Pecyn dogfennau cyhoeddus

Y Pwyllgor Plant a Phobl Ifanc

Lleoliad:
Ystafell Bwyllgora 1 - Y Senedd

Dyddiad:
Dydd Mercher, 4 Rhagfyr 2013

Amser:
09:15

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

I gael rhagor o wybodaeth, cysylltwch â:

Marc Wyn Jones
Clerc y Pwyllgor
029 2089 8505
PwyllgorPPI@cymru.gov.uk

Agenda

1 Papur briffio ar faterion polisi'r UE (Eitem breifat) (09.15 - 10.00)
(Tudalennau 1 - 12)
CYP(4)-32-13 – Papur preifat 1

Gregg Jones, Pennaeth Swyddfa'r UE Cynulliad Cenedlaethol Cymru

2 Cyflwyniad, ymddiheuriadau a dirprwyon (10.00)

3 Ymchwiliad i ordewdra ymysg plant - Sesiwn dystiolaeth 1 (10.00 - 11.00) (Tudalennau 13 - 24)
Iechyd Cyhoeddus Cymru
CYP(4)-32-13 – Papur 2

Dr Angela Tinkler, Ymgynghorydd mewn Iechyd Cyhoeddus
Dr Julie Bishop, Ymgynghorydd mewn Iechyd Cyhoeddus

4 Ymchwiliad i ordewdra ymysg plant - Sesiwn dystiolaeth 2 (11.00 - 12.00) (Tudalennau 25 - 27)
Byrddau Iechyd Lleol
CYP(4)-32-13 – Papur 3

Andrea Basu, Arweinydd Tîm Deietegwyr Datblygu Cymunedol - Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Lisa Williams, Hwylusydd Hyfforddiant Maetheg Cymru Gyfan - Bwrdd Iechyd Prifysgol

Caerdydd a'r Fro

5 Papurau i'w nodi

Gwybodaeth ychwanegol gan Estyn yn dilyn y cyfarfod ar 14 Tachwedd (Tudalennau 28 - 29)
CYP(4)-32-13 – Papur i'w nodi 4

Llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol yn dilyn y cyfarfod ar 16 Hydref (Tudalennau 30 - 32)
CYP(4)-32-13 – Papur i'w nodi 5

6 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer y canlynol:

Eitem 7

7 Blaenraglen waith y Pwyllgor (12.00 - 12.15) (Tudalennau 33 - 43)

CYP(4)-32-13 – Papur preifat 6 – Canlyniadau addysgol plant o gartrefi incwm isel - y prif faterion
CYP(4)-32-13 – Papur preifat 7 – Blaenraglen waith y Pwyllgor

Mae cyfyngiadau ar y ddogfen hon

GIG CYMRU NHS WALES

Iechyd Cyhoeddus Cymru

Public Health Wales

Public Health Wales response to Children and Young People Committee Inquiry into Childhood Obesity

Authors: Jonathan West, Principal Public Health Practitioner; Dr Angela Tinkler, Consultant in Public Health; Dr Julie Bishop, Consultant in Public Health

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Publication/ Distribution:

NAfW Committee for Children and Young People

1 Reducing Childhood Obesity in Wales – Key Areas for Action

- **The rates of childhood obesity in Wales are higher than similarly developed European countries and the Welsh rate amongst 4 to 5 year-old children is higher than any English region. There needs to be greater public and professional recognition of the scale of the problem of childhood obesity in Wales and the need for action.**
- **The breadth of the causes of childhood obesity demand that solutions are shared by the whole of society – the solution requires large scale change greater than anything tried so far and at multiple levels (legislation and policy, environment, society, community, family and individual) lead by national and local partnerships.**
- **Whilst it is important that effective treatment is available for children and young people who are already overweight or obese there is a need for a shift towards prevention and maintaining a healthy weight**
- **We need to move away from small scale single interventions and make greater use of established programmes (e.g. Communities First, Welsh Network of Healthy Schools and Pre-schools Schemes, Flying Start, Families First, antenatal services, front-line staff groups) as vehicles for systematically implementing what we know works from best available international evidence, particularly in the early years.**
- **The Child Measurement Programme should be extended to children aged 8-9 years of age (Year 4) to enable robust monitoring of the effects of action on childhood obesity.**

2 Childhood Obesity and Health

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 (1). However there is some evidence that the increase is slowing in some countries (2). The health effects of childhood obesity are wide ranging and include respiratory disorders, high blood pressure, sleep apnoea, musculoskeletal disorders and growing evidence of a risk of developing type 2 diabetes. Obese children are also more likely to experience a range of adverse

psychological and psychiatric problems, including poor school performance and social functioning (3).

Childhood obesity is also linked to poorer outcomes in adulthood with between 50% and 75% of those who are obese as children becoming obese adults (3). Parental obesity increases the risk of childhood obesity by 10% (4).

Methods of estimating the cost of childhood obesity are at the early stages of development. Work done for the Greater London Authority (5) estimates that the direct cost of obesity per child per year of around £31, for the cohort included in the Child Measurement Survey this would mean a cost of £114,390 per year. If half of those children go on to become obese adults, the costs are estimated at £611 per year per adult, this would be equivalent to £1,127,295 at current costs.

