Welsh Parliament
Health and Social Care Committee

Prevention of ill health - obesity

October 2025

www.senedd.wales

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About the Committee

The Committee was established on 23 June 2021. Its remit can be found at: **www.senedd.wales/SeneddHealth**

Current Committee membership:

Committee Chair: Peter Fox MS
Welsh Conservatives

Mabon ap Gwynfor MS
Plaid Cymru

James Evans MS
Welsh Conservatives

John Griffiths MS
Welsh Labour

Lesley Griffiths MS
Welsh Labour

Joyce Watson MS
Welsh Labour

The following Members attended as substitutes during this inquiry.

Mike Hedges MS
Welsh Labour

Altaf Hussain MS
Welsh Conservatives

Jenny Rathbone MS
Welsh Labour

The following Members were also members of the Committee during this inquiry.

Russell George MS
Independent Member

Sam Rowlands MS
Welsh Conservatives

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Chair's foreword

Obesity is a significant public health issue with far-reaching consequences for individuals and society. It is linked to a range of serious health conditions, reduces life expectancy, and places a substantial burden on healthcare systems.

No country in the world has yet reversed obesity, which shows the scale of the challenge facing us. However, this does not mean that we can afford to be complacent. Prevalence in Wales is rising, with 26 per cent of adults over 16 having previously been reported as living with obesity. The cost to the NHS has previously been estimated as £73 million a year. Alongside the rising trend in the number of people living with one or more chronic illnesses and an ageing population, the health and care system in Wales is under significant pressure.

Healthy Weight: Healthy Wales is the Welsh Government's long term strategy to prevent and reduce obesity but we heard this is having little impact on the ground. We also heard that there are long waiting times for adult weight management services, while there is no provision for children and young people in a number of health boards.

Whilst we must ensure that equitable services and support are in place for people living with overweight and obesity, we must not lose sight of the long term prevention agenda of reversing the trend and minimising the number of people needing to access weight management services. This is going to require clear oversight and direction with cross-sector responsibility and accountability.

Peter Fox MS
Chair of the Health and Social Care Committee

Recommendations

Recommendation 1. The Welsh Government should consider the methods used elsewhere, particularly in England and Scotland, to apply adjustments to self-reported height and weight data, with a view to introducing adjusted data in Wales to more accurately reflect levels of overweight or obesity. .....Page 15

Recommendation 2. The Welsh Government must demonstrate stronger leadership in driving the changes needed to ensure services are in place to support people living with overweight and obesity in Wales. This requires a cross-Government, whole-systems approach. In its response to this report, the Welsh Government should outline how its approach sets out:

- clear lines of responsibility for the delivery and monitoring of the Healthy Weight: Healthy Wales delivery plan;
- how its partners should collaborate across Wales to reduce obesity; and
- how its partners will be held to account for delivering their responsibilities in this area. .....Page 17

Recommendation 3. The Welsh Government should:

- provide an annual update to the Senedd on progress in implementing the *Healthy Weight: Healthy Wales* delivery plan;
- publish the outcomes and achievements of the *Healthy Weight: Healthy Wales* delivery plan at the end of each two year cycle. .....Page 17

Recommendation 4. The Welsh Government should commission an audit of the provision of adult weight management services in each health board to determine future provision needs across all health boards. This should include:

- details of the waiting times for weight management services, for both adults and children;
- the number of people waiting for weight management services in each health board;
- details of the make-up of the weight management teams, e.g. the number of available psychologists and dietitians.

1. Introduction

Background

1. Obesity is recognised as one of the most significant public health challenges, both in the UK and internationally. Prevalence is rising in Wales, as elsewhere, with much higher levels of obesity in the most disadvantaged communities.

2. Obesity is a key risk factor for a wide range of chronic diseases, including type 2 diabetes, hypertension, cardiovascular disease (including stroke), and some cancers. It also impacts people's wellbeing, quality of life, and ability to work.

3. The most recent figures from the National Survey for Wales (2024-2025)[1] show that 62 per cent of adults age 16+ in Wales are living with overweight or obesity (with 26 per cent having previously been reported as living with obesity). The National Survey for Wales results are based on telephone interviews and online questionnaires asked of people across Wales.

4. Public Health Wales has previously estimated the cost of obesity to the NHS in Wales as £73 million. By 2050, this is estimated to rise to £465 million.[2] The broader cost to society and the economy in Wales by 2050 is estimated at £2.4 billion.

Our inquiry

5. The promotion of healthy lifestyles and prevention is one of the priority issues identified in the Committee's strategy for the Sixth Senedd[3].

6. The Committee chose to focus its attention on the effectiveness of Welsh Government strategy, regulations, and associated actions to prevent and reduce obesity in Wales. This included consideration of:

- gaps/areas for improvement in existing policy and the current regulatory framework (including in relation to food/nutrition and physical activity);
- the impact of social and commercial determinants on obesity;

[1] StatsWales National Survey for Wales
[2] Public Health Wales: The case for action on obesity in Wales
[3] Health and Social Care Committee, Sixth Senedd Strategy

- interventions in pregnancy and early childhood to promote good nutrition and prevent obesity;
- the stigma and discrimination experienced by people who are overweight/obese;
- people's ability to access appropriate support and treatment services for obesity;
- the relationship between obesity and mental health;
- international examples of success (including potential applicability to the Welsh context).

7. We gathered evidence in writing and held oral evidence sessions with stakeholders, including the Cabinet Secretary for Health and Social Care (the 'Cabinet Secretary'). Schedules of oral and written evidence are available at Annexes 1 and 2 respectively.

8. Our Citizen Engagement Team conducted a series of interviews and focus groups with people across Wales with lived experience of obesity and those who support them[4].

9. We also visited Cardiff and Vale College[5] to see the work it is doing with students to support and promote activity and wellbeing.

10. We are extremely grateful to everyone who contributed to our work.

[4] Prevention of ill health – obesity, Engagement findings
[5] Cardiff and Vale College

2. *Healthy Weight: Healthy Wales* (HWHW)

11. *Healthy Weight: Healthy Wales*[6] is the Welsh Government's long term strategy to prevent and reduce obesity. The key components of the strategy are:

- Healthy Environments: Creating environments that support healthy choices, such as improving access to healthy foods and promoting physical activity;
- Healthy Settings: Implementing health-promoting initiatives in schools, workplaces, and communities to encourage healthier lifestyles;
- Healthy People: Providing support for individuals to achieve and maintain a healthy weight through various programmes and services;
- Leadership and Enabling Change: Ensuring strong leadership and collaboration across sectors to drive the strategy forward.

12. The strategy is delivered through five two-year plans and is supported by a number of programmes funded from the *Healthy Weight: Healthy Wales* budget.

13. The latest delivery plan for 2025 to 2027[7] was published on 30 September 2025, prior to publication of this report.

Measuring obesity rates

14. Wales is the only country in the UK to rely solely on self-reported data. In England and Scotland, adjustments are applied to self-reported height and weight data to more accurately reflect obesity rates. We were told that, as a result of this self-reporting, official statistics may be underestimating levels of obesity in Wales. Using the methodology applied in Scotland and England, 34 per cent of Welsh adults are living with overweight or obesity, compared to the official figure of 26 per cent, making it the highest of all UK nations[8].

[6] Healthy Weight: Healthy Wales
[7] Healthy Weight: Healthy Wales delivery plan 2025 to 2027
[8] OB06 British Heart Foundation Cymru

15. The British Heart Foundation said that this discrepancy invariably meant that the right people were not being targeted and were potentially missing out on health interventions. It called for "a new approach to obesity rate data collection in Wales".[9]

16. Public Health Wales acknowledged that most of the data collected on the adult population of Wales is self-reported. It said:

> *"It's okay, but, clearly, there are limitations to that, and we know that is going to be a massive underestimate. It doesn't enable us to measure things like central obesity, which we know is helpful."*[10]

Cross sector accountability

17. Many of the changes needed to treat obesity require responsibility and accountability across organisations and sectors. Professor Jim McManus, Public Health Wales, told us:

> *"... we need to describe, in some detail, 'You as an agency are responsible for this, and you will be accountable to whoever.' That, I think, is where we need to be really held to account for what we're delivering. So, it's clarity of what we do, it's accountability of what we do, it's having to account for delivering the best value for money."*[11]

18. A number of other respondents also highlighted the need for greater cross sector accountability, including Aneurin Bevan[12], Betsi Cadwaladr[13] and Cardiff and Vale University Health Boards (UHBs)[14]. Evidence from Cwm Taf Morgannwg UHB stated:

> *"In recognition of the multi-factoral influences on obesity, it will be essential that a wide range of areas of government consider healthy weight their business, with high profile leadership."*[15]

[9] OB06 British Heart Foundation Cymru
[10] RoP, 24 October 2024, paragraph 73
[11] RoP, 24 October 2024, paragraph 31
[12] OB01 Aneurin Bevan University Health Board
[13] OB29 Betsi Cadwaladr University Health Board
[14] OB34 Cardiff and Vale University Health Board
[15] OB03 Cwm Taf Morgannwg University Health Board

19. The Cabinet Secretary assured us that the next two year delivery plan for *Healthy Weight: Healthy Wales* would adopt a whole-Government approach. He said there had been good cross-Government working, as the plan touched on practically every portfolio, and there would be cross-Government approval of the final delivery plan.[16]

20. When asked if a cross-Cabinet committee would be established to ensure the plan is delivered, the Cabinet Secretary said that would be a matter for the First Minister, but:

> *"... there will, absolutely, be a cross-Government governance mechanism [...] to make sure that all the priorities in the plan, which are informed by departments across the Government, are being pursued in the way that the plan sets out."*[17]

Delivery

21. Whilst the *Healthy Weight: Healthy Wales* strategy was generally welcomed, concerns were raised regarding its implementation. Obesity Alliance Cymru said that, although it applauded its ambition, much of that ambition had not yet been implemented.[18]

22. When asked what impact *Healthy Weight: Healthy Wales* was having on the ground, Dr Claire Lane, a clinical psychologist representing the Cross-Wales Weight Management Psychologists, told us:

> *"In all honesty. I'm aware of the document. I'm aware of the ethos of the document. I've yet to see it in practice."*[19]

23. A number of witnesses raised concerns regarding the transparency of the *Healthy Weight: Healthy Wales* delivery plans. Cardiff and Vale UHB called for clearer leadership, ownership, implementation of delivery plans, and accountability:

> *"While the Healthy Weight: Healthy Wales (HW:HW) strategy does set out key areas for change, it is ambitious and would benefit from clarity through the delivery plans of how implementation will be taken forward; plus, where in the*

[16] RoP, 2 April 2025, paragraph 19
[17] RoP, 2 April 2025, paragraph 21
[18] OB14 Obesity Alliance Cymru
[19] RoP, 2 April 2025, paragraph 70

> *system leadership and accountability lies, recognising that the change required to address obesity requires leadership, responsibility and accountability across many organisations and sectors."*[20]

24. Aneurin Bevan UHB suggested that the Welsh Government should publish progress reports in respect of the delivery plans.[21]

25. The Food Policy Alliance also called for clearer reporting on progress:

> *"so traffic-light reporting or red-amber-green rating in terms of progress and deliverables and how well it's being delivered on. That would help us, really, in terms of communicating, in terms of that whole-system approach, how well that's being implemented."*[22]

26. The Royal College of Psychiatrists Wales raised concerns that neither the current *Healthy Weight: Healthy Wales* Strategy nor the 2022-24 Delivery Plan included anything on eating disorders. It called for this to be rectified in the next iteration of the Delivery Plan (see Chapter 7 for more information).

27. We asked the Cabinet Secretary whether he was confident that each sector and organisation that can contribute to supporting people living with overweight and obesity in Wales is given clear direction on their responsibilities and how they are monitored and held to account. He responded that the next two-year plan, due to be published later in the spring:

> *"… has a very clear direction, actually, to the various agencies, the various actors, if you like, in this space—so, local health boards, local authorities—but also expectations of food manufacturers, retailers, sports organisations, travel providers. You know, I think when you see that published, you'll see a clear sense of where we think responsibilities lie in the system and a way of co-ordinating and marshalling that in a collective effort."*[23]

[20] OB34 Cardiff and Vale University Health Board
[21] OB02 Aneurin Bevan University Health Board
[22] RoP, 24 October 2024, paragraph 301
[23] RoP, 2 April 2025, paragraph 9

Our view

28. The increase in the number of people in the UK living with overweight and obesity has been recognised as a major health challenge for many years, with reports suggesting that over half of the UK adult population could be living with obesity by 2050.

29. The costs to society and business in the UK is an estimated 2-3 percent of GDP. These estimates could be higher if the costs associated with child and adolescent obesity, and broader costs such as mental health, other health conditions and costs associated with informal care are included.

Measuring obesity rates

30. Prevalence in Wales is rising, with 26 per cent of adults over 16 having previously been reported as living with obesity. The cost to the NHS has previously been estimated as £73 million a year, and this is projected to rise to around £465 million by 2050. The size of the challenge in reversing this trend cannot be underestimated.

31. It is, therefore, concerning to hear that levels of overweight or obesity in Wales could be much greater than these official figures lead us to believe. With Wales being the only country in the UK to rely solely on self-reported data, the discrepancy between reported and actual obesity rates, which could be as much as 8 per cent if the same adjustments applied in England and Scotland were applied in Wales, means there is no clear picture of the levels of overweight or obesity in Wales. This makes it very difficult to plan services and put appropriately targeted interventions in place.

32. To address this, we believe the Welsh Government should look at the methods used in England and Scotland to apply adjustments to self-reported height and weight data to more accurately reflect obesity rates, with a view to introducing this in Wales.

Recommendation 1. The Welsh Government should consider the methods used elsewhere, particularly in England and Scotland, to apply adjustments to self-reported height and weight data, with a view to introducing adjusted data in Wales to more accurately reflect levels of overweight or obesity.

Cross-sector accountability

33. Living with overweight and obesity can be influenced by a great number of factors including economic, commercial, social and environmental determinants. It is, therefore, not just an issue for the health portfolio, but cuts across government departments. The Cabinet Secretary has assured us that there has been cross-government input into the development of the next delivery plan for *Healthy Weight: Healthy Wales*.

Delivery

34. *Healthy Weight: Healthy Wales* sets out key areas for change, however, there is little evidence this is having any impact on the ground. Witnesses told us that the strategy is not being implemented; they don't know who is responsible for taking it forward or where accountability for its delivery lies, and there is no clear leadership driving the changes that are needed. Failure to publish the next delivery plan in a timely manner further highlights this.

35. As well as setting out the action to be taken across all government departments and partner organisations, the next delivery plan should set out how partners should collaborate across Wales to support people living with overweight and obesity, and how they will be held to account for delivering their responsibilities in this area. Strong and clear leadership by the Welsh Government will be essential to ensuring the strategy is fully implemented.

36. We believe there needs to be greater transparency surrounding the implementation of the *Healthy Weight: Healthy Wales* delivery plans. Communication with relevant stakeholders about progress with implementation is needed, alongside published progress reports. There also needs to be greater transparency as to how outcomes are measured and progress is evaluated. To this end, we believe the Cabinet Secretary should provide an annual update to the Senedd on progress in implementing the delivery plan.

