

# Primary Care Needs Assessment tool: indicator review

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① You are now reviewing the PCNA indicator(s) for: **Prevalence of obesity in children**

① **Caution:** The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.

STEP **A**

## Strategic context

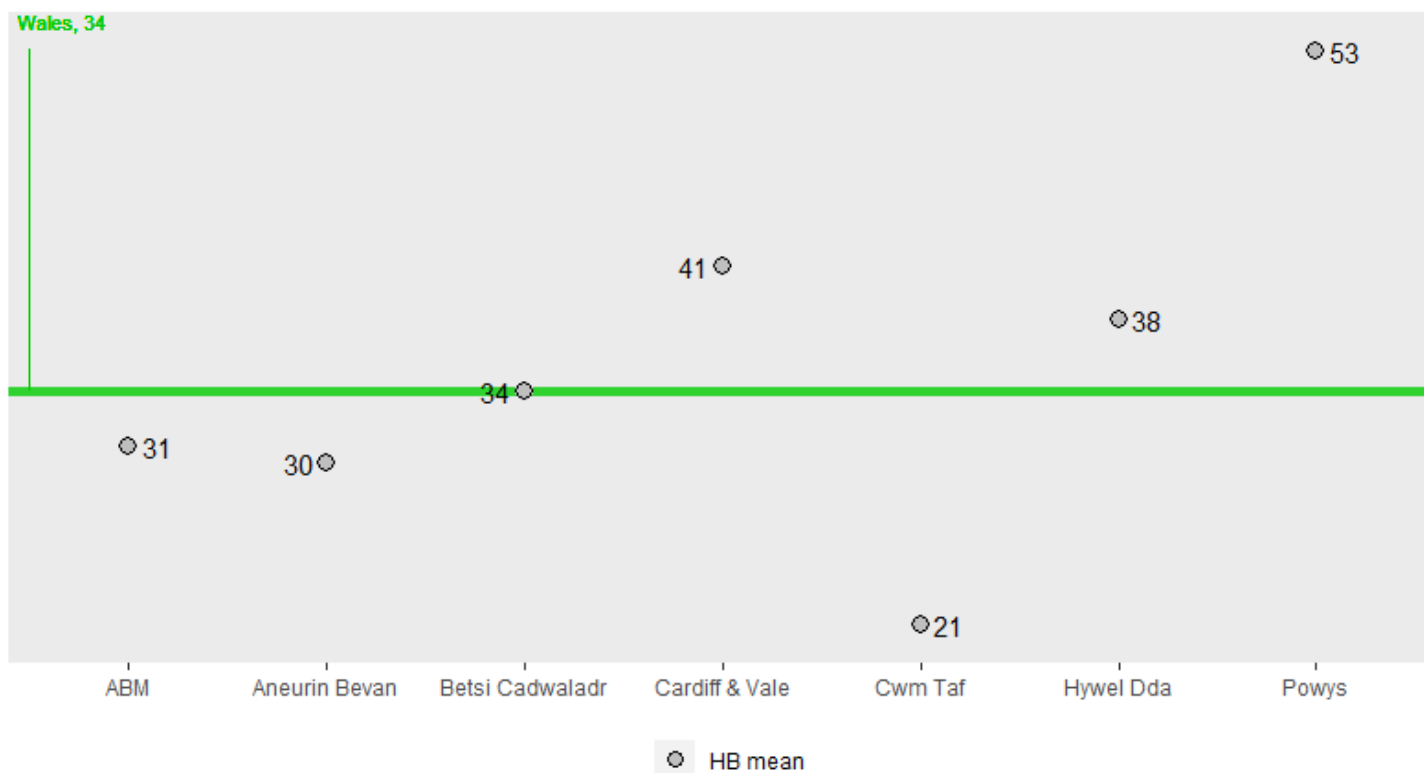
① Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

- High body mass index (BMI) is the second-ranked clinical risk factor contributing to avoidable disability-adjusted life years ([DALYs](#)).
- An overview of the impact of obesity on health and well-being in Wales, and of the scale of the problem, is given [here](#) and [here](#).
- The impacts of childhood obesity on health in later life include: type 2 diabetes; asthma; obstructive sleep apnoea; increased cardiovascular risk factors; risk of mental ill health and musculoskeletal problems (see [here](#)).
- The health impacts of obesity are set to increase (*Making a difference*, Public Health Wales 2016; see [here](#)).
- Welsh Government have developed a draft obesity prevention and reduction strategy (*Healthy weight: healthy Wales*), as required by the Public Health (Wales) Act 2017; this will be finalised and published in October 2019. For updates, see [here](#).
- Indicators for this topic are reported via Primary Care Measures.

