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Cardiff Bay  
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Committee Clerk  
Children and Young People Committee  
National Assembly for Wales  
Cardiff Bay, CF99 1NA

03 May 2013

Dear Sir or Madam

**ARCW response to the Children and Young People Committee inquiry into  
Childhood Obesity**

The Academy of Royal Colleges Wales (ARCW) welcomes the opportunity to respond to the Children and Young People's Committee inquiry into Childhood Obesity.

The ARCW membership comprises 15 Medical Royal Colleges and Faculties. The Academy aims to provide expert specialist advice to promote quality in healthcare for the benefit of patients in Wales.

We trust that you will find our comments helpful and that they will be taken into consideration. If there is any further way in which we can contribute to the process we would welcome the opportunity to do so.

Yours faithfully

A handwritten signature in black ink that reads "Simon Emery". The signature is written in a cursive style with a long, sweeping underline.

Mr Simon Emery  
Chair, Academy of Royal Colleges Wales

## **The Academy of Royal Colleges Wales' response to the Children and Young People Committee inquiry into Childhood Obesity**

### **Introduction**

The Academy of Royal Colleges Wales' (ARCW) membership comprises 15 Medical Royal Colleges and Faculties. The Academy aims to provide expert specialist advice to promote quality in healthcare for the benefit of patients in Wales.

The ARCW welcomes the opportunity to respond to the Children and Young People Committee inquiry into Childhood Obesity. Wales has some of the highest childhood obesity rates in the world – the recent Health Behaviours in School-Aged Children report ranked the nation fourth behind the US, Canada and Greece<sup>1</sup>. It is a growing issue of concern in Wales and has an impact across almost all the medical specialties, which deal with the morbidity associated with the condition.

Doctors in Wales treat patients on a daily basis who are facing the health consequences of being overweight or obese. A small but increasing number of children have been found to develop Type 2 Diabetes, a condition that until recently was only seen in adulthood in the UK. An eye condition relating to obesity and sleep apnoea known as floppy eyelid syndrome, which in the past was rarely seen, is also now common. Childhood obesity can also have psychological effects, with children exhibiting low levels of self-esteem or depressive symptoms.

### **Current initiatives**

It is difficult to provide an accurate assessment of the effectiveness of the Welsh Government's programmes and schemes aimed at reducing the level of obesity in children in Wales as there is insufficient data to carry out an evaluation. In addition there are currently no routine health checks for children aged over 5 and the Child Measurement Programme for Wales only offers weighing and height measurement for children aged 4/5. This means that it is difficult to get an accurate record of the level of childhood obesity and to track how children are growing. As such, no conclusions can be drawn with confidence.

We would welcome the extension of the Child Measurement Programme for Wales to include children aged 10/11, as is the case in England. This data could be used at a national level to support public health initiatives and inform the planning and delivery of services for children. It would also provide a more accurate indicator of the effectiveness of the various initiatives aimed at reducing the level of obesity in children in Wales.

Childhood obesity is a complex issue and to tackle it requires long term strategic planning and joined up working across departments. The aims of health related programmes such as Change4Life, Mend and Appetite for Life are commendable and we welcome the involvement of parents and the wider family in these initiatives. These educational initiatives in schools and the community setting have undoubtedly had a positive effect in raising awareness of healthy living. There is strong evidence to suggest that children are at least better educated about healthy food than in the past, as a result of similar initiatives. What is more difficult to assess is whether or not these initiatives have had a positive impact in changing the eating and lifestyle habits of children when at home. The mixed messaging of nutritional information at school coupled with a home life not conducive to optimum wellness can create a disconnect that enables children to continue on a path that does not encourage change.

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<sup>1</sup> World Health Organization (WHO), Health Behaviour in School-Aged Children, 2009/10

The MEND programme which operates in a number of sites across Wales is an example of an initiative which uses a practical, interactive learning approach to teach children and parents weight management skills. Benefits of the programme are that it conforms to NICE recommendations and is deliverable in a primary care setting. However, the population impact of the MEND programme is limited with intervention limited to a small population group, children and their families who are enrolled on the programme.

Whilst research, such as the study carried out by Sacher <sup>2</sup>, indicate that the MEND programme has the potential to be effective in relation to its primary objectives, the current evidence-base is not strong. As it appears is the case with other initiatives aimed at addressing childhood obesity, further larger randomly controlled tests are required to measure the effectiveness of the program when delivered on a larger scale.

### **The 'whole family approach'**

The key finding of the Marmot Review was that early years' intervention is the cornerstone to reducing health inequalities<sup>3</sup>. Following the 'whole family approach,' early intervention should start with preconception and extend through the antenatal phase and delivering babies with the best possible potential for health. Intervention should also address parenting, with the provision of education around nutrition, activity and parenting skills as well as proven behaviour change strategies. Whilst there are initiatives which directly involve parents, such as the MEND programme, contact with parents appears to remain limited to a small population group.