Recommendation 2. The Welsh Government must demonstrate stronger leadership in driving the changes needed to ensure services are in place to support people living with overweight and obesity in Wales. This requires a cross-Government, whole-systems approach. In its response to this report, the Welsh Government should outline how its approach sets out:

- clear lines of responsibility for the delivery and monitoring of the Healthy Weight: Healthy Wales delivery plan;

- how its partners should collaborate across Wales to reduce obesity; and
- how its partners will be held to account for delivering their responsibilities in this area.

Recommendation 3. The Welsh Government should:

- provide an annual update to the Senedd on progress in implementing the *Healthy Weight: Healthy Wales* delivery plan;
- publish the outcomes and achievements of the *Healthy Weight: Healthy Wales* delivery plan at the end of each two year cycle.

3. Access to appropriate support and treatment services

37. The All-Wales Weight Management Pathway is a structured framework designed to support effective weight management services across Wales. The pathway focuses on the weight management journey, from early intervention to specialist support and is divided into four levels:

- Level 1: Advice and Self-Directed Support: this includes initial advice and resources for individuals to manage their weight independently through the Healthy Weight Healthy You website.
- Level 2: Multi-Component Weight Management Services: this includes more structured programmes that are organised and commissioned by local health boards, and often delivered through commercial providers, which include dietary, physical activity, and behavioural components.
- Level 3: Specialist Multi-Disciplinary Assessment and Weight Management Service: this level involves more intensive support from a team of specialists. This support could include weight loss drugs. People who meet the clinical guidelines for prescription are also given support with diet and physical activity.
- Level 4: Specialist Surgical Services: this includes surgical interventions for weight management when other methods have not been successful.

38. The provision of weight management services in Wales is developed, funded and provided by local health boards in response to the needs of the local population.

39. The Wales Allied Health Professions Committee, Wales Dietetic Leadership Advisory Group and Public Health Dietitians in Wales said:

> *"The Healthy Weight: Healthy Wales delivery plan (2022-2024) has enabled a growth in weight management services, led by dietitians and psychologists and increased preventive nutrition interventions involving a range of allied health professions, however this is still far from adequate and not equitable. Significantly, increased and sustainable investment is needed*

to increase capacity for all levels including for all ages, (adults and children).”[24]

Adult weight management services

40. Public Health Wales told us there were waiting lists for weight management services across Wales and work was needed to extend and develop Level 2 of the pathway to ensure that appropriate and effective services were available to meet local needs at the earliest opportunity.[25]

41. Aneurin Bevan UHB confirmed that currently in Gwent, there was a 3-5 year waiting time to access level 3 services due to increased demand.[26]

42. The British Dietetic Association Obesity Specialist Group reported that six of the seven health boards in Wales had now implemented a Tier 3 Adult Weight Management Service (T3 AWMS) but high patient demand was leading to capacity issues and long waiting lists, which highlighted the need for increased funding and resources”.[27]

43. Public Health Wales told us:

> *“There is little information in Wales for equity of access to services, for outcomes or for quality to support the development of services to meet needs and it is not currently possible to examine which groups do not access services or why in any detail and which groups do not have optimal outcomes.”*[28]

44. Evidence from Overeaters Anonymous, Red Dragon Intergroup pointed to the difficulties caused by delays in accessing weight management services following referral:

> *“From experience we understand that when someone is ready to make a change they need support immediately, and a wait of several months or weeks could lead to that person not being in the appropriate frame of mind to engage with services when they are eventually offered.”*[29]

[24] OB36 Wales Allied Health Professions Committee, Wales Dietetic Leadership Advisory Group & Public Health Dietitians in Wales
[25] OB37 Public Health Wales
[26] OB02 Aneurin Bevan University Health Board
[27] OB44 British Dietetic Association Obesity Specialist Group
[28] OB37 Public Health Wales
[29] OB33 Overeaters Anonymous, Red Dragon Intergroup

45. This was echoed in the evidence from the participants in our engagement activity, who said:

> *"When a person living with obesity decides to self-refer to the clinic, they are ready to seek help and support at that time. Having waited possibly 12-18 months or more, to access the service, they probably have gained more weight and are possibly in a very different mindset."*[30]

46. The Cabinet Secretary told us:

> *"We have set the aim for every health board to provide services on levels 2 and 3 specifically, which are the levels that include most of the more complex interventions, and we have extended the target for provision by 10 per cent. I think that every one of those has either reached that or expects to reach that target. But the provision can vary geographically, partly because the configuration of local services can vary, and that can be for valid reasons as well as some reasons that may be more problematic, so the services have to consider that as well."*[31]

Maternity weight management services

47. According to Psychologists for Social Change Cymru:

> *"The roots of weight management begin in pregnancy and develop through childhood, into our adult lives."*[32]

48. There is no national pathway for maternity weight management.

49. Public Health Wales said that most health boards had limited services and few had local pathways. It was working to review current services and to co-develop a maternity pathway for Wales. It was also undertaking work to improve weight management data for maternity services".[33]

50. A number of health boards, including Cardiff and Vale[34] and Cwm Taf Morgannwg[35], provided details of the services they provide currently.

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[30] Prevention of ill health – obesity, Engagement findings
[31] RoP, 2 April 2025, paragraph 70
[32] OB21 Psychologists for Social Change Cymru
[33] OB37 Public Health Wales
[34] OB34 Cardiff and Vale University Health Board
[35] OB03 Cwm Taf Morgannwg University Health Board

51. Both Aneurin Bevan UHB[36] and the Welsh NHS Confederation[37] said that pregnant people supported with a BMI over 30 had expressed the need for more long term follow up after the birth of their baby and called for an All Wales Maternal Weight Management Pathway for pregnancy and post pregnancy.

52. The Cabinet Secretary agreed there was correlation between a healthy weight during pregnancy and the child's experience of obesity later in life. He said:

> *"There is already an expectation on health boards that they provide weight management services for pregnant mothers, but we need to do more, that's the truth, so Public Health Wales are working at the moment on a weight management pathway for pregnant women.*
>
> *But we also have other resources alongside that, so we have a new app, Foodwise in Pregnancy, which provides advice to mothers on weight management while pregnant, so there is more than one thing happening there already, accepting of course that we need to do more."*[38]

Our view

Adult weight management services

53. Whilst demand for weight management services is rising, supply of those services is not keeping pace. Without further intervention, it seems unlikely therefore to be able to cope with the projected increase in demand. Waiting lists for services are very long, with some parts of Wales facing waits of between three and five years to access level 3 adult weight management services.

54. Such long waiting times cannot be acceptable. Timeliness of access to services is vital and once someone has taken the difficult decision to access weight management services, they need to know that the necessary help and support will be available within a reasonable period of time, when it is likely to have the greatest impact. Protracted waits for referrals and access to services will inevitably have a negative impact on the person seeking support, and may deter some from coming forward altogether.

[36] OB02 Aneurin Bevan University Health Board
[37] OB23 Welsh NHS Confederation
[38] RoP, 2 April 2025, paragraph 84

55. There appears to be very little data collected on the provision of weight management services. That means that little information is available about the services that are available, the length of waiting times, who is accessing those services and the outcomes of accessing those services. We believe that having a clearer picture of these matters would help considerably in the planning of future services, and that the Welsh Government needs to commission an audit of adult weight management services to determine future provision needs across all health boards.

56. More broadly, we believe that there needs to be a greater emphasis on prevention and early intervention, and that more needs to be done to make support available for individuals at an earlier stage, to reduce the need for more intensive support further down the line. To this end, we believe the Welsh Government should consider providing additional financial support to secure an increased provision of services at level 2 by health boards.

Recommendation 4. The Welsh Government should commission an audit of the provision of adult weight management services in each health board to determine future provision needs across all health boards. This should include:

- details of the waiting times for weight management services, for both adults and children;
- the number of people waiting for weight management services in each health board;
- details of the make-up of the weight management teams, e.g. the number of available psychologists and dietitians.

The results of this audit should be used to determine the sufficiency of level 2 services within each health board to meet its respective population needs.

Maternity weight management services

57. Given the correlation between healthy weight during pregnancy and a child's experience of obesity later in life, it is surprising that there is currently no national pathway for maternity weight management.

58. We welcome the Cabinet Secretary's assurance that a national pathway for maternity weight management is currently being developed. This work should be carried out at pace and we ask that, in response to this report, the Cabinet Secretary provides a timeline for this work.

Recommendation 5. In its response to this report, the Welsh Government should provide a timescale for the development of a national pathway for maternity weight management.

4. Weight loss medication

59. There has been a recent surge in the availability and use of weight loss medication.

60. In July 2024, the Welsh Government published an addendum[39] to the All Wales Weight Management Pathway (AWWMP) regarding the use of weight loss medications for those patients in Wales meeting the appropriate clinical criteria. The addendum makes it clear that the prescribing of Glucagon-Like Peptide-1 Receptor Agonists (GLP1RAs) should take place within the confines of the appropriate level of the AWWMP, most likely level 3, with some appropriate use in Levels 2 and 4, in accordance with National Institute for Health and Care Excellence (NICE) guidance.

61. Evidence from Public Health Wales stated that these medications should be used alongside a calorie controlled diet and increased physical activity and medication could only be used for a maximum of two years, It warned:

> *"Without changes to the behaviours that led to weight gain, weight lost can be regained. These medications have been heavily promoted in the media as a solution for overweight and obesity, accompanied by supply issues fuelling demand for medication. However while these medications are a treatment option and may provide personal benefits to some individuals, these do not address the environment that led to overweight and obesity and do not prevent or obesity or overweight at a population level."*[40]

62. Professor Jim McManus told us:

> *"So, it [weight loss medication] has a place, but it has to be a very clearly discerned, sensible place in a proper pathway, and it's not going to solve the problem. Because, in two years' time, you are going to have an awful lot of people coming off Wegovy or other drugs, putting the weight back on, and they will be*

[39] Weight Management Medication Pathway: Addendum for the All Wales Weight Management Pathway
[40] OB37 Public Health Wales

exactly back where they started, and all we have done is delay the wave of ill health."[41]

63. Dr Kellie Turner, Cross-Wales Weight Management Psychologists, also raised concern about the damage that could be caused if people using these medications do not receive appropriate support:

"... if they find they regain afterwards because they've not had the wraparound support they might need, it could make things worse for them in the long term, and make it harder to lose weight, and affect their mental health even worse."[42]

64. One of the participants in our engagement activity[43] commented that she was grateful to have been offered Wegovy but lived with the fear of what would happen after the two years that she had been prescribed.

65. Dr Enzo Battista-Dowds, British Dietetic Association, also cautioned against people accessing weight loss medication without the appropriate support:

"We could have a very complicated situation in terms of people losing weight in the community. And this is happening in the private sector. People's drive for thinness and taking these medications means that they're taking them without help and support and they're losing 20 per cent or maybe more of their body weight in quite a short period of time. When that happens, they lost quite a significant amount of their muscle mass as well as fat mass, which is mass that you don't want to lose from a metabolic perspective."[44]

66. Dr Kellie Turner said that, in her experience, there was a lot of push about the wonders of these drugs but less about the side effects and the kind of changes that needed to happen alongside them.[45]

67. Evidence from Dr Angela Meadows, University of Essex, stated that semaglutide was marketed under the name Ozempic for diabetes and in Europe, the maximum dose was 1mg. However, semaglutide was marketed under the name Wegovy for weight-loss and the dose for weight-loss was 2.4mg, so above

[41] RoP, 24 October 2024, paragraph 98
[42] RoP, 29 January 2025, paragraph 181
[43] Prevention of ill health – obesity, Engagement findings
[44] RoP, 29 January 2025, paragraph 83
[45] RoP, 29 January 2025, paragraph 163

the maximum recommended human dose from trials of Ozempic. She said this was because "the goal is to maximise the side effects of semaglutide, of which weight-loss is one".[46]

68. She went on to outline the common side effects of semaglutide, which could include nausea, diarrhoea, vomiting, constipation, dizziness, abdominal pain, dyspepsia, and gastroesophageal reflux:

> *"These tend to be worse on starting the drug but do not go away – participants simply put up with them because of the perceived benefits."*[47]

69. A number of witnesses highlighted issues around the demand and cost of weight loss medication. The Welsh NHS Confederation said "there are some barriers with the number of people that can be financed to receive the medication less than the demand, with patients waiting for Level 3 service and the medications".[48]

70. Similarly, Dr Claire Lane, Cross-Wales Weight Management Psychologists, said:

> *"Since the introduction of GLP-1 medications, and people wanting to access those, there is a lot of demand, and I think most of the services that I'm aware of are struggling to meet that demand."*[49]

71. Dr Jonathan Bone, Healthy Life Mission Manager at Nesta Cymru, said that while these types of drugs were "highly effective" at supporting weight loss, rolling them out to all people living with obesity would be "extremely expensive".

> *"We've done some rough—very rough—calculations that suggest that it would cost about £2 billion to roll this out to all people in Wales [with obesity]. But we estimate this would lead to a 41 per cent relative reduction in obesity rates. A more moderate approach that we also modelled around would be to ring-fence around £25 million in Wales for these types of treatments,*

[46] OB15a Dr Angela Meadows, University of Essex
[47] OB15a Dr Angela Meadows, University of Essex
[48] OB23 Welsh NHS Confederation
[49] RoP, 29 January 2025, paragraph 23

which we estimated would lead to around a 2 per cent relative reduction in obesity rates."[50]

72. He too highlighted the challenges associated with this type of medication:

"Most of the weight is put back on after people stop taking it. So, they would have to be funded in the long term. There are also issues around the side effects and the long-term safety is under consideration. But increasing funding to these drugs, I think, could be a way to have an impact on obesity rates fast, which could, of course, be life saving for those, especially, with severe obesity."[51]

73. Evidence from the Royal Pharmaceutical Society Wales raised concern about fake liraglutide and semaglutide being available to buy outside the legal supply chain by suppliers trading illegally. It said:

"This puts individuals who purchase them at risk of using something which is not licensed for use in the UK and could be potentially very harmful. Indeed, it appears that some hospital admissions due to side effects including hypoglycemic shocks due to the injections containing insulin rather than semaglutide."[52]

74. It recommended that national communication campaigns, health professionals and services that support weight-loss clearly conveyed the serious risks to patients of purchasing these medicines on the black market.

75. When asked about the role of weight loss medication in the overall effort to treat obesity, the Cabinet Secretary said that, for particular individuals who were facing issues such as hypertension or type 2 diabetes, there could be a role for weight-loss medication in supporting them to manage their weight healthily.

76. He went on to say:

"So, I would say that there is a role for them, however, the focus must not be taken away from the prevention aspect, which is absolutely where the longer term solution will lie. We already allow prescription weight-loss medicines in Wales as part of the

[50] RoP, 13 February 2025, paragraphs 49 and 51
[51] RoP, 13 February 2025, paragraph 51
[52] OB27 Royal Pharmaceutical Society Wales

> *weight-management services that we have, but in a way that ensures that they are also accompanied by support for a healthy diet and physical activity. That wraparound provision is absolutely, absolutely essential, really."*[53]

77. In respect of whether weight loss medication represented value for money, the Cabinet Secretary told us:

> *"So, if the question is, 'If we provided more weight-loss drugs, could we, as it were, save the costs of some of the other clinical interventions that the NHS does to support people with diabetes, and is there a value-for-money relationship there?', my understanding is that that is not the case.*
>
> *So, it's not a sensible assumption to say, 'Well, if we provided weight-loss drugs more broadly, we would save more money in the NHS.' The economics of it don't work out like that, and, in fact, I suppose you could imagine when there are generic versions of these drugs available, then that calculation might, to some extent, change, but we are talking a very, very long way into the future for that, in any event."*[54]

Our view

78. Weight loss medications are not a long-term solution; they do not address the causes of overweight and obesity, and they are not a preventative measure.