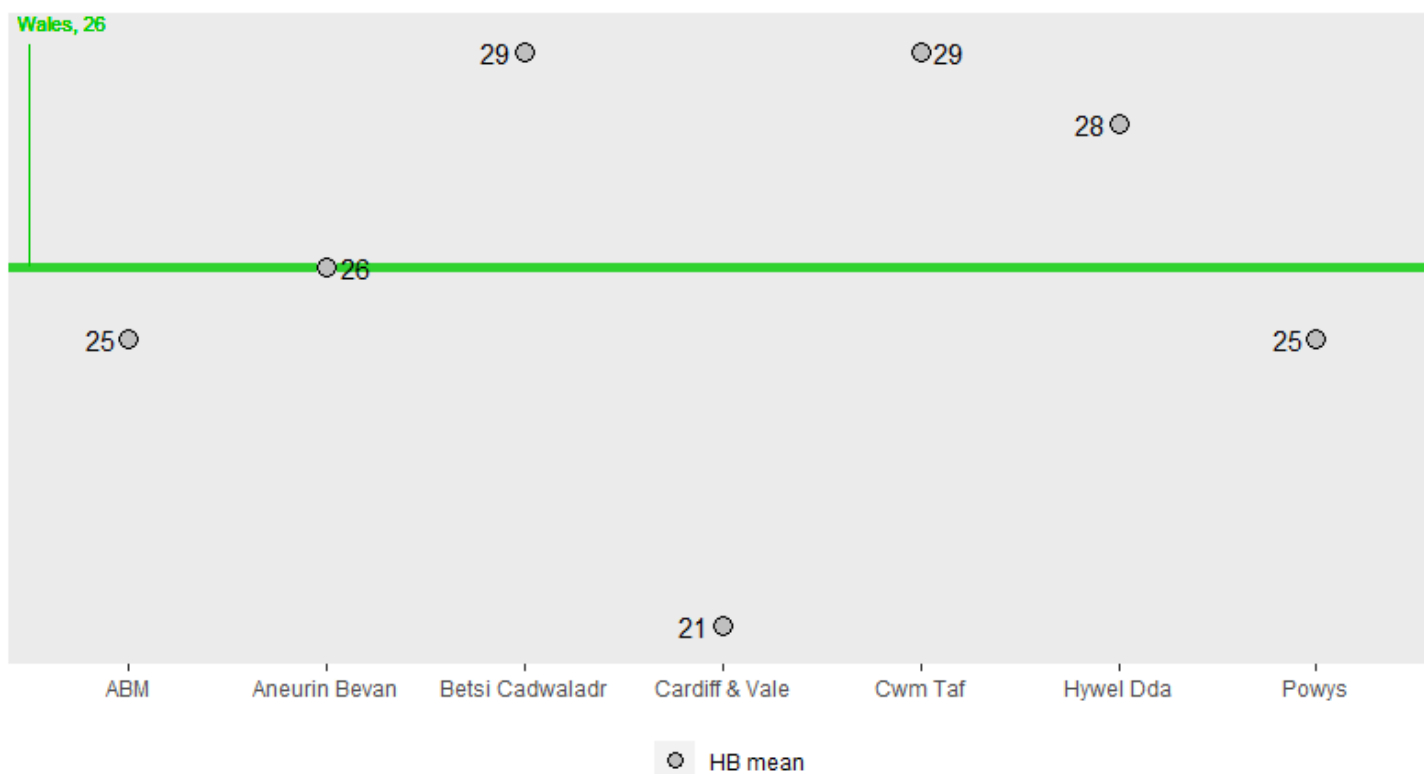
### ▼ PCM national variation

① Primary Care Measures (PCM) are a set of care quality indicators for primary care in Wales. The charts below emphasise variation between and within health boards; for further information see [here](#). Beneath the charts are improvement action options that may inform cluster IMTPs. Variation is a natural phenomenon and can be healthy e.g. it can be a deliberate result of innovation in primary care settings that seeks to test improvements in processes or deliver better care outcomes. Variation that is