

Vaughan Gething AM
Minister for Health and Social Services
Welsh Government

11 April 2019

Dear Vaughan,

Healthy Weight: Healthy Wales consultation

As you will be aware, the **Children, Young People and Education Committee** indicated earlier this year our intention to consider the **Healthy Weight: Healthy Wales** draft strategy from a children and young people's perspective. Our aim in undertaking this short piece of work was to ensure that, at this early stage in the development of an all-age policy, the specific needs of children and young people would be met.

With the **latest statistics** showing 26.4% of children in Wales are overweight or obese (compared to 22.4% in England and Scotland), and 12% of children in Wales obese (compared to 9.5% in England and 10.1% in Scotland) we agree with your assertion that *"we are in a point in time where we need to take direct action to improve life opportunities for both our current and future generations"* (source: Foreword, Healthy Weight: Healthy Wales).

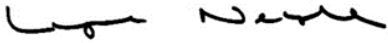
To inform our conclusions, we invited a small group of relevant stakeholders representing the Obesity Alliance Cymru, Sport Wales, the Children's Commissioner for Wales, and education unions, to a roundtable discussion on 6 March 2019. We put the issues identified as part of this discussion to the Chief Medical Officer in a public session on **14 March 2019**. We would like to thank both the stakeholders and the CMO for their contribution to our scrutiny.

We welcome the Welsh Government's work in this area and acknowledge the effort made to date to ensure that the draft strategy considers issues relating to children and young people specifically. Attached as an annex to this letter is an outline of the key issues we believe require further work and our views in relation to each. We hope that they will be of use to the Welsh Government in developing its strategy in this area, the final version of which we look forward to seeing later this year.

Given the cross-cutting nature of the issues raised and the conclusions we draw, I have copied this letter to the Chairs of the Health, Social Care and Sport and Equality, Local Government and Communities Committee for their awareness.



Yours sincerely,



Lynne Neagle AC / AM
Cadeirydd / Chair

Cc Dr. Dai Lloyd AM, Chair, the Health, Social Care and Sport Committee
John Griffiths AM, Chair, Equality, Local Government and Communities Committee



Healthy Weight: Healthy Wales consultation: CYPE Committee response

This response is structured in accordance with the consultation's 4 key themes:

- Leadership and Enabling Change;
- Healthy Environments;
- Healthy Settings;
- Healthy People.

It draws on information gathered during the CYPE Committee's informal roundtable with stakeholders (6 March 2019) and the public oral evidence session with the Chief Medical Officer (CMO) on 14 March 2019.

In accordance with our remit, the points raised in this response focus on the needs of children and young people.

1. Leadership and Enabling Change

Whole system approach and accountability

- 1.1 There was a broad consensus in the discussions we had with stakeholders and the CMO that tackling overweight and obesity requires a **cross-sector, whole system approach**. The importance of **partnership working and good communication** to achieving this was highlighted by stakeholders.
- 1.2 Stakeholders warned, however, of the need to guard against a situation in which the strategy could become **everybody's role but nobody's responsibility**. The proposed National Implementation Board was welcomed as a method of addressing this risk, but stakeholders indicated that, to date, it had been a challenge to establish who takes overall **ownership** of the work. The importance of **empowering local stakeholders to work with a national programme** to shape support to suit local communities was emphasised.
- 1.3 The CMO acknowledged the importance of governance given the cross-cutting nature of this work, and the role of local leadership alongside national oversight. He added:

"...only maybe 10 per cent, 15 per cent, possibly 20 per cent of what makes and keeps us healthy as individuals and as communities can be driven through the health system."¹

¹ CYPE Committee, RoP [para 51], 14 March 2019



- 1.4 When asked whether the complexity of this area meant the National Implementation Board should be accountable to the First Minister, the CMO stated:

“Ultimately, the First Minister will be responsible for this and will want to have a strong oversight of this [...] It does cut across all portfolios, and so this is an issue that I have discussed with Cabinet, and that collective ownership is really important, and will be, because it can’t just sit in one domain”.²

- 1.5 The CMO went on to state that a lead ministry or organisation would, however, be needed, and he would see **health leading the work “with broad ownership across Government”**.³

The Committee’s view on whole system approach and accountability

We support the proposal that the final strategy be led by a National Implementation Board, accountable to Ministers. Representation on the Board should be drawn from across all relevant areas.

We further support the need for sufficient flexibility to be in place for local leaders to tailor support to meet their own communities’ needs. Further clarity is needed on how Public Service Boards will be held to account in this regard.

