Healthy Weight and Good Nutrition JSNA

Extent of the issue – Children and Young People

Supplementary Document

The National Child Measurement Programme (NCMP) provides a consistent picture of underweight, healthy weight, overweight and obesity among children aged 4–5 (reception) and 10–11 (year 6). Local data for Nottingham and Nottinghamshire show marked variation in weight outcomes between City, County and County districts, with some areas experiencing significantly higher levels of overweight and obesity than the national average, while others show prevalence rates that are similar to or lower than national levels. The following section summarises these patterns, highlighting these significant differences across the City and County.

It is acknowledged that there is a lack of local data on nutrition among children and young people available at a local level.

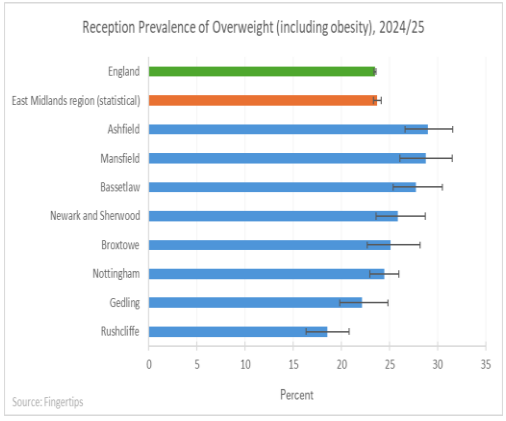
Please note, where data is described as 'significantly' different this refers to a statistically significant difference rather than the size of the difference.

Reception aged (4-5 year olds)

- Healthy weight prevalence among reception-aged children is significantly lower in both Nottingham (73.5%) and Nottinghamshire (73.8%) compared with the national average (75.4%) (1) meaning a higher proportion of children are underweight, overweight or living with obesity.
- In Nottingham, the prevalence of underweight in children in reception (2.1%) is significantly higher than the national average (1.1%) (2). The prevalence in Nottinghamshire (0.7%), is significantly lower than the national average.
- In Nottingham, the prevalence of overweight (including obesity) in children (23.7%) in reception is not significantly different to the East Midlands average (23.7%), or the national average (23.5%). However, the prevalence of children living with obesity (including severe obesity) (12.1%) is significantly higher than the national average (10.5%). (2)
- In Nottinghamshire County, overweight (including obesity) prevalence (25.5%) and obesity (including severe obesity) prevalence (11.2%) are both significantly higher than the England prevalence (23.5% and 10.5% respectively). (3)
- Considering prevalence across Nottinghamshire County Districts and Boroughs, Ashfield (29%), Mansfield (28.8%), Bassetlaw (27.7%) and Newark & Sherwood (25.9%) have significantly higher prevalence of overweight (including obesity) compared to the national average. Broxtowe (25.1%) and Gedling (22.2%) have similar prevalence to the national average whilst Rushcliffe (18.5%) has significantly lower prevalence. (3) Obesity prevalence (including severe obesity) varies across Nottinghamshire, with Ashfield and Mansfield showing significantly higher levels than the national average. In contrast, Bassetlaw, Broxtowe, Gedling and Newark & Sherwood align closely with national figures, while Rushcliffe continues to have significantly lower prevalence. (4)

Year 6 (10-11 year olds)

- Healthy weight prevalence among year 6 children is significantly lower in Nottingham (58%) than nationally, meaning a higher proportion of children are overweight or living with obesity, whereas Nottinghamshire (61.3%) is not significantly different from England (62.2%) (5)
- In Nottingham, the prevalence of underweight children in year 6 (2.0%) is significantly similar to the national prevalence (1.6%) (2). For Nottinghamshire (1.3%) this is significantly lower than the national prevalence. (7)
- In Nottingham the prevalence of overweight (including obesity) (40.1%) is significantly higher than both the East Midlands (36.3%) and national (36.2%) averages. The prevalence of children living with obesity (including severe obesity) (27.1%) is also significantly higher than the national average (22.2%). (2)
- In Nottinghamshire County, overweight (including obesity) prevalence (37.4%) is significantly higher than the England prevalence (36.2%) and obesity (including severe obesity) prevalence (23.1%) is similar to the England prevalence (22.2%) (7)
- Looking at prevalence across Nottinghamshire County Districts and Boroughs, in Ashfield (42.6%) Mansfield (40.3%) and Bassetlaw (41%) have significantly higher prevalence of overweight (including obesity) among children in year 6 compared to the national average (36.2%), whilst the prevalence in Newark and Sherwood (38.7%), Gedling (37.1%) and Broxtowe (34.4%) are not significantly different to the national average. Rushcliffe has significantly lower prevalence of 27.7%. (6) The prevalence of children living with obesity (including severe) across Nottinghamshire follows the same pattern as overweight (including obesity). (7)



