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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	22 October 2019	Agenda Item	2.2
Report Title	Childhood Obesity		
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Report Sponsor	Dr Keith Reid, Interim Executive Director of Public Health		
Presented by	Dr Keith Reid, Interim Executive Director of Public Health		
Freedom of Information	Open		
Purpose of the Report	This report describes Health Board performance in preventing and treating childhood obesity.		
Key Issues	<p>The NHS Planning Framework 2020 / 2023 is asking NHS Organisations to place greater emphasis on their approach to tackling obesity. Reducing childhood obesity levels will make a positive contribution to the Diabetes and Heart Disease Delivery Plans and the Health Care Standards. The Health Board's Annual Plan includes the aim of supporting better health and wellbeing through the corporate objective of partnerships for improving health and well-being.</p> <p>A Healthy Weight Healthy Wales Strategy is being launched in October 2019. The first two years delivery plan is having a greater focus on early years, children and families. A paper from the CMO to the NHS Executive Board in September 2019 has indicated that additional investment will be provided to support the strategy delivery.</p> <p>There is no dedicated budget for childhood obesity with provision currently within core funding.</p> <p>As part of the consultation for the strategy the Health Board has been doing an obesity pathway delivery review. It has highlighted concerns around the governance and accountability of obesity prevention and treatment within the Health Board. Weight Management Services are not available for children and families due to capacity and funding issues across the multiple disciplines needed to deliver these services. This is impacting on the development and implementation of an obesity care pathway. A report will be presented to Senior Leadership</p>		

	Team in November detailing the findings of the Pathway Delivery Review and include a delivery plan for year 1 IMTP actions.			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE THE RECOMMENDATIONS THAT WILL BE PRESENTED TO THE SENIOR LEADERSHIP TEAM FOR APPROVAL: <ol style="list-style-type: none"> 1. The development of a Swansea Bay Healthy Weight delivery plan that will support the implementation of the findings of the Obesity Pathway Delivery Review and the local implementation of the Healthy Weight Healthy Wales Strategy and include actions for the IMTP. 2. That one Delivery Unit leads the accountability and governance for obesity and works collaboratively with the Children's Obesity Group and Local Public Health Team on reporting and monitoring. That an appropriate individual is identified as the Health Board lead for Obesity services. 3. The development and implementation of a comprehensive and coherent obesity pathway for children is undertaken to ensure a joined up approach to obesity prevention and management. This will provide assurance on the delivery of patient centred services, consistently to identify standards; and to create transition points for people to access obesity services and support. There is a need to establish weight management services for children and families. If funding does not flow from Welsh Government for this then a business case to fill this gap will need to be developed locally. 			

CHILDHOOD OBESITY

1. INTRODUCTION

Childhood obesity is largely preventable and early intervention is vital at this stage of life. Rates of obesity in the population are projected to continue to increase and this is placing pressure on health services. There is no target for childhood obesity levels in Wales. However, in order to halve childhood obesity rates in Wales we would need around 40,000 children to reduce their weight by 2030. This equates to over 3,000 children a year.

Being a healthy weight is one of the most effective ways to reduce the risk of long term health conditions such as diabetes, heart disease and cancers, improve quality of life and life expectancy. Obesity both impacts mental health and mental health and childhood trauma impacts on obesity, which in many cases tracks from a young age and has life-long consequences. Obesity is a complex challenge, with many contributing factors at individual, community, societal and global levels. We are at an important point in time to take action with the release of the Welsh Government Healthy Weight Healthy Wales Strategy in October 2019. As a result the NHS Planning Framework 2020 / 2023 is asking NHS Organisations to place greater emphasis on their approach to tackling obesity, including evidencing how they use local assets and opportunities to drive forward change and leadership across sectors.

This report describes Health Board performance in prevention and treatment of childhood obesity. It describes that the Health Board is not meeting guidance in the provision of weight management services for children and families. This is leading to an unfair and inequitable service provision across Wales and is impeding the implementation of an obesity care pathway.

