

## Agenda – Health and Social Care Committee

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Meeting Venue:	For further information contact:
Hybrid – Committee Room 5, Ty Hywel and video conference via Zoom	Sarah Beasley Committee Clerk
Meeting date: 13 February 2025	0300 200 6565
Meeting time: 09.30	<a href="mailto:SeneddHealth@senedd.wales">SeneddHealth@senedd.wales</a>

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### Private pre-meeting

(09.00–09.30)

### Public meeting

(09.30–12.15)

#### 1 Introductions, apologies, substitutions, and declarations of interest

(09.30)

#### 2 Prevention of ill health – obesity: evidence session –panel 7

(09.30–10.45)

(Pages 1 – 16)

Dr Jonathan Bone, Healthy Life Mission Manager, Nesta Cymru

Research brief

Paper 1 – Nesta: Consultation response

[Nesta: Blueprint to halve obesity in the UK](#)

### Break

(10.45–11.00)

#### 3 Prevention of ill health – obesity: evidence session – panel 8

(11.00–12.15)

(Pages 17 – 34)

Rocio Cifuentes, Children’s Commissioner for Wales

Dr Dana Beasley, Wales Deputy Officer, Royal College of Paediatrics and Child Health (Wales)

Julie Richards, Wales Director, Royal College of Midwives



Paper 2 – Children’s Commissioner for Wales: Consultation response

Paper 3 – Royal College of Paediatrics and Child Health (Wales): Consultation response

#### **4 Paper(s) to note**

(12.15)

##### **4.1 Letter from the Minister for Children and Social Care re National Practice Framework and National Multi–Agency Practice Strategy for Children**

(Pages 35 – 36)

##### **4.2 Letter from Chair of Petitions Committee to the Minister for Health and Wellbeing re Petition P–06–1242 Improve Endometriosis Healthcare in Wales**

(Pages 37 – 38)

##### **4.3 Letter from Chair of Petitions to the Cabinet Secretary for Health and Social Care re Petitions P–06–1220 Increase funding available for Women’s Health Services, Education and Awareness and Petition P–06–1242 Improve Endometriosis Healthcare in Wales**

(Pages 39 – 40)

##### **4.4 Letter from the Minister for Mental Health and Wellbeing regarding the Food and Feed (Regulated Products) (Amendment, Revocation, Consequential and Transitional Provision) Regulations 2025**

(Page 41)

##### **4.5 Letter from the Minister for Mental Health and Wellbeing regarding Minimum Unit Pricing for Alcohol**

(Page 42)

##### **4.6 Letter from the Minister for Mental Health and Wellbeing regarding the Tobacco and Vapes Bill**

(Pages 43 – 44)

#### **5 Motion under Standing Order 17.42 (vi) and (ix) to resolve to exclude the public from the remainder of today's meeting and the meeting on 19 February when the Committee will be considering**

**its draft reports on the Legislative Consent Memoranda for the Tobacco and Vapes Bill and the Mental Health Bill**

(12.15)

**Private meeting**

(12.15–12.45)

**6 Prevention of ill health – obesity : consideration of evidence**

(12.15–12.30)

**7 Forward work programme**

(12.30–12.45)

(Pages 45 – 77)

Paper 5 – Forward work programme

# 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](#)**

**OB25 : Ymateb gan: Nesta | Response from: Nesta**

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## Prevention of ill health - obesity. Consultation response

Nesta is the UK's innovation agency for social good. We design, test and scale new solutions to society's biggest problems. One of Nesta's three Missions is to increase the average number of healthy years lived in the UK, while narrowing health inequalities. In order to do this, we have chosen to focus on obesity, because it is one of the most common causes of preventable death and ill health.

This document is Nesta's response to the Consultation put out by the Health and Social Care Committee to support its inquiry into the prevention of ill-health - obesity.

This response was prepared by:

- Dr. Jonathan Bone - Mission Manager, A Healthy Life
- Sara Elias - Policy Advisor

For more information, please contact: Jonathan Bone



### **A focus on food environments in Wales that makes the healthy choice the easy choice**

Previous policies across the UK nations, which primarily rely on individual willpower, information dissemination, and exercise encouragement, have fallen short. [Analysis by Nesta](#) suggests that in 2022-2023, a third of the population in Wales was living with obesity (34%).

The crux of the issue lies not in people's motivation to shed weight—evidence shows that 38% of UK adults are actively trying—nor is it reasonable to suggest that the doubling of obesity rates over the last 30 years could be explained by a decrease in people's [willpower](#).

To halve obesity requires only small changes to diets. A person living with excess weight needs to reduce their calorie intake [by only 8.5% or 216 calories per day](#). This is a relatively modest shift and suggests that obesity is a solvable problem, yet we know that existing policies are not meeting the scale of this challenge.

We believe the most equitable, sustainable and feasible way of reducing obesity prevalence is by improving the food environment. We know that our diets are heavily influenced by many factors in the food environment including [the price, availability and convenience of food, prompts in our environment like advertising, product placement and density of places selling unhealthy foods](#).

Whilst no one single policy that the Welsh Government can implement will lead to a halving of the prevalence of obesity, through the layering of multiple policies it would be possible to significantly reduce obesity prevalence through small iterative changes which do not require a reimagining of society and through which food would remain equally joyful.

