

Agenda – Health and Social Care Committee

Meeting Venue:	For further information contact:
Hybrid – Committee Room 5, Ty Hywel and video conference via Zoom	Sarah Beasley Committee Clerk
Meeting date: 29 January 2025	0300 200 6565
Meeting time: 09.30	SeneddHealth@senedd.wales

Private pre-meeting

(09.00–09.30)

Public meeting

(9.30 –12.15)

1 Introductions, apologies, substitutions, and declarations of interest

(09.30)

2 Prevention of ill Health – obesity: evidence sessions – panel 5

(9.30–10.45)

(Pages 1 – 6)

Cross Wales Psychologists in Weight Management

Dr Kellie Turner, Clinical Psychologist, Connect– Child & Young Person
Weight Management Service

Dr Jen Daffin, Community Clinical Psychologist, Chair of Psychologists for
Change – South Wales

Dr Claire Lane, Principal Clinical Psychologist, Weight Management Team

Research brief

Paper 1 – Cross Wales Psychologists in Weight Management

Break

(10.45–11.00)

3 Prevention of ill health – obesity: evidence sessions –panel 6

(11.00–12.15)

(Pages 7 – 28)



Sport Wales

Graham Williams, Director of Sport Intelligence and Service Development

Jessica Williams, Head of Service and Partner Development

Disability Sport Wales

Fiona Reid, Chief Executive Officer

Tom Rogers, Governance and Partnerships Director

Paper 2 – Sport Wales – consultation response

Paper 3 – Sport Wales – additional evidence

Paper 4 – Disability Sport Wales – overview of evidence

4 Paper(s) to note

(12.15)

- 4.1 Letter from Chair of Petitions Committee to Cabinet Secretary for Health and Social Care re Petition: P-06-1435, implementing targeted lung cancer screening.**

(Pages 29 – 30)

- 4.2 Letter from Chair of Petitions Committee to Minister for Mental Health and Wellbeing re Petition P-06-1479: Stop the detention of learning disabled and autistic children, young people and adults in hospitals.**

(Pages 31 – 32)

- 4.3 Letter from Chair of Petitions Committee re Petition P-06-1467: Instruct NHS Wales to add Adenomyosis to its 111 A-Z webpages.**

(Pages 33 – 34)

- 4.4 Letter from Chair of Local Government and Housing Committee re Launch of Inquiry: The role of local authorities in supporting hospital discharges.**

(Pages 35 – 36)

4.5 Letter from Minister for Mental Health and Wellbeing re the Food and Feed (Regulated Products) (Amendment, Revocation, Consequential and Transitional Provision) Regulations 2025.

(Pages 37 – 38)

4.6 Letter from Cabinet Secretary for Health and Social Care re Regulations for the Food (Promotion and Placement) (Wales) Regulations 2025.

(Pages 39 – 40)

5 Motion to elect a temporary Chair for the meeting on 6 February 2025 in accordance with Standing Order 17.22

(12.15)

6 Motion under Standing Order 17.42 (vi) and (ix) to resolve to exclude the public from the remainder of this meeting

(12.15)

Private meeting

(12.15 –12.30)

7 Prevention of ill health – obesity: consideration of evidence

(12.15–12.20)

8 Welsh Government Draft Budget 2025–26: consideration of draft report

(12.20–12.30)

(To Follow)

Paper 5 –Welsh Government Draft Budget 2025–26: draft report

Agenda Item 2

Document is Restricted

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Atal iechyd gwael - gordewdra](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Prevention of ill health - obesity](#)

OB11 : Ymateb gan: Cross Wales Psychologists in Weight Management

| Response from: Cross Wales Psychologists in Weight Management

Consultation Response – Prevention of Ill-Health (Weight Management)

Cross Wales Psychologists in Weight Management

To discuss anything further in our response please contact: TOPWMPsychology@wales.nhs.uk

Who are we?

As a group of practitioner psychologists working within weight management services across Wales, supporting adults, young people and their families living with overweightness, we are submitting this response to the current consultation for prevention of ill-health (weight management) under our professional remit as psychologists.

This response is based on the current strategy document Healthy Weight Healthy Wales (2019, updated 2023). As practitioner psychologists, we use our specialist skills to assess and create a shared, biopsychosocial understanding of difficulties that can then guide specialist person-centred therapeutic interventions. We aim to bring people together, be inclusive, and holistic in our work in weight management.

What is our current understanding of weight management?

We know that weight management is a complex issue that requires a holistic, biopsychosocial and person-centred approach. Weight management is also associated with childhood adversity; chronic stress also adversely impacts our biology in such a way that leads to increased weight gain and reliance on coping using food. The relationship between overweightness and mental health is bidirectional, which means these issues also need great consideration (BPS, 2019). Furthermore, weight management is an area of great changes on a national but also worldwide scale, particularly in respect to new medications being offered. This requires a thoughtful yet dynamic approach to understanding and supporting our patients.

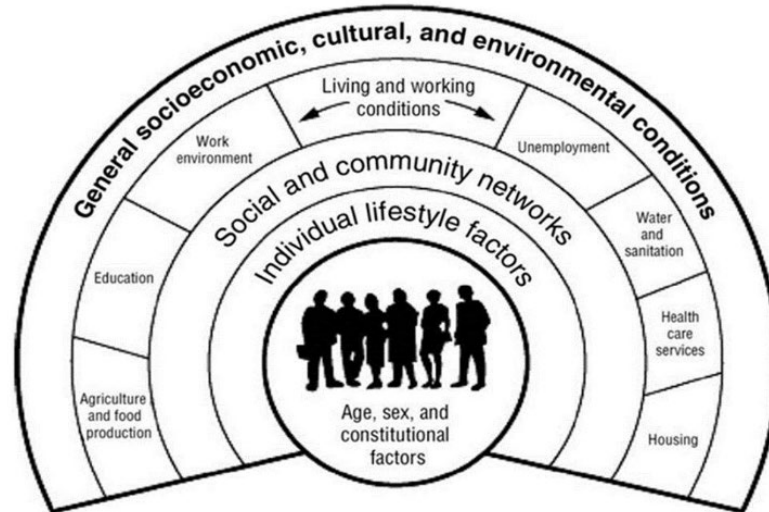


The Roots of Obesity (World Obesity Federation)

Our Concerns about Current Policy

Our concerns and recommendations are underpinned by the model of social determinants of physical health, and social and commercial determinants discussed by WHO (2023). This model shows how individual, community and wider socioeconomic, cultural and environmental factors impact on our health through opportunities and experiences.

The broad social and economic circumstances that together determine the quality of the health of the population are known as the 'social determinants of health'

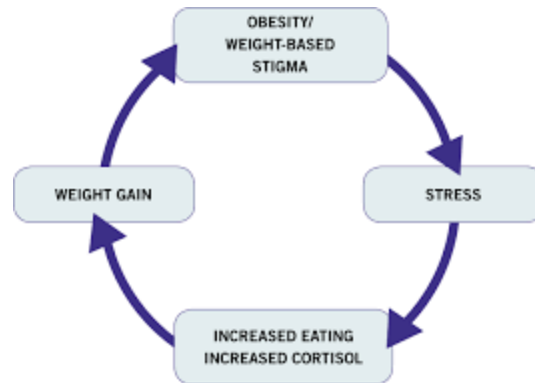


Source: Dahlgren and Whitehead (1991)

Language and Stigma (social and cultural conditions)

There is considerable debate about the most appropriate language to describe weight. There is evidence to suggest that neutral terms like 'weight' are preferred over less acceptable and potentially stigmatizing terms like 'fat' or 'obese' (Puhl, 2020). Our response aims to use person-first, non-stigmatizing, or neutral language such as person living with overweightness or obesity, rather than 'obese person', and all strategies, policy and communications associated with weight management should aim to do the same.

There remain many unhelpful, discriminatory and stigmatizing 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. We know these narratives are unhelpful and are part of a vicious cycle of weight gain through emotional eating, avoidance of meaningful activity, reduced mental wellbeing and disordered eating. It also impacts the relationship between patient and healthcare providers. There needs to be a more compassionate approach to weight management in policy, public health campaigns and across healthcare services.



Cycle of Weight Stigma (Tomiyaama, 2014)

Equitable Access (Health care services, living conditions, education and employment)

In Wales, we have a pathway set out for weight management services, but services through Wales are currently variable in terms of team make up and resources due to funding, leading to inequity between areas. Wales has a varied population and landscape mixed between rural and urban areas, with varied economic opportunity. This is often not taken into account when considering the service provision. Also, this means that individuals and families, particularly in more deprived areas, are often limited by time, opportunity, and finances when it comes to making choices around food and activity to support health and seeking support on a community level for mental health and physical health.

Furthermore, weight management is an ever-changing area in terms of understanding and treatments. An example of this is the recent medications (GLP1 agonists) available for some individuals. This has quickly increased interest and referrals. Demand therefore outstrips supply, without consideration of resources and robust pathways to consider this big change in working. This increase in referrals has impacted timely and effective access to services, for those both seeking medication and not. The current strategy does not acknowledge or support these accessibility issues.

