

National Assembly for Wales
Children, Young People and Education
Committee

Inquiry into Childhood Obesity

March 2014



Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales

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Children and Young People Committee

The Committee was established on 22 June 2011 with a remit to examine legislation and hold the Welsh Government to account by scrutinising expenditure, administration and policy matters encompassing: the education, health and wellbeing of the children and young people of Wales, including their social care.

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Welsh Labour
Vale of Clwyd



Angela Burns
Welsh Conservatives
Carmarthen West and South
Pembrokeshire



Keith Davies
Welsh Labour
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Conclusions and recommendations

About our inquiry

1. Wales has the highest childhood obesity rates in the UK. Data on childhood obesity rates were included in the Welsh Health Survey for the first time in 2007 and showed that 36 per cent of children were classed as overweight or obese (that breaks down to 16 per cent being overweight and 20 per cent being obese). Levels remained static between the 2007 survey and the next survey undertaken in 2011, which showed that 35 per cent were classed as overweight or obese (breaking down to 16 per cent being classed as overweight and 19 per cent as obese).
2. The aim of our inquiry was to consider the effectiveness of Welsh Government policies in tackling childhood obesity.

Our conclusions

All Wales Obesity Pathway

3. We agree that childhood obesity is a complex issue and that the required response will necessarily be complex and multi-faceted. Welsh Government needs to ensure that all of the tools available to it are used to address this crisis. We think that, in principle, the All Wales Obesity Pathway should be an effective way of addressing this issue. However, we were concerned to hear that the Pathway has not been fully implemented, despite being published in 2010. Much of the evidence suggested that clearer national direction is needed.
4. We were also concerned to hear about the lack of availability of level 3 services. We acknowledge that the preventative approaches under levels 1 and 2 are Welsh Government priorities; however, it is clear that level 3 provision is lacking. This must be addressed as a matter of urgency. We note that Welsh Government is currently reviewing Local Health Boards' progress against the Pathway. Welsh Government should publish the results of its review as soon as possible.
5. We heard evidence that there is a need for a clear evaluation framework, based on an outcome-focused approach. We support this proposal and feel that such a framework would enable Welsh Government to ensure its policies are effective, while also enabling the

National Assembly for Wales to properly scrutinise the value for money of such policies.

6. We note the Assembly's Health and Social Care Committee is currently undertaking an inquiry into the availability of bariatric services and look forward to reading their conclusions.

Child Measurement Programme

7. Much of the evidence we heard suggested that availability of data is important in planning services at a local level. We believe the Child Measurement Programme could be useful in this regard. However, we have a number of concerns in this area.

8. We are concerned that, due to different measures of overweight and obesity being used, the data across various studies is not comparable.

9. We also heard evidence advocating the extension of the Child Measurement Programme to older children. We support this view, but emphasise that Welsh Government must be clear about how the data will be used to inform policy development and service planning.

Change4Life

10. Much of the evidence we heard suggested that Change4Life has not fulfilled its potential. Indeed, the Minister accepted that more could be done in future. We consider that more needs to be done to join up this programme with other existing programmes to maximise its effectiveness. Welsh Government should keep the programme under review to ensure that it is effective and that it is providing value for money.

Appetite for Life

11. We fully support the introduction of nutritional standards for food in schools. We also acknowledge that a child's school meals will only account for a small proportion of their diet. Consequently, the impact of such interventions will always be limited.

12. We are deeply concerned about the impact of budget cuts on local authorities' ability to deliver school meals to an appropriate standard. Welsh Government should ascertain the intentions of local authorities

in this regard and the relevant Minister should report back to the Assembly as soon as possible.

13. We heard considerable evidence that, alongside a healthy diet in schools, it is important that other measures are in place to support the agenda. Welsh Government should explore with local authorities how its strategies can be supported and strengthened in practical ways to address poor take up of free school meals; reductions in school lunchtimes; and the proximity of hot food takeaways to schools.

14. The Committee notes the Petitions Committee is currently considering a petition relating to the introduction of exclusion zones around schools for mobile fast food vans. We look forward to the Petition Committee's conclusions.

Creating an Active Wales

15. It is encouraging to see an increase in levels of participation in sport in Wales, as outlined in the result of the recent Sport Wales survey on participation. We fully recognise the importance of physical activity in addressing childhood obesity and support the principle of the Creating an Active Wales strategy. However, we have a number of concerns around the effectiveness of the strategy.

16. We were concerned to hear the view from Local Health Boards that there has been a failure to work across Welsh Government departments and there needs to be leadership at a national level. We also feel that more needs to be done to ensure that good practice is shared.

17. In terms of physical activity, there are considerable problems in ensuring that those in most need start to take some exercise. We note the recommended guidelines of 60 minutes of moderate exercise on 5 days a week (the "5 x 60 scheme"), but fear that this might be seen by some people as impossible to achieve. We were pleased to be reassured that Welsh Government were aware of this issue and that other approaches, such as the *Active Travel (Wales) Act 2013*, were intended to help people to "make the first few steps".

18. We were pleased that the Minister recognises there are problems around reaching certain individuals and communities. We welcome the establishment of the new Cabinet sub-Committee focused on involving individuals and communities who are "hard to reach".

