



**Welsh Government
Healthy Weight Healthy Wales**

Response submitted by the Royal College
of Paediatrics and Child Health

April 2019

Healthy Weight: Healthy Wales

We are seeking views on what will work to prevent and reduce obesity in Wales and help people achieve and maintain a healthy weight.

If you would like to comment on specific proposals under this theme, please use the summary of proposals document.

1. Are you responding as an individual or on behalf of an organisation? If you're responding on behalf of an organisation, please provide the organisation's name.

Name of organisation: Royal College of Paediatrics and Child Health (RCPCH)

We have identified some proposals for how we think we can help people to achieve and maintain a healthy weight but we want to know if these are the right proposals, if you know of different approaches which have proven to be effective and how we can best deliver the plan

2. Do you agree that a whole system approach could enable change to take place? If not, why? What are the opportunities, risks and barriers to effective leadership?

The causes of obesity in childhood are multifaceted. Reducing the prevalence of childhood obesity must address the obesogenic environment and the complex and interconnected factors that influence children's diets, levels of physical activity and lifestyles. Given this, a whole system approach is necessary to see effective change.

A number of the proposed actions fall outside of the remit of the Minister for Health and Social Services and outside of the gift of health services to deliver. This is important and necessary and we welcome the cross-government approach. However, we are concerned that 'everybody's business' can become overly dispersed within Cabinet and throughout government, with no central point of accountability.

We note that in the Children, Young People and Education Committee's session with the Chief Medical Officer¹, members of that Committee suggested that ultimate responsibility could lie with the First Minister. We note that the CMO indicated that the Minister for Health and Social Services would have particular responsibility. If this is the case, further consideration should be given to how those parts of the strategy falling outside of Health can be assured of priority status within Cabinet and across government. We would therefore welcome clarity on how cross-government accountability will work.

¹ Senedd TV (2019). National Assembly for Wales. Available at:
<http://www.senedd.tv/Meeting/Archive/3f83ebea-dc8d-4a49-8476-db30997ad575?autostart=True#>

The role of the proposed National Implementation Board will also be crucial. The process for the creation of this board must be transparent and given careful consideration. The precise purpose of this Board and its Terms of Reference must be clear. We would be interested to know whether the Board will include independent members to provide a scrutiny and a 'critical friend' function, or if not, how Government will ensure ongoing engagement with health and third sector groups and other experts, including paediatricians and other clinicians and their representative bodies, outside of Government and the public sector.

We call upon the Welsh Government to expand the Child Measurement Plan for Wales to measure children after birth, before school and in adolescence. We hope that the final strategy will include a specific commitment to expand the Child Measurement Programme with a timeline for implementing this, not only to enable better evaluation of reducing childhood obesity in Wales but to design effective interventions such as those proposed by Public Health Wales, working with schools where particular problems are identified. Improving the data on childhood obesity in Wales is crucial to help understand and scale up what works and identify work that will need to happen in future phases or iterations of Healthy Weight Healthy Wales.

We are encouraged to note that obesity will be a Tier 1 priority for Health Boards. We would welcome clarity as to when this will take effect and what outcomes Welsh Government expects as a result, as well as what measures will be taken if Health Boards fail to deliver services or meet the proposed new standards.

We would like to see the final strategy set out timelines for all of this, expressing what additional legislation will need to be delivered, when this will happen and including a commitment that this work will be properly resourced and given priority in a busy legislative schedule for government and the civil service. Please note our response to question 11 for further detail on this.

As a small nation, we have a unique opportunity in Wales to 'think big' and use a whole systems approach to make a significant difference and lead the UK nations. The experience in Amsterdam and elsewhere shows that progress is possible in decreasing rates of childhood obesity: we must now use all levers at our disposal in Wales, including legislation, purchasing and funding, planning, education and health service delivery, to achieve this.

4. Do you agree that the proposals set out in HE1- HE5 would make our food and drink environment healthier?

5 Completely agree - yes

4 Agree

3 Neither agree/ disagree

2 Disagree

1 Completely disagree

If you agree, how do you think these could be implemented and what support will be required? If not, why?