3 Childhood Obesity in Wales

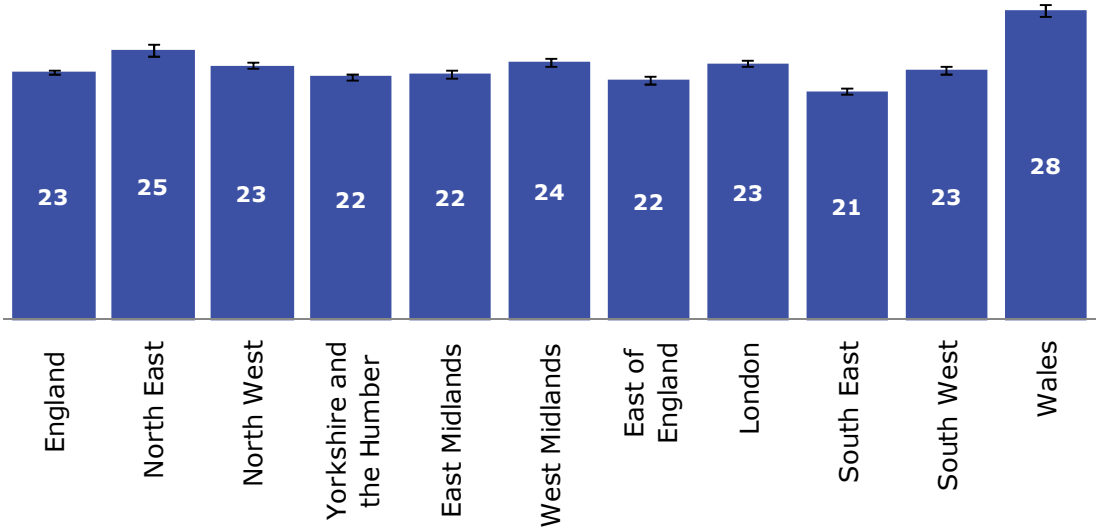
Information on levels of overweight and obesity among Welsh children is available from a number of sources. The Child Measurement Programme (6) produced its first report in 2013 and provides data on heights and weights of children entering school (4-5 years of age). The Welsh Health Survey includes information from parents on children's health, including height and weight. Finally, the Health Behaviour of School Children Survey is an international survey that provides comparable information from 39 countries in the Northern Hemisphere. This records self reported information on levels of overweight or obesity from children aged 11, 13 and 15 years of age.

The different studies use different measures of obesity or overweight which means that the information cannot be compared.

Wales has higher levels of childhood and adult obesity compared to other similarly developed countries. The publication of the Child Measurement Programme for Wales (CMP) (6) has confirmed this trend and results show that nearly 30 per cent of four and five year olds in Wales have an unhealthy body mass index, with 12.5 per cent of children classed as obese. The CMP show that Wales has a higher rate of overweight and obesity amongst children in reception year than any English region (see figure below).

Percentage of children aged 4-5 years who are overweight or obese, Wales, England and English regions, Child Measurement Programme for Wales and the National Child Measurement Programme (England), 2011/12

Produced by Public Health Wales Observatory, using CMP data (NWIS) and NCMP data (HSCIC)



Prevalence of overweight and obesity was highest in Merthyr Tydfil (33.8%) and Rhondda Cynon Taf (31.5%) and lowest in Monmouthshire (22.0%). The prevalence of obesity increased substantially with increasing deprivation (WIMD), from 9.4 per cent in the least deprived fifth of Wales to 14.3 per cent in the most deprived fifth. There was little association between deprivation and the prevalence of those classed as overweight but not obese.

Participation during the first full year of the Child Measurement Programme for Wales was high at 88.4% on average with participation rates over 85% in 17 local authority areas and over 90% in 13 of those. The programme has collected information on the heights and weights of 29,400 reception age children in Wales during the 2011/12 academic year. The comprehensive coverage and systematic measurement of the Child Measurement Programme gives us a strong baseline to monitor future trends in this age group and will also enable us to measure the impact of prevention activities at a population level.

Childhood obesity in Wales has also been measured on an annual basis by the Welsh Health Survey. The most recent statistics (7) show that in 2011, 35% of children were classified as overweight or obese, including 19% obese [1].

[1] 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.

The Health Behaviour of School Age Children Study provides data for Wales comparable with 38 other countries. This shows:

- For both boys and girls at 11 years, 13 years and 15 years the prevalence of overweight or obese, according to self reported measures, is higher in Wales than average across participating countries.
- Amongst 15 year olds the prevalence of overweight or obesity in Wales was among the top 4 of 39 countries in girls and the top 8 for boys.

It is important we continue the current Child Measurement Programme at 4 to 5 years of age and in addition we should ensure a second cohort for children aged 8-9 years of age (Year 4) be included in the programme. This will allow:

- Better understanding of how we are doing in relation to childhood obesity
- Understanding of the impact of school age environments and interventions focussed on that age
- Comparisons with Europe through the Childhood Obesity Surveillance Initiative
- Understanding of cohort effects

This would ideally be on a population basis, as with current reception year measures, allowing for greater granularity, clear cohort follow-up and epidemiological and research opportunities to both explore cause and effect in relation to obesity and change over time.