We welcome the CMO’s acknowledgement of the role for the First Minister in providing leadership on this complex and cross-cutting issue. We note his indication that the Board will most likely be accountable to the Minister for Health and Social Services. Clarity is needed on what levers the Health Minister in this lead role will have at his disposal to ensure that actions in the draft strategy (for example in relation to the new curriculum, or planning policy) will be deliverable as opposed to aspirational.

Engaging children and young people

- 1.6 There was unanimous agreement that **ensuring the voices of children and young people are heard** by those leading and enabling change is key. Suggestions about how to achieve this varied from engaging school councils or utilising existing networks (such as Sport Wales’s Young Ambassadors scheme or similar) to establishing a national youth stakeholder group (such as that established to support the Joint Ministerial Task and Finish Group on Mind over Matter).

² CYPE Committee, RoP [para 54], 14 March 2019

³ CYPE Committee, RoP [para 55], 14 March 2019



- 1.7 There was some concern that the **information accompanying the consultation document was not sufficiently tailored to the needs of children and young people**, however resources developed for the classroom on this were praised.
- 1.8 The CMO and the Head of the Welsh Government's Healthy and Active Branch listed the **work done to date to engage children and young people in the consultation**, including: school and youth group visits, a session with youth ambassadors, the availability of the children and young people's version of the consultation, and the creation of a toolkit for schools.

The Committee's view on engaging children and young people

The success of the strategy in the longer term relies on its ability to address overweight and obesity among our children and young people. As such, the engagement of children and young people in the work to develop the strategy is crucial. We recognise the work done to date to engage young people but share the CMO's view that more can always be done. The Welsh Government should work proactively to identify additional opportunities to consult meaningfully with children and young people on the development and implementation of this strategy.

Targets

- 1.9 There was strong support among stakeholders for **adopting a clear target in relation to overweight and obesity for Wales**. While it was acknowledged that the current targets in Scotland and England of halving obesity by 2030 were unlikely to be met, stakeholders believed that clarity about the Welsh Government's ambitions in this area would **focus resource, leadership and action around a common goal and assist with the evaluation of – and accountability for – progress**.
- 1.10 Other benefits of adopting a clear target that were cited included the impetus it could provide to identify a "change dynamic" (i.e. the **key things to be done to tackle the issue**) and the impact it could have on illustrating to the general public **what "normal" should look like** in terms of healthy eating and being active.
- 1.11 When asked about setting a target for Wales the CMO stated "it's certainly something that we could consider in terms of the final strategy".⁴ He warned, however, that the target adopted in England and Scotland was "more aspirational than deliverable, and that if **we are to choose a target in Wales, then we need to balance deliverability with challenge**".⁵ He

⁴ CYPE Committee, RoP [para 12], 14 March 2019

⁵ CYPE Committee, RoP [para 10], 14 March 2019



also emphasised that targets were only one “tool in the box”⁶ and that **strong evaluation** was as important⁷.

The Committee’s view on targets

We believe that Wales must have an ambitious target for reducing overweight and obesity. This is necessary to ensure that there is sufficient resource and focus to drive change. The Well-being of Future Generations Act encourages the Welsh Government to be more innovative and ambitious in tackling public health challenges and sets an expectation that the Welsh Government will commit to milestones to put a focus on areas (such as obesity) where significant progress is needed. Progress against objectives that will take a number of years to be realised – like reducing childhood obesity - need to be monitored against milestones.

Investment and resources

1.12 The importance of **clarity in relation to the timelines set for – and resources allocated to – delivery of the strategy** was a key issue raised by stakeholders. Stakeholders warned that the **sustainability of progress** would be at risk if “pump-primed” investments in services, facilities or initiatives were made without plans for long-term resourcing being in place.

1.13 There was support among stakeholders for funding allocated to Wales as a consequence of the introduction of the **UK Soft Drinks Industry Levy** to be used on targeting childhood obesity. It was highlighted, however, that the amount raised from the Levy to date was **far lower than initially anticipated** due to the soft drinks industry reformulating its products in response to its introduction – a development welcomed by stakeholders as a demonstration of the Levy’s impact. As such, it was stated that this money alone could not be relied on for funding initiatives in this area.