79. When used alongside a calorie controlled diet and increased physical activity, these medications may be beneficial for some. However, we are concerned that individuals will be attracted to using these medications without appropriate support, without an understanding of the likely side effects, and without the other lifestyle changes that are necessary for long-term, sustainable changes to their weight.

80. These medications are also very expensive currently, and the cost to the NHS of providing them at scale would be unsustainable.

81. Following the publication of NICE guidance[55], from June 2025 NHS England has made Mounjaro® available to prioritised cohorts of eligible patients in primary

[53] RoP, 2 April 2025, paragraph 89
[54] RoP, 2 April 2025, paragraph 92
[55] NICE Guidance: Tirzepatide for managing overweight and obesity

care settings during an initial phased implementation period.[56] We understand that work is currently being undertaken to determine if and how tirzepatide and other weight loss medications licensed in the future, will be made available in the NHS in Wales, and Welsh Ministers will make a decision regarding any extended deployment of tirzepatide once this work is completed. We would welcome an update from the Cabinet Secretary once this work is completed.

82. We are concerned about people accessing weight loss medications outside the weight management services, online or via other unregulated routes. We also have some concerns about the long term effects of these medications which are, as yet unknown, and the potential impact this could have on primary and secondary care in terms of managing people presenting with side effects. We would welcome assurance from the Welsh Government that it is monitoring the availability of these medications via unregulated/online providers, and some information about the measures that are in place to deal with this.

83. We agree with the Cabinet Secretary that, while there is a place for weight loss medication in certain circumstances, the long term aim must be on the prevention of ill health resulting from overweight and obesity through education and support for healthier lifestyles.

[56] Interim commissioning guidance: implementation of the NICE technology appraisal TA1026 and the NICE funding variation for tirzepatide (Mounjaro®) for the management of obesity

5. Weight related stigma

84. Much of the evidence we received addressed the issue of weight-related stigma. Additionally, the participants in our engagement activity all spoke about the psychological barriers faced by people living with obesity, primarily because of the stigma and discrimination they faced in their daily lives.

85. Dr Claire Lane, Cross Wales Psychologists in Weight Management, told us:

> *"We live in a society where it's not okay to discriminate against people because of their gender, because of their age, because of their culture or their ethnicity, but unfortunately we're living in a society where it seems to be acceptable to comment on people's bodies."*[57]

86. The British Dietetic Association Obesity Specialist Group said obesity-related stigma and discrimination were widespread across society:

> *"Negative stereotypes about people living with obesity are prominent in public discourse, which often present people living with obesity as lazy, undisciplined, unintelligent, and immoral. Consequently, obesity-related stigma and discrimination is observed in almost every area of life, including employment, educational, and medical settings."*[58]

87. Public Health Wales said that, when talking about obesity, it was important this was done in a way that avoided the assumption that obesity was a result of individual failure or weakness, rather than a product of the environment largely outside the direct control of the individual. Further, they believe it was important that weight was not seen purely in the context of appearance and body image, rather than a significant health problem.[59]

88. Dr Angela Meadows, University of Essex, told us:

> *"The single most critical consideration in addressing this enormous societal issue is the realisation that the true goal is not to produce a thin population; it is to produce a healthy population. That is, we are not actually trying to reduce 'obesity'*

[57] RoP, 29 January 2025, paragraph 80
[58] OB44 British Dietetic Association Obesity Specialist Group
[59] OB37 Public Health Wales

> *– we are trying to reduce hypertension, heart disease, diabetes, cancers, and so on.*
>
> *Obesity' has become a proxy for this configuration of conditions often associated with higher body weight, but they are not interchangeable. Thus, policies built upon targeting 'obesity' are inherently flawed in their conception and for a variety of reasons [...] are both misguided and doomed to be both ineffective and likely to worsen population health."*[60]

89. She went on to say that in her view "dieting makes you fatter" because of the restriction that your body experiences:

> *"It doesn't know that you want to be a size 12 or that you want to go back to how you looked when you were 16—it thinks you're starving. And what it does is [...] it messes up your metabolism, so you store fat more easily and more readily, you are less likely to burn any fat that you eat."*[61]

90. Psychologists for Social Change Cymru stated that the current Welsh weight management strategy focused mainly on the over simplistic and damaging narrative about 'weight of calories in/calories out'.

> *"Policies that do not include consideration of the deeper, complex interplay of factors in weight management, including adverse childhood experiences, socio-economic differences, stigma, mental health and social justice can perpetuate the issues that lead to weight management problems in society."*[62]

91. We were also told that, rather than focussing solely on personal responsibility, which can reinforce shame and, in turn, negative perception of body image, health policy should take into consideration the conditions in which people are born, live, work and age.[63]

92. In relation to this, Dr Kellie Turner, Cross Wales Psychologists in Weight Management, told us:

[60] OB15 Dr Angela Meadows
[61] RoP, 11 December 2024, paragraph 175
[62] OB21 Psychologists for Social Change Cymru
[63] OB29 Betsi Cadwaladr University Health Board

> *"When I think of weight management and the social determinants of our physical health and our mental health, I think personal responsibility is a very small part of that. I think there's a lot more that we could change in our environment and in our communities and that we could support people with that would then help people feel like they can take the actions that they would like to take for their lives and have that agency and control in their lives."*[64]

93. The British Dietetic Association Obesity Specialist Group said that initiatives aimed at addressing obesity, such as the use of graphic warning labels with negative imagery of obesity, could inadvertently add to stigma, with counterproductive results.[65]

94. Similarly, the Future Generations Commissioner for Wales called for "clear guidelines for public service partners in Wales on language and imagery to support a campaign to prevent and tackle obesity which does not stigmatise and is non-judgemental".[66]

95. Mary Williams, who submitted evidence in a personal capacity, told us how difficult it was to talk about weight because of the stigma and judgements:

> *"It is a subject I have avoided, becoming an expert in changing the conversation whenever it came up. I think I am like most people who are dealing with weight issues."*[67]

96. Those who took part in our engagement activities spoke about people living with obesity being judged and blamed for being overweight and how people assume they make poor food choices and are lazy. They also described how hostile society had become towards people living with obesity:

> *"People think I'm lazy and stupid. And after a while, you start believing it yourself."*

> *"People are quick to judge without knowing what's going on with that person … I felt like I didn't belong to the world".*[68]

[64] RoP, 29 January 2025, paragraph 147
[65] OB44 British Dietetic Association Obesity Specialist Group
[66] OB04 Future Generations Commissioner for Wales
[67] OB46 Mary Williams
[68] Prevention of ill health – obesity, Engagement findings

97. Evidence from the Cross Wales Psychologists in Weight Management echoed this, saying:

> *"There remain many unhelpful, discriminatory and stigmatising narratives in society about people living with overweightness, including that they lack willpower or self-discipline. These narratives and stigmatizing language lead to blaming individuals and focusing on calories in/calories out, rather than looking at a holistic bio-psycho-social understanding and wider public health policies."*[69]

98. It, too, highlighted the need for a more compassionate approach to weight management in policy, public health campaigns and across healthcare services.

99. Prof Nadim Haboubi and Dr Enzo Battista-Dowds suggested that seeing obesity as a condition rather than a behaviour would lead to more empathetic treatment of people living with obesity.[70]

The need for an empathetic approach

100. A number of the participants in our engagement events talked about the lack of dignity they had experienced while trying to access support and treatment for health matters outside of their weight management concerns:

> *"When I go to see the GP, everything boils down to 'lose weight and you'll be fine'. That's not true, for a lot of people that isn't true."*[71]

101. Similarly, Mary Williams told us:

> *"When I asked for help, the GP asked what my weight was. When I said it out loud, they responded 'knees were never designed to carry that kind of load'. I was then told that I would be entitled to free Slimming World vouchers and if I wanted, a link would be sent to me about Weight management services by the health board. I left the GP surgery humiliated. I have wondered if this is a common experience for people. I don't*

[69] OB11 Cross Wales Psychologists in Weight Management
[70] RoP, 11 December 2024, paragraphs 10 and 15
[71] Prevention of ill health – obesity, Engagement findings

> *believe the GP was being unkind, just not sure of how to talk about it."*[72]

102. This was a common theme throughout our evidence, with many witnesses talking about the need for healthcare professionals to understand weight stigma and its impact, and how to communicate sensitively and effectively with people living with overweight and obesity.

103. Evidence from Cwm Taf Morgannwg UHB stated:

> *"Weight stigma is particularly harmful in healthcare settings because it interferes with the relationship between a patient and their healthcare provider. It can leave people feeling belittled, berated and disrespected. People who are severely obese, those with a BMI of over 50, face further stigma as many services are unable to accommodate their needs, for example accessibility, furniture that cannot support their weight."*[73]

104. Kevin Miller, a paediatric dietitian from Swansea Bay UHB, told us that people who have experienced stigmatising language and the implicit bias that goes with that were less likely to engage with healthcare services.[74] Dr Angela Meadows, University of Essex, said that fear of being stigmatised or shamed could result in people avoiding healthcare, especially in non-emergency situations, which could result in reduced uptake of preventative screening.[75]

105. A number of witnesses talked about the need for training for healthcare professionals to understand weight stigma. Slimming World said that it was vital that when GPs and other healthcare professionals were discussing areas such as excess weight with patients they were skilled to raise the issue sensitively, therefore specific training should be given.[76]

106. Evidence from the British Dietetic Association Obesity Specialist Group suggested that ways to avoid increasing weight stigma could include:

> *"Training for health professionals to understand weight stigma and be able to challenge their own biases is fundamental to*

[72] OB46 Mary Williams
[73] OB03 Cwm Taf Morgannwg University Health Board
[74] RoP, 11 December 2024, paragraph 20
[75] OB15 Dr Angela Meadows
[76] OB39 Slimming World

> *changing perceptions and obesity related communication skills."*[77]

107. The Wales Allied Health Professions Committee, Wales Dietetic Leadership Advisory Group and Public Health Dietitians in Wales called for the Welsh Government to employ non-stigmatising, person-first language across all communication about obesity, as well as ensuring widespread training is included across all relevant sectors.[78]

108. Similarly, the Welsh NHS Confederation highlighted the need for a highly integrated approach across all sectors:

> *"This should consider how to make best use of consultation, liaison, training, support, and supervision for all relevant staff about understanding the complex roots of overweight and obesity, and how to compassionately support people."*[79]

109. Evidence from the Welsh Government states:

> *"The All-Wales weight management pathway includes fundamentals for service design and delivery. These include that services must be person-centred, empathetic, respectful and non-judgemental. There should be a strong focus on building self-esteem, self-efficacy and resilience to enable people to manage their weight in the long-term. Training on motivational interviewing and empathetic listening is available to support staff to understand weight stigma and communicate sensitively and effectively with those living with overweight and obesity."*[80]

110. The Cabinet Secretary told us that issues around stigma were "complex and deep rooted in society". He went on to say that there was a commitment in *Healthy Weight: Healthy Wales* to provide specialist weight management services by 2030, and part of the specification for providing those services related to the minimum service requirement:

[77] OB44 British Dietetic Association Obesity Specialist Group
[78] OB36 Wales Allied Health Professions Committee, Wales Dietetic Leadership Advisory Group and Public Health Dietitians in Wales
[79] OB23 Welsh NHS Confederation
[80] HSC Committee, 2 April 2025, Paper 1

> *"[…] they set out how services should be designed and delivered in a way that recognises and responds to, maybe, adverse experiences, trauma, sometimes mental health issues, which can both be the cause of and create more challenges, […] for individuals with overweight or obesity.*
>
> *And so, as part of that, health professionals are supported to recognise when there needs to be psychological intervention—so, when the services need to engage a psychologist to work with the individuals, and that can be around mental health issues, disordered eating and eating disorders, questions of trauma and how they relate to weight loss."*[81]

Our view

111. Discrimination in any form is not acceptable, yet negative perceptions of people living with obesity are commonly held across society. Obesity is a complex issue, and should not be seen as a result of individual failure or weakness. We therefore need to create a narrative of empathy and support, rather than one of blame and judgement.

112. We agree with witnesses that weight should not be seen purely in the context of appearance and body image; the emphasis should be on creating a healthy nation. Use of negative language and imagery, particularly in health policies and initiatives aimed at treating overweight and obesity, is fuelling negative attitudes towards people living with overweight and obesity and should be avoided.

113. It was particularly concerning to hear witnesses describe a lack of dignity and respect when accessing healthcare services. No-one should delay seeking medical help for fear of discrimination, particularly as such delay could lead to more serious conditions developing as a result of lack of timely intervention.

114. It is vital that healthcare professionals are equipped to deal sensitively and empathetically with the issue of overweight and obesity, without being negative or judgmental. A number of witnesses highlighted the need for training for healthcare professionals in understanding weight stigma and how to communicate sensitively and effectively with those living with overweight and obesity. According to the Welsh Government, training on motivational interviewing and empathetic listening is available to support staff to understand

[81] RoP, 2 April 2025, paragraph 58

weight stigma and communicate sensitively and effectively with those living with overweight and obesity.

Recommendation 6. In its response to this report, the Welsh Government should confirm whether stigma training has been made available to all health boards. It should also provide details of the level of uptake of this training and how this is monitored.

6. Children and young people

Child Measurement Programme

115. The Child Measurement Programme for Wales (CMP) measures the height and weight of children in reception class (aged 4-5 years). Public Health Wales is responsible for the co-ordination of the CMP and each health board across Wales participates.

116. The most recent figures for the CMP are for the 2023/24 academic year, published in May 2025[82]. For Wales overall, there was a return to pre-pandemic participation with 93.4 per cent of children being weighed and measured. All children aged 4-5 years attending reception class and residing in Wales were offered routine height and weight measurements by school nursing teams.

117. In Wales as a whole, the proportion of children with overweight or with obesity was 13.7 per cent and 11.8 per cent respectively. The Child Measurement Programme 2023-2024 report states that the previous year's data of children living with overweight and with obesity were 13.4 per cent and 11.4 per cent respectively.

118. Children residing in the most deprived 'deprivation fifth' were more likely to be living with overweight or obesity compared with the least deprived fifth, next least deprived fifth, middle deprived fifth and next most deprived fifth.

119. This year's results showed a statistically significant difference between rural and urban areas. The proportion of children in rural areas who were living with overweight or obesity was 26.8 per cent compared to 25.0 per cent in urban areas.

120. Nesta suggested extending the Child Measurement Programme to include collection of height and weight data from older children i.e. 10 – 11 year olds (as is already the case in other parts of the UK) allowing tracking of how obesity develops across childhood.[83]

121. Similarly, Katie Palmer, Food Policy Alliance Cymru, and Dr Dana Beasley, Royal College of Paediatrics and Child Health, both pointed out that in England children are weighed and measured again at year 6, when they are 10 and 11 years old. Dr Beasley said:

[82] Child Measurement Programme - Public Health Wales
[83] OB25 Nesta

> *"It would probably be useful to have that data and extend it to Wales. There are some concerns that it might negatively affect some children who are very weight conscious, and we, in health, really want to focus on—we want to be weight neutral—health and well-being. But—and you've heard this before—there's evidence that children are shorter and they don't grow as tall as in other countries due to poor nutrition, due to poor physical activity."*[84]

122. In March 2019, in its report into Physical Activity of Children and Young People[85] our predecessor Committee recommended that the Welsh Government should extend the Child Measurement Programme to monitor numbers of children living with overweight or obesity beyond age 4-5. Although this recommendation was accepted by the Welsh Government, it has not yet been taken forward.