A More Holistic and Complex Understanding (socioeconomic factors)

The current strategy has a focus on diet and activity, and although we recognise these are important parts of the picture, they are by no means the whole picture. There is a lack of understanding of the social determinants of physical and mental health, and how these are incredibly relevant to weight management. It is a complex issue that is affected by social and economic factors, and links with other issues including mental health, other physical health services, eating disorders, and trauma. We're concerned the current strategy does not acknowledge and address these issues and is very individually focused, when weight management is a systemic public health issue. Furthermore, this holistic and complex approach required more integrated care between services, pathways for which currently are unclear.

Our Recommendations

With these concerns in mind, we would recommend the following:

1. Incorporating a wider understanding of the complexity of weight management to current policy and strategy, including the social determinants of physical and mental health, the links with mental health, eating disorders and trauma (including ACE's) and considering individuals with additional needs such as learning disabilities and neurodivergence.
2. Interventions tackling social determinants of physical and mental health including supporting parents to be responsive, building community and belonging, and reducing burden of chronic stress such as through socio-economic factors.
3. Public health campaigns that highlight the complexity of weight management including the factors above.
4. Changing language around policy and campaigns to acknowledge and reduce stigma and encourage a compassionate approach to how we talk about weight management.
5. Revisiting the MECC training which can be variable to ensure this is used compassionately and effectively, and ensuring focus is on behaviour not appearance.
6. A need for clearer and more integrated care pathways between services, including calling for clearer communication and referrals pathways. This is even more important for children and young people who are supported by networks around them.
7. Encouraging consultation and liaison between services for better joined up care.
8. Detailing training, support and supervision needed for health professionals both within weight management services and health professionals coming into contact with individuals and families affected, and training to increase understanding of the factors above and supporting compassionate, person-centred approaches to weight management.
9. Taking a focus similar to that in trauma and mental health services – not about what's wrong with a person but what's happened to them?
10. A strategy that acknowledges inequity between services and access difficulties for patients, and funds greater equitability and access including looking at the make-up of services and support offered, and access to psychological therapies.

Reference List

Dahlgren, G., & Whitehead, M. (1991). Policies and strategies to promote equity in health. Stockholm: Institute for Futures Studies.

Healthy Weight; Healthy Wales Strategy (2019, updated 2023) Welsh Government.

Perriard-Abdoh, S., Chadwick, P., Chater, A. M., Chisolm, A., Doyle, J., Gillison, F. B., ... & Snowden-Carr, V. (2019, September). Psychological perspectives on obesity: addressing policy, practice and research priorities. British Psychological Society.

Puhl, R. M., Himmelstein, M. S., & Pearl, R. L. (2020). Weight stigma as a psychosocial contributor to obesity. *American Psychologist*, 75(2), 274.

Tomiyama, A. J. (2014). Weight stigma is stressful. A review of evidence for the Cyclic Obesity/Weight-Based Stigma model. *Appetite*, 82, 8-15.

WHO (2023) Commercial determinants of health. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health>

World Obesity Federation (2019) The roots of obesity. Retrieved from <https://www.worldobesity.org/what-we-do/our-policy-priorities/the-roots-of-obesity>

Agenda Item 3

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Atal iechyd gwael - gordewdra](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Prevention of ill health - obesity](#)

OB22 : Ymateb gan: Chwaraeon Cymru | Response from: Sports Wales



HSCS Committee Consultation – Sport Wales Response

**Senedd Health and Social
Care Committee inquiry.**

**Prevention of ill health:
Obesity**

1. Sport Wales Response to the Health and Social Care Committee's inquiry into health inequalities: obesity

Sport Wales is the national organisation responsible for developing and promoting sport and physical activity in Wales at both community and elite levels. We are financed by annual funding from the Welsh Government and from the National Lottery. We are the main adviser on sporting matters to the Welsh Government and are responsible for distributing Government and National Lottery funding to sport in Wales.

Sport Wales is one of the smallest public bodies in Wales and our budget is comprised of running costs, grant funding for National Governing Bodies, national partners and local authorities to deliver sport, but also community sport – investing and growing local opportunities for clubs and societies to serve the needs of their local communities.

We are one of the 44 public bodies in Wales which are subject to the Wellbeing of Future Generations (Wales) Act; we meet our duties under the Welsh Language Standards and care deeply about our place in Welsh society and culture. We work closely with the Older People's and Children's Commissioners and filter all our work through the lens of equality, diversity and inclusion.

We strive to be the best we can be and give the best we can offer to all people along the sporting pathway, from children starting out, to medal-winning athletes, to a diverse career path in the sporting sector, to older people staying fit, healthy and independent.

Overview

1. Sport Wales welcomes the opportunity to respond to the Health and Social Care Committee's inquiry into **'health inequalities: obesity'**.
2. Sport Wales believes that sports and physical activity can play a key role in widely supporting people with long term, physical and mental health problems and always value the opportunity to be able to reinforce this message
3. **The Vision for Sport in Wales** is the platform for cross-sector engagement in sport and physical activity, and seeks to transform Wales into an active nation, where everyone can have a lifelong enjoyment of sport and physical activity. The Vision was co-produced with a wide range of stakeholders to represent the voice of the people of Wales. Together with the sport sector and Government is our collective vehicle for transforming Wales into a truly active nation; and we consider the impact that sport can have on supporting physical and mental health as a key part of this. We would be happy to discuss **'The Vision for Sport in Wales'** with the Committee and the role it has to play in supporting the health and wellbeing of the people of Wales.

4. Sport and physical activity undoubtedly have a significant role to play in supporting people's physical and mental wellbeing and we would like to see this recognised across obesity policy and the services which are made available to those living with overweight or obesity.

What would Sport Wales like to see happen as a result of this inquiry?

5. Sport Wales would like to see the Welsh Government support the development of a national approach to physical activity as a key plank to tackle obesity. We believe that collaboration and cross departmental work is key to making this plan a success.
6. Sport Wales would like the committee to highlight the crucial role that sport, and physical activity has to play in supporting the health and wellbeing of the people of Wales – and support the Welsh Government in action on their position that '[Sport can be the nation's most effective preventative health tool](#)'.¹
7. Sport Wales would like to see programmes which aims to tackle the impact of obesity on younger people such as the Daily Active (more information found later in the response) given priority by the Welsh Government.
8. Sport Wales wants Welsh Government to identify the importance of sport and physical activity across government departments when considering sport's benefit to the economy in drafting future budgets.

Focus of our response:

9. Although some of our response will undoubtedly overlap several areas of the committee's inquiry, we will aim to focus on four key areas of the terms of reference where we believe sport and physical activity can best support people who are affected by this inquiry.

In line with the terms of reference we will focus our response on the following key areas:

- Prevention and early intervention
- Gaps and areas for improvement in existing policy
- Impact of social and commercial determinants on obesity
- The relationship between obesity and mental health

During this response we will also highlight key insight that shows the importance of sports and physical activity on tackling health inequalities including obesity, and which we hope will be of interest to the committee.

We will also highlight our recent '[Social return on investment](#)' which showcases the unique benefit sports can and is having on the population of Wales.

¹ Whilst this statement was first used in the Welsh Government's 2022-23 budget, they have repeated it in the following two year's narratives.

We will also identify some case studies from Sport Wales' project work which we believe can play a key part in supporting people affected by this inquiry and are happy to discuss the progress of these in greater detail.

Sport Wales insight:

10. Sport Wales' data relates to the provision, access and enjoyment of sport and physical activity of people of all ages in all areas of Wales. We believe our research and insight can support the committee by developing its understanding of the benefits of engaging in sport and physical activity across the broad spectrum of physical and mental health.
11. Results from the [National Survey for Wales](#) show that those who participate in sport and physical activity three or more times a week are more likely to have more healthy lifestyle behaviours. 39% of people said that they participated in sport three or more times per week. This is a Future Generations Indicator and the percentage has slightly improved in 2022-23 but there has been little change for a number of years now, including pre-covid results.

Historic data from the National Survey for Wales in relation to the association with obesity and lower levels of participation in sport (and vice versa) 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.

In addition, adults who were classified as overweight or obese were also less likely to participate in sport three or more times a week than those that measured a healthy weight ([National Survey for Wales](#)).

In the [National Survey for Wales](#) (2022-2023) only 37% of adults in Wales were a healthy weight (based on BMI).

12. Sport Wales also teams up with Savanta to get an insight into the nation's activity habits and behaviours. Put in place to track activity levels during the Coronavirus pandemic, the '[Wales Activity Tracker](#)' has continued regularly to check activity levels in Wales.
13. The surveys, which are now run quarterly, provide a snapshot on physical activity and sport, as well as the attitude of people in Wales towards exercise. The data has been weighted to be demographically representative of Welsh adults 16+ by gender, age and the estimated households with children under 16.

The Spring 2024 wave of the 'Wales Activity Tracker' was held over the final weekend of April and marks the twelfth wave of the survey since it started in May 2020.

During this wave we have seen the lowest levels of **inactivity** which have been observed since this question was first introduced (in Wave 5, February 2022), with just one in ten adults (10%) saying that they have done 'no regular physical activity in the last three months'.