19. We are deeply concerned about the impact of budget cuts on local authority provision of leisure facilities and the wider potential consequences to the Creating an Active Wales strategy. We have heard anecdotal evidence of local authorities increasing significantly the amounts they are charging sporting associations or groups for use of facilities. The Minister gave a commitment that this issue would be kept under review by the new Cabinet sub-Committee. The Minister should continue to keep this under review and report back to the Assembly on a regular basis.

The MEND (Mind, Exercise, Nutrition... Do It!) weight management programme

20. The consensus was that MEND, aimed at children who are already obese or overweight and their families, has failed to achieve its full potential. Indeed, Public Health Wales' Health Improvement Review concluded that access to the programme was a problem and that, consequently, the programme is unlikely to have an impact on a population level. We note, however, that the Health Improvement Review concluded that investment in the programme should continue.

21. There is, as the Minister accepted, a number of problems surrounding this programme. We have particular concerns around the number of people who are able to access the programme and variations in equality of access to it. Welsh Government should address this as a matter of urgency.

22. This is a costly programme, but does appear to deliver results for those few who are able to participate. Welsh Government should continue to keep this programme under review to ensure that it is delivering value for money.

Other relevant policies

23. Tackling childhood obesity requires a multi-faceted approach. If Welsh Government is going to tackle this issue successfully, it needs to harness all of the tools available to it.

24. During the inquiry, we heard evidence about the potential use of other approaches, including Health Impact Assessments (HIAs). We feel that the use of HIAs should be encouraged. Whilst we understand that a HIA will not always be necessary, we feel that they should be required in some cases. Welsh Government should set out the criteria

under which HIAs should be required and explore whether such requirements could be introduced via the forthcoming legislation on public health, future generations or planning.

25. We also heard evidence about the potential for local authorities to use planning guidance to have a positive impact on this agenda, specifically in relation to the proximity of takeaway establishments to schools. We feel that Welsh Government should encourage more local authorities to use planning guidance in this way.

Recommendations

Recommendation 1: Welsh Government should conduct a review of the progress of Local Health Boards in meeting the minimum service requirements for each level of the All Wales Obesity Pathway. Welsh Government should publish the results of that review in a timely fashion, including a timetabled action plan to address any gaps that are identified.

Recommendation 2: Welsh Government should ensure that level 3 services for children are put in place across Wales. The Minister should report back to the Committee on progress in a timely fashion.

Recommendation 3: Welsh Government should develop and publish an evaluation framework for its strategies relating to childhood obesity to ensure the performance of strategies can be reliably monitored against outcomes.

Recommendation 4: Welsh Government should continue with, and extend, the Child Measurement Programme, and indicate clearly how the data will be used to monitor and evaluate childhood overweight and obesity programmes.

Recommendation 5: Welsh Government should publish in a timely fashion a report on the actions taken by the new Welsh Government Cabinet sub-Committee looking at encouraging children and young people to participate in more physical activity, with reference in particular to: the impact of budgetary constraints on the provision of local authority leisure facilities; and the actions being taken to ensure that Welsh Government is working across departments to increase participation levels.

Recommendation 6: Welsh Government should explore how forthcoming legislation, such as the Future Generations, Planning and Public Health Bills, can be used to address childhood obesity. Ministers should report back to this Committee on his conclusions at the earliest opportunity.

This Committee will ask the Minister to provide an update on progress against these recommendations in September 2014.

1. The All Wales Obesity Pathway

Introduction

26. In 2010, Welsh Government published the [All Wales Obesity Pathway](#), which sets out the actions that should be taken by Local Health Boards to tackle obesity over the next two decades. The Pathway recognises that tackling the problem of childhood obesity is complex and requires action at a number of levels. The strategy takes account of the National Institute for Health and Clinical Excellence (NICE) guidance for the management of obesity, highlighting the need for: a long-term strategy; a cross-government approach; and increasing opportunities for physical activity.

27. The Pathway sets out a four-tier framework for obesity services through prevention and early intervention at level 1 to bariatric surgery at level 4. The Pathway outlines the services available at each of the four tiers:

Level 1, Community-based prevention and early intervention:

Focused on lifestyle advice and information (e.g. Change4Life) alongside combined nutrition and physical activity programmes in key settings (e.g. Appetite for Life (2007) and Creating an Active Wales Strategic Action Plan (2010)).

Level 2, Community and primary care weight management services:

MEND, Welsh Government's national community weight management programme for children and their families.

Level 3, Specialist multi-disciplinary team weight management services:

Interventions should include specialist weight management services for obese children, young people and adults who have one or more co-morbidities and who have tried several interventions without success.

Level 4, Specialist medical and surgical services:

Services include bariatric surgery. This surgery is not available to individuals under the age of 18.

Evidence

Implementation of the All Wales Obesity Pathway

28. The All Wales Obesity Pathway and the interventions and guidelines within it were generally welcomed. However, we heard significant concerns about the degree to which the Pathway has been implemented. The Committee was told that, although some good work is undertaken locally, challenges still remain, especially across level 2 and 3 services.