To reduce obesity by changing our food environment the Welsh Government must focus their efforts on a range of policies that increase the availability, accessibility and affordability of healthy food for everyone. To do this, we outline nine recommendations for the Welsh Government on how they can make positive changes to the food environment in Wales. These recommendations draw on insights from [ongoing work by Nesta and a panel of scientific experts to calculate the relative impact of different interventions to reduce obesity](#).

<b>Food environment</b>	<b>Lead by example</b>	<b>Drive collaboration across the UK</b>
<b>Price, availability and convenience</b>	<ul style="list-style-type: none"> <li>Enhancing catering and hospitality through effective public procurement</li> </ul>	<ul style="list-style-type: none"> <li>Mandatory healthy food targets for retailers</li> <li>Implement broad levy on salt and sugar</li> </ul>
<b>Advertising</b>	<ul style="list-style-type: none"> <li>Guidance on advertising food and drink on public land and assets</li> </ul>	<ul style="list-style-type: none"> <li>TV and online advertising restrictions</li> </ul>
<b>Understanding the challenge and progress</b>	<ul style="list-style-type: none"> <li>Adjust for self-reported adult obesity rates</li> <li>Monitor compliance with school food nutrition standards</li> <li>Extend the Child Measurement Programme</li> </ul>	<ul style="list-style-type: none"> <li>Mandate industry reporting of nutritional profile and food sales</li> </ul>

## **Price, availability and convenience**

Nesta is supportive of Welsh Government's pending legislation restricting placement and price promotions on high in fat, sugar and salt (HFSS) products, and would urge them to ensure these are implemented without delay. However, achieving the scale of obesity reduction needed in Wales requires new, bolder policies.

- **Mandatory healthy food targets for UK's biggest retailers**

A specific policy which [Nesta research](#) has suggested would be particularly impactful is the introduction of new mandatory targets to incentivise large grocery retailers to offer healthier food options, and discourage business models that rely on pushing people to fatty foods and sugary snacks. Modelling by Nesta estimates that setting health targets for the 11 largest grocery retailers at levels similar to that already achieved by today's 'best' players could reduce calorie purchases among the UK population with excess weight by around 80 kcal per person per day and cut obesity prevalence by approximately 23%.

The Welsh Government should drive collaboration across the four nations to introduce such mandatory health targets for large grocery retailers across the UK. Alternatively, the Welsh Government could investigate using Welsh legislation to implement mandatory healthy food targets in Wales.

- **Collaborate to implement broad levy on salt and sugar.**

It is estimated that creating a tax of [£3/kg on sugar and a £6/kg on salt, would reduce the average calories eaten per person per day by 15-38 calories](#). There is evidence of public support for such an initiative in Wales, where a recent Public Health Wales Time To Talk survey reported that [57% of people](#) agreed that governments should use financial tools like taxes to reduce sugar in foods.

- **Enhancing catering and hospitality through effective public procurement**

Public institutions such as hospitals, schools, prisons, social care facilities, and other public sector workplaces serve a significant number of meals daily. Public bodies have an opportunity to both improve the diets of a large number of people; as well as to set an example to other sectors, with the aim of encouraging them to follow suit by improving the healthiness of the food they offer. To achieve this, Nesta recommends that the Welsh Government

mandate the inclusion of health-based standards in public food procurement. This could build on the current '[Buying Food Fit for the Future](#)' initiative which currently focuses on local/sustainable procurement; alongside [the standards Cardiff and Vale Health Board have already developed](#) for commercial and retail food outlets on their premises which ensure that at least 75% of the food and drink sold at outlets to staff, patients and visitors are healthy.

## **Advertising**

- **Provide national guidance on advertising food and drink on public land and assets**

[Advertising impacts what we buy and eat, which in turn affects our body weight and risk of obesity](#). The UK Government is currently focused on introducing restrictions on advertising of HFSS products on TV and online. While Nesta are supportive of this policy there is further opportunity to improve diets through restrictions on outdoor advertising for HFSS products (e.g. bus stops and billboards). Evidence suggests that outdoor food advertising has a [similar impact on food cravings as online advertising](#), and [an evaluation of Transport for London's policy](#) to ban the advertising of HFSS on its spaces has shown that such restrictions can have a large impact on people's diets, reducing the average weekly household purchase by 385 kcal. Welsh Government should build on the [policies being developed in Cardiff and the Vale of Glamorgan](#) by providing national guidance to public bodies across Wales encouraging them to prohibit HFSS product advertising on publicly-owned spaces through internal policies and explore how privately owned advertising spaces can be regulated through planning regulations.

- **Collaborate to ban on HFSS advertising online and TV pre-9pm**

The Welsh Government should take a strong stance on the implementation of HFSS advertising restrictions as a key public health measure. While the rising cost of living is a concern to industry, the long-term health benefits of curbing obesity outweigh short-term economic pressures. The Welsh Government should emphasise this in its communication with the UK Government, and offer to work with them to develop solutions that minimise disruption for businesses while adhering to the implementation timeline.