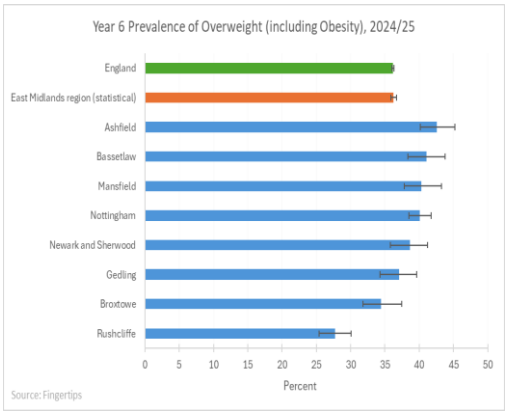
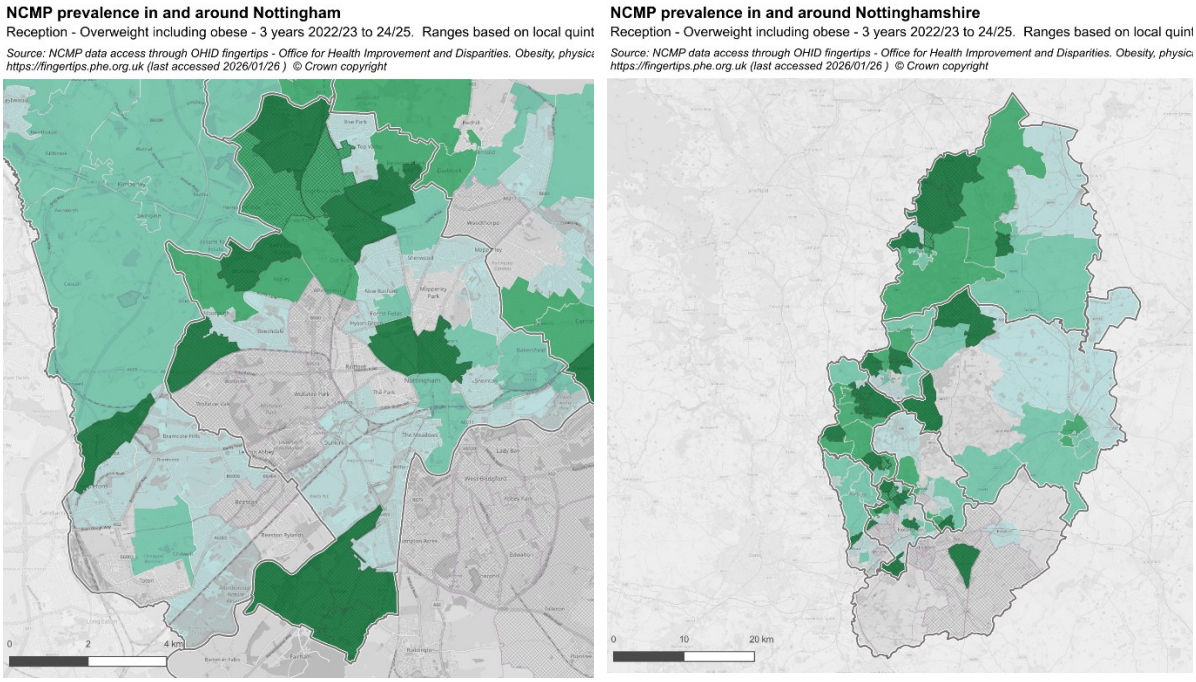