Key messages:

- Wales has higher levels of childhood obesity than all English regions and compared to similarly developed countries in Europe.
- Overweight and obesity in childhood is common in Wales. The first report of the Child Measurement Programme found that nearly 3 out of every 10 children aged 4 to 5 years were classed as overweight or obese.
- Children from the most deprived communities are more likely to be obese. The prevalence of obesity in this age group increased substantially with increasing deprivation, from 9.4 per cent in the least deprived fifth of Wales to 14.3 per cent in the most deprived fifth.
- Reliable and robust information about levels of obesity and overweight is not available for other age groups in Wales.
- The Welsh Health Survey results from 2011 show that the prevalence of overweight and obesity in children under 16 is about 35%.

- Maternal obesity in the UK, which is associated with increased risk of inter-generational obesity, is highest in Wales.

4 Factors affecting levels of Childhood Obesity

Obesity and childhood obesity result from a range of factors and are not limited to individual biological or psychological factors or even physical inactivity and poor diets. The Foresight Report Tackling Obesities (8) suggest that the causes of obesity include those individual biological and psychological factors as well as high energy diet and physical inactivity but, that they are themselves determined by social, cultural and physical environmental factors. In the case of food this means individual food choices and the wider system of food supply and distribution. For physical inactivity, it is caused by a range of individual psychological determinants – such as stress and self esteem and then by the wider sociological determinants and the wider physical environment.

The breadth of important influences on diet and physical activity behaviour make it absolutely clear that no one single, simple solution will change population levels of childhood obesity. Furthermore, the closer we focus interventions at the individual level the less likely we are to achieve population-scale benefits. That is not to say that interventions aimed at helping people better manage their weight or lose a clinically important amount of weight to benefit their health are not important for many people or cannot improve health but, that they will only ever be *part of* the solution and will likely only have limited impact at a population level. Indeed, the Foresight report includes "targeting health interventions for those at high risk" amongst suggested most promising policies of:

- Investment in early-life interventions
- Increased walkability/cyclability of the built environment
- Controlling the availability of and exposure to obesogenic food and drink
- Targeting health interventions for those at high risk

Pre-conception, maternal obesity and breastfeeding are also critical factors for childhood obesity which require greater focus here.

There is strong evidence that obese mothers are less likely to breastfeed (9) and children of obese parents are more likely to become obese adults (10) (11) . The 2010 Centre for Maternal and Child Enquiries report Maternal Obesity in the UK (11) found that 6.5% of pregnant women in Wales had a BMI of 35 or more, compared to the UK average of 5%. Wales has the highest prevalence of maternal obesity of all the UK countries.

There is evidence from international studies that there is a statistically significant relationship between breastfeeding and childhood obesity. The longer a child is breastfed and if a child is breast fed exclusively has a protective effect, potentially due to the early introduction of solid foods, or greater likelihood of over feeding with formula feed. Breastfeeding also helps to effectively manage maternal weight. Wales has low rates of initiation and continuation of breastfeeding compared to other areas.

In summary, tackling obesity requires large scale change greater than anything tried so far, and at multiple levels: personal, family, community and national.

Key messages:

- The determinants of obesity are complex - obesity develops in individuals but within their social, cultural and environmental context
- Those wider causes of obesity cut across many policy areas and demand an integrated large-scale change approach
- Limited evidence for individual interventions – but several promising strategies

5 Reducing Childhood Obesity – Opportunities for Action in Wales

5.1 Current Programmes and Strategies

5.1.1 Health related programmes including Change4Life, MEND

The Wales Obesity Care Pathway provides a framework for the co-ordination, planning and delivery of services and interventions to prevent and treat obesity.

Health related programmes can be separated into those that have population reach and are for primary prevention of obesity, Level 1 of the Pathway, and those that are targeted interventions for those who are already overweight or obese, (Level 2/3) although there is a degree of overlap across the levels. Interventions at level 1 and 2 are delivered through local partnership arrangements including local authority services such as leisure and education, alongside hospital and community health services and the voluntary sector. A strategic approach to integrating this activity, including wider policy areas as described, so that it is *designed* to impact childhood obesity should be strongly supported and robustly evaluated.

In Level Two of the All Wales Obesity Care Pathway there is the national childhood obesity service MEND. There are currently no Level Three services for 'treating' childhood obesity.

Public Health Wales became responsible for the commissioning or delivery of a number of Public Health Improvement Programmes in 2012 and has recently published the outcome of a review of these programmes and our approach to population health improvement. The Health Improvement Review made a number of recommendations on the future approach based on closer working across sectors to produce large scale change.

The review also made recommendations about the future of key programmes, including some relevant to childhood obesity e.g. MEND, The Cooking Bus, Healthy Schools, Breastfeeding Programme. Public Health Wales is currently developing plans for the implementation of the recommendations of the review.

