

Royal College of Paediatrics and Child Health Wales response to the Health and Social Care Committee's inquiry into preventing obesity

June 2024

Childhood obesity is one of the biggest public health issues facing the UK. [Nearly a quarter](#) (24.8%) of children in Wales aged 4-5 are living with obesity or are overweight. This is 2.1% lower than pre-pandemic 2018/2019 figures but remains higher than Scotland and many regions in England.

Children living with obesity are at risk of ill health into adulthood, with 80% of obese young people remaining obese as adults. Children also [report](#) being stigmatised due to their weight, the impacts of which include bullying and poorer educational outcomes, increased risk of depression, anxiety and social isolation.

Summary

- The Welsh Government should promote policies to enable healthy choices and healthy behaviour. This includes addressing socio-economic factors that contribute to unhealthy weights and providing a suite of suitable support, information and resources to engage and guide families from before conception.
- Regional variations in services and support for children living with obesity need to be addressed by the Welsh Government.
- The Welsh Government should invest in early years nutrition within the first 1,000 days and ensure there is a workforce able to deliver advice, support and guidance on breastfeeding and infant feeding in the community.
- The Welsh Government should ensure children in schools are receiving healthy nutritious food and consider the affordability of rolling out free school meals more widely.
- The Welsh Government should create active environments, green spaces and preserve community leisure facilities to address the decline in physical activity and increase in sedentary behaviour.
- All healthy weight initiatives should be evidence based and implemented carefully to avoid unintended consequences.

Data on child obesity

National figures

Pre-pandemic, the data suggested a significant problem requiring urgent action. In [2018/19](#), 26.9% of children (aged 4-5) in Wales were overweight or obese, a higher proportion than many regions in England and Scotland.

Post pandemic, [2022/2023](#) figures show 24.8% of children in Wales (aged 4-5) were overweight or obese, statistically lower than pre-pandemic levels. However despite the slight decline, the proportion of overweight or obese children in Wales remains higher than Scotland and many regions in England.

Health Board variation

There is a significant difference between health boards. Cardiff and the Vale University Health Board has the lowest proportion of children overweight or obese (21.2%) whereas Hywel Dda University Health Board has the highest at 28.9%.

Hywel Dda University Health Board statistics are significantly higher than the Wales average of 24.8%. This is concerning as Hywel Dda currently does not have a dedicated weight management service for children and young people. A paper has been presented internally regarding establishing a service, but no further action has been taken to date.

With the highest proportion of overweight or obese children within this health board area it could be argued that this is storing up problems for the future population as research shows the links between child obesity and health problems later in life. This is also concerning as children from Hywel Dda are at risk of receiving different care from those elsewhere in Wales where other services are available.

The Welsh Government should ensure every health board had a dedicated weight management services for children and young people to ensure equity of provision. The Welsh Government should also invest in areas of deprivation and regional disparity to reduce child obesity.

Deprivation

In the least deprived fifth quintile 19.6% of children were obese or overweight, this compares to 27.8% from the most deprived fifth. A difference of 8.2% which is statistically significant.

[Children and young people have told](#) us how poverty affects them, including the following:

“Not enough money for healthy nourishing food, leading to a poor diet and unhealthy eating. It would be easier to get disease and get sick because of poor diet and poor hygiene”.

[Paediatricians have also told us](#) how poverty has affected their patients, including the following:

“Recent increases in household energy costs comes on top of food insecurity, which may mean families face a choice between paying energy bills and food. Living in a cold home has a negative impact on physical health by, for example, exacerbating respiratory illnesses.”

The [Healthy Start scheme](#) is a UK Government initiative, available in Wales, which provides coupons for vitamins as well as vouchers that can be used to buy £4.25 worth of fruit, vegetables and milk per week. Mothers with children under the age of one receive £8.50 per week.

The scheme is open to pregnant women and families with children aged 3 and under, provided they meet the requirements of receiving one of the qualifying benefits and having a low income. It's also open to all pregnant women under 18.

[Research](#) has shown the current scheme helps families think more about their health and diet and leads to improved dietary choices. It also aids families living in poverty to receive the best start to life by reducing barriers to healthy eating and nutrition.

However, uptake is not where it should be. The [latest figures](#) show that nearly 4 in 10 families in Wales that could be eligible for healthy start have not yet applied. There is a difference between local authorities ranging from 77% in Blaenau Gwent to 61% in Ynys Môn.

The Welsh Government and NHS Wales should ensure all everyone with children between 0-3 is aware of the scheme and if appropriate, how to apply. A healthy start to life through providing the best nutrition should not be undervalued and the importance of supporting those living in poverty should be prioritised given the latest PHW statistics. The UK

Government should also consider re-evaluating the amount provided per week to families.

First 1,000 days

[Research](#) has shown that ‘the ability of a child to develop, learn, and thrive is significantly impacted by how well or how poorly mothers and children are fed and cared for throughout this period [first 1,000 days]’.

Maternal nutrition needs to be addressed during pregnancy and the child’s first 1,000 days of life, or roughly between conception and a child’s second birthday. This will ensure the best start to a child’s life.

Breastfeeding has many benefits including meeting a baby’s nutritional needs, protecting against infections and diseases as well as benefits for the mother. However, while over 60% of women intend to breastfeed, the [figure](#) falls to 26% reporting any breastfeeding at 6 weeks.

The Welsh Government published a 5 year [Breastfeeding Action Plan](#) in 2019. As the plan is due to expire in 2024, the Welsh Government should ensure a focus remains on increasing breastfeeding rates across Wales, with an updated plan. Any plan moving forward should place a significant emphasis on community support, and ensuring support for new families is easily accessible. This work should be informed by Public Health Wales to ensure it is evidenced-based and can be implemented across Wales.