123. We asked the Cabinet Secretary if there were any plans to extend the Child Measurement Programme. He told us that a review was underway to assess the merits of extending the programme and the resource implications:

> *"Public Health Wales is leading on that review for us, and what they're looking at is whether a second measurement point in the last year of primary school meets that objective."*[86]

Children's weight management services

124. According to Public Health Wales, services for children living with overweight and obesity are less developed in Wales and, where there is access and capacity, there is often low uptake, with most children being referred later as older children, most commonly at level 3.[87]

125. Dr Kellie Turner, Cross-Wales Psychologists in Weight Management, said that she was only aware of three or four health boards in Wales that had a dedicated children's service for weight management.[88]

126. Cwm Taf Morgannwg UHB stated that, even though the health board had the highest levels of children living with overweight and obesity in Wales, it did

[84] RoP, 13 February 2025, paragraph 200
[85] Health, Social Care and Sport Committee, Physical Activity of Children and Young People, March 2019
[86] RoP, 2 April 2025, paragraph 114
[87] OB37 Public Health Wales
[88] RoP, 29 January 2025, paragraph 24

not have any level 2 or 3 weight management services for children, young people and families.[89]

127. Kevin Miller, a paediatric dietitian working in a children and young persons' weight management service in Swansea Bay, agreed that uptake of services was minimal:

> *"One thing that I see as a challenge is that, if these services sit within health, but people don't see the health consequences of carrying excess weight in themselves or their children, they're less likely to go seeking healthcare. And I query, I guess, whether these kinds of interventions would sit better elsewhere within early years settings, within a combination of public, private and voluntary sectors."*[90]

128. Dr Julie Bishop, Public Health Wales, suggested that stigma might be another reason for low take-up:

> *"Whatever we have tried to get parents to engage with support for healthy weight for children has not worked particularly well. The research that we've done behind that suggests there are two problems. One is sometimes parents actually don't always recognise the problem. We've lost the ability to know what a healthy weight actually looks like, and they tend to underestimate where their child is on that spectrum. But, obviously, even when they're sometimes given that information, they don't positively respond, and that's where the stigma bit kicks in, I think. So, we need to be thinking about that element particularly, so that people are actually willing to accept support."*[91]

129. The Cabinet Secretary told us that the All-Wales Weight Management Pathway aimed to ensure that provision was consistent across Wales, but recognised the issue around take-up of services. He said:

> *"What is clear, I think, is that when you're talking about obesity regarding young people, and when you're talking about working with families, the take-up can vary from area to area. And one of the things that is clear to us from the piloting work*

[89] OB03 Cwm Taf Morgannwg University Health Board
[90] RoP, 11 December 2024, paragraph 91
[91] RoP, 24 October 2024, paragraph 163

that has been happening in parts of Wales at the moment with the Healthy Children Healthy Weight in Wales programme, PIPYN, is that the ability to create relationships of trust between the services and the families is something that takes a while to establish, and that is central to the success of the programme."[92]

Nutritional education and training

130. We heard about the importance of children and young people learning about food and nutrition, and the opportunities the new curriculum provided for this.

131. Dr Julie Bishop told us about the work Public Health Wales was doing with teachers across Wales to develop a curriculum toolkit on food and nutrition:

"So, there is a lot of work going on at the moment to think about how we can strengthen the teaching and learning with respect to food and nutrition in our schools, and, obviously, our current curriculum provides the perfect opportunity, through the area of learning and experience for health and well-being, to do that."

132. In her view, "every child […] should leave school being able to prepare a standard range of healthy, cheap, affordable meals".[93]

133. Simon Wright, Food Policy Alliance Cymru, outlined the work they were doing in communities:

"… we're in schools doing six-week courses, getting kids to learn cooking, it does shift their attitude to food hugely in a short period of time. We don't tell them that what they're doing now is wrong, we say that, 'Actually, there's this much more interesting way of looking at food that we have over here. Come cook, come understand, come and taste vegetables', et cetera, et cetera. It's hard at the start, but, at the end of the six weeks, there is a big transformation."[94]

[92] RoP, 2 April 2025, paragraph 76
[93] RoP, 24 October 2024, paragraph 144
[94] RoP, 24 October 2024, paragraph 219

134. Lisa Williams, Food Policy Alliance Cymru, highlighted the work of the school holiday enrichment programme, which runs across Wales and provides nutrition education, a nourishing meal and enhancement activities for children during the school holidays.[95]

135. Dr Dana Beasley, Royal College of Paediatrics and Child Health, agreed that communities and schools were key because they provided the perfect opportunity for children to learn. She said that children wanted to learn, if you engaged with them positively, and if you could enthuse children, you could educate parents along the way and get them involved too.[96]

136. Rocio Cifuentes, Children's Commissioner for Wales, said that there were some promising initiatives taking place but there was more that could be done. Nonetheless, she felt:

> *"... there is reason to be hopeful in relation to children being more connected and increasing awareness about food and being more connected to where food comes from, which will increase their appetite for healthy food, but I'm not sure whether that's being effectively extended to parents and the whole school community."*[97]

137. The Cabinet Secretary told us that the new curriculum, with its requirements around teaching children about healthy eating and the provenance of food, alongside the introduction of universal primary free school meals policy, provided huge opportunities for moving this agenda forward.[98]

Support for parents

138. Evidence from the Wales Allied Health Professions Committee, Wales Dietetic Leadership Advisory Group and Public Health Dietitians in Wales stated:

> *"... more focus and investment in the early years with parents and families will support the importance of early food experiences and the role they play in the development of healthy relationships with food."*[99]

[95] RoP, 24 October 2024, paragraph 255
[96] RoP, 13 February 2025, paragraph 152
[97] RoP, 13 February 2025, paragraph 144
[98] RoP, 2 April 2025, paragraph 156
[99] OB36 Wales Allied Health Professions Committee, Wales Dietetic Leadership Advisory Group and Public Health Dietitians in Wales

139. According to Obesity Alliance Cymru, the NHS in Wales should "provide support for health care professionals to deliver programmes such as the Food Wise in Pregnancy programme and Healthy Start programmes to support new parents with information about nutrition and breastfeeding". It said:

> *"It is […] important that all those involved in childcare have the tools they need to support child health.*
>
> *Health and social care professionals, nursery nurses, support workers, childcare practitioners and the voluntary sector caring for children and young people, should have the appropriate knowledge and skills to cascade consistent advice on the nutritional needs of young children, deliver basic food preparation skills to new parents and support appropriate food choices."*[100]

All-Wales Breastfeeding action plan

140. The Welsh Government launched the All-Wales Breastfeeding 5-year action plan in July 2019. The plan identifies strategic goals and aims to guide action for the immediate support for women and families for breastfeeding, together with wider actions to support continued feeding for those mothers who are working and for the wider population health so that breastfeeding is a culturally accepted, supported option. There are Infant Feeding Leads in all health boards across Wales who coordinate the support provided to breastfeeding mothers, as well as support delivery of the breastfeeding action plan.

141. The plan is currently being reviewed to inform the development of an Infant Feeding Action Plan.

142. Evidence from Obesity Alliance Cymru stated that just over half of mothers breastfed at 10 days (52 per cent) and just over a third at 6 weeks (37 per cent) and said breastfeeding reduces the risk of overweight and obesity by up to 25 per cent. It called for "support for dietitians and midwives in all of the local health boards to deliver schemes such as the Foodwise in Pregnancy programme and Healthy Start across the whole of Wales".[101]

143. Rocio Cifuentes, Children's Commissioner for Wales, highlighted the importance of support in the community:

[100] OB14 Obesity Alliance Cymru
[101] OB14 Obesity Alliance Cymru

> *"... in terms of the importance of that community support, to highlight the important role of health visitors? We do see disparities in health visitor contacts across different health board areas. So, I would really like to see that particular aspect being a focus of the review of the Healthy Child Wales programme, which has been announced, because I think that that is a really important factor in supporting and sustaining breastfeeding."*[102]

144. Dr Dana Beasley, Royal College of Paediatrics and Child Health, told us:

> *"... we know that, generally, older mums tend to breastfeed more compared to younger mums. We know, looking at ethnicity, that women from a black background often feed longer, more successfully. And we also know that, again, women who live in deprived areas are far less likely to breastfeed. So, that's where we then have to put our resources, because we know that these women, young women in the deprived areas, will be unlikely to breastfeed. So, we need to find out what the barriers are and put the extra support in those areas."*[103]

145. Betsi Cadwaladr UHB said that recognising the need to take a whole system approach to breastfeeding was crucial to achieving good health outcomes in the first 1000 days. It said:

> *"Currently the system is heavily focused on the support provided in the hospital and the health boards in Wales are held to account for breastfeeding targets. This approach fails to recognise the impact of the wider system on breastfeeding rates which are heavily dependent on culture, beliefs and attitudes of partners, family members and friends as well as the ongoing availability of support once a new mum leaves hospital. In recognition of the need for wider system support consideration should be given to holding a range of organisations to account over the delivery of targets such as breastfeeding."*[104]

[102] RoP, 13 February 2025, paragraph 112
[103] RoP, 13 February 2025, paragraph 137
[104] OB29 Betsi Cadwaladr University Health Board

146. The Cabinet Secretary told us the levels of new parents choosing to breastfeed at the point when they are new parents is actually at an all-time high:

> *"So, that's two thirds of new parents, which is good. Obviously, we want it to be higher, but that is positive. What then happens is, as you get to the end of the six-month period, when the World Health Organization says that, ideally, that's an exclusive period of breastfeeding, that figure drops down to about 29 per cent, which is too low. So, we've seen progress overall in lifting the numbers, but that does tail off towards the end of that six-month period, and, obviously, we need to make sure that those figures remain as high as they are at the start."*[105]

147. In relation to the review of the current plan, Public Health Wales said:

> *"The refreshed All Wales Breastfeeding Action Plan, which will become an Infant Feeding Plan spanning the first 1000 Days, due to be published in 2025 will reiterate the evidence based approaches to improve outcomes but we are aware of challenges in capacity of services which if these continue will be a barrier to implementation. There is clear evidence that currently all Healthy Child Wales contacts are not taking place and where they are the opportunity to monitor health growth and importantly record outcomes is often missed."*[106]

Children and Family Pilots

148. Evidence from the Welsh Government[107] gives details of its Children and Families Programme, also known as PIPYN (Pwysau Iach Plant yng Ngymru), which is funded through Healthy Weight Healthy Wales, and focuses on reducing inequalities by addressing different challenges in the following three areas which have high levels of childhood obesity: Anglesey, Cardiff, and Merthyr.

149. The programme is based on 'Every Child Wales, 10 steps to a healthy weight'[108], which sets out ten steps to achieving a healthy weight, and is part of a wider systems approach to provide healthier settings and environments for young children and their families. The programme aims to foster collaboration among

[105] RoP, 2 April 2025, paragraph 106
[106] OB37 Public Health Wales
[107] HSC Committee, 2 April 2025, Paper 1
[108] Every Child Wales, 10 Steps to a Healthy Weight

local bodies to remove barriers and increase opportunities for families to eat healthily and be active.

150. The pilots trial new approaches to engaging and supporting families to achieve a healthy weight without stigma for the child or family. The programme provides one-to-one or group support to families as well as free and fun local events and initiatives focused on nutrition, cooking skills, and the importance of physical activity. The programme aims to equip families with access to the resources and knowledge they need to make healthier lifestyle choices.

151. The Cabinet Secretary told us:

> *"... it's operational in Cardiff, Merthyr and Anglesey, working with children aged between three and seven and their families—children who are either already living with obesity or who are at significant risk of obesity. And the work that is happening connects local agencies and bodies to work together to ensure the provision of healthy food, exercise, and also working with families, either in individual situations or in group settings, to change behaviour with regard to food and to increase the use of healthy food and healthy cooking in the home."*[109]

152. The Children and Family Pilots (PIPYN) are currently being evaluated. When asked whether there was any possibility of expanding the programme to other areas, the Cabinet Secretary said:

> *"... when we get the full evaluation that evaluates everything, we'll be in the position then to make decisions on that, but of course, the things that I've been telling you about now are things that are obviously promising."*[110]

Our view

153. Overweight and obesity in children represent serious public health problems, with the proportion of children with obesity in Wales being higher than those reported for England and Scotland.

[109] RoP, 2 April 2025, paragraph 79
[110] RoP, 2 April 2025, paragraph 82

Child Measurement Programme

154. The increasing numbers of children living with overweight and obesity in Wales is extremely concerning, with around 25 per cent of children living with overweight or obesity by the time they start school. Obesity increases the risk of developing a range of health conditions, such as diabetes and heart disease, in childhood and later life, further increasing pressure on the NHS.

155. Urgent action is needed to prevent unhealthy lifestyles developing at an early age. The Child Measurement Programme is a useful tool in monitoring how children in Wales are growing. It is therefore disappointing that, despite accepting the recommendation of our predecessor Committee to extend the Child Measurement Programme, this has not been taken forward and is still currently under review.

Recommendation 7. The Welsh Government should update the Committee on the findings of the Public Health Wales review of the Child Measurement Programme and whether it plans to make any changes as a result of that review.

All-Wales Breastfeeding action plan

156. While breastfeeding rates in Wales are at an all-time high, there are still certain groups that we know are less likely to breastfeed, such as younger mums and those living in deprived areas. We also heard that, whilst rates of breastfeeding start high, they tend to drop off after time. Exclusive breastfeeding for six months is recommended because breast milk provides all the necessary nutrients and antibodies for a baby's optimal growth and development during that period. There is therefore a need to promote the importance of sustained breastfeeding.

157. We believe that work is needed to better understand the barriers to breastfeeding. We also heard that the emphasis needs to shift from the support provided in the hospital to providing more support in the community, particularly where breastfeeding rates are lowest. We note the work being done to develop an Infant Feeding Action Plan and hope these issues will be addressed as part of that plan.

Recommendation 8. In its response to this report, the Welsh Government should set out the timescales for the publication of the Infant Feeding Action Plan, the priorities for the plan and details of how it will be monitored.

Support for parents

158. We welcome the introduction of the Children and Family Pilots (PIPYN) in Anglesey, Cardiff, and Merthyr, which are supporting families to achieve a healthy weight without stigma through increased opportunities to eat healthily and be active. We believe that this type of intervention could have a positive impact on the numbers of children needing to be referred to weight management services. We look forward to receiving the outcome of the evaluation and, subject to its success, hope to see it rolled out across Wales in due course.

159. In relation to children's weight management services, it is concerning that these are not available in all areas, particularly given the prevalence of childhood obesity in Wales. It is also disappointing that, where such services are available, there is generally a low take up. Given the evidence we heard that this low take-up might be related to embarrassment at having to access this type of service, we believe the Welsh Government should look at how and where these services are provided to make them less stigmatising.

