Early years
High Impact Area 4: Healthy weight, healthy nutrition
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About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Any enquiries regarding this publication should be sent to fiona.hill@phe.gov.uk
Published October 2016
PHE publications gateway number: 2016368
This guidance has been developed with our key partners, including Department of Health, NHS England, Health Education England, Local Government Association and Early Intervention Foundation
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What and why including context

Children who are overweight are at increased risk of poor health outcomes such as type 2 diabetes and poor mental health. Childhood obesity is a significant health inequality with higher rates amongst children in disadvantaged areas and some ethnic groups.

Overweight and obesity in childhood is associated with overweight and obesity in adulthood, with subsequent increased risk of cardiovascular disease and other obesity related non-communicable diseases. In turn this leads to increased health and social care costs.

Obesity is a priority area for Government. Government policy on Obesity and healthy eating sets out a whole systems approach. Healthy weight maintenance can be improved through encouraging good maternal diet, breastfeeding, timely and appropriate introduction to solid foods, and healthy family diet and activity in line with guidelines.

Early identification, supporting health promotion and change management around healthy lifestyles, using evidence-based techniques such as promotional and motivational interviewing, is offered by health visitors during routine, opportunistic contacts. This starts from the Antenatal Visit.

Health visitors have a clear easily understood national framework on which local services can build. sets out the four levels of service with increased reach from community action to complex needs, five universal health reviews for all children and the six High Impact Areas where health visitors have the greatest impact on child and family health and wellbeing.
Within the Healthy Child Programme 0-5 years clear actions are identified for health visitors. The most effective interventions are multi component, holistic and involve the whole family. The focus should be on the early identification and prevention of obesity in children, through an emphasis on good maternal diet, breastfeeding, delaying weaning until babies are around six months old, encouraging responsive feeding, introducing children to healthy foods, controlling portion size, limiting snacking on foods that are high in fat and sugar, and increasing physical exercise. Further effective interventions include decreasing screen time, increasing sleep, modifying parental attitudes to feeding and mealtimes.

Health visitors can promote healthy weight and healthy nutrition by:

- providing the family with information and advice on the introduction of solid foods (in addition to breast or formula milk) to ensure the child is offered a progressively varied diet from 6 months
- water and milk are the only drinks that should be provided between meals as they do not damage teeth or increase children’s risk of tooth decay
- the amount and frequency of consumption of sugars should be reduced. Sugar sweetened drinks should not be part or the daily diet of children
- promoting uptake of Healthy Start vitamins and vouchers to mothers who are eligible
- discussing importance of vitamin supplements for all children under the age of 5, and pregnant women, new mothers and fathers, and those planning a pregnancy
- discussing and advising on behaviours, attitudes and family practices around food and physical activity such as encouraging families to eat and exercise together and encouraging parents and carers to set a good example by the food choices they make for themselves
- physical activity should be encouraged from birth, particularly through floor-based play and activities

Health visitors can promote healthy weight and healthy nutrition by: (continued)

- identifying women at risk at the antenatal visit, e.g. BMI above 30
- encouraging healthy weight pre-conception and healthy pregnancy (obesity in the mother can cause complications in and between pregnancies.) Supporting mothers to continue breastfeeding for as long as they choose

Supporting mothers to continue breastfeeding for as long as they choose
Health visitors can promote healthy weight and healthy nutrition by: (continued)

- pre-school children who are capable of walking should be active daily for at least 180 minutes\(^1\)
- encouraging parents to develop good eating and physical activity habits
- providing information and advice on safety such as choking
- weight monitoring where there is concern about growth through clinics and also as part of the 2-2.5 year review and encouraging parents to monitor growth and development as per guidelines in the Personal Child health Record.
- being alert to and assessing for signs of under or overweight (including as a possible sign of neglect and malnourishment) and working with families to support them in addressing their child’s needs
- signposting and referral to additional support, based on clinical assessment of need
- encourage parents to sign up for the Information Service for Parents, which offers a series of emails and text messages for parents covering pregnancy and children up to four years old

In addition health visitors can build community capacity for healthy eating and physical activity, by establishing or linking to community groups e.g. cooking, sports/outdoor activities and support for families on low income on how to feed their child well on a low budget e.g. fruit and veg co-operative.

Health visitors have a lead role in promoting healthy nutrition for infants and young children through Children’s Centres. For example by leading the implementation and delivery of evidence-based programmes such as HENRY (Health Exercise Nutrition for the Really Young – a course on parenting, obesity and lifestyle strategies). As a member of the Children’s Centre Advisory Board, the health visitor can influence and develop health policies ensuring that Children’s Centres promote clear consistent messages about healthy eating and the benefits of physical activity, including provision of healthy snacks and drinks in the Children’s Centre setting.

Measures of success/outcome

(Including Public Health Outcomes Framework or future Child Health Outcomes Framework measure/placeholer, interim proxy measure, measure of access and family experience)

Access:

- evidence of use of up to date evidence-based multi-agency infant feeding policies setting out best practice in relation to breastfeeding support, introduction of solid foods and dietary guidelines in early years settings that would reduce obesity and tooth decay
- evidence of a local multi-agency 0-5s healthy weight pathway setting out best practice on assessment, identification and interventions for healthy weight for 0-5 local commissioner and provider data.

