

National Assembly for Wales

Children and Young People Committee

CYP(4)-01-14 – Paper 2

Inquiry into Childhood Obesity

Evidence from : Welsh Government

Purpose:

This paper provides evidence for the Children and Young People Committee's inquiry into childhood obesity.

The evidence paper looks at;

- The scale of the problem, the challenge of reducing the level of childhood obesity in Wales and its barriers;
- Current approaches aimed at reducing the level of obesity in children;
- The future direction to tackle the problem of childhood obesity in Wales.

Scale of the Problem:

Obesity occurs when the energy intake from food and drink consumption is greater than the energy requirements of the body's metabolism over a prolonged period. Obesity affects the ability of an individual to participate in everyday activities as well as having both short term and long term impacts on health. In the short term, obesity can impair a person's wellbeing and quality of life while longer term health problems include increased risk of coronary heart disease and strokes. People who are obese are also more likely to develop type two diabetes and some types of cancer.

Illnesses associated with obesity place a significant financial burden on services. It is estimated to cost the NHS in Wales over £73 million, which increases to nearly £86 million if overweight people are included. In 2008/09, between £1.40 million and £1.65 million was spent each week treating diseases resulting from obesity, amounting to between £25 and £29 per person in Wales and between 1.3% and 1.5% of total healthcare expenditure.

The UK Government Office for Science Foresight Report determined that rising obesity rates were a consequence of modern lifestyles against a backdrop of changes in work patterns, transport, food production and food sales. The obesity system influence diagram from the Foresight Report is attached at **Annex 1**.

The proportion of overweight or obese adults in Wales has increased slightly over the last 5 years from 57% in 2008 to 59% in 2012 (Welsh Health Survey). This includes 23% of adults now being obese compared to 21% in 2008. Levels of obesity are higher across all ages in the more deprived areas, with rates of obesity amongst adults ranging from 28% to 18% in the most and least deprived areas of Wales, respectively.

To improve data, the Child Measurement Programme for Wales (CMP) was introduced to ensure that the way reception year children (aged 4 and 5) are weighed and measured is the same across Wales. It shows that during the academic year 2011/12, nearly three out of ten (28.2%) reception age children are classed as overweight or obese, one in eight of whom (12.5%) are obese. Other data from the Welsh Health Survey show that rates of overweight and obesity amongst children (aged 2-15) have changed little since 2008 and are now at 34% compared to 33% five years ago.

More positively, a recent UNICEF Office of Research Report Card, which charts the well-being of children in 29 rich countries, showed that only Belgium, France, Spain and the United Kingdom saw a fall in the percentage of overweight 11, 13 and 15 year olds between 2001/2002 and 2009/2010.

Given that over half of obese children are likely to become obese adults, maintenance of a healthy, balanced diet during the early years is extremely important. However we know that not enough people follow national guidelines on what constitutes a healthy balanced diet i.e. restricting salt, sugar and saturated fat intake and increased intake of fruit and vegetables. This can be seen in findings from the Welsh Health Survey which indicates that 59% of all children (aged 4-15) report eating fruit daily and 50% vegetables daily. Moreover, the latest Health Behaviour in School-aged Children (HBSC) survey shows that Wales' children consume fewer fruits and vegetables than their counterparts in North American and the majority of European nations.

Similarly levels of physical activity in children are not optimal, and have been relatively stable since 2007. Information from the 2009/10 HBSC survey in Wales shows that among 11 to 16 year-olds, just over a third (35%) of girls and half of boys (53%) report undertaking moderate or vigorous physical activity for at least 60 minutes a day on five or more days a week. These percentages decline by age-group, this decline being particularly noticeable among girls. In school year 7, 42% of girls report being this active, but this figure drops to 28% by school year 11. Overall, Wales is similar to the HBSC average across all the participating countries in all three age groups surveyed.

More positively, the 2013 School Sport Survey shows that the number of young people taking part in sport or physical activity three or more times per week has risen strongly from 27% in 2011 to 40% in 2013. The survey also shows that 92% of pupils enjoy PE and 60% of pupils say they enjoy PE 'a lot'.

Current approach

At the beginning of this governmental term, obesity was recognised as a key national challenge in the Programme for Government. In addition, the need for concerted action on obesity forms a part of wider strategic documents including Together for Health, Our Healthy Future and the series of Chief Medical Officer Annual Reports. Such documents have highlighted the need for multi-faceted action to address childhood obesity. Examples of work include:

Action during pregnancy - A child's health and well-being is strongly influenced by their parents' health and behaviour particularly their mothers. In acknowledgement of this, the Strategic Vision for Maternity Services (September 2011) focuses on improving the health of women and their babies during pregnancy and childbirth. It includes action to improve data and reporting in relation to weight gain in pregnancy, so that Health Boards are clear about the extent of the challenge, along with the setting up of initiatives to support women to achieve a healthy weight gain in pregnancy.