This report sets out to support an improvement in Health Board performance. It provides recommendations which include improving governance on childhood obesity, approving the development of a business case for a weight management service for children and families and the process for development of a Swansea Bay Healthy Weight Delivery Plan.

2. BACKGROUND

Prevalence of childhood obesity

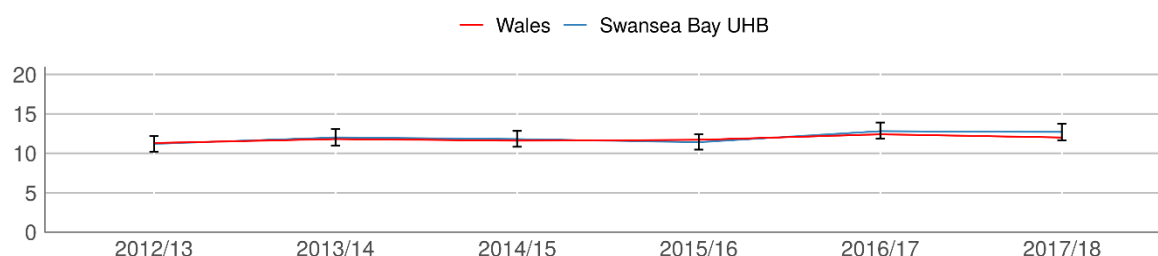
The Child Measurement Programme was introduced in Wales in 2011, when for the first time children attending reception year classes were measured in a standardised way. The Programme is a population surveillance programme. The School Nursing team measure and weigh every child in reception class unless parents have opted their child out of the programme, uptake is greater than 95%. The Child Measurement Programme provides a picture of childhood obesity levels at age 4-5 years.

According to the latest Child Measurement Programme 12.7% of children aged 4-5 years in Swansea Bay Health Board area were obese (at the 95th centile or over) in the 2017/18 school year. This is higher than the Welsh average of 12%. Swansea Bay

Health Board area was the third highest Health Board in Wales for this measure, and higher than all areas of England and Scotland.

— 95% confidence interval

Percentage of children, aged 4 to 5 years who are obese, trends over the previous 6 years in Swansea Bay UHB and Wales, Child Measurement Programme for Wales, 2012/13 - 2017/18
Produced by Public Health Wales Observatory using CMP (NWIS)



Please note - health board breakdowns use new boundaries (effective from 1st April 2019)

Clinical weight categories differ from those used for population surveillance

Data from Child Measurement Programme using clinical weight thresholds, children aged 4-5years, Swansea Bay Health Board, 2013/14 – 2017/18 combined		
Weight category	Percentage	Number
91 st centile and above	17.9%	3,537
98 th centile and above	7.1%	1,398
99.6 th centile and above	3.3%	652

There is not currently a further measurement programme when children are older in Wales. Evidence from the English Child Measurement Programme shows that over half of children who are at the 99.6th centile and above (severely obese) in reception stay severely obese in year 6 (aged 9 -10 years) and prevalence of severe obesity also increased from 2.4% to 4.2%.

Healthy Weight Healthy Wales Strategy

The Public Health Act (Wales) 2017 set out a legislative commitment to develop an obesity strategy focusing on prevention and early intervention. A final Healthy Weight Healthy Wales strategy will be launched on 17th October. It outlines the need for a whole-system approach requiring a broad set of policies, including both population and targeted measures.

Wellbeing Plans already reference the importance of childhood obesity and work through Healthy Weight: Healthy Wales is being framed in a way to empower Public Service Boards to develop their approaches. This strategy is a key deliverable for “A Healthier Wales: our Plan for Health and Social Care”, which sets out the vision for health and social care services and includes a focus on prevention.

A paper by the Chief Medical Officer Dr Frank Atherton for NHS Wales Executive Board in September said that the first two years of the proposed delivery plan will place

a significant emphasis on early years, children and families to influence healthier choices. Initial work and resources will aim to:

- Increase support in pregnancy and maternity to support mothers who are already obese.
- Scale support for breastfeeding and revise the Healthy Start scheme to ensure that access for parents to healthy food and drink can help support positive lifestyle choices.
- Amplify population support and behavioural change campaigns for families, through 10 Steps to a Healthy Weight, which will include work with Flying Start on family based support programmes.
- Develop Making Every Contact Count support for health and care professionals to influence positive conversations with parents about their weight and lifestyle choices.
- Develop and pilot a targeted children and families programme which will focus on areas with high levels of deprivation and obesity rates.
- Focus on a whole school environment approach.
- Develop consistent level 3 specialist services for children and families in order to support weight loss in a multi-disciplinary environment.