Recommendation 9. The Welsh Government should commission an audit of the provision of children's weight management services in each health board to determine future provision needs across all health boards. This should include details of the make-up of the weight management teams, e.g. the number of available psychologists and dietitians. The results should be used to determine the sufficiency of children's weight management services within each health board to meet its respective population needs.

160. The opportunities afforded by the new curriculum for children and young people to learn about food and nutrition are very positive, as are the community initiatives taking place across Wales. Giving young people the skills they need to understand the importance of good nutrition and a healthy, balanced diet is a crucial component in addressing obesity.

Recommendation 10. In its response to this report, the Welsh Government should set out its plans for the evaluation of the Children and Family Pilots (PIPYN), as well as any possible wider roll-out of these pilots.

7. The relationship between obesity and mental health

161. The relationship between mental health and experiences of overweight and obesity is bidirectional and complex. According to Public Health Wales:

> *"Mental health conditions are associated with the development of overweight and obesity. There is also evidence to indicate that experiencing overweight and obesity and weight stigma are associated with poorer mental health. Finally it is well understood that food is used to help manage emotions and mood, which can lead to consumption of excess energy and weight gain."*[111]

A trauma informed approach

162. Psychologists for Social Change said that overweightness can often be a response to childhood or community adversity, stress and distress, with overeating being a coping mechanism. This can start in childhood if relational needs are not met but can also develop through other stressful, adverse or traumatic experiences at other points in life. It further said that a trauma and relational health informed weight management service that can support a holistic and rights based approach was needed.[112]

163. Participants in our engagement activity highlighted the well-established link between adverse childhood trauma and weight gain:

> *"For people living with a complex obesity, there's often a link between trauma, adversity, socioeconomic deprivation in childhood, and later developing obesity difficulties."*[113]

164. A psychologist who took part in that activity said that people living with obesity accessing the level 3 weight management services in their health board were three times more likely to have experienced adverse childhood events than the general population in Wales and twice as likely to have experienced sexual abuse:

[111] OB37 Public Health Wales
[112] OB21 Psychologists for Social Change
[113] Prevention of ill health – obesity. Engagement findings

> *"There is a bi-directional relationship with mental health problems and obesity; when people are experiencing low mood and emotional dysregulation they are more likely to eat for emotional comfort."*[114]

165. According to Cardiff and Vale UHB, it was seeing an increase in psychological issues related to childhood trauma:

> *"In our local service, 44% of patients in our adult Level 2 service and 54% of patients in our adult Level 3 service are reporting 4 or more ACEs [adverse childhood experiences]."*[115]

166. Dr Enzo Battista-Dowds, British Dietetic Association Obesity Specialist Group, also told us:

> *"A surprising number of people who come into our service have had problems with sexual or domestic abuse, and more often than not in those cases it has led to severe mental health troubles. And ways of coping have led more into eating behaviours that are obesity promoting."*[116]

167. Evidence from the Welsh Government agreed that there was a very strong link between mental health and trauma and obesity. It said that it was for this reason the All Wales Weight Management Pathway emphasised the need for primary and community care practitioners to be alert to the potential for psychological factors underpinning overweight and obesity.

> *"This may be in the form of an eating disorder such as binge eating, disordered eating more generally or previous psychological trauma including adverse childhood experiences. These individuals should be referred to level 3 services to enable a full multi-disciplinary assessment, including from a psychologist. The psychologist will assess their history and current experience of mental health issues, disordered eating and eating disorders, trauma and weight stigma."*[117]

[114] Prevention of ill health – obesity, Engagement findings
[115] OB34 Cardiff and Vale University Health Board
[116] RoP, 11 December 2024, paragraph 25
[117] HSC Committee, 2 April 2025, Paper 1

Eating disorders

168. Obesity and eating disorders are not separate issues, and both are complex. Eating disorders are "a growing mental health crisis". According to Beat, there are currently around 1.25 million people in the UK living with an eating disorder.

169. Beat also said that people could have an eating disorder at any weight, and it was important that every part of the treatment pathway included screening for eating disorders; that the services had established links to eating disorder services; and that treatment services regularly checked in with patients about their thoughts and feelings around food.[118]

170. Overeaters Anonymous: Red Dragon Intergroup believed a greater understanding of the role of eating disorders and binge eating disorder as drivers of obesity was required by health professionals, as was improved identification and management of binge eating disorder and its underlying psychological drivers across policy and healthcare. It also highlighted lengthy waiting lists from referral to assessment for eating disorders services in Wales.[119]

171. According to the Wales Allied Health Professions Committee, Wales Dietetic Leadership Advisory Group & Public Health Dietitians in Wales:

> *"Investment is required to ensure that eating disorder services have the capacity to collaborate with weight management services to provide effective treatment for people with eating disorders and higher BMI."*[120]

172. Dr Enzo Battista-Dowds outlined what happened when someone with an eating disorder was wrongly referred to weight management services:

> *"They've waited for an adult weight management service, they may have been on the waiting list for a year to two years, they come in and they have an hour assessment, their BMI's over 70, 80, they're more on the severe end of obesity [...] and they spill their heart out to you in an assessment, and they explain their very difficult relationship with food and their frequent binge eating behaviour, and then I have to tell them, 'I'm sorry; you have an eating disorder, you're not in the right place. I have to*

[118] OB17 Beat
[119] OB33 Overeaters Anonymous: Red Dragon Intergoup
[120] OB36 Wales Allied Health Professions Committee, Wales Dietetic Leadership Advisory Group & Public Health Dietitians in Wales

> *refer you to the eating disorders service', where they might wait a year, two. The point I'm getting at is that this screening and training and education could be happening a lot earlier, and that's a training need in primary care, essentially, and secondary care."*[121]

173. The Royal College of Psychiatrists Wales suggested "the current '*Healthy Weight: Healthy Wales* Strategy and 2022-24 Delivery Plan are silent on the matter of eating disorders". It described this as "a disappointing omission given that obesity and eating disorders have similar risk factors and present significant physical and mental health impacts", and urged the Welsh Government to rectify this anomaly by coordinating both obesity and eating disorder prevention strategies in the next iteration of its '*Healthy Weight: Healthy Wales* Delivery Plan.[122]

Integration of services

174. Platfform called for greater integration of professions, to address the gap between weight management professionals and mental health professionals, whose different approaches "can cause people who need support, to disengage".[123]

175. Similarly, the British Dietetic Association Obesity Specialist Group said the evidence supported the case for enhancing psychology provision in weight management services in Wales and for collaborative working across traditional service boundaries between mental health and weight management services:

> *"Addressing both obesity and mental health concurrently through integrated treatment approaches can improve adherence, outcomes, and overall quality of life of patients."*[124]

176. Dr Kellie Turner, Cross Wales Psychologists in Weight Management, told us there needs to be a holistic view of a person and their family:

> *"Rather than focusing on just weight, or just this health condition, or just their mental health, we need much more freedom to be able to join those things up."*[125]

[121] RoP, 11 December 2024, paragraph 38
[122] OB32 Royal College of Psychiatrists Wales
[123] OB42 Platfform
[124] OB44 British Dietetic Association Obesity Specialist Group
[125] RoP, 29 January 2025, paragraph 104

177. She went on, however, to point out some of the practical difficulties associated with joined up working:

> *"... our systems, the computer systems that we use across the NHS and local authority, and then even mental health versus physical health, are different. That makes it quite tricky.*[126]

178. The Cabinet Secretary told us there was always more that could be done to make sure that services were not provided in isolation or siloed:

> *"... questions of self-esteem, self-efficacy, resilience are often very embedded in the experience of people looking for support with their weight. So, having that joined-up and lifelong approach is important as well. So, the new mental health strategy is an all-age strategy, which I think is really important in the context of managing overweight and obesity."*[127]

Access to psychological support

179. In Wales, psychological support is integrated into the Level 3 Specialist Weight Management Service for individuals with a BMI of 40 or more, or 35 or more with at least one weight-related health condition. This support is part of a multi-disciplinary team that includes doctors, dietitians, specialist nurses, and clinical or applied psychologists. The aim is to provide a holistic approach to weight management, addressing both physical and psychological aspects.

180. We were told that services throughout Wales were currently variable in terms of team make up and resources due to funding, leading to inequity between areas.

181. Dr Enzo Battista-Dowds highlighted the need for improved provision of psychologists within weight-management services.[128]

182. We asked the Cross Wales Psychologists in Weight Management for their views on the sufficiency of psychological support. Dr Claire Lane told us:

> *"So, across our geographical locations, we have different kinds of service set-ups, so I know in places like Hywel Dda, there is quite minimal resource there, and they've learned to do a lot*

[126] RoP, 29 January 2025, paragraph 110
[127] RoP, 2 April 2025, paragraph 62
[128] RoP, 11 December 2024, paragraph 82

> *with what they've got. In some services, in terms of psychologists, you've got more psychology support in those services; in others, you've got considerably less. I think, for of all services, there are challenges associated, and the amount of resource and where that resource is allocated varies between health boards."*[129]

183. Similarly, Betsi Cadwaladr UHB said:

> *"A lack qualified Psychologists specialising in binge eating and weight management also creates significant challenges across services meaning patients are not offered the psychological therapies that they require as part of specialist services."*[130]

184. The Cabinet Secretary told us that in moving up the levels of clinical intervention, access to psychological support was easier. He said that around £3 million had been made available specifically to support health boards to develop and deliver services that encompass this kind of support:

> *"We've set an objective to health boards to expand levels 2 and 3, which are the higher levels of intervention—to expand that provision by 10 per cent. And I think they're all on track to do that. And, obviously, those are the areas where you'd expect to see more psychological support available."*[131]

Our view

185. There is a significant link between mental health and obesity. Studies show a two-way relationship: mental health conditions can be associated with the development of overweight and obesity, while experiencing overweight, obesity and weight-related stigma are associated with poorer mental health. It is therefore surprising that there is not more joint working across mental health, weight management and eating disorder services.

A trauma informed approach

186. We heard that psychological issues related to childhood trauma are increasing. Adverse childhood experiences and addressing childhood trauma needs to be acknowledged as an important contributing factor towards

[129] RoP, 29 January 2025, paragraph 21
[130] OB29 Betsi Cadwaladr University Health Board
[131] RoP, 2 April 2025, paragraph 60

overweight and obesity. We therefore believe that a trauma informed approach – which considers what has happened to an individual, rather than what is 'wrong with them' – is needed in relation to weight management services.

Eating disorders

187. We recognise that eating disorders and obesity are not separate issues. People can have an eating disorder at any weight, and it is important that the treatment pathway takes account of eating disorders. We heard there are lengthy waiting lists from referral to assessment for eating disorders services in Wales. We also heard of the negative impact of being wrongly referred to a weight management service rather than an eating disorders service, which reinforces the need for more collaborative working across all services.

Access to psychological support

188. Psychological support can improve outcomes for people living with overweight and obesity by addressing the mental and emotional factors that influence eating behaviours and weight management. We are therefore concerned about the variability of access to psychological support across Wales. We note the Cabinet Secretary's evidence that £3 million has been made available to support health boards to develop and deliver services that encompass psychological support and would welcome details of how that money is being spent.

Recommendation 11. In its response to this report, the Welsh Government should provide details of how the £3 million provided to health boards to develop and deliver services that encompass psychological support for people living with overweight and obesity has been spent. This should include a breakdown of the number of psychologists across each health board and the stage of the pathway at which they work.

8. The impact of social determinants on obesity

189. Evidence from Public Health Wales states:

> *"Overweight and obesity affect a significant proportion of the population and affects all population groups. However, people who experience disadvantage are more likely to be affected by overweight and obesity and are more likely to experience health and wellbeing problems associated with their weight."*[132]

Cost and availability of healthier food

190. Lisa Williams, Food Policy Alliance Cymru, told us that those in the most deprived areas needed to spend about 50 per cent of their disposable income to meet the recommendations in the Eatwell Guide[133] compared to 11 per cent for those who were from the least deprived areas.[134]

191. Rocio Cifuentes, Children's Commissioner for Wales, highlighted the findings of a recent Food Foundation report which showed that:

> *"1,000 calories of healthy food costs £8.80 compared to 1,000 calories of unhealthy food costing £4.30. So, healthy food currently is more expensive, and that is a reality that parents who are struggling will have to grapple with, and will have to make unhealthier choices. They will be forced to; their financial circumstances will dictate that."*[135]

192. Evidence from Obesity Alliance Cymru stated:

> *"... a study by Sheffield University shows that 1.2 million people in the UK are now living in 'food deserts,' where people must shop in more expensive small convenience stores, with a limited stock of good value fresh products. The study also showed that these are more likely to be in deprived communities and are also likely to be the types of premises that school children will use at lunchtimes."*[136]

[132] OB37 Public Health Wales
[133] Eatwell Guide
[134] RoP, 24 October 2024, paragraph 214
[135] RoP, 13 February 2025, paragraph 142
[136] OB14 Obesity Alliance Cymru

193. Simon Wright, Food Policy Alliance Cymru, agreed, telling us:

> *"One of the villages I can think of, which would be in the Gwendraeth valley, their only shop there now is a Morrisons Daily. On average, there are about six to eight pieces of fruit and vegetables available there, but there are always eight choices of energy drinks. So, even if you're making that shift, which we are, with the kids and the parents, where are they getting their food from?"*[137]

194. According to Diabetes UK Cymru, poverty and inequality could lead to a higher attraction to calorie-dense foods, which were often nutrient-poor and heavily processed. While limited resources and energy costs could hinder individuals from spending time cooking and increased their reliance on convenience foods, which were often less healthy.[138]

195. We also received evidence to suggest that deprivation was strongly associated with both density of fast food outlets and the odds of being overweight.[139]

196. Professor Jim McManus, Public Health Wales told us:

> *"What we need to do in very poor areas is look at the food choice. […] I used to work in Birmingham, and takeaways are much cheaper, often, than healthier food. I think there's something like a £5 difference per 1,000 calories for healthier food than unhealthy food."*[140]

197. He went on to say that healthier food needed to be more plentiful, easier to get and affordable:

> *"We also need to support people in being able to cook for themselves and being able to have nutrition that isn't dependent on factory processed foods for the bulk of our food. So, there's a skills element, there's a fuel affordability element, there's a minimum wage element, there's a poverty element."*[141]

[137] RoP, 24 October 2024, paragraph 219
[138] OB43 Diabetes UK Cymru
[139] OB09 CLOSER
[140] RoP, 24 October 2024, paragraph 43
[141] RoP, 24 October 2024, paragraph 44

198. Simon Wright suggested that a change of culture was needed:

> *"We have to give out positive messages around food and cooking. I don't believe that people naturally want to eat lots of ultra-processed foods. In fact, our bodies tell us completely the opposite. But we're looking at a context in which the cheapest things to eat, largely speaking—. It's not as simple as this, you know, you can make cheap food from raw materials, but nevertheless, for most people, the most accessible and cheap food is the worst food for them. And the marketing campaigns are enormous."*[142]

199. Lisa Williams said that "the environment, especially in areas of deprivation, needed to drastically change, to make healthy foods much more easily available and affordable for people".[143]

200. While Dr Enzo Battista-Dowds, British Dietetic Association Obesity Specialist Group, said "we have a societal duty to try and make healthy eating more affordable".[144]