29. In their oral evidence to the Committee, Public Health Wales stated that the extent of implementation across all levels of the Pathway is variable.¹ The Royal College of Physicians (RCP) felt that the Welsh Government should require Local Health Boards to implement all levels of the Pathway as soon as possible, stating that:

“The *All Wales Obesity Pathway* was published in 2010 and has yet to be fully implemented across Wales...There is only currently one level 3 clinic in Wales: we need at least one in every Health Board.”²

Level 3 services

30. The *All Wales Obesity Pathway* states that minimum service requirements at this level are multi-disciplinary weight management clinics and dietetic weight management programmes in the community or in secondary care. However, a report published by the Welsh Health Specialised Services Committee (WHSSC) in January 2013 on the management of obesity in Wales stated that there were no level 3 weight management multi-disciplinary team clinics for children and young people in Wales.

31. A number of witnesses were particularly concerned about level 3 provision and said that the structures for interventions at that level are not in place.

32. We were told that Public Health Wales had recently held a national public health workshop looking at level 3 of the Pathway, and would be reporting and making recommendations in due course.

¹ [Oral evidence, 15.1.14.](#)

² [Written evidence, CO25.](#)

Evaluation

33. Concerns were raised about the high number of strategies that are in place. There was a perception that they are not joined up or properly costed and evaluated. The Royal College of Physicians said that:

“Over the years, the Welsh Government has invested millions of pounds in a multitude of different strategies and programmes: for example, the free swimming programme (2003), ‘Climbing Higher (2003), ‘Food and Fitness’ (2006), the 5X60 programme (2007), ‘Appetite for Life’ (2007), ‘Creating an Active Wales’ (2009), MEND (2009), ‘Our Healthy Future’ (2010) and Change4Life (2010), to name but a few. Yet the number of overweight and obese children continues to rise.”³

34. The Wales Dietetic Leadership Advisory Group suggested that a clear evaluation framework, across the range of strategies, needs to be developed. It should include clear population indicators and be focused on outcomes.⁴

35. It was felt that there is currently insufficient data to carry out an evaluation of the effectiveness of policies. This was reflected in the written evidence from Public Health Wales:

“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.”⁵

Funding

36. The Royal College of Physicians stated that a larger proportion of the health budget should be focused on prevention and early intervention. They said:

“In Wales, only 4% of the health budget is currently spent on prevention of ill-health. We would like to see more investment in health change programmes in and outside schools; legislation to curb the advertising and availability of unhealthy

³ [Written evidence, CO25.](#)

⁴ [Written evidence, CO31.](#)

⁵ [Written evidence, CO42.](#)

foods, especially through vending machines; and better provision of healthy foods by public bodies such as schools and the NHS.”⁶

37. In reference to funding, Public Health Wales said that they “always find it helpful in public health when funding is made available that it is ring-fenced”. On this issue, the Welsh Local Government Association (WLGA) stated:

“The WLGA recognises that some policy initiatives or strategies need to have funding attached to them for specific periods of time to make sure that they become embedded and are delivered as intended. For this reason, the WLGA, by exception, supports the use of specific grants or the ring fencing of revenue funding for specified purposes on the understanding that funding will eventually return to the RSG [revenue support grant].”

Leadership and partnership working

38. Another theme to emerge during the inquiry was the importance of leadership in driving forward the numerous interventions needed to address such a complex issue. Effective partnership working across government and different agencies was seen as intrinsically linked to this. In written evidence, Public Health Wales stated:

“More than five years ago the Foresight Report (Butland et al 2007) set out a way forward in tackling obesity. Highlighting the futility of isolated initiatives, the report promoted a comprehensive portfolio of interventions, tackling a broad set of variables with action at different levels. Current strategies are failing to have sufficient impact on the prevalence of childhood obesity...

“Strong leadership and sustained commitment will be needed across a number of sectors to achieve a reversal in the prevalence of childhood obesity. Wales could take a lead in developing and implementing a cross cutting strategy, bringing

⁶ [Written evidence, CO25.](#)

together multiple stakeholders and incorporating both collaborative and statutory action.”⁷

39. However, a number of witnesses drew attention to a perceived lack of effective partnership working. In their written evidence, Sustrans Cymru said:

“The Welsh Government has set up a number of pilot programmes with the aim of tackling childhood obesity, but they have never been linked together or rolled out across wider areas – or indeed Wales as a whole – to have a meaningful impact. Investment is kept small scale, and departments within Welsh Government regularly fail to take note of projects from other departments, meaning lessons are not learnt.”⁸

A “whole family” approach

40. A “whole family” approach was advocated by several witnesses, who suggested that this is key to tackling childhood obesity in Wales. Swansea local authority said that “tackling the childhood obesity agenda needs to be re-addressed and a shift towards tackling family obesity would be a more appropriate way of tackling the issue”.⁹

41. The WLGA emphasised the importance of interventions involving families within the home and pointed towards Flying Start and Families First as particularly important in progressing this agenda. They also recognised the importance of partnership working in such an approach and said that local authority plans for addressing childhood obesity would take into account social care, education and a range of other partners.