Current Health Board performance on childhood obesity

To support the 'Healthy Weight Healthy Wales' strategy consultation and implementation in the Health Board, the Director of Public Health agreed to conduct a Pathway Development Review (tiers 1, 2 and 3 of the pathway). This involved comparing the services required to implement an effective obesity pathway and the current services provided and then making recommendations. This has been a collaborative review with a steering group guiding the work and input from multiple disciplines. Information has been provided to Public Health Wales national team for their co-ordination and provision to Welsh Government on tier 2 and 3 services during the strategy consultation period.

A report detailing the process and findings of the Pathway Development Review will be presented to the Health Board Senior Leadership Team in November, key themes are presented below.

Key themes: Prevention and Early Intervention

- Breastfeeding: The Health Visiting service has been re-accredited as UNICEF Baby Friendly in May 2019 and as part of the process all Health Visitors have had training in responsive feeding and breast feeding assessment and support.
- The Nutrition and Dietetics Service deliver two courses to improve the nutritional knowledge and skills for those working with Children and Young People and a range of other training sessions for health care professionals e.g. Health Visitors, School Health Nurses, Midwives to improve their nutrition knowledge, including some around the 10 steps to a healthy weight. This helps those professionals to clearly communicate the broad range of benefits of maintaining a healthy weight and plan and implement community based initiatives that people can access without professional intervention.
- Public Health Team, Dietetics and Health Visitors have piloted Making Every Contact Count training with a focus on talking about weight, this could be further

implemented in line with the recommendation from the Healthy Weight Healthy Wales Strategy.

- The first six appointments of the Healthy Child Wales Programme require Health Visitors to do a weight check, with the subsequent two appointments targeting a weight check. In addition to providing supportive tailored advice, Health Visitors signpost parents to local age appropriate groups and play activities, including some that they facilitate themselves (e.g. Buggy Push and Splash Rhyme).
- Identification of obesity outside of Health Visiting and School Nursing is inconsistent and we are unclear of provision. Minimal lifestyle advice, information and signposting to healthy eating and physical activity services is provided by Paediatrics and Physiotherapy however we are unclear of provision in some teams and directorates. This needs to be consistent and measured within the Health Board. A list of supportive initiatives to prevent overweight and obesity is available; is updated annually and is disseminated by the Public Health Team.
- Two Primary Care clusters, City and Penderi have within their IMTP plans work on preventing childhood obesity through partnership approaches.
- The Healthy Schools Programme incorporates action targeted at healthy weight attainment and maintenance

Key Themes: Weight Management Services

- Maternity have a specialist Midwife-led weight management clinic for women with a BMI > 35, this includes women with a BMI > 40 with shared care with the Consultant Obstetrician. It aims to encourage weight gain within safe limits and birth outside of obstetric unit. A standard operating procedure is in place for women with a BMI > 30. This is achieving good results and will go some way to meet the recommendation in the Healthy Weight Healthy Wales first two year delivery plan. Previously a business case proposed a multi-disciplinary clinic (to include Dietitian input) and this was supported but not funded, a pilot of referral to exercise from midwifery has also previously taken place.
- NICE and the Scottish Standards for Tier 2 and 3 interventions state that targeted Tier 2 lifestyle weight management interventions are for children and young people \geq 91st centile. These are family based, multicomponent approaches delivered as one to one or group sessions. NICE guidance and the Scottish Standards highlight the 98th and 99.6th centiles as key thresholds to indicate a need for assessment and possible intervention. The Scottish Standards says that specialist services are for the management of more complex cases that may require a variety of interventions to be delivered by a specialist multi-disciplinary team composed of highly trained Dietitians with direct clinical psychology support and agreed pathways to endocrinology and physiotherapy. The Health Board does not currently provide a service that meets these descriptions.
- Where there is a departure from normal weight/height ratio, Health Visitors will offer an enhanced 1:1 service to parents of pre-school children to review family diet and nutrition and support change. Referrals are made to general practice