Action during early years – Last year the Welsh Government launched Building a Brighter Future: the Early Years and Childcare Plan, to bring coherence across different policies and programmes impacting on and influencing the early years (pre birth to 7 years of age). This includes looking to ensure that children maintain a normal body weight through the following action;

- The Breastfeeding Programme which aims to increase breastfeeding rates and reduce inequalities in breastfeeding.
- Flying Start, a multi-disciplinary programme which provides a universal set of entitlements to all children under the age of 4 and their families within targeted

geographical areas. Nutrition, and the family diet, is a core part of the programme with parents made aware of the importance of a balanced diet and the need for regular meals and healthy snacks.

- Families First, which was rolled out across all local authorities from April 2012. One of its aims is that "Children, young people and families are healthy and enjoy well-being". All local authorities are required to report on progress made against set indicators, including one which looks at the proportion of children in reception class who are overweight or obese. Many local authorities are also promoting physical and nutritional activities through this programme, including support to families identified as having many additional health needs such as obesity.
- The Healthy and Sustainable Pre-school Scheme which provides guidelines to create healthier environments for the early years. It also provides indicators for work across health topics, including nutrition and physical activity/active play. Currently there are 507 pre-school settings across all local authority areas actively engaged within the scheme.

Action in Schools - The Appetite for Life Action Plan was launched in 2008, and set out food, drink and nutrient standards, to ensure that food provided in schools was healthy and well balanced, and that snack foods and drinks with little or no nutritional value would not be available. The Healthy Eating in Schools (Nutritional Standards & Requirements) (Wales) Regulations 2013, implemented in September provide Local Authorities in Wales with a Statutory Duty to ensure all maintained schools comply with the Appetite for Life nutrition standards. Wales also led the way in the UK by introducing free primary school breakfasts in 2004, with the intention of improving quality of life for young people living in Wales and reducing health inequalities arising from poor diet. Currently, 79% of maintained primary schools in Wales offer free breakfast provision. The Welsh Network of Healthy School Schemes (WNHSS) was launched in September 1999 to encourage the development of local healthy school schemes within a national framework. The Framework promotes a whole school approach to seven health topics, one of which is food and fitness. Currently over 99% of schools are actively involved in local healthy school schemes.

Launched in June 2006, the Cooking Bus (TCB) is an articulated lorry with 4 fully fitted kitchens which visits primary schools across Wales, prioritising schools in Community First areas. TCB teachers provide 90-minute cookery lessons for pupils and teacher training sessions for school and community based staff. Between its inception in 2006 and June 2012, almost 30,000 pupils received Cooking Bus classes across Wales, and over 3,000 teachers had been trained.

Action in the Community - Change4Life Wales, a social marketing campaign, was launched in 2010 as part of the Welsh Government's broader response to help people to achieve and maintain a healthy body weight, to eat well and be physically active. The target audience for Change4Life Wales for the first 18 months was families with children, in particular those with children of primary school age. To date over 76,000 people have signed up to the programme.

MEND (Mind, Exercise, Nutrition, Do It) is an evidenced based community programme for families delivered by trained staff across Health and Local Authority services. The current contract target is to reach 1,000 children and their families per year.

The Communities First programme aims to help narrow the education/skills, economic and health gaps between our most deprived and more affluent areas. One of its strategic objectives is to achieve "Healthier Communities". Much of the activity under this banner focuses on supporting and encouraging healthy eating and physical exercise. For example, Street Games, an organisation which works in disadvantaged communities to engage young people in sports activities, has been funded to run projects within Communities First cluster

areas across Wales.

Action on Training - Nutrition Skills for Life is an all Wales service which aims to build the capacity of communities to support healthy eating and prevent malnutrition. Operating in all health boards, dietitians aim to equip community based staff, volunteers and peer leaders with the nutrition knowledge and skills to incorporate nutrition messages into their work, support more local people as community food workers and strengthen community food and nutrition input into areas of health inequality. By the end of March 2013, 153 level 2 accredited nutrition skills courses had been delivered to 1725 staff.

Evaluation – A recent review of a number of these health improvement programmes was undertaken by Public Health Wales to assess the sustainability, value for money, and whether they deliver priority outcomes consistent with national policy. Of the programmes addressing overweight and obesity, the Cooking Bus was the only one identified as requiring a new approach.

The work set out above has been supplemented by the development of the All Wales Obesity Pathway. Issued in 2010, the Pathway is a tool to help Health Boards, working jointly with Local Authorities and key stakeholders, to map local policies, services and cross-departmental multi-agency activity for both children and adults. The Pathway is comprised of four tiers (see **Annex 2**), though for children, the focus has been mainly on preventative measures, with the exception of the MEND programme.