We also introduced a new question around **weight management**. Just over two in five (42%) adults said they were motivated to take part in sport or physical activity to manage their weight. Women (48%), older adults (35-54 =44%, 55+ =44%), and adults from 'white' ethnic groups (43%) were more likely (than their counterparts) to say that 'managing weight' was a motive for taking part.

Further analysis on the data exploring differences between demographic groups reveals other useful insights. Those living in the least deprived areas of Wales reported being significantly less likely to **worry about leaving their home** to take part in physical activity than those from mid-deprivation and the most deprived area (15% vs 25% vs 24%). Furthermore, the proportion of women who say that they find exercise **enjoyable & satisfying** (48%) has decreased from the same time last year (55%).

So what does this mean?

- It is encouraging to see a decline in rates of inactivity across adults in Wales since February 2022, particular given the greatest health benefits are to be accrued by those individuals who shift from doing nothing, to doing something. While it is not possible to ascertain what has driven this change from the tracker alone, it is possible that campaigns and programmes to promote movement and activity amongst the least active in Wales are bearing fruit. The tracker will continue to monitor this trend.
- Weight management was a significant motivation for taking part in sport/physical activity, with 42% of adults reporting this motive. Sports offers looking to engage older adults and women, may benefit most from designing offers around this benefit/communicating this benefit within their marketing content given these groups are most likely to resonate with this motive.
- The proportion of women who said that they 'enjoy exercise' has decreased over the past twelve months (by 7 percentage points). It is not clear what the reasons are for this change, however the tracker will continue to monitor this trend closely to ascertain whether this is a fluctuation or indeed a downward trend.
- Adults in more deprived areas of Wales are more worried about leaving their homes to be physical active, than those in less deprived areas. This could be a result of lower rates of physical literacy or enjoyment of activity in these populations, or due to environmental factors (such as higher crime rates, less walkable neighbourhoods) that make feeling safe in these areas less likely. Further research would help to shed light on this, however interventions looking to increase physical activity levels in these areas of Wales should be mindful of addressing this factor.

We would welcome further discussion with the committee into the future as to what information they might find useful in future surveys, as there are always opportunities to input into which questions are asked.

14. The impact of the cost-of-living increase has also been well documented on people's ability to participate in sport. Recent data from the [Wales Activity Tracker](#) suggests that this has a bigger impact on people with longstanding health and mental health difficulties.

Terms of reference:

Prevention and lifestyle

- *Action to improve prevention and early intervention*

Sport Wales recognises the importance of improving prevention and early intervention to stop people's health and wellbeing deteriorating. The Vision for Sport seeks to transform Wales into an active nation where everyone can have a lifelong enjoyment of Sport. Sport and physical activity have an important role in supporting the health and wellbeing of a population, and if placed centrally to preventative health measures, can be a conduit to longevity and overall wellbeing.

One significant change that Sport Wales has introduced over the last five years is our new investment strategy. Funding decisions for data driven partners are now taken based on participation and demand for sports, heavily weighted towards the views of children and young people. Furthermore, the data used also utilises demographic data for young people on disability, deprivation, race and gender to prioritise the financial allocation. We also have also implemented similar changes to funding for National Partners for whom we can't as easily measure data outcomes, and regional funding, funding regional Sport Partnerships instead of individual sports development teams.

We have taken a Future Generations approach of investing in early childhood experiences as the evidence shows that creating sustainable, lifelong sporting habits is a key driver in the preventative health agenda. Whilst sporting opportunities as a treatment for ill-health can be incredibly effective, utilising social prescribing and health funding for health prevention will maximise impact at a much higher rate.

We contributed to the Welsh Government's social prescribing framework consultation, and we look forward to seeing how the new framework is implemented. We have been clear that would like to see sport and physical activity placed at the heart of a preventative framework which supports people to live full and healthy lives.

Critically, we would like to understand how our partners can be supported to deliver interventions that will help people who are referred to them. It needs to be recognised that many sports, clubs and community settings are the places where these interventions will most likely be delivered.

This means that the codes of practice and the link up to primary care must be innovative to ensure that these volunteers have the support and guidance to in turn support those referred through their journey.

This could be a barrier to successful social prescribing, and it is one we would like to see efforts to overcome.

We wish people to be empowered to access and use sport for their wellbeing. As noted in this inquiry's terms of reference there is an unwanted stigma attached to the subject matter. In this light it is important to note that social prescribing will only work if there are welcoming, inclusive environments for people to go and also the right supportive environment especially if people have never exercised and think it's not for them.

As part of the Welsh Government's interventions through the Healthy Weight, Healthy Wales action plans we have been pleased to work with our partners to deliver programmes which are case study evidence of good social prescribing.

Programmes such as, **Daily Active'**, The '**Children and Families Programme'** and the **60+ active leisure scheme (ALS)** are all programmes which have clear opportunities to support social prescribing. More details on some of these programmes can be found further on in this response.

Gaps and areas for improvement in existing policy:

We believe that there is an opportunity for Sport and physical activity to be more effectively championed across Government and would advocate that more needs to be done to ensure sport is integrated effectively into Programme for Government.

We want to ensure that learning and insight from Sport Wales programmes are integrated into the Programme for Government and throughout the Sport Sector as a whole.

As noted earlier in this response, we see clear opportunities for sport to support the health inequalities agenda, including tackling obesity. Sport Wales would like to encourage the Welsh Government to support the development of a national approach to physical activity as a key plank to tackle obesity. We believe that collaboration and cross departmental work is key to making this plan a success and would welcome further discussions on this matter.

Impact of social and commercial determinants on obesity

Our surveys consistently show that there is a gap between the haves and have nots when it comes to physical activity and exercise. Ultimately, we know that taking part in sport and physical activity leads to better health outcomes and at Sport Wales one of our key aims is that every person in Wales can access sport and physical activity, and that we look to identify barriers and supports the sport sector to eliminate them.

We also recognise that 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. These are just the manifestations of poverty. However, the outcomes of these issues are that child poverty limits aspiration, curtails life experience, impacts health and results in fewer opportunities for the future.

Children growing up in poverty experience worse health outcomes, educational attainment and economic prospects than their more affluent peers. We also know that they are less likely to participate in sporting activities. Addressing poverty and inequality among children and young people is crucial not only to their own opportunity to make the most of their lives but to what they are able to contribute to wider society as adults.

In line with Welsh Government's refreshed Child Poverty strategy, we are in the process of formulating our new response to child poverty which will aim to further develop our work in ensuring that every young person in Wales has the opportunity to participate in sport and physical activity, no matter their economic background.

As noted, we believe that sport needs to be recognised for the crucial role it can play across policy areas, and that sport needs to become a regular part of the conversation in delivering health outcomes. Whilst these arguments are recognised across Government, sport still represents such a small amount of Government's budget. If collaboration and outcomes using sport were agreed, we might see a much greater return on investment in the wellbeing of people in Wales.

In terms of socioeconomic challenges, the cost-of-living crisis and growing inequalities, Sport Wales has adapted investment streams to focus on these areas, for example the [Energy Saving Grant](#) which offered sport clubs in Wales a unique opportunity to make energy saving improvements whilst also helping to tackle the climate and nature emergencies. [The Be Active Wales fund](#) promotes equality, sustainability and innovation in sport and in addition, our [Crowdfunder](#) stream that has targeted work in terms of tackling growing inequalities with 50% of a project able to be matched funded if they are based in one of the most deprived areas of Wales, as identified by the Welsh Index of Multiple Deprivation (WIMD) data.

Ultimately, we want more people to participate in sport and physical activity – whilst indicators have shown that people who participate in sport more than 3 times a week is currently reported at 39% that still leaves a large number of people who are not participating regularly.

Relationship between obesity and mental health:

Sport Wales' insight consistently shows that if you're not physically active you're more likely to experience poor mental health. Figures also show that not taking part in sport or physical activity can have a negative effect on obesity levels.

The latest National Survey for Wales findings for 2022-23, found [“better mental wellbeing” among those who participated in sport at least three times a week](#), of which 39% of people participated in this regular activity. In fact, since 2016-17, the adult survey has shown that the population's general health (self-reported) has decreased over time and that the number of people “reporting a mental health condition as a long-term illness” has increased from 10% in 2021-22 to 12% in 2022-23. More specifically, the average wellbeing score in Wales has decreased from 50.9 in 2016-17 to 48.2 in 2022-23, suggesting a decrease in mental wellbeing.

As part of Sport Wales' quarterly [Wales Activity Tracker](#), we have continued to collate attitudes and behaviours towards sport and physical activity on a range of topics,

including mental and physical health. The [latest survey from January 2024](#) found just over half (54%) of respondents agree that they exercise to help manage their mental health and a similar number (53%) exercise to help manage their physical health. This insight demonstrates that a number [a significant section of the population](#) of people across Wales have first-hand experience of the positive impact sport and physical activity can have on their wellbeing and they continue to participate in exercise because of this.

Sport Wales agrees that there is a need for the mental health legislation to be updated to reflect society and its needs. Sport Wales is an advocate for encouraging more conversations and proactive work around mental health within the sports sector, to help further reduce the stigma around mental health in Wales and are happy to see the topic clearly referenced in the terms of reference of this inquiry.