where there are concerns of co-morbidity. In line with the Healthy Child Wales programme height and weight screening is universally offered via opt out consent to all 4-5 year olds in primary school reception class, this also informs the Child Measurement Programme. Any child with a BMI centile of >91st is followed up by the named School Nurse. To date the follow up is limited to contacting the parents and offering supportive literature and signposting to relevant websites as there is currently no intervention or service to refer to.

- Physiotherapy, Dietetics, Paediatrics and Psychology are not currently providing any direct obesity management intervention (Tier 2 and 3) as they lack the funding and capacity. When severe obesity (BMI ≥99.6th centile) is a cause for escalating concerns about wellbeing and risk of harm Health Visitors, Dietitians and School Health Nurses support an approach to safeguarding the child or young person. An All-Wales Clinical Advisory Group is currently developing clinical standards for Tier 2 and 3 interventions for children and young people. Swansea Bay Health Board is not in a position to be able to implement these standards. This means that there is no service for families who are unable to make changes without health professional support and risks escalating individual health needs of the child throughout their life as well as impacting on their quality of life and mental health.
- Community engagement techniques with local families should be used to plan a family based obesity management programme and develop an obesity care pathway.

Current Health Board Finance on childhood obesity

There is no dedicated budget for childhood obesity with provision currently within core funding.

The paper by the Chief Medical Officer for NHS Wales Executive Board in September indicated that additional investment is to be made available to support the proposals to scale current delivery and to ensure that there are specialist services and a range of locally led early intervention approaches in place across LHBs and partners. It specifically mentions that additional funding will put Co-ordinators in place within Local Public Health Teams to develop and support the local delivery of the Healthy Weight Healthy Wales Strategy. The funding of a Co-ordinator is welcomed as this is currently provided by the Local Public Health Team, approximately two days of a Practitioner time and is not a dedicated resource.

We are aware that Public Health Wales developed an Advisory paper for the Welsh Government that proposed a step change in prevention activity to improve population health in Wales and support longer, healthier and happier lives. That Paper advocated for funding for actions that are now included in the proposal for the first two year delivery plan for the Healthy Weight Healthy Wales Strategy. These included:

- Rapid implementation of the 10 Steps to a Healthy Weight at scale
- Increased support in pregnancy and maternity for mothers who are already obese

- Developing and testing a targeted children and families programme for wider implementation based on the outcome of evaluation (4 areas of Wales).

The funding of these have not been confirmed as we await the publication of the Healthy Weight Healthy Wales Strategy on 17th October.

The paper to the NHS Executive Board recommends that the Board supports the proposals that LHBs realign funding to ensure that changes are made in line with the proposed action in the strategy.

3. GOVERNANCE AND RISK ISSUES

If current trends continue there is the risk that obesity will cause significantly greater pressure on health services through all the facets of the management of chronic disease. Obesity impacts on many departments of the Health Board. It is short sighted to continue to treat diseases without acting on evidence based action to prevent and treat one of the causes.

As obesity impacts on many departments of the Health Board there is not one lead Delivery Unit and department and this impacts on accountability and negatively affects the ability to raise risks.

The NHS Planning Framework 2020 / 2023 is asking NHS Organisations to place greater emphasis on their approach to tackling obesity. The Planning Framework states that it will require leadership across all sectors and IMTPs should evidence how this new approach is being adopted. The Health Board does not have a robust mechanism for reporting on this.

There is a Children's Obesity Group within the Health Board, consisting of Health Visiting, School Nursing, Dietetics, and Public Health Team. The role of this group could be strengthened by widening its membership and establishing a formal reporting and governance mechanism.

The lack of weight management service for children is creating inequality in access to services across Wales. Any services developed should include an equality impact assessment.