We are aware that there is a variety of different approaches being taken by Local Health Boards in a bid to tackle obesity. The focus on childhood obesity varies from area to area, and currently three health boards are setting up specific childhood obesity strategy groups to take forward action in this area.

Future Direction

Obesity cannot be viewed simply as a health issue, nor will it be solved by reliance on individual behaviour change. A successful approach will require cross-government collaboration to make deep, sustainable changes to our living environment in order to shift it from one that permits and encourages weight gain to one that promotes healthy choices and healthy weight for all. We will therefore need to build on the cross departmental work which has led to, for example: the development of healthy schools; the development of *Building a Brighter Future: Early Years and Childcare Plan*; and *Creating an Active Wales*.

The Government legislative programme provides a number of opportunities to strengthen our efforts to support people in achieving and maintaining a healthy weight. Progress has already been made with the Active Travel (Wales) Act, which aims to enable people to walk and cycle and generally travel by more active methods. Currently we are exploring options to improve health and reduce health inequalities for inclusion in our Public Health Bill. However in some areas, Wales does not have the necessary powers to act, and in these cases, where needed, we will continue to lobby the UK government to take action.

We also need to ensure that we have a whole age approach from pregnancy through to adulthood. A child's health and wellbeing is strongly influenced by the parents' health and behaviour, particularly the mother's. We know that once obesity is present, it is challenging to treat. Evidence suggests that women who are already overweight are likely to gain excessive weight during pregnancy, making it harder to return to their pre birth weight. If the child is female, grows up obese and becomes pregnant the cycle begins again.

Therefore better engagement is needed to support pregnant women to adopt healthier lifestyles. We need to build on work with midwives to help them better encourage behaviour change, potentially through the use of a brief intervention programme using the successful "*Have a Word*" model developed to tackle alcohol misuse. This includes increasing the rates of breastfeeding to give the best possible start to life.

In fact we need to improve the understanding and application of good nutrition and physical activity through ensuring minimum levels of nutrition education and physical literacy for all staff, for example within childcare courses.

In Government we can set the direction but it is also vitally important that our services work better together to improve obesity rates in Wales. A Preventing Childhood Obesity Task and Finish Group, with representatives from the major statutory agencies and third sector, has been exploring how the whole of the public service can contribute to more successful action in this area and will report early next year.

Schools will remain critical in our efforts to improve nutrition and physical activity levels within our communities. The Foundation Phase for 4 – 7 year olds is built on the principle of active play. The Healthy Eating in Schools Regulations 2013 support improvement of diet during the school day. It is important for us to investigate if this good work can be replicated in pre-school and other community settings. In addition, Tanni Grey-Thompson reviewed P.E in the school curriculum and produced a report that recommended P.E becomes a core curriculum subject. This is being fed into phase two of the current curriculum review.

As obesity has a clear and persistent social gradient, there is a need to increase the focus on deprived areas on top of the work already being done. Communities have an important role here and it is important that we look to the communities themselves to take action to address childhood obesity and help where we can. This can be achieved through co-production approaches, which by their very nature can engender a greater sense of control and empowerment to the community.

As stated Government, services and the public can together improve health in Wales, but we need to be clear that there is a reciprocal responsibility; all of us as citizens should in turn take care of our own health. Therefore, effective communication with the population is of paramount importance. We need to make our public health messaging more relevant and accessible and open a two-way dialogue that will have a genuine impact.