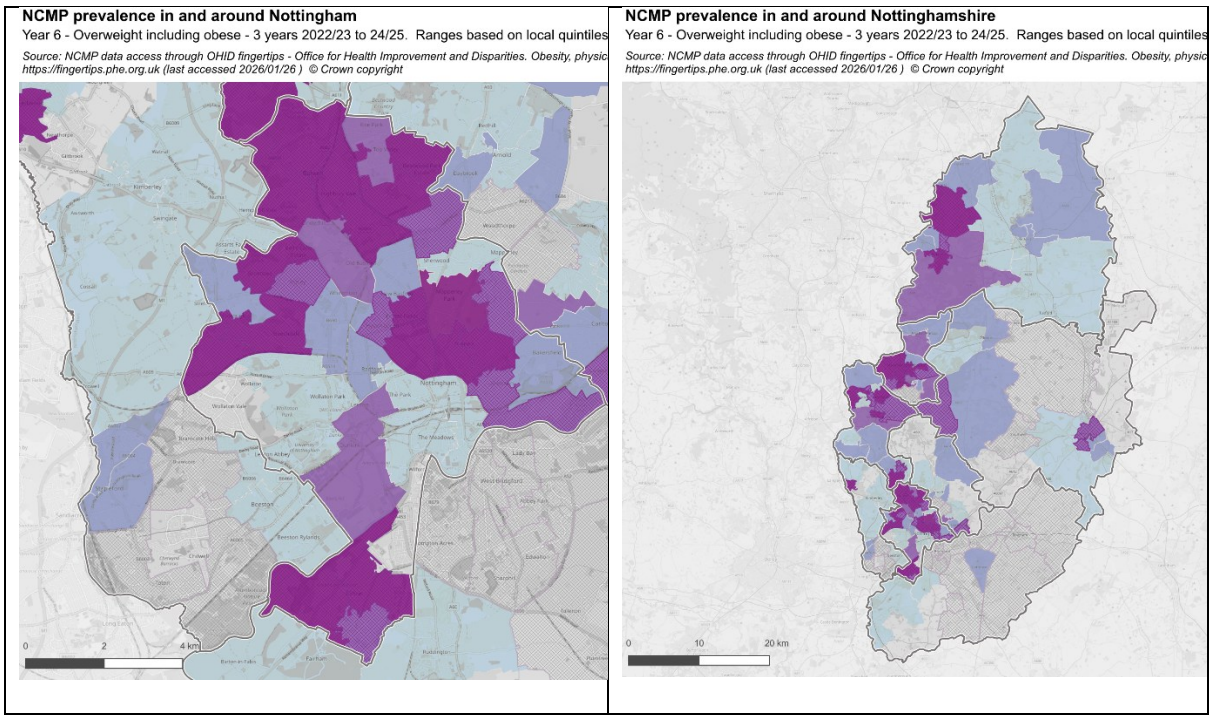
Chart 1 and 2 Overweight (including obesity) prevalence (%) in Nottingham and Nottinghamshire District/Boroughs at reception and year 6 compared to East Midland and England, 2024/25 (2, 3, 6)

The maps below shows the prevalence of overweight (including obesity) among reception-aged and year 6 children across Nottingham and Nottinghamshire. Prevalence is presented as a percentage and is based on the number of children measured who are overweight (including obese), averaged across three school years, and shown at small neighbourhood sized areas (middle super output area -MSOA) according to where children

live. The map highlights clear geographic variation, with higher levels clustered in some local areas. Darker shading indicates higher prevalence.



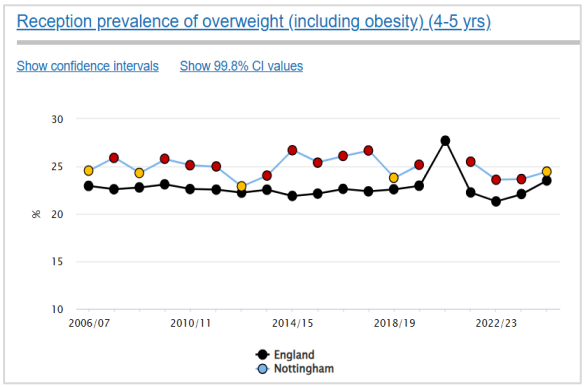
Map 1 and 2 Prevalence of overweight (including obesity) in Nottingham and Nottinghamshire in reception (2022/23-2024/25). (8)



Map 3 and 4 Prevalence of overweight (including obesity) in Nottingham and Nottinghamshire in year 6 (2022/23-2024/25). (8)

Trends in prevalence of overweight (including obesity)

- The prevalence of overweight (including obesity) in children in reception and year 6 in **Nottingham** remains consistently higher than the national average as illustrated in the graphs below. (9, 10)
- The overall long-term trend of however is fairly static for children in reception and year 6. Local data collection was impacted by the COVID-19 pandemic restrictions in 2020/21.



