

INQUIRY INTO CHILDHOOD OBESITY: RESPONSE FROM CARDIFF AND VALE UHB

Dear Sir/Madam

Please find below the response from Cardiff and Vale UHB to the Inquiry into Childhood Obesity, following the suggested framework.

1. The extent of childhood obesity in Wales and any effects from factors such as geographical location or social background;

Childhood obesity in Wales is measured on an annual basis by the Welsh Health Survey. The most recent statistics¹ show that in 2011, 35% of children were classified as overweight or obese, including 19% obese children².

According to the feasibility study for measuring childhood heights and weights in Wales across seven local authority areas, the children resident in the most deprived fifth of LSOAs had higher overweight and obesity levels than their counterparts resident in the least deprived fifth of LSOAs, and these differences were statistically significant³.

2. The measurement, evaluation and effectiveness of the Welsh Government's programmes and schemes aimed at reducing the level of obesity in children in Wales specifically:

o Health related programmes including Change4Life, MEND,

In Cardiff and the Vale of Glamorgan, greater support is needed for the delivery of MEND through local partnership arrangements with leisure and dietetics. Additionally, a greater number of referrals would be required for more successful delivery.

However, overall MEND merely treats the problem once it has occurred, and even then only treats small numbers: it does not prevent population level childhood obesity per se.

o Programmes related to nutrition in schools including Appetite for Life,

Appetite for Life/ the Healthy Eating in Schools (Nutritional Standards and Requirements) (Wales) Regulations and Primary School Free breakfast clubs are important for addressing childhood obesity at a population level. As part of Appetite for Life, sugary drinks should be

¹ Welsh Health Survey (2012), http://wales.gov.uk/topics/statistics/headlines/health2012/120919/?lang=en, [accessed 25 April 2013].

² Using a classification system based on the 85th and 95th percentiles of the 1990 UK BMI reference curves, and not comparable with estimates produced on a different basis or with adult estimates.

³ Public Health Observatory for Wales (2010), Measuring Childhood heights and weights in Wales, National Public Health Service for Wales and the Wales Centre for Health.

restricted, to encourage children to drink water and milk which have a clear nutritional benefit.

o Cross cutting programmes for example leisure and sport related programmes (Creating an Active Wales); planning policy; and

Creating an Active Wales requires further drive at a national level in order for it to regain momentum.

Welsh Government planning policies require consideration of the impact of planning on health. There is a need to support outdoor active play through: parks, traffic calming measures (20mph zones) and home zones.

3. The barriers to reducing the level of childhood obesity in Wales;

Currently there is insufficient recognition of the problem of childhood obesity amongst the Welsh population. Following its publication in June this year, the dissemination of the childhood heights and weights measurement study report will help to evidence the problem and raise awareness. Training is also needed so that key staff such as: leisure staff and teachers, are able to raise the issue and support parents.

Food poverty, i.e. 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 survey⁴ 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.

As Health Impact Assessments (HIAs) are not currently mandatory for local authorities within planning applications, this makes the process for introducing HIAs discretionary. Additionally, barriers to the implementation of MEND include: costs, staff skills and time.

4. Whether any improvements are needed to current Welsh Government programmes and schemes and any additional actions that could be explored.

There are opportunities for Welsh Government to link the Public Health Bill to areas that would support a reduction in childhood obesity or to lobby the UK Government, where Welsh Government has no jurisdiction.

For example, a better family diet could be achieved through taxation on sugary carbonated drinks and unhealthy food. In addition to this a ban on: junk food advertising before 9pm, commercial advertising on internet 'on demand' services and bill board advertising near schools would reduce childhood obesity. Below are examples of national policy and

⁴ DEFRA (2012), Family Food 2011,

legislative changes, plus local drivers that would reduce childhood obesity, based on international research ^{5,6,7,8,9,10}.

Causal Factor	Action Required	Organisation
Over consumption of energy dense foods	Ban the use of trans-fats and corn syrup.	UK government/Food Standards
	Promotions include calorie and nutritional information	Advertising Standards Authority
	Ban advertising in proximity to schools	Welsh Government/Local Authority
	Strengthen nutritional standards for school meals	Welsh Government/Local Authority
	Ban sugar sweetened drinks in school	Welsh Government/Local Authority
	Control proliferation of fast food outlets	Local Authority
	Ban mobile fast food vendors in proximity to schools	Local Authority
Low consumption of fruit and vegetables	Reduce price of fruit and vegetables	European Union Common Agricultural Policy
	Promote healthy special offers and recipes	Marketing - larger supermarkets
	Increase availability of vegetarian options	Local Authority, takeaways and

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⁵ Butland B, Jebb S, Kopelman P, McPherson K, Thomas S, Mardell S, Parry V. Tackling obesities: future choices. Foresight Project Report. Department of Innovation, Universities and Skills. October 2007.

⁶ Cavill N, Foster C, Oja P & Martin BW. An evidence-based approach to physical activity promotion and policy development in Europe: contrasting case studies. *International Journal of Health Promotion & Education*; 2006; 13:2.

⁷ Global Advocacy for Physical Activity (GAPA) the Advocacy Council of the International Society and Health (ISPAH), NCD Prevention: Investments that work for Physical Activity. February 2011. Available at: www.globalpa.org.uk/investmentsthatwork

⁸ Lester C. Green space, reduction of health inequities and cost effectiveness of interventions. Literature review prepared for Welsh Government. March 2012. http://www.planethealthcymru.org [accessed 2 May 2013].

⁹ Pan L, Sherry B, Njai R, Blanck HM. Food insecurity is associated with obesity among US adults in 12 states. *Journal of the Academy of Nutrition and Dietetics*, 2012; 112 (9): 1403-9.

¹⁰ Robert Wood Johnson. Declining childhood obesity rates – where are we seeing the most progress? September 2012. www.rwjf.org/healthpolicy [accessed 2 May 2013].

	Display nutritional content and calories in chain restaurants menus	cafes popular with families Welsh Government
Low levels of physical activity	Ensure health is on environment and planning curricula	Welsh Government in collaboration with Universities
	Mandatory Health Impact Assessment	Welsh Government
	Wide choice of physical activity	Local Authority
	Promote options for active travel	Welsh Government/Local Authority/Employers
	Improve access to high quality green space in disadvantaged areas	Local Authority/ Architects/Planners

Yours faithfully

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