HE1: We welcome the proposal to support Welsh business to reformulate and develop healthier food choices and to support the reformulation programme UK-wide. We also support in principle using all levers at the Welsh Government's disposal to progress this agenda as appropriate, including taxation and sanctions for non-compliance with

legislation. We would like to see the final strategy set out what 'scale and pace of change' by industry is 'sufficient' to better understand how the Welsh Government sees progress in this area and at what point it would conclude that further actions including using taxation become necessary.

We will respond in detail to specific proposals that will require further consultation including calorie labelling in the out of home sector and banning the sale of energy drinks to people under the age of 16 – both of which we support and welcome – when those issues are considered in subsequent consultations.

Ahead of then, we would note that the evidence RCPCH provided to a consultation by the Department of Health and Social Care (England) on calorie labelling largely or wholly applies in the Welsh context and addresses issues of implementation. In summary, we found that:

“Evidence suggests that calorie labelling, including in the out-of-home sector, can help to reduce the number of calories that people consume. One meta-analysis of six studies showed that among those who noticed calorie labelling, purchased calories reduced by 124.5 calories.

This particular policy would bring labelling of food eaten out of home in pubs, cafes, takeaways and restaurants, in line with food sold in the retail sector, and support informed decision-making, as well as creating a level playing field for both consumers and industry. The RCPCH recommends mandatory food labelling be introduced for all food and drink sold in all out-of-home businesses. This is supported by the public; in recent data collected by Diabetes UK respondents agreed the legislation should apply to chain restaurants (97%), medium sized businesses (95%), small businesses (78%) and micro businesses with fewer than ten employees (60%)².”

We are concerned that no timescale has been published to set out the Welsh Government's plans to consult on this issue and potentially legislate. We would like to see the final strategy provide clarity as to how and when this will be delivered.

HE2: We support the Welsh Government's commitments to work with UK Government with a view to restricting broadcast and online advertising of High Fat, Sugar and Salt (HFSS) food and drink. Our full position is set out in an RCPCH consultation response to the Committees of Advertising Practice (CAP) – Food Advertising to Children on TV call for evidence in which we state that:

“Research demonstrates that there is a clear link between the food and drink adverts children see and their food choices and how much they eat. A systematic review and meta-analysis undertaken by Boyland et al. (2016) looking at the effects of acute exposure to unhealthy food and non-alcoholic beverage advertising found that acute exposure to food advertising increases food intake in children³.”

² RCPCH (2018). *Department of Health and Social Care: Consultation on mandatory calorie labelling in the out-of-home sector Response submitted by the Royal College of Paediatrics and Child Health*. Available at: https://www.rcpch.ac.uk/sites/default/files/2018-12/rcpch_response_-_dhsc_mandatory_calorie_labelling_out_of_home_final.pdf

³ RCPCH (2018). *Committees of Advertising Practice (CAP) – Food advertising to children on TV: an open call for Evidence Response submitted by the Royal College of Paediatrics and Child Health*. Available at: https://www.rcpch.ac.uk/sites/default/files/2018-05/rcpch_response_final_bcap_advertising_standards.pdf

Advertising and promoting unhealthy food is pervasive in day to day life and not restricted to TV and online marketing. Therefore, it is essential that the Welsh Government uses all of its powers to restrict marketing and promotion of HFSS food and drink to children. We have previously welcomed announcements by the Mayor of London on a ban on HFSS food and drink advertising on the Transport for London network and note public support for this action⁴. We urge the Welsh Government to deliver on these proposals and hope to see swift moves to implement similar restrictions on public transport, family and sporting events and other public or substantially publicly funded events. We note also that the First Minister proposed the 'something for something' principle in his personal manifesto and encourage consideration as to how this principle might apply in terms of restricting HFSS marketing by organisations in receipt of Welsh Government funding.

Again, we are concerned that no timetable has been proposed for consulting on this issue or for introducing new policy or legislation and we urge the Welsh Government to include more specific commitments to deliver these proposals in its final strategy.

