Committee and Date	Item
Young People's Scrutiny Committee 16 September 2015	**9** Public

Report of the Childhood Obesity Task & Finish Group

Responsible Officer
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1. Summary

1.1. The Childhood Obesity Task and Finish Group was established, on behalf of the Young People's Scrutiny Committee, to undertake a time-limited piece of work to inform local efforts to address child obesity. The group's work, which drew upon its members' understanding and knowledge of local communities, will also inform and support Shropshire's Healthy Weight Strategy and Joint Strategic Needs Assessment (JSNA).

1.2. Pregnancy and the first five years are a crucial time in establishing healthy eating patterns into adulthood. The Task & Finish group therefore sought to understand the role that breastfeeding and weaning play in supporting Shropshire families to reduce their risk of obesity. Two discreet work-streams were identified for breastfeeding and weaning. For ease, the findings of both work-streams have been consolidated within this report. The following objectives were identified and are discussed below:

To understand:

- the benefits of breastfeeding and appropriate and timely weaning
- current infant feeding guidance
- Shropshire's performance against regional and national counterparts
- current infant feeding support mechanisms available to families in Shropshire

And to gain:

- local insights into infant feeding in Shropshire

2. Recommendations

As a result of research undertaken and insights gained, the members of the Task & Finish group identified two key priority areas to support efforts to address childhood obesity in Shropshire County.

2.1. Scrutiny Committee members recommend that Shropshire Council acts as a leader in supporting local breastfeeding communities and workplaces. It will do this through:

- Shropshire Public Health identifying a lead to co-ordinate and promote the Shropshire Welcomes Breastfeeding scheme (see Appendix A) across public and commercial sector premises. This includes ensuring that all public-facing Shropshire Council staff are aware of the scheme. All Shropshire Council

premises will work towards Shropshire Welcomes Breastfeeding accreditation.

- Shropshire Council amending its 'Maternity, Adoption and Surrogacy Adoption Leave' Policy to include additional policy statements in respect of breastfeeding at work. These statements support Shropshire Council employees continuing to breastfeed following return to work.

2.2. That Scrutiny Council members recommend that Shropshire Council supports positive infant feeding practices through:

- Supporting the development of and access to evidence-based training for professionals engaging with families, and parents through Shropshire's local 'Eat Better Move More' (EBMM) programmes; and

- Supporting continued local access to evidence-based parenting programmes including 'Understanding Your Child' (Solihull approach)

REPORT

3. Risk Assessment and Opportunities Appraisal

(NB this will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

None

4. Financial Implications

There may be financial implications attached to the continued development and delivery of EBMM which relate to officer time and supporting training resources/materials necessary for continued development and delivery of EBMM programmes."

5. Background

5.1. Obesity is a major risk factor for long term conditions such as diabetes, cardiovascular disease and cancer and is placing an increasing burden on health and social care services. It is also a key driver of health inequalities, with obesity prevalence highest in deprived communities. One quarter of Shropshire adults is clinically obese, and two thirds overweight. Rates of obesity have trebled in the past 30 years and the trend continues upwards. Overweight and obesity is also occurring at a young age, with 1 in 10 children entering primary school in Shropshire already obese, rising to 1 in 6 by age 10-11 years.

5.2. Tackling obesity is challenging and individuals need support to develop and sustain healthy eating and physical activity habits. This includes supporting access to healthy foods at an affordable price and creating a food environment which supports healthy choices and inhibits promotion of unhealthy choices. Providing a wide range of physical activity opportunities for people to enjoy; increasing knowledge of key

healthy eating and physical activity messages and skills in choosing, preparing and cooking food from an early age; and providing structured weight management support are also important. Local policies, initiatives and services including licensing, active travel, education and Healthy Child Programme have an impact on the wider determinants of obesity as well as national programmes such as Healthy Start and Change4Life.

5.3. Being above a healthy weight can have a detrimental effect on the health and well-being of children and young people. It increases children's risk of developing diseases in later life and can often lead to bullying and discrimination by peers, low self-esteem, anxiety and depression. Growth patterns in the first few weeks and months of life affect the risk of later obesity and chronic disease. Children who maintain a healthy weight through eating a healthy balanced diet, being physically active and reducing sedentary behaviour are more likely to grow into healthy adults.

