<table>
<thead>
<tr>
<th>Report of</th>
<th>Director of Public Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper prepared by</td>
<td>Senior Health Promotion Practitioner</td>
</tr>
<tr>
<td>Purpose of Paper</td>
<td>The purpose of this paper is to update the Board on the current position of childhood obesity in Powys, following the publication of <em>Child Measurement Programme for Wales, 2011/12</em>. This paper highlights key findings in the report relevant to Powys. Information is provided on work that has been undertaken to date, as well as recommendations for further action.</td>
</tr>
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</table>
| Action/Decision required | The Board is asked to:  
1. Note the contents of this paper.  
2. Support the work proposed to reduce the levels of childhood overweight and obesity in Powys. |
| Link to “Doing Well, Doing Better: Standards for Health Services in Wales” | This paper supports Standards 2, 3, 5, 7, 8, 10, 11, 18, 19, 20, 26. |
| Acronyms and abbreviations | Powys teaching Health Board – Powys tHB  
Children and Young People’s Partnership - CYPP  
Welsh Government - WG |
1 Purpose

The purpose of this paper is to update the Board on the current position of childhood obesity in Powys, following the publication of Child Measurement Programme for Wales, 2011/12. This paper highlights key findings in the report relevant to Powys and makes recommendations for further actions required in response to the report.

2 Background

Healthy weight is a high priority both at a national and local level. Obesity was recognised as a major challenge in Our Healthy Future, which sets the strategic direction for Public Health in Wales. Welsh Government’s All Wales Obesity Pathway (2010) was published to facilitate Health Board work with Local Authorities and key partners in order to “review local policies, services and activity for children and adults, and to identify any gaps, determining where best to focus further effort, taking into account the wide range of factors which cause obesity”.

It is likely that reducing the prevalence of obesity will become a Tier 1 target for Health Boards for 2014/15 and in so doing will require intensive, targeted work across partner agencies.

Obesity is steadily increasing and has been described as a worldwide epidemic. The UK Government’s Foresight Report (2007) suggests that nearly 60% of the UK population could be obese by 2050. Foresight also predicts that for 6 – 10 year olds, 21% of boys and 14% of girls will be obese by 2025. The World Health Organisation describes childhood obesity as one of the most serious public health challenges of the 21st century, with international prevalence increasing at an alarming rate. Risk factors for the development of childhood obesity include:

- Parental obesity
- Time spent in inactive pursuits such as television viewing
- Low socio-economic status

For many obese children, obesity will continue into their adult lives. Habits established early in life are always more difficult to change, and for this reason it is important to take action to try to reverse the trend of weight gain.

The health effects of childhood obesity range from psychological and emotional effects to longer term consequences of adult obesity and premature mortality in adulthood. Children with BMI in the overweight and obese range are more likely to become overweight or obese as adults. In addition, adverse physical effects of obesity, such as type 2 diabetes, are now increasingly being seen in childhood. The Foresight report (2007) estimated that diseases such as type 2 diabetes are expected to increase by 70%, stroke by 30% and Coronary Heart Disease (CHD) by 20% by 2050 if current trends in obesity continue.
Overweight and obesity have adverse social consequences through discrimination, social exclusion, lower earnings, and adverse consequences on the wider economy through, for example, working days lost and increased benefit payments.

Economic modelling undertaken for overweight and obesity in the adult population indicates that in 2008/09 obesity and overweight was estimated to cost the NHS in Wales £86 million. Between £1.40 million and £1.65 million was spent each week treating diseases resulting from obesity.

The difficulty with reducing child obesity is the complexity of the issue, including changing the behaviour of children and parents, in addition to changing societal attitudes.

3 Child Measurement Programme

The Child Measurement Programme was established by Welsh Government and seeks to describe the population prevalence of underweight, healthy weight, overweight and obesity at national and local levels.