HE4: We welcome moves to improve nutritional labelling and information on packaging. We would also highlight recent study, published in the Archives of Disease in Childhood, that concluded that "a large proportion of products marketed to children through product packaging are less healthy, and claims used on product packaging are confusing. Uniform guidance would avoid confusion on nutritional quality of many popular foods"⁵. We are concerned at these findings, particularly the disappointing levels of fruit and veg in products claiming to contain at least one portion of the recommended 5-a-day. It is clear that families are being influenced by surreptitious food packaging, and we support the researchers' call for stricter regulations on composition and labelling. It is essential that parents and children know precisely what is in the products they consume and are not misled by manipulative marketing campaigns.

HE5: RCPCH have previously responded to a consultation by the Department of Health and Social Care in England on ending the sale of energy drinks to children. Again, the evidence in that response will be largely or wholly applicable in Wales. We support the proposal. In terms of the impact specifically on obesity (there are broader reasons for our support for this move around the impact of caffeine on children's sleep, mental health and wellbeing, oral health, poor academic attainment and poor behaviour), our position is that:

"As with other beverages with a high sugar content, consumption of energy drinks has been shown to be associated with adverse metabolic, dental and renal effects, including overweight and obesity...

...RCPCH firmly believe that there is sufficient evidence to act now to protect children. We cannot afford to allow continued growth in consumption of products shown to worsen obesity and the wellbeing of our children⁶."

⁴ RCPCH (2018). *Mayor confirms ban on junk food advertising on London transport network*. Available at: <https://www.rcpch.ac.uk/news-events/news/mayor-confirms-ban-junk-food-advertising-london-transport-network>

⁵ García, A., Morillo-Santander, G., Alison Parrett, A. and Mutoro, A (2019). Confused health and nutrition claims in food marketing to children could adversely affect food choice and increase risk of obesity. *Archives of Disease in Childhood*. Available at: <https://adc.bmj.com/content/early/2019/03/29/archdischild-2018-315870>

⁶ RCPCH (2018). *Department of Health and Social Care: Consultation on ending the sale of energy drinks to children. Response submitted by the Royal College of Paediatrics and Child Health*. Available at:

Once again, the final strategy should set out how these proposals will be taken forward, including a timeline for introducing any new legislation.

For all HE1-5 we strongly encourage the Welsh Government to use the updated Nutrient Profile Model to support identification of HFSS foods that this package of legislation will apply to. The Nutrient Profile Model (NPM) is an established and evidence-based tool which is already used and understood by the food industry. It uses a scoring system to balance the contribution made by beneficial components and nutrients of food and drink to a child's overall diet with the negative contributions from nutrients where children are consuming levels higher than that recommended. Using a consistent approach to identify HFSS foods across advertising and promotions would also provide a greater incentive to manufacturers to reformulate their products to reduce overall calories, sugar, saturated fat and salt, enabling them to both advertise and promote their products without restrictions.

5. Do you agree that the proposals set out in HE6-HE7 would provide an environment with more opportunities to be active?

5 Completely agree - Yes

4 Agree

3 Neither agree/ disagree

2 Disagree

1 Completely disagree

If you agree, how do you think these could be implemented and what support will be required? If not, why?

We are disappointed that HE6 and HE7 do not propose ways to reduce the proximity of fast food outlets to schools, colleges, leisure centres and other places where children gather. We have called for action on since publication of our 2017 State of Child Health report and seen little progress⁷. We raised this at meetings of the Welsh Government's Obesity Strategy Development Board and hoped that this would be considered as part of the strategy. We understand that legal advice provided to the Welsh Government has cast doubt on what powers Welsh Government has at its disposal to take action on this issue. However, this legal advice has not been shared publicly and some Assembly Members have challenged this analysis⁸. We therefore urge the Welsh Government to look again at this issue and set out what actions it can and will take on this issue. We also request that Welsh Government shares this legal advice and if it is not able to take the actions it would wish to do, set out what measures it will take to secure powers to take action in future.