observed in a healthcare context may be referred to as *inequality*; inequality that is judged to be both avoidable and socially unjust is termed *inequity* (sometimes alternatively described as *unwarranted variation*).

Variation in proportion of babies exclusively breastfed at 10 days following birth, by health board, 2016  
 (Source: PCIP, Nov 2019):



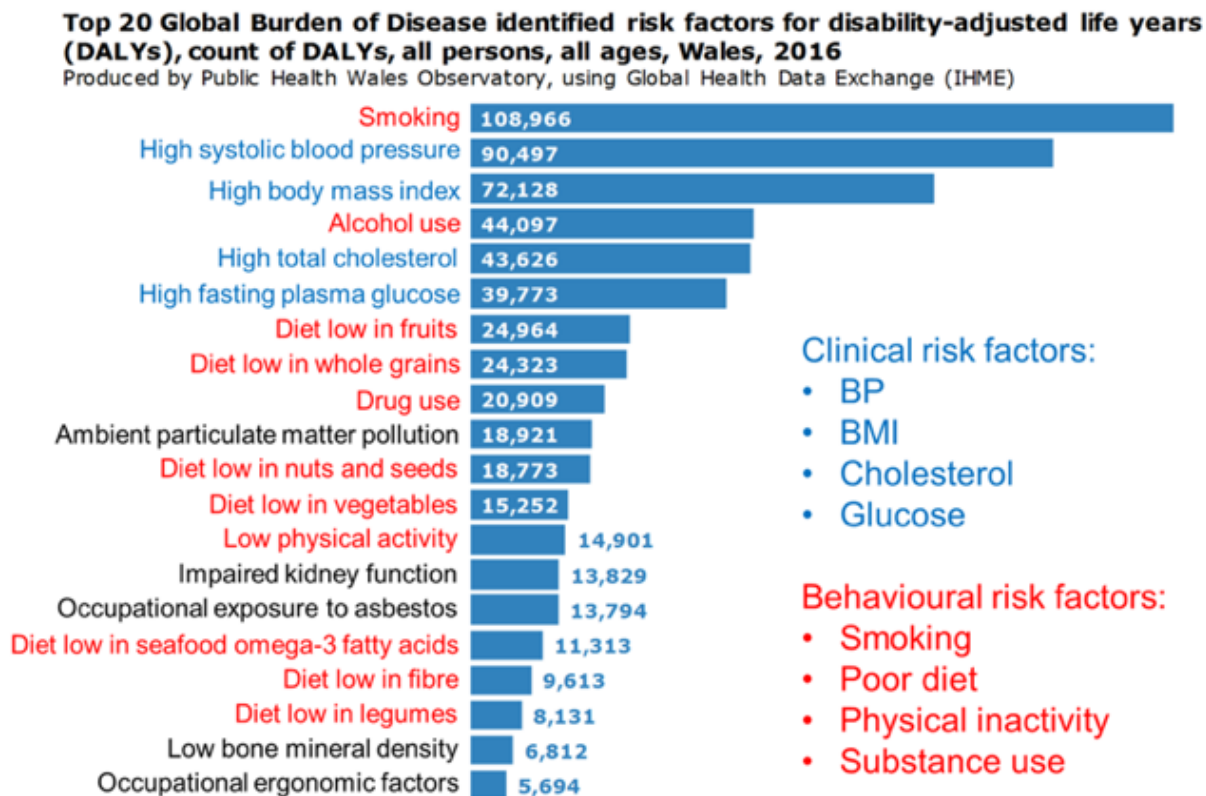
Variation in proportion of 4-5 year olds classified as overweight or obese, by health board, 2015/16  
 (Source: PCIP, Nov 2019):



▼ ⓘ Tell me about: DALYs

What are DALYs?