5.4. Shropshire is committed to reducing childhood obesity. Its Joint Strategic Needs Assessment (JSNA)[i] emphasises Shropshire's commitment to giving every child the best start in life and encouraging healthy eating and physical activity from an early age. The Children's Trust's Children, Young People and Families Plan[ii] and Shropshire's Health and Wellbeing Strategy[iii] highlight encouraging healthy lifestyles (including reducing sedentary behaviour) and reducing childhood obesity as key priorities. Supporting healthy weight in families (particularly in early years) involves a range of partners and agencies including GPs, midwives, health visitors and Shropshire Council staff. It is important that the issue of healthy weight is raised before, during and following pregnancy.

The benefits of breastfeeding and appropriate and timely weaning

5.5. The importance of positive early feeding practices is well-evidenced, including its long-term effect on the risk of chronic disease in adulthood. Breastfeeding is described as 'the normal way of providing young infants with the nutrients they need for healthy growth and development'[iv]. Its benefits and effects on both infant and maternal health are both wide-reaching and long-lasting[v]. These include:

Protective benefits for infant	**Health/other benefits for mother:**
Reduced risk of : • gastroenteritis • constipation • respiratory and ear infections • sudden infant death syndrome • diabetes (type 1 and 2) and obesity • allergies (such as asthma, lactose intolerance, eczema)	**Reduced risk of:** • cancer (breast, ovarian) • hip fractures • supports post-pregnancy weight loss • free and convenient • promotes mother-infant bonding • promotes sense of achievement • reduces stress as a result of infant illness

5.6. Weaning, also known as 'introducing solids or complementary feeding' is the process of introducing solid foods. Until the age of around 6 months, babies should still be getting most of their nutrition from breast or formula milk[vi]. Appropriate and timely weaning is vital and should entail a slow, gradual and responsive process which introduces infants and toddlers to a range of tastes and textures. The emphasis should be less about filling babies' tummies or helping them to sleep for

longer and more about supporting them to develop eating and drinking skills as well as healthier food and drink preferences for life.

5.7. 'Baby-led' weaning has been adopted by Shropshire's Health Visiting Service and Children's Centres as the approach most likely to correspond with an infant's natural ability to take food into their mouth, move it around and swallow it safely. This is unlikely to occur before 6 months of age. Further information on baby-led weaning and 'signs of readiness' can be found in Appendix A.

Current breastfeeding and weaning guidance

5.8. It is recommended that mothers should initiate breastfeeding within the first hour after birth and that they should continue to breastfeed exclusively up until the baby is 6 months old. Breastfeeding should be 'responsive'; as often as the baby wants for successful feeding to be established. The longer a woman breastfeeds, the longer the protection lasts and the greater the health benefits.

5.9. Almost all women are physically able to breastfeed with appropriate and effective support, however it may take some women longer to establish breastfeeding. With support and guidance, the vast majority of women can breastfeed comfortably and confidently, providing enough milk for their baby's needs. Health professionals should offer information, support and guidance to parents on how to initiate and maintain breastfeeding, including raising awareness of the benefits of breastfeeding and overcoming barriers.

5.10. The most common barrier for not continuing to breastfeed is experiencing pain and discomfort. In most cases, this can be easily rectified with support from a trained professional around positioning of the baby whilst feeding or ensuring correct attachment. Other barriers to breastfeeding include:

- sexualisation of breastfeeding
- fear that breastfeeding will affect body image
- fear of social intolerance
- pressure from partner or family to bottle feed

5.11. Women who are least likely to initiate breastfeeding include young mothers, those with low educational achievement and those from disadvantaged groups[vii].

5.12. There is evidence[viii] to support a possible link between the incidence of insulin-dependent diabetes and formula-fed babies. Evidence also supports a link between breastfeeding and reduction in risk of type 2 diabetes for the baby and a reduction in maternal type 2 diabetes.