HE7: The RCPCH's report 'Why Children Die: Death in infants, children and young people in the UK, Part D (October 2014)' clearly lays out the evidence behind the need to reduce speed limits in built up areas to 20mph⁹. Based on this evidence, we support - and have

https://www.rcpch.ac.uk/sites/default/files/2018-11/rcpch_response_-_dhsc_ban_on_the_sale_of_energy_drinks_consultation_-_final.pdf

⁷ RCPCH (2019). *State of Child Health: Wales – two years on*. Available at:

<https://www.rcpch.ac.uk/resources/state-child-health-wales-two-years>

⁸ See, for example, Plaid aims to restrict the number of fast food outlet. *BBC Wales Online* (2019). Available at: <https://www.bbc.co.uk/news/uk-wales-politics-47673325>

⁹ RCPCH (2017). *Why Children Die: Death in Infants, Children and Young People in the UK*. Available at: <http://rcpch.adlibhosting.com/Details/resources/700000161>

long called for - the introduction of 20 mph speed limits in built up areas, to create safe places for children to walk, cycle and play. We have recently attended roundtable discussions with Assembly Members who have expressed their full support for legislating on this issue. We therefore urge the Welsh Government to move beyond 'considering the potential' for its new powers over national speed limits and move forward with proposing new policy and/or legislation to deliver this. We would be glad to provide further detail if there is a call for evidence or consultation on specific proposals.

6. Do you agree with the proposals for the following settings (please identify which setting(s) you wish to comment upon)?

- **Early Years (HS1)**
- **Schools (HS2)**
- **Higher/ Further Education (HS3)**
- **Workplace (HS4)**
- **NHS (HS5)**
- **Public Sector (HS6)**

5 Completely agree - yes

4 Agree

3 Neither agree/ disagree

2 Disagree

1 Completely disagree

If you agree, how do you think these could be implemented and what support will be required? If not, why?

We agree that the settings identified are key settings and that the proposed actions should be included in the strategy. To prevent and reduce childhood obesity, we need particularly robust actions in Early Years (HS1), Schools (HS2) and Higher/ Further Education (HS3). We also expect health services to be exemplars and support health professionals including RCPCH members to provide leadership and role modelling (NHS, HS5).

HS1: RCPCH responded to a Welsh Government consultation in 2018 on new guidelines for Food and Nutrition in Childcare Settings. We supported the proposals and questioned how adherence to the guidelines would be ensured and evaluated. We welcome assurances by the Minister in the Foreword to the revised guidance that "we will now be working with a range of partners, including Care Inspectorate Wales, to ensure that these guidelines are implemented and that we can monitor the difference they will make" and that "we will continue to work with and support childcare settings through the planned Healthy Weight: Healthy Wales strategy"¹⁰. As an important part of the HWHW strategy, we hope that the final HWHW document will clarify those monitoring arrangements and plans to publish findings, giving families confidence that food given to their children in early years settings meets the agreed standards. We also hope that it will propose ways of addressing non-compliance with the guidelines to achieve consistent compliance across childcare settings in Wales.

HS2: We are pleased to see plans to update the Healthy Eating in Schools (Wales) Regulations 2013 to reflect current government nutrition recommendations and note the commitment to strengthen implementation. We will respond to any consultation or call

¹⁰ Welsh Government (2019). *Food and Nutrition for Childcare Settings*. Available at: <https://gov.wales/sites/default/files/publications/2019-03/190313-nutrition-guidance-complete.pdf>

for evidence on this. We would add that this must include a robust system of monitoring and evaluation to ensure that schools consistently comply with the Regulations, giving parents, Ministers and government confidence that the regulations are being adhered to and data on which to base future policy.

We note that this issue has been raised by Assembly Members expressing concern at the lack of a robust inspection framework for school meals¹¹ and that the Minister for Health and Social services has said that “I recognise what you've had to say about healthy eating within schools and the challenges of procurement, about having healthy meals and adherence to the current regulations we have when considering further legislative change”¹².

We would therefore like to see greater clarity in the final strategy as to how adherence to the updated guidelines will be evaluated and, if necessary, enforced.