We believe in a person-centred, holistic approach when it comes to individuals' wellbeing, establishing parity between the treatment of physical and mental health, both of which sport and physical activity can positively influence.

As noted in our response to the current Welsh Government consultation on their Mental Health Strategy, we are already working internally and externally with partners to change the way people think about mental health across the inclusive sport system, embracing a non-medicalised relational approach. This type of approach to understanding mental health means we want to consider the context, environment and relationships within a person's life, and how these might be influencing their wellbeing

Historically, the general understanding of mental health has focused on putting people's symptoms of distress into diagnostic categories, rather than considering why someone might be experiencing distress in the first place. The current medicalised model does not offer parity between physical and mental health support. In order to understand an individuals' mental health and wellbeing, we should be asking "what has, or hasn't, happened to you?" as opposed to "what is wrong with you?". When we do this, we start to think differently about the ways in which we can support mental health and we start to see that peoples' symptoms of distress are a completely understandable response within the context of what they have experienced. [LINK TO OBESITY/INEQUALITIES](#)

As mentioned previously, we echo the view of the Welsh Government that "sport can be the nation's most effective preventative health tool" as first emphasised in the [Welsh Government's Draft Budget 2022-23](#) on page 85. However, as outlined in the document, "greater cross-sector prioritisation is needed to create the long-term sustainable shifts in participation". The former point was also acknowledged in ['Levelling the playing field: A report on participation in sport and physical activity in disadvantaged areas'](#) by the Culture, Communications, Welsh Language, Sport, and International Relations Committee.

Given our focus on sport and physical activity, and the benefits of sport on mental health, Sport Wales has a vested interest in helping to establish parity between physical and mental health, which we believe will inevitably help to reduce the stigma around mental health in Wales.

Case studies of interest to this inquiry:

We have given some more information on projects below that we believe could be of interest to the committee. This includes more detail on our SROI and some brief analysis of projects that we believe have clear potential to link into social prescribing initiatives and could play a nationwide role in prevention and early intervention.

Social Return on investment (SROI):

Sport Wales's [latest Social Return on Investment \(SROI\) Study of Sport in Wales](#) has put an updated monetary value on the benefits that sport brings to Wales as a whole. It has found that **for every £1 invested in sport here in Wales, there is a £4.44 return**. Furthermore, the study highlights that sport contributes a staggering **£5.89bn in social value** to Wales.

This return comes through in a range of areas including health, subjective wellbeing, social capital and volunteering. For example, the estimated benefit on health is £621m, which includes the prevention of Type 2 diabetes and depression, as well as £2.06bn on subject wellbeing which covers increased life satisfaction for both participants and volunteers.

A more detailed breakdown can be viewed in the infographic below:



Daily Active

- The Daily Active approach aims to be a core component of the Welsh Network for Healthy School Schemes.
- It will be one of a series of thematic frameworks agreed across organisations working to support schools.

- It will work seamlessly with the World Health Organization's Health Promoting Schools approach and enable schools to deep dive into areas they have identified as priorities based on the needs of their school.

The Daily Active is an opportunity to impact on all children as part of a potential large-scale public health intervention which we believe will support long-term healthy behaviours and ensure that children view physical activity as the norm in their day. We would encourage this inquiry to support our ambition to see a step change in activity levels for school aged children and that long term funding is committed to Daily Active to realise this ambition.

Public Health Wales' data released this year, [Report on the 2022 School Environment Questionnaire for the Welsh Network of Healthy School Schemes](#) shows that when asked to list the four biggest barriers to learning progression as the result of the pandemic, schools most commonly reported challenges with pupils' mental health (80%) – Sport Wales believes that programmes such as Daily Active can play a crucial role in improving young people's physical and mental health.

We hope that the approach of the Daily Active will ensure children experience improved physical and mental health, confidence, educational outcomes and social skills. We want children and their families to understand the importance of, and find enjoyment in, sport and physical activity thanks to the sporting opportunities available to them. The Children's Commissioner for Wales called for this intervention to be 'commenced without delay' in her [2022-23 Annual Report](#).

Children and Families Programme (Collaborative sports opportunities with National Governing Bodies (NGBs) aimed at families with children)

Summary and Policy Context

The Welsh Government's [Healthy Weight, Healthy Wales strategy](#) seeks to prevent and reduce obesity in Wales by driving forward four key themes by 2030: Leadership and Enabling Change, Healthy Environments, Healthy Settings & Healthy People. The strategy recognises the contribution sport has to play to this aim and seeks to ensure sport and recreation opportunities are more accessible. Current [Chief Medical Officer \(CMO\) guidelines](#) recommend that children aged between 5 to 18 years should engage in moderate-to-vigorous intensity physical activity for an average of at least 60 minutes per day across the week. This can include physical education, active travel, after-school activities, play and sport. Adults (aged 19 to 64 years) should aim to be physically active every day and accumulate at least 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity.

What we know from research

It is well known that physical activity levels influence weight and health outcomes. However, physical inactivity and rising obesity levels are an ongoing problem in the UK. In Wales, the 2018 Child Measurement Programme run by Public Health Wales reported that one in four children are overweight or obese.

The CMO highlights evidence that suggests physical activity levels track from childhood into adulthood. By ensuring children are as active as possible, this has a positive knock-on effect for the health and wellbeing of the future population!

Indeed, the importance of the family in promoting and achieving healthy and active children, as well as providing familial socialisation has been widely reported. The 'Children and families pre programme insight' undertaken by UK RCS (*RCS: Research, consultancy & strategy for public services*) notes that children's physical activity levels are heavily influenced by their parents, particularly younger children who tend to spend more time with their parents. Researchers also found that increases in joint parent-child physical activity may also be an effective method for increasing activity levels of both parents and children.

The study also showed that it is paramount that parent's physical activity levels are increased as this will in turn influence a child's activity levels. Equally, studies have concluded that replacing the time that parents and children spend together in sedentary pursuits with joint physical activity could have clear health benefits.

Overall, we know that:

1. Physical activity levels have an effect on weight and health outcomes.
2. Many children in Wales aren't active enough, particularly those from low socio-economic backgrounds.
3. The physical activity rates of parents have an effect on the physical activity rates of their children.

Considering the policy context and research presented above we are undertaking this intervention for two reasons consistent with our desired outcomes:

Sport Wales will support families with children in Wales to be more active and therefore lead healthier lives. We will also build the knowledge base from which to learn and improve and advocate for the power of sport and physical activity.

There would be a need for these programmes to be led by local need and being bespoke to their audiences in order to maximise the potential they can bring to changing behaviours.

Potential Outcomes

- We want to see families with children in Wales being more active and therefore leading healthier lives.
- We want to see families accessing collaborative sport opportunities involving National Governing Bodies.
- Sport Wales also sees opportunities emerging from the programme which include gaining a stronger knowledge base from which to learn and improve and having a stronger knowledge base to advocate for the power of sport.

Sport Partnerships

Regional Sport Partnerships are aiming to be a game changer for future generations, transforming the way community sport is created, delivered, led and funded. This is because we are encouraging sectors to collaborate on delivering sport and physical activity across a region.

These regions match the Well-being of Future Generations Act Regional Partnership Board areas and therefore the agencies which work together should already be able to liaise and ensure that the benefits of sport are seen across the area. In North Wales, where Actif North Wales is already in operation, we can see that universities, local authorities, housing associations and the health board are committed to working together to deliver a healthier, happier North Wales.

The partnerships are designed to overcome ongoing and stubborn inequalities in participation in sport and physical activity.

We would like to see any future work programmes that tackle health inequalities acknowledge and work with the local sport partnership to ensure partners work cohesively and effectively on delivering meaningful interventions for preventative and long-term health outcomes.

Final Overview:

We welcome the committee's inquiry on *'health inequalities: obesity'* and hope we can further support the committee as the inquiry develops by sharing any additional data or insight which could improve their understanding of how sport and physical activity can impact people and communities in Wales. We are also more than happy to provide oral evidence if required on the impact of sports and physical activity on the preventative health agenda.

We note how it is highly likely that people classed as obese would likely have lower rates of participation in sport than those not but believe sport and physical activity could have an important role to play in supporting people to live well, prevent further deterioration and take some pressure off NHS and care services.

In fact, we believe that investing in physical activity as a preventative approach is the only thing which is likely to have a major impact on the health service which is at breaking point.

As noted in the ['Exercise: The Mircale Cure'](#) report by the academy of medical royal colleges:

"There is mounting evidence that physical inactivity is a major causative physical link between social inequality and poor health. There is also evidence that tackling physical inactivity should be a major focus to improve health across different groups (APCOPA, 2014). There is no other viable intervention which has the potential to improve health in the UK on such a scale."

We are working across the sector to address inequalities in sport and physical activity in line with the Vision for Sport in Wales, as well as increasing the amount of data and insight we hold in relation to mental health, poverty and deprivation to ensure we are constantly learning and improving.

Sport Wales's key aspirations for sport used as social prescribing are:

- Sport is seen as a key part of any healthcare and preventative journey. Investing in sport for prevention can in many instances mean social prescribing as a cure for ill-health is no longer needed.
- Our partners are not overwhelmed by requests to take on people on social prescribing programmes, unless adequately funded to support them as additional opportunities.
- That partners, volunteers and staff are upskilled and supported to support people who are referred.