- Disability-adjusted life years (DALYs) are a combined measure of early deaths (i.e. premature mortality) and disability-weighted impact on quality of life from living with poor health.
- Because DALYs capture both what kills us and what makes us ill, they describe the overall 'burden of disease' (reported by risk or condition) more effectively than mortality or disability prevalence does alone.
- The relative contribution of known risk factors for DALYs is illustrated in the figure below ([Health and its determinants in Wales](#), PHW 2018).



#### Behavioural risk factors for DALYs:

- Behavioural risk factors for DALYs relate to both individual behaviours and the choice environment (i.e. the people and things around a person that influence their health choices).
- Four behaviours—smoking, substance misuse (alcohol and drugs), inactivity and unhealthy diet contribute considerably to identified risk factors for DALYs in Wales.
- Behavioural risk factors are generally reduced via mix of population and targeted approaches, with the aim of preventing or reversing health-harming behaviours that contribute to DALYs.

#### Clinical risk factors for DALYs:

- Four clinical risk factors are among the top five ranked risks for DALYs, these being: high systolic blood pressure (i.e. hypertension); high body index (i.e. overweight and obesity); high total cholesterol; high fasting plasma glucose (a prelude to diagnosis of diabetes).
- Clinical risk factors may be secondary (in part) to behavioural risk factors.
- Clinical risk factors are generally reduced via targeted approaches.

▼ ⓘ Tell me about: Prevention

Definitions:

- Zola's river analogy is a useful way of thinking about prevention of ill health (Zola 1970). It describes **primary** prevention (stopping everyone from falling into a river and coming to harm e.g. never smoking), **secondary** prevention (ensuring any individuals at risk who do fall in get to safety quickly; minimising the chance of complications through early identification and intervention e.g. screening) and **tertiary** prevention (search-and-rescue for those taken downstream; mitigating the worst consequences of established disease e.g. vascular surgery).
- The Welsh Government definition of prevention is broader: working in **partnership** to co-produce the best outcomes possible, utilising the strengths and **assets** people and places have to contribute.

*Building a healthier Wales* (Feb 2019) sets out six key principles for implementing prevention in Wales:

- Adhere to the **five ways** of working (as outlined in the Well-being of Future Generation Act).
- Commit to investing in **evidence-based** interventions (where available or evaluate small and scale up if appropriate).
- Ensure evidence-based interventions have sufficient **scale** and **reach** to make a measurable population impact and to reduce inequalities.
- Ensure services are provided to a sufficient **quality** to achieve the best possible **outcomes** for each intervention; continually improve by drawing upon quality improvement techniques.
- Balance intervention benefits for **short and long-term** outcomes (including investing in one sector to realise a return in another).
- Optimise **value** by taking an agile approach to evaluating interventions and approaches and disinvesting in those that do not yield benefit/ value.



## Improvement actions for GP practice cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ **Encourage persistence with breastfeeding**

- Being bottle-fed, early weaning and rapid growth in the first year of life are all associated with increased risk of obesity and overweight in children.
- Around 59% of mothers initiated breastfeeding in 2016 in Wales. There is variation in breastfeeding initiation rates by maternal age, with less than a third of mothers aged under 16 initiating breastfeeding compared to three quarters of mothers aged 45+. GP discussion around intention to

breastfeed and supporting/ promoting this may positively influence *intention* to breastfeed, which is strongly associated with *initiation* of breastfeeding.

- Rates of exclusive breastfeeding drop after birth; at 6 weeks between 15.8 to 37.5% of women are exclusively breastfeeding. GPs can encourage mothers to seek support to continue breastfeeding (e.g. via [La Leche League](#), health visitors, etc.).
- Raise awareness of and implement breastfeeding support recommendations (9, 10,12–14) within NICE guidance on maternal and child nutrition (see [here](#)).