Change4Life is a UK wide interactive multi-media campaign based on sound social marketing principles designed to help change population behaviour. Aiming to reach large segments of the population through targeting families and adults at different stages of life, Change4Life encourages positive action on a number of relevant health behaviours including alcohol, food and fitness. Currently, there is little good evidence of the effectiveness of specific programmes, however, it is likely that social marketing programmes would have a key role to play as part of a multi-faceted programme to reduce childhood obesity.

5.1.2 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 critically important for addressing childhood obesity at a population level. There is good international research evidence that interventions in the school setting such as nutritional standards, policies on snacks and food brought into schools, alongside other practices such as exercise opportunities, can have an impact on levels of obesity.

These interventions are also important as they are universal and can help to reduce inequalities.

5.1.3 Cross cutting programmes

Creating an Active Wales is a sound physical activity strategy including a strong emphasis on wider determinants of physical activity, but it has variable engagement across Wales. This type of cross cutting strategy, more relevant to contemporary partnership arrangements and

organisational drivers, should be strongly supported at a national level and led by Local Service Boards in order to galvanise local support. A similar healthy food strategy for children and young people or a childhood obesity strategy would be required alongside that to engage partners with a stake in availability and consumption of healthy food.

5.2 Areas for Improvement and Development

The wider determinant causes of obesity have been shown previously – they are the barriers that people face in making healthy choices to be more active, eat more healthily or to maintain a healthy weight. They should also be the targets for our action.

5.2.1 Creating Environments to Support Healthy Weights

Much of the NICE guidance on obesity still focuses on interventions at the level of the individual, for example that parents of pre-school children should be encouraged to complete some or all of short journeys by active transport, but increasingly advice includes recommendations for action on the wider determinants of health. For example, local authorities are encouraged to create and manage more safe spaces for incidental and planned physical activity, addressing as a priority any concerns about safety, crime and inclusion. It is recommended that local authorities should provide cycling and walking routes, cycle parking, area maps, safe play areas, traffic calming, congestion charging, pedestrian crossings, and ensure that buildings and spaces are designed to encourage people to be physically active.

Much of this will be supported by The Active Travel Act (2013) and a future Public Health Bill in Wales. Implementation, monitoring and evaluation should fall under the remit of the Active Travel Board but it is likely that regional/local partnerships will still be required.

There is real potential for the adoption of a Health in All Policies approach to childhood obesity. Encouraging the use of Health Impact Assessment to understand whether any planned policy, infrastructure development or programme may have a negative impact on overweight and obesity, for example: developments that reduce or support the opportunity for active commuting to school or work; access to outside space for play and leisure; the number of takeaway food outlets in a community particularly near to schools.

5.2.2 Overweight and Obesity as a shared priority

Levels 1 and 2 of the All Wales Obesity Care Pathway (12) are mostly driven through local partnership arrangements including local authority leisure and education, health dietetics, primary and community care

services. However, despite a range of strategy and policy guidance the local/regional coordination of this work towards the common aim of reducing childhood obesity is variable and often without sufficient breadth. Cross cutting national strategy made more relevant to contemporary partnership arrangements and organisational drivers, should be strongly supported at a national level and led by Local Service Boards in order to galvanise local support. This is particularly important at a time austerity with public services and commercial partners trying to do more with less.

In addition to more effective communication with large and at risk segments of the Welsh population, we need to build capacity across the range of the public health family; staff such as teachers, leisure staff and school nurses, health visitors, midwives, doctors can more effectively raise the issue and support parents and children to eat more healthily and become more active. This capacity development to *make every contact count* needs to be supported with adequate materials and knowledge of relevant local service provision.

5.2.3 Tackling Obesity and Overweight as the Norm

The latest Welsh Health Survey results (7) show that within our adult population 56% of Welsh residents are either overweight or obese; these high rates play a part in 'normalising' this trend amongst families and communities in our society. There is evidence that as a population we find it difficult to recognise normal weight and overweight in both adults and children. Rather than focusing on negative 'labels' we should be stressing the positive aspects of a 'healthy' weight.

Currently there is insufficient recognition of the problem of childhood obesity, or even obesity per se, amongst the Welsh population and amongst many public service providers. In terms of comparison with smoking we are a long, long way behind the public and professional attitudes to smoking – this brings significant challenge in securing multi-agency working, particularly when people have not seen "health" as part of their remit.

A national Pathway for maternal obesity should be introduced across all Health Boards in Wales which is based on the evidence of effective approaches to antenatal weight management and breastfeeding. The pathway should include:

- Supplementing routine care with specialist interventions to reduce the risks to both women and babies.
- Referral Pathways should be developed for preconception, antenatal and postnatal care.
- Promotion of breastfeeding, as this is lower in obese mothers, will help with post natal weight loss and has a protective effect for the

baby in relation to future risks of childhood obesity and obesity in adulthood.
- Advice and support should be given to prevent obesity in future pregnancies.

5.2.4 Research and Evaluation

There needs to be a greater emphasis on learning from the international evidence and best practice and implementing this learning in Wales. This should be developed alongside an approach to innovation that includes evaluation of outcomes so that we can measure whether the desired outcomes are being achieved.

Robust performance management in a continuous improvement cycle are vital components as is more synergistic research on effective interventions which can have population impact on childhood obesity or benefit health most amongst those most at risk.