The Child Measurement Programme provides a standardised approach to ensure that the way in which reception year children are weighed and measured is consistent across Wales. The National Childhood Measurement Programme for Wales uses BMI reference charts to classify children, taking into account children’s weight and height for their age and gender.

<table>
<thead>
<tr>
<th>Clinical Classification</th>
<th>BMI Centile Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>Below 2nd BMI Centile (children may be healthy at this Centile)</td>
</tr>
<tr>
<td>Healthy Weight</td>
<td>Between 2nd and 90th BMI Centiles</td>
</tr>
<tr>
<td>Overweight</td>
<td>Between 91st and 97th BMI Centiles</td>
</tr>
<tr>
<td>Very Overweight (Obese)</td>
<td>At or above 98th BMI Centile</td>
</tr>
</tbody>
</table>

The Child Measurement Programme for Wales recently released the first report of findings from the measurement of children in reception year (age four to five) during the academic year 2011/12.
3.1 Child Measurement Programme 2011/12 results

Participation

Participation in the programme across Wales was 88.4%, although there was variation between local authority areas (range 57% to 97%), with participation in Powys being 80%, below Wales average.

Figure 1: Participation within the Child Measurement Programme, children aged 4-5. 2011/12

![Participation Graph]

It is noted in the report that the values for participation are less reliable than expected in future, due to this being a transitional year of reporting for the programme.

BMI Centile results

Figures 2 and 3 below show the BMI centile category for boys and girls by local authority. The results show that 29% of boys and 31% of girls in Powys are classified as overweight or obese, compared with 29.3% of boys and 27.1% of girls across Wales.
Figure 2: BMI centile category, boys aged 4-5 years, percentage by local authority, 2011/12

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Healthy weight or underweight</th>
<th>Overweight (not obese)</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monmouthshire</td>
<td>79</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Flintshire</td>
<td>74</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Ceredigion</td>
<td>73</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>Vale of Glamorgan</td>
<td>73</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>Denbighshire</td>
<td>73</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>Conwy</td>
<td>73</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Cardiff</td>
<td>72</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Powys</td>
<td>72</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Pembrokeshire</td>
<td>72</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Wrexham</td>
<td>71</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Isle of Anglesey</td>
<td>71</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Newport</td>
<td>71</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Torfaen</td>
<td>71</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Carmarthenshire</td>
<td>70</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Neath Port Talbot</td>
<td>70</td>
<td>16</td>
<td>14</td>
</tr>
<tr>
<td>Swansea</td>
<td>69</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td>Caerphilly</td>
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<td>17</td>
<td>13</td>
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<tr>
<td>Bridgend</td>
<td>69</td>
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<td>15</td>
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<tr>
<td>Blaenau Gwent</td>
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<td>16</td>
<td>15</td>
</tr>
<tr>
<td>Rhondda Cynon Taf</td>
<td>68</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>Gwynedd</td>
<td>68</td>
<td>19</td>
<td>14</td>
</tr>
<tr>
<td>Merthyr Tydfil</td>
<td>64</td>
<td>20</td>
<td>17</td>
</tr>
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Produced by Public Health Wales Observatory, using CMIP data (NWIS). Figures may not sum to 100 due to rounding.
In Wales, 28.2% of reception year children were classed as overweight or obese (range 22% to 34%). In Powys, 29% of four and five year olds were classed as overweight or obese, exceeding the Welsh average.
Prevalence of healthy weight was higher in the least deprived areas (74.9%) than the most deprived areas (68.7%) of Wales. In Wales, there were 171 children classified as underweight, giving a prevalence of 0.6%, which is slightly lower than the prevalence found in England (0.9%).

**Comparison with Child Measurement Programme, England**

During the 2011/12 Child Measurement Programme in England the proportion of children aged four to five who were overweight or obese varied from 21% to 25%, which is lower than the prevalence in Wales (28%).
4. Assessment of Current Situation

A Powys Healthy Weights Strategy and draft action plan has been developed. A care pathway approach across the life course has been taken in the action plan, with actions mapped across each area of the pathway from Level 1 (universal services) to specialist interventions. There will be overlap across the life course as some interventions will benefit both adults and children.

