Isle of Wight National Child Measurement Programme (NCMP)
2015 to 2016
Isle of Wight Public Health

Introduction:

The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception and Year 6. Around one million school children are measured in England every year, providing a detailed picture of the prevalence of child obesity.

In England 2015 to 2016 saw an increase in the prevalence of obesity on last year’s figures with percentages for Reception increasing to 9.3% from 9.1%, and in Year 6 to 19.8% from 19.1%. For 2015 to 2016 over a fifth of Reception children were overweight or obese and over a third in Year 6. Obesity prevalence was more than twice as high in Year 6 (19.8%) compared to Reception (9.3%) and this prevalence has increased since 2014 to 2015 in both age groups.

The World Health Organization (WHO) regards childhood obesity as one of the most serious global public health challenges for the 21st century. Obese children and adolescents are at an increased risk of developing various health problems such as asthma, type 2 diabetes, heart disease and certain types of cancer and are also more likely to become obese adults. In England, the health problems associated with being overweight or obese cost the NHS more than £5 billion every year. (See: http://www.noo.org.uk/NOO_about_obesity/child_obesity, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/298297/cmo-report-2012.pdf and https://www.gov.uk/government/policies/reducing-obesity-and-improving-diet#background)

Isle of Wight National Child Measurement Programme (NCMP) Findings 2015 to 2016*:

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<th>Region</th>
<th>2015-16 Prevalence</th>
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* The NCMP published prevalence data use the British 1990 growth reference (UK90) for BMI and the 2nd, 85th and 95th centiles to define children as underweight, overweight or obese according to age and sex. It is important to note that the 85th and 95th centiles used in the NCMP are intended for population monitoring use only, and do not provide the number or percentage of individual children clinically defined as overweight or obese.
Participation:

Local and national participation rates have remained relatively constant over the last three years for both Year R and Year 6 following a dip in 2011 to 2012. A high participation rate is important to ensure the findings are representative. On the Isle of Wight Year R participation rates were 95.5% in 2014 to 2015 reducing slightly to 93.5% in 2015 to 2016 Rates for Year 6 were 95.3% in 2014 to 2015 reducing to 92.1% in 2015 to 2016. These figures are slightly below the England averages.

Prevalence:

2015 to 2016 figures for the Isle of Wight show that 17.6% of Year 6 pupils were obese and a further 15.1% were overweight. Of children in Reception 9.1% were obese with a further 12.8% classed as overweight. In comparison to 2014 to 15 figures obesity levels have remained the same for Reception but have decreased for Year 6 (from 20.5% to 17.6%). This differs from the national trend which is still seeing an increase. In terms of overweight percentages, Reception has decreased (from 14.7% in 2014 to 2015 to 12.8%) whilst Year 6 has seen an increase (from 13% in 2014 to 2015 to 15.1%). This puts the Isle of Wight above the England average of 14.3%. 

Data Source: National Child Measurement Programme
Obesity prevalence on the Isle of Wight in Year 6 was below the England average but above the South East average. Overweight prevalence for Year 6 is above both England and South East averages.

Obesity prevalence in Reception was in line with the England average but higher than the South East average. For both England and the South East the overall trend is a slight increase in levels of obesity whereas locally percentages have stayed the same.

Regionally, obesity prevalence varied by Local Authority ranging from 5.1% in Richmond upon Thames to 14.7% in Middlesborough for Reception. In year 6 the range was from 11% in Richmond upon Thames to 28.5% in Barking and Dagenham (NHSDigital, 2016).

**Combined overweight and obesity prevalence:**

**Isle of Wight:**

Combined overweight and obesity prevalence for Year 6 is at 32.7% which is slightly below the England average of 34.2% but above the South East average of 30.8%. Locally combined prevalence has reduced from 2014 figures (from 33.5%) as opposed to England and the South East where prevalence has slightly increased (from 33.2% and 30.1% respectively).

Combined overweight and obesity prevalence for Reception is at 21.9%. This is also slightly below the England average of 22.1% but above the South East average of 20.9%. As with Year 6 figures, nationally and regionally combined prevalence has increased from last year (21.9% and 20.3% respectively) whereas locally prevalence has decreased.

Obesity prevalence in Reception was in line with the England average but higher than the South East average. Overweight prevalence for Year 6 is above both England and South East averages.

**Obesity & Overweight Prevalence 2015-16**

**RECEPTION YEAR:**

IW compared with England
Healthy Weight:

Locally 77.6% of pupils in Reception are classed as being of healthy weight. This is above the England average of 16.9% but below the South East average of 78.4%. The Isle of Wight has increased its healthy weight numbers from 2014 (75.7%) whereas both nationally and regionally figures have gone down (from 77.2% and 78.9% respectively). 65.3% of pupils in Year 6 are classed as being of healthy weight. This is slightly above the England average (64.5%) but below the South East average (68.0%). Locally, healthy weight figures have reduced from last year (65.4%) as have national and regional numbers (65.3% and 68.6% respectively).