4. FINANCIAL IMPLICATIONS

It is not currently clear what funding is confirmed from the Healthy Weight Strategy.

There is the expectation placed on Local Health Boards and partners to consider how to resource further funding and working with partners through the Building a Healthier Wales approach.

If the Healthy Weight Strategy does not lead to funding of Tier 2 and Tier 3 weight management services then the recommendation is that the Health Board develops a business case for these services. If successful then this will require an additional allocation.

5. RECOMMENDATIONS

A comprehensive report will be provided to the Senior Leadership Team detailing the findings of the Obesity Pathway Delivery Review. It will include that the Health Board should agree a more co-ordinated approach with system leadership for obesity prevention and management shared between the Health Board and its partners. The organisation should take a greater advocacy role as part of its partnership working (e.g. influencing and embedding the key elements of the Healthy Weight strategy across the objectives of PSBs).

The report will recommend the development of a delivery plan that will support the implementation of the findings of the Obesity Pathway Delivery Review and the local implementation of the Healthy Weight Healthy Wales Strategy. This delivery plan can be part of the IMTP process.

The Health Board should have comprehensive and coherent obesity pathway for children to ensure a joined up approach to obesity prevention and management. This will provide assurance on the delivery of patient centred services, consistently to identify standards; and to create transition points for people to access obesity services and support. The Health Board needs urgently to address the absence of weight management services for children and families. If specific funding does not flow directly from Welsh Government then there is a need to develop a business case to seek local funding to fill this gap.

Approval is sought for a Health Board nominated lead for Obesity services, and a Delivery Unit to lead the accountability and provide a conduit for governance of obesity services and to work collaboratively with the Children's Obesity Group and Local Public Health Team on reporting and monitoring.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Implementing an obesity care pathway for children, with weight management services will improve the patient experience by providing support when children and families need it		
Financial Implications		
<p>It is not currently clear what funding is confirmed from the Healthy Weight Strategy.</p> <p>If the Healthy Weight Strategy does not lead to funding of Tier 2 and Tier 3 weight management services then the recommendation is that the Health Board puts resource into the development of a business case. If successful then this will require an additional allocation that is not currently budgeted for.</p>		
Legal Implications (including equality and diversity assessment)		
The lack of weight management service for children is creating inequality in access to services across Wales. Any services developed should include an equality impact assessment.		
Staffing Implications		
This proposal has increased staffing implications, this is dependent on funding and so cannot currently be specified.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Contributing to the 'A Healthier Wales' wellbeing goal, the work will meet the sustainable development principle by:		



Not taking a short term, quick fix approach, acknowledging complexity within the system and working to influence and align priorities within the Health Board and with partners over the *longer term*.



Focusing on *prevention* of obesity even the treatment of obesity prevents other diseases from developing.



Integration of priorities, acknowledging the factors that influence obesity and the role of different partner agencies.



Working in *collaboration* through all aspects of our work within the Health Board the obesity pathway review has worked across the range of departments and professionals with a role to play. Pro-actively building relationships and partnerships through PSBs.



The area of *involvement* will become the 'way we work' with children and families involved in the development of the obesity care pathway and programme development.

Report History	Not applicable
Appendices	Appendix one – Delivery Unit Submissions

Appendix one: Delivery Unit Submissions			
Delivery unit / Department	Update	Issues	Plans
Singleton Child Health Psychology	<p>There is currently no psychology input into childhood obesity.</p> <p>There is no capacity to meet this need within any existing budgets.</p>	<p>The NICE guidelines and the Welsh Government guidelines around weight management services recommend that there is input into the multi-disciplinary team by a Practitioner Psychologist in Tier 2 services, and that a psychologist is part of a specialist multi-disciplinary team working at Tier 3, which would have a particular focus on 'underlying causes of being overweight or obese; comorbidities; psychosocial distress; & environmental, social and family factors'.</p>	<p>A psychologist working as part of a childhood weight management/obesity team would be able to provide direct clinical work with children and families and would also be able to provide indirect psychological work through supervision, consultation and training to other team members along with facilitating team psychological formulations around individual children and families. Additionally they would be able to work with the team ensuring psychologically informed treatment pathways and could provide psychological care and support for the team promoting wellbeing and resilience. There is broad, multi-disciplinary recognition of the need for input from a psychologist in this field. In order to be able to meet this need and to meet NICE and Welsh Government guidelines around childhood obesity services, funding will need to be identified for a full time band 8a Psychologist. Ideally this psychologist would work as part of a specialist multi-disciplinary team working at Tier 3 and providing some input into services at Tier 2. Commitment to be involved in this planning and to develop a job description from Consultant Clinical</p>