## **Understanding the challenge**

- **Adjust self-reported obesity data**

Report future adult obesity prevalence data from National Survey for Wales [with adjustments made to correct for self-report error](#) (as is already the approach taken in other parts of the UK), retrospectively adjusting data from previous years to give an accurate picture of how obesity rates have changed over time.

- **Implement data infrastructure that mandates in legislation the collection and public reporting of industry-wide food sales data**

Work collaboratively across the four nations to mandate medium to large food retailers to share data on the nutritional profile and sales of products through the Food Data Transparency Partnership (FDTP).

- **Monitoring and supporting Free School Meals**

[Evidence suggests that school meals are typically healthier than packed lunches](#), the introduction of UPFSM could therefore play an important role in improving children's diets in Wales. However, for the full potential of these benefits to be realised, it is essential that school meals both meet high health standards and that a high proportion of pupils take-up this offer.

Although school food nutritional standards are in place, there are concerns that some catering providers may not always be fully complying with these. Nesta advises that the Welsh Government should develop new processes to more robustly monitor compliance with these standards on a regular basis.

Uptake of free school meals following the introduction of UPFSM has been lower than expected. The Welsh Government should make increasing uptake of free school meals a priority. Where uptake falls below a sufficient level, they should [build on the work of Nesta](#) and other stakeholders to explore ways to increase uptake.

- **Extend the Child Measurement Programme**

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

## Conclusion

A drive to halve obesity would make a significant contribution to increasing healthy life expectancy, narrowing health inequalities and relieving pressure on the NHS than almost any other policy. For too long, we have failed to make an impact by focusing on solutions that rely on individual willpower or voluntary action from industry. There are viable policy alternatives which focus on small changes to the food environment which could make huge strides forward - our innovative proposal for health targets for retailers is one of them.

# 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](#)

**OB13: Ymateb gan: Comisiynydd Plant Cymru | Response from: Children's Commissioner for Wales**

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**Comisiynydd Plant Cymru**  
Children's Commissioner for **Wales**

## **Ymateb i Ymgynghoriad / Consultation Response**

Date / Dyddiad: 6<sup>th</sup> June 2024

Subject / Pwnc: Senedd Health & Social Care Committee call for evidence: Prevention of ill health - obesity

Background information about the Children's Commissioner for Wales

The Children's Commissioner for Wales' principal aim is to safeguard and promote the rights and welfare of children. In exercising their functions, the Commissioner must have regard to the United Nations Convention on the Rights of the Child (UNCRC). The Commissioner's remit covers all areas of the devolved powers of the Senedd that affect children's rights and welfare.

The UNCRC is an international human rights treaty that applies to all children and young people up to the age of 18. The Welsh Government has adopted the UNCRC as the basis of all policy making for children and young people and the Rights of Children and Young Persons (Wales) Measure 2011 places a duty on Welsh Ministers, in exercising their functions, to have 'due regard' to the UNCRC.

This response is not confidential.

I am grateful to the Committee for undertaking this inquiry into this very important topic, and the opportunity to contribute to this call for evidence.

### **Children have a human right to a healthy and nutritious diet**

Under article 24 of the UN Convention on the Rights of the Child (UNCRC), every child has the right to the highest possible standard of health, and as part of this, governments should provide 'adequate nutritious foods'. Article 24 also states that governments should ensure 'all segments of society, in particular parents and children, are informed and have access to education are supported in the use of basic knowledge of child health and nutrition...'<sup>1</sup>.

The UN Committee on the Rights of the Child produces 'General Comments', designed to provide advice and instruction to States on upholding the UNCRC. General Comment No. 15 (2013) on article 24<sup>2</sup> states that:

*"Adequate nutrition and growth monitoring in early childhood are particularly important...*

*...School feeding is desirable to ensure all pupils have access to a full meal every day, which can also enhance children's attention for learning and increase school enrolment. The Committee recommends that this be combined with nutrition and health education, including setting up school gardens and training teachers to improve children's nutrition and healthy eating habits...*

*...States should also address obesity in children, as it is associated with hypertension, early markers of cardiovascular disease, insulin resistance, psychological effects, a higher likelihood of adult obesity, and premature death. Children's exposure to "fast foods" that are high in fat, sugar or salt, energy-dense and micronutrient-poor, and drinks containing high levels of caffeine or other potentially harmful substances should be limited. The marketing of these substances – especially when such marketing is focused on children – should be regulated and their availability in schools and other places controlled...*

*...Among the key determinants of children's health, nutrition and development are the realization of the mother's right to health and the role of parents and other caregivers..."*

I am pleased that several of these recommendations are recognised by the *Healthy Weight: Healthy Wales* programme. I will set out below some analysis of Welsh Government policy and the current context of Wales in relation to several of the above issues.

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<sup>1</sup> <https://www.unicef.org.uk/wp-content/uploads/2016/08/unicef-convention-rights-child-uncrc.pdf>

<sup>2</sup> [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2FC%2FGC%2F15&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2FC%2FGC%2F15&Lang=en)

## Childhood obesity in Wales

The latest figures from the Child Measurement Programme for 2022-2023<sup>3</sup> tell us that more than a quarter of children aged 4 or 5 in Wales measured as being overweight or obese, with one in ten being obese. Children in Wales have consistently been more likely to be overweight or obese than children in Scotland or England, and this continues to be the case in the latest figures. The deprivation gap in the figures is stark, with children living in the 'most deprived fifth' postcode areas statistically significantly more likely to be overweight or obese compared to the least deprived. There are also gaps between local authority areas. For example, 7.9% of children in Monmouthshire were measured as obese, while the figure was 14.3% of children in Blaenau Gwent.