HS5: The Government should ensure that all food served, sold and promoted to patients, staff and visitors in hospitals and other NHS premises promotes a healthy balanced diet. The proposed actions may help achieve this but further actions will be required including mandating these new standards, with regular monitoring and actions in the event of non-compliance.

RCPCH members regularly highlight concerns around the provision of healthy food in hospitals and other health settings, along with the prevalence of unhealthy food and, more broadly, an obesogenic environment that fails to support staff to maintain a healthy weight and does not role model best practice and provide the leadership that we would expect if reducing obesity is a priority. In helping us respond to this consultation, members told us that:

“NHS staff need to be healthy role models - which is not the case at present. Healthy eating should be the only option in hospital - for staff and patients. Staff should also be encouraged to exercise with after work classes, reduced gym membership and other incentives. Could healthy lifestyle be part of nurse/ doctor training to help us be good role models? Could how we look after ourselves be part of our annual appraisals? Biking to work needs to be encouraged much, much more. I have commuted by bike & seem to be the only one! It's not made easy by the lack of easy access to showers & lockers & bike sheds.” (RCPCH member)

And:

“In the area where I work, there is little in the way of appetising healthy food available within hospital settings for staff, and there are no catering options for community-based staff. There are very limited shower and changing facilities for staff wishing to cycle or run to work (in many areas, no facilities). I am not aware of any initiatives to encourage activity before, after or during the work day.” (RCPCH member)

Furthermore, in the HWHW Clinical Roundtable (Cardiff, April3) we noted that a number of clinicians highlighted concerns around these issues, including the volume of unhealthy food available in coffee shops and retail outlets on NHS premises. An RCPCH member

¹¹ See, for example, National Assembly for Wales (2019). *Plenary 29/01/2019*, item 299. Available at: <http://record.assembly.wales/Plenary/5421>

¹² National Assembly for Wales (2019). *Plenary 29/01/2019*, item 302. Available at: <http://record.assembly.wales/Plenary/5421>

attended also expressed great frustration at sweet trolleys delivering chocolate and high sugar drinks to paediatric wards, sometimes for free with excess stock from supermarkets and that there is currently “nothing I can do about it”.

It is clear that clinicians are concerned that hospital settings are currently obesogenic settings for staff and visitors and that we must take robust action to move away from this situation, especially for children. Health care settings must be healthy settings.

We would be glad to facilitate direct contact with paediatricians to help design new standards for food and drink available to staff, patients and visitors to hospitals and other healthcare settings – and through Obesity Alliance Cymru (OAC), which RCPCH Co-Chair and whose membership includes bodies representing physiotherapists, psychiatrists, physicians and dietitians, to coordinate with other clinicians and health professionals.

7. Do you agree that proposals HP1 – HP2 will support behavioural change and increase conversations about healthy weight through front line services?

5 Completely agree

4 Agree - Yes

3 Neither agree/ disagree

2 Disagree

1 Completely disagree

If you agree, how do you think these could be implemented and what support will be required? If not, why?

HP1: We support these proposals as part of a strategic approach to bringing about behaviour change. We welcome the commitment to understanding what works. There must be mechanisms and funding built in to these programmes to innovate and evaluate in order to build an evidence base as programmes develop and scale-up what the evidence tells us is working.

HP2: We support proposals to ensure that all health care professionals can make every contact count by having difficult conversations with their patients (whatever their age) who are overweight or obese.

Feedback gathered from RCPCH members to inform this consultation supports this:

“I have had MECC training and I do think this is fantastic - helping to think about additional issues and giving you the confidence / knowledge that it's okay, to address these tricky issues with your patients / families. Generally doctors are not confident discussing weight or wider health advice issues such as smoking / drugs / safety / mental health. This needs to be addressed with trainee doctors so they integrate this into their consultation skills early on. I also feel parents ‘switch off’ unless there’s something specific to offer.” (RCPCH member)

Following that final point, we note that a number of RCPCH members in Wales have told us that they are reluctant to open conversations about weight because of a lack of options for providing referrals, services or ongoing support. As one member put it:

“Acute and community paediatric colleagues report deliberately not mentioning weight as they have nothing to offer in terms of a service. Often to the point of not weighing

and measuring the child, as “there is nothing to be done about it anyway””. (RCPCH member)

Therefore, the question of delivering support and services for children and young people who already have overweight or obesity must be addressed urgently, along with training on having these conversations. RCPCH members tell us this is a significant barrier.