The Minister’s evidence

42. The Minister emphasised that a range of interventions and preventative measures are needed to address childhood obesity. However, understanding how those measures worked together could be difficult to assess. He said that Local Health Boards’ progress in relation to the All Wales Obesity Pathway is monitored annually by Welsh Government.

⁷ [Written evidence, CO22.](#)

⁸ [Written evidence, CO05.](#)

⁹ [Written evidence, CO21.](#)

43. The Minister said that interventions at levels 1 and 2 were the priority areas for combating childhood obesity:

“It is tiers 1 and 2 that are at the preventative end. Tiers 1 and 2 are about making sure that children do not end up needing those very secondary-care-type interventions. Of course, when they are needed they need to be there, but I think our ambition for Wales has to be to prevent the need for levels 3 and 4 services.”¹⁰

44. In relation to the provision of level 3 services, the Chief Medical Officer said that “not all Health Boards have fully developed level 3 services, but again, if you are trying to look at what is the most effective way of trying to get the biggest benefit for most children, it is about preventing the need to get into those level 3 and level 4 approaches in childhood”.¹¹

45. The Chief Medical Officer also said that the data from the Child Measurement Programme could be used to further develop appropriate services and policies.

¹⁰ [Oral evidence, 15.1.14.](#)

¹¹ *ibid*

2. Child Measurement Programme

Introduction

46. Public Health Wales is responsible for gathering information and evidence to monitor trends in obesity at a national level. Currently, it co-ordinates the national [Child Measurement Programme for Wales](#) for primary school children, working with Local Health Boards and school nursing services to collect the data. The Programme is a national height and weight measuring programme intended to standardise the way primary school children are measured across Wales. The heights and weights of all reception class children (aged 4 and 5) are collected.

47. The Child Measurement Programme for Wales Report 2011/12 showed that nearly 30 per cent of 4 and 5 year olds in Wales had an unhealthy body mass index (BMI), with 12.5 per cent of children classed as obese. Wales has a higher rate of overweight and obesity amongst children in reception year than any English region.

Evidence

48. Participation during the first full year of the Programme was high and has provided a baseline to monitor future trends in this age group. Public Health Wales told us the data collected will allow the impact of prevention activities at a population level to be measured. However, they said that due to different measures of obesity and overweight being used in different studies (e.g. Child Measurement Programme, Health Behaviour of School Children Survey, Welsh Health Survey) the information is not comparable.

49. In their written evidence, the Academy of Royal Colleges Wales highlighted that there are currently no routine health checks for children over five years old.¹² The Royal College of Paediatricians and Child Health (RCPCH) said that measurement programmes can “provide very useful data on prevalence of overweight and obesity in childhood in the ages of 6 and 11” and advocated the extension of the Child Measurement Programme, as in England.¹³

50. In their written evidence, Public Health Wales stated that it is important that the current programme of measurement at 4 to 5 years

¹² [Written evidence, CO38.](#)

¹³ [Written evidence, CO16.](#)

of age is continued and that a second cohort for children aged 8 to 9 years of age is included in the Programme.¹⁴ The WLGA said they could see the case for extending the programme “as long as we are clear about what the information is being used for”.¹⁵

51. The British Heart Foundation (BHF) made the point that training on measuring children and how to interpret BMI change in childhood is needed alongside systems for data collection.

The Minister’s Evidence

52. In oral evidence, the Minister told us that the Child Measurement Programme will provide a consistent approach to data collection across Wales that will allow Welsh Government to have a greater focus on the differences across Wales, be they geographical, cultural or related to poverty. The Chief Medical Officer told us that the data would be used to inform planning of local services related to obesity, to ensure that they “have the right mix of services”.¹⁶

53. The Minister also emphasised the importance of learning lessons from the results of the Programme and to ensure that the families of children who are either obese or at risk of becoming obese are kept informed.

¹⁴ [Written evidence, CO22.](#)

¹⁵ [Oral evidence, 15.1.14.](#)

¹⁶ [Oral evidence, 15.1.14.](#)

3. Change4Life

Introduction

54. [Change4Life](#) is a social media campaign that aims to help families make changes to their lifestyles, so that they can “eat well, move more and live longer”. The WLGA described Change4Life as “about getting the messages out there, as opposed to delivering specific programmes”.¹⁷

Evidence

55. In written evidence to the Committee, several witnesses stated that Change4Life had fallen short of its potential to change behaviour. They felt that the administration of the programme had been inconsistent and disappointing, and that the campaign operated in isolation.

56. The WLGA acknowledged the difficulties and costs in evaluating the impact of media campaigns, particularly in relation to whether or not an increased awareness of an issue can be translated into behavioural change.

Maternal obesity

57. Wales has the highest prevalence of maternal obesity of all the UK countries and has low rates of initiation and continuation of breastfeeding compared to other areas.

58. Tackling maternal obesity, promotion of breastfeeding and support for programmes targeting women before, during and after pregnancy were identified as areas where there are gaps in current provision that need to be urgently addressed. Betsi Cadwaladr University Health Board felt that Change4Life could be used to address this through an increased focus on the promotion of nutrition and physical activity messages for pregnancy (including preconception).