There should also be an emphasis on wider infant feeding and ensuring appropriate advice and education for families within the first 1,000 days. We know this is a key role for health visitors, but this is also a very stretched workforce.

The Welsh Government should ensure there are an appropriate number of health visitors and infant feeding professionals to provide advice, support and education on the importance of appropriate nutritious feeding within the first 1,000 days. This will embed healthy behaviours and support the prevention of obesity.

Provision of food and drink in schools

The food and drink provided in schools can make a positive contribution towards giving children and young people a healthy balanced diet and encouraging them to develop good eating habits.

The longstanding concerns regarding children who are overweight or obese, led to the Healthy Eating in Schools (Wales) Measure 2009. However unhealthy weight in childhood continues to be a challenge, signalling more is needed to be done to address this.

School meals should be nutritious and beneficial for the child's health. This should include ensuring fruit is available with every meal and where possible locally sourced.

RCPCH Wales is aware the Welsh Government is currently updating the food standards for maintained schools. It's essential this takes into consideration the importance of nutrition within any revision of existing standards and how these standards are monitored.

We supported the roll out and implementation of free school meals for all primary aged children. Universal free school meals are an investment in the wellbeing of future generation and provides wide socio-economic returns.

According to [research](#) highlighted by PHW, universal FSM has the potential to improve nutrition and general eating habits of children and have long-term individual health benefits including reduced childhood and adult obesity related to reducing diet-related disease and disability.

[Research](#) commissioned by Impact on Urban Health in England found that expanding free school meals to all children in state-funded education settings in England would save money in the long term. For every £1 invested, £1.71 would be returned, resulting in £41.3bn in core benefits. A further £58.2bn of indirect benefits could arise, resulting in £99.5bn of total potential benefits. While not Welsh research, it does indicate a long-term cost saving if free school meals were rolled out to all children in state-funded education.

RCPCH Wales would encourage the Welsh Government to ensure all children are receiving healthy school meals and look at the affordability of a future roll out to secondary state-funded schools.

Healthy behaviours and environments

Addressing obesity is complex and multifaceted. This goes beyond promote healthy eating, but also to promoting physical activity and creating healthy environments for children and families to thrive.

The Welsh Government should promote and encourage healthy behaviours through creating active environments, green spaces and preserve community leisure facilities to address the decline in physical activity and increase in sedentary behaviour.

In 2021 children in [Wales received F for physical activity](#), with only 17% of young people (aged 11-16) reporting being active for at least 60 minutes across every day of the week. In comparison nearly a third (32%) of children (aged 8-11) reported watching TV/screens for two hours or more every day.

The Welsh Government need to consider how it will address the decline in physical activity and ensure families can access healthy environments. This should include promoting opportunities to engage in physical activities, both within schools and outside of school and how it can involve the whole family in sports and alternative activities.

This should include building daily physical activity into the school day in line with the [UK Chief Medical Officers' 2019 Physical Activity Guidelines](#) as well as creating active environments, by providing funding for Local Authorities to maintain and expand on current sports and leisure facilities available for children and young people.

State of Child Health – Commercial factors

In 2020 RCPCH Wales published, [State of Child Health](#), which explored the impact of obesity and put forward key recommendations for the Welsh Government.

The following actions were suggested and, in our opinion, remain necessary to improve child health and aid in the prevention of obesity.

- A ban on advertising, sponsorship and promotion of products high in fat, sugar and salt HFSS products in public spaces including sporting events, family attractions and leisure centres should be implemented by 2030 and subsequently evaluated, starting with the transport network in the first delivery phase.

- A review of planning and licensing opportunities and the creation of healthier environments, including limiting (and enforcing) hot food takeaways within 400 metres of schools. There should be consideration of expanding this to other locations with a high child footfall (e.g. leisure centres, parks, hospitals).
- Create active environments, by providing funding for Local Authorities to maintain and expand on current sports and leisure facilities available for children and young people.
- Maintain and expand provision for free breakfast within primary schools, including access to fruit or vegetables. Welsh Government should publish revisions to the Healthy Eating in Schools (Nutritional Standards and Requirements) (Wales) Regulations and deliver an effective framework for monitoring compliance and intervening where the regulations are not being met.
- Advocate and lobby the UK Government to further restrict advertising of products HFSS in broadcast and on-line settings, which are non-devolved. All HFSS advertising between 17:30 and 21:00 should be restricted, with no exemptions.
- Set out expectations of the pace of reformulation of HFSS products, with a view to using Welsh taxation powers to bring about further change.
- The National Child Measurement Programme (NCMP) should be maintained across Wales. Welsh Government should consult on expanding their programmes to collect data at exit of primary school, which also provides an intervention for this age group who are more likely to be overweight or obese. NCMP data should be embedded within electronic health records.

Calorie labelling on menus

Mandatory calorie labelling on menus has been discussed as a possible option for Wales, having been rolled out in England. However, the evidence on the impact of out of home calorie labelling is still developing, and there is emerging evidence of the unintended negative impact on those living with an eating disorder.

We encourage the Welsh Government to monitor and review the effectiveness of mandatory calorie labelling on out of home settings as well as the impact on those living with an eating disorder.

If proven to be impactful through comprehensive research and a decision is made to roll out the policy in Wales, we would urge the Welsh Government to implement measures to reduce the impact on those living

with an eating disorder and others who may also be negatively affected by the policy. In addition, calorie labelling should not be introduced to children's menus as there is no set recommended daily calorie intake.

About RCPCH Wales

The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 600 members in Wales, 14,000 across the UK and an additional 17,000 worldwide. The RCPCH is responsible for training and examining paediatricians. We also advocate on behalf of members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards.

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