1.14 The CMO explained that the exact amount needed to deliver the strategy could not be quantified until after the results of the consultation were known. He stated, however, that a figure of “**£8 million to £10 million a year** has been banded around as a broad kind of area of what we might need to invest, but that would need to be drawn from existing programmes”.⁸

⁶ CYPE Committee, RoP [para 10], 14 March 2019

⁷ CYPE Committee, RoP [para 16], 14 March 2019

⁸ CYPE Committee, RoP [para 18], 14 March 2019



- 1.15 In response to the suggestion that the consequential funding arising from the Soft Drinks Levy could be targeted at tackling obesity like elsewhere in the UK, the CMO stated:

"I'm not personally in favour of hypothecation, I think **I'm more interested in the totality of resource that goes into public health programmes that into marginal resource** [...] I think about the totality of the £7 billion we spend in health and social care and how we can divert and channel some of that towards broad prevention initiatives in general, and towards tackling overweight and obesity in particular."⁹

The Committee's view on investment and resources

Despite efforts to tackle childhood obesity, levels in Wales remain worryingly high, indicating that a more radical approach is needed. If local authorities and health boards are to develop sustainable services to prevent and reduce childhood obesity, this must be supported by investment and prioritisation from Welsh Government.

Despite years of active healthy lifestyle promotion by Public Health Wales, levels of overweight and obesity are rising which suggests programmes have either been ineffective or need to be scaled up to have greater impact.

If the Welsh Government is serious about tackling childhood obesity it will need to properly fund and support the actions outlined in its strategy. We support Recommendation 20 in the Health, Social Care and Sport Committee's *Physical activity of children and young people* report which calls on the Welsh Government to reconsider its position, and redirect income generated from the Soft Drinks Industry at funding programmes and initiatives focused on preventing or reducing childhood obesity, as in other parts of UK.

Data on childhood obesity

- 1.16 There was broad **support for adopting a second measurement as part of the Child Measurement Programme**. It was explained that international comparisons suggest the second measurement could be better taken a little younger than age 11 (the current age of second measurement in England) to capture data before puberty. It was emphasised, however, that a **second measurement should only be taken if the benefits of doing so could be demonstrated**.
- 1.17 Stakeholders also indicated that it would be beneficial to broaden the evidence base by developing a **measure of physical activity**. This, they argued, would provide a connection

⁹ CYPE Committee, RoP [para 25], 14 March 2019



between healthy weight and healthy activity and could help identify barriers and enablers to taking healthy choices about activity and nutrition.

- 1.18 The CMO recognised that having a second measurement would help in terms of having more information but explained “there is always a **trade-off between the cost of getting that information and the value of that information**”.¹⁰ He stated that there was a lack of understanding in Wales of the point at which children start to become overweight so a **second measurement could help improve understanding** and help direct Welsh Government initiatives.¹¹

The Committee’s view on data on childhood obesity

We support Recommendation 2 in the Health, Social Care and Sport Committee’s *Physical activity of children and young people* report which calls for a second measurement to be included in the Child Measurement Programme. Further urgent work is needed to establish at what age it would be most useful to take this second measurement.

2. Healthy Environments

Price promotion, discounting practices and sale of energy drinks

- 2.1 Stakeholders identified **advertising and promotion as crucial influencers** in tackling overweight and obesity among children and young people. As well as TV, outdoor and event advertisements, the important role of **online advertising** was emphasised in the context of young people’s behaviours and choices.
- 2.2 There was unanimous support among stakeholders for a shift in price promotions away from unhealthy to healthy foods. They also supported the Welsh Government’s indication in its consultation document that it would explore **other avenues, including using tax powers, to seek to influence industry if efforts on a UK level to encourage reformulation did not progress enough**.
- 2.3 **Energy drinks** were identified as a particular problem in terms of healthy weight and behaviour. Stakeholders were keen to see legislation introduced to **prohibit their sale to children under the age of 16**.
- 2.4 The CMO pointed out that **detailed consultation would need to be undertaken before legislating** in relation to price promotions or energy drinks, but acknowledged that such action could be an outcome of this consultation. He emphasised the importance of

¹⁰ CYPE Committee, RoP [para 71], 14 March 2019

¹¹ CYPE Committee, RoP [para 71], 14 March 2019



monitoring developments in other UK nations and continuing to **influence issues not devolved to Wales**.

The Committee's view on price promotion, discounting practices and sale of energy drinks

We believe the Welsh Government should take immediate, bold action where there is consensus emerging from this consultation to legislate, setting out a timetable for how and when it will bring forward legislation in these areas. We urge the Welsh Government to continue its work to seek to influence the UK Government on relevant non-devolved matters.