These statistics are highly concerning, but BMI measurements of children, by themselves, do not tell us much in terms of how to tackle childhood obesity. This response will touch on some areas that must be tackled in order to try to reduce these figures. We need to view childhood obesity as an indicator of wider health determinants, including deprivation, and ensure measures tackle these holistically.

### Healthy food environments – school meals

One vital part of combatting poor nutrition in children is to improve the quality of the food children eat at school. I am very supportive of Welsh Government's roll out of free school meals for all primary school children in Wales (as part of the Cooperation Agreement with Plaid Cymru); a move which provides a real opportunity to provide healthy meals for thousands of children in Wales. I have previously called for the extension of free school meals to secondary school children too, through the adjustment of the currently extremely low earnings threshold beyond which young people do not currently qualify, because of the importance of nutrition and sustenance for children's development at all ages.

In April 2024, my office conducted a survey<sup>4</sup> of 490 individual children aged between 7 and 18. A further 1250 children took part in groups, with teachers and youth workers submitting a summary of their views. These submissions supported the views shared by children directly. Here are some of the key results:

- Only 19% of children taking part in a survey about school dinners said they are full after their meal. Almost half (44%) said they can't have more food (seconds) if they ask for it. This is highly concerning.
- Almost a quarter (24%) of children said they can't always have vegetables if they want them, and 22% said they can't always have fruit if they want it.

When asked for their ideas on making school dinners better, by far the most common answer amongst children related to wanting more food. This issue is not unique to Wales and, as such, some areas for improvement can be drawn from elsewhere, including this work by Food Active.

<sup>3</sup> <https://phw.nhs.wales/services-and-teams/child-measurement-programme/>

<sup>4</sup> <https://www.childcomwales.org.uk/2024/04/only-a-fifth-of-children-answering-survey-are-full-after-school-dinner/>

Food Active undertook a series of face-to face focus groups with approximately 40 secondary school learners across the North West of England. Among the findings of their report published in May 2024<sup>5</sup> were that:

- *Break time provision is a very popular food service, however healthier options are currently limited.*
- *Cost of food and drink is an important factor for young people; some referenced price increases alongside a reduction in portion sizes.*
- *Young people consistently raised issues about the chaotic and stressful nature of the dining space, and lengthy queues.*
- *Lunchtimes are too short, and many young people report issues such as running out of food and making compromises on other activities such as clubs and sport in order to eat.*
- *Young people frequently noted the poor quality and limited variety of foods being served across the school day and want to see this improved.*
- *Young people were typically unfamiliar with schools offering healthy eating initiatives or aware of any policies relating to provision of healthier options.*
- *Young people had lots of ideas on how to encourage healthier eating in school, including making healthier foods more appealing, changes to pricing, providing more information on healthy eating, introducing gardening clubs and restricting the promotion of less healthy options when paying.*
- *Places to buy food on a pupil's journey to school are generally dominated by less healthy options, and these are popular, attractive and convenient for young people when compared to the offer within schools.*

I have shared the findings from my office's survey, and discussed them with the Cabinet Secretaries for Health and Education. It is important that we understand why it is children are reporting not feeling full. It is likely, in my view, to be a combination of issues around portion sizes, nutritional value, the cost of school food / free school meal allowance, and further factors such as those found in the Food Active study. While the work to update regulations is vitally important, Welsh Government must further consider those environmental factors set out above. Given that that work remains at the earliest stages, there is every opportunity to ensure that these sets of findings are taken into account as part of the revised regulations and guidance.

### **Physical activity**

The most recent Active Healthy Kids Wales report card (2021)<sup>6</sup> paints a concerning picture of poor overall physical activity, with a score in relation to sedentary behaviour ranking Wales as joint lowest (with just three other countries) of the 57 countries that participate.

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<sup>5</sup> [https://foodactive.org.uk/wp-content/uploads/2024/05/FuellingTheFuture\\_FoodActive\\_Summer2024.pdf](https://foodactive.org.uk/wp-content/uploads/2024/05/FuellingTheFuture_FoodActive_Summer2024.pdf)

<sup>6</sup> <https://cdn.sanity.io/files/hxna570c/production/cabfb92ffd8789f18d0bff189844aa6f12dfea90.pdf>

In 2022, Sport Wales undertook a survey<sup>7</sup> of over 116,000 from 1,000 schools. The survey found that there had been a 9% point decrease in children taking part in regular organised sport outside of the curriculum since 2018; an 8% point increase in those reporting no regular participation in sport outside of the curriculum. Those taking part in sport in a community club setting at least once a week decreased by 9% points. Just 40% of pupils said they enjoyed extracurricular sport 'a lot', 57% enjoyed PE 'a lot' and 47% enjoyed community club sport 'a lot'.

The survey found that there is a 15% point difference in participation in organised sport outside of the curriculum between the least and most deprived areas. This gap has widened since 2018. Only 60% of schools said they had the equipment to include disabled pupils, pupils with an impairment or Additional Learning Need.