201. However, Andrea Martinez-Inchausti, Welsh Retail Consortium, said that she believed that retailers had taken the price-point element very seriously by reducing and encouraging financially the consumption of healthier foods:

> *"If you look, the fruit and veg aisle has never been cheaper. Members have made commitments to reducing—and in some cases, they're very much lower—the price of things like five pieces of fruit, or fruit and veg on a weekly basis et cetera. So, I would argue that healthy food is not as pricey as it often comes up to be; there are a lot of affordable ways of eating healthily."*[145]

Greater use of Welsh produce

202. A number of witnesses talked about encouraging greater use of Welsh produce. Dr Dana Beasley, Royal College of Paediatrics and Child Health said we needed to focus on local food that was in season because it was nutritionally better:

[142] RoP, 24 October 2024, paragraph 240
[143] RoP, 24 October 2024, paragraph 293
[144] RoP, 11 December 2024, paragraph 59
[145] RoP, 5 March 2025, paragraph 55

> *"So, if you grow food locally, that would be so much better, because the big supermarkets, again, where is their food coming from? We're looking at fruit, we're looking at things like that, they're travelling halfway around the world." So, we need to also focus on local food that's in season because that, again, nutrition is going to be so much better."*[146]

203. Katie Palmer, Food Policy Alliance Cymru said that the availability and access of food produced in Wales did not fit with the Eatwell Guide[147]:

> *"We're not going to be producing that kind of Eatwell Guide across the piece. So, we're dependent upon imports and, if we're dependent upon imports, then we're also dependent on climate change, global instability and all those kinds of things."*[148]

204. She said there was work going on in Wales at the moment to try and address this issue, such as that being done to develop the Welsh Veg in Schools project, which was about redesigning supply chains:

> *"We're producing only a quarter of a portion of veg on less than 0.1 per cent of land in Wales, and, in schools, only around 6 per cent of veg that's going into schools is currently from a local source."*[149]

205. She also highlighted the work being done in Carmarthenshire with the Bwyd Sir Gâr Food partnership where they had worked with the council to take over a county farm:

> *"They're looking at developing—well, they are developing—all sorts of projects that are associated with that farm, including growing produce that is going into the Welsh Veg in Schools programme of work, it's going into care homes, it's going to community food projects through an arrangement with FareShare.".*[150]

[146] RoP, 13 February 2025, paragraph 153
[147] Eatwell Guide
[148] RoP, 24 October 2024, paragraph 144
[149] RoP, 24 October 2024, paragraph 144
[150] RoP, 24 October 2024, paragraph 223

206. The Food and Drink Federation (FDF) Cymru told us about a scheme in Scotland where the Scottish Government funds the Reformulation for Health programme, hosted by FDF Scotland. The programme offers funding and tailored support to smaller businesses to develop healthier options in line with public health goals. It said that the programme has had excellent success so far, funding 67 projects across the breadth of Scotland to improve the health of their products and communities.

207. The programme delivers a range of resources (such as an advice tool offering bespoke support, and the Reformul8! Programme, engaging food businesses across all 32 local authorities in Scotland), supported by funds offering small grants to financially assist businesses with the associated costs of reformulation.

208. Kate Halliwell, FDF Cymru, told us:

> *"And so, to give you an example of that, there's a pie manufacturer called Bells—it's famous in Scotland. They went into one of the reformulation bids. They got about £5,000. That helped them to reduce salt in their pies, and that took about 9 tonnes of salt out per annum."*[151]

209. FDF Cymru believes there would be real value in expanding this best practice approach to small and medium sized businesses in Wales, and estimates a scheme could be established across Wales for £250,000 per annum.

210. Aligned with this were calls for a national food strategy for Wales.

211. Aneurin Bevan UHB notes:

> *"There is currently no integrated framework for action on food at local, regional and national level in Wales. A national food strategy is needed. This is currently a gap as highlighted by Cardiff University in a Welsh Food System Fit for Future Generations. In particular, there is a need for greater integration of the health, agriculture, food and farming agendas at the national level."*[152]

212. According to the Future Generations Commissioner for Wales, "we won't be able to tackle Wales' rising obesity rates without a national food strategy for Wales

[151] RoP, 5 March 2025, paragraph 127
[152] OB02 Aneurin Bevan University Health Board

based on preventing ill health and poverty, and enabling affordable access for everyone, to good, local food that doesn't cost the earth".

213. He goes on to say:

> *"This strategy should set a long-term vision and strategic direction for food policy in Wales which integrates food policies across Welsh Government portfolios. A national food strategy would demonstrate the join up of food policies from the sustainable farming scheme, support provided to the food and drinks industry through to procurement and plans to reduce obesity and improve nutrition. Wales will not be able to reduce obesity through the health system alone."*[153]

214. The Welsh Government launched the Wales Community Food Strategy in April 2025. The Strategy states:

> *"We recognise the focus of this strategy does not include trying to influence global trends. However, strengthening the supply of locally sourced food can complement the global food system by seeking to address many of the food related pressures faced by Welsh communities."*
>
> *"Improving the production and supply of locally sourced food can open opportunities for increasing people's access to healthy, sustainable food with lower food miles and produced in a way that supports nature. Achieving this can help us reduce food poverty, prevent diet related ill-health, and unlock opportunities for green growth in local economies."*[154]

Healthy Start

215. The Healthy Start Scheme is a UK Government initiative designed to reduce economic and health inequalities by supporting families on the lowest incomes by providing help to buy fruit, vegetables, milk, and infant formula, as well as free Healthy Start Vitamins.

216. Evidence from the Welsh Government states:

[153] OB04 Future Generations Commissioner for Wales
[154] Wales Community Food Strategy, April 2025

> *"To increase the promotion of the scheme the Welsh Government commissioned the development of mandatory Healthy Start training for all health professionals working with pregnant women and families with children under 4. This includes modules on nutrition for mothers, infants and young children. Also to increase promotion, the Welsh Government have made existing promotional materials bilingual and distributed throughout Wales."*[155]

217. While welcoming the Healthy Start initiative, Dr Dana Beasley, Royal College of Paediatrics and Child Health, also highlighted issues with uptake. She said:

> *"The uptake has been very low. There has been some e-learning programme introduced to increase the uptake, but the uptake is still only in the 70s, and there is some regionally variability. So, what we would actually like to see is an expansion of the Healthy Start scheme."*[156]

218. She went on to say that the current provision of £8.50 a week had not been updated since 2021:

> *"... if you happen to not be able to breastfeed, that barely buys a tin of milk. [ ] It needs to be brought in line with inflation. It should be expanded to all families receiving universal credit. And, in my view, it should also be an opt-out system, an auto-enrolment, because then we have everybody involved right from the start."*[157]

219. Ella's Kitchen also supported a rise in the value of Healthy Start Vouchers.[158]

220. Cardiff and Vale UHB said:

> *"Changes to the scheme such as auto-enrolment, increased value in line with inflation, and expanded eligibility would increase uptake. In Scotland these changes to the scheme have enabled a 92% uptake rate."*[159]

[155] HSC Committee, 2 April 2025, Paper 1
[156] RoP, 13 February 2025, paragraph 138
[157] RoP, 13 February 2025, paragraph 138
[158] OB31 Ella's Kitchen
[159] OB34 Cardiff and Vale University Health Board

221. While the Wales Allied Health Professions Committee, Wales Dietetic Leadership Advisory Group and Public Health Dietitians in Wales suggested the Welsh Government should consider the feasibility of extending eligible families' entitlement to the Healthy Start scheme when children commenced full time education (not ending on the child's 4th birthday), as:

> *"this would ensure that the gap in entitlement between a child's 4th birthday and the universal free school meal offer would be minimised."*[160]

Our view

222. Social determinants of health play a significant role in obesity, influencing individuals' access to resources and environments that promote or hinder healthy behaviours. Factors like socioeconomic status, food access, and the built environment contribute to disparities in obesity rates across different populations.

Cost and availability of healthier foods

223. People who experience disadvantage are more likely to be affected by overweight and obesity. Evidence of the disparity between the cost of healthy food compared to unhealthy food is concerning, and this is further exacerbated in disadvantaged communities by the limited access to healthy and reasonably priced food, and greater reliance on more expensive, small convenience stores, which stock a limited range of good value fresh products. We need to change the environment, especially in areas of greater deprivation, to make healthy foods much more easily available and affordable for people. We also need to support people to be able to cook healthy, balanced meals for themselves, which do not rely on heavily processed foods.

224. We heard of some very innovative work, such as that being done to develop the Welsh Veg in Schools project, and the Bwyd Sir Gâr Food partnership in Carmarthenshire, and believe that more needs to be done to support and encourage projects such as these.

Greater use of Welsh produce

225. Witnesses highlighted the need for a sustainable food system for Wales. They talked about the nutritional benefits of using fresh, locally produced food, and the

[160] OB36 Wales Allied Health Professions Committee, Wales Dietetic Leadership Advisory Group and Public Health Dietitians in Wales

need to reduce dependence on imports, particularly fruit and vegetables, which are not seasonal. We note the publication of the Wales Community Food Strategy and would welcome clarification from the Welsh Government of how this will align with the objectives of *Healthy Weight: Healthy Wales*.

Recommendation 12. In its response to this report, the Welsh Government should set out how the Wales Community Food Strategy will support *Healthy Weight: Healthy Wales*.

226. We note the evidence in relation to the Scottish Government's Reformulation for Health programme, which provides funding and tailored support to smaller businesses to develop healthier options in line with public health goals. The programme aims to reduce levels of sugar, salt, and fat, while also increasing fibre and potentially adjusting portion sizes to improve public health. Given the increasing levels of obesity in Wales, we believe that the Welsh Government should explore the potential benefits of adopting a similar scheme in Wales.

Recommendation 13. The Welsh Government should explore options for developing a programme similar to the Scottish Government's Reformulation for Health programme, which supports smaller, Welsh businesses to develop healthier options in line with public health goals.

Healthy Start

227. The Healthy Start scheme, which provides support to those families on the lowest incomes, is to be welcomed but the take up rates are disappointing. While the Welsh Government has made efforts to increase take up, more needs to be done to raise awareness of the scheme, particularly in more disadvantaged communities. We understand that changes made in Scotland to increase the value of vouchers in line with inflation, expand eligibility to all families receiving universal credit and introduce auto-enrolment has enabled a 92 per cent uptake rate. We believe there is merit in the Welsh Government looking at these changes and whether they would help increase uptake further in Wales.

Recommendation 14. The Welsh Government should look at the changes made to the Healthy Start Scheme in Scotland, which increased the value of vouchers in line with inflation, expanded eligibility to all families receiving universal credit and introduced auto-enrolment, to assess whether these changes would further increase uptake of the scheme in Wales.

9. Food environment

The Food (Promotion and Presentation) (Wales) Regulations 2025

228. The Food (Promotion and Presentation) (Wales) Regulations 2025[161] were laid on 11 February 2025 and mark the first phase of regulatory action to be taken forward following Welsh Government's 2022 Healthy Food Environment consultation. The regulations are due to come into force in 2026 and will restrict the promotion of high fat, salt and sugar foods and their display at key selling locations within the retail sector and free refills on sugary drinks in both the retail and out of home sector.

229. Rocio Cifuentes, Children's Commissioner for Wales, welcomed the introduction of the regulations:

> *"I think this is part of the solution, making the unhealthy choices less visible, less attractive, less strategically placed."*[162]

230. She went on to say that she had asked children for their views and there was strong support for the idea that the positioning of food in supermarkets did make a big difference to them as to whether they bought them or not:

> *"Sixty per cent said that this does make a difference to them, and 72 per cent told us that buy-one-get-one-free deals on unhealthy food also make them more likely to buy those products."*[163]

231. She also urged that any consideration of calorie labelling takes into account vulnerable groups who may be adversely impacted by calorie labelling, which includes children and young people with eating disorders.[164]

232. The Cabinet Secretary said there had been good engagement with retailers prior to the introduction of the regulations:

> *"... there have been very good discussions with retailers throughout, so I think the level of dialogue has been very positive and that's obviously helped us shape what I think is a*

[161] The Food (Promotion and Presentation) (Wales) Regulations 2025
[162] RoP, 13 February 2025, paragraph 245
[163] RoP, 13 February 2025, paragraph 245
[164] OB13 Children's Commissioner for Wales

> *set of regulations that are proportionate, recognise the particular pressures that very small premises might face…"*[165]

233. He also confirmed that comprehensive supporting guidance was due to be published shortly, alongside training with retailers, around the practical implementation of the regulations.[166]

Healthy Eating in Schools regulations

234. The Welsh Government is currently consulting on updating regulations relating to healthy eating in schools.

235. Public Health Wales said that while efforts to review Healthy Eating in Schools Regulations commenced in 2022, "differences in interpreting policy objectives persist". Further:

> *"Prioritising children's nutrition while acknowledging the challenges of cost and delivery for caterers remains a challenge. It is important that future standards are nutrient based and reflect the different needs of pupils at different ages."*[167]

236. Dr Julie Bishop, Public Health Wales, added:

> *"One of the things that I'm sure you know is that the Government is looking at revising the school food nutrition regulations, which are quite out of date now on a whole number of issues, and one of the things Public Health Wales is advocating for, and will continue to advocate for, is that it makes reference to ultra-processed foods."*[168]

237. Rocio Cifuentes, Children's Commissioner for Wales, urged the Welsh Government to ensure the views of children and young people were taken on board as part of the consultation exercise:

[165] RoP, 2 April 2025, paragraph 171
[166] RoP, 2 April 2025, paragraph 172
[167] OB37 Public Health Wales
[168] RoP, 24 October 2024, paragraph 133

> *"... we really hope that that consultation is meaningful and that what children say is actually listened to, and it's not just a tick-box exercise."*[169]

238. She also highlighted the importance of monitoring compliance once the new regulations were in place.[170]

239. Dr Dana Beasley said the new regulations needed to be more ambitious if we are to change our food culture.[171] Similarly, Tracy James, Catering Manager for School Meals at Torfaen County Borough Council told us that the Welsh Government were "looking at tweaking the nutritional standards that are already in there, which is a good thing". She said:

> *"But I think [...] they've missed a trick in some ways in looking into the ultra-processed foods. They don't appear in there in any shape or form, other than looking at the nutrients of particular foods. That doesn't always include things like, like I said, ultra-processed, and I think we should be considering that, moving forward, in the new guidance."*[172]

School meals

240. In Wales, all primary school children can access Universal Primary Free School Meals.

241. Rocio Cifuentes, Children's Commissioner for Wales, while welcoming the provision of universal free school meals, raised concern about the portion sizes provided:

> *"My office did a survey on school dinners with children last year, and we had about 1,200 children take part. The main message they told us was that the school dinners weren't big enough, the portion size wasn't sufficient, particularly, for their age. There were children telling us that they were getting the same portion size whether they were in year 1 or year 5. And a quarter said that they couldn't have more vegetables if they asked, or around the same said that they couldn't have more fruit."*[173]

[169] RoP, 13 February 2025, paragraph 243
[170] RoP, 13 February 2025, paragraph 228
[171] RoP, 13 February 2025, paragraph 236
[172] RoP, 2 April 2025, paragraph 267
[173] RoP, 13 February 2025, paragraph 242