The planning system

- 2.5 There was **strong support among stakeholders to place planning restrictions on hot food takeaway outlets near schools**. National planning guidance was called for to make it easier for local authorities to use the powers available to them to restrict developments of this nature.
- 2.6 The CMO indicated that **planning was an area that was being closely looked at**. He added that using the planning system more effectively was a key area of work, especially in relation to identifying where existing powers within local authorities could be better utilised. The CMO pointed to the importance of the use of health impact assessments (HIAs) to inform decisions.
- 2.7 During the Minister's statement on the draft strategy he was asked what could be done to restrict the number of fast food outlets close to schools. The Minister responded by stating:

"...the majority view is that we don't have the powers to have public health considerations as a legitimate planning construct, so we can't restrict the number of fast food outlets around schools, leisure centres or other areas. I think that is a problem. It is an area that the Welsh Government argued with the UK Government over with the passage of the last Wales Act, about powers deliberately retained by the UK Government. I think we would be able to make much more progress if we could take that into account as a legitimate planning consideration, and I think that we would all be much the better off for. But that still does not mean that when we consider planning healthy environments taking advantage of what we have, that there isn't more that we can do already in the way that we deliver services and the way we plan new developments."¹²

¹² Plenary, RoP [para 294], 29 January 2019



The Committee's view on the planning system

We believe the Welsh Government should consider:

- subject to the results of this consultation, issuing clear national planning guidance to local authorities outlining its expectations in relation to the use of existing planning powers to prevent developments in places that could exacerbate childhood overweight and obesity (e.g. hot food takeaways near schools);
- subject to the results of the recent consultation on proposals to consolidate and streamline the Use Classes Order and the *Town and Country Planning (General Permitted Development) Order 1995 (as amended)*, creating a new "use class"¹³ solely for hot food takeaways so that planning permission would be needed to change from a café/restaurant to a hot food takeaway; and
- exploring the options available to enable schools to prohibit pupils from leaving site during the school day, preventing access to hot food takeaways (including mobile providers).

We request that the Welsh Government set out more detail of the concerns raised about the limitations of the powers of the National Assembly for Wales to use public health considerations as grounds for influencing planning policy and decisions, and clarify the planning position in relation to mobile food providers.

Community sport infrastructure and active travel

2.8 The need to **enable school sport facilities to be used for the community** was highlighted by stakeholders. It was stated that while strong aspirations existed in relation to the 21st century schools infrastructure, this was lacking in relation to physical activity spaces. It was emphasised, however, that making facilities available for community use needed to be resourced and should not become a burden for schools themselves to manage.

2.9 Stakeholders also pointed out that, in the case of primary schools, the **21st century schools programme** does not require that schools have changing facilities, limiting the broader use

¹³ At present, a change of use from a café or restaurant to a hot food takeaway requires planning permission in England but not in Wales. In Wales, "Food and Drink" is considered one "use class" (called Class A3). This includes restaurants and cafés, drinking establishments and hot food takeaways. A premises that currently has a Class A3 use would therefore not require planning permission from the local planning authority to change from a café/restaurant to a hot food takeaway. In England, Class A3 "Food and drink" has been split into A3 (Restaurants and cafés), A4 (Drinking establishments), and A5 (Hot food takeaways). This change came into force on 21 April 2005 and planning permission is required for any change between them.



of these spaces for the community. They called for the relevant regulations to be reconsidered in this regard.

2.10 **Active travel** was also raised, with stakeholders emphasising the importance of safe walkways for pedestrians and cycleways, especially near - or along routes to - schools. It was recognised, however, that this was easier to implement in relation to new as opposed to existing buildings and developments.

2.11 The CMO stated that community sport infrastructure was an area with “a lot of potential” but emphasised the importance of **building health considerations into developments across the public sector**.¹⁴ He advocated the greater use of **health impact assessments** (HIAs)

The Committee’s view on community sport infrastructure and active travel

We support Recommendation 6 in the Health, Social Care and Sport Committee’s Physical activity of children and young people report which calls for programme of investment in physical activity facilities for existing schools that are not part of the 21st Century Schools initiative.

We believe the Welsh Government should look again at:

- the 21st Century Schools guidance’s reference to statutory requirements relating to school buildings referenced (Regulation 3 (7) of the Education (School Premises) Regulations 1999). This states that “*changing accommodation including showers shall be provided for pupils who have attained the age of 11 years and who are in receipt of physical education and that accommodation shall be readily accessible from the school grounds and from any accommodation provided for physical education within the school buildings*”, meaning that 21st Century School primaries are not required to have changing facilities, limiting their use to the community;
- what needs to change in relation to active travel legislation given that recent post-legislative scrutiny of the Active Travel (Wales) Act 2013¹⁵ showed active travel has remained static, while walking to school has actually dropped;
- how the more widespread use of health impact assessments can be encouraged across developments that could provide physical activity spaces or more active travel options.