It is clear that we must do more to support children to avoid excessive sedentary behaviour and to encourage involvement in physical activity, alongside promoting a healthy diet.

In May 2024, we undertook a survey of around 1,300 children and young people, asking them about their opportunities to enjoy play or break time during school. This of course related to children's ability to exercise, socialise and access food. We have not yet analysed these results in full, and will be publishing details of the survey results in the coming weeks.

However, from the early findings, 46% of respondents answered 'yes' to the question 'do you ever miss your play / break time?'. While lots of the reasons given for missing break time were around detention, many responded that they were kept in to complete work if they had not completed it in class time, others commented that 'we don't always go out for 5 minutes play', or 'because it's raining'. When asked what would make play or break time better, many children raised that they would like more equipment to be able to do exercise and activities. Many said they feel that their break times are too short. There were also comments in relation to having time to get food:

*the time to short being held back at break times the set areas cant go to the canteen when you want to no space to play when it rains have to sit down and there's not much space not aloud to play football or aloud to play on the grass with breaktime there's not enough time to go to the toilet and get food they took away the good food and there's no good food anymore*

I will happily share a copy of my office's analysis of this survey when it is ready to be published.

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<sup>7</sup> <https://www.sport.wales//files/4726cc7e1cb672efe0e1fb6ed9560256.pdf>

## Welsh Government policy

I am pleased that Welsh Government, as part of their *Healthy Weight: Healthy Wales* delivery plan 2022-24, committed to 'reviewing the regulations on school food nutrition in line with the latest nutritional standards and guidelines, and update current standards'<sup>8</sup>.

Public Health Wales has recently published a report on the potential of school food to improve children's health<sup>9</sup>, which found that the diets of many children and young people in Wales fall short of national dietary recommendations, and opportunities to improve population health through school food are not being maximised. The report points out that '...although the Healthy Eating in Schools (Nutritional Standards and Requirements) Regulations, 2013 are within law, the compliance with the nutritional standards in schools across Wales and the contribution they have made to the dietary intake of school-aged children in Wales is unknown'. The report calls for a monitoring and compliance framework in order to establish whether schools are meeting the expected standards. I fully endorse this call as it is hugely important that there is true accountability attached to the new revised Regulations.

The *Healthy Weight: Healthy Wales* programme Delivery Plan 2022-24<sup>10</sup> includes actions on these key areas. I refer to some below which I believe are vital in tackling childhood obesity, and provide some brief analysis:

- *Introduce legislation on calorie labelling in out-of-home settings and limit price promotions on unhealthy options.* Welsh Government plan to introduce the *Food (Promotion and Placement) Regulations* this year. While it is essential that we introduce measures to tackle the promotion of unhealthy foods, it is clear to me that any consideration of calorie labelling needs to take into account vulnerable groups who may be adversely impacted by calorie labelling. This includes children and young people with eating disorders, as this may even encourage disordered eating practices. As Beat have pointed out, the evidence to support a move to calorie labelling is limited<sup>11</sup>. I urge caution in this area, and most importantly Welsh Government must hear from children and young people, and adults with lived experience of eating disorders as a child.
- *Enable positive changes in the food environment around secondary school and college environments, including limiting fast food takeaways.* I understand there has been some progress locally in some parts of Wales against this action, but more must be done to establish a nationwide approach to support local authorities in tackling this issue with urgency. There can be an assumption that older children want 'grab and go' items but hearing from young people can

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<sup>8</sup> [https://www.gov.wales/sites/default/files/publications/2022-03/healthy-weight-healthy-wales-2022-to-2024-delivery-plan\\_0.pdf](https://www.gov.wales/sites/default/files/publications/2022-03/healthy-weight-healthy-wales-2022-to-2024-delivery-plan_0.pdf)

<sup>9</sup> <https://phw.nhs.wales/publications/publications1/opportunities-for-improving-childrens-health-in-wales-the-potential-of-school-food/>

<sup>10</sup> [https://www.gov.wales/sites/default/files/publications/2022-03/healthy-weight-healthy-wales-2022-to-2024-delivery-plan\\_0.pdf](https://www.gov.wales/sites/default/files/publications/2022-03/healthy-weight-healthy-wales-2022-to-2024-delivery-plan_0.pdf)

<sup>11</sup> <https://www.beateatingdisorders.org.uk/support-our-work/campaign-for-beat/current/count-wales-out-of-calories-on-menus/>

show a myriad of reasons behind their choices, including limited time availability and cost comparisons. Young people have contacted my office with concerns over the proximity and density of fast food / unhealthy food outlets near to their school, and in one instance have themselves lobbied their local authority to impose planning regulations to ensure there is a mixed economy of food outlets in the local area. Children and young people themselves should be involved in the planning decisions local authorities where these directly impact their health and wellbeing.