242. The Welsh Local Government Association (WLGA) told us:

> *"To inform the review of the Regulations and develop an example primary school lunch menu that meets the proposed standards, the WLGA has gathered and analysed portion size data from councils. While there is some variability between councils, the average portion sizes usually fall within the range suggested in the Statutory Guidance. The WLGA, along with Public Health Wales, public health dietitians, and academics, is using this information and updated dietary recommendations to develop guidance on portion sizes for pupils aged 4 to 6 years and 7 to 10 years."*[174]

243. We raised the issue of nutritional value of school food with local authority catering managers. Tracy James told us that since the introduction of the healthy food in schools Measure[175], there had been a lot of work in schools in relation to the provision of fresher fruit, vegetables and meat products.[176]

244. When asked how compliance with the Measure was monitored, Judith Gregory, Education Catering Business Manager for Cardiff Council, told us, "it's down to each local authority in terms of any in-house auditing that they are doing".[177]

245. She went on to say:

> *"Obviously, we, as local authority caterers, can provide the healthy food for pupils that is compliant with the guidance and the regulations, but, at the end of the day, then, it's their choice as to whether they actually take that."*[178]

246. Tracy James said she believed that monitoring needed to be "strengthened hugely". She said:

> *"It's almost […] non-existent in respect of output. The monitoring of provision is there—Estyn, I think, have been tasked with a slight element, but it's very small. So, to ensure provision is*

[174] OB47 Welsh Local Government Association
[175] Healthy Eating in Schools (Wales) Measure 2009
[176] RoP, 2 April 2025, paragraph 239
[177] RoP, 2 April 2025, paragraph 246
[178] RoP, 2 April 2025, paragraph 261

> *compliant, I think the Welsh Government needs to be considering a body to monitor provision within all schools."*[179]

247. Similarly, Obesity Alliance Cymru, while welcoming measures to improve access to free school meals, raised concerns about the "unequal application of the current school food standards". It too called on the Welsh Government to ensure that all schools and other settings across Wales are meeting the guidance and standards on school meals, and that compliance is regularly monitored.[180]

248. WLGA also called for improvements in a number of areas:

> *"The Welsh Government's School Governors' guide to the law does not reference healthy eating but should and needs updating. The WLGA's feedback and guidance processes could be enhanced by school audits. Estyn's approach to inspecting and reporting on schools' actions to promote healthy eating needs to be strengthened, considering a whole-school approach and being more explicit about compliance with the Regulations. Effective practice case studies would also be useful. It is acknowledged that Estyn may not have the resources to undertake the above, but they provide the feedback and guidance that schools value the most and have a duty under the Measure."*[181]

249. The local authority catering managers raised concerns about the budget for free school meals. Judith Gregory told us that with the introduction of universal free school meals there was an additional commitment to using more locally sourced food, and £3.20 per pupil was allocated for this:

> *"But obviously, over a period of time now, food prices have continued to increase, so it would be appropriate at this time for us to go back to the Welsh Government again to ask for another increase on that £3.20 that we're getting, because […] we're seeing a lot more special diets coming through with the universal provision, and some of those special diets are more costly than our standard meal."*[182]

[179] RoP, 2 April 2025, paragraph 293
[180] OB14 Obesity Alliance Cymru
[181] OB47 Welsh Local Government Association
[182] RoP, 2 April 2025, paragraph 279

250. She also pointed out that the £3.20 included the labour costs and the overhead costs of providing the meal service, as well as the food costs.[183]

251. The Cabinet Secretary confirmed that there would be specific opportunities for children and young people to feed into the consultation on the regulations:

> *"Obviously, that's critical. That's part of our approach to consultation on our children's rights scheme, in any case, so that will be baked in, if you like, to the consultation process, and it will touch on the nutritional content and [...] portions."*[184]

252. He also confirmed that monitoring, evaluation and compliance would be included in the consultation:

> *"As I touched on briefly earlier [...], the liability or the responsibility for complying depends, [...] It can be at a local authority level, or school, depending on how school food is commissioned.. And, obviously, as I mentioned earlier, the WLGA play a role in supporting schools to deliver in compliance with the regulations, and that's really valuable work."*[185]

Availability of fast food

253. An increased density of fast food outlets is associated with increased rates of overweight, particularly in children and young people. There is also good evidence to suggest that there are higher numbers of hot food takeaways in more deprived areas.[186]

254. Lisa Williams, Food Policy Alliance Cymru, told us:

> *"The evidence suggests that advertising and promotion of foods high in fat, sugar and salt—so, those unhealthy foods—is higher and greater in areas of deprivation, meaning people who are already at greater risk of obesity, and the consequences of obesity, have an even greater task ahead in terms of overcoming some of those challenges."*[187]

[183] RoP, 2 April 2025, paragraph 283
[184] RoP, 2 April 2025, paragraph 197
[185] RoP, 2 April 2025, paragraph 199
[186] OB34 Cardiff and Vale University Health Board
[187] RoP, 24 October 2024, paragraph 291

255. The Cabinet Secretary agreed that the prevalence of fast food takeaway stores on high streets is a significant challenge. He said that Public Health Wales had done a piece of work which showed the density of fast-food restaurants in different local authorities in Wales[188].

> *"We have some evidence that there is a link between the density of fast-food outlets near schools and the BMI of pupils in those schools, which is very problematic."*[189]

256. Food Policy Alliance Cymru called for support for local authorities to enact their powers to improve local food environments by using planning rules to reduce the number of unhealthy fast food outlets and restrict local advertising of unhealthy food.[190]

257. The Welsh Local Government Association (WLGA) said that a Local Planning Authority may have powers to control the number and location of fast food outlets in a particular area if a policy existed on that matter, but they were currently only aware of one, which was in relation to proximity to schools. It also said that Wrexham was the only council in Wales that had changed its planning policy around the location of new fast-food outlets within 400m of a school.[191]

258. The Cabinet Secretary also highlighted this work being done by Wrexham council:

> *"I don't think we have any evidence of outcomes from that yet, but I think the WLGA have been interested in that, and clearly we are working with local government to see whether that can be picked up by other councils."*[192]

259. However, Dr Julie Bishop, Public Health Wales, pointed out that there were certain well-known fast-food chains who were aggressively challenging any attempts by local authorities to stop them opening, for example, near schools:

> *"The fact that they're willing to spend the money to go to court to fight those things tells you something about what they perceive the benefits to be. And, of course, for our local authorities, the cost of actually defending that kind of thing is a*

[188] Fast Food Density in Wales
[189] RoP, 2 April 2025, paragraph 152
[190] OB35 Food Policy Alliance Cymru
[191] OB47 Welsh Local Government Association
[192] RoP, 2 April 2025, paragraph 151

> *real barrier to them actually standing up. So, anything that we can do that actually protects local authorities from having to go through too many legal hoops in order to do what actually they want to do, to be fair."*[193]

260. We asked the Cabinet Secretary if this was making local authorities more risk adverse to turning down applications from large fast food retailers due to potential challenge and costs. He responded that:

> *"... having, as we do, national planning guidance that is specific on this, and local planning guidance, as some local authorities have, is obviously critical, because complying with your own guidance is where these challenges start, isn't it? That's why I would be keen to see more local authorities adopting that approach in their own guidance."*[194]

261. Emily Finney, Head of the Healthy and Active Team at the Welsh Government, said that this was more of an issue in England but:

> *"It's very much about the data and evidence at local authority level that can support why those interventions are made. And when they are challenged, that evidence can then support that."*[195]

Our view

Food (Promotion and Presentation) (Wales) Regulations 2025

262. We note the introduction of the Food (Promotion and Presentation) (Wales) Regulations 2025 as a step in helping to treat obesity by making the unhealthy choice less visible and hopefully less attractive. We welcome the Cabinet Secretary's assurance that these regulations will be accompanied by comprehensive supporting guidance and training for retailers around their practical implementation. Further, we note the requirement in the regulations for the Welsh Ministers to review those regulations from time to time and produce a report, and that the first report must be published within 5 years of the regulations coming into force. Given the scale of the challenge in treating overweight and obesity, we believe the Welsh Government should publish an

[193] RoP, 24 October 2024, paragraph 121
[194] RoP, 2 April 2025, paragraph 160
[195] RoP, 2 April 2025, paragraph 162

interim report with a particular emphasis on the impact of the regulations in helping to treat obesity.

Recommendation 15. The Welsh Government should, within two years of their introduction, provide an update on the impact the Food (Promotion and Presentation) (Wales) Regulations 2025 have had in helping to treat obesity in Wales.

Healthy Eating in Schools regulations

263. We note the work being done by the Welsh Government to review the Healthy Eating in Schools regulations to look at the food and drinks that can be provided in schools, and to update the guidance on responsibilities for promoting healthy eating and drinking. However, it is disappointing that, despite work beginning in 2022, this is still in the consultation phase. A number of witnesses also expressed concern that the regulations being consulted on did not contain any reference to ultra-processed foods. We urge the Welsh Government to take this opportunity to be ambitious in revising the regulations in order improve children's knowledge and experience of food and nutrition, and to limit the use of ultra-processed food.

264. We also note that under current arrangements, local authorities are responsible for monitoring their own compliance with the Healthy Eating regulations. We believe that monitoring of compliance with these regulations needs to be strengthened.

Recommendation 16. The Welsh Government should set out how it currently monitors compliance by local authorities with the Healthy Eating in Schools regulations and whether it has any plans to strengthen this process once the updated regulations come into force.

School meals

265. It is concerning to hear from children and young people that they are not getting enough to eat as part of their universal free school meal, particularly in respect of extra fruit or vegetables. We note that work is being done to develop guidance on portion sizes and would urge that this is carried out at pace.

266. Witnesses told us that the unit rate of £3.20 per head for school meals in Wales had not been reviewed for a number of years, and suggested it would benefit from an uplift to ensure it continues to be sufficient to cover the cost of producing a healthy and nutritious meal

Recommendation 17. The Welsh Government should review the appropriateness of the funding provided per head for its universal free school meals policy.

Availability of fast food

267. We note there is some evidence that links the density of fast-food outlets near schools and the BMI of pupils in those schools. We commend Wrexham County Borough Council for changing its planning policy in relation to the location of new fast-food outlets within 400m of a school but note that other local authorities have not made use of the powers available to them. We would urge the Welsh Government to work with and encourage more local authorities to take similar action.

10. Physical activity and obesity

268. Physical activity offers a wide range of benefits for both physical and mental well-being.

269. Historic data from the National Survey for Wales in relation to the association with obesity and lower levels of participation in sport found that those who were frequently active through sporting activities were much less likely to be obese (or morbidly obese) compared to those who were not frequently active.[196]

Barriers to participating in physical activity

270. There are a number of reasons why people living with overweight and obesity may not participate in physical activity, including the cost, stigma and access to leisure facilities.

Cost

271. We heard that the cost of taking part in sport or wider physical activity could possibly be a barrier. Sport Wales told us:

> *"children, young people and their families living in poverty experience disadvantage in many ways. For them poverty is not just about not having enough money or clothes; access to play and leisure, regular balanced meals, access to services and support are all areas where they face potential disadvantage."*[197]

272. The Wales Allied Health Professions Committee, Wales Dietetic Leadership Advisory Group & Public Health Dietitians in Wales said:

> *"The increased cost of living and in particular increasing cost of food and widening gaps in health inequalities emphasise the need for more focus in these areas to enable our deprived communities to be supported by healthier environments and access to more affordable healthier choices and opportunities to embed regular physical activity."*[198]

[196] OB22 Sport Wales
[197] OB22 Sport Wales
[198] OB36 Wales Allied Health Professions Committee, Wales Dietetic Leadership Advisory Group & Public Health Dietitians in Wales

Stigma

273. We were told that people living with obesity may avoid exercising in public for fear of shaming and abuse.[199]

274. According to Overeaters Anonymous, Red Dragon Intergroup:

> *"Being too heavy to use home exercise equipment but not wanting to go to the gym because you feel like everyone is staring at you and judging you for not being able to do the simplest exercises, and feeling awful about yourself because you did this to yourself and now you find the simplest of exercises – even walking or climbing the stairs – a massive struggle."*[200]

275. Dr Claire Lane, Cross-Wales Weight Management Psychologists, said that people living with obesity already have their own relationships with exercise and gyms, and it might take a lot of convincing to "get them through the door". She talked about her work in "reprogramming somebody's mindset around managing weight":

> *"Because I know that when people do have positive experiences with physical activity or, again, they're not focusing on the weight, but they're focusing mainly on, 'I don't want it to feel like so much of a struggle when I get out of my chair', or, 'If I fall over, I want to be able to get myself up off the floor', I think if we can move towards that way of talking about exercise."*[201]

276. She also highlighted the need for exercise providers to be more understanding of the complexities that go with obesity and exercise.[202]

277. The Cabinet Secretary highlighted a number of initiatives being funded through *Healthy Weight: Healthy Wales* aimed at encouraging physical activity:

> *"There's a specific intervention, which we fund, called Fit Fans, which is specifically around physical activities normally delivered through football clubs. […]. There's also a particular initiative for physical activity for post 60-year-olds. […] Obviously,*

[199] OB44 British Dietetic Association Obesity Specialist Group
[200] OB33 Overeaters Anonymous, Red Dragon Intergroup
[201] RoP, 29 January 2025, paragraph 157
[202] RoP, 29 January 2025, paragraph 158

> *we fund Sport Wales as well, and we are establishing [ ] sports partnerships, which are local initiatives that cover all of Wales and bring together health boards, local authorities, housing associations—again, big local players—around increasing levels of physical activity, and that's, again, funded through the strategy."*[203]

Access to leisure facilities

278. The Welsh Local Government Association told us there were a number of challenges facing local authorities in maintaining and expanding leisure and recreation facilities, including financial constraints, ageing infrastructure and operational costs. Further, the COVID-19 pandemic had exacerbated financial and operational challenges, with many facilities experiencing reduced usage and income, although most were on the way to full recovery now.