### ▼ Promote the Every Child 10 Steps to a Healthy Weight

- Evidenced-based information to support primary care work on overweight and obesity for children under 5 years is available from the Every Child 10 Steps to a Healthy Weight Programme [website](#). Health professionals can promote the following advice:
- Step 1: If you are planning to start a family, aim to be a healthy weight. If you as parents are a healthy weight your child is more likely to be a healthy weight too.
- Step 2: Avoid gaining too much weight during pregnancy. Pregnancy isn't a good time to try to lose weight but making sure that you gain weight within recommended levels is a good idea for your health and that of your baby.
- Step 3: Breastfeed your baby. Babies who are breastfed are more likely to be a healthy weight by the time they start school.
- Step 4: Wait for six months before starting solid foods. Babies who are given solid food too soon are more likely to be overweight. In the first six months of their life, babies get all the nutrients they need from breast milk or infant formula.
- Step 5: Help your baby to grow steadily. Babies who grow rapidly in the first year of life are more likely to be overweight when they are school age.
- Step 6: Give children and toddlers opportunities to play outdoors every day. Children who play outdoors every day are more likely to be a healthy weight.
- Step 7: Keep screen time below two hours a day. Children who spend less than two hours a day looking at a screen, including a phone, tablet, computer or TV, are more likely to be a healthy weight.
- Step 8: Give your children fruit and vegetables every day. Fruit and vegetables are full of vitamins, minerals and fibre which all help to keep your child healthy.
- Step 9: Make sure your child gets enough sleep. Regularly getting enough sleep will help your child stay a healthy weight.
- Step 10: Stick to drinking water and milk. Drinks with no added sugar mean healthier teeth and a healthier weight.

### ▼ Prevent/ reduce obesity by encouraging healthy diet

- Optimise primary/ secondary preventive actions for unhealthy diet ([BRF-002](#)).

#### ▼ Prevent/ reduce obesity by encouraging physical activity

- Optimise primary/ secondary preventive actions for physical inactivity ([BRF-003](#)).

#### ▼ Commit to recording of weight and height in children aged over 5 years

- Sources of reliable data on childhood overweight and obesity over the age of five are few (typically reliant on self-reported surveys). Robust and current data upon which to calculate body mass index within clinical systems will better enable healthcare professionals to identify candidates for weight management intervention, monitor progress and provide feedback.
- While BMI will likely be calculated automatically by your clinical system, you can also use an online calculator that will categorise a child's result, as [here](#).

#### ▼ Ensure awareness and implementation of NICE guidance/ quality standards

- *Obesity prevention*: Clinical guideline [[CG43](#)] (Published date: December 2006; Last updated: March 2015) includes recommendations suitable for adoption by healthcare professionals. This guideline covers preventing children, young people and adults becoming overweight or obese. It outlines how the NHS, local authorities, early years settings, schools and workplaces can increase physical activity levels and make dietary improvements among their target populations.
- *Obesity in children and young people: prevention and lifestyle weight management programmes*: Quality standard [[QS94](#)] (Published date: July 2015) sets out eight quality statements, any of which could form a focus for collective local improvement action. This quality standard covers preventing children and young people (under 18) from becoming overweight or obese, including strategies to increase physical activity and promote a healthy diet in the local population. It also covers lifestyle weight management programmes for children and young people who are overweight or obese. It describes high-quality care in priority areas for improvement.
- *Obesity: identification, assessment and management*: Clinical guideline [[CG189](#)] (Published date: November 2014) includes recommendations suitable for adoption by healthcare professionals. This guideline covers identifying, assessing and managing obesity in children (aged 2 years and over), young people and adults. It aims to improve the use of bariatric surgery and very-low-calorie diets to help people who are obese to reduce their weight.
- *Obesity: clinical assessment and management*: Quality standard [[QS127](#)] (Published date: August 2016) sets out seven quality statements (applicable to children, young people and adults), any of which could form a focus for collective local improvement action. This quality standard covers assessing and managing obesity in adults, young people and children, including referral for specialist care and bariatric (weight loss) surgery. It includes people who are obese and have, or are at risk of, other medical conditions. It describes high-quality care in priority areas for improvement.
- *Preventing excess weight gain*. NICE guideline [[NG7](#)] (Published date: March 2015) includes recommendations suitable for adoption by healthcare professionals. This guideline covers behaviours such as diet and physical activity to help children (after weaning), young people and

adults maintain a healthy weight or help prevent excess weight gain. The aim is to prevent a range of diseases and conditions including cardiovascular disease and type 2 diabetes and improve mental wellbeing.