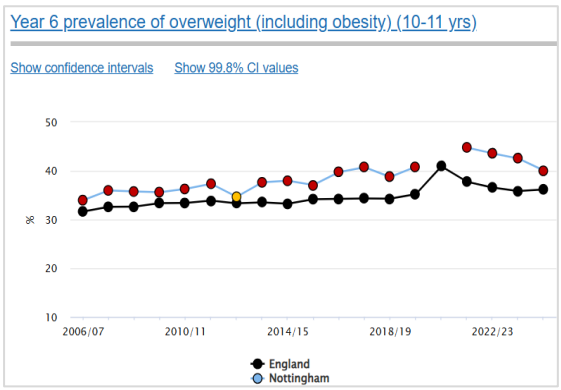
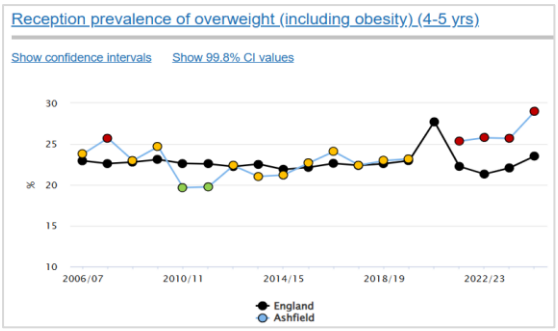


Chart 3 and 4 *Overweight (including obesity) prevalence (%) in Nottingham at reception and year 6 compared to England, 2006/07 to 2024/25.* (9,10)

- In Nottinghamshire, the proportion of overweight (including obesity) in reception age children has remained largely stable over time and mirrors the recent national increase in prevalence. The proportion of overweight (including obesity) in year 6 age children also reflect national increases in recent years, having been consistently lower than national prevalence before 2020.
- Across Nottinghamshire, patterns vary. In Ashfield, in more recent years, the prevalence of overweight (including obesity) in children in both reception and year 6 has been on the increase (11,12). In Mansfield (13,14), Bassetlaw (15,16), Broxtowe (17,18) and Newark and Sherwood (19,20, a spiked increase in prevalence in children in reception is observed but a similar pattern is not seen in children in year 6. In Gedling prevalence has remained significantly similar to national prevalence (21,22). In Rushcliffe, the prevalence of overweight (including obesity), remains consistently lower than the England average for children in reception and year 6, despite an increase in prevalence observed elsewhere in the County in children in reception in more recent years. (23,24)



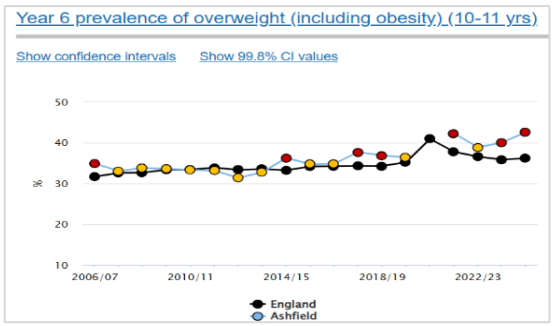
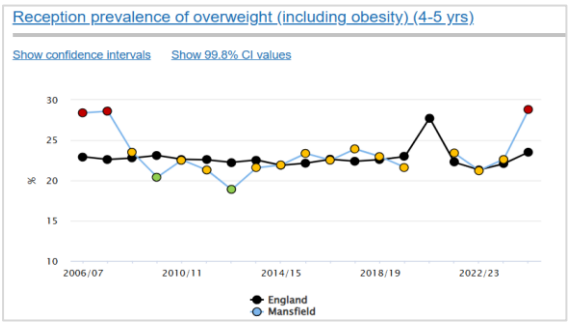


Chart 5 and 6 *Overweight (including obesity) prevalence (%) in Ashfield at reception and year 6 compared to England, 2006/07 to 2024/25.* (11, 12)