Effective delivery:

- evidence of implementation of infant feeding policies and healthy weight pathways via local commissioner and provider data.

Outcomes:

- Public Health Outcomes Framework 2.06i: Percentage of children aged 4-5 classified as overweight or obese: 4.0ii, Mean severity of tooth decay in children aged five years based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted – decayed/missing/filled teeth; 2.2ii Breastfeeding prevalence at 6-8 weeks after birth – number of infants who are totally or partially breastfed at 6-8 week check via early years profiles. Age that infant started on solids. Breastfeeding initiation rates. The number of children aged 2-4 meeting the CMO guidelines for physical activity.

User experience:

- feedback from health visitor service user experience questionnaire on satisfaction with breast-feeding, introduction of solid foods and nutrition support via local commissioner and provider data.
Connection with other policy areas and interfaces

(How does it fit/support wider early years work)

The High Impact Area documents have been developed to support delivery of the Healthy Child Programme and 0-5 agenda, and also to highlight the link with a number of other interconnecting policy areas e.g. early intervention, health inequalities, troubled families, vulnerable children and social justice. The importance of effective outcomes relies on strong partnership working between all health partners (primary and secondary), Local Authority partners including early years partners, and third sector (voluntary) partners.

- Shared outcome measures
- Reducing health inequalities
- Early intervention
- Healthy Start vitamins scheme
- CMO guidance on physical activity and vitamin D deficiency
- Start4Life
- Families in the Foundation Years
- Reducing tooth decay and tooth extractions in children

How will we get there?

System levers

- Public Health Outcomes Framework indicator reported and benchmarked by Public Health England and local commissioning Information sharing agreements in place across all agencies
- Integrated commissioning of services
- Children’s Centres play a key role in supporting improved outcomes for children and families as part of the integrated planning, delivery, monitoring and reviewing approach. Partnerships can use information from Joint Strategic Needs Assessment (JSNA), (including Early Years Foundation Stage Profile data, health data, information about families, communities and the quality of local services and outcomes from integrated reviews) to identify and respond to agreed joint priorities. Children and Family Centres provide a good focus for co-ordination on this
- Data feedback to inform JSNA on obesity in reception aged children, breastfeeding, nutrition and exercise to develop partnership healthy weight strategies with clear pathways for support for parents and young children at risk from obesity
### Improvement

- Improved accessibility for vulnerable group as health visitors access all families.
- Integrated IT systems and information sharing across agencies.
- Development and use of integrated pathways to include prevention and early intervention.
- Systematic collection of user experience e.g. Friends and Family Test to inform action.
- Increased use of evidence-based interventions e.g. HENRY and links to other early years performance indicators.
- Improved partnership working e.g. maternity, school nursing and early years settings.
- Consistent information for parents and carers on obesity, nutrition, portion control and activity.
- Identification of risk factors and indicators for obesity.
- Appropriate alignment to breastfeeding priority area.
- Ensure local processes to enable smooth transfer of records during transition to school to ensure continuity of programmes.
- High coverage of HCP and weights, height and BMI centile measurements at 2-2½ year review.

### Professional/Partnership Mobilisation

- Multi-agency training on risk factors and root causes of obesity and how they relate to tooth decay.
- Multi-agency training for health weight including nutrition and activity.
- Effective delivery of universal prevention and early intervention programmes.
- Improved understanding of data within the JSNA and at the local Health and Health and Wellbeing Board to better support integrated working of health visiting services with existing Local Authority arrangements to provide a holistic/joined up and improved service for young children, parents and families.
- Identification of skills and competence to inform integrated working and skill mix.
- To be familiar with the National Child Measurement Programme.
- Closer links with early years settings, schools and school nursing service.
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Associated Tools and Guidance
(including pathways)

**General**

Healthy Child Programme: Pregnancy and the first five years, Department of Health 2009


HENRY, accessed July 2016

Health visiting and school nursing partnership: Pathways for supporting health visitor and school nurse interface and improved partnership working, Public Health England, 2015

Chief Medical Officer Report: Prevention pays: Our Children Deserve Better, Department of Health, 2013

Start 4 Life, accessed July 2016


Public Health Outcomes Framework 2013 to 2016 and technical updates, Department of Health, 2013

Children’s Outcomes Framework 0-5, Department of Health, 2014

Obesity and healthy eating, Department of Health, accessed July 2016

Information Service for Parents: Fact sheet for health professionals, Start4Life, 2014


**Your baby's first solid foods**, NHS Choices, accessed March 2016


Physical activity guidelines for early years (under 5s) – for children who are capable of walking, Department of Health, 2011

Childhood obesity: A plan for action, Department of Health, Prime Minister’s Office, 10 Downing Street, HM Treasury and Cabinet Office, 2016


**Five Year Forward View**, NHS England, 2014

**NICE Guidance**

Oral health promotion, general dental practice, NICE guidance [NG30], 2015

Behaviour change: the principles for effective interventions, NICE guidance [PH6], 2007

Maternal and child nutrition guidance, NICE guidance [PH11], 2014

Promoting physical activity for children and young people, NICE guidance [PH17], 2009

Weight management before during and after pregnancy, NICE guidance [PH27], 2010

Behaviour change: individual approaches, NICE guidance [PH49], 2014

Oral health, Local authorities and partners, NICE guidance [PH55], 2014