- *Restrict the sale of high caffeine drinks to children and young people.* In responding to the consultation on this proposal in September 2022, I welcomed the proposals, but urged extensive consultation with children and young people from a wide range of backgrounds to properly understand what measures would be effective at reducing or stopping their use of energy drinks. I consulted with my advisory panel, who had mixed views on how effective a ban would be. These proposals will not be successful without the buy-in of children and young people themselves, as I set out in my response to the broader Healthy Environments consultation at the time
- *Investing in active travel.* Better options for active travel where suitable and appropriate would help open up opportunities to access sport and leisure opportunities, which would promote and facilitate active lives. I am supportive of Welsh Government actions in this area. The default 20mph speed limit, which I support and which very clearly supports children’s human rights under the UNCRC, should be maintained wherever children regularly use and are vulnerable to injury by cars. In my view, this means that exemptions from 20mph should be limited only to those roads not deemed regularly used by children. During April 2024, we asked children and young people for their views on their journeys to school through our Monthly Matters survey. Over 2,000 children and young people from across Wales responded to this survey. The majority of children and young people responding to the survey indicated that their school journeys were safe and accessible, however comments highlighted that traffic, and cars going too fast were contributors in making getting to school difficult. Some children and young people also shared that the behaviour of others made them not feel safe on their journey to school. A small number said they felt the 20mph limit impacts on their journey to school.
- *Supporting schools, childcare and playwork settings and the wider education community to realise the benefits of learning and play in the natural environment, utilising new opportunities within the Curriculum for Wales.* In October 2023, the Welsh Government set out an action plan in response<sup>12</sup> to the recommendations of the Ministerial Review of Play steering group report. While the response is welcome, several of the fundamental changes which would support the HWHW action are long-term (by the next Senedd election in 2026). It is vitally important now that the recommendations of the steering group are taken forward within the timeframes stated.
- *Deliver the Healthy Child Wales Programme which includes a range of preventative and early intervention measures to help parents and carers, children and young people make healthy lifestyle choices in their formative years, including: Strengthen Making Every Contact Count training for health visitors, midwives and school nurses, and working with other health professions to support positive discussions around healthy weight, dietary and physical activity behaviours.* Welsh Government are rolling out Making Every Contact Count, which is an important part of addressing this action, but I believe that more must be done to make sure that the Healthy Child Wales Programme is making the contacts it needs to in the first place. In 2022, over 62,000

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<sup>12</sup> <https://www.gov.wales/sites/default/files/inline-documents/2023-10/responseplayeng.pdf>

contacts from health visitors that should have taken place did not<sup>13</sup>. I have raised these concerns over health visiting in particular with the Cabinet Secretary, and with the Chief Nursing Officer. I urge Welsh Government to focus on the Healthy Child Wales Programme to ensure it is delivering as best as it possibly can. Part of this may be improved with digitalisation of health visiting paperwork, which I understand is currently being worked on by Digital Health Care Wales.

- *Provision of a universal baby bundle to enable positive health choices.* There has not been an update from Welsh Government on this policy since December 2023, when it was indicated that not all parents would now receive the baby bundles.
- *Focus on the role of the early years' workforce to support families, including: Strengthening nutrition input across the early years to ensure families have access to information and support. This will include new models piloted by pathfinder projects, working in tandem with the children and families programmes.* It is our understanding that the Children and Families Programme (PIPYN) has been launched across three pilot areas in Wales. It will be important for the Committee to consider any learning from these pilots as part of the inquiry.
- *The Daily Active Offer.* It was a specific recommendation of my 2022-23 Annual Report<sup>14</sup> for the Offer to commence without delay. Welsh Government has committed to rolling out the Offer, beginning with early adopters, in 2024. We will be keeping track of progress on this recommendation, along with all of our Annual Report 2022-23 recommendations.

Submitted by:



Rocio Cifuentes MBE  
Children's Commissioner for Wales

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<sup>13</sup> [https://www.rcpch.ac.uk/sites/default/files/2024-05/letter\\_to\\_first\\_minister\\_welsh\\_royal\\_colleges\\_child\\_health\\_collaborative\\_1.pdf](https://www.rcpch.ac.uk/sites/default/files/2024-05/letter_to_first_minister_welsh_royal_colleges_child_health_collaborative_1.pdf)

<sup>14</sup> <https://www.childcomwales.org.uk/publication/annual-report-and-accounts-2022-2023/#healthy-child-wales-programme-41>

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](#)

**OB24 : Ymateb gan: Royal College of Paediatrics and Child Health | Response from: Royal College of Paediatrics and Child Health**

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**Royal College of  
Paediatrics and Child Health**

*Leading the way in Children's Health*

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

*June 2024*

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

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

### **Summary**

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

## **Data on child obesity**

### National figures

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

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

### Health Board variation

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

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

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

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

### Deprivation

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

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

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

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

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

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

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

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

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

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

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

### **First 1,000 days**

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

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

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

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

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

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

### **Provision of food and drink in schools**

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

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

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

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

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

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

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

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

## **Healthy behaviours and environments**

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

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

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

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

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

## **State of Child Health – Commercial factors**

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

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

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

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

### Calorie labelling on menus

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

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

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

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

### **About RCPCH Wales**

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

For further information please contact Sarah Williamson, Policy and Public Affairs Manager (Wales), [sarah.williamson@rcpch.ac.uk](mailto:sarah.williamson@rcpch.ac.uk)

**Dawn Bowden AS/MS**  
**Y Gweinidog Plant a Gofal Cymdeithasol**  
**Minister for Children and Social Care**



Llywodraeth Cymru  
 Welsh Government

Ein cyf/Our ref: MA/DB/11299/25

Russell George MS  
 Chair, Health and Social Care Committee

Buffy Williams MS  
 Chair, Children, Young People and Education Committee

24 January 2025

Dear Chair,

### **National Practice Framework/National Multi-Agency Practice Strategy for Children**

One of the core elements of our Transformation Programme for Children's Social Care in Wales has been the commitment to deliver a National Practice Framework. The rationale behind developing this Framework has always been to improve consistency of practice across Wales and support a strengths-based way of working to ensure the best outcomes for our most vulnerable children and young people in Wales.