59. In their written evidence, Public Health Wales called for a national pathway for maternal obesity to be introduced across Local Health Boards.¹⁸

¹⁷ [Oral evidence, 15.1.14.](#)

¹⁸ [Written evidence, CO22.](#)

Other issues

60. Public Health Wales highlighted that individuals living in deprived areas are more likely to be obese and less likely to have a healthy diet than those who live in the least deprived areas. Cardiff and Vale University Health Board raised the issue of food poverty and its impact on nutrition, stating:

“The inability to afford, or have access to, food to make up a healthy diet is a barrier to reducing childhood obesity in Wales. There is clear evidence that for many people, including families with children, there is a gap between available income and the actual cost of securing a nutritious diet. The Defra Family Food survey found clear evidence that affordability of a nutritious diet has worsened between 2007 and 2011. Poorer households spend proportionately more of their income on food, and may choose highly processed and high fat foods of poor nutritional quality in order to save money.”¹⁹

The Minister’s evidence

61. In oral evidence, the Minister accepted that Change4Life had not reached its full potential and that more could be done in future. The Minister emphasised the positive response of families who had participated in the scheme, with three quarters reporting that the scheme had resulted in behavioural changes.

62. The Minister accepted that a drawback of Change4Life, like many other programmes of its kind, is that it is more accessible to people “whose general circumstances are not at the sharpest end of difficulty and disadvantage”.²⁰ In terms of the affordability of healthy food, the Chief Medical Officer said that this, and similar schemes, were designed in a way “that is very mindful of not putting pressure on families to spend resources that they do not have”.²¹

63. On the issue of maternal obesity, the Chief Medical Officer said that maternal weight was being looked at as part of the Maternity Services in Wales programme, which is being led by the Chief Nursing Officer. She said that there was scope to develop further any practice guidance that was relevant.

¹⁹ [Oral evidence, 4.12.13.](#)

²⁰ [Oral evidence, 15.1.14.](#)

²¹ *ibid*

4. Appetite for Life

Introduction

64. Welsh Government programmes and initiatives designed to promote healthy eating and good nutrition have taken a “settings” based approach to address health and well-being i.e. they have focused on creating supportive environments, specifically within early childcare, school and community-based settings.

65. Welsh Government’s Appetite for Life Action Plan was published in 2008. It recognises that a lack of knowledge of what constitutes a healthy diet and a lack of skills to prepare healthy foods are barriers to healthy eating. These barriers can lead to poor eating habits which may, in time, lead to obesity.

66. The Healthy Eating in Schools (Wales) Measure 2009 provides a framework within which school governors must promote healthy eating and drinking in schools and have regard to any guidance on this matter produced by Welsh Government.

Evidence

The effectiveness of the programme

67. There was a consensus in the written evidence that school-based nutrition programmes hold a great deal of potential for improving the food and nutrition choices of children and young people. A number of witnesses highlighted the potential of The *Healthy Eating in Schools (Nutritional Standards and Requirements) (Wales) Regulations* and free breakfast clubs in primary schools to address childhood obesity at a population level. Others referred to examples of good practice where Local Health Boards and local authorities are working together to encourage early years settings to participate in healthy eating initiatives.

68. The evidence we received highlighted the positive impact that Appetite for Life guidelines have had on the provision of food and drink in schools. The WLGA said that the introduction of nutritional standards in schools meant there was now a consistent approach across Wales and emphasised that Estyn would be inspecting compliance with the standards.

69. Some witnesses highlighted the need to address connected issues which could have a negative impact on the strategy, for example, poor take up of free school meals; the availability of snack food from vending machines; and the reduction of school lunchtimes to 40 minutes. Other witnesses referred to establishments providing unhealthy food and beverages in close proximity to schools and suggested that this too could have an impact.

70. The WLGA stated that local authorities are looking at a number of issues to create an environment that can assist schools to deliver healthy nutrition, including examining the layout and design of dining areas so that more children and young people opt to eat school meals, rather than leaving the school premises.

71. Some witnesses called for a greater role for Appetite for Life dieticians in developing curriculum-based activities in food and nutrition skills and in supporting school inspectors, who may not have nutritional training, in the school meal inspection process.

Cooking Bus Initiative

72. A number of witnesses referred to the Cooking Bus Initiative. Welsh Government's written evidence stated that, as of June 2012, almost 30,000 pupils and over 3,000 teachers had been trained since the Initiative was launched in June 2006. Some witnesses expressed disappointment to see a recommendation in the [Public Health Wales' Health Improvement review](#) to disinvest in the Cooking Bus initiative. They said that educating children and their families about healthy eating will have less of an impact if they do not have the skills to cook.

The Minister's evidence

73. The Minister said that the introduction of food standards in school was a "key move".²² The Chief Medical Officer emphasised the importance of the school setting, saying that "it is setting up the child for life".²³ She also said that such approaches for public health campaigns could have a wider impact, whereby children would have a positive impact on the behaviour of their parents. However, it was

²² [Oral evidence, 15.1.14.](#)

²³ [Oral evidence, 15.1.14.](#)

acknowledged that healthy food in schools was “not the whole answer; there are wider societal influences”.²⁴

74. The Minister said that dieticians in the health service and their colleagues in education were working together to agree appropriate standards. Work was also being done to enforce the food standards and to keep them under review. The Chief Medical Officer said that existing guidance would need to evolve as science emerges in relation to people’s diet.