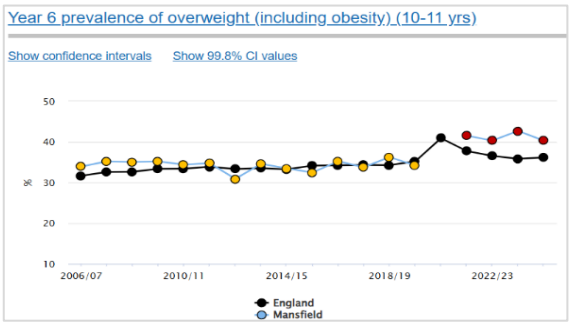
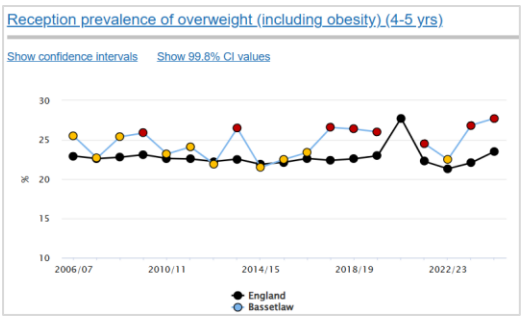


Chart 7 and 8 *Overweight (including obesity) prevalence (%) in Mansfield at reception and year 6 compared to England, 2006/07 to 2024/25.* (13,14)



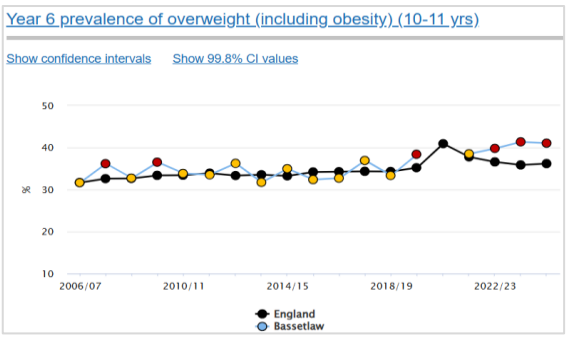
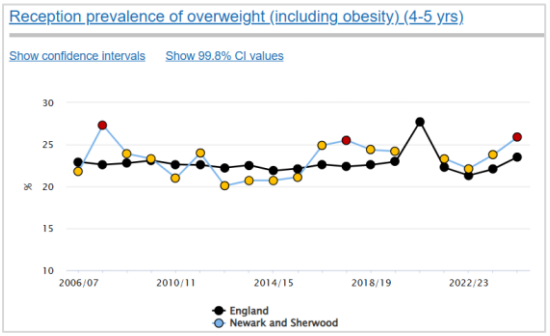


Chart 9 and 10 *Overweight (including obesity) prevalence (%) in Bassetlaw at reception and year 6 compared to England, 2006/07 to 2024/25.* (15,16)



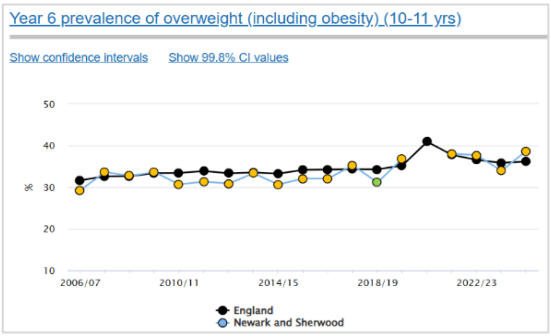
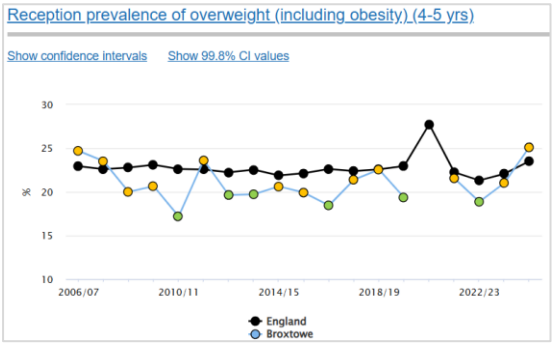