5.13. It is not recommended that babies are given solid food (including purees and cereals or baby rice with milk) before they are 6 months old, as their digestive system is not developmentally ready to cope with solids. If parents feel their baby needs solids before this time they should seek the advice of their health visitor[ix].

5.14. From 6 months of age, babies are ready to be given pieces of soft, cooked vegetables or finger food and should be baby-led. By 12 months of age, babies should be having three mashed or chopped meals a day and should be eating with the rest of the family. By 5 years of age, their diet should be in line with the 'Eatwell Plate' guidance and should be proportional to their size.

5.15. A parenting style that sets clear boundaries whilst being in charge and responsive to infants and children's emotional and physical needs is more conducive to a healthy lifestyle. Parents and carers who do not recognise their infant's feeding

or fullness cues are more likely to over-feed or give into a child's demands for more high fat, high sugar foods. Locally, an evidence-based programme called Eat Better Move More (EBMM) has been designed to support professionals and parents to enhance their skills and knowledge around healthy lifestyles and obesity prevention for children aged under 5. This was developed and delivered as a joint NHS and local authority programme, however due to recent organisational changes some aspects of the programme are not currently being delivered. For further information on EBMM please see Appendix A.

Local performance against regional and national counterparts

5.16. The group examined Shropshire's performance compared to its regional and national counterparts. Local breastfeeding data is routinely collected however this is not the case for weaning, although data on weaning may be available in the near future[x].

5.17. 'Initiation' of breastfeeding is recorded if a mother has; attempted to breastfeed, put the baby to the breast or the baby is given expressed breast milk within the first 48 hours after birth. Continuation of breastfeeding is recorded at 6-8 weeks.

5.18. Child Health Profiles for Shropshire indicate that 73.8% of women initiate breastfeeding (England average, 73.9%). This figure drops to 41.5% by 6-8 weeks (England average, 47.2%). The biggest drop in breastfeeding levels is by 10-14 days. This is often credited to a lack of support after discharge from hospital when women no longer have access to 24 hour support and guidance. Some women may not have intended to breastfeed in the first instance, but their initiation was recorded after encouragement at birth. Compared to our regional partners, Shropshire performs relatively well (please see table below).

Table 1. Percentage of women recorded as having initiated breastfeeding and maintained breastfeeding at 6-8 weeks

Area	**Breastfeeding initiation**	**Breastfeeding at 6-8 weeks**
England	73.9%	47.2%
West Midlands	67.9%	41.0%
Shropshire	**73.8%**	**41.5%**
Telford & Wrekin	65.1%	33.2%
Sandwell	61.2%	30.5%
Birmingham	68.4%	51.4%

Infant Feeding Support Mechanisms available to families in Shropshire

5.19. From 1st October 2015, the commissioning responsibility for Health Visiting Services will transfer from NHS England to Public Health departments within Local authorities. All families can expect access to 'Universal services' from a Health Visiting team providing the Healthy Child Programme to ensure a healthy start for children and families. Services will be targeted to those requiring additional support.

5.20. Shropshire Community Trust, Children's Centres and Shrewsbury & Telford Hospitals are working collaboratively towards achieving full UNICEF Baby-Friendly Accreditation (see Appendix A for further information). Breastfeeding support from midwives and health visitors includes:

- Booklets and guides

- Antenatal classes and breastfeeding workshops
- Advice on healthy eating, responsive feeding practices and weight monitoring
- Health Visitor Advice Helpline

Support from Children's Centres includes:

- Family Support Worker within Maternity Units and in the home as required
- Shropshire Welcomes Breastfeeding (SWB) scheme
- Targeted support from professionals or self-referral
- Training courses and signposting
- 'Bumps to Babes' support groups (including breastfeeding)
- 'Introduction to infant feeding' workshops

Additional support from Voluntary and Community Sector and other services include:

- Shropshire Council services including Family Information Service and Healthy Shropshire website
- La Leche League Shropshire – telephone helpline and support groups
- National Childbirth Trust (NCT) – local support groups held at Sure Start Children's Centres
- Home-Start Shropshire – one-to-one and group support to families who may be struggling with a range of issues including healthy eating