279. Graham Williams, Sport Wales, suggested framing leisure centres as activity and wellness hubs:

> *"I think that's how we need to be promoting them to show their full value to the communities in which they're based. If they are viewed potentially as a swimming pool that costs a lot of money to heat and treat and staff, and it's difficult to access, then, I'm not surprised that, maybe, they are areas of services that are not core to what local government deliver and that, under budget pressures, undoubtedly will face challenges."*[204]

280. While the Children's Commissioner for Wales called for local authorities to fall under the same duties as Welsh Government Ministers, to formally consider the impact on children's rights of all of their decision making:

> *"So, we have called for the current duty, through the Rights of Children and Young Persons (Wales) Measure 2011, to be extended to apply to local authorities. And we feel that would make a big difference to the decisions that are being made in local authorities around Wales […] we all hear about swimming pools being closed, parks not being available because the councils can't afford for wardens to lock them up and open*

[203] RoP, 2 April 2025, paragraph 188
[204] RoP, 29 January 2025, paragraph 237

> *them […]. So, this is a big issue that, I think, needs proper investment and proper scrutiny."*[205]

281. We also heard it could be more difficult for people with disabilities to access physical activity as not all facilities which host activities were accessible to everyone[206] and where accessible facilities were available, these were not always well publicised. Tom Rogers, Disability Sport Wales told us:

> *"So, in some cases, there might be excellent facilities out there […] but because disabled people are probably used to some of these facilities—whether that's a leisure centre, or whether that's a play area—not being for them, they might not go and explore and say, 'I'll go out and try it today'."*[207]

Changing the narrative

282. Dr Julie Bishop, Public Health Wales, said that one of the biggest challenges was motivating people to want to be active, even if that was just going outside and walking:

> *"Because, actually, you don't need anything in terms of equipment or materials to be active" […] Sport has got all sorts of benefits, and I'm certainly not suggesting that's not a good thing for society, but we need to be careful not to give the impression that you can only be active if you've got a leisure centre or a swimming pool or belong to a sports club. One of the recommendations that we've been making is that we just need to, collectively, get Wales walking."*[208]

283. Graham Williams suggested a new narrative was needed that described not just what the physical benefits of being active could bring, but the much wider mental, social and potentially environmental benefits:

> *"And I think that sets the tone of perhaps where we need to be thinking about physical activity. I think we need to set a new ambition around physical activity. And to your earlier point, we need a new language, because talking to members of the*

[205] RoP, 13 February 2025, paragraph 196
[206] HSC Committee, 29 January 2025, Paper 4
[207] RoP, 29 January 2025, paragraph 218
[208] RoP, 24 October 2024, paragraph 103

> *public about 30 minutes of moderate-intensity physical activity every day perhaps doesn't engage."*[209]

284. Royal College of Nursing Wales said that rather than focusing on obesity, the main focus of the conversation should be on making physical activity and healthy nutrition accessible to all.[210]

285. Similarly, Dr Claire Lane, Cross Wales Psychologists in Weight Management, highlighted research on weight stigma by Dr Rebecca Puhl,[211] which found that when there was a focus on adopting healthy lifestyle behaviours in order to improve health, the weight management with those interventions was more beneficial than a weight management intervention in itself.[212]

286. Jessica Williams, Sport Wales, thought there was a reasonable understanding of the positive benefits of being active but felt that the challenge was to make the healthy choice the easy choice:

> *"And actually, to that degree, thinking about how we build it into our systems so that it doesn't always have to be the conscious choice of the behaviour, but actually it's really easy to think about how you get somewhere and you're physically active en route, or how physical activity is built into some of our school systems so that children have the opportunity on a day-to-day basis to be active in and around some other things."*[213]

287. The Future Generations Commissioner for Wales called on the Welsh Government to:

> *"help public bodies to continue to raise ambitions on reducing obesity and for example providing opportunities for people to partake in physical activity – be that active travel routes, access to sport or leisure, or developing more green spaces."*[214]

288. While the Welsh Local Government Association referred to the challenge of 'motornormativity' - societies being built and based around private car use - and people being so used to it that they hardly thought about alternatives. It said that

[209] RoP, 29 January 2025, paragraph 208
[210] OB40 Royal College of Nursing Wales
[211] Dr Rebecca Puhl, Deputy Director for the Rudd Center for Food Policy & Health, University of Connecticut
[212] RoP, 29 January 2025, paragraph 316
[213] RoP, 29 January 2025, paragraph 204
[214] OB04 Future Generations Commissioner for Wales

the private car was too convenient and the media and advertising also contributed to the view of the private car as a status symbol and desirable object. It went on to say:

> *"Another challenge to convince more people to actively travel is the lack of safe, convenient, continuous, and well- maintained cycling and walking routes that offer people the same door-to-door experience they experience with the car."*[215]

Children and young people

289. The Children's Commissioner for Wales[216] and the Royal College of Paediatrics and Child Health[217] highlighted the Active Healthy Kids Wales report card 2021, which "paints a concerning picture of poor overall physical activity". In relation to the sedentary behaviour ranking, Wales received an F rating, joint lowest (with just three other countries) of the 57 countries that participate. Only 17 per cent of young people (aged ll-16) reported being active for at least 60 minutes across every day of the week. In comparison nearly a third (32 per cent) of children (aged 8-11) reported watching TV/screens for two hours or more every day.

290. Professor Stuart Flint, University of Leeds, suggested that what was currently being delivered in schools in terms of physical activity was very minimal and children "don't understand the benefits of being physically active, they don't enjoy physical activity, and there are many other pursuits that children are now engaged in."[218].

291. Dr Dana Beasley, Royal College of Paediatrics and Child Health, described it as "absolutely shocking" that only 20 per cent of boys and 14 per cent of girls reported moving for an hour a day every day. She said:

> *"... we need to make it the norm. We need to inspire our children. We need to have the provision that children can be outdoors, they can be active. And, again, it's so multifactorial; there's not a single answer for this, but it is healthy environments, it is green space, it is safe spaces for children. In the cost-of-living crisis, when parents have to decide whether they pay food bills or they pay energy bills, they're not going to*

[215] OB47 Welsh Local Government Association
[216] OB13 Children's Commissioner for Wales
[217] OB24 Royal College of Paediatrics and Child Health
[218] RoP, 11 December 2024, paragraph 237

splash out on trainers for their kids to take part in football. So, we really need to tackle this because that is a huge problem."[219]

292. Graham Williams agreed with the need to focus on children and young people and normalise physical activity as a behaviour. He highlighted work being done with Public Health Wales, Natural Resources Wales and local government to look at a whole-school approach:

"... so how you get to school, what you do when you're there, what you do in breaks, how you can make active lessons, what you do after school, what you can do with family and community. And we've got some really interesting proposals that we're hoping to take forward, but unfortunately, at the moment, we're not able to take them forward for some of the budget pressures that are there."[220]

293. Rocio Cifuentes, Children's Commissioner for Wales, said she had made a number of recommendations to the Welsh Government about increasing opportunities for children to be active:

"One of those is [...] that they invest more in delivering the daily active programme, which is run by Sport Wales and works with schools to support teachers to help children to be active during the school day. I think that investment or that programme was kind of on a pause, as far as we could make out, so it doesn't really seem to be running fully, as it was intended to."[221]

294. Graham Williams highlighted work being done to support teachers through the new curriculum, particularly the health and well-being area of learning and experience, so that they had the confidence to think about physical activity as a really important factor across the school day.[222]

295. Fiona Reid, Disability Sport Wales, also talked about the potential opportunities presented by the new curriculum:

"I think the real benefit of the new Welsh curriculum is that it doesn't just focus on sport, so it's not just about playing football or playing rugby or playing netball or playing hockey; it's about

[219] RoP, 13 February 2025, paragraph 192
[220] RoP, 29 January 2025, paragraph 264
[221] RoP, 13 February 2025, paragraph 195
[222] RoP, 29 January 2025, paragraph 298

> *how you move and how you can then apply that into a lifelong engagement and enjoyment of sport."*[223]

296. She also highlighted the need for more opportunities for disabled children and young people to be involved in sport.

> *"I think what, additionally, I would like to see is that that is also more inclusive of disabled children and young people within the school environment, so that they also get the same exposure to the likes of boccia and wheelchair basketball, goalball, so that we raise people's expectations around what's possible."*[224]

297. Evidence from the Children's Commissioner for Wales stated that in a 2022 survey of over 116,000 from 1,000 schools undertaken by Sport Wales, only 60 per cent of schools said they had the equipment to include disabled pupils, pupils with an impairment or Additional Learning Need.

298. Play Wales highlighted the importance of play in helping children to be active. It said:

> *"The decline in children's everyday freedoms can be directly linked to how the design and organisation of public space prioritises the economy over people, and adults over children."*

299. It also called for schools to include a minimum amount of time for play and break time for all children, and breaks not to be withdrawn as part of behaviour management or to finish off work.[225]

300. Similarly, the Children's Commissioner for Wales outlined the findings of a survey undertaken by her office in May 2024 of around 1,300 children and young people, asking them about their opportunities to enjoy play or break time during school. Early findings showed that 46 per cent of respondents answered 'yes' to the question 'do you ever miss your play / break time?'.

> *"While lots of the reasons given for missing break time were around detention, many responded that they were kept in to complete work if they had not completed it in class time, others commented that 'we don't always go out for 5 minutes play', or*

[223] RoP, 29 January 2025, paragraph 305
[224] RoP, 29 January 2025, paragraph 305
[225] OB10 Play Wales

> *'because it's raining'. When asked what would make play or break time better, many children raised that they would like more equipment to be able to do exercise and activities. Many said they feel that their break times are too short. There were also comments in relation to having time to get food."*[226]

301. We asked the Cabinet Secretary if he believed *Healthy Weight: Healthy Wales* had helped drive up levels of physical activity. He confirmed that it had:

> *"So, we know that three quarters of adults report feeling that they have sufficient opportunities to be physically active, and that's the highest—. It's obviously self-reporting, isn't it, but that's the highest level of data we've had since 2020, when the survey was instigated."*[227]

302. He also said that the numbers of adults reporting that they had not been physically active, or significantly active, in the last week had gone down, from 19 per cent to 13 per cent:

> *"So, that trend is going in a positive direction as well. And in a number of ways, as you will probably know, 'Healthy Weight: Healthy Wales directly funds some programmes that are about physical activity for particular cohorts."*[228]

Our view

303. There is a need to change the way that many people think about physical activity. Being active does not need to be costly; simply going for a walk can have huge benefits for physical and mental wellbeing. The Welsh Government should review its messaging around physical activity to ensure that, in addition to encouraging and supporting participation in sport, the benefits of all forms of physical activity are promoted as a way to contribute to a healthy lifestyle.

Barriers to participating in physical activity

304. It is sad to hear that people living with overweight and obesity feel they cannot exercise in public for fear of shaming and abuse. We note there are a number of initiatives funded through *Healthy Weight: Healthy Wales* to encourage greater participation, but believe there is more that can be done with

[226] OB13 Children's Commissioner for Wales
[227] RoP, 2 April 2025, paragraph 186
[228] RoP, 2 April 2025, paragraph 186

exercise providers to encourage them to be more understanding of the complexities that come with obesity and exercise.

305. We note the work being done to establish Sport Partnerships in Wales, bringing together organisations to maximise funding and increase participation in sport and physical activity, and would welcome an update on the progress of this in due course.

306. We recognise the many challenges facing local authorities in maintaining and expanding leisure and recreation facilities, particularly in difficult financial times. We agree with witnesses that more needs to be done to promote the full value of leisure centres to the communities in which they are based.

307. It is disappointing to hear that where accessible facilities are available, they are not being promoted widely to encourage people with disabilities to take part in physical activity. We believe that work needs to be done to create a directory of accessible facilities that can be promoted via relevant stakeholders.

Recommendation 18. The Welsh Government should work with relevant stakeholders to examine the feasibility of creating a directory of accessible community facilities.

308. Wales' Active Healthy Kids Wales report card rating is a real cause for concern, particularly when rates of being active are compared with rates of TV/screen usage. We need to make physical activity the norm and inspire children to want to take part. Schools are the obvious place for increasing levels of physical activity. It is therefore disappointing that the work being done by Sport Wales and other partners to look at a whole-school approach has not been able to go forward due to budgetary pressures.

Annex 1: List of oral evidence sessions.

The following witnesses provided oral evidence to the committee on the dates noted below. Transcripts of all oral evidence sessions can be viewed on the Committee's website.

Date	Name and Organisation
24 October 2024	**Dr Julie Bishop** Public Health Wales **Professor Jim McManus** Public Health Wales **Katie Palmer** Food Policy Alliance Cymru **Lisa Williams** Food Policy Alliance Cymru **Simon Wright** Food Policy Alliance Cymru
11 December 2024	**Dr Enzo M. Battista-Dowds** British Dietetic Association Obesity Specialist Group **Dr Stuart Flint** University of Leeds **Professor Nadim Haboubi** University of South Wales **Dr Angela Meadows** University of Essex **Kevin Miller** Swansea Bay University Health Board
29 January 2025	**Dr Claire Lane** Cross Wales Psychologists in Weight Management **Dr Kellie Turner** Cross Wales Psychologists in Weight Management **Fiona Reid** Disability Sport Wales **Tom Rogers** Disability Sport Wales

Date	Name and Organisation
	Graham Williams Sport Wales **Jessica Williams** Sport Wales
13 February 2025	**Dr Dana Beasley** Royal College of Paediatrics and Child Health **Dr Jonathan Bone** Nesta **Rocio Cifuentes** Children's Commissioner for Wales **Julie Richards** Royal College of Midwives
5 March 2025	**Kate Halliwell** Food and Drink Federation Cymru **Andrea Martinez-Inchausti** Welsh Retail Consortium
2 April 2025	**Jeremy Miles MS** Cabinet Secretary for Health and Social Care **Emily Finney** Welsh Government **Jasmine Tompkins** Welsh Government **Ed Wilson** Welsh Government **Judith Gregory** Cardiff Council **Tracy James** Torfaen County Borough Council

Annex 2: List of written evidence

The following people and organisations provided written evidence to the Committee. All Consultation responses and additional written information can be viewed on the Committee's website.

Reference	Organisation
OB01	Dr Amanda Hughes, Dr Helen Bould and Professor Laura Howe
OB02	Aneurin Bevan University Health Board
OB03	Cwm Taf Morgannwg University Health Board: Public Health Team
OB04	Future Generations Commissioner for Wales
OB05	Institute for Social and Economic Research, University of Essex
OB06	British Heart Foundation Cymru
OB07	Dr Sara Jones, Swansea University
OB08	Dairy UK
OB09	CLOSER; the home of longitudinal research (UCL Social Research Institute)
OB10	Play Wales
OB11	Cross Wales Psychologists in Weight Management
OB12	Age Cymru
OB13	Children's Commissioner for Wales
OB14	Obesity Alliance Cymru
OB15	Dr Angela Meadows; Lecturer (Teaching/ Research) in Psychology, University of Essex
OB16	Colleges Wales
OB17	Beat -the UK's Eating Disorders charity
OB18	Food and Drink Federation (FDF) Cymru
OB19	Dr Sian Moynihan -Swansea Bay Children's Centre -Swansea University Health Board

Reference	Organisation
OB20	Prof Jeff Brunstrom, Dr Dani Ferriday, Dr Annika Flynn & Emeritus Prof Peter Rogers
OB21	Psychologists for Social Change Cymru
OB22	Sport Wales
OB22a	Sport Wales: International examples
OB23	Welsh NHS Confederation
OB24	Royal College of Paediatrics and Child Health Wales
OB25	Nesta
OB26	Counterweight
OB27	Royal Pharmaceutical Society Wales
OB28	Dr Nalda Wainwright: Wales Academy for Health & Physical Literacy, University of Wales, Trinity Saint David
OB29	Betsi Cadwaladr University Health Board
OB30	Cancer Research UK
OB31	Ella's Kitchen
OB32	Royal College of Psychiatrists Wales
OB33	Overeaters Anonymous, Red Dragon Intergroup
OB34	Cardiff and Vale University Health Board
OB35	Food Policy Alliance Cymru
OB36	Wales Allied Health Professions Committee (WAHPC), Wales Dietetic Leadership Advisory Group (WDLAG) & Public Health Dietitians in Wales (PHDiW)
OB37	Public Health Wales
OB38	British Dietetic Association
OB39	Slimming World
OB40	Royal College of Nursing (RCN) Wales
OB41	Dr Tom Bond, Dr Carolina Borges & Prof Deborah A Lawlor, University of Bristol
OB42	Platfform; for mental health and social change
OB43	Diabetes UK Cymru
OB44	British Dietetic Association - Obesity Specialist Group

Reference	Organisation
OB45	Dr Harriet Hunt, European Centre for Environment and Human Health, University of Exeter
OB46	Mary Williams
OB47	Welsh Local Government Association (WLGA)