			Psychologist and provide the necessary professional support for the role.
Neath Port Talbot Nutrition and Dietetics	<p>We are unable to provide a weight management service to paediatrics with our current capacity but we do provided support if there are child protection concerns raised where we work with safeguarding team around the child.</p> <p>Other roles/support provided :-</p> <ol style="list-style-type: none"> 1. The Nutrition Skills for Life Team deliver two courses to improve the nutritional knowledge and skills for those working with Children and Young People <p>The Community Food and Nutrition Skills Level 2 is designed for anyone working with children over 5 years of age/ adolescents and adults</p> <p>This course is suitable for anyone working with families, it has targeted modules for specific groups one of which is school aged children</p> <p>Provide accredited nutrition training and bespoke nutrition training for School health nurses to deliver consistent evidence based messages as part of their role in advising as part of the Childhood measurement Programme and the new school nurse framework including signposting and developing a teaching kit and “lessons” for them to use in the classroom.</p> <p>The Community Food and Nutrition Skills For the Early Years Level 2– is targeted at people working with the nder 5s i.e. Health Visitors and early years workers</p> <p>Key in the delivery of The School Holiday Enrichment Programme (SHEP).</p> <p>A school-based programme which is part funded by Welsh Government and co-ordinated by WLGA. The schemes are delivered locally by school staff and partners, providing healthy meals, food and nutrition education and physical activity to children in a fun social environment during the school summer holidays.</p>	<p>There is currently a gap within Tier 2 and Tier 3 Paediatric Weight Management Services. This would require a multi-disciplinary team including a specialist dietitian, clinical psychologist, paediatrician and physiotherapist.</p>	<p>Currently liaising with the Maternity Services to support training for midwives in relation to weight management. The options available are:</p> <ol style="list-style-type: none"> a. COMPACT training - content includes: <ul style="list-style-type: none"> ▪ Recommended diet & nutrition advice ▪ Clarifying nutritional supplementation ▪ Current physical activity recommendations ▪ Weight gain and raising the issue of weight b. Training for Delivery of Foodwise in Pregnancy <p>Currently liaising with school nursing services and paediatric therapy services to upskill band 3 staff to delivery healthy eating, physical literacy and wellbeing messages.</p> <p>The wider Paediatric Therapy team are requesting a slot at next year's Children's Symposium to promote</p>