75. In relation to other issues that could impact on the effectiveness of policies in this area, the Minister said:

“Having additional outlets close to schools could negate efforts by the Council and its partners in supporting the Healthy Schools and Appetite for Life Programmes to ensure that young people have access to healthy options. Whilst pupils in primary education are not allowed out of school premises during the school day, research indicates that the most popular time for purchasing food from shops is after school.”²⁵

²⁴ [Oral evidence, 15.1.14.](#)

²⁵ [Oral evidence, 15.1.14.](#)

5. Creating an Active Wales

Introduction

76. Welsh Government published [Creating an Active Wales](#) in 2009. The strategy emphasises the importance of high-quality physical education and physical literacy for young people to develop the skills and confidence for lifelong participation in sport and physical recreation. It identifies well-delivered and appropriately designed physical education programmes, complemented by a range of school-based activities, as critical factors in helping children and young people to live active lives and become active adults. This aim is reinforced in Welsh Government's *Programme for Government 2011-2016*, which sets out its commitment to promote physical activity for people of all ages.

77. The Creating an Active Wales Action Plan highlights that only 44 per cent of children aged 7 to 11, and 35 per cent of those aged 11 to 16, achieve the recommended guidelines of 60 minutes of moderate intensity physical activity on five days a week.

Evidence

78. With regard to improving physical literacy and increasing levels of physical activity among children and young people, the written evidence highlighted how important it is that all schools meet Welsh Government's expectation of a minimum of two hours' high-quality physical education each week.

79. Some witnesses felt that Welsh Government has failed to work across departments to create the conditions for a more active Wales. Cardiff and Vale University Health Board stated that Creating an Active Wales "requires further drive at a national level in order for it to regain momentum".²⁶ Betsi Cadwaladr University Health Board echoed this stating that in addition to support at a national level the strategy needed to be "led by Local Service Boards in order to galvanise local support".²⁷ Cwm Taf University Health Board emphasised that funding streams to promote physical activity come from a variety of sources, which "has resulted in a scattergun approach to interventions carried out in different areas".

²⁶ [Written evidence, CO30.](#)

²⁷ [Written evidence, CO27.](#)

80. In their submission, Sport Wales endorsed the recommendations of the Schools and Physical Activity Task Group, that physical education should become a core subject in the Welsh curriculum.

81. Sport Wales also drew the Committee's attention to a "joint programme of activity with Public Health Wales",²⁸ which had been established:

"[...] with a view to the two organisations sharing knowledge and resources to encourage greater participation in sport and physical activity. Whilst we are at early days in terms of developments, we are encouraged by the positive approach that has been taken and hope that this partnership will make a significant difference to how the sport and health sectors work together."²⁹

Participation levels

82. The WLGA emphasised that participation figures in sport had increased and referred to the 5x60 scheme as having had a positive impact, particularly in giving young people a range of different activities in which to participate. In reference to increasing participation levels, Sport Wales told us:

"We are encouraged to see significant reductions in the percentage of children and young people undertaking sport and physical activity on less than three occasions a week, and particularly among the most sedentary. In 2011, for example, 17% did not take part in sport and physical at all. In 2013, this reduced to 12%. Putting this into numbers, we have 15,000 less children and young people who don't take part in any form of sport or physical activity (50,600 in 2011 and 35,600 in 2013)."³⁰

83. However, they also drew our attention to a continued decline in participation for young people from the age of 12 to 16, with a gap between the numbers of girls and boys who participate widening between those ages.

²⁸ [Written evidence, CO48.](#)

²⁹ *ibid*

³⁰ *ibid*

84. The British Heart Foundation also raised concerns about the lower level of participation in physical education and sports by adolescent girls when compared to boys of the same age and stated that the collection of information on physical activity levels is inconsistent, making direct comparisons and tracking of trends over time difficult.

Active Travel

85. The importance of active travel in Wales was raised by several witnesses. The *Active Travel (Wales) Act 2013*, which comes into force in 2014, places a legal duty on councils to create a network of routes for walking and cycling. However, Sustrans Cymru highlighted their concerns that:

“In the education environment, active travel falls outside the responsibilities of schools, and is not promoted by the physical activity workforce, meaning it is usually sidelined. [...]

“Whilst many of the Welsh Government strategies, notably the ‘Creating an Active Wales’ strategy recognise the issues, they have failed to deliver change in Wales because inadequate funding is associated with the intended aims. Projects are too small scale to have an impact, or cut after only a short period.”

The Minister’s evidence

86. In terms of physical activity, the Minister acknowledged that recent statistics demonstrated that more young people were participating in sport. He said that a new Welsh Government Cabinet sub-Committee had been established with a remit to encourage more young people to be physically active. He added that the focus would be on those people or communities that had, up to now, been difficult to reach. The Minister also said that the Cabinet sub-Committee would be keeping a watching brief over the impact of reductions in local authority budgets on access to leisure facilities.