Local breastfeeding and weaning insights

5.21. Members of the Task and Finish group attended three sessions and one focus group during February 2015 at Sure Start Children's Centres in Shrewsbury. Members' insights from discussions with parents attending the sessions are summarised below:

Parental priority

- putting their baby first

Support

- antenatal support seen as valuable by parents
- breastfeeding support at 10-14 days considered valuable in supporting mothers to breastfeed for longer
- support welcomed to continue to breastfeed particularly outside of the home

Messaging

- conflicting messages from family and friends to wean early (4 months)
- increasing importance of social media and word of mouth in receiving information

Employer's role

- importance recognised in supporting women during pregnancy and beyond (parents mentioned support including time to attend antenatal support sessions not only medical appointments)

Education

- the value of educating all young people about the benefits of breastfeeding

5.22. These insights are further supported by earlier research[xi] commissioned by Public Health which found that most parents understand the importance and benefits

of breastfeeding and appropriate weaning. In the main, parents felt they received enough support from midwives and health visitors however they highlighted a number of barriers to breastfeeding, including:

- convenience of bottle-feeding over breastfeeding (i.e. others can take responsibility for feeding the baby)
- pressure from family/partners to bottle-feed
- fear of breastfeeding or lack of confidence in ability to breastfeed
- previous use of formula milk

5.23. In comparison, there appeared to be greater confusion around weaning. Whilst many parents felt confident about weaning, including when to start and what foods to try, barriers to appropriate and timely weaning included:

- family influence and conflicting messages about weaning
- age of mother (younger mothers more likely to be confused about weaning)
- fear of choking with baby-led weaning
- confusion over portion sizes

6. Additional Information

Inclusion of additional policy statements within current Maternity, Adoption and Surrogacy Adoption Leave Policy in respect of breastfeeding at work agreed by Employee Joint Consultative Committee (EJCC) in July 2015 (see Appendix B).

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) See 'References' section below
Cabinet Member (Portfolio Holder) Ann Hartley
Local Member All
Appendices Appendix A – Further information Appendix B – EJCC Briefing Note - Maternity, Adoption and Surrogacy Adoption Leave Policy (Section 4) July 2015

References

[i] Shropshire Council. (2012). *Joint Strategic Needs Assessment Priorities*. Available online at: http://shropshire.gov.uk/media/73886/Shropshire-JSNA-Summary-Document-2012.pdf

[ii] Shropshire Children's Trust. (2014). *Children, Young People and Families Plan*. Available online at: http://shropshire.gov.uk/media/1216935/Shropshire-CYPF-Plan-2014.pdf

[iii] Shropshire Health and Wellbeing Board. (2012). *Flourishing Shropshire Flouring Lives: Shropshire Health and Wellbeing Strategy*. Available online at: www.shropshiretogether.org.uk

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[v] UNICEF. (2015). Health benefits of breastfeeding. Available at: http://www.unicef.org.uk/BabyFriendly/About-Baby-Friendly/Breastfeeding-in-the-UK/Health-benefits/

[vi] Department of Health. (1994). COMA Report 45: Weaning and the Weaning Diet. *Scientific Advisory Committee on Nutrition* (200) SACN Committee Meeting. September 2001. http://www.sacn.gov.uk/meetings/committee/main_sacn_meetings/12062001.html

[vii] NICE. (2008). Maternal and child nutrition (PH11). https://www.nice.org.uk/guidance/ph11/resources/guidance-maternal-and-child-nutrition-pdf

[viii] Karjalainen J et al. (1992). A bovine albumin peptide as a possible trigger of insulin-dependent diabetes mellitus. *New England International Journal of Medicine,* 327: 302-307

[ix] British Dietetics Association. (2013). Complementary feeding: Introduction of solid foods to an infant's diet. *Policy Statement*. Available online at: https://www.bda.uk.com/publications/professional/complementary_feeding_weaning

[x] This is subject to changes to the Health Visiting specification.

[xi] National Social Marketing Centre research conducted in summer 2014, please contact the Public Health department for further information.