shiftⁿ Obesity System Influence Diagram

Full Map

Clusters

Individual Psychology

Social Psychology

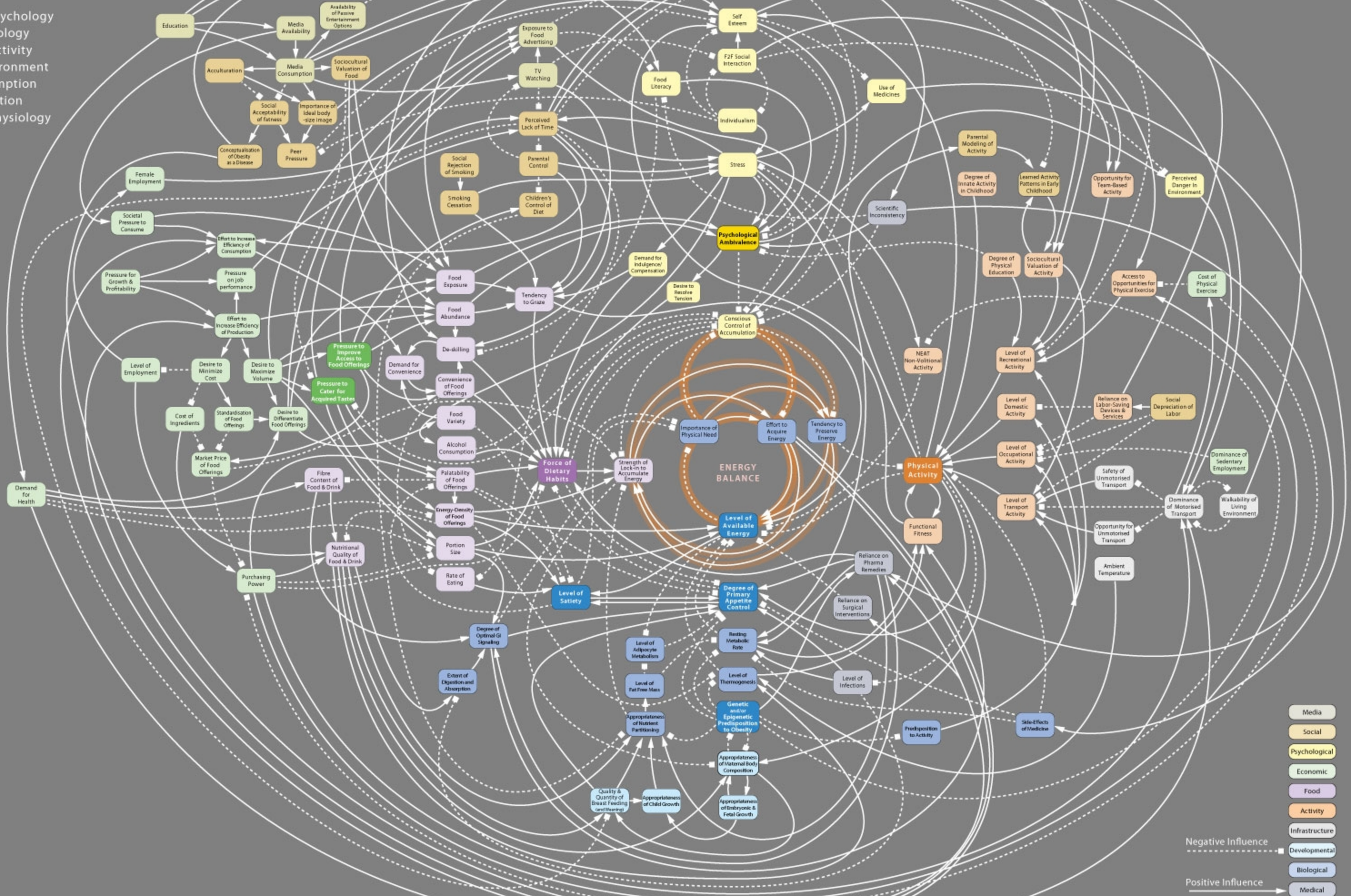
Individual Activity

Activity Environment
Food Consumption

Food Production

Individual Physiology

Physiology



Minimum service requirements

Level 4 Specialist medical and surgical services

**Targeted gateway - one to one
MDT support**

Level 3

**Specialist
MDT weight
management
services**

**Targeted gateway - dietetic and physical
activity support**

Level 2

**Community and
primary care weight
management services**

**Targeted gateway -Community
Intervention for overweight/obese**

Level 1

**Community based
prevention and early
intervention (self care)**

BMI / waist circumference

Co-morbidity

BMI / waist circumference

Complexity

Level 4- Specialist medical and surgical services (including bariatric surgery)

- Intensive physician led specialist obesity management by multi disciplinary team of expert practitioners
- Access to specialist assessment and surgery at a bariatric surgery centre offering a choice of surgical interventions
- Provision of specialist long term post operative follow up and support with agreed criteria for discharge back to levels 2

Targeted one to one, physician led, intermediate or secondary care multi disciplinary team intervention (if level 3 interventions exhausted)

Level 3 – Specialist multi disciplinary team weight management services

- Specialist weight management services e.g. multi disciplinary weight management clinics in the community, intermediate or secondary care and dietetic weight management programmes that incorporate physical activity and behavioural change components
- Pharmacological interventions initiated by physicians, supported by targeted programmes

Targeted dietetic and physical activity weight management intervention (if level 2 interventions exhausted)

Level 2 – Community and primary care weight management services

- Identification of people who are overweight /obese with risk factor
- Primary care weight management services
- Community based weight management programmes referred into by primary care

Community Intervention for overweight/obese (if level 1 interventions exhausted)

•Level 1 – Community based prevention and early intervention (self care)

- All relevant policies to incorporate the health agenda and contribute to the creation of an environment that supports/promotes a healthy weight
- Lifestyle advice and information, signposting to public health interventions/services
 - Combined nutrition and physical activity programmes in key settings
 - Opportunities across settings/age groups to develop skills/knowledge on healthy eating and physical activity
 - Self referral and opportunistic community based weight management programmes that meet best practice guidelines