- *Weight management: lifestyle services for overweight or obese children and young people*. Public health guideline [[PH47](#)] (Published date: October 2013) includes recommendations suitable for adoption by healthcare professionals. This guideline covers lifestyle weight management services for children and young people aged under 18 who are overweight or obese. It advises how to deliver effective weight management programmes that support children and young people to change their lifestyle and manage their weight.



## Improvement actions for wider cluster members

① Consider which of the following actions could be taken forward:

### ▼ Encourage persistence with breastfeeding

- Being bottle-fed, early weaning and rapid growth in the first year of life are all associated with increased risk of obesity and overweight in children.
- Around 59% of mothers initiated breastfeeding in 2016 in Wales. There is variation in breastfeeding initiation rates by maternal age, with less than a third of mothers aged under 16 initiating breastfeeding compared to three quarters of mothers aged 45+. GP discussion around intention to breastfeed and supporting/ promoting this may positively influence *intention* to breastfeed, which is strongly associated with *initiation* of breastfeeding.
- Rates of exclusive breastfeeding drop after birth; at 6 weeks between 15.8 to 37.5% of women are exclusively breastfeeding. GPs can encourage mothers to seek support to continue breastfeeding (e.g. via [La Leche League](#), health visitors, etc.).
- Raise awareness of and implement breastfeeding support recommendations (9, 10,12–14) within NICE guidance on maternal and child nutrition (see [here](#)).

### ▼ Prevent/ reduce obesity by encouraging healthy diet

- Optimise primary/ secondary preventive actions for unhealthy diet ([BRF-002](#)).

### ▼ Prevent/ reduce obesity by encouraging physical activity

- Optimise primary/ secondary preventive actions for physical inactivity ([BRF-003](#)).

## ▼ Ensure awareness and implementation of NICE guidance/ quality standards

- *Obesity prevention*: Clinical guideline [[CG43](#)] (Published date: December 2006; Last updated: March 2015) includes recommendations suitable for adoption by healthcare commissioners, employers, local authorities and educators. This guideline covers preventing children, young people and adults becoming overweight or obese. It outlines how the NHS, local authorities, early years settings, schools and workplaces can increase physical activity levels and make dietary improvements among their target populations.
- *Obesity in children and young people: prevention and lifestyle weight management programmes*: Quality standard [[QS94](#)] (Published date: July 2015) sets out eight quality statements, any of which could form a focus for collective local improvement action. This quality standard covers preventing children and young people (under 18) from becoming overweight or obese, including strategies to increase physical activity and promote a healthy diet in the local population. It also covers lifestyle weight management programmes for children and young people who are overweight or obese. It describes high-quality care in priority areas for improvement.
- *Obesity: working with local communities*. Public health guideline [[PH42](#)] (Published date: November 2012; Last updated: June 2017) includes recommendations suitable for adoption by a broad audience. This guideline covers how local communities, with support from local organisations and networks, can help prevent people from becoming overweight or obese or help them lose weight. It aims to support sustainable and community-wide action to achieve this.
- *Preventing excess weight gain*. NICE guideline [[NG7](#)] (Published date: March 2015) includes recommendations suitable for adoption by a broad audience. This guideline covers behaviours such as diet and physical activity to help children (after weaning), young people and adults maintain a healthy weight or help prevent excess weight gain. The aim is to prevent a range of diseases and conditions including cardiovascular disease and type 2 diabetes and improve mental wellbeing.
- *Weight management: lifestyle services for overweight or obese children and young people*. Public health guideline [[PH47](#)] (Published date: October 2013) includes recommendations suitable for adoption by a broad audience. This guideline covers lifestyle weight management services for children and young people aged under 18 who are overweight or obese. It advises how to deliver effective weight management programmes that support children and young people to change their lifestyle and manage their weight.

