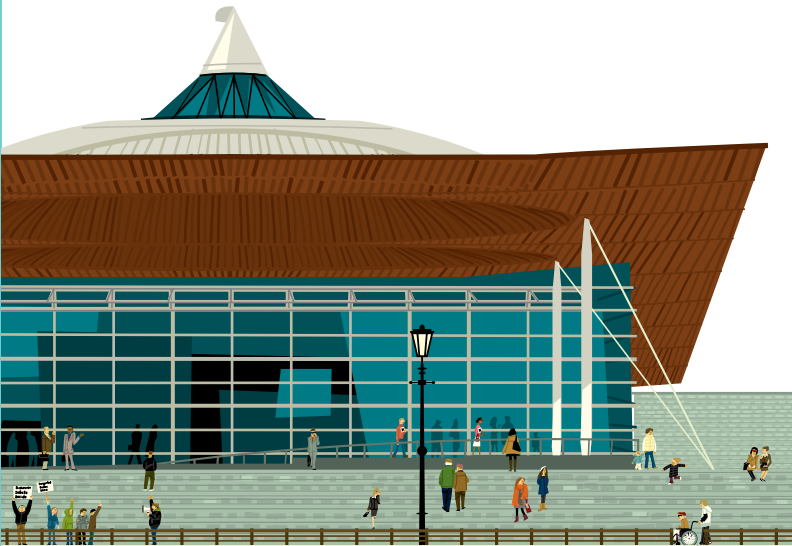


**Darganfod
Dadlau
Dewis**

—
**Discover
Debate
Decide**

Childhood Obesity



What is the National Assembly for Wales?

The National Assembly for Wales is made up of 60 Assembly Members from across Wales. They are elected by the people of Wales to represent them and their communities, make laws for Wales and to ensure the Welsh Government is doing its job properly.

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What is this booklet?

The Assembly's Committees undertake inquiries across a broad range of issues, covering all of the responsibilities of the Welsh Government.

At the end of an inquiry, the Assembly Members who sit on the Committee will weigh up the evidence they have heard and make recommendations to the Welsh Government about ways to improve existing policies.

This booklet contains the type of information and evidence on an inquiry's key issues that Assembly Members will have to consider when coming to their conclusions.

What you need to do

This booklet sets out the key issues raised during a recent Committee inquiry into Childhood Obesity.

There is general agreement that childhood obesity is a problem that needs to be tackled. There is also agreement that **there isn't a silver bullet to solve the problem**. It seems that the best approach is a suite of solutions, covering a number of different policy areas.

In your groups you will be presented with **two** themes.

Your job is to look at these two themes and decide if you wish to make any recommendations for change.

The big questions you need to consider are:

- What is the right balance between prevention and intervention?
- How much should Governments intervene in people's freedom to make their own choices?
- Is it necessary to bring in new laws to make sure that the changes you want to see take place? Or are there other ways to effect change?

It's up to you to decide which issues you think are important and exactly what you would like to do.

At the end of the session decide as a whole group on **one** recommendation that you as a team would like to present during the Plenary debate.

Submit your recommendation on the form provided.

Choose one person to propose and speak in support of your recommendation during the Plenary debate.

Childhood obesity – key facts

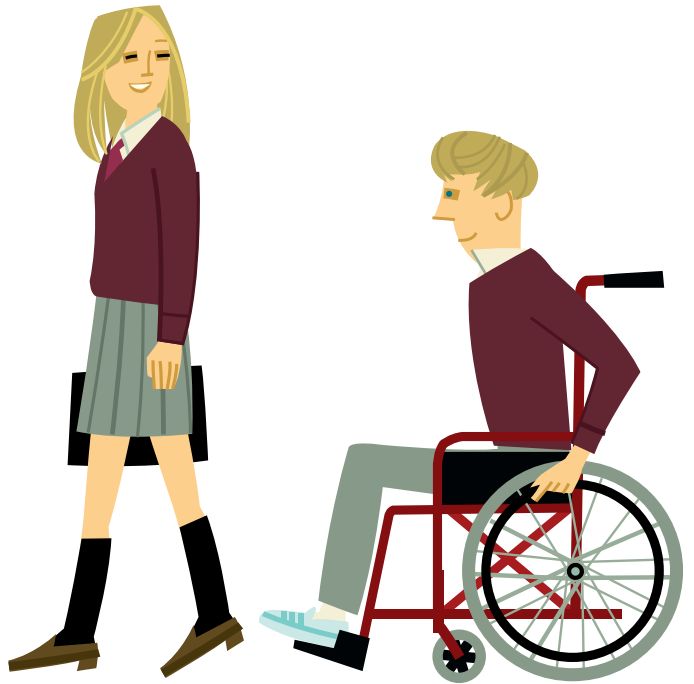
Overweight and obesity in children represent serious public health problems in Wales. The rates of **childhood obesity in Wales are the highest in the UK**, with about 35 per cent of children (under 16 years old) being overweight or obese in 2011. This includes **around 19 per cent of children classified as obese**, 23 per cent of boys and 16 per cent of girls.