87. The Chief Medical Officer emphasised that the benefits of physical activity went beyond weight loss and contributed to well-being. She said that physical activity did not solely mean going to the gym. The *Active Travel (Wales) Act 2013* was a part of that and “getting people active and automatically thinking that walking somewhere is the norm,

and making those choices easy, safe and the thing that people choose to do.”³¹

88. On the recommended guidelines of 60 minutes of moderate intensity physical activity on five days each week, the Chief Medical Officer acknowledged that this might be seen by some people as impossible for them to achieve. She said that it was important to help people “make the first few steps towards that”.³²

³¹ [Oral evidence, 15.1.14.](#)

³² *ibid*

6. MEND

Introduction

89. The MEND (Mind, Exercise, Nutrition... Do It!) programme provides the only intervention currently being offered to meet level 2 of the All Wales Obesity Pathway. It is aimed at overweight or obese children and their families and is funded until 2014.

90. The funding enables local areas to run the MEND programme for children aged 5 to 13 years. Young people over 13 years old are not eligible for the programme.

Evidence

The effectiveness of the programme

91. [Public Health Wales' Health Improvement review](#) indicated that the MEND programme has not achieved its full potential. It identified a number of problems with the programme, including numbers of participants, which are not high enough to result in an impact at population level. The review recommended that alternative options for population level impact should be explored.

92. The Academy of Royal Colleges Wales stated that whilst there are benefits to the MEND programme in teaching children and parents weight management skills, the impact of the intervention is limited due to the small number of children and their families who can participate in the programme. This view was shared by Cardiff and Vale University Health Board, who stated that “overall MEND merely treats the problem once it has occurred, and even then only treats small numbers: it does not prevent population level childhood obesity per se”.³³

93. The Royal College of Paediatrics and Child Health (RCPCH) said that they have “concerns that whilst such schemes are successful for children who are already obese, they do not address the need for programmes dealing with obesity prevention”.³⁴

³³ [Written evidence, CO30.](#)

³⁴ [Written evidence, CO16.](#)

Equality of access

94. A number of witnesses highlighted equality of access to the programme as an area for concern. The Denbighshire Healthy Schools Scheme said that MEND is not implemented in a consistent or fair way across Wales.

95. In their written evidence Aneurin Bevan University Health Board stated that they receive a significant number of referrals for obese children of all ages, many of whom cannot be accommodated within the available MEND programmes. They said that currently the only service they are able to offer is a clinic appointment system with a dietician and that “this does not provide them with the multidisciplinary care and level of support necessary to achieve and maintain healthy weight”.³⁵

96. The Royal College of Paediatrics and Child Health (RCPCH) said that their members had reported issues with the referral process for the scheme:

“Schemes are not easily accessible to some parts of the population, and paediatricians experience difficulty in knowing where to refer patients. The scheme has limited geographical availability, and even if available in an area, this is not always accessible due to limited transport opportunities, especially for low income families.”³⁶

97. They also referred to the fact that only children and young people of certain ages can access the scheme:

“Clinicians identify a gap in weight management programmes for young people between the ages of 13 years (when MEND finishes) and 16 years (minimum eligibility for ‘adult’ programmes e.g. ‘Weightwatchers’).”³⁷

Funding for MEND

98. The Committee received evidence relating to difficulties in organising, delivering and recruitment for MEND. In their written evidence, Cwm Taf University Health Board said that these difficulties

³⁵ [Written evidence, CO24.](#)

³⁶ [Written evidence, CO16.](#)

³⁷ *ibid*

were partly due to the funding processes for the programme. Aneurin Bevan University Health Board called for a review of the funding mechanisms for the MEND programme, stating that, “an upfront allocation would support more robust recruitment, retention and ultimately reduce individual children’s obesity risk”.³⁸

99. In their written evidence, Betsi Cadwaladr University Health Board said that funding for staff to deliver the MEND programme is problematic:

“MEND as a programme does have the evidence base that is supportive of 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.”³⁹

100. Aneurin Bevan University Health Board highlighted that levels of funding can have an impact on the effectiveness of the programme and that “there are considerable difficulties in delivering MEND to the maximum children within the provision agreed”.⁴⁰

101. The Royal College of Physicians (RCP) raised concerns that disinvestment in MEND would leave a considerable gap in provision at a time when need continues to increase. Whilst acknowledging some of the difficulties in delivering the programme, the RCP said that “where programmes have been delivered successfully, both children and parents have demonstrated extremely positive outcomes”.⁴¹

The Minister’s evidence

102. The Minister said that Public Health Wales’ health improvement review had looked at MEND and had decided that investment should continue. It had, however, decided that MEND was one of a number of programmes that “needed further work to make sure that they do what we want them to do in the future”.⁴²

103. The Minister acknowledged that MEND is a labour-intensive programme and that, with budgets under pressure, it was not

³⁸ [Written evidence, CO24.](#)

³⁹ [Written evidence, CO27.](#)

⁴⁰ [Written evidence, CO24.](#)

⁴¹ [Written evidence, CO25.](#)

⁴² [Oral evidence, 15.1.14.](#)

surprising that such programmes would be examined. However, the Minister went on to state that the programme had made a difference for a number of the children who had participated. According to the last evaluation, 1,723 had taken part in the programme. In the first round, 80 per cent had completed the full 10-week programme; in the second year, 90 per cent had completed the full 10- week programme.