Chart 11 and 12 *Overweight (including obesity) prevalence (%) in Newark & Sherwood at reception and year 6 compared to England, 2006/07 to 2024/25.* (19, 20)



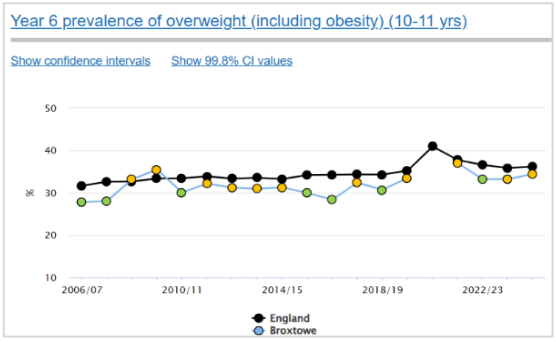
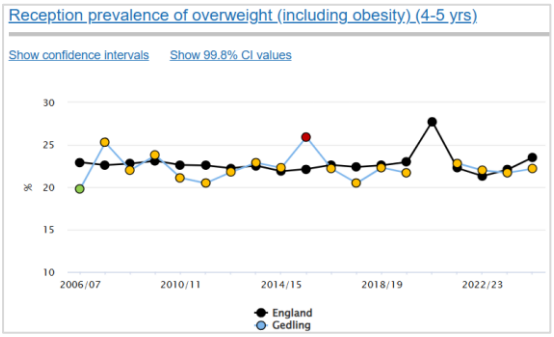


Chart 13 and 14 *Overweight (including obesity) prevalence (%) in Broxtowe at reception and year 6 compared to England, 2006/07 to 2024/25.* (17,18)



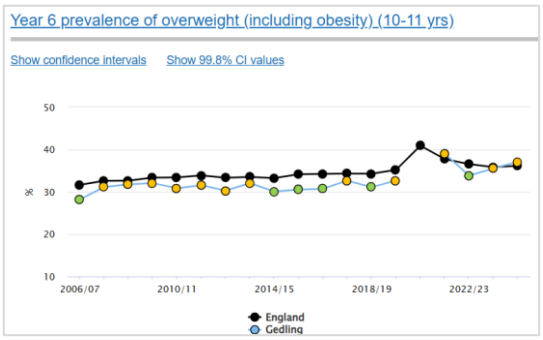
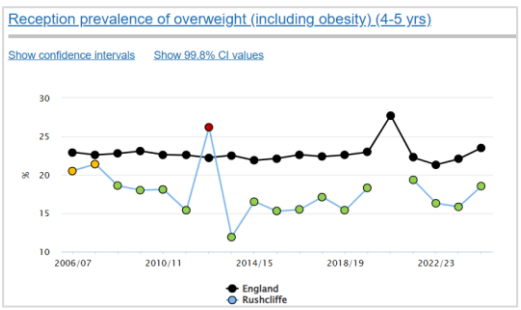


Chart 15 and 16 *Overweight (including obesity) prevalence (%) in Gedling at reception and year 6 compared to England, 2006/07 to 2024/25.* (21,22)



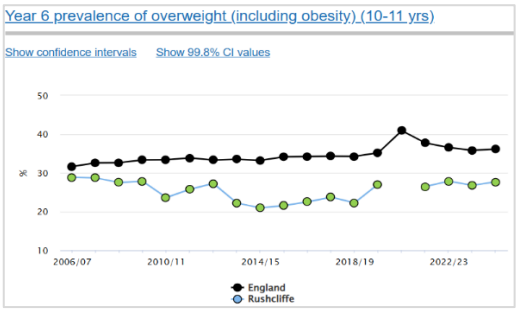


Chart 17 and 18 *Overweight (including obesity) prevalence (%) in Rushcliffe at reception and year 6 compared to England, 2006/07 to 2024/25.* (23,24)

Trends in children moving from healthy weight in reception to overweight (including obesity) in year 6

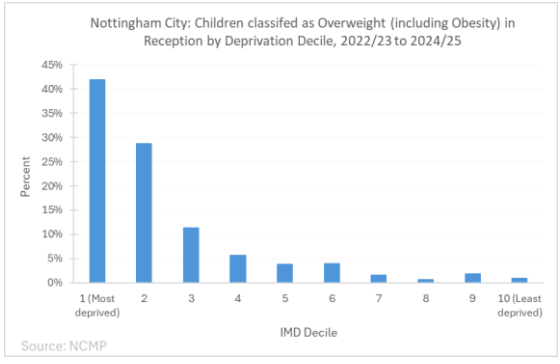
The following data describes how children's weight status changes during primary school, specifically showing the proportion of children who start reception (ages 4–5) at a healthy weight but become overweight (including obesity) by year 6 (ages 10–11). This is important because gaining excess weight during childhood increases the likelihood of obesity and related health problems later in life (25).

