

THE VALE OF GLAMORGAN COUNCIL

CABINET: 20TH JUNE, 2016

REFERENCE FROM HEALTHY LIVING AND SOCIAL CARE SCRUTINY
COMMITTEE: 13TH JUNE, 2016

30 PRESENTATION BY DR. SUZANNE WOOD (PUBLIC HEALTH WALES) ON
CHILD OBESITY -

For this item the Committee welcomed Dr. Suzanne Wood, the Consultant in Public Health Medicine, Ms. Christine Farr, Vale of Glamorgan Network of Healthy Schools Co-ordinator and also from the Cardiff and Vale University Health Board, Ms. Helen Nicholls, Community Dietetic Service Manager.

Dr. Wood commenced the presentation by advising Members of the current situation. She stated that for the child measurement programme - Reception Year children (aged 4 and 5) had been surveyed annually for the last three years, which had shown a year on year decrease in the Vale of Glamorgan. The Vale of Glamorgan had the lowest levels of overweight and obesity in Wales for girls at 19.1% and also for boys at 22.7%. However, she stated that there was no room for complacency.

Members were advised that obesity was associated with levels of deprivation with more deprived groups being significantly more likely to be obese. In the Vale of Glamorgan, this created much variation with more deprived areas such as Barry having around double the levels of obesity as compared to other areas.

With regard to older children within secondary schools, current information from the national survey carried out every four years around the health behaviour of school age children between 11 and 16, showed that obesity levels in the Cardiff and Vale University Health Board area were the lowest in Wales at 15%. Again, this masked a variation which was once again associated with deprivation.

In terms of problems associated with high obesity rates, Members noted that if a person was obese as a young child they would be far more likely to become an obese older child and adult. The obesity trajectory showed that over 4 in 5 Welsh children that were obese at Reception year (aged 4 to 5) would remain obese at Year 4 (aged 8 and 9). Members were advised that the converse was also true and if a person had a healthy weight at Reception year then they were likely to have a healthy weight in Year 4 (78.4%). However, the obesity trajectory continued and child obesity was associated with a higher chance of obesity, premature death and disability in adulthood. In addition to increased future risks, obese children experienced breathing difficulties, increased risk of fractures, high blood pressure, potential cardio-vascular disease, insulin resistance and psychological problems. Therefore, there needed to be action now in order to prevent an obesity crisis for future generations.

In detailing actions to combat childhood obesity in the Vale, Dr. Wood advised that the ten steps to a healthy weight programme had been launched nationally by Public Health Wales. This was an evidenced based account of what could be done, in steps, to prevent children becoming obese in their early years (under 5). At a strategic level, there was an overarching healthy weight framework which was accompanied by The Eating Well and Physical Activity Action Plan. The former would be re-launched shortly. These plans reflected the priority actions from the Health Improvement Review, conducted nationally, around those actions which worked well. In addition, much was going on in terms of the implementation, although at times this had been problematical due to limited resources.

Furthermore, midwives and health visitors had an important role as obesity had been linked to an increased risk of complications during pregnancy and birth and they would actively encourage breastfeeding and would monitor growth. Currently, 66% of mothers in Cardiff and the Vale breastfed at birth which was higher than the Wales average of 57.9%.

Other actions included the following:

- Healthy and sustainable pre-school scheme – Currently only 22 settings where engaged out of a potential of over 300.
- Healthy schools - 100% of schools were involved in the Vale. The healthy eating in schools regulations (2013) were a legal requirement in all primary and secondary schools. All schools appeared to be compliant, but monitoring was unsatisfactory. As such, external caterers may not always be compliant in secondary schools. In terms of physical activity, many schools had devised extra-curricular activities such as Llantwit Major Secondary School providing Zumba, Pilates and yoga for their children. Active Travel Plans were promoted across schools. National quality awards were encouraged but currently in the Vale only 4 primary and 1 secondary schools had been able to achieve these.
- Barry Communities First area was supported by dietetics supervision, however, there was no overarching approach across all agencies in the Vale. Whereas in Cardiff this existing through Families First and Flying Start.