Key messages:

- There should be a focus on prevention and risk reduction, promoting the health benefits of maintaining a healthy weight throughout childhood into adulthood
- Interventions need to be delivered at scale to achieve the necessary impact at population level, making use of a full range of approaches including environmental modification; fiscal measures and legislation/policy change
- There are no simple solutions, action is required at an individual, community and organisational level to make prevention of childhood overweight and obesity a shared priority
- There is a need to build on key programmes and policies e.g. working through early years and parenting programmes such as Flying Start; Healthy Schools rather than delivering interventions in isolation.
- There is a need for a stronger focus on research and evaluation; ensuring that the actions taken are based on the best available evidence and that we can reliably monitor performance against outcomes

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1. **World Health Organisation.** *Population-based approaches to childhood obesity prevention.* Geneva : WHO, 2012.

2. **Olds, T, Maher, C and Zumin, S et al.** Evidence that the prevalence of childhood overweight is plateauing: data from nine countries. *International journal of pediatric obesity.* 2011, Vol. 6, 5-6, pp. 342-60.

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CYP(4)-32-13 – Paper 3

National Assembly for Wales' Children and Young People Committee Inquiry into Childhood Obesity May 2013.

A Collated response from: Nutrition and Dietetics Department, Betsi Cadwaladr University Health Board (BCUHB)

The Dietetics Department within BCUHB welcome the opportunity to respond to the National Assembly for Wales' Children and Young People Committee Inquiry into Childhood Obesity.

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

Currently, data gathering in this area is, we understand in development e.g. the Child Measurement Programme. Whilst we have access to the Welsh Health Survey data which gives an indication of prevalence, opportunities to segment the data and widen to enable a greater understanding of differences in location and social background are needed and would be welcomed.

(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:

Health related programmes including: Change4Life, MEND

Within Change for Life, the brand Start4Life (S4L) includes a range of materials to support early years nutrition. We would welcome the opportunity to extend the suite of materials to include promotion of nutrition and physical activity messages for pregnancy (including preconception). Interventions and investment to prevent and manage child obesity should commence at the beginning of the 'life course'. Support for programmes targeting women pre, during and after pregnancy are urgently needed. Currently 27% of all women entering pregnancy across North Wales are obese (BMI ≥30). There is credible and mounting evidence linking maternal obesity with congenital malformations, infant mortality, reduced likelihood of breastfeeding and an increased risk of obesity in childhood and adolescence (CMACE, 2010; Tennant et al, 2011; Rasmussen et al 2011). We would like to see greater priority placed in the allocation/ redirection of funds to this address this.

A 'settings' based approach is needed to enable the creation of supportive environments for health and well being, specifically within early childcare, schools and other settings where children and young people frequent. The National Healthy and Sustainable Pre School Scheme (HSPSS) and Welsh Government Food and Health Guidelines for Early Years and Childcare settings promote a whole setting approach to nutrition in pre school/early child care settings. Within BCUHB we support and work in partnership with local authority colleagues to encourage settings to participate in the HSPSS, and provide expertise on food and nutrition to enable settings to achieve this criteria. In addition we have developed and offer 'Tiny Tums',

which is a best practice scheme enabling settings such as nurseries and playgroups to submit their food and drink menus for assessment and to ensure full compliance with the Welsh Government Food & health Guidelines. This scheme is highly regarded and provides reassurance to parents and the settings/ organisations who participate that the best possible nutritional care is being provided. Alongside efforts to promote active play, the scheme provides supportive active at level 1 of the All Wales Obesity Pathway.

Currently MEND provides the only intervention available to meet Level 2 of the All Obesity Pathway e.g. targeted at children who are already overweight or obese and their families. Greater flexibility on what could be run, as opposed to delivering MEND or do nothing (based on current funding allocations) would allow other areas to perhaps identify something locally that suits their client group and the staffing available to deliver. MEND as a programme does have the evidence base that supportive its effectiveness in terms of delivering favourable outcomes however, it is a programme that is very time intensive for all involved and a lot is invested in recruitment, often with poor uptake, which means a group cannot run and staff time spent on recruitment is not funded.

Programmes related to nutrition in schools including Appetite for Life (AFL)

School based nutrition programmes offer real potential for improving the food and nutrition choices of children and young people, laying the foundations for health and wellbeing both in the short and long term. It's imperative that funding now allocated to local authorities is protected to enable the Healthy Eating in Schools Measure (A4L) to be properly resourced with the support, training and pupil involvement to enable successful implementation.

Leisure facilities that are sited next to/ within close proximity of school premises that provide a range of food and beverages (including vending) has in some local authorities within North Wales caused complications in terms of supporting schools to work towards achieving the AFL food and drink based guidelines. Opportunities to review leisure centre food and drink provision and perhaps explore capacity to roll out schemes such as the 'Healthy Options Award' operated by Environmental Health would be welcomed and would help promote a more consistent message to children, young people and families.