- In Nottingham, 26% of children move from a healthy weight in reception to overweight (including obesity) by year 6, this is significantly higher than the national average (21.5%) (26)
- Across Nottinghamshire, 22% of children who start reception at a healthy weight move into overweight (including obesity) by year 6, similar to the national average (21.5%) (26)
- Ashfield (25.4%), Mansfield (24.4%), and Bassetlaw (23.8%) show the highest proportions, all above the national average, while Gedling (21.1%) and Newark & Sherwood (22%) are closer to national levels. (27)
- Rushcliffe (17%) has the lowest proportion in the county, significantly below the England average. (27)

Prevalence of Overweight (including obesity) by Deprivation Decile

There is a much stronger relationship between deprivation and childhood overweight (including obesity) in Nottingham City compared with the County. In the City, overweight (including obesity) is heavily concentrated in the most deprived areas, showing a clear and steep gradient. In Nottinghamshire County, the pattern is still evident but less pronounced and more variable.

- The charts below show the proportion of children classified as overweight (including obesity) by deprivation decile for 3 combined financial years (2022/23 to 2024/25) in Nottingham City. (2)
- For both children in reception and year 6, more than two thirds (70.6% and 70.4% respectively) classified as overweight reside in the 20% most deprived areas of the city and approximately 1% reside in the least deprived areas of the City. (6)



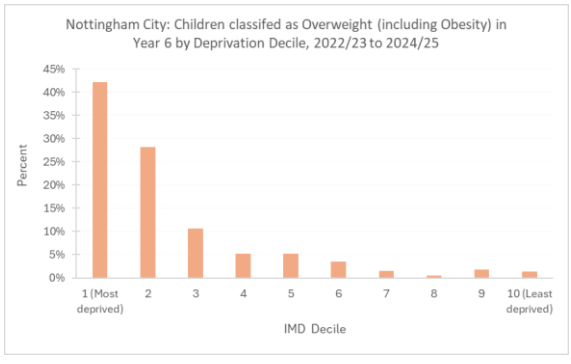
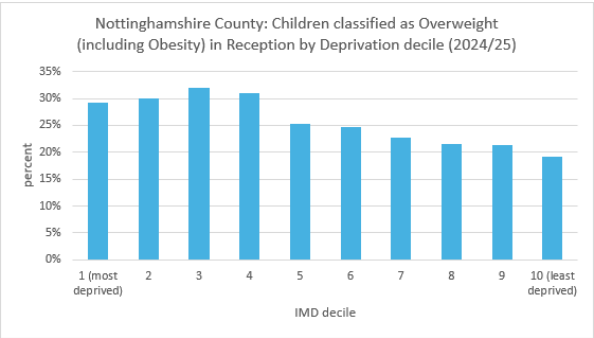


Chart 19 and 20 *Overweight (including obesity) prevalence (%) in Nottingham City at reception and year 6 compared to deprivation IMD Decile, 2022/23-2024/25* (2, 6)

- The pattern for the County is slightly different to that of the City. In year 6 in decile one 48% are overweight (including obesity) compared with approximately 26% in decile ten,

a difference of 22%. In the City the difference between the highest and lowest quintiles is around 40%. (3)

- In the reception year in County, it is decile three that has the highest level of overweight (including obesity) at 32%, the lowest levels are in decile ten at 19%. This a difference between the highest and lowest levels of 13%, compared with the difference between the City's highest and lowest of around 40%. (7)