We would also like to see the mental health delivery plan updated and sport included, as well as the social prescribing framework's workplan to heavily involve sport.

We understand the provision of sporting activities and opportunities, and our commitment to creating cohesive, safe communities where people can meet and exercise with others will be crucial, in our view, to address physical and mental health inequalities and access sport sustainably in the long term.

Sport must make up a part of a collaborative policy response to the challenge of improving people's physical and mental health in Wales. Such a response should be informed by insight and research relating to lived experiences, encourage preventative measures, encapsulate need, care and support for individuals and communities, and include the ambitious aim to provide all people with the tools they need to prevent and recover from periods of ill health in a sustainable manner over the long term.

Additional Evidence from Sport Wales

Overview

Sport Wales heard from Norway sport adviser and expert [Per Tøien at the Sport Summit in 2022](#) how an approach to sport and physical activity can support better outcomes for society. From higher participation levels, inclusive approaches at grassroots level and ensuring sports are enjoyable to engage young people in sport for the long-term. These are all approaches that underpin the Vision for Sport in Wales.

Norway not only has some of the highest per capita spending on sport in Europe, but also some of the best health outcomes. As Per sets out, the outcomes delivered are done so through the delivery of sport, not by having specific targets about health improvement. However, it is very clear that increased investment in sport in Norway leads to better health outcomes and increased wellbeing.

We are therefore interested to note the recent publication of the Culture, Communications, Welsh Language, Sport and International Relations Committee's (CCWLSIR) [report into funding reductions](#) noting the recommendation that Welsh Government should increase funding on culture and sport until it is comparable with similar nations.

We know that sport has the potential to be the greatest preventative health tool for the nation and that this has strong support across different sectors. [Sport Wales held an event at the Senedd in October](#) which looked at the evidence and what could be done to ensure this goal was realised. We are therefore also supportive of CCWLSIR committee's recommendation in this most recent report that Welsh Government's budget has a preventative health budget category.

In [2022-3 draft budget scrutiny](#), the Welsh Government said:

“Sport can be the nation’s most effective preventative health tool but greater cross-sector prioritisation is needed to create the long-term sustainable shifts in participation. The Healthy and Active Fund and Healthy Weight: Healthy Wales Delivery Plan are two examples of success in this area. In 2022-23, we will continue its support in the Healthy and Active Fund, supporting organisations who actively promote and enable healthy activity for population groups with little or no levels of physical activity in their lives. Sport Wales will also

continue to invest funding and resource in the Welsh Government's 'Health Weight: Healthy Wales' delivery plan, including the delivery of the 60+ Active Leisure scheme."

Welsh Government evidence to CCWLSIR Committee, Wednesday 19 January 2022

Additional information on sport and physical activity interventions

The *Healthy Weight Healthy Wales* (HWHW) strategy and the 60+ Active Leisure Scheme (ALS) are closely connected in their shared objectives of improving public health and addressing health inequalities in Wales. The 60+ ALS is one of the key initiatives under the HWHW delivery plan, specifically targeting older adults—a demographic often at higher risk of health complications due to inactivity and obesity.

The HWHW strategy emphasises the importance of increasing physical activity levels across all age groups, but there is still room and some appetite for strengthening the emphasis on physical activity. The 60+ ALS directly contributes to this objective by providing a wide range of physical activity opportunities specifically tailored to older adults. Through group activities in leisure centres and community spaces, the scheme helps older people remain active, which is crucial for managing weight and preventing obesity-related illnesses like heart disease, diabetes, and mobility issues. 60+ ALS's efforts to target underserved populations, such as ethnic minorities and low-income communities reflects the need for targeted support. By offering physical activity programs in accessible formats and locations, the 60+ ALS aims to reduce disparities in access to healthy lifestyle options.

Although the 60+ Active Leisure Scheme, primarily addresses physical health, it also recognises the importance of mental and social well-being in achieving a healthy weight. The scheme not only provides physical exercise but also creates social engagement opportunities for older adults. The camaraderie and social bonds formed through the ALS activities enhance mental well-being, which contributes to overall health. (Swansea climbing video)

The 60+ Active Leisure Scheme (ALS) also plays a vital role in complementing the National Exercise Referral Scheme (NERS) by providing a long-term, ongoing pathway for older adults to maintain and

expand their physical activity levels after completing NERS. This collaborative approach has led to innovative extensions of the scheme, with many delivery partners adapting the model to include prehabilitation (prehab) and post-operative care programs, further broadening the scope of support for older adults.

Children and Families Pilot (PIPYN Active)

The Children and Families project aligns strongly with the Healthy Weight, Healthy Wales strategy by delivering interventions that promote physical activity, target health inequalities, and create healthy environments. Its focus on family-based, community-driven solutions ensures that it supports both the immediate health of children and families and contributes to long-term behaviour change, helping to reduce obesity and improve health outcomes in Wales. This project directly supports both the Vision for Sport in Wales and the HWHW vision of making sport and physical activity more accessible and inclusive for all.

Key features

- **Collaboration and Partnership:** The project emphasises working alongside national partners such as Public Health Wales (PHW) and engaging with local stakeholders in Merthyr, Anglesey, and Cardiff Southern Arc. This collaborative approach aligns with the Leadership and Enabling Change theme, driving systemic change by ensuring sport is embedded as a key tool in promoting healthier lifestyles.
- **Family-Based Physical Activity:** By promoting joint parent-child physical activity, the project helps create environments where physical activity is integrated into everyday family life. This has positive effects not only on the children but also on the parents, creating a holistic, supportive environment for healthier lifestyles.
- **Integration of Health Messages:** In addition to physical activity, the project provides opportunities for other important health messages to be delivered, encouraging families to make healthier choices. This holistic approach ensures that settings are not only promoting physical activity but also supporting broader health improvements.
- **Behaviour Change and Long-Term Commitment:** The project recognises that successful behaviour change requires sustained investment and long-term commitment from a variety of partners. By promoting ongoing physical activity habits in families, the project

aligns with the Healthy People priority by focusing on creating lifelong healthy habits that extend beyond the intervention period.

We are proud to support Government in the delivery of both of these programmes. However, as was noted in 2023 in draft scrutiny, the cross-sector prioritisation for long-term sustainable shifts in participation are what's needed, and whilst the programmes have been successful, wider roll out, together with the Daily Active Offer and prioritisation amongst Government departments are the only things that will see a step-change in the prevention agenda. As noted in our initial response we see **Daily Active as a key solution** - an initiative that has been developed in collaboration with PHW & NRW and has the potential to have a profound impact on activity levels of school aged children.

Barriers to participation: Annex Document 1

In 2022, we responded to the [CCWLSIR committee consultation on participation in deprived areas](#) and detailed many of the barriers to participation. We would like to draw the committee's attention to this work and therefore include them as an annex to this additional evidence.

Barriers to participation – Annex 1

Barriers to participation in sport are wide ranging, from lack of facilities, cost of living, poverty, stigma, lack of volunteers and role models. Sport Wales wants every person in Wales to be able to access sport and physical activity and we want to identify the barriers and support the sport sector to eliminate them.

Sport Wales aims for an inclusive sport system which is one where any potential barrier to participation and enjoyment of sport is identified and addressed. Much is understood with regards to the barriers to participation in sport generally through the National Survey for Wales, the School Sport Survey, the Welsh Activity Tracker, and more.

As noted, there are many barriers to participation in sport amongst the population. For groups that experience a higher risk of poverty, social exclusion, discrimination, and violence compared to the general population the problems are exacerbated. These groups include but are not limited to - people from ethnic minorities, migrants, those with disabilities, elderly people, children, women and girls, and people who are gender and sexually diverse.

Further, when one or more of the above characteristics or social dimensions intersect; equitable opportunities for participation may be less, with the quality of experience less favourable. Put simply - intersectionality can intensify and result in inequality, and sport is not immune to this.

Geographical location can be a contributing factor in the ability to participate in sport, although we should be careful to not assume sport as the only single consistent variable impacted by rurality or, that rurality always means disadvantage. There are several other drivers such as: frequency of public transport and facility provision which differ in rural settings. Participation in sport may be the end outcome from these other drivers which, therefore, reinforces the need for considered, collaborative policy analysis and implementation in less urban settings which lie outside of the sport division alone.

Broadly, we understand from our insight and expertise that the main barriers to sport may be: **structural, institutional, personal or social** – and in almost all instances, are made up of a combination of these.

- **Structural barriers** exist when access is non-existent, limited or when the sporting environment itself is not suitable, or not able to be adapted to meet the needs of an individual.
- **Institutional barriers** mean that opportunities to access sport are hidden, and/or removed from an individual because of poorly designed systems; or systems that have been designed to only suit certain users.
- **Personal and social determinants** will mean as individuals begin to navigate the structural and institutional barriers – they will encounter their own unique challenges, based specifically in relation to who they are and their personal circumstances.

In practice, it is an intersectional combination of factors that impact sport participation - when considered in isolation, the individual characteristics of age, sex and gender, socioeconomic status, disability, ethnicity, and geography present widespread challenges.