Underweight

0.5% of Reception and 2.0% of Year 6 are classed as underweight locally. Figures for Reception are slightly below England and South East averages (1.0% and 0.8% respectively) but higher than national and regional figures for Year 6 (1.3% and 1.2% respectively).

The percentage of obese children in Year 6 was almost double that of Reception children. The prevalence of underweight children was higher in Year 6 than in Reception. The prevalence of healthy weight children was lower in Year 6 than in Reception.
Gender:

Combined overweight and obesity prevalence was found to be higher among males than females in both Reception and Year 6. For males in Reception prevalence had decreased from 25.1% in 2014 to 2015 to 22.4% and is now below the national average of 22.7%. In contrast to the national average this is a decrease on last year’s figures. Combined prevalence for females in Reception is 21.5%; this is also a decrease on last year’s figures of 22.2% and in line with the national average (21.5%). This trend is also in contrast to the national picture which is increasing.

Combined overweight and obesity prevalence for females in Year 6 has decreased from 34.1% in 2014 to 2015 to 29.9%. This is more in line with results from previous years and is below the national average of 32.3%. Nationally, figures have increased, whereas locally we have seen a reduction. For Year 6 males, combined prevalence is 35.2% which is an increase on last year’s figures (32.9%) but remains below the national average of 36.0%.

Combined overweight and obesity prevalence on the Isle of Wight has decreased for females in Reception and Year 6 and for males in Reception. The decrease differs from the national trend. The Isle of Wight is below or in line with the national average for males and females in Reception and Year 6.
Locally, obesity levels in both years are higher among boys with overweight levels higher among girls in Year R but boys in Year 6. In Year R 8.0% of females are obese with 10.2% of males. In Year 6 15.9% of females are obese with 19.2% of males. In Year R 13.5% of females were overweight with 12.2% of males. For Year 6 14.0% of females were classed as overweight with 16.0% of males.

On the Isle of Wight slightly more females than males are of healthy weight with 72.6% of females classed as healthy weight (77.9% in Year R and 67.2% in Year 6) and 70.3% of males (77.3% in Year R and 63.5% on Year 6). When split by age group, females in both years have a higher healthy weight prevalence reflecting the increased overweight prevalence of Year 6 males and obesity prevalence of Year R males. Nationally, obesity prevalence was higher for boys than girls in both age groups (NHSDigital, 2016).

Locally, overall 1.7% of females and 0.8% of males are underweight. Both locally and nationally, Year 6 females form the largest underweight group (2.8% and 1.5% respectively). But figures for underweight prevalence for Year 6 females locally has seen an increase on last year’s figures and is above the national average.

Year 6 females saw the greatest reduction in obesity levels from 19.5% in 2014 to 2015 to 15.9% in 2015 to 2016. Males in Year 6 now have highest levels of obesity and overweight prevalence and are above the national average in overweight prevalence. In Year R males are above the national average in obesity prevalence. Year 6 females have seen the highest increase in underweight prevalence.
Ethnicity

Locally, 91% of children participating were British. Within this group 70.8% were classed as healthy weight. This is a slight increase on last year’s percentage of 70.6%. 14.3% were classed as overweight and 13.6% as very overweight. Obesity figures have reduced from 14.7% in 2014 to 2015 but overweight figures have increased from 13.9%. 1.3% were classed as underweight, this is an increase on last year’s figure of 0.8%. All other groups were very small numbers so groupings have been combined to allow for comparisons. As a result, the second largest group at 3.1% were ‘any other white background (including Irish) of which 81.3% were classed as healthy weight, 9.3% as overweight and 9.3% as very overweight. The third largest group after ‘Not stated’ was ‘Any other Asian background’ including Chinese, Bangladeshi, Indian, Pakistani and white and Asian at only 1.4%. 77.8% are classed as healthy weight, 11.1% were overweight and 8.3% were very overweight. Comparisons for other weight classifications are difficult locally due to small numbers in all other ethnic groups.

Data Source: National Child Measurement Programme
Nationally obesity prevalence was highest for Black or Black British children in both school years. It was lowest for Chinese children in reception. The Asian or Asian British group had the highest prevalence of underweight children at 3.5% in both school years (NHSDigital, 2016).

**Geography:**

Nationally, obesity prevalence was highest in the North East, West Midlands and London. It was lowest in the East of England, South East and South West with London having the highest prevalence of underweight children in reception (NHSDigital, 2016).