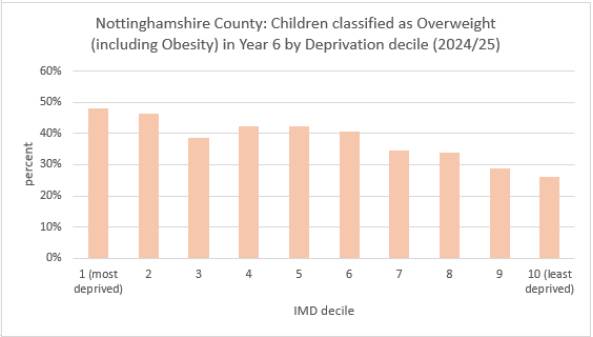


Chart 21 and 22 *Overweight (including obesity) prevalence (%) in Nottinghamshire at reception and year 6 compared to deprivation IMD Decile, 2024/25* (3,7)

Oral Health: Prevalence of tooth decay in 5-year-olds

Rates of dental decay in children are closely linked to what they eat and drink because tooth decay is primarily caused by the consumption of free sugars, which are the sugars added to foods and drinks, and those naturally present in juices, smoothies and syrups. When children consume sugary items frequently, bacteria in the mouth convert these sugars into acids that erode tooth enamel, leading to decay. This means that higher levels of dental decay in a population often reflect high and frequent intake of free sugars in children's diets. National guidance emphasises that UK diets contain too many free sugars and recommends that they make up no more than 5% of energy intake from age 2 upwards, highlighting the critical role of diet in oral health. Due to decay being largely preventable and strongly diet-driven, patterns of tooth decay can therefore act as a visible marker of dietary behaviours, particularly sugar consumption (28).

- Displayed in the chart below are 2023/24 proportions of children experiencing dental decay in Nottinghamshire districts and Nottingham City. (29)
- Bassetlaw (8.5%), Broxtowe (16.6%) and Rushcliffe (13.3%) and have significantly lower proportions compared to the national average, whilst Ashfield (21.5%), Gedling (17.7%), Mansfield (21.5%) and Newark & Sherwood (20.3%) have similar proportions. Nottingham City has significantly higher proportions (28%). (30)

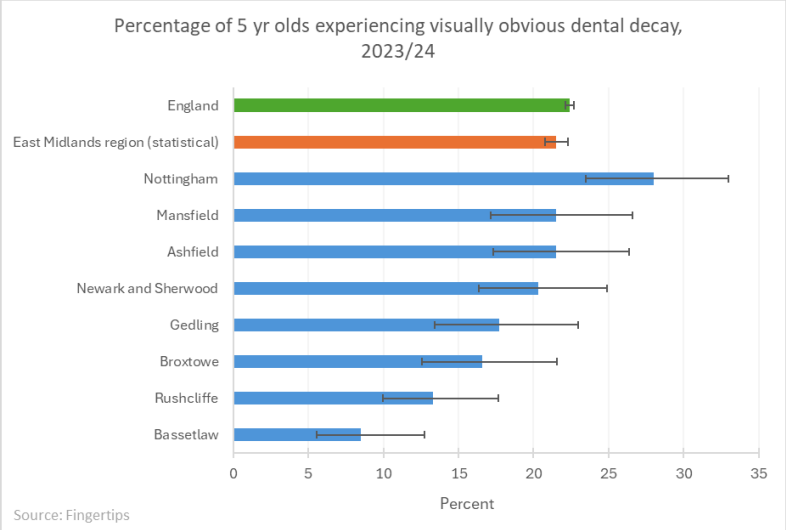


Chart 23 Percentage (%) of 5 year olds experiencing visually obvious dental decay in *Nottingham and Nottinghamshire, compared to England and East Midlands, 2023/24* (29,30)

Diet and Nutrition

The National Diet and Nutrition Survey (NDNS) is the UK's nationally representative survey assessing what people eat and drink and their nutritional status, used to inform public health policy and monitor progress against dietary guidelines. Whilst this data is not available on a local level, the 2019-2023 (31) survey shows that, nationally, most children and young people do not meet dietary recommendations. Fruit and vegetable intake is low, particularly among 11–18-year-olds, with fewer than one in ten meeting the 5 A Day recommendation. Intakes of free sugars and saturated fat exceed recommended levels for the majority, while fibre intake is very low across all child age groups. Nutritional concerns include low vitamin D status in around a quarter of adolescents and evidence of iodine insufficiency among girls aged 11–18 years, with implications for future health.

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