7. Other relevant policies

Introduction

104. There was a general view that a cross-cutting approach across agencies and policy areas will deliver better results for obesity reduction.

Evidence

Planning policy

105. During the inquiry, we heard about the “proliferation of obesogenic environments, typified by high levels of car use, 24-hour food availability, sedentary occupations and low levels of physical activity”.⁴³ Witnesses told us that measures to address the wider determinants of overweight and obesity should be incorporated into planning priorities, to seek to address some of these issues.

106. Cwm Taf University Health Board suggested that Local Development Plans should be used as tools to promote an environment that encourages active travel, the use of green spaces and opportunities for physical activity.

107. Both Betsi Cadwaladr University Health Board and the Wales Dietetic Leadership Advisory Group (WDLAG) drew attention to the work that has been undertaken by Wrexham Local Authority to prohibit future planning applications for hot food takeaways within a 400m radius of schools or colleges in the county. This approach, they said, would set a precedent that other local authorities and their planning departments could follow.

Health Impact Assessments (HIAs)

108. A number of witnesses said that health improvement should be built in to all policy decisions through the use of Health Impact Assessments and suggested that the proposed Public Health Bill could provide an opportunity for this.

109. Public Health Wales advocated a ‘Health in All Policies’ approach to childhood obesity, including encouraging the use of Health Impact

⁴³ [Written evidence, CO47.](#)

Assessments to ascertain the potential impact of policy and infrastructure development on overweight or obesity levels.

The Minister's evidence

110. The Minister wrote to the Committee to provide further information a number of issues that were not raised with him during oral evidence due to time constraints.

111. In reference to the use of planning guidance by Wrexham Local Authority to prohibit hot food takeaway applications within 400 metres of schools and colleges, the Minister said that research indicates that children attending schools near fast food outlets are more likely to be obese than those whose schools are more inaccessible to such outlets. In Wrexham, nearly 60 per cent of schools are located near to hot food takeaway outlets.

112. The Minister said that information about this approach had been shared with other local authorities, with some expressing an interest in pursuing this policy. He said that Denbighshire County Council was actively looking at revising its current Planning Supplementary Guidance to implement this approach.

113. On the use of Health Impact Assessments (HIAs), the Minister said that it is a method which provides a means of assessing both the health hazards and benefits of a wide range of policy proposals. It had been used by a range of organisations, including Welsh Government, local authorities, voluntary sector organisations, the NHS and community organisations. He said that he fully expected HIAs to be used when appropriate to do so.

114. The Minister said that the use of HIAs had been discussed through the Green Paper consultation seeking views on a Public Health Bill, which concluded in early 2013. Responses on the specific issue of HIAs were mixed. Whilst there was a high level of support for the concept of using HIAs as a method for ensuring health interests are considered as part of policy making, a number of respondents expressed reservations regarding a legislative requirement to undertake a HIA. Concerns related to the introduction of unnecessary bureaucracy and whether or not the approach would be disproportionate.

115. The Minister said that there was, however, widespread support for the adoption of a 'Health in All Policies' approach to policy development:

“In light of this, we are working across the Welsh Government to ensure that legislation such as the Future Generations Bill makes a positive contribution to this agenda, as such an approach will recognise that improving health will require collective effort across the devolved public service.”⁴⁴

⁴⁴ [CYPE\(4\)-03-14- Paper to note 3](#)

Annex 1 - How we undertook the inquiry

116. The aim of the Committee's inquiry was to review the effectiveness of those Welsh Government programmes and schemes that are aimed at reducing the level of obesity in children in Wales and to identify areas where further action is needed.

Terms of Reference

117. The Committee agreed the following terms of reference for its inquiry:

- The extent of childhood obesity in Wales and any effects from factors such as geographical location or social background;
- The measurement, evaluation and effectiveness of Welsh Government's programmes and schemes aimed at reducing the level of obesity in children in Wales specifically:
 - o health related programmes including Change4Life and MEND;
 - o programmes related to nutrition in schools including Appetite for Life; and
 - o cross cutting programmes for example leisure and sport related programmes (Creating an Active Wales); planning policy;
- The barriers to reducing the level of childhood obesity in Wales; and
- Whether any improvements are needed to current Welsh Government programmes and schemes and any additional actions that could be explored.

Method

118. The Committee received 47 written responses to its consultation and held oral evidence sessions with the following:

- Public Health Wales (4.12.13);
- Representatives from Betsi Cadwaladr and Cardiff and Vale University Health Boards (4.12.13);
- Welsh Local Government Association (15.1.14); and
- Minister for Health and Social Services and the Chief Medical Officer (15.1.14).

Annex 2 – Further Information

The [written responses](#) to the Committee’s consultation for this inquiry have been published on the Assembly’s website.

[Written records](#) of the oral evidence sessions for this inquiry have been published on the Assembly’s website.

An audio-visual record of the oral evidence sessions, which took place on [4 December 2013](#) and [15 January 2014](#) has been published on SeneddTV.