**Urban/ Rural split**

Nationally, obesity prevalence in urban areas was highest in both age groups – 9.6% in reception and 20.7% in year 6 with underweight prevalence highest in urban areas (NHSDigital, 2016).

Locally, ‘town and fringe’ and ‘urban’ areas also had the highest prevalence of both obesity and combined overweight and obesity levels. Obesity levels in ‘town and fringe’ have increased from 13.5% in 2014 to 2015 to 14.7% in 2015 to 2016. Combined overweight and obese prevalence have increased from 26.5% in 2014 to 2015 to 30.2% in 2015 to 2016. In previous years ‘urban’ areas had seen the highest prevalence but this area as well as ‘village’ and ‘hamlet and isolated dwelling’ have all seen a decrease in both obesity and in combined obesity and overweight prevalence.

**Isle of Wight Overweight and Obesity prevalence by geographical area**

**Isle of Wight Obesity prevalence by geographical area**

*Data Source: National Child Measurement Programme*
Nationally, obesity prevalence varied by local authority. For reception this ranged from 5.1 percent in Richmond upon Thames to 14.7 percent in Middlesbrough. In year 6 the range was from 11.0 percent in Richmond upon Thames to 28.5 percent in Barking and Dagenham (NHSDigital, 2016).

Locality – Isle of Wight:

Overweight / obese prevalence by locality shows that the West and Central Wight locality had the highest prevalence for both Reception (24.1%) and Year 6 (34.2%). This is an increase on last year’s figures (23.9% for Reception and 32.6% for Year 6). All other localities have seen a decrease for both Reception and Year 6. The North East Wight locality had the lowest prevalence for Reception (19.3%) with South Wight and North East Wight had the same prevalence at Year 6 (31.7%).
Last year’s figures saw the South Wight locality with the highest prevalence for Reception (24.3%) with West and Central next at 23.9% prevalence and North East Wight lowest with 23.2%. For Year 6 the North East Wight becomes the locality with the highest prevalence (34.2%) with South Wight next (34.1%) and West and Central lowest at 32.6%. For 2013/14, the North East Wight locality had the highest prevalence for reception (23.5%) with the West Wight lowest with 19.4%. For Year 6 prevalence, West Wight locality had the highest prevalence at 35.8% with the South Wight lowest at 27.3%. It is clear that there is no clear correlation between locality and obesity/overweight prevalence as the graphs below illustrate. This is most likely due to the mix of deprivation and affluence, urban and rural within the localities.
By Deprivation:

Nationally, child obesity prevalence shows a close association with socioeconomic deprivation. Obesity prevalence for children living in the most deprived areas in both age groups was more than double that of those living in the least deprived areas. This gap has increased over time. Obesity prevalence for Reception aged children ranged from 12.5% in the most deprived areas to 5.5% in the least deprived. For Year 6, 26.0% of children living in the most deprived areas were obese compared to 11.7% in the least deprived. Combined overweight and obesity prevalence ranged from 40.6% in the most deprived areas to 24.8% in the least deprived areas (NHSDigital, 2016)

On the Isle of Wight, the trend is similar with Reception where overweight and obesity prevalence in the most deprived deciles is slightly higher than that in the least deprived deciles. This trend is less pronounced in Year 6.
By Lower Super Output Area (LSOA) the correlation between most deprived areas and levels of combined overweight and obesity prevalence is less clear most likely due to the low numbers. Of the LSOAs with the highest rates of obesity (to be interpreted with caution due to low numbers) only two fall within the top ten most deprived LSOAs (Pan B 41.0% and Pan A 40.8%). The ten LSOAs with the highest overweight / obesity prevalence for Year R and Year 6 combined are Freshwater Yar (55.6%), Shanklin South A (50%), Lake South B (46.2%), Ryde South East A (44.4%), Parkhurst B (41.4%), Pan B (41.0%), Pan A (40.8%), Freshwater Norton (39.1%) and Seaview and Nettlestone (37.5%). Only one of these LSOAs featured in the 2014/15 top ten LSOAs with the highest prevalence (Seaview and Nettlestone B). Of the 10 most deprived LSOAs in 2015/16 four increased in prevalence and six reduced.

There is also limited correlation between child poverty levels and obesity/overweight prevalence by LSOA with only two of the LSOA’s with the highest overweight/obesity prevalence featuring in the top ten areas with the highest child poverty rates.

Comparison with CIPFA (Chartered Institute of Public Finance and Accountancy) group

In comparison with statistical neighbours the Isle of Wight ranks eighth highest for combined overweight and obesity prevalence for both Reception and Year 6. This is a reduction on last year’s figures which placed the Isle of Wight as fourth.
References:

http://www.noo.org.uk/NOO_about_obesity/child_obesity,


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