A national conversation has been taking place with local authorities and their partners in the delivery of children's social services across Wales including the third sector, police, safeguarding board as well as national bodies including the Children's Commissioner. This engagement and open dialogue centred on gathering opinion and evidence about how a National Practice Framework can add the most value. In the last twelve months we have shared two engagement papers. The papers set out the aim of the Framework and how it will work in practice as well as drafts of recommended standards.

The feedback we received highlighted the critical importance of using this work to strengthen multi-agency working, based around 5 strategic standards: Multi-Agency Infrastructure, Multi-Agency Strategy, Multi-Agency Learning, Multi-Agency Governance and Multi-Agency Delivery. To reflect this strategic approach, the Framework's title has changed to the "National Multi-Agency Practice Strategy for Children".

However, further work is still required, including on strengthening shared accountability for multi-agency practice with greater clarity of roles, responsibilities and ownership of the strategy. In addition, we must have clear governance arrangements in place to oversee implementation which do not increase bureaucracy or cause confusion.

Our original intention had been to publish the Framework by the end of 2024. However, as highlighted what the feedback from this engagement has told us is that this cannot be a standalone document and further work is required to develop a joint accountability framework, practice notes and resources for front line practitioners drawing on the original

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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.

suite of standards, for example “children and young people who are missing”, with additional supporting guidance.

To allow time to strengthen the Strategy and the 5 multi-agency standards as well as develop the additional resources outlined above, we will be working to publish both the Strategy and the first set of practice notes in April this year. Further practice notes will then be published during 2025 and in April we will also begin work on the development of a joint accountability framework.

I wanted to share this update with you and emphasise the importance of getting this Strategy right and supported by the resources its needs so that it delivers its aim. I will also be publishing a written statement members sharing this timeframe.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Dawn Bowden', written in a cursive style.

**Dawn Bowden AS/MS**

Y Gweinidog Plant a Gofal Cymdeithasol

Minister for Children and Social Care

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

3 February 2025

Dear Minister,

### **Petition P-06-1242 Improve Endometriosis Healthcare in Wales**

The Senedd Petitions Committee considered the above petition, submitted by Beth Hales, at its 20 January meeting.

The Committee noted the recent publication of the [Women's Health Plan](#) and agreed that I write to you to ask how specific data collection on endometriosis is being addressed in the Plan. Could you expand on whether data regarding specific conditions such as endometriosis will be collected and if so, how? I have attached the petitioner's response for more information.

Members also agreed that I would write to the Cabinet Secretary for Health and Social Care to seek further clarity on tertiary care for endometriosis and the financial model for further development of that provision, which was raised by the petitioner and by a Member during the 10 December plenary debate on the Plan.

This letter has been copied to the Chair of the Health and Social Care Committee to inform its scrutiny of the Health Plan.

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-06-1242 Improve Endometriosis Healthcare in Wales](#)

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

Yours sincerely,

A handwritten signature in black ink that reads "Carolyn". The letters are cursive and fluid, with a prominent loop at the end of the 'n'.

Carolyn Thomas MS  
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.



**Y Pwyllgor Deisebau**

**Petitions Committee**

**Senedd Cymru**  
**Agenda Item 4.3**

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0300 200 6565

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

3 February 2025

Dear Cabinet Secretary,

**Petitions P-06-1220 Increase funding available for Women's Health Services, Education and Awareness and P-06-1242 Improve Endometriosis Healthcare in Wales**

The Senedd Petitions Committee considered the above petitions, submitted by Larissa Richardson and Beth Hales respectively, at its 20 January meeting.

Members noted that in her correspondence to the Committee, Beth Hales requested more clarity on a question asked by Jenny Rathbone in the 10 December 2024 debate on the Women's Health Plan ([paragraph 441](#)). The Committee agreed that I would write for an answer to this question seeking more information on the Welsh Government's financial model for developing further tertiary centres and tertiary care for endometriosis. I have attached the petitioner's correspondence for more information.

The Committee will also write to the Minister for Mental Health and Wellbeing to ask how specific data collection on endometriosis is being addressed in the Plan.

The correspondence has been copied to the Chair of the Senedd's Health and Social Care Committee to inform its scrutiny of the Women's Health Plan.

The full details of the Committee's consideration of the petitions, including the correspondence and the actions agreed by the Committee can be found here: [P-06-1220 Increase funding available for Women's Health Services, Education and Awareness](#) [P-06-1242 Improve Endometriosis Healthcare in Wales](#)



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

Yours sincerely,

A handwritten signature in black ink that reads "Carolyn". The script is cursive and fluid, with the 'C' being particularly large and the 'n' ending in a small loop.