## ▼ Socialise the importance of recognising unhealthy child weight

- Wider cluster members can support parents to recognise whether their child is a healthy weight or overweight. Raising the issue of a child's weight with parents is an important first step in changing parental behaviours.
- In Wales insight work (unpublished) carried out in 2016 to inform 10 Steps to a Healthy Weight for Every Child found limited parental recognition of public concern or awareness if a child aged 0-5 years was above a healthy weight. It also found that the language used to describe weight at this age can include more positive sounding phrases such as tall for age, big boned, etc.
- The 10 Steps to a Healthy Weight Baseline Survey found that while parents estimated the level of overweight or obesity to be slightly higher than measured rates (26% in the CMP 2016) only 4% identified that their child was overweight.
- The conclusion drawn from this is that parents find it hard to recognise whether their child is a healthy weight and may be less willing to accept that they are overweight or obese when this is



identified.

- Parents prioritise *current* happiness over health in longer term; it may be useful to discuss issues that are more likely to be experienced first, such as the stigma and possible bullying associated with childhood obesity. Benefits of weight loss, such as keeping up with friends, not getting so tired, etc. can also be discussed.
- Data from England, where children have been measured at age 4–5 and 10–11 for many years, show that the number of children who are obese doubles by the time they reach 10–11. The majority of these remain obese into adulthood, so the trajectory is set very early. It is therefore key to tackle issue before it becomes more entrenched.



## What is happening in Wales?

① Consider whether shared learning/ local experience might guide your own implementation of the evidence:

### ▼ Obesity in pregnancy and childhood

- *What problem was being addressed?* Need to reduce prevalence of childhood overweight and obesity.
- *What was done to address it?* As one of the NCNs priorities Torfaen South has linked with 'Fit for Future Generations' and 'Every Child Has The Best Start In Life'. The NCN planned how to deliver more effective weight management services for children, young people and families in Torfaen and supported delivery of the Gwent Childhood Obesity Strategy workshop for professionals. Foodwise in Pregnancy was a 6 week programme piloted in Torfaen to help pregnant women to learn more about achieving a healthy weight gain in pregnancy, keeping active and get support/ ideas to change eating habits. Aqua natal classes have been funded to support obesity in pregnancy. Wild Tots is an initiative that has been funded to activate parents and children to play, explore and discover the outdoors.
- *Who did it or who can be contacted in the event of queries?* Torfaen South cluster (Dr Amanda Head).
- *Source?* Primary Care Clusters 2019 (yearbook) [[link](#)].

### ▼ Obesity in pregnancy and childhood

- *What problem was being addressed?* Need to reduce prevalence of childhood overweight and obesity.
- *What was done to address it?* As one of the NCNs priorities Torfaen North has linked with 'Fit for Future Generations' and 'Every Child Has The Best Start In Life'. The NCN planned how to deliver more effective weight management services for children, young people and families in Torfaen and supported delivery of the Gwent Childhood Obesity Strategy workshop for professionals. Foodwise in Pregnancy was a 6 week programme piloted in Torfaen to help pregnant women to learn more

about achieving a healthy weight gain in pregnancy, keeping active and get support/ ideas to change eating habits. Aqua natal classes have been funded to support obesity in pregnancy. Wild Tots is an initiative that has been funded to activate parents and children to play, explore and discover the outdoors.

- *Who did it or who can be contacted in the event of queries?* Torfaen North cluster (Eryl Smeethe).
- *Source?* Primary Care Clusters 2019 (yearbook) [[link](#)].

#### ▼ Placeholder project description

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

① Have something to share? Please let us know [here](#).

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STEP

E

## What do you know about community views on this?

① Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

STEP

F

## What assets or partnership opportunities can you identify?

① Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

STEP

G

## Do you need more data before making a decision?

① If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

STEP

H

## What is your provisional decision?

① Having reviewed indicator data on local needs and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team ([LPHT](#)). Summarise your proposals for action into the following box:

① Now  this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and return to the PCNA workbook to review another indicator.