that it has the capacity and flexibility to include locally relevant themes, positive feedback has been received on the format and delivery of the roadshow. The development of training for school staff, youth workers and public health nurses will be an integral element of any future developments.

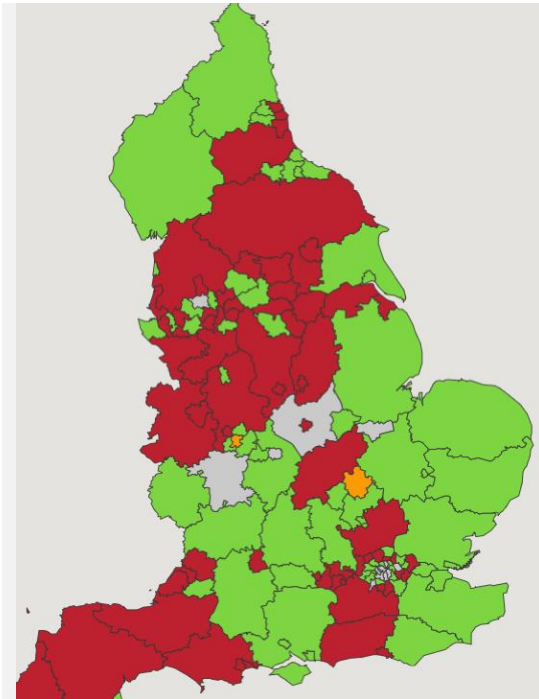
## HEALTHCARE AND PREMATURE MORTALITY

### HW204 Uptake of NHS health check programme by those eligible

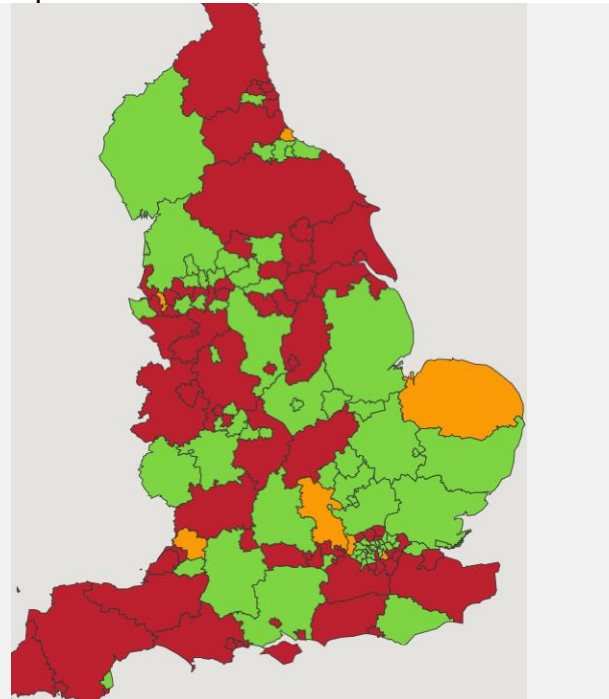
- NHS Health Checks, locally branded as Healthy Heart Checks are offered every five years to everyone aged 40 to 74 without pre-existing conditions.
- 10,928 people were invited for and 5,684 received a Healthy Heart Check in 2016/17
- 98.2% of eligible people have been INVITED to an NHS Health Check since 2013. Stockton is ranked 16th out of 152 local authorities in England.
- 42.6% (21,331) of eligible people have RECEIVED an NHS Health Check since 2013. Stockton is ranked 42nd out of 152 local authorities in England. in Stockton have received a Healthy Heart Check since 2013.
- Stockton has achieved the local performance target with 56% of the annual eligible population to receive a NHS health check programme. Stockton has performed better compared with other Tees areas.
- Year end data shows that 3,359 people from the top 10 most deprived wards were invited to have the health check and 52.4% of those were assessed. This compares

with 50.1% from Quintile 3 to 5 who were assessed in 2016/17. We have continued to improve on the number of people from the top 10 most deprived wards that attended for an assessment.

Invitation to NHS health check



Uptake of NHS health checks



Source. Cumulative invitations and uptake of NHS health checks in 2015 since 2013 from Healthier Lives

## **HW Uptake of annual health checks for people with learning disabilities**

People with learning disabilities often have poorer physical and mental health than other people. The Annual Health Check scheme is offered to adults and young people aged 14 or above with learning disabilities who need more health support and who may otherwise have health conditions that go undetected.

- In 2015-16 45% of the population with a learning disability received an annual health check
- There has been a marked improvement observed in 2016-17 with 51% now receiving an annual health check.
- 5 GP practices in Stockton have been identified with over 80% performance on conducting annual health checks for people with learning difficulties.
- The Keeping Healthy Group are conducting further evaluation to spread any identified good practice.
- The CCG has developed a Sub Group as part of its Action Plan to increase the take up of Annual Health checks in the 2017/18
- Actions taken so far include the review of the reporting template, addressing annual health check performance as part of clinical locality lead visits to practices and offer of further physical health and screening activity focused upon people with learning disabilities in parallel.