In recent years, rates of childhood obesity have remained consistently high, with a rise in the percentage of children aged between two and fifteen years old classed as obese from 16 per cent in 2008, to 19 per cent in 2010. In a survey of the childhood obesity rates of 35 countries, Wales had the fifth highest rate. **It is predicted that the childhood obesity rate in Wales will continue to rise in forthcoming years.**

A number of factors have an impact on the likelihood of children being obese, including ethnicity, social deprivation and obesity in the family. The children of obese people are more likely to be obese themselves (often because they share the same eating and exercise habits as their parents) and it is estimated that **having at least one obese parent increases the likelihood of a child being obese 3-4 fold.**

Children who are overweight or obese are highly likely to remain so into adulthood. **Obesity in adults is a known risk factor of a number of serious chronic diseases** including type II diabetes, heart disease and some cancers and is therefore a preventable cause of premature death. **Severely**

obese people are estimated to die 8-10 years earlier than those in a healthy weight range. Obesity and its associated conditions put pressure on the NHS, with a recent study estimating a **cost of about £73m per year in Wales.**



The Welsh Government's approach to tackling obesity

The Welsh Government's response to childhood obesity has been to develop programmes that focus on **promoting regular physical activity and on maintaining a healthy diet**. It is based on the assumption that, among other things,

“the availability of cheap, calorific processed foods high in sugar and fat, combined with more sedentary lifestyles, have resulted in rapidly increasing childhood obesity rates in the last few decades’ (Public Health Wales).”

For children, the **focus has been on preventative measures** covering both nutrition and physical activity. The aim is to provide information and activities for children and young people to increase their activity levels and improve nutrition. Their plan focuses on seven action areas including the improvement of food and drink in schools, provision of high quality physical exercise, practical cookery skills and improvements in the range and quality of physical activities available to children.

Key theme 1 – Health service interventions

The Welsh Government's policies on obesity are brought together in one document – the All Wales Obesity Pathway. It lists all the Welsh Government national policies, programmes and services relevant to the obesity agenda.

The types of interventions are categorised according to 'levels':

Level 1 interventions – community based prevention and early intervention (self care); focus on lifestyle advice and information, alongside combined nutrition and physical activity programmes.

Level 2 interventions – weight management programme for children and their families.

Level 3 interventions – specialist weight management services for obese children, young people and adults who have one or more co-morbidities and who have tried several interventions without success.

Level 4 interventions – specialist medical and surgical services.

Children and young people have access to services under Levels 1 and 2.

The evidence received during the inquiry suggested that there is no provision of medically led level 3 weight management multi-disciplinary team clinics for children and young people in Wales.

The Welsh Government has decided that Level 4 interventions (i.e. medical surgery) should not be available to individuals under the age of 18.

Questions to help your discussions

- Do you think the balance is right in terms of prevention and proactive intervention?
- Do you want to comment on the accessibility of Level 3 interventions?
- Do you think that surgical services should be available to young people under 18?

Do you want to make any recommendations to the Welsh Government on this issue? If so, what?

Key theme 2 – Weight management programmes

Weight management programmes are classified as ‘Level 2’ interventions. In Wales, they are delivered by the Welsh Government’s MEND (‘Mind, Exercise, Nutrition... Do It!’) programme.

The evidence received generally indicated that the MEND programme has not achieved its full potential. The Academy of Royal Colleges stated that whilst there are benefits to the MEND programme in teaching children and parents weight management skills, the impact of the intervention is limited due to the small number of children and their families who are enrolled on the programme. They also made reference to the **challenges in attracting families to participate in the programme.**

Abertawe Bro Morgannwg University Health Board stated that they receive a significant number of referrals for obese children of all ages, many of whom cannot be accommodated within the available MEND programmes.

The Royal College of Paediatrics and Child Health (RCPCH) said that there are problems with the referral process for the scheme:

“The scheme has limited geographical availability, and even if available in an area, this is not always accessible due to limited transport opportunities, especially for low income families.

Feedback has also indicated that referrals to this service are constrained by the age limitations of the scheme. Clinicians identified a gap in weight management programmes for young people between the ages of 13 years (when MEND finishes) and 16 years (the minimum eligibility for 'adult' programmes e.g. 'weightwatchers')."