	<p>In the summer of 2019 1 school Swansea, Clase Primary and 4 schools NPT, Melin and Eastern Primary, Bae Baglan, Cwm Brombil</p> <p>The Nutrition Skills for life team provide accredited Training for Early years workers from local authority and private settings to embed good nutrition practice within their setting. The team support the Co-ordination for the implementation of the Gold and Gold Plus Standard Healthy Snack Award (Healthy +Sustainable Pre School Scheme). The team also support and undertake good practice visits of these settings.</p> <p>The Nutrition Skills for Life Team supported the dissemination of the new child guidelines “Food and nutrition guidance for childcare providers, March 2019” in the first part of 2019, by contributing to national events as well as holding training events for early years staff within the health board area.</p> <p>Working with the WG All Wales Nutrition Training Facilitator to support the planning and implementation of health visitor training programme for <i>Every Child Wales 10 steps to a healthy weight</i>. Phase 1 and 2 have been delivered within SBUBH and evaluations submitted to Welsh Government.</p> <p>Delivery of annual Health Visitor training nutrition training across HB to include key messages from Every Child Wales training.</p> <p>Delivery of a nutrition education module on an annual basis to the BSc/ SCPHN Health Visitor and School Nurse programme in Swansea University.</p> <p>Delivery of nutrition education as part of the HB Health Care Support Worker Skills Training.</p>		<p>Healthy Eating, Physical Literacy, Language development and Well being messages amongst the paediatric workforce.</p>
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	<p>Working with Infant Feeding Coordinator and Health Visitors to maintain breast feeding rates, encourage responsive feeding approaches and timely complementary feeding /weaning, within the specialist conditions e.g. cow's milk protein allergy, faltering growth.</p> <p>Work as part of the multi disciplinary/agency Swansea Bay Children and Young People's Obesity meeting to promote and develop services</p> <p>Respond to professional consultations and representing the HB at Welsh Government meetings</p> <p>Recommend websites and dissemination of resources for Health Care Professionals to access for Overweight Children</p>		
Neath Port Talbot Physiotherapy	<p>Paediatric Physiotherapy are not currently providing any direct obesity management intervention beyond opportunistic advice within physiotherapy appointments and therefore reflective of very basic level one intervention.</p>	<p>We have accepted a small number of children with obesity for secondary problems eg joint pain. Some of these children have had extremely high BMI's and we have found it extremely difficult to impact significantly on this without a MDT approach including specialist dietetic and psychology input.</p>	<p>Paediatric Physiotherapy have been part of several joint bids to implement more formal level one projects, specifically a bid against the Healthy Active Fund for community based early intervention for children and families under 2 years which was unfortunately unsuccessful.</p> <p>There are currently discussions in place to trial a smaller pilot project of a similar design in one local GP cluster. We continue to seek opportunities alongside Health Visiting and the other Paediatric Therapies. I feel Physiotherapy has an important role to play in increasing activity levels in children from a very young age.</p>

Primary Care and Community Services Primary Care Clusters	<p>City Cluster IMTP Identify a school in Cluster area to partake in project to tackle childhood obesity. Promote walking to school / Increasing exercise levels by March 2020</p> <p>Penderi Cluster IMTP Plan to reduce rates of childhood obesity by working in partnership to promote opportunities for physical activity and healthy nutrition within the Cluster. Made links with HAPPEN - data linked to fitness levels in local schools. Cluster Lead is meeting with the Head of Townhill School SCVS is undertaking a consultation with parents locally to determine baseline attitudes to child health, nutrition and fitness Cluster Dev Manager (ST) currently making links to map opportunities to increase physical activities across the Cluster</p>																													
Primary Care and Community Services Health Visiting and School Nursing	<p>The Health Visiting service offers a Health Child Wales Programme contact to all parents as follows:</p> <table><tr><th>Age of Contact</th><th>Weight check required</th><th>Weight check targeted</th></tr><tr><td>10-14 days</td><td>Yes</td><td></td></tr><tr><td>6-8 weeks</td><td>yes</td><td></td></tr><tr><td>12 weeks</td><td>yes</td><td></td></tr><tr><td>16 weeks</td><td>yes</td><td></td></tr><tr><td>6 months</td><td>yes</td><td></td></tr><tr><td>15 months</td><td>yes</td><td></td></tr><tr><td>27 months</td><td>no</td><td>yes</td></tr><tr><td>3.5 years</td><td>no</td><td>yes</td></tr></table> <p>Data is reported to the child Health Department for recording on NWIS system. An enhanced and intensive service is offered to families according to need following holistic assessment.</p>	Age of Contact	Weight check required	Weight check targeted	10-14 days	Yes		6-8 weeks	yes		12 weeks	yes		16 weeks	yes		6 months	yes		15 months	yes		27 months	no	yes	3.5 years	no	yes	<p>The Children and Young People Obesity group is a multi- disciplinary group within the Health Board and has reviewed the care pathway for CYP. The identification of children who are overweight and obese over the age of the school based Child Weight measurement programme is inconsistent. There are no community</p>	<p>Identify work derived from the Obesity Pathway Review in particular working on draft pathways that don't meet the service standards. Training establish a Community of Practice initially with HV teams working with midwifery teams to deliver appropriate training about Healthy weight</p> <p>Developing and expanding accepted peer support model to become a universal offer to families (e.g. buggy fit within clusters, PLANT proposal) Early Intervention</p>
Age of Contact	Weight check required	Weight check targeted																												
10-14 days	Yes																													
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27 months	no	yes																												
3.5 years	no	yes																												