8. Do you agree that proposals HP3 - HP4 will enable children and families to support a healthy weight?

5 Completely agree

4 Agree yes

3 Neither agree/ disagree

2 Disagree

1 Completely disagree

If you agree, how do you think these could be implemented and what support will be required? If not, why?

The scale of the challenge is illustrated in this comment sent to us by an RCPCH member in response to this consultation:

“Families often do not believe their children are overweight – or that they are as overweight as they are – so they see no need to change. There is a huge gap in knowledge with some families about what constitutes a healthy diet and lifestyle. There is a massive overestimate of the calorie-burn from exercise and underestimate of the calorie content of food. There is a belief in the marketing – many families believe that that foods marketed as “healthy” are better than those which are not. Once this is addressed, many families do not have the skills to cook healthy meals. And once all of this is addressed, change is very difficult for some families and they would need a huge amount of support to do so.” (RCPCH member)

We welcome the steps proposed by Welsh Government and would encourage an approach that is able to innovate, develop an evidence base through robust evaluation and rapidly scale up programmes that are shown to be effective.

HP3: We welcome the development of an all Wales breastfeeding plan. We would welcome clarity as to how this will interact with the obesity strategy and how success will be evaluated. We recommend that targets for increasing breastfeeding rates are published within Healthy Weight Healthy Wales to provide clarity and enable informed evaluation of both the breastfeeding plan and the obesity strategy. We recommend that the Becoming Breastfeeding Friendly (BBF) recommendations for Wales are implemented as part of the breastfeeding plan.

We would also highlight the need to support women before pregnancy to maintain a healthy weight and welcome calls from the Royal College of Obstetricians and Gynaecologists for a Women’s Health Strategy, focused on improving the health of girls and women in the UK¹³.

¹³ RCPCH (2018). *Child health in 2030 in England: comparisons with other wealthy countries*, p8. Available at: https://www.rcpch.ac.uk/sites/default/files/2018-10/child_health_in_2030_in_england_-_recommendations_report_-_2018-10.pdf

9. Do you agree that proposal HP5 will develop a clinical pathway to ensure those who are overweight or obese can access the right kind of support?

5 Completely agree

4 Agree yes

3 Neither agree/ disagree

2 Disagree

1 Completely disagree

If you agree, how do you think these could be implemented and what support will be required? If not, why?

We are very concerned that there are no services for children and families in Wales who are already living with overweight and obesity. Our members highlight this regularly and express concern that Wales risks falling behind and failing children.

Were the proposed actions to be fully implemented, we would hope to see the necessary services set up. However, the current obesity pathway has been in existence for many years and most if not all of the above actions could have been implemented already within the existing framework.

We are disappointed that the review of current delivery and implementation barriers has not been completed in designing A Healthier Wales so that action can immediately be taken to deliver effective weight management services for children, young people and families.

In preparing this consultation response, RCPCH members in Wales told us that:

“I'm not aware of any services for children. It's very difficult managing obesity with no supportive services as there's a limit to what can be discussed in a health appointment for another condition.” (RCPCH member)

And:

“[In my area]... there is no service for children who are already overweight or obese. I did try to set up a service, but there is nothing like enough resource” (RCPCH member)

A successful strategy to reduce childhood obesity must include robust measures to prevent obesity but also to support and treat children who already require services. The need to deliver these services is urgent. Therefore, while we welcome the steps proposed, we call upon the Welsh Government to work with Health Boards to make progress on delivery of services immediately, rather than have to await the outcome of a further review. We understand that conversations are happening on these issues and hope that this work is progressed at pace.