Questions to help your discussions

- Do you have any comments on the MEND programme?
- How would you ensure that MEND is available consistently across Wales?
- Would you like to comment on the availability of weight management programmes for young people between 13 and 16 years?

Do you want to make any recommendations to the Welsh Government on this issue? If so, what?

Key theme 3 – Food poverty

Public Health Wales highlighted in their evidence that **people living in deprived areas of Wales are more likely to be obese and less likely to have a healthy diet than those in the least deprived areas**. The Association of Convenience Stores said that improving access to fruit and vegetables in deprived communities needs to be a priority. The National Union of Teachers (NUT) Cymru said that geographical location and social background have a huge effect on the health of children in Wales, saying that:

“many families on limited income cannot afford to buy the healthy, nutritious food that their children need so they turn to less nutritious, cheap processed food. The majority of these foods are high in sugar and carbohydrate”.

Cardiff and Vale University Health Board said:

“The inability to afford, or have access to, food to make up a healthy diet is a barrier to reducing childhood obesity in Wales. There is clear evidence that for many people, including families with children, there is a gap between available income and the actual cost of securing a nutritious diet.

The Defra Family Food survey found clear evidence that

“affordability of a nutritious diet has worsened between 2007 and 2011. Poorer households spend proportionately more of their income on food, and may choose highly processed and high fat foods of poor nutritional quality in order to save money.”

Questions to help your discussions:

- Do you want to comment or take any action on the cost of healthy food?
- Is this an area that is a priority for you?
- How do you think you could intervene in this area?

Do you want to make any recommendations to the Welsh Government on this issue? If so, what?

Key theme 4 – Awareness raising

Health promotion campaigns, designed to empower people to make healthier choices have featured heavily in the Welsh Government's approach to tackling childhood obesity.

The Royal College of Nursing (RCN) said that:

'this is too simplistic an approach and is based on the premise that individuals have complete control over their health related behaviours'.

This view was repeated by Food Dudes Health Ltd who explained that the:

'behaviour change approach recognises that much of our behaviour is not affected by information or deliberate decision-making, but by a range of environmental and emotional factors about which individuals have little awareness.'

A number of witnesses questioned the Welsh Government's approach to health promotion interventions stating that while they may have been successful in helping some individuals to change to a healthier diet, this has failed to change enough individuals' behaviour to translate to positive change at the population level.

Public Health Wales agreed that many healthy eating or physical activity interventions focus on providing information,

but this does not necessarily result in changes in people's behaviour:

“This approach tends to increase health inequalities and often fails to have any significant long term impact.”

In terms of the negative impact of advertising and publicity, a report published in 2013 by the Academy of Royal Colleges suggested that the advertising of unhealthy foods on television before 9pm should be banned.

Questions to help your discussions

- Do you think that the emphasis on health promotion campaigns is correct? How could they be improved?
- What do you think is the best way to seek to change people's behaviour?
- Do you think rules for advertising unhealthy food should be (or could be) changed?

Do you want to make any recommendations to the Welsh Government on this issue? If so, what?



Key theme 5 – Planning and transport policy

Some evidence suggested that Welsh Government **planning policies should give consideration to the impact of planning on health**, for example, through the provision cycling and walking routes, cycle parking, safe play areas, traffic calming, and congestion charging; and ensure that buildings and spaces are designed to encourage people to be physically active.

In 2011, Wrexham Local Authority agreed to **prohibit future planning applications for hot food takeaways within a 400m radius of schools** or colleges in the county.

The Royal College of Paediatrics and Child Health said that the Welsh Government must address obesity in a joined-up way:

“If programmes are seen through the narrow focus of transport policy, or sports and leisure policy, or schools policy, they won’t work. New policy and legislation can only be truly effective if it is understood to be about encouraging and empowering people to make better choices and, crucially, providing the right environment in which to make those choices.”

It was also suggested that it should be mandatory for Health Impact Assessments (HIAs) to be prepared as part of planning applications.

The Assembly passed the Active Travel (Wales) Act in 2013. The Act is intended to enable more people to walk and cycle and travel by non-motorised transport. It requires local authorities to continuously improve facilities and routes for walkers and cyclists (including preparing maps identifying current and potential future routes for their use). The Act also requires new road schemes to consider the needs of pedestrians and cyclists at the design stage.

Questions to help your discussions

- Should planning policy be used to prevent takeaways from opening near schools?
- Should planning policy require applications to include a Health Impact Assessment? If so, is this necessary in all cases?

Do you want to make any recommendations to the Welsh Government on this issue? If so, what?