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

Wrexham Local Authority in conjunction with partners successfully prohibited future planning applications for hot food takeaways within a 400m radius of schools or colleges in the county. This approach should set precedence for other local authorities and their planning departments in Wales.
http://www.wrexham.gov.uk/english/planning_portal/lpg_notes/lpg09.htm
Encouragement should also be given to applying methods such as Health Impact Assessment to ensure the wider health and wellbeing impact of new developments are considered and whether these might contribute to an 'obesogenic' environment.

(3) The barriers to reducing the level of childhood obesity in Wales

Work ongoing at a 'settings' level is crucial so that we can avoid sending children and young people mixed messages about food and health. Where conflicting messages are apparent, this presents a potential barrier in terms of affecting lifestyle behaviours now and in the future.

At a national level we believe UK legislation on food and health issues is vital and requires support from Welsh government to lobby its benefits for the people of Wales. Equally we need the cooperation of the food and drink industry in order to promote responsible advertising and marketing of foods.

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

Diet is a key modifiable risk factor in the prevention and risk reduction of obesity, diabetes, cardiovascular diseases (CVD), and some cancers, all of which disproportionately affect those in lower socioeconomic groups. Action should focus on prevention in the early years and addressing nutrition related inequalities in health. Investment in preventive services needs to address the current gaps in public health dietetic provision to continue to build capacity in communities to support and enable people to improve their health.

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CYP(4)-32-13 – Paper to Note 4

Children and Young People Committee
Educational Outcomes for Children from Low Income Households

Estyn response to supplementary questions

Action:

- **They agreed to provide comments on plans to modify the banding formula to reflect closing the attainment gap for children on free school meals.**

HMI and Estyn support staff provided advice to DfES officers when banding was first planned and introduced. We are meeting with DfES officers on 3 December 2013 to discuss effective presentation of school performance data to support tackling the impact of poverty on attainment.

Questions:

- **Whether they can share any information their recent discussions with the Welsh Government about how the inspection framework might be used in respect of improving outcomes for pupils from low income households;**

Estyn published on its website detailed supplementary guidance on the inspection of literacy in primary and secondary schools in 2010 as part of the development of a new cycle of inspections. The supplementary guidance was expanded to cover the inspection of numeracy in September 2013. Supplementary guidance documents are based on the common inspection framework and provide inspectors and providers with more operational detail on how inspections are conducted.

Estyn will publish supplementary guidance on inspecting how providers tackle the impact of deprivation on attainment in 2014 (in time for implementation in the new academic year starting September 2014). Inspectors will be trained in the use of the new guidance in the summer term of 2014.

The guidance will explain Estyn's inspection methodology and inspection requirements. All inspection reports from September 2014 will comment on how well schools tackle the impact of deprivation on attainment under Standards (quality indicator 1.1) and on the use of the Pupil Deprivation Grant (PDG) under quality indicator 3.4. These evaluations will be based on direct inspection evidence, including the analysis of available data. Estyn is in discussion with DfES officials on data requirements.

Estyn has also published seven 'remit' reports directly on poverty and disadvantage since 2007 and several other reports on related topics. To publicise these findings, we intend to hold a conference in May 2014, publish a summary report and produce training materials for schools.

- **What role Estyn think the inspection framework could play in this regard.**

The inspection of the impact of poverty and deprivation currently lies at the heart of Estyn's inspection methodology. The new supplementary guidance, training materials and conference mentioned above will be an opportunity to explain and communicate this clearly to schools and other providers and to bring inspection methodology and guidance up-to-date in terms of the introduction of the PDG.

Key question 1(outcomes) and in particular, standards (quality indicator 1.1) is the main driver of Estyn inspections. For example, there is a strong link between the judgement for Key Question 1(outcomes), and the judgements for Key Questions 2 (provision) and 3 (leadership and management). Within standards (1.1) there are several 'aspects', such as skills (aspect 1.1.3). A key aspect of the Common Inspection Framework is the standards of groups of learners (aspect 1.1.2). Inspectors are told to consider the performance of particular groups of pupils, including:

• pupils eligible for free school meals;
• boys and girls; and
• pupils with ALN or belonging to a vulnerable group.

Inspectors must therefore look at how pupils eligible for free school meals perform relative to their peers and expect schools to have analysed this data themselves too.

Under aspect 1.1.1 (results and trends in performance compared with national averages, similar providers and prior attainment), inspectors consider how well pupils do compared with similar schools. They must give more weight to analyses that present comparisons with similar schools on the free-school-meals benchmark quartiles and in the same family in the All Wales Core Data packs. Annex 7 of the inspection handbook provides detailed guidance on this and explains how the judgement for Key Question 1 cannot normally be above adequate when attainment is at '… levels significantly lower than the averages for similar schools, taking account of the school's context, including deprivation factors.'

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Gwenda Thomas AC / AM
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf: SF/MD/2942/13

Ann Jones AC
Cadeirydd
Y Pwyllgor Plant a Phobl Ifanc
Cynulliad Cenedlaethol Cymru
Bae Caerdydd
Caerdydd
CF99 1NA

26 Tachwedd 2013

Annwyl Ann

Rydym yn cyfeirio at eich llythyr dyddiedig 29 Hydref, sy'n amlinellu eich prif gasgliadau o'ch sesiwn graffu ar gyllideb ddrafft Llywodraeth Cymru ar gyfer 2014-15. Gweler isod ein hymatebion i'r materion yr ydych wedi gofyn am ragor o wybodaeth amdanynt.