Age

There is strong evidence to suggest that patterns established in early years, may carry through into later life which is why building lifelong habits for sport participation is critical in young people. Given those from more deprived areas are less likely to participate in sport, we know the return on investment of building lifelong habits by capturing engagement from those communities is particularly important. The role of education and the school setting is critical in this regard given this is where we can impact on the most captive audience. Ensuring the new curriculum, and the health and wellbeing AoLE within it delivers on the principles of embedding activity and sport within the school day is wholly important to this aspect of equality of opportunity. How schools operate as community hubs around the school day, which may not need to be the role of the teaching profession, is also a key component of success.

Sport Wales has deliberately reflected this in its new investment approach - specifically using the voice of young people through mechanisms such as the School Sport Survey, ensuring that public money is invested as a direct result of public demand.

This investment approach has taken away the sense of sports competing against one another for resource and aims to foster greater collaboration across sports. This is hugely important, as well as collaboration across education and health settings, to support multi-sport offers to support young people from disadvantaged communities lead active lives. That

collaboration should no doubt extend to resource prioritisation. There are bolder opportunities to invest in sport through existing health and education funding streams as part of a preventative health agenda, and proactive education approach.

Global evidence completed by the [World Health Organisation](#) (WHO) suggests that one in four adults do not meet the recommended global physical activity levels required for optimal population health. Physical activity guidelines set by the WHO recommend that **all** adults should do at least 150-300 minutes of moderate-intensity aerobic physical activity throughout the week and that older adults should include 'multicomponent' physical activity within this. Multicomponent activity can enhance functional capacity, improve balance and strength, and prevent falls.

Older adults face a range of systemic and institutional barriers when engaging in sport. Navigating systems, particularly those that are solely based in online format can impact on the ability to access information and obtain knowledge about opportunities to be active as older adults often experience digital exclusion - exacerbated in disadvantaged areas where there is can be increase in digital division, and poverty. Public Health evidence tells us that environmental drivers such community infrastructure, access to toilets, weather and safety are also common barriers faced by an older population. These barriers mean engagement in sport is impacted by wider policy drivers – outside of sport alone.

Frailty, including the fear of falling, pain and low activity tolerance are personal barriers related to age, which may further impact on participation in sport and physical activity. It is because of this, that early intervention is paramount and that a 'one size fits all approach to sport' will not be successful. Activity intervention should be tailored to suit individual, and community needs and considered as an essential preventative public health measure across multiple policy portfolios.

Gender

Sex, gender diversity and sexual orientation, impact in participation, success, and the quality of experience in sport. For example, those who identify as female face a range of barriers associated with harassment, investment, and visibility which impacts on generations to come. Women

are significantly more likely to be impacted by gender-based violence than men, and sport is also impacted by this.

Sport Wales is aware that the number of women reporting harassment while exercising increased during the Covid-19 pandemic. [A Women In Sport survey](#) in February 2021 found that a large majority of girls (62%) said they were doing less physical activity during the pandemic than before, with only 19% reporting doing more. Many highlighted exercising in public and fear of anyone being able to watch and criticise them as an issue. Over half of all girls (57%) said they feel self-conscious and judged when exercising outdoors and this was slightly higher for less active girls (65%).

The gender disparity associated with the financial and economic elements of sport is also significant. So too, is the lack of high-end marketing and promotion women receive. According to a 2018 [Statista report](#), women's sports receive only 0.4% of total sponsorships. This historical lack of exposure forces female sports out of the mainstream and removes women role models for future generations.

We know from the School Sport Survey that there is a distinct difference in participation levels across different genders, with that divergence emerging noticeably as children transition from primary to secondary education. One of the more prominent barriers relates to confidence. Whilst at primary school age the confidence of boys and girls is comparable (85% and 83% respectively) the gap is significantly wider at secondary level. (83% to 69%). Understanding this data is critical if we are to tailor the sport sector to meet the needs of women and girls. We can see therefore that there is a key role for the education sector to respond to this barrier to participation, ensuring that enjoyment and confidence are the forefront of delivering physical activity and wider sporting offers, both within the curriculum and as extracurricular opportunities. Confidence in this regard, also extends to the teaching profession's ability to deliver such activities, and the training they need to be able to do this in a person-centred way.

We believe in the power of sport in creating a safe, cohesive, and connected community for all people, and acknowledge that there are barriers to participation in sport faced by those who identify as LGBTQ+. Barriers such as discrimination, fear and reinforced stereotypes can be exacerbated when they intersect with poverty and/or disadvantage. Public health evidence tells us that the LGBTQ+ population are amongst the highest to experience mental ill health, and sport can be a powerful tool in supporting this. In line with the Welsh Government LGBTQ+ Action Plan,

will be continuing to work to best understand participation and engagement amongst this community.

Socio-economic status

Consistently, the insight we collect indicates that the lowest uptake of physical activity in sport is from those living in socio-economic disadvantage and that poverty and deprivation impacts early and sustained engagement in sport and physical activity.

The National Survey for Wales (2021-22) found 24% of households living in material deprivation participated in sporting activities three or more times a week (24% in material deprivation, 35% not in material deprivation).¹ This was reaffirmed in our recent polling surveys throughout 2021, which found those from lower socioeconomic backgrounds were twice as likely as those from higher socioeconomic backgrounds to have done no exercise in the past week.² The survey also found those from lower socioeconomic backgrounds were less likely to exercise to help manage their mental health (ABC1 – 70%; C2DE – 61%).³

Data collected from our School Sport Survey also demonstrates poverty or deprivation can impact engagement in sport and physical activity. In 2018, those with the highest level of free school meal eligibility were 9% more likely than their peers with low eligibility to do no frequent activity (31% low level of eligibility, 22% high level of eligibility). Further, the data shows that 42.2% of those with a high level of free school meal eligibility exercised three or more times a week, compared to 54.7% of those with low eligibility.

The School Sport Survey highlights the sliding scale of impact across elements of deprivation. It is evident that those from more deprived areas are less likely to be physically active than their counterparts in less deprived areas, and whilst the barriers observed in general terms (noted above) remain evident by all levels of deprivation (as noted utilising free school meal data), the issue of time is more prominent amongst those from less deprived communities.

¹ National Survey for Wales Results Viewer, 'Participation in sporting activities three or more times a week (FG indicator), by Household in material deprivation (FG indicator)' (2021-22).

² Sport Wales, ComRes Survey 4 - SocioEconomic, 'Participation' (August 2021), <<https://www.sport.wales/research-and-insight/comres-research/comres-survey-4-august-2021/socioeconomic/>> (accessed 28/01/22).

³ Ibid, 'Values'.

Insight from the National Survey for Wales also indicates that households experiencing socio-economic deprivation are the least likely to be physically active, regardless of the health benefits. Our data indicates that those from under served, or more deprived communities see time, issues of cost and accessibility as key concerns or factors that impact on their engagement. Access to sport and physical activity in Wales, for those impacted by poverty and deprivation is significant. 1 in 4 people in Wales live in poverty,⁴ and 1 in 3 young people in Wales are growing up in poverty⁵ and research by our partners - Street Games, tell us that families living in poverty, have as little as £3.21 to spend on sport and leisure every week.⁶

Across all socio-economic groups the factors of confidence, motivation and enjoyment are critical, and all groups recognise being able to be active with friends and in sporting opportunities that reflect their individuals interests as key elements to driving their activity levels. Sport Wales understands, from research by the British Medical Association and the WHO, that there is a connection between poverty and low levels of wellbeing. This can partly be explained due to the stresses associated with poverty⁷ but essentially means that even though sport is recognised as an important element of wellbeing - it is not prioritised by certain population groups given other wider social and personal stressors.

Disability

There are a wide range of barriers which impact on participation in sport for those living with a disability. Access to facilities is one barrier including the way in which infrastructure is planned and designed. However, it is important to recognise that as with disabilities – not all barriers are visible. Poorly designed systems, including those which lie outside of sport can impact on the ability to engage in a sporting offer. A lack of suitable transport, or transport systems that do not align to the geographical location of sporting offers, is one example of this. Limited opportunities, a lack of knowledge and expertise, limited awareness and the wider identity

⁴ Oxfam, 'Poverty in Wales', <<https://oxfamapps.org/cymru/poverty-in-wales/>> (accessed 28/01/22).

⁵ Street Games, 'Family Engagement Project', <<https://network.streetgames.org/sites/default/files/Family%20Engagement%20Project.pdf>> (accessed 28/01/22).

⁶ Ibid.

⁷ The British Medical Association (BMA), Health at a Price – Reducing the Impact of Poverty, (2017) <<https://www.bma.org.uk/media/2084/health-at-a-price-2017.pdf>>; the World Health Organisation, Breaking the Vicious Cycle Between Mental Health and Poverty, <https://www.who.int/mental_health/policy/development/1_Breakingviciouscycle_Infosheet.pdf>

of the sporting culture and landscape, can also impact on sport participation in this population group.