	<ul style="list-style-type: none"> • All student health visitors receive nutrition training from dietetic colleagues. • The Health Visiting service has been re-accredited as UNICEF Baby Friendly in May 2019 and as part of the process all Health Visitors have had training in responsive feeding and breast feeding assessment and support. • All health visitors are trained in Making Every Contact Count (MECC) and healthy diet and activity is discussed at all contacts utilising the '10 steps to a Healthy Weight' guidance from Public Health Wales. Health Visitors have recently had updates on Motivational Interviewing techniques at their annual skills update. • Parents are signposted to local age appropriate groups and play activities which include baby massage and 'tummy time' sessions for infants. • Buggy push walking groups for parents are facilitated by HV staff across the Swansea Bay footprint. • Splash and Rhyme groups facilitated by HV staff are offered in Aberavon, Glynneath, Cymmer and Pontardawe swimming pools. • Health Visiting is represented on the Physical Alliance group – a multiagency group mapping out opportunities for physical activity for children and young people across Swansea Bay. • Where there is a deviance from normal weight/height ratio, Health Visitors will offer an enhanced 1:1 service to parents of pre-school children to review family diet and nutrition and support change. • Referrals are made to general practice where concerns of co-morbidity is suspected. Ongoing referral to Paediatric services and dietetics is made by GP. • Dieticians accept referrals for children with co-morbidity and/or Safeguarding concerns. 	<p>based weight management programmes available for children where they are identified. Tier 3 services for CYP is not developed.</p> <p>There is currently no intervention or service to refer to and it is hoped that the WG updated Standards due to be published in late December as an outcome of their current review of obesity services, will provide a resource to the HB to ensure these are put in place. The WG Healthy Weights consultation outcome is awaited. That document did refer to a second round of height & weight screening in the primary school age. This has long been lobbied for and has been</p>	<ul style="list-style-type: none"> ○ Explore needs from clusters regarding the support required. ○ Explore potential to reorient school nursing capacity (identify school based approaches that are working well) • Work on BFI and responsive feeding and to encourage appropriate bottle feeding. <p>As a result of discussions in the HB's Children's Obesity Group School Nursing are planning to discontinue a session in reception class regarding hand washing and reinvest the SN Service HCSW time resource into delivering more preventative work in primary school sessions. Training to upskill our service HCSWs to provide healthy eating and physical literacy sessions is currently being arranged with our Paediatric Dietician colleagues.</p>
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	<p>School Nursing Service</p> <p>Input linked to tackling childhood obesity:</p> <p>In line with the Healthy Child Wales [0-7] programme [WG, 2016] height and weight screening is universally offered via opt out consent to all 4-5 year olds in primary school reception class. An uptake of 95%+ was achieved last academic year [2018-19].</p> <p>The BMI centile is plotted for every child measured and any child with a BMI centile of >91st is followed up by the named School Nurse. To date the follow up is limited to contacting the parents and offering supportive literature and signposting to relevant websites.</p> <p>The current screening programme measurements [which also inform the Child Measurement Programme surveillance data] are carried out via delegation to our appropriately trained skill mixed staff. This ensures a prudent approach. The named School Nurse scrutinises the outcome data and carries out the public health informed contact with parents as outlined above. All staff are trained by dietetic colleagues in the accredited Community Nutrition course and deliver appropriate classroom sessions, in line with WG expectations as outlined in the 2017 'A School Nursing Framework for Wales' document. Regular updates are accessed and dietetic colleagues also provide and update evidence based lesson plans for each year group at primary school age. From 2018-19 academic year all primary schools are offered these sessions. Data on uptake and contacts achieved is being recorded by the service.</p>	<p>enthusiastically supported by School Nurses nationally with the caveat that WG will need to fund HBs to support the additional resource it will take to carry out an additional programme.</p>	
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