Gwariant y GIG ar wasanaethau i blant a phobl ifanc
Mae'r Pwyllgor yn cydnabod ei bod yn amhriodol i Lywodraeth Cymru ofyn i Fyrddau Iechyd Lleol wario symiau penodol ar wasanaethau i blant a phobl ifanc. Fodd bynnag, hoffwn sicrhau'r Pwyllgor fod ystyriaeth gwerth am arian yn flaenoriaeth. Enghraifft o weithio effeithiol ar draws asiantaethau, yn enwedig yng nghyd-destun cyflawni gwerth am arian yw Adeiladu Dyfodol Disglair: Cynllun y Blynyddoedd Cynnar a Gofal Plant.

Ar 17 Gorffennaf 2013, lansiodd y Gweinidog Addysg a Sgiliau, y Gweinidog Cymunedau a Threchu Tlodi a'r Dirprwy Weinidog Trechu Tlodi y Cynllun sy'n gosod y cyfeiriad ar gyfer y 10 mlynedd nesaf gyda chamau gweithredu ac amserlenni ar gyfer cyflawni. Mae'r Cynllun yn dwyn ynghyd wahanol bolisïau a rhaglenni sy'n effeithio ar y blynyddoedd cynnar ac sy'n dylanwadu arnynt. Mae'r Cynllun yn gweithio ar draws amrywiaeth eang o sefydliadau a thrwy ddarparu diben cyffredin a fydd yn ysgogi gwaith effeithiol rhwng asiantaethau.

Hawliau Plant
Mae'r Dirprwy Weinidog yn hyderus na fydd y lleihad a gyhoeddwyd gan y Gweinidog Trechu Tlodi yng nghyllideb Hawliau Plant yn effeithio ar allu'r Llywodraeth i weithredu'r ystod lawn o ddyletswyddau o dan Fesur Hawliau Plant a Phobl Ifanc (Cymru) 2011. Mae'r gyllideb mewn cysylltiad â'r Mesur yn parhau i fod yn £0.5 miliwn. Mae'r lleihad yn dod o ddwy elfen:

- yr angen i ddod â hen raglenni i ben; ac
- uno eraill gyda chyn lleied o effaith â phosibl ar wasanaethau rheng flaen.

Cymorth Hosbis

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.Mark.Drakeford @wales.gsi.gov.uk

Mae'r lleihad i'r gyllideb hosbis yn dod o ganlyniad i effaith gylchol arbedion a nodwyd yn 2013-14. Dyrennir cyllid yn ôl fformiwla gadarn yn seiliedig ar anghenion a ddatblygwyd gan y Bwrdd Gweithredu Gofal Lliniarol, a nodwyd yr arbedion hyn gan ddefnyddio'r fformiwla hon. Felly, nid oes toriadau mewn termau real i'r swm sydd ar gael yn 2014-15 ac nid oes newid yn y symiau sydd ar gael i wasanaethau rheng flaen o gymharu â 2013-14. Mae'r swm a ddarperir i hosbisau plant ar gyfer darparu gofal arbenigol yn parhau yn gyson â'r hyn a ddarparwyd yn 2012-13 a 2013-14.

Gwasanaethau Iechyd Meddwl Plant a'r Glasoed
Gwnaethoch ofyn am gael rhagor o wybodaeth am y gwaith rydym yn ei gynnal ar y ddau gyffur a roddir amlaf i bobl ifanc sydd ag ADHD, yn gyntaf er mwyn monitro'r cynnydd yn nifer y bobl sy'n cael y feddyginiaeth ac, yn ail, i werthuso achosion neu resymau dros gynnydd o'r fath.

Mae fy swyddogion yn monitro patrymau presgripsiynau pob meddyginiaeth yn rheolaidd ond nid ydynt wedi comisiynu gwaith penodol i werthuso achosion neu resymau dros unrhyw gynnydd yn nefnydd meddyginiaethau i drin ADHD. Byddwn yn cynnal gwaith dadansoddi pellach o dueddiadau o ran presgripsiynau dros y tair blynedd diwethaf. Mae'r gwaith i fonitro newidiadau eisoes yn ei le. Mae manylion llawn am y presgripsiynau a roddir yn y gymuned ar gael i Fyrddau Iechyd drwy system CASPA.net, a gaiff ei ddiweddaru'n fisol ac sy'n rhoi manylion am gostau a chyfaint presgripsiynau dros amser. Disgwylir i Fyrddau Iechyd Lleol fonitro tueddiadau presgripsiynau a chymryd camau gweithredu priodol yn achos ymddygiad rhoi presgripsiynau sy'n amhriodol. Os bydd angen gwaith dadansoddi data pellach yn genedlaethol, gallwn drefnu i hynny gael ei ddarparu, naill ai yn ad hoc neu'n rheolaidd.