Key theme 6 – Food in schools

A healthy, balanced diet during childhood and early adolescence is extremely important for development, maintenance of a healthy weight and general wellbeing. Research indicates that **eating patterns developed in early life continue into adulthood**, so there has been a significant focus on introducing measures to improve the diet of children. The main target has been the nutritional standards of food provided in schools.

The Healthy Eating in Schools (Wales) Measure 2009 sets out requirements for the regulation of food and drink made available in LEA maintained schools. The measure **enables ministers to introduce nutritional standards for food and drink available during the school day**, including specifications of the maximum amounts of fats, salt and sugar. There is also a requirement for ministers to obtain the views of pupils prior to introducing regulations.

A major challenge to healthy eating patterns in secondary schools has been the fact that food and drink are available throughout the day, commonly through vending machines. **At present, minimum standards for nutritional content can only be set for school produced lunches.**

Data from the 2009-2010 Health Behaviour in Children Survey has shown that in Wales, **just over 30 per cent of secondary school children eat at least one portion of fruit daily** and a similar figure eat at least one portion of vegetables daily.

Questions to help your discussions

- How much of a difference can changing the food available in schools really make?
- Should other measures, such as banning vending machines, or requiring pupils to eat lunches provided by the school, be introduced?
- Do you think such approaches, for example banning vending machines, should be extended to other places, such as hospitals?
- Should more be done to teach young people to cook healthy food?

Do you want to make any recommendations to the Welsh Government on this issue? If so, what?



Key theme 7 – Sport and physical activity

Lack of physical activity and excessive sedentary behaviour are major contributors to obesity. The **World Health Organisation recommends that children participate in at least one hour of moderate exercise, five times a week.** Statistics suggest that in Wales, **52 per cent of secondary school aged children take part in the recommended amount of physical activity.** This proportion has remained largely stable in recent years.

The percentage of physically inactive children has also remained relatively constant at around 12 per cent. Between 2006 and 2009, £7.8 million per year was invested in improving the access to physical activity in Wales. The Welsh Government's target for 2012 was for all primary school aged children and at least 90 per cent of secondary school aged children to participate in at least 60 minutes of physical activity five times a week.

Almost 70 per cent of secondary school aged children in Wales spend two or more hours a day watching television and 27 per cent of girls and 45 per cent of boys of the same age play computer games for two or more hours on a weekday. Despite the involvement of a greater proportion of boys than girls in vigorous physical activity, boys under the age of 16 are more likely to be obese. **The estimated cost of the health implications associated with physical inactivity in Wales is about £650 million a year.**

In December 2009, the Welsh Government published an action plan for physical activity, *Creating an Active Wales*, which aimed to encourage people to increase their levels of physical activity. Commitments dedicated to increasing activity amongst children and young people focus on the sufficient provision of play areas for children by local authorities under the Children and Families (Wales) Measure; the creation of opportunities for families to participate in physical activities together and an increase in the availability of physical activities in post-16 educational settings.

The 5x60 secondary school programme, launched in October 2007, aims to increase the opportunities for children aged 11-16 to participate in the recommended 60 minutes of exercise, at least five times per week. An important feature of the initiative is the involvement of children of all abilities in sports and the preferences of pupils are taken into account to ensure that all children are fully included. The programme incorporates a wide range of sporting activities arranged for periods before school, at lunch time, after school and at the weekends. Reports indicate that almost 75 per cent of secondary school aged children are taking part in 5x60 programmes.

The **free swimming scheme** was officially introduced in 2003 and extended in June 2010 to provide an **easily accessible physical activity for children**.

Questions to help your discussions

–What would you do to encourage young people to be more active?

–Do you think that the school curriculum should be changed to include physical activity as a “core” subject, like Maths and Science?

Do you want to make any recommendations to the Welsh Government on this issue? If so, what?

Key theme 8 –

Taxes on unhealthy foods

In their evidence, Public Health Wales drew attention to a number of **non-health service interventions, including putting taxes on unhealthy foods**. They said that any revenue raised through this should be used to subsidise fruit and vegetables.

Research published in 2012 suggested that **the price of unhealthy food and drinks would have to increase by as much as 20 per cent**, as a result of taxation, in order to cut consumption by enough to reduce obesity levels. The taxes would need to be accompanied by subsidies on healthy foods such as fruit and vegetables to help encourage a significant shift in dietary habits.

The UK Government and the food industry generally argue that, rather than increasing regulation, “collective voluntary action can deliver real progress quickly” and has resulted in healthier products being available.

Questions to help your discussions

- Do you think a levy should be introduced for unhealthy foods?
- What are the pros and cons of this approach?

Do you want to make any recommendations to the Welsh Government on this issue? If so, what?

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