In summarising the key challenges, Dr. Wood emphasised the following:

- The need to address the maternal obesity dietetic service gap.
- The need for more pre-school settings to be engaged in the healthy and sustainable pre-school scheme.
- The need for a whole nutrition approach across Flying Start/Families First/Communities First.
- The need for senior leadership teams to support the national quality awards in schools.
- The need for a children's obesity service (Level 2 and 3).

In ending the presentation, Dr. Wood asked the Committee to consider the following recommendations:

1. To note the progress to date.
2. To support a 10 steps to a healthy weight roll out.

3. To further support the healthy and sustainable pre-school scheme e.g. through time in kind.
4. To support the national quality award in schools.
5. To support a whole nutrition approach in the Vale.
6. To support the development and a Level 2 and Level 3 obesity service for children.

A Committee Member asked what could be done to encourage families to eat healthier. In reply, Dr. Wood advised that education and encouragement was vital. There was also a need to encourage families to partake in more physical activities, for example, by promoting walking and cycling over driving by the development of more 20 mph zones and increasing green spaces. Members noted that a lot of advice and guidance on this was available on-line and there was also a lot in place in terms of signposting people for help and support. The Vale of Glamorgan network of healthy schools co-ordinator then emphasised the Healthy School Initiatives, this was a whole school setting approach and which was linked to the Vale's Active Travel Plan. An important part of this was around providing training to parents to encourage their children to undertake more physical activities and to raise awareness around healthy diets.

At this point, the Head of Children and Young People Services was asked for her thoughts. Given the now wider remit of the Scrutiny Committee, the Head of Children and Young People Services shared contributions received from the Director of Learning and Skills and the Operational Manager for Leisure Services. She advised that the Director of Learning and Skills had indicated that they would appreciate more clarity regarding how the Council and schools could contribute to the recommendations being made. Dr Wood indicated that it would be helpful to have senior leadership support to achieve a greater number of schools involved with the National Quality Award. The Operational Manager for Leisure provided information to inform the Committee that the Vale of Glamorgan was ranked third in Wales when it came to the percentage of people undertaking the recommended amount of daily physical activity. This information was received positively.

With regards to the discussion about the contribution of the four poverty strands, the Head of Children and Young People Services welcomed the opportunity to take these discussions forward via the Poverty Alignment Group, which included Flying Start, Communities First, Families First and Supporting People. She suggested the focus should be on achieving a joint approach that streamlines current activity and maximises the contribution of all.

A Committee Member stated that during his role as Cabinet Member, which included school and catering services, he had noted that all schools in the Vale apart from one had facilities to prepare meals onsite. Therefore, there was an increase in the number of healthy meals being provided. One particular observation that he had made was that more work needed to be done with parents who prepared lunchboxes for their children, which were not always particularly healthy. This was a particular issue within the more rural parts of the Vale. Furthermore, there were issues around what children were eating during school holidays, when many children were not eating a nutritional meal. Finally, he alluded to the need for food co-operatives to stock healthier foods such as fruit, which they could sell on at wholesale prices.

In response to these comments, the Community Dietetic Service Manager stated that Public Health Dietetic work was also part of a national programme. Through this, a lot of resources and training was provided to partner agencies such as Communities First. In addition, the School Holiday Enrichment Programme had been rolled out which would look at the types of meals provided by catering services. She went on to allude to the work undertaken in Cardiff which should also be as successful in the Vale. Members also noted that there was a need to provide training for parents, such as cooking skills and budgeting for healthier diets. There was a lot of work that could be done with parents but it was important for such work to be undertaken on a partnership basis in order to avoid duplication and to benefit from economies of scale.

RECOMMENDED -

- (1) T H A T the Committee receives an update in a year's time.
- (2) T H AT the presentation be referred to Cabinet for its consideration and action as necessary.

Reasons for recommendations

- (1) In order for the Committee to receive an update on the developments around child obesity in the Vale of Glamorgan.
- (2) In order to allow Cabinet to consider how best to tackle issues associated with child obesity.

Attached as Appendix - [Report to Healthy Living and Social Care Scrutiny Committee: 13th June, 2016](#)