- Flu Immunisation: In 2015-16 41% of the learning disability population received immunisation. In 2017 this was 44%.
- Cervical Screening: In 2015-16 35% of those eligible had received screening compared 75.2% in the general population. In 2017 this was 41%
- Breast Screening: 46% of eligible females have received screening in the last three years compared to 76% for the general population.
- Bowel Screening: 69% of the eligible learning disability population have received screening in the last two years compared to 60% of the general population.

## ADDRESSING HEALTH INEQUALITIES

### ADDITIONAL ACTIVITY

#### Substance misuse

Following a review of the Young People's specialist substance misuse service a service development plan was created. An increase in planned exits from the service (young people completing their treatment and not exiting early) from 64% in 2014/15 to 92% for in 2016/17 resulted. This is now above the national average of 82%. More young people are now exiting treatment not using any amount of substances. This increased from 33% of young people in 2015/16 to 44% in 2016/17, which is higher than the national average.

#### Art and Health

As a result of the recent scrutiny review into the links between the arts and health, Public Health funding has supported partnership working between Stockton-on-Tees Riverside College and Tees Valley arts. Students at the college have been involved in the design, development and production of a body image animation which will be available to schools and partners to use to support students to challenge the body images that young people see through media / social media and to raise awareness about the link between being physically active and positive wellbeing. The animation will be launched at a celebration event on the 20th June and will be free of use to settings after that date.

#### Domestic Abuse

Work has been underway over the last year to refresh the Domestic Abuse Strategy 2017-2022, the content of which has been discussed within the Domestic Abuse Steering Group the Adults Health and Wellbeing Partnership; the Children & Young People's Partnership; Safer Stockton Partnership and the Stockton on Tees Local Safeguarding Children Board. An action plan for 2016/17 to deliver the refreshed Strategy has been developed with input from partners.

#### Seasonal Health

The 'Warm Homes Healthy People 6' Programme ended on the 31<sup>st</sup> March 2017. The seasonal programme continues to include the eligibility criteria introduced in 2015 with the aim of delivering essential interventions, such as income maximisation, energy debt advice, emergency heating and boiler repairs within a timely manner, whilst ensuring that those most in need can access support within the project budget. 452 households were supported in 2016/17 with 861 interventions ranging from income maximisation advice provided during home visits to boiler servicing and repairs. This is an increase on 15/16 which saw 335 households and 595 interventions recorded. Publicity around

the scheme has concentrated on the most vulnerable with the message taken directly to community locations and forums and advertisements on the back of targeted bus routes. Planning has started for 'Warm Homes Healthy People 7'.

### **Diabetes**

The Public Health Team has led a multi-agency Diabetes Task & Finish Group in order to produce recommendations to the Health & Well-being Board for the prevention, treatment and care of diabetes.

### **Mental Health**

The Public Health Team has led the development of a comprehensive Mental Health Needs assessment to inform the development of a Joint Mental Health Strategy for the borough.

### **FINANCIAL IMPLICATIONS**

There are no direct financial implications of this update.

### **LEGAL IMPLICATIONS**

There are no specific legal implications of this update.

### **RISK ASSESSMENT**

Consideration of risk will be included in the narrative around any performance issues, together with actions being taken to mitigate this risk.

### **SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS**

Monitoring of performance across Board organisations will have a positive impact on coordinated activity to deliver both the Sustainable Community Strategy and Joint Health and Wellbeing Strategy themes.

### **CONSULTATION**

Consultation has been an integral part of generating priorities for action, through the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy development process.

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<sup>i</sup> PHE (2017) reported on changes in the weight status of children between the first and final years of primary school using local level NCMP data. The findings included:

- For children who are overweight in Reception, 31% will remain overweight, around 30% will become obese, and 13% severely obese by Year 6.
- For children who are obese (excluding severely obese) in Reception, 36% of girls and 37% of boys will remain obese in Year 6, and a further 28% of girls and 33% of boys will develop severe obesity.
- Most children who are severely obese in Reception will remain severely obese in Year 6 (62% of girls, 57% of boys).
- Most children who are a healthy weight in Reception will remain a healthy weight by Year 6 (77% girls, 73% boys). However, 7% of girls and 9% of boys who are a healthy weight in Reception will become obese (including severe obesity) by Year 6. Although a small percentage, this represents a large number of children.
- These results suggest that the increase in obesity prevalence between Reception and Year 6 is driven by the numbers of overweight and healthy weight Reception children that become obese by Year 6.
- Most children (68% of girls, 77% of boys) who are underweight in Reception will gain a healthy weight by Year 6.
- A small number of children with excess weight will return to a healthy weight: around 27% of overweight, just over 10% of obese, and fewer than 5% of severely obese children in Reception will return to a healthy weight by Year 6.
- These findings align with a similar study conducted in a nationally representative cohort of children taking part in the Millennium Cohort Study.