[Disability Rights UK](#) indicates that nearly half of all people living in poverty, is either a disabled person, or lives with a disabled person and, that disabled people face a higher cost of living and poorer health outcomes. National Survey for Wales data for 2019-20 found that 12% of people would be encouraged to do more sport if they '*didn't have a disability, illness, or injury that prevents me from taking part,*' evidencing that latent demand does exist within this cohort of the population. Sport can be a transformative medium in supporting those living with a disability but must be considered as part of wider policy portfolio areas to be successful.

Barriers to children's participation remain constant from our data, when we examine, specific responses from those with a disability or impairment. However, it is clear that both time, and challenge of finding a sport which were appropriate to this cohort of students, were key factors in shaping their activity levels.

Ethnicity

We know that there are widespread barriers impacting on participation in sport from individuals from ethnic minority backgrounds in Wales. We assert that understanding levels of participation alone, will not make as much of a significant impact as understanding the lived experience of individuals and, by dismantling traditional systems that have allowed inequality to persist.

Historically, in 2009 the Carnegie Research Institute was commissioned to conduct a systematic review of the literature pertaining to the participation of black and minority ethnic communities in sport across the UK. The available evidence indicated that people from the communities identified were less likely to take part in sport or to get involved in sport as a volunteer, administrator or spectator. Whilst this UK-wide evidence was likely to be somewhat indicative of the situation in Wales, the study revealed a paucity of information relating specifically to the Welsh context.

Since the review, additional insight has been gained from research within Wales, such as the 'Mentro Allan Programme' and the School Sport Survey .

Echoing findings from the systematic review - our school sport survey analysis revealed that Asian/Asian British pupils and black/black British pupils were less likely to be regular participants in sport than white British and mixed race pupils. While we can't prove causation, the 2018 School Sport Survey showed a 3-percentage point increase in participation amongst 'Asian/Asian British' pupils since 2015 (the ethnic group with the lowest rates of participation), and a 7-percentage point increase amongst pupils identifying as 'Arab/Other'.

In addition to the above, Sport Wales has been involved in more recent work across the home nation Sport Councils to further understand the issues of racism and racial inequality that currently exist in sport, the key findings from this can be accessed [here](#).

At Sport Wales, we do not believe that addressing individual characteristics alone, via a series of siloed interventions, will make as much of an impact as compared with taking an intersectional approach. Individuals who live in similar communities will face very different challenges driven by their social, cultural, and biological circumstances.

Overview of points to support Disability Sport Wales' oral evidence to the Health and Social Care Committee

January 2025



Overview

- Twenty-one percent (21%) of people in Wales identify or are identified as 'disabled'. There is a disparity in the data held about numbers of disabled children in Wales. The 2021 Census identified that 8% of children in Wales are 'disabled', The National Survey of Wales reports 12% of parents of primary school aged children identified that their child/children has/have additional needs; for secondary school aged children this is 16%.
- Data highlights that disabled children and young people are more likely to be obese than non-disabled children and young people, and the risk increases with age (Gatineau, 2014). Children aged 2 – 15 with Limiting Long-Term Illness (LLTI) are 35% more likely to be obese than children without LLTI (Health Survey for England, 2006 – 2010).
- Additional health and social risks for disabled children who are overweight or obese include reduction in mobility, increased fatigue, increased pain, incidence of pressure sores, depression and social isolation (Liou et al., 2005; cited in Gatineau, 2014).
- Activity Alliance (2024) commissioned State of Life to examine the wellbeing benefit to disabled people, and wider society, of disabled people being more physically active (separating out light, moderate and vigorous activity).

[https://www.activityalliance.org.uk/assets/000/005/094/Activity Alliance Social Value Report Exec Summary FINAL original.pdf](https://www.activityalliance.org.uk/assets/000/005/094/Activity_Alliance_Social_Value_Report_Exec_Summary_FINAL_original.pdf)

Impact of disability-focused social determinants on obesity

- Multiple factors will impact the higher proportion and greater risk of obesity to disabled children and young people (and percentages vary linked to impairment profile – but it should be noted that there is limited research from the UK and Wales). Reduced access to inclusive physical activity (including sport) is one significant component.
- In Wales the School Sport Survey (2022) identified that 35% of disabled pupils participated in organised sport outside of the curriculum more than three times a week (compared to 40% of non-disabled children; and 42% of disabled pupils do no frequent activity (less than once a week) (compared to 35% of non-disabled children).
 - This may be because (multiple factors):
 - *Limited school transport* available flexibly at the end of the school day reduces the likelihood of disabled children and young people accessing after school sport.
 - *Inaccessible transport* (where a family or personal car is not available) limits access to clubs and sessions locally
 - Only 60% of *schools* in Wales identified that they have equipment available within the school environment which enables the inclusion of disabled pupils to be active and/or play sport (School Sport Survey, 2022)

Gatineau, M. (2014). **Obesity and disability: Children and young people**. Public Health England, <https://www.blackpooljsna.org.uk/Documents/Developing-Well/PHE-obesity-and-disability-child-and-young-people-19-02-14.pdf>

Liou TH, Pi-Sunyer FX, Laferrere B. (2005). **Physical disability and obesity**. Nutrition Review, 63(10), pp321–31 (cited in Gatineau, 2014).

Sport Wales (2022). **School Sport Survey**. <https://www.sport.wales/research-and-insight/school-sport-survey/everyone/>

Overview of points to support Disability Sport Wales' oral evidence to the Health and Social Care Committee

January 2025



- Not all *facilities* which host activities are accessible to everyone (depending on an individual's functional ability and the equipment used to access sport)
- Cost of equipment; club/gym membership; court, hall or pitch hire; transport; etc
- (Although improving) there are *fewer accessible natural* (paths, etc) or *local play* (playgrounds) *environments* available to disabled adults, children and young people.
- Disabled people's *perceptions* (or the perceptions of disabled children, young people and adults' personal assistants, parents and/or support staff) that physical activity (including sport) is not something which is for disabled people.

Examples of success in Wales

- Health Disability Activity Pathway (formerly the Health Disability Sport Pathway) (<https://www.disabilitysportwales.com/en-gb/programmes/health-disability-activity-pathway>)
- Get Out, Get Active (GOGA)
 - GOGA Programmes: <https://www.disabilitysportwales.com/en-gb/programmes/goga> and <http://www.getoutgetactive.co.uk/>
 - Call to Action: https://www.disabilitysportwales.com/download_file/view/b39bf675-1359-4d4f-8624-ce658bb9543e/257
 - Evaluation of Phase 2: https://www.disabilitysportwales.com/download_file/ef403498-a8a0-4d51-ae43-513e5596a83f/257

Gaps/Areas for improvement in existing policy and regulatory frameworks

- That prevalence data from the child measurement programme for Wales includes disabled children as a specific group
- Investment into future research which examines the relationship between disabled children and young people and factors which link to obesity or being overweight.
- Focus on promoting health **equity** for disabled people by making explicit reference, and taking positive action, to identify actions and interventions which focus on the conditions which lead to obesity within communities of disabled people.

Agenda Item 4.1

Y Pwyllgor Deisebau

Petitions Committee

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Jeremy Miles MS

Cabinet Secretary for Health and Social Care

Welsh Government

Tŷ Hywel

Cardiff Bay

CF99 1SN

Copied to Russell George MS, Chair, Health and Social Care Committee

13 December 2024

Dear Cabinet Secretary,

Petition P-06-1435 We're calling on the Welsh Government to commit to implementing targeted lung cancer screening

The Petitions Committee considered the above petition, submitted by Simon Scheeres, at its 2 December meeting.

The Committee agreed that I would write to you as a priority to ask what is being done to secure funding for the work of the Cwm Taf Morgannwg University Health Board team beyond March 2025, as set out in the [letter](#) from the Board's Chief Executive. I would also like to seek your commitment on implementation sought by Cancer Research UK and those involved in the Welsh screening pilot.

Members also agreed to copy in the Chair of the Health and Social Care Committee for awareness, and keep the petition open pending your response.

The full details of the Committee's consideration of the petition, including the correspondence and the actions agreed by the Committee can be found here: [P-06-1435 We're calling on the Welsh Government to commit to implementing targeted lung cancer screening](#)

I would be grateful if you could send your response by e-mail to the clerking team at petitions@senedd.wales.



Yours sincerely,

A handwritten signature in black ink that reads "Carolyn". The letters are cursive and fluid, with a large initial 'C'.

Carolyn Thomas MS
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Agenda Item 4.2

Y Pwyllgor Deisebau

Petitions Committee

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Sarah Murphy MS

Minister for Mental Health and Wellbeing

Welsh Government

Tŷ Hywel

Cardiff Bay

CF99 1SN

Copied to Russell George MS, Chair, Health and Social Care Committee;

Sioned Williams MS, Chair, Learning Disability – Cross Party Group

9 January 2025

Dear Minister,

Petition P-06-1479 Stop the detention of learning disabled and autistic children, young people and adults in hospitals

The Senedd Petitions Committee considered the above petition, submitted by Stolen Lives, at its 2 December meeting.

The Committee congratulated the petitioners for their persistence in engaging with the Welsh Government and individual Senedd Members on this critical issue. On Wednesday 4 December, I highlighted the petition in the Member debate on 'Care settings for autism and learning disability'.