¹⁴ CYPE Committee, RoP [para 82], 14 March 2019

¹⁵ Economy, Infrastructure and Skills Committee, [Post-legislative scrutiny of the Active Travel \(Wales\) Act 2013](#), June 2018



3. Healthy Settings

Pre-school and early years

- 3.1 The importance of early intervention and prevention was a key theme among stakeholders, with some stating that “we’re already playing catch-up by the time children enter school”. It was emphasised that choices about food and activity are defined by the time children are four, and that **support should be provided as early as possible**.
- 3.2 Concerns were raised about staff to pupil ratios at the **Foundation Phase** and the impact this could have on the policy’s play-based approach. The NAHT stated:

“Early years is absolutely critical for the success of the strategy. School funding, and performance measures have potentially diluted the impact of the Foundation Phase e.g. staff / pupil ratio reductions and a less play-based approach than the original policy – this needs to be addressed.”¹⁶

- 3.3 The CMO explained that he was not an educationist and that staffing ratios in schools was not an area he had been asked to consider. However, in relation to the early years, he went on to say:

“...habits are developed early in life. That’s in the preschool; it’s also in the home of course, and then later in school. So, we do need to look at all of those as setting and are there more things we can do within those settings to drive healthier behaviours.”¹⁷

The Committee’s view on pre-school and early years

We believe more emphasis will be required in the final strategy on pre-school and early years. The draft strategy describes existing initiatives and things already being done. Given the figures relating to childhood obesity it is arguable that these initiatives have not had the full impact necessary and more work needs to be done to develop new approaches.

Physical education in schools and the new curriculum

- 3.4 The majority of stakeholders welcomed the development of the **health and wellbeing area of learning and experience in the new curriculum**, although there was some concern that without the detail being available yet it was difficult to comment.
- 3.5 There was a division of opinion among stakeholders about whether **statutory guidance on physically active education** ought to be introduced to schools in Wales.

¹⁶ Information provided by the NAHT to inform the Committee’s roundtable discussion on 6 March 2019

¹⁷ CYPE Committee, RoP [para 90], 14 March 2019



- 3.6 Education representatives argued that any requirement to deliver one area would reduce provision in another. They felt introducing a statutory requirement to deliver two hours of PE a week would be resented by pupils and parents and counterproductive. They also questioned how this would fit with the proposed flexibility of the new curriculum.
- 3.7 Representatives from Sport Wales advocated introducing a statutory requirement on the basis that unless it was statutory, physical activity would not be measured, and if it was not measured, it would not be a priority. They also called for more **teacher training on physical education**, particularly in primary schools.
- 3.8 The CMO stated that, as not enough children in Wales are physically active, **embedding physical activity at an early stage in primary school was very important**. He acknowledged that more needed to be done to evaluate existing initiatives and roll out successful schemes once identified. He also recognised that the **data collated on physical activity needed to be translated into programmes that successfully increase physical activity**, explaining “we need a population approach to driving physical activity”.¹⁸
- 3.9 In relation to statutory guidance to schools on physical activity education, the CMO said:

“I’d look to the consultation as to whether there was an appetite for any kind of guidance. It may well be that that is something that could be considered.”¹⁹

- 3.10 When asked about how the draft strategy fits in with curriculum reform – specifically whether the new curriculum ought to be persuasive and influential in terms of physical activity or place obligations on school leaders – the CMO said he would take the point away and look at it in more detail.²⁰

The Committee’s view on physical education in schools and the new curriculum

We believe that greater clarity will be needed on how the final strategy will influence and/or interact with the development of the new curriculum, specifically the health and wellbeing area of learning and experience.

Promoting healthy behaviours

- 3.11 Stakeholders supported the intention to optimise opportunities for school pupils to adopt healthy lifestyle behaviours. The importance of enabling children and young people to learn about good nutrition and **increase their fruit and vegetable consumption** was emphasised.

¹⁸ CYPE Committee, RoP [para 116], 14 March 2019

¹⁹ CYPE Committee, RoP [para 118], 14 March 2019

²⁰ CYPE Committee, RoP [para 93], 14 March 2019



Some suggested that free fruit in school could help encourage better food choices during break times.