Carolyn Thomas MS  
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.



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

**Agenda Item 4.4**



Llywodraeth Cymru  
Welsh Government

Our ref: MA/SM/10886/24

Russell George MS  
Chair  
Health and Social Care Committee

3 February 2025

Dear Russell,

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

I refer to my letter to you of 14 January 2025. I am writing to inform the Committee that I have given my consent to Andrew Gwynne MP, the Parliamentary Under-Secretary of State for Public Health and Prevention, to lay the Food and Feed (Regulated Products) (Amendment, Revocation, Consequential and Transitional Provision) Regulations 2025. I have laid a Written Statement which can be found at:  
<https://senedd.wales/media/gvvhkkep/gen-ld16953-e.pdf>

The Regulations relate to an area of devolved policy and apply to Wales. The Regulations also apply to England and Scotland. The Regulations are subject to the affirmative procedure and were laid before Parliament on 29 January 2025 with a commencement date of 1 April 2025.

Yours sincerely,



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

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[Correspondence.Sarah.Murphy@gov.wales](mailto: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.

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# Agenda Item 4.5

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



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref: MA SM 11305/24

Russell George MS  
Chair  
Health and Social Care Committee

[SeneddHealth@senedd.wales](mailto:SeneddHealth@senedd.wales)

21 January 2025

Dear Russell,

I published a [written statement on 15 January](#) following the publication of the final evaluation reports about minimum unit pricing (MUP).

As set out in my statement, the Welsh Government must provide a report on the operation and effect of the MUP legislation as soon as practicable after 1 March 2025. In preparing this report, we have a duty to consult the Senedd and other persons we consider appropriate.

The findings of the final evaluations will help inform the report, as will a 12-week consultation with relevant stakeholders. Public Health Wales will also capture the views of the public via survey research.

I would like to ask the Health and Social Care Committee to consider undertaking its own review of MUP via a short call for evidence. If the committee felt it could undertake this work, this would ensure future work on MUP is informed by evidence of its implementation and impacts, the views of all key stakeholders and Senedd Members.

I am pleased with the progress MUP has made to date, particularly given that the pandemic started in the same month that it was introduced. I would be happy to discuss this in more detail and would value your views on how to move forward, including whether the committee could support this work.

Yours sincerely,

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

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[Correspondence.Sarah.Murphy@gov.wales](mailto: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.

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

Agenda Item 4.6



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref MA/SM/0151/25

Russell George MS, Chair of the Health and Social Care Committee  
Mike Hedges MS, Chair of the Legislation, Justice and Constitution Committee

[SeneddLJC@senedd.wales](mailto:SeneddLJC@senedd.wales)  
[SeneddHealth@senedd.wales](mailto:SeneddHealth@senedd.wales)

4 February 2025

Dear Russell and Mike,

I am writing to you regarding the Tobacco and Vapes Bill (“the Bill”) which was laid before the UK Parliament on 5 November 2024. As you are aware, the laying of the Bill triggered the requirement for consent under Standing Order 29.1. As such, a Legislative Consent Memorandum (LCM) was tabled by the Welsh Government on 20 November 2024. I am aware the Business Committee referred the LCM to the Health and Social Care Committee and the Legislation, Justice and Constitution Committee and have set a reporting deadline of 28 February 2025.

As both the Health and Social Care Committee and the Legislation, Justice and Constitution Committee are currently considering the Bill, I wanted to update you on the tabling of two amendments by the UK Government in relation to Wales. Both amendments were requested by the Welsh Government to rectify issues in the drafting and are minor and technical in nature. The details of the amendments are:

*Amendment number 15*

Amendment text

**Clause 168, page 121, line 1**

after “force” insert “(so far as not in force by virtue of subsection (2))”

Member's explanatory statement

Clause 168(2) brings the regulation making powers under Part 1 into force on royal assent. This amendment indicates that the Welsh Ministers’ power to bring certain provisions into force is subject to that and is intended to ensure consistency with the drafting in clause 168(4).

*Amendment number 16*

Amendment text

Clause 170, page 122, line 2

at end insert—

“(za) sections 19 to 22 and Schedule 3 and 4 (licensing of retail sales of tobacco products etc in Wales);”

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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.

Member's explanatory statement

This amendment confers power on the Welsh Ministers to make transitional or saving provision in connection with the commencement of certain provisions that they have power to bring into force by order under clause 168(5).

I am also undertaking discussions with the UK Government regarding clauses 34 (as indicated in paragraph 63 of the LCM) and 150 and 151 (as indicated in paragraph 162 of the LCM). At paragraph 201 of the LCM, I also said I would seek further engagement with the UK Government in relation to clauses 45, 95, 100 and 123 to seek the necessary constitutional assurances to ensure these provisions align with our Cabinet Principles on UK Legislation. Discussions on the matters are ongoing, and I will update the Committees on the outcome, as soon as possible.

I am due to attend the Health and Social care Committee on 6 February and look forward to discussing the Bill with the Committee during the session.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'S. Murphy'.

**Sarah Murphy AS/MS**

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

# Agenda Item 7

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