The Committee agreed that I would write to you to share the petitioners' comments and seek a response to the questions raised in the meeting, including;

- clarifying how Welsh Government will involve the campaigners after the Task and Finish Group reports;
- what progress is being made to address the data issues;
- the need for a communications plan to better understand what progress is being made; and
- a response to points made about the impact of the closure of inpatient services and reform of the Mental Health Act.

The Committee agreed to copy the correspondence to the Chair of the Health and Social Care Committee and the Senedd's Learning Disability Cross-Party Group for awareness.



The full details of the Committee's consideration of the petition, including the correspondence and the actions agreed by the Committee can be found here: [P-06-1479 Stop the detention of learning disabled and autistic children, young people and adults in hospitals](#)

I would be grateful if you could send your response by e-mail to the clerking team at petitions@senedd.wales

Yours sincerely,

A handwritten signature in black ink that reads "Carolyn". The script is cursive and fluid.

Carolyn Thomas MS
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Agenda Item 4.3

Y Pwyllgor Deisebau

Petitions Committee

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Jeremy Miles MS

Cabinet Secretary for Health and Social Care

Welsh Government

Tŷ Hywel

Cardiff Bay

CF99 1SN

Copied to Russell George MS, Chair, Health and Social Care Committee

9 January 2025

Dear Cabinet Secretary,

Petition P-06-1467 Instruct NHS Wales to add Adenomyosis to its 111 A-Z webpages

The Senedd Petitions Committee considered the above petition, submitted by Dee Montague-Coast, at its 2 December meeting.

Members agreed that I would write to you to follow up on the petitioners' concerns about the mechanisms to keep the site updated, particularly as this may be an issue across the range of information provided for Welsh patients.

It was agreed that once we receive your response, it will be shared with the petitioner and the petition closed.

I have copied in the letter to the Chair of the Health and Social Care Committee for awareness.

The full details of the Committee's consideration of the petition, including the correspondence and the actions agreed by the Committee can be found here: [P-06-1467 Instruct NHS Wales to add Adenomyosis to its 111 A-Z webpages](#)

I would be grateful if you could send your response by e-mail to the clerking team at petitions@senedd.wales

Yours sincerely,



Carolyn

Carolyn Thomas AS
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

**Local Government
and Housing Committee**

Russell George MS
Chair
Health and Social Care Committee

22 January 2025

Dear Russell,

Launch of Inquiry: The role of local authorities in supporting hospital discharges

At our meeting on 5 December 2024, the Local Government and Housing Committee agreed the terms of reference for our inquiry into the role of local authorities in supporting hospital discharges.

The terms of reference will consider:

- the effectiveness of local authorities (primarily social services) in supporting safe, timely and efficient discharges from hospital;
- the scale of the current situation with delayed transfers of care from hospital (as attributable to the role of local authorities), including the typical length of delays;
- the main barriers for local authorities in effectively facilitating the discharge of patients with care and support needs, including:
 - social care capacity and workforce shortages;
 - waits for care assessments (and other assessment related issues),
 - challenges in arranging care home placements or home care packages, and
 - disagreements or legislative barriers affecting discharge decisions;

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- the variations in hospital discharge practices throughout Wales and the impact on local authority delivery. How to improve consistency, including the identification of best practice and innovative approaches that could be adopted more widely;
- an assessment of current discharge processes and procedures at a local government and national level, including partnership working between the NHS and local authorities, strategies for increasing community capacity, and the effectiveness of Welsh Government support.

We know that the Health and Social Care Committee undertook an inquiry into hospital discharge and its impact on patient flow through hospitals in 2022. We want to build on this work and focus on the role of local authorities in supporting hospital discharges.

We recently published a call for written evidence and will be holding oral evidence sessions later this term. We are also planning to host a stakeholder event in March. Members of the Health and Social Care Committee are welcome to attend.

I have asked my clerk to ensure that your clerk is kept informed about how the inquiry develops and will be in touch with further information.

Yours sincerely,



John Griffiths MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Agenda Item 4.5

Minister for Mental Health and Wellbeing
Y Gweinidog Iechyd Meddwl a Llesiant



Llywodraeth Cymru
Welsh Government

Our ref: MA/SM/10886/24

Russell George MS
Chair
Health and Social Care Committee
Cardiff Bay
Cardiff
CF99 1SA

14 January 2025

Dear Russell,

The Food and Feed (Regulated Products) (Amendment, Revocation, Consequential and Transitional Provision) Regulations 2025

I wish to inform the Committee of my intention to consent to Andrew Gwynne MP, the Parliamentary Under-Secretary of State for Public Health and Prevention laying before Parliament, pursuant to the affirmative procedure, the Food and Feed (Regulated Products) (Amendment, Revocation, Consequential and Transitional Provision) Regulations 2025 (“the Regulations”).

The purpose of the Regulations is to make substantive reforms, on a GB-wide basis, to the pre-market authorisation processes within regulated food and feed product legislative regimes. The Regulations aim to reduce the regulatory burden of the approval process for regulated products for food and feed that are put on the GB market.

The Regulations will deliver two main policy proposals:

- the removal of the fixed 10-year authorisation period (and associated renewal processes) from three regulated product regimes, and
- enable regulated product authorisations to be made by ministerial decision, rather than being prescribed in regulations by way of statutory instrument. Details of the authorisations are to be made available to the public within an official register or list published and maintained by the Food Standards Agency (FSA).

All statutory legislation containing the existing authorisations will be revoked. The existing authorisations will remain valid and continue to have effect by virtue of the transitional and savings provisions in the Regulations. Publicly accessible details of the existing authorisations will be made available in the FSA’s published and maintained lists.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Gohebiaeth.Sarah.Murphy@llyw.cymru
Correspondence.Sarah.Murphy@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

The Regulations will make necessary consequential amendments to certain domestic and assimilated legislation. Existing Welsh subordinate legislation that reference amended legislation require minor consequential amendment to remain operable. All changes to bilingual Welsh subordinate legislation will be made bilingually.

As the authorisations are subordinate legislation, albeit not made by statutory instrument they will be made bilingually and published on the Welsh Government website.

Although the Welsh Government's general principle is that the law relating to devolved matters should be made and amended in Wales, on this occasion, providing consent for the laying before Parliament, of the Food and Feed (Regulated Products) (Amendment, Revocation, Consequential and Transitional Provision) Regulations 2025 is deemed appropriate. To keep pace with innovation, and in preparation for receiving future applications for innovative products, the FSA wants to ensure the system works efficiently and effectively for applicants. Working collaboratively with UK Government on a GB statutory instrument provides a more efficient means of introducing these amendments that have a consistent application across each nation.

The Regulations will be laid before Parliament on 29 January 2025 and, if approved by Parliament, made using the concurrent powers of the Secretary of State in sections 14(1), (3), (4)(a) and (b) and 20(1) of the Retained EU Law (Revocation and Reform) Act 2023 on 1 April 2025.

Yours sincerely,

A handwritten signature in black ink that reads "S. Murphy". The signature is written in a cursive, flowing style.

Sarah Murphy AS/MS
Minister for Mental Health and Wellbeing
Y Gweinidog Iechyd Meddwl a Llesiant

Agenda Item 4.6

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
 Cabinet Secretary for Health and Social Care



Llywodraeth Cymru
 Welsh Government

Russell George MS
 Chair
 Health and Social Care Committee

SeneddHealth@senedd.wales

13 January 2025

Dear Russell,

You will be aware that in Summer 2024, the then Cabinet Secretary for Health and Social Care, Eluned Morgan, published a consultation on the draft Regulations and proposed enforcement approach for the Food (Promotion and Placement) (Wales) Regulations 2025 (“the Regulations”). The Regulations will restrict the promotion and placement of high fat, salt and sugar foods within the retail sector, as well as free refills of sugar-sweetened beverages within the retail and out of home sectors. Responses to this consultation have now been analysed and a summary of responses has been published today: [Proposals to make the food environment healthier | GOV.WALES](#). Any changes to the policy emerging as a result of the consultation process will be reflected in the Regulations.

I am now writing to give you early notification of my intention to lay a draft of the Regulations before the Senedd in Spring 2025. Subject to Senedd approval, I intend to make the Regulations with a 12-month implementation window to allow industry time to make the necessary changes ahead of the Regulations coming into force in Spring 2026. My officials will continue to work closely with key stakeholders to provide comprehensive guidance to support them in implementing the Regulations.

I would also like to take the opportunity to update you on my assessment of the impact the United Kingdom Internal Market Act 2020 may have on the proposed Regulations. In my view, the prohibitions to be implemented by the Regulations are not envisaged to fall within the scope of the market access principles under the Act.

I am happy to engage with you and the Committee around these Regulations and would welcome your views on what engagement would be of use to you and other members to support your scrutiny work.

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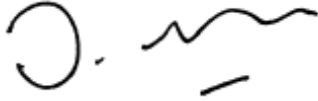
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Correspondence.Jeremy.Miles@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

I have also sent a letter to the Chair of the Legislation, Justice and Constitution Committee and the Chair of the Children, Young People and Education Committee.

Yours sincerely,

A handwritten signature in black ink, consisting of a large 'J' followed by a series of wavy lines and a short horizontal stroke at the end.

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care