- 3.12 In relation to the **Healthy Eating in Schools (Wales) Regulations 2013**, stakeholders did not feel that significant work was necessary but that more monitoring of the extent to which schools were able to comply with them was needed.
- 3.13 The Head of the Welsh Government's Healthy and Active branch stated that work was underway to consider updating the Regulations in relation to sugar content guidelines. He added that care was needed to avoid unintended consequences including, for example, any changes resulting in more children choosing to eat packed lunches which could have less nutritional value.

The Committee's view on promoting healthy behaviours

We believe that greater clarity will be needed on the recommended amount of fruit and vegetables that should be eaten, and what action will be taken to increase the proportion of children and young people eating fruit and vegetables. This needs to take into account the needs of more deprived communities, and learning from past initiatives. More detail on how children and young people will be encouraged to eat healthier food and have a more varied diet would also be welcomed. The final plan should also set out a timetable for updating the Healthy Eating in school regulations

4. Healthy People

Clinical obesity pathway

- 4.1 There was a strong message from stakeholders that the **clinical obesity pathway needed to be reviewed at pace and as a matter of priority**. A lack of resource and support services were highlighted, and calls for a clear timeline, indication of resource, and decision on minimum levels of service were made.
- 4.2 It was suggested that a **multidisciplinary service** where already overweight children and young people could access a range of specialist clinicians, including psychologists and dieticians, was needed. It was suggested that this was undermining the "**make every contact count**" approach, as professionals were concerned about broaching subjects when they were aware of a lack of support services to which a child or young person could be referred.
- 4.3 The CMO acknowledged that the pathway needed to be brought "up to date in terms of current knowledge and experiences". He went on to say:



"We've challenged Public Health Wales; we've asked Public Health Wales to undertake a review of that pathway, and they are going through that process now."²¹

4.4 The Head of the Welsh Government's Healthy and Active branch stated that the **pathway would be reviewed "by autumn 2019"**, to inform how the final strategy – to be published in October 2019 - looks.

4.5 In terms of supporting very overweight children the CMO stated:

"I don't think we have enough in the way of targeted support to be able to support those [very overweight children]. There are programmes available, but they're perhaps not universally provided. So, I think there's something about looking at our whole pathway, mapping out what the current evidence now shows us is needed, and then thinking about what is our provision in Wales and what do we need to do to bring that up to the level of the places that are the best."²²

The Committee's view on the clinical obesity pathway

While we welcome the draft strategy's focus on future generations, we recognise and emphasise the importance of providing support for those children and young people already overweight or obese. This support should address both the mental and physical needs of our children and young people. Our predecessor Committee's 2014 report on childhood obesity identified a significant gap in the provision of support and treatment services for children and young people and we are concerned by stakeholders' reports of little improvement. This needs to be addressed as a matter of urgency.

More detail is needed on the steps that will be taken to ensure an effective pathway and services are in place for children and young people already affected by overweight and obesity.

We are also very concerned that the timescales outlined by the CMO and officials leave little time for the results of the review of the pathway to inform the final strategy in a meaningful way.

Health inequalities and support for families on low incomes

4.6 Stakeholders raised some concerns about the extent to which the consultation addresses **challenges for families on low incomes**. That overweight and obesity was more prevalent in those in more socioeconomically deprived communities was also a cause of concern. It was

²¹ CYPE Committee, RoP [para 138], 14 March 2018

²² CYPE Committee, RoP [para 141], 14 March 2018



suggested that more “segmentation” could be done to understand the social, cultural, environmental issues that different groups will face.

4.7 The CMO stated:

“There is something about the affordability of good-quality healthy food that we need to think about. We do need to think in broad terms—broader terms than just obesity, but we do need to think in broad terms—about how we create a society where families have the wherewithal to lead healthy lives, and that gets you to really important questions about the minimum wage and income poverty.

There's no doubt in my mind—I'm a public health professional—and there's no doubt in my mind that economic success and health success go hand in hand. So, you speak to a very deep question there. In terms of what we can do through this particular consultation, there are some things in there about providing better access, but without tackling some of those deeper determinants of health, their impact will necessarily be limited.”²³

The Committee’s view on health inequalities and support for families on low incomes

While health inequalities are mentioned, there is a lack of evidence that bold action is being taken by Welsh Government to address them through this draft strategy. We are not convinced that, as currently drafted, the actions proposed will be sufficient to address the serious health inequalities associated with childhood obesity. We urge the Welsh Government to consider this in greater detail and address the concerns raised before the final strategy is published.

²³ CYPE Committee, RoP [paras 147-148], 14 March 2019