Figure 6 highlights existing activity during pregnancy, early years and for school age children (primary and secondary school), which will impact on childhood obesity levels.

Figure 6: Mapping of existing interventions during pregnancy, early years and for school age
5. Childhood Obesity Task and Finish Group

A Childhood Obesity Task and Finish Group has been established as a sub-group of the Healthy Weights Steering Group and will be responsible for developing, implementing and monitoring a childhood obesity action plan by April 2014. Draft Terms of Reference for the Task and Finish group can be found at Appendix 1.

The first meeting of the Task and Finish group was held on 4th October 2013 with a focus on obtaining a better understanding of compliance with NICE guidance. The Powys Public Health Team has undertaken an audit of activity against NICE guidance, which has informed the first iteration of an action plan. The action plan has also taken into account evidence from the Healthy Child Programme.

MEND = Mind, Exercise, Nutrition, Do it!
SNAG = School Nutrition Action Groups
BFI = Baby Friendly Initiative

Not all the services or activities are provided across all areas of Powys.
The second meeting of the group will take place on 3rd December with targeted action planning proposed relating to weaning, nutritional guidance for schools and opportunities for physical activity.

The Task and Finish group will meet on a frequent basis at least until 31st March 2014 in order to finalise the action plan. Delivery of the action plan will then be monitored by the Healthy Weight Steering Group. Oversight and governance in this area will be via the Quality and Safety Committee of Powys teaching Health Board, as well as through governance arrangements of partner organisations.

6. Recommendations

The Board is asked to:
1. Note and approve the contents of this paper.
2. Support the work that is proposed to reduce the levels of childhood obesity in Powys.

Report prepared by: Presented By:
Marie Grannell Dr Catherine Woodward
Senior Health Promotion Practitioner Director of Public Health

| Background Papers | Foresight Report, 2007
Welsh Government. All Wales Obesity Pathway, 2010
Child Measurement report (Eng).pdf
| Financial Consequences | As determined by the report
| Other Resource Implications | As determined by the report
| Consultees | As determined by the report |
Appendix 1: Terms of Reference for Childhood Obesity Task & Finish Group

1. Introduction

The Child Measurement Programme for Wales released their first report in July 2013 providing findings from the measurement of children in reception year (age four to five) during the academic year 2011/12.

2. Terms of Reference

The Childhood Obesity Task and Finish Group will promote a culture of healthy weight by:

- Facilitating the formation of a finalised Childhood Obesity Action Plan and review its implementation.
- Providing monitoring reports to the Healthy Weight Steering Group
- Monitor, review and develop practice for the prevention and treatment of childhood obesity across the Chief Medical Officer obesity pathway with the aim of reducing and preventing ill-health and chronic conditions associated with overweight and obesity and promote healthy lifestyles

3. Membership

The group will be chaired by the Director of Public Health or the Consultant in Public Health. Membership of the group will be drawn from the following:

- Powys Public Health Team
- Powys tHB Dietetics
- Powys tHB Localities
- PCC Strategic Director – Place
- Powys Children & Young People’s partnership representative(s)
- PCC Education / School Improvement
- Powys Youth & Family Information Services
- Powys tHB Maternity
- Powys tHB Health Visitor
- Powys tHB School Nurse
- PAVO (early years providers)
- Powys CC Catering (School meals)
- Healthy Schools/Healthy Pre-schools
- Powys CC Sports Development
- Powys CC Highways / Planning

Or their nominated representative

Secretariat support will be provided by the Powys Local Public Health Team.

4. Reporting Mechanisms
There will also be a requirement for reporting against progress of the annual plan to be made available to Powys teaching Health Board. Partners in the group will need to report actions and progress through their respective organisations.

5. Frequency of Meetings

The Task and Finish group will meet every 6-8 weeks initially and be reviewed at the end of March 2014.