The 'whole family approach' is key to tackling childhood obesity in Wales. The Population Health Sciences Research Network has made a clear statement that poor diets tend to run in families. Studies have shown that mothers tend to pass their dietary habits on to their children<sup>4</sup>. There is a significant and growing problem in Wales of obesity in pregnancy. Wales has the highest rate (6.5%, 1 in every 15 pregnant women) of severe maternal obesity in the UK<sup>5</sup>. The maternity strategy for Wales 2012 specifically comments on it and it is a midwifery target to identify patients who are obese and limit further weight gain in pregnancy. An all Wales maternity database linked to a paediatric database/ Child Measurement Programme for Wales would provide valuable data about the relationship between maternal weight and childhood obesity.

Tackling childhood obesity and breaking the cycle starts with preconception counselling and interventions to make it easier for parents of young children to give their babies a healthy start. An example of this is the baby safer initiative which is currently being piloted in three areas. This project was started in Swansea in 2012 following an audit of 100 newly delivered women in Singleton Hospital. 75% did not seek any pre conceptual counselling and included high risk groups of women. An information card has been developed with the key messages for those thinking about conception. The aim is to get this information understood by all women as background knowledge for the future. The initiative focuses on the acronym SAFER

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<sup>2</sup> Sacher PM et al, 2010. Randomized controlled trial of the MEND program: a family-based community intervention for childhood obesity. *Obesity* 18 (Suppl 1): S62-S68.

<sup>3</sup> Strategic Review of Health Inequalities in England post-2010. (2010) *Fair Society, Healthy Lives. The Marmot Review*. The Marmot Review. Available at: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>.

<sup>4</sup> T. Cundy, 'Mothers tend to pass their dietary habits on to their children.' *British Medical Journal*, vol 324 p 664.

<sup>5</sup> Centre for Maternal and Child Enquiries, CMACE (2010), Maternal Obesity in the UK: findings from a national project

to include advice about smoking, alcohol, folic acid, eating and exercise, folic acid and MMR.

At present no health care group seems to take responsibility for this information dissemination and there is no coordinated approach to pre-conceptual counselling in Wales. Midwives are not funded for it and most consultants are unable to run regular clinics. These services require better resourcing and a coordinated approach with clear guidance developed for Wales.

### **Physical activity**

Whilst there is considerable work focussing on diet and food habits associated with obesity, more needs to be done to get children and teenagers active and to encourage and promote physical activity to all people, even those with apparent good health. Physical inactivity should be recognised as an independent risk factor for ill health. The ARCW plans to convene a working group over the next year to look at this issue in further detail.

The well publicised 5 a day campaign for fruit and vegetable consumption could be easily translated into a similar recommendation for physical activity. These exercises would be based around everyday activities such as walking up and down the stairs. Due to its relatively low cost and inclusiveness, activities such as skipping could also be encouraged, through a Wales wide initiative involving primary school children.

### **The role of healthcare professionals**

One of the difficulties that healthcare professionals face is that they are not always aware of the various initiatives and pilots that are going on and do not always know how to refer to them. Historically, services have been set up as pilots and therefore it takes time for a clinician to get know about the new service, start to recommend/ refer to it and gain feedback from patients, by which point the service is often cut. Consideration of access to these schemes and initiatives should be carried out centrally through a public health hub which clinicians can refer to directly.

There is a need for increased engagement across all groups that have some responsibility towards obesity, including all clinicians, as obesity impacts on the majority of aspects of health. For this reason emphasis should be placed on looking at Multi Disciplinary Team (MDT) development. In line with draft NICE guidelines, the design and development of individual weight loss programmes should include input from a multi-disciplinary team that specialises in children and young people.<sup>6</sup> There is a need to recognise the specific and differing roles of health professionals and the individual expertise that they can offer for each component of a programme. Engagement of clinicians can be enhanced when they are tasked with things that reflect their existing skill base. For example, GPs would be well placed to raise awareness, focussing on holistic health and signposting to appropriate available services and providing continuity of care.

As noted in the recent RCP report *Action on Obesity: Comprehensive care for all* MDT already have a proven track record in cancer care to promote quality by providing integrated services for patients<sup>7</sup>. We would support the report's recommendation to develop a similar model delivering multidisciplinary bariatric services to cover the population of Wales.

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<sup>6</sup> National Institute for Health and Care Excellence (NICE)  
<http://www.nice.org.uk/nicemedia/live/13506/63653/63653.pdf> (These guidelines are currently being consulted on)

<sup>7</sup> Royal College of Physicians (RCP), *Action on Obesity: Comprehensive care for all*, 2013

### **The need for a joined up approach**

There are a range of initiatives going on in Wales aimed at tackling childhood obesity or addressing factors leading to obesity. There is a need for a joined up approach across many organisations with a greater willingness for individual organisations to pool resources. At a government level, cross departmental coordination is important along with the development of longer term policy objectives focussing on prevention and early interventions.

### **Recommendations and improvements**

- Extension of the Child Measurement Programme for Wales to include children aged 10-11.
- A coordinated approach to pre-conceptual counselling in Wales.
- An all Wales maternity database linked to a paediatric database/ the Child Measurement Programme for Wales.
- Raise awareness of lifestyle weight management programmes for overweight and obese children and young people and how to enrol on them.
- Development of Multi Disciplinary Teams for obesity.
- Training on measuring children and how to interpret BMI change in childhood.
- Introduction of a campaign for physical activity based on the five a day campaign.
- A more joined up approach and longer term strategic direction.