While we do not express a preference for funding models, we note the call made by a number of clinicians at the Clinical Roundtable event led by Welsh Government officials (April 3, Cardiff) for national, directed funding to deliver weight management services and the future pathway and hope that the final strategy will provide clinicians with clarity and confidence that the necessary funding models will be in place with certainty of their delivery by Health Boards.

We hope to see further information and commitments on this when the final strategy is published.

10. This question relates to the impact the proposals might have on certain groups. Do you think the proposals in this consultation document might have an effect on the following?

- o Those living in rural areas**
- o Welsh language**
- o Equality**
 - Age**
 - People with disabilities**
 - Sex**
 - Transgender**
 - Marriage or civil partnerships**
 - Pregnancy and maternity**
 - Race**
 - Religion**
 - Sexual orientation**
- o Children and young people**

As highlighted in this document, children are significantly influenced by the obesogenic environment and we hope these proposals will have a significant positive impact on this group.

11. Do you have any other comments about these proposals?

While we welcome these proposals we have a number of concerns about Healthy Weight Healthy Wales as a strategy. Primarily, these are about:

- The lack of overall targets by which to establish success criteria and evaluate success in meeting these**
- Accountability**
- The lack of detail on how and when these proposals will be delivered**

We feel that the scale of the challenge ahead and the opportunity for improving children's health requires a strategy that is bold and ambitious with a detailed delivery framework and clear accountability. The urgency of this challenge means that work must be delivered at pace. HWHW presents a unique opportunity to do so and we hope that the strategy, when published, will address these issues.

Target setting

The latest data from the Child Measurement Programme (CMP) show that obesity rates in reception age children are alarmingly high but appear to be broadly stable¹⁴. We must therefore establish a target of substantially reducing childhood obesity. Anything less than a substantial reduction would indicate a low level of ambition that is insufficient to meet the scale of the challenge.

¹⁴ Public Health Wales (2019). *Child Measurement Programme for Wales 2017/18 report*, p6. Available at: <http://www.wales.nhs.uk/sitesplus/documents/888/CMP%20report%20%28Eng%29.pdf>

Targets are important for setting out expectation, responsibility, measuring progress and driving action. We note that both Scotland and England¹⁵ have set targets to halve childhood obesity by 2030. The child measurement programme for Wales shows that there is even greater need for action in Wales given that the percentage of reception age children with overweight or obesity is higher in Wales than anywhere else in the UK, including any English region¹⁶. To demonstrate less ambition than England and Scotland would therefore be concerning.

The CMP data also show an alarming increase in obesity inequality over the past few years. Therefore, in addition to an overall target for reducing childhood obesity, we would also strongly recommend targets for reducing health inequalities as part of HWHW to improve health outcomes for children in low income families.

Accountability

We reiterate the point we made in answer 2 that there is potential for 'everyone's business' to be dispersed across Cabinet and Government to the extent that lines of accountability become unclear. We therefore recommend a clear statement on 'ownership' of the strategy overall and how Ministers and Government departments will ensure collective delivery of the strategy, particularly if accountability ultimately lies with the Minister for Health and Social Services, but delivery falls largely outside of Health and Social Services.

Detail on delivery

We are concerned that the actions proposed in the draft strategy are lacking in detail on implementation. We would expect the final strategy to set out, for example:

- Funding arrangements including for delivering the obesity pathway and for parts of the strategy that fall outside of health services.
- Duties on bodies including local authorities, health boards and publicly funded organisations
- Clarity on which organisations will deliver programmes such as MECC training
- Timelines on implementation including a working timetable for further consultations and any new legislation, setting out what can be achieved this Assembly term
- Clarity as to what success would look like on reformulation to give industry an understanding of expectations in Wales

¹⁵ Department of Health and Social Care (2018). *New measures announced to halve childhood obesity by 2030*. Available at: <https://www.gov.uk/government/news/new-measures-announced-to-halve-childhood-obesity-by-2030>

¹⁶ Public Health Wales (2019). *Child Measurement Programme for Wales: Current Annual Report*. Available at: <http://www.wales.nhs.uk/sitesplus/888/page/67795>