Mae'r cynnydd yn nifer y bobl ifanc ag ADHD yn fater rhyngwladol ac mae wedi effeithio ar wasanaethau ledled y DU a'r byd gorllewinol. Y prif ffactorau sy'n cyfrannu at hyn yw:

- Cynnydd posibl mewn achosion
- Cynnydd sicr mewn ymwybyddiaeth ohono
- Diffyg gwasanaethau ataliol cadarn, fel sgiliau rhianta cynnar, ledled Cymru
- Disgwyliadau gan y cyhoedd a'r angen am ddiagnosis er mwyn cael cymorth ym myd addysg ac, o bosibl, er mwyn cael budd-daliadau

Rhaglenni Imiwneiddio a Sgrinio i Blant
Yng nghyllideb 2014-15, mae darpariaeth o £7.6 miliwn o ran rhaglenni brechiadau ac imiwneiddio o fewn y Cam Gweithredu Cyflawni Diogelu Iechyd ac Imiwneiddio Targedig ac nid y Cam Gweithredu Hyrwyddo Gwelliant a Gweithio Iach, a gafodd ei ddyfynnu yn anghywir yn y papur tystiolaeth a baratowyd ar gyfer y cyfarfod ar 16 Hydref.

Gan gydnabod pwysigrwydd y maes hwn, sef gwariant ataliol, rydym yn ymroddedig i ariannu'r rhaglen brechiadau ac imiwneiddio yn llawn. Darparwyd costau ychwanegol y rhaglenni newydd fel rhan o'r cronfeydd ychwanegol a gyhoeddwyd gan y Gweinidog Cyllid, a byddwn yn disgwyl i'r gwariant ar Raglen Brechiadau Cymru Gyfan godi'n sylweddol i tua £16 miliwn erbyn 2015-16. Mae'r cyllid ychwanegol hwn ar hyn o bryd yn dod o Gam Gweithredu Darparu Gwasanaethau Craidd y GIG.

Ni allwn ragweld yn gywir y cyfraddau a fydd yn manteisio ar gyfer y rhaglenni newydd hyn gan eu bod yn seiliedig ar alw, ac ni allwn ragweld pwy fydd am gymryd rhan. Fodd bynnag, rydym yn monitro'r sefyllfa yn agos ac yn adolygu'r gyllideb fel y bo angen.

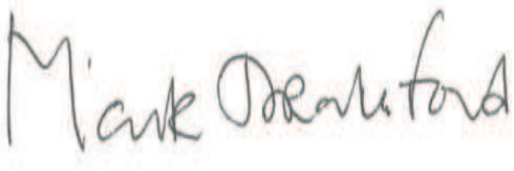
Rhaglenni Sgrinio
Mae'r holl raglenni sgrinio, gan gynnwys y rhai sy'n benodol ar gyfer plant, wedi'u cynnwys o fewn cyllid craidd Iechyd Cyhoeddus Cymru. Mae'r cyllid ar gyfer Iechyd Cyhoeddus Cymru wedi'i gynnwys o fewn Cam Gweithredu Noddi Cyrff Iechyd Cyhoeddus. Nid yw'r arian hwn wedi'i neilltuo ac felly mae'n rhoi hyblygrwydd i Iechyd Cyhoeddus Cymru ddyrannu adnoddau yn ôl anghenion. Caiff £3.4 miliwn ei wario ar raglenni sgrinio plant gan gynnwys sgrinio clyw babanod, sgrinio smotyn gwaed a sgrinio cynenedigol.

CAFCASS Cymru

Roedd y newid a ddisgwyliwyd i'r System Cyfiawnder Teuluol yn un o ysgogyddion annatod Rhaglen Newid CAFCASS Cymru a ddechreuodd yn 2011.

Mae'r gyllideb, sy'n parhau i fod yr un fath ag yr oedd yn 2012-13, wedi galluogi CAFCASS Cymru i ymgymryd â rôl arweiniol yn Diwygio Cyfiawnder Teuluol yng Nghymru. Er gwaetha'r ffaith bod ceisiadau am ofal yn parhau i fod yr ail uchaf yn hanes y sefydliad a chynnydd o 29% mewn atgyfeiriadau cyfraith breifat ar gyfer diogelu yn ystod chwe mis cyntaf y flwyddyn ariannol, mae CAFCASS Cymru bellach wedi dileu ei ôl-groniad o achosion heb eu neilltuo.

Mae CAFCASS Cymru wedi gweithio'n agos gydag awdurdodau lleol a Gwasanaethau Llysoedd a Thribiwnlysoedd EM i gyflwyno peilot Llywydd yr Adran Deuluol o'r Amlinelliad Cyfraith Gyhoeddus diwygiedig a ddaeth i rym ar 2 Medi yn ardal Bwrdd Cyfiawnder Teuluol Lleol Gwent a Chaerdydd, ac ar 7 Hydref 2013 ar draws gweddill yr ardaloedd Bwrdd Cyfiawnder Teuluol Lleol yng Nghymru. Mae cadw'r gyllideb yn sicrhau bod CAFCASS Cymru yn gallu cwblhau ei raglen newid ac ateb heriau'r Rhaglen Diwygio Cyfiawnder Teuluol.



Mark Drakeford AC / AM
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Mae cyfyngiadau ar y ddogfen hon

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